

Board of Directors – 22 February 2017

Chief Executive's Report

Action requested/recommendation

The Board is asked to note the report.

Summary

This report provides an overview from the Chief Executive.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC regulations

There are no references to CQC outcomes.

Progress of report Board of Directors

Risk No risk.

Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
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Chief Executive's Report

1. Chief Executive's Overview

February is often the time I take stock of both where we are as an organisation and where the system might be heading as we approach the end of the financial year. I have been setting out my thoughts to senior colleagues at the Executive Board and Hospital & Community Boards and thought it helpful to summarise my key messages below.

There is no doubt that at a national level the urgent care system has been under huge pressure and performance against the 4 hour target has been very poor. Performance against other access targets has also deteriorated overall and as ever there is a correlation between increased demand for acute care and the subsequent capacity available for planned care. As you will appreciate performance is judged on a monthly basis (in most instances) and whilst this is well intentioned it certainly reduces the opportunity for provider organisations to respond flexibly to the inevitable variations in demand that occur with inevitable consequences.

This has certainly been the case in our own organisation and throughout the recent difficult period our primary concern has been to maintain the highest standard of patient care possible in extremely challenging circumstances. Attendances and admissions have been high, the acuity of admitted patients at unprecedented levels and as a consequence our wards have been too full.

However, the measure of an organisation's resilience is not its absolute performance at times of high and critical pressure but how fast it recovers when the situation begins to improve. This rate of "recovery" is also important as to how we are viewed by others at both a local and national level. I recognise more than anyone how hard our staff have been working, often with a less substantive workforce than we have previously experienced due to recruitment shortages coupled with the need at times for rapid escalation, but it is vital that as the pressures in the system begin to recede we see an improvement in our performance overall. This is now happening at a national level and we must see this at a local level.

The Executive team and senior clinical leaders are working hard to ensure this is the case.

Looking further afield I have been anticipating a "reboot" of the national STP process as the deterioration in the finances overall is better understood. NHSI has acknowledged that the system overall will exceed its control total and from experience this is likely to deteriorate further during the last quarter of the financial year. In light of this and other experience to date it has been suggested that STP leads will be offered greater authority to act and in most cases be subject to a more formal appointment process. The individual sovereignty or independence of organisations will certainly be challenged in due course where needed and I anticipate a clearer set of targets and expectations, many linked to the Carter review, to be delegated and performance managed centrally. It is clear to me that a greater clarity to the process is overdue.

We should welcome this and I expect this to emerge more fully in the next few weeks.

Vascular services

We were informed at an event organised by NHS England earlier this month that we have been recognised along with Hull as an accredited Vascular Centre within the Humber, Coast and Vale STP patch.

This is fantastic news and helps secure vascular services for the Trust.

Positive discussions are taking place with Hull colleagues about setting up a regular clinical/managerial networking slot to discuss issues around pathways and protocols, workforce and training.

International Development

I am pleased to be able to report that we are supporting and participating in a clinical health management programme for Chinese Doctors being run by the Valette's Business School in Manchester from early March 2017. It was piloted successfully in a number of acute Trusts in the North West of England last year (in partnership with Health Education England) and we will be participating with these Trusts and Barnsley Hospital NHS Foundation Trust this year.

The programme will involve eight Chinese doctors at Consultant level being attached to our organisation in the specialty areas of Anaesthetics, Critical Care, Renal, Maxillofacial Surgery, ENT, Orthopaedics, Urology and Radiology. They will shadow and observe clinical practice in the respective specialty area and participate in Directorate meetings and governance activities from Mondays to Thursdays. The doctors will not be directly involved in the delivery of clinical care.

On Fridays, a programme of interactive training and development sessions involving Directorate and Corporate staff on Trust strategic priorities, research and ethics, quality assurance, quality improvement and governance and audit will be run. The visiting doctors will be completing a project of their own choosing while with us, which the named clinical supervisors in the specialty areas will be able to support and advise.

In more general terms, the programme links in well with the Trust's interest in and commitment to overseas healthcare partnership work which is being developed. We are members of the recently formed United Kingdom International Healthcare Management Association (UKIHMA) which has been set up to identify potential areas for collaborative working between the NHS and other healthcare systems in terms of shared clinical and management expertise.

Participation in this particular programme will, I believe:

- Help us to pilot the concept of clinical placements at Directorate level and governance framework training (that we can offer at Trust level)
- Enable further links with the Chinese health authorities to be established in general terms that could be utilised in the future for placements
- Act as the means for the development of promotional material that could be used through the UKIHMA website
- Be a valuable two-way learning/educational opportunity for the Chinese doctors

I will keep the Board informed of the outcome of the programme and the developing overseas healthcare partnership plans.

In the news

National media coverage has recently been focussed on the 44 STPs, highlighting the major changes and service reconfigurations that are proposed.

I, along with Deputy Chief executive Mike Proctor, have done several interviews to reassure people that we have no plans to close or downgrade our A&E department in Scarborough, despite suggestions to the contrary in the Health Service Journal and some national newspapers.

On a more positive note, we officially opened our new Urology One Stop Clinic at Malton Hospital at the end of January.

The new One Stop Clinic, which was officially opened by Archbishop of York Dr. John Sentamu, is for all urology patients across the region, which allows fast access to diagnosis and treatment. In contrast to traditional services, patients will only require one appointment and will leave the clinic with a treatment plan.

The majority of adult first referrals into the urology service will attend this clinic, which will run three days a week, accommodating around 180 patients. Follow-up appointments, including surgery, will continue to take place at our other sites.

This is an excellent facility and an exciting development for Malton Hospital and the Trust as a whole.

BAF at a glance

The Board Assurance Framework (BAF) summary document, which has been approved by the executive directors, is attached to this report, and can be used for reference throughout the meeting to ensure that any identified risk is being addressed at the subcommittees of the Board and at the Board meeting itself.

2. Recommendation

The Board is asked to note the report.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley, Chief Executive
Date	February 2017

Board Assurance Framework – At a glance.

Our Board Assurance Framework is structured round our 4 key ambitions. The BAF identifies the strategic risks to the achievement of our ambitions.

Quality and Safety - Our patients must trust us to deliver safe and effective healthcare.		Workforce - The quality of our services is wholly dependant on our teams of staff	
1 We fail to improve patient safety, the quality of our patient experience and patient outcomes, all day, every day	Green	1 We fail to ensure that our organisation continues to develop and is an excellent place to work	Amber
2 We fail to listen to patients and staff, act on their feedback, and share with them the changes we make.	Amber	2 We fail to creatively attract the right people to work in our trust, in the right places, at the right time	Amber
3 We fail to innovative in our approach to providing the best possible care, sympathetic to different communities and their needs.	Amber	3 We fail to retain our staff	Green
4 We fail to separate the acute and elective care of our patients	Amber	4 We fail to care for the wellbeing of our staff	Green
5 We fail to reform and improve emergency care	Red	5 We fail to provide first class learning and development opportunities, enabling our staff to maximise their potential	Amber
6 We fail to embrace existing and emerging technology to develop services for patients	Green	6 We fail to develop learning, creating new knowledge through research and share this widely	Amber
Environment and Estates - We must continually strive to ensure that our environment is fit for our future		Finance and Performance - Our sustainable future depends on providing the highest standards of care within our resources	
1 We fail to work as part of our overall community to provide the very best health outcomes, in the most appropriate setting	Amber	1 We fail to work to and maintain financial stability alongside our partners, building alliances to benefit our patients	Amber
2 We fail to respect the privacy and dignity of all of our patients	Green	2 We fail to provide the very best value for money, time and effort	Green
3 We fail to positively manage our impact on the wider environment and keep our own environment clean and tidy	Green	3 We fail to exceed all national standards of care	Red
4 We fail to develop our facilities and premises to improve our services and patient care	Green	4 We fail to plan with ambition to create a sustainable future.	Amber