York Teaching Hospital NHS
NHS Foundation Trust

The programme for the next meeting of the Board of Directors, which will take place:

on: **Wednesday 16 December 2015**

in: **The Boardroom, The York Hospital, Wigginton Road, York, YO31 8HE**

PROGRAMME FOR THE DAY

Time	Meeting	Location	Attendees
8.30am – 10.00am	Non-executive Director meeting	Patrick Crowley's Office	Non-executive Directors
10.00am – 12.00Noon	**Board of Directors held in public**	**Boardroom, York Hospital**	**Board of Directors and observers**
12.00Noon – 12.30pm	Lunch arranged in the Boardroom	Boardroom, York Hospital	Board of Directors
12.30pm – 1.30pm	Board of Directors held in private	Boardroom, York Hospital	Board of Directors
1.30pm – 2.30pm	Board discussion – Place-based systems of care published by King's Fund	Boardroom, York Hospital	Board of Directors
2.45pm – 3.45pm	Remuneration Committee	Boardroom, York Hospital	Non-executive Directors and Chief Executive

York Teaching Hospital NHS

NHS Foundation Trust

The Public Meeting of the Board of Directors:

on: **Wednesday 16 December 2015**

at: **10.00am – 12.00 Noon**

in: **The Boardroom, York Hospital**

A G E N D A					
No	***Time***	***Item***	***Lead***	***Paper***	***Page***
1.	10.00 - 10.05	**Apologies for absence**	Chair		
2.		**Minutes of the meeting held on 25 November 2015** To receive the minutes for approval.	Chair	A	5
3.		**Declarations of Interest** To note the declaration of interest from Board members.		B	21
4.		**Matters arising from the minutes** To address any matters arising from the Minutes.	Chair	Verbal	
5.	10.05-10.25	**Patient Experience** The Chaplains will describe their work with patients.	Chaplains	Verbal	
6.	10.25-10.45	**Report from the Chief Executive** To receive a report from the Chief Executive.	Chief Executive	Verbal	
7.	10.45–11.10	**Briefing on current issues from the Medical Director and Chief Nurse** To receive a briefing from the Medical Director and Chief Nurse.	Medical Director and Chief Nurse	Verbal	
	11.10-11.20	**Coffee Break**			

No	Time	Item	Lead	Paper	Page
8.	11.20-11.45	**Finance and Performance Committee** To receive an update from the Finance and Performance Committee on TAP, Performance and financial issues.	Chairman of the Committee	Verbal	
9.	11.45 - 11.55	**Community Services** To receive the report on the development of the discharge to assess model.	Community Director	C	25
10.	11.55 - 12.00	**Any other business**			
11.		**Time and Date of next meeting** The next meeting of the Board of Directors, in public, is arranged for Wednesday 27 January 2016 starting at 9.00am the Boardroom, York Teaching Hospital.			

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York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the Board of Directors of York Teaching Hospital Foundation Trust, held in public in the Boardroom York Hospital on 25 November 2015

Present:	**Non-executive Directors**	
	Ms S Symington	Chairman
	Mrs J Adams	Non-executive Director
	Mr P Ashton	Non-executive Director
	Mr M Keaney	Non-executive Director
	Ms L Raper	Non-executive Director
	Mr M Sweet	Non-executive Director
	Professor D Willcocks	Non-executive Director
	Executive Directors	
	Mr P Crowley	Chief Executive
	Mr A Bertram	Director of Finance
	Mrs B Geary	Chief Nurse
	Mr M Proctor	Deputy Chief Executive
	Mr J Taylor	Medical Director
	Corporate Directors	
	Mr B Golding	Director of Estates and Facilities
	Mrs S Rushbrook	Director of Systems and Networks
	Mrs W Scott	Director of Out of Hospital Services
In Attendance:		
	Mrs M McGale	Deputy Director of Operations
	Mrs A Pridmore	Foundation Trust Secretary
Observers:	Mr P Baines	Public Governor - York
	Mrs A Bolland	Public Governor – Selby
	Ms A Devaney	York Teaching Hospital
	Mrs M Jackson	Public Governor – York

The Chairman welcomed the Governors and members of staff to the meeting.

15/169 Apologies for absence

Apologies were received from Mrs J Walters, Chief Operating Officer

The Chair asked Mrs Pridmore to confirm the meeting was quorate. Mrs Pridmore confirmed the meeting was quorate.

15/170 Declaration of Interests

There were no further declarations of interest.

15/171 Minutes of the meeting held on the 28 October 2015

The minutes were approved as a true record of the meeting.

15/172 Matters arising from the minutes

Ms Symington asked if the CQC themes had been reflected in the Quality and Safety Committee agenda. This will be in place for the next meeting of the Q&S committee. Mr Crowley advised that the Board had received the CQC action plan as part of the Board pack; he believed there are actions in the CQC plan which will be picked up in all the Board Committees. He added that an overarching risk of failure to achieve the action in the plan would be added to the Corporate Risk Register.

Ms Symington asked for an update on the discussions with the CCG around Yorkshire Doctors. Mr Crowley advised that progress had been made.

15/173 Patient Story

Mrs Geary presented a story about a patient fall.. She reminded the Board that falling is the highest report incident in the Trust.

Mrs Geary outlined the detail included in a letter from the family of the patient and described the safeguards that were in place at the time the patient was admitted, to help prevent that patient from falling while in the care of the Trust. The family was critical that staff had not spoken to the family about the risks that the patient faced in relation to falls. The family could have provided information to the nursing team that would have helped prevent the patient from falling and prevented a subsequent fall which caused injury. Mrs Geary outlined the changes that have been made to the systems to ensure a more robust risk assessment is undertaken, including the introduction of an electronic tool to support the completion of care plans and the implementation of a briefing system at shift handover. Mrs Rushbrook added that the care plans that are now in place in the new system and are available to all members of the multi disciplinary team (MDT).

The Board thanked Mrs Geary for the story and updating the Board on the changes made as a result.

15/174 Report from the Chief Executive

Mr Crowley referred to the announcement made around the bringing forward of the £8bn additional funding for the NHS. He welcomed the £3.4bn that is to be included in the budgets next financial year, but warned that it is not clear how that money will be distributed in the system. He explained that the money has been badged as transformational monies for services and not to address the deficits in the acute sector

Referring to his report, Mr Crowley set out the picture at Q2 nationally. The deficit has risen to £1.6bn across the whole NHS. Mr J Mackey, Chief Executive for NHS Improvement suggested that the year-end deficit would be restricted to £1.6b, but Mr Crowley's view was that level of deficit would be much higher by the end of year at nearer £3bn.

Referring to the Autumn Statement from the Chancellor today, Mr Crowley offered to provide the Board with a briefing.

Action: Mr Crowley to provide a briefing on the spending review.

Mr Crowley added that the Trust needs to continue to maintain control over its own destiny. He referred to the tripartite meeting held recently with Monitor, CCGs and explained that the meeting was more challenging than had been the case in the past. Monitor was applying pressure to both the Trust and the CCGs.

Living wage - Mr Crowley reminded the Board that the living wage was of the highest priority and importance to him. The Board had agreed to implement the living wage during 2013 and continues to support its principles. The introduction of the living wage has meant that staff on the lowest pay band are now paid in excess of the NHS standard terms and conditions.

Recently the Government announced a national living wage which was set at a lower level than the existing living wage promoted by the Living Wage Foundation (LWF). The LWF have subsequently reviewed their view of the living wage and proposed a 40p per hour increase. This will have a cost impact on the Trust of a further £0.9m.

Mr Crowley explained the dilemma this creates for the Trust, the impact of introducing the increase will have on what is already a difficult financial position. He advised that the Trust does have 6 months to implement the increase and remain a living wage employer. He added that the Trust is only one of two NHS Trusts in the country that have implemented the living wage.

Mr Crowley advised that he had he had written to staff side to outline the challenges and they had passed the letter on to the staff affected. So far the comments back from staff side and staff have been very positive and supportive.

The Board recognised the reason for caution, but both Mr Keaney and Professor Willcocks were keen that the Trust did not withdraw from paying the living wage, and were supported by all Board members. There was a recognition that the Trust needed to cut costs and save money were ever possible, but the impact of withdrawing from the scheme would be dramatic. Professor Willcocks added that nationally more than half the people in poverty are working; she would feel that it was very wrong for staff working for the Trust to be in that position.

The Chair summarised the discussion by recognising the need to support such an initiative, but also making sure there was a balance, so taking time to consider would be an appropriate conclusion at this time.

Action: Mr Crowley recommended to the Board that it did not proceed at this stage to approve the increase; The Board agreed that the living wage decision would be discussed through the Workforce Strategy Group and return to the Board for a final decision at the February Meeting of the Board.

Junior Doctors - The Trust has written to all Junior Doctors asking them to advise if they intend to join the strike action. The Trust recognises of the right of the Junior Doctors to take strike action. Mrs Jenny Hey, Deputy Director Operations is leading the formulation

of plans during the three strike days and putting as many mitigations and safeguards as possible in place. Mr Crowley added that the collective support to keep emergency services operating normally has been excellent, with Clinical Directors taking the lead.

Ms Symington asked if the Junior Doctors would be paid when on strike. Mr Crowley confirmed that staff on strike were not paid.

Professor Willcocks asked for assurance that all groups of staff were respecting the varying views of the different groups. Mr Crowley confirmed that there was full respect for all colleagues and the Trust has always respected the right of staff to strike, but the services we provide must continue.

Mr Bertram supported the comments from Mr Crowley and added that the email correspondence had been very supportive, good natured and respectful.

The Board noted the comments from the Chief Executive's report.

15/175 CQC report and action plan

Mr Crowley presented the action plan and confirmed he would work with the team to build it into the assurance processes.

He advised that CQC will gain ongoing assurance from the Trust through the regular performance meetings that are attended by the Mrs Geary and Ms Jamieson.

Mrs Adams asked how involved the Executive Directors were in the development of the action plan. Mr Crowley explained that he, Mrs Geary and Mr Taylor all signed off the action plan before it was submitted to the CQC. The other directors have been less involved except where it impacts on them directly. He added that CQC have confirmed they are satisfied with the action plan.

Mrs Adams asked Mr Crowley to comment on the action around nursing establishments. She linked the comments from Mrs Geary at the last meeting around the level of attrition as nurses retire. Mr Crowley explained that the Workforce Strategy Committee would continue to be engaged in this topic. Discussions with the local universities to encourage them to adopt a strategy of seeking students from the local area are continuing.

Mr Crowley suggested some money may be ring-fenced in the Autumn Statement. He also understood that there are plans in place to remove the nursing bursaries, this will have an impact on the numbers of nursing students coming through.

The Board discussed the arrangements for updating on progress against the CQC action plan and agreed that a report should be received before the end of the financial year which could then be circulated to the Health Overview and Scrutiny Committee who have requested that they also receive a progress report against the action plan. It was also noted that in the interim the assurance committees would be seeking on-going assurance around the implementation of this important action plan.

Action: A paper outlining the progress against the CQC action plan to be presented to the March 2016 meeting.

15/176 Quality and Safety Committee

Ms Raper presented the minutes from the Quality and Safety Committee. She explained that they had welcomed Mr Taylor, The Medical Director, and Ms Helen Hey, Deputy Chief Nurse to the meeting.

Pressure Ulcers - Ms Raper referred to the steady progress on the pressure ulcer reduction programme and congratulated the team on the work that had been undertaken.

Risk - She referred to the risk registers presented and added that the committee will continue to review the registers each month to ensure the totality of the risks are covered by the Committee's agenda.

Infection control – Ms Raper reminded the Board that a lot of information had been presented to the Board recently covering Infection Control, but she felt it was important that the Board receive some further information from the Chief Nurse on the C-diff performance. She asked Mrs Geary to update the Board.

Mrs Geary advised that the Trust had reported 42 cases of C-diff, year to date against a full year trajectory of 48. She explained that the Trust had not yet held a Post Infection Review (PIR) meeting which includes the CCG. Of the 42 cases report, 6 have been confirmed as not resulting from a lapse in care. Therefore if the Trust goes above the current trajectory by less than 6 cases, the Trust will not receive a fine. Mrs Geary added that antimicrobial stewardship is a key part of the management of the level of C-diff cases and learning around this area is being shared. The Board enquired if Monitor were raising the performance against trajectory as an issue. Mr Bertram confirmed that it was not raised as part of the discussions during the quarter 2 regular follow-up call.

Serious Incidents – Ms Raper referred to the current issues around the serious incident (SI) process and confirmed the Committee is aware of the work being undertaken and is expecting to report back at the February Board meeting.

Safer Staffing – Ms Raper asked Mrs Geary to update the Board on the progress against recruitment and explain why the Trust is not recruiting outside Europe.

Mrs Geary advised that in the last month 16 registered nurses had left the Trust and 72 had started. The attrition rate is now 13.2%, and from the feedback being received this is associated with the revalidation of nurses.

Mrs Geary advised that the recruitment campaign in Europe had been successful and an additional 15 nurses would be joining the Trust during December 2015 and January 2016. The Trust is continuing to recruit in Europe, but it is getting harder to find candidates. The Trust is also undertaking generic recruitment locally and will be interviewing 49 Healthcare Assistants for 30 posts over the next few weeks.

Recruiting internationally outside Europe is challenging as a result of current regulatory and migration policies. The Government has increased the expectations on the standards of English required and the NMC have also added further requirements. Trusts who have tried to recruit internationally have had limited success.

Mrs Adams asked Mrs Geary to update on the work around the ideal skill mix and requirements on each ward. Mrs Geary advised the budget reconciliation work had been completed; currently senior staff were reviewing the different roles.

Mr Proctor added that the required roles will change over time; he predicted that registered nurses will be prescribing care rather than delivering care in the relatively near future and the Trust has an opportunity to be at the leading edge of these developments.

It was agreed by the Board that at the heart of any staff retention strategy must be the commitment to enable people to grow and develop. Mrs Geary reminded the Board of the programme to develop band 2 staff and explained that the intention is to run the programme again on a larger scale.

Professor Willcocks highlighted to the Board that some education providers are linked to elderly care homes, so that the students are learning and working at the same time.

Falls update – Ms Raper advised the board that the Committee had received an update on patient falls, although it was noted that there had been a reduction in the number of falls reducing patient falls remains an ongoing priority for our trust in all areas.. The Committee will continue to keep the number of falls under review.

Quality 6 month report - Ms Raper thanked Mrs Geary for the excellent report and advised the Board that the report provided significant assurance on the progress to the achievement of the priorities included in the quality report.

Patient Experience – Ms Raper added that there were ongoing concerns around the patient experience team which were creating operational issues.

Mrs Geary thanked Ms Raper for her comments about the report and the explained that the patient experience team does have staffing gaps at present, there are some members of staff on long term sickness and gaps in the senior staff complement.

The next six month priorities were presented to the patient experience group recently and have started to be addressed with the appointment of a complaints manager who will join the Trust is January. The other vacant roles are currently being recruited to.

She added that the Trust had commissioned a new provider to undertake the Family and Friends test.

Professor Willcocks added that the last Patient Experience Group had been very positive and there was noticeable evidence of improvements being made and priorities being taken forward.

Mrs Adams asked about the PALS service and if there were any signs of improvements. Mrs Geary confirmed that it was one of the current objectives.

The Board thanked Ms Raper for her report.

The Board further noted that Ms Raper would be stepping down from being Chair of the Committee and thanked her for all her hard work on the Committee. Mrs Adams will be chair of the Committee from January 2016. The Board wished her luck and is looking forward to receiving her report at the January Board.

15/177 Head of Midwifery Annual Report

Mrs Geary presented the report and highlighted some key achievements. The Board welcomed the report and was complimentary about the information included. Mr Sweet asked if it was possible to retain the supervisory midwife role as described in the paper. Mrs Geary explained that it was decided by the NMC that the role would no longer be used, but there is no reason why the Trust should not continue have this senior role, it just will not be a statutory role. Ms Raper asked if midwifery was the next recruitment crisis. Mrs Geary explained that there has never been an issue filling training places.

Ms Symington thanked Mrs Geary for the report.

15/178 Finance and Performance Committee

Mr Keaney explained that there were two key elements for discussion at Finance & Performance– operational/financial performance and TAP.

First, He recognised very positive progress had been made in Cancer, diagnostics, 18-weeks, CIP programme and the interim report on Fresh Start was reassuring.

Secondly he noted the disappointing situation relating to continued fines for poor performance and deteriorating ED performance overall It is now 19 months since the Trust achieved the 4 hour target. He added that currently it is hard to be assured around the ED performance.

Mr Keaney asked Mr Bertram to update the Board on TAP and Mrs McGale to update on operational performance.

Mr Bertram advised that Mr Gordon Cooney was now a member of the Finance and Performance Committee. Mr Bertram reminded the Board of the principles around TAP and updated the Board on each of the work streams.

The fines this month totalled £380k which was disappointing, progress had been made in recent months, but this had now slipped back. The main reasons for the increase related to ED 4 hour, ambulance turnaround times and c-diff fines. The level of the fines for C-Diff is £120k and the Trust is 12 cases over trajectory. The PIR meeting will review the C-Diff processes and consider if they are all appropriate.

The Trust seeks to work closely with the Regulator and recently the Chair has been able to facilitate an introduction of the Sustainability Director at Monitor to the Trust. Mr Bertram will welcome him to the Trust on 3rd March.

Monitor has produced a “grip and control” document which the finance department is currently working through. The document is used by Monitor when a Trust is in a turnaround position. Mr Bertram advised he would report back to the Finance and Performance Committee when the work on the document was completed.

Mr Keaney commented that he and the Committee would gain more assurance as to progress if the work streams had dates by which they were expected to deliver.

Mr Keaney asked Mrs McGale to present the operational performance information. Mrs McGale spoke generally about performance initially, outlining that elective activity had seen improvements and there had been progress against the admitted back log, but there had also been an increase in cancellation of elective performance.

Scarborough Emergency Care Standards - The drive in the Emergency Department is through the recovery plan, the System Resilience Group (SRG) and the engagement of the whole system in the improvements. The SRG has five priorities, introducing:

- Assess to admit
- Intermediate Care Model
- Delayed Transfer of Care
- Early Supported Discharge
- Discharge to Assess

In October, non-elective demand has increased by 8% and GP admissions have increased by 51% when compared to October 2014. There have been a number of bed closures during October due to infection. Bed occupancy has been below 90% and is maintained until after 6pm when the target drifts.

Scarborough ED has not had admitting a rights into the rest of the hospital before, this is now in place. A new Matron for acute medicine and ED will be in post in January to support further developments and consistency in the department. There will be a further listening exercise started in January to garner further ideas and suggestions from staff.

Mrs McGale updated the Board on the progress with the CCG around the Yorkshire Doctors contract. She explained that the minor injuries contract does not currently match the demand and as a result the Trust is seeing additional patients overnight. The Trust is working hard with the CCG to address the issues. The introduction of “discharge to assess” should reduce the readmissions in the Trust. Generally there is an improving trend in Scarborough, which the Board found encouraging.

York Emergency Care Standards – Non-elective demand has increased by 3% and GP admissions have increased by 2.6% since October 2014. Bed closures during October affected 124 beds at its peak. This affected bed availability and resulted in 13 patients waiting over 12 hours for a bed. Serious Incident reports have been completed for each occurrence. 68 patients on the 18-week pathway were cancelled due to theatre staff shortages. Currently there is one bay affected by Norovirus in York and the infection control team has prevented any spread further in the ward. Mr Golding commented that was an impressive achievement and the infection control team should be congratulated on their achievement.

The Chair agreed with the comments.

Mrs McGale commented that the hospital is under pressure. She also spoke about the ‘normalisation’ of less than ideal practice when a department is working in stressed /pressured situations. To seek to alleviate some of this pressure and stress in the system, a new structure is being introduced in ED to maximise patient flow through the system. Improvements in the system will include increased referral into ambulatory care and aimed at gaining organisational grip.

Ms Raper asked about ensuring the message to the public is heard about Norovirus. Mrs McGale explained that there were big signs on the sliding doors and on the television screen in reception, but it was recognised that constant media messages needed to be given.

Mr Sweet asked about the tripartite meeting and the pressure on the CCG to progress the issue around the Yorkshire Doctors. Mr Crowley confirmed that the CCG have accepted their obligation regarding to the contract.

Mr Crowley added that the challenges to address blockages in the system are both the shared responsibility of the CCGs and the Trust. The Trust and the CCG need to work together to achieve change.

Mrs Adams asked about the discharge of patients. Mrs McGale explained that the Emergency Care Standards are linked to the whole system. There are 32 patients today with delayed transfer of care for multiple reasons, and as partners start to work with us we will see changes and improvements.

Mrs Scott added that with regard to "Discharge to Assess", a small group of partners including the City of York Council had met to consider the proposal. Support is being seen from all agencies involved in the initiative. Mrs Scott offered to bring a proposal to the Board when it is available.

Action: Mrs Scott to present the Discharge to Assess proposal at a future Board meeting.

Mr Crowley commented that our ED concerns are primarily about arresting the deterioration in performance and improving the service we provide to patients and demonstrating improvements in our ED. Our aim is to achieve the 95% target in due course, but currently our priorities are as above.

Mr Keaney commented on the deterioration in A&E performance since August and noted that on the verge of winter there are real concerns about how the TAP will help arrest the deterioration in the position.

Mr Crowley commented on the tripartite meeting with Monitor and the CCG which had focussed on ED performance and particularly ED performance over the weekend on the York site. Efforts have been re-prioritised as a result of these two events. Mrs Rushbrook added that she is working to improve the clinical processes. Mrs McGale added that the refreshed management approach is linked into the TAP programme and designed to support improvements.

The Board noted the discussion.

Mr Bertram presented the financial position. He reported that the position had deteriorated further and the Trust is now £5m adrift from plan.

Nationally the reported quarter two position is £1.6bn deficit a rise from £900m in quarter one. Deficits are now affecting more than 9 out of 10 hospitals and 39 foundation trusts

are now subject to formal regulatory intervention from Monitor. The gross national deficit is £1.7bn with only a number of organisations making small surpluses.

Mr Bertram explained he had three issues to share with the Board.

1 Expenditure – he reassured the Board that there was a further tightening of controls and tightening of requisitions in the trust, and that the measures were in place around the use of agency staff would be further tightened.

2 Re-admissions issues – A further £400k adjustment has been made, this is a continuation of the issue reported last month. Mrs Rushbrook's team have corrected the issue.

3. Loss of elective income – there were 80 cancelled operations because of lack of beds and a further circa 180 lost elective slots from difficulties with theatre staff in the previous month. Mrs Rushbrook added that the issues around theatres, related to surgeon time and the complexity of lists as well as staff shortages.

Mr Bertram explained that over the last 6 or 7 weeks the Trust has experienced difficulties in recruiting to the theatre vacancies and has had some difficulty in getting staff to support the additional work. This has resulted in some reduction in the theatre lists. Theatres are taking action through November and December to improve activity.

Mrs Adams asked Mr Bertram to clarify the marginal trading with the CCG, and how this reconciled with current expenditure levels. In addition Mrs Adams queried the assertion that elective activity was low given the Trust seems to be ahead of contract activity levels.

Mr Bertram explained that the Trust is experiencing clear expenditure pressures, most notably from agency and locum staffing premia. In addition the Trust has been hit with penalties of circa £2m and the CIP profile. Mr Bertram commented that his view of falling short on elective income was based on the previous and expected trend levels not being delivered in month due to cancelled activity as discussed earlier. Mr Bertram referred the Board to the cash flow information and highlighted that there has been in improvement in the cash position, so that it is closer to plan, the difference largely being related to the trading position.

Mr Bertram updated the Board about the Trust's capital programme. At the time of acquisition the Trust agreement included £20m strategic capital for Scarborough. Some £10m of this remains unspent to date. Nationally requests are being made to Trusts to identify any capital projects that can be deferred or stopped to support the operational spend. The Trust's response has been to make it clear that it would have concerns about delaying any schemes. Mr Bertram expects to see further information over the coming weeks. If the Trust's position deteriorates further and expenditure is not driven down the Trust may be expected to use the strategic capital to balance the accounts. However, he added that he feels the proposal is short sighted with likely higher costs next year as urgent and essential schemes are restarted nationally. The capital projects we are

undertaking address key clinical issues for example, the fire alarm system and lifts at Scarborough.

There is a key work stream around managing debtors and keeping them to a minimum.

Mr Ashton asked if using the strategic capital to address the operational spend would not be breaking the commitment the Trust made when the transaction was completed and asked if that could also jeopardise the final £3m that is still held by the Treasury? Mr Bertram confirmed measures were being taken to ensure the Trust does not use the £10m this financial year. He agreed with Mr Ashton that using the strategic capital to support the working capital would feel like breaking the commitment made but that, non-specific, pressure was starting to be applied from the centre. In term of the outstanding £3m, Mr Bertram advised that discussions continue with the Treasury. He confirmed at this stage that he had no reason to believe that the money would not be paid when the Trust required the additional capital.

In terms of the £3.4bn released by the Treasury, at present there is no guidance as to how that will come into organisations, discussions have started with the CCGs over different payment profiles.

Mr Mackey (Chief Executive for NHS Improvement) is working with Monitor. He has worked closely with the Trust in the past and Mr Crowley will be meeting with him next week to understand the national position and to explain the YTH situation more fully.

Ms Raper asked if the Trust had received any pressure to release available estate. Mr Bertram confirmed he had not yet received any pressure.

Mrs Adams asked if the Executive Directors had any sense of where the Trust benchmarked in relation to other trusts. Mr Bertram commented that 2 years ago the Trust would have had regulatory action taken against it by this stage. Monitor will review each Trust's position at the end of quarter 2 and will be prioritising the conversations it needs to have with Trusts.

Mr Bertram sought to reassure the Board that the Trust had taken appropriate steps to reassure Monitor that we were taking action appropriate to our situation- for example The TAP programme, a finance review and the Well Led Review.

Mr Crowley added that Bournemouth and Poole are the latest Trust to be subject to regulatory action.

The Board recognised that the rate of deterioration may mean that in the near future the Trust will become subject to regulatory action. All our activities are focused on ensuring that this does not occur, most particularly at this point improving the performance of ED in York.

Mr Sweet reminded the Board that it had heard at the October meeting as part of the Winter Plan presentation, that the GPs would be closed over the Christmas and New Year periods. He asked if there was an update. Mr Crowley advised that the CCG had recognised its obligation and over the 4 week period 2000 primary care slots had been

secured to be delivered by Northern Doctors in York. At this stage these have not been publicised.

The Board remained concerned about the position and asked for a further update in December. The Board felt this was a significant risk to the performance of the Trust over the holiday period.

Mr Keaney advised that normally there would be no December Finance &Performance meeting, but given the current risks and challenges it had been agreed there would be a meeting on 15 December 2015.

15/179 Workforce Strategy Committee

Professor Willcocks presented the minutes. She highlighted the discussion around the TAP and reflected on the relationship HR has with the TAP programme. She referenced the workforce for the future and the compliance with Statutory and Mandatory training.

Professor Willcocks highlighted the paper discussed at the Committee around temporary nurse staffing and confirmed the Committee would continue to scrutinise and priorities the use of agencies.

She described a disappointing response to the Staff Survey at this stage. The Board discussed the issue and recognised that the questionnaire takes about 20 minutes to complete, a lot of people are struggling to take that time out of their day. At the same time Ms Symington pointed out that the outcomes of the Staff Survey are seen as key indicators of organizational performance by our regulators and our aim is to present the trust as positively as possible in this survey,.

Ms Raper suggested that the Trust should look at some of the tools and techniques that have been developed and used by the education establishments to improve the response to student surveys.

It was also suggested that it might be worth considering if the number of questions to be answered could be shortened for certain groups of staff, so it was not so time consuming.

Mrs Scott commented on the Community Workforce development programme. She explained that the intention was to introduce an 'Its My Ward' programme for the virtual wards. When the design of the programme has been completed, Mrs Scott will present it to the Workforce Strategy Committee.

Included in the programme are:

- Working with band 1-4 staff and undertaking a competency self assessment against a set framework.
- Reviewing the community nursing structures to respond to the shifting demographics.
- Review of the specialist workforce both from an acute and community perspective, to consider the competency framework, understand what audit work has been undertaken to inform the discussion around future requirements of specialist nursing.

Mrs Adams asked about the temporary workforce on the bank and if the weekly pay option had been implemented. It was confirmed that bank staff were now able to access the weekly pay option and were in receipt of an enhanced payment.

Professor Willcocks repeated her request for the pay expenditure table included in the HR report to be included in the performance report. It was agreed this would be arranged. Mrs Rushbrook had confirmed earlier in the meeting that she would arrange for this to happen.

Professor Willcocks raised concerns that the Trust was still using one of the most expensive agencies and asked about the system of signing off agency use.

Mrs Geary advised that she receives the details on a weekly basis and has recently been asked for a snapshot of usage by Monitor to cover 19 October to 23 November. From that work it appears that Scarborough rarely uses agency staff off framework, but in York that is not the case.

Mr Bertram referred the Board to the table included in the safe nursing and midwifery staffing report and highlighted that there is 1/3 increase in fill rates in bank in October and it can be seen that there is a general reduction in the use of agency staff.

15/180 Workforce Metrics and update report

Mr Crowley presented the report. He felt the report was an illustration of the current position including growth in turnover rates in part due to revalidation. He agreed the next report would include detail around the theatre issues and the illustration of pay expenditure would be taken into the performance report.

Mr Sweet asked for clarification on the paper where it implies that trusts are not being bound by the caps on agency rates. Mr Bertram explained that the framework requirements and compliance with the rules related to the caps are separate. The Trust has in fact chosen an off framework agency that is local because it is cheaper than the framework agencies, but the quality is good.

Ms Symington noted that stress was one of the top reasons for sickness in the organisation which surprised her. Mr Crowley responded that he was not surprised when the current local and national position is taken into account. Ms Symington commented that she will look into this further.

Mr Ashton asked if there is an analysis undertaken as to why people are leaving the organisation. Mrs Geary confirmed there was, she explained that every nurse has an exit interview, there is a significant number of staff taking early retirement and some of the young nurses are completing their preceptorship and then leaving to return work in their home town.

The Board noted the report.

15/181 Procurement Annual Report

The Board asked Mr Bertram to congratulate the team on the report which they felt was an excellent report. Mr Bertram thanked the Board for their comments and confirmed he would pass them on.

Mr Bertram reminded the Board that this was the third year the Board had received this report. He explained that the department is split into two distinct functions, buying and materials management.

The Carter Report proposes that the NHS can save £5b by improving procurement practices over the next five years. This is part of the £22b the NHS needs to save. The Trust is still awaiting the pack of information relating to this report, but Mr Bertram has talked to some of the members of the Carter team and understands the pack is generic and benchmarks against the Trust's current spend.

Mr Bertram highlighted three key successes that have been achieved by the department during the year.

1 The department has successfully tripled the contract coverage. The target was to increase spend under contract from £12m to £20m over 3 years. It is now around £67m and continues to grow. This has been done in partnership with Crown Commercials, NHS Supply Chain and the North of England CPC.

2 Controlled buying through the use of an electronic catalogue. In 2013 'off catalogue' buying were trending upwards towards 40%. The target was to reduce this to 35% by 2015. In October it was 22.78%

3 The available stationary list has shrunk from 8,500 lines to 159 lines using NHS Supply Chain's core list. Spend has decreased over the first six months of this year to almost £50,000 and the number of order lines has reduced by nearly 1,500 when compared to the same period last year.

Mr Bertram referred the Board to the procurement assurance that has been gained during the year. He highlighted that the majority of the reports provide significant assurance for the systems and processes, the exception being the freight charges. Work is being completed in this area with the support of Mr Sweet and it is anticipated that the issues identified will be addressed and resolved.

The Board noted the report and the assurance provided by the report.

15/182 Minutes of the Corporate Risk Management Committee

The minutes were received for information. Mr Ashton added that significant work continues in the reconciliation of the Board Assurance Framework to the Corporate Risk Register.

15/183 Review of using electronic papers

Ms Symington advised that 7 out of 17 Board members had chosen to migrate to electronic papers. She reminded the Board that there was no rush to move to electronic papers and that the change should be taken at the pace the Board members are comfortable with.

She asked for any feedback on this month to be provided to the office.

15/184 Next meeting of the Board of Directors

The next meeting, in public, of the Board of Directors will be held on 16 December 2015, in the Boardroom, York Teaching Hospital

15/185 Any Other Business

Ms Symington had three items of further business:

- She noted the high quality of the Board papers and thanked everyone for their contribution.
- She reflected on the difficult issues currently being addressed and thanked all Board members for their good listening and attentiveness.
- Ms Symington reflected on the difficult role the non-executive and executive directors currently have and thanked all members for their challenges and asked if there was anything further the non-executive directors could do to support the executive.
- Ms Symington commented that the public Board in December would be a shorter meeting in length, and that the current climate it was important that the Trust held a public Board.

Outstanding actions from previous minutes

Minute number and month	**Action**	**Responsible officer**	**Due date**
15/087 Diverse Workforce	A proposal around investment in training for specialist and middle grade doctors in the future to be presented to the Board when developed	Mr Crowley	future
15/114 Quality and Safety Committee	Present a progress paper on the Implementation of the Nursing and Midwifery Strategy	Mrs Geary	January 2016
15/117 Community Care update	Provide further detail on the re-ablement discussions when available. Include the issue arising from the review of the re-ablement service from the system leadership discussions.	Mrs Scott Mrs Walters	When available Report to Board when completed
15/147 Food and Drink Strategy	The Board agreed to test the quality of food on an annual basis.	Mr Golding	31 March 2016

15/147 Food and Drink Strategy	Feedback to the Board on the use of volunteers in the provision of a beverage service to inpatients.	Mrs Geary	January 2016
15/163 Winter Plan	Review the Winter Plan	Mrs Walters	March 2016
15/164Workforce Metrics and update report	Incorporate the pay expenditure table into the performance report.	Mrs Rushbrook	Immediate

Action list from the minutes of the 25 November 2015

Minute number	**Action**	**Responsible office**	**Due date**
15/175 CQC report and action plan	A paper outlining progress against the CQC action plan to be presented to the March 2016 meeting	Mr Crowley	March 16
15/178 Finance and Performance Committee	Paper to be presented outlining the Discharge to Assess proposal	Mrs Scott	December 15

Additions: No changes

Changes: No changes

Deletions: No changes

B

Director	Relevant and material interests					
	Directorships including non -executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS founda-
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Philip Ashton (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member of the Board of Directors—** Diocese of York Education Trust	Nil	Nil
Ms Libby Raper (Non-Executive Director)	**Director—**Yellowmead Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Governor** —Leeds City College **Chairman and Director - ** Leeds College of Music **Member—**The University of Leeds Court	Nil
Michael Keaney (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Michael Sweet (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Professor Dianne Willcocks (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Trustee and Vice Chair—**of the Joseph Rowntree Foundation and Joseph Rowntree Housing Trust **Chair—**Advisory Board, Centre for Lifelong Learning University of York **Member—**Executive Committee YOPA **Patron—**OCAY **Chairman** - City of York Fairness and Equalities Board **Member –**Without Walls Board	**Director—**London Metropolitan University **Vice Chairman—**Rose Bruford College of HE	Nil
Mr Patrick Crowley (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Juliet Walters (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Andrew Bertram (Executive Director Director of Finance)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representative	Nil
Mr Mike Proctor (Deputy Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse a senior member of staff in Community Services	Nil
Beverley Geary (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Dr Ed Smith Interim Medical Director	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Jim Taylor Interim Medical Director	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

C

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 16 December 2015

Developing a Discharge to Assess Model

Action requested/recommendation

The Board of Directors is asked to:

Note the proposed discharge to assess proposal and the tests of concept that will be undertaken between January and March 2016.

Summary

The aim of this paper is to update the Board on the proposed development of a discharge to assess model and the tests of concept that will be undertaken from January to March 2015.

This paper summarises a proposal that was presented to the System Resilience Group in November 2015. A multiagency project group led by York Hospital NHS Foundation Trust has developed a proposed model, based on learning from national exemplars.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☐

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 outcomes

There are no references to CQC outcomes.

Progress of report	Original paper submitted to the System Resilience Group 26 November 2015.
Risk	Associated risks have been assessed
Resource implications	Resources implications are detailed in the report
Owner	Wendy Scott, Director of Out of Hospital Care
Author	Steve Reed, Head of Strategy for Out of Hospital Services
Date of paper	December 2015
Version number	Version 1

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors – 16 December 2015

Developing a Discharge to Assess Model

1. Introduction

1.1 The aim of this paper is to update the Board on the proposed development of a discharge to assess model and the tests of concept that are planned to take place from January to March 2015.

1.2 This paper summarises a proposal that was presented to the System Resilience Group in November 2015. Health and social care providers have worked together to develop a proposed model. The model is based on national exemplars and best practice.

1.3 The Board of Directors are asked to note the proposed development.

2. Background

2.1 A discharge to assess model of care is predicated on undertaking assessments for on-going health and social care need in a patient's own home or place of residence, rather than as now whilst in hospital. This will facilitate more effective assessment of need and timely and effective transfers of care from acute hospitals to other health and social care services.

2.2 The aim of the service is to:

- Maximise people's capacity for independent living, increasing the numbers of people who are able to remain at home and reducing the number of people who are permanently admitted to long term care;
- Provide an environment which supports their recovery, rehabilitation and reablement needs so that they are supported to become as functionally independent as possible;
- Support timely discharge from hospital ensuring that people stay in hospital until their acute medical episode is finished and then move on to a more appropriate location/environment for assessment of their future care needs.

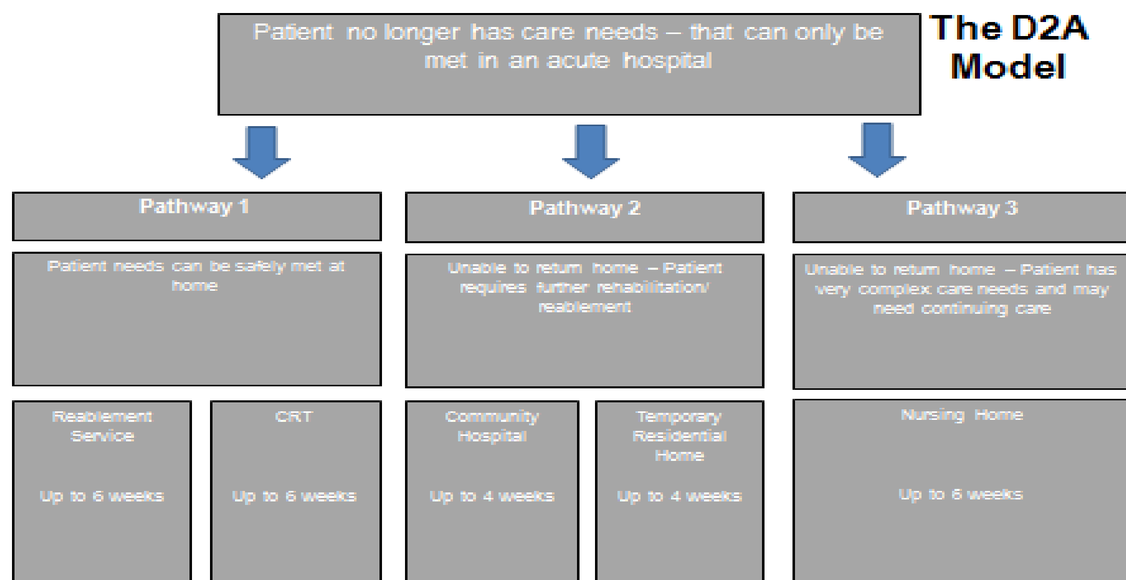
2.3 The case for implementing discharge to assess pathways has been well made elsewhere. High profile case studies, such as Sheffield and South Warwickshire, evidenced the impact that this approach can have on patient safety and acute hospital occupancy levels. By carrying out assessments of on-going health and social care need in a non-acute setting they are more likely to reflect an individual's true needs; evidence from elsewhere suggests that this is more likely to be at a lower level than if assessed in an acute setting. The Emergency Care Improvement Programme, in partnership with the System Resilience Group, has identified the development of discharge to assess pathways as an urgent system priority.

2.4 One of the key drivers in implementing a discharge to assess model is to minimise the risk associated with acute hospital inpatient stays. In addition to the risks of hospital acquired infections and falls, we also have to consider the impact of bed rest and creation of

dependency. Studies have shown that the physiological impact of admission into a bed for older people starts within 24hrs with a subsequent loss of up to 5% of muscle power and further reductions in lung capacity, muscle strength and skin integrity over the next seven days of their stay. A ten days stay in a hospital bed results in the equivalent of ten years of muscle aging for people over 80 years of age.

3. Proposed Model and Tests of Concept

3.1 Three distinct patient pathways are proposed:



3.2 Pathway 1 – For people whose medical episode is complete* and their needs can be safely met at home. Support will be provided by Integrated Community Response Teams (health and social care staff) for up to 6 weeks. This model is based on trusted assessment on the acute sites to identify those people who are able to go home. This is the default pathway for those requiring support.

3.3 Pathway 2 – For people whose medical episode is complete* but they cannot be discharged directly home (but who have the potential to do so if they receive additional reablement or rehabilitation i.e. permanent residential/nursing care is not inevitable) – up to four week placement in a 'moving on bed' will be provided. This could be in a community or residential nursing home setting. People moving through this pathway will be stepped down to Pathway 1 at the earliest opportunity. The anticipated exit route from this pathway is back home (with support if needed or to residential care) and evidence from other areas suggests that a high number of people do go home following on from their stay in a moving on bed.

3.4 Pathway 3 – For people whose medical episode is complete* but they are unable to return home. These people are likely to be complex or have a high dependency level; they are also likely to be identified as potentially receiving continuing healthcare funding. A long term care home placement is likely. People entering this pathway will be discharged to a nursing home. In this environment they can recuperate, a full continuing health care assessment will be undertaken by the Continuing Health Care Team and long term care options negotiated and sourced.

*this assumes that the person is clinically stable. Neither a national or local definition of clinically stable exists, rather it is deemed to be 'when the Consultant says so'.

3.5 People going through these pathways will be supported by a case manager who will hold responsibility for their progress. This could be provided by an integrated discharge liaison

team who would identify people within the acute setting, ‘pulling’ people into the relevant pathway.

3.6 A Discharge to Assess Steering Group will be established. This group will consist of senior decision makers from both provider and commissioning organisations. The group will oversee the development of discharge to assess pathways including the formation of sub groups to develop the operational detail of the proposed tests, developing a communication and engagement plan and agreeing key performance indicators to evaluate the impact of the changes.

3.7 In testing pathway 1 (home-based) the proposal is to do so in Scarborough, Selby and Ryedale. In Scarborough, this will involve providers of intermediate care services coming together to ensure that existing resources are working effectively, to ensure their full potential is realised. In Selby and Ryedale, existing integrated health and social care Community Response Teams will seek to strengthen their links with the North Yorkshire County Council START reablement services, simplifying the pathway for people discharged from acute settings.

3.8 In testing pathway 2 (residential) the proposal is to do so in the Vale of York. This will involve identifying beds within a residential care setting which will be supported by a small team released by providers (including North Yorkshire County Council) to support the test of change. This team will support the care team to provide reablement whilst co-ordinating the assessment process and ensuring people move home as soon as possible.

3.9 In testing pathway 3 (complex nursing) the proposal is to do so in York and Scarborough. The intention is to use existing commissioned step down capacity within nursing homes (Fulford Nursing Home and other winter spot purchase beds) to support a pathway for people screened as requiring a Continuing Health Care (CHC) assessment. Work will be required with the Primary Commissioning Unit on developing a timed pathway to ensure assessments are carried out within a timely manner.

3.10 Across all pathways it will be necessary to test on the acute hospital sites in both York and Scarborough the process for identifying people to “enter” the pathways described. It is proposed to do this through a Plan Do Study Act (PDSA) approach, focussing initially on elderly care wards. This will help to develop exclusion criteria for the pathways and will test out discharge planning at an early stage in the acute hospital stay. Opportunities for testing the earlier input of social care professionals will be explored.

3.11 Again across the proposed tests, it will be necessary to develop the mechanisms for providing on-going management of people who have accessed these pathways. This will include determining the medical model for people in different settings and the on-going case management of individuals. It is also recognised that a distinct piece of work is required to define what is meant by ‘trusted assessment’ and how this will apply throughout the process. An early example of a change is a move to adapt the current process whereby acute therapy teams carry out discharge home visits (if people are subsequently referred to community therapy teams, the assessment process will start again). The proposal is to move to community teams providing discharge home visits so assessments are undertaken just once.

3.12 In recognising the needs of those with cognitive impairment or experiencing delirium, it is proposed to adapt the delirium pathway being trialled in Hambleton, by Tees Esk and Wear Valley Mental Health Services. From this, the intention is to develop a local pathway for York and Scarborough.

4. Recommendation	
The Board of Directors is asked to: Note the proposed development of a 'discharge to assess' model and the tests of concept that are planned to take place from January to March 2015.	
Author	**Steve Reed, Head of Strategy for Out of Hospital Services**
Owner	**Wendy Scott, Director of Community Services**
Date	**December 2015**