York Teaching Hospital
NHS Foundation Trust

Agenda

Council of Governors (Public Meeting)

11 December 2019
Malton Rugby Club at 1.30pm

Good Meeting Etiquette

KEY POINTS

- Good meeting behaviour contributes to good meeting outcomes.
- Effective meetings need forethought and preparation.
- Listening, respecting your colleagues' right to express their views and making your points constructively are the cornerstones of good meeting etiquette.

The checklist below includes activities you could go through at the start of your meeting. They give you a clear summary of what everyone should expect to be able to do, and how they can expect to be treated.

ASK YOURSELF, *HAVE I...*

- ✓ read and understood the minutes and papers?
- ✓ checked the agenda?
- ✓ made notes on what I want to say?
- ✓ got written responses to anything I've been asked to address?
- ✓ arranged to be there for the whole meeting?

TELL YOURSELF, *I WILL...*

- ✓ actively participate ensuring I stick to the point, but do not dominate the meeting.
- ✓ really listen to what people say.
- ✓ compliment the work of at least one colleague.
- ✓ try to make at least one well prepared contribution but not repeat what someone else has said.
- ✓ remember it is about representing members and not bring personal experiences to the meeting.

ENVIRONMENT

- ✓ can I hear/see everything that is going on?
- ✓ is my phone switched off?

COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: 11 December 2019

In: Malton Rugby Club, Old Malton Road, Malton, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 11.00am	Nomination & Remuneration Committee	Malton Rugby Club	Nomination & Remuneration Committee Members Only
11.00am – 12.30pm	Private Council of Governors	Malton Rugby Club	Council of Governors
1.00pm – 1.30pm	Governors meet Public	Malton Rugby Club	Council of Governors
1.30pm – 3.00pm	**Public Council of Governors**	**Malton Rugby Club**	**Council of Governors**

Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence.	Chair	Verbal		1.30 – 1.40
2.	**Declaration of Interests** To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7	
3.	**Minutes of the meeting held on 3 September 2019** To receive and approve the minutes from the meeting held on 3 September 2019	Chair	B	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes.	Chair	C	29	
5.	**Update from the Private Meeting held earlier** To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chair	Verbal		1.40 – 1.45

Strategic Goal: To deliver safe and high quality patient care

	SUBJECT	LEAD	PAPER	PAGE	TIME
6.	**Governors Reports** To receive the reports from governors on their activities from: • Lead Governor incl. PESG • Transport Group • Out of Hospital Care • Charity Fundraising Committee	Governors	D	31	1.45 – 1.50
7.	**Chief Executive's Update** To receive a report from the Chief Executive	Chief Executive	E	39	1.50 – 2.00
8.	**CQC Action Plan** To receive an updated on progress with the CQC Action Plan	Chief Executive	F	43	2.00 – 2.15
	Strategic Goal: To ensure financial stability				
	Strategic Goal: To support an engaged, healthy and resilient workforce				
9.	**Meeting Principles** To discuss meeting principles in relation to attendance /webex/ telephone conferencing	Chair	G	133	2.15 – 2.25
10.	**Membership Development Group Update** To receive an update from the Membership Development Group	FT Secretary	H	135	2.25– 2.35

	SUBJECT	LEAD	PAPER	PAGE	TIME
11.	**Constitution Review Group Update** To receive an update from the Constitution Review Group	FT Secretary	I	139	2.35 – 2.45
Governance					
12.	**Governor Elections** To receive an update paper on the elections held in September and the internal election process	FT Secretary	J	143	2.45 – 2.50
13.	**Questions received in advance from the public.** • To discuss/approve the Questions Protocol	Chair	K	149	2.50 3.00
14.	**Any other business** To consider any other items of business. • Reflections on the meeting	Chair	Verbal		3.00
15.	**Review of the meeting**	Chair	Verbal		
16.	**Time and Date of next meeting** The next Council of Governors meeting will be held on 11 March 2019 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY				

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Keith Dawson, Director of KASL (Riccall) Ltd, Councillor of Riccall Parish

Deletions: Karen Porter, Roland Chilvers

A

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Jeanette Anness *(*Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member**,** Derwent Practice Representative Grp Member**,** NY Health watch Member, SRCCG Patient Representative Grp	Nil
Andrew Bennett (Appointed: YTHFM LLP)	Nil	Nil	Nil	Nil	Head of Capital Projects for YTHFMLLP.	Head of Capital Projects for YTHFMLLP.
Elizabeth Black *(*Public: Scarborough)						
Andrew Butler *(*Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
Dawn Clements *(*Appointed: Hospices)	Nil	Nil	Nil	**Director of Income Generation** —St Leonards Hospice York	**Director of Income Generation** —St Leonards Hospice York	Nil
Keith Dawson (Public: Selby)	**Director** - KASL (Riccall) Ltd				**Councillor** - of Riccall Parish Council	
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil

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Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	NIl
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	**Chair** - VIP Steering Group at York University.	Nil
Mick Lee Staff York	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	**CEO** Motor Neurone Disease Assoc. (reg. Charity) and MND Assoc. Sales Company Director	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants	Nil	**CEO** Motor Neurone Disease Assoc. **Vice Chair** & Trustee—The Neurological Alliance	Nil	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	**Member**—Derwent and SRCCG Patients Groups **Member**—Health Watch North Yorkshire (non-voting)	Nil	Nil
Clive Neale *(*Public: Bridlington)	Nil	Nil	Nil	**Member** - Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Cllr Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Gerry Richardson (University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Jill Sykes (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Richard Thompson (Public::Scarborough)	Nil	Nil	Nil	Nil	**Local Councillor -** Newby/Scalby Parish Council.	Nil
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Minutes – 3 September 2019

Chair:

Mrs Jenny McAleese

Public Governors:

Mr Andrew Butler, Ryedale & East Yorkshire
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Ms Sally Light, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby

Appointed Governors

Ms Dawn Clements, Hospices
Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York

Staff Governors

Dr Andrew Bennett, Scarborough/Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mrs Sharon Hurst, Community
Mr Mick Lee, York
Mrs Jill Sykes, York

Attendance

Mr Simon Morritt, Chief Executive
Mrs Wendy Scott, Chief Operating Officer
Ms Polly McMeekin, Director of Workforce & OD
Mrs Lucy Brown, Acting Director of Communications
Ms Jennie Adams, NED
Ms Lorraine Boyd, NED
Ms Lynne Mellor, NED
Mr Jim Dillon, NED
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

5 members of the public

Apologies for Absence:

Ms Susan Symington
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mrs Liz Black, Scarborough
Mr Clive Neale, Bridlington
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Roland Chilvers, Selby
Mr Mike Keaney, NED

19/29 Chair's Introduction and Welcome

Mrs McAleese welcomed everybody and declared the meeting quorate. She introduced the new NED, Mr Jim Dillon, and the new Chief Executive, Simon Morritt, to the Committee.

19/30 Declarations of Interest

There were no updates to the declarations of interest.

19/31 Minutes of the meeting held on the 12 June 2019

The minutes of the meeting held on the 12 June 2019 were agreed as a correct record.

19/32 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log

- Oncology situation – this was included in the Chief Executive's updated.
- Patient Safety Walk rounds – on agenda.

19/33 Update from the Private Meeting held earlier

Mrs McAleese updated the committee on the topics discussed in the private meeting held earlier. These included: -

- Meeting etiquette
- Chair's quarterly report
- Feedback from the Governors' Forum
- NHS paper regarding governors attending meetings
- Update from the Chair of the Resources Committee

- Acknowledgement that Mrs Porter was no longer a governor and thanked her for her services.

19/34 Governors' Reports

- Lead Governor Report - Mrs Jackson gave an overview of her report and asked for questions. The Council accepted the report and no comments were made.

- Transport Group - Mrs Miller commented that the Park and rRde scheme was doing well but needed to be promoted to staff more as only pensioners seem to be using it. Ms McMeekin replied that they did launch it with a significant campaign and promotion is ongoing.

- Fairness Forum **–** the Council received the report and no further comments were made.

- Out of Hospital Care **–** the Council received the report and no further comments were made. With regard to Webex, discussions were still ongoing.

- Charity Fundraising Committee – Mr Butler commented that the Park & Ride scheme was being underwritten by the Charity and any losses made would affect the funding and therefore patient care.

JM thanked the Governors for their respective reports.

19/35 Chief Executive's Update

Mr Simon Morritt introduced himself and gave an overview of his career to date within the NHS. He explained what he had been doing since taking up post on the 1 August. Prior to him starting he wrote out to 650 staff across the organisation to ask two questions: -

- What are the barriers preventing you from being as good as you can be in providing patient care?
- What can the Trust do better to help you overcome these barriers?

This was to give him a sense of what was working and what was not. He then followed that up with a series of listening sessions where the same questions were asked but to small groups. He captured what people were saying and a consultancy firm, Clever Together, was helping to analyse the replies.

This will give Mr Morritt the opportunity to help inform some of his initial thoughts on what the Trust can do differently.

Alongside that he is expecting the CQC report imminently.

He has also been visiting sites in the community and other hospital sites meeting people. Feedback from this includes:-

- IT problems across the Trust.
- Issues with communication.
- East Coast relationship with YH.

- Establishment of the Care Groups.

Mrs Miller asked why he had not visited Malton Hospital. Mr Morritt replied that he was due to visit this morning. However, staff were not available to attend the listening exercise and therefore it will be rearranged.

Mr Reakes referred to the CQC part of the Chief Executive's update regarding nurse staffing, medical cover, recording keeping at Scarborough Hospital and asked what actions did he think were necessary to make improvements. Mr Morritt answered that the letter from the CQC was a general feedback. The main report will remain confidential until the Board had analysed it. The Council of Governors will then be able to see the report along with the actions to be undertaken. Mrs Scott added that she had been providing weekly updates to the CQC since their visit and gave a number of actions that had been undertaken.

Ms McMeekin commented that a programme of international recruitment was underway, working with Education England on the Global Learning Programme, and 49 nurses have been recruited specifically for SGH. She has also built a constructive relationship with Coventry University offering 40 nursing placements per year at SGH.

Mr Morritt went on to discuss the rest of his report.

- Small Rural Hospitals Network – Mr Morritt thought perhaps there needed to be a new approach to the Small Rural Hospitals Network and the Trust had agreed to be one of the founding members of that network. It will give the Trust an opportunity to put SGH on the map. They have secured £40m for the front door project at Scarborough Hospital but hopefully other funding will come through the relationship. Mrs Scott confirmed that the Trust will be a case study.

- East Coast Review – Mrs Scott advised that Phase 1 had been completed and a publication document had been widely shared. It also gave motive to build a case for change. Phase 2 will be looking at the opportunities derived from the work done in phase 1. A report will then be due towards the end of September. There will be a stakeholder session with all partners to look at that and discuss how to move forward.

  Mrs Miller asked if there would be a public consultation. Mrs Brown replied that if there were any major changes then there would be a public consultation. However, they are not at that stage yet.

  Mr Morritt commented that the work of the review was very constructive and secured a positive future for Scarborough Hospital. There needed to be a better strategy for the East Coast including Bridlington. He had already started to have conversations with partners in the system who deliver services within those communities and wanted to make sure this was something the Trust moved quickly on. Mrs Scott added that they were communicating with partners to look at primary care as a whole.

- CQC Inspection – Mr Morritt said he was assured he would receive the CQC report in August. Up until last week he had not received it. It should come sometime soon. The CQC are looking to publish the report in October.

- Medical Oncology – a review of the medical oncology services was being undertaken across the partnership. Inter-service meetings were being held with other Trusts and Mrs Scott confirmed that a call had been arranged on Thursday this week with Hull and calls arranged on Friday with Harrogate and Leeds. These were to give an update on progress and review.

- Care Groups – Mr Morritt welcomed the restructure and supported the changes.

  Mr Reakes asked how the Care Groups were working so far. Mr Morritt replied that it was far too early to give an update as the Care Groups only came into effect on the 1 August. Mrs Scott added that corporate services were being wrapped around each Care Group and this was something new that needed developing. The Trust Executive Board was where the majority of decisions were made and having six clinical directors sat around the table with them prompted the opportunity to drive forward progress. It will be reviewed at the end of the financial year.

Mr Butler asked if there was still a degree of non-merger between York Hospital and Scarborough Hospital. He said from speaking to people on the east coast he got that impression. Mr Morritt replied that there was a sense that staff at Scarborough Hospital had felt alienated from York Hospital and the perception was without doubt that York dominated Scarborough but there was an opportunity to move things forward.

Mrs Fields asked how confident Mr Morritt was about the Trust's financial position. Mr Morritt replied that it was fragile and what compounds it for the Trust is the system difficulties. The Trust's commissioners were not in a strong financial position. There was a deficit within the organisation but there was also a deficit within the commissioners. It was going to be a challenge and the contract they had now, a block contract, was something to get used to and manage within.

19/36 Audit Committee Annual Report

Mrs McAleese thanked Mrs Adams for being on the Committee and chairing in her absence during December and March. She also thanked Mrs Boyd for standing in to make sure the Committee was quorate.

She gave an overview of her report. Succinct points were:-

- The Terms of Reference had been ratified.
- Audit Effectiveness Review – following its effectiveness review, the Committee agreed a number of objectives including the need to obtain better assurance that the Trust was learning and improving from never events, serious incidents, complaints and claims. She stated that this was an area for improvement by the Trust. She highlighted there was a system in place to gain assurance.

Mr Butler questioned what actions were being taken around the 4 hour waiting initiative given that this had already received two limited assurances from the External Auditors, Grant Thornton. Mrs McAleese stated that she did not believe this had been a problem this year and undertook to check out the position.

Post meeting note: The external audit, whilst limited in scope, confirmed that the Indicator had been "reasonably started in all material respects".

19/37 Themes from Patient Safety Walk rounds

Mrs Noble, Head of Patient Safety, gave an update on behalf of Mrs Hoskins, Deputy Director of Patient Safety. She advised there was a real push for governors to be involved in the patient safety walk rounds. Main issues stemming from the recent cohort of walk rounds were:-

- Staffing – work was being done around nursing/medical staffing.
- IT – this came up in lots of different arenas. This was being dealt with at Board level.
- IP&C – the issue with hand hygiene in wards that have had an outbreak at Scarborough Hospital had been addressed and Infection Prevention Control (IPC) colleagues from CCG were working with Scarborough Hospital. CCG have reported back that there has been good compliance with hand hygiene and the IPC team were carrying out audits. In relation to reporting IPC concerns or safety concerns these are logged on the risk register. Care Groups will receive a dashboard around IPC, themes from patient walk rounds, actions that have been taken, and where applicable issues have been escalated.

Mrs Noble stated that the patient safety walk rounds were working well. She had led a walk round last week with one of the governors on a ward at Scarborough Hospital. Staff felt that it was a very positive experience and patient feedback had been very good.

She reiterated that they were absolutely focused on the areas that needed improving and going forward they had plan in place for the next several months of the wards they needed to visit.

Mr Reakes highlighted another issue with communication from staff on some of the wards and asked if she was aware of this. Mrs Noble replied that she was aware of the issue and it was being dealt with.

Mrs Miller asked why the governors were being restricted to their own constituency as many of her constituents visit York Hospital and Scarborough Hospital. Mrs McAleese replied that over time the governors would be able to visit all the sites as the patient safety walk rounds was a rolling programme. Mrs Provins added that governors needed to be given the opportunity to walkround the site related to their constituency before it was opened up to other governors.

19/38 Membership Development Group update

Mrs Provins said that the Membership Development Committee had met in July and was due to meet again in October. As can be seen from the report, there was difficulty recruiting new members despite a number of initiatives. Mrs Astley would be contacting other Trusts in the area to discuss what they did. Mrs Jackson commented that she went to the Membership & Public Engagement seminar in Leeds and spoke to a number of people from other Trusts. She reported that there was nothing they were doing that we were not.

19/39 Governor Elections

Mrs Provins reported that the Trust was in the middle of the governor elections. The emails went out and were received yesterday and postal voting went yesterday. The results will be announced at the end of September. Voting was for York, Hambleton and Ryedale & East Yorkshire. Mrs Miller said she found it interesting that there was a lot more candidates for York and Ryedale & East Yorkshire this time round.

Mrs Provins confirmed there were no candidates for a Bridlington governor. A discussion took place around widening the network and having just an East Coast Governor. Mrs Provins replied that it was something for the Membership Group to look at.

Mrs Miller asked about the Selby vacancies. Mrs Provins confirmed that Mr Chilvers had not put himself forward this year. There was one candidate so he will be automatically selected which left one vacancy.

Action: Mrs Provins to ask the Membership Development Group to discuss the Bridlington situation with a view to widening the area and having just an East Coast governor.

19/40 Questions received in advance from the public (see appendix A)

Mrs McAleese wanted to draw the Committee's attention to the voluminous questions from the public and the amount of work that had gone in to pulling the responses together. She was concerned about the content of a number of them and felt that the Council of Governors meetings were not the right forum and that these questions would be best directed to the Board. She was grateful to Mrs Brown for coordinating the responses. She stated that she was not going to read out all the questions and answers because there were far too many. It would be shared with the people who emailed in their questions and will be available to the public via the minutes on the Trust website.

Mrs McAleese said she wanted the Committee to talk about the questions protocol to identify a better way of doing this in the future. Mrs Provins referred to the protocol in the pack and said it came about because some of the questions received were personal and may be better dealt with as a complaint. She said that a half hour slot had been created prior to the public CoG meeting where the public can talk to the governors. Mrs Light asked if there were other routes where the public can send in their questions. Mr Morritt said there was the PALs route and the complaints process. He thought Mrs McAleese was correct in saying that the Board would be a better place to ask the questions.

Mrs Adams stated that never before had there been such a deluge of questions and highlighted a theme regarding the uncertainty of what is happening in the community. There was a communication issue here and lack of trust. Mr Morritt agreed that there were concerns that needed addressing which would be dealt with outside of this forum.

Mr Butler commented that the Trust needed to be open and honest and ensure that people were getting the correct answers. He suggested that Mrs Provins should triage questions from the public and discuss with the person raising the question whether the Board would be a better place for the question. He volunteered to work with Mrs Provins to review and co-ordinate Governor inputs on the protocol.

Mr Reakes noted that the categories on the draft protocol did not include a category for governor input (that is, what was working well? and what could be improved?). He suggested that 'complaint and response' should be changed to 'issue and response'. He also suggested that any issues received should be circulated to Governors with the papers for the Council of Governors meetings, where time permits. added that governor input was missing given that it came through the governor mailbox.

Mr Morritt commented that through the listening exercises he recognised that there were groups in the communities that he needed to meet and have that conversation with.

Mrs Miller stated that people did not realise the restrictions that a governor has and suggested making the role of the governor clearer on the Trust website.

Action: Mrs Provins to amend the questions protocol to put in place discussions about where questions should be received and that this would also need to be reflected on the website.

19/41 Any Other Business

Open Days 12 September at Scarborough Hospital including the Annual General Meeting at 3.00pm, 17 September at York Hospital.

Official opening of the Endoscopy Unit at York Hospital 23 October.

Mrs Miller mentioned that the governors are not receiving the weekly A&E summary anymore. Mrs Scott replied that this was no longer being produced and one is available in the Board pack which is what the NEDs and Directors receive.

Mr Reakes mentioned the membership posters and the application forms that were available and asked the governors to distribute them around their constituency.

19/42 Reflections on the meeting

- Mr Reakes commented that he was encouraged to see members of the public at the meeting and asked if the whole meeting pack could be produced for them. Mrs Provins replied that the pack was available on the Trust's website if any members of the public wanted to download it. It was agreed that if members of the public advise that they are attending the meeting then a pack will be printed for them.

  Action: Mrs Provins to print a pack for any members of the public who advise in advance that they are attending the meeting.

- Mrs Fields thought the meeting was very informative and educating.

- Mrs Light commended Mrs McAleese on doing a good job chairing the meeting.

19/43 Time and Date of the next meeting

The next meeting will be held on **11 December 2019, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

Appendix A

Questions from the public to the Council of Governors meeting: 3 September 2019

SET A:

1. Does the York Trust have any plans relating to the future of the land on which Scarborough Hospital now stands?

A. The land will continue to be used for hospital services, there are no plans to change the use of the land.

2. Does the York Trust have a strategy for working with schools and colleges on NHS recruitment matters 2019-2020?

A. The Trust links with local schools via formal structured programmes such as The Scarborough Young Persons Programme (YPP) and informally utilising opportunities to sell careers in the NHS at career fairs. The last YPP ran from 3-7 June, giving 24 local pupils from a number of schools the chance to sample some of the many careers on offer and learn more about life in a busy acute hospital. The week included a packed programme based on a mock-up of an emergency department which included decision making exercises, practical training sessions, behind the scenes tours of departments, meeting junior doctors, pharmacy, estates management and much more. This is an annual event and the Trust is looking to expand the programme to include a separate event for school pupils in York.

The YPP forms part of a work-stream looking at how we can encourage younger people to choose healthcare as a first career. The scheme has been piloted in Scarborough in order to get the right combination of activities and following evaluation will be rolled out in York next year. Other aspects of this work include involvement in the Scarborough Tech Academy for Health and Social care, career pathway development with Humber Coast and Vale networks and development of NHS Ambassador roles to support schools with student preparation for the world of work. Work is also progressing within the Humber, Coast and Vale Health and Care Partnership to include social care in the career fairs.

3. Does the York Trust have any plans in place linked to improving the levels and quality of public knowledge and understanding of the changes that the Trust is making in provision of NHS services across the region for which it is responsible?

A. We are well aware of our duty to involve, and are taking the right steps to meet these requirements. Any proposals that may potentially result in significant changes to services would be consulted on, if appropriate. This would be the case whether it is staff or patients who may be affected. We will of course do what is required of us, as will our commissioning organisations (the CCGs).

4. Are the York Trust intending to shut down any more services at Scarborough Hospital, currently provided at Scarborough Hospital, during the next 12 months?

A. It is the role of Clinical Commissioning Groups to determine the services that need to be provided for their population, and we are one of a number of providers of health and care services. The trust is committed to providing services at Scarborough Hospital as long as they are safe and sustainable.
If future changes to services are considered then patients and the public will be involved as appropriate.

SET B:

I am a resident of Scarborough , concerned , like many people, about the reduction of local services. I have a few questions I would like to ask the Trust and Board of Governors please to which I would appreciate clear and honest answers .

It was announced with great fanfare in our local news a few months ago , that the Trust was planning to spend several million pounds on developing / improving A&E services at Scarborough . It now seems to have gone very quiet .My questions therefore , in the light of recent poor publicity about A&E waiting tines and concerns are:

1. Is this project still going ahead and if so, when?

A. The project is still going ahead, and is progressing. The trust's successful bid for £40m capital investment for Scarborough as part of the Humber, Coast and Vale Health and Care Partnership was announced in late 2018.

The detailed plans are being developed and there are several approval stages to this process. It is anticipated that the building work will begin in 2021.

2. How will the new A&E be configured? Will Scarborough retain a fully functioning A&E service , to meet the demands of trauma / life threatening incidents and events such as Cardiac arrests etc .?

A. Plans are being developed for exactly how the department will be configured, however the intention is that the new space will enable the various specialists to work side by side in a single assessment area close to the front door and diagnostic support.

This will help staff to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible.

The unit will be created alongside the emergency department and the on-site urgent treatment centre, creating a comprehensive and integrated urgent and emergency care hub.

As part of the east coast acute service review we have committed to retaining an A&E service in Scarborough.

For some years, trauma has been managed through networks, this is the approach nationally and has led to improvements in trauma care. Both Scarborough and York Hospitals are trauma units, however the major trauma centre for our network is Hull, which means trauma patients are transferred there from both York and Scarborough to receive specialist trauma care.

The same applies for cardiac arrests, with patients being transferred to Hull and Leeds for specialist emergency care and treatment following a heart attack.

3. In the light of recent cut backs in surgical and medical care, local people fear our A&E will just be a minor injuries / assessment unit . Please can you allay any fears about this?

A. As part of the east coast acute service review we have committed to retaining an A&E service in Scarborough.

4. Is the proposed investment going to be backed up by beds to which people can be admitted if needed , in Scarborough ? Or will people once again face a long trip to York , Hull or Middlesbrough?

A. The £40m investment is to support the development of the urgent and emergency care hub, to assess patients more quickly and ensure they get the most appropriate care and treatment as rapidly as possible. The configuration of beds and wards in the rest of the hospital is outside of the scope of this particular project.

SET C:

I am raising the following eight separate questions on behalf of members of the Save Scarborough and District Hospital Group, which have been raised with us in recent weeks. Each of them have been initiated by a several people who have, asked us to raise them with yourselves, as they are concerned to be identified personally and of the risks of repercussions to them, should they be identified.

1.Many of the Neurology services and clinics have been removed from Scarborough Hospital in recent years as a result of "staff shortages". Now that York Trust has recruited and filled the neurology consultant vacancies and so are back up to strength, what plans do you now have to reinstate those services in Scarborough Hospital?

A. We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.

2.We have been informed that York Trust has now told consultant urologists based in Scarborough, that they will in future be required to be based in York Hospital and only hold clinics in Malton Hospital. If true, it is likely that this will result in those consultants refusing and leaving their posts and therefore the loss of acute urology services in Scarborough. Will you confirm that you do intend to retain the existing urology services in Scarborough?

A. The trust currently runs two separate acute urology rotas at York and Scarborough. The Scarborough on call rota is not sustainable, as two of the substantive consultants are due to retire in November 2020. We have been unable to recruit any further urologists to work in Scarborough.

The proposed solution is for the consultant urologists at York to provide the acute service across the Trust. This would mean some acute patients would need to be transferred to York Hospital for their procedure.

This proposal would not affect planned surgery, outpatient appointments or diagnostics.

3.Following the recent report on York Trusts failure to meet carbon targets, do you also take into account the continual and increasing detrimental impacts of your policies on the East Coast, now requiring thousands of local residents to travel to York, often for even the most routine of appointments and procedures? If not why not?

A. The trust is committed to reducing its carbon footprint, through its board-approved sustainable development management and travel plans and we have already reduced our carbon emissions from our energy use and waste and recycling by 19.9% and 18.8% respectively between 2014/15 and 2017/18.
In terms of overall carbon emissions that also takes account of all of the items we buy, we achieved 22.4% reduction form 2015/16 to 2017/18 in carbon emissions. This is the second time the trust has been able to record an overall reduction in annual carbon emissions since adopting its plans.

If we take account of the growth in our services since 2007, there has been a 33% reduction in carbon footprint per patient contact since 2007/8 to 20017/18 which is consistent with the Climate Change Act target of the achievement of 34% by the end of 2020.

The trust's travel plan aims to reduce travel-related pollution and traffic congestion through encouraging car sharing, the new park and ride service introduced earlier this year, and the use of teleconferencing for staff who drive more than 50 miles a week to get to meetings.

4. We are aware that for a considerable time York Hospital clinical waste has been transported to large shipping containers at the end of Bridlington Hospital car park. Following the significant publicity given to failures in the handling of clinical waste and York Trusts overspending on it. Please can you explain why you cannot store it in York for collection and disposal, instead of incurring the additional expense of transportation and increased carbon emissions, from transporting it to Bridlington?

A. Earlier this year our clinical waste contractor was closed down by the Environment Agency for alleged breaches of regulations. NHS Improvement stepped in and set up a replacement contract. During the transitional period, which lasted several months, all trusts affected were asked to put in place contingency arrangements for the safe storage of clinical waste at all of their sites. Our contingency plans included temporary storage facilities at York, Scarborough and Bridlington. During the disruption, it was sometimes necessary to move waste between sites in certain circumstances to ensure we remained within relevant legislation. Our waste management team worked tirelessly to ensure that our operational services weren't affected, and that costs over and above the original contract were minimised.

5. Given your recent much publicized investment in Endoscopy services in York, will you confirm that this development for York Hospital, will not result in the transfer of those existing services from Scarborough Hospital to York Hospital?

A. The development of the endoscopy unit at York Hospital is to meet the increasing demand for the York population. There are no plans to transfer endoscopy services from Scarborough Hospital to York Hospital.

6.As a result of many concerns and questions raised by group members over apparent planned changes to General Surgery provision on the East Coast and the failure to be provided with simple clear answers, we submitted 40 simple questions merely requiring yes or no answers. We submitted them through one of the Governors who represents local residents and we chose those questions to avoid the usual obfuscation, management speak and jargon, in order to get simple answers. Please can you explain why all his attempts, over several weeks, to obtain those answers from the Trust failed to get clear any answers?

A. The 40 questions that were received covered four broad areas:

1. Surgery in Scarborough and Bridlington
2. Endoscopy in Scarborough and Bridlington
3. How the above services will be staffed (doctors, nurses, and other staff groups)
4. Consultation relating to these services

A response was given on each of these areas of concern.

7. The colorectal cancer clinic was one of those cut in March with no notice to patients. Mr Proctor told the March Governors meeting after the event, that he had made the decision on this and other cancer clinics. After media coverage and one sufferer had contacted the outgoing Mr Proctor to complain, he subsequently explained, in writing to the complainant that it had been an administrative error and their clinic was reinstated. Within the last month we have been informed that his original 'decision' has been reinstated and that even admin staff have been told they must apply for jobs in York or lose them. Please can you clarify the situation and confirm that you have no plans to further reduce this and other cancer clinics in Scarborough?

A. For over ten years, Oncology services have been provided at Scarborough Hospital by Hull and East Yorkshire Hospitals NHS Trust. However, due to medical staffing constraints, Hull could no longer support the service in Scarborough.

York Teaching Hospital NHS Foundation Trust provides Oncology at York Hospital as well as for Harrogate and District NHS Foundation Trust.

York Trust has worked closely with Hull, Harrogate and Leeds Trusts, and Leeds have agreed to support the breast oncology services at Harrogate to enable one of York's oncologists to return to provide the service for Scarborough patients.

Even after pulling the resource out of Harrogate and back in to York, this would still not provide sufficient clinical time to cover the Scarborough service in Scarborough.

For these reasons, it was not possible to continue to provide breast oncology outpatient appointments at Scarborough Hospital.

This issue predominantly related to breast oncology, however a small number of colorectal patients were also under the care of the Hull consultant and were therefore affected. Where these patients have raised these issues with us, we have been in contact with individual patients and their concerns have been addressed as best we can.

In light of the new joint rota for general surgery across York and Scarborough (which is unrelated to the breast oncology issue), the administrative staff have been through a consultation to change the structure to better support the new rota. Through this process some have opted to work in York. There are no redundancies.

8.You require questions to be raised with you 5 days in advance of Council of Governors meetings, but also you do not release the agenda until 5 days in advance of your meetings. Obviously therefore, this makes it impossible for any member of the public to ask any questions your agenda might pose. Do you have any plans to review and implement a process which actually enables questions to be raised?

A. The trust will look at whether the papers and agenda can be made available any earlier, however the Governors have introduced a half hour session before their public meetings in which the public/members can talk to Governors about anything they might wish to raise.

SET D:

1. Meeting with CEO Simon Morritt; See our hospital and hear our fears
On Feb 12th 2019 the newly appointed CEO Simon Morritt agreed to meet with the Bridlington Health Forum "in the summer". The meeting, in and around Bridlington Hospital, is to show just how poorly utilised it has become and to seek detailed assurances for its future and plans for investment there. Despite several enquiries, we have received no further contact from Mr Morritt.

Will the Trust confirm;

- **A meeting on Thursday 26th September 2019 (the Forum's next scheduled meeting)?**
- **An alternative firm date and time for this long overdue meeting to take place?**

Simon Morritt joined the trust as chief executive on 5 August, and has spent time at Bridlington Hospital. Simon would be happy to meet with the chair of the health forum at a mutually convenient time.

2. Proposed removal of Vanguard Theatre from Bridlington Hospital by October '19

We have been advised that York Trust is proposing to remove the Vanguard Theatre. This "temporary" theatre was provided to facilitate the new orthopaedics operating theatre opened by Sir Greg Knight in 2012. However, the promised new, additional, permanent theatre has not yet been built. The removal now of the Vanguard Theatre will reduce operating capacity at the hospital by 30% or more. This simply cannot be subsumed by the other theatres in Bridlington.

Will the Trust;

- **Confirm its myopic intention to remove the Vanguard Theatre by October 2019?**
- **Detail how it intends to make-good lost capacity in order to prevent extending waiting lists?**
- **Confirm that replacement capacity will NOT result in additional travel for local residents?**
- **Confirm that lost capacity will be made good before any changes to Vanguard take place?**

A. The mobile theatre unit was installed at Bridlington Hospital in 2013 to support the move of planned orthopaedic surgery from Scarborough to Bridlington. The contract for this unit has been renewed on an annual basis since then, however the company that leases the theatre to the trust has notified us that they will not renew the contract. They have informed us that the contract will end on 27 October 2019 and the theatre will be removed. This is not a decision that the trust has taken, and we are working on an interim plan for our two remaining theatres to minimise any disruption to patients and to ensure as far as possible that we can maintain theatre capacity at Bridlington Hospital.

3. Reducing pressure on Scarborough A&E by re-opening Bridlington Wards & Beds
The loss and closure of over 90% of un-planned recuperative beds in Bridlington Hospital has;

- **Created an acute bed shortage across the entirety of Yorkshire's North-East Coast.**
- **Resulted in a huge inequality of access to health-care for Bridlington residents.**
- **Directly contributed to inadequate bed capacity/ bed blocking in Scarborough.**

Vulnerability -
Already triaged and treated patients in Scarborough's A&E frequently cannot be transferred to bulging and bed-blocked wards in the Hospital.
This in turn directly increases the vulnerability of patients awaiting treatment in Scarborough A&E but who are stranded in ambulances in Scarborough's full and busy ambulance-park.
This then also increases the vulnerability of "would-be" patients awaiting the arrival of an emergency ambulance which cannot attend because they are stranded in Scarborough's ambulance-park. These are also often eventually diverted to other A&E's in York or Hull.

Will the Trust detail its plans to stop this senseless and unnecessary vicious circle by;

- **Confirming that closed and moth-balled beds and wards in Bridlington will be reopened?**
- **Detailing how many Bridlington beds & wards will be restored to meaningful service?**
- **Detailing the timescale for its remedial action plan to be started and completed?**

A. The trust is one of a number of providers delivering services for the Bridlington population, including some of the services at Bridlington Hospital.

The nature of the way that health services are provided means that more specialist services are now provided in larger centres such as Hull, York or Scarborough.

4. Reducing environmental damage and inequality of access to Outpatient Clinics
The migration by York Trust of many outpatient clinics away from Bridlington to other distant Trust hospitals has;

- **Hugely increased costly patient travel and consequential environmental damage.**
- **Created an amoral inequality of access to health-care for Bridlington residents.**

Will the Trust;

- **Detail how it intends to redress this transgression from its Corporate Social Responsibilities?**
- **Detail all services which have been migrated and its plan to restore them to Bridlington?**
- **Provide a firm timescale for restoration of all migrated services to be fully implemented?**

A. The trust is one of a number of providers delivering services for the Bridlington population, including services at Bridlington Hospital.

The nature of the way that health services are provided means that more specialist services are now provided in larger centres such as Hull, York or Scarborough.

Since the Trust took over the management of Bridlington Hospital in 2012 we have continued to provide a range of service there, as well as new services which include planned orthopaedic surgery for patients on the east coast.

5. Improving wholly inadequate Safety and Security at Bridlington Hospital

As trustee and "landlord" of Bridlington Hospital, responsibility for security and the "duty of care" for both staff and patient safety sits firmly with York Trust. Fears over inadequate security have been voiced by patients and staff over many months and raised at several Bridlington Health Forum meetings. Concerns relate to both day-time functions (especially given the many empty and un-used rooms and wards in the hospital) as well as to the 24/7, 7am-11pm Minor Injuries Unit which has very low off-peak staffing levels, sometimes dealing with behaviourally challenged patients.

Will the Trust;

- **Detail how it intends to fulfil its responsibilities for safety, security and duty of care?**
- **Provide a firm timescale for improvements to safety and security to be fully implemented?**

Each area and service within Bridlington Hospital has completed a security risk assessment, which covers the risk of violence and aggression, and steps are taken to mitigate any risks that are identified. Other providers will have completed their own risk

assessments. Should an incident occur, staff are advised to contact the police in the first instance, and the trust's security team. Any empty areas are locked to keep them secure.

C

Public Council of Governors
ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comments
03.09.19	Ask the Membership Development Group to discuss the Bridlington situation with a view to widening the area and having just an East Coast Governor.	Mrs Provins	Oct'19	
03.09.19	Mrs Provins to amend the questions protocol to put in place discussions about where questions should be received and that this would also need to be reflected on the website.	Mrs Provins	Dec'19	
03.09.19	Print a pack for any members of the public who advise in advance that they are attending the meeting.	Mrs Provins	Dec'19	

D

NHS
York Teaching Hospital
NHS Foundation Trust

Council of Governors – 11 December 2019
Governor Activity Reports

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor
- Transport Group
- Out of Hospital Care
- Charity Fundraising

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Margaret Jackson – Lead Governor
Sheila Miller – Public Governor (Ryedale & East Yorkshire)
Steve Reed – Head of Strategy for Out of Hospital Services
Andrew Butler – Public Governor (Ryedale & East Yorkshire)

Date: December 2019

1. Lead Governor Report

Some governors had a visit to the Pharmacy in York Hospital on 11th September to see the work of the Department and review the current developments. Electronic prescribing (EP) has been implemented and is making a difference in relation to reducing medication errors and timeliness of drug availability. EP is rolled out in York and Scarborough Hospital and will be in Selby and Bridlington sometime in the future. The robot used to dispense the drugs in York hospital pharmacy was an interesting development.

An open day and the Annual General Meeting (AGM) and Annual Members Meeting were held at Scarborough Hospital on 12th September. Governors manned a stand to encourage people to join the trust and become members. Thank you to those governors who were able to attend the AGM and AMM chaired by Jenny McAleese. It was disappointing to have few members of the public to hear the updates from the Chief Executive, Director of Finance and the Chief Nurse.

The elections for governor vacancies managed by the external company took place again and the outcome was sent out to all governors at the end of September. Congratulations to those governors who were re-elected and welcome to our new governor Keith Dawson who was elected to represent the Selby area.

Governors are now involved with Patient Safety Walkrounds. There has been some concern expressed after being told we could only carry these out in our locality with the date of the walkround being changed at the last minute and then availability was extended to all irrespective of our locality. Governors discussed this concern at the recent governor forum and wanted the issue raised.

As you are aware Sue Symington, our Chair was due to have her interim appraisal review by myself and Jenny McAleese. Unfortunately the dates set had to be cancelled and this is now due to take place on 4th December. Sue has already provided a review of her year to date.

Helen Fields and I now attend York Older Peoples Assembly (YOPA) which had formerly been attended by Dianne Willcocks. The Executive meetings, chaired by George Wood are held bi-monthly at the Garth, New Earswick and the open meetings, held bi-monthly at the Friends Meeting House in York City Centre. At a recent Executive Committee they expressed their concern about smoking cessation at York Hospital and asked about the progress being made to make the hospital a no-smoking site. I have made Sue aware of this concern. They have also provided comments about the proposals for the use of Bootham Park site. The last open meeting was a husting meeting with representatives from the local political parties invited. The debate was chaired by Dianne.

Sheila and I attended the recent Patient Experience Group chaired by Heather McNair. The terms of reference for this group are being reviewed and updated. The PESG is a subgroup of the Quality Committee and needs to meet regularly to feed issues into this group. It has been requested that minutes/notes from this meeting, the PESG, go to all governors for information.

It was really good to go to the opening of the newly developed endoscopy unit at York Hospital or go on the organised trips around the unit. Congratulations to all those involved

in the new development and thank you for inviting governors and members to these events.

PLACE assessment training and visits have taken place. This year's assessment process / paperwork has changed and everyone was updated on this.

Margaret Jackson
Lead Governor

2. Transport Group Report (15.11.19)

Again a well-attended meeting with many new faces because of the enormous changes going on in the Trust. The staff survey on the York Park & Ride was positive and there were requests for more Park & Rides from other sites (notably Monks Cross, Grimston Bar and the Designer Outlet). Numbers continue to rise in the usage of the Park & Ride which means more income but nowhere yet a profit to be able to pass on to the Charity who loaned the money for the setting up of this venture.

There was an incident recently of the Multi-storey car park being full and long queues down Wigginton Road causing problems; York City Council to be approached about possible signage further down Wigginton Road to warn people of the problem and to find alternative car parking!

We need more cycling provision at major Trust sites and secure parking and changing facilities; the journey sharing element for pool cars and more pool cars at major sites are also needed. A reassessment needs to be done on parking permits in view of the new VIU unit being built at York where 150 cars are now parked. This is a very difficult one. There was also good positive feedback from the patients' survey. Volunteer Patient Transport deemed excellent.

A trial teleconferencing is being introduced to save travel from different sites by using Webex and would help reduce carbon emissions.

A64 dualling proposal – Dan Braidley has drafted a Trust statement of support, signed by Brian Golding and submitted 5.11.19. This will be presented to the PM along with a general letter of support from a partnership of MP's, local government and regional public and private sector organisations. The partnership is applying for £300m from central government to upgrade the Hopgrove roundabout and dual the A64 from York to Malton.

Hydrogen event 16.10.19 – Dan Braidley attended an event in Sheffield bringing together public and private sector transport figures to highlight the use of hydrogen fuel cells in relation to zero carbon proposals. The event included presentations and a demonstration of one of the few hydrogen car refuelling stations in the UK. The take-home message was that there are possibilities for the technology going forward and its application, but it is much further behind than EVs in terms of uptake and accessibility. It is being used for some CHP (Combined Heat and Power) building trials in London, some council fleets in Scotland and in military aviation (unmanned aircraft), but outside of that we are some way off Hydrogen becoming a viable alternative.

There continues to be problems with patients discharge waiting for transport using taxis, the contract to be reviewed. Car sharing continues to be welcome and more use and fewer cancellations; ideas being put forward are to try and do a 4-person car share where staff live close to each other. Enterprise has been approached to see if they could use technology to remind staff who have booked a car on the day of use.

Sheila Miller
Public Governor (Ryedale & East Yorkshire)

3. Out of Hospital Care Group (18.10.19)

Attendees:

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Richard Thompson, Catherine Thompson, Lorraine Boyd.

In attendance:

Rishi Sookraj, Humber Foundation Trust; Elizabeth Anderson, Head of Psychological Medicine; Jeff Whiley, Tees, Esk and Wear Valley Foundation Trust.

Apologies:

Andrew Bennett.

Summary of topics discussed

Matters arising:

The summary of the previous meeting was accepted as a correct record. It was suggested that the previous PDF format for agendas would be helpful to return to.

Tees, Esk and Wear Valley Foundation Trust:

Jeff Whiley, Locality Manager, provided an overview of developments in mental health services. He described the new mental health hospital being purpose built on Haxby Road which will have 36 acute mental health beds, 18 dementia beds and 18 beds for older adults with functional mental health illnesses. This will see services currently provided at Peppermill Court, Cherry Tree and Meadowfields moving into the new site from April 2020. This is particularly relevant for the Trust as Meadowfields occupies half of the Nelson's Court site where St Helen's Rehabilitation Unit is located. Jeff also described consultation is ongoing regarding relocating beds currently provided in Harrogate to the Haxby Road site. He also noted that the crisis response teams and current ECT service will be co-located there.

He explained that community mental health teams are expanding to provide more care in people's own homes and that the Care Home Team will start to do more work on crisis response for people with dementia in their own homes. There is an opportunity to build stronger links with the Trust Community Response Team.

He also described opportunities for more joint working with maternity services, improving capacity in eating disorder services and enabling the Psychiatric Liaison service in ED to accept referrals from Out of Hours GPs and outpatient services.

Schwartz Rounds:

Liz Anderson attended and provided an update on the pain service in Scarborough. She noted that the service had now closed and the 92 patients referred prior to closure had been offered an alternative service at York. 32 accepted this with 47 declining and returning to their GP for further management of their pain. 13 did not respond and they were advised to contact their GP for further support. Staff have been redeployed and the CCG are exploring an alternative service which would undertake initial in depth assessments at York with follow up through an outreach service based in Scarborough. It was noted that this may not support the Opioid Reduction Strategy but that needs to be a commissioner led process.

Liz presented a paper setting out the successful introduction of Schwartz Rounds to the Trust, recapping the overall approach and confirming 9 events have now been held covering a range of topics. The high satisfaction rates from attendees were noted by the group. Liz shared the recent inaugural community Schwartz Round which had highlighted the challenge of autonomous working for staff and the need to plan further community focussed rounds. The group discussed the current funding arrangements (through the Trust charity) and queried whether longer term funding should be provided as a means to promote staff wellbeing. The group encouraged Liz to share the results widely in the Trust and also to consider whether a Schwartz Round for senior managers would be valuable.

Humber update:

Rishi Sookraj attended and presented an update highlighting that a clinic service was now up and running, the outpatient antimicrobial therapy (Home IV antibiotics) service had started and their integrated frailty service is getting off the ground.

Catherine Thompson noted the national Ageing Well programme will be providing an additional £300m of funding by 2023/24 and agreed to share details.

Rishi noted the Scarborough and Ryedale Partnership Board has been established and work on diversionary pathways into community services is ongoing. Work on falls assessment was discussed with the group as was their ongoing engagement work with Rishi to bring some of the communications materials to a future meeting.

General update:

Steve Reed updated on the transformation of the community nursing workforce in the Vale of York with consultation having concluded and a move into five geographical teams linked to primary care networks taking place in December and a 24/7 shift pattern to be implemented from January. Further details will be provided in an update to the December meeting.

In any other business, Jeanette Anness raised details of the Home from Hospital service and asked how the Trust linked into it. Further to the meeting Steve Reed confirmed that

the Home from Hospital team attend Board Rounds at Selby Hospital to identify patients that require their support.

Forward plan agenda:

The group have identified the following forward plan agenda topics for 2019/20:

- Dec – Primary Care Home, Community Nursing Update, Phase 2 Scarborough Acute Services report, Home IV update, Community Response Team update.

It is likely that one or more of these will be deferred to the March meeting due to agenda constraints. The December meeting will also discuss the work plan for 2020.

Actions Agreed

- Explore possibility of return to PDF style agenda and papers (Steve Reed, December 2019)
- Contact TEWV Scarborough locality manager to arrange attendance at 2020 meeting (Steve Reed, complete)
- Make connection between Community Response Team and TEWV Care Home team (Steve Reed, complete)
- Discuss future funding of Schwartz Rounds at Council of Governors (Margaret Jackson, December 2019)
- Share details of the national Ageing Well programme (Catherine Thompson, complete)

Future Meetings

It is proposed that in 2020 the group meets in Malton on the mornings of:

- 26 March
- 18 June
- 24 September
- 17 December

Steve Reed
Head of Strategy for Out of Hospital Services

4. Charity Fundraising Committee (10.10.19)

The Charity Fundraising Committee Meeting met on Thursday 10th October 2019 at Malton Hospital. Mick Lee has joined as the second Governor representative, which was incredibly useful as the fire alarm went off during the meeting and Mick's knowledge and advice was impeccable (it was the weekly test).

At this meeting the Charity had their annual meeting with representatives from the Trust's various Friends groups, who help support our local hospitals. Sue gave a helpful update about the new CE and his plans for listening exercises over his first few months in post.

She also talked about how the NHS has evolved and will evolve further to have a much greater emphasis on out of hospital care.

Rachel Brook and Maya Liversidge gave a general update and shared projects the Charity has been undertaking.

The charity has made a new appointment for a new Community Fundraiser for York and Selby, which will allow Maya to have greater focus on Bridlington, Scarborough and Malton.

Whilst there were many things discussed from across the patch, I thought there were three issues/areas to share:

1) "Where is Bridlington Hospital going?"

I'm sure that Governors will be quite sympathetic and understanding of this line. Sue offered to meet with the League of Friends to help them understand the different organisations involved at the Hospital, how they work together and to explain future improvements at Bridlington.

2) How to best support a hospital with fewer funding needs, such as Selby or St Monica's.

Both Selby and St Monica's Leagues were considering ways which they could help provide for projects in the wider community relating to healthcare. The Selby Friends will also look at part funding some larger projects at York, which Selby residents will use, for example the Butterfly Appeal.

3) Finally, there was a degree of frustration from all of the Friends groups about the length of time it currently takes to get an invoice for the projects or equipment they have agreed to fund. Rachel will analyse where the problems in the supply/accounting chain are and seek to improve the process. I will be looking forward to having an update on this as it does seem rather bizarre to have an unduly difficult process when kind people wish to provide the Trust with equipment.

I am very grateful for Emma Dunnill for taking excellent minutes, from which I have stolen considerably. The next meeting of this committee will be on Thursday 23rd of January 2020.

Andrew Butler
Public Governor (Ryedale & East Yorkshire)

York Teaching Hospital
NHS Foundation Trust

Council of Governors – 11 December 2019
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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

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 key areas:

- Our Voice Our Future
- Care Quality Commission: report and action plan
- Support to improve acute flow
- ICS Accelerator Programme
- Urology rota changes

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: November 2019

1. Our Voice Our Future

In my first report to this Council I outlined my plans to carry out a Trust-wide listening exercise to hear and understand the barriers facing our staff.

I sent letters to a cross section of staff, asking them to tell me about the key things they feel prevent them from doing their work. I've also held a series of 'listen and learn' drop-in sessions.

Earlier this month the findings from this listening exercise were shared at an event for around 150 staff where the audience was invited to challenge and confirm the conclusions.

The event also saw the launch of our Trust-wide conversation, called Our Voice Our Future. Everyone has been invited to join this online conversation, where staff can share insights and ideas, and read and comment freely. The online workshop lets people join in anonymously to have their say in creating a better future for the Trust and those we care for.

There are three broad areas under discussion – fixing the basics, behaviours, and creating a new vision for the Trust.

So far over 900 people have taken part in the online workshop, and over five thousand ideas and comments have been shared.

As I have been speaking to our staff it has become clear that there are frustrations around the lack of consistency in the way we behave and how we treat each other. We will not be able to change this without talking to all our staff.

By the new year we will have a comprehensive analysis of what our staff believe is needed to fix the basics and will have validated this plan together with staff. We will continue to use these methods to ensure the voice of our colleagues really does lead to improvements.

2. Care Quality Commission: report and action plan

The report detailing the findings of the CQC's inspection of core services was published on 16 October.

The inspection took place between 18-20 June, focusing on Scarborough and Bridlington Hospitals. In addition, a use of resources assessment and a well led review were also carried out, and feed in to the overall rating.

The overall rating for the Trust remains Requires Improvement.

As I have previously briefed, much of the initial feedback focussed on the areas we would all recognise and expect, in particular nurse staffing, medical cover (particularly at night) and consistency of record keeping.

The final report makes a number of specific recommendations, in these areas and others, and as part of the process we are required to produce an action plan in response. This plan has now been shared with the CQC and will be discussed as an agenda item later in this meeting.

3. Support to improve acute flow in our hospitals

In the late summer we were offered support from a number of expert teams within NHS England/NHS Improvement and the Emergency Care Intensive Support Team (ECIST) to help us to accelerate progress with the plans we have in place to improve acute flow.

As a result of conversations between ECIST and our teams, it was agreed that we would focus on two key priorities: same day emergency care (SDEC) and SAFER, as these are likely to have the greatest impact.

As part of this work, we held an 'SDEC Day' on 12 November to test our SDEC standard operating procedures and pathways for patients presenting to the Emergency Department at York Hospital.

The aim was to ensure patients who are suitable for SDEC are seen by the right team, in the right place, at the right time in order to reduce and eliminate delays for patients and improve flow throughout hospital. This is an evidence-based method, which has been shown in many other hospitals to reduce and eliminate delays for patients arriving at ED and improve flow.

Colleagues from ECIST and the Trust's improvement team were on hand to support, coach and advise staff.

There was a huge amount of enthusiasm and commitment throughout the day from staff across all Care Groups. A debrief was held at the end of the day, and it was collectively agreed to take steps to embed SDEC as business as usual across York Hospital by extending the test to a 21 day challenge. This is now underway, and a similar exercise is being planned for Scarborough Hospital.

As we enter the winter months it is vital that we continue to focus on the actions and processes that will have the most impact for our patients.

4. ICS Accelerator Programme

Humber Coast and Vale Health and Care Partnership is now a part of the ICS Accelerator Programme following the launch event in October.

An Integrated Care System (ICS) is the next step in the evolution of the Sustainability and Transformation Partnerships (STPs). The Long Term Plan committed to every STP becoming an Integrated Care System by 2020/21.

In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

A System Maturity Matrix will be used to determine whether a system is ready to become an ICS, Using the following domains:

- System leadership, partnerships and change capability
- System architecture, financial management and planning
- Integrated care models
- Track record of delivery
- Coherent and defined population

A 'thriving' ICS will be able to demonstrate robust governance, advanced progress and real system-working at all levels, across each of these components.

In order to achieve this, the following three priorities have been agreed by the partnership:

- Partnership Strategy
- Operating Arrangements
- Stakeholder Engagement

Our Chair and I attended one of the first Accelerator Programme workshops which focused on partnership working. Executive colleagues and others have been involved in further meetings and workshops as the work gathers momentum.

5. Urology rota changes

A single York-based on call service for urology was implemented on 18 November.

There will be a consultant urology presence in Scarborough between 8am and 6pm on weekdays, with consultants able to review and, if necessary, treat emergency patients within these hours.

The consultants will also continue to see inpatient referrals from other specialties, provide acute assessment clinics and deliver elective services.

Outside of these hours, some patients who require acute surgical intervention will now transfer to York Hospital or the nearest alternative emergency department.

The on call consultant urologist will be available to provide telephone advice out of hours and will advise on the safe management of the patients until they can be stabilised and transferred.

This is a temporary change to allow for a safe medical staffing model whilst we work with system partners to develop a long-term model for the acute urology service.

York Teaching Hospital
NHS Foundation Trust

Council of Governors – 11 December 2019
Care Quality Commission Summary Improvement Plan

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	☐	For approval	☒
For discussion	☒	A regulatory requirement	☒
For assurance	☒		

Purpose of the Report

At the Board to Council of Governors, Governors received and discussed the CQC Report. The attached document provides the final Summary Improvement Plan which was sent to the CQC on 13 November 2019.

Governors will be aware that it is a regulatory requirement to address the 'Must Do' (MD) and 'Should Do' (SD) items in the report. Each MD and SD is assigned a number and as there is some overlap and repetition in the report some actions have both MD and SD numbers.

The implementation plan delivery will be monitored through a newly established fortnightly CQC Programme Group. An update for assurance and escalation will be presented at the Quality Committee and Trust Board every month.

Executive Summary – Key Points

The June and July 2019 site visits by the Care Quality Commission (CQC) concluded with an approved report on 16 October 2019.

The Trust accepted the content of the report and the recommendations within. Whilst the Trust retained an overall Requires Improvement rating; Safety on the Scarborough site went from Requires Improvement to Inadequate.

The report identifies 26 actions the Trust Must Do and 51 actions the Trust Should Do in order to address specific concerns.

Whilst the actions identified pertain to the Scarborough and Bridlington sites only there is a need to acknowledge that many of the actions identified are relevant to address across the whole organisation. Therefore, the Improvement Plan has been shared with the senior leaders in all care Groups for them to address the actions through their Care Group Governance structures; this forms part of preparing for future visits and ensuring cross care Group actions are shared.

The Improvement Plan will be updated every month and will be presented by the Chief Nurse to the Quality Committee and Trust Board every month.

Recommendation

- To note the final summary improvement plan sent to the CQC on 13 November
- To note the review arrangements that have been established

Author: Fiona Jamieson: Deputy Director of Healthcare Governance
Director Sponsor: Heather McNair, Chief Nurse

Date: December 2019

York Teaching Hospital NHS
NHS Foundation Trust

Care Quality Commission Summary Improvement Plan

Board Assurance that CQC action is on track Key:
Delivered
On track to deliver
Some concerns – narrative disclosure
Not on track to deliver

Version Control

Version 3

12 November 2019

York Teaching Hospital NHS Foundation Trust – our improvement plan and our progress

What are we doing?

The Trust was rated as Requires Improvement following the last CQC inspection. The inspection focussed on the Trusts' east coast services and whilst most ratings stayed the same (9) or improved by one rating (2) it is noted that 'Safe' at Scarborough Hospital went down one rating to 'Inadequate'.

The CQC issued 3 requirement notices to the Trust. The 'MUST DOS' highlighted to the Trust for immediate attention are captured at the start of the Improvement Plan.

The CQC report made 77 recommendations in total, 26 of which the Trust must undertake and 51 of which the Trust should undertake. All 77 recommendations are included in our CQC Improvement Plan.

The plan is iterative and will be managed through new governance and meeting structures lead by the Chief Nurse.

The Trust Board has approved the CQC Improvement Plan which has been designed to deliver the immediate actions required as well as the longer term improvements needed. Support and engagement of our staff and our stakeholders will be fundamental to making the sustainable changes that are required for the benefit of everyone who uses our services.

A robust system of governance has been established to track and deliver the progress against the plan. The plans have been developed to match the new Care Group operational structure and thus delivery and governance will be largely owned at Care Group level. Care Group Leads have been identified to implement the plans. Care Group Leads will be supported, where identified, by Corporate Leads to ensure actions are implemented quickly and effectively and to unblock any obstacles that might prevent completion of the actions. There is Executive and Non-Executive oversight against all Care Group plans and further independent review will be provided through a clinically-led Peer Review and Audit process. Performance will be monitored through our CQC Programme Group and reported to the Quality Committee and to the Trust Board monthly. Further oversight will be provided to our stakeholders.

The improvement plan will be monitored by the CQC Programme Group on a weekly basis, with each service line being reviewed on a fortnightly basis. This document shows our plan for making these improvements and will demonstrate our progression against the plan.

The CQC Improvement Plan was signed off by the Board on 7 November 2019. The plan ensures that the format and content align to the CQC reporting domains and that there is further clarity of the intended outcomes and key performance indicators across the programme of improvement. This will assist in the process to ensure that improvement actions align with the improvement recommendations.

Who is responsible?

Our actions to address the recommendations have been agreed by the Trust Board.

Our Chief Executive, Simon Morritt, is ultimately responsible for ensuring actions in this document are implemented. Executive directors are responsible for ensuring the plan is implemented as they provide the executive leadership for quality, patient safety and workforce.

Our success in implementing the recommendations of the CQC Improvement Plan will be assessed by the Chief Inspector of Hospitals, via the regional CQC Team who we will liaise with closely.

If you have any questions about the work we are doing you may contact our Deputy Director of Healthcare Governance, Fiona Jamieson, Fiona.c.Jamieson@.york.nhs.uk

The format of this plan…

This improvement plan is set out in the same format and sequence as the CQC report with the ‘MUST DOs’ and ‘SHOULD DOs’ in the same order.

For ease of reading where a similar concern was found across 2 or more areas the plan is cross referenced to this section.

We recognise that sustainable improvement requires cultural and or behavioural changes which will take longer than our immediate action plans. We need to build a culture that empowers colleagues, that instils ownership and accountability for quality and which ensures that we deliver our promises

Target dates going up to April 2020 reflects the ambition to deliver against all our MUST DOs and SHOULD DOs; this does not mean that our work will stop in April. There will be more work to do on some actions and where we have made changes we will continue to check that the improvements have been embedded and sustained.

We have rated the actions as “green” when in the planning stage planning. This is because we believe that the plan is realistic and is on track. We recognise that as time goes on, some actions may not go to plan and if this happens they will then change to ‘amber’ which means that there are reasons to be concerned that the action will not deliver the outcome or timescale or ‘red’ if we now believe that the action is not on track to deliver. There are some actions where important aspects are not under our control and so we have used ‘amber’ to show that we have less certainty.

A MUST DO (MD) and SHOULD DO (SD) key is provided at the end of the Implementation Plan for reference

How will we communicate our progress to you?

We will provide a progress report every month, which will be monitored by the CQC Programme Group and reviewed by the Trust Board.

The progress report will be published on the Trust website in the Trust Board papers, and subsequent longer term actions may be included as part of a continuous process of improvement. Each month we will let all staff, governors and stakeholders know our progress.

We will inform all Trust staff via Staff Briefs and Staff Matters letting them know more about the inspection outcome and describing the improvement plan, where members can access the action plan and how and when we will update it.

We will present updates on progress at our scheduled Council of Governor meetings which are held in public.

We will provide updates to our stakeholders through the oversight and assurance meetings which will be held on a monthly basis.

CQC <u>IMMEDIATE ACTIONS</u> IMPLEMENTATION PLAN FROM THE VISIT

Issue No	Action	Lead responsibility	Key Actions	Target date	Measure or evidence of completion	Audit or ongoing assurance
IA 1	Assurance required to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical staff are deployed at night for medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients **NB: This action links to MD2; MD3; MD4; MD11; MD 19 and MD22**	Medical Director CG2 Clinical Director	Delivery of the Hospital At Night project	31 12 2019	Hospital at Night Project Plan and Implementation Plan Medical staffing reported to CQC on weekly return Digital solution for bleep filtering and task allocation in place Junior doctor induction schedule and content to include bleep filtering and SBAR (AIRA course and links with Outreach Nurses)	
IA 2	Assurance required to ensure sufficient numbers of suitably qualified, competent, skilled and experienced registered nurses are deployed for,	Chief Nurse CG2 Head of Nursing	Coronary Care Unit and Beech Ward increased staffing to planned 5 registered nurses on each shift	Immediate and ongoing	Monitored daily with escalation and assurance as required Weekly return to CQC	A formal workforce review required in order to determine best staffing model and if needed secure

	the coronary care unit and lilac ward, on the Scarborough Hospital site, to promote safe care and treatment of patients **NB: This action links to MD4 and MD16**		Telemetry: • Standard Operating Procedure review and audit • Safe nurse staffing to monitor telemetry • Improve recording of telemetry activity Non-invasive ventilation (NIV): • NIV to be managed solely on beech ward to a maximum of	Complete and ongoing Completed and ongoing	Trust Board Nurse Staffing reports. Audit of telemetry patients undertaken and reported to Patient Safety Group – minutes from Patient Safety Group Staffing addressed. Plan for 5 registered nurses on each shift Telemetry records. Weekly return to the CQC Revised Standard Operating Procedure produced and circulated assuring management of NIV on beech ward Staffing addressed. Plan	additional funding to substantively increase the registered nurse numbers to 5 registered nurses on each shift for each ward A formal workforce review required in order to determine best staffing model and if needed secure additional funding

			2 Level 2 patients • Safe nurse staffing to manage NIV Workforce review cherry ward (AMU) on the Scarborough Hospital site	 30 11 2019	for 5 registered nurses on each shift Staff education plan for beech ward Registered nurses. Maintains over 80% of registered nurses NIV trained with competencies signed off BEST tool procured during August 2019 and data collection undertaken during October 2019 with analysis and provisional staffing plan presented 30 11 2019. (NB this work needs to link with the Scarborough site bed modelling project as the function of cherry ward may change)	to substantively increase the registered nurse numbers to 5 registered nurses on each shift for each ward Align staffing to bed modelling project and undertake 6 monthly BEST tool data capture on all emergency and acute wards and units
IA 3	Assurance required to ensure that you provide safe care and treatment across all medicine wards at the Scarborough Hospital site with particular reference to the	CG2 Clinical Director CG2 Care Group Manager	Bed reconfiguration: lilac ward assigned to medicine Revision of ward nurse staffing levels (see IA2)	Complete Complete	Lilac Ward is now a medical ward Weekly return	 Daily monitoring, escalation and

	ward environment on lilac ward, the patient mix for that ward, and to address falls	CG2 Head of Nursing	Improved observation of patients. Multi-professional staff engagement in relation to observing patients	Complete	Laminated posters displayed at each nurses station Discussion at handovers for 1 week. Week commencing 1 July 2019	assurance
			Increased Matron presence / ward leadership	Complete	Initially Matron worked on Lilac Ward 2-3 shifts per week. Increased Band 6 leadership on Lilac Ward to 3 Band 6's. Advert our for secondment for Band 7 role	Vacancy levels and recruitment / retention activities closely monitored
			Education support for staff on lilac ward: particular reference to patient falls	Undertaken and ongoing	New nursing leadership and new staff in place and being recruited to. Patient Safety Team provided additional falls prevention training records during August 2019.	Patient safety, specifically falls incidence monitoring
			All new starters and	Undertaken	Preceptorship	

			international recruits will receive the same preceptorship programme which includes training on patient safety and specifically falls prevention training.	and ongoing	programme schedule Preceptorship competency pack Evidence of attendance from medical wards at Scarborough Hospital	
IA 4	Assurance required to ensure staff on medicine wards at the Scarborough Hospital site are maintaining securely and accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided **NB: This action links to MD12; MD 14; MD18; MD26; SD27; SD28 and SD42**	Medical Director Chief Nurse CG2 Head of Nursing CG3 Head of Nursing	Nursing documentation audit undertaken and results presented verbally to Nurse Management Team Meeting Newly created paperwork developed and piloted for nursing documentation. Pilot feedback considered and further revisions to paper booked required before roll out. Extraordinary Nursing Documentation	31 7 2019 31 7 2019 28 11 2019	Audit report Example paperwork and feedback from pilot Action plan from meeting	

			meeting to look at work streams and next steps			
			Immediate spot check and then schedule for monthly audit schedule for nursing documentation included as part of the Matron audits	31 7 2019	Audits and audit schedule	
			The importance and legal requirements of documentation sessions run at Scarborough Hospital during July and August 2019	31 8 2019	Education schedule and attendance	
			Confirmation that all agency staff can sign to electronic system obtained; ratification that the system was easy and well-understood and ratification that agency workers are signing into the system daily for	31 7 2019	Completed information provided by Head of Information	

			assurance			

CQC MUST DO AND SHOULD DO IMPLEMENTATION PLAN FROM REPORT

MD1	Executive Lead: Jim Taylor	The trust must ensure is has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation	Delivery on track RAG Rating
Trust wide			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 1.1	Undertake promotion exercise to ensure ALL staff understand the current processes for identifying learning from deaths and SIs	Deputy Director of Healthcare Governance		31 12 19	Article in Staff Matters Presentation at each Care Groups Quality Assurance Committee Presentation at Executive Board Develop presentation for medical staff induction	June 2020 undertaken Survey Monkey Audit to test that staff understand the current processes for identifying learning from deaths and SIs
MD 1.2	Develop a strategy for the identification of learning from deaths and serious incidents	Deputy Director of Healthcare Governance	Listening exercise with Care Groups. Aim to receive	31 12 19	Learning from Deaths and Serous Incidents Strategy document Sign off at Trust Quality	Learning from deaths and serious incidents minutes from Trust wide Quality Committee;

			multi-professional feedback on current process		Committee and Trust Board Evidence that the new strategy has been presented through the Care Groups Quality Assurance Committees Ongoing evidence that this is presented at appropriate groups, such as, at junior Doctor induction	Executive Board; Trust Board and Care Groups Quality Committees
MD 1.3	Undertake a multi-professional engagement exercise and in response review and revise the processes for the dissemination of learning from deaths and serious incidents	Deputy Director of Healthcare Governance	Engagement events	31 12 19	Report on what our staff think could be better about learning from deaths and serious incidents from the engagement events Revisions to current processes (to be determined)	Review document Revised processes and publications

MD2 – CG2 MD3 – CG2 MD11 – CG3 MD19 – CG5 MD22 – CG3	Executive Lead: Polly McMeekin	CG2 The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training CG2 The service must ensure all medical and nursing staff in urgent and emergency care services at Scarborough hospital complete the required specialist paediatric life support training to enable them to safely care for children in the department CG3 The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with Trust policy (MD11 Scar and MD22 Brid) CG5 The service must ensure that all medical staffing complete mandatory training and safeguarding training modules in accordance with trust policy	Delivery on track RAG Rating
Scarborough site CG2 CG3			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 2.1	Implement the 'Training Passport' for staff	Director of Workforce and	Agreement of 'common	April 2021 (two year	Training Passport in place and aligned to	Improved compliance with

	employed from other NHS organisations – National Streamlining Programme	Organisational Development	standards' across STP for the 'Training Passport'	programme commenced April 2019)	Trusts 'Learning Hub'	all aspects of mandatory training
MD 2.2	For immediate improvement: • Ensure that there is adequate and accessible mandatory training sessions for staff to access	Director of Workforce and Organisational Development / Chief Nurse / Medical Director	Review of mandatory training provision to ensure the delivery meets the needs of staff (TNA) (professional input sought from CN and MD)	31 12 2019	Currently no waiting lists except for manual handling. Revised TNA applied and compliance assurance provided to Board	Learning Hub compliance discussed and monitored through CG2 Quality Assurance Committee monthly
	• Medical staff in urgent and emergency care will be issued with their individual compliance data and set a target date for full compliance	CG2 Clinical Director	Correspondence with each member of the medical staff Monthly monitoring of the progress through CG2 Quality Assurance Committee	30 4 2020	Compliance matches Trusts target for each element of mandatory training on 'Learning Hub'	Mandatory Training compliance presented to Trust Board by Director of Workforce and Organisational Development monthly

MD 3.1	For immediate improvement: For immediate improvement: • Ensure that there is adequate and accessible multi-professional paediatric life support training sessions for staff to access • Medical and nursing staff in emergency and acute care at Scarborough Hospital should undertake paediatric life support and 80% compliance should be maintained at all times	Sandra Tucker Quinn CG2 Clinical Director and Head of Nursing	Review of paediatric life support provision to ensure the delivery meets the needs of staff Training plan for paediatric life support for current staff Rolling programme of paediatric life support to ensure improvement is sustained and embedded	31 12 2019 31 12 2019 31 3 2020	Compliance matches Trusts target (?80% of all medical staff) for paediatric life support training in acute and emergency medicine on Scarborough site	Learning Hub compliance discussed and monitored through CG2 Quality Assurance Committee monthly Mandatory Training compliance presented to Trust Board by Director of Workforce and Organisational Development monthly
MD 11.1 MD	For immediate improvement medical staff in surgery will be issued with their	CG3 Clinical Director	Correspondence with each member of the medical staff	30 4 2020	Compliance matches Trusts target for each element of mandatory training on ‘Learning	Learning Hub compliance discussed and monitored through

19.1 MD 22.1	individual compliance data and set a target date for full compliance, specifically safeguarding training modules		Monthly monitoring of the progress through CG3 Quality Assurance Committee		Hub’	CG2 Quality Assurance Committee monthly Mandatory Training compliance presented to Trust Board by Director of Workforce and Organisational Development monthly

MD4	Executive Lead: Polly McMeekin	The service must ensure it has enough, suitably qualified, competent and experienced medical and nursing staff in its urgent and emergency care service at Scarborough hospital, to meet the RCEM recommendations, including enough staff who are able to treat children in an emergency care setting	Delivery on track RAG Rating
Scarborough site CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 4.1	Review the RCEM standards for staffing and undertake a gap analysis. Present findings to Trust Board	Director of Workforce and Organisational Development		31 1 2020	Trust Board presentation	Set a six monthly schedule for repeat gap analysis and risk assessments so the Trust Board understand the continued level of risk
MD 4.2	Medical recruitment plan in place and performing well	Director of Workforce and Organisational Development with CG2 Clinical Director		Complete	Vacancy level for medical staff: 9.2% on 31 10 19 Vacancy levels reported to Trust Board	Medical staffing levels monitored Vacancy level Turnover
MD 4.3	Implement the BEST nursing workforce analysis	Deputy Chief Nurse with CG2	Procure hardware	30 11 2019	Data collection, analysis and report completed and	Six monthly audit schedule for nurse

	tool and use this for the basis for workforce redesign	Head of Nursing	and software and engaged with IT to support programme Analyse data and set a 6 monthly rolling programme for data collection and analysis		presented to CG2 Quality Assurance Committee and included in Chief Nurse report for Trust Board Next steps for workforce redesign to be informed by data on other intelligence	staffing workforce using approved tool
4.4	Develop a nursing recruitment plan which includes projections and risk analysis and mitigation plan acknowledging registered nurse recruitment at Scarborough is challenging	CG2 Head of Nursing		31 1 2020	Recruitment plan with quarterly reviews and updated recruitment plans in place	Registered nurse staffing levels monitored Vacancy level Turnover
4.5	Utilising the east coast review work, undertaken by the external reviewers, the Trust will determine and approve the scope of the paediatric service at Scarborough hospital which may impact the	Chief Executive with Executive Director colleagues CG2 Clinical Director CG5 Clinical Director		30 4 2020	System wide presentation and approval of scope of paediatric services at Scarborough Hospital Fully aligned medical and nursing staffing and training plan to meet the	

	staffing levels and paediatric training level requirements				needs of children who present as an emergency or urgent case	
4.6	Immediate action to undertake a training needs gap analysis for the current substantive medical and nursing workforce, aligned to the RCEM recommendations and examine the opportunities to upskill our current staff to better meet the needs of children who present as an emergency or urgent case	Director of Workforce and Organisational Development	Training needs gap analysis undertaken and presented Internal and external training opportunities explored to deliver most appropriate training	31 1 2020	Urgent and emergency care RCEM aligned training plan and dates booked for specific training as required Staff attendance / achievement of recommended training monitored on the Learning Hub	Ongoing / rolling programme of training for nursing and medical staff who are not paediatric trained; acknowledging recruiting paediatric trained medical and nursing staff is a challenge at Scarborough hospital

MD5 – CG2 SD16 - CG3 Scar SD32 – CG5 SD38 - CG3 Brid	Executive Lead: Heather McNair	CG2 The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital CG3 The service should ensure that storage areas temperatures are monitored to demonstrate medicines are always stored in accordance with manufacturer's minimum and maximum temperature guidelines CG5 The service should ensure that daily checks on medicine fridges are carried out as per Trust policy	Delivery on track RAG Rating
Scarborough site CG2 CG3			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 5.1	Immediate action: Lead Nurse for Medicines Management attended Scarborough Emergency Department. Reviewed compliance with safe drug storage. Provided advice and guidance to all staff and assurances that processes for safe management are in place.	CG2 Clinical Director CG2 Head of Nursing Chief Pharmacist Lead Nursing Medicines		31 7 2019	Immediate verbal assurance Controlled Drug Inspection Report Minutes from CG2 Quality Assurance Committee that audits are discussed and where needed improvement	Control drugs audits undertaken quarterly (minimum) which is reported through Pharmacy Governance – report produced

		Management			plans generated	
	In addition Lead Nurse for Medicines Management is running the preceptorship programme for all newly qualified nurses and international recruits and will deliver a section on the safe storage of medicines in all areas	Lead Nursing Medicines Management		31 12 2019	Presentation from Medicines Management Day for new starters (nursing) Competency Assessment document for new starters (nursing)	
MD 5.2	The Trusts Medicines Management Policy describes the requirements for safe storage. This section of the policy to be reproduced with 7 key messages. A laminated copy will be displayed in the clean utility / drug storage areas.	Lead Nursing Medicines Management		15 12 2019	Key messages sheet produced	Controlled Drug Inspection report
	The key messages sheet will be read out at each safety huddles for 1 week, Week commencing 11 November 2019, and signing sheet for department to be completed	CG2 Matron CG2 Head of Nursing		31 12 2019	Signature sheet to say staff have attended a safety huddle where safe storage of medicines was discussed	

	The key messages sheet will be included in local induction packs for all new starters The key messages sheet will be included in local induction packs for all new starters				Local induction pack	
MD 5.3	Matrons to undertaken quality audits and spot checks which include the safe storage of medicines	CG 2 Head of Nursing		30 11 2019	Audit and spot check tools Audit programme Reports and action plans	Rolling audit programme
MD 5.4	Chief Pharmacist has commissioned Internal Audit to undertake: Safe and Secure Handling of Medicines Audit	Chief Pharmacist Lead Nursing Medicines Management	Scope of audit approval Draft report Final report	 31 12 2019 31 1 2020	Scope of audit Schedule for audit Audit Report	Actions generated from audit will be management through the Medicines Management Group
SD 16.1 SD 38.1	Develop the current Fridge temperature monitoring Policy to include ambient temperature monitoring for all clinical areas	Chief Pharmacist		30 4 2020	Updated policy Evidence of compliance with monitoring ambient room temperatures	
SD 32.1	All wards and units in midwifery have a signing sheet for daily fridge	Head of midwifery		30 11 2019	Weekly audit reports Copies of signing sheets	

	temperature checks. The completion of this will be audited on a weekly basis by ward sister, in her absence Matron will be responsible and any lapses in compliance addressed				Evidence that compliance is discuss at CG5 governance meetings – minutes of meetings	

MD6 MD24	Executive Lead: Jim Taylor	The service must ensure that computer screens showing patient identifiable information, are not left unlocked when not in use, in its urgent and emergency care service in Scarborough hospital	Delivery on track RAG Rating
Scarborough site CG2 CG3			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 6.1	Information Governance Training contains information about securing patient detailed guidance on computer screens. Compliance with Information Governance mandatory training to be maintained at the nationally target of 95%	CG2 Clinical Director CG2 Head of Nursing		31 12 2019	Learning Hub compliance with Information Governance Training Information Governance Training forms part of induction for all new starters Information Governance training compliance discussed at CG2 Quality Assurance meeting – meeting minutes	
MD 6.2	Information Governance Team peer reviews which provide an opportunity for immediate rectification and for staff feedback on all	Deputy Director of Healthcare Governance		30 11 2019	Schedule for peer review. Reports, actions and feedback from peer reviews.	

	information governance concerns					
MD 6.3	Matrons to undertaken quality audits and spot checks which include secure management of patient electronic and paper records	CG2 Head of Nursing CG3 Head of Nursing		30 11 2019	Audit and spot check tools Audit programme Reports and action plans	Rolling audit programme

MD7	Executive Lead: Jim Taylor	The service must ensure it takes action to improve its performance in the RCEM audit standards in its urgent and emergency care service at Scarborough Hospital	Delivery on track RAG Rating
Scarborough site CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 7.1	Undertake a gap analysis against previous RCEM audit standards and as necessary develop and action plan that delivers improved performance against the standards	Medical Director CG2 Clinical Director		31 1 2020	Paper to Trust Board	
MD 7.2	Based on the review report develop an auditable plan to improve performance against the RCEM audit standards	CG2 Clinical Director		31 3 2020	Auditable improvement plan Minutes of CG2 Quality Assurance Meetings Quarterly report to discuss RCEM audit standards at Care Group 2 Board Meeting	Achievement of RCEM audit standards are sustained and embedded in CG2 performance

MD8 – CG2 MD13 - Scar MD23 – Brid SD29 – CG5	Executive Lead: Polly McMeekin Heather McNair	CG2 The service must ensure all nursing staff have an up to date appraisal each year in its urgent and emergency care service at Scarborough hospital	Delivery on track RAG Rating
Scarborough site CG2 CG3		CG3 The service must ensure all medical and nursing staff receive annual performance appraisals, in accordance with professional standards and trust policy (MD13.1 and MD23.1 Scar and MD 23.1 and MD23.2 Brid) CG5 The service should ensure that all staff have their annual appraisals	

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 8.1	Review current appraisal rate for nurses in urgent and emergency care and set a trajectory for appraisals to be undertaken to achieve 85%	CG2 Head of Nursing		29 2 2020	Learning Hub compliance with appraisal rates for nurses	Schedule of appraisals Appraisal rates monitored through CG2 Quality Assurance Meeting and CG2 Senior Nurses Meeting– meeting minutes
MD 13.1	Review current appraisal rate for nurses in surgery and set a trajectory for	CG3 Head of Nursing		29 2 2020	Learning Hub compliance with appraisal rates for nurses	Schedule of appraisals

MD 23.1	appraisals to be undertaken to achieve 85%					Appraisal rates monitored through CG3 Quality Assurance Committee – meeting minutes
MD 13.2 MD 23.2	Review current appraisal rate for medical staff in surgery and set a trajectory for appraisals to be undertaken to achieve 85%	CG3 Clinical Director		29 2 2020	Learning Hub compliance with appraisal rates for nurses	Schedule of appraisals Appraisal rates monitored through CG3 Quality Assurance Committee – meeting minutes
SD 29.1	Review current appraisal rate for midwives and medical staff in CG5 and set a trajectory for appraisals to be undertaken to achieve 85%	CG5 Head of Midwifery CG5 Clinical Director		29 2 2020	Learning Hub compliance with appraisal rates for nurses	Schedule of appraisals Appraisal rates monitored through CG5 Quality Assurance Committee – meeting minutes

MD9 Scarborough site CG2	Executive Lead: Wendy Scott	The service must ensure they continue to work to improve the following performance standards for its urgent and emergency care service at Scarborough hospital: • The median time from arrival to treatment • The percentage of patients admitted, transferred or discharged within four hours • The monthly percentage of patients that left before being seen	Delivery on track RAG Rating

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 9.1	Develop, review and deliver against the actions in the Recovery Plan	Deputy Chief Operating Officer (Acute Care) CG2 Care Group Manager	Plan developed and signed off at Trust Board Improvement trajectory achieved	31 7 2019 31 3 2020	ECS Recovery Plan and schedule for review and reporting Monthly Performance Reports presented to and discussed at Trust Board Trust Board meeting minutes	Trust Performance Reports in place and will be reviewed at Care Group and Trust Board level every month Minutes of Trust Board
MD 9.2	Engage with the offer of support from ECIST to further develop approaches to improve the	Deputy Chief Operating Officer (Acute Care)	Engagement offer from ECIST to be determined	31 7 2019	Terms of engagement and timescales presented by Chief Operating Officer to Trust Board	Progress will be monitored through the Trust Performance

	Trusts' performance as identified during the CQC visit	CG2 Care Group Manager	and key individuals to be identified to link with ECIST on a programme of work Programme of work to be determine and key objectives and actions, with leads and timescales to be presented to Trust Board	31 1 2020	Present the programme of work to Trust Board	Reports presented to Trust Board every month Progress against the programme of work, including successes, challenges and obstacles to be presented to the Trust Board (quarterly), Internal Acute Board and monitored at OPAMs (both monthly.

MD10 CG2 SD17 CG3 Scar SD39 CG3 Brid SD48 CG2 Brid	Executive Lead: Heather McNair	CG2 The service must ensure the process for the management if risks, issues and performance, and the governance and oversight of these processes are fully embedded within its urgent and emergency care service at Scarborough hospital CG3 The service should continue to implement and embed the new governance structure and processes CG2 (Brid) The service should develop robust governance processes including performance dashboards, that local risks are identified, regularly reviewed and actions developed	Delivery on track RAG Rating
CG2 Scar CG2 Brid CG3			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 10.1 SD 17.2 SD 48.1	CG2 Management Team to review, revise and deliver a Governance Management structure that meets the needs of the new Care Group	CG2 Clinical Director CG2 Care Group Manager CG2 Head of Nursing		31 12 2019	CG2 to produce a paper detailing their governance management and escalation structure Minutes of CG2 governance management meetings	

		CG3 Clinical Director CG3 Care Group Manager CG3 Head of Nursing			Risk Register Evidence of escalation to Trust Board Performance Reports	
MD 10.2 SD 17.2 SD 48.2	Executive oversight of CG2 and CG3 management of risks, issues and performance and governance will be managed through the CG2 and CG3 Care Group Boards	CG2 Clinical Director CG2 Head of Nursing CG3 Clinical Director CG3 Head of Nursing Deputy Director of Healthcare Governance		31 12 2019	Schedule of Care Group 2 Care Group Board meeting with executives Minutes of meetings CG2 Risk Register and evidence of escalation of risks to Corporate Risk Register Performance reports	

MD12 – CG3 MD14– CG3 Scar MD17 – CG2 MD26 – CG3 Brid SD27 – CG5 SD28 – CG5 SD42 – CG2 Brid	Executive Lead: Jim Taylor	CG3 The service must ensure that the quality of medical record keeping improves and that medical staff maintain accurate and contemporaneous records for all patients, in accordance with professional standards and trust policy CG3 The service must ensure that all records are secure when unattended (MD14 Scar and MD26 Brid) CG2 The service must ensure that all staff on medicine wards at the Scarborough Hospital site are maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided CG5 The service should ensure that all entries to women's records are legible CG5 The service should ensure that patients records trolleys are locked CG2 The service should make certain that staff adhere to record keeping policies and follow record keeping guidance in line with their registered professional standards	Delivery on track RAG Rating
Scarborough site Bridlington site CG3 CG2 CG5			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 12.1	In order to alert staff to this finding during the visit: • The Medical Director will write to ALL medical colleagues detailing their responsibility to comply with the Record Keeping Standards Medical Staff – Records Management Policy • The screensaver will be refreshed during September 2019 • Staff Matters article October 2019	Medical Director Deputy Director of Patient Safety Deputy Director of Patient Safety		30 11 2019 30 9 2019 30 10 2019	Letter to ALL medical staff Screenshot of screensaver Staff Matters article	
MD 12.2 MD 18.1	Immediate action: Medical records audit to be designed and undertaken on a monthly basis with reports to CG3 and CG2 Quality	CG3 Clinical Director CG2 Clinical Director	Audit tool developed and a schedule of who and	31 12 2019	Evidence of monthly audits. Audit results presented to the CG3 and CG2 Quality assurance Committees	

	Assurance Committees. Compliance to be monitored closely at Care Group level, with evidence of associated action plans or individual performance management where necessary		when the audits are going to be undertaken produced		Evidence of improvement plans or individual performance management as necessary Evidence of improvement against audit	
MD 14.1 MD 26.1	Matrons to undertaken quality audits and spot checks which include secure management of patient electronic and paper records	CG3 Head of Nursing		30 11 2019	Audit and spot check tools Audit programme Reports and action plans	Rolling audit programme
SD 27.1	Medical and nursing staff documentation audit	Maternity Quality Assurance team		30 11 2019	Audit schedule Audit report	
SD 27.2	Audit results and compliance will be monitored and any necessary associated remedial actions taken	Maternity Quality Governance Manager		30 11 2019 monthly and ongoing	Audit reports and minutes of meetings where governance is discussed	
SD 28.1	The notes trolley in midwifery is being situated behind a lockable door	Head of Midwifery Head of Estates and Facilities		TBA	Commission for work Completion of remedial work	
MD 12 14 18	Medium / long term action: Chief Executive to examine recruiting to an executive director position	Chief Executive		30 4 2020	Executive level appointment who has lead for digital	

26	which has a specific focus on digital and who on appointments commissions a review of the Trusts' IT infrastructure and how this supports safe patient record keeping				Review commissioned of Trusts' current IT infrastructure and how this supports safe patient record keeping	

MD15	Executive Lead: Jim Taylor Polly McMeekin	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced medical staff are deployed overnight for medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients	Delivery on track RAG Rating
Scarborough site CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 15.1	Immediate action: Where the Trust has unfilled shifts bank, agency and locums are employed. Daily monitoring is in place to ensure the safety of the wards	CG2 Care Group Director		Complete	Weekly reporting to the CQC	
MD 15.2	Review, recruitment and retention strategic approach for Scarborough site	Medical Director Director of Workforce and Organisational Development	Workforce Strategy ratified by Board June 2019. East Coast Medical Recruitment Project made substantive – Corporate	Complete	Vacancy rate monitored monthly and report to Board of Directors. Reduced rate from 21% in July 2018 to 9.8% October 2019.	Reported to Board of Directors bi-monthly (public Board)

			Directors July 2019			

MD16 Scarborough site CG2	Executive Lead: Heather McNair Polly McMeekin	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced registered nursing staff are deployed across the medicine wards at Scarborough Hospital site to promote safe care and treatment of patients	Delivery on track RAG Rating

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 16.1	Immediate action: Where the Trust has unfilled shifts bank, agency and locums are employed. Daily monitoring is in place to ensure the safety of the wards	CG2 Head of Nursing		Complete	Weekly CQC return and letter	
MD 16.2	Immediate action: On identified wards the staffing plan was increased. The establishments will be reviewed and realigned as required to ensure safe patient care	CG2 Head of Nursing		31 1 2020	Weekly CQC return and letter	
MD 16.3	Reporting internal and external to CQC	CG2 Head of Nursing		Complete and ongoing	Nurse staffing levels are reported monthly on the	SafeCare audit is scheduled to be

		Deputy Director of Healthcare Governance			Unify return as per national standards Nurse staffing levels and vacancy levels are reported to Trust Quality Committee A letter goes to the CQC on a weekly basis as part of weekly monitoring	undertaken 21 10 2019 for two weeks. The data will be analysed and feed into workforce planning There is a plan to alter some of the wards on the Scarborough site as part of plans to sustain and grow the SDEC model. Nurse staffing workforce plans will be reviewed as part of the bed modelling exercise
MD 16.4	Review, recruitment and retention strategic approach for Scarborough site	Director of Workforce and Organisational Development	Workforce and OD Strategy ratified by Board of Directors June 2019. East Coast Medical Recruitment Project made	30 11 2019 June 2020	NHS I Retention programme project plan submitted. International nurse recruitment programme to deliver a further 48 nurses to Scarborough	Vacancy data and stability index shared with Board of Directors bi-monthly.

			substantive July 2019			

MD18	Executive Lead: Brian Golding	The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients	Delivery on track RAG Rating
Scarborough site CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 18.1	A review of all substances hazardous to health to health to be undertaken to ensure only appropriate substances are stored correctly and that COSHH risk assessments are in place	Head of Safety and Security		31 12 2019	Review report COSHH assessments in date across all areas	
MD 18.2	Up to date list of COSHH leads for all areas to be provided and reported through CG1 Quality Assurance Meeting Appropriate training or training updates to be delivered to COSHH Leads	CG2 Head of Nursing Head of Safety and Security		30 11 2019 31 12 2019	Up to date list of COSHH assessors COSHH training records	
18.3	COSHH Leads to provide local training and ensure staff in each department	CG2 COSHH Leads		31 3 2020	Learning Hub compliance with CG2 basic Health and Safety mandatory	

	understand their roles and responsibilities associated with the management of hazardous substances				training Evidence of local COSHH training initiatives	

MD20 – TW Scar MD25 – TW Brid SD15 – CG3 Scar SD20 – TW Scar SD21 – TW SD50 – TW SD51 - TW	Executive Lead: Wendy Scott	TW The service must ensure the backlogs and overdue appointments in the trust is addressed and improved CG3 The service should ensure that they continue their work to improve patient access and flow to reduce referral to treatment times and patient cancellations TW The service should ensure the services assess risk in patients waiting beyond the recommended appointment dates	Delivery on track RAG Rating
Scarborough site Bridlington site Trust wide Outpatients CG3		TW The service should consider ways to reduce the number of cancelled clinics in outpatients	

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 20.1 MD 25.1 SD	Delivery of the Outpatients Transformation Programme	CG6 Manager	Introduce: -Rapid expert opinion -Patient Initiated Follow Up in Rheumatology	31 12 2020 30 9 2019	Programme Plan Highlight Reports Enhanced management of Follow up partial booking	Evidence of SOP development and integration

15.1 SD 21.1			-Video Consultation Diabetes & Cancer -2 way text reminders for all Outpatient appointment & follow up	30 9 2019 30 6 2020		
MD 20.2 MD 25.2 SD 15.2	An RTT Recovery Plan is being updated to clearly state the projections for service delivery and backlog reduction	Chief Operating Officer Care Group Managers All Care Groups	RTT backlog to be reduced to 28,880 (78% performance delivery)	30 3 2020 and ongoing	Updated RTT Recovery Plan Presentation / minutes of Trust Board meeting which reference monthly RTT performance	Weekly Performance Meetings with all Care Groups Weekly Performance Overview Documents at Care Group and Trust level
SD 15.3	Reducing patient cancellations	CG3 Manager	30% reduction in same day cancellations	Q1 20/21 Oct 19	**IP Cancellations** Develop Day Unit Recovery area on Scarborough hospital site General Surgery rota changes have moved cancer colorectal resections to York to alleviate bed pressures and long Length of stay at Scarborough Hospital	Day Unit area operational

					site	
SD 20.1	Risk assessment of patients waiting beyond recommended appointment dates	Clinical Directors All Care Groups	Reduce longest follow up partial booking waiters	31 January 2020	Risk assessment process tested and delivered reduced longest waiters. Risk assessment processes embedded in Ophthalmology and Gastro Further risk assessment processes being undertaken as required at Care Group level Reported in monthly Clinical Governance meetings as part of the standard template Very long waits added to Care Group risk registers and discussed through governance meetings	Governance meetings Risk Registers

MD21 - Scar MD26 - Brid	Executive Lead: Wendy Scott	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment	Delivery on track RAG Rating
Scarborough site Bridlington site Trust wide Outpatients			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
MD 21.1	Supporting Performance Delivery Paper presented to Trust Board which provided a detailed recovery plan for any specialty or cancer site that was not achieving RTT and cancer waiting times	Chief Operating Officer Care Group Managers		31 7 2019 Complete	Trust Board minutes	
MD 21.2	Progress against the Performance Delivery Paper is monitored at Trust Board .	Chief Operating Officer	On going	November 2019 Monthly and ongoing	Update report on progress to be presented at Executive Board in November 2019 Progress against	Performance

					recovery provided by monthly Performance Reports Trust Board minutes	recovery assurance is monitored across a number of system meetings: Trust performance framework. Care Group Boards. System Performance Meeting. Weekly performance meetings are held with Care Groups to tackle issues arising from recovery plans in the moment.

SD1	Executive Lead: Polly McMeekin	The Trust should formalise written guidance for the fulfilment of the requirement of the Fit and proper Persons test (FPPT) for Directors	Delivery on track RAG Rating
Trust wide Corporate			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 1.1	Guidance drafted to be presented and approved at Trust Board	Lynda Provins	Procedure drafted August 2019 Discussed with Chair August 2019 Presented to Corporate Directors August 2019	27 8 2019 approved by Corporate Directors	Guidance document	Yearly board report in April

SD2	Executive Lead: Wendy Scott	The trust should develop a sustainable clinical strategy at pace building on the outcomes of the east coast acute services review and ensure it dovetails with the care group plans	Delivery on track RAG Rating
Trust wide Corporate			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 2.1	Determine nature and scope of Clinical Strategy Completion of Clinical Strategy document	Wendy Scott	Executive Board – Workshop to develop this. Sign off by Executive Board and Board of Directors	January 2020 March 2020	• Workshop setup • Notes, outcomes and actions from Workshop published Completed Document approved by Executive Board and Board of Directors	Use of document as reference tool in future Board of Directors, Executive Board and Care Group Performance Review Meetings.

SD3	Executive Lead: Simon Morritt	The trust should ensure there is a clear accountability framework setting out the governance arrangements for the care group structure	Delivery on track RAG Rating
Trust wide Corporate			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 3.1	Develop a Care Group Governance and Performance Framework	Lynda Provins	Trust Board – July 2019	Complete	Care Group Governance and Performance Framework	Monitoring through Care Group EPAMs in place. Schedule for EPAMs for each Care Group. EPAM Action Logs

SD4	Executive Lead: Wendy Scott Simon Morritt	The trust should continue its work to improve reporting of performance information to enable easier oversight and governance and continue its work to improve digital systems and processes	Delivery on track RAG Rating
Trust wide Corporate			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 4.1	Chief Executive to examine recruiting to an executive director position which has a specific focus on digital and performance reporting and who on appointment undertakes a review of reporting systems and develops a Digital Strategy which encompasses performance reporting infrastructure	Simon Morritt		30 4 2020	Successful appointment Digital review Digital Strategy	
4.2	Immediate action: New Care Group Dashboard have been developed on gone 'live'	Head of Information		Completed	Care Group Dashboards	

SD5	Executive Lead: Simon Morritt	The trust should continue to review the Board members skills and prioritise its planned board development activities	Delivery on track RAG Rating
Trust wide Corporate			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 5.1	Introduction of a Board Development Programme 2020/2021	Lynda Provins		TBA	Development Programme Schedule of Board Development days Attendance at and reflections from Board Development days	

SD6 CG2	Executive Lead: Brian Golding	The service should consider having a designated ligature free room in its urgent and emergency care service at Scarborough hospital for patients suffering from mental illnesses	Delivery on track RAG Rating

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 6.1	Immediate action: Whilst all rooms are observed at all times and the risk for injury from ligature is low an immediate action has been made to identify a room for high risk patients. This will be used as part of routine business and patients at high risk will be moved to this room as soon as it is available to further minimise any risk of injury from self harm	CG2 Head of Nursing Head of Estates and Facilities		31 12 2019	Consultation room 1 or 2 will adapted to care for high risk patients Completion of work and communication with staff about use of the room	
SD 6.2	A designed ligature free room will be part of the planning for the new build Emergency Department at	CG2 Head of Nursing Head of Capital	See attached project programme (subject to	Ongoing See also attached project programme	Specific sections of minutes when detailed planning commences	• Minutes of project Board and Project

	Scarborough Hospital	Planning	regular review and update)  Acrobat Document	(previous column)		Team meetings • Project Programme • Approved SOC, OBC, FBC business cases • Approved designs and specifications (FBC-stage) • Construction procurement

SD7	Executive Lead: Brian Golding	The service should consider having a designated Paediatric area within the first assessment and majors areas of its urgent and emergency care service at Scarborough hospital	Delivery on track RAG Rating
CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 7.1	Immediate action: Department review to examine whether improvements such as wall art or a screened area can be created. If feasible remedial work to be undertaken	CG2 Care Group Manager Head of Estates and Facilities	Report with departmental review and options	31 12 2019 29 2 2019	Report New designated area for paediatrics	
SD 7.2	A designed area for the management of paediatrics will be part of the planning for the new build Emergency Department at Scarborough Hospital	CG2 Care Group Manager Head of Capital Planning	See attached project programme (subject to regular review and update) Acrobat Document	Ongoing See also attached programme (previous column)	Specific sections of minutes when detailed planning commences	• Minutes of project Board and Project Team meetings • Project Programme • Approved SOC, OBC, FBC business cases • Approved designs and

						specifications (FBC-stage) Construction procurement

SD8 CG2 SD12 CG3 – Scar SD35 CG3 - Brid	Executive Lead: Brian Golding Heather McNair	CG2 The service should ensure all equipment is cleaned and labelled to indicate when it was last cleaned in its urgent and emergency care service at Scarborough hospital	Delivery on track RAG Rating
CG2		CG3 The service should ensure there is consistent use of labelling to show when equipment has been cleaned	

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 8.1 SD 12.1 SD 35.1	The Trust made a conscious decision to stop using labels to indicate that equipment was clean Staff at each local induction will be taught about what equipment is on each unit and how to clean it	CG2 Head of Nursing CG3 Head of Nursing		Immediate and ongoing at induction	When questioned staff can describe the equipment on their unit and when and how this should be cleaned Copy of IPC audits Minutes of CG2 Quality Assurance Meetings	The IPC Team undertake ‘Back to Basics’ spot audits where equipment cleaning is checked. The results are fed back to the appropriate CG for assurance / action

SD9 – CG2 SD14 – CG3 Scar SD37 – CG3 Brid	Executive Lead: Polly McMeekin	CG2 The service should ensure an embedded system of clinical supervision is in place in its urgent and emergency care service at Scarborough hospital CG3 The service should ensure that they can demonstrate nursing staff receive regular, formal clinical supervision, in accordance with professional guidelines and trust policy	Delivery on track RAG Rating
CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 9.1	Medical; Midwifery and Allied Healthcare Professionals have Clinical Supervision in place. Policies in place Develop at Clinical Supervision Policy / Strategy for nursing	Deputy Director of Healthcare Governance Deputy Chief Nurse		Complete 31 1 2020	Policies Policy	Staff feedback / staff survey Staff feedback / staff survey

SD10	Executive Lead: Wendy Scott	The service should ensure it continues to look at new ways of working to improve patient flow from its urgent and emergency care service at Scarborough hospital	Delivery on track RAG Rating
CG2			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 10.1	Develop SDEC Model Create appropriate space to support delivery of SDEC Model Review and revise staffing model to effectively deliver SDEC, ensuring the correct level of medical and nursing leadership has oversight of how the SDEC Model is developed and governed	CG2 Clinical Director CG2 Head of Nursing		30 4 2020	Improved ECS	
10.2	Review and revise the delivery of SAFER • SAFER engagement event with staff • Consider small scale project	CG2 Head of Nursing CG2 Clinical Director		29 2 2020	'SAFER' model is well-understood and active on all wards across the site Improvement in ECS	

	creating and exemplar ward and then a programme to roll out SAFER more effectively					

SD11 SD44	Executive Lead: Heather McNair	CG2 The service should ensure it improves the availability of written information available in other languages and formats for patients using its urgent and emergency care services CG2 Brid The service should have a range of tools available to assess patients where their communication may be impaired	Delivery on track RAG Rating
CG2 – Scar CG2 – Brid (Johnson)			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
11.1	Identify most frequently issued leaflets to be translated into most frequently used languages	Lead for Patient Equality and Diversity / CG2 Head of Nursing	Most commonly requested leaflets in emergency and urgent care to be translated into the most frequently requested language translations.	30 11 2019	Leaflets accessible in most commonly requested languages and available within the department	

11.2 44.1	Improve staff awareness and approach to Accessible Information compliance	Lead for Patient Equality and Diversity	Posters advertising communication needs to be displayed	30 11 2019	Visible posters available throughout the emergency and urgent care department	
		CG2 Clinical Director/ CG2 Head of Nursing	Staff to undertake e-learning on Accessible Information standard	31 12 2019	All staff have undertaken Accessible Information standard	
		CG2 Clinical Director/ CG2 Head of Nursing	Staff to undertake e-learning on updating patient communication needs on CPD	31 12 2019	All staff know how to add or maintain patient communication needs on CPD	
		Lead for Patient Equality and Diversity / CG2 Head of Nursing	Develop arrangements for information to be available in easy read format	31 1 2020	Library of easy read leaflets available to be printed when required.	
		Lead for Patient Equality and Diversity / CG2 Head of Nursing	Patient Leaflets to be available in MP3/audio format	31 1 2020	Library of MP3/audio recordings of leaflets available to be played/emailed to patients by staff when required.	

		Lead for Patient Equality and Diversity / CG2 Head of Nursing	Staff awareness of how to book interpreter and translation services	31 12 2019	Staff are confident in knowing how to make interpreter bookings and knowing how to request translation of documents.	
		Lead for Patient Equality and Diversity / CG2 Head of Nursing	Staff to be made aware how to access leaflets electronically and how to make into large print.	31 12 2019	Staff are confident in knowing how to access leaflets held electronically and produced in the patients chosen large print format	

SD13 CG3 – Scar SD36 CG3 - Brid	Executive Lead: Heather McNair	The service should ensure quality dashboard information is displayed in public areas	Delivery on track RAG Rating
CG3 Trust wide			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
13.1	Perfect Ward providers visit to hospital to present their app	Deputy Chief Nurse		Completed	Presentation	
13.2	Business Case to be written and presented to panel to seek funding for Perfect Ward App and delivery of quality data that can be displayed on a dashboard	Deputy Chief Nurse		31 1 2020	Business case panel Corporate Directors Action Log	

SD18 – CG2 SD19 – CG6 Scar OPD SD31 – CG5 SD49 – CG6 Brid OPD	Executive Lead: Heather McNair	CG2 The service should ensure that resuscitation trollies are checked in accordance with the trust's policy and action is taken and improvement monitored when this is found not to be so CG6 The service should ensure the resuscitation trolley is checked consistently and as required CG5 The service should ensure that daily checks on the resuscitation trolley are completed as per Trust Policy	Delivery on track RAG Rating
CG2 CG5 CG6			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
18.1	Matrons to undertaken quality audits and spot checks which include the resuscitation trollies	CG 2 Head of Nursing CG5 Head of Midwifery CG6 Head of Nursing		30 11 2019	Audit and spot check tools Audit programme Reports and action plans	Rolling audit programme

SD22	Executive Lead: Heather McNair	The service should ensure clear cleaning guidance of the cuffs is in place when fabric blood pressure cuffs are used	Delivery on track RAG Rating
CG5			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
22.1	Standard Operating Procedure developed and distributed	Community Midwifery Manager		31 10 2019	Standard Operating Procedure	
22.2	3 months post implementation of the Standard Operating Procedure audit of compliance. Audit report to be presented to CG5 Quality Assurance Committee	Community Midwifery Manager		31 1 2020	Audit report Minutes of CG5 Quality Assurance Meeting	

SD23	Executive Lead: Heather McNair	The service should obtain advice from the infection prevention and control team about the use and storage of non-packaged cotton wool balls	Delivery on track RAG Rating
CG5			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
23.1	Infection prevention and control team advice is for small single use packs. The service has moved to using only small single use packs of cotton wool balls	Head of Midwifery		Complete	Only single use small packs of cotton wool balls in use	

SD24	Executive Lead: Heather McNair	The service should ensure that community equipment which requires calibration has this completed as per maintenance schedule	Delivery on track RAG Rating
CG5			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
24.1	Review medical engineering register of equipment to ensure this correlates with what the service holds	Community Midwifery Manager		Completed	Review document	
24.2	To ensure no outstanding equipment for calibration check with all individual community staff members From 2020 all staff to check this as part of annual appraisal	Community Team leaders Community Team leaders		31 12 2019 31 1 2020	Minutes of meeting where individual community staff members asked to undertake check Annual appraisal records	
24.3	Annual audit against medical engineering register	Community Team Leaders		31 12 2020	Audit report against medical engineering register	

SD25	Executive Lead: Heather McNair	The service should ensure that the staff responsible for cleaning the pool are shown the correct cleaning procedure / guideline for this piece of equipment	Delivery on track RAG Rating
CG5			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
25.1	Guideline on pool cleaning produced	Labour Ward Manager		Complete	Guideline	
25.2	Healthcare Assistant training packaged developed and delivered	Labour ward Manager		Complete	Training records	
25.3	Record of pool cleaning put in place	Labour Ward Manager		Complete	Pool Cleaning Record	

SD26	Executive Lead: Heather McNair	The service should ensure single use equipment is within its expiry date	Delivery on track RAG Rating
CG5			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
26.1	Deliver a process for ensuring single use equipment is within expiry date	Head of Midwifery		Complete	Process description Minutes of the meeting where compliance discussed	

SD30	Executive Lead: Heather McNair	The service should audit MEOWS so that they are assured the system is being used effectively	Delivery on track RAG Rating
CG5			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
30.1	Information Team have been requested to develop the IT system to enable the team to audit MEOWS	Head of Information		Complete	Mechanism to audit MEOWS electronically in place	
30.2	MEOWS audit	Head of Midwifery		28 2 2020	Audit schedule Audit results Minutes of governance meeting where audit results and associated actions are discussed	

SD33	Executive Lead: Heather McNair	The service should ensure that all patient group direction paperwork has authorisation signatures against those staff names who are able to administer patient group directions	Delivery on track RAG Rating
CG5			Delivered

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
33.1	New process established where all new starters are required when approved as competent to sign the PGD paperwork	Head of Midwifery		Complete	New process described Signatures all up to date on paperwork	
33.2	Compliance oversight and regular reviews	Labour Ward Manager		Complete	Compliance reviews at CG5 Quality Assurance Meeting	

SD34	Executive Lead: Brian Golding	The service should ensure that Entonox gas is removed from the atmosphere in Labour ward and monthly monitoring put in place to ensure that unsafe levels of Entonox gas are not in the atmosphere	Delivery on track RAG Rating
CG5			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
34.1	Testing undertaken and all levels are within normal limits	Head of Health and Safety		Complete	Testing results	
34.2	Re-testing of levels schedule in place to provide further assurance that the results are consistently within normal limits	Head of Health and Safety		31 1 2020	2nd set of testing results	

SD40 SD46	Executive Lead: Heather McNair	CG3 The service should investigate and respond to complaints in accordance with trust policy CG2 The service should take action to improve complaints response times to bring them in line with their complaints policy	Delivery on track RAG Rating
CG3 Brid CG2 Brid TW			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
40.1 46.1 TW	Deliver complaints letter writing training to new managers and matrons	Lead for Patient Experience	Training undertaken September 2019	Completed	List of people who attended complaints letter writing training and course details  Letter writing training course attenc  Writing-to-customers -course-V2.pdf	Monthly OPAM and EPAM reports highlight breaches and areas for improvement ~ escalated to care group managers
40.2 46.2 TW	Complaints Management Policy review and revision	Lead of Patient Experience	Survey of staff to understand their concerns	30 12 2019	Revised Complaints Management Policy	Monthly and quarterly Board reports highlight good practice and areas of concern.

			Listening exercise with care group management to inform review			In-house complaints management training will be delivered in Q4 once policy has been ratified
40.3 46.3	Complaints management in accordance with Trust policy	CG3 Head of Nursing CG2 Head of Nursing		31 1 2020	Good compliance with timeliness Action log from CG3 OPAM CG3 Patient Experience dashboard	

SD41	Executive Lead: Heather McNair	The service should replace or repair broken equipment in a timely manner and [ensure] safety equipment is available to meet the needs of the patient	Delivery on track RAG Rating
CG2 Brid TW			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
41.1	Ensure each ward unit and department manager or team leader understands the process for reporting broken equipment and how to escalate if the correct equipment is not available for their patients	CG2 Head of Nursing Deputy Chief Nurse		31 12 2019 31 1 2020	Communication with senior nurses at Bridlington Hospital Staff Matters article	

SD43	Executive Lead: Heather McNair	The service should complete mental capacity assessments on patients in a timely way where there is any doubt a patient is able to make an informed decision about their care and treatment. Assessment and outcomes should be documented in care records	Delivery on track RAG Rating
CG2 Brid (Johnson)			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
43.1	Quarterly audit, with analysis report and action planning	Nicola Cowley		Ongoing quarterly	Quarterly reporting and action plan completion.	Part of Safeguarding Adults Audit programme Exception reporting to individual care groups and the Safeguarding Adults Governance Group/
43.2	Targeted monthly training compliance review	Nicola Cowley		Ongoing monthly	Improved training compliance	Exception reporting to individual care groups and the Safeguarding Adults Governance Group
43.3	Ongoing work with IT Development group to	Lisa Haigh	The electronic	January 2020	Electronic evidence of capacity consideration	Audit of system to be discussed.

	embed mental capacity assessment and related documents electronically		system will act as a prompt to consider capacity throughout patient journey		required under the Mental capacity Act.	Progress will be monitored by the Safeguarding Adults Governance Group.

SD45	Executive Lead: Wendy Scott	The service should work towards reducing length of stay for non-elective patients	Delivery on track RAG Rating
CG2 Brid (Johnson)			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
SD 45.1	A comprehensive piece of transformation work as to how Johnson Ward functions as a rehab ward with some palliative care beds is due to commence November/December 2019. This project will focus on the workforce model (People), refresh the processes that underpin how Johnson Ward functions (SAFER) and how Johnson Ward fits with the various community and local authority offers that are in	CG2 Care Group Manager CG2 Head of Nursing	Project scope and Project plan in place. Confirmation of patient criteria for transfer onto Johnson Ward Revised workforce model	30 November 2019 30 November 2019 31 March 2020	LOS data for patients on Johnson Ward LOS data monitored at CG2 Quality Assurance Committees – minutes of meetings	Trust Performance Reports in place and will be reviewed at Care Group and Trust Board level every month Minutes of Trust Board

	place.					

SD47	Executive Lead: Heather McNair	The service should consider developing documented admission criteria for the ward	Delivery on track RAG Rating
CG2 Brid (Johnson)			

IMPLEMENTATION PLAN

Issue No	Action	Lead responsibility	Key Milestones	Target date	Measure or evidence of completion	Audit or ongoing assurance
47.1	Develop an admissions criteria for Johnson ward at Bridlington hospital site	CG2 Head of Nursing AHP Lead for Professional Standards		31 12 2019	Admission criteria document	

KEY TO MUST DOS AND SHOULD DOS	
MD/SD	
MD1	The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation.
MD2	The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training.
MD3	The service must ensure all medical and nursing staff in urgent and emergency care services at Scarborough hospital complete the required specialist paediatric life support training to enable them to safely care for children in the department.
MD4	The service must ensure it has enough, suitably qualified, competent and experienced medical and nursing staff in its urgent and emergency care service at Scarborough hospital, to meet the RCEM recommendations, including enough staff who are able to treat children in an emergency care setting.
MD5	The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital.
MD6	The service must ensure that computer screens showing patient identifiable information are not left unlocked when not in use, in its urgent and emergency care service at Scarborough hospital.
MD7	The service must ensure it takes action to improve its performance in the RCEM standards in its urgent and emergency care service at Scarborough hospital.
MD8	The service must ensure all nursing staff have an up to date appraisal each year in its urgent and emergency care service at Scarborough hospital.
MD9	The service must ensure they continue to work to improve the following performance standards for its urgent and emergency care service at Scarborough hospital.
MD10	The service must ensure the processes for the management of risks, issues and performance, and the governance and oversight of these processes are fully embedded within its urgent and emergency care service at Scarborough hospital.
MD11	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy.
MD12	The service must ensure that the quality of medical record keeping improves and that medical staff maintain accurate and contemporaneous records for all patients, in accordance with professional standards and trust policy.
MD13	The service must ensure that all medical and nursing staff receive annual performance appraisals, in accordance with professional standards and trust policy.
MD14	The service must ensure that all records are secure when unattended.
MD15	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced medical staff are deployed overnight for medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients.

MD16	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced registered nursing staff are deployed across the medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients.
MD17	The service must ensure that all staff on medicine wards at the Scarborough Hospital site are maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.
MD18	The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients.
MD19	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy.
MD20	The service must ensure the backlogs and overdue appointments in the trust is addressed and improved.
MD21	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
MD22	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy.
MD23	The service must ensure that all medical staff receive annual performance appraisals, in accordance with professional standards and trust policy.
MD24	The service must ensure that electronic records are secure (screens locked) when unattended.
MD25	The service must ensure the backlogs and overdue appointments in the trust is addressed and improved.
MD26	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
SD1	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment.
SD2	The trust should develop a sustainable clinical strategy at pace building on the outcomes of the east coast acute services review and ensure it dovetails with the care group plans.
SD3	The trust should ensure there is a clear accountability framework setting out the governance arrangements for the care group structure.
SD4	The trust should continue its work to improve its reporting of performance information to enable easier oversight and governance and continue its work to improve its digital systems and processes.
SD5	The trust should continue its review of the Board members skills and prioritise its planned board development activities.
SD6	The service should consider having a designated ligature free room in its urgent and emergency care service at Scarborough hospital for patients suffering from mental health illnesses.
SD7	The service should consider having a designated paediatric area within the first assessment and major's areas of its urgent and emergency care service at Scarborough hospital.

SD8	The service should ensure all equipment is cleaned and labelled to indicate when it was last cleaned in its urgent and emergency care service at Scarborough hospital.
SD9	The service should ensure an embedded system of clinical supervision is in place in its urgent and emergency care service at Scarborough hospital.
SD10	The service should ensure it continue to look at new ways of working to improve patient flow from its urgent and emergency care service at Scarborough hospital.
SD11	The service should ensure it improves the availability of written information available in other languages and formats for patients using its urgent and emergency care service at Scarborough hospital.
SD12	The service should ensure there is consistent use of labelling to show when equipment has been cleaned.
SD13	The service should ensure quality dashboard information is displayed in public areas.
SD14	The service should ensure that they can demonstrate nursing staff receive regular, formal clinical supervision, in accordance with professional guidelines and trust policy.
SD15	The service should ensure that they continue their work to improve patient access and flow to reduce referral to treatment times and patient cancellation rates.
SD16	The service should ensure that storage areas temperatures are monitored to demonstrate medicines are always stored in accordance with manufacturer's minimum and maximum temperature guidelines.
SD17	The service should continue to implement and embed the new governance structure and processes.
SD18	The service should ensure that resuscitation trollies are checked in accordance with the trust's policy and action is taken and improvement monitored when this is found not to be so.
SD19	The service should ensure the resuscitation trolley is checked consistently and as required.
SD20	The service should ensure the services assess risk in patients waiting beyond the recommended appointment dates.
SD21	The service should consider ways to reduce the number of cancelled clinics in outpatients.
SD22	The service should ensure clear cleaning guidance of the cuffs is in place when fabric blood pressure cuffs are used.
SD23	The service should obtain advice from the infection prevention team about the use and storage of non-packaged cotton wool balls.
SD24	The service should ensure that community equipment which requires calibration has this completed as per maintenance schedule.
SD25	The service should ensure that staff responsible for cleaning of the pool are shown the correct cleaning procedure/guidelines for this piece of equipment.
SD26	The service should ensure single use equipment is within its expiry date.
SD27	The service should ensure that all entries to women's records are legible.
SD28	The service should ensure that patient's records trolleys are locked.
SD29	The service should ensure that all staff have their annual appraisals.

SD30	The service should audit MEOWS so that they are assured the system is being using effectively.
SD31	The service should ensure that daily checks on the resuscitation trolley are completed as per Trust policy.
SD32	The service should ensure that daily checks on medicine fridges are carried out as per Trust policy.
SD33	The service should ensure that all patient group direction paperwork has authorisation signatures against those staff names who are able to administer patient group direction medicines.
SD34	The service should ensure that Entonox gas is removed from the atmosphere in Labour ward and monthly monitoring put in place to ensure that unsafe levels of Entonox gas are not in the atmosphere.
SD35	The service should ensure labelling is used to show when equipment has been cleaned.
SD36	The service should display quality dashboard information in public areas.
SD37	The service should ensure that they can demonstrate nursing staff receive regular, formal clinical supervision, in accordance with professional guidelines and trust policy.
SD38	The service should ensure that storage areas temperatures are monitored to demonstrate medicines are always stored safely in accordance with manufacturer's minimum and maximum temperature guidelines.
SD39	The service should continue to implement and embed the new governance structure and processes.
SD40	The service should investigate and respond to complaints in accordance with trust policy.
SD41	The service should replace or repair broken equipment in a timely manner and safety equipment is available to meet the needs of the patients.
SD42	The service should make certain that staff adhere to record keeping policies and follow record keeping guidance in line with their registered professional standards.
SD43	The service should complete mental capacity assessments on patients in a timely way where there is any doubt a patient is able to make an informed decision about their care and treatment. Assessments and outcomes should be documented in care records.
SD44	The service should have a range of tools available to assess patients where their communication may be impaired.
SD45	The service should work towards reducing length of stay for non-elective patients.
SD46	The service should take action to improve complaints response times to bring them in line with their complaints policy.
SD47	The service should consider developing documented admission criteria for the ward.
SD48	The service should develop robust governance processes including performance dashboards, that local risks are identified, regularly reviewed and actions developed.
SD49	The service should ensure the resuscitation trolley is checked consistently and as required.
SD50	The service should ensure the services assess risk in patients waiting beyond the recommended appointment dates.
SD51	The service should consider ways to reduce the number of cancelled clinics in outpatients.

Council of Governors – 11 December 2019
Skype / Webex Protocol

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

The purpose of the report is to provide clarity on the usage of Skype / Webex to facilitate a meeting.

Executive Summary – Key Points

Following consultation with the Chair, Lead Governor and FT Secretary the following principles were devised to clarify when the use of Skype / Webex was appropriate.

Recommendation

The Council of Governors is asked to note the report and the author will respond to any questions or comments, as appropriate.

Author: Lynda Provins, FT Secretary

Date: December 2019

Skype / Webex Protocol

There are a number of considerations when arranging meetings and allowing staff/members to skype/webex or dial in and the most important of these is confidentiality.

Being able to skype/webex or dial into a meeting can make chairing a meeting difficult and does not always provide the same meeting experience as having the person sat in the same room.

Therefore the following principles will apply:

Meeting	**Attendance**
Statutory/formal meetings i.e.: Board, Council of Governors meetings	Members are expected to attend
Board to Council of Governors and Board Committees	Members are expected to attend
Team meetings, 1-2-1s, small groups	At the discretion of the chair or instigator of the meeting

Ultimately, in all cases the decision lies with the Chair of the meeting. Please liaise with them to seek agreement if you wish to dial in to meetings

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 11 December 2019
Membership Development Group Report

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of report

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Executive Summary – Key Points

This paper provides an overview of the work of the Membership Development Group.

Recommendation

The Council of Governors is asked to note the report from the Membership Development Group.

Author: Lynda Provins, FT Secretary; Tracy Astley, Assistant to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: November 2019

1. Introduction and Background

The Membership Development Group review, monitor and support the development of the Trust's Membership Strategy and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in October 2019 and discussed a number of items of matters arising and then moved onto discussing elements of membership and how the Trust can develop and increase membership and would like to highlight the following items from the meeting:

Membership Report – the membership report was discussed at length. It was highlighted that despite extensive efforts and completion of the action plan the Trust's membership was still declining. The three main reasons given were:-

- The members felt they were too old or frail to contribute any more.
- The members had died.
- The members had moved out of the area.

At the last meeting it was agreed that Mrs Astley would contact other Trusts to discuss what they did. With regard to recruiting new members one Trust went to events outside of work and it was noted that some of the Trusts printed their newsletters and distributed them around the community. With regard to retaining members very little was done prompting a review of their Membership Strategy.

The Group agreed that the focus needed to be on recruiting younger people from the communities.

Membership Development Action Plan – many ideas came from the group to form a new action plan. These were:-

- Posters to be distributed in main waiting areas around the hospitals. The QR code to be fixed. Add social media contact.
- Have a recruitment campaign containing banners at the front entrance of each hospital.
- Add a link for membership signup from the trust's Facebook page. Put out some information that might attract younger people to find out more about the Trust. Add videos about the Trust and the advantages of becoming a member. Advertise to specific target audiences.
- Add membership information to Patient Leaflets.
- Add membership information when texting appointments to patients.
- Re-visit the website to ensure it attracts all age groups.
- Continue with the seminars but target specific groups.
- Attend events, etc., to promote membership of the Trust.
- Promote membership through the PALs office and the Volunteer office.
- Introduce a tiered membership arrangement, ie: Governor, Member, and state how much/little time is involved.
- Explore providing some recognition of membership such as a lapel badge.
- Ensure continuing articles on local radio stations.

It was agreed that we had to be clear about “what’s in it for me” by promoting the benefits of being a member, the amount of time needed, the power of engagement and having a voice, and it was free.

With regard to targeting specific groups, Maternity was highlighted where a members’ only seminar on baby first aid could encourage mothers and their families to become members to attend the event. It was also suggested that Sixth Form Colleges and Universities be targeted.

It was agreed that the various suggestions would be explored by Mrs Provins who would then create a list from what could be achieved taking into account resources, time and budget.

Membership Development Strategy – the Group were asked to read through the strategy and suggest any amendments that may be required by emailing Mrs Provins.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Membership Development Group.

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 11 December 2019
Constitution Review Group Report

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of report

The purpose of this report is to provide the Council of Governors an update on the work of the Constitution Review Group.

Executive Summary – Key Points

This paper provides an overview of the work of the Constitution Review Group.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Lynda Provins, FT Secretary & Tracy Astley, Assistant to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: November 2019

1. Introduction and Background

The Constitution Review Group review, monitor and support the development of the Trust's Constitution and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in October 2019 to discuss a number of items of matters arising and then moved on to discuss the following topics:

- CoG Effectiveness document

  The Group were asked to consider whether the document was appropriate to take to the December CoG for discussion. The Group agreed that the document was appropriate. It was also agreed that following agreement of the Council of Governors, the document will be circulated via email for all Governors to complete. Once all the comments are collated then the effectiveness of the CoG will be examined.

- Constitution Review Group Work Programme

  The review of the work programme was discussed at length. It was agreed that no further additions were necessary but the months needed changing to reflect the 2020 timetable.

- Membership of the Group

  The Group agreed that more members to the Group were needed. It was confirmed that election to the Group would be held in the upcoming internal elections.

- Governor Training Programme

  Training requirements will be highlighted from the completed CoG Effectiveness documents. This could then be discussed at the March 2020 CoG meeting.

- Compliance Manual

  It was agreed that the document needed revising and will be discussed at the next meeting in January.

- LLP Stakeholder Governor

  The Group was advised that the LLP was in the process of seeking a stakeholder governor but in the meantime Andrew Bennett will continue as the interim stakeholder governor for the LLP.

- Project Choice Governor

  The Trust was no longer in partnership with Project Choice and the scheme had been brought in house. Therefore, the constitution needed changing as it specified

having a Project Choice Governor. A lengthy discussion took place and it was decided that the Constitution be changed to include “2 voluntary sector governors” in order to widen the scope to recruit.

- External Audit Tender

  Mrs Provins gave an overview of the work to date. She advised that she had asked Andrew Butler and Helen Fields to sit on the panel. Once the panel had given their recommendations a paper detailing the preferred company will be presented at the CoG March 2020 meeting for ratification.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Constitution Review Group.

York Teaching Hospital NHS Foundation Trust

Council of Governors – 11 December 2019
Governor Elections & Internal Elections

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

The Governors are asked to note the results of the recent Governor elections and the timetable for internal elections and the process being adopted.

Executive Summary – Key Points

The Council of Governors has recently completed elections for new Governors. The Council of Governors is now looking to fill any spaces on internal groups.

Recommendation

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Author: Lynda Provins, FT Secretary & Tracy Astley, Assistant to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: November 2019

1. Introduction and Background

This paper has been prepared to outline the results of the recent Governor Elections and the paper will also look at involvement of Governors in the Trust through the committees and groups which report to the Council of Governors and any other groups who have Governor representation. The paper describes the type of groups and committees that Governors can be involved with and explains the process for becoming involved.

2. Governor Election Results

This year the following constituencies had seats available for election:

Constituency	**Name of Person Elected**
Hambleton – 1 seat	Catherine Thompson – re-elected
Ryedale and East Yorkshire – 1 seat	Andrew Butler – re-elected
York – 2 seats	Helen Fields – re-elected Michael Reakes – re-elected
Bridlington – 1 seat	Vacancy
Selby – 2 seats	Keith Dawson – elected Vacancy
Community Staff – 1 seat	Sharon Hurst – re-elected
Scarborough & Bridlington Staff – 1 seat	Vacancy

3. Internal Elections

There are a number of groups and committees, which report into the Council of Governors or have Governors representation that Governors can be involved in. The process for becoming involved can differ depending on the group or committee.

- The **formal** committees and groups of the Council of Governors includes the Nominations/Remuneration Committee, Out of Hospital Care Group, Membership Development Group and the Constitutional Review Group.

- The **informal** approach is where the Trust approaches either Margaret Jackson as Lead Governor, or me as Foundation Trust Secretary requesting Governors to be involved in a particular project or activity (which may be ongoing or "task and finish" activities). There are no elections to these groups and Margaret or I will seek individuals to be involved when these requests are received usually through the Friday email system.

- The final approach is more **ad hoc** and is related to specific time-limited projects such as the Annual Plan or the Quality Report. Specific requests will be made to the Council of Governors for their involvement in a group, if required.

The role of Governors in these groups and committees is vital to ensuring that the Trust understands the needs of the communities we serve. In addition, it provides ways in which the Governors can feel more involved in how the Trust works, and often affords opportunities for Governors to work alongside Directors and other members of staff.

3.1 Internal Elections Process

The process adopted by the Trust in the past has been to review and consider the membership of each formal group and committee following an external election.

- If a Governor has been subject to an external election because their term of office has reached its end, then the Governors time on that group or committee will also come to an end.
- If a Governor has not been part of the election process, then their membership of a group continues until they reach the end of their term of office as a Governor.

To stand for membership of a group or committee, Governors are asked to write two or three paragraphs on why they would like to be involved in that particular group or committee.

The process will be as follows:

12.12.19 – 10.01.20	Governors nominate themselves to sit on a group
13.01.20 – 20.01.20	Internal elections are carried out
24.01.20	Results will be available

An election will only be held if there are more nominations than seats available on the group.

As agreed at the Constitutional Review Group last year a weighted voting system will be used to avoid the need for several voting sessions.

3.2 Summary of the Places Available

The list below details the Governors whose places have become available:

Governor	**Membership of formal groups/Committees**
Andrew Butler	Nomination & Remuneration Committee
Helen Fields	Nomination & Remuneration Committee
	Membership Development Group - places available

Membership Development Group

The membership of the Group review, monitor and support the development of plans for membership recruitment, engagement and involvement. The group currently has 6 members together with the Foundation Trust Secretary and the Acting Director of Communications.

All Governors are encouraged to put their name forward to join the groups and Committees. Those that have previously held seats in those Committees are not barred from standing again for a further term. The length of term a Governor has on a committee or group is equal to the length of their term left as a Governor.

In respect of the informal Groups, I will highlight positions as they become available through the email.

3.3 Groups to be elected to

The groups or committees that require an election process are as follows:

Nominations/Remuneration Committee – 2 Public Seats

This committee meets on a quarterly basis and is chaired by the Chair of the Trust. The Committee looks at key aspects such as the appraisal of the Chair and Non-executive Directors, the review of the remuneration for the Chair and the Non-executive Directors and is the Committee responsible for overseeing the appointment of both the Chair and Non-executive Directors. The membership of the Nomination Committee has been designed to be quite specific so that it reflects the membership of the Council of Governors. The membership is as follows:

Chair of the Trust
FT Secretary
Lead Governor
5 public governors
1 stakeholder governor
1 staff governor

Constitution Review Group – 2 Public Seats & 1 Stakeholder Seat

The group meets on a quarterly basis to review the Trust's Constitution and its supporting documents. The membership is as follows:

FT Secretary (Chair)
5 public governors
1 stakeholder governor
1 staff governor

4. Next Steps

In summary the seats available in each group are:

- 2 in the Nominations/Remuneration Committee (2 Public)
- 3 in the Constitution Review Group (2 Public, 1 Stakeholder)
- Membership Development Group – places available

It is proposed that Governors will be asked to provide a statement noting which Group or Committee they would like to put their name forward to join by 10 January 2020. Ballot papers will be circulated on the 13 January 2020. Voting will remain open until 20 January

2020 at 5.00pm. The results will be available on 24 January 2020. As a weighted voting system will be used you will be asked for your first, second and third choice for each position. The election process will be carried out electronically.

Where seats on groups or committees are uncontested, Governors will automatically become a member of that group or committee.

5. Recommendation

The Governors are asked to note the results of the recent Governor elections as well as the timetable for internal elections and the process being adopted.

It is recommended that Governors put themselves forward if at all possible to provide representation onto these Groups/Committees and Governors are strongly recommended to take part in the voting system.

York Teaching Hospital NHS
NHS Foundation Trust

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Council of Governors – 11 December 2019
Protocol for dealing with questions submitted to the Board or Council of Governors

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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

The purpose of the report is to provide clarity on dealing with questions submitted to the Board or Council of Governors from the public.

Executive Summary – Key Points

The following protocol has been devised at the request of the Council of Governors who sought guidance on dealing with questions submitted by the public. The narrative highlighted in red shows the amendments made as a result of discussions at the last CoG meeting in September.

Recommendation

The Council of Governors is asked to note the report and the author will respond to any questions or comments, as appropriate.

Author: Lynda Provins, FT Secretary

Date: December 2019

Protocol for dealing with questions submitted to the Board or Council of Governors

Question is emailed in to the Foundation Trust Secretary who will decide following appropriate consultation if the question is more appropriate for the Board.

Acknowledge receipt and check that the person is okay for this to be read out in the Board/Council of Governors, especially if there is any personal content.

Identify the type of question and who should be involved:

- Lead Governor – Discussion about appropriate questions for CoG or Board
- Chair – for information
- Chief Executive – for information
- Director of Communications – for information
- Appropriate Director – for response
- Patient Experience Team – is there likely to be a complaint or is the question framed like a complaint

Response drafted and shared with the Lead Governor.

Ensure there is a handout available at Board/Council of Governors detailing both the question and response.

Chair to provide high level overview of question ~~complaint~~ and response whilst the handout is circulated. This handout becomes a formal part of the Board/Council of Governors minutes ~~record~~.

Response directly to the person who submitted the question with the response circulated at the Board/Council of Governors including the wording below if it is deemed appropriate.

Given the nature of the experience you describe, and your clear concerns that the care your relative received was not of the standard you would expect, I would recommend that you contact our patient advice and liaison service (PALS).

If you wish, our PALS advisers can liaise on your behalf with the relevant service to help resolve your concerns and provide you with more detailed answers to your questions. They can be contacted via email: pals@york.nhs.uk or by phone: 01904 726262.