Notice of a public meeting of

Health Overview & Scrutiny Committee

To: Councillors Funnell (Chair), Doughty (Vice-Chair), Douglas, Burton, Hodgson, Jeffries and Wiseman

Date: Wednesday, 12 March 2014

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West Offices (F045)

A G E N D A

1. **Declarations of Interest** (Pages 1 - 2)
   At this point in the meeting, Members are asked to declare:

   - any personal interests not included on the Register of Interests
   - any prejudicial interests or
   - any disclosable pecuniary interests

   which they may have in respect of business on this agenda.

2. **Minutes** (Pages 3 - 8)
   To approve and sign the minutes of the meeting held on 19 February 2014.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **Tuesday 11 March 2014** at **5:00 pm**.

Filming or Recording meetings

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are being carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at:

http://www.york.gov.uk/downloads/download/3130/protocol_for_webcasting_filming_and_recording_of_council_meetings

4. Third Quarter CYC Finance & Performance Monitoring Report (Pages 9 - 12)

This report analyses the latest performance for 2013/14 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

5. Update Report on Introduction of NHS 111 Service (Pages 13 - 14)

This report updates Members on the NHS 111 service since its introduction.

6. **Update Report on use of Additional Funding for York Teaching Hospital (Urgent Care and Winter Pressures Money Update)** (Pages 15 - 18)
   This report updates Members on how the additional funding received for Urgent Care and Winter Pressures has been allocated.

7. **Further Update on Francis Report** (Pages 19 - 28)
   This report from York Teaching Hospital NHS Foundation Trust updates Members on the Hospital's current position in relation to recommendations from the Francis Report.

8. **Update Report-Provision of Medical Services for Travellers and the Homeless**

9. **Work Plan Update** (Pages 29 - 30)
   Members are asked to consider the Committee's work plan for the rest of the municipal year.

10. **Urgent Business**
    Any other business which the Chair considers urgent.

Democracy Officer:

Name- Judith Betts
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For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। **(Bengali)**

Ta informacja może być dostarczona w twoim własnym języku. **(Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

Agenda Item 1

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Agenda item 1: Declarations of interest.

Please state any amendments you have to your declarations of interest:

Councillor Doughty	Member of York NHS Foundation Teaching Trust. That his partner works at the Retreat.
Councillor Douglas	Council appointee to Leeds and York NHS Partnership Trust.
Councillor Funnell	Member of the General Pharmaceutical Council Trustee of York CVS
Councillor Hodgson	Previously worked at York Hospital. Member of UNISON.
Councillor Jeffries	Director of the York Independent Living Network.
Councillor Wiseman	Member and past employee of York Teaching Hospital NHS Foundation Trust.

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City of York Council	Committee Minutes
Meeting	Health Overview & Scrutiny Committee
Date	19 February 2014
Present	Councillors Funnell (Chair), Doughty (Vice-Chair), Burton, Hodgson, Jeffries, Wiseman and Fitzpatrick (Substitute for Councillor Douglas)
Apologies	Councillor Douglas

68. Declarations of Interest

At this point in the meeting, Members were invited to declare any personal, prejudicial or disclosable pecuniary interest, other than their standing interests attached to the agenda, that they might have had in the business.

None were declared.

69. Minutes and Matters Arising

Resolved: That the minutes of the last meeting of the Health Overview and Scrutiny Committee held on 15 January 2014 be approved and signed by the Chair subject to;

- A number of typing errors under Minute Item 65 (Night Time Economy-Draft Interim Report). These were corrected on the hard copy of the minutes, which were republished online following the meeting.

In regards to legal advice requested by Members relating to the accountability of the Health and Wellbeing Board raised by Members under Minute Item 66 (Building the Relationship between the Health and Wellbeing Board and the Health Overview and Scrutiny Committee), the following advice from the Assistant Director of Governance and ICT was received.

The advice said;

"A local authority may review and scrutinise any matter relating to the planning, provision and operation of the health service in its area" That is certainly wide enough to allow Health Overview and Scrutiny (HOSC) to scrutinise the work of the Health and Wellbeing Board (H&WBB) and, in particular the joint strategic needs assessment and joint health and wellbeing strategy. The fact that the H&WBB is a Committee does not mean that HOSC cannot scrutinise it as all the scrutiny committees' remits are wide enough to allow them to scrutinise non executive (Cabinet) functions. They cannot call in H&WBB decisions though as that power only applies to executive decisions."

70. Public Participation

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Mick Phythian from York Defend our NHS asked how personal health budgets were being enforced in the city, and the level of governance to do this.

In response to the question, the Assistant Director for Commissioning and Partnerships informed the Committee that the governance of personal health budgets was through NHS England and the Partnership Commissioning Unit (PCU) on behalf of the Clinical Commissioning Group (CCG). If a person had already requested one then they would receive it by October 2014.

71. Further update on Implementation of Recommendations from the previously completed End of Life Care Review - 'The Use and Effectiveness of DNACPR Forms'

Members received a report which provided them with a further update on the implementation of the recommendations arising from the previously completed End of Life Care Scrutiny Review which fell within the remit of the Health Overview and Scrutiny Committee.

Members commented that the Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were now out of date. However, they felt that the original aim of the review had been reached.

Nonetheless, they added that it would be useful to look at the recommendations from the review, when considering End of Life Care issues.

Resolved: (i) That the report be noted.

(ii) That no further updates on the review be received.

Reason: To raise awareness that all recommendations are satisfactorily implemented.

72. Vale of York Clinical Commissioning Group Community Services and Out of Hours GP Services Commissioning Plans

Members received two reports on the procurement of Healthcare in the Community and GP Out of Hours Services. The Chief Clinical Officer of the Vale of York Clinical Commissioning Group (CCG) attended the meeting to present the report.

Community Healthcare Services

The Chief Clinical Officer told the Committee about a proposed a model of healthcare 'hubs', where a full range of services would be developed and linked into hospital services. It was hoped that the hubs could also deliver some Outpatient services for the Hospital. It was felt that the financial structure of community healthcare was crucial. For example the current system had been shaped by money flow. The new proposals for healthcare hubs needed a different financial structure. It was reported that public consultation to the proposed changes were continuing, and that a meeting would take place between the CCG and the Hospital in order to come up with a plan to put in place the new model and to encourage active participation by patients in their healthcare.

Out of Hours (OOH) Procurement

Some Members asked a question about risks that might be encountered if a provider for the service in the city was not found. It was reported that the risk was not finding a provider, but the time taken for the process.

In addition, Members were told that it would be difficult to reduce geographic inequalities in the Vale of York CCG area as the emergency care system in Ryedale may be different from that in York. There were also different ambulance turnout rates in these areas, but the CCG acknowledged that this was something that needed work on. It was also added that the changes to the procurement system and the introduction of the proposed community healthcare hubs would be robustly tested.

Members were informed that commissioners of care in the city had to formulate a five year strategy for integrated health in the city. It was hoped that it would be completed by June and it would be presented to the Health and Wellbeing Board.

Integration between services

Discussion took place around the integration of other services in the city such as Mental Health provision. It was reported that the Council were keen to work with Leeds and York Partnership NHS Foundation Trust in order to integrate their services in the proposed community health care hubs.

It was also reported that the Council and the CCG were due to meet with NHS Property Co about moving facilities out of Bootham Park Hospital.

Resolved: That the reports be noted.

Reason: In order for the Committee to be updated in regards to the progress of Healthcare procurement for Community Services and GP Out of Hours Services in the city.

73. Draft Final Report- Night Time Economy Scrutiny Review

Members considered a report which presented updated information on the work completed to date by Members in relation to the corporate review into York's Night Time Economy alongside their recommendations to the Corporate and Scrutiny Management Committee (CSMC).

The Chair discussed the recommendations that had arisen from the review.

She explained to the Committee that several amendments had been made to the recommendations. This was due to information received from Council Officers.

In reference to the first recommendation about establishing a city centre treatment and recovery centre to operate on Friday and Saturday nights, the Chair explained that this was a suggestion. She said this was in line with the review remit to identify ways to ease the pressure on the hospital's emergency department on those nights.

In response to a comment from a member of the public, the Chair commented that she hoped that the catch all nature of the Corporate Night Time Economy review had allowed for the Committee to think about looking more in depth at a topic around alcohol in the future. Other Members agreed that although they knew some of the problems identified in the review were as a result of alcohol usage, that other Scrutiny Committees might also have been looking at the impact of alcohol through their own Night Time Economy Reviews.

Resolved: That the report be noted and the following amended recommendations be approved;

(i) That the Council, Safer York Partnership and Health Partners investigate the establishment of a city centre treatment and recovery centre to operate on Friday and Saturday nights to provide both clinical care and a place of safety.

(ii) That the Council continue to support the work of Street Angels, and encourage Safer York Partnership to continue supporting and working in partnership with them to support funding bids from the Police and Crime Commissioner.

(iii) That York Hospital Trust be actively encouraged to continue to monitor the reasons for people arriving in ED and identify what else needs to be done to manage the pressures on ED, both on the services that are provided and the strains on staff.

(iv) That the Council's Public Health team continue to promote any future public health campaign in relation to alcohol, by proactively linking with NHS England.

(v) Further to the Pop Campaign, that the Safer York Partnership be recommended to encourage late night bars and clubs in the city centre to consider using plastic glasses instead of glass.

Reason: To conclude the work on this Review in compliance with scrutiny procedures, protocols and workplans.

74. Work Plan

Members considered the Committee's work plan.

The following additions were suggested;

- That an update on CCG Community Services and Out of Hours GP Service Commissioning Plans be added to the work plan to be considered at a future meeting.
- That a report on the relationship between Health Overview and Scrutiny Committee and Health and Wellbeing Board be considered at the Committee's April meeting.

Resolved: That the work plan with the following additions be agreed.

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor C Funnell, Chair
[The meeting started at 5.35 pm and finished at 6.25 pm].

Health Overview & Scrutiny Committee 12 March 2014

Report of the Director of Health & Wellbeing

2013/14 Third Quarter Financial Monitoring Report- Health & Wellbeing

Summary

1 This report analyses the latest performance for 2013/14 and forecasts the financial outturn position by reference to the service plan and budgets for all of the relevant services falling under the responsibility of the Director of Health & Wellbeing.

Financial Analysis

2 The new Directorate of Health & Wellbeing compromises the Adult Social Care budgets formerly within the Directorate of Adults, Children & Education, and the new Public Health budget amalgamated with some sport and active leisure and Drug & Alcohol Action Team (DAAT) budgets formerly within the Directorate of Communities and Neighbourhoods. A summary of the service plan variations is shown at table 1 below.

Table 1 – Health & Wellbeing Financial Projections Summary 2013/14 - Quarter 3 December

	2013/14 Budget £000	Projected Outturn Variation	
		£000	%
Adult Assessment & Safeguarding	27,401	+1,542	+5.6%
Adult Commissioning, Provision & Modernisation	23,759	+437	+1.8%
Public Health	826 *	-400	-48.4%
Total Health & Wellbeing	**51,986**	**+1,579**	**+3.0%**

* Net of £6.441m Public Health Grant

3 The summary shows a net projected overspend for the year of £1,579k. This is an improvement of £170k compared to the £1,749k reported at Quarter 2.

4 In Adult Social Services, demographic pressures continue to be evident in relation to demand for care, despite significant investment of £2.5m in the 2013/14 budget. At present, forecasted pressures include a continued increase above forecast level in the number of customers taking up Direct Payments (£227k), increased use of external placements for emergency and short term breaks (£219k) and a higher than budgeted number of customers needing nursing care (£329k).

5 As reported at Quarter 2 the Council has seen a small number of nursing homes receive Care Quality Commission (CQC) inspection reports identifying concerns about quality of provision. This has resulted in restrictions at some homes on new admissions funded by the authority, in line with our quality assurance framework, whilst the Council supports the homes to deliver the improvements needed. These homes had been offering placements at the council's agreed fee level. This has impacted on the available market for nursing care provision new placements incurring higher costs, requiring more top ups from the Council, contributing to the forecast overspend. The increased scrutiny from CQC has to be welcomed, and it is clear this is happening across the country as the commission responds to high profile failures of care elsewhere. In addition average customer numbers for the year currently stand at 285 compared to the 271 customers provided for in the original budget.

6 Home care budgets are projected to overspend by £190k. Expenditure had been stable for the first four months of the year, but over the summer increased at approximately £1k a week up from £81k to £86k. This has now stabilised again but a review of new care packages coming on to the service continues to show a mix of needs. Hospital discharges and new packages after a Reablement service account for approximately 1/3 of the additional service needs. The other increases have been required to supplement existing packages of care because of issues such as continence, falls, family carers becoming unavailable due to own health needs or growing dementia. This means that a higher number of customers than budgeted for (42 compared to 30) are currently on exception contracts with homecare providers.

7 A number of unachievable budget savings also contribute to the forecasted pressure including reablement (£300k), Elderly Persons Homes (EPH) reconfiguration (£175k) and the Night Care team (£135k). With other minor pressures offset by a significant forecasted underspend on External Residential Care (£351k) due to a lower number of required placements than anticipated.

8 The Public Health grant for 2013/14 is £6.641m and there is currently a forecast surplus of £458k. It is proposed that £400k of this will be used as mitigation against overspends in adult social care where there are elements that can be funded by the public health grant, particularly around prevention work. The remaining surplus is a contingency for continuing uncertainties around the transferred contracts from the Primary Care Trust (PCT). In addition to this there is a general fund budget for public health of £826k which is primarily for sport and active leisure and some DAAT functions. No significant variations to this budget are currently expected.

9 The directorate management team are committed to exploring all options for reducing expenditure in the remainder of the 2013/14 financial year and are therefore continuing to look at the following to further mitigate the current overspend projection:

- Reviewing the most expensive care packages, with a view to exploring all options for delivery of the required care at a lower cost.
- Reviewing the level of, and securing additional, continuing health care contributions where appropriate.
- Reviewing the 2014/15 savings proposals with a view to stretching and implementing as many as possible earlier in the 2013/14 financial year.
- Continuing to hold recruitment to vacant posts wherever possible and safe to do so.

Council Plan

10 The information included in this report demonstrates progress on achieving the Council's corporate priorities for 2011-2015 and in particular, priority 4 'Protect Vulnerable People'

Implications

11 The financial implications are covered within the main body of the report. There are no significant human resources, equalities, legal, information technology, property or crime & disorder implications arising from this report.

Risk Management

12 Adult Social Services budgets are under significant pressure. On going work within the directorate may identify some efficiency savings in services that could be used to offset these cost pressures before the end

of the financial year. It will also be important to understand the level of investment needed to hit performance targets and meet rising demand for key statutory services. Managing within the approved budget for 2013/14 is therefore going to be extremely difficult and the management team will continue to review expenditure across the directorate.

Recommendations

13 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial position for 2013/14.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Richard Hartle Finance Manager Adults, Children & Education *Tel No. 554225*	Paul Edmondson-Jones Director of Health & Wellbeing

Report Approved *Y* **Date** *25 February 2014*

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** *Y*

For further information please contact the author of the report

Background Papers
Third finance monitor for 2013/14, Cabinet 11 February 2014

Annexes
None

Abbreviations

CQC - Care Quality Commission
DAAT - Drug & Alcohol Action Team
EPH - Elderly Persons Homes
PCT - Primary Care Trust

NHS 111 Update by Dr Nigel Wells, GP lead for NHS 111 Vale of York Clinical Commissioning Group (VOYCCG) Spring 2014

NHS111 is nearing its first year anniversary although NHS 111 went live for call handling and triage of the GP Out Of Hours service in York on 2nd July 2013 after a staggered introduction nationally and regionally.

NHS111 is now taking calls from 18.30 until 08.00 on weekdays and from 18.30 on Friday until 08.00 Monday for patients registered to GPs in York and surrounding areas.

NHS111 works on a clinical pathways triage model and is staffed by call handlers and clinical advisers; call lengths vary between 7 and 15 minutes on average. The outcome is determined by the clinical scenario, the input from the clinical advisers and then a possible direction to a service outlined on the directory of service (DOS).

NHS111 in our area has not seemed to have increased the Accident & Emergency (A&E) attendance or 999 calls with the information available to date. Complaints and incidents continue to be low in number.

Commissioners continually monitor NHS111 service across Yorkshire and Humber and this allows areas of concern to be highlighted for action. This is now headed up by a regional North Yorkshire and Humber team and regular contracting, performance and governance meetings.

The service coped well under the winter pressures of Christmas and New Year and Yorkshire Ambulance Service (YAS) had business contingency plans in place if needed. The busiest day over the Christmas period was Saturday 21 December where the senior team escalated to level 3 (out of 5) for a period of 3 hours.

NHS 111 now takes around 4000 calls a month for the VOYCCG area with 60% being directed to either in hours or Out Of Hours GP services. The number of calls into the Out Of Hours services had significantly reduced over summer and autumn, although it has recently returned to a level closer to that prior to the introduction of NHS 111. It is unclear why this happened, however, this has also been seen in other areas.

The service continues to evolve and is exploring areas of need such as dental services and pharmacy support, as well as looking at using new technology in some areas.

YAS NHS 111 took its millionth caller on Saturday 22 February 2014.

Abbreviations

A&E – Accident and Emergency
DOS – Directory of Service
GP-General Practitioner
VOYCCG - Vale of York Clinical Commissioning Group
YAS – Yorkshire Ambulance Service

Health Overview & Scrutiny Committee **12 March 2014**

Report of Rachel Potts, Chief Operating Officer, NHS Vale of York Clinical Commissioning Group

Urgent Care and Winter Pressures Money Update

Commenced November 2013:

Integrated hospital/community team; this team has been provided with additional funding to continue to support individuals outside of a hospital setting until March 2014. The scheme is being evaluated to understand the impact of this additional team over and above the core community nursing service.

Commenced December 2013:

Emergency Department workforce; additional funding has been committed to support the hospital to provide additional Registrars and senior nurses to work in the Emergency Department (ED) during the winter period. The aim is to enable more people to be discharged from ED following senior clinical review and decision making. ED report a positive change in the way communication is taking place and attributes this to influence of clinical educator post. Changes in senior nursing have also given them more a more autonomous role and the addition of senior cover at evenings and weekends, and additional SpR support from 8pm-6am, has also been seen to improve turnaround speeds. York Teaching Hospitals NHS Foundation Trust (YTHFT) report they are currently on track to achieve the 95% 4-hour ED target for February 2014 and possibly Q4.

Emergency Care Practitioners; an additional three members of staff from the Yorkshire Ambulance Service have been employed to work alongside regular ambulance crews to attend falls, faints and minor injuries. This service aims to see and treat individuals in the home or at the scene instead of conveyance to hospital. Similar pilots in our locality have shown a 50% reduction in conveyance to the ED for minor call outs. This scheme has been ongoing since 02/12, 268 tasks up to end December. 238 in VoY area, 14 in East Riding. 35% not conveyed during December 2013 and 44% in January 2014; reducing ED attendance, admission and discharge planning requirements. This scheme will continue to be supported under the Better Care Fund.

Extension of the Rapid Access and Treatment Service; into the early evening; the joint hospital and social care team has received additional funding to increase the hours of support available. This will help to ensure that packages of care are put into place as quickly as possible to prevent unnecessary admission to health and/or social care beds. Additional social care staff commenced in December 2013 and additional Physiotherapy and Occupational Therapy staff joined from February 2014. The team work to discharge patients up to 8pm and therefore have been able to send more patients home and reduce the number of tea-time admissions.

Additional social work posts; additional hours funded to support the main reablement teams during the winter period and optimise the number of individuals supported. This simply provides additional social care capacity to manage the discharge of patients.

The CCG are awaiting a full dataset for both of the above projects from City of York Council. Representatives were meeting w/c 3 March to discuss.

Homeless support worker; this project is providing funding for a support worker for the three busiest evenings of the week within the Emergency Department. The support worker works with staff to identify homeless patients who have no medical need and transfer them to the ArcLight centre for support. This project commenced on the 23/12 and during the first 5 weeks 14 unique patients were supported out of ED, into ArcLight and then onward referred to supporting agencies. There has been excellent staff and patient feedback to this scheme.

Block and spot purchase of step-up and step-down beds; this project increases the bed capacity available for patients to be transferred to if they require step up, or step down support from the acute hospital. This capacity aims to ensure that individuals do not remain in hospital beds when they may be appropriately supported in other settings, and hence which maintain patient flow across the health and social care system. There have been some difficulties in finding beds in the private care homes to use for this project. More work will be done around delayed transfers of care over the next six months to provide more robust plans prior to winter 14-15.

Commenced January 2014:

Hospice At Home; this project is providing additional weekend and evening support to individuals on an end of life pathway to enable them to die at home when at the end of their life, if this is their place of choosing. The Hospice@Home scheme has recorded 34 interventions in January and so far analysed the data of 21 of these patients. 14/21 of these patients died in their place of choosing. More analysis of the data is underway to understand the impact on hospital beds alongside quality of care for patients, and once an impact assessment is completed it is possible that this initiative may continue to be supported under the Better Care Fund.

Patient Transport; funds have been allocated for additional discharge support by Age UK to ensure elderly patients can be discharged in a timely way. The scheme provides transport home at times when other patient transport services are not available. If required, help can also be provided when individuals get home and carer support can be provided overnight to support individuals. This service has been well received; data shows a good spread of areas within the hospital using the service and they received 38 referrals in the first 19 days of operation. Further data around the service response times and impact at weekends has been requested from Age UK.

Equipment; additional funding over the winter period to ensure that there are no delayed discharges due to lack of availability of equipment, including items such as beds (30), mattresses (40) and hoists (4). The direct impact is difficult to measure, however there will be a staff survey and review of data around speed of provision at the end of the quarter.

The CCG have requested and are awaiting an interim dataset to assess the relevance of the equipment on patient discharge.

Yet to commence

Care Homes Support Project; this project is currently being developed with partners to be implemented in the near future as one of the integrated hub schemes for the Better Care Fund. It aims to support care homes in the management of vulnerable patients and prevent unnecessary admissions to hospital or to other escalation beds. Where individuals need to be admitted for elements of their care, the scheme will aim to support discharge at the earliest appropriate opportunity. This pilot project will be extended beyond the winter pressure funding to enable it to be implemented and tested fully.

Community Single Point of Access; this project will set up a single point of access for health and social care professionals to call for referral or advice. The initial pilot is being developed in partnership with Yorkshire Ambulance Service NHS111 service and will be sustained beyond the winter pressure funding to enable testing of the model on improved pathways of care. This project responds to one of the key issues identified by the community in recent engagement events run by the CCG for a single point of access to services. This scheme will commence during March 2014, with the CCG agreeing support for a 6 month trial; to test its function as an enabler for other projects.

Projects halted

Phlebotomy Outreach Services; this project did not commence. YTHFT have informed the CCG they are putting together a fuller business plan for a more sustainable service which will be part of the Trust service redesign plans.

Abbreviations

CCG – Clinical Commissioning Group

ED – Emergency Department

SpR - Specialist Registrar

VoY – Vale of York

YTHFT – York Teaching Hospitals NHS Foundation Trust.

York Teaching Hospital NHS
NHS Foundation Trust

Board of Directors

Francis Report Update

1. Introduction and background

On the 19th November 2013, The Government published its final report into the recommendations made within the Francis Report (2013).

This follows the Government's initial response in February 2013, which included the introduction of a new hospital inspection regime and legislation for a duty of candour on NHS organisations which is a requirement to be open with families and patients when things go wrong.

Actions on safety and openness include:

- transparent, monthly reporting of ward-by-ward staffing levels and other safety measures
- quarterly reporting of complaints data and lessons learned by trusts along with better reporting of safety incidents
- a statutory duty of candour on providers, and professional duty of candour on individuals, through changes to professional codes
- a new national patient safety programme across England to spread best practice and build safety skills across the country and 5,000 patient safety fellows will be trained and appointed in 5 years
- Trusts to be liable if they have not been open with a patient
- a dedicated hospital safety website to be developed for the public

Other actions include:

- a new criminal offence for wilful neglect, with a government intention to legislate so that those responsible for the worst failures in care are held accountable
- a new fit and proper person test, to act as a barring scheme for senior managers
- every hospital patient to have the names of a responsible consultant and nurse above their bed
- a named accountable clinician for out-of-hospital care for all vulnerable older people.

- more time to care as all arm's length bodies and the Department of Health have signed a protocol in order to minimise bureaucractic burdens on trusts
- a new care certificate to ensure that healthcare assistants and social care support workers have the right fundamental training and skills
- a new fast-track leadership programme to recruit clinicians and external talent to the top jobs in NHS England.

2. Progress Made

This report provides an update on that presented to the Board in July 2013. It seeks to ensure that it captures the essence of the Government's final response to the Francis Report 2013 that was published in November 2013. The 290 recommendations made within the report fall broadly into the following categories.

- care and compassion
- values and standards
- openness and transparency
- leadership
- information

This report will therefore capture the organisation's current position through reference to the categories outlined above.

2.1 Care and Compassion

Care and Compassion are key to the delivery of our services.

The organisation has a commitment to Patient Safety which is reflected in its prominence in the Agenda of Board of Director meetings. Patient Safety within the organisation is overseen by the Health and Safety Committee which has a direct link to the Board.

The organisation has continued its focus on bringing best practice to all aspects of patient safety, including the recent production of a revised Patient Safety and Nursing and Midwifery Strategies.

The recently published 'Good Hospital Guide' indicates the work being undertaken through the mortality workstreams is taking effect with a reduction in our Standardised Hospital Mortality Indicator. We benchmark well amongst our peer group for the number of reported incidents falling into the 'severe harm' and 'death'' categories.

However, we recognise the need as an enlarged organisation to review our clinical guidelines, and as directorates across the two acute hospitals merge this is being undertaken within the integration workstreams.

In terms of workforce national issues around the medical workforce are replicated within the Trust. There are shortages in junior doctor roles across most specialties and the organisation faces some difficulties in recruiting to consultant roles such as Elderly and Neurology (national shortage) and more specifically around the Scarborough site.

The Trust is therefore continuing to develop roles that work across multiple sites and to look at how we create attractive roles. The national approach to reduce the numbers of junior doctors and the organisational response has been to develop new alternative roles to mitigate the risk of gaps in the workforce. The new role of Advanced Clinical Practitioner has been established and three qualified practitioners have been recruited.

The organisation has implemented a new cohort of trainees through a bespoke course commissioned by the Trust at the University of Hull. This is in its first year, and funding has been agreed for the next two years to ensure a sustainable and ongoing supply.

In terms of the nursing workforce, nurse staffing is currently running at a 5% vacancy factor, but this is not deemed nationally to be reflective of an organisation in difficulty. Over 100 registered nurses have been recently recruited and HCA turnover has reduced from 17% to 9.8% as a result of a new process of HCA recruitment. Reliance of temporary workforce has been reduced by staffing additional capacity with our own staff. The Trust consistently works to a registered nurse to patient ratio of 1:8 on early or late shifts in the acute setting, which is line with national

2.2 Values and Standards

The organisation has an obligation to meet the requirements of its license with Monitor as a Foundation Trust, and its registration for the provision of services with the Care Quality Commission.

In delivering these obligations the organisation has a commitment to Patient Safety which is reflected in its prominence in the Agenda of Board of Director meetings. Post integration the organisation has focused on bringing best practice to all aspects of patient safety, including the production of a revised Patient Safety Strategy.

We have implemented the electronic capture of observations, introduced the Safety Thermometer, reviewed our approach to pressure ulcer reduction, improved VTE performance and revised our CDI Strategy.

We are committed to the delivery of national standards of care, and compliance with these are monitored through a plethora of avenues, a flavour of which are outlined below:

- Personal Appraisal
- Mortality review
- Reviews of incidents, complaints and claims
- Friends and Family Feedback
- Monitoring mechanisms (for example Nursing Care Indicators, Safety Thermometer, compliance with the WHO checklist, CQUIN delivery, Matrons service checks etc etc)
- Patient Safety Dashboard
- Quality and Safety Group and Quality and Performance Improvement Meetings
- Internal and external compliance reviews
- Monitoring of all poorly performing staff (nursing, medical, admin and AHPs)
- A commitment to publishing data on nurse to staffing ratios

Our organisational values have been a key development theme for the last five years. A significant review of organisational values was undertaken pre integration, preparing for the clarity and direction required for staff around these changes. Our acclaimed work of values based recruitment seeks to ensure that we appoint the right people who understand and share the organisations values.

The organisations Appraisal Framework will undergo a review to reflect a focus on Trust values. It will also continue to ensure that through the setting of specific, measurable, achievable and timed personal objectives via the annual appraisal process each member of staff clearly understands what is expected of them and how this links to the organisations values. In addition, a Personal Accountability Framework which aims to ensure that all staff are aware of their lines of accountability has been introduced and continues to be embedded within the organisation.

Ensuring that our estate meets all necessary regulatory and environmental standards is important. The organisation is conscious that parts of its estate require some investment and has robust plans for the maintenance and improvement of its sites. In addition planning is in progress for the future footprint of the Acute Hospital Sites.

2.3 Openness and Transparency

The organisation has a commitment to openness and transparency and is currently in the process of reviewing its Risk Management Strategy and associated processes . This will include more detailed scrutiny of the process of investigating both serious and critical incidents to ensure that the root cause of the incident is effectively identified and that consequent recommendations appropriately address the failings established.

Patients are advised of any serious incidents relating to them and receive copy of the final investigation report. Patient liaison officers are appointed, where appropriate, to any clinical serious incident. The organisation takes all incidents seriously and has identified that it does not always take learning from incidents, complaints, claims and inquests back into the organisation as effectively as it can. Reports have now been amended to include those groups that must specifically receive feedback and learning. We work closely with colleagues within CCGs and Commissioning Support Unit (CSU) to ensure investigations are completed within timeframe and that agreed actions are completed. Where this is not possible, extensions to the investigation period are agreed with the CSU.

The Trust is also reviewing the format and content of its Corporate and Directorate Risk Registers. The aim of this is to improve the identification of potential corporate risk at a directorate level. To assist with the effective triangulation of risks it will seek to appoint an Information Risk Analyst. Alongside these changes is a senior review of the role and function of the Corporate Risk Management Group.

Our Patient and Public Involvement Strategy is currently in development, It aims to reflect how we are going to engage with patients and the public in a more proactive way. The organisation already has a significant number of ‘user groups’ that contribute to the provision of feedback on, and further development of specific services.

As much as the organisation listens and acts on the voice of the public, it needs to ensure that it listens and acts on the voice of its staff. The organisation has recently undertaken a ‘listening exercise’ seeking the views and opinions of its staff post the acquisition of the former Scarborough and North East Yorkshire Trust.

Equally, as an organisation we need to ensure that we learn, and can demonstrate that we learn from our mistakes, and that we listen to the feedback that is given about our services by patients, staff and the public.

The organisation does listen to feedback, but needs to further develop how it engages patients and the public in both developing and providing feedbacks on its services.

The Trust has well established communication channels with its commissioners. Monthly Contract Monitoring Meetings are held which not only focus on finance and activity, but also on patient safety and quality of service. Similarly, we have an open and transparent relationship with the Care Quality Commission where regular engagement meetings are held to discuss any issues relating to the quality of our service provision.

The Trust is a key participant on local stakeholder groups (for example Adult and Children's Safeguarding Boards, Health and Wellbeing Boards, and Scrutiny Committees).

Our 'Whistleblowing' and 'Being Open' policies are both currently being reviewed to ensure that they fully incorporate the essence of the recommendations made within the Francis Report.

2.4 Leadership

The leadership of any organisation, and the way in which it develops its future leaders is key to the delivery of its responsibilities.

The organisation has a strong Board Leadership that managed the acquisition of the former Scarborough and North East Yorkshire NHS Trust and was subsequently named NHS Board of the Year in 2012.

With a strong ethos of ensuring that it has a capable and competent workforce that delivers quality care in the right place in the right time it has a commitment to the development of its employees. In delivering this commitment the organisation has a multi faceted approach to education and training with access to both internal and external training. Much work has been undertaken over the past year in Education and Training with a key example being the Introduction of the

- Board Development Programme
- It's My Ward Programme for Ward Sisters and Charge Nurses
- HCA Training Programme
- Senior Leaders Programme
- Leading from the Front Programme
- New Consultants Programme
- An annual programme of training events

In addition, the organisation is in the process of introducing a new on line E Learning management system that will enable individual members of staff and their managers to ensure that training identified as being required has been undertaken. The organisation has processes in place for ensuring that it evaluates the quality and effectiveness of the training that it commission or delivers.

There is a recognition that the organisation needs to review the way it delivers Statutory and Mandatory Training, therefore improving attendance. This work is currently in train.

Through leadership at all its management levels the organisation needs to continue to build on its espoused culture of accountability and responsibility, of openness and transparency. Embedding the use and understanding of the Personal Accountability Framework, ensuring all staff understand what the PAF means for them. Within the Human Resources work programme is the development of a 'Consequences Framework' , for failing to follow a process, this would apply to clinical/nursing and non clinical staff) should also be developed and implemented

The Annual Staff Survey provides the organisation with key information in terms of staff perception on how they are valued, invested in and supported. The results of the Staff Survey are acted upon with action plans developed and implemented for those indicators where Trust performance is below the national average.

Leadership Walkarounds undertaken by Executive and Non Executive Directors also provide a valuable insight into the views of staff and performance of clinical services.

2.5 Information

The Francis Report placed a focus on the wealth of information that is available within an organisation about the services that it provides. This can be derived from a number of sources , complaints, incidents, claims, various internal monitoring systems etc and can be used as early warning triggers within the organisation.

Over the recent months the organisation has taken action to roll out its core patient database (CPD) across Scarborough Hospital. This has provided a greater opportunity to collect clinical information electronically. In addition it has enabled the collection of nursing observations electronically which results in information being collected and actioned real time.

The Trust has a dashboard facility (SIGNAL) that can be accessed from the desk top. It provides managers with a tool that effectively enables them to manage performance. The introduction of a new Quality and Safety Dashboard has facilitated a greater understanding of patient quality and safety matters and is presented to the Board on a monthly basis.

The CQC have also moved to triangulate the information held about an organisation, and now give each NHS Trust an overall risk banding, (on a 1 – 6 basis, 1=poor, 6= excellent). This information is used externally to ascertain the quality of the services provided within an organisation. The Trust publishes CQC reports on the quality and safety of its services on its external website.

3. Conclusion

This report provides some commentary on the actions being taken to deliver some of the recommendations of the Francis Report 2013. It is important to note that the vast majority had already featured in Corporate Workplans. This demonstrates that the organisation accesses its own performance, identifies its weaknesses and seeks to make improvements where they are required.

Many of our actions are innovative. A good example being our approach to values based recruitment, and our approach to the management of sickness absence.

4. Recommendation

The Board of Directors is asked to note the report.

5. References and further reading

The Francis Report 2013
The Berwick Report 2013
Patient First and Foremost 2013
Final Government Response to the Francis Report 2013
Care Quality Commission Standard

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Owner	**Patrick Crowley: Chief Executive**
Date	**January 2014**

Abbreviations used in the report

ACP – Advanced Care Practitioners

AHP – Allied Health Professionals

CCG – Clinical Commissioning Group

CDI – Clostridium Difficile Infection

CPD – Core Patient Database

CQUIN - Commissioning for Quality and Innovation

CSU – Commissioning Support Unit

HCA – Health Care Assistants

VTE - Venous Thromboembolism

WHO – World Health Organisation

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Health Overview & Scrutiny Committee Work Plan 2013/2014

Meeting Date	Work Programme
18th December 2013	**Themed approach: Community Health Services** 1. Care Quality Commission: Changes to the way they inspect and regulate care services **Monitoring Role:** 2. Presentations from Key Partners on how they work with other partners and how they put together their annual plan 3. Verbal report on Men's Health Scrutiny Review **Managing the Business:** 4. Workplan Update
15th January 2014	**Scrutiny and Task Group reports:** 1. Interim report on Night-Time Economy Scrutiny Review? 2. Report on the work of the HWB and how Health OSC and HWB work together **Managing the Business:** 3. Workplan Update
19th February 2014	**Themed approach:** 1. Further update on implementation of the recommendations arising from the End of Life Care Scrutiny Review 2. CCG Community Services and Out of Hours GP Services commissioning plans. **Scrutiny and Task Group reports:** 3. Draft final report on Night-Time Economy Scrutiny Review **Managing the Business:** 4. Workplan Update

12th March 2014	**Themed approach:** **Monitoring Role:** 1. 1.Third Quarter CYC Finance Monitoring Report 2. Update report on introduction NHS 111 services 3. Update report on use of additional funding for York Teaching Hospital (likely to have been used to supplement staffing during winter period) 4. Further update on Francis Report 5. Update report – provision of medical services for travellers and the homeless (to include data, attrition and patient flow) **Managing the Business:** 6. Workplan Update
23rd April 2014	**Themed approach:** **Monitoring Role:** 1. Attendance of Cabinet Member for Health, Housing and Adult Services. (tbc) 2. Annual Report on the Carer's Strategy 3. Six monthly update report on Residential, Nursing and Home Care Standards 4. Update report from Police on provision of Place of Safety at Bootham Hospital 5. Health & Wellbeing Board one year on. **Scrutiny and Task Group Reports** 6. Personalisation Draft Final Report **Managing the Business:** 7.Workplan Update