York Teaching Hospital
NHS Foundation Trust

Board of Directors – 29 July 2020
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 Board of Directors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

The report provides updates on the following key areas:

- Covid-19 update
- Our Voice, Our Future
- Humber Coast and Vale ICS: partnership and governance arrangements
- Welcome to new Board members

Recommendation

For the Board to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: July 2020

1. Covid-19 update

It is difficult to fully comprehend all that has happened since my last public report to the Board, and the impact that the Covid-19 pandemic has had on every aspect of our lives.

It began with the first report at the end of January of two suspected cases of coronavirus in a hotel in York, and the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident on 30 January.

In the weeks and months since then we have lived and worked through the biggest challenge the NHS and the Trust has ever faced.

At significant speed we reconfigured our wards and departments and began to plan and train for the rising number of patients we would need to care for.

Over 750 patients have been admitted with confirmed Covid-19 into our hospitals, and at our peak we had eleven Covid-19 wards at York Hospital and six at Scarborough Hospital.

The pandemic has tested our emergency preparedness, resilience and response plans like never before. Both myself and the Chair have previously placed on record our thanks and gratitude, not only to our staff, whose efforts have been nothing short of phenomenal throughout, but also to the countless individuals, organisations, local businesses and the wider community who have shown their support in all manner of ways.

At the time of this report we are seeing some respite in the number of cases, and there is every indication that the first 'wave' of the pandemic is passing.

However, despite the current number of cases being low we still continue to operate in a 'response' state, and as a Trust we are required to protect surge capacity for the Covid-19 pandemic and maintain agile step-up escalation.

In addition, we need to maintain infection control measures, including appropriate personal protective equipment and social distancing. Collectively this reduces capacity across the Trust including a reduced bed base, affects theatre and clinic productivity, and reduces the physical space to see and treat patients. This will clearly have an impact on our ability to return to pre-Covid-19 activity levels.

In terms of restoring services, we are now in phase two of recovery which is concerned with the stepping up of urgent services, and planning is progressing in line with national requirements. We are anticipating the guidance for phase three, and will then be working on plans for elective service restoration in line with that guidance, alongside our winter planning which has already commenced.

To do this we need to understand how we can reduce footfall to our hospital sites through alternative approaches to outpatients and how we can increase elective capacity to reduce long waits for patients. We need to work with system partners to contain non-essential demand and we need to assess and manage clinical risk within waiting lists.

The impact of the changes we have had to make in order to deliver services safely will sadly mean that some patients will be waiting longer to be seen, and a large part of the

work we are undertaking is about ensuring that patients are risk-assessed by clinicians to determine who needs to be seen most urgently.

As we emerge from the first peak of the pandemic it is clear that it is far from over, and that the impact on the way we work, and indeed for how society works as a whole, will be part of our everyday lives for some time to come.

2. Our Voice, Our Future

As the pandemic developed, I received feedback from several staff asking how we might capture the wealth of positive difference that came about through rapid change and innovation in response to the challenges presented by Covid-19. As a result we launched an online workshop, similar to those run previously, to do three things:

- To capture the great work that has been done in response to the outbreak, and identify the ways of working that we wanted to continue.
- To hear suggestions on how best to support staff's health and wellbeing during this sustained period of uncertainty.
- To provide an opportunity for staff to say thank you to colleagues, and to share stories about someone who has made a difference.

More than 1,000 staff shared over 8,600 contributions - a combination of ideas, comments and votes. Feedback on the suggestions that we could quickly action has been shared through my weekly updates, through the regular Covid-19 bulletins and through Staff Matters. We are now drawing this workshop to a close and pulling together a plan for taking forward the remaining actions and for communicating the work done far, as well as the positive feedback that colleagues have shared.

Importantly, the work that was done in the first phase of Our Voice, Our Future has not been forgotten, inevitably some of the larger pieces of work arising from the initial workshops had to be paused as we focused on our response to Covid-19, however we are now in a position to restart this work in earnest. This includes the refreshed values and associated behaviour framework, and a final decision on changing the name of the Trust. We will discuss progress on these actions in September.

3. Humber Coast and Vale Integrated Health and Care System

Throughout the pandemic work has been progressing to establish Humber Coast and Vale (HCV) Health and Care Partnership as an Integrated Care System (ICS).

I want to draw the Board's attention to the progress being made to establish the ICS and to update on the emerging detail regarding the part played by our Trust in the broader operating arrangements.

ICS status was granted on 1 April 2020, and operating arrangements have now been agreed through the ICS Partnership Board, following engagement with leaders from all of the partnership organisations.

A document explaining these arrangements is appended to this report, for information. In summary, the operating arrangements enable partners to work together at three levels, and each grouping has its own key responsibilities:

- Place (North Lincs, North East Lincs, Hull, East Riding, York, North Yorkshire)
- Geographical partnerships (Humber and North Yorkshire and York)
- Partnership-wide (all of Humber, Coast and Vale)

At the partnership-wide level, working arrangements have been agreed, and include:

- A Partnership Board, meeting monthly and consisting of all Partnership chief executives and accountable officers
- A Partnership Assembly, bringing together the Partnership Board with non-executives, elected members, clinical and professional leaders, voluntary and community sector representatives and other key stakeholders, two or three times a year as means of purposeful engagement to guide the strategic direction on the partnership.

The partnership-wide arrangements also include a number of other groups such as sector-specific provider collaboratives, a clinical and professional group, a population health and prevention board, and a non-executive and members group.

Other forums that have been in place for some time are being reviewed and reshaped to reflect the new operating arrangements, including the Partnership Assurance and Oversight Group.

The attached paper provides further detail with regard to the ICS's shared vision, purpose and operating principles.

4. Welcome to new Board members

On 1 June, Professor Matthew Morgan joined our Board of Directors as a stakeholder non-executive director. Matt is Deputy Dean and Professor of Renal Medicine and Medical Education at Hull York Medical School. As Deputy Dean he supports the Dean in the strategic development and delivery of the Medical School.

Matt has wide experience in both undergraduate and postgraduate medical and allied health profession education and is a Fellow of both the Higher Education Academy and the Royal College of Physicians. He has also been active in promoting diversity and inclusion in healthcare and healthcare education. He continues to practice as a consultant in renal medicine in the NHS.

We will also welcome Chief Digital Information Officer (CDIO) Dylan Roberts to the Board on 10 August. Dylan has over 30 years' experience spanning local authorities, the NHS and the private sector. Since 2018, he has been CDIO for the City of Leeds, including

Leeds City Council, NHS Leeds CCG, Leeds City Digital Partnership and Digital Strategy Lead for Yorkshire and the Humber.

Finally, non-executive director Jennie Adams is leaving us to take up a role as chair for a housing association in York. Jennie has been a member of the Board since 2012 and has chaired a number of committees, most latterly the resources committee. As a Scarborough resident Jennie has been a strong advocate for patients on the east coast and I am sure you will join me in wishing Jennie well and thanking her for her significant contribution. Jennie's last board will be in August, and we are in the process of planning the recruitment of a new non-executive director.

Humber, Coast and Vale Health and Care Partnership

Partnership Operating Arrangements

(summary version)

The Humber, Coast and Vale Health and Care Partnership was established in 2016 and comprises 28 organisations from the NHS, local councils, other health and care providers including the voluntary and community sector.

The Humber, Coast and Vale Health and Care Partnership achieved Integrated Care System (ICS) status in April 2020, a year ahead of the requirement set out in the NHS Long Term Plan. Through the ICS, partner organisations have two key responsibilities to:

1) Co-ordinate the transformation of health and care across settings; and
2) Collectively manage system performance.

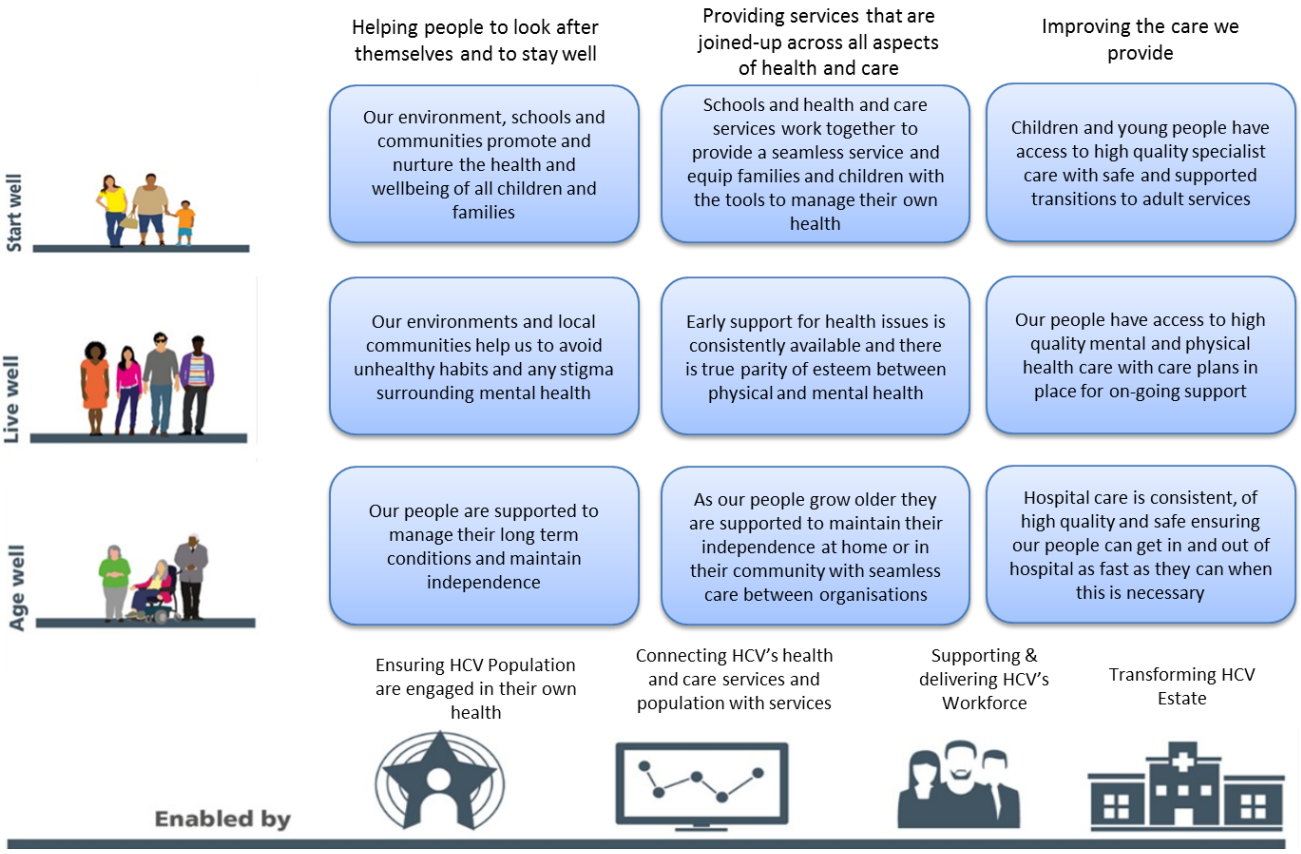
Our Shared Purpose

The collective purpose of the Partnership is "***to improve the health and wellbeing of our people and address inequalities in our communities.***" This collective purpose is described through the framework set out below.

	Together we will…
Population health	Design, facilitate and deliver a population health and care system that improves the lives of our people and strengthens our commitment to and investment in public health by making evidence-based decisions using the best available data from across all sectors.
Prevention	Put the prevention of ill-health and improving the health and wellbeing of our population at the front and centre of all our activities, with an emphasis on reducing inequalities.
Partnership	Ensure in a shared endeavour across agencies, with communities, and with the people who use our services to listen to and involve them in delivering and making decisions on the shared purpose, vision and priorities.
Place	Ensure subsidiarity and reinforce the primacy of place in all of our activities by working together at the right level for the decisions and actions required.
Politics and the public	Work closely with our local politicians in ensuring maximum engagement and public ownership of our strategies, plans and actions. In so doing, use our collective strength to influence policy-making regionally and nationally.
Pace	Create a culture and an environment for swift and agile implementation of our plans.
Pandemic	Collectively use our resources at every level to combat COVID 19 and limit its impact and to be able, as a system, to manage both response and recovery.

Our Shared Vision

The following diagram is intended to describe our vision of **"start well, live well and age well"** alongside our priorities as set out in our Partnership Long Team Plan.



Our Shared Operating Principles

The Partnership's operating arrangements are underpinned by the following core principles. Through the operation of the Partnership (ICS), we will:

a. Ensure that the needs of our population are at the heart of all of our activities, redesign and delivery of services;
b. Deliver the vision through the Humber Partnership and North Yorkshire & York Partnership;
c. Implement our plans through Place and our organisations;
d. Through a strategic commissioning approach, enable the conditions for change to be led and implemented by our health and care providers and the redesign to be professionally led, wherever possible;
e. Support Local Government in their leadership of societal and economic response to COVID-19;
f. Fully embrace the voluntary and community sector at every level;
g. Work in partnership with our staff and their representatives at every level;
h. Work with Non-Executive Directors and Elected Members to ensure they play a key role in our leadership, governance and our development;

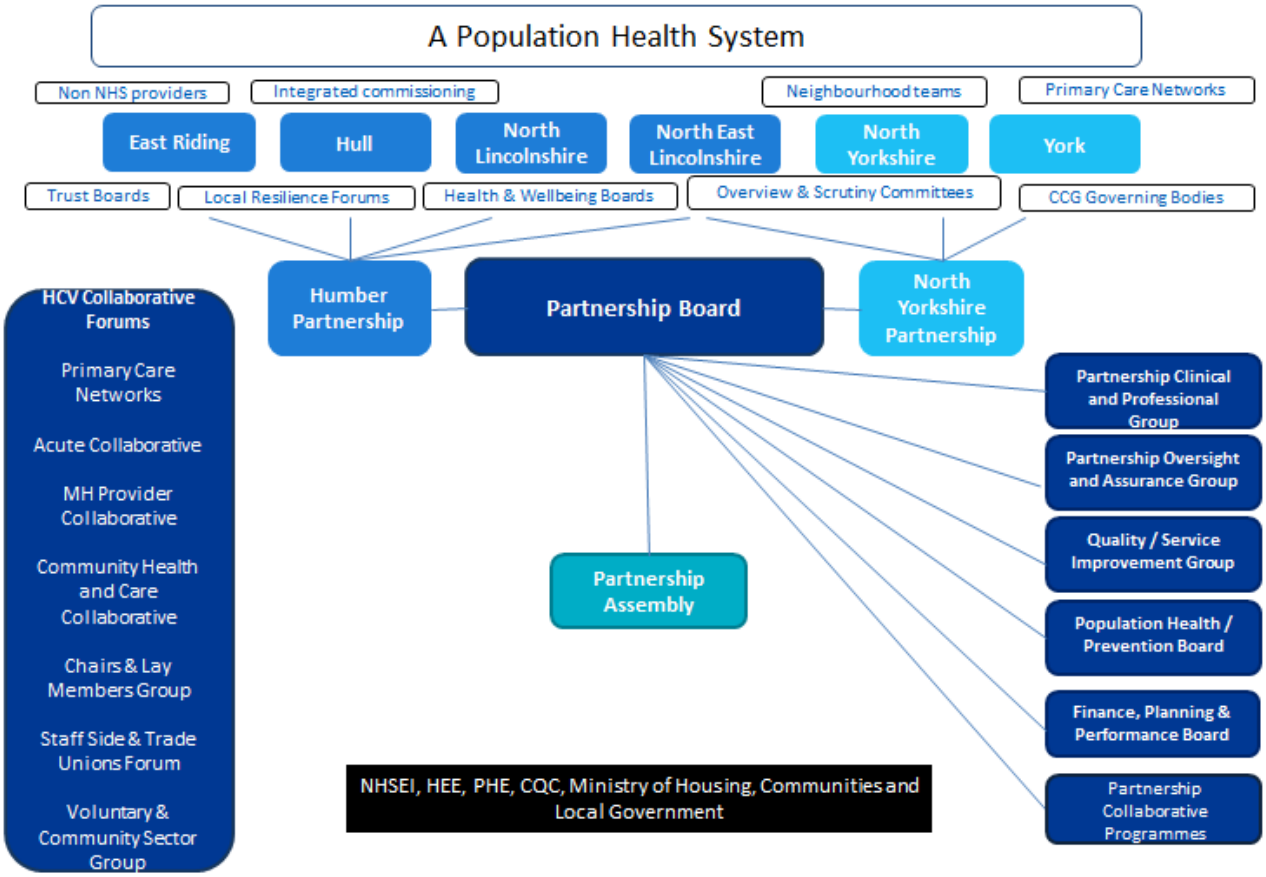
i. Enable the public and, in particular, people who use services, to have an active role in shared decision-making about their lives and care and help to shape our plans and services for the future, as well as providing feedback on what we do now;
j. Consciously adopt a *"less is more"* approach so that we actively minimise duplication of effort and bureaucracy at every level by avoiding layers of new governance on existing governance.

Our Shared Operating Arrangements

As partners work together through collaborative arrangements at Place, through the geographic partnerships and at scale across Humber, Coast and Vale, we will routinely apply the following tests to determine what is delivered most effectively and/or efficiently at scale, whilst having regard to any wider socio-economic impact arising:

- Best outcomes will be achieved as a result of critical mass beyond local population level;
- Sharing best practice and reducing variation; and
- Better outcomes will be achieved for people overall by operating at scale or by tackling 'wicked issues collectively
- Best outcome for those that rely on our services and for those that fund our services locally and nationally

The diagram below sets out the key groups and arrangements that make up our Integrated Care System in Humber, Coast and Vale.



Broadly, the key responsibilities undertaken across each of the main groupings that make up the Partnership are as follows:

Place (North Lincs, North East Lincs, Hull, East Riding, York, North Yorkshire)	• Population Health led approach to determining the needs of our people and plans around segmented groups • Development of Primary Care Networks • Aggregating communities to a scale for agreeing wider service changes • Alignment with a local authority (Unitary/County Council) • Management of resources (buildings, technology, people and or money) aligned to make change happen • Delivery of provider led services, change and integration • Mutual accountability for outcomes and performance • Enabled to be part of the decision making, particularly through geographical partnerships and HCV Partnership-wide
Geographical Partnerships (Humber; North Yorks & York)	• Population Health led approach to determining the needs of our people and plans around shared health inequalities and / or where there is added value to bring the Places together • Act in the best interest of the populations, ensuring that no one Place is adversely affected or that health inequalities are increased as a result of any decision • Deliver strategic service changes / innovation where it adds value to Place(s) • Strategic commissioning and leadership and service planning • Enable conditions for provider led change and integration • Equal consideration of place, populations, providers: • Resources shifted to lock in / make change happen; shaped around needs of populations, communities and our shared challenges • Enabled to be part of the decision making, particularly Partnership-wide • Maximum allocation of resources and responsibility through the Partnership taking account of nationally, regionally agreed frameworks/policies.
Partnership-wide (Humber, Coast and Vale)	• Large scale transformation programmes e.g. Population Health, Green, Digital, Workforce, Estates & Capital, and Quality etc. • Assurance including significant service change, NHS financial control totals, • Big campaigns – public engagement, climate change, alcohol, smoking and obesity • Inward investment • Realising our ambition to be a national leader on clinical & professional engagement • Developing leadership capacity and succession planning • Enabling rapid improvement and innovation • Championing learning and best practice, locally, nationally and internationally • Enabling the development of top performing organisations and services • Managing upwards and outwards

Partnership Working Arrangements

The working arrangements to be established at a Partnership-wide level include a Partnership Board and Partnership Assembly as set out below.[1]

- **A Partnership Board** – that brings together all Partnership Chief Executive / Accountable Officers together monthly. The option to convene virtually outside this schedule to make important decisions as required and /or endorse and sign off important items will also be available.
- **Partnership Assembly –** this will bring together the Partnership Board with Non-Executive, Elected Members, Clinical and Professional Leaders, Voluntary and Community Sector, patient or local community representative and other key stakeholders two or three times a year to guide the strategic direction of the Partnership through purposeful engagement.

Provider Collaboratives (sector-specific)

We will develop a number of sector specific provider collaboratives or networks (Acute, Community and Mental Health). The collaboratives should be seen as a formal part of the operating arrangements and are intended to add value by leading programmes of work across the Partnership relevant to their sector, providing expert advice and support to Place, geographic and partnership-wide plans and activities.

Clinical and Professional Group

The Clinical and Professional Group has been established to provide a multidisciplinary clinical and professional steer, constructive challenge, oversight and assurance to the Partnership Strategic Priorities and Areas of Focus including pathway and service redesign as well as issues and challenges escalated from Place or the Geographical Partnerships.

Population Health and Prevention Board

A Humber, Coast and Vale Population Health and Prevention Board has been established to enable a strategic and collaborative approach to Population Health, Public Health, Prevention and for tackling inequalities and to put this front and centre of our activities.

Non-Executive and Members Group

The Partnership has a Non-Executive and Members Group which includes Chairs of partner organisations and elected members (either Chairs of Health and Wellbeing Boards or executive members).

Existing/other proposed Forums

There are number of Partnership-wide forums that have been established for some time and some of their activities will need to be reshaped in the light of the changing operating arrangements. These include the Partnership Assurance and Oversight Group, the Strategic Finance and Planning Group, the Staff-side and Trade Union Forum and the Voluntary, Community and Social Enterprise Sector (VCSE) Leaders Group. A Primary Care Network (PCN) leaders group and a Quality Forum have also been proposed and these are currently under discussion.

[1] **Place, Geographical Partnerships and Provider Collaboratives** - will determine their own schedules of working.