York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public Meeting)

13 December 2018

York Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: 13 December 2018

In: Malton Rugby Club, Old Malton Road, Malton, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
9.00am – 9.45am	Nomination & Remuneration Committee	Malton Rugby Club	Nomination & Remuneration Committee Members Only
10.00am – 11.00am	Private Council of Governors	Malton Rugby Club	Council of Governors
11.00am – 1.00pm	**Public Council of Governors**	**Malton Rugby Club**	**Council of Governors**

York Teaching Hospital NHS Foundation Trust

Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence.	Chair	Verbal		11.00 – 11.10
2.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	1	
3.	**Minutes of the meeting held on 21 September 2018** To receive and approve the minutes from the meeting held on 21 September 2018	Chair	B	5	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes.	Chair	C	13	
5.	**Update from the Private Meeting held earlier** To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chair	Verbal		11.10 – 11.20

Strategic Goal: To deliver safe and high quality patient care

	SUBJECT	LEAD	PAPER	PAGE	TIME
6.	**Governors Reports** To receive the reports from governors on their activities from: • Lead Governor Report • Out of Hospital Care Group • Transport Group • Fairness Forum	Governors	D	15	11.20 – 11.30
7.	**Chief Executive's Update** To receive a report from the Chief Executive including: • Sustainability & Transformation Plan Update • East Coast Review • BREXIT • 5 Year Strategy	Deputy Chief Executive	E	23	11.30 – 11.45
8.	**Elderly Care Update** To receive an update on elderly care	Jamie Todd	F	27	11.45 – 12.15
	Strategic Goal: To ensure financial stability				
9.	**YTHFM LLP Update** To receive an update regarding the LLP	Director of Estates & Facilities/ LLP Managing Director	Verbal		12.15 – 12.30
	Strategic Goal: To support an engaged, healthy and resilient workforce				
10.	**Governor Elections** To receive an update paper on the internal election process.	FT Secretary	G	69	12.30 – 12.40

	SUBJECT	LEAD	PAPER	PAGE	TIME
11.	**Membership Development Group Update** To receive an update from the Membership Development Group	FT Secretary	H	75	12.40 – 12.50
	Governance				
12.	**Constitutional Review Group Update** To receive an update on the work of the Constitutional Review Group	FT Secretary	I	79	12.50 – 13.00
13.	**Any other business** To consider any other items of business. • Reflections on the meeting	Chair	Verbal		13.00
14.	**For Information** • NHS Providers BREXIT briefing		J	81	
15.	**Time and Date of next meeting** The next Council of Governors meeting will be held on 7 March 2019 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY				

Register of Governors' interests
Dec 2018

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Sally Light, Public Governor—York

A

	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
Jeanette Anness *(Public: Ryedale and East Yorkshire)*	Nil	Nil	Nil	Nil	Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp	Nil
Andrew Bennett (Staff Scarborough and Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Ann Bolland *(Public: Selby)*	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler *(Public: Ryedale and East Yorkshire)*	Nil	Nil	Nil	Nil	Nil	Nil
Roland Chilvers *(Public: Selby)*	Nil	Nil	Nil	**Trustee** — Hemingbrough Institute and Playing Fields Association	**Councillor**— Hemingbrough Parish Council	**Councillor**— Hemingbrough Parish Council
Dawn Clements *(Appointed: Hospices)*	Nil	Nil	Nil	**Director of Fundraising**—St Leonards Hospice York	**Director of Fundraising**—St Leonards Hospice York	Nil
John Cooke *(Public: York)*	Nil	Nil	Nil	Nil	Nil	Nil
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	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
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	NIl
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Mick Lee Staff York	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	CEO Motor Neurone Disease Assoc. (reg. Charity) and MND Assoc. Sales Company Director	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants	Nil	**CEO** Motor Neurone Disease Assoc. **Vice Chair** & Trustee—The Neurological Alliance	Nil	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	**Member**—Derwent and SRCCG Patients Groups **Member**—Health Watch North Yorkshire (non-voting)	Nil	Nil
Clive Neale *(Public: Bridlington)*	Nil	Nil	Nil	Member of Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	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
Cllr Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Karen Porter (Project Choice)	Nil	Nil	Nil	Nil	Nil	Nil
Gerry Richardson (University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Patricia Stovell (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Jill Sykes (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Richard Thompson (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Nil
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Minutes – 21 September 2018

Chair:

Ms Susan Symington

Public Governors:

Mrs Jeanette Anness, Ryedale and East Yorkshire
Mr Andrew Butler, Ryedale & East Yorkshire
Mrs Helen Fields, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Clive Neale, Bridlington
Mrs Catherine Thompson, Hambleton

Appointed Governors

Ms Dawn Clements, Hospices
Mr Gerry Richardson, University of York
Mrs Karen Porter, Project Choice

Staff Governors

Dr Andrew Bennett, Scarborough/Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mrs Sharon Hurst, Community
Mr Mick Lee, York
Mrs Jill Sykes, York

Attendance

Mr Andrew Bertram, Finance Director/Deputy Chief Executive
Mrs Wendy Scott, Chief Operating Officer
Mrs Jenny McAleese, NED
Ms Lorraine Boyd, NED
Mr David Biggins, Head of Medical Engineering & Compliance
Ms Virginia Russell, Chief Nurse Team
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observer

Mr Quentin Somerville - aspiring NED

Apologies for Absence:

Mr Mike Proctor, Chief Executive
Mrs Helen Noble, Scarborough/Bridlington
Mr Roland Chilvers, Selby
Mr Robert Wright, York
Cllr Chris Pearson, NYCC

18/16 Chair's Introduction and Welcome

Sue Symington welcomed everyone to the meeting.

18/17 Declarations of Interest

There was no change to the declaration of interests.

18/18 Minutes of the meeting held on the 14 June 2018

The minutes of the meeting held on the 14 June 2018 were agreed as a correct record.

18/19 Matters arising from the minutes

Mr Reakes enquired how the Trust can increase their nurse recruitment. Ms Symington replied that the Trust had made a huge amount of progress with nurse recruitment. She added that retention is also a priority and there are huge steps being taken to get the whole employment proposition right. She will update the committee at the December meeting.

Action: Add Nurse Recruitment to December agenda for Ms Symington to update the Council.

Action Log

NHS staff discounts for members - update will be given in due course.

18/20 Update from the Private Meeting held earlier

Mrs Symington updated the committee on the topics discussed in the private meeting held earlier.

- Chairs Report
- Feedback from the Governors Forum
- Grant Thornton's audit feedback
- Chief Executive Appointment
- NED recruitment

18/21 Governors Reports

- Lead Governor Report - no questions asked by the committee.
- Transport Group - discussions ongoing regarding land at Park House.
- Fairness Forum - no questions asked by the committee.

Mrs Jackson enquired about the ritual washing facilities and why it was taking so long to put in place. Mr Bennett advised that the project is being developed and he is meeting a member of the charitable funds group to obtain their assistance.

Mrs Bolland praised the work of the Fairness Champions and said how incredible they have been and will continue to focus on this agenda. To say thank you and acknowledge their contribution a tea party is to be held on Friday 5 October for York area, and one Thursday 11 October for Scarborough area.

Mrs Jackson spoke about the Out of Hospital Care Group meeting and the discussion around home first engagement. It was working really well. In addition, the governors have been invited to attend the next session of Schwartz rounds taking place. If anyone would like to take part then please get in touch with Liz Anderson.

AHPs - there was also an offer from the AHP Senior Manager, Vicky Mulvana-Tuohy, regarding AHP shadowing opportunities for governors. Governors were asked to get in touch with Vicky Mulvana-Tuohy if they were interested.

Mrs Jackson spoke about tension between the Trust and the League of Friends. She has asked previously about members collecting the charity bags in our own communities and needs more responses. Would you please email Mrs Jackson if you can help. Ms Porter asked if this was something the students could be involved in.

Mrs Miller stated that she had received an email from the CCG informing her that the care of the frail-elderly was now being handled by Humber and not GPs. Mrs Scott informed her that the scheme had been especially set up by the CCG and GP practices were given money to aid this. Those nurses needed to be part of the broader community team managing people in crisis.

18/22 Chief Executive's Update

Mr Bertram gave an update on Mr Proctor's behalf.

HCV Partnership

Mr Bertram informed the committee that he attended a Partnership event earlier this week. The event was really well attended by the local authority and all stakeholders across the patch. The meeting was largely an update presentation about what is happening across the partnership and for everybody to restate their confirmation that they believe this was the way forward for this patch. The Trust has refreshed their commitment.

He referred to the report and highlighted some succinct points:-

Digital – he advised that there was a £10m digital agenda. A Strategic Digital Board has been established across the partnership chaired by Chris Long, Chief Executive of Hull. It will be their job to produce a digital strategy.

Mr Reakes asked what the Trust's main priorities were. Mr Bertram replied that there was a massive agenda around how the Trust interacts with patients, how patient/GPs connect with each other. Mrs Scott commented that the main priority is how the Trust's separate systems start "talking" to each other. How reports are shared across different parts of the systems, scans, x-rays, etc., how to make best use of staff using new technology.

Mr Richardson asked that in respect of interoperability what criteria are used to decide which digital program of work gets done. Mr Bertram replied that it was the responsibility of the Strategic Digital Board.

Mrs Anness commented that it was very heartening to hear this as time and time again people come to her complaining that they have had to explain their medical history umpteen times to doctors in various departments and it becomes frustrating.

Mrs Miller asked if there would be public consultation on this at all. Mr Bertram advised that on some issues there will be.

Workforce – he advised that the partnership is working towards a shared ambition on workforce. However, he wants to ensure that the Trust is the employer of choice.

Clinical Priority Programmes - a list of priorities have been produced for the coming 12 months including:-

- New ED & Assessment capital scheme on the Scarborough site has been prioritised which will aid the work of the clinical team on the East Coast site.

- GP extended access scheme to support the out of hospital system. The scheme will be advertised through the media as this goes online.

- Hospital to Home scheme to support joint working across health and social care.

Mr Bertram was happy to reassure everybody that these work streams are well established and continue to progress.

18/23 Mental Health Provision

Dr Bennett gave an overview of the report.

18/24 TAPE Process Update

Mr Biggins gave a handout to the committee to aid his presentation of the TAPE process. He advised that the process was introduced in January 2018 and is carried out each quarter.

Ms Clements enquired that given the earlier discussion about ritual washing facilities, should it not come under the heading of "dignity" in the TAPE process. Dr Bennett replied that apart from obtaining funding it was finding the space for ritual washing facilities. Mr Bertram added that this subject had been on the list for years but when it comes to managing the massively oversubscribed capital programme, clinical programmes take priority.

Mr Reakes asked how the sites were selected to be TAPE sites or PLACE sites. Mr Biggins replied that there were multiple priorities involved based on level of risk and resources.

Mrs Jackson asked if the outcomes were fed back. Mr Biggins confirmed they were.

18/25 Alternative Delivery Model Update

Dr Bennett highlighted the concerns raised by those staff affected. These included NHS terms and conditions, receiving national pay award increases and pension arrangements for existing staff. He confirmed that pension arrangements for existing staff will stay the same and all staff affected have been informed. However, pension arrangements for new staff are still being sorted. An equivalent total rewards package will be put in place if new staff cannot join the NHS pension scheme.

The ADM will go live on the 1st October. Dr Bennett advised that industrial action is taking place next week. A business continuity plan will be put in place to ensure the impact is minimised. There will be no cancellations.

Mr Lee asked if all conditions are met then what was the strike about?- Mr Bertram explained that the unions were worried it was privatisation by the back door and that terms and conditions would be eroded. Mr Butler asked if Mr Bertram felt that the trade unions had been fully informed. Mr Bertram replied that he certainly believed engagement with the trade unions had been thorough and comprehensive.

The committee was concerned that NHSI was looking into the process around ADMs and asked if this was a cause of concern to the Trust. Mr Bertram advised that NHSI have no concerns with Trusts going down the ADM route but want to review their approval process on what an organisation has to go through to set one up. There is so much political noise they wanted to put themselves in a strong position as a regulator and strengthen their public probity around the these issues.

Mrs Anness asked how the new company reported to the Trust. Mr Bertram replied that there was a management group leading it which is responsible and accountable to the trust. Mr Biggins also pointed out that it was within his remit to monitor the contact with the Trust.

Mr Richardson asked if there was any way of opting out or reverting back if it is not working. Mr Bertram confirmed that there was.

18/26 Strategy & Financial Plan

Mrs Scott spoke about the Transformation Programme and advised that there were two arms to the project where they work with directorates:-

- to identify efficiency across their service.
- to carry out pieces of work that involve a number of directorates working together to deliver an outcome or work that they are undertaking with authorities and GPs.

This involved projects in Planned Care, Unplanned Care and Diagnostics and commented that overall it is about how our staff and the wider community work together smartly in a timely way and how we organise ourselves to support patients. She was happy for any members of the committee to email her for further information.

Mr Neale enquired how respectful GPs had been about this programme. Mrs Scott replied that they had been very respectful but they also had some problems.

Mr Bertram gave a financial update to the committee and advised that for year 2017/18 the Trust finished on a £20m deficit. He referred to the Trust 2018/19 Finance Plan Overview which sets out what the Trust had agreed with the regulator this year. He asked if the committee had any questions.

Mrs Thompson asked to what extent did the incentive contracts affect the plan and was it the way forward for the Trust. In addition, is there an insight into the 10 Trusts that are not in deficit? Mr Bertram replied that it is likely that the Trust will enter into an aligned incentive contract next year and that the 10 Trusts that are not in deficit comes down to history and circumstances in local patches.

Mrs Thompson asked how much funding the CCG will be given and how much of that will the Trust get. Mr Bertram stated that the funding is constantly up for review.

18/27 Community Nursing Workforce Redesign

Ms Russell introduced herself as the Lead Nurse in Transformational Change in Community Care. Part of her role was about creating new non registered roles to support and carry out tasks to allow the registered nurses to deal with more complex cases. There had been lots of consultation with staff, governors and the public about care in the future. She gave an overview of her report and asked if there were any questions from the committee.

Mr Richardson asked how they would evaluate if this was working. Ms Russell replied that they are about to audit across the service which will be used as a benchmark. As time moves on any incremental change will be assessed.

Mrs Anness commented that some services will be provided by Humber and asked if they were doing the same. Ms Russell replied that Humber is a stakeholder and she is having a meeting with representatives in the next couple of weeks.

Mrs Thompson remarked that in some areas recruiting band 2 staff was not easy at that pay grade so how will this project not succumb to that same challenge. Ms Russell replied that there will be a recognisable career progression, starting as a band 2, working through an apprenticeship and bands, which will provide more of an incentive to those wishing to progress.

18/28 Governor Elections

Mrs Provins will send an email next week giving the results.

18/29 Audit Committee Annual Report

Mrs McAleese discussed her involvement with the audit committee as Chair since 1st September last year. She felt extremely lucky to be involved with a high performing committee and wished to pay tribute to Phillip Ashton (previous Chair) for all his work.

She explained that at each meeting they review the progress made against objectives. At the end of each meeting the committee discusses what went well and what needed improving. The minutes are then sent out within a few days so actions can be undertaken. Items are escalated to the Board for noting and also when issues arise that they want the Board to take action on.

Mrs McAleese also stated that she wanted Mrs Provins to participate fully in the committee rather than taking the minutes.

18/30 Any Other Business

- AGM date has changed to the 11th October 2018.

- The Council of Governors to Board meeting is on the 31 October and there has been agreement that future meetings will be a Question & Answer session. Therefore, the governors will receive an email prior to the next Council of Governors to Board where the governors can reply with topics they want more information about.

- Mrs Miller highlighted the work being carried out in the Patient Involvement Group for the Army Veterans who have been discharged through injuries obtained in Afganistan. A project is being undertaken to highlight the services available and support they can receive.

- Mrs Jackson highlighted the date of the Christmas Carol Concert on the 5th December and also noted that the governors wished to have a welcome tea party for the new governors. It was decided to discuss this further at the next Governors Forum.

18/31 Time and Date of the next meeting

The next meeting will be held on 13 December 2018, 11.00 – 13.00 **at Malton Rugby Club, Old Malton Road, Malton YO17 7EY**

Council of Governors - Public

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ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comment
06.12.16	Mrs Provins to explore the use of NHS staff discounts for members	Mrs Provins	15.06.17	Members can join www.healthservicediscounts.com as a Foundation Trust Member. Article in Membership Matters Oct'18. **Completed.**
21.09.18	Add Nurse Recruitment to December agenda for Ms Symington to update the Committee.	Mrs Provins	13.12.18	Covered in Board to CoG meeting 31/10/18 **Completed**.

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York Teaching Hospital
NHS Foundation Trust

Council of Governors – 13th December 2018
Governor Activity Reports

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

This paper provides an overview from Governor activities.

Executive Summary – Key Points

Reports are providing on the following:

- Lead Governor
- Transport Group
- Fairness Champions and Forum
- Out of Hospital Care Group

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Margaret Jackson – Lead Governor
Sheila Miller – Public Governor (Ryedale & East Yorkshire)
Ann Bolland – Public Governor (Selby)
Steve Reed – Head of Strategy Out of Hospital Care Services

Date: December 2018

1. Lead Governor Report

The Trust continues to work hard to meet targets and manage the current financial pressures. There is constant demand at all levels in the organisation with the Executives being regularly challenged by the Non-Executive Directors. Governors attending the Board meetings and committees are very aware of this. Please do try to attend if you can as this is a great learning environment.

This has been an interesting and very challenging 3 months. As you know the interviews for a new Chief Executive took place in September and no appointment was made. Lots of work has been going on behind the scenes to make an appointment possible and I am very pleased (and relieved) to say that there has been some new interest expressed in the post. The shortlisting is planned for the 23rd January 2019. Recruitment is underway for a Non-Executive Director to replace Dianne who completes her full term as a Non-Executive Director in April 2019. It is expected that the new Chief Executive may well increase the number of Executives on the Board and this means increasing the number of Non-Executives meeting the requirements for membership on Trust boards. I met with Sue and others to discuss amongst other things improving the links with Hull & York Medical School. To have a link / non-executive director from H&Y Medical School would be advantageous in a number of ways and this possibility is being actively pursued. The matter will be fully discussed at CoG. Please do read Sue Symington's e-mail which fully explains this and be prepared to discuss the matter at the next private meeting of the Council of Governors.

I am sorry I haven't been as available to you as I would have wanted over the last few months. I had hoped to be out to meet you all in your constituencies but unfortunately as some of you are aware my husband has been very unwell and I wanted to limit the time I was unavailable for him. Hopefully things will improve and then things will be easier. Please do not hesitate to contact me with any concerns or issues you may want to discuss. I will answer them or refer on as necessary.

Welcome to new governors and congratulations to them and to those governors who have been re-elected. A big thank you to Helen Fields who stood in for me at the Annual Members Meeting / Annual General Meeting held in September. I did meet with Helen beforehand and shared with her some of the issues to be raised on your behalf. The feed-back was that it went well. Thank you to those Governors who attended and supported Helen.

As you know, places are available on some of the committees that Governors sit on. Please do look out for the information on the elections for these and be prepared to support your application so your governor colleagues can vote accordingly. The last Patient Experience Steering Group had to be cancelled due to the group not being quorate. The date had been altered and the information was sent to me via my old e-mail address and therefore not received. As you know Tracy has very kindly set us all up with NHS Net e-mail addresses and this will be used to communicate with us all in the future. Tracy will help anyone who has difficulty setting this up (including me!) so please contact her.

The Board to Council of Governors was held on 31st October. Thank you to those governors who sent in questions before the meeting which was designed around these.

Appropriate Board members were in attendance to respond to the questions raised. Please can governors let Lynda or Tracy know if they plan to attend a meeting or need to send their apologies. This should be before the meeting if possible.

I met with Dianne and Sue on 16th October to agree Sue's objectives for the next year. These will be shared with all governors.

The Celebration of Achievement awards were held at York Race Course and the governor's volunteer of the year award went to Keelie Mollan. It was a lovely evening with much celebration about what staff as individuals or teams had achieved. Very well done to everyone in the trust who have worked so hard to give patients a really good experience when in their care.

Thank you for agreeing to change the governor forum to a Wednesday from a Thursday with the meeting still being held at Malton Hospital. Helen arrived early and wanted this recorded! Many governors attended and it is a really useful meeting giving governors the opportunity to discuss issues with their colleagues and raise any concerns.

The 14th December is National Elf Day. Ann and I sit on the Charity Group and wanted to support this event in some way. Please could you attend the CoG in a Christmas jumper or outfit with a donation of a minimum of £1going to the trust charity. Tracy has kindly organised for us to have the room after the meeting for lunch. Please do join us if you can.

Finally it is with some sadness that I confirm again that John Cooke has recently passed away at York Hospital. As you will be aware John had some health issues last year and did not stand as a governor again in the recent elections. Our sympathies go to his wife and family. I have sent a card to his wife on behalf of all his governor friends and colleagues and Sue has also sent condolences on behalf of the Board.

Margaret Jackson - Lead Governor

2. Fairness Champions

As part of Speak Up month in October, I and other members of the Fairness Champions Steering Group hosted an Afternoon Tea Party. The purpose of this was to say thank you to our Champions, allow them to celebrate their role with like-minded people, share their experiences and also raise the Champions profile. A similar successful event was also held in Scarborough.

On the 26th of October I took part in the Fairness Champions Steering Group Meeting. We now have 42 Champions across the Trust, 11 of which are newly appointed (three of whom are awaiting induction). There is now a leaflet available with photos, names and contact details of our Champions.

There have to date been 59 requests for support, five are still currently open. There are many cases not recorded. A Fairness Champions survey was discussed and the format agreed and actioned. This survey will be issued after each request for support and used as a tool to further develop the Champion role.

Currently, the most prevalent issues raised are bullying, harassment and policy/procedural issues. The staff group most frequently requesting support is Admin and Clerical.

Ann Bolland – Public Governor (Selby)

3. Fairness Forum

In September, I was involved in a stake holder meeting relating to our Interpretation and Translation Services. The appropriate representation of the Trust took part in this process. Two companies, having fulfilled the relevant criteria were short listed. These were *The Big Word* who currently works on behalf of the Trust, and *DA Link*. The process was comprehensive covering evidence ranging from staff vetting to finance. In all there were nineteen areas that had to be completed and appropriate assurances provided with relevant evidence provided. The answers were weighted and agreed score sheets completed. At the end of the process DA Link were awarded the contract. DA Link will go live on 1st December. The Big Word have agreed to carry on providing this vital service until the cut off date.

The upcoming Fairness Forum has been postponed, with a new date being set for January.

Ann Bolland – Public Governor (Selby)

4. Transport Group Report (16.11.18)

It was a well-attended meeting with, as always, a very lively discussion on issues. Dan Braidley reported on the continuing work on the Travel Plan and this will be presented by December with a shorter version to be prepared; this is updated regularly on the Staff web site especially for new staff. Work continues on the Nestle site with 425 Residential and Commercial units with 390 parking spaces and no through road but with access from the west at Crichton Avenue and east of Haxby Road.

A new plan from York City Council is in preparation with major housing developments scheduled over the next 10-20 years adjacent to Elvington airfield (over 3000 homes), Central York (1700 homes) and land west of Wigginton road (1300 homes) and a development near Stockton on the Forest. A good working relationship has been established between the Trust and City of York Council and a member from CYC will join the Transport group.

CYC and the Trust have done a joint bid for some funding from LNER to improve signage between York Hospital and the station, this would complement the work about to start to improve Scarborough bridge, cycle access across Marygate and the installation of a parallel (cycle friendly) crossing across Marygate and the installation of a parallel cycle friendly crossing across Bootham to the Bootham Park driveway; around 3000 people use the bridge every day, will massively benefit access to the hospital. This would also go towards new signage along that route and also around the other cycle and pedestrian routes around the hospital like the Foss Islands cycle path. The threat of losing the roundabout into the Hospital has been withdrawn.

An issue was raised by a member of the difficulties in Scarborough of staff/patients access the hospital especially the lack of cycle ways and it was confirmed that Dan is working hard at Scarborough to encourage this and has spoken with NYCC and Scarborough Borough about improvements. New cycle racks for staff are soon to be installed at Scarborough hospital. Travel events continue to be held at both Hospitals and staff encouraged to attend them. Bike loan schemes are going well and the last event in Scarborough had 55 staff attend. The Pool and Hire Car schemes continue to improve with C2 savings and cost savings; sadly there are still some staff who fail to cancel a booking and this is being dealt with.

A preliminary meeting has been held with Frist Buses to try and encourage establishing a Park and Ride service to York Hospital; this is in the very early stages of discussion.

The issue of opening the railway station was again discussed especially in view of the tremendous amount of traffic in York and the parking problem for both staff and patients.

An excellent and positive report was given about discussions with York City Council over the issue of the sale of Bootham Park Hospital; (parts of this building and the chapel are listed Grade 2) and York Trust owns some of the buildings.

It is a very complex issue as TEWV had previously taken over Bootham Park and, as already announced, are building a new Mental Health facility off Haxby Road. NHS Property Services want to sell Bootham Park and some offers have been made, but are being held back until a full discussion with local business, the Council and the Trust on a better use for this land. Some of the buildings are listed, but there were various options which looked at trying to keep some of the beautiful open space for the use of the people for York but under the ownership of a company to be able to run it and keep it in good condition. Other buildings could be used by York Trust for staff as the Hospital is now full to capacity. There would also be the possibility of some housing on the site.

Sheila Miller – Public Governor (Ryedale & East Yorkshire)

5. Out of Hospital Care Group – Meeting Summary (23.11.18)

Attendees:
Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Richard Thompson, Ann Bolland, Liz Anderson, Lorraine Boyd.

In attendance: Anita Chalmers, Principle Pharmacist

Apologies: Sharon Lewis, Andrew Bennett, Vicky Mulvana-Tuohy

Summary of topics discussed

Matters arising: It was noted that the actions from the previous meeting were progressing.

Locality ECG service – Jeanette advised no response received from request for an update on Ryedale service.

Humber/CHCP – both organisations have been approached but not yet responded. To continue to request their input to the group.

The governors noted the positive experience attending the Schwartz Rounds and good turnout from staff.

Home IV Antibiotics: Anita Chalmers updated the group on the current pathway for patients who require long-term intravenous (IV) antibiotics whist results in prolonged lengths of stay with associated risks of deconditioning and hospital acquired infections. A business case has been developed and approved to deliver a new model with three pathways:

- A self-care pathway allowing patients (or their carers) to manage the daily administration;
- A clinic based pathway allowing patients to return to one of the hospital sites for daily administration;
- A home based pathway with community nurses managing the daily administration.

Anita demonstrated the pump which has simplified the administration process and described the positive work with Humber FT and City Health Care Partnership (CHCP) to ensure all three pathways were available in Scarborough, Bridlington and Ryedale as well as the Vale of York. Recruitment to key posts is underway and the new service is expected to start in January 2019.

The group also discussed future service developments including step up services for patients who require short courses of IV antibiotics as an alternative to admission.

General update: Liz Anderson presented an update from the Out of Hospital Care Directorate including:

- A successful bid for STP capital funding which will provide £210k for laptops to be used to support mobile working for community staff;
- The community nursing workforce transformation continues to be implemented – the group discussed the developments in the North Locality (Easingwold and North Ryedale) where HCAs funded by primary care but employed by the Trust are working across primary and community care;
- Noted developments around community units and agreed for a fuller discussion with Vicky Mulvana-Tuohy at the next meeting, including arrangements for community staff to raise concerns;
- The decommissioning of the pain management service in Scarborough due to insufficient demand for the service to be cost effective;
- The successful launch of the Integrated Discharge Hub at Scarborough involving North Yorkshire and East Yorkshire Councils, Humber FT and CHCP alongside Trust staff;
- Winter plans for community teams.

Discharge arrangements for patients living in the East Riding: Steve Reed discussed a paper that had been presented to the East Riding of Yorkshire Council Health Scrutiny Committee. The paper set out the range of actions that had been undertaken by partner agencies to improve the experience of discharge for people who live in the East Riding

and require hospital care from the Trust. In particular Steve highlighted the feedback from East Riding HealthWatch who noted that their previous concerns about discharge processes have reduced with fewer patients reporting poor experiences.

The governors noted their attempts to engage with patient participation groups in East Riding GPs but a lack of response from the practices. It was noted that the roll out of the Electronic Prescribing and Medicines Administration (EPMA) has continued in Scarborough and Bridlington.

Forward plan agenda: The group identified the following forward plan agenda topics for 2019/20:

- March – EPMA, Community Units, Bootham developments
- June – Community Response Team update, Humber/CHCP update, East Coast review update
- Sept – TEWV update, East Coast Pain Management update, Home IV update
- Dec – Primary Care Home, Community Nursing Update

Actions Agreed

- Chase response to Jeanette's email (Steve Reed, Dec 18)
- Follow up regarding Selby 24hr ECG service (Vicky Mulvana-Tuohy, Mar 19)
- Continue to discuss attendance with Humber and CHCP (Steve Reed, Mar 19)
- Follow up on shadowing opportunities with AHPs for governors (Vicky Mulvana-Tuohy, Dec 18)
- Bring update report on Home IV Antibiotic service to meeting in 2019 (Anita Chalmers, Sep 19)
- Circulate additional papers to support the general update briefing (Steve Reed, Nov 19)

Future Meetings

The March agenda will include:

- EPMA (David Pitkin)
- Community Units and Directorate Listening Exercises (Vicky Mulvana-Tuohy
- Developing the Bootham site (Andrew Bennett)

Members are asked to let Steve Reed know of any agenda items they would like to discuss in advance of the meeting.

Steve Reed, Head of Strategy for Out of Hospital Services

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York Teaching Hospital
NHS Foundation Trust

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

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

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

Executive Summary – Key Points

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

Recommendation

For the Council of Governors to note the report.

Author: Mike Proctor, Chief Executive

Director Sponsor: Mike Proctor, Chief Executive

Date: December 2018

1. CQC system visit

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

2. Scarborough Acute Services Review

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

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

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

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

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

3. New roles and new ways of working

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

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

Essentially, I see the APIC role as an incredibly simple concept; to move from the default position of admitting a patient to get a physician's view to a more rapid provision of an expert medical opinion which can be delivered inside the Emergency Department, on the phone to a referring GP or 'hands on' on ward 24.

This provides a direct link between the medical team on the second floor and the Emergency Department and will help to admit only those patients for whom an admission and perhaps extended stay in hospital stay is essential. I look forward to this role being established as a permanent part of our processes.

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

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

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

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

4. Business Continuity

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

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

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

5. Humber, Coast and Vale Health and Care Partnership

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

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Older Peoples Health Services

"Becoming a Centre of Excellence in the Care of Older People"

York Teaching Hospital NHS
NHS Foundation Trust

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Directorate of Older People's Health Services

Annual Report 2017-2018

Quality & Safety | Operational Excellence | Workforce, Partnerships and Engagement | Business Sustainability

"Becoming a Centre of Excellence in the Care of Older People"

Section 1 - Introduction & background

- Foreword
- About Us

Section 2 – Strategy, Governance and Accountability

- Our 5 Year Strategy
- Our Vision, Goals and Values
- Governance Structure *"The way we do business"*
- Delivery Group Portfolio's

Section 3 – Delivery against the Annual Objectives

- Quality and Safety
  - Delivering Safe Care
  - Improving Clinical Outcomes
  - Enhancing patient experience
- Operational Excellence
  - Acute Frailty, Access and Assessment
  - Improving the Patient Pathway
  - Enhancing Specialist services – Stroke , Ortho-geriatrics, Mental Health, Safer, Acute care and Frailty
- Workforce, Partnerships and Engagement
  - Improving our partnerships and out of hospital based services
  - Enhancing the Nursing and Medical Workforce
  - Engaging our workforce: embedding leadership and continuous improvement at all levels
- Business Sustainability
  - Delivering Financial Balance
  - Improving the Efficiency and Productivity of our Services
  - Strengthening our Governance and Use of information

Section 4 – Next steps and plans 2018/19

Dementia Friends

Introduction:

Executive Summary

From the Clinical Director & Directorate Manager

Financial year 2017/18 has continued in the same vein as previous years; increasing numbers of older people requiring specialist interventions, assessments and acute care. we are seeing more older patients than ever who require urgent and emergency care and this has posed significant challenges at both at directorate and organisation level as we try to continuously improve the quality and safety of care to all and doing our bit to support delivery of national access targets . Ensuring an appropriate episode of acute and emergency care is even more fundamental for our older patients, of which attendance at our busy emergency departments can be a confusing experience and subsequently longer than required stays in these areas can be detrimental to their outcomes. Therefore this year at the centre of our plans has been to ensure we do more to intervene with a specialist team as early as possible within these pathways, in order to improve quality, safety and patient experience alongside optimising the length of time patient spend both within our ED departments and our acute ward areas.

This year our clinical transformation programme has gone from strength to strength and via a revised governance structure we have been able to demonstrate improvement across all clinical areas alongside progress and delivery of our core strategic objectives.

This year has seen the introduction of our Rapid Access Frailty Assessment service (RAFA) within the ED department alongside an improving Acute assessment offer within the AMB. Together these assessment and treatment services have helped us to maintain safety and quality of care across what was the most challenging winter our organisation has faced. Furthermore on our downstream elderly wards our teams have continued to embed the SAFER bundle, subsequently improving length of stay for older people across both of our hospitals. This demonstrates a significant achievement and would not have been possible without the commitment and support of our amazing clinical teams and all other services that support delivery of these.

Our Specialist services have continued to develop with Stroke services significantly improving and now being rated at a B level, the best that our organisation has ever achieved. This is a remarkable improvement and fantastic for our patients, particularly on the East Coast who, only less than 3 years ago were receiving care at an E and D rated level.

Across the directorate we see some of the most dedicated , compassionate and skilled professionals and teams working tirelessly to deliver the very best care possible for each and every patient we have the privilege to serve. However we know that the upcoming year will continue to challenge us clinically, operationally and financially. Therefore whilst offering a sincere thank you to all for their continued hard work, now more than ever, the way we work together as a team will be pivotal to our collective success.

Mike Harkness– Clinical Director **Jamie Todd – Directorate Manager**

Executive Summary – Areas of Achievement in 17/18 and for further focus in 18/19

Areas of Achievement 17/19

Quality & Safety

- ✓ Reduction in total falls with harm
- ✓ Reduction in category 3 and 4 pressure ulcers
- ✓ Reduction in Healthcare Acquired Infections

Operational Excellence

- ✓ Implementation of ED Rapid Access Frailty Assessment service (RAFA)
- ✓ Reduced Length of Stay across all ward admitting areas
- ✓ Achievement of a B rating for the Stroke Service
- ✓ Consolidation of Rehabilitation Services in Bridlington
- ✓ Implementation of SAFER principles at Scarborough Hospital

Workforce, Partnerships and Engagement

- ✓ Initiation of plans to develop Integrated frailty services in the community
- ✓ Recruitment of additional Consultant Geriatrician at York
- ✓ Implementation of revised nursing workforce models
- ✓ Implementation of enhanced weekend and out of hours senior nursing leadership

Business Sustainability

- ✓ Over delivery against directorate planned contribution
- ✓ Achievement of Directorate CIP target
- ✓ Reduction in run rate for Agency expenditure
- ✓ Delivery of a profitable SLR position

For further Focus 18/19

Quality & Safety

- ➢ Continued Reduction in total falls with harm
- ➢ Continued Reduction in category 3 and 4 pressure ulcers
- ➢ Improvement in the 14 hour post take standard at SGH

Operational Excellence

- ➢ Implementation of Surgical Liaison at the York site and reduction in LoS for frail surgical patients
- ➢ Reduction in the number of stranded and super stranded patients
- ➢ Achievement of an A rating for the Stroke Service
- ➢ Review of outpatient services on the East Coast

Workforce, Partnerships and Engagement

- ➢ Recruitment of alternative roles such as ACP's and PA's
- ➢ Recruitment of additional Consultant Geriatrician's
- ➢ Implementation of revised nursing workforce models at SGH
- ➢ Review of medical 7 day working arrangements

Business Sustainability

- ➢ **Continued** delivery against directorate planned contribution
- ➢ Achievement of Directorate CIP target
- ➢ Continued Reduction in run rate for Agency expenditure

Section 1: Introduction and Background

"Becoming a Centre of Excellence in the Care of Older People"

Introduction:
About Us

Our directorate is the biggest bed holding area within the organisation and therefore we have a huge role to play in future success and safety of our hospital sites

Our directorate currently provides acute and emergency services for over 12,000 patients every year. This includes treating over 1000 confirmed strokes, over 1000 hip fractures and providing the best and safest possible care for patients with joint mental and physical health problems.

Additionally we see more than 11,000 patients each year in our patients services. These include general new and follow up out patient appointments as well as a wide range of specialist out patient services such Stroke and TIA, a Specialist one stop falls clinic in Bridlington and on the East Coast, Specialist Parkinson's disease and movement disorder and Comprehensive Geriatric Assessment / Frailty clinics in parts of York.

As well as hospital based acute services we also provide a wide range of services based in an out of hospital setting and within our communities, to support patients to receive care closer to their own home and remain independent. These include community rehabilitation at our community hospitals in York, Malton and Bridlington, alongside speciality care home provision and review where required.

Where we provides Services:

York Hospital

- 1 Specialist Elderly Acute medical ward (AMB, 30 beds)
- 3 General Elderly Acute Wards (90 beds)
- 1 Specialist Hyper-Acute Stroke Unit (21 beds)
- 1 Specialist Stroke Rehabilitation Ward (21 beds)
- 1 Specialist Hip Fracture / Ortho-geriatric Ward (25 beds)
- 1 Specialist Dementia / Delirium Ward (21 beds)
- 1 Winter Pressures Ward (30 beds)

Scarborough Hospital

- 3 General Elderly Acute Wards (71 beds)
- 1 Stroke Rehabilitation Ward (16 Beds)

Bridlington Hospital

- 21x Rehabilitation Wards (28 beds)

Section 2:

Strategy, Governance and Accountability

Our Five Year Strategy

Our strategy development has been clinically led and designed alongside our staff using their engagement, feedback and aspirations to guide our future aspirations and priorities

Introduction

During the process of developing our five year clinical strategy it was obvious that staff within the directorate had a clear focus wanting to improve the quality, safety and experience of care for all . It is also clear that the values of the organisation are absolutely core to the way our teams go about their daily business and which puts the needs of our patients at the centre of all that we do.

The Trust has recently introduced a revised framework for the management and development of Directorate five year strategic plans and this document comes as a result of these changes.

Work is already underway within the directorate to develop our work plans for the coming years and under our new governance structure all specialities and teams within the directorate will have a say in the development and delivery of priorities within all specialities and areas across the directorate footprint.

Key elements of our Five Year Clinical Strategy

Quality & Safety

- Delivering Safe Care
- Improving Clinical Outcomes
- Enhancing Patient Experience

Operational Excellence

- Improving the patient Pathway
- Acute Frailty, Access and Assessment
- Enhancing Specialist Services
- Transforming Out-Patient Services

Workforce, Partnerships & Engagement

- Improving our Partnerships and out of hospital based services
- Enhancing the nursing and medical workforce
- Engaging our workforce; embedding continuous improvement and leadership at all levels

Business Sustainability

- Delivering Financial balance
- Improving the productivity and efficiency of our services
- Strengthening our governance and use of information

All underpinned by clinical leadership & Engagement

"Becoming a Centre of Excellence in the Care of Older People"

Our Vision is.....

"to become a Centre of Excellence in the Care of Older People"

Our Vision, Goals & Values

Our ultimate objective and vision is to become a centre of excellence in the care of older people

We will be characterised by the pursuit of excellence in all that we do and aiming to deliver services of the highest possible quality and safest care to our patients. We will develop our acute and emergency services in a way which is both responsive and resilient and collaborates with community services and social care. This 'home first' focus will aim to enable many of our patients to be transferred or discharged much more effectively and where possible treated more frequently at home or in the community, something we know is particularly important for older frail patients and those with multiple long term conditions. In turn this will enable us to develop and improve the quality and outcomes for patients within our specialist services such as stroke and ortho-geriatrics and be able to explore further opportunities for supporting older patients across other specialities within our organisation.

We will do this by embracing our Trust core values, empower a high performing, supportive yet compassionate culture and focus on improving leadership and quality improvement capability across the directorate. We want to empower and invest in our staff and allow them the autonomy and freedom to deliver safe, effective healthcare for every patient, every time. As a large, complex directorate we also have a significant budget and in order to continue to improve and invest in the quality and safety of the care we deliver, financial sustainability must be one of our goals. To achieve our vision we have set out four key areas and overarching aspirations which will deliver our goals. These are outlined throughout this document along with our twelve strategic objectives and priorities alongside our Trust values. We truly believe that collectively and with your support we can deliver these goals and be recognised at a local, regional and in some cases national level, for delivering best practice and being seen as a centre of excellence in the care of older people.

Older Peoples Health Services

York Teaching Hospital NHS
NHS Foundation Trust

"Becoming a Centre of Excellence in the Care of Older People"

Our **Vision**	***To become a Centre of Excellence in the Care of Older People***			
Our **Values**	Caring about what we do	Always doing what we can to be helpful	Respecting and valuing each other	Listening in order to improve
Our **Strategic Foundations**	Quality & Safety	Operational Excellence	Workforce, Partnerships & Engagement	Business Sustainability
Our **Strategic Goals**	Deliver the most effective, safe and best possible experience for our patients each and every time	Embed best practice clinical and operational models of care to transform and continuously improve services in Frailty, Stroke, Ortho-geriatrics and Joint Mental Health services, Improving rapid assessment and optimising patient Length of Stay	To engage, invest in and develop a high performing workforce whilst taking a partnership approach to provide more care closer to patients homes	To develop robust structures of governance and utilise our resources as efficiently and effectively as possible providing a sustainable future for years to come
Our **Objectives**	Delivering Safe Care Improving Clinical Outcomes Enhancing Patient Experience	Improving the Patient Pathway; Acute Frailty, Access and Assessment Enhancing Specialist Services Transforming Out -patient Services	Improving our partnerships and Out of Hospital Based Services Enhancing the nursing and medical workforce Engaging our workforce; Embedding continuous improvement and Leadership at all levels	Delivering Financial Balance Improving the Productivity and Efficiency of our services Strengthening our Governance and Use of Information

*Governance and Accountability - The **Way** we do **Business***

We set clear expectations of our teams and have a clear framework for accountability from ward to board to ensure we meet our quality improvement and transformation goals

We expect all staff to work within the framework of values set within the organisation, putting patients at the centre of all that we do. Within the directorate we will develop a culture that seeks to recognise and reward high performance and build a working environment and climate which is both challenging and supportive.

We want our vision for older people to transcend throughout the directorate and beyond and we want all of our staff to know how their role contributes to the delivery of our overall ambition and vision, to become a centre of excellence in the care of older people. Within the directorate we want to empower all staff to recognise their own personal leadership contribution and develop a culture of continuous improvement into each and every ward and department across our directorate footprint.

The challenges being faced and support being offered at ward and departmental level are hugely important and therefore we will implement a governance structure which allows the timely escalation from ward to board of any concerns and risks alongside positive messages and feedback about the great work and care that is offered each and every day.

Key elements of our governance framework

Senior Management Team Meeting

The Senior Management Team meeting will act as the overarching steering group for delivery of all directorate business and performance. It will manage all directorate risks, report to the executive performance assurance meeting and manage any appropriate escalations required into the corporate directors. This group will also hold to account the below groups for delivery of the associated work plans and objectives alongside setting direction, development and implementation of directorate strategy and aligning priorities for all future areas of work.

Clinical Transformation Group

The Clinical Transformation Group will act as a focal point for the directorate for the management and delivery of all on-going transformational work and delivery of speciality objectives and annual business plans, led by the relevant clinical leads and specialty nursing teams.

Quality & Safety Group

The Quality and Safety Group will take a lead role in the assurance and delivery of all matters of clinical governance, quality improvement and patient safety across the directorate. This group will also own the annual work plan relating to Q&S performance and transformation.

Business Sustainability Group

The Business Sustainability Group will manage the on-going financial and business performance of the directorate including the delivery of our efficiency and financial delivery plans. It will also play a key role in managing on-going directorate governance and future investment into our services.

Governance and Accountability – Delivery Group Portfolio's

Quality and Safety Group

The Quality and Safety Group is jointly chaired by the clinical director and matrons and the remit of the group is to act a steering group for both the delivery of the core strategic and annual objectives related to quality and safety, alongside holding a firm grip on the day to day delivery and associated risks of the quality and safety of care.

This group hold responsibility for management of the directorate risk register, escalation of concerns to the senior management team. There are three supporting groups that report through to the Quality and Safety group, they are:

- Clinical Governance group / Meeting
- Ward sisters /group / meeting
- Consultants group / Meeting

Each of the above acts as the direct engagement vehicles for shared learning, communication and delivery of key work streams related to quality, safety and patient experience

Clinical Transformation Group (CTG)

The Clinical Transformation Group (CTG) is the focal point for the management and delivery of the directorates quality improvement ad transformation programme. Providing assurance to the CTG are a number of working operational groups as follows:

- Stroke
- Orth-geriatrics and Surgical Liaison
- Mental Health
- SAFER
- Acute Care and Frailty
- Outpatients
- Community Geriatrics

Each Clinical speciality area and operational group specialist has a nominated medical, nursing and operational lead who, along with other key members of the MDT drive forward delivery of the agreed annual objectives within the speciality.

Business Sustainability Group

The Business Sustainability group manages the delivery of the directorates financial, workforce and governance plans and reporting areas of concern, progress back into the Senior Management Team meeting.

There are a number of key areas of the directorate strategic plan that fall into the remit of this group, they include:

- Management of Expenditure
- Delivery of income and activity plans
- Achievement of Cost Improvement Plans
- Management and compliance of sickness absence, vacancy position and appraisal rates
- Development and delivery of key workforce plans

This group is chaired by the Directorate manager and attended by the finance and HR business partners and reports monthly to the Senior Management Team via the directorate composite report.

Section 3:
Delivery Against annual Objectives

"Becoming a Centre of Excellence in the Care of Older People"

Quality & Safety

Goal 1
Quality & Safety

*.....**Deliver** the most **effective, safe** and **best** possible **experience** for our patients **each** and **every time**.....*

"Becoming a Centre of Excellence in the Care of Older People"

Quality and Safety

Safe, effective and reliably high quality healthcare is highest possible ambition for our directorate and we will place the needs of our patients at the centre of all that we do

What does this mean?

Healthcare is our core business. Therefore delivery of the very highest standards of healthcare is an absolute priority within the Directorate of Older People's Health services. We believe that the experience we offer to our patients, their carer's, relatives and other service users is paramount to delivery of not only safe care but high quality care each and every time. In this vein as a directorate our values centre on putting the needs and outcomes of the patient at the centre of all our decision making. Through strong leadership, a shared sense of purpose and accountability we will engage each and every one of our staff and ensure that delivery of all quality and safety metrics is not only maintained but continuously aspires to improve.

We want our services to be recognised as safe, effective and deliver the best possible experience for our patients each and every time.

Our quality and safety agenda is intrinsically linked and interdependent however we will place a significant focus on quality improvement and patient safety as the principle elements of this strategy. In this vein we have identified three key strategic objectives which will determine our priorities, these are:

- **Delivering Safe Care**
- **Improving Clinical Outcomes**
- **Enhancing Patient Experience**

Our Quality and Safety Priorities

Delivering Safe Care

- Further driving down healthcare associated infections
- Eliminate all service associated category 3 and 4 pressure ulcers
- Year on year reduction in falls with harm
- All wards to achieve minimum of a silver accreditation rating

Improving Clinical Outcomes

- Improving the recognition and treatment of the deteriorating patient
- No preventable deaths and reduction in overall mortality rate
- Reduction in overall number of medication errors
- Reducing repeated causes of serious incidents and process errors

Enhancing Patient Experience

- Year-on-year improvement of the patient experience
- Improving Public trust and confidence in our directorate and staff
- Improving the quality and timeliness of our complaint responses
- Improving against all indicators within the friends and family test

Quality and Safety - Delivering Safe Care – 17/18

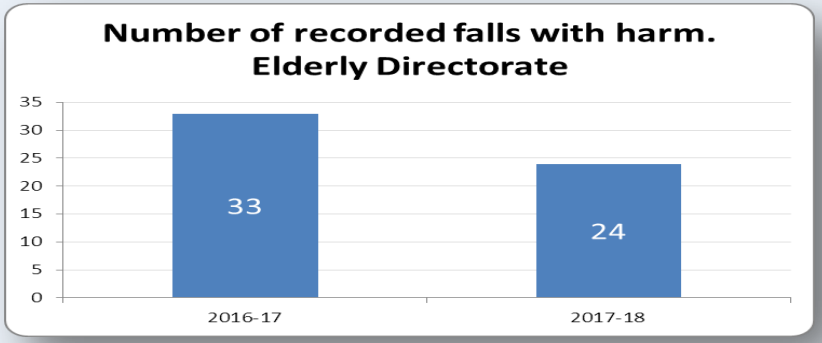
The following priorities were agreed for the directorate for 2017 -18;

- *Year on year reduction of recorded falls with harm*
- *Reduction in the number of category 3 and 4 pressure ulcers*
- *Reduction in overall recorded instances of hospital acquired C.Difficile, MRSA and MSSA*
- *All wards to deliver a minimum of silver rating for ward accreditation*

Reduction in falls with harm

During the period 2016 – 2017, the Elderly Directorate reported a total of 33 falls resulting in moderate or severe harm. A target reduction of 10% was agreed for the period 2017 – 2018 providing a target of no more than 30 falls with harm recorded. Chart 1 shows the number of falls reported during both periods. A 27% reduction in falls resulting in moderate or severe harm was achieved during 2017-18, exceeding the 10% target

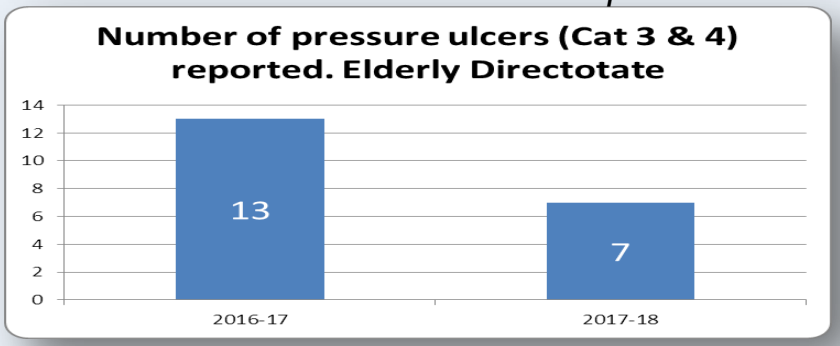
Chart 1 – Falls with harm



Reduction in Category 3 and 4 pressure ulcers

A total of 13 category 3 or 4 pressure ulcers were recorded by the directorate during 2016-17. A target of no more than 10 pressure ulcers was agreed for the period 2017-18. Chart 2 below shown the total number of pressure ulcers reported during each period. The directorate realised a 46% reduction in Category 3 and 4 pressure ulcers during 2017-18 reporting only 7 during this period. Focused work around the early identification of ulcers at the point of admission has significantly reduced the amount attributed to the hospital.

Chart 2 – Pressure Ulcers Reported



Quality and Safety - Delivering Safe Care – 17/18

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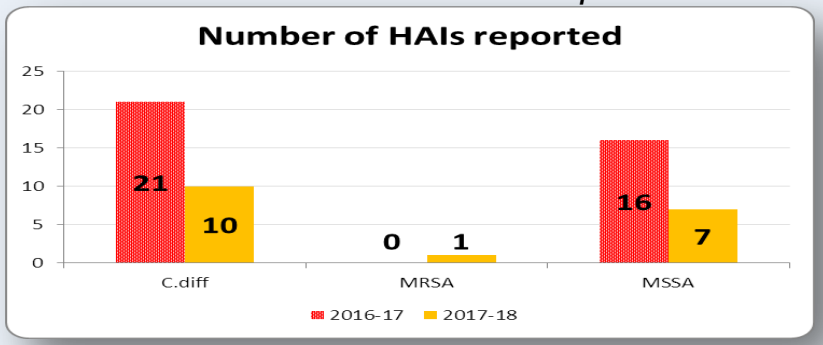
- *All wards to deliver a minimum of silver rating for ward accreditation*

Reduction in incidence of hospital acquired C.Dff, MRSA and MSSA

Chart 3 shows the total number of HAI reported during each period. The directorate has shown a reduction in the total number of C.Diff cases and MSSA cases by 52% and 56% respectively. No cases of MRSA were reported during 2016-17 however one case was reported during 2017-18

Chart 3 – Number of HAIs reported



Ward accreditation

All wards are subject to ongoing rigorous reviews carried led by the Chief Nurse Team working to specific criteria. Wards are awarded a level of accreditation (Gold, Silver, Bronze) following the outcome of the reviews.

Table 1 shows the ward accreditation status for elderly wards across York and Scarborough. AMB joined the Elderly Directorate in November and were awarded Bronze Accreditation prior to this. The ward staff have since acted upon feedback given following this assessment and were awarded Silver in June 2018.

Table 1 – Ward Accreditation Levels

Ward / Area	Accreditation Level
Ward AMB	Bronze
Ward 23	Silver
Ward 25	Silver
Ward 26	Gold
Ward 35	Silver
Acute Stroke Unit (York)	Silver
Ward 37	Silver
Ward 39	Gold
Ann Wright	Silver
Graham Ward	Silver
Johnson Ward	Silver
Oak Ward	Silver
Stroke Unit	Silver

Quality and Safety – Improving Clinical Outcomes - 17/18

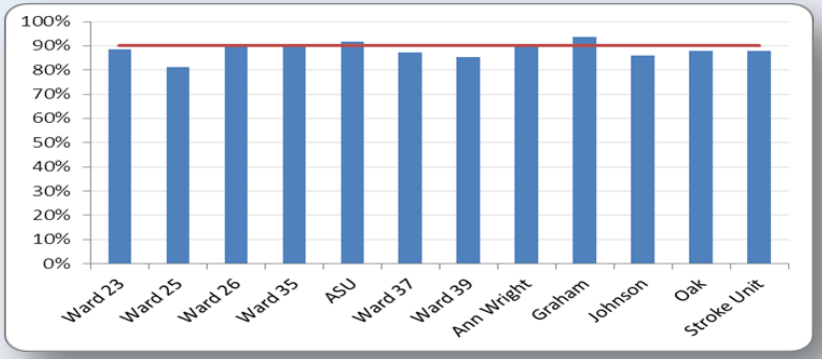
The following priorities were agreed for the directorate for 2017 -18;

- *Improved identification and management of the deteriorating patient*
- *Improve and reduce the overall number of medication errors*

Management of the Deteriorating Patient

During 2017-18, the directorate agreed to focus on compliance with NEWS across both sites, aiming to achieve a target of 90% compliance of prescribed NEWS being completed within 1 hour. Chart 4 shows the average compliance with NEWS during 2017-18 by ward. 4 wards areas have achieved the 90% target during 2017-18. Overall average compliance for the directorate was 88.4%, 1.6% below target. Significant vacancy factors and increased use of agency staff during this period proved challenging in achieving this target.

Chart 4 – Compliance with NEWS



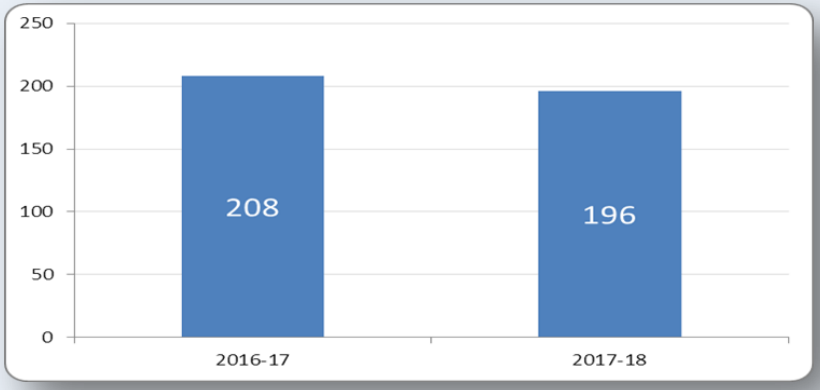
Medication Errors

The directorate reported a total of 208 medication errors during the period 2016-17 compared to 196 errors during 2017-18, demonstrating a small reduction of 0.9%.

The Directorate saw the introduction of Electronic Prescribing and Medications Administration (EMPA) system during 2017 to reduce the use of paper based systems and reduce the potential for errors. The directorate has worked closely with the EPMA group to ensure this was supported and implemented in all areas. Monitoring of medication errors will continue to understand the impact of the EPMA system.

AMB became part of the Elderly Directorate in November 2017 and have therefore been excluded from these figures for comparison purposes. (22 reports from AMB since November 2017)

Chart 5 – Medication Errors



Quality and Safety – Enhancing Patient Experience – 17/18

The following priority was agreed for the directorate for 2017 -18;

- ***Improved performance against response times for complaints***

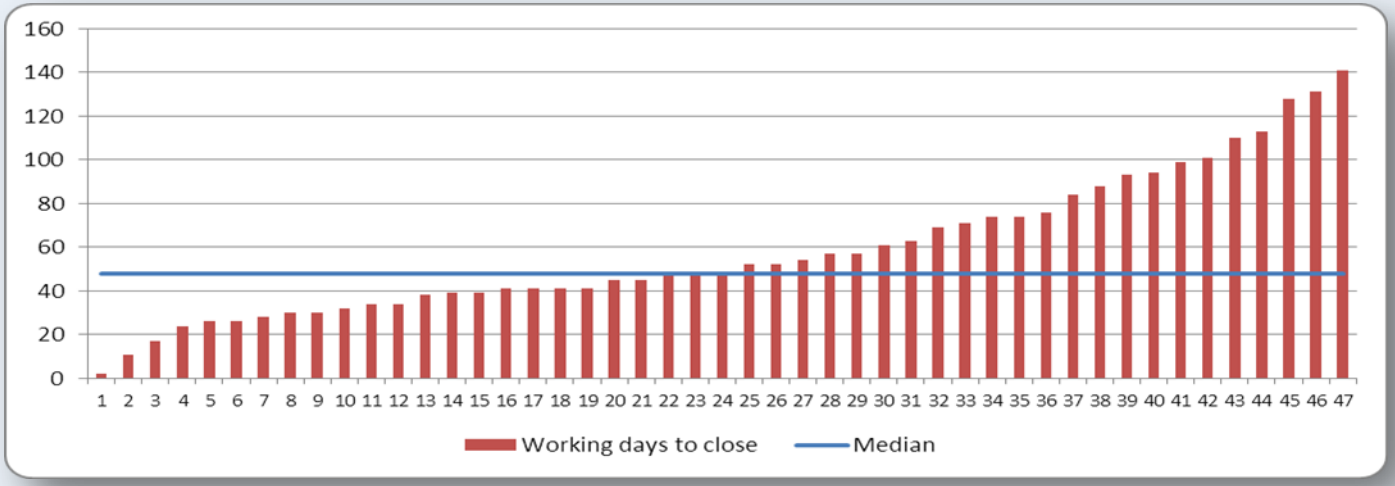
Responding to complaints

During 2017-18, the directorate received 52 complaints. The directorate has responded to 47 complaints during the period 2017-18. The time to respond during this period ranged from 2 days to 141 days. An additional 5 complaints received during this period remain open awaiting a final response.

Chart 6 shows the time taken to respond to complaints that has been received during 2017-18. Data indicates a median time of 48 working days.

The directorate are working closely with the Patient Experience Team to ensure complaints are responded to in a timely manner. This will remain a priority for 2018-19 and close monitoring of progress will continue.

Chart 6 – Responding to complaints



"Becoming a Centre of Excellence in the Care of Older People"

Operational Excellence

Goal 2
Operational Excellence

……Embed best practice clinical models of care to transform and continuously improve services in Frailty, Stroke, Ortho-geriatrics and Mental Health services; Improving rapid assessment and optimising patient Length of Stay…….

"Becoming a Centre of Excellence in the Care of Older People"

Operational Excellence

Using an Evidenced based approach to Transform and Continuously Improve our services

What does this mean?

We understand that healthcare moves at pace and as such we will make a commitment as a directorate to continue to be ambitious and not accept the status quo. The demands placed upon the organisation and health economy to care for our older patients is growing each and every year and as such we will place continuous improvement at the heart of our behaviours and beliefs within the directorate to ensure we continue to develop, improve and sustain high quality care for our populations. We will work with partners across the health economy and wider NHS to seek out best practice and transform the care that we deliver; building a service to deliver both now and in the future which is robust and evidence based, whilst still agile enough to change and evolve as the landscape and external environment changes.

Overall we will work tirelessly to embed transformation and continuous improvement across the directorate and work towards delivery of our vision *to become a Centre of Excellence in the Care of Older People*.

Where possible we will strive to develop and deliver services that are recognised both regionally and nationally for excellence and best practice through regular benchmarking against our peers. Additionally we will further enhance our specialist services, becoming the provider of choice within the region for Stroke medicine and improving our ortho-geriatric and Joint Mental Health provision. To deliver this vision for operational and clinical excellence we have a number of key ambitions, these include:

- **Acute Frailty, Access and Assessment**
- **Improving the patient pathway**
- **Enhancing specialist services**
- **Transforming outpatient services**

Our Operational Excellence Priorities

Acute Frailty, Access and Assessment

- Improving the identification and management of Frailty
- Enhancing our rapid assessment and ambulatory capacity
- Embedding standardised comprehensive Geriatric Assessment (CGA) across our acute admitting pathways
- Improving the equity and quality of acute services 7 days per week.

Improving the Patient Pathway

- Improving short stay capacity
- Standardising ward level practice and processes
- Embedding the core components of the SAFER bundles
- Reducing the number of stranded patients within our services

Enhancing Specialist Services

- Continued improvement against the national SSNAP stroke performance indicators
- Development of the 'North Yorkshire Hyper-Acute Stroke Centre' and expansion of hyper acute service delivery
- Expanding the ortho-geriatric and surgical liaison services for frail older patients
- Strengthen the delivery of joint mental health services and mental health Liaison

Transforming out-patient services

- Expand our use of advice and guidance
- Review and optimise our out-patient services
- Transform our access to specialist out patient services (Parkinson's, stroke, TIA, falls)
- Develop pathways of outpatient support to enhance our urgent care services

Operational Excellence – Acute Frailty, Access and Assessment – 17/18

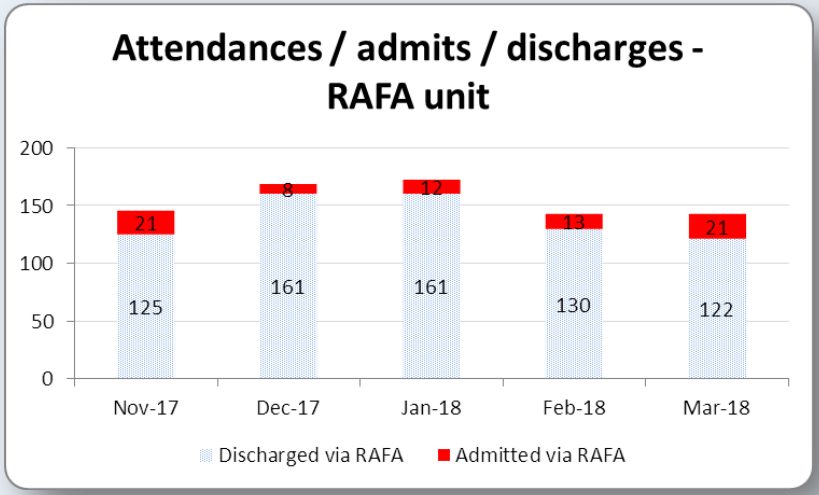
The following priorities were agreed for the directorate for 2017 -18;

- *Improved Identification of Frailty*
- *Implementation of Frailty Assessment Pathways*

Improved Identification of Frailty and Implementation of Frailty Assessment pathway

Our service has moved away from an Age based to a Needs based system. During November 2017, the directorate introduced the Rapid Access Frailty Unit (RAFA) for testing of a redesigned emergency pathway for frail, older patients and to implement an MDT approach (Geriatrician led), rapid assessment and treatment model within the ED department. The unit operates from 8am until 6pm weekdays. The service is delivered within the ED department at the York Hospital Site and is supported by the RATs team resource. The Observation bay within the ED department is now utilised as a designated RAFA unit and provides ambulatory assessment and treatment for frail older patients during the hours of operation. A Geriatrician is based in ED, working alongside and with the ED and RATS Teams. The Pit Stop Navigators use the following specific criteria to identify Frail patients. The RAFA team see and review all patients identified as Frail with the exception of patients cared for in the resuscitation area of the ED, receiving referrals from the ED team based within the ambulance assessment area. Patients identified as being suitable are transferred to RAFA unit for rapid assessment. Chart 7 shows that on average, 154 patients are reviewed in the RAFA unit each month and 139 are either discharged back to their usual place of residence of stepped up to a rehabilitation hospital, avoiding admission to the acute site, realising an admission rate of approximately 10%.

Chart 7 – Activity in the RAFA unit



Operational Excellence– Improving the Patient Pathway

The following priorities were agreed for the directorate for 2017 -18;

- *Improvement to overall Acute ward Length of Stay*
- *Improved Patient Flow*

Improvement to overall Acute ward Length of Stay

In 17/18 a further work was undertaken with all ward areas to continue to strengthen our implementation of the SAFER principles. Over the course of 17/18 our ward areas have seen an average of an additional 3.5 patients per bed, improving both productivity and patient experience.

Improved Patient Flow

With the exception of a very challenging December where demand was extremely high, discharges from the Elderly Directorate continue to exceed admissions on a monthly basis. Chart 9 indicates that across sites, Elderly Medicine have discharged 1044 more patients than were admitted. This does not include transfers to White Cross Court or St Helens.

Bed Occupancy has remained challenging, particularly on the Scarborough site and has shown a sustained increase since October 2017. However the work and improvements achieved utilising the SAFER framework has allowed the directorate to reduce the number of patients outlying into other wards to historically low levels and for a significant proportion of the year have zero patients placed out with the directorate bed base.

Chart 8 – Average Length of Stay

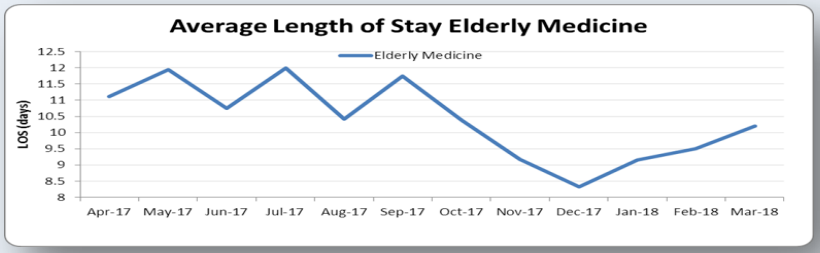


Chart 9 – Admissions and Discharges

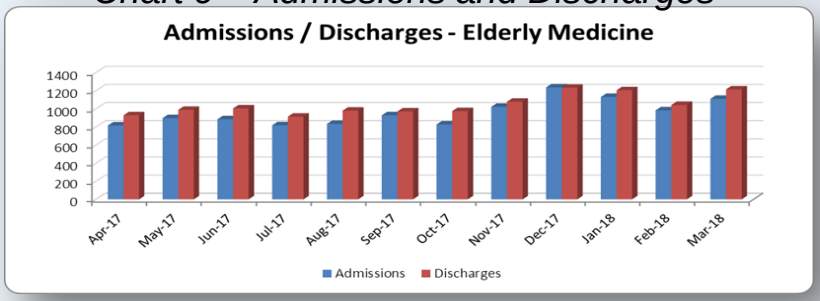
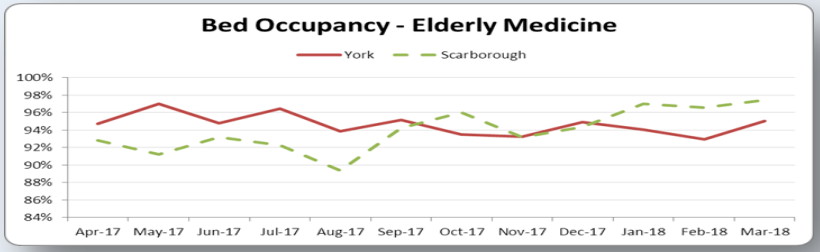


Chart 10 – Bed occupancy



Operational Excellence– Enhancing Specialist Services

Stroke Services

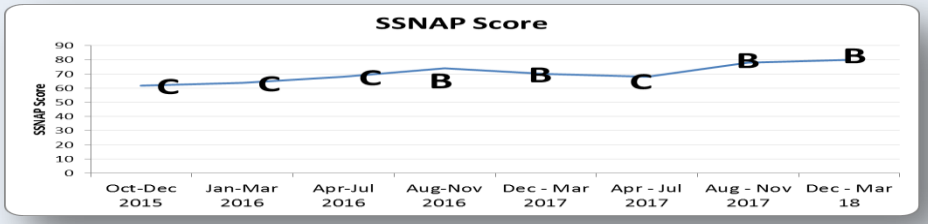
Stroke services have continued to make significant improvements which are reflected in the continuous increases noted in the official SSNAP rating of the service.

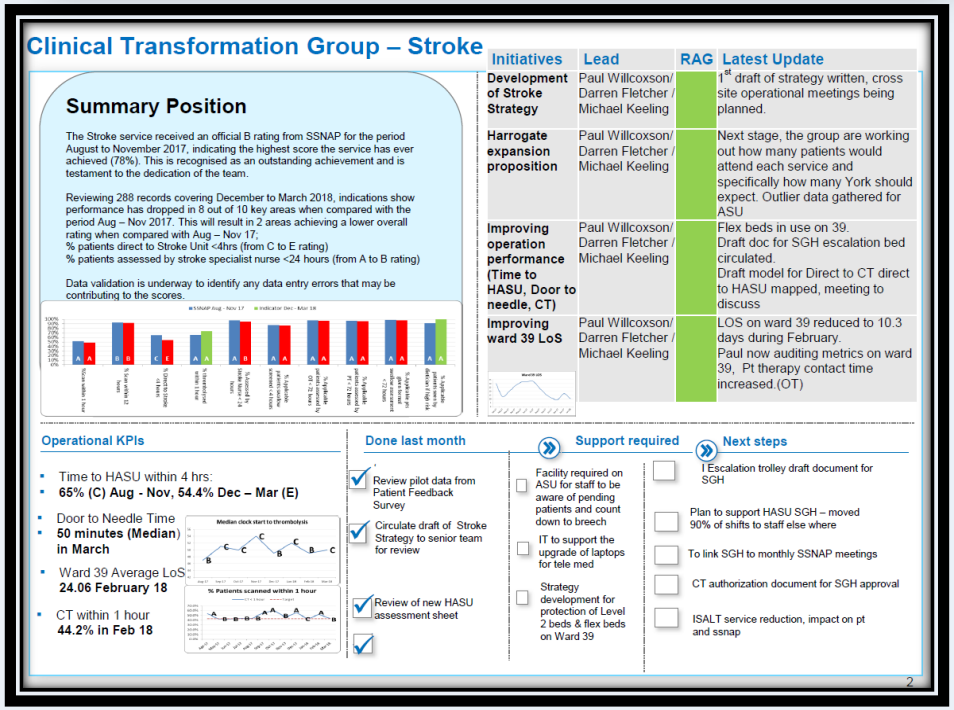
The Sentinel Stroke National Audit Programme (SSNAP) awarded the Trust a score of 80 during the period Dec – Mar 18 – the highest score the Trust has ever seen. This has rated our service at a level of B, one point behind an A rated service.

The directorate Clinical Transformation Group has provided a platform for the stroke operational group to develop project plans, ensure momentum is maintained and seek support from the wider directorate when required. Several initiatives across specialities have been implemented during 2017 -18 including;

- Introduction of a Flex Trolley to support timely admissions to the Stroke Unit
- Revised Pathway documentation to ensure relevant and accurate information is recorded
- Purchase of new Telemed equipment to provide fast, safe and secure communication with consultants off site and out of hours
- Seven Day Working and revised ways of working introduced by therapy team to promote earlier intervention
- Improvements within radiology to ensure timely scanning of patients

Discussions are currently underway to understand how our service could also treat patients currently attending Harrogate Hospital as the service they currently provide closes.





Operational Excellence– Enhancing Specialist Services

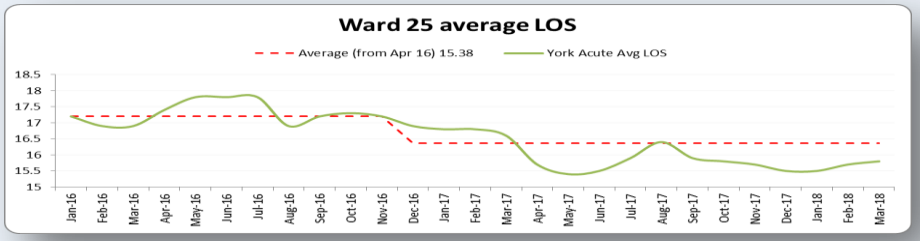
Orthogeriatrics / Surgical Liaison

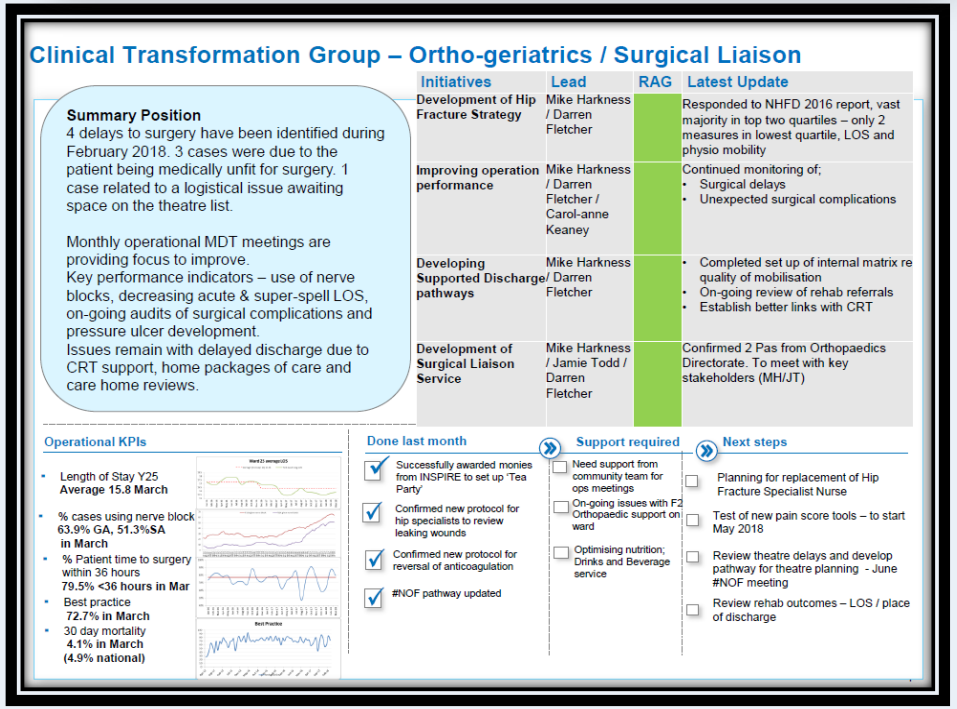
Collaborative working with Surgical Orthopaedic colleagues has supported improvements within our Ortho-geriatrics service. Work continues to develop a Surgical Liaison service and business plans are being developed to support this.

Key Performance indicators are monitored and improvements have been noted during 2017 – 18 with a decreasing acute super-spell length of stay on Ward 25 and increased use of nerve blocks Work continues to understand and reduce delays to theatre.

During 2017 – 18;

- Pathway for Fractured Neck of Femur patients updated to be in line with national practice
- New protocol developed to hip specialists to review leaking wounds
- New protocol developed to support reversal of anticoagulation and prevent delays to theatre
- Nursing Guidelines developed and posters displayed on wards





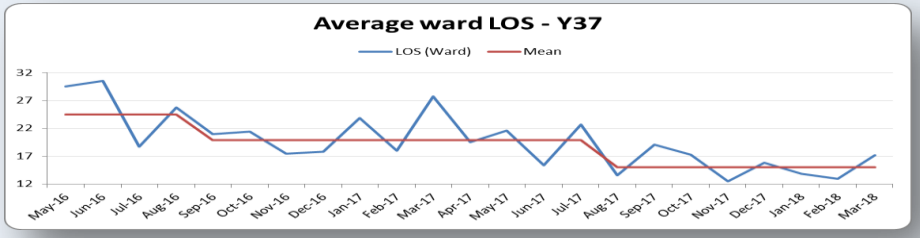
Operational Excellence– Enhancing Specialist Services

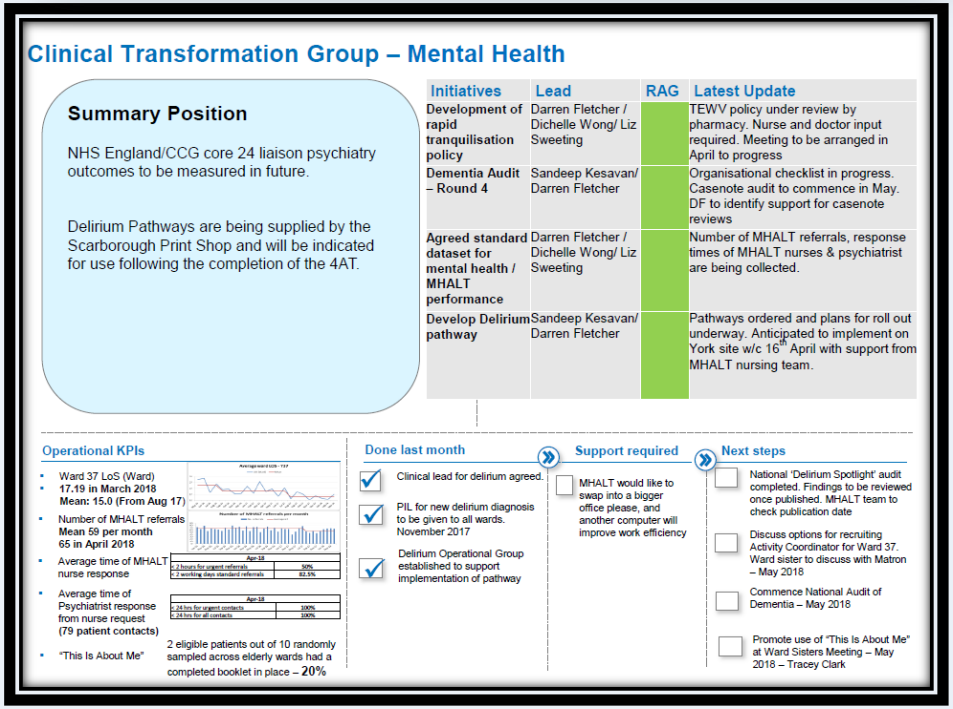
Mental Health

2017 -18 has seen the average length of stay on Ward 37 reduce consistently. The MHALT Operational Team meet monthly to review Key Performance Indicators and support project development.

During 2017 – 18;

- MHALT remit and referral criteria developed and circulated
- MHALT electronic referral system developed and implemented
- Delirium Pathway developed and approved fro implementation
- Behavioural and Psychological Symptoms of Dementia (BPSD) Guideline developed
- Patient Information Leaflet for new delirium diagnosis developed
- Further work needed to improve compliance with "This Is About Me" documentation





Operational Excellence– Enhancing Specialist Services

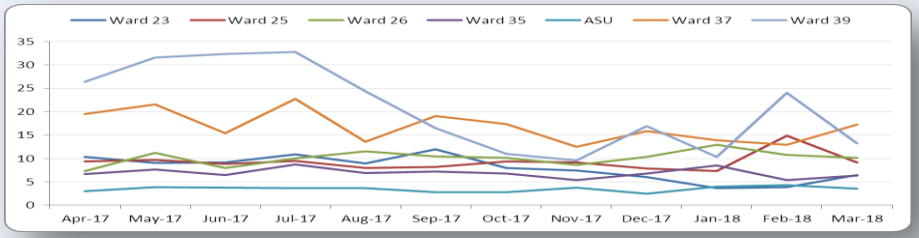
SAFER Principles

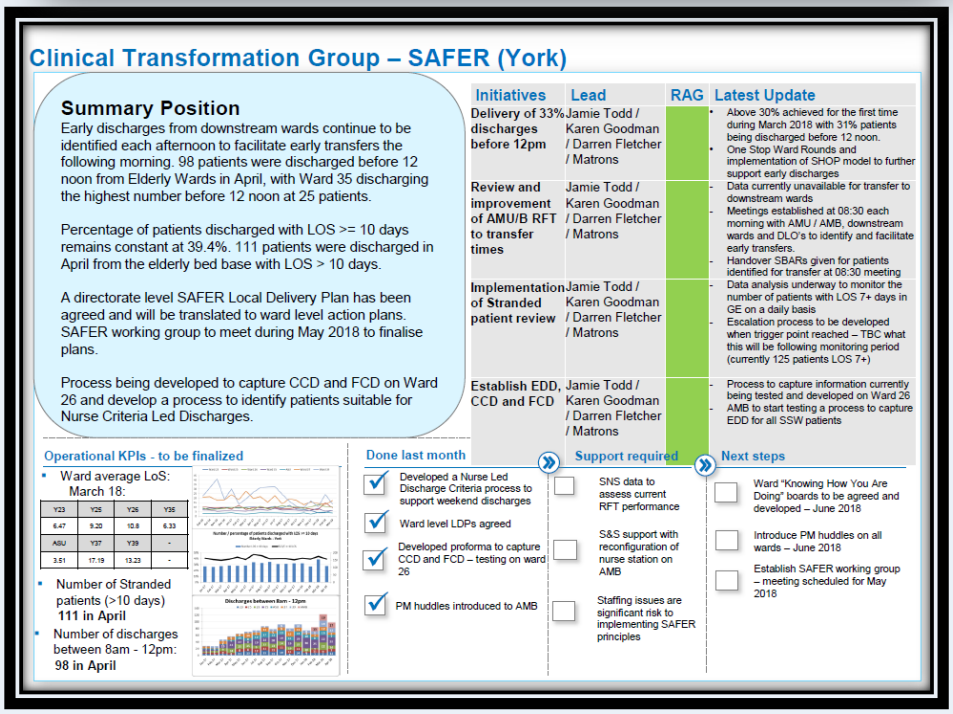
The Directorate has continued to embed SAFER principles during 2017 – 18. Daily Senior Reviews and Board Rounds are now normal business and work continues to develop processes for capturing EDD, CCD and FCD across the wards, along with afternoon huddles, One Stop Ward Rounds and Criteria Led Discharges.

The Safer Working Group was established towards the end of 2017 -18 and ward Level Local Delivery Plans have been developed with support from Nurses, AHPs and Matron colleagues with a specific focus on;

- Capturing EDD, CCD and FCD for all patients
- Implementing afternoon huddles
- Focusing on One Stop Ward Rounds
- Reinforcing the SHOP model
- Reducing the number of 'stranded patients'
- Development of a Criteria Led Discharge

The Safer Working Group will oversee the implementation of these principles during 2018 -19.





Operational Excellence– Enhancing Specialist Services

Acute Care and Frailty

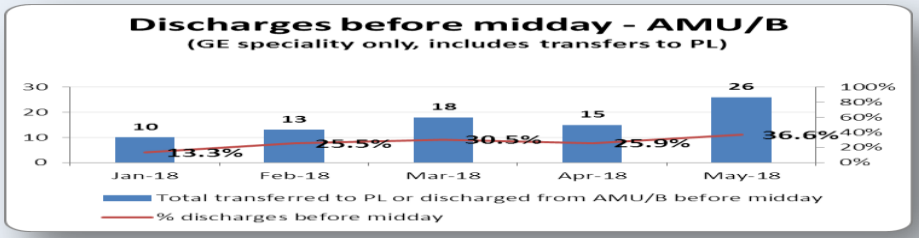
Alongside the development of the RAFA unit, the Directorate has established an Acute Floor Operational Group to further develop the pathway for frail, older patients. The group will focus on the patient journey from arrival to ED or AMB to their final discharge destination.

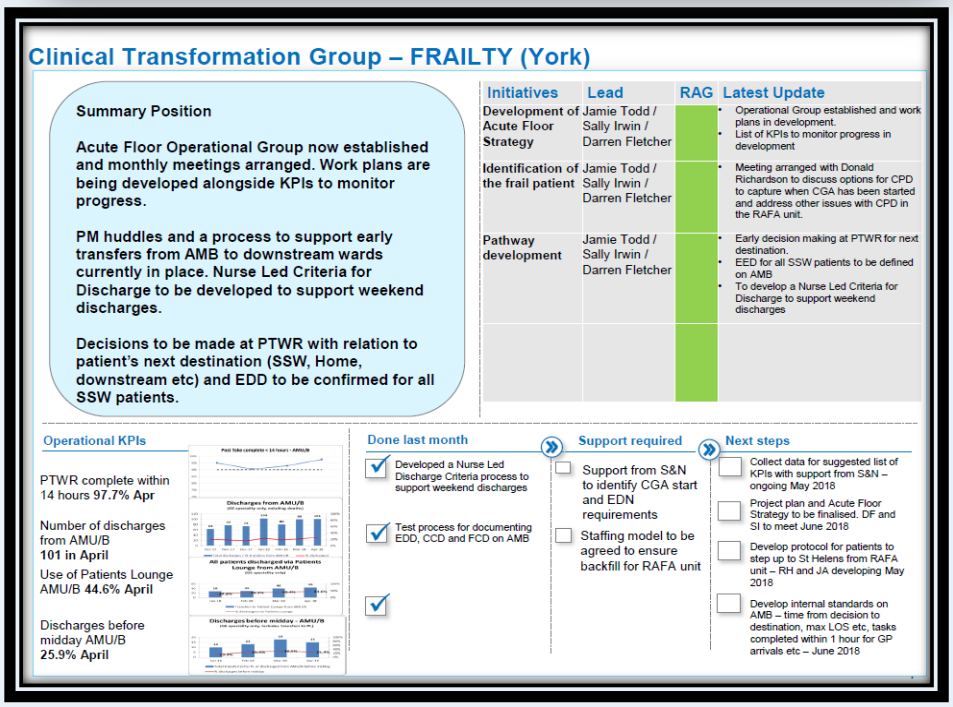
Internal standards are being developed to include;

- Time to be clerked from arrival to the Acute unit
- Time from arrival to first doctor review on AMB
- Time from arrival to discharge / transfer destination
- Time from definitive care destination to transfer
- Maximum length of stay on the acute unit

The group will also focus on;

- Development of a clear and credible process for the escalation of deteriorating patients
- Development of business case for sustainable resources to support the RAFA unit
- Development of a ward Full Capacity and Escalation plan





"Becoming a Centre of Excellence in the Care of Older People"

Workforce, Partnerships & engagement

Goal 3 - Workforce, Partnerships & Engagement

……To engage, invest in and develop a high performing workforce whilst taking a partnership approach to provide more care closer to patients homes……

"Becoming a Centre of Excellence in the Care of Older People"

*Workforce, **Partnerships** and **Engagement***

Building an effective and highly performing and engaged workforce, embedding leadership and collaborative working as a foundation to our success

What does this mean?

We believe that our staff are not only our biggest asset but are fundamental to delivery of all other strategic objectives and aspirations. In this vein we will therefore make a commitment to not only nurture and develop our staff but to develop and display authentic and committed leadership across the directorate to embed honesty, integrity and transparency as core behaviours. Key to this will be our engagement with our teams and we will ensure that from our senior leaders to our front line staff we will build a culture of accessibility and by improving communication mechanisms across the directorate we will encourage openness and candour.

We will set the highest of standards for our teams but in turn will support and develop staff for both now and in the future to ensure we have long terms plans for succession and sustainability.

Furthermore we understand we cannot achieve all of our objectives by working in isolation, therefore we will put partnership and collaborative working across directorates and the health economy as a key behaviour and priority. Additionally we will engage internally and externally with our patients and service users to accept feedback and improve where we can. Overall we will embed leadership at every level and build a highly performing, committed workforce which lives our core values and puts the patient at the centre of everything that we do.

- **Improving our partnerships & Out of Hospital based services**
- **Enhancing the nursing and medical workforce**
- **Engaging our Workforce; Embedding leadership & continuous improvement at all levels**

Our Workforce, Partnerships & Engagement Priorities

Improving our partnerships & Out of Hospital based services

- Improving the identification and management of Frailty in the community
- Enhance the integration of care services for older people
- Improve partnership working with primary care and out of hospital colleagues

Enhancing the nursing and medical workforce

- Full nursing skill mix review utilising the Calderdale framework
- Transform our middle grade medical workforce
- Develop advanced practitioner roles to support overall sustainability

Engaging our Workforce; Embedding leadership & continuous improvement at all levels

- Expand the Quality Improvement expertise to all staff at band 6 and above
- Improve the leadership skills and capability across the directorate
- Ensure all staff have regular, timely appraisals and clear objectives
- Develop consistent processes for continuous and consistent engagement with staff

Workforce, Partnerships and Engagement– Improving our Partnerships and Out of Hospital based Services

The following priorities were agreed for the directorate for 2017 -18;

- *Re-develop Bridlington model of rehabilitation*
- *Continue to develop Out of Hospital Based Services for Frail older people*

Re-develop Bridlington Model of Rehabilitation

In 201/18 the directorate undertook a review of rehabilitation services in Bridlington and Identified this an a key area to strengthen and improve the efficacy and quality of care. Additionally staffing challenges on the SGH site remained difficult and subsequently a decision was made to transfer staff on a temporary basis to Scarborough hospital to support ongoing patient safety. This led to a rapid improvement piece of work which consolidated two rehabilitation wards into 1 single ward (Water's ward closed) alongside a number of further improvements such as:

- Revised and improved rehab admission criteria for Johnson Ward
- Transition for 5 day to 6 day therapy provision on Johnson Ward
- Implementation of SAFER principles and Red2Green improvement methodology on Johnson Ward
- Instigation of rehab competencies for the nursing workforce on Johnson ward
- Development of Nurse / Therapy led discharge protocol
- Additional substantive support for ED frailty and admission avoidance at the SGH site
- Revision of the Discharge liaison triage into Bridlington (Using current community process)

Following further consultation the changes were made permanent in December 2017. Tables 2 and 3 outline the improvements to date with lower numbers of both stranded and super stranded patients now residing in Bridlington hospital

Table 2 –28 day LoS

Number of patients with a LoS over 28 days – Bridlington Hospital	Actual
As at 25th September 2017	16
As at 30th June 2018	5
Improvement	**-11**

Table 3 – 7 day LoS

Number of stranded patients – Bridlington Hospital	Actual
As at 25th September 2017	27
As at 27th November 2017	17
Improvement	**-10**

Developing Out of Hospital Services for frail older people

17/18 saw the instigation of a collaborative piece of work with local CCG , Local Authority and primary care colleagues, alongside our own community services teams, which aims to set out and establish a clear vision and model of care for integrated frailty out within our local communities. To date a system wide workshop and building block of a frailty system have been developed and on-going communication is continuing to understand how best to move forward with plans to integrate care for Frail older patients in the community, keeping patients out of acute care where it is detrimental to their wellbeing and supporting independence. This will be a big priority again in 18 /19.

Workforce, Partnerships and Engagement– Enhancing the Nursing and Medical Workforce

The following priorities were agreed for the directorate for 2017 -18;

- *Improved nursing senior leadership Seven days per week*

Improved Nursing Senior Leadership Seven Day per week

As part of our drive to improve seven day working, resilience and leadership to our clinical teams a priority was agreed by the directorate senior team to identify and deliver an improved nursing leadership contingent to our ward areas out of hours and on a weekend. The directorate identified these key out of hours periods as key for the maintenance of quality and safety standards across seven days per week to enhance outcomes and experience for our patients.

As a result this means that on every ward on the York hospital site there is a senior nurse (Band 6 or 7) on every shift. This allows the continued embedding of the directorate quality improvement priorities, direct support for team members seven days per week and improved leadership and co-ordination out of hours and on a weekend.

Workforce, Partnerships and Engagement– Engaging our workforce; Embedding **Continuous Improvement and Leadership** at all levels

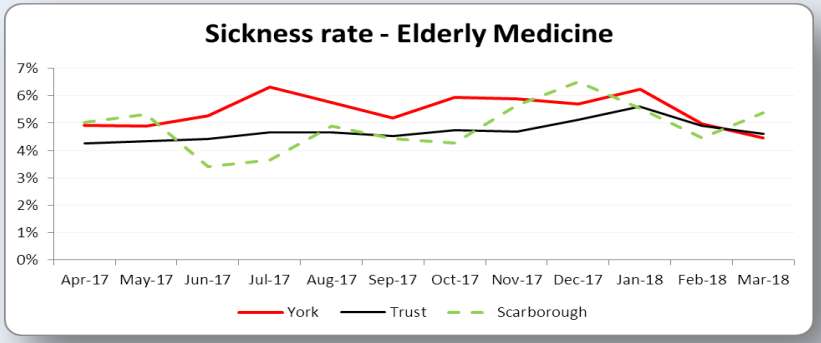
The following priorities were agreed for the directorate for 2017 -18;

- *Reduce sickness levels across all areas in line with Trust average*

With the ongoing challenges to recruitment and retention the directorate identified a reduction in sickness absence as a key strategy to support safe levels of staffing and a reduction in reliance upon agency staff. As a key action monthly Joint assurance meetings were instigated with each ward sister, HR and the relevant matron to discuss each case of sickness, identify trends and take remedial action where required.

Chart 11 shows the sickness rates reported for the directorate from April 17 – March 18. Sickness rates have remained high at York Hospital and indicate a reduction towards the end of the year bringing the directorate back in line with the Trust average. Sickness rates at Scarborough Hospital have on the whole, remained in line with the Trust average.

Chart 11 – Sickness and Absence Rates



"Becoming a Centre of Excellence in the Care of Older People"

Business sustainability

Goal 4
Business Sustainability

……To develop robust structures of governance and utilise our resources as efficiently and effectively as possible providing a sustainable future for years to come…….

"Becoming a Centre of Excellence in the Care of Older People"

Business Sustainability

Providing a solid foundation in which to deliver, sustain and grow our services

What does this mean?

Whilst quality and safety of care is paramount, continuous improvement cannot be achieved without sound and robust financial planning and governance. In today's difficult economic environment we understand the pressures placed upon continued delivery of our services and therefore we will work endlessly to ensure that all staff across the directorate understand and accept responsibility for their role in securing our future. For our local elderly populations, growth is expected to match the national average, with the number of people over 65 increasing by 7.2% by 2018 and by 10.8% by 2020. This represents a significant risk to the sustainability of our acute services for frail older patients, meaning that significant transformation and investment will be required to meet this demand for services.

We will endeavour to live within our means, embedding efficiency and value as key behaviours across the directorate and holding all accountable for our future financial success.

As such we will not only be responsible but diligent with our precious resources, we will work to challenge existing practice, embed robust financial governance and educate all staff on their role and responsibilities for supporting our financial challenges.

As a directorate we recognise this risk and will work to put our directorate and services into the best possible financial position, laying the foundations for future business development, investment and growth. In light of this we have a number of overarching ambitions as a 'Business Unit' which include:

- **Delivering Financial Balance**
- **Improving the Productivity & Efficiency of Our Services**
- **Improving Our Governance and Use of Information**

Our Business Sustainability Priorities

Delivering Financial Balance

- Improving cost control and expenditure
- Maximising opportunities for growth and income generation
- Year on year Improvement in agency and premium expenditure

Improving the Productivity & Efficiency of Our Services

- Meeting our year on year efficiency requirements
- Continuous improvement of the directorate overall profitability and SLR position
- Develop a rolling programme of review which covers the entire directorate cost base

Improving Our Governance and Use of Information

- Development and Implementation of a revised directorate governance structure
- Implementation of new directorate performance reporting metrics and framework
- Embracing the use of technology to support our clinical and business transformation

Business Sustainability - Delivering Financial Balance

The following priorities were agreed for the directorate for 2017 -18;

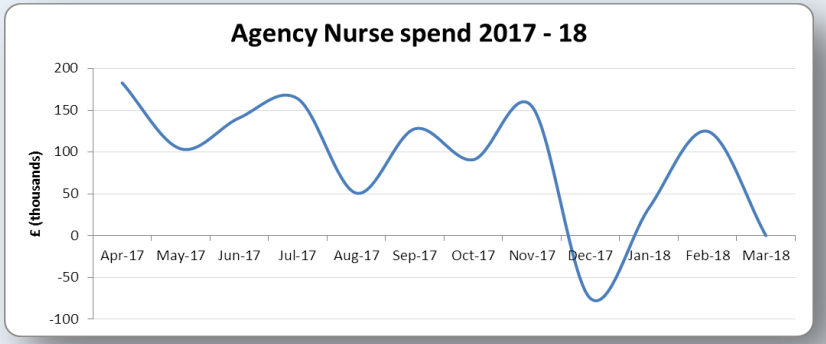
- ***Reduction in overall spend on Agency Nursing Staff***
- ***Reduction in overall spend on Agency Medical Staff***

Agency Nursing Staff

The total spend for Agency Nursing staff for the period 2017 – 2018 was £1.1M. Work continues within the directorate to review skill mix and identify emerging roles that can support the existing nursing workforce, reducing the need to use agency nurses.

Chart 12 indicates the spend on nursing staff each month.

Chart 12 – Agency Nurse Spend

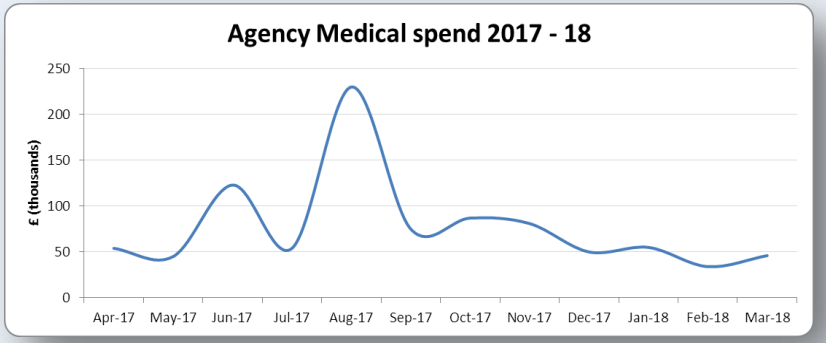


Agency Medical Staff

The total spend for Agency Medical staff for the period 2017 – 2018 was £934k. As with the Nursing workforce, work continues within the directorate to identify emerging roles such as ACPs that can support the existing medical workforce, reducing the need to use agencies.

Chart 13 indicates the spend on Medical staff each month

Chart 13 – Agency Medical Spend



Business Sustainability - Improving the Productivity and Efficiency of our Services

The following priorities were agreed for the directorate for 2017 -18;

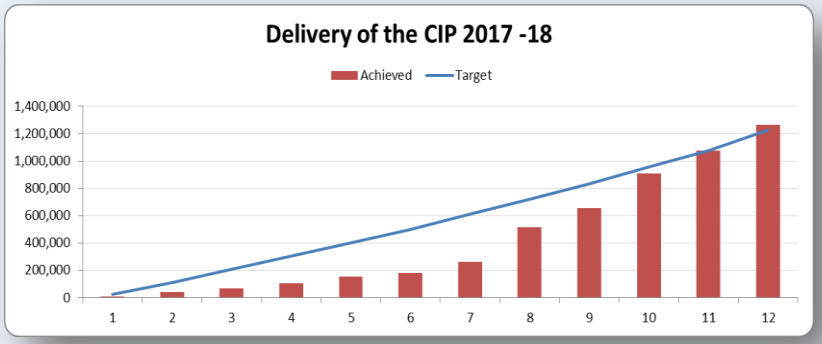
- *Delivery of in-year Cost Improvement Plan*
- *Improvement to overall SLR deficit position*

Delivery of the in-year Cost Improvement Plan

The directorate was set a challenging target of £1,225k for 2017-18. In March 2018, the directorate realised a CIP of £1,266k, exceeding the original target.

Chart 14 shows the directorate's progress against achieving the CIP for 2017 - 18.

Chart 14 – Delivery of the CIP



Improvement to overall SLR deficit position

As can be seen in table 1 the directorate has continued to make steady progress towards an improved SLR and profit / Loss position. Through the directorate business sustainability group and a combination of CIP delivery, improved cost control and increased productivity through our acute admitting pathways, we have been able to demonstrate a reduced cost per case and subsequent profitable position within SLR.

Table 1 – SLR position

Period	Treatment Site	Cost	Income	Profit/(Loss)
2017/18 Q1	York Hospital	£6,583,028	£6,306,001	(-£277,027)
2017/18 Q2	York Hospital	£6,452,133	£6,607,778	£155,645
2017/18 Q3	York Hospital	£5,967,375	£6,991,369	£1,023,995
				£902,613

Business Sustainability - Strengthening our Governance and use of Information

The following priorities were agreed for the directorate for 2017 -18;

- *Implementation of the revised Directorate Governance structure*
- *Development of a Directorate Composite Report*

Implementation of the revised Directorate Governance structure

We expect all staff to work within the framework of values set within the organisation, putting patients at the centre of all that we do. Within the directorate we have developed a culture that seeks to recognise and reward high performance and build a working environment and climate which is both challenging and supportive.

We want our vision for older people to transcend throughout the directorate and beyond and we want all of our staff to know how their role contributes to the delivery of our overall ambition and vision, to become a centre of excellence in the care of older people. Within the directorate we want to empower all staff to recognise their own personal leadership contribution and develop a culture of continuous improvement into each and every ward and department across our directorate footprint.

The challenges being faced and support being offered at ward and departmental level are hugely important and therefore we have implemented a governance structure which allows the timely escalation from ward to board of any concerns and risks alongside positive messages and feedback about the great work and care that is offered each and every day.

Key elements of our governance framework

Senior Management Team Meeting

The Senior Management Team meeting now acts as the overarching steering group for delivery of all directorate business and performance. It manages all directorate risks, reports to the executive performance assurance meeting and manages any appropriate escalations required into the corporate directors. This group holds to account the below groups for delivery of the associated work plans and objectives alongside setting direction, development and implementation of directorate strategy and aligning priorities for all future areas of work.

Clinical Transformation Group

The Clinical Transformation Group acts as a focal point for the directorate for the management and delivery of all on-going transformational work and delivery of speciality objectives and annual business plans, led by the relevant clinical leads and specialty nursing teams.

Quality & Safety Group

The Quality and Safety Group takes a lead role in the assurance and delivery of all matters of clinical governance, quality improvement and patient safety across the directorate. This group also owns the annual work plan relating to Q&S performance and transformation.

Business Sustainability Group

The Business Sustainability Group manages the on-going financial and business performance of the directorate including the delivery of our efficiency and financial delivery plans. It also plays a key role in managing on-going directorate governance and future investment into our services.

Business Sustainability - Strengthening our Governance and use of Information

The following priorities were agreed for the directorate for 2017 -18;

- ***Implementation of the revised Directorate Governance structure***
- ***Development of a Directorate Composite Report***

Development of a Directorate Composite Report

The directorate has produced a composite report throughout 2017 – 18. This bespoke report details progress against outcome indicators agreed within each element of the directorate strategy.

Reports are used to inform the wider directorate of our progress within our Directorate Meetings and to provide assurance at Performance Assurance Meetings.

Section 4:

Next steps and plans 2018/19

"Becoming a Centre of Excellence in the Care of Older People"

Continuing the Journey : From Good to Great

Priorities 18/19

Quality & Safety

- Falls with Harm
- HCAI
- Category 3 / 4 PU
- Identification and escalation of deteriorating patient – AMB
- Silver Accreditation for all ward areas with an increase on 17/18 for number of wards accredited Gold
- Reduction in total complaints

Operational Excellence

- Strengthening of front door RAFA unit
- Implementation of Assessment capability and SAFER on the AMB
- Achievement of an A rating for Stroke services
- Implementation of a surgical Liaison service
- Review of outpatient services and productivity
- Continued improvements in LoS

Workforce, Partnerships & Engagement

- Agreed Business case and recruitment of an ACP for the AMB and RAFA
- Recruitment of additional Geriatricians to support 7 day working
- Recruitment of first phase of Physicians Associates
- Nursing workforce transformation and employment of further band 4 roles
- Implementation of a single model in primary care for the identification and stratifying of frail patients
- Improved offer of community geriatrician support
- Revised Consultant Job planning

Business Sustainability

- Delivery against agreed financial contribution
- Delivery of Cost efficiency programme
- Instigation of quarterly ward assurance review with senior team
- Reduced agency nursing expenditure
- Reduced agency medical expenditure
- Maintenance of profitable SLR position

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York Teaching Hospital NHS Foundation Trust

Council of Governors – 13 December 2018
Governor Elections & Internal Elections

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

The Governors are asked to note the results of the recent Governor elections and the timetable for internal elections and the process being adopted.

Executive Summary – Key Points

The Council of Governors has recently completed elections for new Governors. The Council of Governors is now looking to fill any spaces on internal groups.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Lynda Provins, Foundation Trust Secretary

Director Sponsor: Susan Symington, Chair

Date: November 2018

1. Introduction and Background

This paper has been prepared to outline the results of the recent Governor Elections and the paper will also look at involvement of Governors in the Trust through the committees and groups which report to the Council of Governors and any other groups who have Governor representation. The paper describes the type of groups and committees that Governors can be involved with and explains the process for becoming involved.

2. Governor Election Results

This year the following constituencies had seats available for election:

Constituency	**Name of Person Elected**
Scarborough – 1 seat	Liz Black – elected
Ryedale and East Yorkshire – 1 seat	Jeanette Anness – re-elected
York – 1 seat	Sally Light – elected
Bridlington – 1 seat	David Errington – elected
York Staff – 1 seat	Mick Lee – re-elected
Selby – 1 seat	Ann Bolland – re-elected
Whitby – 1 seat	Steve Hinchliffe – re-elected
Community Staff – 1 seat	No candidates – it was agreed with the Lead Governor that Sharon Hurst would continue for a further year to ensure that the seat was not vacant for a whole year.

3 Internal Elections

There are a number of groups and committees, which report into the Council of Governors or that have Governors representation that Governors can be involved in. The process for becoming involved can differ depending on the group or committee.

- The **formal** committees and groups of the Council of Governors includes the Nominations/Remuneration Committee, Out of Hospital Care Group, Membership Development Group and the Constitutional Review Group.

- The **informal** approach is where the Trust approaches either Margaret Jackson as Lead Governor, or me as Foundation Trust Secretary requesting Governors to be involved in a particular project or activity (which may be ongoing or “task and finish” activities). There are no elections to these groups and Margaret or I will seek

individuals to be involved when these requests are received usually through the Friday email system.

- The final approach is more **ad hoc** and is related to specific time-limited projects such as the Annual Plan or the Quality Report. Specific requests will be made to the Council of Governors for their involvement in a group, if required.

The role of Governors in these groups and committees is vital to ensuring that the Trust understands the needs of the communities we serve. In addition, it provides ways in which the Governors can feel more involved in how the Trust works, and often affords opportunities for Governors to work alongside Directors and other members of staff.

3.1 Internal Elections Process

The process adopted by the Trust in the past has been to review and consider the membership of each formal group and committee following an external election.

- If a Governor has been subject to an external election because their term of office has reached its end, then the Governors time on that group or committee will also come to an end.
- If a Governor has not been part of the election process, then their membership of a group continues until they reach the end of their term of office as a Governor.

To stand for membership of a group or committee, Governors are asked to write two or three paragraphs on why they would like to be involved in that particular group or committee.

The process will be as follows:

13.12.18 – 21.12.18	Governors nominate themselves to sit on a group
02.01.19 – 09.01.19	Internal election carried out
11.01.19	Results available

An election will only be held if there are more nominations than seats available on the group.

It has also been agreed at the Constitutional Review Group to us a weighted voting system to avoid the need for several voting sessions which happened last year.

3.2 Summary of the Places Available

The list below details the Governors whose places are becoming available:

Governor	**Membership of formal groups/Committees**
Jeanette Anness	Nomination & Remuneration Committee Constitutional Review Group Out of Hospital Care Group
Ann Bolland	Nomination & Remuneration Committee

	Out of Hospital Care Group Constitutional Review Group
Mick Lee (staff)	Nomination & Remuneration Committee Constitutional Review Group
Stephen Hinchliffe	Nomination & Remuneration Committee Out of Hospital Care Group
Pat Stovell (resigned)	Patient Experience Steering Group
Diane Rose (resigned)	Constitutional Review Group

3.3 Groups to be elected to

The groups or committees that require an election process are as follows:

Nominations/Remuneration Committee – 2 Public Seats, 1 Staff Seat, 1 Stakeholder Seat
This committee meets on a quarterly basis and is chaired by the Chair of the Trust. The Committee looks at key aspects such as the appraisal of the Chair and Non-executive Directors, the review of the remuneration for the Chair and the Non-executive Directors and is the Committee responsible for overseeing the appointment of both the Chair and Non-executive Directors. The membership of the Nomination Committee has been designed to be quite specific so that it reflects the membership of the Council of Governors. The membership is as follows:

Chair of the Trust
FT Secretary
Lead Governor
5 public governors
1 stakeholder member
1 member of staff

Note: This meeting has had a larger representation than the agreed terms of reference so there is one less seat available.

Constitutional Review Group – 3 Public Seats, 1 Staff Seat & 1 Stakeholder Seat
The group meets on a regular basis to review the Trust's Constitution and its supporting documents. The membership is as follows:

FT Secretary (Chair)
5 public governors
1 stakeholder governor
1 staff governor

Membership Development Group – No current vacancies (terms of reference to be reviewed)
The membership of the Group reviews, monitors and supports the development of plans for membership recruitment, engagement and involvement. The group currently has 4

Governors on it together with the Foundation Trust Secretary and the Head of Communications.

Out of Hospital Care Group – 3 Public Seats
The group meets quarterly to ensure that the wider community views are taken into account when developing strategies around services and plans. This means that it is implicit that communication with the wider community is a key responsibility of the members of the group. The membership is as follows:-

Joint Head of Strategy (Chair)
5 public governors
1 Staff Governor
1 Non-Executive Director
Member of Out of Hospital Care Directorate Senior Management Team

The group will also invite attendance from others (both Trust employees and from the wider community) as appropriate.

Note: This group would like representation from each constituency (only one Governor from each constituency). If more than one Governor applies for a constituency, then a discussion/vote will be required.

Patient Experience Steering Group – 1 Public Seat
The Patient Experience Steering Group (PESG) is responsible for setting the strategic direction of Patient Experience across the Trust. The Steering Group provides assurance to the Board of Directors that the Patient Experience agenda is being managed in accordance with all key policy and delivery drivers. Membership includes

Senior Management
1 non-executive director
2 Public Governors

The CoG reps will be expected to gather evidence from governor colleagues, across each of the constituencies, of issues that are important to users of the trust's services.

All Governors are encouraged to put their name forward to the groups and Committees. Those that have previously held seats in those Committees are not barred from standing again for a further term. The length of term a Governor has on a committee or group is equal to the length of their term left as a Governor.

In respect of the informal Groups, I will highlight positions as they become available through the email.

4. Next Steps

In summary the seats available in each group that can be elected to are:

- 4 in the Nominations/Remuneration Committee (2 Public , 1 Staff, 1 Stakeholder)
- 5 in the Constitutional Review Group (3 Public, 1 Staff, 1 Stakeholder)

- 3 in the Out of Hospital Care Group (3 Public)
- 1 in the Patient Experience Steering Group (1 Public)

It is proposed that Governors will be asked to provide a statement noting which Group or Committee they would like to put their name forward to by 21 December 2018. Ballot papers will be circulated on the 2 January 2019. Voting will remain open until 9 January 2019 and will be electronic. Following discussion after last year's vote, a weighted voting system will be introduced so you will be asked for your first, second and third choice for each position.

Where seats on groups or committees are uncontested, Governors will automatically become a member of that group or committee.

5. Recommendation

The Governors are asked to note the results of the recent Governor elections as well as the timetable for internal elections and the process being adopted.

It is recommended that Governors put themselves forward if at all possible to provide representation onto these Groups/Committees and Governors are strongly recommended to take part in the voting system.

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 14 June 2018
Membership Development Group Report

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 report

The Council of Governors is asked to note the report from the Membership Development Group.

Executive Summary – Key Points

This paper provides an overview of the work of the Membership Development Group.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Lynda Provins, Foundation Trust Secretary

Director Sponsor: Susan Symington, Chair

Date: December 2018

1. Introduction and Background

The Membership Development Group review, monitor and support the development of the Trust's Membership Strategy and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in October 2018 and discussed a number of items of matters arising and then moved onto discussing elements of membership and how the Trust can develop and increase membership and would like to highlight the following items from the meeting:

Membership Poster – The Group has been involved in trying to draft and finalise a poster encouraging membership for some time. Mrs Astley has put a phenomenal amount of work into this and the final poster is attached as appendix 1.

Membership Survey – A membership survey was constructed by the Group using Survey Monkey and sent out to members for completion. Reminders were also sent out to encourage completion. The response to the survey was extremely good with over a 1,000 members completing it. The findings will be discussed at the Membership Group on the 18 December.

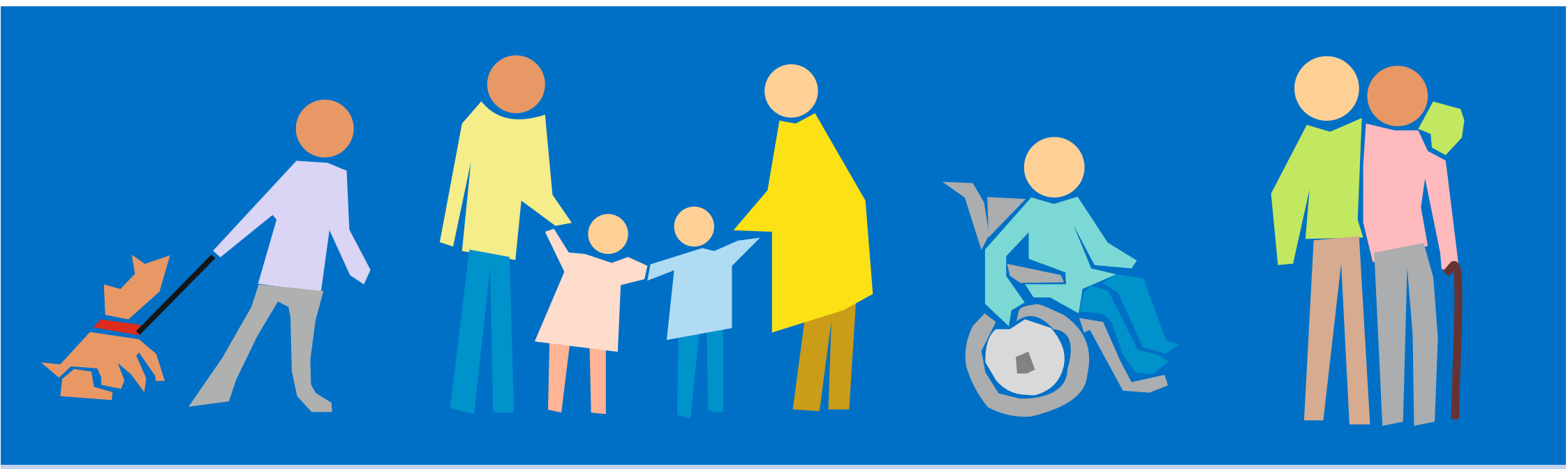
NHS Discounts – www.healthservicediscounts.com Mrs Astley explained the process involved in joining as a Foundation Trust Member to the Group. The Group agreed that it should be used as a marketing tool to attract new members and will ensure information is published in Membership Matters.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Membership Development Group.

Have Your Say

York Teaching Hospital
NHS Foundation Trust



Become a Trust member

Have a say in the future development of the services we provide. It's FREE. Applying is quick and easy and will allow you to:

- Voice your opinions on local services
- Vote in elections for the Council of Governors
- Consult on the Trust's strategic plans
- Receive our Membership Matters newsletter
- Attend Members only events
- Stand as a Governor
- Receive NHS discounts

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To find out more and to apply visit:
yorkhospitals.nhs.uk/get-involved/membership

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 13 December 2018
Constitutional Review Group Report

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 report

The purpose of this report is to provide the Council of Governors an update on the work of the Constitutional Review Group.

Executive Summary – Key Points

This paper provides an overview of the work of the Constitutional Review Group.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Lynda Provins, Foundation Trust Secretary

Director Sponsor: Susan Symington, Chair

Date: December 2018

1. Introduction and Background

The Constitution Review Group review, monitor and support the development of the Trust's Constitution and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in November 2018 and discussed a number of items of matters arising and then moved onto discussing elements of the constitution and would like to highlight the following items from the meeting:

Constitution Review – the following was discussed and agreed:

- Constitution Paragraph for the website – A paragraph has been agreed and the website will be updated to reflect this.

- Constitution Amendments – amendments have been made to the constitution following comments received some of which have been taken up by the Group and others rejected. Following the review of annex 5 in December, a paper will be brought together with the constitution to the extraordinary Council meeting in January.

- Council of Governor Minutes – it was raised that the constitution states that these should be received within 14 days. It was agreed to work on this for the December Minutes.

- Voluntary Governor Position – It was agreed to amend the constitution to encompass a wider catchment area for the Voluntary Governor position.

- LLP Governor – the Group discussed this and asked that it be further discussion at the private Council meeting.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Constitution Review Group.

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NHS Trust contingency planning in the event of a no deal Brexit

Introduction

Since the outcome of the referendum on the UK's membership of the European Union (EU) in June 2016, the Government's stated aim has been to secure a deal with EU, both on the terms of the UK's withdrawal and its future trading relationship with the bloc. The Government has been equally clear, however, that it would be prepared to leave the EU without an agreement in the event that the terms of the deal offered by the EU are considered to be worse than the prospect of leaving without a deal agreed. Similarly the EU has indicated that, whilst its strong preference is to secure a deal during negotiations, it would be prepared to end negotiations without one if reconciliation on key issues cannot be achieved.

Although a withdrawal agreement on the terms of exit has been agreed by the UK Cabinet and EU leaders, it is not until this has been approved and ratified by both the UK and EU Parliaments and the EU Council that a deal will be confirmed (see our earlier briefing for further detail on the agreement). As such, and given the hurdles to ratification by the UK Parliament especially are considerable, it is reasonable to continue contingency planning for a no deal situation. Indeed, whatever form Brexit takes, be it on a negotiated basis with a transition period to December 2020 or without a deal, it will herald a degree of change for the NHS and context in which it operates; in anticipation, trusts should consider planning for a range of possibilities.

To support trusts' development of their no deal Brexit contingency plans, this briefing provides information on:

- What a 'no deal' Brexit is, how this outcome could come about and what it may mean in practice
- Contingency planning relevant to health taking place at a national level
- What contingency planning trusts have been asked to undertake by the Department of Health and Social Care (DHSC) to date
- Key considerations for trusts, including an overview of how trusts have indicated to us that they are developing their contingency plans
- Details of NHS Providers work around trusts' planning for Brexit

What is a 'no deal' Brexit?

A no deal Brexit means UK withdrawal from membership of the EU with neither a withdrawal agreement, nor an agreement on the future relationship between the UK and the EU. In such a scenario, the UK would cease to be a member of the EU at 11pm on 29 March 2019, at which point it would assume 'third country' status with no customs agreement or free trade deal in place.

A proposed deal, comprising a withdrawal agreement and political declaration setting out the framework for the future relationship between the UK and the EU, has now been agreed by the UK Cabinet and EU leaders. The EU has been clear that this deal cannot be renegotiated and is the "only deal possible". If this deal goes ahead, there would be a transition period, where legal and regulatory frameworks largely remain the same while new arrangements are put in place.

Nevertheless, there remain a number of potential routes to a no deal outcome, including:

- An extension to the negotiation period is needed to ratify the negotiated withdrawal agreement; either the UK refuses to request such an extension or this request is rejected by the EU
- The negotiated withdrawal agreement is rejected by the UK parliament at any of the following points and cannot be renegotiated thereafter:
  - On 11 December 2019, when Parliament is given a 'meaningful vote' on the proposed deal; or
  - At a potential second vote in January 2019 on an amended deal (amendments to the political declaration are most likely as it not a legally binding document, unlike the withdrawal agreement); or
  - When the government seeks to ratify the deal through the EU (Withdrawal Agreement) Bill ahead of exit day on 29 March 2019.
- The negotiated withdrawal agreement is rejected by the European Parliament, where it fails to secure a majority of votes or, later, by the European Council where 20 countries, representing at least 65% of the EU population, must agree it.

A no deal Brexit could also occur in the event that a withdrawal agreement is agreed but that at the end of the implementation period in December 2020, an agreement on the future relationship between the EU and UK has not been reached or ratified.

In the event of a no deal Brexit, there would be no transition period. The degree of impact this could have would depend in part on whether the UK and EU, or the UK individual EU member states (EU27), agreed to take any mitigating actions to coordinate key aspects of the ongoing relationship, such as establishing memorandums of understanding or producing a legally binding agreement.

Whether such actions could be taken is, however, not yet clear. The EU's chief negotiator Michel Barnier has suggested that the EU would not be prepared to engage in any kind of "managed no-deal Brexit". In addition, exactly when it became apparent that a no deal outcome was inevitable – which could be as late as March 2019, the latest point at which the EU could ratify the deal without an extension to the negotiating period – would determine the amount of time available to make such last-minute preparations to minimise disruption.

How is the Government preparing for a no deal Brexit?

To date, the government has allocated £4.1bn to support planning across the UK for a no deal Brexit between 2018 and 2020. A key part of national level contingency planning since August 2018 has been the publication a raft of technical papers outlining current arrangements across key public services and

what would happen in the event of no deal. More than 100 have been published to date, 17 of which are particularly relevant to health and care.

To support trust consideration of the potential impacts of a no deal Brexit, trusts may wish to refer to our briefing series summarising each of the relevant technical papers published to date:

- Briefing one covers: medicines, medical devices and clinical trials regulation; submitting medical information on regulatory products; batch testing medicines; quality and safety of organs, tissues and cells; and blood and blood product safety.
- Briefing two covers trading in drug precursors; accessing public sector contracts; data protection; European social fund grants; common travel area; trading under the mutual recognition principle; and trading goofs under the 'new approach' procedure.
- Briefing three covers: merger review and anti-competitive activity; exhaustion of intellectual property rights; patents; aviation security; and flights to and from the UK.
- Briefing four covers: recognition of professional qualifications (see Appendix 1)

The full set of technical papers is available here: https://www.gov.uk/government/collections/how-to-prepare-if-the-uk-leaves-the-eu-with-no-deal

Further planning documents are expected in the coming months, including in relation to immigration.

Independent analysis on the implications of no deal

Trusts may find the following independent information sources helpful in identifying relevant issues to take into consideration in their Brexit planning, and particularly that for a no deal scenario (although we would highlight that this is a developing situation and so the date of publication should be borne in mind):

- What if there is no Brexit deal? – House of Commons Library briefing paper (see pp. 99-112 for healthcare content), 12 October 2018
- Brexit unknowns – House of Commons Library briefing paper, 26 September 2018
- No deal Brexit preparations – Institute for Government explainer, 18 October 2910
- House of Commons Health and Social Care Select Committee briefing note on the draft withdrawal agreement and political declaration on the framework for the future UK/EU relationship from the perspective of health and the NHS – Health and Social Care Select Committee advisers, 26 November 2018

What contingency planning for health and care is taking place?

Government-led planning

Contingency planning around the NHS supply chain is the joint responsibility of government and trusts. The DHSC sent a series of communications to trusts between August and October to highlight the split in

responsibilities and provide tools to support the self-assessment of those aspects of the supply chain falling in the scope of trust responsibility (see below for further details).

The government is leading on contingency planning around the below aspects of the NHS supply chain; trusts are not required to assess the potential impact of a no deal Brexit or make contingency plans in these areas. Full details of government-led planning and suppliers with which DHSC is directly engaged can be found in a letter sent by Steve Oldfield, Chief Commercial Officer at the Department, to all trust heads of procurement in October 2018. The below list is a summary of the categories that are in scope for national contingency planning:

- Licensed medicines and vaccines
- Medical devices and clinical consumables
  - A list of all suppliers falling in scope of national planning led by the DHSC can be found in Annex A of the above letter. Trusts are responsible for reviewing other non-clinical /non-medical goods purchased (e.g. office solutions) and assessing the supply chain for products supplied as part of service contracts (e.g. purchased healthcare).
- Food and catering
- Nutritional feeds
  - A number of suppliers have been identified as in scope for national contingency planning
- Pathology/ in vitro diagnostic (IVD) devices
  - A number of suppliers have been identified as in scope for national contingency planning
- Capital equipment and spare parts
  - The DHSC is not putting any specific contingency measures in place in relation to the continuity of supply of capital equipment given the Department's anticipation of the short term nature of any supply disruption and the ability to extend service life, but all the associated spare parts will be considered as part of the medical devices and clinical consumables (i.e., national) contingency plans
- Hotel services
  - The DHSC are managing the supply chain for laundry services named on the Crown Commercial Service framework Laundry and Linen Services RM1031. Trusts are responsible for assessing the supply chain for all other Hotel Services including cleaning products not bought through NHS Supply Chain.
- Other major suppliers
  - Other major wholesalers and distributors with which the DHSC is working to understand their preparedness and contingency plans, and a number of suppliers have been identified as in scope of national contingency planning

Any contracts or spend categories not included in the full table should be reviewed at a local trust level using the Self-Assessment Methodology, with a return made to DHSC by 30 November.

Government-coordinated planning

To ensure the continuity of medical supplies, the DHSC has instructed pharmaceutical companies to:

- Stockpile a minimum of six weeks additional supply of medicines coming from, or via, the European Union or EEA, over and above business as usual operational buffer stocks
- Put in place plans to air freight products that have short shelf lives and cannot be stockpiled to avoid any border delays that may arise as a result of no deal
- Provide evidence of company contingency plans, including on a product by product basis

To ensure the continuity of clinical devices and clinical consumables, the DHSC has contacted medical device and clinical consumable suppliers to:

- Signal that NHS Supply Chain is contacting suppliers who routinely import products from other EU countries to determine how this can be maintained
- Ask suppliers that source products from EU countries to review their supply chains and determine what measures they need to take so that they can continue to provide products in a no deal scenario
- Communicate the establishment of an industry working group to test and refine contingency plans, with details of the arrangements established to be communicated in November

The Association of British Healthcare Industries (ABHI), whose members supply over two thirds of all medical devices used in the NHS, also provided a statement to trusts on 11 October 2018 to update on their own members' preparations for a no deal scenario (see Appendix 2 for the full statement). In this, the ABHI highlighted their engagement in and input to the government's contingency plans to protect the supply of medical devices and provided reassurance about the level of detailed planning underway both nationally and locally.

Trust-led planning

The secretary of state has written to trusts to set out government expectations on preparations for a no deal Brexit:

- 23 August:
  - The government's view that "hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions", noting that "any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief or Responsible Pharmacist directly".
  - The expectation that trusts will develop local contingency plans for a no deal Brexit as part of standard business continuity planning through the emergency preparedness and rapid response (EPRR) process
- 12 October: On securing supply chains:

- A self-assessment methodology for trust heads of procurement to use to identify contracts that may be impacted by a no deal Brexit.
- The need for a board-linked Senior Responsible Officer to oversee no deal contingency planning within each trust.
- The Department's request for a summary of contracts deemed through contingency planning as highly impacted, with mitigating activities, to be returned by 30 November.

On 27 November, NHS England Chief Executive Simon Stevens, stated to the Health and Social Care Select Committee that trust contract summaries will be taken, together with information gathered from NHS Supply Chain and the pharmaceutical, medical devices and life sciences sectors, to enable the DHSC and national bodies to make a comprehensive assessment of impact within the first 10 days of December.

A further communication to trusts to support their preparations to ensure continuity of supply of goods and services is also expected.

Key considerations for trusts

Work within trusts towards developing no deal contingency plans is at different stages, with trusts telling us that they are considering potential impacts on a wide range of areas. A number of trusts have shared their early plans with us, which we draw together below as some of the areas identified as at risk in a no deal Brexit scenario, along with examples of impacts and potential actions. This is not a comprehensive list of considerations, as these are likely to develop as negotiations and government planning moves on, and as they will need to be tailored to local circumstances.

Additionally, potential impacts will evolve as further details emerge and issues are clarified – for instance around mutual recognition of professional qualifications – and so contingency plans will need to be living documents. It is also worth noting that there will be impacts for trusts across all Brexit scenarios, with the greatest being in the event of no deal; contingency planning will therefore need to reflect these multiple potential scenarios. This is reflected, to a degree, in table 1 below.

Snapshot of potential no deal impacts and actions

Area	Potential no deal impacts	Actions under consideration by some trusts
Supply of medicines and devices	The DHSC has instructed pharmaceutical companies and suppliers of medical devices to stockpile six weeks worth of their products to avoid supply shortages resulting from temporary disruption to supply chains in the event of no deal. In a no deal scenario, the UK would leave Euratom; arrangements to maintain the continuity of the supply	• Consult trust's chief pharmacist on any anticipated medicines supply issues • Set up a drug shortage page on the trust website for daily updates

	chain for radioisotopes need to be clarified.	
Other supplies of goods and services	Imposition of World Trade Organisation (WTO) customs and tariff arrangements, together with any potential devaluation of the pound, could increase the operating costs of a range of non-UK businesses who supply the NHS. New customs checks could also extend supply chains and cause delays to delivery. These impacts would apply to a broad range of products and also to some capital projects, where building contractors may experience their own workforce supply issues and increased costs. A potential risk exists to IT services where IT servers are based in the EU. Also investigate: uniforms sourced from the EU; back office support services, such as waste collection; contracts delivered abroad	• Establish a stand alone Brexit 'task and finish' group under the umbrella of the trust's business continuity framework • Assess which supply chains are at risk, as per instruction from the DHSC • Explore options with long-term suppliers and contracts around pricing controls to ensure increases can be effectively managed • Seek to make cost efficiencies wherever possible to mitigate the impact of any cost increases
Workforce	It is expected that EU nationals resident in the UK would be eligible to apply for UK settled status if (it is understood, although not confirmed) they are resident by 31 December 2020 Recruitment processes would very likely become increasingly complex, with implications for staff time and creating a potential disincentive for prospective employees from the EU. A no deal scenario could create a shortage of workers in lower skilled roles in particular; this includes in social care, as well as the NHS. Recruitment and retention issues in the social care system would have a direct impact on trusts. A reduced availability of specialist expertise is also anticipated. It is not clear whether mutual recognition of professional qualifications (MRPQ) would continue in a no deal situation. Arrangements under the draft deal are also unconfirmed.	• Conduct an in depth breakdown of trust workforce by UK/EU/non EU nationality and professional group • Achieve enhanced understanding of potentially affected working population, for instance through use of online survey tools • Develop briefing materials and clear messaging based on available information on the status of EU staff in the event of a no deal Brexit to ensure the trust can address staff concerns, provide assurance and offer effective support • Offer to pay for staff visas and support completion of associated paperwork • Develop an HR role with responsibility for the retention and ongoing recruitment of EU staff in the event of a no deal Brexit

	In all Brexit scenarios, there could be a downward impact on the numbers of EU citizens wishing to come to the UK to work, certainly until the medium-term outlook became clearer.	
Research and development	Trusts will no longer have legal access to networks, databases and information resources which are reserved for EU member states; this has implications for clinical trials data. EU funding for research projects, such as Horizon 2020, has only been guaranteed by the government until 2020; ongoing access to funds thereafter is uncertain. Though it will not be incorporated into domestic law, the intention is that the UK will seek to align with the EU clinical trails regulation, due to come in to force following Brexit. The UK will not, however, be able to independently implement the use of a shared central IT portal and participation in the single assessment model, both of which would require a negotiated UK/EU agreement regarding UK involvement. Additional sources of funding from outside the EU may be needed to support future research within trusts. Also investigate: connections to European networks	• Undertake detailed assessment of the risks to trust research and clinical trials activities, current and likely in the future • Develop an HR role with responsibility for the retention and ongoing recruitment of EU staff in the event of a no deal Brexit

In addition, there are a number of areas that are likely to be impacted by a no deal Brexit where trusts will have little if any direct control, including:

- Funding and macroeconomic impacts
- Regulation (e.g., around UK-wide arrangements to replace the functions of EU agencies)
- Public health (e.g., in relation to early warning systems for medicines safety)
- Drugs pipeline (e.g., slower approvals for the UK market compared to the EU)

Feedback from trusts fed in to our recent submission to the Health and Social Care Select Committee on the impact of a no deal Brexit on health and social care. Therein, we posed a series of questions for the national NHS leaders – looking at both national and local issues – which may also be helpful to consider when developing local plans. Our submission is available here: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-and-social-care-committee/impact-of-a-no-deal-brexit-on-health-and-social-care/written/91741.pdf

As usual, the guiding principle for the development of local no deal plans is that boards must be satisfied that it has put in place sufficient controls, and taken all reasonable steps, to manage and mitigate

foreseeable risks in all areas of potential impact in the event of a no deal Brexit. A clear record of decisions made in the development of contingency plans and the associated rationale for each is particularly important.

NHS Providers' Brexit-related activities

NHS Providers is supporting sector-wide efforts to assess the implications of a no deal Brexit and highlight these to key decision makers through our membership of the Cavendish Coalition and Brexit Health Alliance.

The Cavendish Coalition works to ensure that the health and social care system is able to continue to recruit and retain staff from the EU, as well as domestically and internationally, following Brexit. The focus of our work with the Coalition in the coming months will be around the government's proposed post-Brexit immigration system applicable to EU nationals. Our aim is to ensure that in any Brexit scenario, the future immigration system is sufficiently flexible to ensure that the health and social care sector remains able to recruit necessary staff from the EU at all skill levels.

The Brexit Health Alliance was established to safeguard the interests of patients, and the healthcare and research they rely on, during the Brexit negotiations. Through this, we are engaged in influencing activities to ensure following the UK's withdrawal from the EU:

- Maximum levels of research and innovation collaboration
- Regulatory alignment for the benefit of patients and population health
- Preservation of reciprocal healthcare arrangements
- Robust coordination mechanisms on public health and wellbeing
- A strong funding commitment to the health and public health sectors

As trusts undertake and finalise their contingency plans, they may have questions for national bodies. We would suggest trusts to raise these with NHS Improvement and NHS England. NHS Providers is also communicating the views and questions of trusts to the national bodies on a regular basis. This will help develop understanding of the potential impacts for trusts of Brexit and how trusts are developing their contingency plans, as well as gather clarifications that trusts need from the national bodies. If you would like us to raise any Brexit-related issues with the national bodies, please contact Ferelith Gaze (Ferelith.gaze@nhsproviders.org).

Appendix 1: Briefing four – technical notice on recognition of professional qualifications

The latest batch of technical notices outlining the government's preparations for a no deal Brexit scenario was released on Friday 12 October. It included guidance on providing services as a qualified professional. The notice states that, in the event of no deal, the Mutual Recognition of Professional Qualifications (MRPQ) Directive will no longer apply to the UK. The government will develop a new recognition procedure for EEA professionals which will differ from existing arrangements (for example, automatic recognition and temporary access to regulated activities on the basis of a declaration will no longer be applicable). The government will work with the devolved nations and the regulatory bodies to ensure a UK-wide system of recognition.

The notice sets out that:

- EEA professionals (including UK nationals holding EEA qualifications) who are already established and have received a recognition decision in the UK, will not be affected and their existing recognition decision will remain valid.
- EEA professionals (including UK nationals holding EEA qualifications) who have not started an application for a recognition decision in the UK before exit will be subject to future arrangements, which will be published before exit day.
- EEA professionals (including UK nationals holding EEA qualifications) who have applied for a recognition decision and are awaiting a decision on exit day will, as far as possible, be able to conclude their applications in line with the provisions of the MRPQ Directive.

The full notice is here: https://www.gov.uk/government/publications/providing-services-including-those-of-a-qualified-professional-if-theres-no-brexit-deal

Appendix 2: Brexit planning - a communication to trusts - from ABHI (11 October 2018)

Contingency Planning for the Supply of Medical Devices

We expect the DHSC to write shortly to trusts and suppliers to provide further information on contingency plans to protect the supply of medical devices to the NHS in the event of a no deal Brexit. These plans result from a detailed analysis of routes to market, via NHS Supply Chain and from manufacturers, and an assessment of current stockholding, the availability of warehousing and capacity at ports.

The Association of British HealthTech Industries (ABHI), the industry association whose members supply upwards of 2/3 of all medical devices used in the NHS, has been closely involved with this planning process. Discussions between DHSC and ABHI members have helped inform plans, and there is an ongoing dialogue between the two. ABHI members have received a steady stream of information and

resources since the referendum from government, and the Association has brokered a number of interactions to help officials understand the complex, international nature of supply chains in the health and care sector. The ABHI is therefore keen to reassure trusts about the level of detailed planning underway both nationally and locally.

ABHI fully recognises that NHS trust boards will need assurance that adequate local contingencies are in place. Clearly there can be no absolute guarantees should we exit the EU next March without a deal, but the industry is taking as many steps as is practicable to avoid delays and disruptions to supply. The ABHI is also offering support for their own membership, including template statements of assurance, to help them in responding accurately to questions about local supply.

Appendix 3: Details of new cabinet and reshuffle – Nov 18

Following the publication of the draft text of the proposed withdrawal agreement, which determines the terms on which the UK will leave the EU, and the political declaration, which sets out the basis of the UK's future relationship with the EU following Brexit, a number of Cabinet members and junior ministers resigned.

Resignations

Non-Brexit

- In advance of the other resignations Tracey Crouch resigned separately as a minister at the Department for Digital Culture Media and Sport over disagreements over policy relating to fixed-odds betting terminals.

Brexit

- Jo Johnson resigned as minister of state for transport and minister for London saying the deal being negotiated with the EU "will be a terrible mistake" and called for a public vote.
- The following ministers resigned over the draft withdrawal agreement;
  - Dominic Raab the Brexit secretary Ester McVey, work and pensions secretary
  - Suella Braverman, a junior Brexit minister
  - Shailesh Vara, the Northern Irish Minister resigned over the draft withdrawal agreement.
- Other MPs with junior posts in the Conservative Party and government resigned, including Rehman Chishti a Conservative vice-chairman and prime ministerial trade envoy to Pakistan, Ranil Jayawardena, Parliamentary Private Secretary to the ministerial team at the Department of Work and Pensions and Anne-Marie Trevelan, PPS to the education secretary

Appointments

- Former health minister, Stephen Barclay, was promoted to Brexit Secretary with a revised portfolio.
- Stephen Hammond has been appointed health minister.

- Kwasi Kwarteng (Con, Spelthorne) has been appointed Brexit parliamentary under secretary
- John Penrose has been appointed Northern Ireland minister.
- Amber Rudd has been appointed work and pensions secretary
- Nick Hurd appointed as Minister for London (while continuing as Minister of State for Policing and the Fire Service).

Stephen Hammond MP, minister of state for health

MP for Wimbledon since 2005. Re-elected in 2017 with a majority of 5,622

Responsibilities

- Finance, procurement and operational performance
- Workforce pay and pensions and contracts
- Setting the government's mandate for NHS England
- Transformation and provider policy

Biography

- A former Merton Councillor and investment analyst who worked in financial markets for over 20 years.
- Hammond started work as a fund manager for Newton Investment Management and then Canada Life, and moved on to a series of investment banks.
- In his maiden speech, he attacked over-development, over-regulation, under-investment in local public transport, school budget deficits and the health risk from high concentrations of mobile phone masts.
- His supported Liam Fox in the 2005 leadership contest and Theresa May in 2016.
- A vocal pro-EU MP, he has been described as an "influential remainer" by the BBC's Laura Kuenssberg.
- He rebelled in December 2017, voting for Dominic Grieve's amendment on the EU Withdrawal Bill calling for MPs to have a final vote on the deal before it is ratified, losing his role as Party Vice-Chair.
- He then vowed to challenge the official Brexit policy to table amendments which would give MPs a chance to vote for the 'Norway option' of staying in the single market.

Parliamentary career

- Treasury Sub-Committee, 2017 – 2018
- Treasury Committee, 2017 – 2018
- Public Accounts Committee, 14-15
- Statutory Instruments Select Committee; Statutory Instruments Joint Committee, 2015-17
- Parliamentary Under-Secretary (Department for Transport) (Roads and Motoring) 2012-14
- Shadow Minister (Transport) 2005-10
- Political interests include: Health, financial affairs, transport, foreign affairs
- Unsuccessfully put his name forward to be chair of the Treasury Select Committee in 2017.

Stephen Barclay MP, secretary of state for exiting the European Union

MP for North East Cambridgeshire since 2010, majority of 21,270

Ministerial responsibilities

- Policy work to support the UK's negotiations to leave the European Union and to establish the future relationship between the EU and the UK
- Conducting the negotiations in support of the Prime Minister including supporting bilateral discussions on EU exit with other European countries
- Working closely with the UK's devolved administrations, Parliament, and a wide range of other interested parties on the approach to negotiations
- Leading and co-ordinating cross-government work to seize the opportunities and ensure a smooth process of exit on the best possible terms

Parliamentary career

- Minister of state at the Department of Health and Social Care, 2018
- Economic Secretary at HM Treasury, 2017 - 18
- Government Whip (Lord Commissioner of HM Treasury), 2016-17
- Assistant Whip at HM Treasury, 2015-16
- Member of public accounts committee, 2010 -14

Background

- A former solicitor and army officer, Barclay worked as an insurance company lawyer for Axa insurance and as a regulator for the Financial Conduct Authority
- He supported Theresa May in the 2016 Conservative Party leadership election and supported leave in the 2016 EU referendum
- In November 2018 he was promoted to the role of Brexit secretary, following the departure of Dominic Raab from government
- Barclay is said to be a close friend of Theresa May's chief of staff Gavin Barwell

Views on Brexit

- Voted leave in the 2016 EU referendum saying David Cameron's renegotiation "did not deliver the game changer we need to protect against further EU integration".
- In March 2018 he said, "Brexit is a defining moment in the history of our nation. We will be forging an ambitious new partnership with Europe and charting our own way in the world to become a truly global, free-trading nation"
- In the same month, he stated "I know from my previous role in the financial services sector in the City that there is a strong desire for a transitional period. That point was also raised by many in the healthcare sector."
- Barclay went on to say that addressing social care workforce challenges is one of the "key legitimate areas of the Brexit debate": "As the debate has reflected, social care, and how we address it from an

immigration perspective, and from a training and upskilling perspective, is one of the key legitimate areas of the Brexit debate. We are focused on that in our discussions with the Home Office and others."

- The leader of Barclay's constituency Conservative Association has said she does not support The Prime Minister's EU withdrawal deal and has called for Theresa May to stand down.
- Speaking about the deal following his appointment, Barclay said: "This is a deal that takes control of our money, our borders, our laws, this is a deal that works for the entire United Kingdom and the alternative would be going all the way back to square one..."