



**Report**  
Council of Governors  
8 December 2021  
Chief Executive's Overview



**/ Trust Strategic Goals**

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

**/ Recommendation**

- |                 |                                     |                          |                          |
|-----------------|-------------------------------------|--------------------------|--------------------------|
| For information | <input checked="" type="checkbox"/> | For approval             | <input type="checkbox"/> |
| For discussion  | <input checked="" type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
| For assurance   | <input type="checkbox"/>            |                          |                          |

**/ Purpose of the Report**

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

**/ Executive Summary – Key Points**

The report provides updates on the following areas:

1. Current Covid-19 position and operational challenges
2. Humber, Coast and Vale ICS update
3. Vaccination update
4. Financial planning

**/ Recommendation**

For the Council of Governors to note the report.

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## 1. Current Covid-19 position and operational challenges

We are still to understand the potential impact of the newly-identified Omicron variant, and as ever with the pandemic, it is a frequently changing situation.

We continue to admit patients with Covid-19 (43 at the time of writing) and have been operating with two Covid-19 positive wards in York Hospital and one in Scarborough Hospital for the past few months. At the start of December, we have been able to step down one of these wards in York in response to the gradual reduction in the number of Covid-19 patients. This will provide much-needed admitting capacity however we will of course keep this under review and our surge plans remain in place should we need to increase our Covid-19 beds again.

Whilst the pandemic continues, the NHS is facing a sustained high level of pressure across every sector.

Our trust is no different, with several factors all contributing to this and compromising our ability to manage patient flow.

We have seen activity returning to pre-pandemic levels, and our emergency departments have seen a significant increase in type 1 attendance when compared with 2019.

In York, the scheme to increase capacity in the emergency department has also begun. This is a hugely positive development for us and, once completed, the extra space will make a real difference, but the challenges of managing a build within a working department at this time should not be underestimated.

We are making huge efforts to deliver our elective work and tackle the backlog of patients needing planned treatment. However, our ability to carry out pre-pandemic levels of non-Covid-19 activity is restricted by the ongoing need for Covid-related infection prevention measures such as social distancing. The current pressures on our bed base inevitably place our elective work at risk.

The lack of capacity in social care is also having a profound impact on our hospitals. The sector is facing the same workforce and demand issues as the NHS, however we have a large numbers of patients who are medically fit for discharge but are delayed in hospital, contributing to delays in admitting patients from the emergency department, and longer ambulance handover times.

All acute trusts received a letter from NHS England and Improvement in late October calling for action to ensure the actions from the Urgent and Emergency Care Recovery Plan were being mobilised.

Our Trust has had a sustained period of improved handover times during the Covid-19 pandemic, however our performance on handovers is now comparable to before the pandemic.

We are engaged with local system partners and Yorkshire Ambulance Service in developing and delivering the Ambulance Handover Plan to drive improvements in this area.

All of this is further compounded by well-documented workforce pressures, and this remains the biggest risk.

In a bid to address this, we have introduced a number of initiatives and incentives to encourage those staff who are able to pick up additional shifts to join our bank, and to reward staff who are asked to move to different wards or sites.

The current national position is excellently summarised in the State of the Provider Sector report published by NHS Providers as part of its annual conference. The report is based on surveys with senior leaders in provider organisations, and can be read in full on NHS Providers' website: [www.nhsproviders.org](http://www.nhsproviders.org)

## **2. Humber Coast and Vale ICS update**

In my last report I said that the interviews were taking place for the Designate Chair and Designate Chief Executive of the Humber, Coast and Vale Health and Care Partnership (the Integrated Care System or ICS).

Each integrated care system (ICS) in England is required to appoint a Chair and a Chief Executive as part of the guidance issued to help embed ICSs in legislation by April 2022, subject to legislation approval.

As Governors are aware, our Chair Sue Symington was appointed to the Chair role, and has now left the trust to take up her post.

Jenny McAleese has taken over as our Chair for the interim period while we work to recruit a new Chair for the trust, and interviews will take place in the new year. The Council of Governors is responsible for appointing the Chair, and this will be led by the Lead Governor.

It has also been announced that Stephen Eames CBE has been appointed Designate Chief Executive. Some of you will already know Stephen as he has served as the ICS System Lead and Independent Chair since June 2019.

## **3. Vaccination update**

As has been widely publicised, the Department of Health and Social Care (DHSC) has announced that individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19.

The government regulations are expected to come into effect from 1 April 2022, subject to parliamentary process. This means that unvaccinated individuals will need to have had their first dose by 3 February 2022, in order to have received their second dose by the 1 April deadline.

This government policy takes into account specific exemptions, including those who are medically exempt or under 18 years of age. This also includes those who do not have contact with patients or are a participant in a clinical trial investigating Covid-19 vaccination.

The NHS has always been clear that individuals should get the Covid-19 vaccination to protect themselves, their loved ones and their patients and the overwhelming majority of our staff have already done so.

NHS England and Improvement is working with NHS Employers, DHSC and wider stakeholders to develop detailed implementation guidance, which will confirm specifically which individuals are in the scope of this policy.

In the meantime, the Trust continues to encourage unvaccinated staff to take up the offer of the first and second doses. Our vaccine hubs have been back up and running for several weeks to deliver Covid-19 booster vaccines and flu vaccines, and most who have come forward so far are opting to have both vaccines at the same time.

We are also determining which of our staff are yet to be vaccinated and to understand the reasons behind their decision, so that we can provide target support to help them choose to be vaccinated if they are not exempt. This information will also help us to start to make an assessment as to the impact on our workforce once we reach the deadline.

#### **4. Financial planning**

We continue to operate within the national emergency financial regime in relation to funding and the Covid-19 pandemic.

In November we received details of our funding allocation for the second half of the financial year and the Board of Directors has approved an income and expenditure plan for this period.

In summary, for the six-month period October 2020 to March 2021 we have received an allocation of around £300m and our assessment, working with Care Groups and taking into account all current known pressures, is that we can deliver financial balance at the end of this financial year.

The ask from the DHSC is that we live within the resource we have been given. To manage the position we are required to deliver an efficiency programme of £7.5m and work with Care Groups and Corporate Directorates is well underway to identify plans to deliver this. This is a typical position across the wider NHS as the resource available now starts to reduce back towards more 'normal' funding levels over time. The efficiency requirement equates to around 2% of the six-month operating expenditure position.

We have recently reported on the month seven financial position for the Trust and this shows that we are tracking very closely to our financial resource envelope and are delivering the agreed plan.