KINDNESS OPENNESS EXCELLENCE

NHS

York and Scarborough Teaching Hospitals

NHS Foundation Trust

Our Strategy

Building better care together

Review Date 2023

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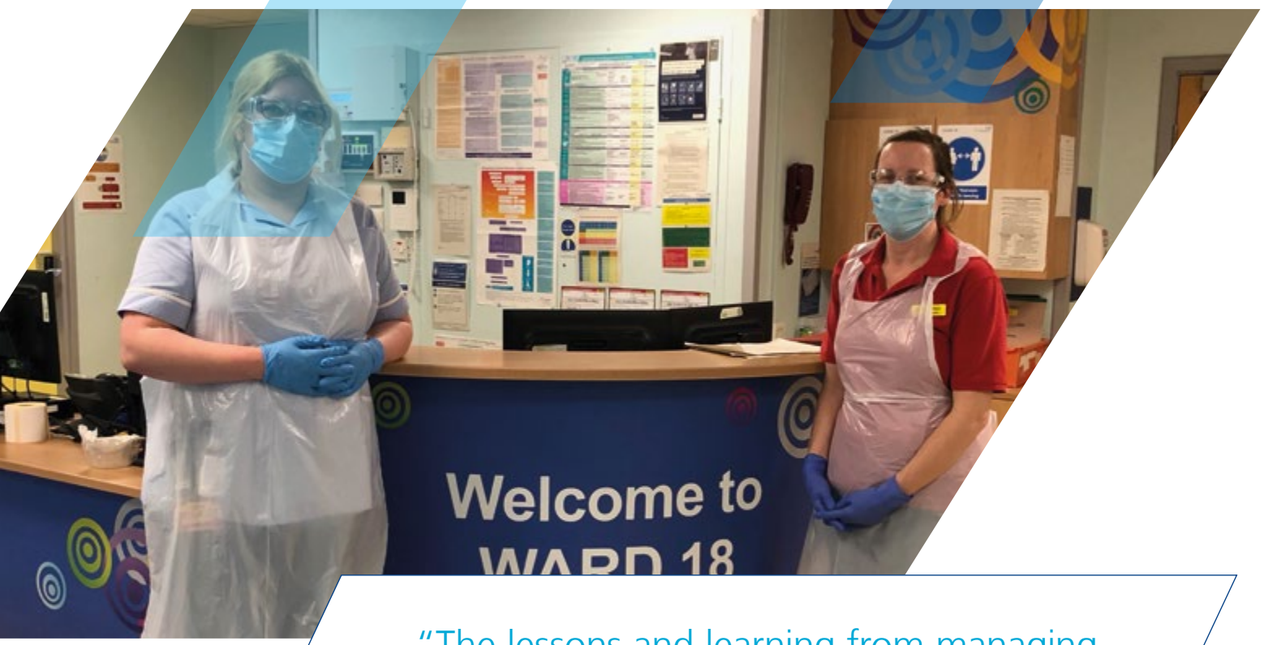

"The lessons and learning from managing COVID-19 have been profound. Our teams have been the 'lifeblood' of the organisation during this difficult time, solving problems on the ground and continuing to care and support patients and their families despite the challenges and disruption. We want this to be the way we 'do things'."

01

Introduction: Recovery and Renewal

York and Scarborough Teaching Hospitals NHS Foundation Trust set out its strategy in 2018. It defined a common purpose to provide great care to our communities, to deliver excellent care to our patients and communities, working collaboratively with all our system partners.

Our commitment to this continues, however the context in which we are delivering our services has significantly changed. The COVID-19 global pandemic and the scale of the national emergency response to COVID-19 has been remarkable. We are proud of, and recognise the extraordinary endeavours of all our staff. We are however, acutely aware of the disruption caused by the COVID-19 pandemic to services and to patients on our waiting lists and we need to understand and respond to the unequal impact the pandemic has had on different community groups.

Going forward we will need to manage patients with COVID-19 within our 'business as usual' work, managing COVID-19 surges as required.

This document combines our clinical and organisational priorities for the next two years to manage our transition through the peak of the pandemic to recovery and renewal.

What has been achieved so far:

The Trust has progressed many areas of its strategy over the past three years including:

- Working to enhance a safe, open and transparent working culture. This has included updating our Trust Values, renaming the Trust to be more inclusive for our staff and communities, and enhancing our approach to patient quality and safety.
- East Coast Review: a detailed clinical review of acute services has been undertaken and a number of the recommendations implemented. This has included a review of service sustainability at Scarborough Hospital.

- The 'Home First' approach with new same day care pathways, working with partners to implement Urgent Treatment Centres at both acute hospital sites, transformed discharge approaches with significant reduction in patients who are medically ready to leave hospital but are unable to do so and trialling 'virtual wards' to support patients within their own homes.
- Partnerships: Our health and social care partnerships and collaborations have been strengthened through closer working arrangements during the COVID-19 pandemic. The mutual aid, joint working and shared learning over the past 18 months has supported the development of an acute care collaborative across the Humber Coast and Vale Integrated Care System and expanded our relations with all local providers to work together to provide the best care for our communities.
- Transforming our digital approach. The Trust has a refreshed Digital Strategy to support clinical innovation and long term financial, operational and environmental sustainability. The pace of transformation through the COVID-19 pandemic to facilitate virtual consultations, virtual wards and new ways of working provide a platform for our future development and innovation.

Our strategic direction has been refreshed to take account of the progress made and the new challenges we face.

02

Our Trust and Communities Who we are:

"Making care easier for patients to access with a focus on providing more seamless, joined up care that reduces the number of visits patients need to make to the hospital"

Our strategy has been shaped by what we know about our geography, communities and the people we serve.

York and Scarborough Teaching Hospitals NHS Foundation Trust is a large integrated acute and community trust providing a comprehensive range of clinical services to a catchment population of approximately 800,000 people living in York, North and East Yorkshire, and Ryedale, an area covering 3,400 sq miles.

We have a rich and diverse geography covering scenic coastal areas, rural countryside, market towns and urban communities. The dispersed nature of our communities and the appeal of the local area for tourism provides challenges and opportunities for working across different locations and experiencing a wide variety of clinical need. This also gives us challenges around access to services, particularly with ageing and transient populations and challenges in improving health outcomes for our populations in our more deprived communities.

We understand that providing a local service that is as comprehensive as possible is important to our communities given the distance between local health services. We will integrate hospital and community services as well as ensuring that we implement our 'One Trust, One Team' approach, to ensure that we deliver clinically sustainable models of care supported by integrated workforce teams across York and Scarborough Hospitals.

We will continue to develop our strong partnership with York Teaching Hospital Facilities Management to deliver our estates and facilities services, contributing to excellent clinical care.

Our Workforce Strategy will set out our approach to 'One Trust, One Team' and our support for an engaged, healthy, diverse and resilient workforce.

Our Strategy:

Building Better Care Together

Our refreshed strategic priorities over the next two years have been informed through listening exercises with senior clinical and non-clinical leadership teams across all our sites and engagement sessions with our care group teams as well as Trust Board workshops.

The Trust Board has also commenced the longer term strategic work to develop the new Trust Strategy from 2023.

Humber Coast and Vale Ambition

Start Well, Live Well, Age Well and End Life Well

Our Purpose

Delivering excellent care to our patients and communities collaboratively with all our health and social care partners.

Strategic Goals

- Deliver safe, effective and high quality patient care.
- Support an engaged, healthy, diverse and resilient workforce.
- Contribute to the sustainability of local healthcare services.

Strategic Priorities 2021-23

- Clinically led, excellent hospital and integrated community services.
- Keeping people well, reducing health inequalities and improving end of life care.
- Research, innovation and education to drive quality improvement.
- Safe, open and empowering working culture and environment.
- Contributing to delivering a net zero NHS.
- Optimal use of our resources.

Living the Trust Values

KINDNESS
OPENNESS
EXCELLENCE

Enabling Strategies:

Building Better Care Together

STRATEGIC PRIORITIES

- Clinically led, excellent hospital and integrated community services.
- Keeping people well, reducing health inequalities and improving end of life care.
- Research, innovation and education to drive quality improvement.
- Safe, open and empowering culture and working environment.
- Contributing to delivering a net zero NHS.
- Optimal use of our resources.

Supporting Delivery

- Care Group Clinical Strategies
  Building Better Care High Impact Programme
  Winter Resilience
  AHP Strategy
  Quality Strategy
- Equalities and Diversity Plan
  Health Inequalities Plan
  Waiting Well Programme
  Sexual Health Service Strategy
- Research Strategy
  Quality Improvement Strategy
  Teaching and Education
  - HYMS
  - ODIL
  - Health Education England
  Intelligence and Insights
- People Plan
  Workforce Strategy
  Arts Strategy
  Psychological Support (COVID-19)
- Green Plan
  - Travel
  -Food and Nutrition
  - Estates
  - Digital Innovation
- Financial Strategy
  - Cost Improvement
  - Productivity
  - System sustainability
  Trust estate and capital works

Communication and Engagement

Digital Innovation and Intelligence

04

Part 2: Our Clinical Ambition

Developing our Clinical Ambition

Our clinical approach is centred around the needs of our patients and communities. We strive to Build Better Care, across six clinical care models, ensuring excellence in all that we do.

A key component of our strategy over the next two years is our Building Better Care Programme, a comprehensive programme of work across the Models of Care to target the high impact actions to transform patient care and experience, in partnership with patients and our health and care partners.

Why do we need to do this?

We face significant challenges which make it difficult to always deliver the standards of patient care to which we aspire. We will be working to address the following:

- Meeting the rising demand for our services. Our patients needs are becoming more complex which means they require longer periods of treatment or more support to return home.
- Addressing our waiting lists, exacerbated by the impact of the COVID-19 pandemic.
- Tackling difficulties in recruiting and retaining our staff, and workforce fatigue as a result of the COVID-19 pandemic.
- Working through the backlog of estate maintenance and the need to invest in new equipment and modern facilities.
- Addressing health inequalities and an ageing population. Preventable illnesses are increasing and more people are living longer in ill health.
- Managing the impact of COVID-19 on our health and care partners and their similar workforce challenges require a new and collaborative approach.

In order to address our individual and collective issues, we have developed six clinical care models and will focus our efforts on high impact interventions targeted at addressing these issues across these models of care.

Our Strategic Priorities will be delivered through six connected clinical care models and collaborations each with a clear quality driven ambition:

Excellent Hospital and Community Services: Building Better care

Our commitment to our staff, patients and communities

- Services will be designed with the patient at the centre delivering joined up care and driven by the health needs of the local population.
- We will reduce unwarranted variation to support equity of outcomes for patients.
- We will work with partners to address health inequalities and promote population health.
- We will innovate and do things differently, optimising digital technology to better deliver care and support to patients.
- We will take a system view in the design and delivery of services and explore how we can work collaboratively with partners to improve services for patients.
- We will provide services locally, wherever safe and sustainable to do so and centralised where necessary, to balance access to services with the consolidation of clinical expertise where the evidence shows this improves quality and patient outcomes.
- We will continue to focus on seven day services, ensuring that measures of mortality are in line with peer hospitals, and that we continue our focus on early diagnosis, the deteriorating patient, falls and pressure ulcer prevention and surgical safety.
- We will use National Audits, patient experience surveys, the GIRFT (Getting It Right First Time) Programme and Model Hospital data to understand how we benchmark nationally, and use their recommendations to support improvement.
- We will work to become a good and then outstanding Trust as rated by the Care Quality Commission.

Building Better Urgent and Emergency Care

Our Ambition:

Responsive and integrated services providing consistent access to high quality urgent and emergency services 24/7

What will this look like by 2023?

- An integrated urgent and emergency care system where people know where to go and how to access services when they have an urgent or emergency health care need.
- Patients who attend ED will be assessed immediately on arrival and rapid treatment plans using specialist input will be developed.
- Patients will experience more timely care and admission to hospital if they need it; we will ensure each patient receives the right care in the right place.
- Discharge planning will be initiated on admission and we will work with partners to ensure early supported discharge.
- Patients and families will be kept informed and we will communicate and share data with partners, and work together to improve the services we deliver.

How will we get there?

- Completion of new emergency departments at York and Scarborough Hospitals to create more space and improve the clinical environment.
- An integrated 'front door' that can deliver effective streaming into the co-located Urgent Treatment Centre.
- Enhancing Same Day Emergency Care (SDEC) and next day urgent care, including increasing direct access capacity and development of clinical conversion platforms.
- Pre-empting surge within our Emergency Departments to keep flow through the departments and implementing call and send.
- Strengthen our hospitals out of hours and move towards a full 7 day service model.
- Enhanced ward processes, including daily senior reviews, board rounds and adoption of SAFER principles.
- Refresh our site management approaches, including an effective escalation framework to support resilient and timely response.
- Develop and implement a flexible, clinical workforce, exploring opportunities to develop new and innovative roles.

How we will measure our success

- Compliance with the new Emergency Care national performance measures, including a focus on 100% of patients assessed within 15mins and no patients waiting over 12 hours.
- Patients will have access to Same Day Emergency Care if they require it, with service availability for at least 70 hours per week.
- 90 % of patients have had a Post-Take review within 14 hours.
- 90% of patients have a NEWS score within 1 hour

Building Better Planned Care

Our Ambition:

A centre of excellence delivering agile planned care services that flexibly meet the needs of our population

What will this look like by 2023?

- Outpatient services will be transformed and will offer a range of face to face and non-face to face appointments as well as patient initiated follow up.
- Earlier clinical triage, with focussed efforts upstream with access to more clinical information through diagnostics and enabling rapid access to specialist advice and guidance.
- More people supported to take control of their own care using digital technology e.g. virtual consultations, remote monitoring and access to their own health information.
- The development of one stop clinics with clear diagnostic pathways will enable patients to receive an assessment and diagnosis on the same day.
- Patients will be offered a surgery date within the required timescales and no one will wait more than one year.
- Administrative delays will be significantly reduced.
- Elective patients will be safely discharged as soon as it is clinically appropriate to do so.

How will we get there?

- Delivery of the HCV Outpatients Transformation Programme, including better referral management (Advice and Guidance and clinical platforms) and better use of our space and technologies to reduce unnecessary travel for patients and staff.
- Clinical collaborations with GPs, Dentists and Optometrists to support clinical education and learning and to manage seamless patient care.
- Optimise surgical productivity and improved theatre utilisation.
- Create additional surgical capacity via working with partners (Independent Sector and local NHS partners) and increasing day case rates to reduce the risk of cancellations.
- Mutual aid across the Humber , Coast and Vale ICS to ensure the most urgent patients are seen.
- Increased critical care facilities on the York Hospital site.
- Validation of our 'Patient Tracking' processes and waiting list to eradicate administrative delays and a more collaborative approach to manage our surgical waiting lists across Humber, Coast and Vale.
- Protect our overnight elective capacity wherever possible, through developing separation of urgent and elective models of care, including at our non-acute hospital sites (Bridlington, Selby, Malton and Easingwold).

How we will measure our success

- Delivery of day case rates against the BADS target for each procedure.
- Patient Initiated Follow Up in place across eight specialities.
- Stabilisation of the waiting list.
- Reduction in 52 week wait patients and no patients over 104 weeks.
- Reduction in DNA and cancellation rates to pre-pandemic levels.
- Reduction in number of cancellations within 48 hours of TCI relating to patient cancellations on the day.
- 25% of outpatients are delivered non face-to-face.

Building Better Maternity, Children and Young People's Care

Our Ambition:

Outstanding care for women, children and young people enabling them to live their healthiest lives.

What will this look like by 2023?

- Improved choice with personalised care plans for all women to enable them to choose where to have their babies and make an informed choice regarding the type of care they would like to receive.
- Access to postnatal and perinatal mental health support.
- Ensure our environments for children and young people's care are age and developmentally appropriate to ensure a supportive and positive experience.
- Continuity of Carer with provision of a named midwife and team supporting each woman through her maternity journey.
- Reduce the separation of mothers and babies in hospital through the implementation of our full neonatal transitional care model.
- Optimising our gynaecology care pathways providing faster diagnosis and community clinics.
- Working alongside primary care to manage all common conditions in children in community.

How will we get there?

- Implementation of our Maternity Transformation programme including development of our midwifery workforce to support the delivery of enhanced safety and continuity of care in line with Saving Babies Lives.
- Development of a sustainable model of obstetric care across both acute sites built on our now extended, entrustable medical workforce.
- Development of a 24/7 integrated ambulatory care and assessment unit for children and young people at Scarborough Hospital supporting delivery of our SDEC pathways and our 'Home First' strategy.
- Further strengthening of our ED paediatric capacity and capability across the Trust.
- Piloting of our first integrated community hub for managing RSV (Paediatric Assessment and Treatment Hub: PATH).
- Further developing our models of remote sexual health services and offers to hard to reach groups.
- Development of a BAPM compliant neonatal workforce to support both units underpinned by newly developed practitioner roles to augment our medical workforce.
- Developing our mental health, palliative, therapeutic and assessment pathways for children alongside our community partners.
- Ensuring strong user engagement via the 'Maternity Voices Partnership' and with the LMS, working to develop digitally integrated pathways of maternity care and maternal medicine.

How we will measure our success

- Compliance with RCPCH Standards and BAPM (neonatal) compliance.
- Compliance with all areas of the Ockenden report.
- Reduction in still birth.
- Majority of Women receiving Continuity of Carer.
- 'Your Welcome' standards accreditation.
- CQC ratings for Maternity and Children's Care.
- Bliss baby charter accreditation.

Building Better Diagnostic Services

Our Ambition:

Responsive diagnostic pathways to optimise care and facilitate early intervention

What will this look like by 2024?

- Diagnostic procedures will be offered in a timely way to avoid treatment delays.
- Patients waiting for surveillance procedures will be offered timely clinical interventions.
- The number of times a patient needs to come to a hospital site to receive a definitive diagnosis will be reduced.
- Improved access to diagnostic procedures closer to home through the development of community diagnostic hubs.

How will we get there?

- Working in collaboration with partners across Humber, Coast and Vale to establish community diagnostic hubs at 'place' and in neighbourhoods.
- Enhance and extend imaging networks to optimise capacity.
- Develop endoscopy networks to increase capacity and manage surveillance backlogs.
- Learning through best practice and the national 'adopt and adapt' models.
- Increase access to diagnostic capacity through increased productivity on our sites and investment in technology and high specification equipment.
- Development of innovative workforce roles.

How we will measure our success

- Improvement of the 6 week diagnostic targets across all modalities from the June 2021 baseline.
- Reduction in the number of patients overdue a planned surveillance date.
- Reduction in equipment downtime.
- Reduction in patient complaints.
- Reduction in the number of non-NICE recommended procedures/ indications.

Working in partnership across the health and care system to promote good health, prevent ill health and reduce health inequalities

Building Better Integrated Care

Our Ambition:

To work with partners to deliver person centred, coordinated and tailored support and services to meet the needs of local people and respond to the ageing well agenda.

What will this look like by 2023?

- Comprehensive interface services will provide in-reach into hospital to facilitate discharge following admission, sooner supported via a comprehensive reablement and rehabilitation service to help people return to independent living as soon as possible.
- Health and social care services will be provided 7 days/week to provide rapid response services to support people in crisis and to avoid admission to hospital where feasible.
- Digital transformation will support virtual consultations with patients, families and care homes and the expansion of virtual wards to support care closer to home.
- Anticipatory care will be expanded to ensure holistic assessment, prevention and care planning, particularly for those people living with frailty.
- A wider range of community alternative pathways will be in place particularly for people living with long term conditions.
- Local Care Homes will be supported to deliver a more proactive vs reactive models of care, supported by health and social care teams, to ensure personalised high quality care.

How will we get there?

- We will be an effective partner at neighbourhood forums, working alongside GPs, PCNs and other health and social care partners to agree priorities and key actions to transform services.
- We will embed and develop service developments accelerated during the COVID-19 pandemic to ensure a wider range of services closer to home as well as ensuring we offer virtual support and consultation.
- Continue to develop joint training and workforce initiatives building on the work underway in South Hambleton and Ryedale whereby community and primary care teams share caseloads to reduce duplication and ensure demand can be managed effectively.
- Build on the work to support local care homes – each care home has a named community nurse and therapist who can provide in reach support. This model will be further developed to provide a comprehensive response in relation to anticipatory care and support during a crisis.
- We will work with YAS and the voluntary sector to expand diversionary pathways so that paramedic crews can refer directly into community services to avoid unnecessary visits to hospital.
- We will continue to build on the work with local hospices to ensure that people are supported at the end of life in their place of choice.
- We will embed the multiagency discharge command centres developed during the COVID-19 pandemic to support early and timely discharge from hospital.

How we will measure our success

- Improved percentage of CRT patients seen within 2 days of referral.
- Achievement of the 2 hour crisis response target.
- Reduced number of patients with a LoS over 7 days.
- Reduction in the number of patients who meet the discharge criteria waiting over 24 hours for discharge.
- Reduction in the number of people staying over 21 days who meet the criteria to reside.
- 95% of patients are discharged back to their home.

Building Better Cancer Care

Our Ambition:

To ensure that everyone has access to safe, timely and patient focussed cancer care

What will this look like by 2023?

- Strong partnership working across the health care sector to provide personalised care for patients.
- Patients have access to timely diagnostics and are given a diagnosis within 28 days, through implementation of best practice pathways, straight to test and one-stop shop models of care.
- Lung health checks will be embedded across local health care services.
- Patients on a cancer pathway will have access to a patient navigator and support for living well with and beyond cancer.
- Patients will have a care plan and access to support and information on health and wellbeing.

How will we get there?

- Implement modern MDT practices to ensure patients receive high quality multi-disciplinary advice to inform their treatment.
- Enhance the rapid diagnostic centre and support investment in high specification equipment and the FIT testing roll out.
- Lead on education, research and innovation to continue to improve outcomes for patients on cancer pathways.
- Implement pathway navigators across all tumour sites.
- Implement a process of holistic needs assessment and care planning across all tumour sites.
- Implement a bespoke cancer information system to enable deliver of risk stratification and target improvements in pathways.
- Enhance our wellbeing offer for patients and their families.

How we will measure our success

- 2% annual improvement for all patients diagnosed at Stage 1 or 2.
- Improvement against the 62 day Cancer Waiting Time targets and a reduction in the 62 day backlog.
- Delivery of the 28 day Faster Diagnosis Standard.
- Achieve top 10 in the National Cancer Patient Experience Survey.
- 50% reduction in formal cancer related complaints.
- 75% of patients receive an electronic Holistic Needs Assessment.
- 100% of patients receive a care plan.
- 100% of patients are offered health and wellbeing information and support.

YORK AND SCARBOROUGH TEACHING HOSPITALS
NHS FOUNDATION TRUST

Excellent Hospital and Community Services:

Building Better Care High Impact Programme

The Trust has established the Building Better Care Programme to target, support and drive high impact actions from the six clinical care models.

This programme will deliver prioritised pan-care group projects to enable the Trust services to:

- Support the delivery of safe and clinically effective services.
- Maximise capacity across acute and elective pathways.
- Optimise space and configure services in the most efficient and productive ways.
- Address health inequalities.
- Deliver comparative performance on national access standards.
- Ensure patients are treated according to their clinical need and within the set timescales for their assessed priority.
- Stabilise our waiting lists and demand for acute and community care through work with primary care and Humber Coast and Vale ICS partners.
- Reduce long waits for routine care, including patients on the referral to Treatment pathway, diagnostic and surveillance pathways.

Integrated Care System

North Yorkshire and York

EXECUTIVE TRANSFORMATION COMMITTEE

EXECUTIVE TRANSFORMATION COMMITTEE

Internal Clinical Governance Board

BUILDING BETTER CARE PROGRAMME BOARD

BUILDING BETTER CARE PROGRAMME BOARD

TRUST-WIDE OVERSIGHT OF CHANGE INITIATIVES

Urgent and Emergency Care

Outpatients Transformation

Elective Care

Early Diagnosis and Staging (Cancer)

Community Diagnostic Centres

East Coast Obstetrics and Gynaecology

Workstreams

Workstreams

Workstreams

Workstreams

Workstreams

Workstreams

TRUST-WIDE OVERSIGHT OF CHANGE INITIATIVES

Cross Cutting Enablers

Patient Pathways and Administration (support Services Review) - a review of support services (HR, Finance, Digital and Administration) against good practice, to ensure they are value for money and proportionately resourced to support the future strategy.

Intelligence, Insight and Reporting - Optimise our intelligence and insight capabilities to ensure we are making data driven decisions as a Trust, Place and ICS based on the needs of our population and patient experience.

Cross Cutting Enablers

Journey to Excellence - Quality at the heart of everything we do

Changing the workplace - to make optimal use of the public sector estate (buildings, wards, offices and space) and deliver new ways of working (people, process and technology) with the focus of work being something you do not where you go. This requires a combined team of Clinical Operations, Digital, Property and HR working as one.

Excellent Hospital and Community Services:

Responding to our local communities

Scarborough

We know that smaller acute general hospitals, especially those in remote and rural locations, like Scarborough Hospital provide vital services to their populations who might otherwise struggle to access safe and effective healthcare. By the nature of their location these hospitals can face challenges in sustaining and maintaining effective services due to lower volumes of activity and recruitment challenges.

The Scarborough Acute Services Review, launched in 2018 was initiated in response to this, recognising the need to develop, in partnership with stakeholders a local, sustainable model of care across secondary and primary care sectors.

To date, this work has primarily focused on clinical teams developing and transforming models of care in a number of key services to ensure sustainability e.g. General Surgery, Urology and Stroke services.

Acknowledging the inevitable delays to this work we have faced as a result of the pandemic, we remain committed to working as a Trust and with our partner organisations to progress this work.

During 2021 the scope of the review has been broadened to ensure the development of a wider range of sustainable services that can be delivered to support the health and care needs of the population.

Over the next two years we will:

- Work in partnership with York Teaching Hospital Facilities Management to develop a modern Urgent and Emergency Care Centre at Scarborough Hospital providing co located rapid assessment, diagnosis and treatment at the ‘front door’. This will be a key part of a £47m capital Emergency Department development that will also feature a remodelled Critical Care space providing a state of the art, modern facility.
- Develop sustainable models for York and Scarborough Cardiology, Respiratory and Gastroenterology services to maximise capacity and promote new ways of working.
- Develop an integrated model of care for maternal and family health services across York and Scarborough supported by Consultant-led Obstetric care and a Children’s Ambulatory Care and Assessment Unit supported by a wider range of specialist staff.
- Integrate secondary, community and primary care support services through rigorous admission avoidance and discharge planning arrangements that maintain and return patients to their own homes as soon as possible.
- Maximise support for GPs, to ensure timely access to specialist advice, diagnosis and treatment, avoiding unnecessary attendance or admission to hospital, including piloting new Paediatric Community Hubs.

Bridlington

There is a collective appetite, working with health and care partners to place a focus on Bridlington Hospital and the opportunities to use health and social care sites and other community assets to best effect across the town and surrounding locality.

A high level plan has been developed following a series of positive collaborative workshops with multi agency professionals, which considers how to maximise the resources in Bridlington, to facilitate a Healthy Bridlington approach. The key focus being to improve health and care outcomes for residents within a Healthy Bridlington model that focuses on prevention as well as treatment. Conversations with local communities are continuing during 2021 to further shape and inform this plan.

York and Scarborough Teaching Hospitals NHS Foundation Trust is a key partner in developing this approach and further plans will be developed to determine the full range of health and care services delivered across Bridlington Town, including Bridlington Hospital.

The potential to develop a health and care village on the Bridlington Hospital site, offering a range of health and care services is being explored and further work to determine what this model could look like, and how and when it can be delivered is underway.

A number of initiatives are being explored;

- Developing supported virtual outpatient consultations accessing specialist opinion in addition to actual onsite hospital clinics.
- Enhancing on site diagnostic provision through opportunities around community diagnostics.
- Further enhancing the Inpatient Stroke rehabilitation service on Johnson Ward at Bridlington Hospital (for Scarborough and Bridlington residents) with dedicated specialist staffing support.
- Exploring the potential continuation of the East Riding Social Care Suite model at Bridlington Hospital facilitating discharges and preventing unnecessary hospital admissions that has been operating successfully on the hospital site since mid 2020.
- Working with Humber Teaching NHS Foundation Trust to identify potential scope for sharing estate with local Primary Care services.

York

Given the landlocked nature of the York Hospital site, the limited scope for capital development and expansion as well as the age and maintenance costs of the estate, the Trust is actively exploring the benefits and opportunities of separating acute and elective care services to make the best use of physical capacity and support the delivery of elective care during times of non-elective pressure.

This will involve increasingly concentrating acute and specialist care provision on the main hospital site and relocating elective care services, outpatients and diagnostic provision in off site community premises.

A prime example of this approach is the Trust's use of the newly built Community Stadium for Ophthalmology, Rheumatology, Phlebotomy and Sleep service outpatient provision with plans underway for the imminent relocation of MSK outpatients and other non acute services.

We have also taken an active role in utilising our own community premises for frailty assessment, a rapid access heart failure service and have developed an integrated palliative care service in partnership with St. Leonard's Hospice.

On the main Hospital site, we have ambitious plans to invest in modern, fit for purpose premises, which in turn will support our expansive range of services, working with York Teaching Hospital Facilities Management. Our priorities are over the next two years include:

- Enhanced Critical Care facility, increasing bed capacity on the hospital site.
- A redesigned and extended Urgent and Emergency Care Department to support our Building Better Urgent Care Strategy.
- A new Vascular Imaging Unit with supporting laboratory services.
- Explore the development of onsite integrated renal service provision to enhance clinical and environmental standards of care.

In the context of the provision of increasing numbers of medical student places, there are plans to develop the infrastructure and capacity of the Hull York Medical School working in partnership with the Universities of York and Hull.

We are working closely with our Humber Coast and Vale Integrated Care System partners to consider and design service models that maximise access for the patient population across our geographical boundaries that includes mutual aid and networked pathway provision and the York and Scarborough Hospital sites will play a key part in this programme.

YORK AND SCARBOROUGH TEACHING HOSPITALS
NHS FOUNDATION TRUST

Community based provision
York, Malton, Selby, Easingwold

We will work within the local system to adopt a 'Home First' culture which focuses on prevention and self care, delivers care closer to home and allows the system to manage growing demand by increasing efficiency through integration

Developing integrated community services for localities	Developing the interface between acute and community service	Moving services from acute to community settings	Transforming our digital capabilities through use of new technology, new software and enabling those who use them	Developing our workforce to ensure we have the right number of people, with the right skills, in the right place

As a provider of community services, the Trust is focused on working with partners to ensure a Home First culture, which focuses on prevention, self care and care closer to home, allowing the system to manage growing demand by increasing efficiency through integration.

Community teams are already core members of locality forums in all of the communities we serve, alongside representatives from primary care networks, social care, community and mental health providers as well as voluntary sector leads.

We will continue and expand on joint training initiatives, and the appointment to joint posts. This supports the sharing of caseloads optimising capacity and balancing demand across services.

Building on work to date, accelerated as a result of the COVID-19 pandemic, we will work with partners in neighbourhoods to focus on anticipatory care, providing holistic assessment, prevention and care planning, particularly for those living with frailty.

We will support local GPs and Care Homes in developing alternative pathways, particularly for people living with long term conditions, preventing unnecessary admission to hospital.

We are proud of the rapid and innovative services we have developed over the last twelve months; we will build on these and further develop and embed them. They include a virtual ward for people with respiratory conditions and COVID-19, a rapid assessment heart failure service and an integrated palliative care service delivered in partnership with St Leonard's Hospice.

We will also further develop and embed an urgent community response service responding to the ambulance service, NHS111 and local GPs, supporting admission avoidance by ensuring diversionary pathways and facilitating discharge from hospital.

Delivering Integrated Care:

Working in Collaboration

The recently published white paper, ' Integration and innovation working together to improve health and social care for all ' brings together a set of proposals that represent a marked shift away from the focus on competition towards a new model of collaboration, partnership and integration. We welcome this approach and look forward to building on the collaboration established throughout the pandemic to tackle our health and social care challenges across the Humber, Coast and Vale.

As a Trust we are committed to our integrated working across our sites; working together across North Yorkshire and York to support our communities and collaborating with other acute providers to share learning, expertise and work to develop shared pathways of care for our patients.

Place and Neighbourhood Level – we will work with local partners across York and Scarborough to develop integrated care pathways delivering care closer to home where feasible to do so. The Trust will play a critical role in supporting Primary Care Networks (PCN) and other partners, this might include specialist advice and guidance or expert opinion, education, provision of data or digital support. We will work at place and in neighbourhoods to deliver Outpatients Transformation, support to patients on our waiting lists, enhance our community based services and the development of Community Diagnostic Centres.

OUR COMMITMENT

This framework sets out delivery through a North Yorkshire and York Strategic Partnership with a single operational and financial plan. It proposes 4 Local Care Partnerships where leaders and providers can work collectively to a shared vision and purpose that meets the needs of their population, and is aligned to the single Strategic Plan and it's ambition.

OUR PLACES

North Yorkshire	York

LOCAL CARE PARTNERSHIPS

Craven	Harrogate	Hambleton & Richmondshire*	East Coast**	Vale and Selby	York Health and Care Alliancee

PRIMARY CARE NETWORKS AND FEDERATIONS

Harrogate	Hambleton & Richmondshire*	East Coast**	Vale and Selby	York Health and Care Alliancee
• Heart of Harrogate • Mowbray Square • Knaresborough & Rural • Ripon & Masham • **Yorkshire Health Network**	• Hambleton North • Hambleton South • Richmonshire • Whitby Coast & Moors • **Heartbeat Alliance**	• North Riding Community Network • Scarborough Core • Filey & Scarborough Stronger Communities • Whitby Coast & Moors	• Selby Town • Tadcaster & Rural Selby •South Hambleton & Ryedale	• Priory Medical Group • York Medical Group • West, Outer & North East York • York City Centre • York East • **Nimbuscare**

* Including Whitby
** Excluding Whitby

Delivering Integrated Care:

Integrated Health System and Networks

The Trust is a core member of the Humber Coast and Vale Integrated Care System (HCV) Collaboration of Acute Providers. This acute collaboration allows us to work at scale to:

- Reduce unwarranted variation and health inequalities.
- Increase system resilience for all patients.
- Improve recruitment and retention of our staff.
- Develop and consolidate specialised services and care pathways.

We will work with system partners across HCV to implement new models of care that will ensure clinical sustainability as well as improving access and reduced waiting times. We will work at scale to support the delivery of 'high volume, low complexity' elective services. A 'whole system approach' to manage waiting lists across HCV will be implemented supported by clinically led discussions about optimising shared capacity and prioritisation of patients, and supporting patients while they wait for their treatment.

The integrated Scarborough, Hull and York Pathology Service launched in late 2021. The Trust has been working with Hull University Teaching Hospitals NHS Trust (HUTH) since 2018 on the development of a single pathology team providing laboratory services for the combined geographical patch. This will guarantee the long-term future of pathology in our region and enable us to create an innovative and sustainable pathology service that can deliver improvements in laboratory diagnostics using the latest digital technologies.

Over the next few years, we will also be an active partner in the development of a HCV diagnostic networks for Radiology and Endoscopy to maximise access to available general and specialist capacity, utilise staff skills and share best practice.

As an anchor institution in our local communities, the Trust is committed to working with our local authority partners to support the economic development and sustainability of our communities. We work closely with the local Armed Forces to share learning and skills and are proud of our Armed Forces Covenant.

As a teaching organisation we support the unique partnership of the Hull and York Medical School to develop our workforce and support innovative research. We have a wide range of regional, national and international clinical networks to share learning and skills and help to develop the best pathways of care for our patients.

Strategic Priority: Keeping People Well

Addressing Health Inequalities

Although the North Yorkshire and York population experience on average, better health outcomes and less poverty than other areas, there are some substantial differences and inequalities that exist between groups. These include:

- Life expectancy gap between wards in York of 10.1yrs (male) and 7.9yrs (female) and in North Yorkshire of 15.2yrs (Male) and 12.4 years (Female).
- 10,000 people in York (4.8%) and 36,000 (5.8%) people in North Yorkshire live in the bottom 20% on the index of multiple deprivation.
- In York 56.9% of the population are overweight or obese and 64.8% in Scarborough.
- The prevalence of diabetes ranges from 4.5% to 9.8% in North Yorkshire and from 1.4% to 6.9% in York (vs 7.1% for England).
- The prevalence of coronary heart disease ranges from 1.6% to 6.4% in North Yorkshire and from 0.8% to 4.6% in York (vs 3.1% for England).

Data obtained from local JSNA and COVID Rapid Health Needs Assessment 2020

As a core partner in Humber Coast and Vale we are committed to the ambition of 'Start Well; Live Well; Age well' for our communities and provide a range of services to promote good health and keep people well, these include:

- Integrated sexual health services across North Yorkshire and York (YorSexualHealth).
- Physiotherapy services to help reduce the need for surgery, support people to get fit for surgery if they require it and to support rehabilitation following acute care.
- Community nursing and therapy teams, both adult and children services to support people with disabilities, life long and life limiting conditions and additional needs.
- Children's health services in York and Selby including school nursing and health visiting.
- Development of a community based clinical hub for respiratory syncytial virus (RSV) in children.

To keep people well, we recognise that alongside our preventative services we must do more to address health inequalities in our waiting lists and work to reduce unwarranted variation across our communities.

Strategic Priority: Keeping People Well

Population Health Management

Using population health management approaches and techniques we will use data to plan and deliver care to achieve maximum effect. This includes segmentation and stratification, for example modelling to identify local 'at risk' cohorts of the population and then designing and targeting interventions for prevention and care for people with ongoing health conditions and reducing unwarranted variation. Through this approach, we will intervene earlier to reduce deterioration and target our services based on most need and highest impact. We will also adapt and flex our service offer to respond to the particular health needs and priorities of local communities. This includes the needs of Black, Asian and Minority Ethnic (BAME) and Lesbian, Gay Bisexual, Transgender and Questioning (LGBTQ) groups.

We will:

- Use Intelligence and insight analysis to understand the composition of our waiting lists, variation on referral rates and health outcomes to inform improvement plans.
- Promote health and wellbeing at every opportunity building on the work already underway in relation to diet and nutrition, smoking, drugs and alcohol, mental health and physical activity. We will make every contact count.
- We will work with GPs, social care partners and the voluntary sector to explore ways to address and reduce health inequalities.
- We will work with local GPs via Primary Care Networks to improve the health of our local population, through jointly agreed clinical pathways and by integrating our workforce with joint training programmes and joint posts.
- We will work in partnership with our patients and communities to co-produce and jointly deliver care including the self-management of long term conditions.
- We will support children and their families through our children's community and acute services with early identification of health issues, diagnosis and support or treatment plans tailored to their needs.
- We will support older people to age well, and to stay independent at home for longer. We will support patients and their families to put in place care and support plans tailored to meet their individual needs, based around their own goals and preferences.

Summary of our Outcomes and Ambitions

Urgent and Emergency Care	Planned Care	Women and Children's Care
• Compliance with the new Emergency Care national performance measures, including a focus on 100% of patients assessed within 15mins and no patients waiting more for 12 hours. • Patients will have access to Same Day Emergency Care if they require it, with service availability at least 70 hours per week. • 90 % of Post-Take review within 14 hours. • 90% of patients have a NEWS score within 1 hour.	• Delivery of day case rates against the BADS target for each procedure. • Patient Initiated Follow Up in place across eight specialities. • Stabilisation of the waiting list. • Reduction in 52 week wait patients and no patients over 104 weeks. • Reduction in DNA and cancellation rates to pre-pandemic levels. • Reduction in number of cancellations within 48 hours of TCI relating to patient cancellations on the day. • 25% of outpatients are delivered non face-to-face.	• Compliance with RCPCH Standards and BAPM (neonatal) compliance. • Compliance with all areas of the Ockenden report. • Reduction in still birth. • Majority of Women Receiving Continuity of Carer. • 'Your Welcome' standards accreditation. • CQC ratings for Maternity and Children's Care. • Bliss baby charter accreditation.

Diagnostic Care	Integrated Care	Cancer Care
• Achievement of the 6 week diagnostic targets across all modalities. • Reduction in the number of patients overdue a planned surveillance date. • Reduction in equipment downtime. • Reduction in patient complaints. • Reduction in the number of non-NICE recommended procedures/ indications.	• Improved percentage of CRT patients seen within 2 days of referral. • Achievement of the 2 hour crisis response target. • Reduced number of patients with a LoS over 7 days. • Reduction in the number of patients who meet the discharge criteria waiting over 24 hours for discharge. • Reduction in the number of people staying over 21 days who meet the criteria to reside. • 95% of patients are discharged back to their home.	• 2% annual improvement for all patients diagnosed at Stage 1 or 2. • Improvement against the 62 day Cancer Waiting Time targets and reduction in the 62 day backlog. • Delivery of the 28 day Faster Diagnosis Standard. • Achieve top 10 in the National Cancer Patient Experience Survey. • 50% reduction in formal cancer related complaints. • 75% of patients receive an electronic Holistic Needs Assessment. • 100% of patients receive a care plan. • 100% of patients are offered health and wellbeing information and support.

Glossary of Terms

- **AHP:** Allied Health Professions. These are 14 specialist, regulated professions including dietitians, occupational therapists, physiotherapists, operating department practitioners, physiotherapists, radiographers, speech and language therapists, orthoptists, prosthetists and orthotists.
- **BADS:** British Association of Day Surgery.
- **BAPM:** British Association of Perinatal Medicine.
- **Care Group:** The trust's clinical services are organised into six care groups. A care group brings together a number of clinical specialities under a single management team.
- **CNST:** Clinical Negligence Scheme for Trusts. The CNST handles all clinical negligence claims against member NHS bodies.
- **Continuity of Carer:** A way of delivering maternity care so that women receive dedicated support from the same midwifery team throughout their pregnancy.
- **CRT:** Community Response Team.
- **DNA:** Did Not Attend.
- **ED:** Emergency Department.
- **Elective care:** Care that is planned in advance, as opposed to emergency treatment.
- **GIRFT:** Getting It Right First Time. GIRFT is a national programme designed to improve the treatment and care of patients through in-depth review of services, benchmarking and presenting a data-driven evidence base to support change.
- **HCV:** Humber, Coast and Vale.
- **HYMS:** Hull York Medical School.
- **ICS:** Integrated Care System.
- **LMS:** Local Maternity System. The LMS is a partnership of organisations, women and their families working together to deliver improvements in local maternity services.

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- **LoS:** Length of stay.
- **MDT:** Multi-disciplinary Team.
- **Model Hospital:** A data-driven improvement tool that supports health and care systems to improve patient outcomes and population health.
- **NEWS:** National Early Warning Score. A tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients.
- **NICE:** National Institute for Health and Care Excellence.
- **Ockenden:** The Ockenden Review was an independent review of maternity services at Shrewsbury and Telford Hospital NHS Trust chaired by Donna Ockenden, resulting in a number of national recommendations for improving safety in maternity services.
- **ODIL:** Organisational Development and Improvement Learning.
- **PCNs:** Primary Care Networks.
- **Post-take Review:** First consultant review following admission to hospital.
- **RCPCH:** The Royal College of Paediatrics and Child Health.
- **RSV:** Respiratory Syncytial Virus.
- **SDEC:** Same Day Emergency Care.
- **TCI:** To Come In. The patients that are to be admitted.
- **Triage:** Initial assessment of patients to determine their level of clinical urgency and/or what type of service they need.
- **YAS:** Yorkshire Ambulance Service NHS Trust.

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