Chief Executive's Update

Council of Governors

8th June 2021

A reminder of the major priorities

The priorities – **national guidance** / **local additions**

People

Covid

Community & urgent care

priorities

Primary care & inequalities

Elective & cancer care recovery

Underpinned by system working

Maternity Ockendon recommendations	O-19 service recovery	Improved services for LD and autism
At Our Best	A Green plan	Our local Quality Priorities
Expanded primary care workforce	Site / estate strategy	Food standards
	Digital	

Whilst recognising the range of work that we will be undertaking, our top priorities are:
- **Caring at our best**
- **0-19 service recovery**
- **Elective recovery**
- **Health & Wellbeing**

Recovery of services

1

Planned care recovery

- Referrals for April are at 95% of pre-pandemic levels
- Elective activity has met the aggregate national expectation for April; Outpatients were 90%, daycases 84% and inpatients 75% of April 2019 levels.
- The waiting list has risen by c1k patients, but there has been a decrease of 6.3 weeks in the 92nd centile waiting time from 48.7 to 42.4 weeks. The median wait remains at 9.1 weeks
- Average waits are 5 weeks for P2, 12 weeks for P3, and 25 weeks for P4 patients.
- We are monitoring the equality of how our population is experiencing recovery in respect of waiting times
- There is close monitoring and review of the waiting times for 'P2' patients, with 88% of patients waiting under 1 month. An RCA review process commenced in May to provide assurance on the impact of any delays.
- 28% of outpatient appointments continue to be virtual.
- The 62 day cancer standard was met, but the two week wait was failed due to demand in the breast pathway. Long waits (over 62 days) have reduced by 4.

Emergency care

- In April, ED attendances were at 99% of April 2019 levels, with admissions to hospital being at 90%. The community teams continue to manage more patients at home, with c37 patients who would have otherwise been in a hospital bed being cared for at home.

- Performance against the 4 hour standard (which is due to change) was 86.3%. In May and June, there has been significant additional demand which has further challenged performance.

- The current model is not designed to meet the standard and an RPIW is scheduled for 28th June to explore different approaches.

Recovery of 0-19 services

- Our 0-19 services continue to face pressure from demand changes. The changes to complexity are illustrated in the table below.

- Safeguarding surges in school nursing has meant nearly all available time is used on this

- The broader safeguarding surge is shown by the increase in strategy meetings from c800 to c1000 per month, and the child in need numbers have doubled.

Type of input	Pre COVID			COVID Recovery	
	Proportion of Case load	Proportion of time	WTE	Proportion of Case load	WTE
Universal	78%	50%	0.5	58%	0.37
Targeted support	20%	30%	0.3	40%	0.6
On Child Protection Plan	2%	20%	0.2	2.5%	0.25
Total wte for same caseload			1		1.2

Recovery of 0-19 services

- We are close to having completed a review of demand and capacity across our services

- A number of mitigations have been put in place to target the capacity to where it is most needed, and a quality assurance process is in place to monitor these mitigations

- All SCPHN students have been offered posts, but this is effectively a 'stand-still basis' and although we are maximising the number of students in 2021/22 further measures are required.

- Skill mix is being introduced into 0-19 and safeguarding

- We are employing non SCPHN strategy nurses, and have developed a preceptorship to support redeployment internally of 8-10 colleagues.

- We are continuing to identify potential future additional demands

Recovery of 0-19 services

- Community dental capacity is above referral levels, meaning the waiting list is reducing, although this is lower than historical levels. Over 52 week waits have reduced by >100.

Caring at our best

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Our major quality priority for 2021/22

Caring at Our Best
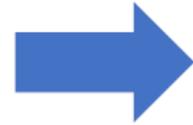
→ Deliver high quality care with collective responsibility for our patients...so that...

we work as one team and deliver outstanding patient experience.

Learning at Our Best

→ Create and embed a Continuous Learning & Improvement System...so that...

we learn from our mistakes and listen to our patients and staff.

Leading at Our Best

→ Define and embed new leadership standards, training and performance management...so that...

we identify quickly when standards slip and we hold ourselves to account.

3

Our major quality priority for 2021/22

W1: Caring at Our Best; *Integrating Care With Collective Responsibility* 👤 Delivery Lead – Simon Riley-Fuller

1. Produce and implement an action plan to rapidly improve how we manage tissue viability, pressure bandages and pressure ulcers
2. Define and roll-out the HDFT Model Ward, including: Nursing Fundamentals, The Model Ward Round, Working as an MDT, Collective Patient Accountability, Continuous Learning & Improvement, Responding to Patient & Staff Feedback & Digital Enablers
3. Design and roll-out *Caring at Our Best* Ward Accreditation Scheme and revised Matron Assurance and Nursing Checklists

W2: Learning at Our Best; *Creating a Continuous Learning System* 👤 Delivery Lead – Dr Dave Earl

4. Communicate the need for *Caring at Our Best* in order to achieve collective learning and "mark-time" moment
5. Develop and implement the HDFT Quality Governance Framework
6. Develop and embed the HDFT Continuous Learning & Improvement system and tools
7. Be assured patient and staff feedback is heard in a timely fashion and informs ward practice, continuous improvement and accreditation

W3: Leading at Our Best; *Embedding Leadership, Standards & Performance* 👤 Delivery Lead – Dr Matt Shepherd

8. Clarify roles, responsibilities and standards for all wards, services and directorate leadership roles
9. Define and roll-out key skills training, e.g. Managing Under Performance and Maintaining Professional Standards, Giving Quality Feedback (using BUILD), Responding to Feedback (staff, patient, visitor)
10. Design & Re-embed the Quality Dashboard
11. Design and implement Monthly Ward Assurance Meetings
12. Design and implement revised Performance & Quality Review Meetings

4

Use of resources

3

Our financial performance

- We met our financial plan in 2020/21 and recorded a break even position

- We have an approved financial plan for the first six months of 2021/22 and embedded within this is an efficiency requirement for cost pressures. Any investments will require additional efficiencies.

- We reported a break even position in April 2021, supported by £2.3m of top up funding and COVID19 funding.

- Top up funding is agreed for the six months, whilst COVID funding will be reviewed in Q2.

- The cash position remains strong, with 39.9m at the end of April

- We have a 32m capital programme, this will reduce the cash over the year to a planned level of 20m.

Our culture programme

4

At our best

- Values and behaviour framework launched

- Over 800 colleagues have been through two half day workshops

- A series of tools to implement these into day to day work
  - ABC of appreciation
  - BUILD feedback model and Respectful Resolution pathway
  - 4S strengths based appraisal process
  - THRIVE wellbeing conversation
  - Recruitment to values model

- Becoming an anti-racist organisation ambitions and proposals approved by the Board

Corporate Risk Register & Board Assurance Framework

5

Risk

- Board Assurance Framework, and a process of review approved by the Board

- Board Committees will review and scrutinise the BAF, and the Board will review at each meeting

- The process for reviewing the directorate and corporate risk registers is being strengthened from June as part of the ongoing development of the governance framework.

Governor Questions

Corporate risk register

- The corporate risk register is reviewed at each Board meeting, and in order to improve the focus on the scoring of risks and better defining the conditions to me met to reduce the scoring a new process is being introduced which has been discussed by the Board.

- It will provide better assurance to the Board about the progress of actions being taken and their effectiveness.

- A preliminary review suggests that the 13 risks of 12+ will be reduced to 10 at the first Executive Risk Group in July.

- A further future development will include the risk appetite because a risk of 12 or above may be within the appetite of the Board.

- Reporting to the Board will be improved to better demonstrate the extent to which the risks are materialising, with a more consistent use of the risk matrix.

Patient Safety

- The Trust has a set of HR governance arrangements to support high standards of recruitment vetting and practice, and has appraisal and revalidation in place

- The Trust has a robust quality governance framework to identify, rapidly escalate and tackle any areas of patient quality or patient safety concern. This starts at the ward level with safety huddles, then department meetings, then directorate quality governance meetings feeding into the corporate quality governance management group and the quality committee which reports to Board.

- Indicators we use and monitor ensure we have early warning to any concerns are multiple and include the number of incidents and events occurring, which we monitor on a daily/weekly basis via our risk management team.

- The Medical Director team work with national teams to identify any adverse trends in patient outcomes through mortality indices and triggers. We monitor monthly crude mortality figures and also two standardised mortality indicators (HSMR and SHMI).

- There are established routes for confidential speaking up, and the Trust's work on culture seeks to reinforce standards and support raising of concerns

Patient Safety

- Mortality data is reviewed by the Quality Committee and the Board in the Learning from Deaths report which has been strengthened by the introduction of the Medical Examiners. A Board workshop is taking place in July on this.
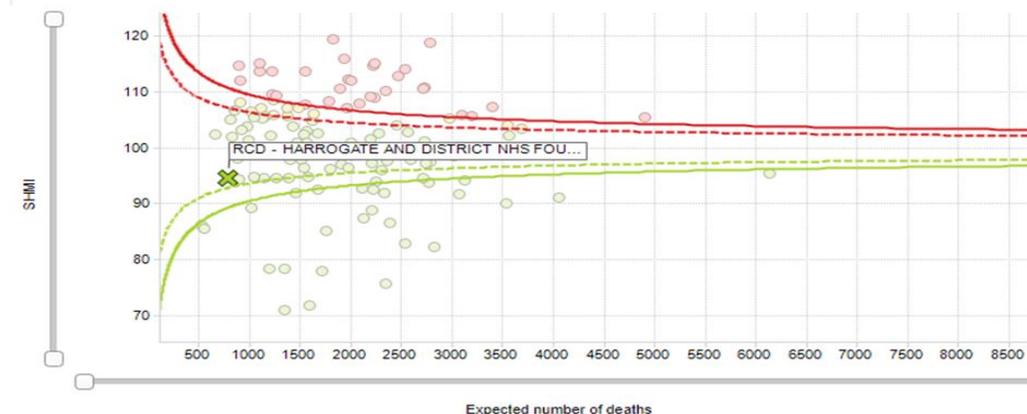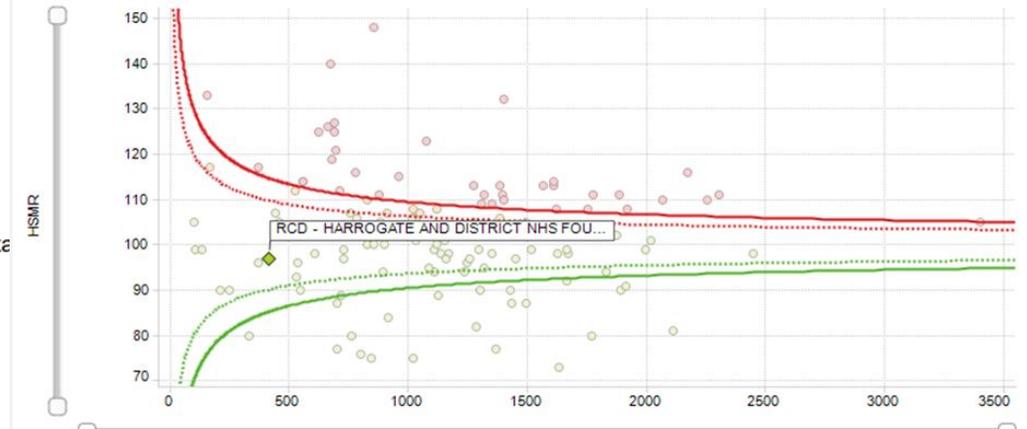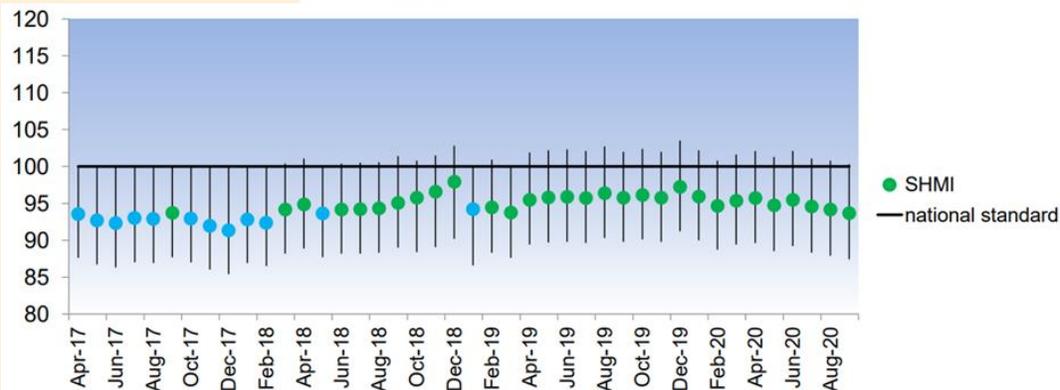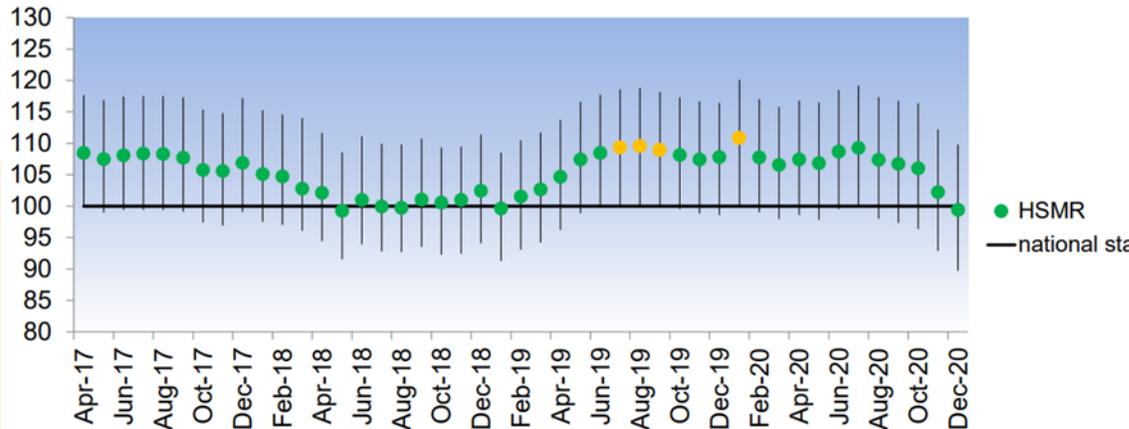
Patient Safety

- In response to any mortality alert received, we perform a "deep dive" review of all cases related to the alert, in the form of a structure judgement review (SJR). In Q4 20/21 2 areas have been flagged as showing mortality above expected – stroke and syncope. Both are small in number and have been recently explored using SJRs with no lapses is care found and (for syncope) some coding issues identified.

Case ID	Evidence of Learning Difficulties?	Evidence of Serious Mental Health Issue?	Quality of Care in first 24hr (1-5)	Quality of Ongoing Care if applicable (1-5)	Quality of End of Life care (1-5)	Quality of Overall Care (1-5)	Quality of Note-keeping (1-5)
1			4	4	4	4	4
2			4	4	4	4	4
3			5	5	5	5	5
4			3		3	3	4
5			5	5		5	5
6	Y		5			5	4
7			5	4	4	4	4
8	Y		4	4	4	4	4
9			3	4	4	3	4
10			4	4	5	4	4
11			4	4	4	4	4
12			4			4	4
13			4	4	4	4	4
14	Y		4		4	4	4
15		Y	4	4		4	3
16			5	4	3	4	4
17	Y		4	4	5	4	4
Median Score	-	-	4	4	4	4	4

Recovery plans

- The resources committee has scrutinised the activity plan and has sought assurance on delivery.

- The plans have been developed bottom up by the directorates.

- The committee has been assured that the key risks to delivery have been identified which relate to IPC limitations, and the activity previously undertaken on a waiting list initiative basis, accrued annual leave, and any potential surges in COVID activity.

- The committee has been advised of the work being undertaken to cover the WLI gap including productivity, possible recruitment and use of the independent sector

- The committee will continue to review this.

0-19 services

- The Board has been kept updated on the progress of the potential partnership agreement with NYCC. The final due diligence has been completed.

- The transformation work has continued during this time in line with the plans presented to the Board following the review undertaken by the Trust.

- More broadly, the resources committee has been scrutinising the workforce challenges across 0-19 services, and has not been assured that the 'like for like' recruitment plans are sufficient.

- The Board has discussed the impact in detail, and whilst mandated contacts continue to be provided, with some changes to the model and timescale, there are challenges to the preventative element of the role.

- The committee has been advised that a full demand and capacity review is being undertaken and that additional mitigations are being explored including:
  - A Clinical Advisory Group to review pressures on an ongoing basis and to prioritise resources to the highest impact
  - Introduction of public health staff nurse roles, and skill mixed roles into areas which do not require a SCHPN qualification
  - Development of an apprentice route in 22-23
  - Temporary redeployment with preceptorship

- It is not yet clear to what extent these, and other mitigations will impact and the committee will keep this on the agenda each month to keep this under close review. It is also closely monitored by SMT.

Outpatients

- Prior to Covid19 the NHS long term plan set out an ambition for Trusts to aim for at least 30% OP appointments to be delivered non face to face and therefore we want to encourage a new normal/ move away from traditional delivery model of appointments. This will benefit patients in a number of ways, travel being the most obvious one and will also ensure clinician capacity is released through time saving efficiencies, which in turn will help reduce waiting list.

- Delivery of virtual consultations increased during the Covid-19 pandemic due the requirements of social distancing, patients shielding and ensuring services could be delivered as safely as possible. Overall we have seen increasing use of virtual consultations to 28% of all outpatients appointments now virtual in April 2021.

- NF2F attendances are weighted more heavily to the Follow Up appointments with patient consent being agreed prior to booking where possible.

- Patients are given the option of Face to Face appointments both from a clinical perspective and for those who either do not have access or if there is a preference for Face to Face

- The NHS is expecting to continue to offer NF2F out-patient appointments, however there is also a focus on ensuring that the offer for patients who may have greater disadvantage with the use of digital technology will be very clearly identified across our services.

- Patient feedback has been positive, in the last video consultation survey undertaken at HDFT 81% of patients who had a video consultation said their experience was the same or better than previous face-to-face appointments, and this will be extended to telephone based consultations in the future to provide ongoing feedback and to consider any risks of digital exclusion.

Turnover

- The Board has agreed that the people and culture committee will scrutinise turnover in more detail, and in particular will review the process and outcomes of the exit interview process to consider trends. It is recognised this system needs to be developed and the proposals for this are on the workplan for a forthcoming meeting.

- WYAAT turnover is between 9.69 to 12.32% (Feb20-21). Airedale is 10.41%

- The top 5 reasons for leaving for the last 3 years have remained static and are shown in the table to the right.

HDFT Turnover

Turnover %

- 2016/17: 12.59%
- 2017/18: 12.18%
- 2018/19: 12.97%
- 2019/20: 12.72%
- 2020/21: 12.73%
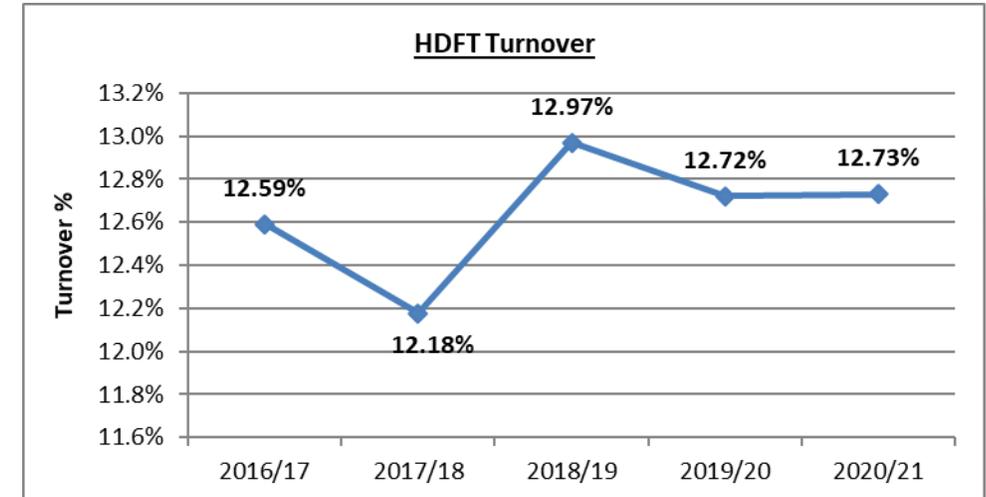
Leaving Reason	Headcount	% of Leavers
Voluntary Resignation - Work Life Balance	92	18.11%
Retirement Age	78	15.35%
Voluntary Resignation - Promotion	55	10.83%
Voluntary Resignation - Other/Not Known	52	10.24%
Voluntary Resignation - Relocation	48	9.45%

Turnover

- Turnover varies by directorate and further work is needed to understand the drivers of these differences, and in a more detailed manner.

Turnover Rates	2016/17	2017/18	2018/19	2019/20	2020/21
Community and Childrens	12.62%	11.91%	13.82%	11.88%	14.29%
Corporate Services	12.46%	11.89%	12.37%	16.09%	11.78%
Long Term and Unscheduled Care	12.67%	12.35%	12.36%	13.42%	11.30%
Planned and Surgical Care	12.37%	12.35%	12.88%	11.68%	12.80%

Deloitte Review

- The people and culture committee have kept under review the agreed actions that were agreed by the Board subcommittee following the Deloitte Review.

- At the last meeting it was agreed that a full stocktake would be reviewed by the committee at its meeting in July.

Deloitte Review

- Medical Leadership: Completed

- Clinical Governance: New framework being implemented;

- HIF: Investigation and external reviews completed. New leadership and governance in place

- Radiology: Investigation due for conclusion. Radiologists have developed an action plan to address the broader findings and are being supported to implement them.

- FTSU: Interim arrangements put in place in 2020, substantive appointment process has completed.

- HR: Key ER Policies have been reviewed; Recruitment RPIW; Conflicts of interest and relationships at work policy introduced.

Acute Stroke

- The changes to the stroke pathway to move to a network model were a commissioner implemented change, and as such assurance about the impact of the changes would be considered by commissioners, rather than the Trust alone, and the overall network performance would be assured by the ICS stroke network not the Trust.

- A briefing note has been provided on the network priorities and proposed KPIs for measuring outcomes.

- Trust level outcome data is yet to be published and will likely be challenging to interpret due to significant changes to pathways and small numbers from HDFT.

- However, since the pathway change, key patient outcome performance metrics (time to acute CT scan & time to thrombolysis) have improved for HDFT patients