

Overview and Scrutiny Committee CQC Update

10 July 2024



Content

This slide deck provides key updates on improvement the Trust has delivered since the CQC report was published on 30 June 2024.



The Team



Martin Barkley
Chair



Simon Morritt
Chief Executive



Andrew Bertram
Finance Director



Dr Karen Stone
Medical Director



Claire Hansen
Chief Operating
Officer



Dawn Parkes
Chief Nurse
Designate



Polly McMeekin
Director of
Workforce and
Organisational
Development



James Hawkins
Chief Digital and
Information Officer



Lucy Brown
Director of
Communications



Steven Bannister
Interim Managing Director,
York Teaching Hospital
Facilities Management

Overview: Key messages

New key
appointments

Care Group
restructure complete

Revised corporate
and clinical
governance
arrangements

Key transformation
programmes

Replacement of the
Electronic Patient
Record with
procurement
evaluation underway.

A review of the Trust
Strategy

Financial balance
2023/24

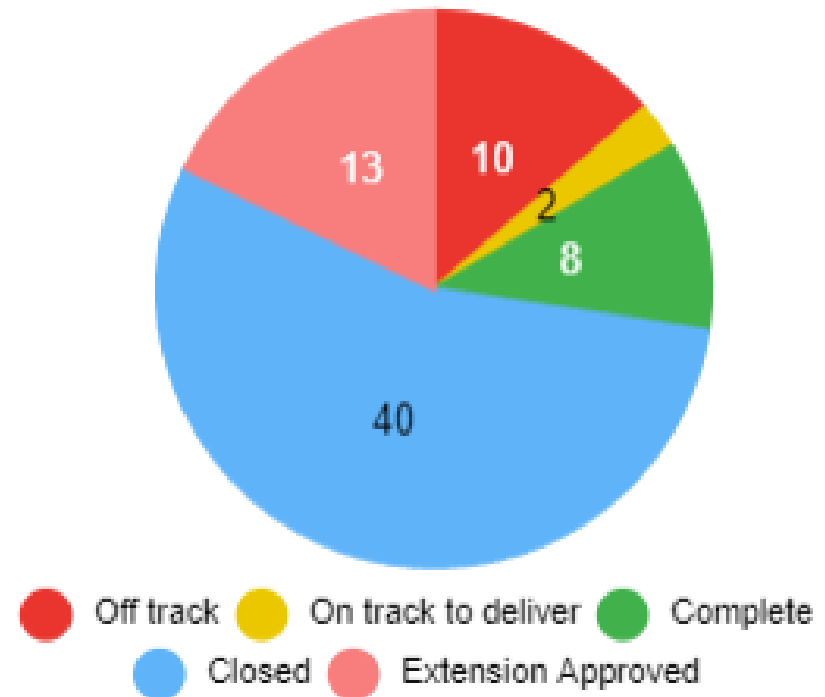
Journey to Excellence

- Fortnightly programme board chaired by the Chief Executive.
- Seven workstreams with all CQC actions clearly mapped to each.
- Robust process to close or extend actions with Executive Director approval needed.
- Following approval, all closure forms are shared with the CQC.

Journey to Excellence

- **40** actions have all actions completed and formally closed through Journey to Excellence.
- **8** actions are complete and are awaiting formal approval.
- **13** actions have extensions approved.
- **10** actions are off track – progress reviewed at Journey to Excellence and extensions needed.

Overall Progress with CQC Actions



Examples of Improvements

Registered Nurse oversight of all ED waiting areas

Volunteers providing food and drinks to those waiting in the Emergency Department

Referral to Treatment times of 78 weeks eliminated in March 2024

Installation of double flow oxygen meters across sites

Introduction on the Patient Safety and Incident Response Framework

New build UEC environments

Improved systems to capture and implement improvements from Structured Judgement Case Reviews

Revised and improvement risk management process within Maternity Services



Key risks

All risks are managed in accordance with the Trust Risk Management Policy and are monitored from Ward to Board through the BAF, Corporate Risk Register and Care Group Risk Registers with due regard to controls and mitigations.

Delivery of the financial efficiency programme – can't always resource our improvement plan at the pace we would expect. Therefore our pace of improvement may be impacted and this will likely cause delay and frustrations with staff and the public.

Staff engagement in training and development due to operational pressures. This will reduce our opportunities to engage with staff and will potentially impact on maintaining up to date best practice.

Limited but improving clinical engagement in the leadership and direction of the Trust. This will reduce our opportunities to improve and transform our services in a way that fully engages our staff.

Quality and maintenance of our estate, in the context of our financial position, will potentially impact on quality and efficiency of care processes.

IT infrastructure, data access and CPD present a risk to operational delivery whilst we progress the procurement of our new EPR.

Maintaining public confidence in our services in the context of the quality and financial challenges we face.

Next steps

Next steps to deliver sustainable improvement:

- A trust wide approach is being used to take the learning from the CQC visit and report, and other fundamental standards to develop and roll out our Year of Quality Programme. Delivery is overseen by PRIM and our Quality Assurance framework.
- Ongoing monitoring arrangements are being agreed for closed CQC actions and built into assurance processes.
- An independent external Well Led assessment is being commissioned in Q4 of 2024/25.



Questions?

