

Meeting Title	Council of Governors		
Date	18 July 2019	Agenda item	CGo.7.19.11

Report of the Chief Executive – July 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 May and June 2019 that the Chief Executive Officer wishes to discuss with the Council of Governors.		
Key control	N/A		
Action required	To note		
Previously discussed at/informed by	N/A		
Previously approved at:	Committee/Group	Date	
	Board of Directors	11 th July 2019	

Key Options, Issues and Risks

This paper provides an opportunity for the Chief Executive Officer to bring to the attention of the Council of Governors the key developments and occurrences from May and June 2019.

Analysis

1. External Communications and Publications

- NHS Providers 'On the Day' Briefing: 2018/19 Quarter 4 Finances and Performance – 13th June 2019
- NHS Providers 'On the Day' Briefing: Interim NHS People Plan – National Workforce Strategy – 3rd June 2019
- NHS Providers Summary of Board Papers – Statutory Bodies – May 2019

2. Brexit and EU Exit

- EU Exit update

3. Quality, Investment and Development

- New Accessibility Guides for Patients and Visitors
- Increase in compliments

4. Workforce

- New Consultant Appointments
- Update on Wholly Owned Subsidiary (WoS)

5. Celebrating Success

- Awards for BTHFT Team of the Month, Employee of the Month and Trainee of the Month
- Cardiac Rehabilitation Team National Accreditation
- International Award for Dr Sanjeeva Gupta

Recommendation

The Council of Governors is asked to note the key developments and occurrences from May and June 2019 that the Chief Executive Officer wishes to discuss.

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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)						

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"/>

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"/>

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1	PURPOSE/ AIM
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This paper outlines the key developments and occurrences from May and June 2019 that the Chief Executive wishes to discuss with the Council of Governors.

2	BACKGROUND/CONTEXT
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The paper provides the Council of Governors 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
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N/A

4	BENCHMARKING IMPLICATIONS
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N/A

5	RISK ASSESSMENT
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N/A

6	RECOMMENDATIONS
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The Council of Governors is asked to note the key developments and occurrences from May and June 2019 that the Chief Executive wishes to discuss.

7	Appendices
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Appendix 1 – NHS Providers Briefing: 2018/19 Quarter 4 Finances and Performance

Appendix 2a – NHS Providers Briefing: Interim People Plan – national workforce strategy

Appendix 2b – NHS Interim People Plan

Appendix 3a – NHS Providers Summary of Statutory Bodies Board Papers

Appendix 3b – CQC Response letter to Public Accounts Committee report

Appendix 4a – DHSC letter to Medicines and Devices Industry

Appendix 4b – DHSC letter to MPs

Appendix 5a – Letter from Union Announcing Strike Action

Appendix 5b – Letter to Stakeholders

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Report from the Chief Executive Officer – July 2019

1. External Communications and Publications

a) NHS Providers ‘On the Day’ Briefing: 2018/19 Quarter 4 Finances and Performance – 13th June 2019

On the 13th June 2019, I received the NHS Providers ‘On the Day’ briefing of NHSI’s publication of the quarter four (Q4) finance and operational performance figures for the provider sector. These figures cover the period 1st January to 31st March 2019. This briefing summarises the key headlines for those figures.

Key headlines

- The provider sector deficit was £571m at year-end, £177m worse than the planned deficit of £394m. However, the NHS as a whole is in balance due to surpluses on the commissioner side.
- The underlying deficit – which removes non-recurrent measures including the provider sustainability fund – is £5bn. This is a deterioration of £700m in a year.
- This outturn includes £256m of technical adjustments resulting from the transfer of two Carillion hospitals onto Trust books. Removing the impact of this one-off event, the deficit is £827m. This is a £159m improvement on 2017/18, and a £90m improvement on the forecast at Q3.
- Providers have overspent on capital. Capital spending totalled £3.9bn in 2019/20 - this was less than the forecast, but £400m more than the amount the DHSC was reported to have allocated. NHSI highlighted that the Organisation for Economic Co-operation and Development (OECD) average health service capital budget is worth 8.9% of the revenue spend – for the NHS, it is 4.5%.
- DHSC debt on provider balance sheets now totals £14bn – an increase of £3bn over the past year.
- Providers delivered £2.2bn of recurrent efficiencies in 2018/19, plus a further £1m of one-off savings. This means provider cost improvement programmes (CIPs) delivered savings totalled 3.6% of turnover. This closely resembles performance in 2017/18, although the proportion of recurrent savings has dropped slightly.
- Emergency admissions rose by 5.4% year on year in 2018/19. Admissions to major “type one” accident and emergency departments were 7% higher in Q4 than a year earlier.
- Over 7 million people were either discharged, or admitted within four hours during Q4 – 380,000 more than a year earlier.
- The number of vacancies at Q4 stood at 96,348 whole time equivalents – or 8.1% of the total workforce. This is an improvement of over 2,000 on a year earlier. However, within those figures, nursing vacancies are up by nearly 4,000 – this has been offset by cuts in the number of vacancies for non-clinical staff and doctors.
- 107 of 230 Trusts finished the year in deficit – a slight deterioration on 2017/18, when 102 were in the red. The deficit remains heavily concentrated in the acute sector – two thirds of acute Trusts are in deficit. Acute providers account for 83% of all Trusts in deficit.
- When provider sustainability funding is taken into account, 70 providers were off plan at the end of the year. For 33 Trusts, the adverse variance from plan totalled more than £10m. The main reasons why providers fell behind plan were under-delivery of CIPs, plus unplanned emergency activity, which led to £191m less elective income than planned and £248m more spent with non NHS providers than expected.

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Key performance information at Q4

- Overall A&E performance improved slightly in Q4 compared with a year earlier: for 2019/20 performance stood at 85.1% against the four-hour standard, compared with 85% a year earlier.
- 12-hour trolley waits for the quarter was significantly lower than Q4 2017/18 at 1,465 – a drop of 800 year on year.
- There were 6.63 million non-elective admissions in the year to date, 2.1% above plan and 5.4% more than the same period last year.
- Quarterly performance against the 18-week referral to treatment (RTT) standard was 86.7%, down from 87.3% in Q4 2017/18.
- The number of patients waiting longer than 52 weeks has improved significantly. In Q4 2018/19, there were 1,154 patients waiting over a year for treatment – about half the number at the end of Q3, and 2,756 a year earlier.
- There has been a sharp deterioration in performance for cancer waiting times. Against the 62-day standard for urgent referrals, performance stood at 82.3% at the end of 2017/18. For Q4 2018/19, performance had dropped to 77.4%. The national target is 85%.
- The waiting list for diagnostic tests is getting longer: at the end of Q4 it stood at 1 million – up 2.4% in a year. 2.53% of patients waited longer than six weeks for a diagnostic test: a year earlier the figure was 2.07%.
- Performance against ambulance response time targets is improving. For the first time, Trusts are now hitting two of the six standards – both for Category 1 calls. Category 2 remains a challenge for some trusts, NHSI reports. There is significant improvement on all standards compared with a year ago.
- The sector managed to achieve all mental health performance standards and improved across several performance and outcome measures.

A copy of the full briefing is attached at (**Appendix 1**) for your information

b) NHS Providers ‘On the Day’ Briefing: Interim NHS People Plan – National Workforce Strategy – 3rd June 2019

On the 3rd June 2019, I received a briefing from NHS Providers (**Appendix 2a**) with regard to the newly published NHS Interim People Plan (**Appendix 2b**). The briefing explained how NHS Improvement (NHSI), NHS England (NHSE) and Health Education England (HEE) have published the plan which sets the national strategic framework for the workforce over the next five years. The plan has been drawn up under the direction of Baroness Dido Harding, NHSI Chair, and Senior Responsible Officer, Julian Hartley, Chief Executive of Leeds Teaching Hospital NHS Trust.

A final version of the people plan will be published in the months following the 2019 spending review.

Overview of key proposals

- A “new offer” to NHS staff will be developed through consultation this summer to ensure the NHS rapidly becomes a better place to work
- A consultation on changes to pensions policy has been announced, which includes the proposed introduction of some added flexibility for senior clinicians through a “50:50” option enabling them to halve their pension growth beyond a certain point in exchange for halving their contribution
- The NHS will engage on a “new leadership compact”, establishing the cultural values and behaviours expected from leaders at all levels across the service
- The compact will include a review of regulatory oversight frameworks and implementation of 360 degree feedback from providers, commissioners and Sustainability and Transformation Partnerships (STPs)/Integrated Care Systems (ICSs) on support received from regional and national leaders
- A “new operating model” for increase workforce devolution to regions, ICSs and local organisations will be developed, utilising an ICS maturity matrix to benchmark workforce planning capabilities

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- A series of initiatives will aim to recruit an additional 40,000 nurses to the NHS in the next five years, including a rapid expansion and review of clinical placement capacity; increasing the acceptance rate; and consolidating national recruitment campaigns with a particular focus on learning disability and mental health nurses
- Funding for CPD should be restored to its previous levels over the next five years, depending on the spending review
- An independent review of HR/OD best practice in the NHS will be carried out later in 2019
- NHSE will develop a new procurement framework for approved international recruitment agencies, whilst STPs and ICSs will implement 'lead recruiter' arrangements for staff coming from overseas
- The NHSI national retention programme will be expanded to all Trusts and into primary care
- The NHS will review its levels of undergraduate medical school places and launch a national conversation on what patients and the public require from 21st century medical graduates

The Trust has reviewed the proposals and will await publication of the final plan later this year.

c) NHS Providers Summary of Board Papers – Statutory Bodies – May 2019

I recently received NHS Providers summary of the Care Quality Commission and Health Education England May 2019 Board papers (**Appendix 3a**).

Key points to note from the Care Quality Commission papers:

Chief Executive's report

- Following the Public Accounts Committee's inquiry into the Care Quality Commission (CQC) in December 2017, the CQC made a commitment to write to the committee in April 2019 with an update on their progress against the recommendations made in the report. The letter (**Appendix 3b**) primarily outlined progress against recommendations two (ensuring findings from hospital inspections are available to the public as soon as possible) & four (how changes in the external environment are affecting staffing assumptions and planned cost reductions).

Chief Inspector of Hospital's report

- The CQC has submitted written evidence to the Public Administration and Constitutional Affairs Committee. The submission highlights CQC's approach to regulating eating disorder services managed by mental health trusts, the quality of the pathway of care and the CQC's work on the 'Learning From Deaths' review.

Executive Director of Strategy and Intelligence's report

- The CQC is piloting the use of a new digital engagement platform to gather the views of external stakeholders on CQC's work. This pilot will run from Monday 29th April 2019, until the end of June 2019.

Performance report

- In the last year, 23% of locations that were previously rated good, had deteriorated to requires improvement or inadequate.
- In the last year, 53% of locations previous rated as requiring improvement, had improved.
- In the last year, 74% of locations previously rated as inadequate improved.
- The CQC has received 8,878 whistleblowing enquiries in the last year.

Key points to note from the Health Education England papers:

Performance report

- An adult Improving Access to Psychological Therapies workforce monitoring tool has been developed by the Health Education England (HEE) national Mental Health (MH) team to support

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Sustainability and Transformation Plans (STPs), and CCGs to plan accurately for future years and ensure workforce growth.

- There are widening routes into MH careers through the development of new roles which increase skill mix and widen participation.
- It is expected that the target of 1,000 Physician Associate's (PAs) to be recruited into primary care by 2020 will not be met.
 - PA numbers are growing substantially in the UK and the proportion of PAs recruited into the primary care workforce is estimated at 15%, with the majority currently choosing to work in secondary care.
- In developing funding options to expand the workforce HEE has made significant progress:
 - An overarching education funding reform programme has been established to address this area
 - Stakeholders have been engaged and HEE has produced a report on tariff currencies on schedule
 - A national place-based funding pilot programme has been launched to support growth in training activity
- HEE continues to work with stakeholders, including arm's length bodies, cancer alliances and STPs to further develop and implement regional cancer workforce supply plans.
- HEE is working with NHS England on the delivery plan for Primary and Community Care Training Hubs.

2. Brexit and EU Exit

a) EU Exit Update

As you may be aware, NHS England and NHS Improvement are working closely with the Department of Health and Social Care to support and ensure the continuity of supply of medicines and medical products into the UK should we exit the EU without a deal on 31st October 2019.

The Government announced on 27th June 2019, that NHSI/E will be continuing with its multi-layered approach to continuity of supply, involving a range of activities including (but not limited to) warehousing, buffer stocks and procurements for extra ferry capacity, including an express freight service for medicines and medical products.

The attached letters to the medicines and devices industry (**Appendix 4a**) and MPs (**Appendix 4b**) provide further details of these arrangements. They confirm the NHS's determination to minimise disruption to patient care, and support the previous work on continuity of supply from earlier this year.

No new actions are required from the NHS as a result of these communications – doctors and pharmacists will be continuing to prescribe and dispense as normal, NHS organisations are asked not to stockpile locally, and Trusts will continue to use business-as-usual reporting routes for shortages.

NHS England and NHS Improvement intend to run another round of regional EU Exit workshops in September 2019 to support local planning. In advance of these workshops NHSI/E will be hosting a series of teleconferences during July 2019 to ensure EU Exit Senior Responsible Officers (SROs) and other senior colleagues working on local EU Exit preparations are sighted on the latest developments and any actions required in the coming months.

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

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3. Quality, Investment and Development

a) New Accessibility Guides for Patients and Visitors

I am pleased to announce that the Trust recently joined with AccessAble UK to develop new, online accessibility guides for patients, visitors and staff with disabilities. The guides are 100 per cent facts, figures and photographs, and give patients and visitors useful information to work out if somewhere is going to be accessible to them, covering everything from parking to hearing loops, walking distances and accessible toilets. The Trust understands that everyone's accessibility needs are different, which is why having accurate information is so important, and why all the online guides have been checked in person, by trained surveyors.

I was also delighted to hear that Bradford is part of a trailblazing group of NHS Trusts, who recognise how vital access information is for disabled patients, visitors and staff. This initiative is all about removing barriers and enabling greater patient experience and access for everyone.

b) Increase in compliments

The Trust often receives many letters of thanks and compliments from patients and their relatives following treatment at one, or any of our hospitals. However, in recent months I have noticed the increase of letters that come direct to me.

During the start of 2019, the Chief Executive's office alone received approximately six compliments per month, however, in June 2019 the office received 14 direct compliments. The majority of these have been centred around the care we have provided in the Emergency Department, and subsequent treatment on our wards, and it makes me very proud to read these kind words and evidences my knowledge that our staff work very hard to provide an excellent quality of care to our patients.

For each compliment that comes through the Trust, I personally send a letter of acknowledgment and thanks back to the sender, and send a personal letter of thanks to the department and staff mentioned, with a copy of the compliment so they can read the kind comments that have been made about their care.

I am hoping that this trend is one that continues, and I can report on receiving many more in the future.

4. Workforce

a) New Consultant Appointments

Dr Fozia Hayat joined the Trust as a Consultant Anaesthetist in May 2019, bringing with her extensive experience in complex major Anaesthesia.

Dr Uma Jegathan joined the Trust as a Consultant Paediatrician in May 2019. Dr Jegathan was previously working at the Trust as a Locum Consultant since August 2018, prior to this substantive appointment.

Dr Giridharam Durgam joined the Trust as a Consultant Haematologist in June 2019. Dr Durgam has worked for several years within a Haematology environment. Has an interest in Laboratory aspects of Haematology, in particular reporting of blood films, bone marrows and new technologies evolving within Haematology.

Miss Farhat Butt joined the Trust as a Consultant Ophthalmologist in June 2019. Since obtaining Consultant accreditation, Miss Butt has been working in a West Yorkshire Run through training programme within Ophthalmology.

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Dr Peter Hart joined the Trust as a Consultant Anaesthetist in ICU during June 2019. Dr Hart had been working a Locum Consultant within Anaesthetics prior to his substantive appointment at Bradford Teaching Hospitals NHS Foundation Trust.

b) Update on Wholly Owned Subsidiary (WOS)

On 24th June 2019, I received formal notification from Unison (**Appendix 5a**) that they intended to conduct a period of industrial action at the Trust, commencing with seven days discontinuous action from Monday 8th July to Monday 15th July 2019. The Trust put contingency plans in place to ensure the safety of our patients and staff during this period. On 25th June 2019, I wrote to stakeholders (**Appendix 5b**) explaining the rationale and current position regarding the WOS.

5. Celebrating Success

a) Awards for BTHFT Team of the Month, Employee of the Month and Trainee 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. In addition to these monthly awards, we have now started to recognise our trainees, with our new Trainee of the Month award. Our first award was presented in June 2019.

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:

April 2019 Team of the Month (joint winners) – E-Rostering Team, Locum Booking and Nurse Bank Teams

April 2019 Employee of the Month – Steve Anderson, ICU Professional and Practice Development Nurse

May 2019 Team of the Month – Maternity Communication Group

May 2019 Employee of the Month – Paula Farrell, Sister, Radiology

May 2019 Trainee of the Month – Nicola Moorhouse, Trainee Clinical Photographer

b) Cardiac Rehabilitation Team National Accreditation

I was thrilled to hear the news that our Cardiac Rehabilitation team had achieved national accreditation for the outstanding service they deliver to our patients. The team, based at St Luke's Hospital and Queensbury Health Centre, provide a vital service in the community to get patients back on their feet following discharge from the hospital after a heart attack, heart surgery or coronary intervention procedure.

For their excellent care, the team have now received "gold standard" accreditation from the National Association of Cardiac Rehabilitation's national audit of cardiac rehabilitation (NACR). NACR collect data from Trusts across the country to support the monitoring and improvement of services in terms of access, equity in provision, quality and clinical outcomes. The accolade reflects the fact that our service meets and maintains all the national standards, and can evidence this by data we submit each month.

The accreditation lasts for 12 months before renewal is assessed, but the team aims to keep it long-term by maintaining its high standards of data, which reflect an excellent service.

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I wish to offer my congratulations to the team for their continued hard work.

c) International Award for Dr Sanjeeva Gupta

I am delighted to announce that that Dr Sanjeeva Gupta, Consultant in Pain Medicine has recently received an international award for his contribution to the field of interventional pain medicine.

Dr Gupta was presented with his award from the American Society of Interventional Pain Physicians (ASIPP) during their 21st annual meeting which took place in Las Vegas, USA. Dr Gupta was pleasantly surprised to be chosen by the ASIPP board to be presented with the outstanding contribution award, as it recognises those who have contributed to the speciality in very meaningful ways.

I am sure the Council of Governors will join me in congratulating Dr Gupta on this achievement.

RECOMMENDATIONS

The Council of Governors is asked to receive and note this report.