

Welcome to our Annual General Meeting and Annual Members' Meeting 2019/20





York Teaching Hospital
NHS Foundation Trust

Please turn your
microphone/speaker to
mute – **thank you**

Questions

You can ask questions live during the AGM/AMM during the Q&A section of the agenda, or use the chat function on WebEx



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Welcome

Susan Symington
Chair



Minute silence



A year of change and challenge

Simon Morritt
Chief Executive



About us



York Teaching Hospital
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- We provide a comprehensive range of specialist acute and community healthcare services for approximately 800,000 people living in York, North and East Yorkshire and Ryedale - an area covering 3,400 square miles
- We have 9,000 staff, 8 hospital sites, 1,150 beds and around £0.5bn annual turnover
- On average every year we see over 1m outpatient attendances, have over 110,000 attendances to our emergency departments (type 1), deliver 5,000 and perform over 150,000 operations and procedures

Context going into 2019/20



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- Rising numbers of patients, particularly for emergency and unplanned care
- Reducing resources and a need to achieve financial balance
- Difficulty recruiting to specialist medical posts
- Challenge of sustaining services in Scarborough and Bridlington
- CQC and other performance and quality challenges
- Significant investment required across our estate
- Financially-restricted and complex system

Financial performance

- For the 2019/20 financial year, with agreed support from NHS England and NHS Improvement, we have been successful in meeting our financial control total
- We are eligible for all of its sustainability funding
- This is a positive result given the pressure on the Trust's finances this year from a number of sources

Operational performance



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- The performance position has been challenging throughout the year
- We continued to experience challenges in emergency and planned care
- We experienced a 4% rise in Emergency Department attendances for the year compared with 2018/19, despite a 25% fall in attendances during March due to Covid-19 compared to March 2019
- The overall rise has impacted on the ability to see patients in a timely way

Operational performance



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- Supported site based emergency care through the establishment of care groups, with site specific recovery plans in operation
- Implemented Same Day Emergency Care
- Established an integrated acute frailty service at Scarborough Emergency Department
- Not able to improve performance on 18 week referral to treatment times
- Improvements on the Cancer two week waiting times for urgent referrals and improvements on the 62 day targets

Quality

- Care Quality Commission's (CQC) report into its inspection of core services published
- Trust's overall rating remaining as Requires Improvement
- Regular contact with the CQC and are responding positively to the requirements they set out in the report
- The areas the CQC particularly focussed on:
 - Recruiting sufficient numbers of staff
 - Our ability to meet targets
 - Effect on patient experience and safety



System partnerships

- Increasingly we are moving ever closer to true system working, with a requirement to work together and engage collectively with our local communities, our staff, and other stakeholders
- Emerging clarity in terms of the future Humber, Coast and Vale Integrated Care System, and at a national level the approach being described is one of 'system by default'

Culture and change

- Support staff and make it easier for everyone to perform their role to the best of their abilities
- Large-scale listening exercise to hear and understand the barriers facing our staff
- First 'Our Voice Our Future' online workshop; collectively almost 25,500 contributions were made and one in four of our staff engaged in the process
- Resulted in a draft co-created vision and values for the Trust, alongside a set of behaviours
- These are principles that guide everything we do, and we will be embedding them across our Trust

Improving our estates

- York Hospital's new £10million endoscopy and GI physiology unit was opened - one of the most modern and largest endoscopy units in England
- The unit significantly increases capacity to reflect the growing need for endoscopic investigations nationally and will provide around 15,000 treatments each year



Along came Covid...



“Covid-19 presents the NHS with arguably the greatest challenge it has faced since its creation.

“However, our health service - through our skilled and dedicated staff - is renowned for the professional, flexible and resilient way that it responds to adversity and as an entire Trust we pulled together, as one, in a coordinated effort”

Covid-19



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- In February and March we ramped up our response to the global Covid-19 pandemic, declared a NHS level 4 incident - the highest category of emergency
- We moved at pace to change services first in preparation for the forecasted number of patients with Covid-19 and then transitioning to the management and treatment of those patients
- Redeployment of staff across the Trust
- Introduced different ways of delivering services
- Supported by partners across the health and social care sector and independent partners

Covid-19: response

- Cancelled planned surgery, all routine outpatient appointments and suspended all visiting to our hospital sites
- Not easy decisions to make but the right choice to enable us to maximise capacity for patients and to keep our staff safe
- Reconfigured our emergency departments, wards and critical care areas at both York and Scarborough to create 'Covid' and 'non-Covid' zones to help more effectively manage different patient groups

Covid-19: our staff

- We could not have achieved our response without the commitment and skills of all our people
- Professionalism, continued and sustained hard work has been unflinching despite the most difficult and challenging circumstances
- Resilience and determination of our skilled and dedicated staff to continue delivering exceptional care during the pandemic

Covid-19: thank you



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- Unprecedented support and generosity of countless individuals, organisations, local businesses and the wider community
- Overwhelmed with tremendous offers of support and kindness
- Invaluable help which has reinforced to us that the best way we will get through this pandemic is by all pulling together

Thank you



Looking ahead

- Returning to 'business as usual', whilst continuing to admit and treat patients with Covid-19
- Plan for winter, whilst maintaining resilience to manage any further wave of Covid-19 infections
- Work with our health and social care partners to step up non-Covid19 urgent services
- Develop our clinical strategy
- Continued quality improvements
- Acute services review - next steps
- Continued focus on recruitment

Looking ahead

- Leading change from within through engagement, consultation and listening
- Improving our estates, including £40m investment secured for improvements to the emergency department and supporting infrastructure at Scarborough Hospital
- Unlocks the potential to radically change how acute and emergency patients are assessed and treated by creating the space to enable specialties and professions to work collaboratively as one team in purpose-built facilities

Aiming is for construction to start Q3 of 2021-22 with forecast completion October 2023



“As with any challenge, this will require us to listen to our staff, ensure York and Scarborough are at the heart of our system as it evolves, and continue to put the needs of patients at the centre of everything we do”

Annual Financial Accounts 2019/20

Andrew Bertram
Finance Director and Deputy
Chief Executive



Trust vital statistics

- 9,000 staff
- Turnover of more than £550m (£0.5b)
- We spend over £1.5m each day
- Our annual pay bill last year was £373m (70% of our costs)
- Our annual drug expenditure bill last year was £55m (over 10% of our costs)

Financial context

- The accounts cover the period April 2019 through to March 2020
- Our performance is set against a national backdrop of 10 years of between 2% and 4% cumulative price reductions forcing increased efficiency into the NHS
- And a national picture of most Trust's planning for and running a deficit and requiring Sustainability Funding to operate

Summary 2019/20

Financial Outturn

Statement of Comprehensive Income

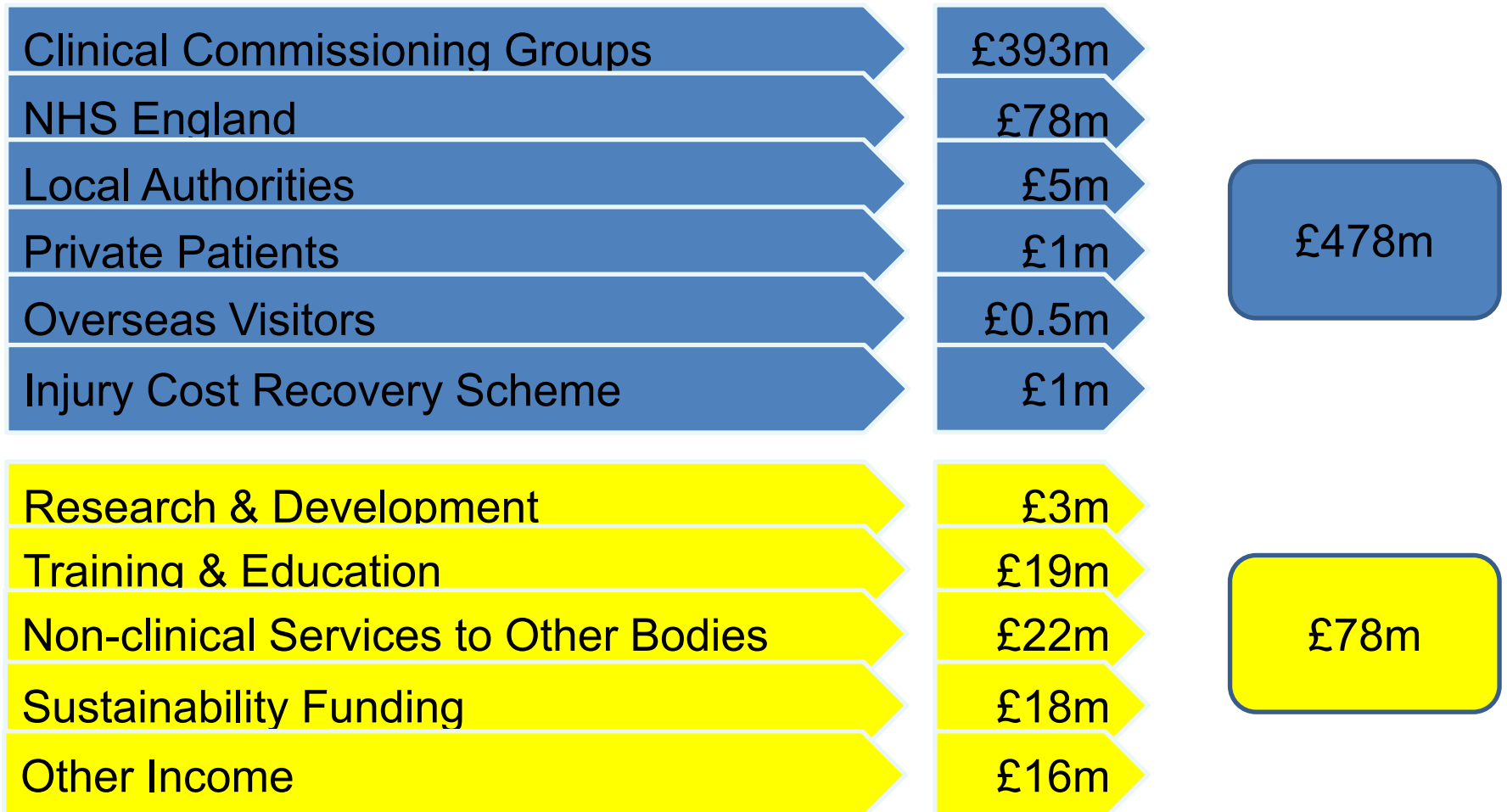
	2019/20	2018/19
Income (inc. Sustainability Funding of £17.7m)	£556.5m	£517.6m
Expenditure	(£559.1m)	(£527.5m)
Reported Net Surplus/(Deficit)	(£2.6m)	(£9.9m)
Remove technical issues/charges	£2.8m	£13.9m
<i>(Fixed asset non-cash impairments and donated asset issues excluded by NHSI for the purpose of assessing the underlying I&E position)</i>		
Underlying Surplus/(Deficit) Income and Expenditure Position	£0.2m	£4.0m

Including delivery of a £17m efficiency programme

Where does the Trust's income come from?



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Looking forward to 2020/21



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- Covid-19 brought significant change to the financial operating regime for the NHS
- Capital released to support the response effort
- At our Trust an additional £2m per month spent on Covid-19 costs (staff, equipment & medicines)
- For April to September, additional resource provided as needed to ensure the Trust continues to balance I&E. This has been a retrospective top up process

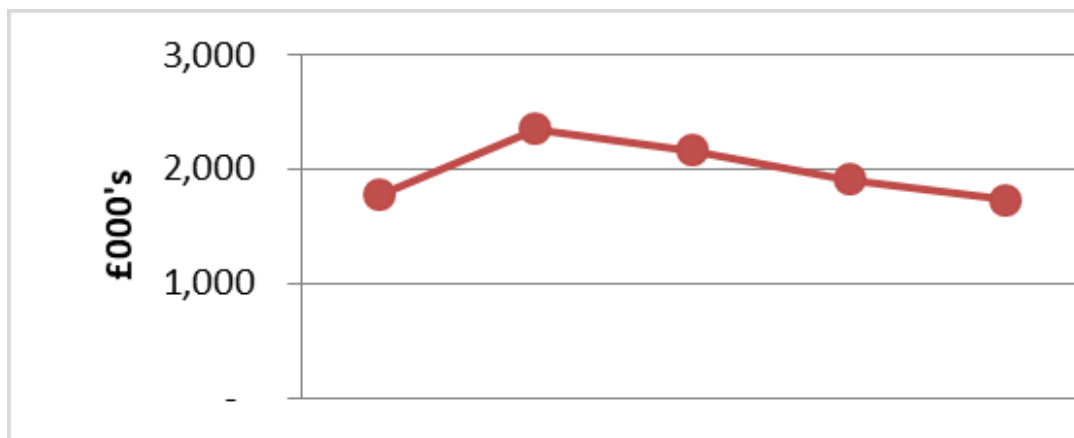


Chart 1: Covid-19 Monthly Expenditure

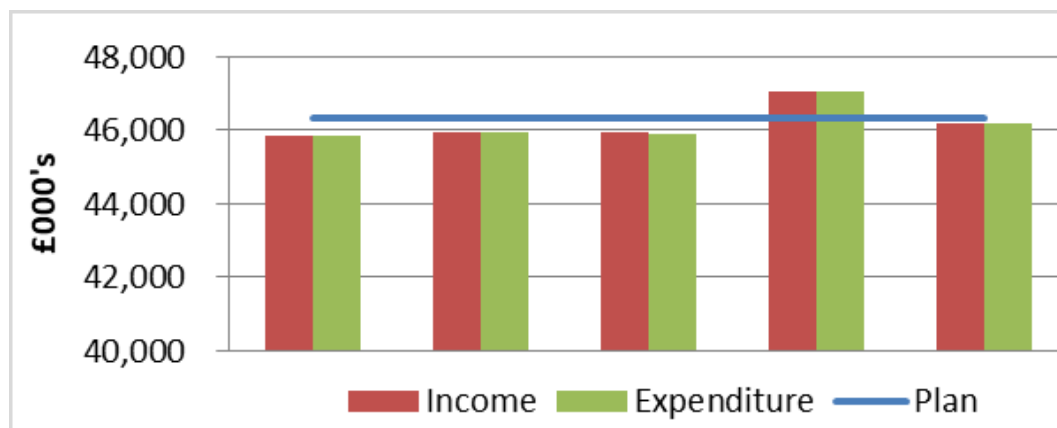


Chart 2: Monthly Income and Expenditure

Looking forward to 2020/21



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- From October onwards we move to a financial allocation for the second half of the financial year (as oppose to a retrospective top up of what has been needed to balance)
- The details are still being worked through; we will be submitting our financial plan at the end of the month
- Resource envelopes will comprise the following:
 - Core service funding
 - Covid-19 costs for the remainder of the financial year
 - Inflationary and cost pressure issues
 - Funding for recovering activity levels

Looking forward to 2020/21



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- All organisations are expected to have sufficient resource for the remainder of the financial year
- All organisations are expected to deliver income and expenditure balance

Quality Report

Heather McNair
Chief Nurse



Introduction

- Joined the Trust in June 2019
- Unprecedented first year in post...Care Quality Commission (CQC) inspections...Covid-19
- Early objectives to stabilise nurse staffing, recruit senior team, strengthen governance and support the workforce through the pandemic

CQC inspections

Ratings	
Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 
Are resources used productively?	Requires improvement 
Combined quality and resource rating	Requires improvement 

CQC inspections



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- 18-20 June 2019: Unannounced inspection at Scarborough Hospital of Urgent and Emergency Care, Medicine, Surgery and Outpatients
- In addition the inspection also covered Surgery and Outpatients at Bridlington Hospital
- 16-18 July 2019: Unannounced inspection at Scarborough Hospital of Maternity services, Community Maternity services and the Medical Service at Scarborough



Outstanding practice

- The same day emergency care centre (SDEC) department opened in December 2019
- The introduction of a clinical educator resulted in a positive impact on nursing staff's mandatory training compliance
- The introduction of a box containing products to support relatives of dying patients; this included an information leaflet, a blanket and a pillow, toiletries, a bottle of water and tissues

Outstanding Practice

- A senior nurse had been nominated by a patient for a 'star-award'. The senior nurse had suggested to the executive team that all the staff in the department deserved the award and therefore the whole team had been awarded the recognition
- Scarborough Hospital was selected to be a pilot site for Transanal Total Mesorectal Excision (TATME) surgery, as one of only five hospitals in the country
- Bridlington had become one of the few hospitals in the country able to provide hip replacements for selected day case patients

However

- 13-14 January 2020: Unannounced focused inspections at York and Scarborough hospitals an overall rating of **Inadequate** for both urgent and emergency services

Overview of ratings						
Our ratings for this location are:						
	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Inadequate	Inadequate	N/A	N/A	Inadequate
Medical care (including older people's care)	Inadequate	N/A	N/A	N/A	N/A	N/A

Improvements

- Although delayed due to the pandemic the anti-ligature rooms in both emergency patients for the assessment of mental health patients are nearly complete
- Mental Health risk assessment tools have been implemented within the emergency departments to safely identify patients at risk, and mitigate the risks as far as reasonably possible
- Collaborative working with stakeholders to increase the Mental Health service provision for the population of Scarborough and the East Coast

Improvements

- Introduction of paediatric nurses within both of the Trust's emergency departments; initially utilising agency and bank staff while recruitment plans were put in place
- A review of nursing documentation within the trust was carried out with actions taken to standardise this
- Immediately after the CQC Inspection, before the warning notices were received, staffing levels for Scarborough medical wards were increased utilising agency and bank staff whilst establishment reviews were carried out

Nurse staffing

- Good local recruitment
- Improved preceptorship programme
- Continuation with Trainee Nursing Associate apprenticeship programme
- Excellent international recruitment programme
- Development and approval for Registered Nurse Degree apprenticeship Programme
- Strengthened nursing leadership, specifically appointing to a deputy chief nurse post on the east coast

Year on year comparison



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May 2019

Total York site net vacancy	16.49%
Total Scarborough and Bridlington site net vacancy	25.52%
Trust wide net vacancy (including community)	17.46%

May 2020

Total York site net vacancy	6.37%
Total Scarborough and Bridlington site net vacancy	13.81%
Trust wide net vacancy (including community)	8.63%

Quality and safety 2020/21



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- Strengthen our approach to pressure ulcer and falls prevention
- Full review of the incident management and serious incident processes to embed learning and develop a strong safety culture
- Continue our drive to improve all safety metrics
- Work to involve patients and carers in service developments
- Continue to strengthen our approach to audit and clinical effectiveness

Quality and safety 2020/21



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- Embed Perfect Ward
- Further develop dementia friendly services
- Embed a culture of quality improvement

“Our improvement journey
continues...”

Governor perspective

Margaret Jackson
Lead Governor and
Public Governor for York



Council of Governors

what is it and what do we do

- Council of Governors (CoG)
- Holding non-executive directors (NEDs) to account, ensuring they challenge the executives
- Feedback from patients and their families, Trust members and the community

The Council

- 26 governors elected public and staff governors
- Appointed governors
- How to become a public governor
- CoG meets four times a year and Board twice a year
- Up to individual governors what they do in their local constituency but they use a variety of ways to find out what the community in their area think and feed this back to the Trust
- Governors are elected by their colleagues to sit on different groups within the organisation

Holding to account

See governors in action by:

- Attending or using WebEx to attend and listen to the bi-monthly public part of the Board meetings
- Being part of groups / meetings with them
- One to ones
- Non-executives sharing their issues and work with governors - presentation and discussion at CoG
- Specific one off meetings to debate a topic which includes the executives as well as the NEDs and CoG - six monthly meetings

What governors are/are not

- Not Trust employees
- Do not deal with complaints but can direct to right channels
- Are not responsible for operational issues
- Represent their local community – public governors elected in all areas of the Trust
- Are volunteers and often do other things as well as the governor role

Membership, engagement and feedback

- One to ones
- Attending meetings in the local community
- Responding to concerns raised and give feedback
- Attending functions and being available for discussion
- Working with the Foundation Trust Secretary and contributing to the website
- Giving feedback to the Trust

Governor activity 2019-20



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- Active participants in a variety of Trust meetings
- Involved in the recruitment of senior managers and NEDs
- Attended Governor forums on a quarterly basis
- Participation in the development of the members newsletter
- Been involved in getting feed-back from patients, visitors and staff
- Attending specific Trust meetings as observers on a one off basis

- Governors have worked in different ways to develop the membership, seek the views of members and the community and share information about the Trust
- Examples of this are:
 - Attending patient participation groups at the local GP practices
 - Local visits to their hospital/ community facilities
 - Attending a variety of meetings such as HealthWatch and Trust updates for members

What next?

- Continue to develop the governor role - clarity of role, review induction and training, venues for meetings and times
- Recruitment of staff and replacement of NEDs as necessary
- Involvement in the patient safety walkarounds
- Ongoing review current commitments including a review of the groups governors are involved with
- Consider how best to ensure all governors can be fully involved
- Membership – continue to support the development of the membership in a variety of ways

What next?

- The ways in which the CoGs works to ensure they fulfil their role and responsibilities will continue to be developed particularly with the new governors being elected at the end of September
- With the appointment of a new chief executive discuss with him the role of the CoG and how we can work to ensure the community is fully involved and represented in any discussions
- Continue to look at ways governors can encourage members of the community to get involved by becoming members and having a voice

“We recognises the hard work of all staff during this particularly challenging time and thanks them all for ensuring that patients got the best possible care.

“Patients were enabled to communicate with their families and friends even if they couldn't have visitors. Covid-19 has been challenging for the country, not only the Trust. Everyone has had to work in different ways and new opportunities found for change. Well done everyone.”

Thank you



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- Can I thank all governors for their commitment and enthusiasm in undertaking their role
- Thanks to the Trust particularly the Chair, Foundation Trust secretary and her assistant for supporting the CoG, being open to the challenges posed, to ensuring the governors have direct access to directors and NEDs, and are kept up to date on the many challenges and opportunities the Trust faces

Questions to the floor

You can ask questions during the Q&A section of the agenda, or use the chat function on WebEx

Close

Susan Symington
Chair





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Keep in touch

To learn more about us or to read our full annual report and accounts for 2019-20 visit: www.york.nhs.uk

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