York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public Meeting)

25 September 2019

York Teaching Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

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

On: 25 September 2019

In: Discussion/Dining Rooms, Post Graduate Centre, Scarborough Hospital YO12 6QL

TIME	MEETING	LOCATION	ATTENDEES
8.30 – 11.30	Quality Committee	Cedar Room, Woodlands House	Directors Non-Executive Directors
8.30 – 11.30	Resources Committee	Discussion/Dining Rooms, Post Graduate Centre	Directors Non-Executive Directors
11.00 - 11.30	Resources/Quality Committee – Items for Escalation Discussion	Discussion/Dining Rooms, Post Graduate Centre	Directors Non-Executive Directors
11.45 – 12.45	Remuneration Committee	Discussion/Dining Rooms, Post Graduate Centre	Remuneration Committee
1.00 – 2.00	Board Walkabout	Scarborough Hospital	Board of Directors Non-Executive Directors
2.00 – 5.00	**Board of Directors meeting held in public**	**Discussion/Dining Rooms, Post Graduate Centre**	**Board of Directors Members of the public**

York Teaching Hospital
NHS Foundation Trust

Board of Directors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence • Mrs L Brown	Chair	Verbal	-	2.00 – 2.10
2.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest or to consider any conflicts of interest arising from this agenda.	Chair	A	07	
3.	**Minutes of the meeting held on 31 July 2019** To receive and approve the minutes from the meeting held on 31 July 2019.	Chair	B	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Verbal	-	
5.	**Patient Story** To receive the details of a patient experience.	Chief Executive	Verbal	-	2.10 – 2.25

	SUBJECT	LEAD	PAPER	PAGE	TIME
6.	**Chief Executives Update** To receive an update from the Chief Executive	Chief Executive	C	23	2.25 – 2.35
7.	**CQC Update** To receive a CQC update.	Chief Executive	Verbal	-	2.35 – 2.45
8.	**Scarborough Capital Strategic Outline Business Case** To receive the Strategic Outline Business Case for the Scarborough Capital Development.	Director of Estates & Facilities/ LLP MD	D Presentation	29	2.45 – 3.05
	Strategic Goal: To deliver safe and high quality patient care				
9.	**Quality and Resources Committees** Items for escalation to the Board. • 31.07.19 Minutes for information	Committee Chairs	E	171	3.05 – 3.15
10.	**Chief Nurse Report** To receive updates from the Chief Nurse including: • IPC Update	Chief Nurse	F	195	3.15 – 3.25
11.	**Inpatient Survey Report** To receive the Inpatient Survey Report	Chief Nurse	G	201	3.25 – 3.35
	Short Break				3.35 – 3.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
12.	**Medical Director Report** To receive the Medical Director Report.	Medical Director	H	205	3.45 – 3.55
13.	**Performance Report** To receive the Performance Report.	Chief Operating Officer	I	219	3.55 – 4.05
14.	**Emergency Planning Report and Annual self-assessment against core standards** To receive and approve the self-assessment.	Chief Operating Officer	J	To Follow	4.05 – 4.15
15.	**Director of Estates & Facilities Report** To receive the Director of Estates and Facilities Report. • Health & Safety Policy • Fire Policy	Director of Estates & Facilities/ LLP MD	K	233	4.15 – 4.25
	Strategic Goal: To support an engaged, healthy and resilient workforce				
16.	**Director of Workforce Report** To receive the Workforce Report.	Director of Workforce & OD	L	305	4.25 – 4.35
17.	**Revalidation Report** To receive the Revalidation Report	Medical Director - Director of Workforce & OD	M	To follow	4.35 – 4.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
Strategic Goal: To ensure financial sustainability					
18.	**Finance Report & Efficiency Report** To receive an update on Finance and efficiency.	Finance Director	N N1	317 321	4.45 – 4.55
Governance					
19.	**Reflections on the meeting** • BAF 'at a glance'	Chair	O	343	4.55
20.	**Any other business**	Chair	-	-	5.00
21.	**Items for Information** • HCV Update		P	347	-
22.	**Time and Date of next meeting** The next meeting will be held on 27 November 2019 in the Boardroom, Admin Block, York Hospital.				

Items for decision in the private meeting:

The meeting may need to move into private session to discuss issues which are considered to be 'commercial in confidence' or business relating to issues concerning individual people (staff or patients).

'That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest', Section 1(2), Public Bodies (Admission to Meetings) Act l960.

Register of directors' interests
September 2019

York Teaching Hospital
NHS Foundation Trust

Additions: Heather McNair added
Jim Dillon added
Simon Morritt added

A

Changes:

Deletions: Jenny McAleese—remove Trustee of Graham Burrough Charitable Trust

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders
Ms Susan Symington (Chair)	**Non-executive Director—**Beverley Building Society **Director** - Lodge Cottages Ltd	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member—**the Court of University of York	Nil
Jennifer Adams (Non-Executive Director)	**Non-executive Director** Finance Yorkshire PLC	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is a Consultant Anaesthetist at the Trust	Nil
Michael Keaney (Non-Executive Director)	Nil	**Chair**—YTHFM LLP	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Jenny McAleese (Non-Executive Director)	**Non-Executive Director**—York Science Park Limited **Director**—Jenny & Kevin McAleese Limited	**50% shareholder and Director**—Jenny & Kevin McAleese Limited	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Member**—Audit Committee, Joseph Rowntree Foundation	**Member of Court**—University of York	Nil
Dr Lorraine Boyd (Non-executive Director)	Nil	Equity Partner Millfield Surgery	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Ms Lynne Mellor (Non-executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Position with BT (telecom suppliers)

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies 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 com-missioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Steve Holmberg (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Jim Dillon (Non-Executive Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Simon Morritt (Chief Executive)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity **Act as Trustee** Medi-cinema		Nil
	Other: Member of the Independent Reconfiguration Panel (Independent Committee advising the Secretary of State on contested health service re-configuration.					
Mr Andrew Bertram (Executive Director Director of Finance/ Deputy Chief Execu-tive)	Nil		Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	**Member** of the NHS Elect Board as a member representa-tive	Nil
Mrs Heather McNair (Chief Nurse)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr James Taylor (Medical Director)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

Director	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultan-cies 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 com-missioning 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
Mrs Wendy Scott (Chief Operating Officer)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mr Brian Golding (Director of Estates and Facilities)	Nil	**Managing Director**— YTHFM LLP	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Spouse is Director of Strategy and Planning at HEY NHS FT	Spouse is a Director at HEY NHS FT and Trus-tee of St Leonards Hos-pice
Ms Polly McMeekin (Director of Work-force & OD)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil
Mrs Lucy Brown (Acting Director of Communications)	Nil	Nil	Nil	**Act as Trustee** –on behalf of the York Teaching Hospital Charity	Nil	Nil

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Public Board Minutes – 31 July 2019

Present: **Non-executive Directors**

Ms S Symington	Chair
Mrs J Adams	Non-executive Director
Mrs J McAleese	Non-executive Director
Ms L Mellor	Non-executive Director
Mr J Dillon	Non-executive Director
Mr S Holmberg	Non-executive Director

Executive Directors

Mr M Proctor	Chief Executive
Mr A Bertram	Deputy Chief Executive/Director of Finance
Mrs H Hey	Acting Chief Nurse
Mrs W Scott	Chief Operating Officer
Mr J Taylor	Medical Director
Ms P McMeekin	Director of Workforce & OD

In Attendance:

Corporate Directors

Mrs L Brown	Acting Director of Communications

Trust Staff

Mrs L Provins	Foundation Trust Secretary

Observers:

Lesley Pratt	Healthwatch York
Sally Light	Governor – York Public
Steve Sullivan	Bayer
Margaret Jackson	Lead Governor
David Wilson	Member of the Public
James McHale	Molnlycke Healthcare
Nicki Rodgers	Staff

Ms Symington welcomed everyone to the public Board meeting at York Hospital. She especially welcomed Heather McNair, the new Chief Nurse together with Jim Dillon and Stephen Holmberg, two new Non-executive Directors who were attending their first Board meeting at the Trust.

19/60 Apologies for absence

Apologies were received from Mr Keaney (Non-executive Director), Lorraine Boyd (Non-executive Director) and Mr Golding (Director of Estates and Facilities/ LLP Managing Director).

19/61 Declarations of interest

No further declarations of interest were raised. Mrs Provins noted that she is still working with Heather McNair and Jim Dillon on their declarations. She also noted that Mrs Scott's title should be Chief Operating Officer and this will be amended on the next version.

19/62 Minutes of the meeting held on the 29 May 2019

The minutes of the meeting held on the 29 May 2019 were approved as a correct record.

19/63 Matters/actions arising from the minutes

Action Log:

18/69 – Risk Management Framework – this was presented to the Quality Committee earlier on the same day and will come to the next Board meeting.

18/82 – The Carter metrics were discussed the Resources Committee earlier the same day and Mr Bertram noted that there was nothing material to report.

19/44 – Mrs Scott stated that there was no real update on the Cancer Network work on the breast oncology service, but that work continued with partners.

19/46 – A paper on Care Group Governance was presented to the private Board meeting.

No further items were discussed.

19/64 Patient Story

Mr Proctor read out a patient story regarding care on ward 33 following an acute admission.

The Board welcomed the positive comments about the care and staff involved.

19/65 HYMS Academic Year

Ms Symington reminded the board that the relationship with the Medical School was critically important to the Trust to ensure the maintenance and development of staff.

Mr Jayagopal, HYMS Clinical Dean, provided a presentation on Vision and Leadership on medical training in our trust.

Mr Jayagopal stated that it was important that the Trust did not lose the opportunity to provide first class facilities for both existing and new staff. He noted that being able to

provide elements of teaching is a big attraction to new clinical staff. He shared his vision for improved learning facilities on the York Hospital site for all students in education for clinical careers.

Mr Jayagopal stated that the current low student ratings received by HYMS relates to students not feeling anchored to one place due to constant moving around and the need to start mentoring relationships all over again. He stated that it is difficult to develop contacts and familiarity, if you are rotating very six months, although this is balanced by the different experiences and learning opportunities provided at each site.

Ms Mellor stated that she had recently attended a HYMS awards night and had the opportunity to talk to a number of students Mr Jayagopal stated that the school produces excellent doctors who are in a position to start working straight away and feels that there is not enough self-belief amongst the students.

Mr Holmberg stated that he did not know the history of the development of the Medical School, but wondered if there was a service level agreement in place so that both parties could hold each other to account. HYMS was formed at the end of 2003 and has had the same partners during that time, although there are plans for North Tees to join the school in 2021. It was noted that Health Education England pays the Trust purely on the basis of numbers. Mr Proctor stated that it was very much a Hull dominated venture when it formed and that York had previously considered going solo. He noted that relationships have vastly improved in recent years.

Mr Proctor also noted that the bid for Bootham Park has fallen through so there may still be opportunities there for the development of learning facilities. He noted that he has biannual meetings with the HYMS Dean on improvements required, but there is never anything about the relationship with students. Ms McMeekin attended an annual meeting in relation to the students.

Mr Dillon stated that it was about selling a lifestyle and that both Scarborough and York can offer a great lifestyle and place to live, but good experience has to be matched with good accommodation. He noted his last project at the Council was to provide student accommodation with facilities such as a gym. Mr Dillon also noted that projects like these also provided opportunities to make money.

Mr Bertram stated that one of the reasons the work to envisage what improved learning facilities could like had been commissioned, was to create a vision which could be shared with partners and potential sponsors. A project like this would take up the whole of the capital programme and that was not feasible without the support of funding partners. Mr Jayagopal stated that the cost of the project will be calculated in phase 2.

Mrs McNair was delighted that it was a multidisciplinary approach with opportunities for collegiate learning and it was about buying into the vision for a centre of excellence/ learning.

Mrs McAleese asked if the University of York had been approached as they were looking for city centre space and Mr Jayagopal confirmed that discussions were being held.

Ms Symington thanked Mr Jayagopal for his presentation and assured him of the full support of the Board. She asked him to come back to the Board in November to let the

Board know about any progress with the plans and also to provide an update on tackling any difficulties with the number of students going forwards.

Action: Mr Jayagopal to provide an update to the Board on the plans for a new build and any difficulties being experienced due to the increase in student numbers. The Board thanked Mr Jayagopal for the presentation and fully supported his ambitions to provide better learning facilities on the York site.

19/65 Chief Executive Update

Moving to a Care Group Structure – Mr Proctor provided an overview of the move from 15 directorates to 6 Care Groups which he stressed had been the right thing to do as it provided a more streamlined and clinically led structure. The new structure comes into place tomorrow and has been fully discussed and supported by the new Chief Executive.

CQC Inspections – Mr Proctor stated that the Trust had been through a really tough time in the last 4 to 6 weeks. He stated that the CQC had been focused on Scarborough, but only because the Trust had previously made them aware of the issues in relation to workforce and activity. Mr Proctor stated that the CQC had sought some assurance from the Trust on what was being done to keep patients safe. Mr Proctor stressed that the CQC did not highlight to the Trust anything that the Trust was not already aware of and he wished to provide assurance to the CQC and the Board that the workforce position was due to improve in the autumn. He also noted the really important work with the Coventry University and that the school of nursing there was now in its second year.

Mr Proctor stated that the CQC could not have chosen to visit at a worse time in relation to workforce. The final report should be available at the end of August.

Small Rural Hospitals Network – Mr Proctor stated that he had received a question from Andrew Butler, one of the Trust's Governors, suggesting that the Trust should try to create a national network of hospitals in a similar position to Scarborough. Mr Proctor stated that he had been trying to progress this for about the last 15 months and he remembers a meeting with Jeremy Hunt, the last Health Secretary when he came to York for the NHS 70th birthday celebrations. Jeremy Hunt had offered his support and then promptly changed jobs 2 days later.

Mr Proctor stated that the Trust has now linked into work with the Nuffield Institute which is being led by Nigel Edwards who is aware of Scarborough from Ed Smith's nationally recognised work on Emergency Departments. Mr Proctor and Mrs Scott attended the first meeting which involved Chief Executives and Medical Directors of other small rural hospitals and the Royal Colleges. Mr Proctor and Mrs Scott presented the work done at Scarborough and this will now lead to the creation of a network which the Trust will be part of. Mrs Scott also noted the NHS Long Term Plan states that a model will be described for small rural hospitals.

Thank you and goodbye – Mr Proctor who is retiring today wished to thank his team. He noted each director and the invaluable support and contributions they had provided. Mr Proctor stated that it had been an absolute pleasure to work with and be part of a really good team. He noted his 20 something years of experience with different executives and NEDs and that it had reminded him that everyone is just "passing through" and that the organisation is bigger than any one individual.

The Board noted the work being done especially in relation to the CQC and asked to be kept in formed at every stage.
The Board gave thanks to Mr Proctor for his service to the Trust and to the NHS.

19/66 Quality & Resources Committees – Items for escalation

Capital for Digital – Ms Symington defined the paradox that capital was constrained and the future was about the use of technology, requiring investment.

CRR and BAF - Mrs Adams stated that the Resources Committee had wanted to note the fact that the BAF and CRR is being looked at in some detail and that it was noted that there are some signs of improvement in the levels of medical staff so that this risk score may reduce going forward.

Sustainability Work – Green Champions – Mrs Adams stated that a list of projects are being worked on with WRM and the projects will embrace sustainability and an environmentally friendly approach which will be supported by a number of Green Champions who will raise the profile of objectives such as cutting down on travel and carbon emissions. The sustainability team are seeking Board support for the Green Champions – an unpaid role. Ms Symington stated that the Board absolutely support the work and it would be useful to be provided with an update in 6 months' time.

Action: Sustainability Report to the Board in January 2020.

Staffing – The Resource Committee had highlighted the extraordinary lengths the Trust has gone to, to ensure staffing improves on the East Coast in September and October. Mr Taylor highlighted that staffing would improve at both York and Scarborough. Ms McMeekin stated that a new incentive for nurses at Scarborough had been agreed for the next 2 months which will be monitored by the Workforce Team on a weekly basis. Mrs McAleese stated that this would also have a positive impact on quality and safety as agency staff do not always understand the systems in place. However, Ms McMeekin stated that the Trust will need to be mindful of York staff thinking the incentive is unfair and that it may cause a drop in take up when it finishes in October.

QIA Process – The Resources Committee noted that there is a robust CIP QIA process in place and that all the CIP schemes have been reviewed by the Medical Director and will also be reviewed shortly by the Chief Nurse.

Digital - The Resources Committee talked about the digital agenda at length and it was noted that the digital strategy can only be formulated once the clinical strategy is in place. Ms Mellor stated that the digital strategy should be an enabler to the current Trust strategy. Mrs Adams stated that currently a lot of piecemeal updates are received, but this needs consolidating. Mr Bertram stated that the Executive Team will pick this up.

Mrs Scott stated that she has been discussing the development of a clinical strategy with the Care Groups. Consideration needs to be given to how it links with 'Clever Together' and listening to staff about the barriers and issues that exist. Mrs McNair stated that for her it is about clinical transformation and underpinning what is needed to drive change in clinical practice and that this should be clinically led.

Duty of Candour – Mrs McNair stated that she will be doing some work on this as compliance should be at 100%.

Annual Reports – Mrs McNair stated that a number of Annual Reports came to the Quality Committee one of which was the Infection Prevention and Control Annual Report which was mandated to come to the Board. The report contained ambitions for the future and the major impact of the ageing estate and the ongoing investment required in the infrastructure d. She noted the C Diff outbreak at Scarborough and the MRSA colonisation of babies on SCBU at York which she stressed had not resulted in any harm to babies. She noted that the team would like the Board to support the refurbishment of wards and note their worries about the aging estate. The team were keen to support the alignment of IPC nurses into the new Care Groups and Mrs McNair wanted to commend the team on the production of the report.

Maternity CNST – Mrs McNair stated that the Maternity Team had worked through the 10 CNST safety actions. The evidence had been seen by the CCG and reports had been taken to the Quality Committee who recommended that the Board approve the sign off of the submission. The CNST premium reduction is worth £500k to the Trust. The Board approved and supported the work.

Mrs McNair stated that year 3 of the work will be more difficult to achieve without any investment and she will bring the new standards to the Board as soon as they are received.

It was resolved that the Board endorsed the work of the Committees and approved the CNST submission.

19/67 Integrated Board Report

C Difficile Data in the Integrated Board Report – Mrs McNair wished to raise that there was a data error and that the figure of 28 for June should read 38.

Catering Hygiene Audits – Ms Symington stated that she was shocked and disappointed at these statistics, particularly in York. It was noted that this had been discussed at the Resources Committee and that there is to be an increase in inspection and supervision. It was reported that catering staff had been doing the cleaning and what was needed was domestics to do the cleaning. A number of staff will be migrated over from catering to the domestic team.

Clinical Effectiveness Group - Mrs Adams asked about the Clinical Effectiveness Group and why it has not met since January. Mr Taylor stated that this had been raised at the Quality Committee this morning and it was noted that it had met last week, but is in the process of being combined with the Patient Safety Group and will be part of the Care Group structure changes. Mr Taylor noted that he will be chairing this group.

It was resolved that the Board noted the C. Dif data amendment and will work on ensuring the integrated board report is a key tool for discussion.

19/68 Home First Update

Mr Reed highlighted a number of points from the report including the formation of primary care networks and how these will form the basis for the resign of community teams working across a primary care network footprint. He noted it was an exciting and challenging time and he stated that the foundations were now in place to respond to the national agenda. In relation to information systems there was work going on to enable different GP systems and System 1 to share information in real time. Mr Reed stated that in relation to mobile working in the community, this would make a big difference allowing more efficient and timely sharing and recording of data. Mr Reed also noted that the Venn consultancy work done on capacity and demand was highlighting the structural issues causing people to become stranded in hospital.

Ms Symington asked if it would be helpful for someone involved in the primary care networks to come and talk to the Board. Mr Reed thought that someone would be more than happy to come and talk and he suggested that someone from the super network is approached; however, Mr Proctor advised caution as the networks would develop at different paces and he suspected that it would not be a united voice.

Action: Consider in discussion with new CE, PCN presentation to board.

Mr Reed stated that the primary care networks would provide a direct interface with the community and that things which have been traditionally done by the hospital would change rapidly.

Mrs Adams stated that she had enjoyed the reports and asked if the figures from the Venn work tied in with the Trust's DTOC figures. Mr Reed described the Venn Consultancy work that had taken place and the key themes that had emerged.

Mrs Adams stated that she hoped the independent consultancy review would help to develop action by the system. Mrs Scott stated that the A & E risk summit would include reference to this as it was a contributing factor. However, Mrs Scott stated that two City of York CQC reports on the system have already been received and very little action has taken place to date, but the summit is another opportunity to get the issue on the table to agree joint actions.

Mr Reed stated that bringing together both the Local Authority's services and the Trust services will transform it into a genuine single integrated service. Mr Reed stated that the Trust's plan is on schedule, but there have been team changes and the networks are coming on line. He envisages the biggest piece of work will be around culture and that home is the right place to be because some staff still feel it is safer to keep patients in hospital.

Ms Mellor noted a discussion about digital and the digital strategy in the Resources Committee and the need for digital to be an enabler.

Mr Reed explained that the creation of the Yorkshire and Humber care record will be a key enabler and allow information to be entered in on any system and viewed by all.

Mr Proctor stated that Mr Reed was about to change jobs and that he had done a fantastic job as Head of Strategy and that he was well known, valued and liked within the system.

It was resolved that the Board commended the work being done and supported the need for system working in relation to out of hospital care. The Board also thanked Mr Reed for all his work in his current position and wished him well in his future position.

19/69 Outpatient Transformation Programme Update

Mr Hindmarsh stated that he had been working closely with the CCG Lead on a huge range of work to do with transforming OPD. The OPD has approximately 800,000 contacts a year and is the Trust's biggest patient facing service. Mr Hindmarsh highlighted areas from the paper; removal of faxed and paper referrals, outpatient clinic utilisation, expansion of text message reminders, video consultation clinics and patient initiated follow ups.

Mr Holmberg stated that there were pitfalls with patient-initiated follow ups and consequences to getting it wrong. His main concern was how the GP was kept in the loop. Mr Hindmarsh stated that the pilot in rheumatology was being led by Mark Quinn and it was very much to do with judgement call, the personality of the individual and clinical priority. The patient would remain under the care of the hospital and the GP would be informed of this. It would also allow patients to be seen quicker if they have an issue instead of having to go back to the GP and be re-referred in. Mr Holmberg thought it sounded as though it would place a greater demand on services and Mr Hindmarsh stated that specialist nurses would also be involved and it was not necessarily about seeing the consultant all the time. He noted that the advice and guidance system is working well.

Mrs Scott stated that the patient initiated follow up is a pilot He stated that the risk of harm was low and patients are carefully selected to participate. Mr Holmberg stated that he was also worried about equality of access and Mr Hindmarsh stated that this would very much be a judgement between the consultant and the patient. Mr Taylor stated that it was very much aligned to mental capacity assessments and he noted that not everyone will be suitable for this.

Mrs Adams stated that she noted the change to text messaging seemed to be that patients had to opt out rather than opting in. Mr Hindmarsh stated that some clinics will not use it but the usage is slowly creeping up and will continue to do so over the next 6 to 12 months as people come for their appointments. Mrs Adams stated that the two-way texting also felt like another step forward. He stated that some of this work was allowing the reorganisation of resources and would help to drive down DNA rates.

Mrs Adams mentioned the number of empty slots which seemed extraordinarily high. Mr Hindmarsh stated that he had looked at this and you needed to get into the detail to see what is happening. He noted that this requires an investment in training and supporting staff so that they all follow the same processes. Currently slots may be left empty, but then there will be a number of overbooked slots used which tends to even things out. It is fundamentally about getting staff to use the correct processes.

Ms Mellor stated that it was really exciting and that there was a clear requirement for this to be reflected in the digital agenda and the overarching digital strategy. Ms Mellor stated it was a bold move in the right direction. She had attended a conference where a number of technology firms were presenting and there are a number of technology solutions which will improve efficiency.

Ms Symington asked if the number of OPD appointments will reduce and Mr Hindmarsh stated that he thought it would not change much, but that there would be different ways working and the Trust would manage people differently. Mr Bertram stated that going forward new investment monies will not need to be invested in people doing traditional jobs.

Mrs Scott stated that the reason this work has been able to progress was due to the senior leadership given to it and the provision of resource to support it.

Ms Symington thanked Mr Hindmarsh for the paper and briefing.

It was resolved that the Board was positive about the work being done and noted the links between transformation and digital enablers.

19/70 Freedom to Speak Up/Safer Working Guardian Update

Freedom to Speak Up - Ms Smith provided an overview of her paper including that there had been an overall decrease of contacts in Bridlington over the last 6 months from 19 to 13 a month, however, patient safety concerns have gone up with the majority being at Scarborough. She noted that the line management training is being rolled out via the Care Group structure through the year, but she would like participants to include their reflective diaries as part of their appraisals. Ms Smith would also like to consider how to get feedback from harder to reach staff.

Mrs Adams commended Ms Smith on her work and that she had really listened to staff and addressed their concerns. She asked if the numbers were more in line with what would be expected. Ms McMeekin noted the reduction in speak ups overall and especially relating to those regarding bullying behaviours but sought clarification as to whether the actual number of speak ups about patient safety had increased.

Mr Bertram stated that for him it was around feedback and whether people would use this route again and more than 8 out of 10 said that they would, which was positive. Ms Smith noted that this was higher than the national average.

Mrs McAleese asked if the issues around patient safety were really issues or just to do with perception. Ms Smith stated that a small percentage were to do with staff shortages, but usually they were part of a bigger discussion.

Mrs McAleese asked how learning was captured in order to deliver real change. Ms Smith stated that this was often difficult with individual concerns, but was being done in relation to bigger issues affecting a ward or department which allowed some triangulation to take place, but she was unsure how that would be captured.

Mrs McNair asked about the decrease in numbers as often outstanding organisations had hundreds of contacts. Ms Smith stated that this is the first reduction and the Trust is sixth nationally in quarter 4.

Mr Holmberg asked about whether this had stopped issues being raised via other routes. Ms Smith stated that she had done a lot of work on this internally, but was unsure about external contacts. Ms Smith stated that she always asks whether contacts have first

pursued other routes. Mrs Brown stated that it has not made a difference to what comes in externally.

Safer Working Guardian – Ms Smith highlighted the April to June report and that exception reporting remains consistent. She noted that more senior junior doctors are now reporting. Ms Smith stated that the main change was that the contract had just been renegotiated and this put more responsibility and accountability on the Trust, but that the Trust is already doing some of this work. There is a requirement for a champion of flexible working which will need to be addressed.

Ms Smith stated that the new doctors arrive tomorrow and that it will be a busy time as usual. She noted the Doctors Awards evening went well and that the BMA would be publishing an article about the awards.

It was noted that the Trust should be in a better position following changeover with more doctors in post.

Mr Proctor noted that Ms Smith was leaving and the fantastic work she had done and that the Junior Doctors really value her work. He stated that it had provided a valuable way in for him to interact with the juniors and make them feel part of the organisation.

It was resolved that the Board fully supported the Guardian work and welcomed the better position expected following junior doctor changeover. The Board thanked Ms Smith for all her hard work which had set the Trust on a very positive footing with this agenda.

19/71 Reflections on the Meeting

Mrs Adams was not entirely sure that the Board had received the time to consider the issues today. It was noted to be a difficult balance trying to avoid duplication.

Mrs Adams felt that important items such as meeting national standards had not been discussed in the public session.

Mr Bertram has stated that if the full day was taken in the round then everything has been discussed.

It was resolved that the Board noted the comments about time to consider issues and avoiding duplication and would continue to look at the structure and timetable.

19/72 Any other Business

Accountable Officer – Ms Symington noted that Mr Bertram would take up the role of Accountable Officer for the Trust for the period 31 July to 4 August until the new Chief Executive came into post.

No further business was discussed.

19/73 Date and Time of next meeting

The next public meeting of the Board will be held on 25 September 2019 in the Discussion /Dining Room, Post Graduate Centre, Scarborough Hospital.

Outstanding actions from previous minutes

Minute No. and month	Action	Responsible Officer	Due date
18/69	Risk Management Framework to be reviewed following the revision of the committee structure. Reviewed at CRC – 14.3.19. Reviewed by the Quality Committee on 31.07.19	Ms Jamieson/ ~~Mrs Geary~~	~~Jan 19~~ ~~Feb 19~~ ~~Apr 19~~ ~~July 19~~ Aug 19
18/82	Mr Golding to bring the Carter metrics to the next meeting. Reviewed by the Resources Committee on 31.07.19.	Mr Golding	Completed
19/44	To bring an update on the Cancer Network work on the breast oncology service.	Mrs Scott	Completed
19/46	To bring the Care Group governance and performance management arrangements.	Mrs Scott Mrs Provins	Completed
19/65	Mr Jayagopal to provide an update to the Board on the plans for a new build and any difficulties being experienced due to the increase in student numbers.	Mrs Provins	Nov 19
19/66	Sustainability Report to the Board in January 2020.	Mr Golding	Jan 2020
19/68	Consider in discussion with new CE, PCN presentation to board.	Ms Symington	October 19

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Chief Executive's Overview

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

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

Executive Summary – Key Points

The report provides updates on the following key areas:

- Chief executive's listening exercise
- CQC inspection
- Support to improve acute flow
- Acute Service Review
- Temporary theatre at Bridlington Hospital
- ICS Accelerator Programme

Recommendation

For the Board to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: September 2019

1. Introduction

This is my first public board meeting since joining the trust at the start of August, and I'd like to start by thanking everyone for welcoming me into the organisation.

It is my belief that one of the key roles of an effective chief executive is to make it easier for everyone else to do their job to the best of their abilities.

To support this, I have begun a large-scale listening exercise to hear and understand the barriers facing our staff.

Before I joined the trust I sent letters to a cross section of 650 staff, asking them to tell me about the key things they feel prevent them from doing their most vital work.

Also, since joining, I've been touring the trust, listening and learning through a series of drop-in sessions. I've hosted nine sessions so far, and will hold more through to November.

The findings from this listening exercise will be shared at an event for 200 staff in November where I plan to share our analysis of where we are and what we might do next, and where I will invite the audience to challenge and confirm our conclusions.

We will then launch our first online workshop which will enable everyone to respond to the outcomes of the event.

By the new year we will have a comprehensive analysis of what our staff believe is needed to fix the basics and will have validated this plan together with staff. We will continue to use these methods to ensure the voice of our colleagues really does lead to improvements.

We are being supported in this work by Clever Together, who bring significant experience and expertise in this field, and who have successfully used this approach in other trusts.

I will keep the board updated as the work progresses.

2. Care Quality Commission inspections

As Board colleagues are aware, the CQC's inspection of core services took place between 18-20 June. As part of this inspection the CQC team spent time in Scarborough and Bridlington Hospitals, speaking to staff and patients. Following the initial inspection visit we have had further correspondence with the CQC, where they have requested some additional information and assurance, and they have also returned to Scarborough Hospital to visit other areas.

In addition, the use of resources assessment took place on 2 July. This was carried out by NHS Improvement/NHS England, however it will feed in to the CQC process and our overall ratings report. This assessment involved a day of panel interviews looking at our use of resources in five areas: clinical service, clinical support services, corporate services, people and finance.

The CQC has also carried out the 'Well led' part of their review between 16-18 July, interviewing key staff in relation to this particular domain of the CQC inspection framework.

As with previous inspections, the inspectors complimented the open and honest approach of the staff they met and commented on the commitment and care demonstrated in all parts of the Trust.

Much of the initial feedback focussed on the areas we would all recognise and expect, in particular nurse staffing, medical cover (particularly at night) and consistency of record keeping.

The CQC acknowledge that we recognise our challenges and are taking actions to address them.

We expect the final report to be published in the next few weeks.

3. Support to improve acute flow in our hospitals

In both of our acute hospitals we continue to face difficulties in consistently meeting the emergency care standard, and we have been identified as a system in need of support.

We have been offered support from a number of expert teams within NHSE/I and the Emergency Care Intensive Support Team (ECIST) to help us to develop solutions and to support staff in delivering the plans we already have in place, and I want to summarise these various elements.

The resource offer from NHSE/I includes the following areas:

- Seven day working
- An invitation to participate in the national SDEC workforce collaborative
- Ambulance handover
- Delayed transfers of care/long length of stay (alongside the wider system)

The various teams are being coordinated through Marie Herring, who is providing support to us until the end of November. The recommendation is that we focus on two key priorities, same day emergency care (SDEC) and SAFER, as these are likely to have the greatest impact.

To further support this work, the trust's acute board has been combined into a single board (rather than one per site) with refreshed terms of reference and membership. The acute board, chaired by me as chief executive, will have as its key priorities the development and delivery of SDEC and SAFER.

Finally, as a result of the recent A&E risk summit, we have been required as a system to develop an action plan. The plan comprises three strands:

1. Anticipatory/pre-hospital (led by the CCGs and primary care)
2. In hospital (led by the trust)
3. Out of hospital (led by the local authorities and community providers)

The delivery of this plan will be managed through the Health and Care Resilience Board (formerly the A&E Delivery Board) which I will chair.

4. Acute Service review

A meeting took place in August which brought together a broad representation from our system partner organisations. At that session, which was attended by our board members, we discussed the progress of the Scarborough Acute Service Review, and articulated a number of next steps, including:

- Completion of clinical model development work in key specialty areas (A&E/acute medicine, general surgery and urology, maternity and paediatrics)
- Finalising the activity and finance analysis of models
- Completion of 'drivers of deficit' analysis and how this affects operation of models
- Development of a strategic approach to out of hospital involving community and primary care partners and CCGs within the Scarborough locality and across North Yorkshire as a whole
- Understanding the role of Bridlington Hospital in the future delivery of acute and community services
- Actively participate in the Small Rural Hospitals Network

A follow-up meeting is planned for October.

5. Temporary theatre at Bridlington Hospital

A mobile theatre unit was installed at Bridlington Hospital in 2013 to support the move of planned orthopaedic surgery from Scarborough to Bridlington. The contract for this unit has been renewed on an annual basis since then, however the company that leases the theatre to the trust notified us that they will not renew the contract, which means that the theatre will be removed in October 2019.

The trust had not planned to remove the theatre, however following a review of the lists that are currently undertaken at Bridlington, there is sufficient remaining capacity to continue to provide the current level of activity in Bridlington without the need to move cases elsewhere. This means that disruption to patients can be avoided.

6. ICS Accelerator Programme

As an 'aspirant' ICS, the Humber Coast and Vale Health and Care Partnership is receiving support through the ICS Accelerator Programme in the expectation that the partnership can achieve ICS status by April 2020.

Work is already underway, with a formal launch of the programme planned for early October. Support will be delivered through a combination of workshops, sharing best practice, and work on key documents and strategies to assist the Partnership receiving ICS status.

The three priorities and areas of focus will be:

- Partnership strategy
- Operating arrangements
- Stakeholder engagement

I expect that as a trust we will be active participants in this programme of work as it develops.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Strategic Outline Case for Scarborough Hospital Transformation of Emergency & Urgent Care Project

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

To provide the Trust's Board of Directors with an overview of the Strategic Outline Case ('SOC') for the Scarborough Hospital Transformation of Emergency & Urgent Care Project so that they can approve the SOC.

Executive Summary – Key Points

The purpose of submitting the Strategic Outline Case ('SOC') for the Scarborough Hospital Transformation of Emergency & Urgent Care Project to the Board of Directors is to receive its feedback on, and approval of, the SOC so that the case can be forwarded to the Humber, Coast & Vale HCP for onward transmission to the NHSI/E for its approval.

Recommendation

The Board of Directors is asked to note the contents of the Strategic Outline Case for Scarborough Hospital Transformation of Emergency & Urgent Care Project and to provide feedback on, and approval of, the SOC so that the case can be forwarded to the Humber, Coast & Vale HCP for onward transmission to the NHSI/E for its approval.

Author: Dr Andrew Bennett, Head of Capital Projects

Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: September 2019

1. Introduction and Background

The purpose of submitting the Strategic Outline Case ('SOC') for the Scarborough Hospital Transformation of Emergency & Urgent Care Project to the Board of Directors is to receive its feedback on, and approval of, the SOC so that the case can be forwarded to the Humber, Coast & Vale HCP for onward transmission to the NHSI/E for its approval.

2. Overview of Strategic Outline Case

In the summer of 2018, the Trust submitted a capital investment bid to the Humber, Coast and Vale Health and Care Partnership for £40m to deliver new accommodation to facilitate the introduction of the Acute Medical Model at Scarborough Hospital and the necessary engineering infrastructure required to support the operation of a new building at the hospital as well as future estate development at the site. The aim of these new facilities is to allow the Emergency Department to expand and thereby also incorporate same-day assessment and treatment facilities and the site's Acute Medical Unit. The Trust's bid was combined with bids from HUTH NHS Trust and NLAG NHS FT by the Humber, Coast and Vale Health and Care Partnership and submitted to NHS Improvement for approval.
In December 2018 the Trust received notice that the bid had received provisional approval from NHSI subject to the preparation, submission and approval of a 3-stage project business case that follows the principles of the HM Treasury's Green Book, which sets out requirements for appraising, evaluating and justifying projects and programmes. In order to access the £40m funding to deliver the project, the Trust is therefore required to submit, in the following order, a Strategic Outline Case ('SOC'), an Outline Business Case ('OBC') and a Full Business Case ('FBC'): each case should be completed and approved before work commences on the next one. The YTHFM LLP's Capital Projects Team has been working with Trust stakeholders to develop the SOC for most of 2019. The target date for submitting the SOC for the project to the Humber, Coast and Vale Health and Care Partnership is the end of September 2019, whereupon it will be issued to NHS Improvement together with SOCs from HUTH NHS Trust and NLAG NHS FT. It is currently expected that, at each stage of the three business case stages, the central government approvals process may take up to six months before a decision is issued to the Trust.

The SOC, the OBC and the FBC are each divided into 5 further cases using the HM Treasury's 'five case model'. The five cases are as follows: the strategic case, the economic case, the commercial case, the financial case and the management case. The contents of the SOC can be summarised as follows.

2.1 Strategic Case

The Strategic Case in the SOC describes the strategic context of the project and the case for change and investment. The SOC explains the Acute Medical Model for the Scarborough Hospital emergency and urgent care services and locates it within the context of the McKinsey-led East Coast Review, which was commissioned by the Trust, the Scarborough and Ryedale CCG and the Humber, Coast and Vale Health and Care Partnership. The Acute Medical Model is a new model of care for the emergency and urgent care services in response to the challenges of geography, demographics, recruitment and retention of clinical and nursing staff, the current capacity of Scarborough

Hospital and the sustainability of clinical services in the Scarborough locality. The Strategic Case in the SOC also locates the project clearly within the Trust's Estate Strategy and the site development plans for Scarborough Hospital.

2.2 Economic Case

At the heart of the Economic Case within the SOC is the 'Long List' of options for delivering the project. These options can be summarised as follows.

- Business as usual (Option 1)
- Do minimum (Option 2) - Single storey block, co-located UEC / AMM services and sufficient engineering infrastructure to support the new building and site development (circa 2900 sq metres gross internal area plus plant space)
- Do intermediate (Option 3) - 2-storey block of roughly 2900 sq metres per floor (plus engineering plant space) to include accommodation for UEC / AMM and shell accommodation for future expansion/re-provision of clinical services (e.g. inpatient facilities) services and sufficient engineering infrastructure to support the new building and site development
- Do intermediate + (Option 4) - 2-storey block of roughly 2900 sq metres per floor (plus engineering plant space) to include accommodation for UEC / AMM and shell accommodation for future expansion/re-provision of clinical services (e.g. inpatient facilities), sufficient engineering infrastructure to support the new building and site development as well as limited additional backlog maintenance
- Do maximum (Option 5) - 3-storey block for UEC / AMM and shell accommodation for future expansion/re-provision of clinical services (e.g. inpatient facilities) services, new helipad, sufficient engineering infrastructure to support the new building and site development as well as extensive additional backlog maintenance.

The Economic Case proceeds to outline the indicative economic costs of each option (capital and revenue costs) as well as each option's economic benefits to the Trust. The SOC clearly identifies options that can be delivered within the provisional funding allocation of £40m.

The Preferred Way Forward, as defined in the HM Treasury Green Book guidance, is to take Options 1-4 through to the next stage (OBC) for further detailed analysis. Option 5 has therefore been discounted at the conclusion of the SOC.

2.3 Commercial Case

The Commercial Case within the SOC outlines the commercial and procurement arrangements for the project. It details the likely procurement strategy for the project and the form of construction contract that would be used as well as the benefits and risks associated with this approach.

2.4 Financial Case

The Financial Case within the SOC discusses the overall affordability of each option in the Long List and the payback periods for each one. A complex Value for Money spreadsheet supplied by NHS Improvement has been completed for each option, which analyses in detail the financial elements of the project. At the heart of the SOC's Financial Case is

cost avoidance: the cost avoidance that is generated by the new model of care that avoids inpatient admissions and reduces length of stay, the cost avoidance of not having to provide additional inpatient capacity in the form of new ward accommodation and the cost avoidance that arises from eliminating backlog maintenance via the construction of new building stock.
NB. The Board of Directors will see references to 'VFM templates' in the SOC document. These templates have not been included in the documents that are being submitted to the Board of Directors because the key information contained within them is already included within the main SOC document. So it was felt that there would be no added value to including them in the Board of Directors meeting pack. The VFM templates will, however, form part of the appendices to the SOC that is issued to the Humber, Coast & Vale HCP.

2.5 Management Case

The Management Case within the SOC details the project management and project governance arrangements for the project. The project has a well-defined internal governance framework with functioning project groups and a Project Board that has Executive Director membership from the Trust as well as clear communication links internally to stakeholders and the Board of Directors and externally to the Humber, Coast and Vale Health and Care Partnership and NHS Improvement. There is a Project Manager and a Project Director in post for the project and a programme for delivering the SOC and the remainder of the project. There is established cost control for the project and to date financial commitments have been minimised, although the limited utilisation of external consultants (cost advisor and architect) to support the development of the SOC has been necessary.

3. Next Steps

Subject to the Trust Board of Directors' approval of the SOC at its September 2019 meeting, the next step is to submit the final SOC document to the Humber, Coast and Vale Health and Care Partnership by the end of September 2019. The Trust's SOC will be collated with the SOCs from HUTH NHS Trust and NLAG NHS FT for onward submission to NHS Improvement to be entered into an extended approvals process within central government. The planning objective at the start of the SOC process was that all three trusts would aim to get Board approval for their SOCs by the end of September. It has, however, become clear in the last few days that NLAG NHS FT'S SOC will not be submitted for Board of Directors' approval until the Board meeting at the start of November 2019. The Humber, Coast & Vale HCP has, for very sound reasons, already committed to NHS Improvement that a single consolidated SOC will be submitted from the three trusts (HUTH, NLAG and YTHFT). So unfortunately the assumptions about the timescales for the central approvals process, and therefore the overall project programme contained within the SOC, may have to be slipped to reflect the fact that a consolidated SOC will not be submitted to NHS Improvement and the central approvals process until mid-late November rather than October 2019.

4. Detailed Recommendation

The Board of Directors is asked to note the contents of the Strategic Outline Case for Scarborough Hospital Transformation of Emergency & Urgent Care Project and to provide feedback on, and approval of, the SOC so that the case can be forwarded to the Humber, Coast & Vale HCP for onward transmission to the NHSI/E for its approval.

York Teaching Hospital NHS
NHS Foundation Trust

Scarborough Hospital

Transformation of Emergency and Urgent Care

Strategic Outline Case (SOC)

Version No: 9
Date: 27/08/20/9
Author: Joanne Southwell

Version No: V9
Issue Date: 27 August 2019

VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Owner's Name
Draft V1	12/06/19	First Draft Version	Joanne Southwell
Draft V2	08/07/19	Activity additions	Joanne Southwell
Draft V3	09/07/19	David Thomas review	Joanne Southwell
Draft V4	09/07/19	James Hayward review	Joanne Southwell
Draft V5	10/07/19	Andrew Bennett review	Joanne Southwell
Draft V6	11/07/19	Finance additions	Joanne Southwell
Draft V7	12/07/19	Issue to Project Board & HCP	Joanne Southwell
Draft V8	12/08/19	Issue to Exec Directors & NHSI advisors	Joanne Southwell
Draft V9	27/8/19	Updated following Exec Directors & NHSI advisors comments	Joanne Southwell

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1. Executive summary

1.1 Introduction

This SOC seeks approval to invest an estimated £40 Million of Humber Coast and Vale (HCV), Health and Care Partnership (HCP) central funding to provide a capital build and engineering infrastructure solution to address:

- the extensive clinical and operational challenge in providing sustainable, responsive emergency care in a department which is too small, overcrowded, non-compliant, inflexible and no longer fit for purpose

- the critical fragility of the existing engineering site infrastructure which is non-compliant and at maximum capacity with major operational critical services working on non-essential power together with the burden of outstanding backlog maintenance

Receipt of this capital investment is the only way that we can address the urgent patient safety issues that our teams deal with on a day to day basis. The reality of the current situation of running an Emergency Care service in a sub-optimal facility is that our patients incur unacceptable waiting times. Ambulances are unable to off-load patients in a timely manner and dedicated practitioners are, despite their best efforts, unable to deliver the standard of care that our health population deserve.

The facility that this investment will deliver is crucial to reducing the clinical risk and patient safety issues within acute and emergency care. It also supports our future transformation programme of acute services and improved patient flow that together will deliver improved patient outcomes and experience.

In relation to the engineering infrastructure, our Site Condition Survey describes the catastrophic, critical, high risk and non-compliant nature of the current engineering infrastructure. Without this investment, the current infrastructure is unable to support this proposed capital build and service transformation or any future capital expansion.

The McKinsey Scarborough Acute East Coast Services Review phase one report sought to understand the clinical, operational and financial drivers that support a case for change. The main purpose of the review was to consider the most appropriate configuration of Scarborough's acute services to ensure that they are adequately supported by other specialties, fit for purpose, sustainable, accessible and deliver the highest possible quality of care. The Trust remains committed to sustaining effective urgent and emergency care services in Scarborough and the review has focused on how we can ensure that services are configured in the future to support this commitment.

The presentation of the stage 1 review in 2018 included the commitment to provide 24/7 emergency care, ensuring specialty support and engagement. It

was also evident that to meet current challenges; recruitment, geography, demand and demography of the East Coast, the existing model of service would need to change and develop together with our healthcare partners.

The ensuing HCP bid focused on provision of a new model and clinical pathway of delivering urgent care at the front door; the AMM, requiring a capital build solution and investment in mechanical and electrical infrastructure to support the build for the Scarborough site.

This transformative approach is owned at a programme level by our HCP partner, Humber Coast and Vale, who set the strategic direction for the three Trusts (York, NLAG, HUTH) focusing on acute services across the patch for the Wave 4 submission bid. This specific SOC describes the capital build project to enable the Acute Medical Model implementation and the investment required to enable the engineering infrastructure at Scarborough.

1.2 Strategic case

1.2.1 The strategic context

The strategic drivers for this investment and associated strategies, programmes and plans are as follows:

- High quality sustainable services
- Workforce – recruitment & retention
- Finance efficiencies – living within our means

The main strategic objective of this SOC capital build project is to design and construct an accommodation solution to implement the Acute Medical Model to support the local population demographic growth and complexity by completion in 2024.

Significant and critical engineering infrastructure (mechanical and electrical) investment is required as an enabler for the capital build solution.

1.2.2 The case for change

The existing situation is as follows (excerpt from McKinsey Acute East Coast Services Review):

Summary case for change for Scarborough	
The local population is ageing and has changing Health needs…	▪Life expectancy in Scarborough is below the national average for men, driven by high rates of stroke and coronary heart disease ▪The local population (within the catchment) is growing by 0.2% per year but ageing, with the number of people over 70 projected to grow over the next seven years ▪This will result in a higher prevalence of people with long term

	conditions (LTCs) and frailty ▪Scarborough has a large and seasonal non-resident population- there are 5 million nights a year spent in the Scarborough region by tourists ▪The underlying population is projected to grow by 2.2% by 2030, in the same period demographic related activity growth in non-elective care is projected to increase by 10.4%
… requiring a different sort of care to that historically provided…	▪Care for people with LTCs and frailty needs to be provided in a different way & in a different place than in the past ▪It will need a more proactive approach , delivered by multi-disciplinary teams working together, with easier access to diagnostics and specialist opinion and more consistent quality of care ▪It will also require greater use of technology, e.g. virtual outpatient clinics or remote monitoring
… which will result in decreased in hospital activity…	▪Currently over 50% of NHS funds available for the local population are spent in the acute sector ▪The clinical evidence base suggests that a greater focus on prevention of ill health and on caring for people with LTCs and frailty in the community can potentially reduce the need for care within the acute hospital resulting in better health status and greater independence ▪Examples from elsewhere suggest that new models of out of hospital care could reduce the amount of acute activity by ~3.5% per year
… which is good for the local population, but will put further pressure on already fragile, low volume acute hospital services	▪Scarborough Hospital is recognised as a remote site, 42 miles away from the nearest hospital, challenging collaborative working ▪As a result of population size and demographics, acute hospital services in Scarborough have relatively low volumes and acuity, and a relatively high number of patients who could be treated in a different environment –51% of attendances at Scarborough ED (including the UCC) were for minor problems –73% of all bed days were occupied by patients over 65, compared with 60% nationally –Stranded non elective patients accounted for 65% of all bed days ▪Services which need to be provided 24/7 are particularly difficult with relatively small numbers of patients –Obstetrics sees ~1,400 deliveries per year, the 7th smallest consultant led obstetric unit nationally –There were fewer than 3,000 admissions last year to Paediatrics ; the national average approaches 5,000 –Only 70% of doctors in training report adequate experience at Scarborough ; the national average is 90% ▪24/7 services are more expensive to run in Scarborough: ED, women's services and children's services costs are 124%, 120%

	and 128% of indexed national average assessed costs respectively ▪Staffing of services providing 24/7 care is particularly difficult to provide –46% of posts in Emergency and Acute Medicine are not filled with a substantive appointment –26% of consultant workforce is over 55 –Locum/agency/bank expenditure at Scarborough Hospital was £10.6 million in 2016/17
The Trust therefore needs to change its model of care to continue providing high quality sustainable services	▪Building on experiences of similar sized hospitals elsewhere, this is likely to involve: –New forms of collaboration with neighbouring hospitals , in particular York, while remaining cognisant of travel times between the two sites –More integrated arrangements with local primary and community care services –New workforce models and potentially greater use of technology –Identifying opportunities to utilise the Bridlington site

On the basis of this analysis, the potential scope for the scheme ranges from:

Business as usual

- Undertaking the minimum irreducible necessary routine maintenance and repairs & planned minor works improvements using internally funded Trust capital

Do maximum – Capital new build providing

- Clinical basement accommodation (part floor)
- Ground floor accommodation for the Acute Medical Model
- First floor clinical expansion space to re-provide 1930's existing Nightingale Wards
- Third floor engineering plant room
- Helipad sited on plant room roof
- Engineering infrastructure to support AMM new build & Site Development Plan
- Elimination of extensive backlog maintenance

1.3 Economic case

1.3.1 The long list

Within this potential scope, the following options were considered using the options framework:

Option 1 Business as usual (Status Quo)
Undersized accommodation & fragmented services & no engineering infrastructure to support any capital expansion

Option 2 Do minimum
One storey right size accommodation & co located services & sufficient engineering infrastructure to support AMM capital build & Site Development Plan.

Option 3 Do intermediate
Two storey right size accommodation & co located services for AMM (ground floor) & shell (first floor) for clinical expansion & sufficient engineering infrastructure to support the AMM capital build & Site Development Plan
The shell will allow the Trust to re-provide ward accommodation for 4 Nightingale wards currently in the 1930's North Block of the site and may be subject to a Wave 5 HCP bid.

Option 4 Do intermediate +

Two storey right size accommodation & co located services for AMM (ground floor) & shell (first floor) for clinical expansion & sufficient engineering infrastructure to support the AMM capital build & Site Development Plan & elimination of limited backlog maintenance

Option 5 Do maximum

Three storey right size accommodation & co located services for AMM (ground floor) & shell (first floor) for clinical/non-clinical expansion & basement accommodation (clinical) & Helipad and sufficient engineering infrastructure to support AMM capital build & Site Development Plan & elimination of extensive backlog maintenance

1.3.2 Indicative economic costs

Option 1 represents the business as usual and as such does not have capital spend or revenue/monetisable (cash / non-cash releasing) benefits, it is, therefore, not represented in the table below.

Option 1 includes the notional cost of an additional ward (£2.6m per annum), that will be required if we do not change the patient pathway and reduce the length of stay; the new ways of working are planned with the proposed AMM. Backlog maintenance costs of £21m are also included within the business as usual and may be required at any point given the critical condition of the estate. Business as usual results in the hospital continuing to run above capacity, with a shortfall of up to 40 beds at peak times. (McKinsey report stage 1 refers).

The indicative costs for the schemes illustrate the full projection using the value for money templates, which project cost and savings over a 60 year period. The net cost and savings benefits are summarised below, and are detailed on the attached appendices VFM templates (Appendices 3-6). Net savings are negative on these tables. The capital costs include lifecycle costs incurred on the new build.

The growth in demand that will be experienced regardless of the AMM building is included in the revenue "Business as usual" and each of the options. Any capital that may be required in the future for growth expansion, over and above the benefits achieved with this scheme, are not included here.

Table 1: Indicative economic costs of the schemes to the year 2083/84

	Undiscounted (£000)	Net Present Cost (Value) (£000)
Option 2 – Infrastructure & AMM (do minimum)		
Capital	£62,022	£32,772
Revenue	£217,019	£27,060
Total costs	**£279,041**	**£59,831**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£278,561**	**£59,578**
Non-cash releasing benefits	(£483,788)	(£132,608)
Total	**(£205,227)**	**(£73,030)**
	Undiscounted (£)	Net Present Cost (Value) (£)

Option 3 - Infrastructure & AMM & shell (do intermediate)		
Capital	£74,061	£38,946
Revenue	£244,044	£28,779
Total costs	**£318,105**	**£67,726**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£317,625**	**£67,472**
Non-cash releasing benefits	(£483,788)	(£132,608)
Total	**(£166,163)**	**(£65,135)**
	Undiscounted (£)	Net Present Cost (Value) (£)
Option 4 – Infrastructure & AMM & shell &elimination of limited backlog maintenance (do intermediate+)		
Capital	£79,360	£40,377
Revenue	£242,330	£28,779
Total costs	**£321,690**	**£69,157**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£321,210**	**£68,903**
Non-cash releasing benefits	(£483,788)	(£133,404)
Total	**(£162,578)**	**(£64,500)**
	Undiscounted (£)	Net Present Cost (Value) (£)
Option 5 – Infrastructure & AMM & shell & basement & helipad &elimination of extensive backlog maintenance (do maximum)		
Capital	£87,030	£44,501
Revenue	£258,110	£29,834
Total costs	**£345,139**	**£74,335**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£344,659**	**£74,081**
Non-cash releasing benefits	(£483,788)	(£134,200)
Total	**(£139,128)**	**(£60,118)**

Option 2 – The Acute Medical Model draws in the existing revenue costs from the combining of our Emergency Department and our Acute Medical Assessment Unit, which currently admits patients. Under the new AMM patients

will be assessed and increasingly, seen and treated in the same day, improving recovery times. Additional costs incurred from the estates and facilities costs of serving a larger area are partially offset by savings from the closure of the existing facility and changes in ways of working under the AMM approach. The use of the existing ED facility will form part of the wider Estates Strategy, SDP, going forward.

The cash releasing benefits illustrated in the model are the reduction in PDC and depreciation on the cost avoidance of eliminating backlog maintenance. The non-cash releasing benefits are the cost avoidance of an additional ward, and cost avoidance of eliminating backlog maintenance. Lifecycle maintenance costs are included within the cost model going forward and should prevent the need for one off capital for backlog maintenance in the future. The ward shortfall was identified in the McKinsey stage 1 review and the need for an additional ward should be avoided by reducing length of stays, with the new ways of working within the AMM. The overall target length of stay reduction in bed days is 5,800 bed days mainly impacting when the AMM is fully operational. The net saving over the 60 year period (VFM template details) is £205m

Option 3 includes the same benefits as the model in option 2, with the additional benefit of clinical expansion space above the Acute Medical Model Floor. This will allow the Trust to re-provide all the current 4 Nightingale 1930's adult ward accommodation into this space in future years.

A Nightingale Ward is one main room without subdivisions for patient occupancy. It has side areas for utilities and has limited or no side room accommodation. This means that each Nightingale Ward is single sex in order to deliver the Same Sex Accommodation agenda and has extremely limited privacy and dignity and an outdated model for delivery of nursing care. Wards of this nature have high Infection Prevention risks due to its layout and proximity of patients to one another.

The replacement of these wards is consistent with and in full support of the Trust's approved Estate Strategy. This new accommodation will be replacement ward accommodation for Ann Wright Ward, CCU, Graham Ward and Stroke Unit. The fit out and revenue running costs of the accommodation will require a separate Trust Capital business case in due course and may be subject to a Wave 5 HCP bid.

This option includes minimal revenue costs necessary to provide essential background heating only for the additional shell and the additional capital cost is estimated to be £6.3m. The net saving over the 60 year period (VFM template details) is £166m

Option 4 includes the model in option 3; with the addition of further capital spend on elimination of backlog maintenance of £1m. The net saving over the 60 year period (VFM template details) is £163m

Option 5 includes the model in option 4; with the addition of further capital spend on elimination of backlog maintenance of £1m, the addition of a basement with capital costs of £1.5m and the provision of a rooftop helipad with capital costs of £1m. The net saving over the 60 year period (VFM template details) is £139m

1.3.3 The preferred way forward

On the basis of the above long list of options, the preferred and recommended way forward is as follows:
Options 1, 2, 3 and 4 will be taken forward within the Outline Business Case (OBC) as the preferred way forward. Option 5 is discounted due to the extensive cost over and above the financial bid envelope.

The main benefits to patients, families, visitors, and staff, Trust, Local Health Economy and Society are:

- Improved compliant accommodation fit for purpose and sized for future capacity expectations
- Improved access to diagnosis for quicker assessment and decision making
- Consolidation of fragmented services to create the Acute Medical Model improving clinical outcomes and reducing length of stays.
- Improved ambulance turnaround and handover releasing crews more quickly
- Improved ability to meet our performance KPI's & remain within budgetary requirements
- Potential for job boost to the local economy
- Elimination in backlog maintenance, revenue and servicing future costs
- Future clinical expansion space

1.3.4 The short list

On the basis that the preferred way forward is agreed, we recommend the following options for further, more detailed evaluation within the OBC:

- Option 1 – Business as usual (Status Quo)
- Option 2 – Do minimum – Engineering infrastructure & 1 storey build to accommodate the Acute Medical Model
- Option 3 – Intermediate – Engineering infrastructure & 2 storey build to accommodate the Acute Medical Model & shell of future upper storey
- Option 4 – Intermediate + – Engineering infrastructure & 2 storey build to accommodate the Acute Medical Model & shell of future upper storey & elimination of limited backlog maintenance

Consequently, the preferred option will be identified and recommended for approval within the OBC.

1.4 Commercial case

1.4.1 Procurement strategy

The Trust subject to further analysis at OBC stage, would envisage procuring this scheme utilising the Procure 22(or successor) NHS approved capital delivery model in accordance with the Government Procurement Agreement (WTO) and the EU Consolidated Public Sector Procurement Directive (2004).The Trust has had significant experience of utilising the predecessor form namely P21 and P21+, but would anticipate proceeding through the process to select a Principal Supply Chain Partner from the 6 approved contractors.

1.4.2 Required services

A high level capacity and demand modelling exercise has been concluded. (Appendix 2) .This has been based on the new Acute Medical Model predicted demand and future growth projections.

The required products and services in relation to the preferred way forward are briefly as follows:

Predominantly new build to co-locate acute services for new clinical model:

Acute Medical Model
Resus bays
Majors & minors bays
GP led Urgent Treatment Centre (UTC)
Streaming bays
Triage & First Assessment Area
Reception & waiting area – age appropriate to include Paediatrics
Same Day Emergency Care
Surgical Assessment Unit
Frailty Unit
Allied Health Professional Hub
Mental Health Services
Consulting Rooms
<24 hour overnight beds/trolleys
New/partially new blue light access route to new build
Diagnostics to include CT, General X/Ray and Ultrasound
Relocation of some adjoining services
Clinical support facilities

Improved infrastructure services including, but not limited to:

High Voltage (Ring Main) SF6 replacements
Low Voltage Switchgear (To include Generators)
Oxygen Ring Main (Second VIE)

Ventilation Plant
Steam Main Replacement
Water/Gas Devices/Drainage
Pneumatic Tube System for Pathology specimens

1.4.3 Potential for risk transfer and potential payment mechanisms

The main risks associated with the scheme will be managed through the Risk Management Strategy which will assign risks to the most appropriate parties to manage the risk. This may include:

Architect
M&E Consultant
Structural Engineer
Principal Designer
Principal Supply Chain Partner, PSCP
Trust (Corporate, Operational)
YTHFM LLP (Capital, Estates Trust project managers)

Risk transfer and payment mechanisms will be in accordance with the P22 framework NEC 3 contract. These will be tied down contractually within the deal selected at stage 3 or 4 with the Principal Supply Chain Partner, PSCP.

1.5 Financial cases

1.5.1 Summary of financial appraisal

The indicative financial implications of the proposed investments are set out on the attached appendices, (VFM templates). Each template includes Option 0 (Option 1 on the SOC word document) which is the business as usual and one of the further “Investment” options (numbered 1-4 on the VFM template and 2-5 on the word document). Each template runs for 60 years and includes cost assumptions as set out in paragraph 1.3.2 above.

Table 2: Indicative financial implications

The following table sets out the additional capital and revenue costs in financial terms (not discounted) for the full 60 year period. The tables all assume that lifecycle maintenance will be funded internally along with the revenue costs, and are recorded as existing funding streams. The capital costs associated with the new options are set out as additional funding requirement.

All schemes are inflated, and include cost based growth pressures of 2% and a CIP target of 1% each year. All capital costs are exclusive of VAT as the capital build will be managed through the Trusts subsidiary company York Teaching Hospital Facilities Management LLP and therefore VAT is recoverable.

Preferred way forward: Option 2 Infrastructure and AMM (Do minimum)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	5,996	13,502	14,202				28,322	**62,022**
Revenue cost	0	0	0	-12,353	1,796	1,833	225,744	**217,019**
Total	**5,996**	**13,502**	**14,202**	**-12,353**	**1,796**	**1,833**	**254,066**	**279,041**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,268**
Total net impact	**5,996**	**13,502**	**14,202**	**-15,040**	**-978**	**-1,032**	**-221,878**	**-205,227**
Funded by:								
Existing	0	0	0	-15,040	-978	-1,032	-221,878	-238,927
Additional	5,996	13,502	14,202	0	0	0	0	33,700
Total net impact	**5,996**	**13,502**	**14,202**	**-15,040**	**-978**	**-1,032**	**-221,878**	**-205,227**
Preferred way forward: Option 3 Infrastructure and AMM & shell (do intermediate)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	6,692	16,315	17,015				34,039	**74,061**
Revenue cost	0	0	0	-12,072	2,202	2,241	251,673	**244,044**
Total	**6,692**	**16,315**	**17,015**	**-12,072**	**2,202**	**2,241**	**285,712**	**318,105**

Monetiseable benefits	0	0	0	-2,686	2,774	-2,864	-475,943	**-484,268**
Total net impact	**6,692**	**16,315**	**17,015**	**-14,759**	**-572**	**-623**	**-190,231**	**-166,163**
Funded by:								
Existing	0	0	0	-14,759	-572	-623	-190,231	**-206,185**
Additional	6,692	16,315	17,015	0	0	0	0	**40,022**
Total net impact	**6,692**	**16,315**	**17,015**	**-14,759**	**-572**	**-623**	**-190,231**	**-166,163**
Preferred way forward: Option 4 Infrastructure and AMM & shell & basement & elimination of extensive backlog maintenance (do maximum)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	6,691	16,315	18,015				38,339	79,360
Revenue cost	0	0	0	-12,338	1,738	1,777	251,153	242,330
Total	**6,691**	**16,315**	**18,015**	**-12,338**	**1,738**	**1,777**	**289,492**	**321,690**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,286**
Total net impact	**6,691**	**16,315**	**18,015**	**-15,025**	**-1,036**	**-1,087**	**-186,451**	**-162,578**
Funded by:								
Existing	0	0	0	-15,025	-1,036	-1,087	-186,451	**-203,599**
Additional	6,691	16,315	18,015	0	0	0	0	41,021
Total net impact	**6,691**	**16,315**	**18,015**	**-15,025**	**-1,036**	**-1,087**	**-186,451**	**-162,578**
Option 5 Infrastructure and AMM & shell & elimination of limited backlog (do intermediate)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital	6,691	18,315	19,515				42,509	**87,030**
Revenue	0	0	0	-12,181	1,440	1,480	267,371	**258,110**
Total	**6,691**	**18,315**	**19,515**	**-12,181**	**1,440**	**1,480**	**309,879**	**345,139**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,268**
Total net impact	**6,691**	**18,315**	**19,515**	**-14,867**	**-1,334**	**-1,384**	**-166,064**	**-139,128**
Funded by:								
Existing	0	0	0	-14,867	-1,334	-1,384	-166,064	**-183,649**
Additional	6,691	18,315	19,515	0	0	0	0	**44,521**
Total net impact	**6,691**	**18,315**	**19,515**	**-14,867**	**-1,334**	**-1,384**	**-166,064**	**-139,128**

1.5.2 Overall affordability and balance sheet treatment

The Director of the Health and Care Partnership will work with Commissioners jointly across the patch to agree support of the initiative and the support of the principles and service transformation set out within the scheme.

The funding requirement is set out on the above tables.

Option 2 has a capital requirement of £33.7m (excluding VAT) and has a payback period of 18 years.

Option 3 has a capital requirement of £40m (excluding VAT) as submitted for the Wave 4 Capital Bid. This option has a payback period of 32 years.

Option 4 has a capital requirement of £41m (excluding VAT) and a payback period also of 33 years.

Option 5 has a capital requirement of £44.5m (excluding VAT) and a payback period of 39 years

It is envisaged that the assets underpinning delivery of this project will be recorded on the Trust Balance Sheet as a non-current asset initially at cost and subsequently at current value in existing use.

1.6 Management case

1.6.1 Project management arrangements

This scheme is an integral part of the HCP programme, which comprises a portfolio of projects for the transformation of acute services and diagnostics across the Humber Coast and Vale patch, York, HUTH, and NLAG Trusts.

These are set out in the Strategic Outline Programme (SOP) for the project, which was agreed in the first half of 2018.

To ensure the successful development of the scheme and production of the SOC, OBC and Full Business Case (FBC), the Trust Project Board have approved the flow chart attached (Appendix 1) which describes the internal approval process, project management reporting, interaction of each stakeholder group and communication channels .

1.7 Recommendation

We recommend that the final Strategic Outline Case is submitted to the Trust Board in September for approval. A draft of the SOC will be submitted to the HCP in July to allow for collation into a HCP wide SOC submission (York, HUTH, and NLAG) by end of September 19. The final Trust Board approved SOC will be submitted to the HCP by 30 September 2019. Following approval of the SOC, the OBC and FBC will be developed by each Trust independently.

We recommend to the Board that Options 1, 2, 3 and 4 are carried forward as the Preferred Way Forward with Option 3 identified as the Preferred Option for more detailed analysis within the OBC.

Signed: Simon Morritt
Date: 25 September 2019
Chief Executive
Senior Responsible Owner

2. The Strategic Case

2.1 Introduction

This Strategic Outline Case seeks approval to invest an estimated £40 Million of Humber Coast and Vale, HCP central funding to provide a capital build and engineering infrastructure solution to address:

- the extensive clinical and operational challenge in providing sustainable responsive emergency medicine in a department which is too small, overcrowded, non-compliant, inflexible and no longer fit for purpose

- to reduce the clinical risk and patient safety issues within emergency care and support future transformation of acute services, patient flow improved patient outcomes and experience

- the critical state and risks associated with the existing engineering site infrastructure

- the burden and significant concerns with the enormous catalogue of backlog maintenance issues

This capital investment is key to addressing the above issues without which a transformative service redesign through the introduction of the Acute Medical Model (AMM), cannot be realised in the long term.

This SOC has been prepared using the agreed standards and format for business cases, as set out in HM Treasury, The Green Book, Central government guidance on appraisal and evaluation.

The approved format is the Better Business Cases Five Case Model, which comprises the following key components:

- The **strategic case** section. This sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme
- The **economic case** section. This demonstrates that the organisation has selected a preferred way forward, which best meets the existing and future needs of the service and is likely to optimise value for money (VFM)
- The **commercial case** section. This outlines what any potential deal might look like
- The **financial case** section. This highlights likely funding and affordability issues and the potential balance sheet treatment of the scheme
- The **management case** section. This demonstrates that the scheme is achievable and can be delivered successfully in accordance with accepted best practice.

Part A: The strategic context

2.2 Organisational overview

York Teaching Hospital NHS Foundation Trust, Scarborough and Ryedale CCG and East Riding CCG, working under the auspices of the Humber, Coast and Vale Health and Care Partnership, agreed to undertake an independent clinically led review of the configuration of acute services at Scarborough.

The review sought to understand the clinical, operational and financial drivers that support a case for change, moving from tactical, piecemeal improvements or service developments towards a clinically and financially sustainable model fit for the future.

The main purpose of the review was to consider the most appropriate configuration of Scarborough's acute services to ensure that they are adequately supported by other specialties, fit for purpose, sustainable, accessible and deliver the highest possible quality of care. The Trust remains committed to sustaining effective urgent and emergency care services in Scarborough and the review has focused on how we can ensure that services are configured in the future to support this commitment.

Stage 1 of this review concluded at the end of 2018 with a number of clinical models for consideration. Primary among the proposals is the commitment to 24/7 emergency care, ensuring specialty support and engagement. It was also evident that to meet current challenges; recruitment, geography, demand and demography of the east coast, the existing model of service would need to change and develop together with our healthcare partners.

The ensuing HCP bid focused on provision of a new model and clinical pathway of delivering urgent care at the front door; the Acute Medical Model (AMM), requiring a capital build solution and investment in mechanical and electrical infrastructure to support the development for the Scarborough site. This transformative approach is owned at a programme level by our HCP partner, Humber Coast and Vale, who set the strategic direction for the three Trusts (York, NLAG, HUTH) focusing on acute services and diagnostics across the patch for the Wave 4 submission bid.

The strategic drivers for this investment and associated strategies, programmes and plans are as follows:

1. High quality sustainable services
2. Workforce – recruitment & retention
3. Finance efficiencies – living within our means

The main strategic objective of this SOC capital build project is to design and construct an accommodation solution to implement the Acute Medical Model to

support the local population demographic growth and complexity by completion in 2024.

Significant engineering infrastructure (mechanical and electrical) investment is required as an enabler for the capital build solution but also to address the crucial current non-compliant, high risk issues with backlog maintenance.

Additionally, if the Preferred Option, determined in OBC, is selected, this will add a clinical expansion shell space above the Acute Medical Model Floor. This will allow the Trust to re-provide all the current 4 Nightingale 1930's adult ward accommodation into this space in future years.

A Nightingale Ward is one main room without subdivisions for patient occupancy. It has side areas for utilities and has limited or no side room accommodation. This means that each Nightingale Ward is single sex in order to deliver the Same Sex Accommodation agenda and has extremely limited privacy and dignity and an outdated model for delivery of nursing care. Wards of this nature have high Infection Prevention risks due to its layout and proximity of patients to one another.

The replacement of these wards is consistent with and in full support of the Trust's approved Estate Strategy. This new accommodation will be replacement ward accommodation for Ann Wright Ward, CCU, Graham Ward and Stroke Unit. The fit out will require a separate Trust Capital business case in due course and may be subject to a Wave 5 HCP bid.

The existing situation is as follows (excerpt from McKinsey Acute East Coast Services Review):

Summary case for change for Scarborough	
The local population is ageing and has changing health needs…	▪Life expectancy in Scarborough is below the national average for men, driven by high rates of stroke and coronary heart disease ▪The local population (within the catchment) is growing by 0.2% per year but ageing , with the number of people over 70 projected to grow over the next seven years ▪This will result in a higher prevalence of people with long term conditions (LTCs) and frailty ▪Scarborough has a large and seasonal non-resident population-there are 5 million nights a year spent in the Scarborough region by tourists ▪The underlying population is projected to grow by 2.2% by 2030, in the same period demographic related activity growth in non-elective care is projected to increase by 10.4%
… requiring a different sort of care to that historically provided…	▪Care for people with LTCs and frailty needs to be provided in a different way & in a different place than in the past ▪It will need a more proactive approach , delivered by multi-disciplinary teams working together, with easier access to diagnostics and specialist opinion and more consistent quality of care ▪It will also require greater use of technology, e.g. virtual outpatient

	clinics or remote monitoring
… which will result in decreased in hospital activity…	▪Currently over 50% of NHS funds available for the local population are spent in the acute sector ▪The clinical evidence base suggests that a greater focus on prevention of ill health and on caring for people with LTCs and frailty in the community can potentially reduce the need for care within the acute hospital resulting in better health status and greater independence ▪Examples from elsewhere suggest that new models of out of hospital care could reduce the amount of acute activity by ~3.5% per year
… which is good for the local population, but will put further pressure on already fragile, low volume acute hospital services	▪Scarborough hospital is recognised as a remote site, 42 miles away from the nearest hospital, challenging collaborative working ▪As a result of population size and demographics, acute hospital services in Scarborough have relatively low volumes and acuity, and a relatively high number of patients who could be treated in a different environment –51% of attendances at Scarborough ED (including the UCC) were for minor problems –73% of all bed days were occupied by patients over 65, compared with 60% nationally –Stranded non elective patients accounted for 65% of all bed days ▪Services which need to be provided 24/7 are particularly difficult with relatively small numbers of patients –Obstetrics sees ~1,400 deliveries per year, the 7th smallest consultant led obstetric unit nationally –There were fewer than 3,000 admissions last year to Paediatrics ; the national average approaches 5,000 –Only 70% of doctors in training report adequate experience at Scarborough ; the national average is 90% ▪24/7 services are more expensive to run in Scarborough : ED, women's services and children's services costs are 124%, 120% and 128% of indexed national average assessed costs respectively ▪Staffing of services providing 24/7 care is particularly difficult to provide –46% of posts in Emergency and Acute medicine are not filled with a substantive appointment –26% of consultant workforce is over 55 –Locum/agency/bank expenditure at Scarborough Hospital was £10.6 million in 2016/17
The Trust therefore needs to change its model of care to continue providing high quality sustainable services	▪Building on experiences of similar sized hospitals elsewhere, this is likely to involve: –New forms of collaboration with neighbouring hospitals , in particular York, while remaining cognisant of travel times between the two sites –More integrated arrangements with local primary and community care services –New workforce models and potentially greater use of technology –Identifying opportunities to utilise the Bridlington site

2.3 Business strategies

The following local, regional and national strategies form a framework of strategies supporting the HCV HCP Strategic Outline Programme (SOP) of which this Strategic Outline Case describes the capital build and engineering infrastructure delivery project.

Local Strategies:

Scarborough Acute East Coast Services Review (McKinsey report)
Trust 5 Year Our Strategy 2018 – 2023
Patient Safety Strategy
Clinical Strategy
5-10 year Estate Strategy

Regional Strategies:

HCV HCP Strategic Outline Programme
HCV HCP Clinical Services Strategy
HCV HCP Estates Strategy
HCV HCP Acute Services Review

We are a partner organisation within the HCV HCP region together with NLAG and HUTH. The three partner organisations will submit individual SOC's to the HCP who will position the SOC's within a covering narrative which will describe the HCP regional strategic transformation programme focusing on investment in acute and diagnostic services

HUTH's SOC focuses on improving urgent and emergency care flows and appropriate reduction in admissions. Their proposed investment solution is to reconfigure the ground floor of their tower block to enable all their assessment facilities to co-locate and provide additional CT and MRI capacity.

NLaG have received emergency capital funding during 2019 for the diagnostic element of their original bid which has provided them the opportunity to review their HCP Wave 4 submission. The revised bid now encompasses the original acute service transformation and new critical care provision. .

National Strategies:

College of Emergency Medicine
NHS Long Term Plan (Jan 2019)
7 Day Hospital Services – Clinical Standards

2.4 Other organisational strategies

No other organisational strategies at SOC completion.

Part B: The case for change

2.5 Existing arrangements

2.5.1 Acute Medical Model Capital Build

The services which will be integrated into the new Acute Medical Model capital build are currently dispersed throughout the trust site and as such we have an admit to assess clinical model rather than an assess to admit clinical model.

The current Emergency Department is sized at 550m2 and is no longer able to accommodate the demand on services which is rising each year by 6%.

Cherry Ward, 800m2, is our Acute Medical Unit and pathway for all medical admissions from the Emergency Department is remote. This does not provide the opportunity for an integrated care model to work together as an acute front end team to provide the appropriate clinical pathways to reduce admissions and ALOS.

For this SOC, a high level capacity and demand and demographic model has indicated the required schedule of accommodation to co-locate and deliver the integrated model of care. Working with an architect, we have undertaken a massing model to define the Gross Internal Floor Area, GIFA, as 2893m2. Further test to fit will be undertaken during the completion of the OBC.

Our average length of stay to reduce to median peer set levels would require an efficiency of 12% on current clinical models of service. The daily deficit in bed capacity can be up to 40 beds (bed modelling stats) which would indicate that an additional ward is required. The Acute Medical Model and finances for this business case are predicated on reducing the number of admissions at the front door to off-set this requirement, thus avoiding the capital and revenue consequences associated with building and staffing a further ward.

The McKinsey East Coast Services Review reported the need to urgently address the wider growing challenges associated with serving an ageing population.

As at July 2019 the existing emergency medicine medical staffing vacancies are:

29.6% consultant medical staffing vacancies
12.5% non-consultant grade medical staffing vacancies

The non-consultant grade vacancy factor alters twice yearly dependent upon Deanery allocation.

There is a heavy reliance on agency and locum medical staffing which has an impact of £2.5m per annum on our existing revenue budget, financial year 2018/19.

Scarborough Hospital is geographically remote from the nearest alternative main hospital site and holds Trauma Unit status (not a Trauma Centre):

Blue light transfer average journey time is 53 minutes to the nearest alternative ED

Public average drive time is 94 minutes to the nearest alternative ED

The capital build provides the trust the ability to integrate models of care viable from a clinical interdependency perspective moving all acute services to the front door reducing admissions and ALOS.

The challenge around sustainability of hospital services in Scarborough (and the North and East Yorkshire coast) has been recognised for many years. As a result healthcare partners within the locality have put a significant amount of energy and focus on developing a comprehensive system that addresses the acute healthcare needs of the local population, with its challenges around frailty and deprivation, and our significant numbers of seasonal visitors. The work has also been driven by the challenges around recruitment and retention of staff in all clinical areas, the distances and travel times involved in transportation to alternative emergency departments, and the desire to work differently and challenge historical silo working and cultural norms in medicine.

The approach we have taken, and the strategy we have devised is called the "Acute Medical Model", the principles of which are set out below. It is also worth noting that in recent years, from 2016 onwards, the AMM work has been part of a supportive network of 'unavoidably small' rural hospitals looking at common service models and possible financial solutions to the particular issues facing these hospitals, supported by NHSI and the Nuffield Trust. In particular, our work has generated much interest with the Royal College of Emergency Medicine.

Acute Medical Model – Principles

The over-arching principle of AMM is that all patients with an acute healthcare need are seen and assessed as rapidly as possible in order to define their definitive healthcare need. This is enabled by:

- Patients being streamed to the most appropriate service for their needs (ie: Urgent Care stream, Emergency Care stream, alternative services).

- Patients having an initial assessment that acts to deliver 2 key outcomes:

- **Safety**: Observations and a senior review identify those that need immediate care and/or transfer to a definitive provider of that care.

- **Efficiency**: Investigations are done/requested that will enable the decision maker to decide about the next steps asap.

- Patients being worked-up ("clerked") by a generic single team and then reviewed by a Senior Decision Maker (SDM) with an appropriate skill set to make the decision. This is determined by embedded and clearly defined pathways and is not specialty 'silo' specific (e.g. SDM in ED **or** General Surgery could see patient with abdominal pain).

- Patients being managed using an Ambulatory / Same Day or Out of Hospital pathways wherever possible.

- Patients being admitted only following an initial senior review which is undertaken in the Combined Emergency Assessment Unit (ie: combined ED/AMU/SAU). If a patient requires >4hours to ensure safe discharge they are not simply admitted to comply with a specific target.

Acute Medical Model – Practicalities

AMM is currently at an Interim Operating Capability (IOC). For it to reach Full Operating Capability (FOC) it requires:

- 24/7 Urgent Treatment Centre (UTC) that manages all Urgent Minor Injury and Illness co-located with ED and accessible via walk-in and/or NHS 111.

- A 24/7 streaming function to direct patients to most appropriate service, delivered by ED nurses.

- A 24/7 First Assessment function delivered primarily by Advanced Clinical Practitioners or Senior ED doctors.

- A multi-skilled "front of house" clinical team derived from all specialties working together to manage the unselected acute patient group.

- Commitment from ***all*** specialties to support the model and provide prompt senior review/decision making when required.

- Capital investment by the HCP for £40m to deliver the physical space in which AMM can function.

Acute Medical Model – Benefits

The benefits of adopting AMM in full are:

- We transform the workforce into a **multi-skilled and expert team** working to their skillsets, not their specialty, that will assess all potentially sick patients as soon as possible after they, or their GP, has identified them as having an acute healthcare need.

- We cease the **traditional "silo" working and change the current culture** into one that delivers a more patient-focussed approach to care that responds to the increasing medical complexity of our frail elderly population.

- We co-locate and expand the front door assessment function into a single space so **every patient gets to a senior decision making clinician as quickly as possible**.

- We will prioritise **urgent investigations** that will deliver safer and more efficient care and assist in decision making.

- We provide **continuity of care in our wards** by embedding SAFER principles so that sufficient hospital capacity is always available.

- We generate **real efficiencies** and reducing cost of providing the acute & emergency service by eliminating **duplication and** maximizing the use of technology

  We deliver **real integration across primary and secondary healthcare** and between health and social care through greater collaboration.

We concentrate on **improving staff morale** and well-being through delivery of high quality teaching and training.

Below is a table summarising the AMM capital build service requirements (Table 3)

	Table 3 : AMM Capital Build Key service requirements	Option 1 BAU	Option 2 Min	Option 3 Int	Option 4 Int+	Option 5 Max
1	24 access to acute medical services	✓	✓	✓	✓	✓
2	Same Day Emergency Care	X	✓	✓	✓	✓
3	Dedicated diagnostics (Radiology)- rapid assessment & decision making	X	✓	✓	✓	✓
4	Frailty Service	X	✓	✓	✓	✓
5	Efficient access from helipad	X	✓	✓	✓	✓
6	Design build to improve pathway between primary & secondary care	X	✓	✓	✓	✓
7	Improve access within the unit to mental health services	X	✓	✓	✓	✓
8	Improve working environment for recruitment & retention of key nursing & medical staff	X	✓	✓	✓	✓
9	Provide capacity of bays/trolleys for current & future demand management	X	✓	✓	✓	✓
10	Provide dedicated space for collaborative working (Get It Right First Time)	X	✓	✓	✓	✓
11	Plan build to provide efficient & effective patient flow to improve Emergency Care Standard & LOS	X	✓	✓	✓	✓
12	Plan build to improve YAS turnaround times & handover	X	✓	✓	✓	✓
13	Improve engineering site infrastructure to support AMM preferred option & site development plan (Estate Strategy)	X	✓	✓	✓	✓
14	Improve inclusive & accessible built environment	X	✓	✓	✓	✓
15	Ensure CBRN requirements are met	X	✓	✓	✓	✓

2.5.2 Infrastructure 12 Key Service Requirements

The Infrastructure group led by James Hayward, Trust Infrastructure Technical Advisor, have devised a high level brief for each of the 12 schemes which complete the totality of the investment in engineering infrastructure on the Scarborough site to support the AMM capital build and future SDP. The 12 schemes were derived primarily from the Site Condition Survey and describe the catastrophic, critical, high risk and non-compliant nature of the current engineering infrastructure which is unable to support any future capital growth or site development.

- **High Voltage System -** The Radial HV network at SGH has obsolete switchgear and spares are difficult and almost impossible to obtain. There is no resilience to cope with network issues and the system is non-compliant as far as HTM standards are concerned. Whilst the capacity of supply is not an issue the disposition of equipment makes the system inflexible and a risk to the operation of electrical services at the Trust.

- **LV Distribution System -** There is no resilience on cabling to LV sub mains distribution points, the distribution system is at or in some cases over the design limits; the system is non-compliant with HTM requirements.

  Control gear limitation means direct power is difficult to place where needed and has no spare capacity to serve any new developments. The Electrical distribution boards are obsolete & unsafe to work on without isolating large sections of the site; as such special working arrangements are necessary to undertake the most basic of maintenance tasks. It is only a matter of time before there is a catastrophic failure, urgent attention is needed to remedy the arrangements. One MV transformer located in an internal basement room needs temperature monitoring consistently and is a critical single point of failure.

  Thermographic studies are undertaken each year to identify areas of concern requiring short term remedial action.

  Emergency Generators - A twin set of Generators are 40+ years old, obsolete and parts are no longer available, whilst the estates team maintain them there is a low confidence level on the system and this remains a significant risk as the plant serves 2/3rds of the essential power. The control panels and support equipment are obsolete and it is becoming almost impossible to obtain spare parts, within 12 months it is anticipated the current sources will evaporate.

  There is insufficient emergency power capacity to provide essential power to all locations that require it. i.e. CT scanner. The Trust is so concerned that the estates team are in the process of securing the

permanent rental of a standby generator for resilience as the risk is so high.

Emergency lighting needs upgrade as much of the equipment is obsolete. Additional UPS's are required particularly in high clinical risk areas i.e. theatre, ICU.

- **Vacuum Insulated Evaporator, VIE** - The current liquid oxygen supply has sufficient capacity, however remains a risk being the only single point of supply, the demand for oxygen therapy is seeing a steady incremental growth year on year, the system is thus non-compliant as only 1 VIE (N+1) requires 80 oxygen cylinders and storage for backup + labour for cylinder changes etc. There is no Oxygen ring main and as such we propose the provision of a second VIE together with an associated gas ring main to address the serious concerns.

- **Air Handling Units** - The Trust has a plant room to which access has been prohibited because of the significant asbestos danger, within this plant room we have 40 year old + plant, much of which has failed and the remaining equipment has a very short life span, indeed when it fails and it will soon, it will not be possible to effect repairs, putting a number of clinical services at risk. There will be undoubtedly a catastrophic failure in the Radiology plant room resulting in a high risk of losing the entire air feed to the department. The only viable option is to replace the entire plant in a new location and strip out the current plant utilising a specialist asbestos removal contractor.

- **Steam** - The steam mains and condensate line serves the entire hospital site via a single system, 40+ years old. The risk is mitigated by undertaking NDT ultrasonic testing every year due to the age of the system. This remains a single point of failure and given there is no relevant secondary steam supply point in an appropriate location, is considered a very high risk. Loss of this single point of supply would mean 95% of the site would lose heating and hot water effectively closing the hospital.

- **South Wing Roof** - The structure of the main south wing is sound and has a significant remaining life however, the roof at 45+ years old is seeing much of the felt deteriorate and despite multiple short term repairs, the roof needs to be replaced. There is a significant and real potential risk of loss of service to the main hospital block housing ward & theatre accom as well as maternity & ICU, ED etc. We have a solution which would remediate the roof and give it an extended life within accepted RICS norms.

- **Mortuary -** The Trust is required to comply with the requirements of the Human Tissue Authority, HTA, in respect of body storage and management. Over several years the HTA have conducted inspections

with an ever more serious adverse report. The most recent HTA audit identified further significant compliance issues; these require capital investment to correct. It has been made clear that failure to address within 12 months will most likely result in the HTA withdrawing our authority to operate this service; thus effectively shutting the mortuary. There is no compliant air supply is provided to protect the staff working in the clinical environment.

- **Water/gas services and drainage -** The Trust has a number of clinical areas that do not have a tanked water supply and are therefore non-compliant. Accordingly in the event of water failure there is no water storage resilience; in the event of failure this would result in an almost immediate loss of water to some key clinical locations. Combined with other limited tank access, capacity issues are a matter of grave concern. Differential slippage in the South Wing has caused cracks in drains, accordingly replacement or relining works need to be carried out as a matter of urgency.

- **Pneumatic Tube -** The tube system which transports patient pathology samples from clinical areas to the pathology lab is in the order of 16+ years old. It is now obsolete and suffering frequent significant failure, running on old software. Cartridges need replacing due to age. 1000 man hours per year are required to maintain the current system. There are often delays in patient care and delayed discharges due to system failure. Parts are almost impossible to source therefore replacement is the only option, other than to revert to manual sample collection / delivery.

- **Main entrance replacement lifts -** The two lifts are in excess of 40 years old and whilst they are maintained well, there is an increasing frequency of occurrence of service failures. The shafts and infrastructure are sound however; the drive motors, doors, control gear and car linings need urgent replacement to extend the life of the lifts and to maintain service to theatres, ITU and the maternity unit.

- **Relocate helipad** – The current helipad is non-compliant in terms of distance from the hospital building to provide the necessary landing trajectory of the various helicopter services landing and taking-off and has no lighting for darkness landing/departures. The Air/Sea Rescue helicopter cannot currently land at the hospital due to these issues. The planned position of the new capital build for the Acute Medical Model will also necessitate that the helipad is moved. An area has been identified that will provide best fit in terms of compliance and geographical adjacencies to the AMM.

- **Re-provide lost car parking spaces & road infrastructure for Blue Light access** – The site location of the new capital build for AMM will remove current car-parking spaces on an already challenging site for car-

parking. These lost car-parking spaces will need to be re-provided and a suitable area on site has been identified. As the Emergency Department (AMM) will be located to the South West of the hospital site, he current Blue Light access serving the Emergency Department will be reviewed and new road infrastructure will be required.

In conclusion, the narrative above and Table 6 below describe the essential and critical status of the site's supporting infrastructure and Trust's burden of backlog maintenance issues.

The investment of circa £18m will eliminate, over a 25 year life cycle period, the value of £21m, a significant proportion of which will be eradicated in Year 1, from our backlog maintenance burden which complies with the recommendations and findings from the Naylor Review. The Review highlighted the challenges for making sure the NHS has the buildings and equipment it needs but also the scale of the opportunity that the NHS Estate offers to generate money to reinvest in patient care by eliminating and reducing the burden of NHS Estate backlog maintenance.

2.6 Dependencies

The Trust has conducted a high level dependency analysis as part of the engineering infrastructure review looking at capacity of utility services and supporting external infrastructure. Apart from some surface water drainage issues which can be accommodated within the scheme, no limiting factors have been identified. This has also been confirmed as part of the independent CAD21 report carried out in 2017.
The most fundamental dependency is the release and application of the Capital resource to deliver the project, without which the Trust will be unable to progress.

Table 4: Infrastructure 12 Key Service Requirements		1	2	3	4	5	6	7	8	9	10	11	12
Undersized accommodation & fragmented services & no engineering infrastructure to support any capital expansion	Option 1	E	E	D	E	E	E	E	E	E	D	O	N/A
One storey right size accom & co-located services & sufficient engineering infrastructure to support AMM capital build & site development plan	Option 2	E	E	E	E	E	E	E	E	E	E	E	E
Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build & SDP	Option 3	E	E	E	E	E	E	E	E	E	E	E	E
Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build, SDP &elimination of limited backlog maintenance	Option 4	E	E	E	E	E	E	E	E	E	E	E	E
Three storey right size accom & co-located services for AMM & shell for clinical expansion & basement accom (clinical) & helipad & sufficient engineering infrastructure to support AMM capital build, SDP & elimination of extensive backlog maintenance	Option 5	E	E	E	E	E	E	E	E	E	E	E	E

Table 4 contd. Key - Infrastructure 12 Key Service Requirements	Essential/ Desirable/ Optional	Revenue	High level cost*	Condition Survey	Years	Ongoing Maintenance Costs
1 = HV system	Essential	Major	£2m	C	25	£255k
2 = LV distribution system & emergency generators	Essential	Minor	£2.2m	C	25	
3 = 2nd VIE/Oxygen ring main	Essential	Minor	£0.5m	NEW	25	NIL
4 = AHU ventilation replacements	Essential	Minor	£3m	D X	25	£8k
5 = Steam main replacement/emergency supply points	Essential	Nil	£1m	C	25	£60k
6 = South Block roof replacement	Essential	Improve	£1m	C	25	£50k
7 = Mortuary	Essential	Minor	£2.5m	C X	25	£210k
8 = Water/gas services/drainage	Essential	Minor	£0.5m	C	25	£40k
9 = Pneumatic tube system for site pathology	Essential	Nil	£250k	C X	25	£60k
10 = Main entrance lift replacements	Essential	Nil	£200k	C	25	£30k
11= Relocate helipad	Essential	Minor	£250k	NEW	25	NIL
12 = Re-provide lost car parking spaces & road infrastructure	Essential	Nil	£250k	NEW	25	NIL
Contingency, Optimism Bias, Fees etc to be developed in OBC			£4.3m			

*All costs above are inclusive of VAT and will be fully recovered as the project is managed through the Trusts subsidiary company.

Key - Condition Survey	
A= As new and can be expected to perform adequately to its full normal life	C= Operational but major repair or replacement is currently needed to bring up to Condition B
B= Sound, operationally safe and exhibits only minor deterioration	D= Operationally unsound and in imminent danger of breakdown
B © = Currently as B, but will fall below B within 5 years	X= Supplementary rating added to indicate that is it impossible to improve without replacement

2.7 Business needs

There are several important business needs for this new model of care and engineering infrastructure:

2.7.1 AMM

- Standardised care pathways
- Common approaches (integration) across the acute system
- Access to specialist opinion
- Mental health crisis teams available in the AMM
- Requirement for stabilisation and rapid transfer for patients needing escalation
- Greater use of hot clinics (consultant of the day)
- Access to enhanced diagnostics i.e. CT & U/S for rapid diagnosis and decision making
- Enhanced use of IT/technology i.e. telemedicine/tele reporting
- Recruitment & retention incentives by developing a USP i.e. AMM within new capital build
- Opportunities for enhanced skills development and models of care
- Greater partnership opportunities with Primary Care and Community providers and the Yorkshire Ambulance Service.

2.7.2 Engineering Infrastructure

- Compliant mechanical & electrical services upgrade or replacement to support capital build for AMM and future SDP
- Eliminate critical condition C or worse backlog maintenance burden
- Eliminate condition Dx Radiology Plant Room
- Maintain operational viability of the South Wing block by replacing roof
- Maintain HTA approved mortuary services on this site by re-providing a compliant accommodation solution

2.8 Potential service scope and key service requirements

This section describes the potential business scope and key service requirements for the project in relation to the business needs.

The scope and Key service requirements were reviewed and confirmed at the Workshop Day, (See section 2.7). The scope describes 5 different options ranging from Business as usual to Do maximum which is described below.

Business as usual – Option 1

- undertaking necessary routine maintenance and repairs & planned minor works improvements using internally funded Trust capital

Do minimum - option 2

- provides one storey 2893m2 capital build to accommodate the new Acute Medical Model

- Sufficient engineering infrastructure to support the build and the Site Development Plan for Scarborough which is part of the Trust Estate Strategy.

Do intermediate – option 3

- 2893m2 ground floor accommodation for the Acute Medical Model
- 2893m2 first floor clinical expansion space to re-provide 1930's existing Nightingale Wards
- 2893m2 third floor engineering plant room
- Sufficient infrastructure to support the build and Site Development Plan

Do intermediate + – option 4

- 2893m2 ground floor accommodation for the Acute Medical Model
- 2893m2 first floor clinical expansion space to re-provide 1930's existing Nightingale Wards
- 2893m2 third floor engineering plant room
- Sufficient infrastructure to support the build and Site Development Plan
- Elimination of limited backlog maintenance

Do maximum – Option 5

- 500m2 clinical basement accommodation (part floor)
- 2893m2 ground floor accommodation for the Acute Medical Model
- 2893m2 first floor clinical expansion space to re-provide 1930's existing Nightingale Wards
- 2893m2 third floor engineering plant room
- Helipad sited on plant room roof
- Engineering infrastructure to support AMM new build & SDP
- Elimination of extensive backlog maintenance

2.9 Workshop Day

A stakeholder Workshop Day was held on 11 June 2019, facilitated by Paula Atkin from the NHS Strategic Estates Planning Team. Paula also sits on the HCV HCP Steering Group and will be working with the Trust Project Teams as a critical friend and support to the development of the Five Model Business Cases.

Attendees on the Workshop Day included:

Project Director – Dr Andrew Bennett
Project Manager – Joanne Southwell
Trust Infrastructure Technical Advisor – James Hayward
Trust Clinical Lead for Emergency Medicine - Dr Ed Smith
Directorate Manager – David Thomas
Assistant Director of Finance – Julia Leonard
Finance Manager – Lorraine Watson
Matron for Emergency Medicine – Sarah Freer
Yorkshire Ambulance Service – Martin Dodd
Capital Project Managers – Phil Michulitis & Chris Bowes
Capital Team Administrator – Hannah Bailey
Mechanical & Electrical Estates Managers – Kevin Sowersby & Nigel Watkinson

NHS Strategic Estates Planning Team – Paula Atkin

The workshop was prepared in advance by the Capital Team who met with Paula Atkin the week before for review of the prepared flip charts and information to ensure time on the day was optimised and productive. Through robust interactive involvement from the stakeholder group, the following list was debated, discussed and questioned to ensure that the completed options would stand up to challenge and ensure we were always putting the patient at the centre of all decisions to provide the best outcomes for our patients, visitors and staff.

The workshop identified and concluded the following high level findings with supporting tables below:

In preparation for the workshop, the Project Manager worked with an architect to produce a massing model with a set of 6 potential locations for the new capital build. These six potential locations were identified with reference to the Scarborough **Site Development Plan** to ensure best strategic and geographical fit. The Site location options were measured against a set of 12 objectives as noted in Table 5 and ranked 1 – 6 in order of compliancy against the objectives.

Investment Objectives, IO's, Table 6, followed the Green Book guidance i.e. reductions in cost, improved efficiency, improved quality, described procurement and compliance & conformance. The objectives were debated to ensure they reflected the capital build and engineering infrastructure priorities, were SMART and could be measured against each of the 5 options.

Critical Success Factors, CSF's, Table 7, followed the Green Book guidance headings i.e. business needs, strategic fit, benefits optimisation, potential achievability and affordability. The workshop discussed and agreed a set of CSF's which fit the guidance headings.

The **Benefits Criteria** reviewed the benefits to service users/stakeholders as identified in Table 8. We then analysed the Investment Objectives to describe the Direct, Indirect and Wider benefits within the health economy, Table 9.

Capital Build Key Service Requirements, Table 3, measures the 5 options against 15 key service requirements which were identified during the workshop. The group identified that none of the key service requirements applied to BAU however all applied to the remaining options.

Infrastructure Key Service Requirements, Table4, identified the 12 individual schemes comprising the total infrastructure investment bid. These 12 schemes are critical enablers for the capital build and Site Development Plan without which we would be unable to proceed. The 12 schemes were measured against all 5 options to identify case of need in terms of the future capital build and ensuring reduction or elimination of essential and critical high risk backlog maintenance.

Risks & Counter Measures, Tables 10, were identified under the Green Book headings of design, build, funding, operational risks and residual risks. Each risk was discussed along with the counter measure to mitigate the risk with a category of high, medium and low applied.

The **Constraints**, Table 11, were identified during the workshop and an indication made as to whether the constraint applied or not to the 5 options.

A **SWOT** analysis of all 5 options was produced during the workshop as per Table 12 detailing the outcomes.

The following summary assessments are described and tabled in more detail in Section 3, The Economic Case.

Scoping Options, Table 13, describes the range of options considered ranging from Business as Usual to Do Maximum, to be taken forward within the SOC. Option 5 Do Maximum was discounted at this point based on the IO's and CSF's as it was considered financially unaffordable thus identifying Options 1 – 4 as the Preferred Way Forward to be considered within the OBC.

Service Solution Options, Table 14, measured the IO's and CSF's against the 5 options to produce a discounted, possible or preferred outcome. (Table found in section 3.

Service Delivery options, Table 15, measured the IO's and CSF's against the type of build solution available to procure and deliver the capital build and infrastructure to produce a discounted, possible or preferred outcome.

Service Implementation Options, Table 16, measured the IO's and CSF's against the projected timescale options to deliver the capital build and engineering infrastructure to produce a favoured outcome.

Build Options Framework, Table 17, combines the 5 options with consideration to service scope, service solution, service delivery, implementation and funding giving an overall RAG rating for the tabled options. Table 14 confirmed that Option 5 should be discounted with Options 2, 3 and 4 remaining as green or amber as the PWF for further consideration in the OBC.

Summary of Inclusions, Exclusions, and Possible Options, Table 18, summarises the outcome from Tables 13 to 16.

The tables below support the outcomes from the Workshop Day based on the 5 options.

	Table 5: Site locations 1 - 6 (refer to Site Development Plan)						
		Location 1	Location 2	Location 3	Location 4	Location 5	Location 6
	Key: Tick = Fully meets objective ? = Partially meets objective X = Does not meet objective	West Wing Temp Car Park	Pathology	CCU	Existing & OPD	Adjacent to Maple/Lilac	Main Entrance
	Objectives						
1	Proximity to Radiology, Theatres, Critical Care	✓	✓	X	✓	?	✓
2	Geographically central on site for responding clinical teams	✓	✓	X	✓	?	✓
3	Minimal disruption to existing services	✓	X	X	?	✓	X
4	Timescale (do we need to relocate services to build)	✓	X	X	X	✓	X
5	Buildability	✓	✓	✓	X	✓	X
6	Flexible build to accommodate future clinical models	✓	?	X	X	✓	?
7	Affordability £22m + £18m	✓	?	?	✓	✓	?
8	Infrastructure support	✓	✓	✓	?	✓	✓
9	Fit with Estate Strategy Site Development Plan	✓	✓	✓	X	✓	?
10	Access for blue light ambulance	?	✓	✓	✓	?	✓
11	Access for patients and visitors	✓	?	X	✓	X	✓
12	Connectivity to existing buildings	✓	✓	X	✓	✓	X
	Summary (Graded 1 - 6)	**1**	**3**	**6**	**4**	**2**	**5**

Table 6: Investment Objectives

<table>
<tr><td></td><td>Investment Objectives</td></tr>
<tr><td>IO1</td><td>Reduce cost</td></tr>
<tr><td></td><td>Eliminate backlog maintenance from £63m to £42m (reduction of £21m) by 2024 – dependent upon preferred option selected</td></tr>
<tr><td>IO2</td><td>Improve efficiency</td></tr>
<tr><td></td><td>Optimise capacity to:
Improve the time first seen from 30 mins (mean) 47% to 15 mins (mean) for 100% of attendances by 2024
Improve 2 hour decision to admit from 97 mins (mean) 71% to 120 mins for 100% of attendances by 2024
Improve SDEC attendances from 12% to 33%(national target) by 2024</td></tr>
<tr><td></td><td>Improve capacity and access within diagnostics (CT,X/ray, U/S) based on 2018/19 activity and demand profile to 2024 to accommodate:
<table>
<tr><td></td><td>CT</td><td>X/Ray</td><td>U/S</td></tr>
<tr><td>2018/19</td><td>4989</td><td>27265</td><td>1490</td></tr>
<tr><td>2022/23</td><td>6373</td><td>34831</td><td>1903</td></tr>
</table></td></tr>
<tr><td>IO3</td><td>Improve quality</td></tr>
<tr><td></td><td>Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024</td></tr>
<tr><td></td><td>Improve environment for staff, visitors and patients (measure by satisfaction surveys) by 2024</td></tr>
<tr><td>IO4</td><td>Re-procurement</td></tr>
<tr><td></td><td>Increase m2 from 550m2 ED & 800m2 AMU to combined 2893m2 by 2024 to provide capacity for current and future demand modelling</td></tr>
<tr><td></td><td>Provide demand modelled layout i.e. no of specific spaces required per specialist area by 2024
From 11 majors bays to 10 bays
From 3 resus bays to 5 bays
From 2 streaming bays to 5 streaming bays
0 mental health bays to 2 consulting rooms
28 > 24 hr inpatient beds to 16 < 24 hr patient beds/trolleys
2 external ambulance parking bays to 4 bays
1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm
From 20 bays currently accommodating SDEC, First Assessment & GP UTC to 26 bays & 7 patient seating area to accommodate SDEC, First Assessment, GP UTC, SAU & Frailty</td></tr>
<tr><td></td><td>Deliver within cost envelope of £40m by 2024</td></tr>
<tr><td>IO5</td><td>Compliance & conformance</td></tr>
<tr><td></td><td>Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024</td></tr>
<tr><td></td><td>Build to HBN & HTM standards 95% compliant by completion 2024</td></tr>
<tr><td></td><td>Build to BREEAM* standards (good 45%, very good 55%, excellent 70%) Target very good by completion 2024</td></tr>
<tr><td></td><td>Build to Inclusive & Accessible Built Environment Policy 100% by 2024</td></tr>
</table>

* BREEAM Building Research Establishment Environmental Assessment Model

Table 7: Critical Success Factors (CSF'S)	
1	**Business Needs - How well the option meets the agreed investment objectives, related business needs and service requirements**
	Sized correctly for current & future demand modelling
	Provide access to improved diagnostics (CT, X/Ray/ Ultrasound, Pathology)
	Designed to optimise adjacency and consolidation of related front end services (Acute Medical Model)
	Compliant to current build standards (HBN & HTM)
2	**Strategic Fit - How well the options provides a holistic fit & synergy with key elements of local, regional and national strategies & programmes**
	Local - Clinical Strategy, Patient Safety Strategy, Our Trust Strategy, Estates Strategy, East Coast Review, Strategic Outline Programme
	Regional - HCP Strategic Outline Programme - HCaV Clinical Services Strategy, Estates Strategy & Acute Services Review
	National - College of Emergency Medicine, NHS Long Term Plan (Jan 2019), 7 Day Hospital Services - Clinical Standards, GIRFT
3	**Benefits Optimisation - How well the option optimises the potential return on expenditure & assists in improving overall VFM**
	Economy Direct (Return on expenditure) - reduction in future backlog maintenance costs, improves utilities costs, moves towards model hospital average m2 costs
	Economy Indirect - VFM improves with healthcare partners i.e. improved turnaround of ambulance crews
	Economy Wider - reduce reliance on external funding bids to improve site accommodation
	Efficiency Direct (Qualitative value) - improve patients, visitor and staff built environment
	Efficiency Indirect - provide fit for purpose, innovative acute accommodation to assist with recruitment and retention current issues
	Efficiency Wider - possible design award potential
	Effectiveness Direct (Quantative value) - provide right size, compliant accommodation for acute medical model current and future demand predictions
	Effectiveness Indirect - provide compliant, fit for purpose accommodation for healthcare partners, i.e. YAS, GP's
	Effectiveness Wider - improve reputational status with built environment accommodation for new acute medical model to improve patient episode & outcomes
4	**Potential achievability - The Organisation's ability to innovate, adapt, introduce, support & manage the req level of change incl mangmt of risks, capacity & capability**
	Minimise disruption to the Trust's operations during construction
	Trust's capability & capacity to deliver the project & manage risks (see risk matrix)
	Timeliness of business case approval & drawn down monies
5	**How do we procure the solution incl best practice - The ability of the market place & potential suppliers to deliver the req services & deliverables**
	The market's capability to provide innovative solutions
	The markets ability to deliver the solution in line with the project key milestones
6	**Affordability - The Organisation's ability to fund the required levels of expenditure - capital & revenue consequences of investment**
	The solution matches the funding awarded to the Trust from the Wave 4 Capital bid (Dec 2018)
	The solution enables the Trust to fund the revenue consequences associated with the investment

	The solution enables the Trust to meet its key financial targets

Table 8: Main Benefits Criteria

Patient	Avoiding unnecessary inpatient admissions
	Right place, first time by reducing admissions and bed pressures
	Improved environment (age appropriate accommodation i.e. paeds/elderly etc.)
	Rapid assessment leading to shorter waiting times
	Access to on-site pharmacy services
Families/Visitors	Improved environment (age appropriate)
	Rapid assessment leading to shorter waiting times
	Access to on-site pharmacy services
Clinicians	Improved working environment
	Adequate capacity of bays to review patients
	Improved access to diagnostics (CT,X/Ray/U/S)
	Improved access to multi-disciplinary adjacent teams
	Compliant build and equipment
Administration	Improved working environment
	Consolidation of currently fragmented administration
Trust	Improved CQC rating – compliance
	Reduced backlog maintenance programme
	Improved infection control outcomes
	Delivery of Site Development Control Plan (Estate Strategy)
	Carter compliance
	Improved delivery of Emergency Care Standard
	Improved delivery of CQUINS
Local Health Economy	Improved YAS turnaround times and handover
	Supports integrated care
	3rd sector opportunities
	Improved access for helicopter patient transfers
Society	BREEAM/environmental/ecological/sustainability
	Supports education and apprenticeships during design and construction period
	Potential boost to local economy (this may be temporary during construction period)
	Aids recruitment and retention opportunities in the local area
	Build is futureproof for expected local population growth and complexity

Table 9: Investment Objectives and Benefits Criteria

<table>
<tr><th></th><th></th><th colspan="3">Main benefits criteria</th></tr>
<tr><th></th><th>Investment Objectives</th><th>Direct</th><th>Indirect</th><th>Wider</th></tr>
<tr><td>IO1</td><td>Reduce cost</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Eliminate backlog maintenance from £63m to £42m (reduction of £21m) by 2024 – dependent upon preferred option selected</td><td>Reduction in future capital investment required on site for backlog maintenance</td><td></td><td></td></tr>
<tr><td>IO2</td><td>Improve efficiency</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Optimise capacity to:
Improve time first seen from 30 mins (mean) 47% to 15 mins (mean) for 100% of attendances by 2024
Improve 2 hour decision to admit from 97 mins (mean) 71% to 120 mins for 100% of attendances by 2024
Improve SDEC attendances from 12% to 33%(national target) by 2024</td><td>Colocation of all acute services to reduce waiting times & improve quality of care</td><td></td><td>Improve YAS ambulance handover and turnaround statistics</td></tr>
<tr><td></td><td>Improve capacity within diagnostics (CT,X/ray, U/S) based on 2018/19 activity and demand profile to 2024 to accommodate:<table><tr><td></td><td>CT</td><td>X/Ray</td><td>U/S</td></tr><tr><td>2018/19</td><td>4989</td><td>27265</td><td>1490</td></tr><tr><td>2022/23</td><td>6373</td><td>34831</td><td>1903</td></tr></table></td><td>Reduce waiting time for diagnostic imaging, improving time to decision and reducing waiting times</td><td>Improves capacity within existing radiology department by separation of hot and cold activity. Also provides contingency resilience within radiology.</td><td></td></tr>
<tr><td>IO3</td><td>Improve quality</td><td></td><td></td><td></td></tr>
<tr><td></td><td>Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024</td><td>Improves staff, patient and visitors environment</td><td>Improves retention & provides opportunities to</td><td>Potential for design award status</td></tr>
</table>

		Main benefits criteria		
	Investment Objectives	**Direct**	**Indirect**	**Wider**
			recruit	
	Improve environment for staff, visitors and patients (measure by satisfaction surveys) by 2024	Improves staff, patient and visitors environment	Improves retention & provides opportunities to recruit	
IO4	**Re-procurement**			
	Increase m2 from 550m2 ED and 800m2(AMU) to combined 2893m2 by 2024 to provide capacity for current and future demand modelling	Provides ability to co locate all acute services to provide Acute Medical Model	Improved patient flow within hospital site	Improve YAS ambulance handover and turnaround statistics
	Provide demand modelled layout i.e. no of specific spaces required per specialist area by 2024 From 11 majors bays to 10 bays From 3 resus bays to 5 bays From 2 streaming bays to 5 streaming bays From 20 bays currently accommodating SDEC &First Assess, GP UTC to 26 bays&7 seating area to accommodate SDEC, First Assess, GP UTC, SAU& Frailty 0 mental health bays to 2 consulting rooms 28 > 24 hr inpatient beds to 16 < 24 hr patient beds 2 external ambulance parking bays to 4 bays 1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm	Provides ability to co-locate all acute services to implement Acute Medical Model	Improved patient flow within hospital site	Improve YAS ambulance handover and turnaround statistics
	Deliver within cost envelope of £40m by 2024	Meets Trust financial approval limit	Maintains reputational confidence	Meets HCP financial cost envelope

		Main benefits criteria		
	Investment Objectives	**Direct**	**Indirect**	**Wider**
IO5	**Compliance & conformance**			
	Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024	Compliancy with clinical to non-clinical ratio recommended best practice	Ensures clinical areas are prioritised	Benchmark with other Trusts
	Build to HBN & HTM standards 95% compliant by completion 2024	Compliancy with existing current standards of best practice and guidance		
	Build to BREEAM* standards (good 45%, very good 55%, excellent 70%). Target very good by completion 2024	Utilities are cheaper to run		Reduce carbon footprint
	Build to Inclusive & Accessible Built Environment Policy 100% by 2024	Improves patient, visitors and staff access to services	Safer environment	Exemplar site

Table 10: Risk & Counter Measures

	Risk & Counter Measures		**Risk Category**	**L= Low, M =Medium, H= High**	

	Main Risk	Risk	Counter Measures	LMH
	Design			
1	Lack of effective clinical engagement throughout design process	Design will be sub-optimal	Plan & communicate meetings well in advance to ensure key stakeholder attendance (at least 6 weeks for clinical engagement)	L
2	Lack of effective non-clinical(infrastructure) engagement throughout design process	Design will be sub-optimal	Plan & communicate meetings well in advance to ensure key stakeholder attendance	L
3	Lack of effective engagement of healthcare partners	Design will be sub-optimal	Plan & communicate meetings well in advance to ensure key stakeholder attendance	M
4	Design costs exceed estimated budget of £2.4m	HCP have been asked for early draw-down of capital Discussion ongoing	Trust agrees to go at risk on design to approved financial limit	H
5	Completed construction budget exceeds (£40m)	Budget is exceeded & SOC, OBC & FBC still to be approved. Trust do not have further capital monies to invest	Work with design team, contractor and cost advisor at each key milestone stage to sign off each phase ensuring focus on financial envelope is not exceeded	M
6	Infrastructure must support side development plan & be correctly scoped	Budget is exceeded & SOC,OBC & FBC still to be approved	Ensure infrastructure planning team are linked to clinical planning team via Strategic Capital Planning Manager and plans are signed off with reference to Site Development Plan	L
7	Existing services not as as-built (age of existing building)	Build may be more complex and costly as a result of age of site and lack of relevant plans	Undertake any surveys required & work with Clerk of Works & Estates colleagues	M
8	Positioning connectivity to South Block and West Wing & ambulatory and blue light	May require some derogation	Work with design team and estates team to understand if derogation applies and what is practically achievable	L

	Risk & Counter Measures		Risk Category L= Low, M =Medium, H= High	
	Main Risk	**Risk**	**Counter Measures**	**LMH**
	access may influence layouts of design			
9	Local planning approval	Reject preferred option	Ensure early stakeholder engagement with local authority with regard to design and development of scheme	L
10	Scope creep	Exceed financial envelope & not deliver the brief	Rigorous approach to change control	L
11	Implementation of Breeam requirements	Don't meet Breeam best practice	Early engagement of assessor	M
12	Internal capacity/resource	May be insufficient capital resource for scheme	Ensure capital team is resourced to meet scheme demand	L
	Build			
1	Timescales/delays may cause slippage to programme	Additional cost incurred, reputational damage, workforce recruitment issues remain	Rigorous programme plan and change control process to understand cost of any agreed slippages	L
2	Supplier capacity i.e. principal contractor and sub-contractors	Delay to start construction	Early supplier engagement to understand availability and any time constraints from chosen contractor	L
3	Changes to specification and design	Additional cost incurred and risk of delays to project	Ensure timely sign off of agreed plans and robust change control process	H
4	Changes to design standards	Possible change to specification and design	Keep abreast of industry standards and best practice and continued engagement clerk of works	L
5	Reduced parking availability and traffic management during construction	Insufficient on-site parking for staff, patients and visitors	Early engagement with architect & external traffic management specialist & local traffic management team	L

	Risk & Counter Measures		Risk Category L= Low, M =Medium, H= High	
	Main Risk	**Risk**	**Counter Measures**	**LMH**
6	Disruption to existing services	Services may be disrupted and necessitate work rounds or decant	Ensure robust planning and communication across the site and with specific departments throughout project	L
7	Unforeseen tie-in technical issues	Additional cost incurred and risk of delays to project	Undertake any surveys required & work with Clerk of Works & Estates colleagues	M
8	Continuity of Design and Project Management Team	Additional cost incurred and lack of continuity leading to possible delays or oversights	Ensure design team are engaged for entirety of scheme at tender bid stage and ensure capital team are adequately resourced to mitigate any disruption	L
9	Supplier failure (Corilian)	Scheme would stop until financial solution sought	Due diligence to be undertaken with regard to principle contractor	L
10	Cost over-run (materials & labour)	Additional cost incurred and risk of delays to project	Secure GMP with principle contractor and ensure robust change management process in place	M
11	Rectification of snags	Inconvenience to service users and time taken to manage rectification	Work with Clerk of Works diligently throughout construction phase to ensure snags are minimised at completion	M
	Funding			
1	£40m provisional budget subject to SOC, OBC & FBC approval	Financial envelope may need to be increased, SOC, OBC & FBC may not be approved	Work with design team, contractor and cost advisor at each key milestone stage to sign off each phase ensuring focus on financial envelope is not exceeded & engage with approval bodies to enable approval process	M
2	Abortive costs £2.4m of design fees at risk if no HCP draw-down money approved	Trust may face abortive design costs	Ensure approval is gained at each business case stage with regard to approved spending limits	H

	Risk & Counter Measures		Risk Category L= Low, M =Medium, H= High	
	Main Risk	**Risk**	**Counter Measures**	**LMH**
3	Funding may be subject to Political & Economic variances	Scheme is stopped / delayed	Attend HCP monthly meetings to keep abreast of any political/environmental issues which may affect scheme approval	M
4	Relocation/decant costs not factored in business case	Additional cost incurred and reputational damage	Ensure costs are factored into business case	L
5	Hard & soft facilities management costs	Additional cost incurred and reputational damage	Ensure costs are factored into business case	L
	Operational Risks			
1	Accuracy of cost estimates	Additional cost incurred and reputational damage	Robust cost planning at each stage of approval formal appointment of cost advisor	L
2	Energy/Utility prices	Additional cost incurred and reputational damage	Robust cost planning at each stage of approval engage with Trust energy and sustainability manager	L
3	Extended double running during transition period	Additional cost	Ensure programme plan remains on track and testing of new build is planned efficiently and establish a clear transition plan	L
4	Non-achievement of Acute Medical Model	Will not achieve some or all of the investment objectives or critical success factors	Wide engagement with stakeholders and review of Trust and wider healthcare partners best practice models. Capacity and demand modelling	L
5	Training of staff for new Department equipment (M+E)	Availability of staff for training & misuse of equipment	Robust training plan in place	M
	Residual risks (dilapidations, land clearance etc.)			
1	Maintenance of vacated Emergency Department space	Void costs are not calculated and accounted for within business case	Early discussion and planning with Trust space management group	L

Table 11: Constraints

Constraints	BAU	Minimum scope	Inter scope	Inter + scope	Maximum scope
	Option 1	Option 2	Option 3	Option 4	Option 5
£22m Capital Build*	X	✓	✓	✓	✓
On-site at Scarborough Hospital	✓	✓	✓	✓	✓
£18m Infrastructure*	✓	✓	✓	✓	✓
Recruitment	✓	✓	✓	✓	✓
Blue light access	X	✓	✓	✓	✓
Helipad access	✓	✓	✓	✓	✓
Walk-in & vehicular access	X	✓	✓	✓	✓
Planning approval & building regs	X	✓	✓	✓	✓
Position of connectivity to existing building	X	✓	✓	✓	✓
Position of plant room for new build	X	✓	✓	✓	✓
McKinsey East Coast Review	✓	✓	✓	✓	✓

Key Tick = constraint applies Cross = constraint does not apply

*All costs above are inclusive of VAT and will be fully recovered as the project is managed through the Trusts subsidiary company

Table 12: SWOT

Option 1 Business as Usual (Status Quo)	
Strengths	**Weaknesses**
No disruption to services or site	Not meeting ambulance turnaround and handover targets
	Lack of capacity (built environment)
	Quality of care inconsistent (patients waiting in corridors etc.)
	Lack of capacity affects collaborative working in that there is often limited accom for patients to be seen by responding teams
	Lack of privacy and dignity
	Infection Prevention & Control concerns due to non-compliant bays i.e. lack of space between and insufficient WC's
	Poor working environment leading to poor staff satisfaction
	Backlog maintenance issues increasing due to age of building and equipment
Opportunities	**Threats**
As built environment is poor, the operational teams use innovative processes to mitigate lack of space and compliance	Increasing demand on services with no improvement in facilities or capacity
	The Department is not regulatory compliant - challenge by CQC, CCG's etc. (sustainability of service)
	Service delivery impact on YAS targets
	Patient safety issues due to lack of capacity leading to extended waiting times
	Reputational risk if continue with current capacity and processes
	Increasing backlog maintenance

Option 2 - 1 storey build to accommodate AMM (strengthen) & infrastructure for AMM & SDP	
Strengths	**Weaknesses**
Delivery of Acute Medical Model	Capital cost for additional level including fit out
Improve built environment	
Reduced backlog maintenance requirements	
HBN & HTM compliancy	
Equity of access	
Improved patient experience	
Easily maintainable	
Opportunities	**Threats**
Providing a floor above = Capital cost avoidance of future requirement to re-provide ward accommodation to close North Block Wards (Nightingale Wards)	Capital & revenue limitations
Efficient and effective service delivery	
Improve sustainability agenda i.e. Ecological build	
Use of repeatable rooms/components during design process	

Option 3 -2 storey build to accommodate AMM & clinical shell & infrastructure for AMM & SDP	
Strengths	**Weaknesses**
Delivery of Acute Medical Model	Capital cost for additional level including fit out
Improve built environment	
Reduced backlog maintenance requirements	
HBN & HTM compliancy	
Equity of access	
Improved patient experience	
Easily maintainable	
Affordable	
Opportunities	**Threats**
Providing a floor above = Cost avoidance of future requirement to re-provide ward accommodation to close North Block Wards (Nightingale Wards)	Capital & revenue limitations
Improved recruitment & retention due to new clinical model and improved working environment	
Efficient and effective service delivery	
Improve sustainability agenda i.e. Ecological build	
Use of repeatable rooms/components during design process	
Opportunity to advance clinical models with connectivity of services on floor above	

Option 4 -2 storey build to accommodate AMM & clinical shell & infrastructure for AMM & SDP & limited backlog maintenance	
Strengths	**Weaknesses**
Delivery of Acute Medical Model	Capital cost for additional level above & basement including fit out

Improve built environment	
Reduced backlog maintenance requirements	
HBN & HTM compliancy	
Equity of access	
Improved patient experience	
Easily maintainable	
Additional clinical space in basement	
Opportunities	**Threats**
Providing a floor above = Cost avoidance of future requirement to re-provide ward accommodation to close North Block Wards (Nightingale Wards)	Capital & revenue limitations
Efficient and effective service delivery	
Use of repeatable rooms/components during design process	
Opportunity to develop the ground floor adjoining the main hospital entrance to provide improved facilities	

Option 5 -3 storey build to accommodate AMM & clinical shell & basement & helipad & infrastructure for AMM & SDP & extensive backlog maintenance	
Strengths	**Weaknesses**

Delivery of Acute Medical Model	Capital cost for additional level above & basement including fit out + helipad on roof of building is expensive and would require fire team support on site
Improve built environment	
Reduced backlog maintenance requirements	
HBN & HTM compliancy	
Equity of access	
Improved patient experience	
Easily maintainable	
Additional clinical space in basement	
Helipad sited on top of new build would not then require purchase/lease of additional land from council	
Helipad provides more efficient patient transfer	
Opportunities	**Threats**
Providing a floor above = Cost avoidance of future requirement to re-provide ward accommodation to close North Block Wards (Nightingale Wards)	Capital & revenue limitations
Improved recruitment & retention due to new clinical model and improved working environment	Planning permission is unlikely for helipad on roof of new build
Efficient and effective service delivery	
Improve sustainability agenda i.e. Ecological build	
Use of repeatable rooms/components during design process	
Opportunity to advance clinical models with connectivity of services on floor above	
Opportunity to develop the ground floor adjoining the main hospital entrance to provide improved facilities	

3. The Economic Case

3.1 Introduction

In accordance with the Capital Investment Manual and requirements of HM Treasury's Green Book (A Guide to Investment Appraisal in the Public Sector), this section of the SOC documents the wide range of options that have been considered in response to the potential scope identified within the strategic case.

3.2 Critical Success Factors

The key CSF's for the capital build and engineering infrastructure project were developed and appraised during the Workshop Day.
These CSF's have been used alongside the investment objectives for the project to evaluate the long list of possible options.

- CSF1: business needs – how well the option satisfies the existing and future business needs of the organisation.
- CSF2: strategic fit – how well the option provides holistic fit and synergy with other key elements of national, regional and local strategies.
- CSF3: benefits optimisation – how well the option optimises the potential return on expenditure – business outcomes and benefits (qualitative and quantitative, direct and indirect to the organisation) – and assists in improving overall VFM (economy, efficiency and effectiveness).
- CSF4: potential achievability – the organisation's ability to innovate, adapt, introduce, support and manage the required level of change, including the management of associated risks and the need for supporting skills (capacity and capability). Also the organisation's ability to engender acceptance by staff.
- CSF5: supply side capacity and capability – the ability of the market place and potential suppliers to deliver the required services and deliverables.
- CSF6: potential affordability – the organisation's ability to fund the required level of expenditure – namely, the capital and revenue consequences associated with the proposed investments.

3.3 The long-listed options

The long list of options was generated at the Workshop Day by the multi-disciplinary team in accordance with best practice contained in the Capital Investment Manual. The evaluation was undertaken in accordance with how well each option met the investment objectives and CSFs. The long list of options for this investment was generated by the workshop using the options framework. This generated options within the following key categories of choice:

Scoping options – choices in terms of coverage (the what)

The choices for potential scope are driven by business needs and the strategic objectives at both national and local levels. In practice, these may range from business functionality to geographical, customer and organisational coverage. Key considerations at this stage are 'what's in?' 'what's out?' and service needs. See 3.4 below.

Service solution options – choices in terms of solution (the how)

The choices for potential solution are driven by new technologies, new services and new approaches and new ways of working, including business process re-engineering. In practice, these will range from services to how the estate of an organisation might be configured. Key considerations range from 'what ways are there to do it?' to 'what processes could we use?' See 3.5 below.

Service delivery options – choices in terms of delivery (the who)

The choices for service delivery are driven by the availability of service providers. In practice, these will range from within the organisation (in-house), to outsourcing, to use of the public sector as opposed to the private sector, or some combination of each category. The use of some form of public private sector partnership (PPP) is also relevant here. See 3.6 below.

Implementation options – choices in terms of the delivery timescale

The choices for implementation are driven by the ability of the supply side to produce the required products and services, VFM, affordability and service need. In practice, these will range from the phasing of the solution over time, to the modular, incremental introduction of services. See 3.7 below.

Funding options – choices in terms of financing and funding

The choices for financing the scheme (public versus private) and funding (central versus local) will be driven by the availability of capital and revenue, potential VFM, and the effectiveness or relevance/ appropriateness of funding sources. See 3.8 below.

3.4 Scoping options

3.4.1 Introduction

In accordance with the Treasury Green Book and Capital Investment Manual, the status quo. BAU, has been considered as a benchmark for potential VFM.
An infinite number of options and permutations are possible; however, within the broad scope outlined in the strategic case, the following main options have been considered. These include two intermediate options to account for differences between the scope for the capital build and the scope for the engineering infrastructure:

- option 1.1 – the' business as usual' scope
- option 1.2 – the 'do minimum' scope
- option 1.3 – the 'intermediate' scope
- option 1.4 – the 'intermediate +' scope
- option 1.5 – the 'do maximum' scope

The scope of the 5 options falls within the HCP programme objective to transform acute and diagnostic services within the HCV patch and aligns with the Trust's strategy to deliver a new Acute Medical Model. The 5 options consider various capital build solutions to provide the built environment to accommodate the AMM together with the required engineering infrastructure to support this build and the Site Development Plan for Scarborough.

Option 1.1: Business As Usual

Description
The scope of this option is minimal however it is not to be confused with a 'Do Nothing' option as it describes Business As Usual. The proposed £40m investment is not approved in this option and we continue to provide only necessary routine maintenance and approved minor works schemes.

This option has been included as a benchmark for the potential VFM financials and is a required option as part of the Preferred Way Forward options appraisal at OBC stage.

Advantages
There are no advantages to this option.

Disadvantages
In relation to the engineering infrastructure, our Site Condition Survey describes the catastrophic, critical, high risk and non-compliant nature of the current engineering infrastructure. Without this investment, the current infrastructure is unable to support any service transformation or any future capital expansion.

It would not be possible for Trust generated capital funding to support the level of investment required to improve our built environment or upgrade our critical high risk engineering infrastructure.

The risk of catastrophic failure would remain leaving the Trust with the potential to source emergency funding (possibly a loan with interest) to the value of £21m; £14m of which by 2024/25

Based on the 1st stage of the McKinsey Review the daily deficit in bed capacity can be up to 40 beds (bed modelling stats) and therefore an additional ward would be required at a cost of £2.6m p.a

Conclusion
This option meets only one of our key service requirements and one of our investment objectives and critical success factors and is therefore deemed the least favoured option. There is a significant critical level of risk to clinical services by continue with the existing fragility of our engineering infrastructure.

Option 1.2: Do minimum

Description
Within the range of options which form the scope of this SOC, the do minimum option is a required option to consider and describes the capital build and engineering infrastructure investment of £33.7m. HCP central funding as a minimum solution to the business needs of the organisation.

Advantages
The main advantages are this investment will deliver the ability to improve our built environment to deliver the AMM. The co-location of services within the new capital build will unlock areas of the hospital identified for improvement subject to future capital investment as part of the HCP.

Elimination backlog maintenance will be significantly reduced by a value of £21m over the life cycle. The engineering infrastructure will be designed and constructed to support the capital build and the Site Development Plan for future years.

This option avoids the requirement and financial implications of opening a further ward to deal with the current demand profile. The cost avoidance of this ward is approx. £2.6m per annum as described in the financial case.

Disadvantages
The main disadvantage would be the missed opportunity for the Trust to build a further storey above to re-provide clinical accommodation to move the 1930's Nightingale Wards into compliant fit for purpose accommodation in the future as part of the Site Development Plan. It is estimated that the cost of re-providing this accommodation in a new capital build would be in the region of £12m as a stand-alone project which may be subject to a Wave 5 HCP capital bid. This is based on a recent two storey capital ward block build of the size that would be required. Option 1.3 describes the build of a clinical floor expansion space (shell) above the AMM ground floor to re-provide this ward accommodation.

Conclusion
This option is sub-optimal due to the potential missed opportunity of creating clinical expansion space for future development of the AMM and to eliminate the existing 4 Nightingale Wards.

Option 1.3: Intermediate scope

Description
This option is one of two intermediate options which develops the do minimum option and explores the potential in terms of the Site Development Plan for expansion on the selected site location of the capital build to support the new AMM. The site chosen which best fits business needs and key service requirements is in an optimal geographical position within the hospital site. This provides the opportunity to expand the one storey solution for the AMM creating an additional clinical expansion space on the first floor above. It is proposed to build this first floor shell during the construction of the ground floor AMM. This will allow the Trust to re-provide all the current 4 Nightingale 1930's adult ward accommodation into this space in future years.

A Nightingale Ward is one main room without subdivisions for patient occupancy. It has side areas for utilities and has limited or no side room accommodation. This

means that each Nightingale Ward is single sex in order to deliver the Same Sex Accommodation agenda and has extremely limited privacy and dignity and an outdated model for delivery of nursing care. Wards of this nature have high Infection Prevention risks due to its layout and proximity of patients to one another.

The replacement of these wards is consistent with and in full support of the Trust's approved Estate Strategy. This new accommodation will be replacement ward accommodation for Ann Wright Ward, CCU, Graham Ward and Stroke Unit. The fit out will require a separate Trust Capital business case in due course and may be subject to a Wave 5 HCP bid.

The cost of this option is £40m, which includes £33.7m as described in option 2, plus an additional £6.3m to construct the shell.

Advantages
The main advantages are the same as option 1.2. However, the provision of a shell on the floor above would provide 2893m2 of clinical expansion space, to be fitted out at a later stage, to eliminate the 4 Nightingale Wards.

The future fit out would form part of the Site Development Plan for future years and require a separate Trust/HCP business case for the capital investment at that time. It is a more cost effective option to include during the capital build of the ground floor AMM and would reduce the future capital cost of this ward accommodation if it was built as a stand-alone scheme.

The engineering plant for the one or two storey capital build would be sited on the roof due to space limitations and engineering efficiency which is the reason why it is crucially important to include the shell at this stage. We would not be able to install a ward accommodation floor at a later stage as this would require the removal of the plant floor during which the AMM ground floor would need to be shut down and relocated which is not viable. We would also need to take account of the size required for plant if it was to support two clinical floors. Early indications are that there is more than sufficient space to include plant for the ground floor AMM and space for a further installation of plant to support the new ward accommodation floor at a later stage.

Elimination backlog maintenance will be significantly reduced by a value of £21m over the life cycle. The engineering infrastructure will be designed and constructed to support the capital build and the Site Development Plan for future years.

This option avoids the requirement and financial implications of opening a further ward to deal with the current demand profile. The cost avoidance of this ward is approx. £2.6m per annum as described in the financial case.

Disadvantages
The construction period may be lengthened by inclusion of a further clinical expansion floor shell. However we feel that the advantages to construct the shell at this point hugely outweigh potential extension to a stage 4 construction programme.

Conclusion
This option is considered the preferred option as it meets all of our key service requirements.

Option 1.4: Intermediate + scope

Description
This option is the second of the two intermediate options which develops upon the do minimum option. In this option we consider the possibility of undertaking additional elimination backlog maintenance over and above the requirement to provide an engineering infrastructure to support the AMM capital build and SDP. The potential additional elimination of backlog maintenance will be derived from the Infrastructure Key Service Requirements appraisal which determines the Essential, Desirable and Optional choices as shown in Table 5. The cost of this option is £41m.

Advantages
The main advantages are the same as 1.3. However, this option also invests an additional £1m towards reducing the totality of the elimination of backlog maintenance requirements on the site.

Disadvantages
The main disadvantage is that this option may be unaffordable as the required additional investment of £1m exceeds the current financial envelope.

Conclusion
This option meets all of our key service requirements however is not achievable within the proposed financial envelope of the bid.

Option 1.5: Maximum scope

Description
When we considered the range and scope of options to provide the built environment to support the AMM, the stakeholder group debated the maximum scope of the geographical site and what additional benefits could be derived from this location if the capital investment could be expanded. Therefore, this option describes an additional basement level for clinical/non-clinical accommodation and re-siting of the current helipad on the roof of the building for ease of patient transfer. Additionally, could further elimination of backlog maintenance from our critical and planned maintenance schedule be possible? This option has a capital value of £45m.

Advantages
The main advantages are the same as 1.4. However, this option invests an additional £2m towards reducing the totality of the elimination of further backlog maintenance requirements on the site.

Additionally, a basement level (£1.5m), and helipad access on the roof (£1m) provide more flexibility and future expansion space. The cost of option 1.5 is £44.5m

Disadvantages
Whilst this option provides additional benefits to clinical services and reduces further the burden of our current backlog maintenance schedule, this option will prove unaffordable within the totality of the funding bid, exceeding this by £4.5m.

Conclusion
This option meets all of our key service requirements however does not meet our affordability investment objectives and will be discounted within the SOC from the Preferred Way Forward.

3.4.2 Overall conclusion: scoping options

Option 1.3 is our preferred option within the scoping exercise as it provides the capital build solution for the new Acute Medical Model. This allows for the required infrastructure to support the AMM, together with elimination of our critical backlog maintenance infrastructure issues. This also provides the future clinical expansion space for elimination of our 4 Nightingale Ward accommodation.
The table below summarises the assessment of each option against the investment objectives and CSFs.

Table 13: Summary assessment of scoping options

	Scope	BAU	Min	Int	Int +	Max
	Options	**Opt 1**	**Opt 2**	**Opt 3**	**Opt 4**	**Opt 5**
	Investment Objectives (IO's)					
1	Reduce Cost					
	Eliminate backlog maintenance from £63m to £42m (reduction of £21m) by 2024 – *dependent upon preferred option selected*	X	✓	✓	✓	✓
2	Improve efficiency					
	Optimise capacity to: Improve time first seen from 30 mins (mean) 47% to 15 mins (mean) for 100% of attendances by 2024 Improve 2 hour decision to admit from 97 mins (mean) 71% to 120 mins for 100% of attendances by 2024 Improve SDEC attendances from 12% to 33%(national target) by 2024	X	✓	✓	✓	✓
	Improve capacity within diagnostics (CT,X/ray, U/S) based on 2018/19 activity and demand profile to 2024 to accommodate: 2018/19: CT 4989, X/Ray 27265, U/S 1490 2022/23: CT 6373, X/Ray 34831, U/S 1903	X	✓	✓	✓	✓
3	Improve Quality					
	Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024	X	✓	✓	✓	✓
	Improve environment for staff, visitors and patients (measure by satisfaction surveys) by 2024	X	✓	✓	✓	✓
4	Re-procurement (Business continuity)					
	Increase m2 from 550m2 ED and 800m2(AMU) to combined2893m2 by 2024 to provide capacity for current and	X	✓	✓	✓	✓

	Scope	BAU	Min	Int	Int +	Max
	Options	**Opt 1**	**Opt 2**	**Opt 3**	**Opt 4**	**Opt 5**
	future demand modelling					
	Provide demand modelled layout i.e. no of specific spaces required per specialist area by 2024 From 11 majors bays to 10 bays From 3 resus bays to 5 bays From 2 streaming bays to 5 streaming bays From 20 bays currently accommodating SDEC &First Assess, GP UTC to 26 bays&7 seating area to accommodate SDEC, First Assess, GP UCC, SAU& Frailty 0 mental health bays to 2 consulting rooms 28 > 24 hr inpatient beds to 16 < 24 hr patient bed 2 external ambulance parking bays to 4 bays 1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm	X	✓	✓	✓	✓
	Deliver within cost envelope of £40m by 2024	X	✓	?	?	X
5	Compliance & Conformance (Regulations)					
	Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024	✓	✓	✓	✓	✓
	Build to HBN & HTM standards 95% compliant by completion 2024	X	✓	✓	✓	✓
	Build to BREEAM* standards (good 45%, very good 55%, excellent 70%) Target very good by completion 2024	X	✓	✓	✓	✓
	Build to Inclusive & Accessible Built Environment Policy 100% by 2024	X	✓	✓	✓	✓
	Critical Success Factors (CSF's)					
1	Business Needs - How well the option meets the agreed investment objectives, related business needs and service requirements					
	Sized correctly for current & future demand modelling	X	✓	✓	✓	✓
	Provide access to improved diagnostics (CT, X/Ray/ Ultrasound, Pathology)	X	✓	✓	✓	✓

	Scope	BAU	Min	Int	Int +	Max
	Options	**Opt 1**	**Opt 2**	**Opt 3**	**Opt 4**	**Opt 5**
	Designed to optimise adjacency and consolidation of related front end services (Acute Medical Model)	X	✓	✓	✓	✓
	Compliant to current build standards (HBN & HTM)	X	✓	✓	✓	✓
2	Strategic Fit - How well the options provides a holistic fit & synergy with key elements of local, regional and national strategies & programmes					
	Local - Clinical Strategy, Patient Safety Strategy, Our Trust Strategy, Estates Strategy, East Coast Review, Strategic Outline Programme	X	✓	✓	✓	✓
	Regional - HCP Strategic Outline Programme - HCV Clinical Services Strategy, Estates Strategy & Acute Services Review	X	✓	✓	✓	✓
	National - College of Emergency Medicine, NHS Long Term Plan (Jan 2019), 7 Day Hospital Services - Clinical Standards, GIRFT	X	✓	✓	✓	✓
3	Benefits Optimisation - How well the option optimises the potential return on expenditure & assists in improving overall VFM					
	Economy Direct (Return on expenditure) - reduction in future backlog maintenance costs, improves utilities costs	X	✓	✓	✓	✓
	Economy Indirect - VFM improves with healthcare partners i.e. improved turnaround of ambulance crews	X	✓	✓	✓	✓
	Economy Wider - reduce reliance on external funding bids to improve site accommodation	X	✓	✓	✓	✓
	Efficiency Direct (Qualitative value) - improve patients, visitor and staff built environment	X	✓	✓	✓	✓
	Efficiency Indirect - provide fit for purpose, innovative acute accommodation to assist with recruitment and retention current issues	X	✓	✓	✓	✓
	Efficiency Wider - possible design award potential	X	✓	✓	✓	✓
	Effectiveness Direct (Quantative value) - provide right size,	X	✓	✓	✓	✓

	Scope	BAU	Min	Int	Int +	Max
	Options	**Opt 1**	**Opt 2**	**Opt 3**	**Opt 4**	**Opt 5**
	compliant accommodation for acute medical model current and future demand predictions					
	Effectiveness Indirect - provide compliant, fit for purpose accommodation for healthcare partners, i.e. YAS, GP's	X	✓	✓	✓	✓
	Effectiveness Wider - improve reputational status with built environment accommodation for new acute medical model to improve patient episode & outcomes	X	✓	✓	✓	✓
4	Potential achievability - The Organisation's ability to innovate, adapt, introduce, support & manage the requited level of change including management of risks, capacity & capability					
	Minimise disruption to the Trust's operations during construction	X	✓	✓	✓	✓
	Trust's capability & capacity to deliver the project & manage risks (see risk matrix)	X	✓	✓	✓	✓
	Timeliness of business case approval & drawn down monies	X	✓	✓	✓	✓
5	How do we procure the solution incl. best practice? The ability of the market place & potential suppliers to deliver the required services & deliverables					
	The market's capability to provide innovative solutions	X	✓	✓	✓	✓
	The markets ability to deliver the solution in line with the project key milestones	X	✓	✓	✓	✓
6	Affordability - The Organisation's ability to fund the required levels of expenditure - capital & revenue consequences of investment					
	The solution matches the funding awarded to the Trust from the Wave 4 Capital bid (Dec 2018)	X	✓	?	?	X
	The solution enables the Trust to fund the revenue consequences associated with the investment	X	?	?	?	X
	The solution enables the Trust to meet its key financial targets	X	?	?	?	X

	Scope	BAU	Min	Int	Int +	Max
	Options	Opt 1	Opt 2	Opt 3	Opt 4	Opt 5
	Summary (Discounted/Possible/Preferred)	Disc	Poss	Pref	Poss	Disc

Note: one option is carried forward as the preferred choice for assessment within the next category – in this example it is option 1.3. This is shown in the Build Options Framework table below:

Table 17: Build Options Framework

Option 1 - Business as usual (Status quo)	BAU	Min	Inter	Inter+	Max
	Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Undersized accommodation & fragmented services & no engineering infrastructure to support any capital expansion				
Service Solution	Current dispersed accommodation: 2 external ambulance parking bays 3 Resus bays 11 Major bays 2 Streaming bays 5 First assessment bays 6 GP/minor bays 0 Surgical assessment bays 0 Frailty assessment bays 0 Mental Health bays 10 Same day emergency care bays (SDEC) 28 >24 hour patient beds 0 Pharmacy 1 General X/ray room Insufficient support accom No infrastructure to support any further capital developments Elimination Backlog maintenance schedule & minor works requests				
Service Delivery	In-house & Measured Term Contractor (MTC)				
Implementation	Elimination maintenance schedule and planned minor works schemes				
Funding	Trust backlog & minor capital works funds				

Option 3 - Intermediate (PWF)	BAU	Minimum	Intermediate	Intermediate +	Maximum
	Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Undersized accom & fragmented services & no engineering infrastructure to support any capital expansion	One storey right size accom & co-located services & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build, site development plan &elimination limited backlog maintenance	Three storey right size accom & co-located services for AMM & shell for clinical expansion & basement accom (clinical) & helipad & sufficient engineering infrastructure to support AMM capital build, site development plan &elimination of extensive backlog maintenance

Service Solution	Current dispersed accom: 2 external ambulance parking bays 3 Resus bays 11 Major bays 2 Streaming bays 5 First assessment bays 6 GP/minor bays 0 Surgical assessment bays 0 Frailty assessment bays 0 Mental Health bays 10 Same day emergency care bays (SDEC) 28 >24 hour patient beds 0 Pharmacy 1 General X/ray room Insufficient	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan Expansion space (first floor) for future clinical development	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 1 Pharmacy Basement adjoining main entrance) 1 General X/ray rm & 1 CT & 1 U/S rm Helipad on roof of build Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan & eliminate extensive

	support accom No infrastructure to support any further capital developments Backlog maintenance schedule & minor works requests			development plan &eliminate limited backlog maintenance Expansion space (first floor) for future clinical development	backlog maintenance Expansion space (first floor) for future clinical development
Service Delivery	In-house estates & MTC	P22 Traditional build	P22 Modular build	Tender traditional build	Tender modular build
Implementation	Elimination maintenance and planned minor works schemes	12 months big bang	18 months big bang	24 months big bang	30 months big bang
Funding	Trust backlog maintenance funds & minor capital funds	HCP	HCP & Trust Capital	HCP & Trust Capital & Loan	

Option 2 - Minimum	BAU	Minimum	Intermediate	Intermediate+	Maximum
	Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Undersized accom & fragmented services & no engineering infrastructure to support any capital expansion	One storey right size accom & co-located services & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build, site development plan &eliminate limited backlog maintenance	Three storey right size accom & co-located services for AMM & shell for clinical expansion & basement accom (clinical) & helipad & sufficient engineering infrastructure to support AMM capital build, site development plan & elimination of extensive backlog maintenance

Service Solution	Current dispersed accom: 2 external ambulance parking bays 3 Resus bays 11 Major bays 2 Streaming bays 5 First assessment bays 6 GP/minor bays 0 Surgical assessment bays 0 Frailty assessment bays 0 Mental Health bays 10 Same day emergency care bays (SDEC) 28 >24 hour patient beds 0 Pharmacy 1 General X/ray room Insufficient support accom	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GPUTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan Expansion space (first floor) for future clinical development	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan & eliminate	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 1 Pharmacy Basement adjoining main entrance) 1 General X/ray rm & 1 CT & 1 U/S rm Helipad on roof of build Sufficient support accom Sufficient mechanical infrastructure to

	No infrastructure to support any further capital developments Backlog maintenance schedule & minor works requests			limited backlog maintenance Expansion space (first floor) for future clinical development	support AMM capital build & site development plan & elimination of extensive backlog maintenance Expansion space (first floor) for future clinical development
Service Delivery	In-house estates & MTC	P22 Traditional build	P22 Modular build	Tender traditional build	Tender modular build
Implementation	Elimination maintenance and planned minor works schemes	12 months big bang	18 months big bang	24 months big bang	30 months big bang
Funding	Trust backlog maintenance funds & minor capital funds	HCP	HCP & Trust Capital	HCP & Trust Capital & Loan	

Option 4 – Intermediate+	BAU	Minimum	Intermediate	Intermediate+	Maximum
	Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Undersized accom & fragmented services & no engineering infrastructure to support any capital expansion	One storey right size accom & co-located services & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient engineering infrastructure to support AMM capital build, site development plan & elimination limited backlog maintenance	Three storey right size accom & co-located services for AMM & shell for clinical expansion & basement accom (clinical) & helipad & sufficient engineering infrastructure to support AMM capital build, site development plan &elimination of extensive backlog maintenance

Service Solution	Current dispersed accom: 2 external ambulance parking bays 3 Resus bays 11 Major bays 2 Streaming bays 5 First assessment bays 6 GP/minor bays 0 Surgical assessment bays 0 Frailty assessment bays 0 Mental Health bays 10 Same day emergency care bays (SDEC) 28 >24 hour patient beds 0 Pharmacy 1 General X/ray room Insufficient	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GPUTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan Expansion space (first floor) for future clinical development	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 1 Pharmacy Basement adjoining main entrance) 1 General X/ray rm & 1 CT & 1 U/S rm Helipad on roof of build Sufficient support accom Sufficient mechanical infrastructure to

	support accom No infrastructure to support any further capital developments Backlog maintenance schedule & minor works requests			development plan &eliminate limited backlog maintenance Expansion space (first floor) for future clinical development	support AMM capital build & site development plan & elimination of extensive backlog maintenance Expansion space (first floor) for future clinical development
Service Delivery	In-house Estates & MTC	P22 Traditional build	P22 Modular build	Tender traditional build	Tender modular build
Implementation	Elimination maintenance and planned minor works schemes	12 months big bang	18 months big bang	24 months big bang	30 months big bang
Funding	Trust backlog maintenance funds & minor capital funds	HCP	HCP & Trust Capital	HCP & Trust Capital & Loan	

Option 5 - Maximum	BAU	Minimum	Intermediate	Intermediate+	Maximum
	Option 1	Option 2	Option 3	Option 4	Option 5
Service Scope	Undersized accom & fragmented services & no mechanical infrastructure to support any capital expansion	One storey right size accom & co-located services & sufficient mechanical infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient mechanical infrastructure to support AMM capital build & site development plan	Two storey right size accom & co-located services for AMM & shell for clinical expansion & sufficient mechanical infrastructure to support AMM capital build, site development plan &eliminate limited backlog maintenance	Three storey right size accom & co-located services for AMM & shell for clinical expansion & basement accom (clinical) & helipad & sufficient mechanical infrastructure to support AMM capital build, site development plan &elimination of extensive backlog maintenance

Service Solution	Current dispersed accom: 2 external ambulance parking bays 3 Resus bays 11 Major bays 2 Streaming bays 5 First assessment bays 6 GP/minor bays 0 Surgical assessment bays 0 Frailty assessment bays 0 Mental Health bays 10 Same day emergency care bays (SDEC) 28 >24 hour patient beds 0 Pharmacy 1 General X/ray room Insufficient support accom No infrastructure to support any further capital developments Backlog	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GPUTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom Sufficient mechanical infrastructure to support AMM capital build & site development plan Expansion space (first floor) for future clinical development	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 0 Pharmacy 1 General X/ray rm & 1 CT & 1 U/S rm Sufficient support accom. Sufficient mechanical infrastructure to support AMM capital build & site	Co-located services accom supporting: 4 external ambulance parking bays 5 Resus bays 10 Major bays 5 Streaming bays 26 & 7 seating for GP UTC/SDEC/First assess /SAU/Frailty 2 Mental Health consult rms 16 < 24 hour patient beds/trolleys 1 Pharmacy Basement adjoining main entrance) 1 General X/ray rm & 1 CT & 1 U/S rm Helipad on roof of build Sufficient support accom Sufficient mechanical

	maintenance schedule & minor works requests			development plan &eliminate limited backlog maintenance Expansion space (first floor) for future clinical development	infrastructure to support AMM capital build & site development plan &elimination of extensive backlog maintenance Expansion space (first floor) for future clinical development
Service Delivery	In-house Estates & MTC	P22 Traditional build	P22 Modular build	Tender traditional build	Tender modular build
Implementation	Eliminate maintenance and planned minor works schemes	12 months big bang	18 months big bang	24 months big bang	30 months big bang
Funding	Trust backlog maintenance funds & minor capital funds	HCP	HCP & Trust Capital	HCP & Trust Capital & Loan	

3.5 Service solution options

3.5.1 Introduction

This range of options considers potential solutions in relation to the preferred scope.

The ranges of options that have been considered are:

- **option 2.1 BAU**– no development of current accommodation and only able to provide limited backlog maintenance and minor works requests
- **option 2.2 Do minimum** – one storey built environment to accommodate AMM & infrastructure to support AMM & SDP
- **option 2.3 Do intermediate** – two storey built environment to accommodate AMM & infrastructure to support AMM & SDP & shell for future clinical expansion
- **option 2.4 Do intermediate+** – two storey built environment to accommodate AMM & infrastructure to support AMM & SDP & shell for future clinical expansion & limited additional elimination backlog maintenance
- **option 2.5 Do maximum** – three storey built environment to accommodate AMM & infrastructure to support AMM & SDP & shell for future clinical expansion &elimination of extensive additional backlog maintenance & basement clinical space & roof located helipad

Option 2.1: BAU

Description
This option describes the 'Status Quo', Business as Usual, whereby the £40m capital investment is not approved.

Advantages
There would be no disruption to existing services which might otherwise be affected should the project proceed.

Disadvantages
The main disadvantages are that we will continue to operate with fragmented services and undersized accommodation with no ability to implement the Acute Medical Model and the benefits that will bring to patients, staff and our healthcare partners. The current department is becoming increasingly cramped, is not regulatory compliant and staff continually struggle with the lack of space and cubicles to assess and treat patients with privacy and dignity.

Capital investment for elimination of our critical and non-compliant backlog maintenance and future site development would be severely limited to insufficient annual Trust generated capital (depreciation). Elimination of backlog maintenance requirements would continue to increase due to the age and condition of the majority of our building and equipment stock.

Conclusion
This option meets only one of our key service requirements and none of our investment objectives and critical success factors and is therefore deemed the least favoured option.

Option 2.2: Do minimum

Description
This option describes the capital build and engineering infrastructure investment of £40m HCP central funding to design and construct an accommodation solution to implement the Acute Medical Model to support the current activity and population demographics and projected future growth.

The capital build will provide an estimated 2893m2 of ground floor accommodation to co-locate all acute services within one area to provide an acuity driven service model. The design must be innovative and provide the ability to flexibly utilise the space to maximise flow and interdependencies of services.

This option will provide a dedicated general x/ray, CT and ultrasound suite within the new build to improve timeliness and access to diagnostics as clinical pathways develop necessitating increased reliance on radiology diagnoses.

Advantages
The main advantages are that the built environment will provide compliant accommodation to implement the Acute Medical Model and allow improved access to radiologic diagnostics improving decision making and reducing waiting times.

The building will be sized to take account of capacity and demand modelling for future years and configured to ensure an assess to admit clinical model is functionally efficient to reduce inpatient admissions and ALOS.

Elimination of our critical backlog maintenance will be significantly reduced and the engineering infrastructure will be designed and constructed to support the capital build and the Site Development Plan for future years.

The built environment will be BREEAM standard very good, and comply with HBN, HTM, and Inclusive & Accessible Built Environment Policy and Cater Model Hospital recommendations. This will ensure that privacy and dignity and infection control requirements will be met.

Disadvantages
The main disadvantage would be the missed opportunity for the Trust to build a further storey above to re-provide clinical accommodation to move the 1930's Nightingale Wards into compliant fit for purpose accommodation in the future as part of the Site Development Plan.
The current 4 Nightingale Wards within our North Block 1930's accommodation provide our cardiac, stroke, and elderly care inpatient beds. The accommodation is

inflexible in relation to delivering our Single Sex Accommodation agenda. There are high levels of infection prevention risks associated with Nightingale Wards with no ability to shut down sections of wards due to the internal open layout and proximity of patients to one another which can lead to an increase in the spread of infection. During infection outbreaks the entire ward is closed to admissions and delays discharges affecting patient flow within the hospital site by reducing the number of available admitting beds. There is little privacy and dignity afforded to patients within this type of ward environment.

It is estimated that the cost of re-providing this accommodation in a new capital build would be in the region of £12m as a stand-alone project and may be subject to a Wave 5 HCP capital bid. This is based on a recent two storey capital ward block build of the size that would be required. Option 1.3 describes the build of a clinical floor expansion space (shell) above the AMM ground floor to re-provide this ward accommodation.

Conclusion
This option is considered sub-optimal with no provision of future clinical expansion space to eliminate the 4 Nightingale Wards.

Option 2.3: Intermediate

Description
This option describes the capital build and necessary engineering infrastructure investment of £40m of HCP central funding to design and construct an accommodation solution to implement the Acute Medical Model to support the current activity and population demographics and projected future growth. In addition a first floor clinical expansion space (shell) would be built during the construction of the ground floor AMM.

Advantages
The main advantages are the same as option 2.2. However, the provision of a shell on the floor above would provide the 2893m2 clinical space, to be fitted out at a later stage, to form ward accommodation to re-provide the 1930's current ward stock.

The future fit out would form part of the Site Development Plan for future years and require a separate Trust/HCP business case for the capital investment at that time. It is a more cost effective option to include during the capital build of the ground floor AMM and would reduce the future capital cost of this ward accommodation if it was built as a stand-alone scheme. The engineering plant for the one or two storey capital build would be sited on the roof due to space limitations and engineering efficiency which is the reason why it is important to include the shell at this stage. We would not be able to install the ward accommodation floor at a later stage as this would require the removal of the plant floor during which the AMM ground floor would need to be shut down and relocated which is not viable. We would also need to take account of the size required for plant if it was to support two clinical floors. Early indications are that there is more than sufficient space to include plant for the ground

floor AMM and space for a further installation of plant to support the new ward accommodation floor at a later stage.

Relocating ward accommodation directly above the AMM floor provides efficiency of patient flow and staff availability and ease to support the AMM floor. Currently these wards will be a long distance from the new AMM capital build should transfer of patients to these ward areas be necessary. Medical staff working on these ward areas are also remote.

Disadvantages
The main disadvantage is that a future funding bid/application would be required for the fit out of the shell as clinical accommodation.

Conclusion
This option is considered the preferred option which provides the highest clinical optimisation of the capital build. This option meets all of our key service requirements.

Option 2.4: Intermediate +

Description
This option describes the capital build and engineering infrastructure investment of £40m of HCP central funding to design and construct an accommodation solution to implement the Acute Medical Model to support the current activity and population demographics and projected future growth. In addition a first floor clinical expansion space (shell) would be built during the construction of the ground floor AMM and approx. £1m of additional elimination backlog maintenance would be invested.

Advantages
The main advantages are the same as 2.3. However, this option also invests an additional £1m towards the elimination of backlog maintenance requirements on the site.

Disadvantages
The main disadvantage is that this option is unaffordable within this funding bid allocation.

Conclusion
This option meets all of our key service requirements however is likely to be discounted due to affordability.

Option 2.5: Maximum scope

Description
This option describes the capital build and engineering infrastructure investment of £40m of HCP central funding to design and construct an accommodation solution to implement the Acute Medical Model to support the current activity and population demographics and projected future growth. In addition a first floor clinical expansion space (shell) would be built during the construction of the ground floor AMM and approx. £2m of additional backlog maintenance would be completed. A further basement level, 500m2, of clinical/non-clinical accommodation would be added and a helipad landing zone sited on the roof of the building.

Advantages
The main advantages are the same as 2.4. However, this option also invests an additional £2m towards the elimination of further backlog maintenance requirements on the site.

Disadvantages
The main disadvantage is that this option is unaffordable.

Conclusion
This option meets all of our key service requirements however will be discounted due to the cost of the project and it's unaffordability within the financial envelope.

3.5.2 Overall conclusion: service solutions options

Service solution option 2.3 is the preferred option which provides the optimum clinical benefit and alignment with our SDP to re-provide outdated 1930's ward accommodation and elimination of critical backlog maintenance.

The table below summarises the assessment of each option against the investment objectives and CSFs.

Table 14: Summary Assessment of Service Solutions Options

<table>
<tr><td></td><td>Summary assessment of service solution options</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td>2.1</td><td>2.2</td><td>2.3</td><td>2.4</td><td>2.5</td></tr>
<tr><td></td><td>Investment Objectives (IO's)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>1</td><td>Reduce Cost</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Eliminate backlog maintenance from £63m to £42m (reduction of £21m) by 2024 – dependent upon preferred option selected</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>2</td><td>Improve efficiency</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Optimise capacity to:
Improve time first seen from 30 mins (mean) 47% to 15 mins (mean) for 100% of attendances by 2024
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<tr><td></td><td>Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
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</table>

	Summary assessment of service solution options					
		2.1	2.2	2.3	2.4	2.5
	(measure by satisfaction surveys) by 2024					
4	**Re-procurement (Business continuity)**					
	Increase m2 from 550m2 ED and 800m2(AMU) to 2893m2 by 2024 to provide capacity for current and future demand modelling	X	✓	✓	✓	✓
	Provide demand modelled layout i.e. no of specific spaces required per specialist area by 2024 From 11 majors bays to 10 bays From 3 resus bays to 5 bays From 2 streaming bays to 5 streaming bays From 20 bays currently accommodating SDEC& First Assessment, GP UCC to 26 bays&7 seating area to accommodate SDEC, First Assessment, GP UTC, SAU& Frailty 0 mental health bays to 2 consulting rooms 28 > 24 hr inpatient beds to 16 < 24 hr patient beds/trolleys 2 external ambulance parking bays to 4 bays 1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm	X	✓	✓	✓	✓
	Deliver within cost envelope of £40m by 2024	X	✓	?	?	X
5	**Compliance & Conformance (Regulations)**					
	Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024	X	✓	✓	✓	✓
	Build to HBN & HTM standards 95% compliant by completion 2024	X	✓	✓	✓	✓
	Build to BREEAM* standards (good 45%, very good 55%, excellent 70%) Target very good by completion 2024	X	✓	✓	✓	✓

	Summary assessment of service solution options					
		2.1	2.2	2.3	2.4	2.5
	Build to Inclusive & Accessible Built Environment Policy 100% by 2024	X	✓	✓	✓	✓
	Critical Success Factors (CSF's)					
1	**Business Needs - How well the option meets the agreed investment objectives, related business needs and service requirements**					
	Sized correctly for current & future demand modelling	X	✓	✓	✓	✓
	Provide access to improved diagnostics (CT, X/Ray/ Ultrasound, Pathology)	X	✓	✓	✓	✓
	Designed to optimise adjacency and consolidation of related front end services (Acute Medical Model)	X	✓	✓	✓	✓
	Compliant to current build standards (HBN & HTM)	X	✓	✓	✓	✓
2	**Strategic Fit - How well the options provide a holistic fit & synergy with key elements of local, regional & national strategies & programmes**					
	Local - Clinical Strategy, Patient Safety Strategy, Our Trust Strategy, Estates Strategy, East Coast Review, Strategic Outline Programme	X	✓	✓	✓	✓
	Regional - HCP Strategic Outline Programme - HCV Clinical Services Strategy, Estates Strategy & Acute Services Review	X	✓	✓	✓	✓
	National - College of Emergency Medicine, NHS Long Term Plan (Jan 2019), 7 Day Hospital Services - Clinical Standards, GIRFT	X	✓	✓	✓	✓
3	**Benefits Optimisation - How well the option optimises the potential return on expenditure & assists in improving overall VFM**					
	Economy Direct (Return on expenditure) - reduction in future backlog maintenance costs, improves utilities	X	✓	✓	✓	✓

	Summary assessment of service solution options					
		2.1	2.2	2.3	2.4	2.5
	costs					
	Economy Indirect - VFM improves with healthcare partners i.e. improved turnaround of ambulance crews	X	✓	✓	✓	✓
	Economy Wider - reduce reliance on external funding bids to improve site accommodation	X	✓	✓	✓	✓
	Efficiency Direct (Qualitative value) - improve patients, visitor and staff built environment	X	✓	✓	✓	✓
	Efficiency Indirect - provide fit for purpose, innovative acute accommodation to assist with recruitment and retention current issues	X	✓	✓	✓	✓
	Efficiency Wider - possible design award potential	X	✓	✓	✓	✓
	Effectiveness Direct (Quantative value) - provide right size, compliant accommodation for acute medical model current and future demand predictions	X	✓	✓	✓	✓
	Effectiveness Indirect - provide compliant, fit for purpose accommodation for healthcare partners, i.e. YAS, GP's	X	✓	✓	✓	✓
	Effectiveness Wider - improve reputational status with built environment accommodation for new acute medical model to improve patient episode & outcomes	X	✓	✓	✓	✓
4	**Potential achievability - The Organisation's ability to innovate, adapt, introduce, support & manage the required level of change incl. management of risks, capacity & capability**					
	Minimise disruption to the Trust's operations during construction	X	✓	✓	✓	✓
	Trust's capability & capacity to deliver the project & manage risks (see risk matrix)	X	✓	✓	✓	✓
	Timeliness of business case approval & drawn down	X	✓	✓	✓	✓

	Summary assessment of service solution options					
		2.1	2.2	2.3	2.4	2.5
	monies					
5	**How do we procure the solution incl best practice - The ability of the market place & potential suppliers to deliver the req services & deliverables**					
	The market's capability to provide innovative solutions	X	✓	✓	✓	✓
	The markets ability to deliver the solution in line with the project key milestones	X	✓	✓	✓	✓
6	**Affordability - The Organisation's ability to fund the required levels of expenditure - capital & revenue consequences of investment**					
	The solution matches the funding awarded to the Trust from the Wave 4 Capital bid (Dec 2018)	X	✓	?	?	X
	The solution enables the Trust to fund the revenue consequences associated with the investment	X	?	?	?	X
	The solution enables the Trust to meet its key financial targets	X	?	?	?	X
	Summary (Discounted/Possible/Preferred)	**Discounted**	**Possible**	**Preferable**	**Possible**	**Discounted**

Note: the preferred option, with previous choices, is carried forward for subsequent assessment in the next category of choice.

3.6 Service delivery options

3.6.1 Introduction

This range of options considers the feasibility for service delivery in relation to the preferred scope and potential service solution.
The ranges of options that have been examined are:

Option 3.1: in-house estates & measured term contract (MTC)
Option 3.2: outsource P22 traditional build
Option 3.3: outsource P22 modular build
Option 3.4: outsource tender traditional build contract
Option 3.5: outsource tender modular build contract

Option 3.1: In-house

Description

This option reviews whether our in-house, Trust Estates Department or Measured Term Contractor has the resource, capacity and capability/expertise of delivering the proposed £40m capital build and engineering infrastructure.

Conclusion

The advantages and disadvantages of this option have been dismissed as unviable as neither our Trust Estates Department nor MTC have the resource, capacity or capability/expertise of delivering a scheme of this size. Whilst the Trust has a MTC, this is limited to projects within £1m capital cost. Whilst there may be options for some of the components of the more minor backlog maintenance schemes, a capital project of this strategic nature is beyond the capacity of our contractors.

Option 3.2: Outsource P22 traditional build

Description

This option describes the outsourcing of the proposed £40m scheme to a Principal Supply Chain Partner as part of the NEC3 Procure 22 NHS national contract

Advantages

The main advantages in choosing a PSCP partner is that the due diligence and national selection process to become one of the 6 PSCP's on the NHS NEC3 P22 framework has already been undertaken. Their ability to deliver schemes of this size and complexity is known i.e. Endoscopy build on the York site has been overbuilt above a live service within an extremely tight contained site adjacent to critical clinical services which continued to operate during the entire build programme. The Trust has extensive experience of delivering P21 and P21+ projects in excess of £50m over the York and Scarborough hospital sites. These have included the £10m multi room Endoscopy Unit which will be one of the largest in the UK. Two 28 bedded wards for which the Trust won a Building Better Healthcare Award and was commended for using standardised components and repeatable rooms reducing design costs and improving efficiency. Post-project evaluation has been extremely

positive following delivery of these P21 and P21+ schemes. We have an established supply chain and close liaison with professional teams which have meant schemes delivered in recent years have delivered on budget, on time and to high quality standards. The Trust has a proven track record of delivering through this framework with our current PSCP.

Disadvantages

The main disadvantages are in terms of the cost of utilising the P22 framework and ensuring best value for money is applied against other options which could deliver the scheme.

Conclusion

Other forms of contract have been used by the Trust however by far the P21 and P21+ suite have given very satisfactory outcomes. This option meets all the Investment Objectives and Critical Success Factors and is therefore the preferred option. The Trust has a good track record of building high value capital schemes via this contract.

Option 3.3: Outsource P22 modular build

Description

This option is similar to option 3.2 whereby the Trust contract with a PSCP utilising the P22 framework. It differs to option 3.2 in that the Trust would opt for a modular build approach rather than traditional build.

Advantages

The main advantage to this option over option 3.2 is that it may be simpler in design and allow a reduced stage 4 construction timescale delivering the completed scheme earlier than traditional build construction.

Disadvantages

The main disadvantage may be that the life cycle of the build may be reduced and costs excessive which will need to be weighed against a traditional build option at a later stage. This option may also reduce the scope and pose a challenge to achieving design innovation.

Conclusion

This option meets all the Investment Objectives and CSF's other than CSF 6 which deals with affordability of the option. At SOC stage we do not have high level costs for this option to be able to consider the feasibility of this construction method against a traditional construction method. This feasibility will be undertaken during the OBC stage.

Option 3.4: Outsource tender traditional build

Description

This option proposes to tender out the construction phase using the Government Procurement Agreement (WTO) and the EU Consolidated Public Sector Procurement

Directive (2004). This does not preclude any of the PSCP's bidding for the contract via the tender.

Advantages

The main advantages are that this may be a more cost effective service delivery option.

Disadvantages

The main disadvantages are that the process is complex and time consuming and there may be few contractors that are able to deliver a scheme of this size and complexity.

Conclusion

This option would meet all of the Investment Objectives and most of the Critical Success Factors. CSF 6 affordability envelope is not known at this stage and will be more robustly defined during the OBC stage.

Option 3.5: Outsource tender modular build

Description

This option is similar to option 3.4 however the Trust would consider the feasibility of a modular build versus traditional build solution.

Advantages

The main advantage to this option over option 3.4 is that it may be simpler in design and allow a reduced construction timescale delivering the completed scheme earlier than traditional build construction.

Disadvantages

The main disadvantage may be that the life cycle of the build may be reduced and costs excessive which will need to be weighed against a traditional build option at a later stage. This option may also reduce the scope and pose a challenge to achieving design innovation.

Conclusion

This option would meet all the Investment Objectives and most of the Critical Success Factors other than CSF 6 affordability which is not known at this stage of the scheme. A feasibility study during OBC would be required to inform the costs of this option.

3.6.2 Overall conclusion: service delivery options

The preferred option for the service delivery model is P22 traditional build as this option meets all the Investment Objectives and Critical Success Factors and the Trust has a proven track record of service delivery with this contract.

The table below summarises the assessment of each option against the investment objectives and CSFs.

Table 15: Summary Assessment of Service Delivery Options

<table>
<tr><td></td><td>Summary assessment of service delivery options</td><td></td><td></td><td></td><td></td><td></td></tr>
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<tr><td>3</td><td>Improve Quality</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td></td><td>Improve environment for staff, visitors and patients (measure by satisfaction surveys) by 2024</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td>4</td><td>Re-procurement (Business continuity)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Increase m2 from 550m2 ED and 800m2(AMU) to combined 2893m2 by 2024 to provide capacity for current and future demand modelling</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table>

	Summary assessment of service delivery options					
		3.1	3.2	3.3	3.4	3.5
	Provide demand modelled layout i.e. no. of specific spaces required per specialist area by 2024 From 11 majors bays to 10 bays From 3 resus bays to 5 bays From 2 streaming bays to 5 streaming bays From 20 bays currently accommodating SDEC & First Assessment, GP UTC to 26 bays & 7 seating area to accommodate SDEC, First Assessment, GP UTC, SAU & Frailty 0 mental health bays to 2 consulting rooms 28 > 24 hr inpatient beds to 16 < 24 hr patient beds/trolleys 2 external ambulance parking bays to 4 bays 1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm	X	✓	✓	✓	✓
	Deliver within cost envelope of £40m by 2024	X	✓	?	✓	?
5	**Compliance & Conformance (Regulations)**					
	Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024	X	✓	✓	✓	✓
	Build to HBN & HTM standards 95% compliant by completion 2024	X	✓	✓	✓	✓
	Build to BREEAM* standards (good 45%, very good 55%, excellent 70%) Target very good by completion 2024	X	✓	✓	✓	✓
	Build to Inclusive & Accessible Built Environment Policy 100% by 2024	X	✓	✓	✓	✓
	Critical Success Factors (CSF's)					
1	**Business Needs - How well the option meets the agreed investment objectives, related business needs and service requirements**					
	Sized correctly for current & future demand modelling	X	✓	✓	✓	✓
	Provide access to improved diagnostics (CT, X/Ray/ Ultrasound, Pathology)	X	✓	✓	✓	✓
	Designed to optimise adjacency and consolidation of related front end services (Acute Medical Model)	X	✓	✓	✓	✓
	Compliant to current build standards (HBN & HTM)	X	✓	✓	✓	✓
2	**Strategic Fit - How well the options provides a holistic fit & synergy with key elements of local, regional and national strategies & programmes**					

	Summary assessment of service delivery options					
		3.1	3.2	3.3	3.4	3.5
	Local - Clinical Strategy, Patient Safety Strategy, Our Trust Strategy, Estates Strategy, East Coast Review, Strategic Outline Programme	X	✓	✓	✓	✓
	Regional - HCP Strategic Outline Programme - HCV Clinical Services Strategy, Estates Strategy & Acute Services Review	X	✓	✓	✓	✓
	National - College of Emergency Medicine, NHS Long Term Plan (Jan 2019), 7 Day Hospital Services - Clinical Standards, GIRFT	X	✓	✓	✓	✓
3	**Benefits Optimisation - How well the option optimises the potential return on expenditure & assists in improving overall VFM**					
	Economy Direct (Return on expenditure) - reduction in future backlog maintenance costs, improves utilities costs	X	✓	✓	✓	✓
	Economy Indirect - VFM improves with healthcare partners i.e. improved turnaround of ambulance crews	X	✓	✓	✓	✓
	Economy Wider - reduce reliance on external funding bids to improve site accommodation	X	✓	✓	✓	✓
	Efficiency Direct (Qualitative value) - improve patients, visitor and staff built environment	X	✓	✓	✓	✓
	Efficiency Indirect - provide fit for purpose, innovative acute accommodation to assist with recruitment and retention current issues	X	✓	✓	✓	✓
	Efficiency Wider - possible design award potential	X	✓	✓	✓	✓
	Effectiveness Direct (Quantative value) - provide right size, compliant accommodation for acute medical model current and future demand predictions	X	✓	✓	✓	✓
	Effectiveness Indirect - provide compliant, fit for purpose accommodation for healthcare partners, i.e. YAS, GP's	X	✓	✓	✓	✓
	Effectiveness Wider - improve reputational status with built environment accommodation for new acute medical model to improve patient episode & outcomes	X	✓	✓	✓	✓
4	**Potential achievability - The Organisation's ability to innovate, adapt, introduce, support & manage the required level of change incl management of risks, capacity & capability**					
	Minimise disruption to the Trust's operations during construction	X	✓	✓	✓	✓
	Trust's capability & capacity to deliver the project & manage risks (see risk matrix)	X	✓	✓	✓	✓

	Summary assessment of service delivery options					
		3.1	3.2	3.3	3.4	3.5
	Timeliness of business case approval & drawn down monies	X	✓	✓	✓	✓
5	**How do we procure the solution incl best practice - The ability of the market place & potential suppliers to deliver the required services & deliverables**					
	The market's capability to provide innovative solutions	X	✓	?	✓	?
	The markets ability to deliver the solution in line with the project key milestones	X	✓	✓	✓	✓
6	**Affordability - The Organisation's ability to fund the required levels of expenditure - capital & revenue consequences of investment**					
	The solution matches the funding awarded to the Trust from the Wave 4 Capital bid (Dec 2018)	X	✓	?	?	?
	The solution enables the Trust to fund the revenue consequences associated with the investment	X	?	?	?	?
	The solution enables the Trust to meet its key financial targets	X	?	?	?	?
	Summary (Discounted/Possible/Preferred)	**Disc**	**Pref**	**Poss**	**Poss**	**Poss**

3.7 Implementation options

3.7.1 Introduction

This range of options considers the choices for implementation in relation to the preferred scope, solution and method of service delivery.

Option 4.1: Maintenance & planned minor works schemes
Option 4.2: 12 months 'big bang'
Option 4.3: 18 months 'big bang'
Option 4.4: 24 months 'big bang'
Option 4.5: 30 months 'big bang'

Option 4.1: Maintenance & planned minor work schemes

Description

This option assumes that the BAU option is selected as the Preferred Option and as such there will be no capital investment of the proposed scheme and the Trust will continue to maintain existing building assets and complete minor work schemes as necessary.

Advantages

There will be minimal disruption to the site

Disadvantages

The main disadvantages are that without the proposed capital investment, the engineering infrastructure will remain in a critical condition with no ability to meet any of the Trust Estate Strategy Site Development Plan for Scarborough.

The capital build for the new Acute Medical Model will not proceed and the Trust will continue to occupy sub-standard acute clinical accommodation with all the associated disadvantages to patients, staff and visitors.

Conclusion

This option does not meet any of the Investment Objectives or Critical Success Factors identified and is not recommended to go forward and therefore discounted.

Option 4.2: 12 Months 'big bang'

Description

This option assumes that the implementation of the required capital build and engineering infrastructure services would be delivered within a 12 month construction period.

Advantages

The main advantages are that the build and engineering infrastructure would be delivered in an exceptionally expedient timescale.

Disadvantages

The main disadvantages are that a 12 month engineering infrastructure and capital build timescale is unrealistic. Design and innovation would be severely restricted to an extent that we would probably not meet the brief.

Furthermore, this option is expected to be cost prohibitive in that it would require extended working days which is likely to cause unacceptable disruption to patients, staff and visitors.

Conclusion

This option is discounted as it is considered unrealistic and does not meet a sufficient number of the Investment Objectives and Critical Success Factors.

Option 4.3: 18 Months 'big bang'

Description

This option assumes that the implementation of the required capital build and engineering infrastructure services would be delivered within an 18 month construction period.

Advantages

The main advantages are that the build and engineering infrastructure would be delivered in an expedient timescale.

Disadvantages

The main disadvantages are that an18 month engineering infrastructure and capital build timescale is probably unrealistic. Design and innovation may be restricted to an extent that we would probably not meet the brief.

The main disadvantages are that this timescale may be cost prohibitive in that it would require extended working days which is likely to cause unacceptable disruption to patients, staff and visitors.

Conclusion

This option is possible and meets most Investment Objectives and Critical Success Factors.

Option 4.4: 24 Months 'big bang'

Description

This option assumes that the implementation of the required capital build and engineering infrastructure services would be delivered within a 24 month construction period.

Advantages

The main advantages are that this option is likely to be affordable within the proposed budget envelope of £40m.

This option is likely to be the least disruptive on site to patients, staff and visitors and should provide a contingency slippage allowance.

Disadvantages

This is considered the most optimal implementation solution and as such has no disadvantages.

Conclusion

This option is the preferred option for the implementation of this project.

Option 4.5: 30 Months 'big bang'

Description

This option assumes that the implementation of the required capital build and engineering infrastructure services would be delivered within a 30 month construction period.

Advantages

The main advantages are that the additional 6 months from option 4.4 (24 months) provides a healthy timescale slippage contingency.

Disadvantages

The main disadvantages are that this option may be cost prohibitive due to engaging the contractor longer on site.

Disruption on site will also continue for an additional 6 months extra than selecting option 4.4 (24 months).

Conclusion

This option is discounted due to the extended timescale beyond what is considered necessary for the build and engineering infrastructure construction phase.

3.7.2 Overall conclusion: implementation options

The project stakeholders have not considered a phased approach to this scheme due to the selected siting of the capital build on what is currently a car parking area of the site. This allows for a 'big bang' approach with minimal relocation or decant of existing services expected.

The table below summarises the assessment of each option against the investment objectives and critical success factors and shows the preferred option to be option 4.4, 24 months 'big bang'. This option meets all of the investment and CSF's.

Table 16: Summary Assessment of Implementation Options

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<tr><td></td><td>SMART Objectives</td><td>Maintenance & planned minor works scheme</td><td>12 months big bang</td><td>18 months big bang</td><td>24 months big bang</td><td>30 months big bang</td></tr>
<tr><td></td><td>Investment Objectives (IO's)</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>1</td><td>Reduce Cost</td><td></td><td></td><td></td><td></td><td></td></tr>
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<tr><td>3</td><td>Improve Quality</td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td>Design & build to provide innovative, light, fit for purpose exterior/interior with life cycle of 60 years by 2024</td><td>X</td><td>X</td><td>✓</td><td>✓</td><td>✓</td></tr>
<tr><td></td><td>Improve environment for staff, visitors and patients (measure by satisfaction surveys) by 2024</td><td>X</td><td>✓</td><td>✓</td><td>✓</td><td>✓</td></tr>
</table>

	Summary assessment of implementation options					
		4.1	4.2	4.3	4.4	4.5
	SMART Objectives	Maintenance & planned minor works scheme	12 months big bang	18 months big bang	24 months big bang	30 months big bang
4	**Re-procurement (Business continuity)**					
	Increase m2 from 550m2 ED and 800m2(AMU) to combined 2893m2 by 2024 to provide capacity for current and future demand modelling	X	✓	✓	✓	✓
	Provide demand modelled layout i.e. no of specific spaces required per specialist area by 2024 From 11 majors bays to 10 bays From 3 resus bays to 5 bays From 2 streaming bays to 5 streaming bays From 20 bays currently accommodating SDEC &First Assessment, GP UTC to 26 bays & 7 seating area to accommodate SDEC, First Assessment, GP UTC, SAU & Frailty 0 mental health bays to 2 consulting rooms 28 > 24 hr inpatient beds to 16 < 24 hr patient beds/trolleys 2 external ambulance parking bays to 4 bays 1 General x/ray rm to 1 General X/ray rm & 1 CT & 1 U/S rm	X	✓	✓	✓	✓
	Deliver within cost envelope of £40m by 2024	X	X	X	✓	X
5	**Compliance & Conformance (Regulations)**					
	Comply with Carter Model Hospital recommendations - <35% non-clinical accom by completion 2024	X	✓	✓	✓	✓
	Build to HBN & HTM standards 95% compliant by completion 2024	X	✓	✓	✓	✓
	Build to BREEAM* standards (good 45%, very good 55%, excellent 70%) Target very good by completion 2024	X	X	?	✓	✓
	Build to Inclusive & Accessible Built Environment Policy 100% by 2024	X	✓	✓	✓	✓

	Summary assessment of implementation options					
		4.1	4.2	4.3	4.4	4.5
	SMART Objectives	Maintenance & planned minor works scheme	12 months big bang	18 months big bang	24 months big bang	30 months big bang
	Critical Success Factors (CSF's)					
1	**Business Needs - How well the option meets the agreed investment objectives, related business needs and service requirements**					
	Sized correctly for current & future demand modelling	X	✓	✓	✓	✓
	Provide access to improved diagnostics (CT, X/Ray/ Ultrasound, Pathology)	X	✓	✓	✓	✓
	Designed to optimise adjacency and consolidation of related front end services (Acute Medical Model)	X	✓	✓	✓	✓
	Compliant to current build standards (HBN & HTM)	X	✓	✓	✓	✓
2	**Strategic Fit - How well the options provides a holistic fit & synergy with key elements of local, regional and national strategies & programmes**					
	Local - Clinical Strategy, Patient Safety Strategy, Our Trust Strategy, Estates Strategy, East Coast Review, Strategic Outline Programme	X	✓	✓	✓	✓
	Regional - HCP Strategic Outline Programme - HCV Clinical Services Strategy, Estates Strategy & Acute Services Review	X	✓	✓	✓	✓
	National - College of Emergency Medicine, NHS Long Term Plan (Jan 2019), 7 Day Hospital Services - Clinical Standards, GIRFT	X	✓	✓	✓	✓
3	**Benefits Optimisation - How well the option optimises the potential return on expenditure & assists in improving overall VFM**					
	Economy Direct (Return on expenditure) - reduction in future backlog maintenance costs, improves utilities costs, moves towards model hospital average m2 costs	X	✓	✓	✓	✓
	Economy Indirect - VFM improves with healthcare partners i.e. improved turnaround of ambulance crews	X	✓	✓	✓	✓

	Summary assessment of implementation options					
		4.1	4.2	4.3	4.4	4.5
	SMART Objectives	Maintenance & planned minor works scheme	12 months big bang	18 months big bang	24 months big bang	30 months big bang
	Economy Wider - reduce reliance on external funding bids to improve site accommodation	X	✓	✓	✓	✓
	Efficiency Direct (Qualitative value) - improve patients, visitor and staff built environment	X	✓	✓	✓	✓
	Efficiency Indirect - provide fit for purpose, innovative acute accommodation to assist with recruitment and retention current issues	X	✓	✓	✓	✓
	Efficiency Wider - possible design award potential	X	X	✓	✓	✓
	Effectiveness Direct (Quantative value) - provide right size, compliant accommodation for acute medical model current and future demand predictions	X	✓	✓	✓	✓
	Effectiveness Indirect - provide compliant, fit for purpose accommodation for healthcare partners, i.e. YAS, GP's	X	✓	✓	✓	✓
	Effectiveness Wider - improve reputational status with built environment accommodation for new acute medical model to improve patient episode & outcomes	X	✓	✓	✓	✓
4	**Potential achievability - The Organisation's ability to innovate, adapt, introduce, support & manage the required level of change incl management of risks, capacity & capability**					
	Minimise disruption to the Trust's operations during construction	X	✓	✓	✓	✓
	Trust's capability & capacity to deliver the project & manage risks (see risk matrix)	X	X	?	✓	✓
	Timeliness of business case approval & drawn down monies	X	✓	✓	✓	✓
5	**How do we procure the solution incl best practice - The ability of the market place & potential suppliers to deliver the required services & deliverables**					
	The market's capability to provide innovative solutions	X	X	?	✓	✓

	Summary assessment of implementation options					
		4.1	**4.2**	**4.3**	**4.4**	**4.5**
	SMART Objectives	Maintenance & planned minor works scheme	12 months big bang	18 months big bang	24 months big bang	30 months big bang
	The markets ability to deliver the solution in line with the project key milestones	X	X	?	✓	X
6	**Affordability - The Organisation's ability to fund the required levels of expenditure - capital & revenue consequences of investment**					
	The solution matches the funding awarded to the Trust from the Wave 4 Capital bid (Dec 2018)	X	X	?	✓	X
	The solution enables the Trust to fund the revenue consequences associated with the investment	X	?	?	?	?
	The solution enables the Trust to meet its key financial targets	X	X	?	✓	X
	Summary (Discounted/Possible/Preferred)	**Disc**	**Disc**	**Poss**	**Pref**	**Disc**

3.8 Funding options

Note: where it has been agreed that the scheme will be publicly funded as part of the capital expenditure programme, it will be unnecessary to consider the use of alternative methods of finance. However, where the funding mechanism has not been agreed this set of options may still have a use for appraisal purposes – for example, as in the case of central versus local funding.

It should also be noted that the use of private finance does not simply consist of Public Private Partnerships (PPP) and the Private Finance Initiative (PFI). In this context, the use of financial leases and operating leases, and other forms of rental payment might also be considered, together with sponsorship arrangements.

3.8.1 Introduction

This section would ordinarily deal with the funding options for the project however; this SOC is specifically dealing with the Wave 4 HCP Capital Bid which has been provisionally approved from central funding. It has been made clear that the provisional allocation of £40m to York Teaching Hospitals for the Scarborough site is the maximum limit to be extended to the project at this time. Options 4 and 5 are in excess of the provisional £40m financial envelope and funding options will be explored further as part of the OBC or these options will be discounted.

3.9 The long list: inclusions and exclusions

The long list has appraised a wide range of possible options, see table 18 below:

Table 18: Summary of inclusions, exclusions and possible options	
1.0 Scope	
1.1 Business as usual (Status Quo)	**Discounted** because no capital investment will mean that the SDP requiring engineering infrastructure support, will be subject to limited Trust generated capital.
1.2 Minimum - 1 storey build to accommodate AMM (strengthened) & infrastructure for AMM & SDP	**Possible** because the new build will be correctly sized for new AMM & infrastructure will support capital build & site development plan (SDP) & fits within high level cost plan assumptions
1.3 Intermediate - 2 storey build to accommodate AMM & shell above & infrastructure for AMM & SDP	**Preferred** because the new build will be correctly sized for new AMM in addition to providing a future phased expansion space for related clinical services. This is a future capital cost avoidance option for re-provision of clinical services at a future date. This also provides the appropriate level of engineering infrastructure support for the 2 storey build & SDP
1.4 Intermediate + - 2 storey build to accommodate AMM & shell above & infrastructure for AMM & SDP & eliminate limited backlog maintenance	**Possible** because the new build will be correctly sized for new AMM in addition to providing a future phased expansion space for related clinical services. This is a future cost avoidance option for re-provision of clinical services at a future date This also provides the appropriate level of engineering infrastructure to support the 2 storey build & SDP and eliminates critical backlog maintenance.
1.5 Maximum - 3 storey build to accommodate AMM & shell above & basement & helipad & infrastructure for AMM & SDP & eliminate extensive backlog maintenance	**Discounted** due to restricted financial envelope
2.0 Service solutions	
2.1 No development of current accommodation & only able to provide limited backlog maintenance & minor works requests	**Discounted** due to aging site requiring significant investment to continue business as usual (status quo) however does not provide funding for any future improvements
2.2 One storey built environment to accommodate AMM & infrastructure to	**Possible** because the capital build will provide capacity for current and future demand and allow for new AMM implementation. Also provides sufficient

Table 18: Summary of inclusions, exclusions and possible options	
support AMM & Site development plan	engineering infrastructure to support new AMM capital build & support the SDP.
2.3 Two storey built environment to accommodate AMM & first storey clinical expansion shell & infrastructure to support AMM & SDP	**Preferable** because the capital build will provide capacity for current and future demand and allow for new AMM implementation. The upper storey will allow re-provision of clinical accommodation to reduce future capital investment requirements. Also provides sufficient engineering infrastructure to support new AMM & upper storey capital build & supports the SDP.
2.4 Two storey built environment to accommodate AMM & first storey clinical expansion shell & infrastructure to support AMM & SDP & eliminate limited backlog maintenance	**Possible** because the capital build will provide capacity for current and future demand and allow for new AMM implementation. The upper storey will allow re-provision of clinical accommodation to reduce future capital investment requirements. Also provides sufficient engineering infrastructure to support new AMM & upper storey capital build & supports the SDP &eliminate limited backlog maintenance reduction within cost envelope
2.5 Three storey built environment to accommodate AMM & first storey clinical expansion shell & pharmacy basement & roof helipad &infrastructure to support AMM & SDP &eliminate extensive backlog maintenance	**Discounted** due to restricted financial envelope
3.0 Service delivery	
3.1 In-house estates & measured term contract (MTC)	**Discounted** because there is insufficient in-house resource or expert knowledge to deliver a capital build of this size. Our MTC contractor is restricted to circa £1m build due to nature of the tender
3.2 P22 traditional build	**Preferred** as PSCP's track record for delivering schemes of this size and financial cost are known
3.3 P22 modular build	**Possible** as PSCP's track record for delivering schemes of this size and financial cost are known however unlikely to be preferred way forward due to whole life cycle costs of modular build
3.4 Tender traditional build	**Possible** if there are firms with the resource and knowledge to deliver a scheme

Table 18: Summary of inclusions, exclusions and possible options	
	of this size and complexity
3.5 Tender modular build	**Possible** if there are firms with the resource and knowledge to deliver a scheme of this size and complexity however unlikely to be preferred way forward due to whole life cycle costs of modular build
4.0 Implementation	
4.1 Maintenance & planned minor works schemes	**Discounted** as this will not deliver the accommodation requirements for the new AMM
4.2 12 months big bang	**Discounted** as 12 months will not be sufficient construction time for a build of this size and complexity
4.3 18 months big bang	**Possible** however delivering an 18 month construction programme will be cost prohibitive
4.4 24 months big bang	**Preferred** as early construction programme likely to be within this timeframe
4.5 30 months big bang	**Discounted** due to extensive time on site leading to additional costs and delay in implementing new AMM
5.0 Funding	
5.1 Trust backlog maintenance funds & minor works capital funds	**Discounted** as insufficient to provide any works other than minor in nature
5.2 HCP	**Preferred** as received provisional acceptance of HCP funding bid subject to successful SOC,OBC & FBC to the value of £40m
5.3 HCP & Trust capital	**Possible** as received provisional acceptance of HCP funding bid subject to successful SOC, OBC & FBC to the value of £40m at this time.
5.4 HCP & Trust capital & loan	**Discounted** as Trust have no ability to secure any further loans within this build period

3.10 Short-listed options

3.10.1 Overview

The ‘preferred’ and ‘possible’ options identified in table 18 above have been carried forward into the short list for further appraisal and evaluation. Option 5 which was discounted has been excluded as impractical and unaffordable and therefore not carried forward to the short-list. The BAU options although discounted has been carried forward as per the agreed standards and format for business cases, as set out in HM Treasury, The Green Book, Central government guidance on appraisal and evaluation.

On the basis of this analysis, the recommended short list for further appraisal within the OBC is as follows:

- option 1 –status quo or BAU
- option 2 – the do minimum - reference project or outline Public Sector Comparator (PSC) based on totality of the preferred choices within each of the above categories
- option 3 – the do intermediate -reference project or outline PSC (more ambitious option) based on the more ambitious possible options within each of the above categories
- option 4 – the do intermediate + reference project or outline PSC (even more ambitious option) – based on the less ambitious options within each of the above categories.

4. The Commercial Case
4.1 Introduction

This section of the SOC outlines the proposed deal in relation to the preferred option outlined in the economic case.

Note: the detailed consideration of the commercial case takes place at OBC stage. However, you need to start thinking about it in outline terms now. The SOC should contain an initial, less detailed review

The 3 broad options that we have considered at SOC are:

- Traditional construction procurement via OJEU tendering
- Other accessible frameworks for healthcare buildings
- ProCure 22 framework

Traditional construction procurement via the OJEU process is generally a slow method of procurement which given the lengthy approval process for each business case, will engender considerable additional inflation costs. In addition, this method of procurement within the construction industry has a limited track record for delivering on time, within budget to the quality desired. Based on our knowledge of traditionally tendered schemes nationally, there appears to be a high risk of post-construction litigation. The forms of contract typically used in this form of procurement are less likely to deliver cost certainty at each stage of the design and construction phases.

Other frameworks are available however we do not have a track record of delivery with these contracting frameworks and therefore they are an unknown quantity with no certainty of delivery or security of cost liabilities.

With traditional and other frameworks, the Trust would need to procure the design and technical expertise separately with time implications attached.

The procurement strategy currently planned for the project is to utilise the ProCure22 framework, or its successor, from the FBC stage onwards, which will correlate to the RIBA Stage 3 and 4 stages of developed and technical design. P22 is a construction procurement framework administrated by the Department of Health, DH, for the development and delivery of NHS and Social Care capital schemes in England. It is consistent with the requirements of Government Policy including the Productivity and Efficiency agenda, the Government Construction Strategy, the Public Contracts Regulations 2015, the National Audit Office guidance on use of centralised frameworks, and the Cabinet Office Common Minimum Standards for procurement of the Built Environment in the Public Sector.

One of the benefits of the P22 framework for the Trust is that the contract includes a Guaranteed Maximum Price, or ‘target price’. As defined in the NEC3 contract, the Guaranteed Maximum Price is the maximum price payable by the Client for the works as agreed at the time that the Stage 4 documentation is engrossed, subject to increase or decrease by accepted variations (Compensation Events) during the

works. This gives the Trust a much greater degree of cost certainty than it had historically using other forms of contract.

The contract is structured to incentivise PSCPs to deliver best value for clients via a robust and open book gain-share arrangement. P22 is an incentivised process by the introduction of a pain/gain mechanism within stage 4 where the PSCP share of anything beneath 95% of the GMP is nil; anything between 95% and 100% is 50% (i.e. a 50/50 split with the client); and anything over 100% the PSCP share is 100% (PSCP take the pain).

P22 offers a VAT service, saving clients VAT recovery consultancy fees. PSCP organisation structures are compliant to ensure appropriate VAT recovery and ensuring compliance with HMRC rules.

P22 is the preferred procurement option for the project at this stage because, in the Trust's experience, it streamlines the procurement process for NHS and Social Care organisations for a range of construction works and associated services whilst delivering efficiency and productivity and supporting enhanced clinical outputs for patients and improved environments for staff and visitors. The Trust has had extensive experience of delivering projects successfully via the two predecessor frameworks to P22 that were also procured by the Department of Health, namely ProCure21, P21, and ProCure21+ ,P21+. The use of both previous Frameworks by the Trust demonstrated significant improvements over more traditional procurement options in terms of delivering schemes to time, cost and quality standards. The principal advantages, for the Trust, of utilising P22 as the preferred procurement option for this project are as follows.

- **Speed / time**
  The Trust will be able to access, at the FBC stage, contractor and design team expertise very quickly by utilising P22 to appoint a Principle Supply Chain Partner, PSCP, and their supply chain team of consultants and sub-contractors. This is because the P21, P21+ and P22 frameworks have already been procured by the DHSC via the OJEU procurement process, thereby saving Trusts the time and costs that would be incurred if they needed to procure their projects via this process. The time savings are particularly critical to this project because the procuring the work via OJEU would add a number of months to the procurement process during which time inflation would add significant additional, and unfunded, cost to the project.
  The Trust also has considerable experience of projects being delivered to schedule via the P21 and P21+ frameworks.

- **Contract Management**
  The use of the P22 framework will allow the Trust to utilise a well-drafted contract that is open book in terms of being able to interrogate the costs being proposed by the PSCP. The contract also supports robust project management as well as management and apportionment of risk via the mandatory use of P22 joint risk

management tool. The framework also supports thorough audit and governance arrangements.

- **Cost certainty**
  The Trust has benefited from the mechanisms within P21 and P21+, which are retained in P22, that enable it to control cost and attain cost certainty by agreement to a Guaranteed Maximum Price in advance of construction and contract execution.
  In addition to the above, the P22 framework incorporates gateway authorisations at each stage that will enable the Trust to control its financial exposure without a termination penalty.
  The P22 framework, like its P21 and P21+ predecessors, offers a VAT Recovery services that is free and which includes speedy notification of the forecast level of VAT that is recoverable at the commencement of RIBA stage 5 (Construction), thereby enabling a financial contribution to the current scheme from this source if required

- **Value for Money**
  The Trust projects delivered previously via P21 and P21+ have benefited from the rates and margins that were competitively tendered at the outset of the framework, which include profit, overheads, insurance, PSCP administration, management supervision and Head Office Communication.

  The Trust has experience of managing projects via P21 and P21+ that have ultimately delivered savings against the GMP, either by the PSCP carrying out post-GMP re-tendering without change in specification or by the framework's gain-share mechanism. Conversely the utilisation of these frameworks protects the Trust against cost over-runs because the PSCP pain share remains at 100% (cost over GMP is the PSCP's liability).

- **Cost Efficiency Savings**
  The utilisation of P22 will enable the Trust to benefit from, amongst other things, earlier access to other P22 designs through a centralised framework database (Royalty-free access) that could enable the Trust's project to proceed much quicker through the RIBA 3 and 4 stages (developed and technical design stages). Similarly, the development by P21+ and P22 of standardised products, designs and repeatable rooms with bulk buying solutions has already benefited the Trust during some of its recent projects.

- **Quality**
  The close integration of the main contractor, design team and sub-contractor supply chain with the Trust has, during the Trust's P21 and P21+ projects, ensured that quality standards agreed for new healthcare facilities have been achieved or even, in some instances, surpassed.

- **Support**
  A considerable benefit of the P22 framework and its predecessors is that there is free support for the Trust via the Department of Health from a dedicated team of Implementation Advisors (IA) as well as free training, guidance documentation, template contracts and other tools. The IA will have an ongoing monitoring role to ensure project success all the way to the project's conclusion. The trust, the IA and the PSCP all partake in a Monthly Monitoring System that in place enabling early identification of project difficulties but to date there has been no litigation on P21 or P21+ projects according to the DHSC.

- **Assurance**
  The Trust gains assurance from the fact that PSCPs and supply chains are pre-vetted on appointment to the P21, P21+ and P22 Frameworks which complies with current government standards for construction procurement.
  In addition, there is assurance for the Trust from the mandatory DH-supported selection process for the appointment of PSCPs that entails that the procurement process is simplified, compliant and without legal risk of challenge.

4.2 Required services

The Trust is fully committed to following the Government Soft Landing (GSL) initiative. A Soft Landing Champion has already been appointed and the GSL will be a "Golden Thread" that will run throughout the scheme. The delivery of optimum performance using the GSL approach will, through better planning deliver on key outcomes. The Trust has utilised this approach on other schemes and targets BIM Level 2 for this scheme for we believe "BIM + GSL = Better Outcomes; the project and operational teams will work in a BIM environment to ensure that we take the maximum advantage of the GSL approach.

4.3 Potential for risk transfer

This section provides an initial assessment of how the associated risks might be apportioned between the Trust and the P22 Principal Supply Chain Partner, PSCP.

Note: detailed analysis of risks takes place at OBC stage
The general principle is to ensure that risks should be passed to 'the party best able to manage them', subject to value for money (VFM).

The table below outlines the potential allocation of risk:

Table 19: Commercial Case (Risk Transfer Matrix)										
	Risk Category	Potential allocation								
		P22			Traditional			Other Frameworks		
		Trust	PSCP	Shared	Trust	Contractor	Shared	Trust	Contractor	Shared
1	Design risk			✓	✓			✓		
2	Construction & development risk			✓	✓			✓		
3	Transition & implementation risk	✓			✓			✓		
4	Availability & performance risk	✓			✓			✓		
5	Operating risk	✓			✓			✓		
6	Variability of revenue risks	✓			✓			✓		
7	Termination risks			✓			✓			✓
8	Technology & obsolescence risks	✓			✓			✓		
9	Control risks - (CE's, Project Management)	✓			✓			✓		
10	Residual value risks	✓			✓			✓		
11	Financing risks	✓			✓			✓		
12	Legislative risks (Building regs, planning etc)			✓			✓			✓

4.4 Proposed charging mechanisms

The organisation intends to make payments with respect to the proposed products and services as per the NEC3 contract as defined for use within the P22, or its successor, process. These will be monthly interim payment at stage 3 and stage 4 with a final account.

4.5 Proposed contract lengths

The P22 PSCP contract term runs for 5 years from commission. The capital build project will follow the P22, or its successor, Stages 1 through 4 and include the Post-construction evaluation.

4.6 Proposed key contractual clauses

These will be defined in OBC.

4.7 Personnel implications (including TUPE)

It is anticipated that the TUPE – Transfer of Undertakings (Protection of Employment) Regulations 1981 –will not apply to this investment as outlined above.

4.8 Procurement strategy and implementation timescales

It is anticipated that the procurement strategy will follow the Trust's procurement policy which is based on Public Contract Regulations 2015 and be in accordance with contracting through the NHS P22 framework, subject to agreement of the SOC. It is anticipated that the implementation milestones to be agreed for the scheme with the PSCP will be agreed following approval of the SOC. It is intended that the PSCP will enter into contract with the Trust at FBC approval stage (P22 stage 3). Adherence to framework regulations and PSCP appointment processes as defined by Department of Health and Social Care. We anticipate at this time that the approval process for SOC, OBC and FBC may take between 18 to 24 months.

Appointment of the PSCP via the P22 process will minimise time taken to procure and appoint the contractor thus avoiding additional time which will generate additional unfunded inflation costs.

4.9 FRS 5 accountancy treatment

It is envisaged that the assets underpinning delivery of this project will be recorded on the Trust Balance Sheet as a non-current asset initially at cost and subsequently at current value in existing use.

5.0 The Financial Case

5.1 Introduction

The purpose of this section is to set out the indicative financial implications of the preferred way forward (as set out in the economic case section) and the proposed deal (as described in the commercial case section).

Note: detailed analysis of the financial case including affordability takes place at OBC stage.

5.2 Impact on the organisation's income and expenditure account

The anticipated payment stream for the project over its intended life span is intended to cover the revenue consequences of this scheme. As the full suite of options is included on the SOC, the financial appraisals are repeated here. The capital cost of each option is expected to be funded externally, with the exception of the lifecycle costs which are included within the funded revenue stream.

Table 20: Summary of financial appraisal

Preferred way forward: Option 2 Infrastructure and AMM (Do minimum)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	5,996	13,502	14,202				28,322	**62,022**
Revenue cost	0	0	0	-12,353	1,796	1,833	225,744	**217,019**
Total	**5,996**	**13,502**	**14,202**	**-12,353**	**1,796**	**1,833**	**254,066**	**279,041**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,268**
Total net impact	**5,996**	**13,502**	**14,202**	**-15,040**	**-978**	**-1,032**	**-221,878**	**-205,227**
Funded by:								
Existing	0	0	0	-15,040	-978	-1,032	-221,878	-238,927
Additional	5,996	13,502	14,202	0	0	0	0	33,700
Total net impact	**5,996**	**13,502**	**14,202**	**-15,040**	**-978**	**-1,032**	**-221,878**	**-205,227**
Preferred way forward: Option 3 Infrastructure and AMM & shell (do intermediate)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	6,692	16,315	17,015				34,039	**74,061**
Revenue cost	0	0	0	-12,072	2,202	2,241	251,673	**244,044**
Total	**6,692**	**16,315**	**17,015**	**-12,072**	**2,202**	**2,241**	**285,712**	**318,105**
Monetiseable benefits	0	0	0	-2,686	2,774	-2,864	-475,943	**-484,268**
Total net impact	**6,692**	**16,315**	**17,015**	**-14,759**	**-572**	**-623**	**-190,231**	**-166,163**
Funded by:								

Existing	0	0	0	-14,759	-572	-623	-190,231	**-206,185**
Additional	6,692	16,315	17,015	0	0	0	0	**40,022**
Total net impact	**6,692**	**16,315**	**17,015**	**-14,759**	**-572**	**-623**	**-190,231**	**-166,163**
<u>Preferred way forward:</u> Option 4 Infrastructure and AMM & shell & basement & elimination of extensive backlog maintenance (do maximum)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital cost	6,691	16,315	18,015				38,339	79,360
Revenue cost	0	0	0	-12,338	1,738	1,777	251,153	242,330
Total	**6,691**	**16,315**	**18,015**	**-12,338**	**1,738**	**1,777**	**289,492**	**321,690**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,286**
Total net impact	**6,691**	**16,315**	**18,015**	**-15,025**	**-1,036**	**-1,087**	**-186,451**	**-162,578**
Funded by:								
Existing	0	0	0	-15,025	-1,036	-1,087	-186,451	**-203,599**
Additional	6,691	16,315	18,015	0	0	0	0	41,021
Total net impact	**6,691**	**16,315**	**18,015**	**-15,025**	**-1,036**	**-1,087**	**-186,451**	**-162,578**
Option 5 Infrastructure and AMM & shell & elimination of limited backlog (do intermediate)								
	21/22	22/23	23/24	24/25	25/26	26/27	Remaining years	Total
	£000's	£000's	£000's	£000's	£000's	£000's	£000's	£000's
Capital	6,691	18,315	19,515				42,509	**87,030**
Revenue	0	0	0	-12,181	1,440	1,480	267,371	**258,110**
Total	**6,691**	**18,315**	**19,515**	**-12,181**	**1,440**	**1,480**	**309,879**	**345,139**
Monetiseable benefits	0	0	0	-2,686	-2,774	-2,864	-475,943	**-484,268**
Total net impact	**6,691**	**18,315**	**19,515**	**-14,867**	**-1,334**	**-1,384**	**-166,064**	**-139,128**
Funded by:								
Existing	0	0	0	-14,867	-1,334	-1,384	-166,064	**-183,649**
Additional	6,691	18,315	19,515	0	0	0	0	**44,521**
Total net impact	**6,691**	**18,315**	**19,515**	**-14,867**	**-1,334**	**-1,384**	**-166,064**	**-139,128**

5.3 Impact on the balance sheet

Non-current assets will increase by the total value of the project. This will have a direct impact on the Trust's capital service cover matrix, the value of which is currently being assessed.

5.4 Overall affordability

5.4.1 Overall affordability and balance sheet treatment

The overall affordability of the scheme is as follows: The Director of the Health and Care Partnership will work with Commissioners jointly across the patch to agree support of the initiative and the support of the principles and service transformation set out within the scheme

The funding requirement is set out on the above tables with option 2 being the most affordable option, with a capital requirement of £33.7m.

This option has a payback period of 18 years.

Option 3 has capital requirements of £40m and a payback period of 32 years.

Option 4 has capital requirement of £41m and a payback period of 33 years.

Option 5 has capital requirements of £44.5m and a payback period of 39 years

All capital costs are exclusive of VAT as the capital build will be managed through the Trusts subsidiary company York Teaching Hospital Facilities Management LLP, and therefore VAT is recoverable.

5.4.2 Indicative economic costs

Option 1 represents the business as usual and as such does not have capital spend or revenue/monetiseable (cash / non-cash releasing) benefits. Option 1 is therefore not shown here. The illustrations below compare the business as usual with each individual option and the resulting additional costs are highlighted below.

The indicative costs for the schemes illustrate the full projection using the value for money templates, which project cost and savings over a 60 year period. The net cost and savings benefits are summarised below, and are detailed on the attached appendices VFM templates (Appendices 3-6). Net monetiseable (cash / non-cash releasing) benefits are negative on these tables. The capital costs include lifecycle costs incurred on the new build.

Table 1: Indicative economic costs of the schemes to the year 2083/84

	Undiscounted (£000)	Net Present Cost (Value) (£000)
Option 2 – Infrastructure & AMM (do minimum)		

Capital	£62,022	£32,772
Revenue	£217,019	£27,060
Total costs	**£279,041**	**£59,831**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£278,561**	**£59,578**
Non-cash releasing benefits	(£483,788)	(£132,608)
Total	**(£205,227)**	**(£73,030)**
	Undiscounted (£)	Net Present Cost (Value) (£)
Option 3 - Infrastructure & AMM & shell (do intermediate)		
Capital	£74,061	£38,946
Revenue	£244,044	£28,779
Total costs	**£318,105**	**£67,726**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£317,625**	**£67,472**
Non-cash releasing benefits	(£483,788)	(£132,608)
Total	**(£166,163)**	**(£65,135)**
	Undiscounted (£)	Net Present Cost (Value) (£)
Option 4 – Infrastructure & AMM & shell &elimination of limited backlog maintenance (do intermediate+)		
Capital	£79,360	£40,377
Revenue	£242,330	£28,779
Total costs	**£321,690**	**£69,157**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£321,210**	**£68,903**
Non-cash releasing benefits	(£483,788)	(£133,404)
Total	**(£162,578)**	**(£64,500)**
	Undiscounted (£)	Net Present Cost (Value) (£)
Option 5 – Infrastructure & AMM & shell & basement & helipad &elimination of extensive backlog maintenance (do maximum)		

Capital	£87,030	£44,501
Revenue	£258,110	£29,834
Total costs	**£345,139**	**£74,335**
Less cash releasing benefits	(£480)	(£253)
Costs net cash savings	**£344,659**	**£74,081**
Non-cash releasing benefits	(£483,788)	(£134,200)
Total	**(£139,128)**	**(£60,118)**

Option 2
The Acute Medical Model draws in the existing revenue costs from the combining of our Emergency Department and our Acute Medical Assessment Unit, which currently admits patients. Under the new AMM patients will be assessed and increasingly, seen and treated in the same day, improving recovery times. Additional costs incurred from the estates and facilities costs of serving a larger area are partially offset by savings from the closure of the existing facility and changes in ways of working under the AMM approach. The use of the existing ED facility will form part of the wider Estates Strategy, SDP, going forward.

The cash releasing benefits illustrated in the model are the reduction in PDC and depreciation on the cost avoidance of eliminating backlog maintenance. The non-cash releasing benefits are the cost avoidance of an additional ward, and cost avoidance of eliminating backlog maintenance. Lifecycle maintenance costs are included within the cost model going forward, and should prevent the need for one off capital for backlog maintenance in the future. The ward shortfall was identified in the McKinsey stage 1 review, and the need for an additional ward should be avoided by reducing length of stays, with the new ways of working within the AMM. The overall target length of stay reduction in bed days is 5,800 bed days mainly impacting when the AMM is fully operational. The net saving over the 60 year period (VFM template details) is £205m

Option 3 includes the same benefits as the model in option 2, with the additional benefit of clinical expansion space above the Acute Medical Model Floor. This will allow the Trust to re-provide all the current 4 Nightingale 1930's adult ward accommodation into this space in future years.

A Nightingale Ward is one main room without subdivisions for patient occupancy. It has side areas for utilities and has limited or no side room accommodation. This means that each Nightingale Ward is single sex in order to deliver the Same Sex Accommodation agenda and has extremely limited privacy and dignity and an outdated model for delivery of nursing care. Wards of this nature have high Infection Prevention risks due to its layout and proximity of patients to one another.

The replacement of these wards is consistent with and in full support of the Trust's approved Estate Strategy. This new accommodation will be replacement ward

accommodation for Ann Wright Ward, CCU, Graham Ward and Stroke Unit. The fit out will require a separate Trust Capital business case in due course and may be subject to a Wave 5 HCP bid.

This option includes minimal revenue costs necessary to provide essential background heating only and the additional capital cost is estimated to be £6.3m. The net saving over the 60 year period (VFM template details) is £166m

Option 4 includes the model in option 3; with the addition of further capital spend on elimination of backlog maintenance of £1m. The net saving over the 60 year period (VFM template details) is £163m

Option 5 includes the model in option 4; with the addition of further capital spend on elimination of backlog maintenance of £1m, the addition of a basement with capital costs of £1.5m and the provision of a rooftop helipad with capital costs of £1m. The net saving over the 60 year period (VFM template details) is £139m

6. The Management Case

6.1 Introduction

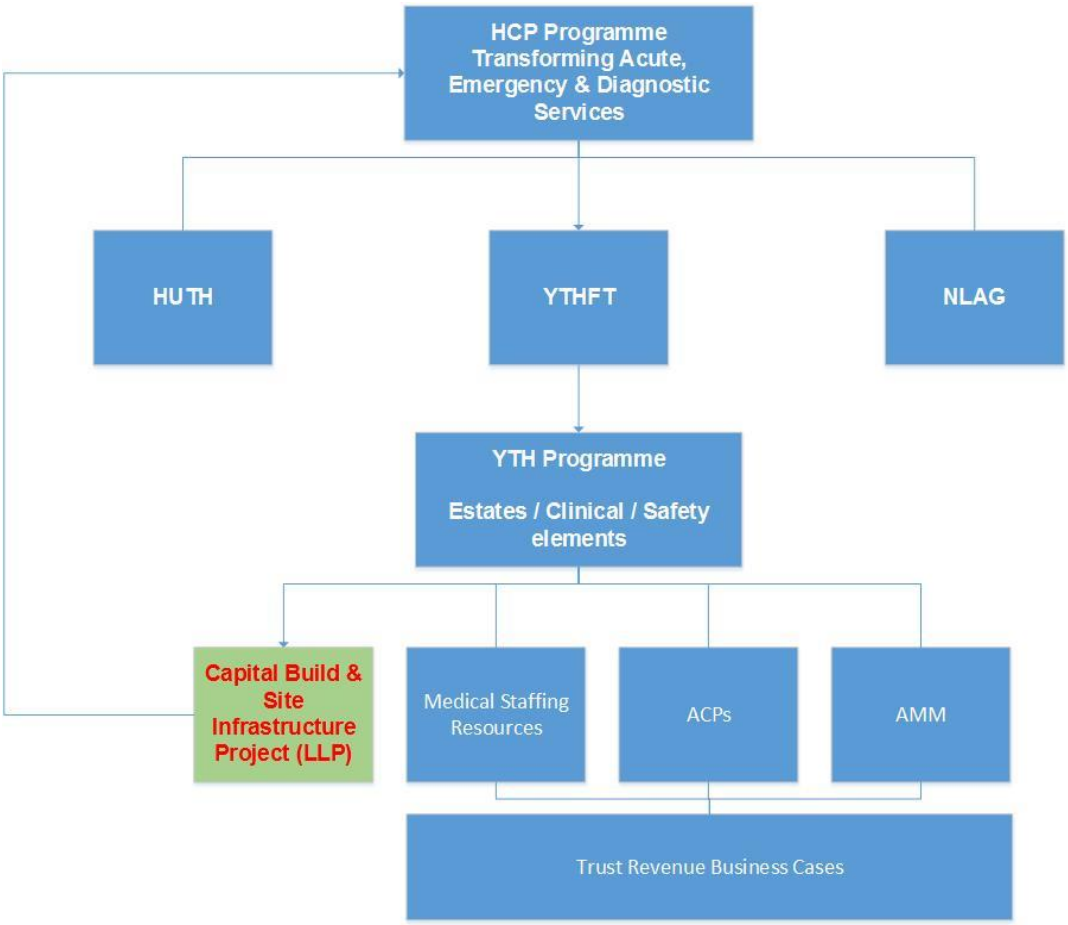
This section of the SOC addresses the 'achievability' of the scheme. Its purpose is to set out the actions that will be required to ensure the successful delivery of the scheme in accordance with best practice.

6.2 Programme management arrangements

This scheme is an integral part of the HCP programme, which comprises a portfolio of projects for the transformation of acute services and diagnostics across the Humber Coast and Vale patch (York, HUTH and NLAG Trusts).

These are set out in the Strategic Outline Programme (SOP) for the project, which was agreed in the first half of 2018.

Programme and project flow chart



6.2.1 Outline project reporting structure and 6.2.2 Outline project roles and responsibilities

To ensure the successful development of the scheme and production of the SOC, OBC and FBC, the Trust Project Board have approved the flow chart attached (Appendix 1) which describes the internal approval process, project management reporting, interaction of each stakeholder group and communication channels .

6.2.3 Outline project plan

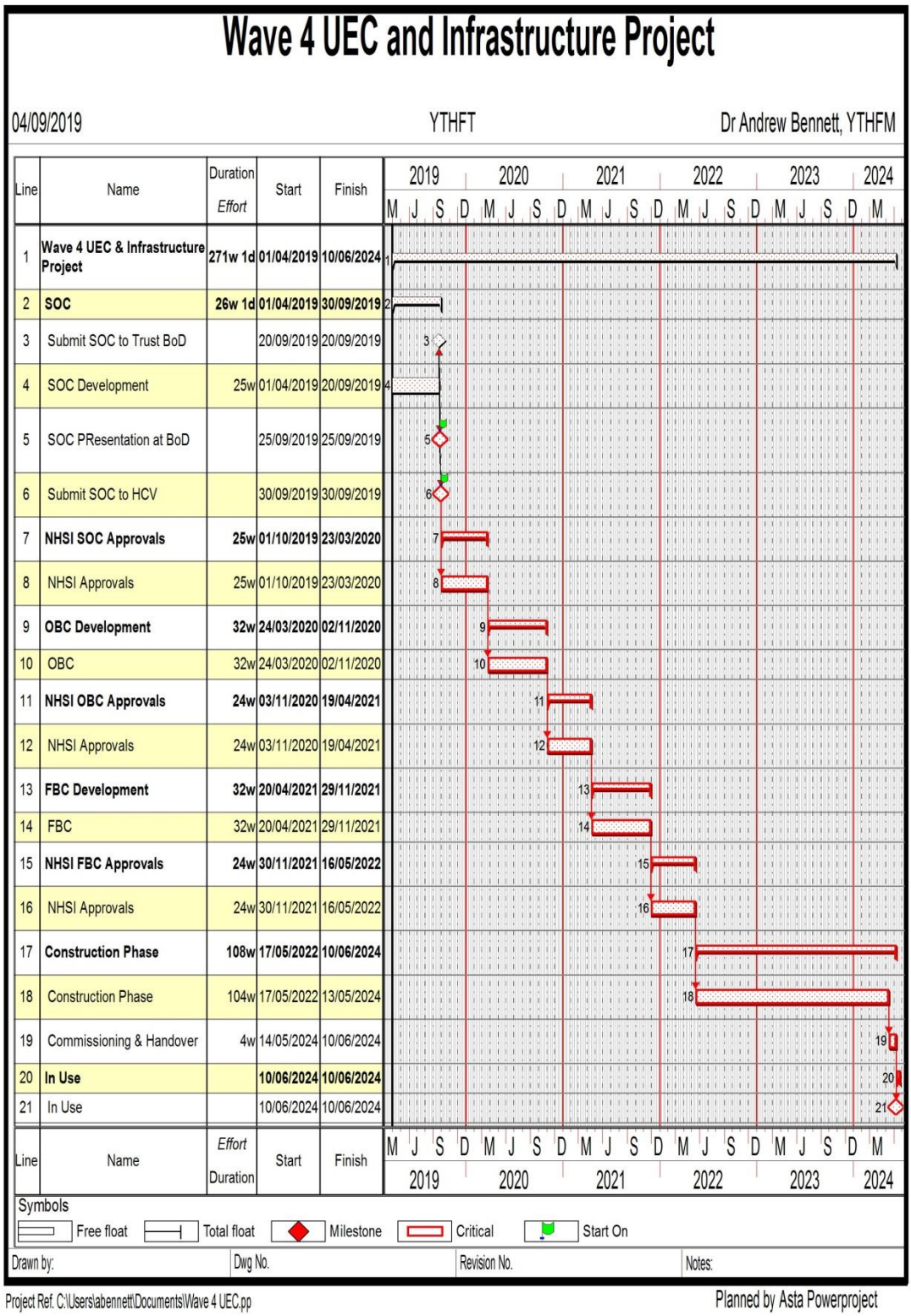
During the completion of the SOC, the table below describes the key milestones up to and including submission of the completed final SOC to Trust Board and HCP Board by 30 September 2019. The draft SOC will be submitted to the HCP Board mid-July to allow for collation of the three individual Trust SOC's to form a cohesive HCP wide covering narrative. Following approval of the SOC, the OBC and FBC will be developed by each Trust independently.

Table 21: Milestones to date

Milestones	
Milestone activity	**Date**
Set up fortnightly clinical team stakeholder meetings	30/04/2019
Set up infrastructure monthly team stakeholder meetings	30/04/2019
Agree SOC template	10/05/2019
Complete architect massing models for site locations	29/05/2019
Attend BBC London Foundation course	12/02/2019
Attend BBC London Practitioner course	23/05/2019
Start mini comp for QS and Design Team procurement (estimated 3 months)	03/06/2019
Meet with YAS & Council Highways Dept. re blue light access	05/06/2019
Meet with Cost Advisor & internal finance team to collate finance tables for SOC	13/06/2019
Meet with NHSI/E Strategic Estates Planner for HCP support & facilitation of workshop	04/06/2019
Organise workshop for options and benefits appraisal	11/06/2019
Complete SOC draft	12/07/2019
Submit SOC to Project Board meeting	08/08/2019
Submit SOC to Executive Directors meeting	14/08/2019
Submit SOC to Trust Board	25/09/2019
Submit SOC to HCP Board	30/09/2019

The table above describes the key milestones delivered up to and including SOC submission to the Trust Board and HCV HCP. The Gantt chart below outlines high level objectives and timeframes approved by the Project Board for delivery of the completed capital build and engineering infrastructure projects.

Table 22: Gantt Chart



6.3 Use of special advisers

Special advisers have been used in a timely and cost-effective manner in accordance with the Treasury Guidance: Use of Special Advisers.

Details are set out in the table below:

Table 23: Special Advisers

Special Advisers	
Specialist Area	**Adviser**
Cost Advisor	QS - Tom Wale, Gardiner & Theobald LLP
Architect	Architect - Sarah Woolmington, IBI Group
Procurement & legal	
Business Assurance	
Mechanical Consultant	
Electrical Consultant	
Principal Designer	
Principal Contractor	
Radiation specialist Advisor	
Asbestos Specialist Advisor	Atmosphere Environmental - Troy Gallagher
Interior Design Architect	
Traffic Management & Parking	
Local council planning officer	Local Planning Officer - Karen Lawton
Highways & Byways planning officer	Local Highways Planning Officer - Helen Watson
Air Traffic Advisor (Helipad)	

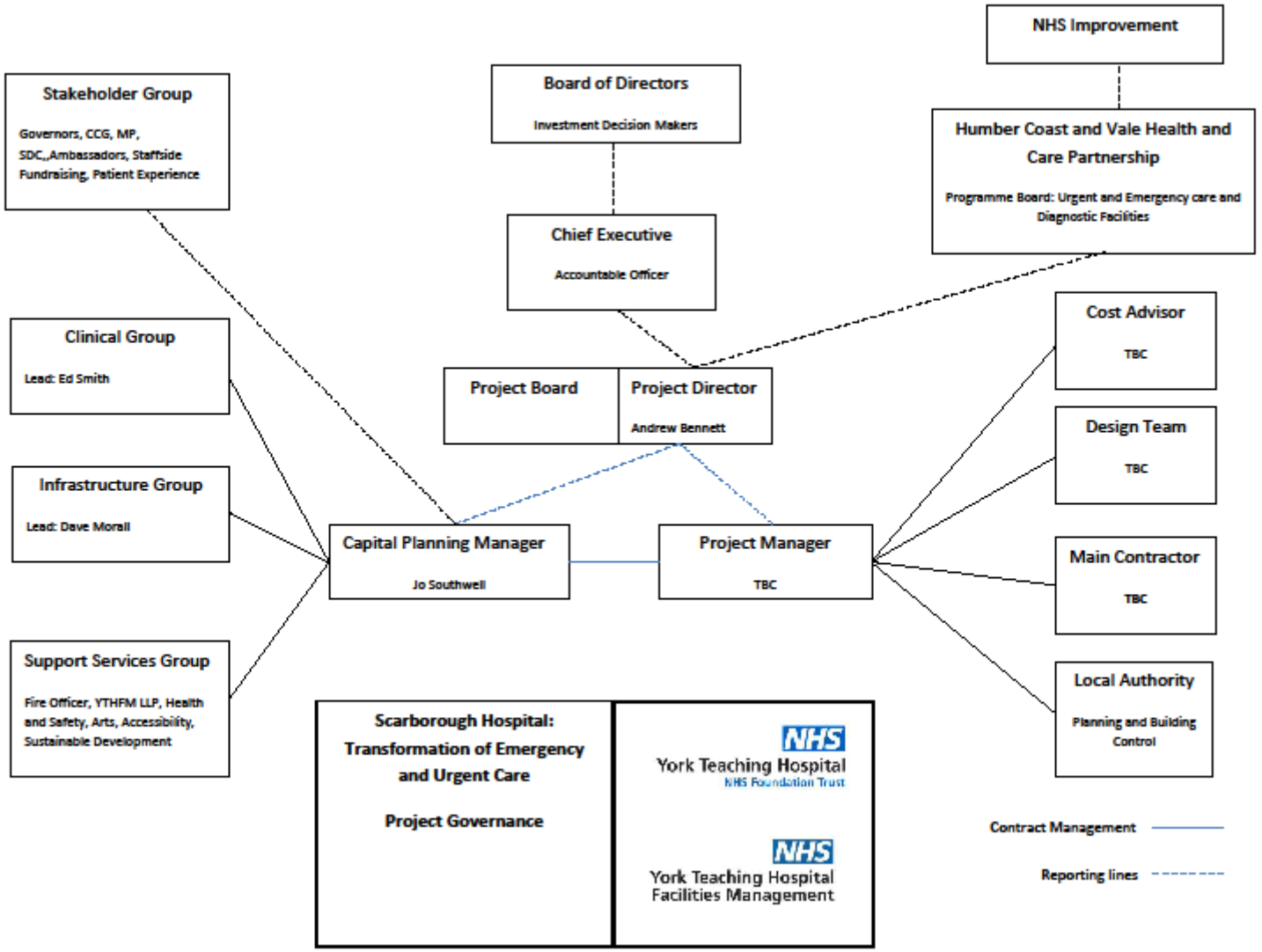
6.4 Gateway review arrangements

As part of the contractual relationship between the Trust and Limited Liability Partnership a process of internal gateway reviews will be implemented throughout the lifespan of the project.

Signed: Simon Morritt
Date: 25 September 2019
Chief Executive
Senior Responsible Owner

Glossary

ALOS	Average length of stay
AMM	Acute Medical Model
AMU	Acute Medical Unit
BAU	Business as usual
BIM	Building Information Modelling
BREEAM	Building Research Establishment Environmental Assessment Model
CBRN	Chemical, Biological, Radiological and Nuclear
CCG	Clinical Commissioning Group
CCU	Coronary Care Unit
CQC	Care Quality Commission
CQUINS	Commissioning for Quality and Innovation
CSF's	Critical Success Factors
ED	Emergency Department
FBC	Full Business Case
GIRFT	Getting it right first time
GSL	Government Soft Landing initiative
HBN	Health Building Notes
HCV	Humber Coast and Vale
HCP	Health and Care Partnership
HTM	Health Technical Memoranda
HUTH	Hull University Teaching Hospitals
IO's	Investment Objectives
KPI's	Key Performance Indicators
LOS	Length of stay
LTC's	Long Term Conditions
M&E	Mechanical and Engineering
MDT	Multi-disciplinary Team
MTC	Measured Term Contractor
NEC3	New Engineering Contract Version 3
NLAG	North Lincolnshire and Goole
OBC	Outline Business Case
PPP	Public Private sector Partnership
PSC	Public Sector Comparator
PSCP	Principal Supply Chain Partner
RPA	Risk Potential Assessment
SAU	Surgical Assessment Unit
SDEC	Same Day Emergency Care
SDP	Site Development Plan
SOC	Strategic Outline Case
SOP	Strategic Outline Programme
SWOT	Strengths, Weaknesses, Opportunities, Threats
TUPE	Transfer of Undertakings (Protection of Employment)
UTC	Urgent Treatment Centre
USP	Unique Selling Point
VFM	Value For Money
YAS	Yorkshire Ambulance Service


NHS Improvement
Board of Directors
Investment Decision Makers
Humber Coast and Vale Health and Care Partnership
Programme Board: Urgent and Emergency care and Diagnostic Facilities
Stakeholder Group
Governors, CCG, MP, SDC,,Ambassadors, Staffside Fundraising, Patient Experience
Chief Executive
Accountable Officer
Clinical Group
Lead: Ed Smith
Project Board
Project Director
Andrew Bennett
Cost Advisor
TBC
Design Team
TBC
Infrastructure Group
Lead: Dave Morall
Capital Planning Manager
Jo Southwell
Project Manager
TBC
Main Contractor
TBC
Support Services Group
Fire Officer, YTHFM LLP, Health and Safety, Arts, Accessibility, Sustainable Development
Local Authority
Planning and Building Control
Scarborough Hospital: Transformation of Emergency and Urgent Care
Project Governance
NHS
York Teaching Hospital
NHS Foundation Trust
NHS
York Teaching Hospital
Facilities Management
Contract Management
Reporting lines

Appendix 2

ED Attendances

From 16/17 data is the total of Type 1 and Type 3 Attendances incl Paeds

Year	Attendances	Change	Note
2013-14	48019		
2014-15	50781	5.8%	
2015-16	54497	7.3%	
2016-17	60537	11.1%	
2017-18	62442	3.1%	
2018-19	65732	5.3%	
2019-20	17606	7.3%	(Based on 3 months)
2019-20 Proj	70506	7.3%	Projection
2020-21	74736	6%	Projection
2021-22	79220	6%	Projection
2022-23	83973	6%	Projection

Split of Attendances

UTC	ED
28220	37512

Conversion

Not Admitted	Admitted
18103	19409

Above split applied to 22/23

UTC	ED
36051	47922

Above split applied to 22/23

Not Admitted	Admitted
23127	24795

If 33% are seen in SDEC

Ward	SDEC
16613	8182

Note: Assumes 33% of admissions are seen in SDEC as per national guidance.

These would be seen in 'Minors'
Equates to 99 per day.

These would be seen in 'Minors/Majors'
Equates to 63 per day.

These would be seen in SDEC and discharged
Equates to 22 per day.

These are likely to go downstream
Equates to 46 per day.

The above equates to 230 attendances per day, of which 184 would be discharged without going to a downstream ward (conversion to admission 20%).

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Quality Committee – 31 July 2019

Attendance: Lorraine Boyd (LB) (Chair), James Taylor (JT), Helen Hey (HH), Fiona Jamieson (FJ), Wendy Scott (WS), Rebecca Hoskins (RH), Jenny McAleese (JM), Nicky Slater (NS), Jenny Hey (JH), Heather McNair (HM), Steve Holmberg (SH), Charlotte Craig (CC), Lynda Provins (LP)

1. Apologies for Absence (1 minute)

No apologies were received.

LB welcomed Heather McNair [Chief Nurse] and Steve Holmberg [Non Executive Director] to their first meeting of the Quality Committee. The meeting was declared quorate.

Observing

Sara Collier-Hield (SCH)

2. Declaration of Interests (1 minute)

No declarations of interest in relation to any agenda item were noted.

3. Minutes for the meeting held on 29 May 2019 (2 minutes)

The minutes were accepted as a true and accurate record.

The attendees noted the lateness of the delivery of the minutes and that this did not afford adequate time to effectively proofread and manage comments.

It was agreed that the delivery of minutes from the Quality Committee and Trust Board would be raised at Board with the Trust Secretary.

4. Matters arising from the minutes and any outstanding actions (5 minutes) - BAF 1

4.1 FJ was to bring a paper that focuses on the Trust Claims Profile to this meeting. FJ advised that her team are currently checking the coding to go back to NHSr by the end of August. Then they will look at each claim individually to see why we are an outlier.
As interim clinical assurance JT confirmed that from a clinical perspective all cases were being reviewed by a Deputy Medical Director in order to ensure that any learning/ actions were understood and being delivered.

Action: FJ to bring the paper to the November meeting.

4.2 NEWs2 was delayed, but has been implemented and is going well. There has been no significant impact on workload. Training needs in relation to assessment of confusion have been identified and are being addressed.

4.3 JT reported that the CQC have not provided feedback in relation to the sepsis outlier report that was submitted.

4.4 RH updated that a review of Clinical Effectiveness and Patient Safety Groups is ongoing and will be confirmed as part of the formation of Care Group governance.

4.5 HH queried why the AMTS report was on the Action Log as this is no longer captured. RH has emailed LP regarding this, but received no answer.

4.6 HM stated that Committee members need to check the Action Log before the meeting, and if they do not understand their actions they should seek clarification.

Attention to the Board: Minutes should be circulated within two weeks to Committee members.

5. Escalated Items

No items at this time.

6. Integrated Board report (5 minutes) - BAF 1, 3

HM noted the timeliness of incidents investigations and reporting and that Duty of Candour compliance is poor. A plan to improve compliance is required. .

Action: FJ to lead improving performance on Duty of Candour

HM noted an error in the C-diff data.

Action: NS to investigate and amend

7. Performance Recovery (54 minutes) - BAF 1, 2, 3, 4, 5, 9, 10, 12

WS tabled the report and an overview of the Trust Performance Recovery Plan at the meeting. It contained information on every underperforming area and a recovery plan, including risk.

The Trust has not achieved the national Emergency Care Standard of 95% since March 2014. As at June 2019 the Trusts performance against the standard was 83.2%, below the national position of 86.4%.

The Trusts relatively poor performance compared to other Trusts in the region have triggered bi-weekly monitoring calls with the National Emergency Care lead and Regional NHSI Director.

There will be a System A&E Summit due to be held on 8th August, organised by NHSI with CQC in attendance. The summit will discuss with system partners current A&E performance and contributing factors, including growing demand as well as DTOCs and hospital discharge challenges. The Summit will also focus on the quality and safety issues identified via the recent QCQ inspection in Scarborough Hospital.

Workforce constraints contribute to the ongoing challenges in Scarborough particularly in relation to the delivery of 7 day services. The ongoing issues with DTOCs particularly in York are a particular area of concern. The care market in York is fragile and the City of

York Council report issues in relation to recruitment. They offer high rates (£9 per hour) to carers, but are still unable to appoint.

The 14 day Fast Track Cancer standard has not been achieved for 10 of the last 12 months primarily due to skin and colorectal breaches resulting from capacity constraints. The Trust is exploring the approach taken by Leeds Trust in relation to the triage of photographs submitted by the referrer (skin referrals) - this is interpreted as first definitive treatment and stops the clock. If adopted this would improve the Trusts performance against the 14 day Fast Track Cancer standard.

The 85% Cancer 62 day standard has not been achieved since March 2018. However, the Trust has outperformed the national position for each of the last 6 months. The Trust performance for May 2019 of 79.5% was just below the planned position of 80.5%, but above the national position of 77.5%. A further improvement has been seen in the provisional figure for June of 84.1% which is above the trajectory of 80.9%.

Clinical Harm Reviews are reported via the MD Report to Trust Board. Learning from these reviews is an ongoing issue.

JH reported that our MRI and CT provision is inadequate for our high numbers of patients; a second CT in Scarborough is required to meet demand. Currently we allow GPs direct access to MRI which accounts for 40% of our MRI capacity. We will be rolling out using ultrasounds and the back pain pathway as alternatives. We could use all our capacity for cancer reviews and urgent cases. There are national issues with Radiology and Histology recruitment. We may need to secure technology to share reporting from other Trusts to whom we have outsourced.

The Trusts Referral to Treatment (RTT) Total Waiting List (TWL) at the end of March 2018 was 26,303. At the end of June 2019 there were 28,723 open clocks on the TWL - 2420 clocks higher than the March 18 position
In addition the number of patients waiting 18+ weeks has shown a continual increase resulting in performance of 78.3% in June.

The report outlines plans to improve performance that could be potentially delivered by Care Groups within currently allocated resources and further improvements that might be possible with additional resource. WS welcomed any questions outside of this meeting.

Attention to the Board: there is a significant risk we will not deliver the RTT target this year.
Action: Andy Bertram and WS to discuss recovery plans and share with the Board.

8. Chief Nurse Report (79 minutes) - BAF 1, 2, 3, 4, 5, 6, 7, 8

8.1 Staffing pressures continue and we are expanding the use of agency to the off framework agency Thornberry.

The CQC visit in June/ July 2019 raised concerns about RN staffing levels on Beech, Lilac and CCU wards. Therefore, we have committed to having 5 RNs on every shift on Beech and CCU to cover Level 2 patient care for patients receiving NIV and Telemetry monitoring.

We are launching a new Bank incentive for all RN bank hours worked by RN's / NA's / AP's in adult in-patient areas, ED, ICU and SCBU at Scarborough Hospital from 1 August until 31 October 2019.

There are newly qualified and international recruits due to start in the autumn. The distribution by site is 117 York and 66 Scarborough. The key to this being successful is excellent personal connection with prospective recruits to ensure they remain committed to working for our Trust. The challenges are: some may fail their first attempt at the OSCE; and all will need preceptorship, but staffing in Scarborough is so poor this will be a challenge.

The Committee acknowledged and discussed the staffing challenges and noted the actions undertaken to maintain a safe service.

Action: HM to produce a report on acuity and harm for the November meeting.

Action: HM to lead on provision of more assurance around outputs and triangulation with numbers.

The Committee approved the current processes seeking high cost agency nurses to fill shifts in the interest of patient safety.

8.2 Q1 – DIPC Report and Annual Report

The outbreak of C-Diff at the Scarborough site is now resolving. The lack of ability to decant for effective cleaning is at the top of the risk register. A review of the effective provision of deep cleaning and delivery of HPV is required.

The IPC Team has engaged with a local company who are new to the market and deliver HPV. The company has offered to clean one ward for free so we can assess their provision. .

The Trust had a re-emergence of MRSA in York SCBU, all staff were screened twice and none identified with the organism. No harm was caused.

An outbreak of Norovirus in the summer was a concern.

A lack of assurance around the safety risks associated with patient movements and intra hospital transfers was discussed. HM will consider how this can be captured and provided. The proposed governance structure strengthening Care Group links to IPC and associated accountability was discussed and supported.

HM highlighted some concerns around adherence to basic hygiene protocols and advised she would bring some additional assurance to the next meeting.

Action: HM to bring additional assurance around basic hygiene to next meeting
Action: HM to ensure MRSA screening added to Care Group agendas
Action: HM to consider assurance process in relation to patient movements

The Committee received and discussed the quarterly report and were assured by the progress towards a full complement of staff and by the actions taken to contain and maintain a safe service, noting the limitations posed by the environment.

Attention to the Board and Resource Committee - The Committee discussed and supported the IPC financial priorities, in particular with regard to HPV decontamination. It was resolved to escalate this to Resource Committee and Board of Directors for wider consideration.

Attention to the Board - The Committee received and discussed the annual report and resolved to escalate to the Board for information and approval

8.3 Q1 – Patient Experience Report

HM presented the report and acknowledged action required to improve formal complaints response time compliance. In addition, clarity in relation to capturing the learning from and associated actions for informal complaints requires review. The Committee were informed that a scheduled Complaints Workshop which was due to run on 25 July 2019 was deferred due to competing demands, but would be rescheduled for September 2019.

Action: HM to look into themes of communication and attitude.
Action: HM to look at complaint response times

8.4 Q1 Pressure Ulcer Report

RH will share the learning from the root and branch review with HM in order to determine the structure, management and priorities for pressure ulcer work streams.

The Committee received the report for assurance

8.4 Q1 – Falls Report

Report received and content noted.

A variation was noted in May. The variation in performance will be mapped against bed occupancy and 'boarding' activities.

LB noted the difference between falls per 1000 bed days in Community and Acute Hospitals and was assured that this related to patient types and the need to balance the risks associated with rehabilitation.

SH commented that due to the consolidation of the data into the report, some of the clarity was lost.

Action: RH to undertake review of variation in performance in May and report.

The report was received and noted for assurance.

8.5 Maternity Annual Report

Credit to staff for the stillbirth rates remaining below the regional average.

Full adoption of SBL V1 was noted, as was the progress towards SBL V2.

The interviews for Head of Midwifery are scheduled for 9 August 2019.

SCH reported that after working on the data quality with IT for accuracy; we are working at 90% 1:1 care in labour.

Assurance was gained from the Trust Midwife Ratios and mitigating action at times of high activity and acuity.

York Trust participation in HCV LMS Transformation plans was welcomed. Progress and plans towards Continuity of Care targets was noted. Challenges relating to 1:1 care achievement were noted. Challenges around middle grade medical staffing and the mitigations were noted.

8.6 PMRT Report Jan - March 19 was received.

8.7 CNST Progress and Submission

A specific challenge is the requirement to increase scans for high risk pregnancies. This will challenge US capacity and may present a threat to next year's CNST requirement.

All elements were met this year

Data limitations were flagged as an increasing constraint as compliance requirements rise over time. Preemptive action may be needed

Attention of the Board: Maternity Annual Report to Board of Directors for sign off

8.8 Safeguarding Adults Annual Report

This was approved to be shared.

8.9 Safeguarding Children Annual Report

Progress and development was noted. There is a risk in ED as we are unable to record safeguarding children information on CPD, which leaves our physicians vulnerable. The risk associated with the limitations of CPD were noted. Assurance was limited because of gaps in data and audit processes to enable provision of required supporting evidence.

Action: LP to check who is the Safeguarding NED.

The Committee gave approval for appropriate external sharing of the report.

8.10 End of Life Care Annual Report

Of specific note is the need to refurbish the mortuary in Scarborough.

The Committee noted the rise in patients who did not die in their preferred place. HH reported that the Lead Nurse for End of Life Care had met with two Primary Care GPs and reviewed the cases of patients who died in hospital, or were admitted from home to hospital when their preference would have been to be supported at home. Detail from this review is to be received.

Action: JM & HM to visit Scarborough Mortuary

The report was received, discussed and approved.

8.11 Risk Management Framework

The revised Risk Management Framework was presented.

FJ will produce user guides for staff on risk. This Framework will also go to the Board of Directors and Corporate Risk Committee. The need to consider how Quality Committee should operate to fully utilise and support the framework was recognised.

Action: FJ and LP to discuss how to deliver monthly reports as described in the Framework, as this Committee meets bi-monthly.
Action: FJ to add training for NEDs to the Framework.

HM noted that risk registers need to be updated and checked, and RAG colours used consistently.

LP noted the Resources Committee had an action: Andy Bertram would like Harm taken off his Finance risk register.

Attention to the Board: CNST Progress and Submission
Safeguarding Adults Annual Report
Safeguarding Children Annual Report
Risk Management Framework

9. Medical Director Report (17 minutes) - BAF 1, 2, 5, 8

We are not meeting our 14 hour consultant review target. Issues relating to variation in interpretation and reporting of the 14 hour review process have been identified. The need for processes and job plans to be standardised, the difficulties created by dual recording systems [paper/ electronic], and cultural issues to address with medical staff were all recognised and discussed. The 7 Day Service Task & Finish Group meets tomorrow for the first time. We need buy in from the Care Group Directors to make reaching our targets achievable. We aim to put all the information into one dashboard so everyone can easily see who the outstanding patients on each ward are. One challenge is if a junior doctor takes a Board round they will do so on their own log-in, we are unable to tell who the consultant is.

Action: progress update on 14 hour consultant review at next meeting
Action: 14 hour consultant review to be escalated to Board of Directors

LB asked if we are using Snow Med coding. NS replied that we are in some departments.

SH asked about SHMI. JT explained that the Trust had recorded higher than expected deaths after 30 days of discharge in Scarborough; therefore we audited 30 sets of case notes. We found no obvious issues – patients were discharged to hospices, care homes, and their own homes to die.

Patient Safety Week went well and is to be commended and in particular the spread of the message that Patient Safety is everyone's business

The Clinical Effectiveness Group met in July and plans to merge with Patient Safety Group. Both Groups are struggling with attendance and this will be improved when they

amalgamate as part of Care Group governance, and will reduce the number of meetings to attend.

10. Performance Report (3 minutes) - BAF 1, 2, 3, 4, 9, 10

CQUIN progress was noted. Performance was discussed in detail in Item 7. WS welcomed questions outside of this meeting.

11. Board Assurance Framework – Corporate Risk Register (4 minutes)

FJ will include all issues noted today on the Risk Register. The CQC informed us at their recent visit that some corporate risks might be too high, and there may be too many risks populating the register. There was some debate about this with a view that the number of risks may well be an accurate reflection of the challenges we face.

Action: FJ to investigate and review with the Executive Team

12. Reflections on the meeting (2 minutes)

The Committee felt the agenda was unrealistic and allowed insufficient time for full discussion and to do the papers justice.

Action: HM & LB to discuss how time might be better utilised

13. Any other business (1 minute)

No further business was discussed.

Next meeting of the Quality Committee: 25 September 2019, Cedar Room, Scarborough Hospital

Action Log

Date	Action	Owner	Due Date	Comments
27/3/19	CQC Action Plan (this predates the recent visit) – MD 12 Good Governance - Short narrative or expected completion date to be included in Target Completion date column.	FJ	25/5/19	
25/5/19	Update on review of Clinical Effectiveness & Patient Safety Group	BH	25/9/19	Update received 31.7.19
25/5/19	AMTS report to follow	HH	31/7/19	
25/5/19	Establish how many shifts are required to be filled to bring current staffing levels to 100%	HH	31/7/19	No longer relevant
25/5/19	CNST Full compliance with action plan TBC	HH	31/7/19	

25/5/19	Data Quality Group to be asked to place scrutiny of data associated with Cancer Pathways.	JM	25/9/19	
31/7/19	Trust Claims Profile – FJ to bring a paper to the November meeting.	FJ	Nov 19	
31/7/19	FJ to lead improving performance on Duty of Candour	FJ	Nov 19	
31/7/19	NS to investigate & amend anomalies in C-diff data	NS	Sept 19	
31/7/19	To discuss recovery plans with Finance Director & share with the Board	WS	Sept 19	
31/7/19	HM committed to producing a report on acuity & harm for November meeting.	HM	Nov 19	
31/7/19	Provide more assurance around outputs & triangulation with numbers.	HM	Nov 19	
31/7/19	Provide additional assurance around basic hand hygiene to next meeting	HM	Sept 19	Verbal update
31/7/19	Ensure MRSA screening added to Care Group agendas	HM	Sept 19	Done - Will be picked up through governance meetings
31/7/19	Consider assurance process in relation to patient movements & IPC	HM	Nov 19	
31/7/19	Review complaint response times	HM	Nov 19	
31/7/19	Review variation in falls data in May and report back	RH	Sept 19	
31/7/19	Ascertain who is the Safeguarding NED	LP	Sept 19	
31/7/19	Visit Scarborough Mortuary	HM & JM	Sept 19	Set up for 25/09/19
31/7/19	Review how extreme risks will be reviewed monthly, as this Committee meets bi-monthly.	FJ &LP	Sept 19	
31/7/19	Training for NEDs to be added to risk management framework.	FJ	Sept 19	
31/7/19	Provide progress update on 14 hour consultant review at next meeting	JT	Sept 19	

31/7/19	Investigate & review corporate risks with the Executive Team	FJ	Sept 19	
31/7/19	Consider effective use of Quality Committee	LB & HM	Sept 19	Complete

York Teaching Hospital
NHS Foundation Trust

Resources Committee – 31 July 2019

Attendance: Jennie Adams (JA) (Chair), Lynne Mellor (LM), Jim Dillon (JD), Andrew Bertram (AB), Graham Lamb (GL), Adrian Shakeshaft (AS), Kevin Beatson (KB), Steven Kitching (SK), Polly McMeekin (PM), Lynda Provins (LP) (for items 1-7 only), Andrew Bennett (ABe) (for item 15 only), Jane Money (JM) (for item 15 only), Dave Biggins (DB) (for item 15 only), Lisa Gray (LG) (minute taker)

Apologies for Absence: Mike Keaney (MK), Brian Golding (BG)

1. Welcome

JA introduced and welcomed JD who is joining the committee as one of the Trust's new Non-Executive Directors. JA declared the meeting as quorate.

JA informed the committee that the agenda would be rotated to allow Executive's to have an equal share of airtime.

2. Declaration of Interests

There was no new declaration of interests (DoI) however LP noted JD's DoI's would be captured as part of the Board of Directors meeting.

3. Minutes of the meeting held on 29 May 2019

LM noted that the minutes should read Deloitte and not Deloittes.

The minutes of the meeting held on 29 May 2019 were approved as an accurate record.

4. Matter arising from the minutes and action log

The following matters arising were discussed:

Patchwork App – JA queried whether the Patchwork App roll out had been completed. PM confirmed it was halfway through a 6 month pilot, and wouldn't class it as a roll out. A business case is to be completed to draw up an official contract.

Jupiter – JA asked for an update on Jupiter. PM noted that Jupiter was on a 3 year contract, and it was in the second year of this. Jupiter is currently producing materials for the Trust and has created a video for nursing recruitment on the east coast. JA queried if Jupiter were helping with culture change and PM stated it was not as they are a marketing company. Towards the end of the contract a review will be undertaken as to whether to extend the contract.

LLP supervisors – JA questioned whether the shortage of LLP supervisors had been addressed? PM noted this was an ongoing program to close the gap as staff are not wanting to move into these roles.

Reference costs – JA sought assurance that the Trust was on target to hit reference costs submission in August. AB confirmed the Trust is on track. SK added that the Trust was due to submit on 1 August however this will now be delayed due to awaiting some files from NHSI which are required before the Trust can submit.

CIP – JA noted there were now no gaps in the Trust's CIP plans for this year and questioned whether the Trust had received any feedback from NHSI in regards to this. AB & SK confirmed no feedback had been received to date.

No further matters were discussed.

Action Log:

'Grass isn't greener' follow up – PM confirmed ward staff has sifted through leavers and are calling the ones that are appropriate to make contact with. Following this, one nurse has agreed to return to the Trust. PM will be picking this up with the new Chief Nurse - Heather McNair to ensure a formal process is put together and agree whether calling or writing to leavers is the most appropriate way forward. **Complete.**

Report on long term financial performance and progression over years – AB advised the forward look over 5 years was included in his report, which also fits in with NHSI/E's agenda. A formal look back was not going to be provided. **Complete.**

Highlighting new limited assurance audits to the committee – JA noted that Jenny McAleese requested that any new limited assurance audit reports were included in reports to the correct committees.

JA noted there were a few relating to finance at the audit meeting and AB noted action plans are now in place for these.

JA queried what was happening in regards to the eRostering audit and PM noted this would be coming back to the committee.

JA questioned whether the LLP audits were going to be picked up through the committee too. AB confirmed that they would be as the Trust needed to gain assurance from the LLP. ABe noted that MK would bring LLP assurances to the committee. **Further action – see below.**

ABe requested a one off meeting to be set up to discuss the maintenance backlog as it is a very detailed process and it would be difficult to discuss it in full at the committee meeting. JA agreed to the separate meeting which is to include BG, AB, ABe and the committee NED's however, JA felt the risk for the backlog was not highlighted in the report. More narrative needs adding to the report to assure the NED's that no unnecessary risks are being taken. **Further action – see below.**

Internal Audit Slot for progress update to be added to work programme – LP added to work programme for February 2020 as per the agreement. **Complete.**

Investigate increase in Admin & Clerical (A&C) Staff Group budget – AB noted there had been an error on the December spreadsheet. There have been fairly significant pay awards to A&C staff which were set nationally and fully funded. AB was satisfied following the investigation that there was no material increase in A&C staff. JA was satisfied with the explanation provided. **Complete.**

Action: Limited Assurance Audits to be identified by the key executive in their reports to the committee
Action: A 1 hour meeting with BG, AB, ABe and the committee NED's to take place to discuss the maintenance backlog. LG to set up.

5. Board Assurance Framework (BAF) – Corporate Risk Register (CRR)

JA reminded the committee to have the BAF & CRR in mind throughout the meeting and decide whether any scores are required review following conversations and to ensure they raise these with the Board. LP noted that if changes were required that these should be put to the Board of Directors (BoD) as a recommendation.

Board Assurance Framework (BAF)

LM pointed out that some of the BAF scores had gone up but there was no corresponding mitigation actions following this. LP has met with the Executive's to retrieve updates from them so will pick this up again.

JA noted risk 5 remained unchanged and queried whether some of these couldn't be funded and whether the risk score should be increased? AS confirmed the likelihood is increasing and the team would review. KB confirmed that there is not likely to be a catastrophic fail in equipment - the issue was around ageing equipment and the maintenance of this.

PM informed the committee that a close eye needed to be kept on risk 6, as this may need to be increased again.

AB informed the committee in terms of capital the Trust has consistently held the line over the years but there is increased pressure to buy new, upgraded equipment rather than replace current infrastructure. LM asked if the committee could see a report on capital in the finance report to see where the Trust currently stands. AB confirmed a capital report is due in September, which would include this information.

Action: LP to pick up missing information in the BAF.
Action: Capital report to come to committee in September

Corporate Risk Register (CRR)

LP confirmed that Fiona Jamieson (FJ) meets with the Executive's to discuss their CRR on a regular basis. FJ also sends their CRR's to the Executive's a week before the committee's to check for any further updates before the CRR is submitted to the committee meetings.

JA noted the new finance risks, and agreed to pick them up as part of the finance report, as there was concern for a risk of 25.

LM pointed out that both the Chief Operating Officer (COO) & Chief Nurse (CN) registers dated back to 30 June and 1 July 2019 respectively. LP confirmed she would ask FJ to ensure these were updated as soon as possible. LM queried that when the risks were reviewed and given a scoring of catastrophic how is assurance gained, when the register has not been updated in a month? LP informed the committee this was an anomaly due to the new Chief Nurse starting in post, and would ensure this is picked up immediately as these need to be in date to ensure assurance can be sought on actions being taken to mitigate the risks.

JA questioned whether risk HR1b needed to be reduced now due to a reduction in the medical vacancy rate in Scarborough or whether is was too early to adjust it? PM confirmed it would be updated in August following the junior doctor intake.

PM gave an update on pensions, stating that a return had been submitted to NHSI/E, and the biggest impact is in Radiology. The two issues are the annual and lifetime allowances. The Corporate Directors agreed at their meeting on 30 July that the Trust would withdraw from the lifetime allowance scheme, and a decision is likely to be taken regarding the current recipients following the new Chief Executive's arrival. The LNC are pushing hard for the Trust to rebalance the benefit package and pay the entire employer pension contribution to the employee.. AB noted that the Trust is being encouraged to wait for a national solution but there is a material worry that the Trust will not be able to put a surgical rota together for Scarborough Hospital if this is not resolved soon.

AB pointed out that the DOF11 risk impact is a 5 which relates to the systems position. This marks it as catastrophic harm, which AB feels uncomfortable with due to the word "harm", as this doesn't feel like the right word to use for this type of risk as it makes you immediately think of risk to life. The committee agreed it didn't feel the most appropriate wording.

LM additionally pointed out that there were several risks including one on patient falls that had no narrative. LP agreed to pick this up with the Quality Committee which she would be attending following items 1-7 within this meeting.

Action: LP to raise with FJ the issue of the CN & COO registers not being up to date.

Action: LP to discuss issues raised with the BAF & CRR with the Quality Committee at the meeting on 31 July 2019.

Attention to the Board: Discuss the language used within the BAF & CRR, as catastrophic harm doesn't seem like the correct wording.

6. Escalated items

No escalated items were discussed.

7. Board Report

The committee did not have anything further to raise which wouldn't be picked up in the Executive's reports.

8. Digital Report

JA thanked AS & KB for a very well written report, which all the committee agreed was an informative and interesting read.

AS apologised for the Digital Strategy not being brought to the committee this month but confirmed that there was a lot of work ongoing with users and external organisations including the Leadership Academy. The team is looking to ensure the Digital Strategy is aligned with the Trust's overall strategy. KB noted that it was ensuring it was an overarching Digital Strategy that employees understand is not just about I.T.

KB informed the committee that the Digital Maturity Assessment had now been made public and the Trust came 57th out of 232, which KB felt disappointed in as he had hoped the Trust would be in the top 10. JA noted she was pleasantly surprised and happy the Trust was in the top half. PM asked whether the assessment was out of 100. KB confirmed it was, and that all Trust's had assessed themselves, however our Trust had been officially audited. Unfortunately this assessment is no longer running, but the team will be looking to take part in another international assessment.

KB noted that he was looking for support from the committee in regards to his paper light approach. In the long term the proposal is to work towards the implementation of a paperless system but the team would like the Trust to adopt a paper light system in the short term to expedite the implementation and to realise benefits more rapidly as paperless would not be able to happen overnight.

PM asked whether Skype could still be used within the Trust as Webex had not been the solution for interviewing potential employees who were unable to travel to the Trust for interviews due to their location. AS confirmed that Skype could still be used but the preference is that employees use Webex as this works better with the Cisco systems in place across the Trust. Shane Martin has met with the new Care Group Managers to showcase Webex to push this package within the new Care Groups. Care Group managers were impressed with its functionality and confirmed it would come in very useful within their teams.

AS pointed out Skype was now part of Microsoft Teams, so the Trust would need to purchase the full package if it was to roll it out Trust wide. The team will however be reviewing what the Trust uses as the current licenses run out next year. LM stated Skype could be used on its own and feels the Trust should be making use of more than one platform to give users as much flexibility as possible.

LM noted the Digital Strategy needed to be a transformational change rather than just I.T and would raise this with the BoD to ensure all were on board with the change to allow the Trust to achieve it.

PM thought it was a great idea to survey the junior doctors, but noted the devil was in the detail. It would have been helpful to note what device they would be given to help them make an informed decision.

JA stated she would like to see the survey completed by nursing staff as they are a large percentage of the Trust's workforce. She queried whether the Trust would be in a position to purchase all the devices if the preferred option was to use a Trust rather than personal device? KB confirmed if a Trust device was the preferred option a business case would need to be completed. If users were to use their own devices there would still be a cost as

the Trust would need to ensure all devices had the correct security and make sure this is maintained to guarantee the devices remain safe.

PM queried whether rolling out lots of tablets was the right thing to do as some areas that have been given them are not using them. KB noted that these are not always the right device, and this would need to be looked at in detail.

JA pointed out that although there was great narrative in the report, it was missing milestones. AS confirmed these would be added into the report in future and would also be part of the Digital Strategy.

JD felt surprised on first impressions that employees were allowed to use their own devices due to possible sensitive information. AS confirmed that anyone using their own devices was subject to the Trust adding security to them and moving forwards the Trust is working towards a cloud based system so it would become even less of a security risk. JD noted he felt this was a governance risk. It should also depend on a person's role as to what device they should use.

JA pointed out the survey gave her real concerns again around employees being able to access PC's and wanted to know what is being done about this? AS advised that the Trust should be getting its Microsoft 10 licenses today (31 July 2019), which had been delayed to when the Trust should have originally received them. Microsoft 10 will help in terms of log on time, which should enable PC's to be more accessible. The plan is to start to immediately roll this out. JA asked if there was a deadline to complete this work. AS confirmed this work would be completed by March 2020.

LM agreed with JA around her comments on seeing milestones for each plan. LM also commented it is good to know there is a case for change and that the printer strategy has been a huge success so far. LM reiterated she would like to see both Webex and Skype to be used in the Trust as there is a need to use more than one platform. LM noted there is functionality within NHS Mail to use Skype, but it needs to be switched on by the Trust's system administrators. AS confirmed the Trust is not just set on using Webex.

LM noted that Digital is all about people, processes and systems and the need to look at what is fit for purpose, involving legacy and new equipment/systems.

Action: AS & KB to add milestones into their reports and the Digital Strategy.

Attention to the Board: Raise the Digital Strategy and its need for transformational change.

9. Finance Report

GL informed the committee it was reporting on Q1 and that the Trust has hit its pre-PSF control total for Q1.

Before the application of any sustainability or financial recovery funding (FRF) the Trust had planned for a £7.4m deficit position, but it is in actual fact reporting a deficit of £7.2m, which is a £0.2m positive variance against the pre-PSF control total. Following the application of PSF and FRF the Trust is reporting a planned deficit of £3.8m and an actual deficit of £3.6m, therefore reporting a positive £0.2m variance to plan.

Income is showing an under recovery against plan of £0.8m for Q1. This is due to a lower than planned spend from specialised commissioner funded excluded from drugs tariff but it has a neutral impact on the overall position as both income and expenditure are impacted. Activity levels in outpatients and elective/day case work appear to be down on plan for non-AIC commissioners, with a corresponding reduction in income levels.

Expenditure is £1.0m better than plan. There is a spend pressure from drugs included in tariff and from clinical supplies and services but this is currently being compensated by an underspend on other general costs.

Agency expenditure is £1.0m adrift from NHSI's set cap of £3.8m. This is due to the difficulty in recruiting, meaning agency workers are required to be used to keep areas safe.

The Trust's CIP plans are broadly on plan, which SK will update as part of his report.

JA pointed out that although there is £1.0m overspend on agency staff the Trust had still achieved the planned spend of £90m on staff. AB explained that there was a complex series of interactions going on. I&E shows staffing is in line with budget but there is a worry if agency costs remain as they are. There is a systems saving requirement with the Trust's part being £3.7m which is currently all loaded to the back of the financial year, and no adjustments have been made yet. It is hoped with the new nursing staff and junior doctors that are due to come in the agency cost will come down. JA noted that loading to the back of the year came with a risk warning.

AB informed the committee as part of the systems saving requirement the Trust had set up a quarterly finance risk meeting with its system partners, with the first one taking place on 6 August 2019.

Attention to the Board: A discussion to take place at the private BoD meeting around how to mitigate the risks around back loading.

10. Efficiency Report

SK confirmed the Trust has delivered a third of the programme in a quarter of the time, and that there is a healthy recurrent position.

The 2019/20 target of £17.1m is 100% planned with 90% low risk and 10% medium risk.

SK noted there is now a key risk to the programme when the Trust moves to the Care Group structures on 1 August 2019. It is envisaged the move could see a hiatus for a couple of months. This is due to the changing over of staff in areas where they may be unfamiliar with the schemes, or have different ideas to the previous manager/s. Wendy Pollard is due to meet with each of the new Care Group teams and will ensure when she does, she pushes the plans for 2020/21 to keep the CIP planning moving forward. JA confirmed there was a need to keep a close watch on how this develops.

JA noted her concern that nine Directorates had not delivered any CIP in the last two months, meaning the Trust had dipped into its reserves. SK informed the committee that there was reliance for other areas to over deliver to mitigate this risk. AB pointed out for some areas it was difficult for them to deliver CIP, for e.g. the Chief Nurse Directorates budget was purely a workforce budget, and as the Directorate is an extremely small team, it was difficult for them to realise their CIP target as they could not reduce staffing. JA requested that the Directorate performance table continues to be received by the

committee. SK confirmed this would continue, and noted the Executive's receive this monthly at the Efficiency Delivery Group (EDG). AB commented he would be picking this up with SM when he commenced with the Trust.

LM queried whether there was a plan to split the plans for Care Groups? SK confirmed it would be and it was relatively straight forward as the CIP's are at cost centre level.

JA pointed out that NHSI was keen for the Trust to undertake thorough Quality Impact Assessments (QIA) as soon as possible but noted the report states there are still 135 schemes still to be self-assessed. SK confirmed that Jim Taylor, Medical Director had been through every scheme, and this had thrown up some additional questions. SK has also met with the new Chief Nurse, Heather McNair who has requested to go through each scheme too. This is an improved level of scrutiny than previously. The EDG currently receive a report on this.

JA questioned how the EDG fed up to the BoD? AB confirmed it should be through the Resources Committee, so going forwards the EDG minutes would be added to the committee agenda.

Action: Add EDG minutes to the Resources Committee work programme for each meeting.

Attention to the Board: possible risk to CIP due to the move to Care Groups and confirmation the Resources Committee will receive the EDG minutes

11. Medium Term Financial Plan

GL informed the committee that the draft local system plan received was building on the plan the BoD received in November 2018, but that this was very much work in progress as the Trust and the wider system is awaiting publication of national guidance (which has been delayed) to allow the plan to be finalised.

The two major risks GL outlined were around refining and agreeing a realistic plan with the Trusts system partners and the expectation of delivering significant QIPP savings.

GL outlined a key milestone would be the Humber, Coast & Vale (HCV) Finance, Planning and Programme Leads meeting on 19 August which was planned for question and challenge. The meeting will be jointly attended by finance and operations system leaders.

JA noted the report was useful and commented that the CIP aspect looks manageable but felt that QIPP is a significant risk. Because this is largely out of the Trust's control this is registered as a score of 25 on the CRR.

AB confirmed he will be raising this at the BoD meeting noting the current milestone is locally set. The timescale is for the draft plan to be completed by 27 September, submitted to the BoD for sign off at the October meeting, reviewed by NHSI/E and then published in November 2019.

JA understood that this will be a concern for some time, with AB noting the current issue is the Trust and the CCG's not knowing what their control totals or funding is going to be.

Attention to the Board: AB to raise the concerns around the medium & long term financial plans, especially in relation to QIPP.

12. Tender Report

The committee noted the tender report, and JA queried if there was any specific tender/s which were up and coming that the Trust is most interested in. AB confirmed the NYCC Sexual Health contract was of particular interest.

JA commented that it was disappointing to have lost two contracts during the tender process but noted that they had in fact lost the Trust money so it was in some respects positive.

13. Director of Workforce Report

PM reported there was concern around registered nurse (RN) vacancy rates on the East Coast with the Trust currently reporting a RN vacancy rate in Scarborough of 26.7%. PM noted that there were 86 new recruits (updated from the 72 reported) starting over the next 3-months. A business case for 100 international nurses has been approved, and the Trust has received the first nine. Over the remainder of the year approximately 50 others will arrive, with the remaining arriving January-March 2020. 40 individuals have been earmarked to work on the East Coast.

Longer term Coventry University Scarborough Campus (CUS) have agreed to increase their intake of RN trainees and the Trust has moved placements around to help accommodate this as it will provide a continual stream of nurse students graduating at Scarborough that will support the Trust's recruitment plans going forwards.

PM noted there would be a requirement to use agency staff throughout the autumn to ensure the Trust is safely staffed. Generally the nurse bank in Scarborough is very active with a greater fill rate however last week saw a switch around. The Trust has had to offer agencies block bookings to help with the fill rate, and has had to contact an agency previously used (Thornberry) to assist too. Polly pointed out that during school holidays it was always a case that shifts are filled through agency as bank shifts take up decreases.

To assist with encouraging staff to take up bank shifts Corporate Directors agreed at their meeting on 30 July 2019 that between 1 August through to the end of September 2019, the Trust would incentivise bank by increasing the pay to the same as agency staff. It was noted that not all staff were motivated by money.

JA commented that she appreciated PM's honesty over the difficulties faced but felt assured that the Trust is doing what it can to ensure safe staffing.

In terms of the medical vacancy rate this has seen a further reduction to 7.9% which is a reduction from 9.7% reported in April. This position is really positive and is part of a programme of work to decrease the medical vacancy rate.

PM confirmed the organisational development team has been asked to work with Care Groups as part of this work programme and to assist with the cultural change that will come as part of this work to increase working efficiencies. JA noted this feeds in well with the Quality Committee work.

PM updated the committee that emphasis was now on the NHS & social care to sell careers in schools. The Trust ran Scarborough Hospital's annual Young Person's Programme in June which gave 24 local pupils the chance to sample many careers on offer and to learn more about life in a busy acute hospital. The feedback from the students

was really positive with many agreeing they would like to work in the NHS following being on the programme. The Trust will look to roll this out in York next year too. This is one of the many work-streams the Trust is looking at to encourage younger people to choose healthcare as a first career. Additionally there is a plan to recruit ambassadors from each job role to really push this piece of work. JA commented that this had really positive long and short term gains for the Trust.

LM raised the issue around lack of funding for nursing and medical training and what the NHS' idea was to alleviate this pressure. PM confirmed the funding for medical trainees was not currently an issue as there are gaps on courses however feedback from the Trust in regards to this has been raised with Health Education England due to the geographical reduction on the East Coast.

In regards to the lack of nursing funding PM confirmed that the University of York (UoY) had bucked the national trend and the Trust was going to look at meeting with the new Vice Chancellor. The Trust would like help from the UoY to ring fence people so that they get recruited into the Trust rather than moving on to other cities. Support to undertake training is also now available to via apprenticeships.

JA raised concerns over the statutory and mandatory training compliance for Junior Doctors especially around the End of Life Care & antiseptic technique scores due to the issues the Trust is seeing at present. PM assured the committee that although some of the compliance scores were low; this was not a reflection of reality. Currently when Junior Doctors rotate from one Trust to another it wipes out their statutory and mandatory training record, which they will generally be fully compliant with. The Trust is therefore involved in work to create a passport which junior doctors will use throughout their rotations, ensuring each Trust has a clearer picture as to what statutory and mandatory training is outstanding to enable the compliance reports to be a true record.

Attention to the Board: Update on vacancy rates.

14. Occupational Health Report

PM noted this was the first report of its kind and had been written due to receiving limited assurance in an audit report. The occupational health team is a small team who generate an income of nearly £250k a year.

The report has really shown the improved performance from KPI's over the last 6 months.

The committee noted the significant work that the team had undertaken and JA confirmed she would like to see this report at the Resources Committee on an annual basis.

Action: Add the Occupational Health report to the Resources Committee work programme annually.

15. Director of Estates & Facilities Report

JA welcomed ABe, JM & DB to the meeting for item 15, which they were attending on behalf of BG.

Health and Safety (H&S)
The committee noted the H&S report, and JA commented it was pleasing to see that there were no RIDDORS reported. No further discussion took place as the committee was assured by the report.

Compliance
DB updated the committee on the estates and facilities compliance unit, and confirmed that the majority of policies and procedures had now been approved with a couple outstanding. The remaining ones would be approved by the next meeting.

JA commented that the PLACE figures were now very historic and the two main concerns were around the hygiene in both catering and theatres in York. DB confirmed that these were now run by the LLP who for catering are looking to employ a member of cleaning staff rather than another catering member, to ensure cleanliness is kept on top of. In regards to the operating theatres DB confirmed this was an area of concern for the team and increased surveillance of this area was taking place. The issue sometimes may not be the operating theatres themselves, but the surrounding areas like the sisters room etc. which can bring the overall score down. DB commented that the team was working with Tom Jacques and Damian Moon from the Trust's Infection Prevention and Control team on this issue to look to resolve it.

Action: BG to provide more detailed assurance to next committee meeting on actions taken.

Post meeting note: The Chair of the Trust noted her own concern about the hygiene scores at the Board meeting that followed the committee. She requested further assurance on this matter.

Sustainability

JM confirmed the Trust was now in the mobilisation period of the WRM project until September 2019 when the various sub-projects will be launched.

JM asked for the committee to endorse the work of Green Champions who will be volunteers from across the Trust to help support the sustainability work. The Green Champions will need to be released from their work to attend a lunch time meeting every 2-3 months and for permission to be advocates in their work areas by looking at local practices and introducing sustainable changes. JA queried whether anyone has come forward to volunteer and JM confirmed approximately 60 people Trust wide had so far, but once approval had been sought by the committee and the Board there will be a push to recruit.

The committee agreed this was a great initiative and it will recommend to the BoD to support the work of the Green Champions.

Attention to the Board: The approval of Green Champions.

JA noted the section in the report in regards to teleconferencing and commented that she is keen the Trust starts to make real progress with this, and start to look at new models of care to help with the carbon foot print of patients too. Outpatient's appointments could be looked at being completed remotely rather than attending a hospital site. JM confirmed some of these options were being picked up through the Business Case Panel and Steve Reed is discussing different options with Care Groups.

LM asked what they meant by teleconferencing. JM confirmed they had been in discussions with Shane Martin from I.T. AS noted that the team was looking at using tools such as Webex, Jabba and Instant Messaging. LM raised her concerns that the speed to change so far had been slow since she showed BGo around the BT offices to showcase how the Trust communication tools could be improved. AB confirmed the Trust was starting to get to the end point, and there would start to be a large push around this work. MDT's currently use this technology, however others have yet to follow but these employees will be brought on board. JA suggested that as well as Green Champions the Trust looks to recruit Digital Champions across the Trust to assist and help champion the change.

JA queried if there was anything of concern to highlight from the Travel and Transport Group. Nothing was highlighted however JA noted that the Trust needs to ensure it is supporting staff and patients in getting in and out of hospital sites easily. Practical thinking needed to be employed as public transport is not the solution for all.

JM confirmed a large focus recently had been on the new Park and Ride, and the number of users was increasing but it needed to be a success for it to continue after the initial trial period of a year. Other initiatives are also being looked at such as the campaign for drivers to turn engines off when stationary. The terms of being accepted for a parking permit are at the start of being reviewed but this was a complex piece of work, as it needs to ensure people who really do need a permit are not being penalised.

JM noted another survey would take place towards the end of the year.

JA raised that frontline staff need to be consulted. PM confirmed in terms of the parking permits project Sarah Brown in HR and Staff Side were joining the group reviewing the terms to ensure they were not disadvantaging staff who require one for their role.

16. SIRO report and Information Governance Executive Group minutes

The committee confirmed receipt of the report and minutes.

JA noted the greater level of assurance than previously received. LM was happy to see the survey but would like to see what the actions are behind these.

17. Any other business

No other business was discussed.

18. Consideration of items to be escalated to the Board or Quality Committee

Items considered for escalation to the May Board meeting included: -

- The use of language in the BAF/CRR
- Sustainability paper and the Board supporting Green Champions
- HR Update – vacancy rates
- Finance update – QIPP concern
- Efficiency update – possible risk to CIP due to the move to Care Groups and confirmation the Resources Committee will receive the EDG minutes
- Digital Strategy – requires transformational support, it is part of the business not just I.T

19. Time and date of next meeting

The next meeting will be held on 25 September 2019 in the Discussion/Dining Room, Post Graduate Centre, Scarborough Hospital, YO12 6QL.

Action Log

Meeting Date	Action	Owner	Due Date
29.05.19	Highlight new limited assurance audits in their report to the Committee.	Executives	Ongoing
29.05.19 31.07.19	Bring backlog maintenance schedule and risk assessment to next meeting. Update (31.07.19) A 1 hour meeting with BG, AB, ABe and the committee NED's to take place to discuss the maintenance backlog. LG to set up.	BG	Updated to Sept 2019
29.05.19 31.07.19	Bring Digital Strategy to next meeting.	AS/KB	Updated to Sept 2019
31.07.19	Pick up missing information in the BAF.	LP	Aug 2019
31.07.19	Raise with FJ the issue of the CN & COO registers not being up to date	LP	Aug 2019
31.07.19	Discuss issues raised with the BAF & CRR with the Quality Committee at their meeting.	LP	July 2019
31.07.19	Add milestones into their reports and the Digital Strategy.	AS & KB	Sept 2019
31.07.19	Add EDG minutes to the Resources Committee work programme for each meeting.	LP	Sept 2019
31.07.19	Add the Occupational Health report to the Resources Committee work programme annually.	LP	Sept 2019
31.07.19	Further assurance requested by the BoD around actions to address hygiene scores in catering and operating theatres	BG	Sept 2019
31.07.19	Provide a more detailed assurance to next committee meeting on actions taken in regards to PLACE.	BG	Sept 2019

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NHS
York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Chief Nurse 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 the Report

The Chief Nurse report provides assurance on progress towards the delivery of our quality priorities and highlights any risks to delivery of the Nursing and Midwifery and Patient Experience Strategies. The four themes are:

- Experience and Communication
- Workforce
- Safe, quality care
- Partnership and efficiency

The themes triangulate with the Patient Experience Strategy in order that priorities are aligned to ensure delivery of the key objectives. This work will align to the new Patient Safety Strategy pending its approval by the Board of Directors.

Executive Summary – Key Points

This report provides an update on:

- Patient Experience
- Workforce
- Infection Prevention and Control – Norovirus Outbreak at York
- Key senior nursing appointments

Author: Helen Hey, Deputy Chief Nurse

Executive Sponsor: Heather McNair, Chief Nurse

Date: September 2019

1. Patient Experience and Communication

The Trust received 59 formal complaints in August 2019.

The Patient Experience Team has worked to present the data aligned to the new Care Groups and each Care Group has an easily accessible dashboard.

The number of formal complaints recorded by Care Group in August 2019 is:

	COMPLAINTS				PALS			
Care Group	**York**	**Scarb**	**Brid**	**Total**	**York**	**Scarb**	**Brid**	**Total**
CG1: Acute, Emergency, Elderly Medicine & Community Services - York	13	0	0	**13**	29	0	0	**29**
CG2 : Acute, Emergency & Elderly Medicine - SGH	0	12	1	**13**	0	19	1	**20**
CG3: Surgery	9	2	0	**11**	17	7	1	**25**
CG4: Cancer and Support Services	2	3	0	**5**	8	6	0	**14**
CG5: Family Health	4	1	0	**5**	8	2	0	**10**
CG6: Specialised Medicine	3	5	2	**10**	22	12	2	**36**
Corporate Services	2	0	0	**2**	6	1	0	**7**
Total	**33**	**23**	**3**	**59**	**90**	**47**	**4**	**141**

The main themes are:

- Patient Care
- Clinical treatment
- Communication

The Patient Experience Team is linking closely with the Patient Safety Team and Governance Team. In August 2 formal complaints were escalated to the Quality and Safety Meeting and were declared as a Serious Incidents. The investigations have commenced.

Detailed scrutiny of dissatisfied complaints in January as a result of a significant increase in the number of dissatisfied complainants was undertaken. The Deputy Chief Nurse introduced more rigour into the checking process. This has resulted in a decrease in the number of dissatisfied complainants. The improvement has been sustained with only 2 dissatisfied complaint responses in August 2019. The reasons for dissatisfaction are variable and will be monitored and reported as part of the Trust contract.

Complaints timeliness of response performance continues to be problematic. Only 33% of complainants received a response within the 30 day Trust target in August 2019. The Care Group performance is:

Care Group	<30		30-50		51-100		>100		Total Closed	Average no of days	% Within Target
	Closed	Average no of days	Closed	Average no of days	Closed	Average no of days	Closed	Average no of days			
CG1	1	21	3	43	4	73	1	144	**9**	**65**	11%
CG2	1	18	0	0	2	74	1	106	**4**	**68**	25%
CG3	3	16	4	39	8	62	0	0	**15**	**47**	20%
CG4	1	5	2	42	1	65	0	0	**4**	**38**	25%
CG5	4	19	2	35	2	71	0	0	**8**	**36**	50%
CG6	5	15	0	0	0	0	0	0	**5**	**15**	100%
Total	**15**	**16**	**11**	**40**	**17**	**67**	**2**	**125**	**45**	**46**	33%

There has been an acknowledgement that many of the new Matrons and Managers have not received investigation and letter writing training. The Patient Experience Team have secured funding for and procured letter writing training skills. The team has previously facilitated this training and the feedback was very positive. This program will be delivered in September. In addition, the Patient Experience Team has developed an in-house training package aimed at supporting investigating officers undertaking investigations effectively and standardising the process.

The Deputy Chief Nurse is currently undertaking listening exercises with all Care Groups, specifically on complaints managements and performance. These are due to conclude at the end of September with the aim of revising the Complaints Management Policy and process chart in October 2019.

2. Infection Prevention and Control

Mandatory Surveillance

It is mandatory for trusts to report MRSA, MSSA and E. coli bloodstream infections (bacteraemia), and *C. difficile* toxin cases, to Public Health England.

The Trust current position is:

MRSA Bacteraemia	**2** (threshold of **0**)	trajectory for September - **0**
MSSA Bacteraemia	**18** (threshold of **30**)	trajectory for September - **13**
E-Coli Bacteraemia	**31** (threshold of **61**)	trajectory for September - **25**
C- Diff Infection	**67** (threshold of **61**)	trajectory for September - **30**

Scarborough c-diff outbreak

The *C. difficile* infection (CDI) outbreak affecting Scarborough hospital was formally declared completed on 16 September 2019.

The outbreak and its management have attracted scrutiny from Public Health England, the local CCGs, NHSI/E. The first case of the outbreak strain was identified on 24 February 2019.

Outbreak Figures (at 6 September 2019)
51 cases of c-diff infection in total
29 cases of 001 (outbreak strain)
20 cases of non 001 (other strains)
2 cases awaiting genetic typing
Last case of 001 was **17 August 2019**

Decontaminating the environment at Scarborough Hospital remains challenging. The lack of a decant ward means that deep cleaning and HPV decontamination can only be achieved by piecemeal decanting of bays, sometimes with active c-diff patients on the ward at the same time. This is not ideal and often leads to a rapid recontamination of areas due to the presence of a patient carrying the organism. This issue appears on both the IPC and Corporate risk registers. In order to overcome this, a cohort ward for c-diff patients / decant has been created on Aspen ward. This is to provide a dedicated space where these patients can be cared for in our best isolation facility with en-suite facilities.

There are six side-rooms available on Aspen Ward. Based on best practice for the management on infections this will mean at times there will be empty rooms on the ward and at other times c-diff patients may have to be accommodated elsewhere.

The Trust has recently had one its own HPV machines tested for effectiveness by using Enzyme Indicators during a fogging cycle. The machine achieved a Log 2-3 reduction (reducing between 100-1000 times) in organisms. This is well below the minimum standard of Log 6 reduction (reducing by 1 million times). Modern equipment is achieving up to Log 9 reduction (reducing by 1 billion times). Funding has been made available to buy in some contracted help which is useful but a long term solution must be sought. The solution must provide an effective and robust 24/7 service to all Trust sites.

The Trust's relationship with the LLP is pivotal to this succeeding and we must be enshrined in the governance processes to ensure the LLP provide the services to keep our patients safe.

IPC Team Staffing

The IPC Team is now fully recruited to which is a significant improvement. The team consists of the following:

Post (Base)	Hours	Name	Comments
DIPC		Heather McNair	Chief Nurse
DDIPC		Damian Mawer	IP Doctor / Cons Micro

Cross-site

Post (Base)	Hours	Name	Comments
Lead Nurse (8B)	1WTE	Tom Jacques	

Scarborough Hospital

Post (Site)	Hours	Name	Comments
IPC Nurse (B7 SGH)	1 WTE	Andrew Whitfield	Starts 01.10.19
IPC Nurse (B6 SGH)	1 WTE	Amanda Smith	

IPC Nurse (B6 SGH)	0.4 WTE	Alison Wright	
Secretary (B3 SGH)	1 WTE	Stephen Brady	

York Hospital

Post (Base)	Hours	Name	Comments
IPC Nurse (B7 YH)	1 WTE	Anne Tateson	
IPC Nurse (B6 YH)	1 WTE	Lynn Stokes	Acting B7 SGH
IPC Nurse (B6 YH)	1 WTE	Stuart Cowley	
Surveillance Nurse (B5 YH)	1 WTE	Rachel McHale	
Surveillance Nurse (B5 YH)	0.2 WTE	Jane Balderson	
AP (B4 YH)	1 WTE	Nick Mitchell	
Data Entry (B3 YH)	1 WTE	Gillian Leonard	

Out of Hospital Units

IPC Nurse (B7 Com)	1 WTE	Annette Williams	

The Infection Prevention nursing team work alongside the Consultant Microbiologists/ Infection Prevention doctor team
Katrina Blackmore (Decontamination / Water Safety)
Dave Hamilton (Microbiology Clinical Lead)
Barry Neish (Water Safety Group)
Neil Todd (Antimicrobial lead/ Ventilation)

3. Key Senior Nursing Appointment

The Chief Nurse Team is in the process of advertising and recruiting to a number of key posts currently, namely:

- Head of Nursing Care Group 2 – Jill Bradley commenced 16 September 2019
- Head of Nursing Care Group 6 – Diane Cavenche commenced 16 September 2019
- Head of Midwifery and Child Health Care Group 5 – closing date 17 September 2019

4. Detailed Recommendation

The Board of Directors is asked to accept this report for information.

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Results of National Inpatient Survey 2018

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

To inform the Board of the results of the national inpatient survey 2018.

To provide assurance that the results are being used to celebrate success and support ongoing learning and improvement.

Please note: the results would usually be presented to the Patient Experience Steering Group but as the July meeting was deferred the report is being presented to the Quality Committee prior to approval. The next Patient Experience Steering Group is scheduled for 23 October 2019.

Executive Summary – Key Points

- Note the Night Owl project is being refreshed
- Note the 'Hello my name is' refresh is being deferred due to engagement work being carried out by the new CEO

Recommendation

The Board of Directors are asked to note the report.

Author: Catherine Rhodes, Lead for Patient Experience – Patient Surveys & Volunteering

Director Sponsor: Heather McNair, Chief Nurse

Date: August 2019

1. Introduction

The Care Quality Commission requires all NHS organisations providing inpatient services to participate in this annual national survey. The survey was carried out on the Trust's behalf by our external contractor, Patient Perspective.

The 2018 survey sample was taken from adult patients discharged from inpatient care in July 2018. Patients received a paper survey along with a covering letter and a freepost return envelope. Information was provided about how to access the survey in other formats.

The number of responses for our Trust is 643, giving a 54% response rate. The national response rate is 45% and our 2017 response rate was 50%.

2. Results

The Trusts results were about the same as other Trusts for 62 questions, with just 1 result falling in the bottom 20% of Trusts: “Were you ever bothered by noise at night from hospital staff?” The Trust had no results in the top 20%.

The Trusts scores were about the same as our own previous 2017 results in 49 questions, and significantly lower in 12 questions. (Please note that the scores may still be very high, therefore not necessarily an area for immediate concern.)

- Did you feel well looked after by non-clinical hospital staff?
- Did you get enough help from staff to eat your meals?
- When you had important questions to ask a doctor, did you get answers that you could understand?
- When you had important questions to ask a nurse, did you get answers that you could understand?
- Were you involved as much as you wanted to be in decisions about your care and treatment?
- Did you have confidence in the decisions made about your condition or treatment?
- How much information about your condition or treatment was given to you?
- Did you find someone on the hospital staff to talk to about your worries and fears?
- Before you left hospital, were you given any written or printed information about what you should or should not do after leaving hospital?
- During your hospital stay, were you asked to give your views on the quality of your care?
- Did you see, or were you given, any information explaining how to complain to the hospital about the care you received?
- Overall... I had a very good experience

Additionally the Trust received ~700 freetext comments about what was particularly good and what could be improved.

Examples from comments

> Nurses, care assistants, everybody was so caring. Anything we wanted was there, day or night. What a pleasant crew.

> The whole system needs reviewing. It was like a farce. Patients are treated like nonentities on a trolley waiting up to 12 hours for treatment even with serious conditions as I was, in A&E. Nobody talks to the patients anymore. Decisions were made by staff out of sight and earshot of the patients and when treatment does come, in my case it was the wrong drugs even when I showed them the red wristband.

> I was in a ward with two elderly women. It really concerned me that they were not being looked after properly. Once lady had wet the bed and the nurse looking after her was very angry with her. Shouting and telling her off. Another women was falling almost off the bed. When I reported this to one of the nurses I was told that she always does this and just went on with what she was doing.

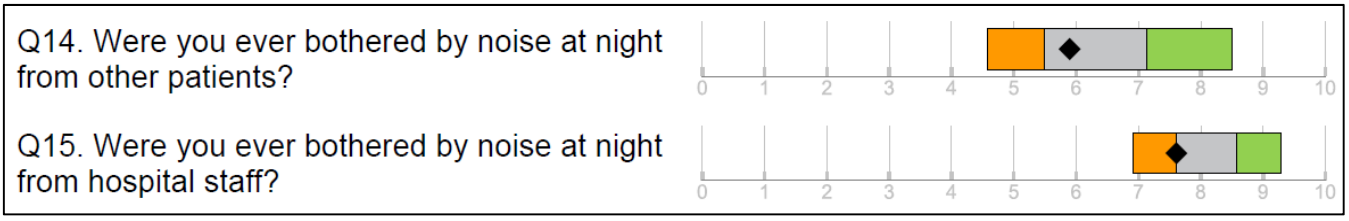
> All hospital staff were kind and considerate. The atmosphere on the ward was lovely, nothing was too much trouble. Time was given to explain everything in detail, and then repeat it to family members. The staff treated patients as people and smiled and were happy in their work - often under very challenging circumstances.

3. Action taken to date

The Patient Experience team and the Chief Executive of Patient Perspective hosted a workshop in July 2019 to look at the results in more detail and to focus on a small number of areas to concentrate improvement efforts. 27 people attended the workshop including the Chief Nurse, a Head of Nursing, Matrons and both Leads for Patient Experience.

Areas were identified for improvement based on the results and on what is important to patients, including:

- reducing noise at night

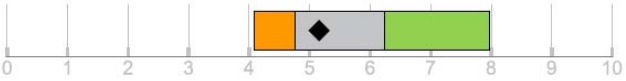


- and ensuring more patients know who the nurse in charge of their care is:

Q30. Did you know which nurse was in charge of looking after you? (this would have been a different person after each shift change)

The group felt that increasing the number of people who know which nurse is in charge of their care might also have a positive impact on scores to questions relating to person-centred care, including:

Q37. Did you find someone on the hospital staff to talk to about your worries and fears?



Q38. Do you feel you got enough emotional support from hospital staff during your stay?

4. Next steps

A follow-up meeting was planned in early August to agree forward actions for the group. Although there were only a few attendees at the follow-up meeting; those who did meet felt that the 'Night Owl' campaign should be refreshed and re-introduced across the Trust. A review of the previous project will be considered, specifically in relation to why the project has had such limited impact and what innovations can be introduced to ensure the wards are as calm and peaceful at night as possible.

The group also supported the refresh of the "hello my name is" campaign, which the Patient Experience team had already been asked to do earlier in the year. This work is now on hold while the new Chief Executive undertakes a large scale staff engagement exercise; it is felt that the outputs of his work may well include refreshing the campaign. If this is the case then the work already done by the team will provide good foundations for the work.

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Medical Director's 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 discussion	☒
For assurance	☐
For approval	☐
A regulatory requirement	☐

Purpose of report

This report provides an update from the Medical Director on salient issues aligned to the Patient Safety Strategy.

Executive Summary -Key Points

Documentation Standards
In response to concerns raised by the recent CQC inspection and Seven Day Services Self-Assessment, medical documentation standards have been subject to further audit at Scarborough Hospital. This has identified a range of issues, namely lack of printed name, lack of name of most senior Doctor, lack of timed entry, lack of GMC number and patient demographics on every page. A range of actions are underway to raise awareness of the need for robust documentation.

Seven Day Standards
The 7DS task and finish group has developed a standard operating procedure to support Clinical Standard 2; Consultant review within 14 hours. This is being launched during September, prior to undertaking the next self-assessment audit in October.

A dashboard has been developed to aid clinical teams to identify outstanding reviews by ward, site and consultant.

Recommendation

Board of Directors are asked to note the Medical Directors Report for September 2019.

Author: Mrs. Rebecca Hoskins, Deputy Director of Patient Safety

Director sponsor: Mr. James Taylor, Medical Director

Date: September 2019

1. Introduction and Background

The Medical Director's report will now report against key areas of work identified within the Patient Safety Strategy.

Early Detection & Treatment.

Areas of Frequent Harm.

Infection Prevention & Control

Consistency of Care

2. Key areas of work

2.1 Early Detection and Treatment

2.1.1 NEWs2, 4AT Assessment & Sepsis changes in CPD

The new sepsis pathway was launched on 7 August 2019 which uses the national recommendations and international definition. This is currently being completed on paper due to delays changing it within CPD.

On CPD, a NEWS of 5 or more or on clinical suspicion, triggers the sepsis pathway, currently in PDF version. The electronic sepsis tool is under construction and is expected to be completed in November.

Changes to the online NEWS2 tool have been made and are planned to go live on CPD on 16 September. These changes include:

- Mandatory requirement to prescribe the patients' oxygen saturation requirements according to scale 1 or scale 2 as per national guidance
- If the oxygen saturation level is not recorded it will default to the higher level in scale 1
- The prescribed scale will be shown on the electronic observations chart
- The wording for the conscious level is changing to Alert (not confused)
- It will be mandated that if a patient is scored as confused it specifies if this is new or existing confusion. Only the patients scored as having new confusion will be required to have a 4AT assessment (Assessment test for delirium and cognitive impairment)
- The 4AT assessment results will be shown on the front screen so it can be clearly seen without working through multiple screens
- If scoring >=1 there will be a trigger for further investigations
- The whiteboard will show the 4AT score and if action has been taken so the clinicians can more easily identify which patients need further assessment
- When entering the 4AT screen a green tick will show next to which questions were answered correctly by the patient which will aid further assessment

2.2 Infection Prevention and Control

2.2.1 ANTT

In response to a rise in MSSA Bacteraemia, it was hoped that practical simulation training could be provided for junior doctors. However, due to capacity issues, the Clinical Skills Team is unable to support this. Further opportunities for training by clinical educators are being explored. Moreover, it has been identified that there may be a knowledge gap in the accurate recording of Visual Infusion Phlebitis (VIP) scores. Visual aids and training options are under review.

2.3 Consistency of Care

2.3.1 National Neonatal Audit Programme (NNAP)

As part of its annual reporting process the NNAP conducts unit level outlier analysis to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

In analysis of change over time, the NNAP defines outliers for change at three or more standard deviations below a rate of zero change as 'alarm' outliers. Outliers for change at three or more standard deviations above a rate of zero change as 'outstanding' outliers.

The NNAP are pleased to confirm that Scarborough Hospital has been identified as outstanding (three or more standard deviations above a zero rate of change) for change between 2016 and 2018 for the audit measure: *Is there a documented consultation with parents by a senior member of the neonatal team within 24 hours of a baby's first admission?*

2016			2018			Sample difference	Shrinkage difference
Eligible babies	Eligible babies with data entered	Consultation within 24 hours of admission (%)	Eligible babies	Eligible babies with data entered	Consultation within 24 hours of admission (%)		
122	112	97 (86.6%)	126	125	125 (100%)	13.4%	11.3%

The letter from the Royal College of Paediatrics and Child Health is available in Appendix A.
The planned publication date for the NNAP 2019 annual report is 14 November 2019.

2.3.2 National Vascular Registry

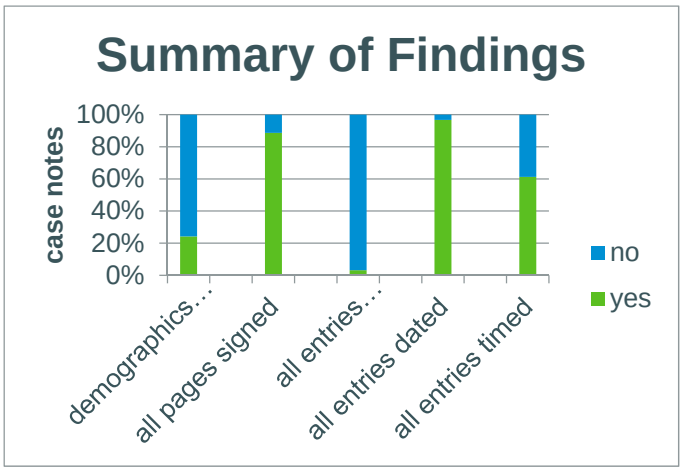
Once again, the Trust performs ahead of its peers, on the recording of endovascular procedures. The registry provides a rounded picture of all of the vascular activity that takes place in York. The Vascular team performed comparatively few amputations whilst being a high volume unit for revascularisation, both surgical and endovascular.

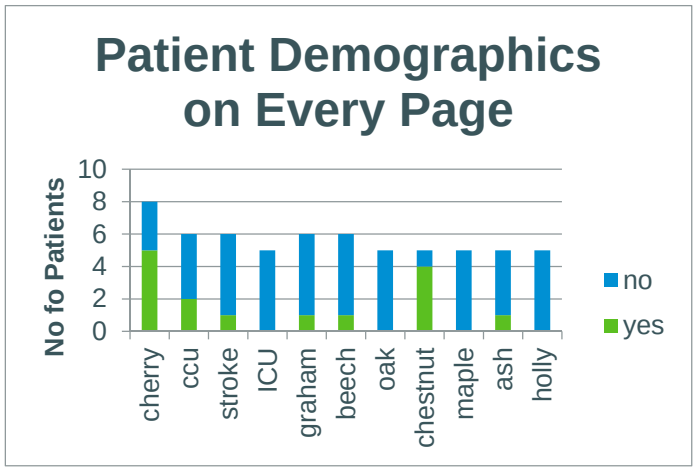
The report is available online: https://www.vsqip.org.uk/surgeon-outcomes/trust/york-teaching-hospital-nhs-foundation-trust/

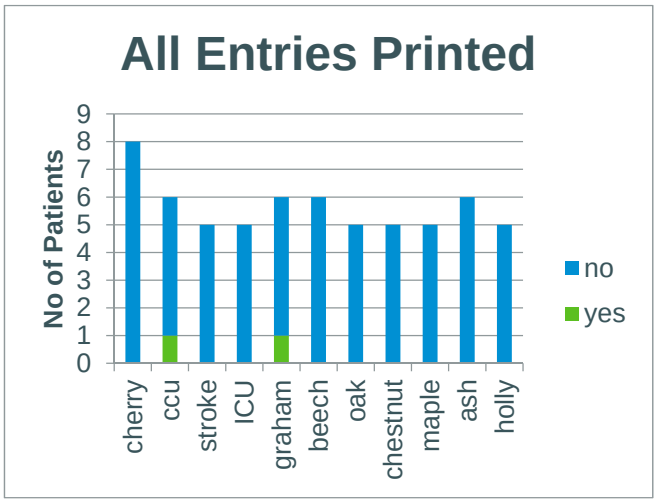
2.3.3 Documentation Standards

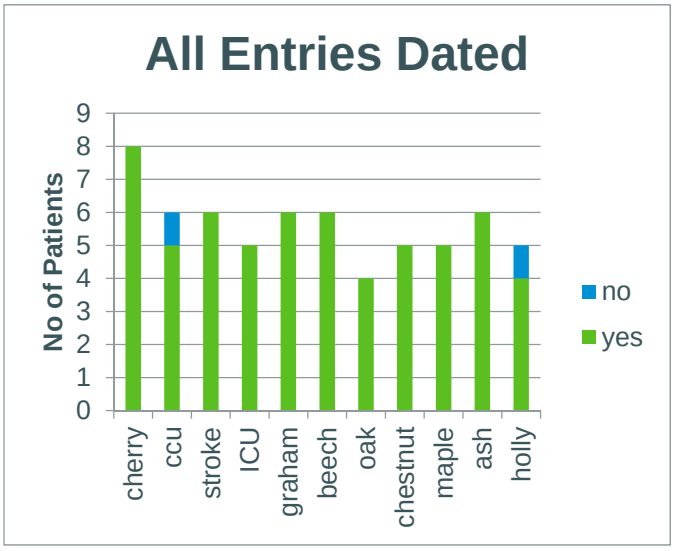
In response to concerns raised by the recent CQC inspection and Seven Day Services Self-Assessment, medical documentation standards have been subject to further audit at Scarborough Hospital.

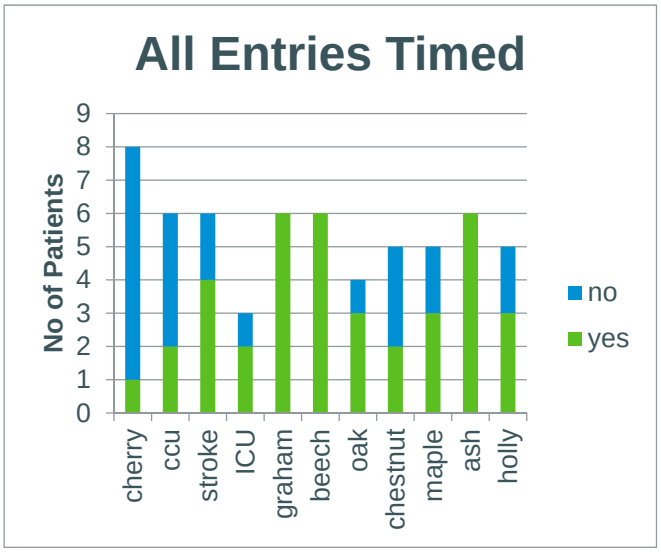
The key findings are presented below:











Audit findings have been shared with Care Group Directors as part of the Seven Day Services task and finish group. Audit on the York site is currently underway.

2.3.4 Patient Safety Walk rounds

There were 3 Patent Safety Walk rounds during July & August attended by members of the Patient Safety team, Governors, Non-Executive Directors and the Trust Chair. These were at St Monica's, Malton Diagnostic Unit and Beech Ward.

Summary of learning includes:

IT – Lack of interoperability between systems, particularly between the acute hospitals, community and primary care. A lack of EPMA in community hospitals was also raised. Feedback from staff was that IT systems are slow and how this impacts on workload and effectiveness.

Staffing – Limited Physio, OT and administrative provision in St Monica's Community Hospital. A full complement of staff was on duty at the time of the visit to Beech Ward.

Environment - Due to lack of capacity, the Diagnostic Unit is unable to host a sterilisation unit, although processes for decontamination of equipment are in place. The visiting team committed to explore the effectiveness of this. Due to limited space, Patients arriving by Ambulance stretcher can have an impact on experience. The plan is to agree a pre-alert system with YAS.

Safety Huddles – Use of Safety Huddles in Beech ward is in place but it was identified that these could be strengthened by refreshing how this is structured to involve more staff and share the learning.

2.3.5 Patient Safety Group

The minutes of the Patient Safety Group meeting on 16 July 2019 are available in Appendix B.

2.3.6 Seven Day Services (7DS)

The 7DS task and finish group has developed a standard operating procedure to support Clinical Standard 2; Consultant review within 14 hours. This is being launched during September prior to undertaking the next self-assessment audit in October.

A dashboard has been developed to aid clinical teams to identify outstanding reviews by ward, site and consultant.

3 Recommendation

Board of Directors members are asked to note the Medical Directors Report for September 2019.

RCPCH
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Dr Peter Standring
Neonatal Unit
Scarborough General Hospital
Woodlands Drive
Scarborough
YO12 6QL

19 August 2019

Dear Dr Standring,

Notification of high outlier status for change between 2016 and 2018 for National Neonatal Audit Programme (NNAP) measures

As part of its annual reporting process the NNAP conducts unit level outlier analysis for 2018 data. The purpose of the outlier process is to identify and highlight variation, enable local review of the causes of that variation and stimulate quality improvement.

Alongside the main annual outlier identification process, the NNAP also identifies outliers for change between 2016 and 2018 results (longitudinal outlier analysis). This analysis is designed to alert units to potential changes in performance over time, and to provide an opportunity to address and reverse negative trends. It is also designed to highlight improvement in performance over time.

Outlier analysis is defined statistically, and the identification of some outlying units is not unexpected. However, it is crucial that all stakeholders and organisations understand that while units could have outlying results, this does not automatically mean that there are performance issues. Furthermore, where verified results do show units to be outlying for specific processes, this should be viewed as the beginning, or continuance, of a quality improvement process.

In analysis of change over time, the NNAP defines outliers for change at three or more standard deviations below a rate of zero change as 'alarm' outliers. Outliers for change at three or more standard deviations above a rate of zero change as 'outstanding' outliers.

We are pleased to confirm that Scarborough General Hospital has been identified as outstanding (three or more standard deviations above a zero rate of change) for change between 2016 and 2018 for the audit measure: *Is there a documented consultation with parents by a senior member of the neonatal team within 24 hours of a baby's first admission?*

2016			2018			Sample difference	Shrinkage difference
Eligible babies	Eligible babies with data entered	Consultation within 24 hours of admission (%)	Eligible babies	Eligible babies with data entered	Consultation within 24 hours of admission (%)		
122	112	97 (86.6%)	126	125	125 (100%)	13.4%	11.3%

The rate of change for this measure was **+13.4%**; the national rate of change for the same period was **+1.9%.**

A method was applied to the raw result, which improves the estimate by drawing on the information from the other units when the units have similar rates, this is known as a shrinkage estimate. The shrinkage estimate for the rate of change for this measure is +**11.3%.**

The NNAP developmental standard for this measure is **100%**.

Congratulations to you and your team on this achievement. Please do pass on a copy of this letter to your trust Medical Director and Chief Executive Officer. If you have a quality improvement project to share relating to your achievement in this measure, the NNAP would be keen to hear from you. Please contact Rachel Winch via nnap@rcpch.ac.uk.

More information about the NNAP report process and outlier management

The process for notifying and managing outliers follows a staged process, the full details of which are found in:

- RCPCH policy, *Detection and Management of Outlier Status for Clinical Indicators in National Clinical Audits.*
- *NNAP outlier management for the 2018 data year*

The NNAP participates in the National Clinical Audit Benchmarking (NCAB) project, a collaboration between the Healthcare Quality Improvement Partnership (HQIP) and Care Quality Commission (CQC), and the Clinical Outcomes Publication initiative.

The planned publication date for the NNAP 2019 annual report on 2018 data is 14 November 2019. Outliers will be identifiable on NNAP Online which will be updated on launch of the report.

Yours sincerely,

Dr Sam Oddie
NNAP Clinical Lead
Consultant Neonatologist,
Bradford Teaching Hospitals NHS Foundation Trust

Rachel Winch
NNAP Project Manager
RCPCH

APPENDIX B

York Teaching Hospital NHS Foundation Trust

MINUTES

Title:	**Patient Safety Group**
Date:	Tuesday 16th July 2019
Time:	08:00 – 09:30
Location:	Ophthalmology Seminar Room, York Hospital with VC to Orchard Room, Scarborough Hospital
Chairing:	Jim Taylor (JT)
Attendees:	Jim Taylor (JT), Helen Noble (HN), Helen Holdsworth (HH), Neil Todd (NT), Gemma Williams (GW), Fiona Jamieson (FJ), Chris Foster (CF), Ru Rupesinghe (RR), Jonathan Thow (JTH), Victoria Elletson (VE), Ed Smith (ES), Donald Richardson (DR), Sophie Boyes (SB), Dawn Prangnell (DP) – taking minutes
Apologies:	Rebecca Hoskins (RH),Will Lea (WL), Sara Collier (SC), Vicky Mulvana-Tuohy (VM), Jan Goodwin (JG)

No	Item/Discussion	Lead for actions
1.	**Apologies**	
	JT welcomed everyone to the meeting and gave apologies as above.	
2.	**Notes from the meeting held on 21st May 2019 and Matters Arising**	
	The minutes from the 21st May 2019 meeting were agreed as an accurate record. **E-consent** – DR has met with the Orthopaedic Team who are keen on implementing e-consent. **Consent** – the Trust have agreed to trial the Royal College of Surgeons leaflets.	
3.	**SI Trends and Learning (Standing Item)**	
	During the past 12 months there have been 169 SI's declared, it is expected over the summer period the Trust will declare a lower number of SI's. The 169 SI's were for the following categories: • 38 x 12 hour trolley wait • 27 x falls • 30 x cat 3 pressure ulcers • 9 x cat 4 pressure ulcers • 65 x clinical SI's The themes recognised from the SI's are; • **Failure to escalate the deteriorating patient** - FJ informed the group this theme is highlighted across various routes of investigations; SI's, complaints, mortality SJCRs, from looking into this further the problem is the nursing staff do not have the confidence to escalate. The group were informed the next fellow working with the Patient Safety Team will be working on the	

	deteriorating patient and RESPECT. • **Treatment delays** – due to the capacity within Ophthalmology and Dermatology, patients are waiting longer for their appointments. When the new Community Stadium is built the solution suggested is to prioritise the patients and treat them at the stadium to reduce the delays. • **Suboptimal care** – it was highlighted to the group there are pockets of suboptimal care across the Trust within all specialties. There was a question asked; what times of the day suboptimal care occurs, FJ stated this is usually out of hours and over the weekend, there are more incidents at Scarborough which is because of current staffing issues. RR highlighted on a night the Trust does not meet the escalation policy requirements which is escalating to the Registrar and they should see the patient within 15 minutes, it is usually the F1 doctor who will see the patient therefore not the right grade. JTH suggested it would be useful to get a list of all patients within 24 hours who should have been for escalation and analyse whether they were seen within 15 minutes and by what grade of doctor/ themes. JT informed the group there is a business case been written for a new deteriorating patient pathway. The pathway will enable a proactive approach and a deteriorating patient team will monitor the whiteboard for patients who require escalation and go see them on the ward. JT informed the group the Trust has recently been critised because senior colleagues have not been to see the patient escalated, the CCG are submitting a couple of cases to the NHSE. From November 2019, a new SI framework is been, this will reduce the number of SI's the Trust carry out however the timeframe in which the SI needs to be completed will increase. The timeframe has been increased to ensure a thorough review is undertaken and it includes all relevant parties including the next of kin. JT informed the group funding has been agreed to participate in a research programme of SI's, Will Lea is the contact. FJ to contact WL to understand the research project.	**FJ to contact WL re: research project.**
4.	**Clinical Guidelines (Standing Item)**	
	The guidelines are currently saved on staff room under each directorate. There are 1230 clinical guidelines of which 76 are out of date (6%), the number outstanding keep reducing each month in January the Trust was at 18%. Some of the areas with outstanding clinical guidelines are; Transfusion, Infection Prevention and Antimicrobial. There are 179 corporate guidelines of which 18 are out of date (10%) this is a reduction from January 2019 where we were at 35% outstanding. HR have 13 corporate guidelines out of date however the department are consistently reducing the number that are outstanding, Jenny Flinton is leading on this piece of work. FJ has suggested going forwards HR should begin to review their documents 1 year before the renewal date due to having to get approval through a number of committees which is the delay	

	for approval. A tender for a replacement of staff room will be going out shortly and it is a priority that the search engine is user friendly, there has also been a request that the new intranet will be accessible via a smart phone.	
5.	**Fall sensor look back report**	
	VE presented the fall sensor look back report to the group highlighting that the Trust purchased fall sensors which were consistently faulty, they did not work /the alarm went off when it shouldn't have which meant they were not reliable therefore it was agreed they would be removed from all wards. Following the removal of fall sensors increased observations (15 / 30 minutes) was implemented for patients at high risk of falls. The observations have been a positive change; there has not been an increase in the total number of falls or falls with harm. The wards are managing to carry out the observations on their patients and the patients are less agitated because the alarms are not sounding all the time. VE shared with the group an SPC chart which shows the number of falls per week and this shows the number of falls is within the variable rate. VE asked the group for approval to continue to monitor the number of falls and current practice of observations rather than re-introducing fall sensors. JT suggested a discussion takes place with the new Chief Nurse to find out her opinion on fall sensors but it was agreed to continue carrying out the observations. There was a question asked; why did the Trust purchase the fall sensors if they do not work. VE said she was not part of the procurement process however Turin had equipment in the Trust for a few years. HN highlighted there are lessons to be learned from procurement and the outcome may have been different if the right people were involved in the process.	
6.	**Central Alert System Policy – for approval**	
	Following an internal audit it was recognised the Trust did not have a Central Alert System Policy therefore this has been written and has been brought to the group for approval. FJ informed the group she has received two comments from HH and will make these amendments; drug safety alert and about drug recall. JT highlighted we need to ensure that actions from CAS have been acted upon and the loop is closed going forwards because this does not happen routinely at the moment. DR informed the group most companies use QPulse to close the loop however this requires a license for every user which is expensive. FJ agreed to request a quote for QPulse but expects for the system alone to cost around £100k but then the management of the system and chasing staff would also be a significant investment. JT highlighted this would be a useful tool if it was used appropriately and alerts were sent to the relevant group of staff. SB asked when mobility equipment such as walking frames are broken they are managed through Mediquip, does this need to be highlighted to the Trust as well. FJ stated the Trust system looks into National Safety Alerts therefore would not receive the alert from Mediquip because they are not under the National Alerts. It was highlighted on page 5 of the policy it states that a Datix should be submitted.	

	The group agreed to approve and publish the policy once the amendments above have been made accepting a paragraph will be added regarding positive feedback for safety. FJ agreed to bring the wording to the next meeting for approval and will then update the policy.	**FJ to bring the positive feedback paragraph to the next meeting for approval.**
7.	**Items to escalate to Board of Directors (Standing Item)**	
	It was agreed JT will escalate the following items to the Board of Directors; • SI trends and learning • Governance – highlighting the lack of feedback and clarity that actions have been acted upon. JTH highlighted some areas may not be aware of the process. Money has been approved for QI projects and a programme will be rolled out across the clinical areas this project could help receive feedback. There was feedback within the group that front line staff do not get the time to carry out projects; JTH stated if it is important to them they will start to include the work within their job plan.	
8.	**Sub Group Action Logs** **Papers circulated with the agenda** • **Alcohol Steering Group** • **Deteriorating Patient & Resus Group** • **Diabetes Review Group** • **Falls Steering Group** • **Junior Doctors Safety Improvement Group** • **Medicines Management Group** • **Mortality Steering Group** • **Obs & Gynae Governance Group – Scarborough** • **Pressure Ulcer Steering Group** **For Information:** • **Blood Transfusion Group –** Will next meet on the 23rd July 2019 • **Clinical Ethics Committee –** the last meeting was cancelled and they will meet this evening • **Deconditioning Group –** will recommence in September 2019.	
	Medicines Management Group – HH stated at the last meeting there was a discussion regarding issues on discharge and patients drugs and a group will be formed to look into this. HH has brought this back to the Patient Safety Group because over the last couple of weeks there have been a number of incidents on discharge from the following wards; AMB, Lilac, AMU, Discharge Lounge, Chestnut and CCU at Scarborough. The incidents have highlighted the discharge checklist is not been followed, patients are been sent home with another patients medication, wrong strength of medication. From these incidents HH would like to escalate this process because patient flow is been prioritised over patient safety. The group agreed the discharge process needs to improve, DR suggested this could be improved through a QI project. It could be carried out in one area at York and one at Scarborough and then look to roll out across the Trust. HH agreed to look at the Datix for discharge and which wards have	HH to identify 2 wards with the highest number of incidents on

	the highest number of incidents to focus a QI project.	discharge for QI project.
9.	**Any Other Business**	
	Calculating the risk score for mortality – DR informed the group CARS will be tested in the Trust very soon, it was put on hold due to modifications been made on NEWS2. The Trust did not get the money for CARS. **Ventilation main theatres** – NT informed the group the ventilation in the main theatres is extremely old; it was put into the Trust back in 1972. Over the last 6 months there have been problems with the ventilation and at the Committee on Monday 15th July it was agreed the issue needs to be escalated to Board of Directors through the Estates Department but also wanted to highlight it through other routes. The ventilation committee would like to request a rolling schedule to replace the ventilation system across the Trust, highlighting York's system is worse. **Pathology** – the Pathology team have a back log of work due to; staff partial retirement, the team have lost 9PAs therefore over the next two months work will be sent off site; probably for cancer which means the turnaround time for results will increase. The team have nearly 50% of staff, they are trying to expand their workforce, keep advertising posts and contact agencies. NT wanted to highlight meeting timescales during August could be difficult due to annual leave.	

Next Meeting	
Date & Time:	Tuesday 17th September 2019, 08:00 – 09:30
Location:	VC – Ophthalmology Seminar Room (York) & Cedar Room (Scarborough)

NHS
York Teaching Hospital
NHS Foundation Trust

Performance and Activity Report

August 2019 performance

Produced September 2019

The Board Assurance Framework is structured around the Trust's three Strategic Goals:

To deliver safe and high quality patient care as part of an integrated system

To support an engaged, healthy and resilient workforce

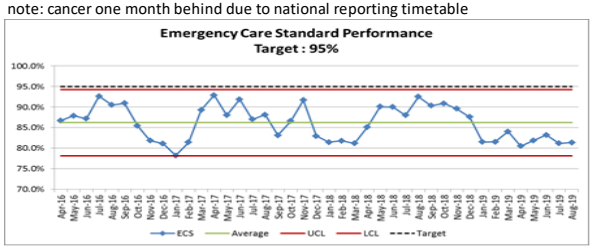
To ensure financial stability

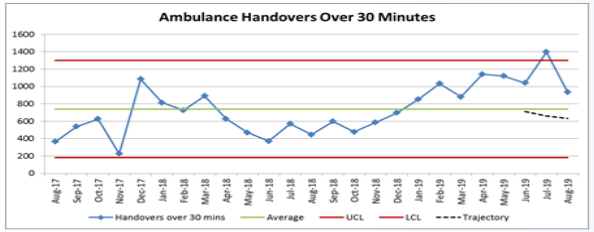
Assurance Framework Responsive

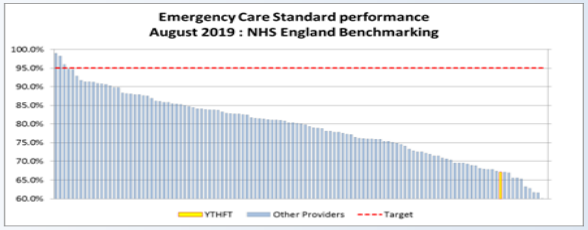
Key Performance Indicators – Trust level

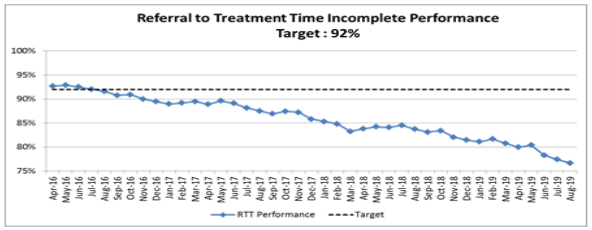
Operational Performance: Key Targets	Target	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Emergency Care Standard Performance	95%	92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	81.2%	81.3%
Ambulance handovers waiting 15-29 minutes	0	766	883	891	840	1083	935	892	915	956	1072	978	988	983
Ambulance handovers waiting 30-59 minutes	0	342	360	345	389	463	470	556	484	593	671	587	723	547
Ambulance handovers waiting >60 minutes	0	104	238	132	197	233	380	477	397	548	449	453	673	362
Stranded Patients at End of Month - York, Scarborough and Bridlington		369	379	403	363	368	439	386	442	422	406	397	394	409
Super Stranded Patients at End of Month - York, Scarborough and Bridlington		118	132	159	132	116	153	130	153	138	143	135	140	148
Diagnostics: Patients waiting <6 weeks from referral to test	99%	93.5%	94.9%	96.2%	93.9%	91.1%	90.6%	92.9%	93.0%	87.5%	86.4%	88.9%	87.5%	81.7%
RTT Incomplete Pathways	92%	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%	77.4%	76.7%
RTT Open Clocks	26303	27756	27525	27616	27164	26433	26278	27144	27536	28344	28809	28724	28394	29252
RTT 52+ Week Waiters	0	0	1	1	1	0	0	0	3	0	0	3	0	1
Cancer 2 week (all cancers)	93%	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	81.5%	85.9%	-
Cancer 2 week (breast symptoms)	93%	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	93.8%	95.2%	-
Cancer 31 day wait from diagnosis to first treatment	96%	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	98.8%	99.1%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	96.9%	93.8%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	85.0%	79.5%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	100.0%	100.0%	-

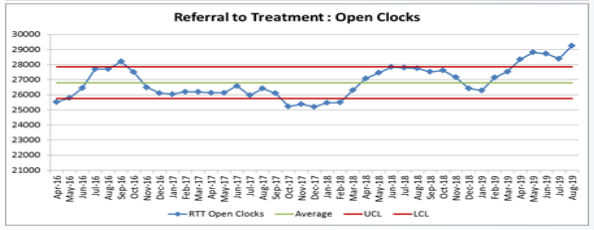
note: cancer one month behind due to national reporting timetable

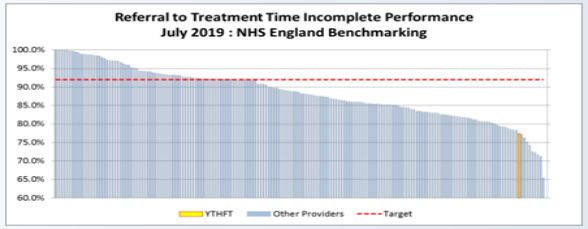


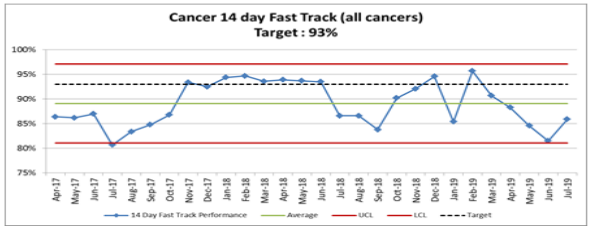


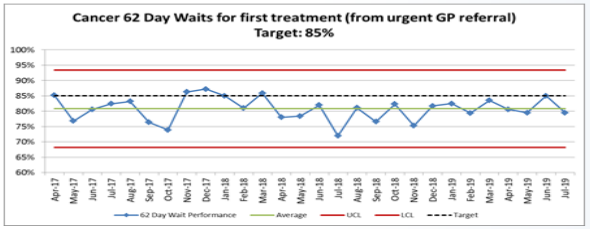


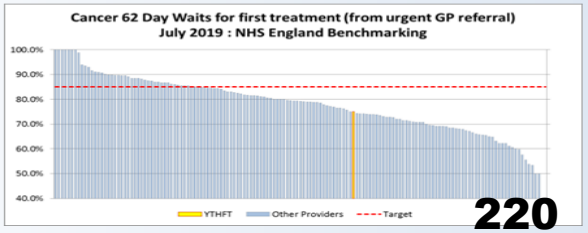












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Assurance Framework Responsive

Performance Summary by Month: Constitutional and Operational Monitoring – Trust level

Operational Performance: Unplanned Care	Target	Sparkline / Previous Month	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Emergency Care Attendances			18215	17073	16960	16191	16571	16575	15500	17489	18055	18270	18256	20,101	19,683
Emergency Care Breaches			1366	1650	1545	1686	2059	3069	2863	2791	3525	3310	3067	3,785	3,671
Emergency Care Standard Performance	95%		92.5%	90.3%	90.9%	89.6%	87.6%	81.5%	81.5%	84.0%	80.5%	81.9%	83.2%	81.2%	81.3%
ED Conversion Rate: Proportion of ED attendances subsequently admitted			38%	38%	38%	39%	41%	38%	38%	36%	36%	37%	38%	38%	38%
ED Total number of patients waiting over 8 hours in the departments			110	212	216	242	324	904	802	687	1007	972	799	1029	912
ED 12 hour trolley waits	0		0	0	0	0	0	16	8	28	24	26	2	1	7
ED: % of attendees assessed within 15 minutes of arrival			70%	61%	65%	63%	63%	62%	59%	63%	58%	59%	59%	53%	55%
ED: % of attendees seen by doctor within 60 minutes of arrival			50%	42%	45%	49%	50%	43%	40%	38%	37%	37%	36%	34%	33%
Ambulance handovers waiting 15-29 minutes			766	883	891	840	1083	935	892	915	956	1072	978	988	983
Ambulance handovers waiting 15-29 minutes - improvement trajectory			-	-	-	-	-	-	-	846	829	812	795	778	761
Ambulance handovers waiting 30-59 minutes			342	360	345	389	463	470	556	484	593	671	587	723	547
Ambulance handovers waiting 30-59 minutes - improvement trajectory			-	-	-	-	-	-	-	380	365	350	335	319	304
Ambulance handovers waiting >60 minutes			104	238	132	197	233	380	477	397	548	449	453	673	362
Ambulance handovers waiting >60 minutes - improvement trajectory			-	-	-	-	-	-	-	330	297	281	264	215	182
Non Elective Admissions (excl Paediatrics & Maternity)			4723	4577	4643	4563	4713	4524	4029	4580	4585	4766	4761	5069	4873
Non Elective Admissions - Paediatrics			535	689	862	1042	942	921	865	891	745	729	711	808	658
Delayed Transfers of Care - Acute Hospitals			1336	1180	1251	1059	1212	1093	1067	1178	1456	1529	1486	1346	1325
Delayed Transfers of Care - Community Hospitals			301	381	357	358	337	385	295	377	277	303	352	235	333
Patients with LOS 0 Days (Elective & Non-Elective)			1476	1431	1447	1368	1375	1421	1278	1362	1241	1386	1550	1609	1471
Ward Transfers - Non clinical transfers after 10pm	100		38	76	83	85	85	100	71	94	87	87	76	87	72
Emergency readmissions within 30 days			831	857	837	861	875	851	741	876	924	907	935	1014	-
Stranded Patients at End of Month - York, Scarborough and Bridlington			369	379	403	363	368	439	386	442	422	406	397	394	409
Average Bed Days Occupied by Stranded Patients - York, Scarborough and Bridlington			325	371	398	374	376	431	433	409	405	399	373	390	384
Super Stranded Patients at End of Month - York, Scarborough and Bridlington			118	132	159	132	116	153	130	153	138	143	135	140	148
Average Bed Days Occupied by Super Stranded Patients - York, Scarborough and Bridlington			115	125	142	147	129	151	166	143	147	134	141	138	134

Operational Performance: Planned Care	Target	Sparkline / Previous Month	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Outpatients: All Referral Types			18624	17806	20686	19613	16888	19856	19315	18908	18595	19338	19011	20082	17965
Outpatients: GP Referrals			9703	9207	10760	10195	8624	10038	10416	9801	9534	9726	9487	9914	9270
Outpatients: Consultant to Consultant Referrals			1973	1929	2413	2254	1961	2537	2221	2251	2177	2337	2225	2311	2027
Outpatients: Other Referrals			6948	6670	7513	7164	6303	7281	6678	6856	6884	7275	7299	7857	6671
Outpatients: 1st Attendances			9051	8468	10249	10157	8059	9868	9005	9312	8603	9209	9211	9884	8308
Outpatients: Follow Up Attendances			15635	15546	17736	17533	14446	18028	15417	16441	15036	16375	15104	16824	14116
Outpatients: 1st to FU Ratio			1.73	1.84	1.73	1.73	1.79	1.83	1.71	1.77	1.75	1.78	1.64	1.70	1.70
Outpatients: DNA rates			6.4%	6.1%	6.0%	5.8%	6.4%	6.1%	5.7%	5.5%	5.9%	6.1%	5.9%	6.3%	6.0%
Outpatients: Cancelled Clinics with less than 14 days notice	180		173	160	180	163	162	206	193	209	180	179	198	243	240
Outpatients: Hospital Cancelled Outpatient Appointments for non-clinical reasons			1070	884	941	865	802	1039	997	1168	1142	1068	1047	1125	1378
Diagnostics: Patients waiting <6 weeks from referral to test	99%		93.5%	94.9%	96.2%	93.9%	91.1%	90.6%	92.9%	93.0%	87.5%	86.4%	88.9%	87.5%	81.7%
Elective Admissions			612	575	766	718	602	614	554	687	652	682	722	690	579
Day Case Admissions			6117	5714	6595	6287	5344	6621	5868	6082	5849	6075	5886	6243	5907
Cancelled Operations within 48 hours - Bed shortages			4	34	68	12	33	22	10	17	32	66	59	32	13
Cancelled Operations within 48 hours - Non clinical reasons			96	106	137	131	91	114	90	141	130	147	194	229	85
Theatres: Utilisation of planned sessions			93%	91%	90%	93%	88%	86%	87%	90%	92%	86%	89%	[illegible]	91%
Theatres: number of sessions held			553	555	674	661	523	586	506	576	576	602	609	[illegible]	501
Theatres: Lost sessions < 6 wks notice (list available but lost due to leave, staffing etc)			63	76	79	66	66	53	89	108	99	43	83	104	92

Assurance Framework Responsive

Performance Summary by Month – Trust level continued

18 Weeks Referral To Treatment	Target	Sparkline / Previous Month	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Incomplete Pathways	92%	▼	83.7%	83.1%	83.4%	82.0%	81.5%	81.1%	81.7%	80.8%	80.0%	80.4%	78.3%	77.4%	76.7%
Waits over 52 weeks for incomplete pathways	0	▲	0	1	1	1	0	0	0	3	0	0	3	0	1
Waits over 36 weeks for incomplete pathways	0	▲	369	298	361	355	431	497	530	606	669	632	660	632	868
Total Admitted and Non Admitted waiters	26303	▲	27756	27525	27616	27164	26433	26278	27144	27536	28344	28809	28724	28394	29252
Number of patients on Admitted Backlog (18+ weeks)		▲	2272	2245	2219	2299	2352	2463	2470	2738	2850	2877	2847	3338	3543
Number of patients on Non Admitted Backlog (18+ weeks)		▲	2245	2401	2369	2578	2550	2500	2505	2556	2825	2769	3391	3079	3283

Cancer (one month behind due to national reporting timetable)	Target	Sparkline / Previous Month	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19
Cancer 2 week (all cancers)	93%	▲	86.6%	83.8%	90.2%	92.1%	94.6%	85.4%	95.7%	90.7%	88.3%	84.6%	81.3%	85.9%	-
Cancer 2 week (breast symptoms)	93%	▲	97.4%	99.0%	100.0%	93.3%	92.8%	93.4%	93.2%	90.7%	79.6%	91.4%	93.8%	95.2%	-
Cancer 31 day wait from diagnosis to first treatment	96%	▲	99.2%	97.6%	98.6%	98.4%	96.8%	96.4%	98.7%	96.9%	96.7%	98.3%	98.8%	99.1%	-
Cancer 31 day wait for second or subsequent treatment - surgery	94%	▼	94.3%	92.9%	96.9%	93.2%	95.0%	90.5%	92.3%	97.4%	94.3%	95.1%	96.9%	93.8%	-
Cancer 31 day wait for second or subsequent treatment - drug treatments	98%	◀▶	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	-
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85%	▼	81.1%	76.6%	82.3%	75.3%	81.7%	82.5%	79.4%	83.5%	80.6%	79.5%	85.0%	79.5%	-
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90%	◀▶	93.0%	87.7%	93.6%	92.9%	88.6%	90.6%	89.1%	92.7%	100.0%	92.1%	100.0%	100.0%	-

Variation and Assurance symbols key:

KEY	TILE		DESCRIPTION	CATEGORY	DEFINITION
1		=	HIGH Special Cause : Note/Investigation	VARIATION	Last 3 Months above the average
2		=	LOW Special Cause : Note/Investigation	VARIATION	Last 3 Months below the average
3		=	HIGH Special Cause : Concern	VARIATION	Last 6 Months above the average
4		=	LOW Special Cause : Concern	VARIATION	Last 6 Months below the average
5		=	Common Cause	VARIATION	None of the above
6		=	Consistently Hit Target	ASSURANCE	Last 3 Months above target
7		=	Consistently Fail Target	ASSURANCE	Last 3 Months below target
8		=	Inconsistent Against Target	ASSURANCE	None of the above

Assurance Framework Responsive

Emergency Care Standard and Unplanned Care

Operational Context

The Trust did not meet the Emergency Care Standard (ECS) planned trajectory of 89% for August 2019, with performance of 81.3%. After seeing significant improvement in the latter half of 2018, the last eight months have been below the rolling four-year average of 86.2%. The Trust performed below the national position for August (86.3%). Unplanned care continues to be challenging, with type 1 and 3 attendances up 6% for the year to date on the same period in 2018/19. In total an extra 5,646 patients have attended the main EDs, UCCs and MIUs compared to the same period last year, with the main EDs (type 1) seeing and treating an additional 5,046 patients; a rise of 10%.

Seven twelve-hour trolley breach were reported in August 2019 at Scarborough Hospital. The breaches were reported to NHS England and NHS Improvement as required and were due to capacity constraints in ED and a lack of capacity within the inpatient bed base.

High levels of Ambulance arrivals continue to impact the two main EDs, with six of the last nine months above the two-year average. The continued demand during August contributed to 936 ambulances being delayed by over 30 minutes, above the improvement trajectory of 486 submitted to NHS England and NHS Improvement. The increase in ambulance arrivals has, after seeing relatively stable performance in the second half of 2018, seen eight consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average. In line with other ED providers, the Trust are reporting ambulance handover numbers weekly to NHS England and NHS Improvement. The Trust is working with the ECIST Ambulance Paramedic Lead on both sites. Following a diagnostic exercise undertaken jointly with the ED team that took place in March at York and May at Scarborough, a programme of work that builds on best practice from other areas is agreed and is in progress.

The Trust continues to experience bed pressures, with Scarborough Hospital experiencing bed occupancy of above 90% at midnight for 28 days during the month. York Hospital had above 90% bed occupancy for 21 days. The Delayed Transfers of Care (DToC) position improved in August. Delayed transfers have been affected by a lack of care home capacity and a shortage in the availability of packages of home care. The Trust is actively working to mitigate the pressures from increased demand through the Complex Discharge multi-agency group.

Targeted actions

- Refreshed ECS action plans for both sites submitted to NHS England and NHS Improvement with specified discharge levelling targets, non-admitted breach targets, golden patients and a target for the number of patients transferred to discharge lounge by midday.
- ECS task force on each site meeting weekly led by Deputy Medical Director and Chief Operating Officer.
- Senior consultant moved from York ED to Scarborough ED to bolster senior decision making.
- Submission made to NHS England and NHS Improvement for £1.92m capital funding to co-locate facilities for same day emergency care / CDU with ED at York.
- The Trust is working with the ECIST Ambulance Lead on both sites. A programme of work that builds on best practice from other areas is in progress.
- SDEC task force has been created in Scarborough led by Dr Phil Jones. Scarborough has joined the SDEC accelerator programme.
- Time out session with York ED, Care of the Elderly, Acute and General Medicine clinicians to review assessment floor/functions. APIC function is being relaunched after initial pilot and evaluation.

Assurance Framework Responsive

Emergency Care Standard

Standard(s):

Ensure at least 95% of attendees to Accident & Emergency are admitted, transferred or discharged within 4 hours of arrival. The Trust's operational plan trajectory for August 2019 was 88%.

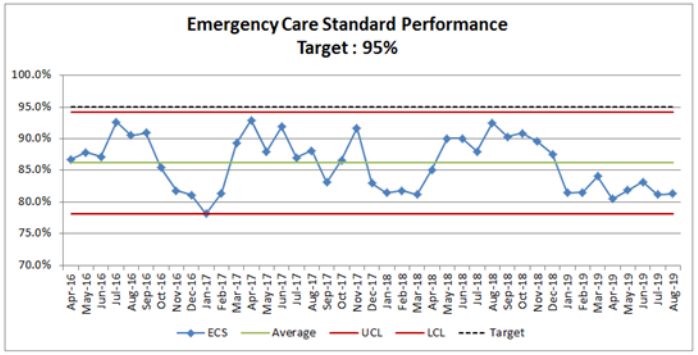
Consequence of under-achievement

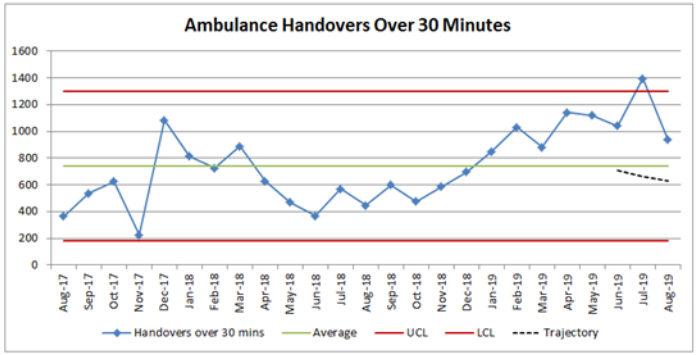
Patient experience, clinical outcomes, timely access to treatment, regulatory action and loss of the Provider Sustainability Fund (Access Element).

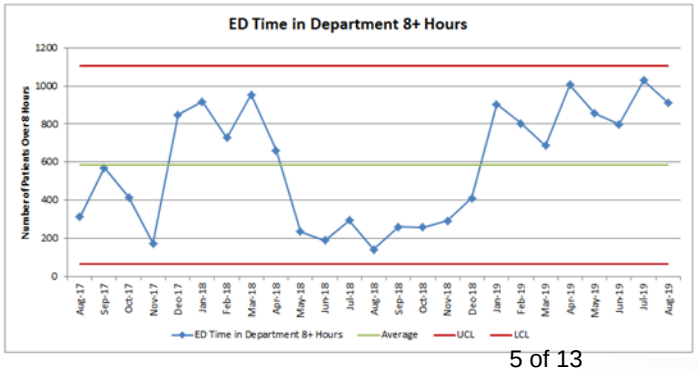
Performance Update:

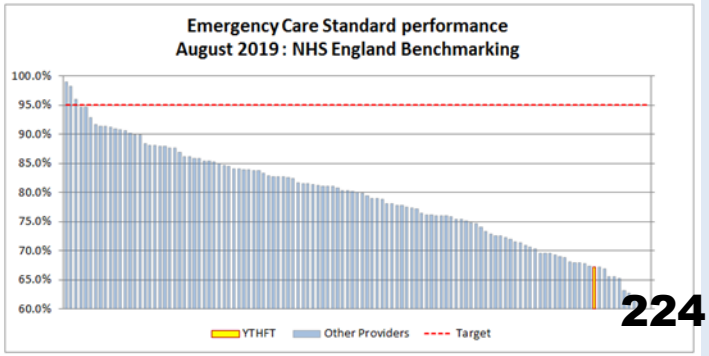
- The Trust achieved 81.3% in August 2019 against the planned trajectory of 89%.
- For the year to date type 1 and 3 attendances are up 6% compared to the same period in 2018/19. In total an extra 5,646 patients have attended the main EDs, UCCs and MIUs compared to the same period last year, with the main EDs (type 1) seeing and treating an additional 5,046 patients; a rise of 10%.
- The number of patients waiting over 8 hours remains high, in August 2019 there were 912 patients who waited over 8 hours, the eighth consecutive month above the four-year average. There were seven twelve hour trolley wait reported on the Scarborough site.
- Ambulance arrivals have, after seeing relatively stable performance in the second half of 2018, seen eight consecutive months where the number of ambulances being delayed by over 30 mins has been above the two-year average.

Performance:









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Assurance Framework Responsive

Unplanned Care

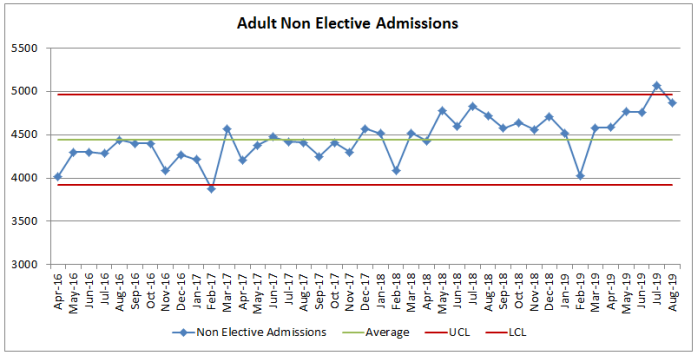
Performance Update:

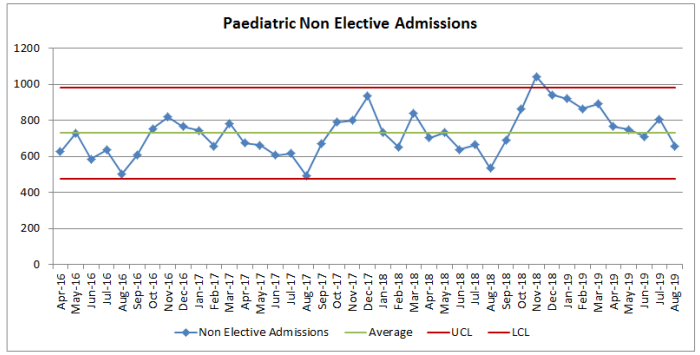
- The number of non-elective admissions for the year to date increased by 3% in 2019/20 compared to 2018-19 (+687). For seventeen of the past eighteen months adult admissions have been above the four year average. Paediatric non-elective admissions have been above the four year average for nine of the past ten months.

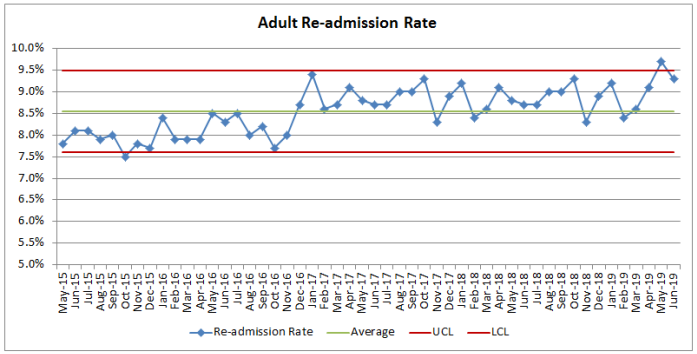
- The adult readmission rate continues to be above the four year average, analysis by the Trust's analytics team identified that there is an issue with the merging of two patient spells on CPD if it has been identified that a patient has been discharged in error. This can occur if a patient has been discharged prior to completion of an electronic discharge notice (EDN) or following the transfer of a patient from ward or one hospital site to another, when this should be recorded as a single patient spell. The Trust's Development Team are to undertake work to understand what changes need to be made to CPD to facilitate more accurate patient pathways. Paediatric readmissions fell below the four year average for the fourth time in six months.

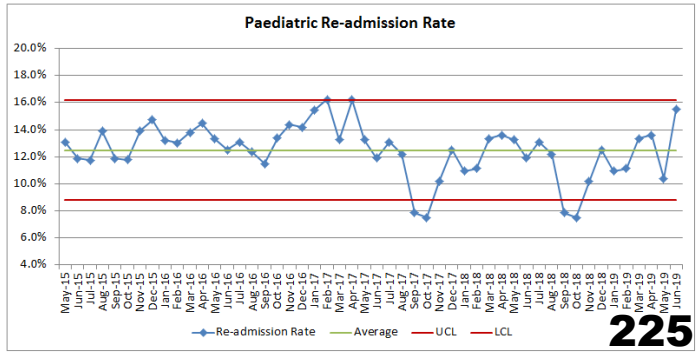
- In August the number of stranded patients at month end increased for the first time in four months, however the number of beds occupied by super-stranded patients (patients who stay more than 21 days) decreasing for the third consecutive month.

Performance:









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Assurance Framework
Responsive

Cancer Waiting Times

(Reported a month in arrears)

Operational Context

Overall, the Trust achieved 85.9% against the 14 day Fast Track referral from GP standard in July. National performance for July was 90.9%.

The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with an 10% increase in FT referrals in quarter 1 2019-20 compared to 2018-19. The number of Fast Tracks Seen, at 1,761 in July, was over 100 higher than in any previous month at the Trust. Due to this continued rise in referrals, the Trust is undertaking more cancer activity which is impacting on the capacity available for routine outpatient appointments, negatively affecting the Trust's RTT incomplete total waiting list position.

Performance against the 62 day target from referral to treatment was 79.6% in July. National performance for July was 77.6% and this was the 8th consecutive month that the Trust has outperformed the national position. The Trust's performance equated to 129.5 accountable patients treated in July, with 26.5 accountable breaches (31 patients). These breaches were spread across a range of tumour pathways, with the highest number of breaches seen in Lung, Colorectal and Urological cancers. Of the reported patient breaches, 10% relate to delays for medical reasons, 42% due to delays to diagnostic tests or treatment plans/lack of capacity, 42% relate to complex or inconclusive diagnostics and 6% were due to patient unavailability.

Progress towards the April 2020 target to diagnose patients within 28 days continues, with performance of 63.2% in July. Performance is currently being shadow reported as a national target percentage has yet to be set.

Targeted actions

- Recovery plans have been developed for any tumour sites not achieving the 14 day and/or 62 day standards. Progress against these plans is being monitored with care groups on a weekly basis.
- New weekly 'Cancer Wall' meeting is operational.
- A revised criterion for prostate diagnosis has been agreed internally, reducing the number of patients who will require an MRI. This will ensure that those who do require an MRI will receive it sooner.
- Pathways have been reviewed for all the major tumour groups and work is ongoing to embed the timed pathways.
- Collaborative work with primary care and commissioners is ongoing to support referral processes.
- Continued engagement in regional Cancer Alliances and with the STP on increasing capacity.
- Cancer governance arrangements have been reviewed, with a new Cancer Delivery Group being established in August 2019.

Assurance Framework Responsive

14 Day Fast Track – Cancer Waiting Times

Standard(s):

Fast Track referrals for suspected cancer should be seen within 14 days.

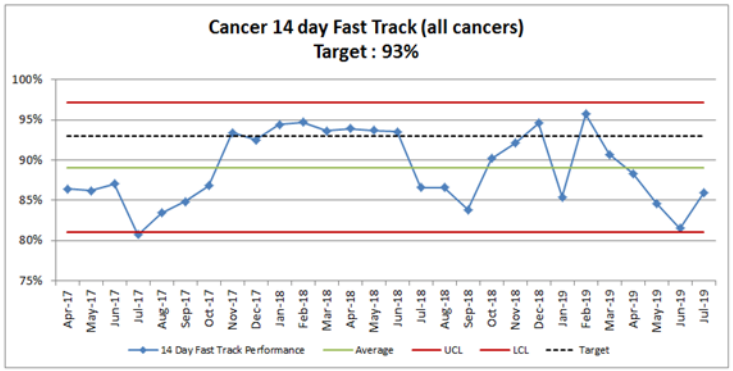
Consequence of under-achievement:

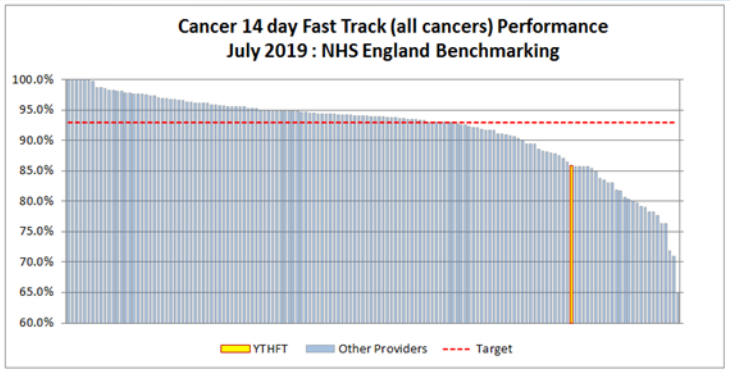
Patient experience, clinical outcomes, timely access to treatment and regulatory action.

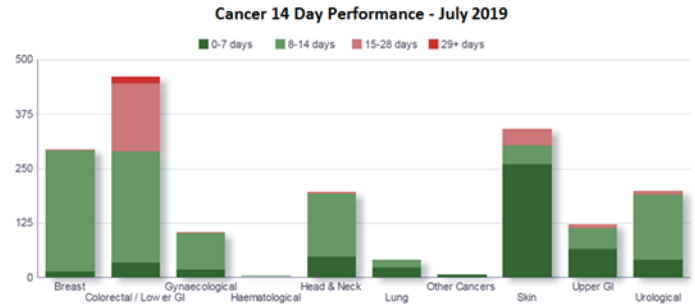
Performance Update:

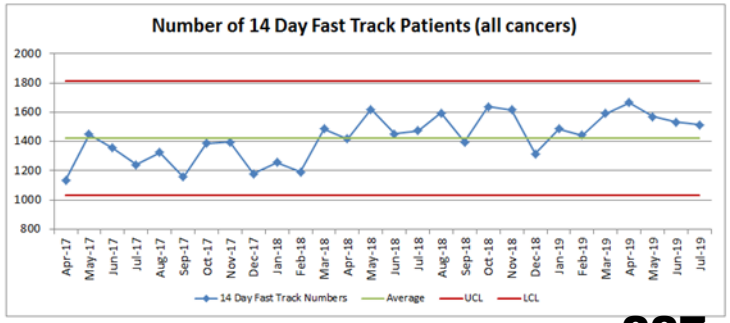
- Overall, the Trust achieved 85.9% against the 93% target in July. The 93% target was met for Breast, Gynaecological, Haematology, Head & Neck and Urological.
- The Trust continues to experience high numbers of Cancer Fast Track (FT) referrals, with an 10% increase in FT referrals in quarter 1 2019-20 compared to 2018-19. The number of Fast Tracks Seen, at 1,761 in July, was over 100 higher than in any previous month at the Trust.

Performance:









Assurance Framework Responsive

62 Day Fast Track – Cancer Waiting Times

Standard(s):

Ensure at least 85% of patients receive their first definitive treatment for cancer within 62 days of an urgent GP or dental referral.

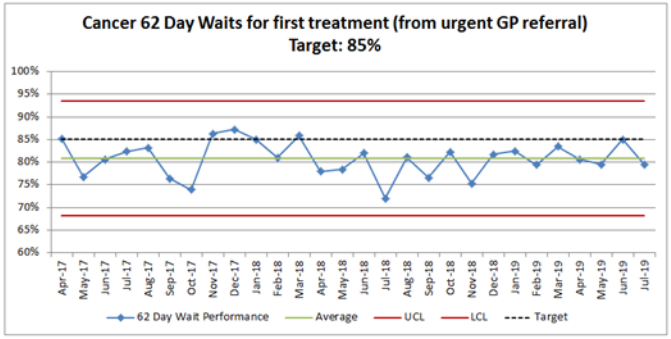
Consequence of under-achievement:

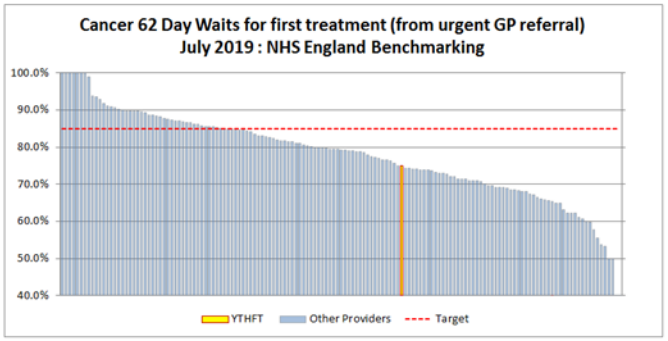
Patient experience, clinical outcomes and potential impact on timely access to treatment.

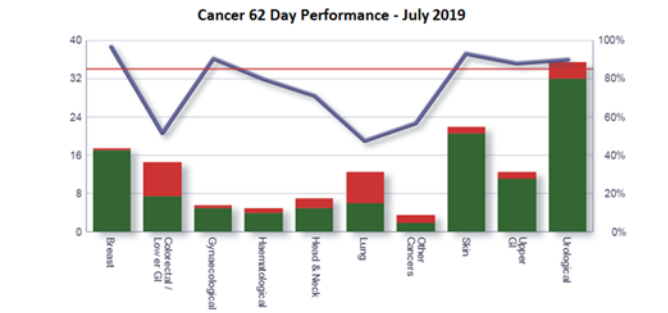
Performance Update:

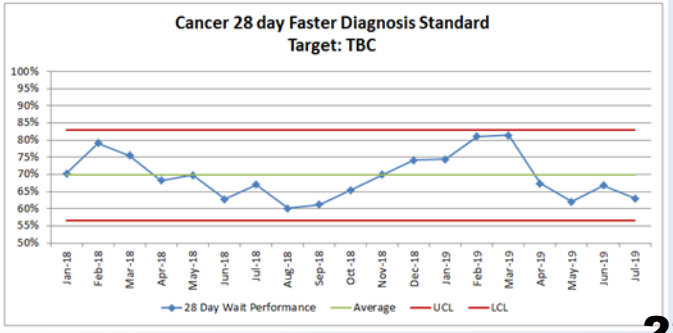
- Performance against the 62 day target from referral to treatment was 79.6% in July. National performance for July was 77.6%. The Trust's performance equated to 129.5 accountable patients treated in July, with 26.5 accountable breaches (31 patients). These breaches were spread across a range of tumour pathways, with the highest number of breaches seen in Lung, Colorectal and Urological cancers.
- Of the reported patient breaches, 10% relate to delays for medical reasons, 42% due to delays to diagnostic tests or treatment plans/lack of capacity, 42% relate to complex or inconclusive diagnostics and 6% were due to patient unavailability.

Performance:









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Assurance Framework Responsive

Planned Care

Operational Context

The total incomplete RTT waiting list (TWL) stood at 29,252 at the end of August, up 858 clocks on the end of July position. This is ahead of the trajectory of 31,655 submitted to NHS England and NHS Improvement.

GP referrals received by the Trust in August were below the four year average for the sixth consecutive month, the number received for the year to date is a 5% reduction on those received in the same period in 2018-19.

At the end of August the Trust was 7% behind the planned activity levels for elective inpatients, 5% behind plan on day cases and has not delivered the planned level of outpatient appointments; down 12% . Analysis has been undertaken by the Trust's Information Team to understand the disparity in TWL, referral and activity changes across specialties and is being worked through with Care Group Managers. A key element of RTT recovery plans is delivery of the 2019/20 plan.

The Trust's RTT position for August was 76.7%, below the 80.0% trajectory that was submitted to NHS England and NHS Improvement. The backlog of patients waiting more than 18 weeks increased by 6%. The impact of cost reduction schemes across the local healthcare system on the RTT TWL and performance are currently being modelled.

The number of long wait patients (those waiting more than 36 weeks) increased by 236 at the end of August. Long waiting patients are across multiple specialities and performance is being monitored with care groups on a weekly basis. There was one patient waiting over 52 weeks at the end of August, a Urology patient who was unavailable for offered date of 29th August and was subsequently treated on the 9th September.

In March 2019 the Trust completed a project with the North of England Commissioning Support team (NECS). NECS conducted a diagnostic analysis on the Trust's TWL and provided a report to NHSE&I that gave assurance that the Trust has "appropriate validation, training and SOPs in place" for RTT and is "in control of the RTT TWL".

The Trust has seen a decline against the national 6 weeks diagnostic target in August, with performance of 81.7% against the standard of 99%. National performance for July was 96.5%. At a Trust level, pressures remain in endoscopy, Echo CT and Non-Obstetric Ultrasound. Recovery plans have been created for all modalities not achieving the 99% standard and progress against these is being monitored with Care Groups on a weekly basis. The Endoscopy position was impacted by a sudden increase in fast track demand on the endoscopy service causing routine patients to be displaced to prioritise these clinically urgent patients. There was a 16% increase in the number of patients being seen as fast track at York, between the months of June (264) and July (306). A paper on the current endoscopy position and the factors that have contributed to the deterioration in that position with a list of actions for us to carry out over the coming weeks, which will deliver a fully informed revised recovery trajectory has been sent to Executive Board.

Targeted actions

- Recovery plans have been developed for RTT/TWL for all specialties above the March 2018 waiting list position and/or where specialties are significantly off plan for 2019/20. Progress against these plans is being monitored with care groups on a weekly basis.
- Ongoing implementation of the programme structure and metrics for the core planned care transformation programmes covering theatre productivity, outpatients productivity, refer for expert input and radiology recovery.
- Ongoing monitoring of all patients waiting over 40 weeks to ensure all actions are taken to ensure patients have a plan to avoid 52 week breaches.

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Assurance Framework Responsive

18 Weeks Referral to Treatment

Standard(s):

The total incomplete RTT waiting list must have less than 26,303 open clocks by March 2020. The Trust must not have any 52 week breaches in 2019-20.

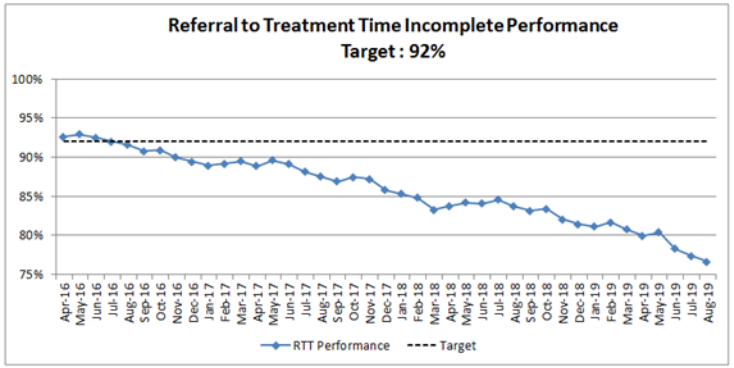
Consequence of under-achievement:

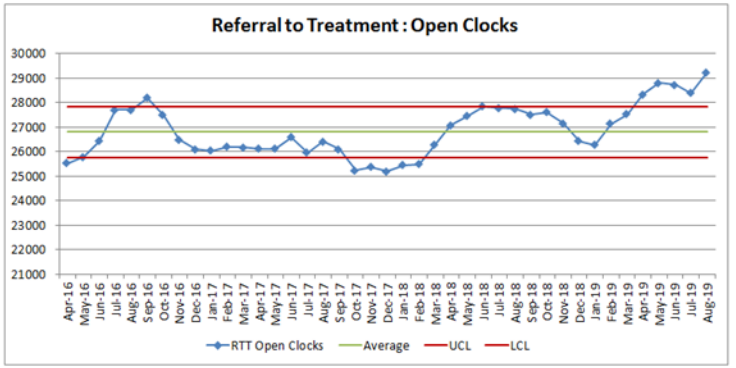
Patient experience, clinical outcomes, timely access to treatment and regulatory action.

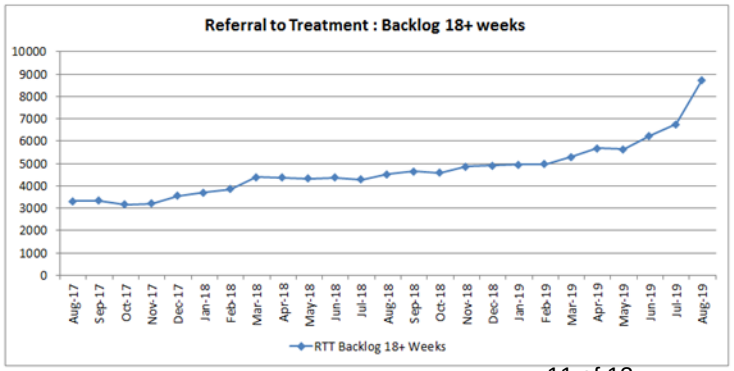
Performance Update:

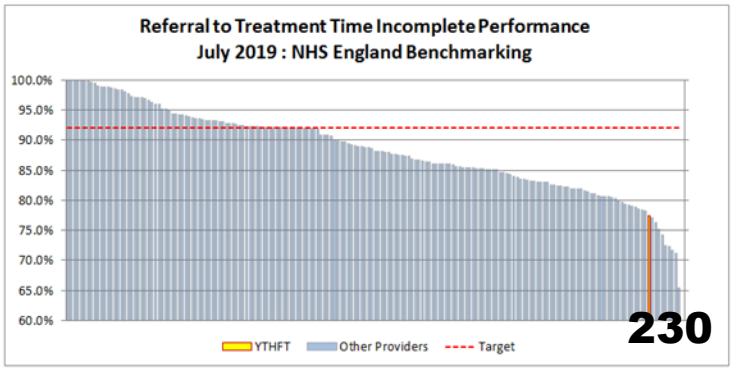
- The total incomplete RTT waiting list (TWL) stood at 29,252 at the end of August, up 858 clocks on the end of July position. This is ahead of the trajectory of 31,655 submitted to NHS England and NHS Improvement.
- The Trust achieved 76.7% RTT at the end of August, below the 80.0% trajectory submitted to NHS England and NHS Improvement.
- Although the Trust's 'Did Not Attend/Was Not Brought' (DNA) rate decreased to 6% in August, performance has now remained below the two-year average for 12 consecutive months. Further work is ongoing to move the Trust from a 1-way text reminder service to a 2-way opt-out service to reduce DNA rates.

Performance:









Assurance Framework Responsive

Diagnostic Test Waiting Times

Standard(s):

Ensure at least 99% of patients wait no more than 6 weeks for a diagnostic test.

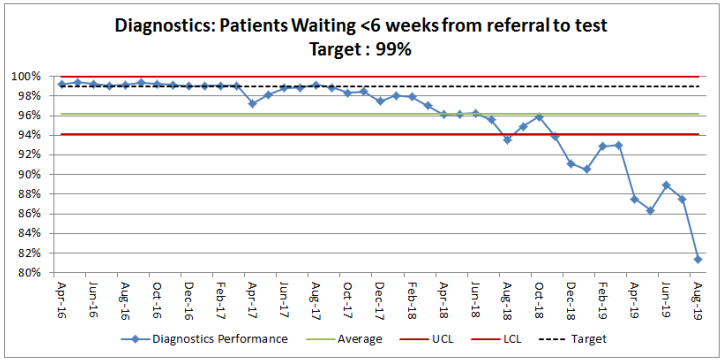
Consequence of under-achievement:

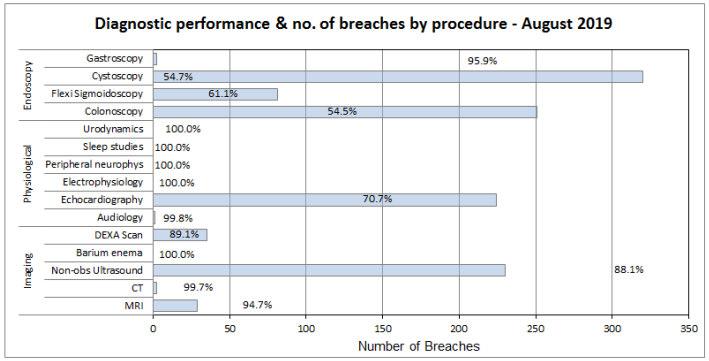
Patient experience, clinical outcomes, timely access to treatment and regulatory action.

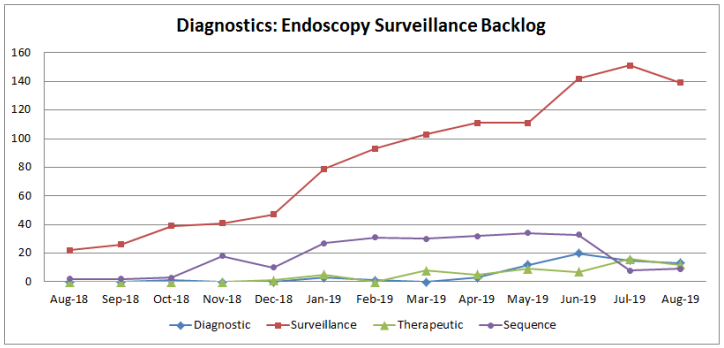
Performance Update:

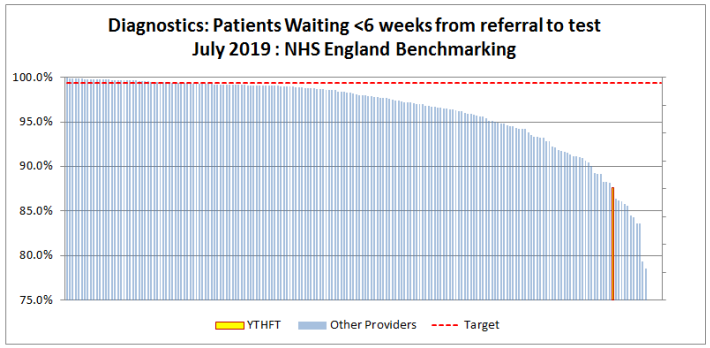
The Trust has seen a decline against the national 6 weeks diagnostic target in August, with performance of 81.7% against the standard of 99%. National performance for August was 96.5%. At a Trust level, pressures remain in endoscopy, Echo CT, Non-Obstetric Ultrasound and MRI. Recovery plans have been created for all modalities not achieving the 99% standard and progress against these is being monitored with Care Groups on a weekly basis

Performance:









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Assurance Framework
Responsive

Commissioning for Quality and Innovation (CQUIN): 2019-20

CQUIN Name & Description	Executive Lead	Operational Lead	Quarter 1 Outcome	Quarter 2 RAG & Risks	Quarter 3 RAG & Risks	Quarter 4 RAG & Risks
CCG1a: Antimicrobial Resistance; Urinary Tract Infections	James Taylor	Rachel Davidson	Achieved	Green Project on track		
CCG1b: Antimicrobial Resistance; Colorectal Surgery	James Taylor	Michael Lim	Achieved	Green Project on track		
CCG2: Uptake of Flu Vaccinations Improving the uptake of flu vaccinations for frontline clinical staff within Providers to 80%.	Polly McMeekin	Karen O'Connell and Sarah Tostevin	N/a Annual plan	Amber Due to performance in 2018/19		
CCG7: Three high impact actions to prevent Hospital Falls	Helen Hey	Rebecca Hoskins	Achieved	Green Project on track		
CCG9: Six Month Reviews for Stroke Survivors	Wendy Scott	Gemma Ellison	Achieved	Green Project on track		
CCG11: Same Day Emergency Care; Pulmonary Embolus, Tachycardia with Atrial Fibrillation and Community Acquired Pneumonia	Wendy Scott	David Thomas and Gemma Ellison	Achieved	Green Project on track		
PSS3: Cystic Fibrosis Supporting Self-Management	Wendy Scott	TBC	Achieved	Green Project on track		

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Director of Estates and Facilities 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 the Report

This report summarises the issues discussed at the resources committee and asks for Board approval in some areas

Executive Summary – Key Points

There are 2 policies coming to the board for final approval:

- Fire Safety
- Health and Safety.

This month the Resources Committee considered reports on:

- The estates and facilities corporate risks – noting the proposed de-escalation of the risk associated with the fire alarm at York.
- Terms of reference for the Executive Performance Assurance Meeting (EPAM) between the Trust and YTHFM - these require final endorsement by the Board.
- Health and Safety, monthly and annual reports.
- Annual Fire Safety Statement – this requires Board acknowledgement.
- YTHFM compliance – this included assurance on cleaning in high risk areas.
- Sustainable development.

Recommendations

The Board is asked to give final approval to the H&S and Fire safety policies.

The Board is asked to adopt the Terms of reference for the EPAM.

The Board is asked to acknowledge the Annual Statement on Fire Safety.

Author and Director Sponsor: Brian Golding, Director of Estates & Facilities

Date: September 2019

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Trust Health and Safety & Fire Safety Policies

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

These two polices are for attention of the Board of Directors, these policies have been reviewed and received approval by the Fire Safety Group (Fire Policy), Health and Safety Committee (Health and Safety) and Health Safety and Non-Clinical Risk Group for both policies. The policies now require final approval by the Trust Board of Directors.

The policies were reviewed earlier in the year by the sub groups but did not receive final approval by the Trust Board; these policies have been reviewed August 2019 with no amendments made, the polices will be reissued depending on final approval by the Board of Directors and forwarded to the sub groups for their attention.

Executive Summary – Key Points

The policies are to provide assurance to the Trust Board that the Trust has in place a system of management of fire and health and safety across the organisation. The policies outline the responsibilities and arrangements in place for this.

Recommendation

It is recommended the Trust Board give final approval to these policies.

Author: Colin Weatherill, Head of Safety and Security

Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: September 2019

York Teaching Hospital NHS
NHS Foundation Trust

Health and Safety Policy

Author:	Kingsley Needham, Health and Safety Manager Colin Weatherill, Head of Safety and Security
Owner:	Brian Golding, Director of Estates and Facilities
Publisher:	Estates & Facilities Directorate
Date of first issue:	December 2012
Version:	1.8
Date of version issue:	05 August 2019
Approved by:	H&S/NCRG/Resources Committee & Board of Directors
Date approved:	April 2019
Review date:	April 2020
Target audience:	Trust Wide
Relevant Regulations and Standards	Health and Safety at Work etc, Act 1974. The Management of Health and Safety at Work Regulations 1999 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Care Quality Commission (Registration) Regulations 2009 (Part 4) – Regulation 18

Executive Summary

This policy sets out Health and Safety Policy for York Teaching Hospital NHS Foundation Trust.

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
York 4	October 2006			• Sections 4 and 9 added and section 8 expanded • Employees responsibilities – link to disciplinary policy and procedure added
5	October 2007			• Change of Owner/Lead Director from Director of Nursing/Chief Operating Officer to Director of Human Resources and Legal Services. • Section 5.5 - Responsibilities included for Safety Representatives. Arrangements Section: • Non Ionising section added • Slips and Trips section added
5.1	January 2008			"Who is Who" section: • Details of Radiation Protection Supervisor removed, and replaced by Radiation Protection Advisor • Patient Safety Manager / Health & Safety Lead post replaced by Trust Risk Manager post • Risk & Safety Advisor post replaced by Health & Safety Manager post Arrangements section:

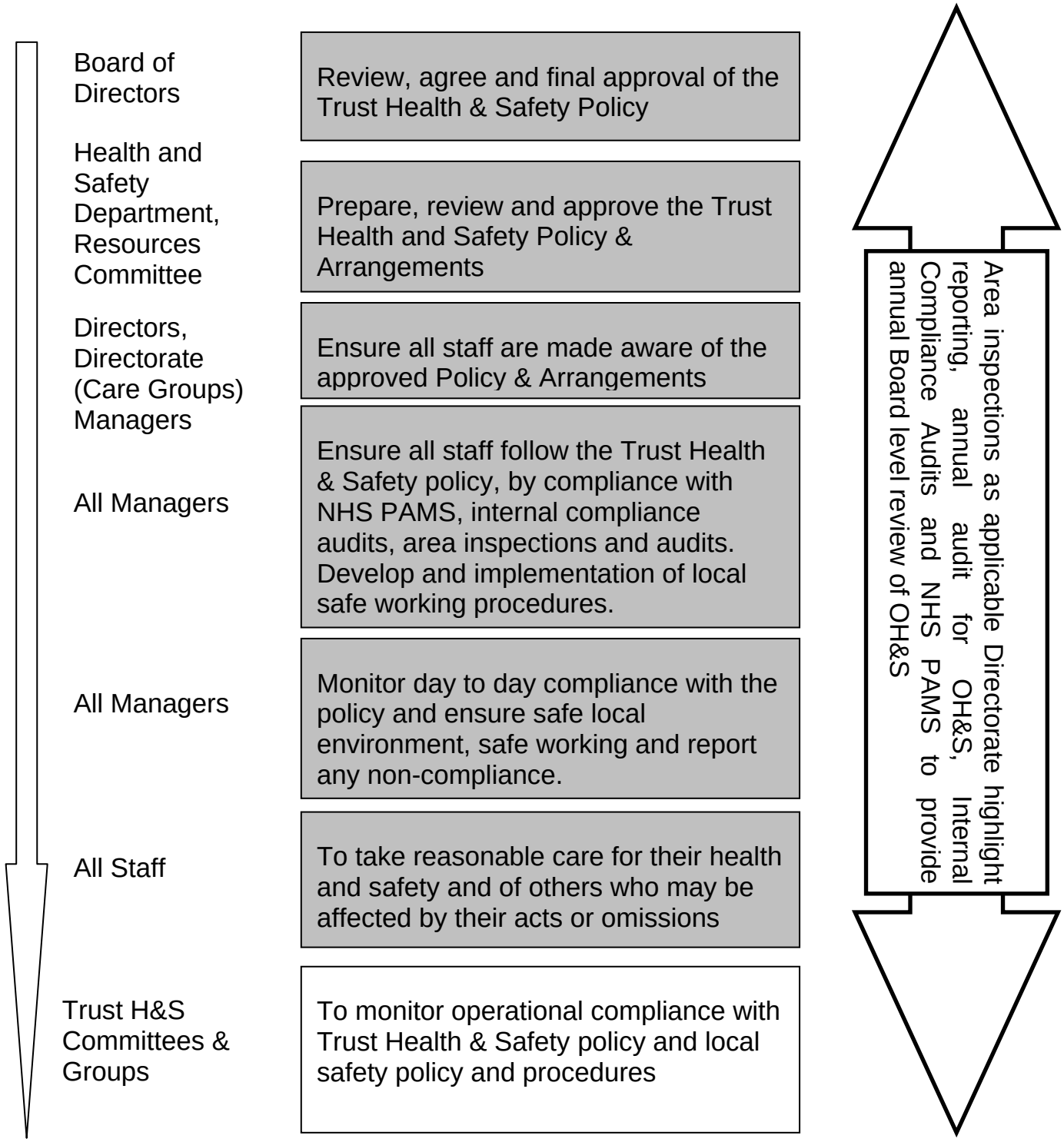
				• Inclusion of Non-Ionising Radiation (s29) in table of contents
6	June 2009	Carol Adams		Policy re-written to current trust template. Complete re- structure of policy to ensure current legal compliance and trust procedures
7	June 2010	Carol Adams		Policy updated to reflect current Health and Safety Management system Policy re-written to current trust template
8	May 2011	Elaine Miller	Horizon	Policy updated to reflect Trust Governance structure
Scarborough **4.05**	June 2011	Colin Weatherill	SNEY Website	Policy Reference HSS01 Policy updated as part of standard review
Re-issue details 1	December 2012	K Needham / Colin Weatherill	Approved Staffroom	Full policy review, new Trust policy for integrated organisation OH&S arrangements across the enlarged organisation Review of 1st Draft against legislative OH&S policy good practice requirements. Amend 3.5 safety management standard now reads system. 10.2 Standards and KPI's replaced annually by risk based Trust management objectives for the Trust.

				Review of policy to reflect the needs of the wider Trust and to ensure the document complies with the policy template
1.2	December 2014	K Needham / Colin Weatherill	Approved Staffroom	Annual review
1.3	March 2016	K Needham / Colin Weatherill	Approved Staffroom	Annual review & update of policy to reflect changed H&S committee structure.
1.4	March 2017	K Needham / C Weatherill	Approved Staffroom	Annual review, legislative reference, reduction of wording & update of policy to reflect changed H&S committee and management structure.
1.5	February 2018	K Needham / C Weatherill	Approved Staffroom	Annual review & update of policy. Replace risk management strategy with framework. Include associated regulations on policy statement and make clear the underpinning of policy by specific and topic procedures, plans and SSOW's (Section 5).
1.6	March 2019	K Needham / C Weatherill	Approved Staffroom	Annual review & update of policy. Addition of compliance with NHS PAMS and internal compliance audits in managers responsibilities. Update with new committee structures Resource Committee, include Care Group Managers at Directorate Manager level. Include reference to York Teaching Hospital Facilities Management Limited Liability

				Partnership Health and Safety Policy in associated Trust documentation.
1.8	August 2019	C Weatherill	Staffroom	Change policy statement to reflect appointment of new CEO.

Contents

Process flowchart



1 Introduction & Scope

The York Teaching Hospital NHS Foundation Trust ("the Trust") recognises its duty to ensure 'so far as is reasonably practicable', the safety of patients, employees and others arising from Trust work activity. The Trust is committed to achieving and maintaining high standards of Health, Safety and Welfare by recognising the importance of clearly defined management responsibility and arrangements.

This policy sets out the minimum standards which all employees of the organisation are to work to, and encompasses the following:

- Chief Executive's Statement;
- Organisation Accountability and Responsibilities;
- Risk Management Framework, Policy & Procedure;
- Health and Safety related policies
- General Arrangements;
- Arrangements for Occupational Health and Safety Monitoring and Review.

The Trust is committed to continuous improvement for Health and Safety by the implementation and maintenance of an effective Health and Safety policy, procedure, systems and processes.

This Policy applies to all the Trust's properties and sites under the control of the Trust and other locations where Trust staff carry out duties. At locations under the control of other employers, Trust staff are expected to comply with any additional safety requirements of the host.

This policy will be communicated to all staff, including permanent, temporary, voluntary workers, agency or locum. The Trust also recognises its statutory obligations in ensuring a safe environment for all employees, patients, contractors, visitors[1] within the Trust.

This policy supersedes all previous versions of Trust Health, Safety and Welfare policies.

[1] Visitors include trespassers

2 Policy Statement

York Teaching Hospital NHS Foundation Trust Board will ensure that all activities carried out on its premises or undertaken by its employees (or their agents) are managed in such a way as to avoid, reduce or adequately control all foreseeable risks to the Health and Safety of any person who may be affected by the Trusts undertakings.

We are committed to providing a safe and healthy environment for employees, patients and others who may be affected by the Trust's work activities, by ensuring all reasonably practicable measures are taken to comply with the Trust's duties set out in the Health and Safety at Work etc Act 1974.

The Trust has in place policies and procedures to ensure a healthy & safe environment by ensuring:

- A safe place in which to work with safe means of access and egress;
- Suitable and sufficient information, instruction, training and supervision to enable all employees to undertake their duties safely;
- The provision of safe plant, equipment and systems of work;
- Arrangements for the safe use, handling, storage and transport of articles, materials and substances;
- Appropriate management procedures and consultative arrangements to monitor and audit compliance with the Trust policies;
- Appropriate arrangements to assess and control the risks associated with work activities;
- Appropriate procurement policies to ensure that only competent contractors and suppliers are engaged by the Trust;
- To consult with all staff groups on matters of Health/Safety matters, in particular the Health Safety and Welfare, and other associated Committees/Groups.

The Trust is committed to adopting Best Practice in Health and Safety Management; the Trust's Board of Directors is committed to meeting its duties set out in the Health and Safety at Work etc Act 1974 and associated regulations.

The York Teaching Hospital NHS Foundation Trust formally approved this Policy Statement 11 April 2019.

Simon Morritt

Chief Executive

York Teaching Hospital NHS Foundation Trust

3 Equality Impact Assessment

The Trust' statement on Equality is available in the Policy for Development and Management of Policies at Section 3.3.4.

A copy of the Equality Impact Assessment for this policy is at Appendix A.

4 Accountability & Responsibilities

Corporate accountabilities are detailed in the **Policy for Development and Management of Policies** at section 5. Operational implementation, delivery and monitoring of the policy reside with:-

4.1 The Board of Directors

The Board of Directors are lead and are responsible for setting the strategic direction, policies and objectives and discharging this through a delegated structure and ensuring the necessary support and resources are made available to allow for implementation of this policy.

4.2 Chief Executive

The Chief Executive is ultimately responsible for the adherence to Health and Safety legislation within the Trust, and is accountable for the establishment and achievement of Health and Safety polices and procedures within the Trust.

In the event of the Chief Executive's absence, a Board nominated Director will take up these responsibilities.

4.3 Executive Directors & Directors

Directors are to have active involvement in the management of health and safety in their areas of control and collective responsibility for health and safety in the organisation.

Directors are responsible for the safety of their staff and the activities in their charge. They are expected to promote a high degree of Health and Safety awareness amongst all their personnel.

4.4 Nominated Director for Health & Safety

The Director of Estates and Facilities is the nominated Director for Health and Safety arrangements within the Trust and is to champion health and safety in the Trust.

The nominated Director is responsible for ensuring effective arrangements, systems and plans are in place for the management of health and safety risks. The nominated Director is to address health and safety and risk management issues at a strategic level as part of the Trust governance requirements.

4.5 Directorate, Heads of Department and Ward Managers Responsibilities

Managers and Heads of Departments are responsible for the impact of the overall health safety and risk on their ward/departments as it may relate to staff, patients or visitors and have the responsibility to ensure this is effectively managed.

4.6 Head of Safety and Security / Health and Safety Manager

The Head of Safety and Security is responsible in setting the strategic direction of the Trust health and safety direction, supporting and advising the Trust on health and safety matters.

The Health and Safety Manager is functional responsibility for health and safety matters in the Trust. Advising on all issues relating to Health and Safety, development of the Trust's Health and Safety policy and practices to include as required other associated policies.

4.7 Designated Directorate (Care Group) Managers

Designated directorate (care group) managers are responsible for implementing the Trust's Health and Safety at Work Policy at Directorate level and for ensuring the Trust's Health and Safety Management System is in place within their area of responsibility.

Supporting the nominated senior managers or nominated Line/Operational Managers who have overall responsibility for their area with regards to Health and Safety.

They must ensure departments under their jurisdiction are safe to work in, and all practicable measures taken to provide for the Health and Safety, by implementing an effective risk assessment programme for their area of responsibility.

Ensure staff in their area of control is consulted about Health and Safety matters, through representation on local Health and Safety committees.

All incidents are reported within the correct timescale and full investigations are carried out as quickly as possible.

Directorate (care group) managers are to attend specific health and safety training provided by the Trust to enable them to fulfil this role.

4.8 Specialist Advice

The Trust has in place specialist advisors and functions to provide for a safe environment, providing support and advice to the Trust and its employees.

Each position and function has defined roles and responsibilities. Further information on these can be gained from the specific individual or function.

4.9 Employee Safety Representatives

The Trust promotes active involvement and encourage Employee Safety Representatives are appointed by Trades Unions to represent their members on Health and Safety issues. Employee Safety Representatives are to be involved in discussions regarding staff health safety and welfare issues.

4.10 Employees

All staff, including work experience, agency, temporary, and volunteers within the Trust are required to accept responsibility for carrying out and adhering to the Health and Safety polices of the Trust.

All employees are to comply with their duties set out in UK health and safety legislation by taking reasonable care for themselves and others who may be affected by their acts or omissions. Employees are accountable to their line managers and assist towards making the Trust a safe and healthy place in which to work.

In all cases, failure to comply with health and safety responsibilities could result in disciplinary action being taken as set out in the Trust's Disciplinary Policy and Procedure.

4.11 Others Persons (Contractors)

Any person who is not directly employed by the Trust but is undertaking work on its premises, for or on the Trust's behalf, must not act in a manner that is prejudicial to the safety of others, whilst conducting their work and observe Trust health and safety policy and procedures.

No contractor is to work on Trust premises unless the correct type of method statement and/or risk assessment has been completed and agreed by the relative manager.

If work to be undertaken is particularly hazardous this must not commence until the appropriate permit to work is obtained from the appropriate relative source/manager.

4.12 Resources Committee.

The resources Committee is a committee of, and is accountable to, the Board of Directors.

The Committee supports the Board in its role of assuring effective health and safety management systems are in place and that its systems support and promote their aims, by monitoring the organisations ability to meet its principal objectives.

The Committee seeks assurance the organisation is identifying and managing the principal risks to achieving its objectives, advising the Board on risk management and governance (clinical and operational) issues which may affect the Trust's business operations.

The Committee consider and report the most significant current issues identified to the Board of Directors.

4.13 Trust Health, Safety and Non Clinical Risk Group (NCRG)

The NCRG is responsible for overseeing health and safety and for identifying the implications of non-clinical risks and confirming their action plans.

The NCRG will provide assurance all significant, emerging non-clinical risks have been identified, and appropriate action plan has been prepared and is being implemented. The NCRG will consider and advise on non-clinical risks and assurance, identify and address both new and changing Health and Safety legislation and develop key performance indicators for Health and Safety as required.

4.14 Trust Health Safety Welfare Committees

The Health, Safety and Welfare Committees of the Trust is to be reflective of the Trust's service provision and business activities. In addition to this, as and when required this committee liaises and works with other committees on related subjects.

The Committee will also be responsible for satisfying the statutory requirement to convene a Health and Safety Committee as laid down under the Safety Representative and Safety Committee Regulations 1977, and the Health and Safety (Consultation with Employees) Regulations 1996, as amended.

4.15 Directorate, Estates & Facilities Governance Groups, Risk & Specialist Health & Safety Groups & Committees

These groups and committees will ensure effective communication between the Trust's Health, Safety and Non-Clinical Risk Group, the Trust's Health & Safety Committees and each Directorate/Department/Risk & Specialist Area. Evaluating recommendations from any reviews, and incorporate the findings into Directorate/Department/Risk & Specialist action plans, or, if appropriate the Directorate or Corporate Risk Register.

4.16 Trust Committees & Groups

All Trust Committees and Groups are to have specific terms of reference, all meetings are to be formally recorded, and minutes retained. The Trust Committee and Group structure can be found on the Trust Intranet.

5 Trust Health and Safety Management Arrangements

The Trust recognises the activities undertaken by employees are varied, carried out in many properties and locations across the organisation. The Trust activities encompass many tasks and work stream all of which carry some element of risk, the Trust will 'so far as is reasonably practicable' ensure systems and procedures for Health and Safety are in place thus affording the highest standards of safety to all those affected by the Trusts activities.

The Trust has in place a Board authorised Risk Management Framework, Health and Safety Strategy, Health and Safety Procedure which sets out a recognised process to manage health and safety and risk in the Trust.

The aim of this Trust Policy is to create and encourage an embedded and pro-active health and safety culture, which involves all employees of the organisation. The implementation of health and safety strategy and policy allows flexibility in its application of operational and departmental specific health and safety management through the risk assessments process and risk action plans.

The Trust Risk Management Framework and Health and Safety Strategy/policy contains the elements of Trust Wide statutory compliance with the general requirements of Health and Safety at Work etc Act 1974 (HSWA74); this policy is supported by specialist and topic specific operational plans, procedures and safe systems of work made under this policy.

The Trust has developed a safety management system, which will ensure, a systematic inspection and audit of the effectiveness of compliance with this policy and associated health and safety policies and procedures is in place. This will be undertaken as part of a Trust wide Health and Safety annual audit and specific departmental operational inspection and audit schedules.

All employees are informed they are to be reasonable in their actions and cooperate with the Trust managers in achievement of the following programmes/action plans.

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

A list of consulted stakeholders are:

- Health and Safety Department;
- Estates and Facilities;
- Healthcare Governance Directorate (Risk);
- Managers;
- Health and Safety Committee(s);
- The Health, Safety and Non-Clinical Risk Group;
- Resource Committee;
- Board of Directors.

6.2 Quality Assurance Process

Following consultation with stakeholders and relevant consultative committees, this policy will be reviewed and published by the Compliance Unit.

6.3 Approval Process

Following completion of the consultation process, this policy, and any subsequent policy revisions will require the approval of the Board of Directors.

7 Review and Revision Arrangements

The date of review is given on the front coversheet.

This policy will be reviewed annually or earlier should there be a legislative any other reason to do so; once reviewed the Board of Directors will consult and ratify this policy.

The review of this policy will be in conjunction with those named in section 6.1 above.

The Compliance Unit will notify the author of the policy of the need for its review six months before the date of expiry.

On reviewing this policy, all stakeholders identified in section 6.1 will be consulted.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee as determined by the Policy for Development and Management of Policies.

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of relevant staff as per the **Policy for Development and Management of Policies**, section 8 and Appendix C - Plan for Dissemination .

Additionally, the policy and procedure will also be directly emailed to all Directors, Directorate Managers, Clinical Directors, Senior Managers and Matrons for them to be advised of and to act accordingly. Staff will be made aware of the new version through Team Brief and via staff room. It will be included in the Health and Safety/Risk Management mandatory training sessions. The Policy should be discussed with all staff at the local induction.

This policy can be made available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

This policy will be implemented throughout the Trust by the Directors, Directorate Managers and Department Managers.

This policy is available on the Trust's Intranet site and the contents are covered in Mandatory Training.

9 Document Control including Archiving

The register and archiving arrangements for policies will be managed by the Compliance Unit. To retrieve a former version of this policy the Compliance Unit should be contacted.

10 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

The monitoring of this policy is achieved through the findings obtained through the implementation of the Annual Health and Safety Audit, inspections and supported by the individual monitoring processes of those relevant polices referred to in this document.

These findings and those of the audit process will be presented in an Annual report to the Trust Health, Safety and non-Clinical Risk Group and summarised to the Trust Board.

10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and to ensure that the minimum requirements are met, the policy will be monitored as follows:

Evidence	Monitoring /Who by	Frequency
Risk Assessments and treatment plans	Divisional managers/Heads of Department	Annually as per Risk Management Policy & Procedure
Incidents DATIX AIRS Relevant Committees/Groups documentation	Divisional managers/Heads of Department Relevant Groups will provide highlight reports to Trust NCRG & Resource Committee	Ongoing Group frequency dependant
Area Inspections	Divisional (care group) Managers/Heads of Department	Monthly (as defined)

OH&S Audit	Health and Safety Manager	Annual
Health and Safety Training reports provided by CLaD	CLaD/Divisional Managers/Heads of Department	Quarterly
Health and Safety Objectives and Plans – papers to Non Clinical Risk Group	Non Clinical Risk Group	Annually

10.2 Standards/Trust H&S Performance Indicators

Will be developed by the Health and Safety Department and will be approved by the Resource Committee. These will cover the 4 key board assurance areas of leading, process, lag and competence indicators.

The key aims are to reduce Health and Safety risks so far as is reasonably practicable and to provide a safe working environment for staff, patients, visitors and others by achieve a positive Health and Safety culture through communication with all stakeholders on all Health and Safety issues.

Achieving excellence in the Management of Health and Safety through compliance with statutory duties and continuous improvement.

Trust H&S Performance Indicators

The Health Safety and Non-Clinical Risk Group will review the incident and accident data pertaining to the Trust OH&S performance and from this review will, as appropriate advise and support the health and safety department in development of any risk based Trust Health and Safety management objectives for approval by the Board.

Approved plans will be developed to achieve the effective delivery of these objectives; performance of these objectives will be monitored by the Resource Committee and reported on annually to the Board of Directors.

11 Training

See section 11 of the **Policy for Development and Management of Policies** for details of the statutory and mandatory training arrangements.

All Designated Directorate Safety Managers and Risk Assessors are expected to undertake specialist health and safety training prior to them commencing their role. Designated Directorate Safety Managers are expected to gain[2] and maintain specific safety related knowledge pertaining to their area of work.

Specialist training is carried out by specialist advisors or identified training providers. Courses include Incident Investigation, DSE Assessment, COSHH Assessment and Risk Assessments.

12 Trust Associated Documentation

YHFT [CORP.RL10] Policy Development Guideline
YHFT (CORP.RL1) Adverse Incident Reporting System, (AIR's) Policy and Procedure
YHFT Risk Management Framework
YHFT Managing Stress in the Workplace
YHFT Slips Trips and Falls Policy (Patients)
YHFT Slips Trips and Falls Policy (Employee & others)
YHFT Serious Incidents Policy
YHFT Manual Handling Policy
YHFT Waste Management Policy
YHFT Health and Safety Strategy
York Teaching Hospital Facilities Management Limited Liability Partnership Health and Safety Policy

Other Health and Safety related Trust policies, plans and procedures - stored on QPulse and available via Staffroom

13 External References

Health and Safety at Work etc. Act 1974
Associated Occupational Health and Safety Regulations
Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

[2] Specific knowledge is to be commensurate to their role and can include training, instruction and sources safety information to maintain a safe environment.

Approved Codes of Practice
NHS Technical Guidance (HTM's, HBN's)
NHS Specific Guidance
Specific OH&S Guidance

14 Appendices

Appendix A **Equality Impact Assessment**

Appendix B **Checklist for Review and Approval**

Appendix C **Dissemination Plan**

Appendix A: Equality Impact Assessment Tool

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy:	**Health and Safety Policy**

1.	**What are the intended outcomes of this work?** The policy sets out the process for the Trust for effective health and safety management across all sites.	
2	**Who will be affected?** All staff, visitors, patients and public etc.	
3	**What evidence have you considered?** Legislative compliance, NHSLA requirements, CQC fundamental standards guidance for providers of Quality and Safety and advice from the Inclusivity Lead.	
a	**Disability -** The policy is inclusive	
b	**Sex -** The policy is inclusive	
c	**Race** - The policy is inclusive	
d	**Age** .- The policy is inclusive	
e	**Gender Reassignment** - The policy is inclusive	
f	**Sexual Orientation -** The policy is inclusive	
g	**Religion or Belief** - The policy is inclusive	
h	**Pregnancy and Maternity -** The policy is inclusive	
i	**Carers** - The policy is inclusive	

j	**Other Identified Groups** -The policy is inclusive	
4.	**Engagement and Involvement** The policy is inclusive	
a.	Was this work subject to consultation?	See below
b.	How have you engaged stakeholders in constructing the policy	See below
c.	If so, how have you engaged stakeholders in constructing the policy	See below
d.	For each engagement activity, please state who was involved, how they were engaged and key outputs Engagement and involvement of the development of the policy has included relevant staff at all sites within the Trust, relevant Executive Directors and the Trust's Inclusivity Lead.	
5.	**Consultation Outcome** The policy conforms to the requirements of the Policy for the Development and Management of Policies, relevant legislation and the requirements of the relevant CQC Outcomes. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups*	
a	Eliminate discrimination, harassment and victimisation	The policy is inclusive
b	Advance Equality of Opportunity	The policy is inclusive
c	Promote Good Relations Between Groups	The policy is inclusive
d	What is the overall impact?	The policy is inclusive
	Name of the Person who carried out this assessment: Kingsley Needham/Colin Weatherill	

	Date Assessment Completed **26 March 2019**
	Name of responsible Director **Brian Golding**

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix B Checklist for the Review and Approval

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1	**Development and Management of Policies**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or procedures?	Yes	
2	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3	**Development Process**		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Has an operational, manpower and financial resource assessment been undertaken?	Yes	
4	**Content**		
	Is the document linked to a strategy?	Yes	
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5	**Evidence Base**		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
5a	**Quality Assurance**		
	Has the standard the policy been written to address the issues identified?	Yes	
	Has QA been completed and approved?	Yes	
6	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the staff side committee (or equivalent) approved the document?	Yes	
7	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8	**Document Control**		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
10	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Brian Golding	Date	26/03/2019
Signature	*Brian Golding*		
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name	Jenny Adams	Date	29/05/2019
Signature	Chair Resource Committee On Behalf of the Board of Directors		

Appendix C Plan for dissemination of policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	**Health and Safety Policy**
Date finalised:	**11 April 2019**
Previous document in use?	**Yes**
Dissemination lead	**Kingsley Needham/Colin Weatherill**
Which Strategy does it relate to?	**Health and Safety Risk Management**
If yes, in what format and where?	**Electronic and Paper via Intranet**
Proposed action to retrieve out of date copies of the document:	**Compliance Unit will hold archive**

Dissemination Grid

To be disseminated to:	**1) All Staff**	**Through Trust safety committees, staff room.**
Method of dissemination	**Posted on Staffroom**	**Electronic.**
who will do it?	**Compliance Unit**	**Health & Safety Manager**
and when?	**After ratification**	**April 2018**
Format (i.e. paper or electronic)	**Electronic**	**Paper copy of statement on H&S notice boards.**

Dissemination Record

Date put on register / library	**April 2019**
Review date	**March 2020**
Disseminated to	**All staff**
Format (i.e. paper or electronic)	**Electronic**
Date Disseminated	**On approval**
No. of Copies Sent	**As above**
Contact Details / Comments	**Policy will also be emailed to staff as per section 9.1 by Kingsley Needham/Colin Weatherill**

York Teaching Hospital NHS
NHS Foundation Trust

Fire Safety Management Policy

Author(s):	Mick Lee & Kevin Hudson Fire Advisors YTHFT
Owner:	Trust C.E.O.
Publisher:	Trust Fire Safety Manager
Version:	3.1
Date of version issue:	August 2019
Approved by:	Corporate Directors
Date approved:	September 2019
Review date:	January 2021
Target audience:	All Trust Employees
Regulations/Standards and Guidance	The Regulatory Reform (Fire Safety) Order 2005 NHS Fire code HTM 05 (01-03)
Links to Organisational/Service Objectives, business plans or strategies	CQC Essential Standards of Quality and Safety – Outcomes 10 and 11
Executive Summary This policy sets out the Trust approach to Fire Safety Management	

This is a controlled document. Whilst this document may be printed, the electronic version is maintained on the Q-Pulse system under version and configuration control. Please consider the resource and environmental implications before printing this document.

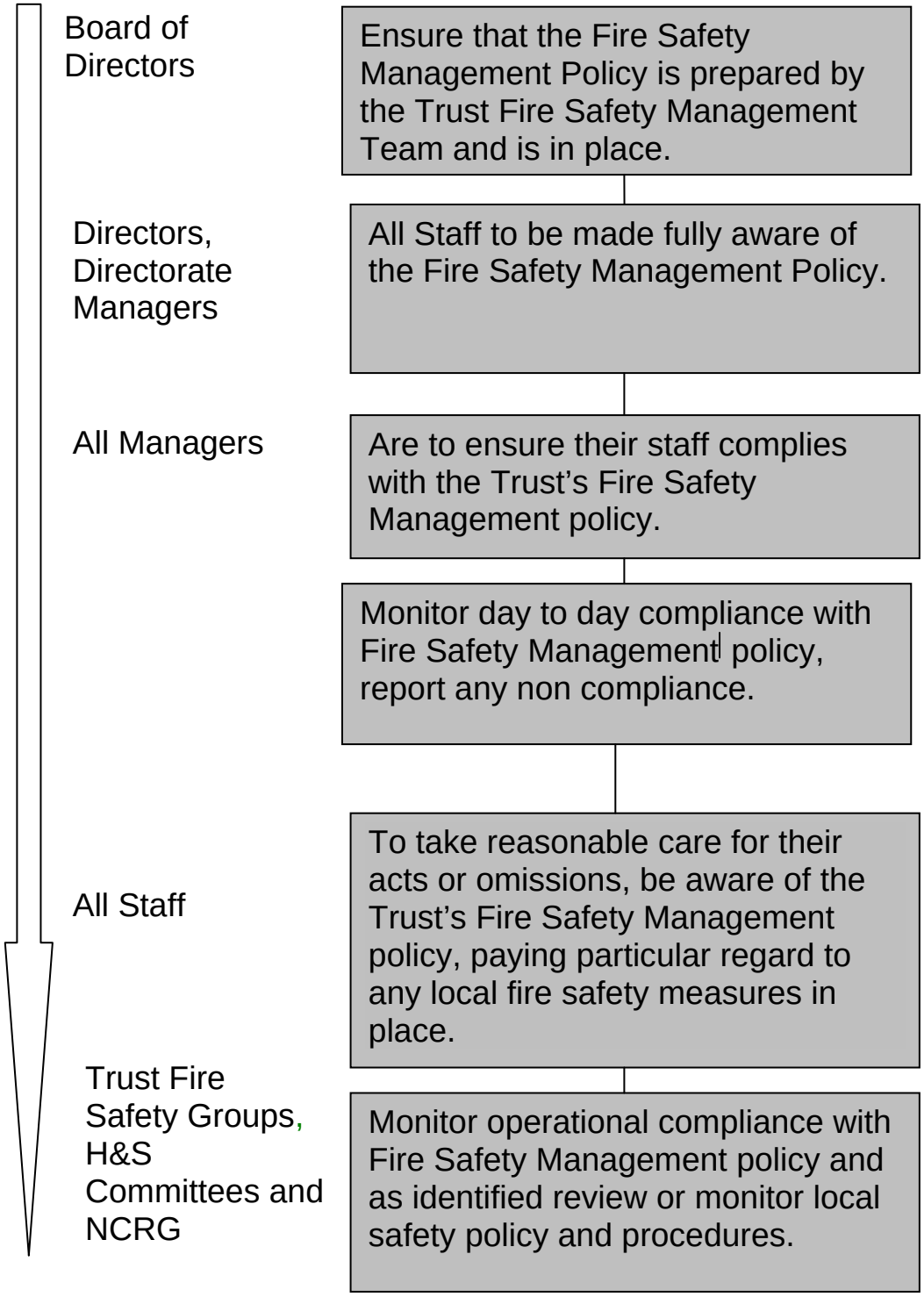
Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
1.0	October 12	M Lee & K Hudson	Policy Archive	Consultation of New Policy for enlarged organisation
1.1	November 2012	M Lee & K Hudson	Policy Archive	Consultation and amend arrangements and content
1.2	December 2012	M Lee & K Hudson	Policy Archive	Consultation and final amend to arrangements and format
1.3/1.4/1.5	February 2013	M Lee & K Hudson	Policy Archive	Addition to 3.3 Non Executive responsibilities for fire management. Amend final draft into trust format for group / committee promulgation and approval
2.0	January 2017	M Lee & K Hudson	Policy Archive	Annual review January 2017 Appendix 2 Fire Incident Co-ordinator
3.0	January 2019	M. Lee & K. Hudson	Policy Archive	Removal of Whitby site arrangements
3.1	August 2019	M. Lee & K. Hudson (C Weatherill)	Staff Room	Review for final approval by Trust Board

Contents

Process flowchart



The audit for OH&S (Inc Fire) is to be provided for annual Board level review.

1 Policy Statement and Commitment – Fire Safety

The York Teaching Hospital NHS Foundation Trust (Trust) will ensure so far as is reasonably practicable, that the risk from fire will be managed in compliance with the Regulatory Reform (Fire Safety) Order 2005, FIRECODE and other appropriate legislative requirements and guidelines.

The management of any identified fire risks will be undertaken in such a way as to prevent injury or ill-health to Trust employees, patients, visitors, contractors or others who may be affected by its activities.

The Chairman, Chief Executive and Board of Directors are fully committed to providing a safe environment for patients, service users, employees and visitors. This is achieved through a framework of policies and procedures ensuring that all Trust premises meet the statutory and mandatory fire safety standards.

The Trust recognises that their employees are paramount to the effective management of fire safety and will therefore ensure that they are given the appropriate information, instruction, training and supervision to enable them to undertake their roles & responsibilities. It is also recognised that employees and contractors have a responsibility to ensure the safety of themselves and others who may be affected by their acts or omissions.

The Trust will ensure that all of its employees and contractors are made aware of this requirement; in particular to comply with all current fire safety legislation and procedures.

When commissioning or leasing new buildings, the Trust will ensure that they comply fully with current fire safety legislation.

The Trust has in place, systems which ensure that any policy is regularly reviewed; in this case a biennial review as a minimum or when required to do so by any change in legislation, or if there should there be any other reason to do so.

2 Introduction & Scope

The Regulatory Reform (Fire Safety) Order 2005 – (RRO) sets out in detail the roles and responsibilities for those charged with fire safety management in any organisation. The order is enforced by the local fire authority and failure to comply with any aspect of the order can result in significant fines, enforcement action or even custodial sentences.

This policy outlines the framework of measures in place to ensure effective fire safety management; including roles, responsibilities and arrangements. The policy is applicable to all York Teaching Hospital NHS Foundation Trust properties. Where there are other premises leased or occupied by the Trust, then Trust employees must be familiar with both the Trust's & Landlords respective policies.

The purpose of this policy is to ensure there are effective systems for the management of fire safety in place across all York Teaching Hospital NHS Foundation Trust premises. The policy applies to all persons connected to or employed by the trust, including; agency staff, patients, contractors, regular visitor's, voluntary workers and any other relevant persons using Trust premises to operate a business.

3 Definitions / Terms used in policy

None – Explained within the document

4 Fire Safety Policy Arrangements

4.1 Trust Wide Fire Safety

The Trust recognises that the activities undertaken by its employees are varied and are undertaken throughout many premises and locations across the organisation. As far as is reasonably practicable systems and procedures for fire safety should afford the highest standards of safety to people, Trust property and assets.

The task of preventing fire and for ensuring that no one is put at risk is a shared and collective responsibility placed on all Trust employees. The Trust recognises that it has a statutory duty in regards to fire safety, in order to best meet that responsibility it has a series of organisational and directorate specific procedures in place.

4.2 Fire Safety Arrangements

This policy is supported by local procedural fire safety documentation, as appropriate. Elements which may be included in these arrangements are indicated in the table below. Whilst it will be necessary for all staff members to be aware of key elements within this section, namely actions in the event of fire, means of escape etc, those personnel allocated specific roles and responsibilities within the Trust will need a greater knowledge of specific arrangements such as conducting the risk assessments, reviews & training etc.

Action in the event of fire	Fire safety & electrical equipment
Catering fire safety management	Fire safety furnishings & fabrics
Contingency planning	Fire safety inspections reviews & audits
Emergency lighting	Fire service liaison
Evacuation exercises	Emergency planning
Fixed fire-fighting equipment	Flammable liquids transportation, storage & use
Management of contractors	Fire alarms & detection
Means of escape	Fire investigation & reporting
PEEPs	Fire plans
Extinguishers	Fire risk assessments
Security against arson	Training

4.3 Premises with more than one employer

Where the Trust has shared occupancy of a premise with another employer, each employer is to be made responsible for managing fire safety within their own designated areas. There must be a formal arrangement put in place to share information about any identified risks or emergency procedures. Each employer must cooperate fully with the other to ensure fire safety within the premises is not compromised.

5. Impact upon Individuals with Protected Characteristics

The author recognises that due regard has to be given to the more vulnerable occupancy of the Trust premises, patients and staff members, who may have a disability or a lack of capacity.
This policy has strived to give due regard in order to ensure that legislative compliance and CQC essential standards of quality and safety are met.

Engagement and involvement in the development of the policy has included relevant staff groups from across all sites including

executive/non-executive board members. The Trust has both a moral and legal commitment to provide a safe working environment for its employees and all those who have a reason to occupy/visit Trust premises.

5.1 Personal Emergency Evacuation Plans (PEEPs)

It is recognised that to facilitate the safe and efficient evacuation of any area, there may need to be a specific individual evacuation plan in place, for those who may have issues that would prevent them from exiting a building in an emergency situation. These plans, (PEEPs), can be organised and agreed through the individual's line management. Advice can be sought from any member of the Trust's fire safety management team.

6 Accountability

Operational implementation, delivery and monitoring of the policy will reside with:-

6.1 Chief Executive

The Chief Executive is required to clearly define fire safety policies for all premises under their control. They are responsible for ensuring compliance with all current fire safety legislation and have ensured appropriate policies and procedures are in place, to maintain and improve fire precautions throughout all Trust properties. They shall ensure that any policies are reviewed in the light of any changes in working practice and or statutory legislation or for any identified significant risks that have not been addressed and ensure that adequate resources be made available to implement the policy and carry out any remedial action or amendments to this policy.

6.2 Directors of the Board

The Trust Board as a corporate body; share the ultimate responsibility for the general activities of the Trust and should act as role models for best practice. They are to ensure that all current fire safety legislation is being met and complied with.

6.3 Non-Executive Directors

It is the role of all Non Executive Directors (NED's) to hold the executive board to account and where appropriate challenge the Board on matters of fire safety.

6.4 Board level Director (Responsible for Fire)

The Director for Estates and Facilities has been identified as the individual with a responsibility for raising Fire Safety issues at the

board level. As far as is reasonably practicable' he should ensure that the highest fire safety standards are being maintained across all Trust premises. He is to ensure that suitably qualified and experienced fire safety managers and advisors are in place and supported in their respective roles.

He will ensure that the appropriate policies, procedures and audit protocols are in place and being reviewed. He will be required to present an annual fire safety report to the Board, ensuring where applicable, that any certificates of compliance are completed and signed off.

6.5 Fire Safety Manager

The Fire Safety Manager is to be an individual of sufficient seniority within the Trust who will report to the board level director and the head of safety and security. As the senior member of the fire safety management team they will act as chair of the Trusts fire safety group (FSG). Whilst this role may not be the individual's primary task within the Trust they are responsible for the management and co-ordination of activities in regards to fire safety across the Trust.

The Fire Safety Manager should have a nominated deputy to assume the duties, during any short period of absence; this will normally be a member of the fire safety team (as appropriate).

They are to ensure that an appropriate system for carrying out Trust wide fire risk assessments and for the auditing of their effectiveness is in place.

6.6 Fire Safety Advisor

Providing specialist advice on the interpretation of fire safety legislation and guidance to the Trust, including technical support in the interpretation of statutory and mandatory fire safety requirements by:

- Developing and advising on Trust fire safety policy & strategy;
- Ensuring that suitable and sufficient fire risk assessments are in place for all premises/departments.
- Assisting in the development of and as required the delivery of a suitable and sufficient training programme;
- Liaising with local authority fire and rescue enforcement personnel regarding fire safety issues within the Trust;
- Liaison with, and advice to directorate and senior management personnel specifically their individual responsibilities in regards to fire safety issues within their respective areas;

- Act as the nominated deputy to the fire safety manager;
- Where required develop a suitable & sufficient Trust wide action plan which will prioritise any actions in respect of improving the overall standard/compliance of fire safety related issues;
- To ensure accurate records of all fire safety related issues are maintained by the Trust.
- Carry out where appropriate any investigation into the cause of fire within the Trust, and to report findings and recommendations to the relevant authorities;
- Produce an annual report on behalf of the Director for fire safety, for submission to the Board, which details the current levels of compliance/non compliance in respect of fire safety issues throughout the Trust;
- To keep up to date their knowledge and skills in regards to fire safety management.

6.7 Directorate Managers (DM)

Directorate managers and the senior nursing staff are to ensure that this policy and any associated procedures are implemented and adhered to. They are to ensure:

- That every member of staff in their directorate attends statutory fire training; DM should act as a role model for best practice in this regard;
- That fire risk assessments are in place for their respective areas.
- That any findings/recommendations are being addressed and measures for controlling any risk from fire are being maintained;
- That their areas of responsibility have a suitable and effective evacuation plan in place and that staff are being made fully aware of their actions and responsibilities in relation to them;
- They report any faults damages or defects;
- Where it is deemed appropriate have nominated individual(s) who can fulfil the role of a fire warden.
- That fire safety standards or provisions within their areas of responsibility are never compromised;
- Ensure that they and their staff, are adequately trained in fire safety procedures and are familiar with the contents of this policy.

6.8 Fire Wardens

Where applicable are to monitor their areas of responsibility and report to their line managers/supervisors etc, any problems such as wedged open fire doors, missing extinguishers etc, or any other fire related issues.

6.9 Employee Responsibilities

All employees share a collective responsibility and "Duty of care" not just for themselves but for others with respect to fire safety.

All employees are required to comply with the arrangements made to control risks from any identified fire hazards. In addition they are to:

- Attend any mandated statutory fire safety training;
- Be familiar with the relevant contents of this policy and the day to day observation of general fire safety precautions;
- Ensure their actions do not compromise any fire safety provisions provided in their place of work;
- Promote and be pro-active in the implementation of good fire safety practices;
- Be aware of their individual roles and responsibilities in an emergency situation and to follow any instructions given to them by their Line Manager, Fire Warden or any other person in authority;
- Report any deficiencies in fire safety provisions or bad practice to their line manager or directly to the Trust's fire safety advisor(s) where appropriate;
- Maintain good housekeeping standards in relation to the accumulation of rubbish particularly in and around designated escape/evacuation routes and exits.

6.10 Hospital Response Teams

The teams are under the direct control of the nominated person for fire prior to arrival of the fire service at which point the fire service will take the lead.

The response team may consist of one or more of the following Trust personnel:
Site Co-ordinator / Bed Managers
Fire Safety Manager or Advisor
Specialist Managers
YTHFM LLP Portering Staff
YTHFM LLP Engineers (Normally 2)
YTHFM LLP Security
Local Managers
Nominated staff

The team will liaise with the responsible person at the incident and offer assistance if evacuation is required and for specialist advice when requested.

Specific information regarding the support teams can be found in Annexes 1 – 4 which is attached to this policy document

6.11 YTHFMLLP / Capital Projects

YTHFMLLP (including capital projects) will where appropriate, consult the Trust Fire Safety Advisor(s) and or Manager on matters concerning the design of any new building, the redevelopment or the redesign of any existing building or area in relation to passive and active fire safety. This may include installed fire alarm systems, automatic fire detection, fire-fighting equipment and emergency lighting. This consultation should ensure compliance with all relevant legislation.

6.12 Fire Safety Group (Formerly Fire Safety Committee)

The Fire Safety Group (FSG) shall be responsible for the review of all trust wide & regional fire safety related issues. The committee(s) will meet at quarterly intervals as a minimum throughout the year. Standard agenda items for discussion will include:

Fire Incidents
Unwanted Fire Signals
Enforcement Action (Where applicable)
Staff Training
DATIX (relating to fire safety)

The FSG will provide terms of reference for its members, minutes and where appropriate raise any specific issues with the appropriate Trust H&S management groups.

Reports and minutes of these meetings are to be maintained as evidence that the trust is managing fire safety in line with the Trust policy and fully reflects the requirements of the Regulatory Reform (Fire Safety) Order, FIRECODE and other associated guidance.

6.13 Trade Union & Employee Representatives

On occasion make representation to the employer on behalf of members or staff groups in relation to any health, safety or welfare issues and as deemed appropriate represent members in consultation with any enforcing authority such as Local Fire & Rescue Services.

Appendix 1: Hospital Support Team

The response team will attend all site based fire alarm activations. The team is to be made up of the following personnel:
Duty Bed/Locality Manager (Fire Incident Co-ordinator)
YTHFMLLP Personnel to include the following:
Shift Engineers
Portering Staff
Security Personnel
Fire Safety Advisor (if available)

The individual members of the team will react to all hospital based fire alarm activations. They will be contacted via pager from switchboard with the location of the incident.

The team is to liaise with the fire warden or senior person present and thereafter will take control of the incident until the arrival of the Local Authority Fire & Rescue Services (LAFRS).

NB: The team may be augmented by delegated staff members from adjacent areas to the incident

Under no circumstances should members of the support team attempt to enter any incident area where they suspect a fire or other such emergency before the arrival of the fire and rescue services.

Roles & Responsibilities:

Bed Manager/Locality Manager (where applicable/available)

Fire Incident Coordinator
Are to make contact with any fire wardens or senior person present at the incident and assess the situation. They are to don the appropriate tabbard and assume control of the incident until relieved by the Trust Fire Safety Advisor or a member of the fire & rescue services upon their arrival. In addition they are to:

1. Establish a communications link through a member of the security or portering staff in attendance
2. Offer specialist advice and assistance to the fire & rescue services
3. Coordinate any specific evacuation tasks
4. Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the fire service
5. Assist in any authorised investigation (post incident)

6. Complete a fire incident report (York Site Only) and submit a DATIX(all sites).

*NB: the fire incident coordinator will form part of the Bronze command structure in the event that a fire related incident is designated as a **MAJAX event.***

The Bed Manager will generally not be required to attend incidents at the following locations: Park House, Multi Storey Car Park(MSCP) or the YTHFMLLP Building

Portering Staff

Following any fire alarm activation and/or pager/radio notification they are to:

1. One porter to report to Staff Assembly Point on Main street to gain access to fire box and collect the red grab bag, don tabbard and proceed directly to the incident and report to the FIC(York site only)
2. A porter (if available) is to proceed to the designated access point dependant on the incident location to meet and escort the fire service personnel to the incident.

If they are aware of the location being unoccupied or otherwise secured they are to inform security personnel.

Portering and security personnel are to act in tandem as a communication link for the support team throughout the duration of the incident.

NB: Portering staff will not generally be required to attend incidents at the following locations: Park House, YTHFMLLP Building or the MSCP.

YTHFMLLP Engineers x 2

Where they can be provided, two duty shift engineers are to respond to **ALL** fire alarm activations, and are to proceed direct to the incident location. They must make themselves known to the Fire Incident Coordinator (FIC) upon arrival. They are to be responsible for the following:

- Natural Gas Services
- Steam services
- Water Services
- High & Low Voltage Electrical Services
- Designated Alarm circuits

Whilst they must not isolate any medical gas systems they can offer relevant advice to the bed manager (FIC), or other clinical staff. Clinical staff are responsible for the isolation of medical gases, based on the clinical needs of their patients.

It will be the responsibility of the engineers to silence/re-set the fire alarm when authorisation has been given by the fire advisor or the attending fire service officer in charge. They are to record all fire alarm activations in the appropriate logbook and retain a record for future scrutiny, or any post incident investigation.

Security Staff

Nominated members of the security team are to attend **ALL** fire alarm activations and are to proceed to the incident and report directly to the (FIC). In addition they are to carry out the following actions:

- Switch radios to the appropriate channel and in conjunction with members of the portering team act as a communications link for the duration of the incident.
- Control access in and around the incident area, under no circumstances are they to enter or allow others entry into any area where a fire is suspected, prior to the arrival of the Trust Fire Advisor or a member of the fire service.
- If arson is suspected they are to ensure the preservation of evidence in the event it is deemed a crime scene.
- Liaise with car parking personnel or other security based colleagues to control the movement of vehicle traffic around the hospital entrance points, thereby allowing free access to fire services vehicles.

Appendix 2 : New Selby War Memorial Hospital

In the event of **CONTINUOUS** fire alarm activation the following actions are to be carried out:

- A member of staff from each dept within the hospital to proceed to main fire panel and report to the Fire Incident Co-ordinator (FIC)
- With the exception of the ward area an immediate evacuation should commence upon hearing a continuous alarm tone.

Ward Area

The **Duty Nurse** is to ensure:

- All nursing staff report to the nurse station
- Mimic/Repeater panel identifies incident location
- A sweep of the ward is carried out
- All fire doors remain closed
- A patient headcount is carried out
- FIC is informed of all actions/findings
- Patients are to be readied for possible evacuation
- Visitors & non-essential staff are directed to proceed to designated assembly point area
- Mobility impaired patients are prepared using all available evacuation aids/equipment
- Ambulant patients are assembled in a designated area to await further instructions.
- Staff are not to re-enter any part of the building once it has been fully evacuated with the following exceptions:
    1. They are a member of the evacuation team
    2. They have a specific duty authorised by the FIC
    3. Or they have been given clearance by a member of the Fire & Rescue Service unit in attendance.

Roles & Responsibilities:

Fire Incident Coordinator (FIC)

The FIC during the period 0800-1700hrs will be the senior nurse, administrator or manager from the outpatient dept (OPD). They are to attend all on site fire alarm activations. Post 1700hrs the FIC role will be covered by the senior nurse in charge of the in-patient unit. The role of the FIC is to take control of the incident until relieved by a member of the LAFRS. They should be clearly identified by the wearing of a **Green Tabbard.**

The FIC can:

- Offer specialist advice and assistance to the LAFRS
- Coordinate any specific evacuation tasks
- Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the LAFRS
- Assist in any authorised investigation (post incident)
- Complete a fire incident report where applicable and submit DATIX
- Authorise the re-setting of the fire alarm on clearance to do so being given by the attending LAFRS officer in charge (OIC)

Fire Warden(FW)

Nominated and suitably trained individuals who following any fire alarm activation are to/should:

(On hearing the intermittent alarm):

Proceed to the main fire alarm panel (Ambulance Lobby) and report to the FIC.

(Continuous Alarm)

Ensure a sweep of their respective areas is carried out (Non Clinical areas).

Ensure that where applicable any staff and or visitor logs are taken to the assembly point.

Ensure (if safe to do so) that everybody has left the building.

Ensure that all doors and windows are closed/secured (If safe to do so).

Only attempt to tackle a fire, if it is safe and will not compromise theirs or anyone else's safety.

Brief the FIC upon his/her arrival.

They will be identified at any incident by the wearing of an **Orange Tabbard**.

Fire Alarm Panel locations

There are 2 main fire alarm panels and 4 repeater/mimic panels their locations are as follows:

- Main Panel Ambulance entrance lobby (Full information & control)
- Repeater Panel Ground floor Reception
- Repeater Panel 1st Floor corridor
- Repeater Panel 2nd Floor Nurses Station (Full information & control)
- Main Panel Selby District Council (SDC) Main entrance
- Repeater Panel SDC ground floor reception

The hospital fire alarm is tested on a weekly basis (Tuesday at 10.00). An additional test is carried out in the adjacent Selby District Council (SDC) premises on the same day at 10.15.

NB: Unless informed to the contrary treat all continuous alarm activations as the real thing.

Evacuation Lift X 2

There are 2 designated evacuation lifts available. They are controlled by key points on each respective floor level and only the FIC, duty nurse, or a member of the fire services will have access to the key.

If the fire alarm is activated the lifts are designed to:

- :Descend to the ground floor & remain there
- Descend or ascend to the floor above or below the fire incident area

In all of the above the lift doors will open.

Appendix 3: Malton Hospital

The Fire Alarm is configured in such a way that warning is given by the activation of a continuous alarm tone, this may be in the form of a siren or bell.

Any continuous alarm must be assumed as an immediate threat in that particular area/zone and personnel should react accordingly.

Action to be taken upon hearing the Continuous Alarm
One member of staff from each area which is in alarm must don the **Fire Warden Tabard** and proceed to the main fire alarm panel located in the **Fitzwilliam Ward/Ambulance** entrance and report to, the Fire Incident Co-ordinator (F.I.C.).

In all areas **with the exception of the In Patient ward(s)** personnel are to evacuate immediately to a designated assembly point, using all available and identified evacuation/escape routes. **Close all doors and windows** as you leave (If safe to do so). When at the assembly point personnel should await further instruction. **Under no account** are personnel to re-enter any evacuated area without the express permission of the FIC or a member of the fire and rescue service unit in attendance.

Ward Area
Are located on the ground floor level and made up of 1 hour fire compartments with further 30min sub-compartments. A sweep of the ward is to be carried out, all fire doors & windows must remain closed. Where patients are dependant on support for their evacuation, staff should prepare them as follows:

1. A patient headcount is carried out
2. Patients are to be readied for any possible evacuation
3. Visitors & non essential staff are directed to proceed to the designated assembly point area
4. Mobility impaired patients are prepared using all available evacuation aids/equipment Such as wheelchairs etc
5. Ambulant patients are assembled in a designated area to await further instructions.
6. Carry out any instructions from the FIC or from any member of the attending fire service crew

Continuous Alarm

The duty nurse is to ensure all staff report to the ward staff base and are to carry out the following actions:

- Check the wards fire panel to confirm the location of the fire alarm activation
- Conduct a full sweep of the area to confirm or otherwise the fire or smoke which may have activated the alarm
- Confirm the fire or false alarm where applicable
- Move patients to a pre-determined area if a fire incident is declared/confirmed
- Ensure all doors and windows are closed where this is deemed safe to do so (Includes bedroom doors)
- Report to and fully brief the FIC upon their arrival.
- If required to do so as a result of a fire or any large volume of smoke move all personnel (patients, staff, visitors) etc into the nearest adjacent compartment passing through a minimum of two (2) sets of fire rated doors

NB: If the ward is to be fully evacuated the holding point is to be the ground floor outpatient area, personnel to remain there until transport is available to move patients off site.

Roles & Responsibilities:

Fire Incident Coordinator (FIC)

The FIC will be a senior nurse, administrator or manager. They will attend all on site fire alarm activations and take control of the incident until relieved by a member of the Fire & Rescue Service. They will be identified at the incident by the wearing of a **Red Tabbard**.

The FIC can:

- Offer specialist advice and assistance to the fire & rescue services
- Coordinate any specific evacuation tasks
- Authorise the re-occupation of any incident area upon being given clearance to do so by a member of the fire service
- Assist in any authorised investigation (post incident)
- Complete a fire incident report and forward on to the Trust Fire Safety Advisor
- Authorise the re-setting of the fire alarm on clearance to do so being given by the attending fire service officer in charge

NB Managers, Ward Managers, Senior nursing staff should be sufficiently familiar with the hospital evacuation plan & offer advice in relation to Layout, Evacuation routes etc.

Appendix 4: Scarborough/Bridlington Arrangements

Fire Work Instruction Number: F09 (Revision V 1.0 - 02/13)

Title:	Instruction for duties undertaken by the site coordinators (and deputies), on activation of fire alarm Bridlington Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives:	Instructions to follow for site coordinator and nominated persons in managing any potential or actual fire situation at Bridlington Hospital.
Scope:	**Site Coordinators and Nominated Persons** also the Hospital fire team & relevant management.
Specific To:	Site Coordinators and nominated persons.
Training Required:	Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. The site coordinator and nominated person, upon being made aware of fire alarm activation will make their way to the porters lodge (location of main fire panel); locate the fire alarm activation from the fire panel.

2. The site coordinator and nominated person will ensure a fire team member[1] is sent to the area where the fire alarm activation is; to ascertain the fire status (actual fire or false alarm) and inform the fire team at the porter's lodge of this via 2 way radio or mobile telephone.

3. In the event of this being an **obvious false alarm**, the site coordinator can silence the alarm via the closet fire panel, **NOT RESET**.

4. The site coordinator will wait for the fire brigade to arrive at site and then attend the fire alarm activation site with the fire brigade representative to ensure the area is safe and confirm the false alarm.

5. The on call engineer or maintenance team will on arrival, reset the fire alarm system (subject to confirmation of false alarm from fire brigade).

6. In the event of an **ACTUAL FIRE** the alarm must not be silenced, so all staff are aware of the ongoing situation.

7. The site coordinator will remain the porter's lodge (main panel location) to manage the Trust response to the fire incident and if necessary

[1] Site coordinator or nominated person, porter and member of facilities staff.

coordinate any evacuation, by management of the fire team and available staff.

8. The site coordinator will liaise with the fire service on arrival; ensuring they are taken to the scene of any fire; following directions from the fire brigade.

[1] Site coordinator or nominated person, porter and member of facilities staff.

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 09	One	Kevin Hudson	25/02/2013

Fire Work Instruction Number: F01 (Revision V 1.0 - 01/13) (SGH General)

Title:	Instruction for duties to be undertaken by on call engineer, porters and security staff on activation of fire alarm Scarborough Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives:	To allow on call engineer, porters and security personnel to assist in the management of a potential or actual fire situation at Scarborough Hospital.
Scope:	**Porters, on call engineer, security personnel also the Hospital fire team of the site coordinator, switchboard, security control & relevant management on site** at the time of an incident.
Specific To:	On Call Engineer, Porters and Security Personnel.
Training Required:	Yes via dissemination and following of this procedure; specific fire training by the fire advisor as applicable.

Procedure:

9. The Switchboard Scarborough will upon activation of the fire alarm, contact the fire brigade, on call engineer, duty porter & security personnel by mobile phone, fast bleep 109 and security control room respectively (7721241)[2] .

10. The duty porter will don a fire team tabard; these tabards will be located at the fire rendezvous point at Scarborough Hospital (main entrance); the security team will also don the fire team tabards.

11. The duty engineer, porters / security team will carry out the following functions:

    a. **One porter** ‘or security personnel in their absence’ is to attend the location of the fire alarm activation (if known). If not known they must attend the nearest fire panel to identify the location of the activation and proceed with care to this location.

[2] The switchboard will detail the fire alarm location and any other relevant information i.e. has the fire brigade been summoned.

b. **The duty engineer** (out hours) will find the location of the fire alarm from the alarm panel and make their way to the incident location.

c. **The duty porter or security personnel in their absence** will greet the fire brigade (if summoned) at the main entrance (South side) of the hospital to direct the brigade to the site of the fire alarm activation (if known) and to assist as required.

d. **The security personnel and any porters on duty** will attend the main entrance to liaise with the site coordinator and the fire team the security supervisor or their nominated deputy will don a fire tabard and as required may deputise for the duty porter, the porters and security team are to assist as part of the assembled fire team in any way as required; ***the porters / security team will be key in internal communication by use of their 2 way radio's.***

e. **The porter** 'or security personnel' attending the fire alarm activation site are to assist in the search of the immediate area for signs of fire and if they are confident and there is no **imminent risk to personal safety**, tackle any fires they discover, they will keep contact with the other fire team members via 2 way radio communication at all times during the incident.

12. **Porters / Security team** members located at the main entrance will follow instruction initially from the site coordinator (site fire warden) who working with the fire brigade, when summoned will coordinate the incident and management of the fire team.

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 01	One	Kevin Hudson	22/01/2013

Fire Work Instruction Number: F06 (Revision V 1.0 - 02/13)

Title:	Instruction for duties undertaken by all staff (clinical areas) on activation of fire alarm Scarborough Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives:	Instructions to follow for all staff (**clinical areas**) in the event of a potential or actual fire situation at Scarborough Hospital.
Scope:	**All Employees (clinical areas)**
Specific To:	All Employees and contractors working on site (clinical areas)
Training Required:	Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

1. Upon activation of the fire alarm system **continual alarm**, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);

2. The ward manager or senior staff member will initiate an search of the area to ascertain the cause of the alarm activation;

3. For a known false alarm, inform the fire team member on arrival; no further action is required;

4. If an actual fire is identified, access the situation and decide on the correct course of action to take, this being:

    a. False alarm suspected (e.g. smell of smoke no obvious source), continue to search area for location of potential fire and await arrival of fire team and fire brigade;

    b. Confirmed fire contained (e.g. a small fire in paper bin), if no imminent risk to personal safety, confident and it is safe to do so, fight the fire as appropriate, await arrival of fire team or fire brigade;

    c. Confirmed fire uncontained (e.g. medium or large fire beyond safe intervention), close all doors and windows if safe to do so, immediately inform site coordinator and fire team located at the x-ray foyer; if not already alerted. Prepare to commence evacuation

of patients and / or others to adjoining fire compartment / place of safety.

5. Senior ward manager or senior member of staff will make a decision (based on clinical needs) to isolate supplies of medical gases to the wards or department affected.

6. In the event of an intermittent alarm sounding in the area, a representative member of staff will be identified and sent to the main entrance, to assist in any evacuation and communicate to each area as required.

(All staff are to make themselves aware of local fire management procedures for their place of work)

Reference	Issue Number	Authorisation	Date
Work instruction No Fire 06	One	Kevin Hudson	18/02/2013

Fire Work Instruction Number: F07 (Revision V 1.0 - 02/13)

Title:	Instruction for duties undertaken by all staff (non clinical areas) on activation of fire alarm Bridlington Hospital.

Note this fire work instruction forms part of a series of specific work instructions for management of fire across the Trust (F0 series).

Objectives:	Instructions to follow for all staff (**non clinical** areas) in the event of a potential or actual fire situation at Bridlington Hospital.
Scope:	**All Employees (non clinical areas)**
Specific To:	All Employees and contractors working on site (non clinical)
Training Required:	Yes via dissemination and following of this procedure; specific fire instruction by the fire advisor as applicable.

Procedure:

7. Upon activation of the fire alarm system **continual alarm** sounding, staff must respond in line with specific local departmental protocols for fire alarm activations (staff are to make themselves aware of these on local induction and refresher);

8. As a minimum, staff **will** evacuate and make their way to the nearest fire exit closing doors and windows (if safe to do so) as they leave the building, checking for other people and request them to evacuate as they exit;

9. Assemble at the designated fire assembly point for there department or place of work;

10. The departmental or local manager is to confirm the building is evacuated and wait for further instruction from the fire team or fire brigade.

11. In the event of **intermittent alarm** sounding, a representative member of staff will be identified and sent to the porter's lodge (main fire panel location), to assist in any evacuation and communicate to each area as required, following instructions from the site coordinator or senior fire team member.

(All staff are to make themselves aware of local fire management procedures for their place of work)

Appendix 5: Policy Management

1 Consultation Process

This policy is prepared in consultation with the Fire Safety Advisors, Fire Safety Manager and the Director responsible for fire safety. The policy will be placed before the relevant committee for consultation, comment and endorsement. This policy will be reviewed and endorsed by the Trust Health and Safety Committees and the Health & Safety Non Clinical Risk Group (HSNCRG) prior to Trust Board presentation and approval.

Subsequent changes to this policy will be detailed on the version control sheet at the front of the policy and a new version number will be applied.

Subsequent reviews of this policy will continue to require the approval of the appropriate committee.

Policy Development Guideline

Following completion of the consultation process, this policy, and any subsequent policy revisions will require the approval of fire safety advisors / managers and nominated Director to ensure this policy is submitted to the appropriate committee for approval.

2 Quality Assurance Process

The author has consulted with the following to ensure that the document is robust and accurate:-

- Fire Safety Advisors
- Fire Safety Manager
- Director responsible for fire safety.
- Trust Fire and Health and Safety Committees/groups
- Health & Safety Non Clinical Risk Group (HSNCRG)
- Board of Directors

The policy has also been proof read and the review checklist completed by the Policy Manager prior to being submitted for approval.

3 Approval Process

The approval process for this policy complies with that detailed in section 3.3 of the Policy Guidance.

4 Review and Revision Arrangements

The Policy Author will be responsible for review of this policy in line with the timeline detailed on the cover sheet.

This policy will be reviewed biannually or earlier should there be any legislative or other reason to do so in conjunction with those named in the Consultation section above; subsequent reviews of this policy will continue to require the approval of the HSNCRG and Board of Directors.
This policy will be reviewed biannually or earlier should there be any legislative or other reason to do so; once reviewed the HSNCRG & as appropriate Trust Board will consult and ratify the policy.

5 Dissemination and Implementation process

See appendix 6

6 Register/Library of Policies/Archiving Arrangements/ Retrieval of Archived Policies

Please refer to the Policy Development Guideline for detail

7 Standards/Key Performance Indicators

These have been developed by the Trust Fire Safety Advisors and will be approved by the Fire Safety Groups and Health, Safety and Non-Clinical Risk Group.
They will include assessments, inspections, audits and statistical information.
The key aims are to reduce the risk of fire so far as is reasonably practicable and to provide a safe working environment for staff, patients, and others by achieving and promoting a positive fire safety culture.
Achieve excellence in the management of fire safety through compliance with statutory duties and continuous improvement.

8 Training

All Trust employees will be informed of the Trust fire safety arrangements as part of defined Trust induction and ongoing Trust safety training programmes. Fire safety training is included as part of the corporate induction and in the annual stat/mand training requirements. Additional training such as for designated FW may be carried out when required.

9 Trust Associated Documentation

Health and Safety Policy
Policy Development Guideline
Adverse Incident Reporting System, (AIR's) Policy and Procedure
Risk Management Policy
Serious Incident Policy

Other Fire Safety related documents - stored on Q-Pulse and available via Staffroom.

10 External References

- Regulatory Reform (Fire Safety) Order 2005;
- Health & Safety at Work Act 1974;
- Management of Health & Safety at Work Regulations 1999;
- Human Rights Act 1998
- Fire code (2006);
- Health & Social Care Act 2008 (Regulated Activities) Regulations 2009;
- The Disability Discrimination Act (2005);
- The Building Regulations 1991;
- HM Government Fire Safety Risk Assessment Guidance: Healthcare Premises
- HM Government Fire Safety Risk Assessment Guidance: Means of Escape for Disabled People (2007);
- British Standards Institute. (2001). British Standard 8300:2001, Design of buildings and their approaches to meet the needs of disabled people – Code of Practice. London: BSI.

11 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	**Process for monitoring**	**Responsible Individual/ committee/ group**	**Frequency of monitoring**	**Responsible individual/ committee/ group for review of results**	**Responsible individual/ committee/ group for developing an action plan**	**Responsible individual/ committee/ group for monitoring of action plan**
a Risk assessments and action plans produced	A regular review of all existing Fire Risk Assessments and action plans	Appropriate Fire Safety Advisor	As per Risk Management Policy & Procedure	Relevant Trust FSG and Fire Advisors/Managers HSNCRG	Fire Advisor in liaison with DM	Fire Advisors HSNCRG
b Monitoring of incidents	Incidents DATIX AIRS (Fire incidents)	Directorate managers/ Heads of Department, Bed Managers Fire Advisor & Fire Manager	Ongoing	Fire Advisors/Managers HSNCRG	Relevant Reviewers or Investigators	Relevant Reviewers or Investigators in liaison with DM

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
c) Area inspections and audits undertaken	Area Inspections OH&S Audit (Fire Safety)	Managers/ Heads of Department/ Fire Wardens Fire Managers/ Fire Advisors	Monthly (as required) or following any changes to building or occupancy levels.	Fire Advisors & DM HSNCRG	Fire Advisors & DM	Fire Advisors as part of any review process HSNCRG
d) Fire Safety training attended	Fire Safety Training reports provided by CLaD	CLaD/Directorate Managers/Heads of Department & Fire Advisors	Annually	FSG	Fire Advisors through CLaD	Appropriate CLaD Teams
e) Any issues identified are addressed	Reports from regulatory bodies such as fire inspections/findings	Fire Safety Groups & HSNCRG	As undertaken	Fire Advisors through FSG & Fire Wardens	Fire Advisors & DM	Fire Advisors as part of any review process

Appendix 6 Dissemination and Implementation Plan

Title of document:	Fire Safety Management Policy
Date finalised:	January 2019 (August 2019)
Previous document in use?	Yes
Dissemination lead	Mick Lee & Kevin Hudson
Implementation lead	Policy Authors
Which Strategy does it relate to?	Electronic and Paper via Intranet

Dissemination Plan	
Method(s) of dissemination	Referenced during Staff Training sessions Posted on Staffroom Policy emailed to Directors, Directorate Managers, Clinical Directors, Senior Managers and Matrons Fire Wardens (if applicable) who should ensure that this is discussed with all staff at local induction
Who will do this	Policy Authors
Date of dissemination	On approval
Format (i.e. paper or electronic)	Mainly Electronic
Implementation Plan	
Name of individual(s) with responsibility for operational implementation, monitoring etc	*Colin Weatherill (Head of Safety & Security)* *Kingsley Needham (Trust H&S & Safety Manager)*
Brief description of evidence to be collated to demonstrate compliance	*Internal Audit findings and recently introduced Premises Assurance Model (P.A.M).*

Annual Statement of Fire Safety 2018

NHS Organisation Code: RCB	NHS Organisation Name: YORK TEACHING HOSPITALS NHS FOUNDATION TRUST

I confirm that for the period 1st January 2018 to 31st December 2018, all premises which the organisation owns, occupies or manages, have fire risk assessments that comply with the Regulatory Reform (Fire Safety) Order 2005, and (please tick the appropriate boxes):

1	There are no **significant** risks arising from the fire risk assessments.	N/A
OR 2	The organisation has developed a programme of work to eliminate or reduce as low as reasonably practicable the significant fire risks identified by the fire risk assessments. (Fire Alarm Replacement/Fire Stopping works across York & Scarborough sites)	✓
OR 3	The organisation has identified significant fire risks, but does NOT have a programme of work to mitigate those significant fire risks.*	N/A

*Where a programme to mitigate significant risks HAS NOT been developed, please insert the date by which such a programme will be available, taking account of the degree of risk.

Date: N/A

4	During the period covered by this statement, has the organisation been subject to any enforcement action by the Fire & Rescue Authority? (Delete as appropriate) If Yes - Please outline details of the enforcement action in Annex A – Part 1.	No
5	Does the organisation have any unresolved enforcement action pre-dating this Statement? (Delete as appropriate) If Yes Please outline details of unresolved enforcement action in Annex A – Part 2.	No
AND 6	The organisation achieves compliance with the Department of Health Fire Safety Policy, contained within HTM 05-01, by the application of Firecode or some other suitable method.	✓

Director (Trust Fire Safety)	Name: B GOLDING Director of Estates & Facilities
	E-mail: brian.golding@york.nhs.uk
Contact details:	Telephone: 01904 72 5149
Chief Executive	Name: Simon Morritt
Signature of Chief Executive:	

Date: 6TH August 2019

The above certificate is attached as an Appendix to the Annual Fire Safety Report.

ANNEX A

Part 1 – Outline details of any enforcement action during the past 12 months and the action taken or intended by the organisation. Include, where possible, an indication of the cost to comply.
N/A
Part 2 – Outline details of any enforcement action unresolved from previous years, including the original date, and the action the organisation has taken so far. Include any outstanding proposed action needed. Include an indication of the cost incurred so far and, where possible, an indication of costs to fully comply.
N/A

NHS Organisation Code RCB

NHS Organisation Name: YORK TEACHING HOSPITALS NHS FOUNDATION TRUST

Date: 6th August 2019

York Teaching Hospital
NHS Foundation Trust

YTHFT and YTHFM LLP Executive Performance & Assurance Meeting (EPAM) Terms of Reference

Version 1.02
June 2019

This meeting is constituted in accordance with the Master Service Agreement between York Teaching Hospital NHSFT and York Teaching Hospital Facilities Management LLP

DRAFT

NHS
York Teaching Hospital
Facilities Management

EPAM Terms of Reference

1	**Status**
1.1	The Executive Performance Assurance Meeting (EPAM) is a formal meeting between Executive Directors of York Teaching Hospitals NHS Foundation Trust (YTHFT) and the senior management team of York Teaching Hospital NHS Facilities Management LLP (YTHFM LLP).
2	**Purpose of the meeting**
2.1	To act as the primary mechanism for managing YTHFM LLP performance and delivery of the partnering services or projects against the Business Plan and Estates Strategic Plan and against each relevant project variation or partnering services variation.
3	**Authority**
3.1	The EPAM has the authority to issue partnering requests which vary the partnering services provided by the LLP as set out in the Master Service Agreement (MSA), Clause 23 (partnering services). The EPAM is the forum at which the Trust will hold YTHFM LLP to account under the items set out in the MSA including Schedule 9 (dispute resolutions) and Clause 23 (partnering services).
4	**Constitution**
4.1	The MSA, schedule 11, sets out how YTHFT and YTHFM LLP will provide information and assurance and exchange information.
5	**Roles and functions of EPAM**
5.1	The role of the EPAM in relation to YTHFM LLP shall be as follows, as set out in clause 11.2 of the MSA:
5.2	Act as the primary mechanism for managing the YTHFM LLP performance and delivery of the Partnering Services or Projects against the Business Plan and Estates Strategic Plan and against each relevant Project Variation or Partnering Services Variation under which YTHFM LLP performs such Partnering Services and/or Projects (in respect of which YTHFM LLP shall report to the EPAM in such format and at such frequencies as the EPAM may reasonably require from time to time).
5.3	Serve as a forum for the open exchange of ideas and joint strategic discussions, considering actual and anticipated changes to the market and business of YTHFT and possible variations to any Partnering Services Variation or Project Variation for the more efficient performance of the Partnering Services, so as to enable YTHFT and YTHFM LLP to discuss the YTHFT's forthcoming requirements to ensure an integrated co-ordinated approach to fulfilling such requirements.
5.4	Provide a means for joint review of issues relating to all day to day aspects of performance of the Partnering Services.
5.5	In certain circumstances pursuant to Schedule 9 (Dispute Resolution Procedure) to provide

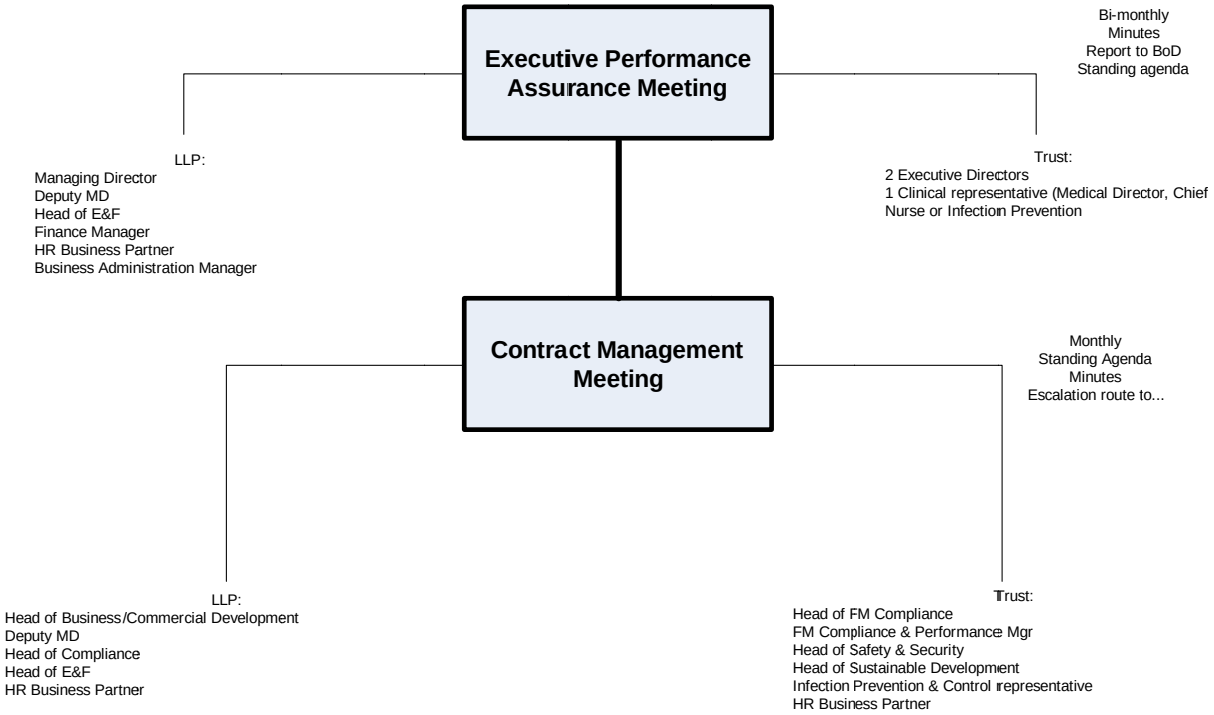
	means of resolving disputes or disagreements between the Parties.
5.6	Request any Partnering Services in accordance with clause 23 of the MSA.
5.7	To make recommendations to the parties, which they may accept or reject at their complete discretion. Neither the EPAM itself, nor its members acting in that capacity shall have any authority to vary any of the provisions of this Agreement or any Partnering Services Variation or Project Variation or to make any decision which is binding on the Parties (save as expressly provided in Schedule 9 (Dispute Resolution Procedure)). Neither Party shall rely on any act or omission of the EPAM, or any member of the EPAM acting in that capacity, so as to give rise to any waiver or personal bar in respect of any right, benefit or obligation of either party.
5.8	**Standing Agenda items** currently agreed as: • Register of Declaration of Interests. • Action Log. • Risks. • Performance report (including items escalated from the Contract Management Group including variations). • Financial performance including CIP and new business. • Project Returns. • Partnering requests. • Disputes. • Customer feedback. • Any Other Business.
6	**Membership and Voting Rights**
6.1	The membership of the EPAM will be as set out in clause 11.1 (a&b) of the MSA: and comprise of three YTHFT representatives: • 2 Executive Directors • 1 Clinical representative *(Medical Director, Chief Nurse or Infection Control Team (IPC) representative)* and 5 YTHFM representatives: • Managing Director • Deputy MD (Capital Development lead) • Head of Estates & Facilities (operational lead) • Finance Manager • HR Business Partner • Business/Administration Manager or such additional representatives as may from time to time be nominated by or agreed by the parties. YTHFM LLP Representatives and the YTHFT Representatives respectively shall each have full authority to act on behalf of the YTHFM LLP or the YTHFT for all purposes of this Agreement and each party shall be entitled to treat any act of the YTHFM LLP Representative or a YTHFT Representative in connection with this Agreement as being expressly authorised. Either Party may change the identity of the YTHFM LLP

	Representative or the YTHFT Representative, as the case may be, by providing prior written notice. At each meeting the Chair shall be most the senior Director present from the YTHFT. In their role as Chair they shall not have a casting vote. Save as expressly provided in clause 11.7 of the MSA and in Schedule 4 (Project Approval Procedure) of the MSA, decisions of the EPAM will require majority agreement of the EPAM. The Parties shall give due consideration to any determination of the EPAM in the delivery of the Partnering Services. Representatives may participate by conference telephone or similar communications equipment.
7 Quoracy	
7.1	The EPAM will be quorate with at least 3 which must include a minimum of 1 YTHFT and 1 YTHFM LLP. If quorum is not achieved within 30 minutes of the start time the meeting shall be adjourned.
8 Meeting arrangements	
8.1	Meeting arrangements will be as set out in clause 11.3 of the MSA and as summarised below:
8.2	Agendas (with supporting papers) will be circulated by the YTHFM LLP no less than four (4) Business Days in advance of any scheduled meeting and any Party wishing to raise other agenda items (including an item under "any other business") is required to notify the other Party (with supporting papers) no later than three (3) Business Days in advance of the scheduled meeting. Copies of all agendas and supplementary papers will be retained by the YTHFM LLP Managing Director's Office in accordance with good practice and the organisation's requirements for the retention of documents.
8.3	Where Representatives/attendees of EPAM are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Chair and Administrator of the EPAM.
9 Review and monitoring	
9.1	The EPAM Terms of Reference will be reviewed every 12 months.

Author	**Brian Golding, Managing Director, YTHFM**
Owner	**Simon Morritt, Chief Executive, YTHFT**
Date of Issue	**June 2019**
Version	**1.02**
Approved by	**Date:**
Review date	**June 2020**

York Teaching Hospital
Facilities Management

EPAM for LLP Governance Structure



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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Workforce Report – September 2019

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

To provide the Board with key workforce metrics (up to August 2019), and an overview of work being undertaken to address workforce challenges.

Executive Summary – Key Points

- Monthly sickness absence rates have deteriorated for the last two months for both the Trust and the LLP, with absence rates also being higher than the same months of the previous year.
- Temporary nurse staffing demand in August 2019 equated to almost 600 FTE and although this was the highest level of demand in the last 12 months, the overall fill rate of more than 81% was the highest fill rate achieved in the last 12 months.
- The Trust has recently received confirmation of its Disability Confident Employer status which has been granted until 2021.

Recommendation

The Board is asked to note and discuss the content and findings within the report.

Author: Sian Longhorne, Deputy Head of Resourcing

Director Sponsor: Polly McMeekin, Director of Workforce and Organisational Development

Date: September 2019

1. Introduction and Background

September's Workforce Report details a number of key workforce metrics, with commentary around the Trust's current sickness absence levels, and the current levels of temporary medical and nurse staffing utilisation within the Trust.

2. Detail of Report and Assurance

The work referred to in the report forms part of regular discussions around workforce, including at Staff Side Committees.

2.1 Sickness Absence

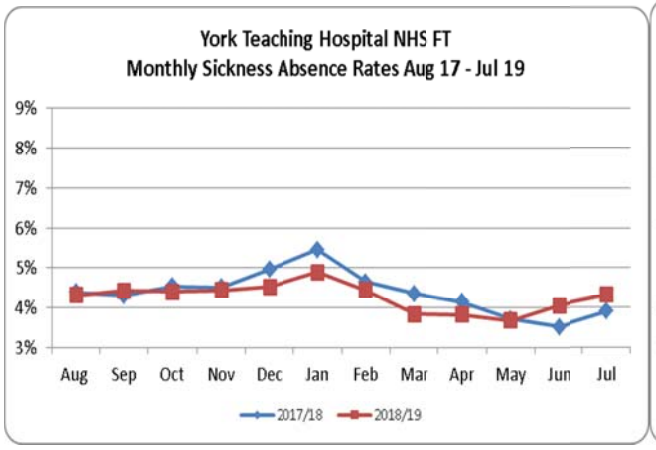
Graphs 1 and 2 show monthly sickness absence rates for the period from August 2017 to the end of July 2019. Sickness information for York Teaching Hospital Facilities Management (YTHFM) is reported separately to the rest of the Trust (and benchmarked against the Estates and Facilities directorate absence rate figures prior to the transfer which happened in October 2018).

The monthly absence rate in July 2019 for the Trust was 4.31%; this was an increase for the second month in a row. Absence rates in the last two months have also been higher than in the same two months of the previous year. During the two month period June to July 2019, short term sickness absences (fewer than 28 days) accounted for 35.37% of all absence. This was a change from the same period in 2018 when short term sickness absences accounted for 31.17% of all absence.

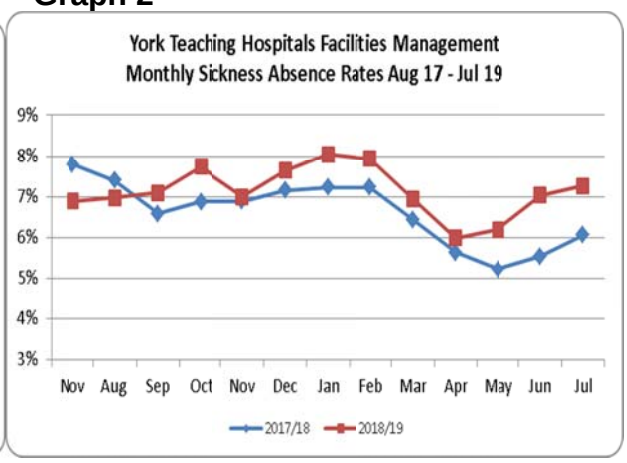
The monthly sickness absence rate for YTHFM in July 2019 was 7.26%. This was also an increase for the second month in a row. Absence rates in the LLP continue to be higher than in the same months of the previous year.

Graphs 1 and 2 – Monthly Sickness Absence Rates

Graph 1



Graph 2



Source: Electronic Staff Record

2.2 Flu Campaign

Peer vaccinators have been identified from the majority of Care Groups, with 55 vaccinators identified to date. Relevant training is now being undertaken by the peer vaccinators. Supervised observations and final sign offs will be part of the initial super clinics sessions commencing early October.

The invitation to all frontline health care workers is ready to be sent later in September, and super clinics have been scheduled throughout October and November. The incentive of a free meal to the value of £3.50 in the Trust restaurants will continue this year as this has worked well previously.

It has been confirmed with the supplier that the vaccine will arrive in the Trust by the beginning of October and that there are no delays expected, which had been an initial concern.

2.3 Temporary Staffing

Temporary Medical Staffing

127.14 FTE Medical & Dental roles were covered in August by a combination of bank (42%) and agency workers (58%).

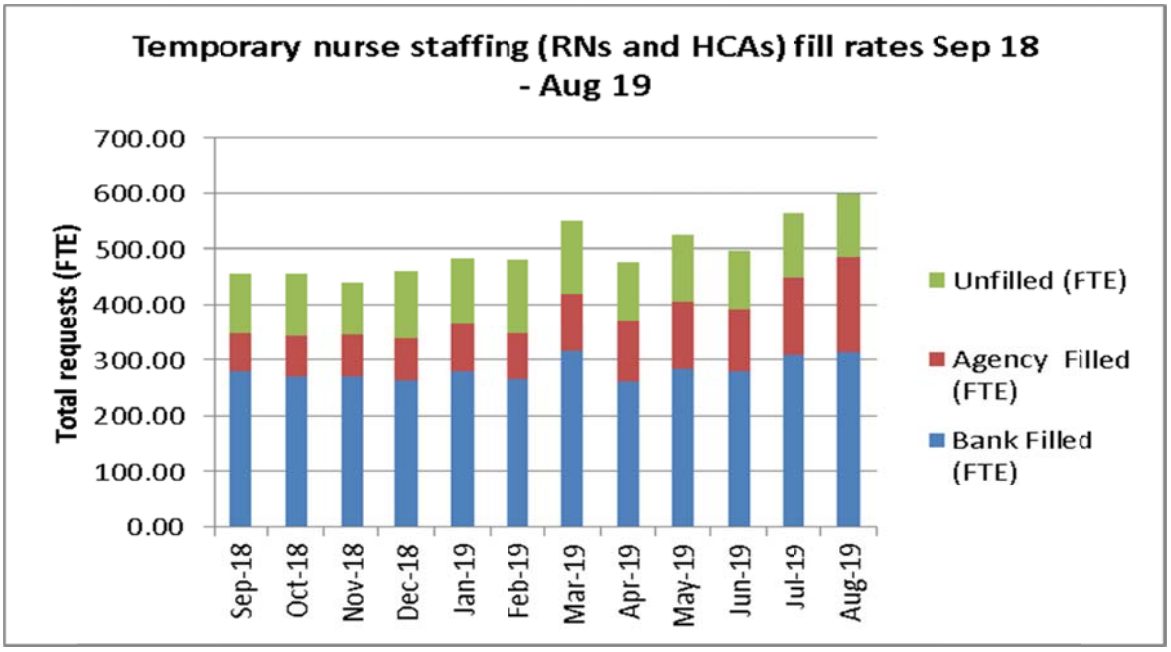
We are continuing to work with Patchwork, the provider of our medical bank management software, to improve the availability of management information relating to our medical temporary staffing usage. This information will enable us to better understand areas with high demand for temporary staffing and to understand which areas might be experiencing high levels of unfilled demand in order to mitigate any associated risks.

Temporary Nurse Staffing

Demand for temporary nurse staffing (RNs and HCAs) in August 2019 equated to almost 600 FTE. This is the highest monthly demand in the last 12 months.

Graph 3 shows the number of all shifts requested that were either filled by bank, agency or were unfilled. Overall, 52.47% of shift requests in August 2019 were filled by bank staff. The agency fill rate was 28.81%. The proportion of shifts that remained unfilled in June was 18.73%, this was the lowest unfilled shift rate in the last 12 months and is primarily attributable to the planned increase in agency usage over the last few months which has been a response to mitigate the high vacancy rates, especially at the East Coast sites.

Graph 3 – Temporary Nurse Staffing Fill Rates



Source: BankStaff

2.4 Vacancies

Medical vacancies

As at 27th August, the Trust is reporting an overall medical vacancy position (headcount) of 9%. The vacancy position in York is currently 7.6% whilst in Scarborough, it is 12.2%.

As had been anticipated, there was nominal regression in the vacancy position in August when there was a peak in movement during Junior Doctors' Changeover; however, since 10 July, 28 new non-training grades have commenced in post, including;

Scarborough;

- Consultant Intensivist
- Consultant Cardiologist
- Consultant Ophthalmologist
- 2 Specialty Doctors in Anaesthetics

York;

- Consultant Ophthalmologist (Glaucoma)
- Consultant Radiologist
- 2 Consultant Paediatricians (1 Locum)
- Locum Consultant General Surgeon (Breast)
- 2 Specialty Doctors in Anaesthetics
- Specialty Doctor in Ophthalmology (Clinical Research Fellow)

Appendix one shows a detailed breakdown of the medical vacancy position by site and specialty.

Non-medical vacancies

Appendices two and three show the detail of vacancies within nursing and other staff groups.

The registered nursing vacancy position accounts for pending starters, however this detail is not currently available for other staff groups and therefore the vacancy position detailed is purely the difference between budgeted establishment and staff in post as at August 2019.

2.5 International Nurse Recruitment

Since the end of May 2019, the Trust's international nurse recruitment project has seen 26 nurses from overseas commence employment in York and Scarborough Hospitals. The registration process with the NMC requires each nurse who is licenced to practice to pass an Objective Structured Clinical Examination (OSCE), involving six 15-minute assessments. The test is deliberately very challenging. In June 2019 the NMC published that 82% of tests resulted in a pass.

During their first weeks of employment, the Trust's Workforce Development and Chief Nurse Teams work with the new nurses to support their preparation for the OSCE. To date, 13 of the Trust's recruits have been assessed by the NMC, and all 13 have successfully passed the examination.

The Trust has received confirmation of 11 further nurses joining in October and November, while 104 nurses remain in the recruitment pipeline. In addition next month, the Trust will be supporting one of its Health Care Assistants, who is qualified as a nurse overseas, to complete the OSCE process. There are a number of other members of staff currently in support roles who the Trust has agreed to support in this way.

2.6 NHSI/E Retention Direct Support Programme – Cohort 5

The Trust is participating in Cohort 5 of NHS Improvement's Retention Direct Support Programme and as per the Workforce & OD Strategy aim to reduce turnover by 2%. It is acknowledged that Trusts in Cohort 5 are considered to be more highly performing in terms of retention, and therefore that reductions in turnover will be more challenging to achieve than for Trusts in Cohorts 1-4 who were starting from a higher baseline. The programme is clinically led and, in the first instance, focuses on registered Nursing & Midwifery staff. However, much of the good practice, knowledge and tools developed by earlier cohorts should further enhance our own retention strategy. Helen Hey, Deputy Chief Nurse is the clinical lead for the Trust on this programme, working closely with the Workforce Directorate. Following the national launch event on 6 September, the Trust's retention plan will be refined to incorporate learning and recommendations from the NHSI programme. Updates on progress will be provided to the Board.

2.7 Postgraduate Training Update

The START (Systematic Training in Acute Illness Recognition and Treatment for Surgery) pilot run earlier this Summer with the Royal College of Surgeons evaluated very positively from both the College and trainee feedback. Working with the Foundation School, the Trust is now running four full courses in York and Scarborough in 2019/2020. Due to the success of the pilot the START course is now a mandatory curriculum requirement for all F1 doctors in York and Scarborough. The team are currently working with Hull Royal Infirmary to support its introduction for all F1 doctors in HEEY&H for 2020/2021.

The new three year Internal Medicine Training (IMT) curriculum has been launched. It replaces the two year Core Medical Training (CMT) scheme. The two programmes will run in parallel for 2019/2020, at the end of which the IMT will be fully implemented and CMT no longer exist. Scarborough has nine IMT trainees this academic year, whist York are training the 13 CMT trainees who are part way through the programme to then implement IMT in 2020/2021. Dr Colin Jones (York) has recently been appointed as the regional Training Programme Director (TPD) for this new curriculum, meaning York will be pivotal in managing the new IMT curriculum regionally.

2.8 Apprenticeship update

The 2019/20 Annual Apprenticeship levy is estimated at £1.2m for the Trust and £84K for the Facilities Management LLP. Our 2019/20 Public Sector 'indicative' Target is 201 learner 'new starts'.

Trust Specific:

There are 219 Trust employees undertaking an apprenticeship on 11th September 2019 with plans for a further 98 before the end of the financial year. The Trust target is for 194 apprentices to commence within the financial year.

The Digital Apprenticeship Service Forecasting Tool is now being populated to aid discussions on the viability of apprenticeship levy transfer to non levy paying organisations.

Apprenticeship monitoring information is currently being reworked to ensure that it is aligned to the new Care Group structure. On completion, the Care Group workforce teams will re-commence using this documentation to help identify apprenticeship opportunities within their areas.

Facilities Management LLP:

Facilities Management LLP now have their own levy allocation. They are currently supporting 19 apprentices. YTHFM is currently prioritising their learning needs based on the funding available.

2.9 Learning Hub update

Learning Hub has been upgraded to version 12.8, with 15 new courses added and 1145 appraiser / manager changes made.

Manager hierarchies, reports and audiences have been updated to reflect the new Care Group structure in line with changes made to ESR.

An automated link has been established between Learning Hub and Roche Diagnostics servers to enable automatic recertification for staff using blood glucose machines once they have passed their eLearning course.

A Learning Matters online newsletter has been launched on Learning Hub.

2.10 Leadership Development

The ODIL annual portfolio of leadership programmes, workshops and quality improvement learning continues for staff at all levels across the organisation.

The Care Group Directors and Care Group Managers have undertaken the first stages of their leadership development programmes and continue to receive support, masterclasses 1:1 coaching and action learning sets provided by the Workforce and OD Directorate.

During October and November further training will be provided for the Heads of Nursing; AHP Leads and Care Group Workforce Leads.

2.11 Coaching, Mentoring and Mediation

In addition, our in-house coach training programme starts in September to support the organisation's growing demand for coaching and mentoring. A cohort of 14 staff has been selected from applications from across the Trust.

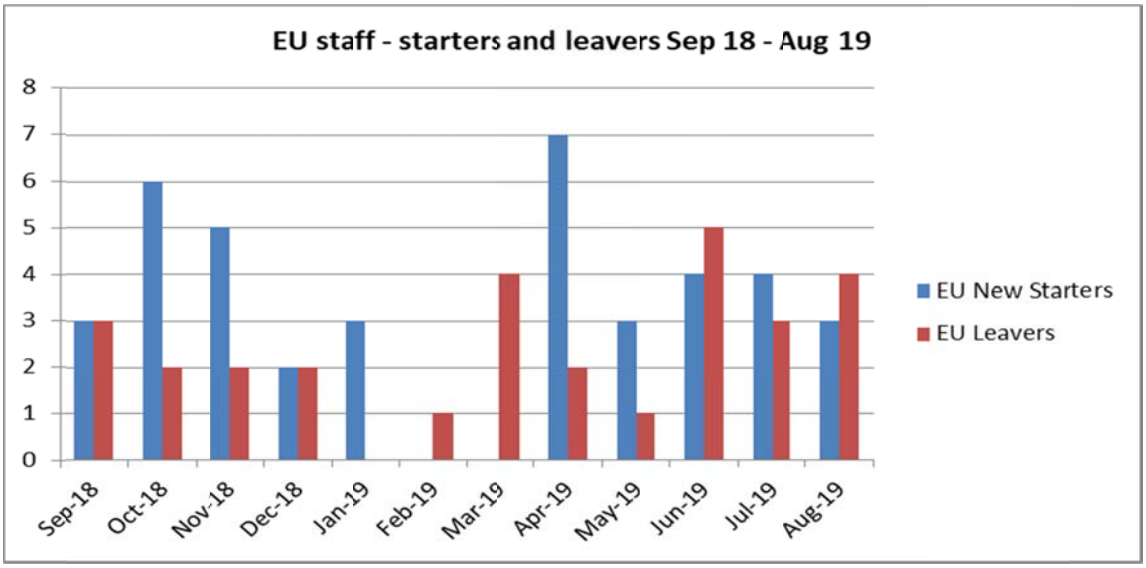
Work is also underway on the design of a 'Mediation Skills for Managers' internal workshop to further support mediation activity within the Trust.

2.12 EU Workforce and Brexit

The Department of Health and Social Care has directed organisations to prepare for a No Deal Brexit. Part of this direction involves development of an action plan which includes monitoring the impact of Brexit on workforce numbers.

As at 31st August 2019, 281 EU nationals were employed by the Trust on permanent or fixed term contracts. In the year to August 2019 a total of 40 staff from within the EU joined the organisation while 29 staff left over the same time period. The turnover rate of permanent EU staff (based on headcount) between 1st September 2018 and 31st August 2019 was 11.84%. (Those on fixed term contracts have been excluded from starter, leaver and turnover figures as these are typically doctors on rotational training contracts, the nature of which mean they move around organisations on a regular basis, rather than voluntarily leaving).

Graph 5 – EU Staff Starters and Leavers



2.13 Disability Confident Employer

The Trust has recently received confirmation it has retained its Disability Confident Employer status which has been granted until 2021.

To be granted this status, the Trust had to demonstrate that it has taken action and will continue to take further identified actions, to ensure that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations. The fact that we have this status is included within our recruitment marketing materials.

3. Next Steps

This report has detailed key workforce metrics highlighting any issues or trends. In those areas where there are issues, actions which have already been identified have been detailed. The impact of actions will become apparent in subsequent reports.

4. Detailed Recommendation

The Board of Directors is asked to read the report and discuss.

Appendix 1 – Medical Vacancy Position by Site

Scarborough

Specialty	Consultant					Middle Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Anaesthetics	17	1	0	0	5.9%	7	1	0	1	0.0%	10	0	0	0	0.0%						34	2	0	1	2.9%
Acute & Emergency (CG2)	30	11	0	2	30.0%	16	4	0	0	25.0%	51	8	0	3	9.8%	27	1	0	0	3.7%	124	24	0	5	15.3%
Child Health	12	4	0	0	33.3%	1	0	0	0	0.0%	8	1	0	1	0.0%	4	0	0	0	0.0%	25	5	0	1	16.0%
General Medicine																									
General Surgery & Urology	8	1	1	0	25.0%	5	1	0	1	0.0%	8	3	0	2	12.5%	9	0	0	0	0.0%	30	5	1	3	10.0%
Head & Neck						3	0	0	0	0.0%						1	0	0	0	0.0%	4	0	0	0	0.0%
Obstetrics & Gynaecology	8	0	0	0	0.0%	3	1	0	0	33.3%	8	0	0	0	0.0%	2	0	0	0	0.0%	21	1	0	0	4.8%
Ophthalmology	4	1	0	1	0.0%	3	2	0	1	33.3%	1	0	0	0	0.0%						8	3	0	2	12.5%
Radiology	6	3	0	0	50.0%																6	3	0	0	50.0%
Specialist Medicine	3	0	0	0	0.0%	2	0	0	0	0.0%	2	0	0	0	0.0%						7	0	0	0	0.0%
Trauma & Orthopaedics	8	0	0	0	0.0%	5	1	0	0	20.0%	5	1	0	0	20.0%	2	0	0	0	0.0%	20	2	0	0	10.0%
Total	**96**	**21**	**1**	**3**	**19.8%**	**45**	**10**	**0**	**3**	**15.6%**	**93**	**13**	**0**	**6**	**7.5%**	**45**	**1**	**0**	**0**	**2.2%**	**279**	**45**	**1**	**12**	**12.2%**

York

Specialty	Consultant					Middle Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Anaesthetics	51	2	2	2	3.9%	8	1	0	0	12.5%	22	2	0	1	4.5%	4	0	0	0	0.0%	85	5	2	3	4.7%
Child Health	18	0	1	0	5.6%	1	0	0	0	0.0%	17	0	0	0	0.0%	4	1	0	0	25.0%	40	1	1	0	5.0%
Elderly Medicine	15	3	0	0	20.0%	2	0	0	0	0.0%	20	1	0	1	0.0%	8	0	0	0	0.0%	45	4	0	1	6.7%
Emergency & Acute	19	1	0	1	0.0%	7	2	0	0	28.6%	21	5	0	0	23.8%	6	1	0	0	16.7%	53	9	0	1	15.1%
General Medicine	39	5	1	1	12.8%	9	1	0	0	11.1%	27	2	0	1	3.7%	25	1	0	0	4.0%	100	9	1	2	8.0%
General Surgery & Urology	37	4	0	4	0.0%	12	3	1	1	25.0%	14	1	0	1	0.0%	13	0	0	0	0.0%	76	8	1	6	3.9%
Head & Neck	20	1	0	0	5.0%	10	0	0	0	0.0%	14	1	0	1	0.0%						44	2	0	1	2.3%
Laboratory Medicine	13	2	0	0	15.4%	2	0	0	0	0.0%	5	2	0	1	20.0%	1	0	0	0		21	4	0	1	14.3%
Obstetrics & Gynaecology	12	1	0	0	8.3%	2	1	0	0	50.0%	8	4	0	0	50.0%	2	0	0	0	0.0%	24	6	0	0	25.0%
Ophthalmology	20	2	0	1	5.0%	6	1	0	1	0.0%	6	0	0	0	0.0%						32	3	0	2	3.1%
Radiology	25	2	0	2	0.0%	1	1	0	0	100.0%	7	1	0	0	14.3%						33	4	0	2	6.1%
Sexual Health	2	0	0	0	0.0%	7	1	0	0	14.3%	2	1	0	0	50.0%						11	2	0	0	18.2%
Specialist Medicine	35	2	1	1	5.7%	5	2	0	0	40.0%	15	3	0	0	20.0%	2	0	0	0	0.0%	57	7	1	1	12.3%
Trauma & Orthopaedics	13	0	0	0	0.0%	8	0	0	0	0.0%	9	2	0	2	0.0%	3	0	0	0	0.0%	33	2	0	2	0.0%
Total	**319**	**25**	**5**	**12**	**5.6%**	**80**	**13**	**1**	**2**	**15.0%**	**187**	**25**	**0**	**8**	**9.1%**	**68**	**3**	**0**	**0**	**4.4%**	**654**	**66**	**6**	**22**	**7.6%**

Net vacancy % = (Vacancies + Leavers Pending - Starters Pending) / Establishment

Leavers = currently serving notice

Starters = accepted appointment, now pending start date

933	**111**	**7**	**34**	**9.0%**

Appendix 2 – Nursing vacancy position

Nurse Midwifery and Care Staff – Staffing Data - August 2019

Trust wide

Budgeted Establishment			Staff in post			Starters in next 3 month			Net Vacancy					
									WTE			%		
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
1,623.29	80.45	916.64	1,333.78	77.07	863.82	113.26	0.00	3.28	176.25	3.38	49.54	10.86%	4.20%	5.40%

York Acute Hospital

Budgeted Establishment			Staff in post			Starters in next 3 month			Net Vacancy					
									WTE			%		
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
820.05	62.89	482.46	694.19	52.57	444.91	80.1	0	0	45.76	10.32	37.55	5.58%	16.41%	7.78%

Scarborough and Bridlington Acute Hospitals

Budgeted Establishment			Staff in post			Starters in next 3 month			Net Vacancy					
									WTE			%		
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
497.43	17.56	307.16	355.72	21.50	299.89	30.76	0	3.28	110.95	-3.94	3.99	22.30%	-22.44%	1.30%

Community Services

Budgeted Establishment			Staff in post			Starters in next 3 month			Net Vacancy					
									WTE			%		
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
127.13	0.00	81.70	108.89	3.00	75.71	1	0	0	17.24	-3.00	5.99	13.56%	0.00%	7.33%

Midwifery

Budgeted Establishment			Staff in post			Starters in next 3 month			Net Vacancy					
									WTE			%		
B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3	B5-7	B4	B2-3
178.68	0.00	45.32	174.98	0.00	43.31	1.4	0	0	2.30	0.00	2.01	1.29%	0.00%	4.44%

Appendix 3 – Other staff groups vacancy position

	Establishment	Staff in post	Vacancies
Registered AHPs;			
Radiographers	167.88	155.37	12.51
Physiotherapists	168.50	163.32	5.18
Speech and Language Therapists	40.60	36.22	4.38
Dietetics	30.51	23.82	6.69
Occupational Therapists	82.96	78.65	4.31
AHP Total	**490.45**	**457.38**	**33.07**
Registered Scientific & Technical			
Pharmacists (includes Technicians)	156.82	136.41	20.41
ODPs	87.10	87.70	-0.60
Scientific & Technical Total	**243.92**	**224.11**	**19.81**
Registered Healthcare Scientists	**78.39**	**72.32**	**6.07**

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York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Finance 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 the Report

The purpose of this report is to advise the Board of Directors of the financial position for month 5 of the 2019/20 financial year.

Executive Summary – Key Points

The income and expenditure position for month 5 of the 2019/20 financial year confirms the Trust has fallen £0.7m short of its pre-PSF control total. It is therefore not appropriate to apply PSF and FRF to the in-month position for either month 4 or month 5.

NHSI's formal reconciliation process takes place at the end of each quarter and so there remains an opportunity to recover the Q2 position and secure the full Q2 PSF and FRF funding.

Recommendation

The Board of Directors is asked to note the report.

Author: Andrew Bertram, Finance Director

Director Sponsor: Andrew Bertram, Finance Director

Date: September 2019

1. Year to date Summary Financial Position

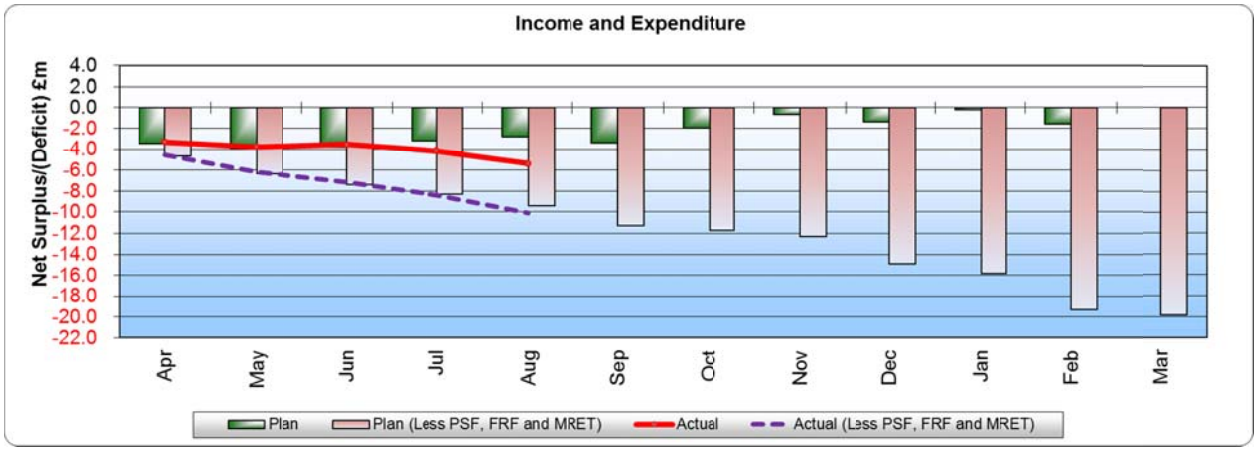
The income and expenditure position for month 5 of the 2019/20 financial year confirms the Trust has fallen £0.7m short of its pre-PSF control total. It is therefore not appropriate to apply PSF and FRF to the in-month position for either month 4 or month 5.

NHSI's formal reconciliation process takes place at the end of each quarter and so there remains an opportunity to recover the Q2 position and secure the full Q2 PSF and FRF funding.

Before the application of any sustainability or financial recovery funding the Trust had planned for a £9.4m deficit but the actual reported position is a deficit of £10.1m with the Trust therefore reporting a £0.7m adverse variance against the pre-PSF control total.

After applying PSF and FRF for quarter 1 the Trust is reporting a deficit of £5.4m against a deficit plan of £2.8m, thus reporting a £2.6m adverse variance to plan. At this stage the Trust is not including PSF and FRF of £1.8m (being the lost month 4 and month 5 value) in its position. This represents the majority of the adverse variance to plan.

The chart below summarises the pre and post PSF plan for the year alongside the actual performance for month 5.



2. Summary Financial Commentary

Income is showing an under recovery against plan of £1.8m (£1.0m last month) with this relating to the month 4 and 5 PSF/FRF not included in the position. Activity levels in outpatients and elective/day case work remain down on plan for non-AIC commissioners, with a corresponding reduction in income levels. This position is, in the main, compensated by non-NHS clinical income positive variances and additional to plan education and training income and R&D income.

A major review of expenditure provisions and plans has taken place this month. The reported position now reflects the net position against each spend line. In terms of our operational plan we are now showing a £0.8m adverse variance to our expenditure plan. This is materially in the area of pay expenditure, with some compensation in other expenditure categories.

The detailed finance report confirms pay expenditure as £1.6m ahead of plan. Operational medical pay budgets are showing as £4.0m overspent and operational nursing pay budgets are showing as £2.8m overspent. Pay reserves linked to agency premium costs and activity growth are compensating the position by £4.0m. These reserves link in the main to medical and nursing provisions.

A detailed analysis of run rate expenditure trends confirms that nursing expenditure in total combined for July and August was £0.4m above the quarter 1 average. Specifically the nurse agency run rate was £0.6m above the quarter 1 average for the same period. An examination of the areas of increase shows predominantly Care Group 2 (Scarborough Acute, Emergency and Elderly Medicine). There is also a notable increase in agency spend on Lilac ward at Scarborough. The spend pattern is entirely consistent with the actions taken as a result of the CQC discussion in relation to Scarborough ward nurse staffing levels.

Junior medical staff is the other area of expenditure concern. A similar analysis has been performed to that of Nursing expenditure and this shows no material increase to run rate in July but a £0.3m increase in August, comprising a £160k increase in substantive spend alongside a £140k increase in agency. This spend increase is also placing pressure on delivery of our plan. This position does include some local action for increasing staffing levels at Scarborough hospital in light of the CQC discussions around staffing levels but this does not account for the full increase in run rate. It is likely that there is some overlap between the house changeover in August and bank and agency bookings. This is expected to settle but the position will require close monitoring going forward.

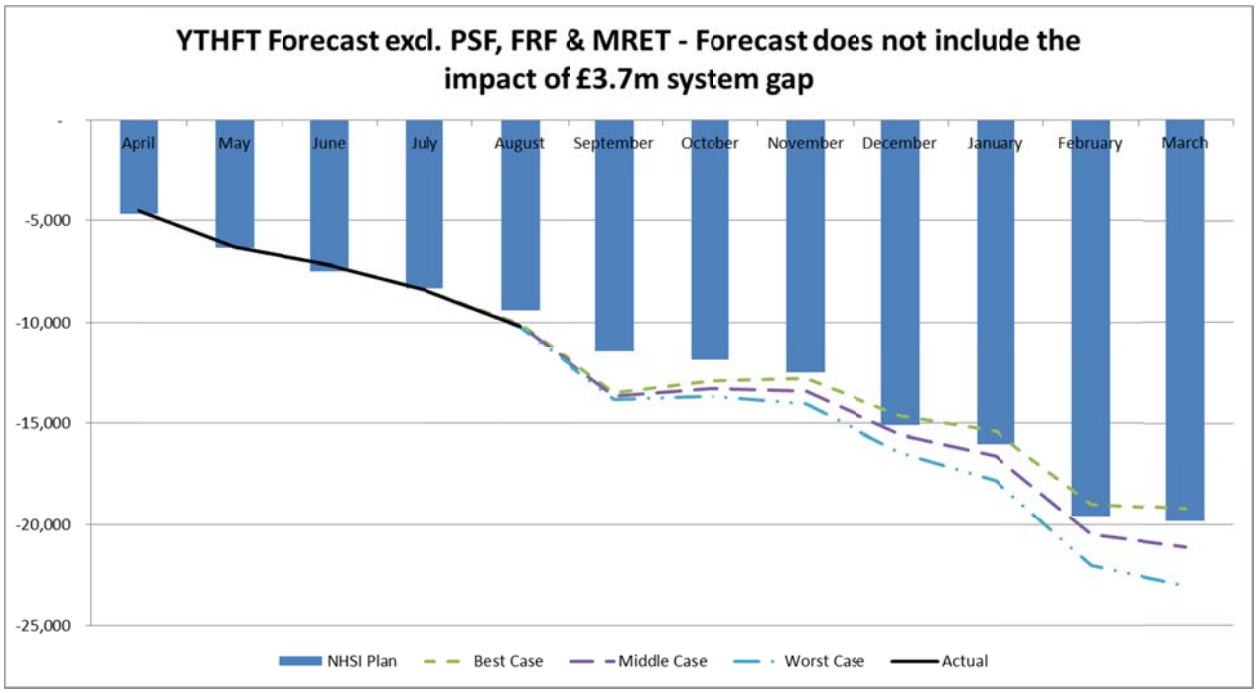
Notwithstanding the vacancy position in terms of medical and nursing staffing the Trust is now materially in breach of its agency expenditure cap. Spend is now £8.6m against a year-to-date cap level of £6.4m. The Trust is currently £2.2m ahead of its cap set by NHSI. A simple extrapolation suggests the annual cap of £15m will be breached by some £5m, with total expenditure set to exceed £20m.

In terms of the Trust's efficiency programme, month 5 delivery has been positive with £8.7m delivered against the 2019/20 plan of £17.1m. Encouragingly £7.0m has been removed recurrently. The delivery profile up to month 5 has continued to almost exactly match the plan profile and is therefore not causing pressure on the overall financial position.

3. Forecast Outturn

Last month I shared with the Board a summary of the forecast outturn position for the financial year. This has been updated to reflect the staffing expenditure increase associated with the CQC safer staffing discussions. The scenarios in the chart assume continued high bank and agency expenditure in September as well as August (and July) but some settling of the position in October as the nursing new starters begin to pick up substantive shift positions and directly reduce the agency spend rates.

The forecast now clearly shows that it is unlikely that the Trust will deliver control total for 2019/20 without taking additional recovery action, particularly given the impact of the system risk associated with the risk share of system savings.



4. Supplementary Actions

The Board are now asked to consider additional actions in support of recovery of the financial position. Specifically:

- Expenditure discipline and control should be increased. This should include the temporary delay to non-critical clinical vacancy replacement, requisition scrutiny for essential items only, temporary restrictions to non-essential training and development costs.
- Efficiency programme delivery action should be re-focused and increased with consideration given to further increasing the CIP in-year target
- Additional focus is required on the QIPP system cost recovery delivery through the System Delivery Board
- Additional income recovery plans should be compiled by each of the Care Groups for non-AC contracted commissioners

5. Recommendation

The Board of Directors is asked to note the income and expenditure position for the Trust in relation to delivery of control total and to support moving to enhanced expenditure scrutiny and cost reduction measures to re-align the forecast outturn back to plan.

York Teaching Hospital
NHS Foundation Trust

Board of Directors – 25 September 2019
Efficiency Programme Update

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

To update the Board of Directors on the delivery of the Trust's Efficiency Programme.

Executive Summary – Key Points

The 2019/20 target of £17.1m is 100% planned (90% Low Risk and 10% Medium Risk). Full year delivery as at August 2019 is £8.7M.

The key risks to the programme are:

2019/20 - recurrent delivery £7.0M.
2020/21 - planning gap of £8.4m plus high risk plans of £3.1m.
2021-24 - planning gap of £35m

Recommendation

The Resources Committee is asked to note the August 2019 CIP position.

Author: Wendy Pollard, Deputy Head of Resource Management

Director Sponsor: Andrew Bertram, Finance Director

Date: September 2019

Briefing note for the Resources Committee meeting 25 September 2019

1. Summary reported position for August 2019

1.1 Current position – highlights

Delivery – Full year Delivery is £8.7m as at August 2019 which is (51%) and has improved in month by £2.1m. This position compares to a delivery position of £10.7m in August 2018.

Part year delivery is £0.1m ahead of the profiled plan submitted to NHSI.

In year planning – At August 2019 the target of £17.1m is 100% planned (Low Risk £15.5m and Medium Risk £1.6m).

Five year planning – Five year planning shows a gap of £44m, of which £8.4m falls in 20/21 and £35.6m in the following three years.

Recurrent vs. Non recurrent – Of the £8.7m full year delivery, £7.0m has been delivered recurrently which is 41% of the overall target for 2019/20, an improvement of £1.8m in month. Recurrent delivery is £0.4m ahead of the same position in August 2018.

Risk **– Appendix 1 – Risk Scores** provides an overview of the Risk associated with the Efficiency Programme. This is viewed over a 4 year period and takes into consideration in-year and 4 year planning, in year delivery and recurrent delivery and governance risk.

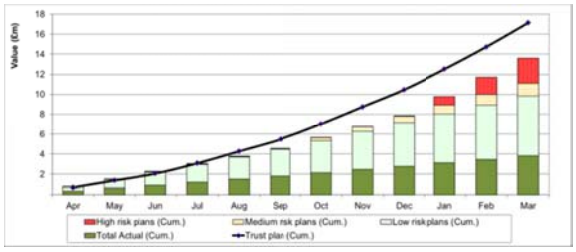
1.2 Overview

Planning

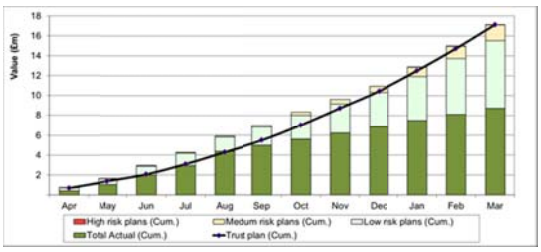
In Year Planning - 2019/20

The two graphs below summarise the in-year delivery and planning position at the end of April and end of August. The August position (September Board report) shows 100% planned at low and medium risk. Medium risk plans remain at £1.6m, 10% of the Programme.

In Year Delivery and Plans - May 2019 Board Report



In Year Delivery and Plans – September 2019 Board Report



Planning - 2020/21 to 2023/24

Table 1 below summarises the planning position of the CIP Programme for the 4 years from 2020/21 to 2023/24. This assumes an element of carry forward in each year.

Table 1 – CIP Programme 4 Years to 2023/24

York Teaching Hospital NHS Foundation Trust Cost Improvement Programme 4 Years				
	2020/21	**2021/22**	**2022/23**	**2023/24**
	£'000	**£'000**	**£'000**	**£'000**
Financial plan	8,192	8,697	8,806	8,915
Initial non recurrent to recurrent carry forward	6,361	5,349	5,271	5,434
Total target	**14,553**	**14,046**	**14,077**	**14,349**
Plans				
High	**3,153**	**1,600**	**56**	**0**
Medium	**1,006**	**386**	**1,121**	**783**
Low	**2,009**	**2,121**	**743**	**0**
Total Plans	**6,168**	**4,107**	**1,920**	**783**
Shortfall against Target	**-8,385**	**-9,939**	**-12,157**	**-13,566**

The CET will be working with Care Groups over the coming months to review Moderate and High risk plans and bridge the planning gap to ensure we are fully planned for 2020/21 prior to the annual plan submission. Opportunities identified in the Model Hospital, including GIRFT, will inform these discussions.

Delivery Performance

Delivery is broadly on plan and movement in month has been attributed to Transactional Schemes (see **Appendix 2 – Care Group and Directorate Performance**).

Transactional schemes

Transactional scheme Plans of £14.2m represent 84% of the overall Efficiency Target. Full year Delivery is £7.0m as at August 2019 of which £5.3m is recurrent.

Transformational schemes

Transformational scheme Plans of £3.0m represent 16% of the overall Efficiency Target. Full year Delivery is £1.7m as at August 2019 of which £1.7m is recurrent.

Please refer to **Appendix 3** – Summary of Schemes by Category.

Governance and Assurance

Quality Impact Assessment (QIA)

Quality Impact Assessments (QIA) are carried out following the Trust's Risk Management Framework.

There are 280 Schemes in total at the end of August 2019 and these are categorized into the following risks:

High Risk Schemes	0
Moderate Risk schemes	9
Low Risk Schemes	79
To be assessed	192

The 192 schemes are to be self-assessed by the end of September together with additional information required for the Moderate Risk Schemes which have now been re-assigned to the relevant Care Groups. The Moderate Risk Schemes will be discussed at EDG in October 2019.

Risk

As indicated in the report the main Risks presenting are:

- Planning
- Delivery (recurrent and non recurrent)
- Focus

To reduce the above risks the following following strategy is in place:

- Engagement and discussion with newly formed Care Groups.
- Re-establish CIP Workshops.
- Identify and explore opportunities presented in Model Hospital, SLR and GIRFT.
- Adopt a methodical approach to reviewing Model Hospital using Planning Guidelines by Carter Category.

RISK SCORES - AUGUST 2019 - APPENDIX 1

Care Group	Yr1 Target	4Yr Target	Yr 1 Plan v Target		Yr 1 Delivery v Target		Y1 Recurrent Delivery v target		4 Yr Plan v Target		Overall Financial Risk		Governance Risk	
	(£000)	(£000)	%	Risk	%	Risk	%	Risk	%	Risk	Total Score		% Assessed	
CG1. Acute, Emergency and Elderly York	2,622	8,084	57%	HIGH	35%	HIGH	29%	MEDIUM	47%	HIGH	11	HIGH	36%	HIGH
CG2. Acute, Emergency and Elderly Scarborough	2,107	4,992	17%	HIGH	12%	HIGH	6%	HIGH	21%	HIGH	12	HIGH	0%	HIGH
CG3. Surgery	3,611	9,853	82%	HIGH	28%	HIGH	18%	HIGH	41%	HIGH	12	HIGH	9%	HIGH
CG4. Cancer and Support Services	3,176	8,139	48%	HIGH	27%	HIGH	23%	HIGH	56%	HIGH	12	HIGH	88%	LOW
CG5. Family Health	2,180	5,243	35%	HIGH	14%	HIGH	9%	HIGH	22%	HIGH	12	HIGH	41%	HIGH
CG6. Specialised Medicine	3,095	8,165	107%	MEDIUM	43%	MEDIUM	38%	LOW	66%	HIGH	8	MEDIUM	5%	HIGH
Corporate Functions														
Chief Nurse Team	275	441	66%	HIGH	17%	HIGH	0%	HIGH	41%	HIGH	12	HIGH	33%	HIGH
Chairman and CEO	165	316	96%	HIGH	96%	LOW	0%	HIGH	50%	HIGH	10	HIGH	0%	HIGH
SNS	218	568	24%	HIGH	24%	HIGH	24%	HIGH	15%	HIGH	12	HIGH	67%	MEDIUM
Ops Management	181	291	24%	HIGH	24%	HIGH	24%	HIGH	15%	HIGH	12	HIGH	0%	HIGH
Medical Governance	54	98	6%	HIGH	6%	HIGH	6%	HIGH	3%	HIGH	12	HIGH	0%	HIGH
Finance	294	704	159%	LOW	159%	LOW	74%	LOW	67%	HIGH	6	LOW	89%	LOW
Workforce and Organisational Development	219	470	187%	LOW	68%	LOW	0%	HIGH	192%	LOW	6	LOW	0%	HIGH
Estates and Facilities	644	2,576	193%	LOW	60%	LOW	60%	LOW	114%	LOW	4	LOW	0%	HIGH
TRUST SCORE	**1,232**	**3,011**	**100%**	MEDIUM	**51%**	LOW	**41%**	LOW	**68%**	HIGH	**7**	MEDIUM	33%	HIGH

APPENDIX 2 - CARE GROUP AND DIRECTORATE PERFORMANCE - AUGUST 2019		
		FYE Achieved
Care Group	**Directorate**	**Total**
1. Acute, Emergency and Elderly Medicine (York)	Community	£19,091
	ED York	£119,824
	General Medicine York	£626,403
	Medicine for the Elderly York	£142,413
1. Acute, Emergency and Elderly Medicine (York) Total		**£907,731**
2. Acute, Emergency and Elderly Medicine (Scarborough)	ED Scarborough	£29,074
	General Medicine Scarborough	£112,591
	Medicine for the Elderly Scarborough	£114,222
2. Acute, Emergency and Elderly Medicine (Scarborough) Total		**£255,887**
3. Surgery	GS&U	£241,430
	Head and Neck	£156,343
	TACC	£595,969
3. Surgery Total		**£993,742**
4. Cancer and Support Services	Cancer	£18,376
	Endoscopy	£1,166
	Lab Medicine	£227,429
	Pharmacy	£338,864
	Radiology	£267,706
4. Cancer and Support Services Total		**£853,541**
5. Family Health	Child Health	£198,758
	Sexual Health	£69,514
	Womens Health	£26,825
5. Family Health Total		**£295,097**
6. Specialised Medicine	Ophthalmology	£63,630
	Orthopaedics	£326,936
	Specialist Medicine	£931,478
6. Specialised Medicine Total		**£1,322,044**
7. Corporate Functions	Chief Exec	£197,382
	Chief Nurse Team	£48,000
	CIP Reserve	£2,751,885
	Estates and Facilities	£383,967
	Finance	£467,042
	Medical Governance	£3,195
	Ops Management	£44,021
	SNS	£50,000
	Workforce & organisational development	£149,592
7. Corporate Functions Total		**£4,095,084**
Grand Total		**£8,723,126**

Appendix 3 - Summary of Efficiency Programme by Category

The 3 tables below summarise the position of the overall Efficiency Programme by category.

- **Table 1** provides a summary of the over-arching Efficiency programme.
- **Table 2** provides a summary of the Transformational schemes.
- **Table 3** provides a summary of the over-arching Efficiency programme analysed by Carter category. This will include both transformational and transactional schemes.

Table 1: Efficiency Programme Summary

Programme Category	Annual Plan £'m	Full Year Delivery £'m	Full Year Recurrent Delivery £'m	Full Year Non Recurrent Delivery £'m	NHSI Plan YTD £'m	Total Delivery YTD £'m
Transactional	£14.1	£ 7.0	£ 5.3	£ 1.7	£ 3.4	£ 3.7
Transformational	£ 3.0	£ 1.7	£ 1.7	£ 0.0	£ 0.9	£ 0.7
Total Programme	**£17.1**	**£ 8.7**	**£ 7.0**	**£ 1.7**	**£ 4.3**	**£ 4.4**

Table 2: Transformational Scheme Summary

Transformational Scheme	Annual Plan £'m	Full Year Delivery £'m	Full Year Recurrent Delivery £'m	Full Year Non Recurrent Delivery £'m	NHSI Plan YTD £'m	Total Delivery YTD £'m
Theatre Productivity	£ 0.8	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0
Outpatients	£ -	£ -	£ -	£ -	£	£ -
ADM	£ 0.8	£ 0.4	£ 0.4	£ 0.0	£ 0.3	£ 0.2
Pharmacy	£ 1.3	£ 1.3	£ 1.3	£ 0.0	£ 0.6	£ 0.5
Paperlite	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ -	£ 0.0
Printer Strategy	£ 0.1	£ 0.0	£ 0.0	£ 0.0	£ 0.0	£ 0.0
Total Transformational Schemes	**£ 3.0**	**£ 1.7**	**£ 1.7**	**£ 0.0**	**£ 0.9**	**£ 0.7**

Table 3: Efficiency Programme by Carter Category						
Carter Category	**NHSI Annual Plan £'m**	**Full Year Delivery £'m**	**Full Year Recurrent Delivery £'m**	**Full Year Non Recurrent Delivery £'m**	**NHSI Plan YTD £'m**	**Total Delivery YTD £'m**
Carter W/force (Medical)	£ 2.0	£ 0.3	£ 0.3	£ 0.0	£ 0.1	£ 0.1
Carter W/force (Nursing)	£ 1.4	£ 0.3	£ 0.3	£ 0.0	£ 0.2	£ 0.2
Carter W/force (AHP)	£ 0.2	£ 0.4	£ 0.3	£ 0.1	£ 0.1	£ 0.2
Carter W/force (Other)	£ 1.8	£ 0.6	£ 0.0	£ 0.6	£ 0.6	£ 0.6
Carter Procurement	£ 3.2	£ 1.9	£ 1.8	£ 0.1	£ 1.1	£ 0.9
Carter Hospital Medicine & Pharmacy	£ 2.0	£ 1.6	£ 1.6	£ 0.0	£ 0.6	£ 0.7
Carter Corporate & Admin	£ 0.5	£ 2.3	£ 1.7	£ 0.6	£ 0.2	£ 1.1
Carter Estates & Facilities	£ 1.0	£ 0.4	£ 0.4	£ 0.0	£ 0.3	£ 0.2
Carter Imaging	£ 0.5	£ 0.3	£ 0.2	£ 0.1	£ 0.2	£ 0.1
Carter Pathology	£ 0.6	£ 0.2	£ 0.2	£ 0.0	£ 0.1	£ 0.1
Other Savings Plans/Unidentified	£ 3.9	£ 0.3	£ 0.2	£ 0.1	£ 0.8	£ 0.2
Total Programme by Carter Category	**£17.1**	**£ 8.7**	**£ 7.0**	**£ 1.7**	**£ 4.3**	**£ 4.4**

It should be noted that Transformational Schemes will also be included in the Carter Categories.

Finance Performance Report

August 2019

Produced September 2019

The Board Assurance Framework is structured around the Trust's three 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 stability

Summary Income and Expenditure Position
Month 5 - The Period 1st April 2019 to 31st August 2019

York Teaching Hospital NHS Foundation Trust

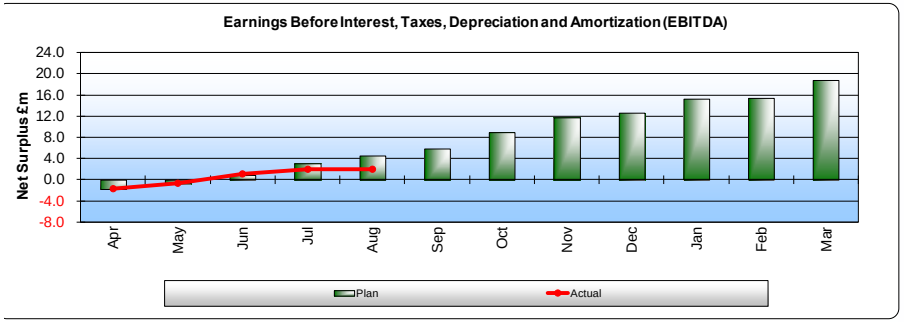
Summary Position:

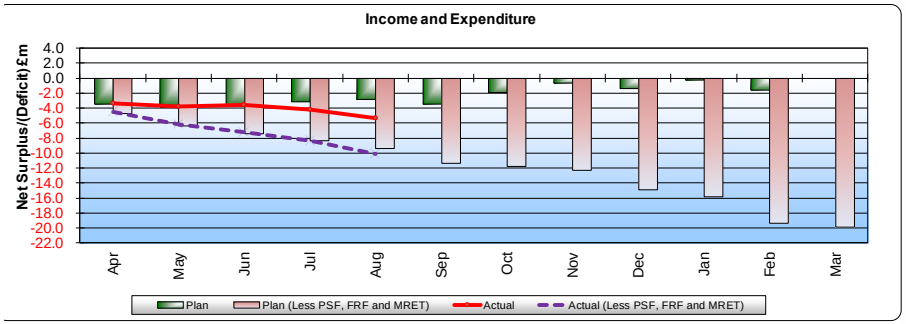
* The Trust is reporting an I&E deficit of £5.4m, placing it £2.6m behind the operational plan.

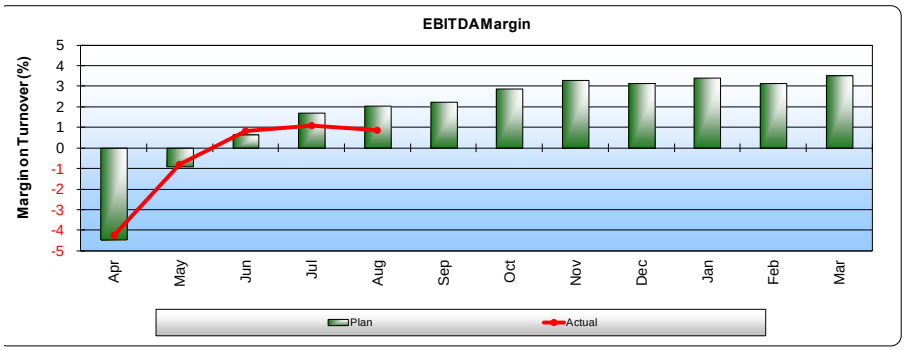
* Income is £1.8m behind plan, with clinical income being £0.8m behind plan.

* Operational expenditure is £0.8m ahead of the operational plan, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is £1.9m (0.87%) compared to plan of £4.5m (2.02%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	24,605	11,077	10,821	-256	24,605	0
Planned same day (Day cases)	40,792	17,684	17,383	-301	40,792	0
Non-Elective Income	140,966	58,354	58,686	333	140,966	0
Outpatients	64,943	27,133	26,209	-924	64,943	0
A&E	20,491	8,802	8,934	132	20,491	0
Community	20,169	8,404	8,406	2	20,169	0
Other	107,755	44,959	45,354	395	107,755	0
Pass-through excluded drugs expenditure	44,685	18,641	18,456	-185	44,685	0
	464,406	**195,054**	**194,249**	**-805**	**464,406**	**0**
Non-NHS Clinical Income						
Private Patient Income	1,105	460	528	68	1,105	0
Other Non-protected Clinical Income	1,713	714	775	62	1,713	0
	2,818	**1,174**	**1,304**	**130**	**2,818**	**0**
Other Income						
Education & Training	16,734	6,972	7,391	419	16,734	0
Research & Development	2,425	1,010	1,431	421	2,425	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	260	225	-34	623	0
Other Income	22,832	10,657	10,542	-115	22,832	0
PSF, FRF and MRET	22,414	6,478	4,698	-1,780	19,814	0
	65,028	**25,377**	**24,288**	**-1,089**	**65,028**	**0**
Total Income	**532,252**	**221,605**	**219,841**	**-1,764**	**532,252**	**0**
Expenditure						
Pay costs	-360,020	-148,846	-150,429	-1,583	-360,020	0
Pass-through excluded drugs expenditure	-44,685	-18,641	-18,568	73	-44,685	0
PbR Drugs	-9,065	-3,486	-3,575	-89	-9,065	0
Clinical Supplies & Services	-52,329	-21,592	-21,254	338	-52,329	0
Other costs (excluding Depreciation)	-56,841	-24,392	-24,097	295	-56,841	0
Restructuring Costs	0	0	0	0	0	0
CIP	8,480	-168	0	168	8,480	0
Total Expenditure	**-514,460**	**-217,125**	**-217,923**	**-797**	**-514,460**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**17,792**	**4,479**	**1,918**	**-2,561**	**17,792**	**0**
Profit/ Loss on Asset Disposals	0	0	0	0	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-10,000	-4,167	-4,167	-0	-10,000	0
Depreciation - donated/granted assets	-400	-167	-167	-0	-400	0
Interest Receivable/ Payable	130	54	86	32	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-936	-390	-423	-33	-936	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-6,291	-2,621	-2,621	0	-6,291	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**-5**	**-2,811**	**-5,373**	**-2,562**	**-5**	**0**

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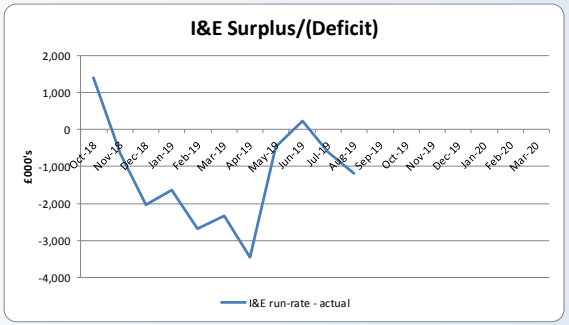
Summary Trust Run Rate Analysis

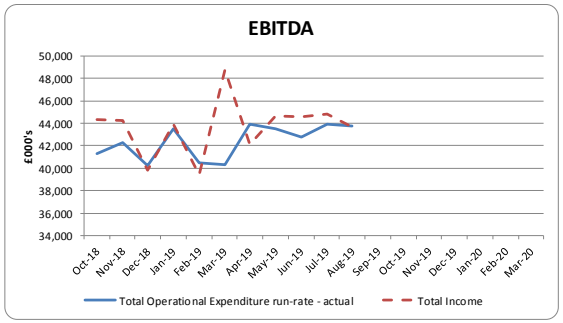
Month 5 - The Period 1st April 2019 to 31st August 2019

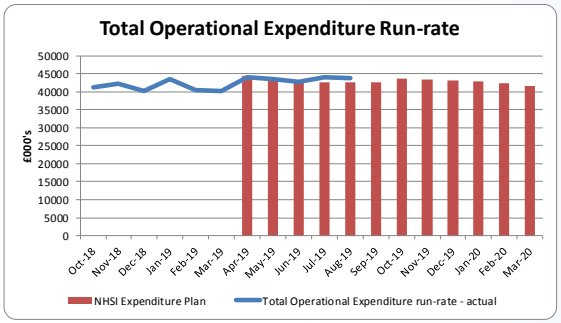
Key Messages:

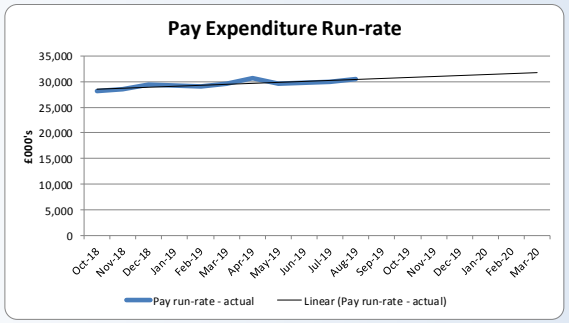
* The total operational expenditure in August was £43.8m. The average total operational expenditure in the previous ten months was £42.2m. Resulting in an adverse variance of £1.5m.

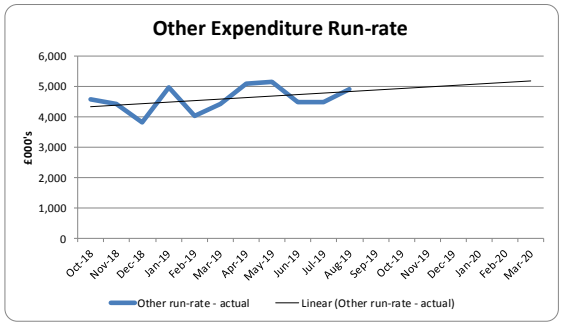
* In month operational expenditure exceeded income by £0.1m, resulting in a negative EBITDA for the month.

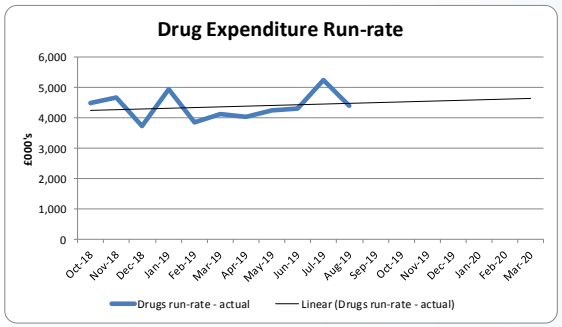


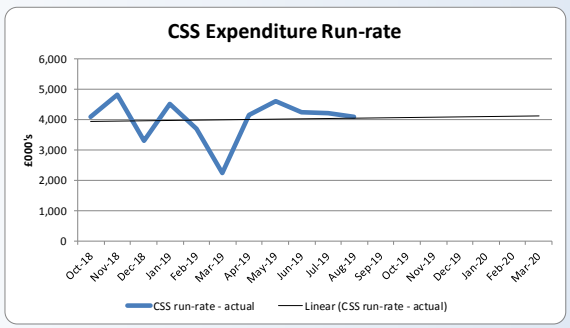












	Monthly Spend																	Monthly Ave	Variance
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20		
Total Income	44,347	44,277	39,808	43,908	39,422	48,743	42,117	44,632	44,555	44,837	43,700	0	0	0	0	0	0	0	43,665	35
Pay Expenditure	-28,178	-28,451	-29,396	-29,165	-28,990	-29,535	-30,660	-29,593	-29,785	-30,001	-30,390	0	0	0	0	0	0	0	-29,375	-1,015
Drug Expenditure	-4,465	-4,660	-3,711	-4,934	-3,824	-4,117	-4,009	-4,230	-4,280	-5,234	-4,391	0	0	0	0	0	0	0	-4,346	-45
CSS Expenditure	-4,071	-4,796	-3,301	-4,494	-3,677	-2,235	-4,146	-4,587	-4,235	-4,206	-4,080	0	0	0	0	0	0	0	-3,975	-105
Other Expenditure	-4,575	-4,409	-3,820	-4,949	-4,029	-4,411	-5,088	-5,138	-4,483	-4,481	-4,907	0	0	0	0	0	0	0	-4,538	[illegible]
EBITDA	3,058	1,961	-420	366	-1,098	8,445	-1,786	1,084	1,772	915	-68	0	0	0	0	0	0	0	1,430	[illegible]

Contract Performance

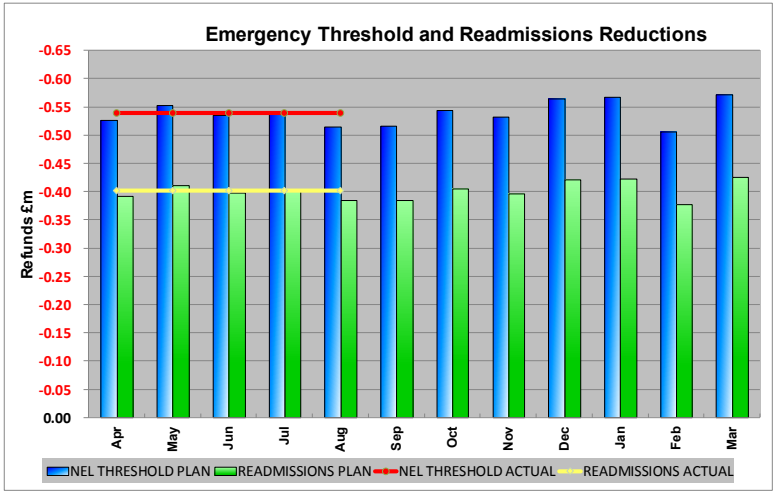
Month 5 - The Period 1st April 2019 to 31st August 2019

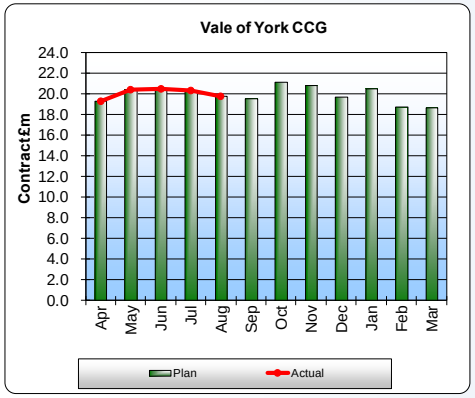
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	239,634	100,373	100,373	0
Scarborough & Ryedale CCG	84,719	36,203	36,203	0
East Riding CCG	46,500	19,451	19,451	0
Other Contracted CCGs	18,675	7,765	8,001	236
NHSE - Specialised Commissioning	46,409	19,255	18,611	-644
NHSE - Direct Commissioning	15,115	6,198	6,071	-127
Local Authorities	4,335	1,810	1,814	4
Total NHS Contract Clinical Income	**455,387**	**191,055**	**190,524**	**-531**

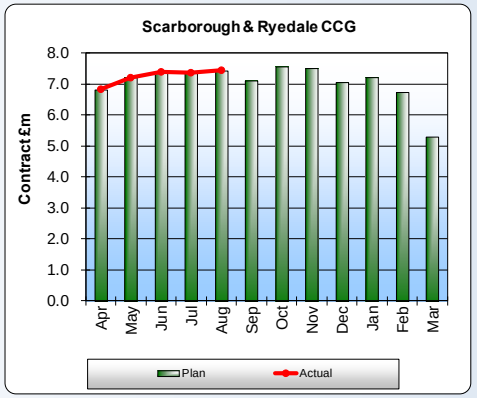
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	6,661	2,770	3,725	955
Risk Income	2,358	1,229	0	-1,229
Total Other NHS Clinical Income	**9,019**	**3,999**	**3,725**	**-274**

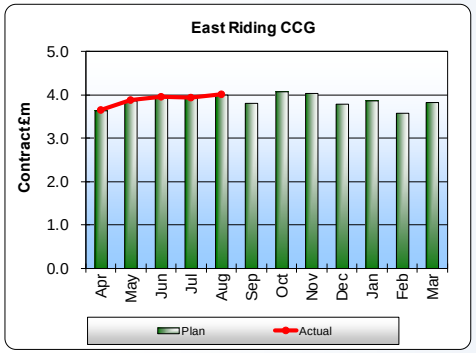
Total NHS Clinical Income	**464,406**	**195,054**	**194,249**	**-805**

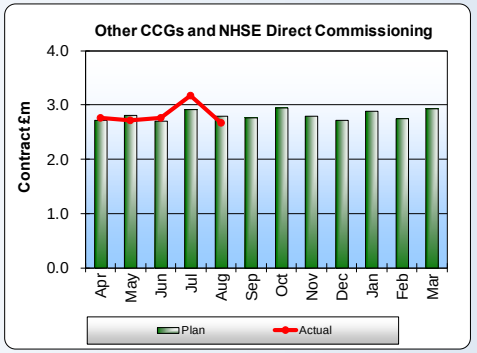
Activity data for August is partially coded (57%) and June data is 92% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

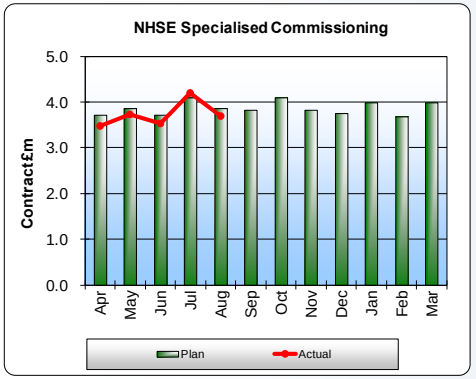


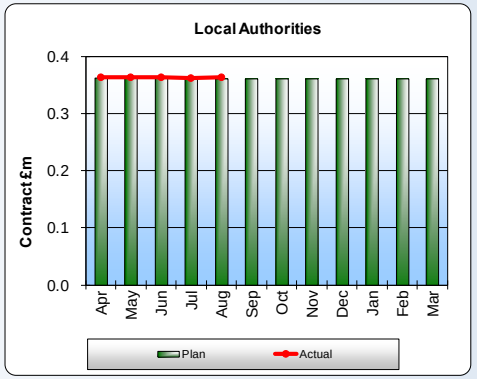












Agency Expenditure Analysis

Month 5 - The Period 1st April 2019 to 31st August 2019

Key Messages:

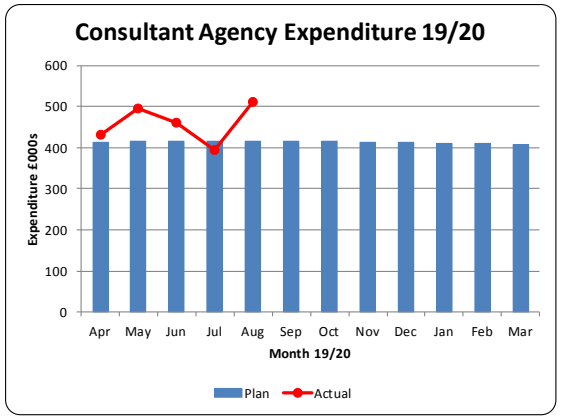
* Total agency spend year to date of £8.6m, compared to the NHSI agency ceiling of £6.4m.

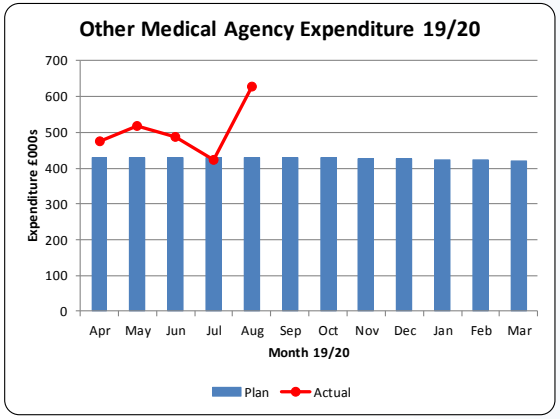
* Consultant Agency spend is £0.2m ahead of plan.

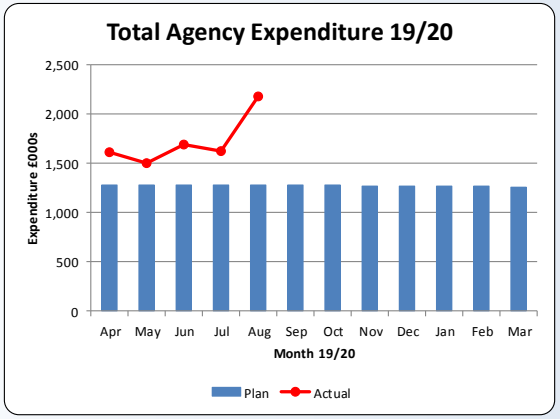
* Nursing Agency is £1.5m ahead of plan.

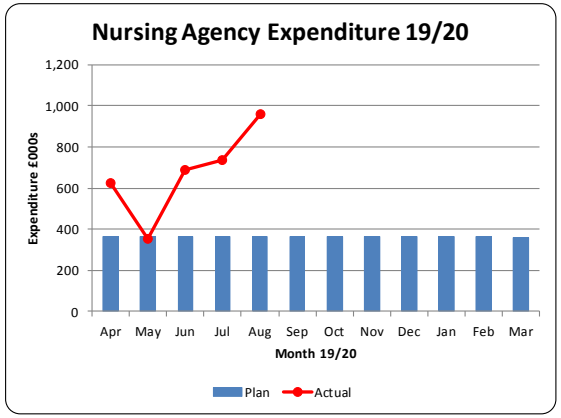
* Other Medical Agency spend is £0.4m ahead of plan.

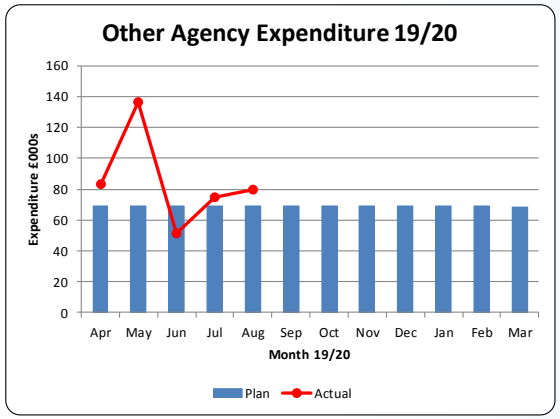
* Other Agency spend is £0.1m ahead of plan.

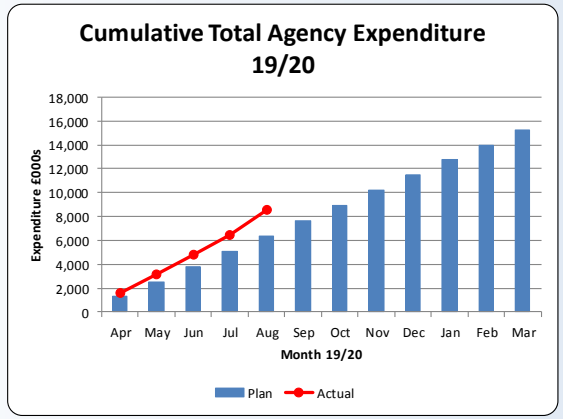












Expenditure Analysis

Month 5 - The Period 1st April 2019 to 31st August 2019

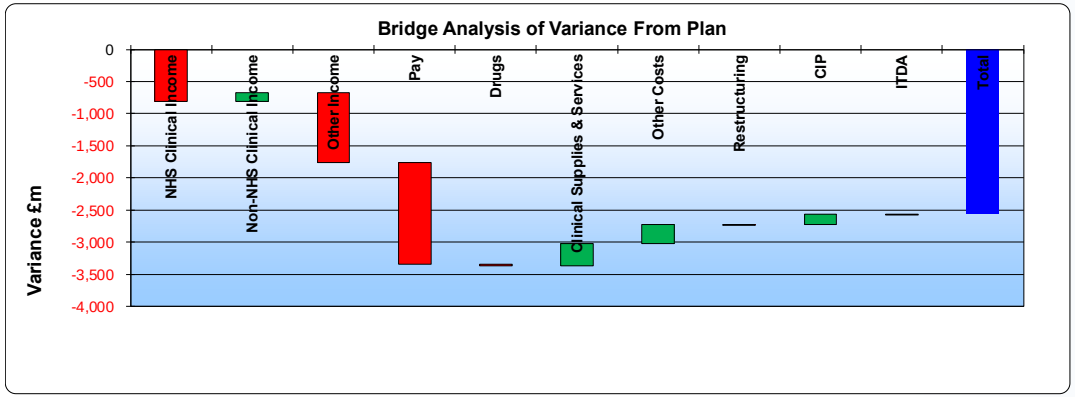
York Teaching Hospital NHS Foundation Trust

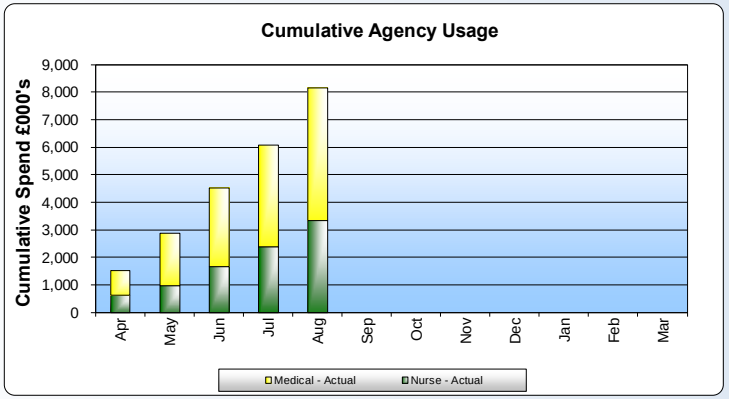
Key Messages:

There is an adverse expenditure variance of £0.8m at the end of August 2019. This comprises:

* Pay expenditure is £1.6m ahead of plan.
* Drugs expenditure is on plan.
* CIP achievement is £0.2m ahead of plan.
* Other expenditure is £0.6m behind plan.

Staff Group	Annual Plan	Year to Date Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Previous Variance	Comments
Consultants	61,685	25,304	22,496	-	671	-	2,291	25,458	-154	0	
Medical and Dental	34,834	14,636	15,897	-	76	-	2,530	18,503	-3,866	0	
Nursing	94,134	38,758	33,255	223	66	4,697	3,350	41,591	-2,833	0	
Healthcare Scientists	11,677	4,801	5,137	10	6	2	106	5,261	-460	0	
Scientific, Therapeutic and technical	16,552	6,816	6,535	39	2	15	51	6,642	174	0	
Allied Health Professionals	24,451	10,197	9,697	79	94	-	26	9,897	300	0	
HCAs and Support Staff	49,987	20,599	19,306	315	28	25	154	19,828	771	0	
Chairman and Non Executives	198	79	77	-	-	-	-	77	2	0	
Exec Board and Senior managers	15,175	6,118	5,991	4	-	-	-	5,995	123	0	
Admin & Clerical	41,095	17,070	16,558	5	1	-	88	16,651	419	0	
Pay Reserves	9,041	3,970	-	-	-	-	-	0	3,970	0	
Apprenticeship Levy	1,194	497	525	0	0	0	0	525	-28	0	
TOTAL	**360,022**	**148,846**	**135,475**	**675**	**944**	**4,740**	**8,595**	**150,429**	**-1,583**	**0**	



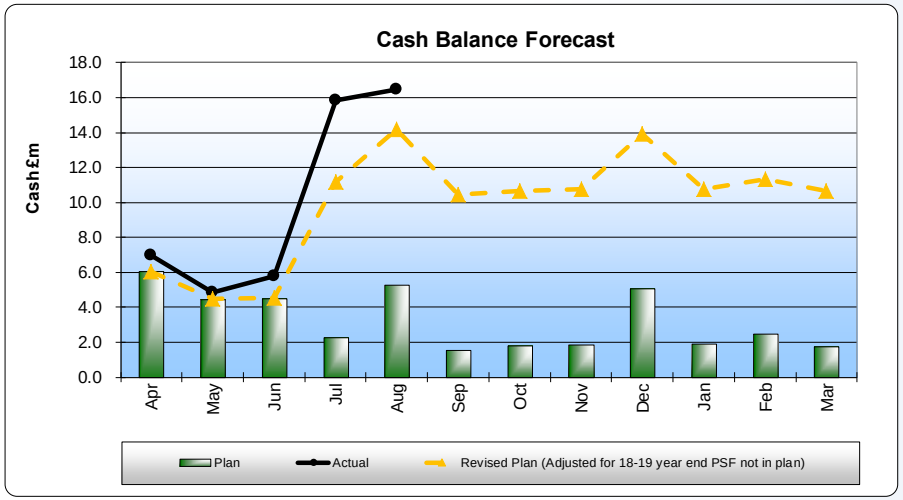


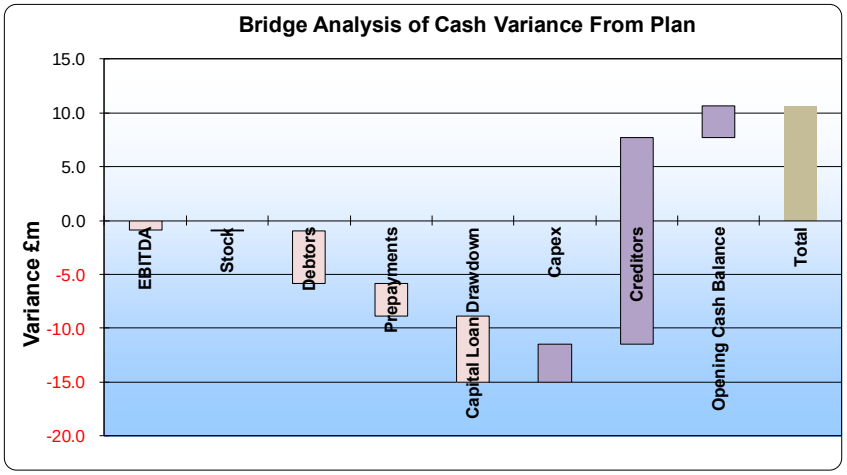
Cash Flow Management

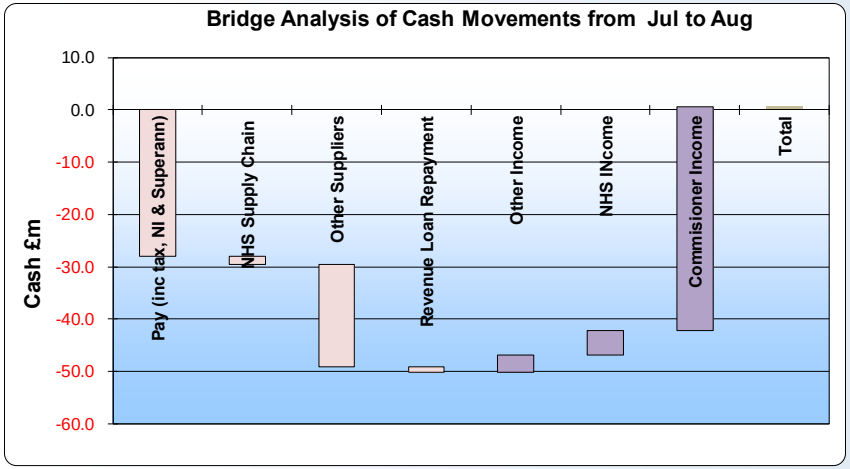
Month 5 - The Period 1st April 2019 to 31st August 2019

Key Messages

* The cash position at the end of August was £16.5m, which is £11m above plan.The main factors for this are:
* £3m increase due to the 19/20 opening cash position, mainly due to the receipt of additional contract income agreed with the commissioners as part of the year end process.
* £9m increase due to receipt of year end bonus & additional PSF, which was not in the original NHSI plan submission.
* The remaining change is due to minor working capital movements.







* Limited analysis was available at time of reporting due to system issues.

Cash Flow Management

Month 5 - The Period 1st April 2019 to 31st August 2019

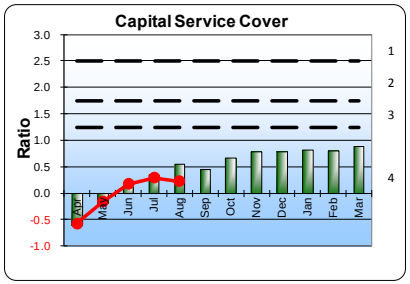
Key Messages:

* The receivables balance at the end of August was £8.2m, which is below plan.
* The payables balance at the end of August was £15.5m, a slight increase on July's position and below plan by £5.44m.
* The Use of Resources Rating is assessed is a score of 3 in August, and is reflective of the I&E position.

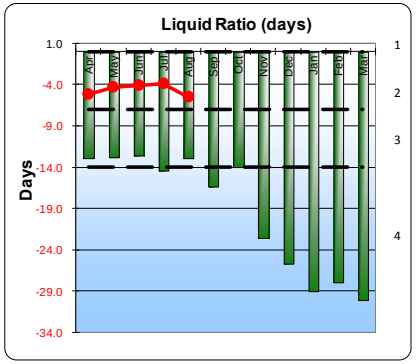
Significant Aged Debtors (Invoices Over 90 Days)

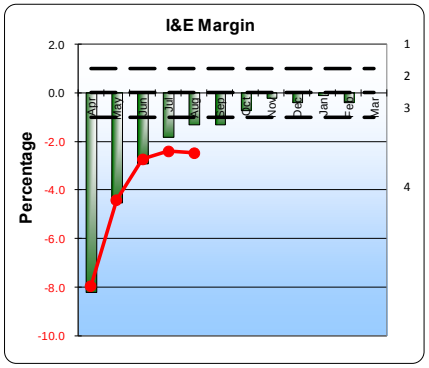
Harrogate & District NHS Foundation Trust	**£724K**
Tees, Esk & Wear Valleys NHS Foundation Trust	**£530K**
Hull University Teaching Hospital NHS Trust	**£438K**
Humber NHS Foundation Trust	**£373K**
NHS Property Services	**£262K**

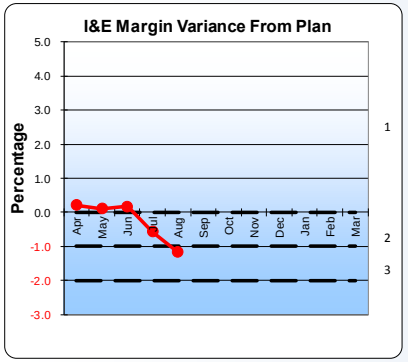
	Current	1-30 days	31-60 days	Over 60 days	Total
	£m	£m	£m	£m	£m
Payables	5.05	2.62	1.57	6.25	15.49
Receivables	2.10	0.76	1.47	3.91	8.24

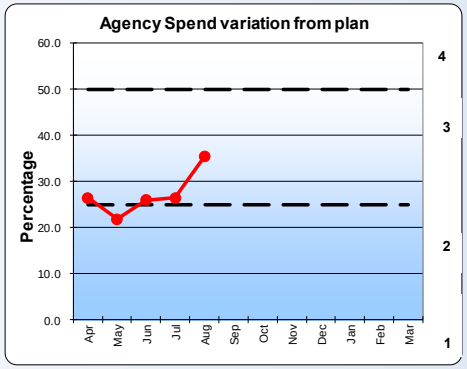


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Capital Service Cover (20%)	4	4	4	4
Liquidity (20%)	4	3	2	4
I&E Margin (20%)	2	4	4	2
I&E Margin Variance From Plan (20%)	1	1	3	1
Agency variation from Plan (20%)	1	2	3	1
Overall Use of Resources Rating	**3**	**3**	**3**	**3**









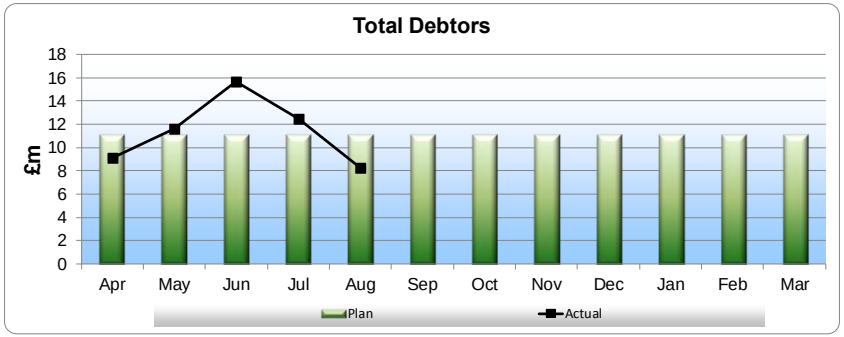
Debtor Analysis

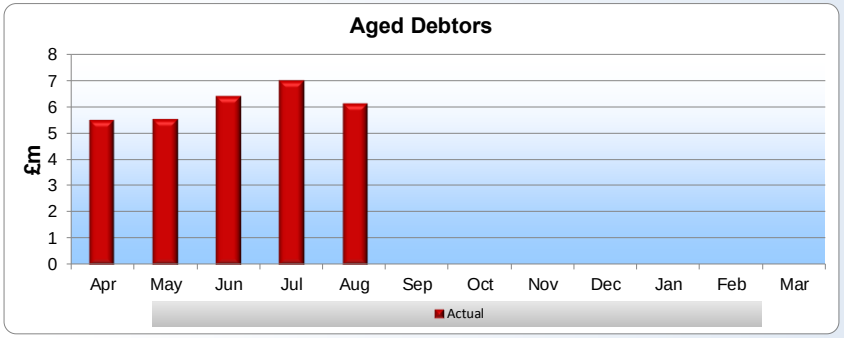
Month 5 - The Period 1st April 2019 to 31st August 2019

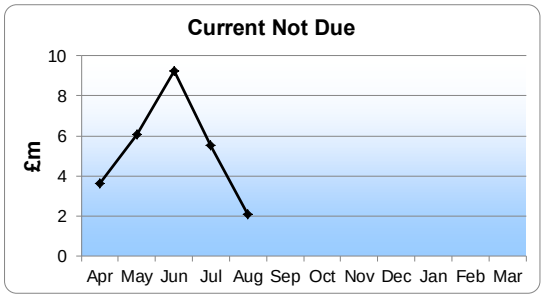
York Teaching Hospital NHS Foundation Trust

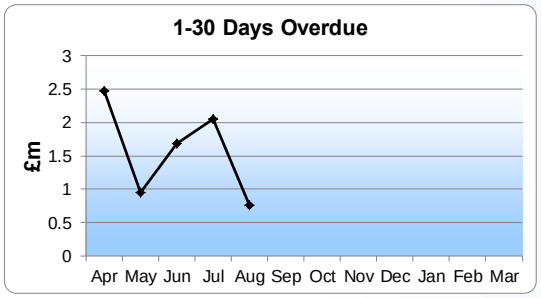
Key Messages

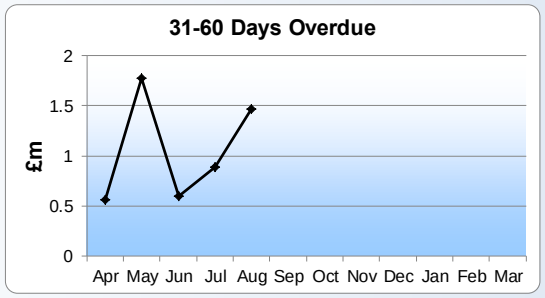
* At the end of August, the total debtor balance was £8.2, which is below plan.
* £2m of the total debtor balance relates to 'current' invoices not due for payment. Aged debt totalled £6m.
* Aged Debt has reduced by £1.6m on the July position and is broadly in line with the 18/19 comparator position.
* Long term debtors (Over 90 Days) have reduced from the July position and continue to be a focus area for the Trust
* Accrued income is £8m above plan, which requires focus to ensure that invoices are raised in a timely manner to maintain cash flow.

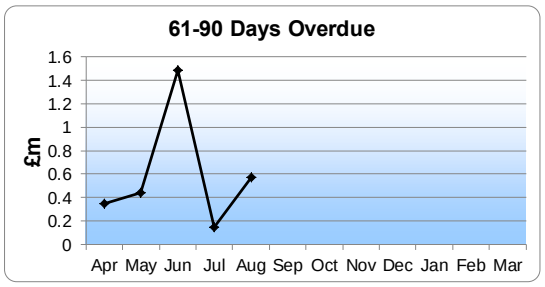


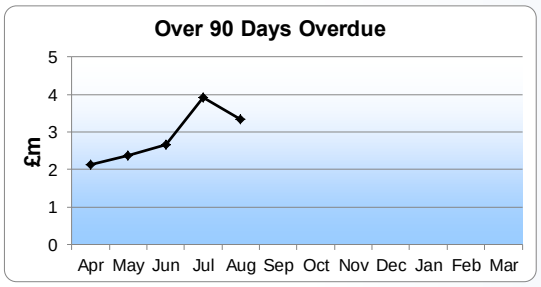


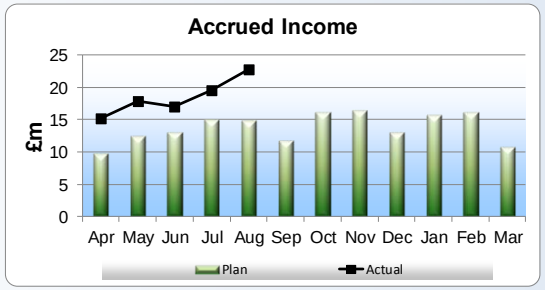












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Capital Programme

Month 5 - The Period 1st April 2019 to 31st August 2019

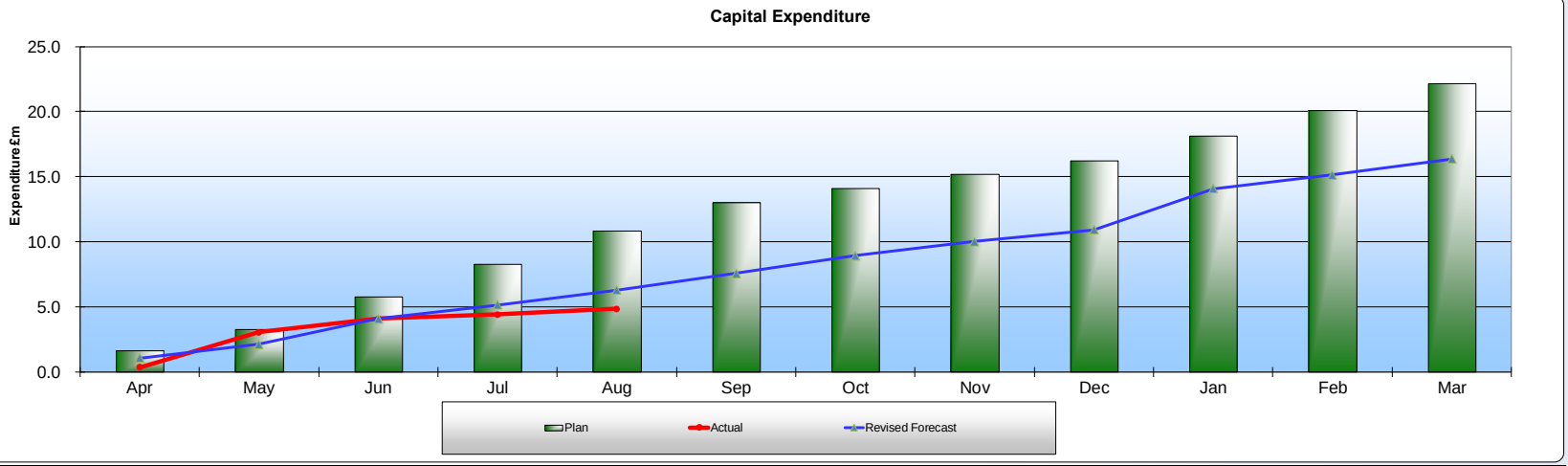
York Teaching Hospital NHS Foundation Trust

Key Messages:

* As per instructions from NHS Improvement the Trust's capital plan has been reduced to contribute to the National CDEL limit over commitment

* The plan as reduced from £22.149m to £16.360 which still includes a £684k over commitment

* The main schemes this year are the completion of the Endoscopy Development at York, the Fire alarm at Scarborough and the Community Stadium project towards the end of the financial year.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Year to date Forecast Expenditure	Variance Forecast v Actual	Comments
	£000	£000	£000	£000	
Community Stadium	2,201	35	30	-5	
York Electrical Infrastructure	500	20	0	-20	
Fire Alarm System SGH	820	359	490	131	
Other Capital Schemes	283	258	934	676	
SGH Estates Backlog Maintenance	1,000	260	335	75	
York Estates Backlog Maintenance - York	1,027	167	340	173	
Cardiac/VIU Extention	2,500	131	218	87	
Medical Equipment	200	268	101	-167	
SNS Capital Programme	1,800	816	935	119	
Capital Programme Management	1,472	646	630	-16	
Endoscopy Development	3,000	1,681	2,025	344	
Charitable funded schemes	624	224	260	36	
Wave 4 STP Fees	933	0	10	10	
Estimated In year work in progress	0	0	0	0	
TOTAL CAPITAL PROGRAMME	**16,360**	**4,865**	**6,308**	**1,443**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	11,400	2,829	3,795	7,605	
Loan Funding b/fwd	-3,047	0	0	-3,047	
Loan Funding	6,000	1,812	2,243	3,757	
Charitable Funding	624	224	260	364	
PDC funding	450	0	0	450	
Sale of Assets	933	0	0	933	
TOTAL FUNDING	**16,360**	**4,865**	**6,308**	**1,443**	

Key Messages:

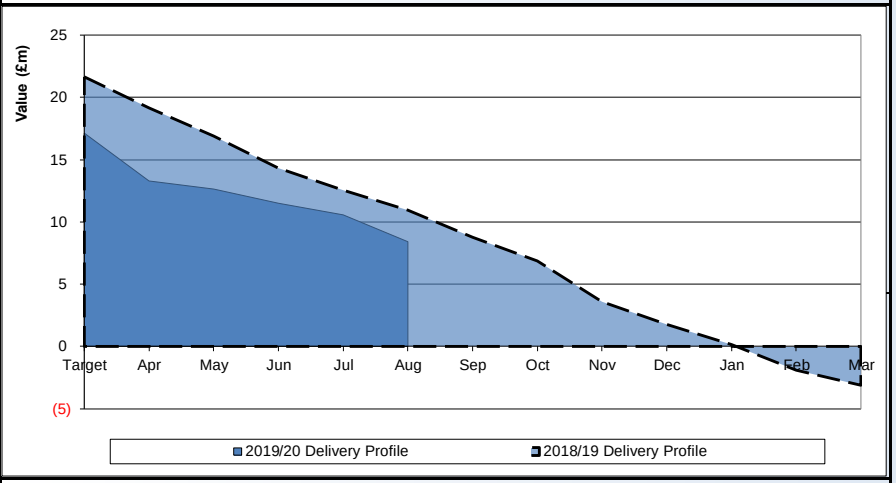
* Delivery - £8.7m has been delivered against the Trust annual target of £17.1m, giving a gap of £8.4m.
* Part year NHSI variance - The part year NHSI variance is £0.1m.
* Four year planning - The four year planning gap is £13.8m.
* Recurrent delivery is £7m in-year, which is 40.8% of the 2019/20 CIP target.

Efficiency - Total CIP

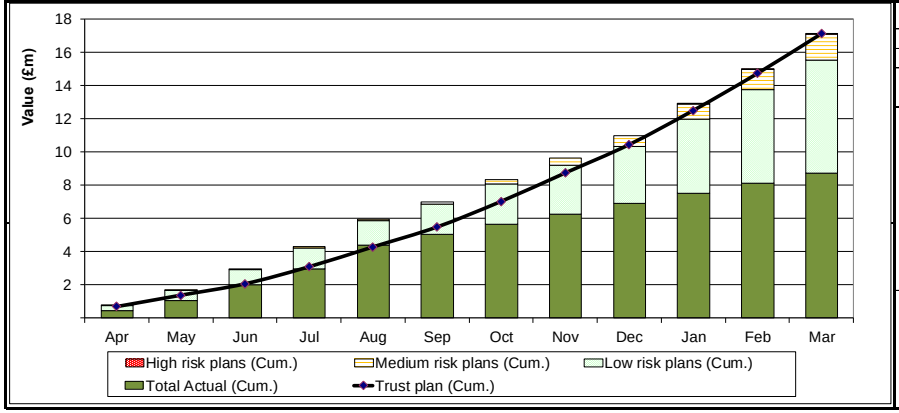
Executive Summary

	£m
2019/20 CIP Target	**£17.1**
In Year Delivery	
NHSI YTD Target at Month 5	£4.3
Actual Delivery at Month 5	£4.4
NHSI Variance Month 5	**£0.1**
Recurrent Delivery	£7.0
Non Recurrent Delivery	£1.7
Total Delivery	**£8.7**
In Year (Gap)/Surplus to Delivery	**-£8.4**
In Year Planning	
Forecasted Delivery	£17.1
Forecasted Planning (Gap)/Surplus	**£0.0**
Long Term Planning	
4 Year CIP Target (19/20 to 22/23)	**£42.6**
4 Year Plans	£28.8
4 Year Planning (Gap)/Surplus	**-£13.8**

Gap to delivery 2019/20 - Progress profile compared to 2018/19



In Year CIP Delivery and Future Plans by Risk



Governance Risk Heat Map

Total Number of Schemes	280
Total Number of Assessed Schemes - Directorate	88
Total Number of Assessed Schemes - Signed Off	55

Probability/ Likelihood						
	Almost Certain	0				
		0				
		0	2			
		0	7			
	Rare	76	3		0	
		Negliable - None				Catastrophic/death
		Consequence/Severity				

Efficiency Programme
Month 5 - The Period 1st April 2019 to 31th August 2019

Key Messages:
* Transactional CIP schemes represent £14.2m of the £17.1m Efficiency Target.
* Delivery at Month 5 is £7m of which £5.3m is recurrent.

Efficiency - Transactional CIP

Executive Summary

	£m
2019/20 Transactional CIP Target	**£14.2**
In Year Delivery	
NHSI YTD Target at Month 5	£3.4
Actual Delivery at Month 5	£3.7
NHSI Variance Month 5	**£0.3**
Recurrent Delivery	£5.3
Non Recurrent Delivery	£1.7
Total Delivery	**£7.0**
In Year (Gap)/Surplus to Delivery	**-£7.1**
In Year Planning	
Forecasted Delivery	£14.2
Forecasted Planning (Gap)/Surplus	**£0.0**
Long Term Planning	
4 Year Transactional CIP Target (19/20 to 22/23)	**£38.2**
4 Year Plans	£24.4
4 Year Planning (Gap)/Surplus	**-£13.8**

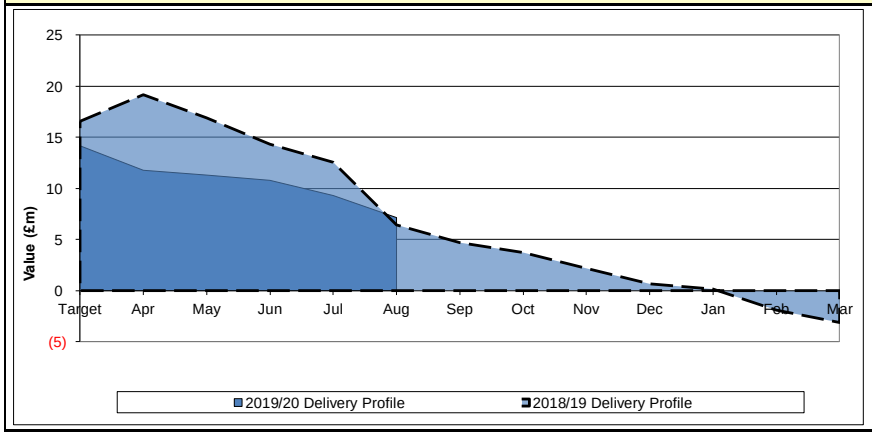
Governance Risk Heat Map

Total Number of Schemes	274
Total Number of Assessed Schemes - Directorate	85
Total Number of Assessed Schemes - Signed Off	54

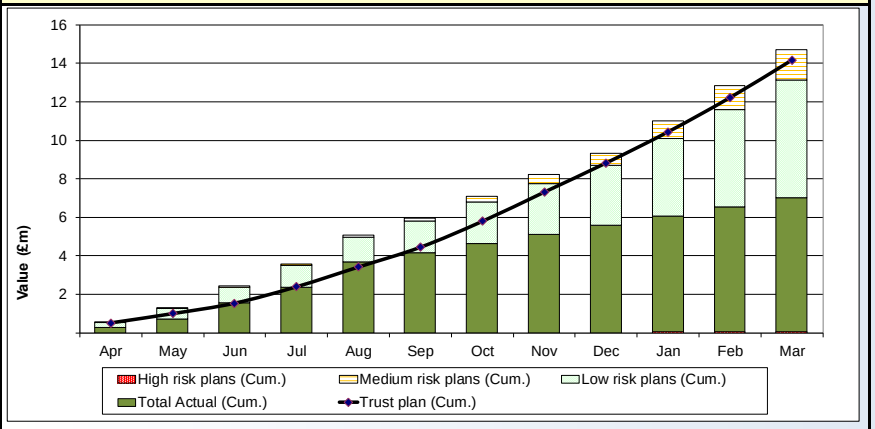
Probability/ Likelihood	Negligible - None				Catastrophic/death
Almost Certain	0	0	0	0	0
	0	0	0	0	0
	0	2	0	0	0
	0	7	0	0	0
Rare	73	3	0	0	0
	Consequence/Severity				

Moderate Risk Plans:

Gap to delivery - 2019/20



In Year CIP Delivery and Future Plans by Risk



Key Messages:

* 6 Transformational schemes represent £3m of the £17.1m Efficiency Target.
* Delivery at Month 5 is £1.7m, of which £1.7m is recurrent.

Efficiency - Transformation Programme

Executive Summary

	£m
2019/20 Transformation CIP Target	**£3.0**
In Year Delivery	
NHSI YTD Target at Month 5	£0.9
Actual Delivery at Month 5	£0.7
NHSI Variance Month 5	**-£0.2**
Recurrent Delivery	£1.7
Non Recurrent Delivery	£0.0
Total Delivery	**£1.7**
In Year (Gap)/Surplus to Delivery	**-£1.3**
In Year Planning	
Forecasted Delivery	£3.0
Forecasted Planning (Gap)/Surplus	**£0.0**
Long Term Planning	
4 Year Transformation CIP Target	**£4.4**
4 Year Plans	£4.4
4 Year Planning (Gap)/Surplus	**£0.0**

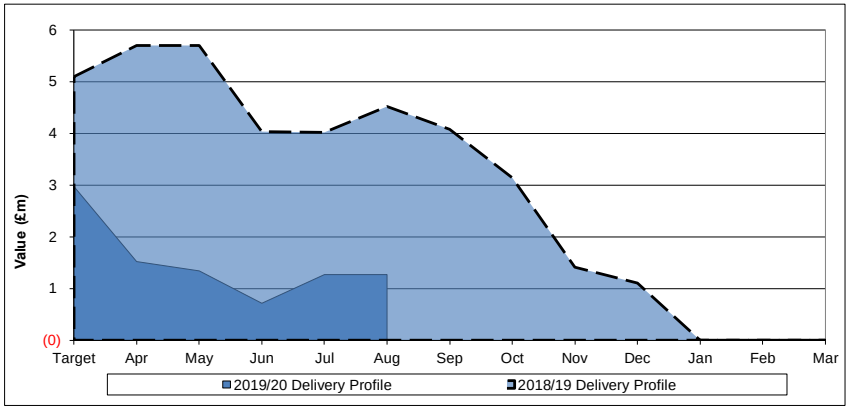
Governance Risk Heat Map

Total Number of Schemes	6
Total Number of Assessed Schemes - Directorate	3
Total Number of Assessed Schemes - Signed Off	1

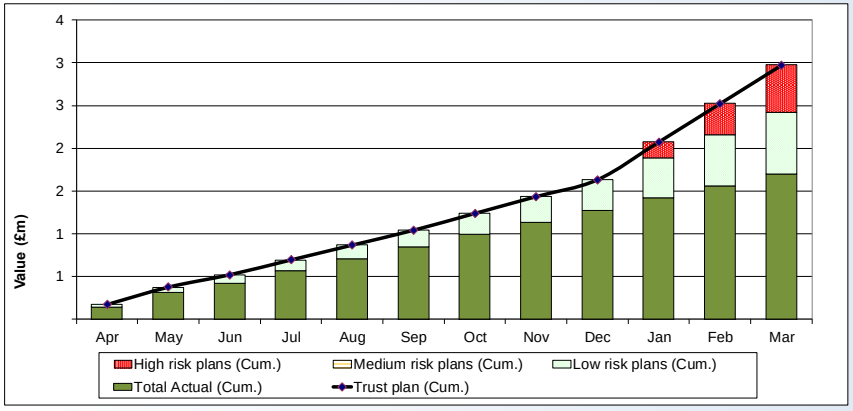
Probability/ Likelihood	Negligable - None				Catastrophic/death
Almost Certain	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Rare	3	0	0	0	0

Consequence/Severity

Gap to delivery - 2019/20



In Year CIP Delivery and Future Plans by Risk

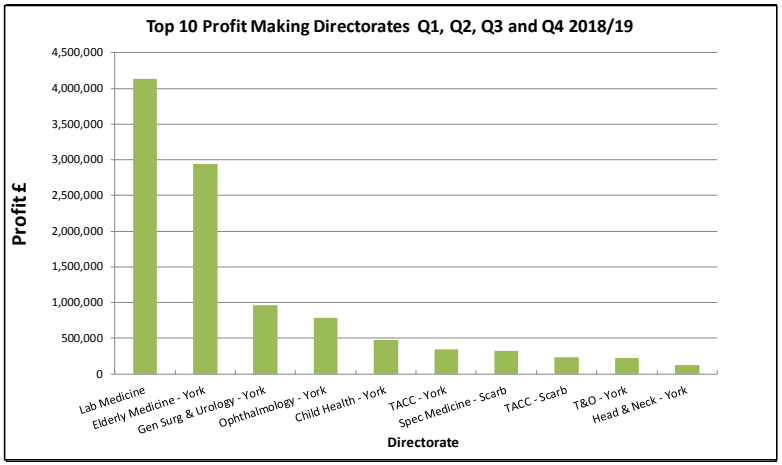


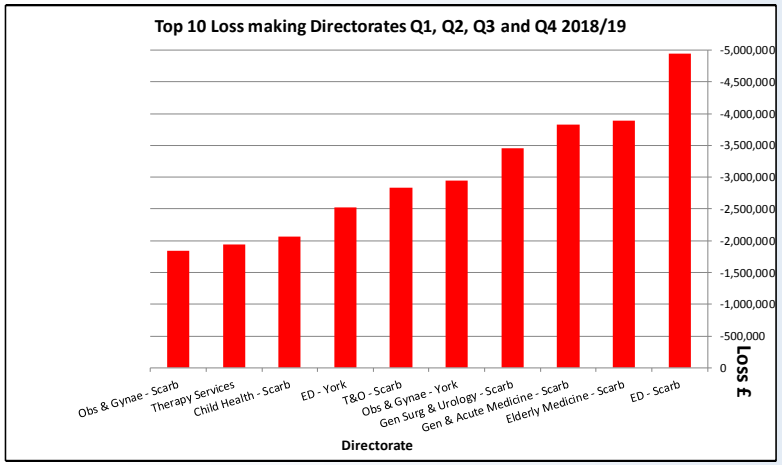
Service Line Reporting

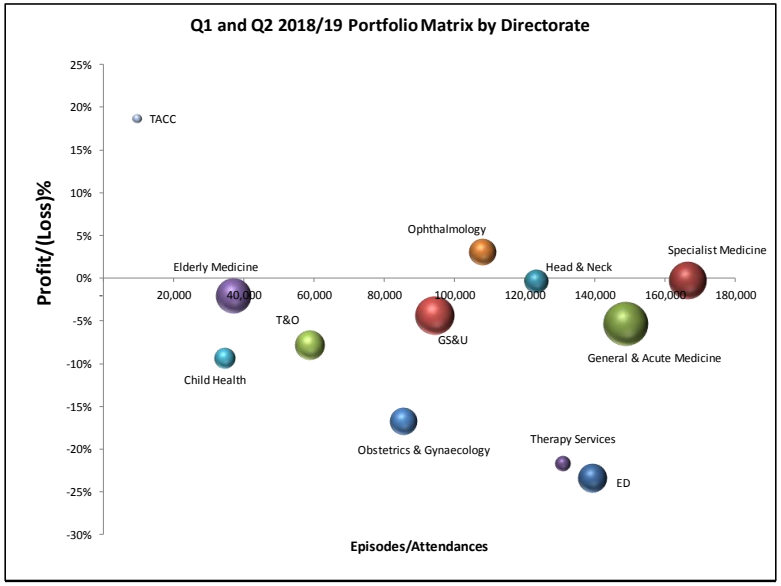
Month 5 - The Period 1st April 2019 to 31th August 2019

Key Messages:

* Current data is based on Q1, Q2, Q3 and Q4 2018/19
* Preparing for the mandatory NHS Improvement National Cost Collection submission is now a key focus for the team







DATA PERIOD	Q1 , Q2 & Q3 2018/19
CURRENT WORK	*The mandatory NHSI National Cost Collection is the key focus for the team. * The Q1 2019/20 SLR reports will be delayed while the team work to configure the system for the new NHSI National Cost Collection requirements.
FUTURE WORK	* Directorate reports are continued to be developed to allow the SLR / PLICS data to be more easily interpreted and understood. * System configuration for the NHSI National Cost Collection PLICS submission is planned to run throughout 2018/19 and into mid 2019/20.

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£3.68m**

York Teaching Hospital
NHS Foundation Trust

Board Assurance Framework

Board Assurance Framework – At a glance

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 stability**

Goal	Strategic Risks	Original Risk Score	Residual Risk Score	Target Risk Score
Patient Care	1. Failure to maintain and improve patient safety and quality of care	**16**	**12 ↔**	**3**
Patient Care	2. Failure to maintain and transform services to ensure sustainability	**20**	**12 ↔**	**6**
Patient Care	3. Failure to meet national standards	**25**	**16 ↔**	**1**
Patient Care	4. Failure to maintain and develop the Trust's estate	**25**	**16 ↔**	**4**
Patient Care	5. Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care	**20**	**12 ↑**	**6**
Workforce	6. Failure to ensure the Trust has the required number of staff with the right skills in the right location	**25**	**20 ↔**	**1**
Workforce	7. Failure to ensure a healthy, engaged and resilient workforce	**16**	**12 ↔**	**2**
Workforce	8. Failure to ensure there is engaged leadership and strong, effective succession planning systems in place	**16**	**12 ↔**	**1**
Finance	9. Failure to achieve the Trust's financial plan	**25**	**12 ↔**	**6**
Finance	10. Failure to develop and maintain engagement with partners	**16**	**9 ↔**	**4**
Finance	11. Failure to develop a trust wide environmental sustainability agenda	**20**	**4 ↔**	**1**
Finance	12. Failure to achieve the System's financial plan **– new risk**	**25**	**16 ↔**	**6**

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Humber, Coast and Vale Health and Care Partnership

Update Report

July 2019

The following report provides an overview of the issues and topics discussed at the July meeting of the Humber, Coast and Vale Health and Care Partnership Executive Group. It also highlights recent work of the Partnership across some of our key priority areas.

A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Executive Group Overview

Independent Chair's Report

The Independent Chair's report focused on the development of the Partnership and what is required for Humber, Coast and Vale to attain formal ICS status. The presentation followed on from a positive diagnostic session that had taken place earlier in the day, facilitated by NHS England/Improvement.

A number of recent successes that had been achieved through working together were highlighted. Some of the support needs for the Partnership were also identified through this process. The discussion focused on developing collaborative capacity within the Partnership and how we can continue to strengthen the relationships that have been established through the Partnership to ensure continued success.

Partnership Executive Lead's Report

The Partnership Executive Lead's report covered a number of key items including: developing the Partnership Long Term Plan; our Estates Strategy; and Partnership resourcing.

The process to produce a Partnership Long Term Plan is ongoing. Our Partnership Plan will be built from local plans within each place/sub-system together with contributions from our existing collaborative programmes (covering key clinical priority areas as well as strategic resourcing areas – workforce; digital; estates and finance). An extensive engagement process is underway and further information about the opportunities for partners to get involved is on our website.

The Executive Group received an update on the capital investment schedule that has been drawn up through the Strategic Estates Board, which highlights important schemes and key areas where significant investment is required into our buildings and estates across the Partnership. Further work will be carried out through the Estates Board to develop an approach to prioritising these investment requirements and securing the required funding as we seek to maximise capital investment into Humber, Coast and Vale.

Resourcing the work of the Partnership was also discussed. Gaps in capacity or expertise have been identified in a number of areas, for example, digital and population health. The Executive Group agreed that, wherever possible, staffing resources should be aligned from within existing teams to support collaborative work. Additional specialist expertise would be deployed where needed.

Place and Sub-system Updates

Brief updates were provided regarding ongoing work within each sub-system, highlighting recent successes and key areas of challenge. In each of our sub-systems (Hull and East Riding; York and North Yorkshire; North and North East Lincolnshire), partners are continuing to develop integrated arrangements to create closer local partnerships that will improve services in their respective localities. Progress is being made in all areas in establishing integrated care arrangements. In all areas, performance against constitutional targets remains a source of challenge and an area of focus for the Partnership as a whole.

Clinical Priority Programmes

Across the Humber, Coast and Vale area, our collaborative efforts are also focused upon work in six key clinical priority areas: cancer; elective (planned) care; maternity services; mental health; primary care; and urgent and emergency care. For information about all our clinical priority programmes, please see our website at: **www.humbercoastandvale.org.uk/how**.

Mental Health – Provider Collaborative

Following on from the national New Models of Care programme, provider collaboratives for mental health are being established across the country. Provider collaboratives are expected to assume full responsibility for the budget for their population for a range of specialised mental health services along with the freedom to innovate and develop new services, in line with national and local plans. The services currently in scope include adult secure services, child and adolescent mental health services and adult eating disorders specialist services. Provider collaboratives will assume much of the responsibility for some critical commissioning functions including contract management, quality assurance and workforce planning.

Following discussions through the Mental Health Partnership Board, it has been agreed that Humber Teaching NHS Foundation Trust will act as the lead provider for a proposed provider collaborative across Humber, Coast and Vale. Each partner has been asked to identify a lead representative to work with the partnership team to develop the application process and business case. A senior clinician and senior manager will need to be identified from the partnership to take this significant programme of change management forward. The first shadow provider collaborative board meeting will take place late July 2019 who will oversee the next stages of this development.

Mental Health – Children and Young Peoples' Pilot

The Partnership has been successful in its application to become a pilot site for a new approach to commissioning mental health services for children and young people that it is hoped will

enable partners to deliver more integrated services for our local populations. The current legal jurisdictions of CCGs, Local Authorities and NHS England place restrictions on moving resources/budgets around different parts of the health and care system, which can be a barrier to implementing joined up care for our local populations.

Through the Mental Health Partnership Board, partner organisations will pilot a whole pathway approach to commissioning children and young peoples' mental health services across the Humber, Coast and Vale region. The pilot will test integrated mental health commissioning for children and young people, overseeing a single pathway and total children and young peoples' mental health budget to enable us to provide better, more joined up care.

Cancer

The Executive Group received an update on the work of the Cancer Alliance, including an overview of the national priorities for 2019/20 and work underway within Humber, Coast and Vale to deliver these. Performance against national cancer waiting time targets, whilst still below target, has stabilised across HCV. Working together to improve waiting times and support faster diagnosis continues to be a priority for the Cancer Alliance this year.

Improving screening uptake and early awareness of cancer symptoms is another priority area for the Cancer Alliance. The focus this year will be on improving uptake of cervical screening. Work will also continue to develop the Cancer Champions programme, which has already trained more than 1,100 volunteers to recognise the early signs and symptoms of cancer. Work is also underway to implement lung health checks in Hull, which has been selected as one of ten areas nationally to be the first to pilot this approach. It is hoped the approach will help to identify more cases of lung cancer at an earlier stage.

Elective

The Elective Care programme priorities that have been agreed for 2019/20 include Diabetes, Respiratory and Cardiovascular Disease (CVD). A number of specific objectives in relation to these areas have been identified in the Partnership's 2019/20 operating plan. The Executive Group discussed and agreed the leadership and programme management resources that are required to ensure these programmes deliver against the objectives identified in the 2019/20 plan. The Partnership Operating Plan is available to **download from our website**.

Partnership Oversight and Assurance

With a wide range of collaborative programmes now established and a shared ambition to achieve ICS status now agreed, partner organisations have acknowledged that oversight and assurance arrangements should now be reviewed. A high-level paper was discussed at the June Executive Group meeting, which set out principles of mutual accountability and a proposed approach to system oversight and assurance for the Partnership. The proposed arrangements would cover the Partnership's collaborative programmes and performance against agreed targets and objectives. It was agreed that the proposed arrangements would be refined as part of the Partnership's ICS development plan.

Humber Local Enterprise Partnership and the Local Industrial Strategy

The Executive Group welcomed the Chief Executive of the Humber Local Enterprise Partnership (LEP), Kishor Taylor, and Employment and Skills lead, Teresa Chalmers, to its recent meeting to discuss areas of joint working and in particular to consider the role of the health and care sector in the Local Industrial Strategy currently under development through the LEP.

It is recognised that the health and care sector plays an important role in our area's economic development both directly and indirectly. The LEP is requesting further views from partners within the health and care sector on how best to address health and social care sector in the industrial strategy, and what specific actions they could undertake with the sector.

You can view the strategy and respond via the LEP website at: **www.humberlep.org/strategies-and-deals/industrial-strategy/**

Other News from the Partnership

Stakeholder Engagement Events – Partnership Long Term Plan

To support and inform the development of the Partnership Long Term Plan, the Partnership is holding three Stakeholder Engagement Events across the Humber, Coast and Vale area over the coming months:

- Monday 22nd July at Grimsby Town Hall
- Thursday 15th August at the Priory Street Centre in York
- Tuesday 3rd September at Bishop Burton College

The engagement events are open to anyone who has an interest in the future of health and care in the Humber, Coast and Vale area. They will be of particular interest to:

- Voluntary and community sector organisations
- Governors and members of local NHS organisations
- Staff, including staff-side representatives
- Patient Participation Group (PPG) members
- Local Councillors and other community leaders

The events are free to attend but it is essential to **register your attendance** as places are limited. There will also be a clinical engagement event, open to professionals within all clinical disciplines, which will take place on Wednesday 4th September in Willerby.

Humber, Coast and Vale Health and Care Partnership

Update Report

August 2019

The following report provides an overview of the issues and topics discussed at the August meeting of the Humber, Coast and Vale Health and Care Partnership Executive Group. It also highlights recent work of the Partnership across some of our key priority areas.

A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Executive Group Overview

Independent Chair's Report

The Independent Chair's report focused on the development of the Partnership and, in particular, on strengthening the governance of the Partnership Executive Group. The Partnership will shortly be joining the nationally supported Accelerator Programme with a view to achieving Integrated Care System (ICS) status next year. As part of this process we will need to review and agree the Partnership's governance and operating arrangements, building on the progress that has been made to date.

It was agreed in the meeting that, from September, the Chief Executives of all our partner organisations would attend Executive Group in their capacity as organisational CEOs, in addition to representing the collaborative programmes that they currently lead/sponsor on behalf of the Partnership. This will result in a relatively minor change to the membership of the Partnership Executive Group but is intended to ensure comprehensive representation, strengthen mutual accountability and secure buy-in from all partner organisations to the work of the Partnership. It was also agreed that governance, mutual accountability and future operating arrangements would be considered in more detail over the coming weeks as part of the ICS Accelerator Programme.

Partnership Executive Lead's Report – ICS Accelerator Programme

The Partnership Executive Lead's report focused on the Accelerator Programme and agreeing the scope and areas of focus for the work.

Our Partnership is considered to be an aspirant ICS. In recognition of the progress made to date, it was agreed in May 2019 that the Partnership would receive support to develop and mature, in the expectation we can achieve our ambition of achieving ICS status by April 2020. The support outlined included the introduction of Stephen Eames as our Partnership Independent Chair (for 1 day per week) and a programme of activity focussed around key areas for development through the ICS Accelerator Programme.

The Accelerator Programme is an intensive programme of hands-on support structured around core components of system development as set out in the ICS maturity matrix. Support will be delivered through a combination of workshops, sharing best practice, and work on key documents and strategies. Completing the Accelerator programme will assist but will not guarantee the Partnership receiving ICS status.

Following the two diagnostic sessions that took place in July 2019 and further discussion with the NHSEI Accelerator Programme Team, a number of potential areas of focus for the programme were identified. The Executive Group discussed and agreed the priorities and areas of focus, which will be:

- **Partnership Strategy -** Reaffirming a collective commitment to subsidiarity, collaboration, partnership working, trust, common vision, values and priorities and documenting these in a shared, collective narrative that described the Humber, Coast and Vale way and that everyone supports.
- **Operating Arrangements -** Reaffirming and clarifying Partnership governance, mutual accountability and roles and responsibilities at all levels (Place, sub-system and at scale across the Partnership) linked to the delivery and oversight and assurance of the Partnership vision and priorities and its Long Term Plan.
- **Stakeholder Engagement** – Ensuring effective engagement of all key stakeholders including Clinical, Non-Executive Directors, and Elected Members etc.

In addition, the Partnership Office will continue to work with the Leadership Academy to develop the leadership development programme for the Executive Leaders and with the NHS Confederation to support the development of the Non-Executive Directors and other lay leaders within the Partnership.

Place and Sub-system Updates

Brief updates were provided regarding ongoing work within each sub-system, highlighting recent successes and key areas of challenge. In each of our sub-systems (Hull and East Riding; York and North Yorkshire; North and North East Lincolnshire), partners are continuing to develop integrated arrangements to create closer local partnerships that will improve services in their respective localities. Progress is being made in all areas in establishing integrated care arrangements and work continues to address key areas of challenge.

Commissioning Review Update

Across Humber, Coast and Vale, health and care services are commissioned by a range of local commissioners (NHS Clinical Commissioning Groups as well as Local Authorities) and national bodies (e.g. NHS England, Public Health England). In line with the policy direction set out in the NHS Long Term Plan, commissioners across the Partnership are reviewing existing commissioning arrangements with a view to identifying opportunities to collaborate and improve outcomes for local people.

A high-level update on the work to review commissioning arrangements was provided at the Executive Group meeting setting out the areas of focus for commissioning at each level within our Partnership (at place, sub-system and at scale). A key priority for Humber, Coast and Vale as we review our commissioning arrangement will be ensuring that future arrangements build upon and embed the strong partnership-working between local health commissioners (CCGs) and local authorities (Councils) in each of our six "places". A further update on the work will be provided at a future Executive Group meeting.

Partnership Long Term Plan Development

The process to produce a Partnership Long Term Plan is ongoing. Our Partnership Plan will be built from local plans within each place/sub-system together with contributions from our existing collaborative programmes (covering key clinical priority areas as well as strategic resourcing areas – workforce; digital; estates and finance).

Our Partnership Long Term Plan will set out our commitments to achieve the aims and ambitions of the NHS Long Term Plan in our region. In particular, it will identify the aspirations of our Partnership to improve the health and wellbeing of local people across Humber, Coast and Vale. The plan will describe our vision, priorities, values and ways of working, including examples to illustrate how these arrangements are being implemented in practice.

An extensive engagement process is underway and further information about the opportunities for partners to get involved is **on our website**. A high-level outline of the key elements of the HCV Partnership Long Term Plan has been produced and widely shared to support the engagement process, which is also available **on our website**.