

Board of Directors – 26 October 2016

Chief Executive's Report

Action requested/recommendation

The Board of Directors 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
Date of paper	October 2016
Version number	Version 1

Chief Executive's Report

1. Chief Executive's Overview

System-wide strategic planning

The latest documentation has just been submitted, and they will be released up and down the country at various points up until Christmas. These plans are relatively high-level, and staff and patients will be invited to become involved in shaping these further in the coming months and years. Where services may need to be delivered differently, we will involve staff and patients in those decisions.

The STP process is ultimately designed to ensure local plans for the next five years deliver a sustainable financial future. We are playing our part in developing those plans.

Some of the discussions are legitimately Humber Coast and Vale 'STP-wide' however the real changes to delivery will be determined at a more local level.

A key element of our approach has been built on the creation of a Provider Alliance Board in York, and the Ambition for Health programme in Scarborough and Ryedale, both of which have been in existence for 18 months and have developed a high level of trust between all health and social care partners. This trust is vital as we seek to develop improved community care and keep people out of hospital beds or facilitate their discharge more quickly. There are many existing prejudices which have built up over the years as the system has encouraged each part to work in silos. We have to demonstrate our willingness to listen and understand how the world appears to others in other organisations, and to build relationships around a vision and goals which all can sign up to.

As we make the shift of care from Hospital beds to home support there will inevitably be controversies, as the closure of Archways has demonstrated. We need to consistently and enthusiastically tell the positive story as to why these changes are necessary and will improve the experience of our patients.

Part of our approach has been to develop and support a Whole System Leadership Programme, the first cohort of which started on the 17 October. We have very senior participants from every part of the care sector and we believe that by meeting and learning together we can further develop our integrated approach. Our Deputy Chief Executive is leading this work.

Local planning

Earlier this month we held our first Strategy Poster Day at York Hospital, which is an important part of the annual strategy development cycle.

The aims of the event are:

- To provide directorates with an opportunity to showcase their plans to the rest of the organisation.
- To ensure that the organisation-wide strategy is genuinely informed and led in a 'bottom-up' way by the clinical and corporate directorates.
- To provide a forum for directorates to share ideas and learn from each other's plans, and to ensure that plans complement each other.
- To ensure that the Trust is in a strong position around its key objectives for next year,

which can be played into the 2017/18 contracting and planning round and overall Sustainability and Transformation Plan(STP) process.

- To provide the starting point for discussions at the Away Day that will be held next Spring.

The format of the Event was for each clinical and corporate directorate to display a poster outlining their plans, and everyone attending had the opportunity to improve their understanding of what other areas are doing while discussing their plans with peers and colleagues in other parts of the organisation.

I know that a lot of time and effort was put into this day over the summer, so thank you to everyone for their work on this. The session was a real success, and the feedback so far has been that this is a particularly effective and engaging way to share these plans. We will be running the session again in Scarborough to enable more staff to be involved.

Following the day, and ahead of our Spring away day, I have asked that all of the plans are summarised into one document that will form our overarching Trust Clinical Strategy. Once completed this document will go through the usual Trust Governance processes for approval and support.

Winter resilience

Work is underway to make sure plans are in place to help us maintain the safe and effective delivery of services throughout the winter period. Our strategy for doing this is to maximise the use of our services, both in and out of hospital, to maintain planned surgery, and to continue to work towards achieving the performance targets we have agreed as part of the sustainability and transformation funding.

We will focus on the assessment of patients, with the expectation that wherever possible they will be cared for in a more appropriate setting outside of hospital, rather than being admitted to a hospital bed. To do this, we have opened some extra capacity for acute assessment, and there has also been increased investment in out of hospital care across our patch, to help provide rehabilitation support and assessment for people in their own homes or in other community settings.

We will also be focussing on improving efficiency around patient flow processes, to reduce delays to patients.

All of these steps will help us to be resilient during what is always a time of increased pressure. More importantly, these actions are also in the best interests of our patients, as they aim to help them avoid admission to hospital, and either stay at home or return home sooner.

NHSI Single Oversight Framework

NHSI has now published its Single Oversight Framework (SOF), and the 'shadow' categorisation for each provider organization, based on performance and other insights in recent months. This replaces the Monitor Risk Assessment framework.

Depending on the extent of support needs identified through its oversight process and performance against particular measures, NHSI will allocate providers into one of four segments. These are: maximum autonomy (segment 1), targeted support (segment 2),

mandated support (segment 3), and special measures (segment 4).

We have been assessed as being in segment 2, which NHSI describes as: “Providers offered targeted support – there are concerns in relation to one or more of the themes. NHS Improvement identifies targeted support that the provider can access to address these concerns, but which they are not obliged to take up. For some providers in segment 2, more evidence may need to be gathered to identify appropriate support.”

Of the 238 organisations, over half are in the top 2 categories, and are therefore judged as having limited or no improvement needs.

I believe this to be a fair reflection of our current position, and in particular given our challenges in meeting the emergency care standard.

As an organisation we continue to welcome external support, and are already working with several bodies, notably with NHS England on a piece of work in Scarborough on the sustainability of small, rural hospitals.

Sustainability Funding and Control Totals

We have now received details of our indicative sustainability funding and associated control totals for both 2017/18 and 2018/19. These are broadly in line with the current 2016/17 position although do place an increasing improvement trajectory on the Trust. Of particular note is that in making this assessment of support and in setting a stretch control total, NHSI have not taken into account the loss of acquisition support into the Trust. The Finance Director and I have formally raised this issue with NHSI, and they are considering our case.

	2017/18	2018/19
Sustainability Funding	£11.832m	£11.832m
Control Total	£8.841m Surplus	£13.458m Surplus

The Finance Team is preparing our draft income and expenditure plans for the next two years using this information. These will be presented at the November Board meeting.

Overview and Scrutiny Committee visit

Members of the East Riding Overview and Scrutiny Committee (OSC) visited Scarborough and Bridlington Hospitals to see first-hand how our services are developing and to gain a greater understanding of our hospitals.

In his feedback, the Senior Committee Manager said: “It was a highly positive experience for us all and I don't think there was a single negative expressed by members all day across both sites. At Scarborough members were impressed with the transformation of the site and in particular the Stroke Ward. Likewise at Bridlington Members were very impressed to see how the site has developed and become busier over the years, in particular the orthopaedic department.”

Thanks to everyone involved in this visit. OSCs play a key role and to receive positive feedback is really important to our local reputation.

National cancer performance

NHS England has recently published new ratings providing a snapshot of how well different areas of the country are diagnosing and treating cancer and supporting patients.

The ratings, which are broken down by local Clinical Commissioning Group, show areas in need of improvement, but also highlight areas of best practice.

The overall rating is based on four indicators: early diagnosis, one year survival, 62 day waits after referral, and overall patient experience.

Whilst much of the media coverage focussed on the large number of CCG areas where improvements need to be made, it was notable that the Vale of York CCG area was one of the seven top performing areas in the country. This is due in no small part to our oncologists and the wider cancer teams who provide these services.

Whilst Scarborough CCG was found to need improvement, over 90 % of patients rated their care positively, and much of the credit for this must go to the staff within our organisation who provide that care.

Joint clinical summit

We are working with colleague in the Vale of York CCG to host the first ever clinical summit between our two organisations, with the aim of re-establishing and strengthening clinical ties between GPs and Consultants. The event, which will take place on Tuesday 29 November at York Racecourse, will cover a range of clinically-focussed workshops and presentations relevant to the current challenges in our local healthcare system and explore how we can work together to achieve best outcomes for our patients.

The event will be chaired by Dr Kevin Smith, Deputy Director of Healthcare, Public Health England, Yorkshire and the Humber. The meeting will hear from the local system leaders and delegates will be able to choose three workshops to participate in during the afternoon. Topics will include the Sustainability and Transformation Plan, Accountable Care Systems, Community Care models, the benefits of a Referral Support Service, Optimising Care in Community Hubs and Improving Mental Health, amongst others.

This is an important event and we will be encouraging our consultants in York to get involved in what I hope will become a regular fixture in our events calendar.

Recruitment day

Another successful recruitment marketplace event took place earlier this month, this time at Scarborough Hospital.

On the day, people were able to find out more about the clinical and non-clinical vacancies that the Trust is looking to fill across a variety of different departments.

This was a hugely popular event, with more than 500 people attending. We interviewed 22 candidates for nursing roles, and more than 200 people will be interviewed for estates and facilities jobs following the event.

These events are fast becoming an integral part of our recruitment strategy. Thanks to everyone who contributed to making it a success.

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	October 2016