Council of Governors – 13 December 2018
Chief Executive’s Overview

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information  ❌
For discussion  ❌
For approval  ❌
A regulatory requirement  ❌

Purpose of the Report

To provide an update to the Council of Governors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

1. CQC system visit
2. Scarborough Acute Services Review
3. New roles and new ways of working
4. Business Continuity
5. Humber, Coast and Vale Health and Care Partnership

Recommendation

For the Council of Governors to note the report.

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Date: December 2018
1. **CQC system visit**

As briefed previously, the CQC is revisiting our health and social care system in the City of York to examine our progress in improving care for elderly patients. This follows their initial visit last year. I have been involved in presentations to the CQC and have been interviewed, along with many others in our senior team and on those of the CCG, the Local Authority, and the Voluntary and Independent provider sectors. I will provide an update regarding the feedback once the visit is complete.

2. **Scarborough Acute Services Review**

This piece of work, which is to consider how we can deliver sustainable acute services for our east coast patients, is continuing, with the fourth and final clinical reference group having taken place last week.

The clinical reference group comprises consultants from both Scarborough and York, as well as local GPs and representatives from all of the partners involved in the review. To date the clinical reference group has reviewed the Case for Change and described and discussed possible clinical model scenarios and their interdependencies.

The most recent clinical reference group session focused on the evaluation criteria which were used to support a discussion about the ‘trade offs’ between access, quality, workforce, finances and deliverability for the possible scenarios.

These discussions form part of a broad analysis and evaluation that is being considered further with Clinical Commissioning Group and Humber Coast and Vale Health and Care Partnership colleagues.

A discussion amongst the partner organisations is taking place to review the work done to date, and next steps and likely timeframes will be agreed. We are not at the stage where we are recommending or making decisions on a preferred scenario.

3. **New roles and new ways of working**

In order to meet the challenges we face we have to work in different ways, sometimes this can be testing for individuals and teams but if we embrace change in the right way and with the right motivations (thinking about what is right for our patients) then change is exciting and creates opportunities for our staff.

Earlier this month I had the pleasure of shadowing Dr Kim Chandler for a morning. Kim is piloting a new role within acute medicine, the acute physician in charge or APIC.

Essentially, I see the APIC role as an incredibly simple concept; to move from the default position of admitting a patient to get a physician’s view to a more rapid provision of an expert medical opinion which can be delivered inside the Emergency Department, on the phone to a referring GP or ‘hands on’ on ward 24.
This provides a direct link between the medical team on the second floor and the Emergency Department and will help to admit only those patients for whom an admission and perhaps extended stay in hospital stay is essential. I look forward to this role being established as a permanent part of our processes.

We also welcomed 12 Physician Associates to the Trust on 22 October, with a further four due to take up rotations with the Trust over the course of a two-year rotational programme.

Over the course of their preceptorship, our physician associates will work in a range of specialties, including Acute Medicine, Gastroenterology, Cardiology, Respiratory Medicine, Endocrinology, Renal Medicine, Elderly Medicine, Rheumatology, Haematology, Oncology, Dermatology, Neurology, Emergency Medicine and Paediatrics.

Still a relatively new role to the NHS, the introduction of the physician associate role is great news for the Trust as it complements the numbers of the medical workforce, and increases access to quality care for patients.

Physician associates are unique in that they are trained in a medical model unlike other professionals - so they develop skill sets to deliver healthcare to patients in multiple settings, very much like a doctor.

4. Business Continuity

We ran a Black Start power exercise at York Hospital at the start of November, where the external power supply is turned off for 15 minutes to test the process of restoring power to without relying on the external transmission network.

I am pleased to report that there was no significant disruption, and that the plans we had in place proved effective.

A more unplanned test followed a few days later as CPD, our core patient database, was not available. I am grateful to the SNS team for getting things back up and running as quickly as possible, to the operations team for invoking our major incident structure to centrally understand and manage the problems caused and to ensure our business continuity plans were enacted to enable minimal impact for patients. I am grateful for everyone's patience and professionalism throughout.

5. Humber, Coast and Vale Health and Care Partnership

The leader of the STP Simon Pleydell, the current lead for our STP (and former Chief Executive of York Trust) is stepping down at the end of November this month. A search for his successor has started, and as soon as this is confirmed I will update the Council.