



**Humber and North Yorkshire
Health and Care Partnership**

*Integrated Care Board Meeting
12th October 2022*



Item 5 Board Assurance Framework

Karina Ellis, Executive Director Corporate Affairs

Principal Risk Ref	Principal Risk	Executive Director Lead
Strategic Objective – Realising our vision, improving outcome in population health & health care and delivering our operational plan		
PR1	There is a risk that we fail to create a culture which supports transformation of services and address health inequalities which leads to no improvement or a deterioration in outcomes for our population	Chief Operating Officer / Executive Director Clinical and Professional
Strategic Objective – Tackling inequalities in outcomes, experience and access and delivering our operational plan		
PR2	There is a risk that we fail to prioritise quality and seek improvement in patient care which leads to poorer outcomes, experience and access to care	Executive Director Nursing & Quality
Strategic Objective - Delivering our operational plan		
PR3	There is a risk that we fail to build a workforce suitable to meet the future needs which leads to no or limited transformation of services	Executive Director People
PR4	There is a risk that we fail to achieve system financial balance and there is no improvement in productivity and value for money	Executive Director Finance and Investment



Item 8 Quality and Patient Safety

Teresa Fenech, Executive Director Nursing and Quality

Areas of focus

- UEC
- York & Scarborough NHSFT

- Mental Health
 - Panorama – Edenfield

- Quality Committee
 - Maternity
 - Legacy Quality Issues.

UEC

- Significant clinical risk at every part of urgent patient pathways
- Escalated via Regional Quality Group & National Quality Board
- Not all harm being captured, recorded or reported.

York & Scarborough NHSFT: Recent history

CQC visit March 2022, report published June 2022

- Unannounced inspected following concerns raised to CQC
- 8 medical wards inspected
- Inspected but not rated
- Rating suspended for medical services

Concerns found regarding:

- Referrals for safeguarding
- MCA / DoLs
- Risk assessments
- Record keeping
- Nurse and medical staffing
- Meeting fundamental care needs
- Section 29a issued

System support plans

- By August 2022 it was felt there had not been enough progress on meeting the requirements laid out by CQC
- This resulted in a Rapid Quality Review meeting being held with all system partners, chaired by ICB, resulting in a range of support plans being developed
- **Main aim is to – take a ward out of the York site (30 beds) by the end of October and reduce delayed discharges to no more than 60 per day** in order to release staff to care
- In addition, NHSE Intensive Support Team visited the Trust with resultant additional offers of support

System Support Plans

(in addition the YHSFT CQC action plan and IPC action plan):

York Place partners:

- A range of agreed schemes to reduce the acute bed base by 24
- Plus agreement to continue to fund a further 8 beds and support to 10 people in domiciliary care to prevent further reduced capacity
- All funded from national bed monies not already committed plus additional funding from ICB at risk
- Tight governance on the effectiveness of those schemes
- Refreshed actions for pathway 0 patients from the Trust
- Work continues to bring other schemes on board

NHSE:

- Support for IPC and IPC expertise reaching in, coming from ICB DoN
- Workforce diagnostic review
- Medical job plans and rota review support
- Improvement Director
- Transformation Director
- Bi for quality oversight and assurance
- Quality improvement strategy support
- Well-led review to support CQC assessment

Summary

There has been significant support to the Trust and engagement from the system

People have worked at pace to develop realistic plans not without risk

Biggest risks:

- Delivery of the plan mainly from social care in the context of a struggling market & financial circumstances.

Mitigating action with reprioritisation of UEC investments.

- Significant lack of domiciliary care which remains the biggest need.

Mitigating action with NHS recruitment of staff for social care

- Maintaining the principle of beds out and reduced overall discharges in the context of huge operational pressures

Mitigating actions with wider UEC supporting activities.

- CQC findings on reinspection if wider than section 29a

Mitigating action with all support activities encompassing all Services and not just those inspected in Medicine in March 2022.

Mental Health: Panorama Edenfield

- Letter from National Director for mental Health
- Boards asked to review safeguarding arrangements
- Assume this could happen anywhere & ensure arrangements in place for early detection.
- Increase visibility of restrictive practices data.
- Providers have already taken proactive steps
- NB further expose programmes due to be broadcast.

Quality Committee

- Formal report to the board in November
- Agenda items included
 - Approval of range of ICB policies
 - Safeguarding Children Policy
 - Safeguarding Adults Policy
 - Managing allegations against staff Policy
 - Staff experiencing domestic abuse Policy
 - Safeguarding Supervision Policy
 - Management of Concerns and Complaints Policy
 - Serious Incident and Incident Policy
- Safeguarding deep dive

Serious Incident legacy position

Place	SI at handover to ICB 1 st July 2022	SI open as at 30 th September 2022	HSIB	SI reported since 1 st July 2022
Hull & East Riding	169	45	3	29
N. Lincolnshire	41	35	0	16
NE Lincolnshire	64	55	1	15
N. Yorkshire & York	207	123	4	70
TOTALS	481	258	8	130

Ockenden Insights visits; Thematic review

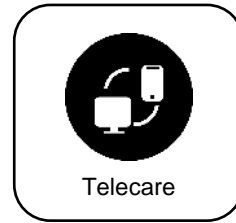
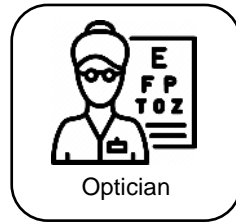
Ockenden Interim report Immediate & Essential Actions	Evidence submitted			Humber & North Yorkshire Themes for Improvement	Evidence rating (overall for IEA)			Humber & North Yorkshire Themes for Improvement
	Met	Partial	Not	December 2021	Met	Partial	Not	August 2022
1: Enhanced Safety		3		Qu 2 external opinion for intra uterine death (IUD),maternal death (MD) Neonatal brain injury & neonatal death (NND). Qu 4 audit 100% perinatal mortality review tool (PMRT) cases were reviewed to standard and had an external review.		3		Qu 1 the triumvirate meeting as a team with minutes and action logs. Qu 2 external opinion for intra uterine death (IUD),maternal death (MD) Neonatal brain injury & neonatal death (NND). Qu 4 Embedded audit of PMRT Qu 5 Maternity Services Dataset is not always to the required standard.
2: Listening to Women & Families		3		Qu 11 Non executive director (NED) requirements Qu 14 Safety Champions requirements.		2	1	Qu 11 Non executive director (NED) staff did not know them or their roles* Qu 14 Safety Champions staff did not know them or their roles. Qu 43 Embedding of coproduction *many organisations had challenges during the pandemic which impacted the ability of the NED to engage with maternity services
3: Staff training & working together		3		Qu 17 where not meeting targets mitigations are in place. Qu 19 no ring fenced monies for maternity; budget statements; evidence of spending and spend reports to LMNS		2	1	Qu 17 Live drills including baby abduction drills Qu 18 there was not consistent evidence of a day & night ward round, with MDT presence. Qu 19 no ring fenced monies for maternity; budget statements; evidence of spending and spend reports to LMNS.
4: Managing complex pregnancies		3		Qu 25 audit of complex needs and referral; no referral to maternal medicine centre. Qu 26 SOP for named consultant and an audit plan		1	2	Qu 25 & 26 audits of compliance are not being completed with an agreed timetable to repeat in line with the results.
5: Risk assessment throughout pregnancy		3		Qu 30 how women are risk assessed for place of birth at every antenatal contact. Qu 31 risk assessment for referral birth options clinics, personalised care and support plan (PCSP) and audit. Qu 32 Risk Assessment undertaken at every visit and PCSPs and audit		1	2	Qu 30 & Qu 31 audits of compliance are not being completed with an agreed timetable to repeat in line with the results.
6: Monitoring fetal wellbeing		3		Qu 34 leads completing incident reviews and investigations. Qu 35 sufficient expertise, clinical supervision, interface with other units, lead reviews of adverse outcomes.		3		Qu 35 Evidence of job descriptions or role expectations of consultant leads were not always available / shared
7: Informed consent		3		Qu 39 information on choice and Maternity voice partnership (MVP) rag rating of website Qu 41 pregnant women/people being part of decision making, the CQC survey action plan Qu 44 the Trust website gap analysis and quality of information			3	Qu 39 & Qu 40 information available and language used around choice including maternal choice for caesarean section; Maternity voice partnership (MVP) review of website and other resources. Qu 41 & Qu 42 audit of pregnant women participating equally and feeling that their choices were respected in all decision making processes about their care
Workforce		3		Qu 45 six monthly review of clinical workforce.			3	Qu 45 six monthly review of clinical workforce at Trust & LMNS Board.
Guidelines			3	Qu 49 audit that guidelines are in date.		3		Qu 49 Strengthening of midwifery leadership teams



Item 10 People

Jason Stamp, Senior Responsible Officer - Workforce

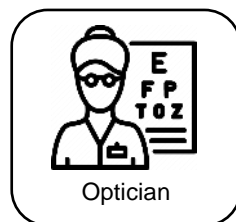
Jayne Adamson, Executive Director for People



Rani



Sharon



“The VCSE sector lost £4bn of funding in the three months to June 2020” *NCVO*

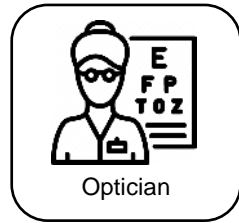
“The majority [of charities we interviewed] (**60%**) saw a loss of income, and a third (**32%**) said they experienced a shortage of volunteers”
Charities Commission



Rani



Sharon

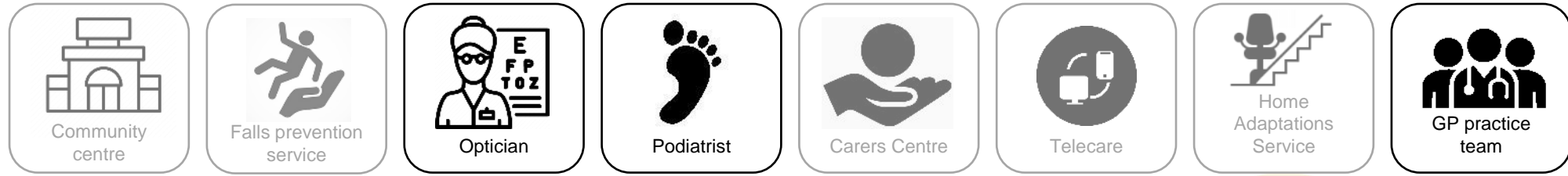


Rani



Sharon

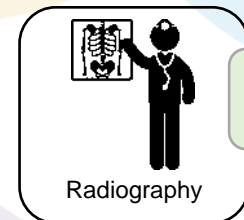
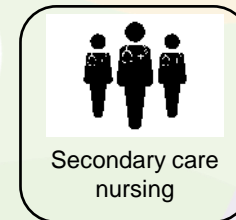
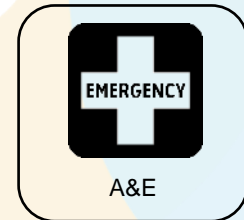
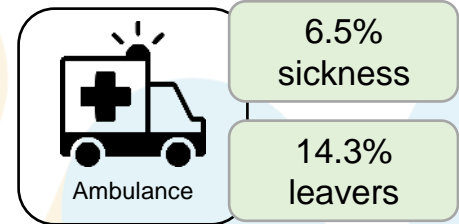




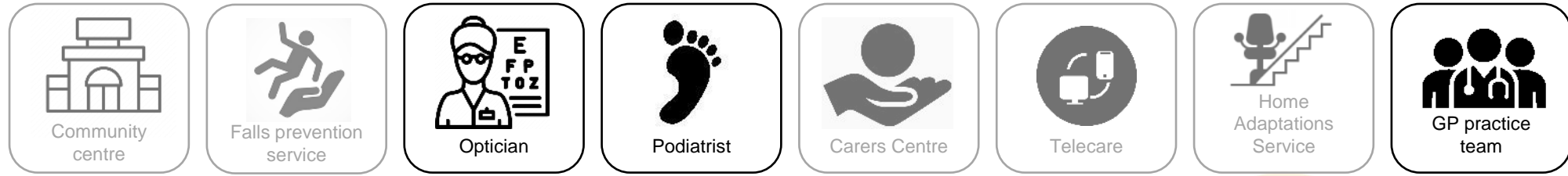
Rani



Sharon



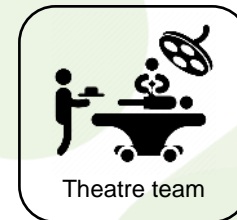
4% vacancies



Rani



Sharon



Workforce shortage

10.8% turnover

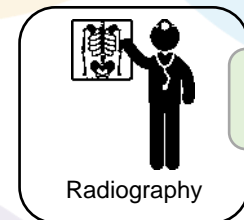
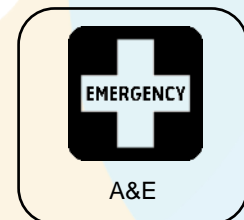
12% leavers

8.2% vacancies

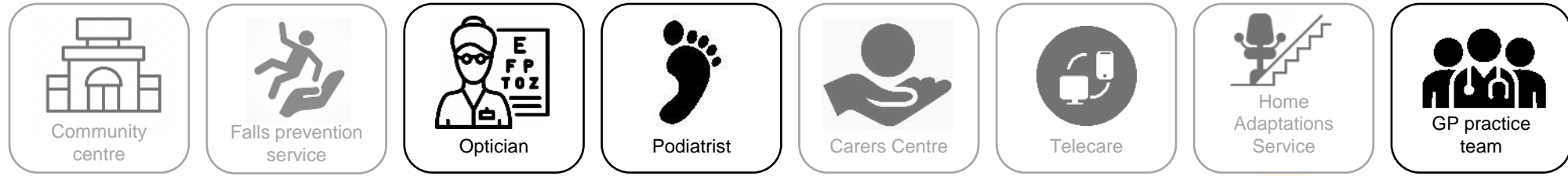


6.5% sickness

14.3% leavers



4% vacancies



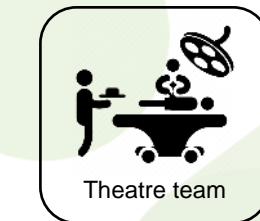
Rani



Sharon



Turnover above 31.8%



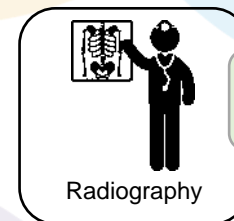
Workforce shortage



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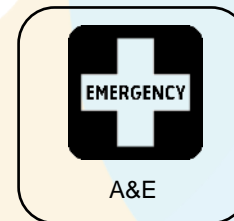


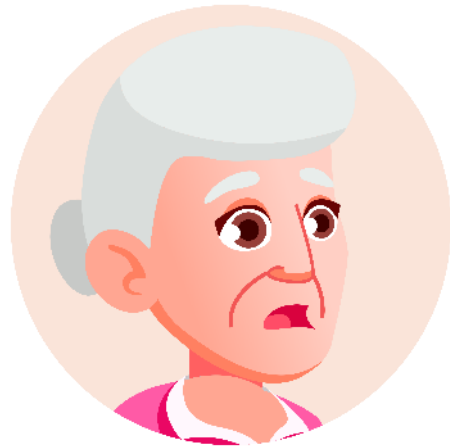
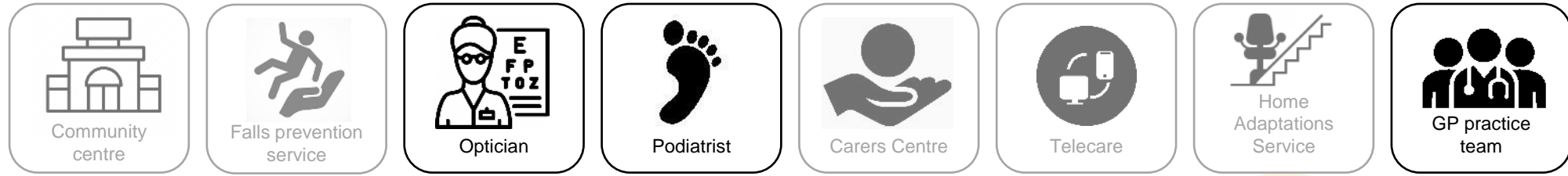
4% vacancies



6.5% sickness

14.3% leavers





Carol



Rani



Sharon



Manager vacancies 10.9%



Turnover above 31.8%



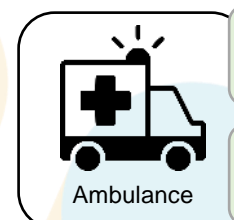
Workforce shortage



10.8% turnover

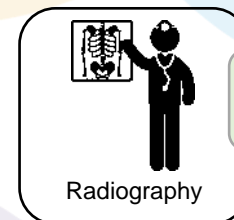
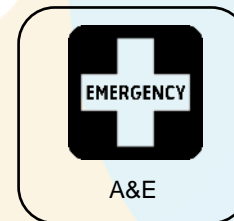
12% leavers

8.2% vacancies



6.5% sickness

14.3% leavers



4% vacancies

PEOPLE FUNCTION: OBLIGATIONS

Building strong integrated care systems everywhere: guidance on the ICS people function

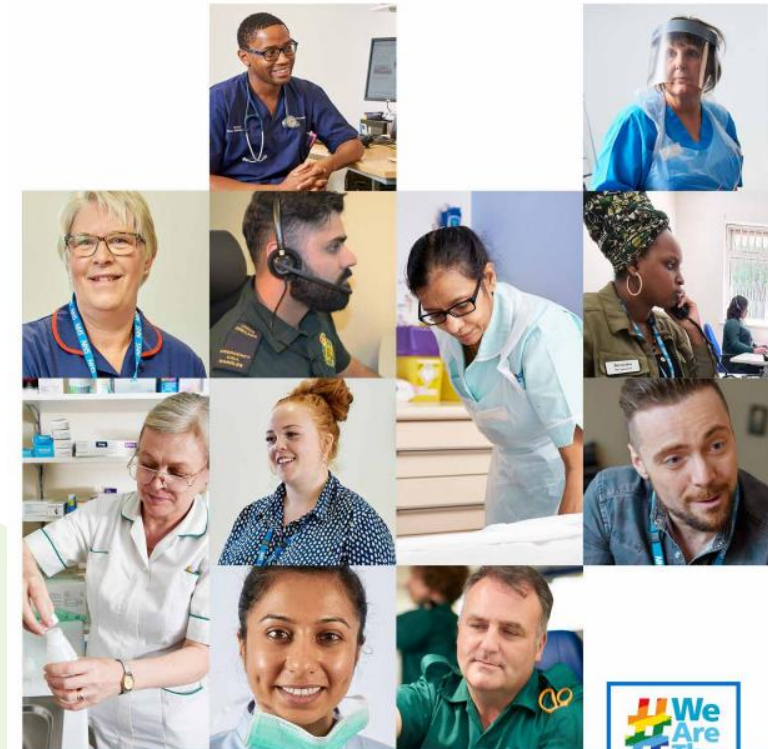
Key points

- NHS leaders and organisations will be expected to work together, and with their partners in the ICS, to deliver 10 outcome-based people functions from April 2022.
- In establishing the ICS people function, each integrated care board will need to work with partners to agree what people activities can best be delivered at what scale, and how to use resources in the system most effectively, recognising that different systems will take different approaches depending on local circumstances.

People Promise



WE ARE THE NHS: People Plan 2020/21 - action for us all



We are 1.3 million strong. We are all walks of life,
all kinds of experiences. We are the NHS.



PEOPLE FUNCTION: OUR VISION AND STRATEGY



System Workforce Summit



- 30 partners from all parts of the System, including VCSE, Ambulance, social care, mental health, acute, primary care, education, independent sector, regional partners
- Focus on System solutions to System problems
- Urgent and priority actions for year one
- Task and finish groups with membership drawn from across the System
- 80 volunteers from all parts of the System to drive this forward

180 days of action on workforce

Supporting inclusion and wellbeing

- Scoping cost of living support offers across the System
- Researching inclusion and wellbeing best practice
- Collaboratively promoting Black History and Disability Awareness months
- Consolidating system-wide coaching opportunities

Volunteers at the heart of the System

- Engaging both volunteers and volunteer managers to scope the experiences and processes currently in place to recruit, manage and retain volunteers
- Developing shared principles for volunteering and developing a proposal for a single volunteer hub

Upskilling leaders for retention

- Using qualitative and quantitative data to identify specific areas of retention good practice and challenge System-wide
- Supporting leaders to consider their retention challenges and design local solutions

Homecare workforce redesign

- Accelerating delivery of a new concept for homecare in neighbourhood teams, combining social care and prevention
- Developing and testing an innovative recruitment model, taking care to value and retain existing homecare staff

Ethical international recruitment

- Delivering the Kerala partnership

One System, learning together

- Creating a comprehensive view of training and education available to people working across the System
- Identifying access issues and prioritising areas for resolution

One System, recruiting together

- Building a shared vision for a single System-wide recruitment front door to enable rapid access into and between roles
- Developing a costed business case and securing funding

Telling the People story

- Creating a shared five-year view of the future System workforce in shape and size
- Enabling access and consensus to ensure this story is at the heart of workforce planning across the System

180 days of action on workforce

Making HNY a better place to live and work										
Strategy pillar	Be the Best Place to Work		Grow and train our workforce		Demonstrate system leadership		Embrace new ways of working		Building strong foundations	
Strategy sub-pillar	Supporting staff health and wellbeing	Supporting inclusion and belonging	Growing the workforce of the future and ensuring adequate workforce supply	Educating, training and developing people and managing talent	Valuing and supporting leadership at all levels	Supporting system design and development	All sectors workforce transformation including VCSE	Carers and volunteers	Transforming People Services and supporting the People profession	Leading coordinated workforce planning using analysis and intelligence
180 day workstream	Supporting Inclusion and Wellbeing		Ethical international recruitment	One system, learning together	Upskilling leaders for retention		Homecare workforce redesign	Volunteers at the heart of the system	One system, recruiting together	Telling the People story
Task and finish objectives	<ul style="list-style-type: none"> Scoping cost of living support offers across the System Researching inclusion and wellbeing best practice Collaboratively promoting Black History and Disability Awareness months Consolidating system-wide coaching opportunities 		<ul style="list-style-type: none"> Delivering the Kerala partnership 	<ul style="list-style-type: none"> Creating a comprehensive view of training and education available to people working across the System Identifying access issues and prioritising areas for resolution 	<ul style="list-style-type: none"> Using qualitative and quantitative data to identify specific areas of retention good practice and challenge System-wide Supporting leaders to consider their retention challenges and design local solutions 		<ul style="list-style-type: none"> Accelerating delivery of a new concept for homecare in neighbourhood teams, combining social care and prevention Developing and testing an innovative recruitment model, taking care to value and retain existing homecare staff 	<ul style="list-style-type: none"> Engaging both volunteers and volunteer managers to scope the experiences and processes currently in place to recruit, manage and retain volunteers Developing shared principles for volunteering and developing a proposal for a single volunteer hub 	<ul style="list-style-type: none"> Building a shared vision for a single System-wide recruitment front door to enable rapid access into and between roles Developing a costed business case and securing funding 	<ul style="list-style-type: none"> Creating a shared five-year view of the future System workforce in shape and size Enabling access and consensus to ensure this story is at the heart of workforce planning across the System



Item 12 Digital Strategy

Nigel Wells, Executive Director Clinical and Professional

Andy Williams, Interim Chief Digital Information Officer

John Mitchell, Associate Director of IT / Digital

Digital Strategy

Benefits by Design

Andy Williams

Chief Digital Information Officer
andy.williams4@nhs.net

John Mitchell

Associate Director of IT\Digital
john.mitchell1@nhs.net



Our mission

To deliver digital and information services and solutions that enable citizens to:



start well



live well



age well



end their lives well

The need for digital



The “Super Enabler” to enable a joined up health and care service



It empowers professionals by ensuring that they have the right information, in the right place at the right time to make the best informed decisions about care.



It gives patients confidence that all their information is easily and quickly accessible by the right care professionals

Meet Simon



The benefits of digital

[How care professionals feel about the benefits of digital](#)





Developing the HNY ICB Digital Strategy

- Demonstrate co-design with partners across health and social care
- Support a developing partnership to to meet the needs of it's population
- Work with local and external partners and national experts





Developing the HNY ICB Digital Strategy

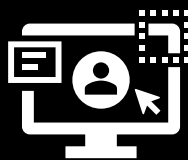
- Compliance with national requirements (“What Good Looks Like”)
- Digital Health and Care Plan
- Clear roadmap for delivery

The background of the slide is a blurred hospital hallway. In the foreground on the left, there is a clear plastic IV drip chamber hanging from a metal stand, with a clear plastic bottle of fluid above it. The hallway in the background is brightly lit, with a person in blue scrubs walking away from the camera. The overall color palette is light blue and white.

Digital Strategy priorities

- Achieve “levelling up” of digital maturity across the ICS
- Initial priorities in Digital Roadmap:
 - The Shared Record
 - Cyber Security
 - Digital Inclusion
 - Population Health / Business Intelligence.
- Recognising the benefits and what this means for Simon?

Digitally shared records



Yorkshire & Humber Care Record

EPR Convergence

Sharing Green List



Impact on Professionals:

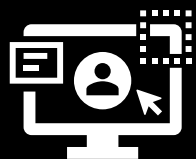
- Access to Simon's information in real time, at the right time from any location
- Visibility of other agencies involved and a holistic view of Simon's care
- Access to medications and alerts; supports patient safety and reduces duplicate prescribing



Impact on Simon:

- Confidence professionals understand his condition and needs.
- Doesn't have to retell his story.

Digital patient empowerment



NHS APP

Patient Online services

Patient Knows Best

Online-Consultations

Wayfinder



Impact on Professionals:

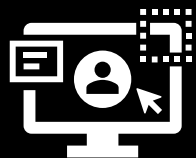
- Reduced DNA's
- Reduced appointments needed
- Rapid access to up to date information, reducing clinical risk



Impact on Simon:

- NHS APP gives direct access to his care records
- Simon can make, manage & cancel appointments, without involving professionals,
- Simon can see medical correspondence and results, reducing demand on services
- Remote monitoring enables Simon to share his results with professionals

Unplanned & emergency care



Yorkshire & Humber Care Record

Any to Any Booking

Standardised Clinical Messaging



Impact on Professionals:

- Access to Simon's record ensuring they make the right decision and lower risk
- Ability to book Simon into the most appropriate service – avoiding an ED visits,
- Access to Clinical Messaging System, and will to be able to get real time,
- Clinicians involved in his regular care will receive notifications & updates on any U&EC treatment



Impact on Simon:

- Increased confidence that U&EC understands his requirements - more likely to use 111
- Treatment provided by the right service, in the right place, at the right time, avoiding ED visits

Diagnostics



Community Diagnostics

Enhanced Imaging Programme

Centralised Booking System



Impact on Professionals:

- Community Diagnostic Centres increase capacity for services
- Wherever the service takes place Simon's diagnostics results are delivered to the right professional in digitally
- Artificial Intelligence will improve efficiency in processing diagnostics



Impact on Simon:

- Quicker access to dedicated community and hospital based diagnostics services
- Simon will get his results sooner.

Digital inclusion



Dedicated Digital Inclusion Team

Coding of Digital Maturity Programme



Impact on Professionals:

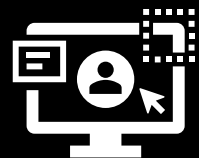
- Digital maturity will be digitally coded in records which will allow care pathways to be flagged and amended when no longer appropriate
- Care professionals will be aware of how digitally mature patients are and can respond accordingly.



Impact on Simon:

- The care Simon receives will be adjusted to his current level of digital maturity
- When Simon notifies his GP he will notice that his care plan will change appropriately.

End of life (EOL) care planning



Yorkshire & Humber Care Record

Blackpear

EPACCS

ReSPECT



Impact on Professionals:

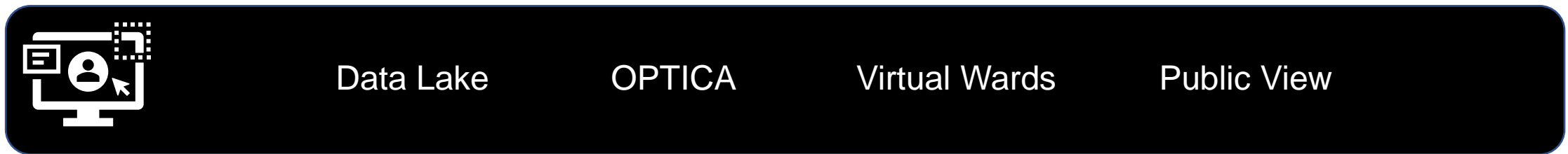
- Those involved in Simon's care can see his EOL preferences
- They can also update and review his wishes without being dependant on a GP
- 111, 999 & ambulance services have visibility of Simon's preferences



Impact on Simon:

- Direct input into his EOL plan and no longer dependant on his GP
- Confidence EOL preferences will be updated, shared and understood as appropriate
- Simon is far more likely to end life in accordance with his preferences

Future system planning



Impact on Professionals:

- Information will no longer be siloed improving efficiencies
- We will better understand the requirements of our population
- Centralised reporting will reduce duplication and increase capacity
- Virtual Wards will free up system capacity
- Centralised views of ICS will enable better informed decision making



Impact on Simon:

- The services Simon's neighbourhood will reflect the needs of the community
- Simon's home becomes part of a virtual ward and connected system