Council of Governors – 13 March 2019
Chief Executive’s Overview

Trust Strategic Goals:

☑️ to deliver safe and high quality patient care as part of an integrated system
☑️ to support an engaged, healthy and resilient workforce
☑️ to ensure financial sustainability

Recommendation

For information ☒️ For approval ☐
For discussion ☒️ A regulatory requirement ☐
For assurance ☐

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

Recommendation

For the Council of Governors to note the report.

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Director Sponsor: Mike Proctor, Chief Executive

Date: 13 March 2019
1. NHS Long Term Plan

As has been widely publicised, the NHS Long Term Plan has now been published. Wide-ranging input was sought from frontline health and care staff, patients and others who attended events and made submissions.

The plan sets out the long term ambitions for the NHS to develop sustainable services that offer the most value for patients.

The aims of the NHS Long Term Plan include:

- making sure everyone gets the best start in life
- delivering world-class care for major health problems
- supporting people to age well

Delivering these ambitions, and tackling some of the current challenges, will require focus on specific key areas. These are:

Doing things differently – increasing the focus on integration and giving people more control over the services they receive

Preventing illness and tackling health inequalities – paying particular attention to the most significant causes of ill health, such as smoking, alcohol and Type 2 diabetes

Backing our workforce – increase the workforce and making the NHS a better place to work

Making better use of data and digital technology – better access to digital tools, records, services and health information for the benefit of both patients and staff, and improving service planning and delivery based on data analysis.

Getting the most out of taxpayers’ investment in the NHS – improving efficiency including procurement, and reducing spend on administration

Next steps:
Sustainability and Transformation Partnerships and Integrated Care Systems now need to develop and implement their own five year strategies. This will offer further opportunity for staff, patients and the public to shape these plans at a local level.

2. Operational review

Following the briefing given at the last Board of Directors meeting, work has been progressing to put in place a new structure for the operational management of the Trust to ensure we are organized in a way that we can best meet the needs of our complex group of hospitals and services.

We have agreed to move from a large number of directorates to six care groups. The new care group structure is attached to this paper, for information.
The consultation with staff concluded on 28 February. Feedback from the consultation is being shared with staff, and the recruitment process will then begin, starting with the Care Group Director roles.

3. Exit from the EU

As the Government continues to debate the terms of our exit from the European Union, all NHS organisations have been asked to consider how we will operate in the event of a ‘No Deal’ Brexit. Guidance has been issued by the Department of Health and Social Care which asks us to consider seven key areas:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

Andrew Bertram, Finance Director, has been nominated as the Board of Director’s Senior Responsible Officer for EU Exit Preparedness. A group has been formed comprising the leads for these areas, and they have reviewed the guidance, assessing the potential risks against our business continuity plans.

In terms of public-facing messages, and what we are required to be advising patients and the public, patients should be encouraged not to stockpile their own medication, and staff are being asked not to issue longer prescriptions.

An action plan has been developed, which is being worked through, and we are responding to updates from the Department of Health and Social Care as and when they arise.

4. Changes to oncology services at Scarborough Hospital

Governors have already received a briefing about the changes that have had to be made to oncology outpatient services at Scarborough Hospital, due to Hull withdrawing their support to the service in response to their workforce challenges.

The approach has been agreed between York Teaching Hospital NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust, the current providers of this service, and NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, who are the commissioners. The discussions have also involved Leeds Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, with further involvement and support from the Humber, Coast and Vale Cancer Alliance.

The Hull oncology team who provide the service at Scarborough are facing a number of serious staffing issues including:

- Existing oncologists changing roles during summer 2019, plus oncologists who will be retiring in the next year or so.

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.
- Members of their consultant oncologist team expressing concern about the workload and the potential impact on their wellbeing.
- A national shortage of oncologists and also oncology trainees.

Given the current levels of referral and the reduction in available resources, a number of options were considered as to how to deliver breast oncology services in the short to medium term in order to deliver a safe and quality service to patients.

2195 breast oncology patients per year attend York Hospital, and 665 per year attend the service at Scarborough Hospital.

Patients with a current open referral were contacted by phone by York Trust staff and it will be explained to them that their oncologist will no longer be providing clinics in Scarborough. If they wish to stay under the care of this consultant, they will be given the option to transfer their care to Hull and continue with the same consultant. This will however mean that the rest of their care and treatment would also transfer to Hull (including chemotherapy). The alternative is that they will be given an appointment at York Hospital. This would mean that their oncology outpatient appointments would take place in York, however they would be able to have chemotherapy in Scarborough or Bridlington. The initial phone call was followed up with a letter.

For new patients and those referred for appointments from 5 March onwards, the referral pathway remains the same as now. Patients needing a referral into the two week fast track breast cancer pathway can be referred to either York Trust (with diagnostic appointments taking place at York Hospital) or to Hull Trust, as is currently the case, taking into consideration patient choice.

We have agreed with all organisations involved that this is a temporary measure for six months, and will be reviewed.

5. Board appointments

Following a competitive process, I am delighted to confirm that Polly McMeekin has been appointed as Director of Workforce and Organisational Development. Many of you will already know Polly as she joined us in 2015 as Deputy Director of Workforce, and has more recently held the role of Acting Director of Workforce and Organisational Development.

I can also confirm that Heather McNair has been appointed as Chief Nurse, taking over from Beverley Geary. Heather joins us from Barnsley Hospital NHS Foundation Trust; and we anticipate that she will join us at the start of July. Helen Hey, Deputy Chief Nurse, will act up in the role of Chief Nurse in the interim.