

Meeting Title	Board of Directors		
Date	09.05.2019	Agenda item	Bo.5.19.7

Report from the Chief Executive Officer May 2019

Presented by	John Holden, Acting Chief Executive Officer		
Author	Helen Haslam, Executive Officer – Office of the Chair and Chief Executive		
Lead Director	John Holden, Acting Chief Executive Officer		
Purpose of the paper	This paper outlines the key developments and occurrences from March and April 2019 that the Chief Executive Officer wishes to discuss with the Board of Directors.		
Key control	N/A		
Action required	To note		
Previously discussed at/ informed by	N/A		
Previously approved at:	Committee/Group	Date	
	N/A		

Key Options, Issues and Risks

This paper provides an opportunity for the Chief Executive Officer to bring to the attention of the Board of Directors the key developments and occurrences from March and April 2019

Analysis

1. Internal Communications

- a) Acting Chief Executive Role
- b) Welcome to our Non-Executive Chairperson

2. External Communications and Publications

- a) NHS Providers 'On the Day' Briefing: Care Quality Commission's (CQC) *Learning from Deaths* review – 19th March 2019
- b) Leeds Teaching Hospitals NHS Trust Strategic Outline Case for '*Building the Leeds Way*' – 9th April 2019
- c) NHS Providers Briefing: *The Big Picture* – 11th April 2019

3. Brexit and EU Exit

- a) EU Exit update

4. Quality, Investment and Development

- a) West Yorkshire and Harrogate Pathology Network
- b) New Midwife-Led Clover Team
- c) Measurement of Smokefree NHS Status
- d) Development of Clinical Business Units

5. Workforce

- a) New Consultant Appointments
- b) Listening into Action's (LiA) Analysis of Leadership and Culture

6. Celebrating Success

- a) Awards for BTHFT Team of the Month and Employee of the Month

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Recommendation
The Board of Directors is asked to note the key developments and occurrences from March and April 2019 that the Chief Executive Officer wishes to discuss.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input checked="" type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework
<input checked="" type="checkbox"/> Code of Governance <input checked="" type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: Corporate Services, Procurement, Estates & Facilities
Other (please state):

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Relevance to other Board of Director's Committee: (please select all that apply)					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

1 PURPOSE/ AIM

This paper outlines the key developments and occurrences from March and April 2019 that the Chief Executive wishes to discuss with the Board of Directors.

2 BACKGROUND/CONTEXT

The paper provides the Board of Directors with an outline of key events, which have taken place at the Trust, and details of key communications from external stakeholders. The report also provides information on staff events and key appointments.

3 PROPOSAL

N/A

4 BENCHMARKING IMPLICATIONS

N/A

5 RISK ASSESSMENT

N/A

6 RECOMMENDATIONS

The Board of Directors is asked to note the key developments and occurrences from March and April 2019 that the Chief Executive wishes to discuss.

7 Appendices

Appendix 1a – NHS Providers Briefing: CQC Review Learning from Deaths

Appendix 1b – CQC Review Learning from Deaths

Appendix 2 – Building the Leeds Way WYAAT Support Letter

Appendix 3 – NHS Providers Briefing: The Big Picture

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Appendix 4 – Smokefree Survey Results

Appendix 5a – Planned Care Group Structure

Appendix 5b – Unplanned Care Group Structure

Appendix 6 – Listening In Action Scatter Map

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Report from the Chief Executive Officer – May 2019

1. Internal Communications

a) **Acting Chief Executive Role**

As this is my first Board of Directors report as Acting Chief Executive, I would like to take this opportunity to say how privileged I am to have been asked to lead Bradford Teaching Hospitals NHS Foundation Trust, until a permanent Chief Executive Officer is appointed.

We have a great deal to look forward to. We are close to the launch of the Command Centre, and are at the beginning of our Acute Collaboration programme with Airedale NHS Foundation Trust, which I expect will grow from strength to strength and improve the quality and sustainability of care for our patients.

We are also expecting a return visit from the Care Quality Commission (CQC), to look again into our services, and we are currently doing a lot of work to ensure that we have addressed any outstanding issues, and we are ready to showcase our work and celebrate our successes. There is also the recent restructure into Clinical Business Units (CBUs), and the ongoing, but unpredictable preparation for Brexit.

Recruitment for the permanent CEO will begin in due course, and we will ensure that Board members are kept fully up to date on any developments along the way.

b) **Welcome to our Non-Executive Chairperson**

I am delighted to welcome the recent appointment by our Council of Governors of Dr Max Mclean as our new Non-Executive Chairperson. Max, who commenced in post on 1st May 2019, comes to us after retiring from 30 years of service in the West Yorkshire Police, where for 12 years he served as the force's senior detective. As head of the Homicide and Major Enquiry Team, Max oversaw all major criminal investigations in the county, and led on partnership working with a variety of local and national agencies.

Since retiring, Max has been awarded a PhD from the University of Huddersfield after studying ways in which coroners carry out their duties. Max moves to our Trust from Bradford City Clinical Commissioning Group (CCG), where he sat as a lay member for patient and public involvement, and has championed the involvement of patients in influencing how the CCG commissions its services.

2. External Communications and Publications

a) **NHS Providers 'On the Day' Briefing: Care Quality Commission's (CQC) *Learning from Deaths* review – 19th March 2019**

I recently received an 'On the Day' briefing from NHS Providers (**Appendix 1a**) in regards to the CQC's review *Learning from Deaths* (**Appendix 1b**). The report reviews CQC inspectors' observations from the first year of assessing how well Trusts are implementing national guidance on learning from deaths.

National guidance for Trusts on a standardised approach to learning from deaths and working with families was introduced in response to the findings of the CQC's 2016 thematic review *Learning, candour and accountability*, which made a number of recommendations to help improve the quality of investigations into patient deaths. This briefing summarises key findings from the report, however, to gain more insight, you are advised to read the report in full.

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Key points from the report include:

- The CQC's review finds that awareness of the guidance is high. Inspections have found evidence of some Trusts having taken action to revise policies and establish more robust oversight of the investigation process to ensure learning is shared and acted on.
- Overall, the CQC found that the key to enabling good practice is: an open and learning culture; clear and consistent leadership; values and behaviours that encourage engagement with families and carers; positive relationships with other organisations; and the ability to support staff with training and the wider resources needed to carry out thorough reviews and investigations.
- However, progress made to date varies between Trusts and some organisations have found it harder than others to make the changes needed. In particular, improving engagement with bereaved families and carers is an area where some providers have struggled.
- Issues such as fear of engaging with bereaved families, lack of staff training, and concerns about repercussions on professional careers, suggest that cultural issues within some organisations may be a barrier to putting the guidance into practice.
- The report includes a case study analysis of three NHS hospital Trusts – West Suffolk NHS Foundation Trust, Greater Manchester Mental Health NHS Foundation Trust and Norfolk Community Health and Care Trust – that have demonstrated areas of good practice in implementing changes to improve investigations and learning when patients in their care die.
- Following this review CQC has committed to further strengthening its assessment of how Trusts are investigating and learning from patient deaths, and to providing additional support and training for inspection staff involved in monitoring and inspecting Trusts progress.
- CQC also set out where the challenges lie for the *Learning from Deaths* programme to continue to support implementation, and to make sure that learning from deaths remains a priority for the NHS so there is the necessary investment made by Trusts.

The CQC are at the beginning of implementation of the learning from deaths guidance. However, a first look at this early stage suggests that implementation of the guidance by Trusts is variable. CQC's findings have highlighted many of the same issues that were raised in its original *Learning, candour and accountability* report, and have shone a light on the need for NHS providers to act now to build on the key drivers for change. These include:

Actions for NHS Trusts:

- Encouraging values and behaviours that enable engagement with families and carers as well as support for staff
- Providing clear and consistent leadership at a senior level, with challenge and oversight from non-executives
- Creating a positive, open and learning culture where people who use services, and staff, feel confident to speak out
- Providing staff with the time, support and training to carry out robust reviews and investigations of deaths
- Developing positive working relationships with partner organisations to share information and learning following the deaths of people for whom they have provided care

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There is no one factor that guarantees good practice, with enablers and barriers to implementing the guidance interrelated. However, the existing culture of an organisation can be a key factor in Trusts' implementation of guidance, and could be preventing Trusts from making the progress needed.

Where the CQC have seen examples of good practice, Trusts have built on existing processes, cultures and expertise in reviewing, investigating and learning from sources of feedback. This means that when Trusts do not have these characteristics in place at the start, they need to take a long-term view to start to invest and build the necessary capabilities and capacities over the next few years.

Bradford Teaching Hospitals NHS Foundation Trust are working towards the actions, and putting the recommendations from the report into place where appropriate, and feasible.

b) Leeds Teaching Hospitals NHS Trust Strategic Outline Case for 'Building the Leeds Way' – 9th April 2019

Leeds Teaching Hospitals NHS Trust are in the process of creating a business case and strategic outline case for the proposal of their project '*Building the Leeds Way*'. The proposal from Leeds is to build two new hospitals on the current Leeds General Infirmary site, one being an adult unit, and the other a dedicated new Leeds Children's Hospital. Plans for the proposals have recently been published on Leeds City Council's website for public review.

As part of the West Yorkshire Association of Acute Trusts (WYAAT), we were asked to write to show our support for the proposals, which will strengthen tertiary provision for West Yorkshire, and after consulting Executive colleagues, I have added my name to the letter on behalf of Bradford Teaching Hospitals NHS Foundation Trust.

A copy of the letter is attached at **Appendix 2** for your information.

c) NHS Providers Briefing: The Big Picture – 11th April 2019

On 11th April 2019, I received a copy of NHS Provider's new briefing document *The Big Picture*. The briefing, which Trusts will receive on a quarterly basis, hopes to support Trusts in building relationships with local stakeholders by providing a national policy overview of key issues.

Each quarter will focus on three high priority topics within the national conversation. This quarter's briefing covers:

- The latest finance and performance statistics
- The pressures on mental health services and the national and local actions needed to help address these
- Calls from the health sector for the Government to put the social care sector on a sustainable footing

A copy of the briefing is attached at **Appendix 3** for your information.

3. Brexit and EU Exit

a) EU Exit Update

As you will be aware, the Government have agreed with the EU for a further extension of the Article 50 period to 31st October 2019, if a Withdrawal Agreement is however ratified by both sides before that date, the UK will leave the EU earlier than October 2019.

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Due to this the Trust were asked not to enact the previous no deal provisions that we had planned for 12th April 2019, and NHS England have now stood down the requirement for daily situation reporting.

NHS England are working closely with the Department of Health and Social Care and partners to review the position, and are keen to ensure the EU Exit structures and preparations in place nationally, regionally and locally are adapted for this extension, and work to understand any implications for the NHS of any further developments to an EU Exit deal.

Consequently, NHSE have asked that all our no deal measures remain in place, but on hold, and the Senior Responsible Officer continues to oversee plans and preparations ready to action the no deal plans if required.

I will endeavour to keep you informed periodically of any further developments on this issue.

4. Quality, Investment and Development

a) West Yorkshire and Harrogate Pathology Network

The Trust has now agreed on the new approach to delivering pathology services across West Yorkshire and Harrogate. The new approach will see us working with the other Acute Trusts in the area to develop a pathology network, and work together to provide services, rather than as individual Trusts. The network will build on the informal collaboration that is already in place.

The decision is in line with requirements from NHS Improvement. However, we have already been exploring this approach, as a way to address the challenges that pathology services are currently facing, such as staffing rotas and upgrading equipment. Working as a network will also enable us to invest in developing services, and staff to improve services for patients, as well as access funding for new technology, which would be difficult for Trusts to receive individually.

Together the Trusts will need to agree the best model for delivering services, which is likely to mean concentrating some of the testing into “hubs”, although each Trust will retain onsite facilities to undertake testing, necessary to support acute care and sufficient volume to deliver an efficient and productive service. At present no decisions have been made about how many hubs there should be, or where they should be located, this will be worked through with staff and partners to find the best solution for each discipline (blood sciences, microbiology and cellular pathology), rather than developing one overall model. Our approach will also need to accommodate the different legal regimes that operate for Foundation Trusts and NHS Trusts, and take into account the joint venture company we have established with colleagues from Airedale NHS Foundation Trust.

The work is being led through WYAAT (West Yorkshire Association of Acute Trusts), who are aiming to set out the recommendations for preferred models for each discipline in July 2019. A range of meetings and workshops is being organised to discuss possible approaches with staff and partners. These will include representatives from services that work closely with pathology, to ensure all requirements are fully considered and factored into the recommendations.

b) New Midwife-Led Clover Team

We have recently seen the establishment of a new Midwife-led team, The Clover Team, who will provide support to vulnerable new mums in the area. The Clover Team, who are based at St Luke's Hospital and funded by Better Start Bradford, will support women in some of Bradford's most deprived areas, to help them prepare for the birth of their babies. The new 18-month pilot set up to provide personalised,

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continuous care for specially selected mums in the areas of Bowling, Barkerend, Bradford Moor and Little Horton, is aiming to help transform the lives of mums and babies.

The Clover Team will provide women with more in-depth contact and care before, during and after the birth of their baby. The team will ensure that women see the same midwife, with longer appointments, and enhanced support and information. The pilot will also provide longer antenatal and postnatal appointments, as well as home visits, which will allow the mum and her midwife to establish a closer relationship. It will also ensure they have more time to discuss choices around pregnancy and birth.

c) Measurement of Smokefree NHS Status

You will already be aware of Public Health England's work towards making a smokefree NHS, and the plan for all NHS Trusts to make all their healthcare premises a complete no smoking zone, where all patients who smoke are identified and receive an intervention to support them into quitting.

Recently Public Health England undertook a survey of NHS Trusts against their plan to assess progress, and I am pleased to say that our Trust scored 7/7 against the metrics, and have been rated as green. This rating means that the Trust is considered to have demonstrated positive steps towards comprehensive smoke free status.

The Trust has also taken steps to not only support patients to quit smoking, but we are also offering support to staff who would like to quit, through Occupational Health.

I am delighted that the Trust have been rated so positively against this plan, and this is thanks to all the hard work of the staff involved in implementing all the necessary changes, and raising awareness of our "we share clean air" campaign.

I have attached a copy of the metrics from Public Health England at **Appendix 4**, which also details actions the Trust has, and is taking to establish a smokefree site.

d) Development of Clinical Business Units

Following careful planning and review of the current organisational structure of the operational side of the Trust, we have now unveiled the new Trust organisational structure for clinical operations. The improved structure is designed to move management decision-making closer to our patients, boost our transformation plans and raise standards within the Trust.

The new structure is divided into two overarching care groups: *planned care* and *unplanned care*, and also features 16 Business Units, with the intention of enabling transformation and being a catalyst for the Trust to develop the best care for patients at all times. The structure will offer greater levels of autonomy and decision-making authority, so we can make progress quicker. Details of the business units are as follows:

- 14 Clinical Business Units (CBUs)
- 1 non-clinical (Access) business unit
- 1 virtual CBU

The Executive lead will be Sandra Shannon, Chief Operating Officer/Deputy CEO, who will head up the operational senior leadership team, supported by Operations Medical Director, John Bolton, and two new Directors of Operations for the planned and unplanned care groups.

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The **Planned Care Group** sits behind the 18-week referral to treatment (RTT) and the two-week wait (2WW) cancer standard, and aligns services such as:

- Access
- Children's
- Women's
- Urinary Tract and Vascular
- Musculo-skeletal, Plastics and Skin
- Head and Neck
- Theatres and Day Case, and
- Critical Care, Anaesthesia and Pain

The **Unplanned Care Group** sits behind emergency care, and aligns services such as:

- Urgent and Emergency Care
- Virtual CBU
- Elderly and Intermediate Care
- Digestive Diseases and General Surgery
- Specialist Medicine
- Radiology and Imaging
- Haematology, Oncology and Palliative Care, and
- Therapies

The CBUs were put in place on 1st April 2019, however, there will be a phased approach to implementation.

The Trust is confident that the new structure will embed clinical leadership at the heart of strategic and operational delivery, and ultimately help us deliver improved outcomes for patients.

I have attached copies of the two groups in the structure at **Appendix 5a** and **5b** for your information.

5. Workforce

a) New Consultant Appointments

Dr Mohammed Shareef joined the Trust as a Consultant Dermatologist in April 2019, having previously worked in Saudi Arabia. Dr Shareef has previously been an Honorary Tutor with the University of Leeds, and is an Objective Structured Clinical Examination (OSCE) assessor and examiner.

Dr Rebecca Owen joined the Trust as a Consultant in Palliative Medicine in April 2019. Dr Owen has extensive experience in teaching and is an official OSCE trainer and examiner.

b) Listening into Action's (LiA) Analysis of Leadership and Culture

Listening into Action (LiA) are an independent company that provide a systematic approach into engaging and empowering clinicians and staff around the challenges they face.

The LiA Optimal Framework™ - a core part of the approach – provides a comprehensive and joined-up way to tackle improvements in specific service areas, delivered through the direct engagement of the people who work there. It brings together a holistic view of the most likely opportunities for improvement – based on best practice, input from more than 30,000 NHS staff, and focused development work in pioneering Trusts.

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Each year the LiA produce a scatter map, which shows an analysis of the 52 questions from the most recent NHS National Staff Survey. Each Trust's results are reflected on a 'scatter map' that shows how staff have rated the Trust's leadership and culture over the past year.

The map shows the positions of NHS providers with colour coding to distinguish between acute, mental health and community. The higher up the map, the better the Trust is performing against its peers, and the further right the Trust is on the map, shows the more positive a trend of the Trust, year-on-year.

I am very pleased to report that on the basis of our recent Staff Survey results, our Trust has been rated in the top right of the quadrant, which places the Trust at an above average performance. This is really encouraging to see, and reinforces all the work that I feel the Trust have done to improve staff engagement and morale, and again, I would like to thank all the individuals who have been involved in this work, and the staff who took time to fill in the recent NHS Staff Survey and rated us so positively.

I have attached a copy of the scatter map, showing BTHFT in the top right hand corner quadrant as **Appendix 6**.

6. Celebrating Success

a) Awards for BTHFT Team of the Month and Employee of the Month

Board members are already aware of our increased our efforts to recognise the achievements of our staff and celebrate their successes, through our '*Team of the month*' and '*Employee of the month*' awards, which are based on peer nominations and judged by panels with staff and governor representation. Both awards have attracted a large number of nominations, and the monthly winners will be shortlisted for the prestigious '*Team of the Year*' and '*Employee of the Year*' at our annual Brilliant Bradford awards ceremony.

Each month's winners receive their certificate in person – usually with a visit from the Chair and myself, or an executive colleague.

Since the Board last met we have announced the following winners:

February 2019 Team of the Month – Pharmacy Stores Team

February 2019 Employee of the Month – Zsanett Kowal, Medical Secretary, Child Development Service

March 2019 Team of the Month – Winter Ward (Ward 17)

March 2019 Employee of the Month (Joint winners) – Jacky Rivers, Therapy Assistant Practitioner
Denise Rhodes, Trainee Therapy Assistant

RECOMMENDATIONS

The Board of Directors is asked to receive and note this report.