York Teaching Hospital
NHS Foundation Trust

Agenda

Council of Governors (Meeting held in Public)

1 September 2020
via Webex at 1.00pm

Online Meeting Etiquette

The Chair will monitor attendance and try to give everyone a chance to contribute.

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.

- Do you understand the purpose of the meeting – please read any associated papers.
- **Really listen to what people say and don't interrupt them or attempt to speak over them.**
- Actively participate ensuring you do not work on other tasks during the virtual meeting.
- 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 on silent and all notifications turned off?
- **Am I in a quiet area free from unnecessary distractions and somewhere where confidential information is not overheard?**

COUNCIL OF GOVERNORS MEETING

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

On: 1 September 2020

In: via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 10.40am	Nomination & Remuneration Committee	Webex	Nomination & Remuneration Committee Members Only
11.00am – 12.30pm	Private Council of Governors	Webex	Council of Governors
1.00pm – 3.00pm	**Council of Governors meeting held in public**	**Webex**	**Council of Governors**

York Teaching Hospital NHS Foundation Trust

Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence.	Chair	Verbal		1.00 – 1.05
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 11 March 2020** To receive and approve the minutes from the meeting held on 11 March 2020	Chair	B	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes.	Chair	Verbal		
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		1.05 – 1.10

Strategic Goal: To deliver safe and high quality patient care

	SUBJECT	LEAD	PAPER	PAGE	TIME
6.	**Chief Executive's Update** To receive a report from the Chief Executive	Chief Executive	C	43	1.10 – 1.35
7.	**Governors Reports** To receive the reports from governors on their activities from: 6.1 Lead Governor incl. PESG 6.2 Transport Group 6.3 Out of Hospital Care 6.4 Charity Fundraising Committee 6.5 Fairness Forum	Governors	D	55	1.35 – 1.50
8.	**YTHFM LLP Update** To meet the new Managing Director of YTHFM and receive an update of the first 5 months in the Trust	MD of YTHFM	Verbal		1.50 – 2.10
	Strategic Goal: To ensure financial stability				
9.	**External Audit** Introduction to the Trust's/LLP new External Auditors - Mazars	Mazars	Verbal		2.10 – 2.30
	Strategic Goal: To support an engaged, healthy and resilient workforce				
	Governance				
10.	**Questions received in advance from the public.**	Chair			2.30 – 2.40

	SUBJECT	LEAD	PAPER	PAGE	TIME
11.	**Constitution Review Group** The Council is asked to note the Group's Report and approve the revised Terms of Reference.	FT Secretary	E	63	2.40 – 2.50
11.	**Items to note** Any items in this section are to note and will be deemed as having been read. Members will asked if they have any questions on any of the reports. 11.1 Governor Elections Update 11.2 Membership Development Group		F G	67 71	2.50 – 2.55
12.	**Reflections of the meeting**	Chair	Verbal		2.55 – 3.00
13.	**Any other business** To consider any other items of business	Chair	Verbal		3.00
14.	**Time and Date of next meeting** The next Council of Governors meeting will be held on 9 December 2020 via Webex. Details TBC.				

York Teaching Hospital NHS
NHS Foundation Trust

Additions: Jo Holloway-Green, Michael Williams

Deletions: Andrew Bennett

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
Jo Holloway-Green York MIND	Nil	Nil	Nil	**Head of Client Services** – receive funding to deliver statutory advocacy	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
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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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
Michael Williams (YTHFM)						
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 – 11 March 2020

Chair: Ms Susan Symington

Public Governors:

Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Keith Dawson, Selby
Mr Andrew Butler, Ryedale & East Yorkshire
Ms Sally Light, City of York

Appointed Governors

Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York
Ms Dawn Clements, Hospices
Ms Jo Holloway-Green, MIND

Staff Governors

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

Attendance

Mrs Wendy Scott, Chief Operating Officer
Mr Andrew Bertram, Deputy Chief Executive & Finance Director
Mr Brian Golding, YTHFM Managing Director
Mrs Lucy Brown, Acting Director of Communications
Dr Lorraine Boyd, NED
Mrs Lynne Mellor, NED
Mrs Jennie Adams, NED
Mr Jim Dillon, NED

Mr Stephen Holmberg, NED
Mrs Lynette Smith, Head of Performance & Planning
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

5 members of the public

Apologies for Absence:

Mr Simon Morritt, Chief Executive
Ms Polly McMeekin, Director of Workforce & OD
Mrs Jenny McAleese, NED
Mrs Liz Black, Scarborough
Dr Andrew Bennett, YTHFM LLP

20/01 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

20/02 Declarations of Interest

There was one deletion relating to Clive Neale, Governor for Bridlington, who has resigned.

20/03 Minutes of the meeting held on the 11 December 2019

The minutes of the meeting held on the 11 December 2019 were agreed as a correct record subject to the following amendments: -

- Change ~~IVU~~ to VIU in the Transport Group report.
- Change approach~~ed~~ to approach in the CQC Action plan narrative.

20/04 Matters arising from the minutes

Mr Reakes asked if the questions from the public together with answers could be sent to members of the CoG ahead of the meeting, to give governors time to read and digest them prior to the meeting. Ms Symington replied that due to the number of questions (in excess of 40 this month) and the current situation with Covid-19, it is not possible for the executives and their teams to turn responses around at that pace. However where possible we will always strive to provide governors with information in as timely a way as possible/practical.

There were no further matters arising from the minutes.

Action Log

Request to email Mrs Provins with suggestions on the training day in April – Mrs Provins informed that this will be picked up from the CoG Effectiveness document. **Post-meeting:**

the training day in April has been cancelled for the time being due to the recent Covid-19 pandemic.

The Committee noted that all other actions had been completed.

20/05 Update from the Private Meeting held earlier

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

- Chair's report
- NomRem Committee feedback
- Governor Forum
- A brief from Mrs McAleese about the role of the Audit Committee which looked at assurance and any gaps in assurance.
- A brief from Mrs Adams about the role of the Resources Committee which looked at assurance and any gaps in assurance
- A brief from Dr Boyd about the role of the Quality Committee which looked at assurance and any gaps in assurance
- External Audit Tender
- Encouragement of Governors to complete the questionnaires for the Chair and NED appraisals

20/06 Governors' Reports

- Lead Governor Report

  Mrs Jackson thanked Mrs Provins for arranging a visit from the Chief Executive, Mr Morritt, to the recent Governor Forum. It was useful to hear from him how things were going from his perspective.

  She went on to say that she had attended an excellent members' seminar at York Hospital on Diabetes. It was well attended at York but only two people had attended at SGH. It must be reiterated to members who have booked that if they are not attending then they must send their apologies.

  Mrs Jackson spoke about the annual PLACE assessments and stated that more assessors were required for these and the TAPE quarterly reviews. She encouraged the governors to sign up and asked them to encourage people in their local community to sign up.

- Transport Group

  Mrs Miller stated that everyone was aware of the difficulties regarding transport and parking facilities and commended the Chair on providing an excellent report on patient transport.

  Mr Reakes asked if the Board had the opportunity to discuss the staff parking issues at York Hospital. In addition, with recruitment and retention of staff being a very high priority, does the Board agree that minimising commuting time and costs

for staff was also a high priority? Mr Golding replied that this was an ongoing piece of work.

Mr Butler asked Mrs Miller and Mr Reakes if they felt that the Transport Group was reflecting our communities or was it just York? Mrs Miller replied that the Group had invited representatives from Scarborough area but they did not attend. There was a good representation on the Group and Mrs Miller did bring issues up concerning Scarborough. Mr Reakes commented that it was the first time he attended. He noticed there was no representative from the City of York Council (CYC) attending. In discussions prior to the meeting he was told that they used to have a stakeholder governor from the CYC. Mrs Provins replied that there had been stakeholder governors from CYC, East Riding of Yorkshire Council and North Yorkshire Council. Their attendance was a real challenge, consequently as Mr Pearson was the only one who attended the constitution had been amended.

Mr Golding commented that the membership of the Transport Group had evolved over the years. CYC had attended but structures do change. The Group's TOR will be reviewed and people will be invited to attend. He also noted that one of the members of the Transport Group used to work for City of York Council so still retained good links with them.

- Out of Hospital Care

  Mrs Jackson advised that because there were not enough people to attend the next meeting it had been cancelled. Future meetings will be scheduled for Friday mornings, 10am – 12pm at Malton Hospital.

  The Council received the report and no further comments were made.

- Charity Fundraising Committee

  Mr Lee commented that he found the meeting both informative and valuable. He commended the enthusiasm and the ideas that the members put forward. Ms Symington informed that the Charity was looking for the next big campaign. There were lots of ideas and it would be likely that they would run a competition to decide what the next campaign will be.

- Staff Benefits Committee

  Mrs Sykes commented that there was a huge amount of work ongoing to secure benefit options for staff. Mrs Brown highlighted the long service awards and confirmed that the 10-year service award will be introduced from next year.

- Fairness Forum

  Mrs Anness informed that the Chair of the forum was now the Chief Nurse, Heather McNair. She gave an overview of the discussions that took place: -

  - The revised Terms of Reference will be ratified.
  - New BSL remote video interpretation services to be introduced at York Hospital and Scarborough Hospital.

- Website accessibility for people with communication difficulties was currently being revised. At present facilities available include Browse Aloud and Google Translate.
- Sunflower Lanyards will be introduced for people to indicate hidden disabilities.
- Inclusive Built Environment was tabled as Dave Biggins could not attend the meeting.
- Chaplaincy update was given by Mrs Rachel Bailes and a chaplain from SGH by video. One item was about providing washing facilities for staff of the Muslim faith which had been an ongoing issue for quite a while. Mrs McNair informed the Forum that she could not find any record of the business case. Mrs Bailes felt that it could affect the retention of staff if this issue was not resolved at both sites.
- Access Able was currently at Scarborough Hospital advising on how to improve signage for disabled people. They will be coming to York Hospital in due course.
- My Sight commissioned York Healthwatch to do a survey on the Eye Clinic Liaison Service which had been initially funded through RNIB and the CCGs in York until last year. The Healthwatch survey found that the service provided great value to patients who received devastating news about their sight loss. My Sight has managed to secure funding for the next year.

Mr Wright referred to the Sunflower Lanyards and asked if the Trust was introducing them? Mrs Anness confirmed that the Trust was. It was for people with hidden disabilities so they could use the disabled facilities without being challenged. Mrs Brown added that it was also to help staff with communication so the Charity is making them available for anybody who wanted to use them.

Ms Holloway-Green informed that there had been quite a lot of feedback from the deaf community around access to interpreters at York Hospital. There will be a meeting in April to collect views from the deaf community being held by Healthwatch, MIND, Wilberforce Trust and other organisations to ascertain what was happening in the wider community. She was pleased to hear that the issue was being discussed at the Forum.

Ms Symington thanked the Governors for their respective reports.

20/07 Chief Executive's Update

Mr Bertram referred to the Chief Executive's report and provided an overview: -

Coronovirus

It was fair to say that advice and guidance was changing on an hourly basis and it was a very fast-moving environment. Key things he wanted to share with the Committee were: -

- Drive through swab facilities were in operation at both York and Scarborough sites.
- Pod units have been set up for people who did not have cars to enable swabbing to take place.
- These were only available through NHS111 who were effectively managing the bookings.

- At the moment the samples were going to Leeds Hospital for testing.
- There was a ward identified at York Hospital for COVID 19 patients who needed hospital treatment. That ward will take in patients from the Trust's catchment area.
- There was a cohort ward being prepared at Scarborough Hospital for COVID 19 patients.

Mr Bertram informed that there was a Pandemic Planning Group which was Executive led. A meeting took place twice weekly. There were a number of task & finish type groups that were reporting in. The Trust was very well supported by the national and regional emergency planning teams and there was a wealth of information and guidance.

Mr Bertram summarised that the main point today was the clear message that NHS111 was to be used if anybody had any concerns and for people not to just walk into a hospital environment.

Mr Reakes asked if the Trust had enough testing kits, oxygen supplies, respirators, etc., and would patients be transferred to other hospitals? Mr Bertram replied that at the moment the Trust was not testing. It may well be that at some point in the future this may change and the Trust will be provided with testing equipment. He went on to explain that the Trust was clearly limited to the number of patients it can support on ventilators and intensive care beds. At a national level there were discussions taking place if the situation did turn into a pandemic situation.

Mrs Fields asked about the HR implications and if there were contingencies in place. She commented that she did know that retired health professionals had been asked to return. Mr Bertram replied that a member of the Contingency Group was dealing with that. Nationally, the NHS was planning on the basis that a fifth of the workforce would not be able to work when this virus potentially peaks. The Operational Group was specifically dealing with staffing issues. Mrs Brown added that one of the things they were doing was going out to staff who had worked in critical care and other specialist care, and looking at skills that staff may have in addition to their specific roles in order to plan if there was a need to start bringing extra staff in.

Mr Lee asked if there was a requirement to test staff to protect the workforce and patients. Mr Bertram replied that he did not believe there was. He commented that one of the task groups had worked on a standard operating procedure for staff who had returned from those countries affected. There was a screening process through Occupational Health who would help an individual decide if it was appropriate for them to self-isolate for a period of time. At this point in time there were no plans to randomly test staff. Mrs Brown added that they were asking staff to advise of any underlying health conditions which would make them vulnerable so they can be protected.

Mr Lee asked if they were encouraging staff to work from home. Mrs Brown replied that this was being worked on.

Mr Holmberg asked about discussions with care homes regarding transfer policies or ceilings of care. Mrs Brown replied that there were ongoing discussions with regional groups and CCGs and a group was also looking at community-based services with regard to protocols and standard operating procedures on how that was done. Mr Bertram added that in terms of ceilings of care there was national guidance coming out around this and discussions were taking place in the event of this becoming a major issue.

Mrs Miller asked if elective surgery and routine operations were being restricted. Mr Bertram replied that discussions were taking place on whether to cancel elective surgery. It was a difficult situation and decisions would be made on a day to day basis. He would predict that elective surgery would be cancelled if the current situation becomes pandemic. There was a lot of planning ongoing for a lot of eventualities. At this stage there has been no widespread cancellations of elective surgery.

Mr Butler asked if any thoughts had been given to re-mobilising the Bridlington wards or working with Nuffield to utilise their wards to cohort people away from sick people in our acute hospitals. Mr Bertram replied that both those options were on the table for discussion. The real difficulty was that even under normal circumstances the Trust did not have the staff to open those facilities. Discussions were ongoing, particularly around how the Trust recovers from the pandemic, which will likely include looking at capacity elsewhere, specifically at Nuffield and Ramsey Park.

Our Voice Our Future

Mr Bertram advised that just before Christmas the Trust had completed the first online and face to face engagement process that was Chief Executive led. That generated over 25,000 comments and 25% of the workforce engaged online. Over the Christmas and New Year period that was all analysed and distilled down into a number of key messages. There was a real desire to have a back to basics type programme for a set of behaviours, set of values, clinical vision for the future and a real ambition to be excellent in what we do.

In January these messages were put back out to staff to ensure that management had understood what was being said. Overwhelming feedback from the second round of workshops was that these messages were correct and that was how the staff wanted the Trust to move forward.

In February the results of both exercises were shared formally with the Board of Directors and a discussion took place to agree on how the Trust could move forward with this. It and was now at a stage where this will be implemented into the organisation.

Mr Bertram commented that the current Trust values had been tweaked a little but overall the key messages had stood the test of time. Staff said that they wanted people to be kind, people to be open and staff wanted to provide an excellent service.

In summary, the Executives have listened, checked that they have understood what the staff were saying and have now moved to the implementation stage. A big engagement piece will be ongoing for the foreseeable future.

Scarborough Review

There was reference in the update on where the second stage report can be found.

Humber Coast & Vale Health and Care Partnership

Mr Bertram advised that there was an update on this together with a report in terms of what was happening there. He referred to the Board to Council of Governor session at the Priory Centre last year and the presentation on ICS. He explained what the key points were for the Trust becoming part of an ICS.

- National narrative was all about systems. How to shape and transform the system to provide health and social care.
- Regulation will come through the ICS, using the "system by default" mantra, and the Trust will come under scrutiny on how it behaves within the system.
- National capital, revenue support, transformation funding will all come through the ICS. Prioritisation of who gets what will be done at local level. It was something the Trust had to engage with as this was the route to obtaining resources.

CQC

The action plan had not changed and the Trust was working hard to deliver the actions stipulated. An update will be given at the next meeting.

Action: Chief Executive to give update on CQC action plan at next meeting.

Medical Oncology

The report reconfirmed what had previously been briefed to the Council and gave an update on the current situation.

Director Appointments

- Mr Beverley has been appointed to the role of Managing Director of YTHFM LLP.
- Mrs Brown has been appointed to the role of Director of Communications.
- The process to recruit a Chief Digital Information Officer was underway. Interviews will be held during April.

Mr Butler asked if the Trust had received any help from NHSI in relation to bringing the start date closer on the £40m build at Scarborough Hospital. Mr Bertram replied that informally yes, but formally no. He gave an overview of the three-stage process and said it usually took around 18 months. The Trust's strategic outline case had been submitted. Informal feedback was that the Trust could go straight to full business case. That indicated that NHSI wanted to see these builds happening faster than they were at present. He did not know when the build would begin at Scarborough Hospital but was working towards a closer start date.

Mrs Mellor made reference to the finances available for Coronovirus and said that this was expected to come from the Government. Also, in relation to people being asked not to turn up at hospital with suspected symptoms, this also applied to GP surgeries. She went on to talk about the robust discussion at Board they had in relation to the Clever Together project and how it would help refresh the Trust's strategies.

Mr Bertram added that he was hoping for financial help as the Trust's costs were growing in relation to the Coronovirus. What he took from the Chancellor's speech was that the NHS could have anything they needed to beat this virus.

20/08 YTHFM LLP Update

Car Parking

Mr Golding explained that he had fought a long battle with the Local Authority to build a multi-storey car park on the York Hospital site. This car park was now 9-10 years old and had reached its capacity. Coupled with the significant build of the VIU at York site, losing 150 staff parking spaces, will certainly compound the problem.

He went on to explain that there were 4 strategies to reduce the pressure: -

- Negotiate with the owners of Bootham Park Hospital to secure 100 parking spaces.
- Extension of the Park & Ride service. Funding has been secured for a further 2 years to run the service. However, he believed that the Trust should lobby the local authorities to get all planned bus routes to service the Trust sites instead of using routes around the peripheral areas which was currently the case.
- Encourage a Car Share Scheme which will allow staff members to group together to use a common vehicle which will be funded through an approved resources scheme. Once the car was on site it could be used for travel throughout the day.
- A comprehensive review of all parking permits issued will take place and they were working with staff side unions to agree who would be eligible for a permit.

Mr Golding informed that over the next couple of weeks additional spaces at Bootham will be used to take the pressure off the multi-storey car park.

Mr Pearson commented that there was a discussion at the Travel & Transport Group about removing permits for staff working normal hours. There were objections from the consultants saying that if their permits were revoked then they would consider their position at York Hospital and maybe look elsewhere. Mr Golding replied that it had to be managed in a sensitive way. They were looking at alternative solutions.

Mrs Miller asked whether the Park & Ride had been extended to other sites. Mr Golding replied that there was currently one Park & Ride which had been extended for a further 2 years. There were no Park & Ride schemes at any other sites.

Mr Thompson referred to the multi-storey car park, specifically the barrier that was inoperable, and asked if this was going to be resolved. Mr Golding replied that Mrs Mason, Car Parking & Security Manager, had just commissioned a report to evaluate the technology available to replace the current system.

<u>Smoking Cessation</u>

Mr Golding advised that the Trust sites went smoke-free about 5/6 years ago. A significant number of patients, visitors and staff continued to smoke, moving off site to the surrounding areas, resulting in a substantial number of complaints to the Chief Executive at that time. As a result, staff and governors were consulted to collect their views on whether the Trust should return to a managed tolerance approach which involved providing smoking shelters in designated areas. That was unanimously agreed and that position has been in place now for the past 5 years.

He stated that people were now becoming less tolerant of smoking in society due to becoming aware of the health disadvantages and NICE have sent out guidance that all Trusts should become smoke-free and move away from any managed arrangements on site. He advised that a decision had been made at a recent Executive Committee meeting that by July this year all Trust sites will become entirely smoke free.

Mrs Miller asked how this would be enforced. Mr Golding replied that his team were already challenging people and there had been some abuse. They were looking to work in partnership with the local authority to ascertain whether fines could be issued.

Mrs Thompson commented that as today was Stop Smoking Day, she was delighted to hear that.

Ms Holloway-Green referred to people with mental health issues who use smoking as a coping mechanism and asked if there would be any support on wards if they were not able to smoke. Mr Golding replied that there had to be a holistic approach. As people come into the Trust's care there needs to be help and advice so that they can cope with the situation.

Mr Lee asked if the smoke free policy included the use of e-cigarettes as well. Mr Golding replied that he will look into that and get back to him.

Action: Mr Golding to find out whether the smoke free policy included the use of e-cigarettes and let Mr Lee know the outcome.

PLACE

Mr Golding thanked everyone who participated in the PLACE survey and advised that the results had now been published. He said the results should not be compared with last year's scores as it was not a direct comparison because the criteria had changed. A report was being produced which analysed the Trust scores against other organisations and will hopefully be ready for the next CoG meeting.

Mrs Miller referred to the disappointing PLACE report on Malton Hospital and asked if this was going to be shared with Humber as they were currently occupying ¾ of the hospital. Mr Golding confirmed that the report would be shared with Humber.

Mrs Jackson highlighted to Mr Golding that she had informed the governors that more people were needed to take part in the annual PLACE assessment and the quarterly TAPE assessments.

Mrs Symington thanked Mr Golding for all his support and help over the years and wished him a happy retirement.

20/09 Operational Plan

Mr Bertram referred to the presentation that was in the pack (Appendix A) and introduced Mrs Smith. Mrs Smith went through the presentation and gave some key points. She advised it was part of a 5-year plan the Trust had signed up to as part of the partnership arrangement. She advised that the plan was based on what the Trust currently had and did not factor in things like a crisis event. She discussed each slide and stated that the plan should be achieved by 2024.

Mr Bertram referred to the Summary of Financial Planning in the presentation. He gave an overview of the system finance improvement trajectories and advised that if the Trust delivered on the PSF then it will get access to the financial recovery fund which will bring the Trust back to balance in each of the four years going forward. He then referred to the

inflationary issues and what was changing in expenditure next year. He predicted that the Trust spend will be over £40m because of the six reasons explained in the presentation. He gave a summary of the income and expenditure plan and spoke about the financial risks and next steps.

Mr Butler referred to the financial planning and asked about funding for small remote hospitals. Mr Bertram replied that nothing had happened yet although awareness has most certainly been raised: our trust continues to lobby strenuously for funding changes.

Ms Light asked what would happen if the Trust did not hit its control target for the financial quarter. Would it get rolled over into the following year? Mr Bertram replied that it did not get rolled over into the following year. The implication will be that the Trust would lose its £5m worth of support funding. He stated that at the end of Quarter 3 the target had been met but he was anticipating Quarter 4 difficulties of up to £4m largely due to CQC requirements and the risk share with the CCGs where savings had not been delivered this year in terms of activity reductions. He stated that the Trust was at risk of finishing year end with a £2-4m deficit meaning that the Trust would lose the £5m support funding which would have a cash impact on the organisation. He stated that he was lobbying everybody to help achieve the organisation's target.

Mr Richardson referred to the presentation given by Mrs Smith and asked about the schemes identified and how they will be evaluated to ascertain whether they were the best way to spend their very scarce resources. Mrs Smith replied that these were joint system schemes designed to reduce activities for the Trust. She gave an overview of the change in outpatient services and how they were looking at ways of working more efficiently. She was hopeful that some of the ideas would be implemented this year with further progress during the following 18 months.

Mr Richardson asked how Mrs Smith was going to judge a patient's expectations with regard to swapping consultations to skype instead of having an outpatient's appointment. Mrs Smith replied that there was a whole series of discussions going on around that.

Mrs Thompson referred to the initiatives in cancer fast diagnostic standards and the main symptoms, which will exclude cancer diagnoses but identify non-cancer diagnoses, and asked how confident was Mrs Smith that these diagnoses would then be referred back to primary care for initial intervention and management and not generate more referrals. Mrs Smith replied that the Rapid Diagnosis Centre had just started and there was a wrap around evaluation on that. One of the key metrics will be around evaluating any increase in referrals.

Ms Symington thanked Mr Bertram and Mrs Smith for their presentation.

20/10 Questions received in advance from the public (see appendix B)

Ms Symington stated that 45 questions had been received. The Trust had put together their responses to all questions which were distributed to the governors and the public at the meeting. She advised that they would not be discussing feedback given but will append the document to the minutes.

Transport

Ms Symington commented that one of the main themes of the questions had been around transport and wanted to provide an update on the Trust's position. She explained that transport facilities were the responsibility of the Trust's commissioners. The Trust was able to provide information to patients on how they might travel to their appointment, reclaim money, etc., and the Trust had continually lobbied the CCG to reiterate that they had an obligation to support people who needed their help. She handed out the transport information that accompanied every patient's appointment letter.

Mrs Miller informed that Ryedale Community Transport had seen a 21% increase to their bookings.

Mr Butler commented that one of the things the governors and the Trust want to hear about was people's experiences with transport. Some terrible experiences have been shared with them, including people travelling from Scarborough to Castle Hill spending £100's on hotel bills. He commended Ms Symington and Mrs Brown on providing excellent travel information to patients. He asked if anything else could be done to coerce the authorities to work it out. Ms Symington replied that she understood there was a group already doing that which she was not privy to but was assured that all authorities had come together to work out a solution.

Mr Golding informed that the Travel Group TOR will be amended to make it a system-wide Travel Group.

20/11 Items to note

- MDG Group minutes
- CRG Group minutes
- Internal Elections report

20/12 Reflections on the meeting

Mrs Miller commented that it was good to have the NEDs at the meeting to give simple explanations about their work.

Mrs Symington stated that it was essential to think about the efficient use of the NEDs time. It might be that they attended the private meeting but not the public meeting. It was something she will be speaking to Mrs Provins about.

20/13 Any other business

Mr Butler asked that with the interest rates being the lowest ever was there any opportunity to borrow. Mr Bertram replied that it was unlikely.

Mr Reakes informed the Committee of the market stall run by Healthwatch on the last Tuesday of every month. He has supplied membership information to them which they will distribute on the Trust's behalf.

20/14 Time and Date of the next meeting

The next meeting will be held on **10 June 2020, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

CoG Public

ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comments
11.03.20	Find out whether the smoke free policy included the use of e-cigarettes and let Mr Lee know the outcome.	Mr Golding	March 2020	Smoke free policy does not include e-cigs. E-cigs can be used outside of buildings.
11.03.20	Give update on CQC action plan at next meeting.	Chief Executive	June 2020	In CE update.

Appendix A

Planning 2020/21

Key elements to the planning process:

- Alignment to the Long Term Plan.
- System Focus "System by default".
- Humber Coast and Vale submission to include YTHFT contribution.
- Draft submitted on **5th March**, final submission on **29th April.**
- Focus on finance, quality and workforce in the system narrative.
- No mandated narrative for providers – financial, workforce and activity returns.
- Revised set of national performance expectations.

2

Performance Requirements

Significant focus on Urgent and Emergency Care

- ECS – a planned improvement on 2019/20 actuals
- Acute Frailty Services available 70 hrs a week and SDEC available 12 hours a day
- Providers to expand the capacity available to meet urgent and emergency care demand and deliver a Bed Occupancy target of 92% and maintain peak bed capacity from 19/20.

Planned Care

- RTT – total waiting list no higher than Jan 20 (29,583). Elective care waiting lists should be reduced -Efficiencies should be used to reduce waiting lists (rather than reduce capacity)
- Zero tolerance of 52 week wait patients
- Mobilisation of the 26 week offer- offering a choice of provider for patients still on the waiting list at 26 weeks

Cancer Targets – includes the Faster Diagnosis Target (70% patients to receive a diagnosis within 28 days)

Community – Long Term Plan – 2 hour crisis response times

3

Planning approach to draft submission

Stage 1	Top down assessment of activity across the Trust based on the existing five year plan (joint with commissioners).
Stage 2	Internal 'bottom up' planning across each service line. Based on 3 years activity, demographic growth assumptions and current capacity. (Care Groups). Requested to model in performance requirements: return to total waiting list position requirements; 1 week for first appointment for Fast Track referrals; based on known capacity.
Stage 3	Confirm and Challenge on the 'bottom up plans'. This included challenge on Care Group planning assumptions, changes to services, workforce assumptions and efficiency targets.
Stage 4	Reconciliation meeting across CCGs and the Trust to agree final activity numbers.
Stage 5	Identification of significant risks and impact on performance trajectories for 2020/21.
Stage 6 *	Submission of draft templates: **5th March national deadline**

4

YTHFT Risks and Issues

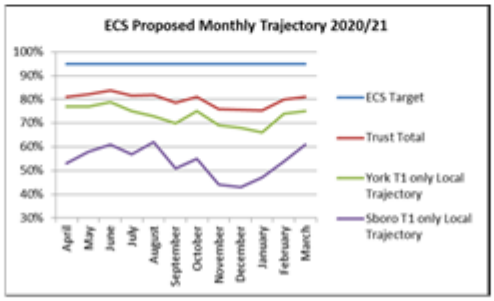
- The planning round identified two risk areas regarding the Trust's capacity to meet the expected/known demand:
  - **Ophthalmology backlog**
  - **Gastroenterology services at Scarborough**
- The activity model is based on capacity and services as they are currently provided, unless a business case has already been approved.
- The impact of sustaining a 92% bed occupancy
- There are a number of transformational 'do something' schemes identified across the system, e.g. Outpatients Transformation, Rapid Expert Input and Prime Provider models. However additional schemes need to be identified to close the gap between expected activity and affordability across the system.

5

Performance Ambitions

Performance Assumptions 2019-24

Metric	Performance (based on end of March position)				
Performance	19/20	20/21	21/22	22/23	23/24
RTT List Size	30000	29580	28437	27294	26300
52+ weeks	0	0	0	0	0
40+ weeks	750	450	270	162	97
26+ weeks	3700	2220	1332	799	480
RTT%	75%	80%	84%	89%	92%
OP Backlog	13000	10170	9170	8170	7170
Cancer 2WW	93%	93%	93%	93%	93%
Cancer FDS 28 days	70%	70%	70%	70%	70%
Cancer 62 Day	78%	85%	85%	85%	85%
Diagnostics	16%	8%	6%	3%	1%
ECS	80.7% (Feb to date)	81%	88%	92.5%	95%
LLoS 21 Day Standard	96	91	87	82	78
Non-Elective LoS	5.1	4.9	4.8	4.7	4.5
Bed Occupancy	91.9% (25th Feb)	92%	92%	92%	92%



6

Summary Financial Planning

Council of Governors
11th March 2020

Contents:

- York and Scarborough system Financial Improvement Trajectories
- Trust Inflationary Cost Issues Included in the 2020/21 Plan
- Trust summary income and expenditure position
- Plan Risks and Next Steps

System Financial Improvement Trajectories

The tables below confirm the pre and post support Financial Improvement Trajectories (previously known as Control Totals) for the Trust and its main two commissioners.

York Teaching Hospital NHS FT	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(19.814)**	**(10.750)**	**(8.810)**	**(6.220)**	**(3.510)**
MRET (absorbed into main funding from Apr 2020)	6.470				
Financial Recovery Fund	4.978	10.750	8.810	6.220	3.510
Provider Sustainability Funding	8.366				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

NHS Scarborough and Ryedale CCG	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(4.800)**	**(5.100)**	**(4.000)**	**(3.400)**	**(3.000)**
Financial Recovery Fund		5.100	4.000	3.400	3.000
Commissioner Sustainability Funding	4.800				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

NHS Vale of York CCG	2019/20 £m	2020/21 £m	2021/22 £m	2022/23 £m	2023/24 £m
Pre-support Financial Improvement Trajectory	**(14.000)**	**(16.300)**	**(15.000)**	**(12.700)**	**(11.500)**
Financial Recovery Fund		16.300	15.000	12.700	11.500
Commissioner Sustainability Funding	14.000				
Financial Improvement Trajectory (including support)	**0.000**	**0.000**	**0.000**	**0.000**	**0.000**

Inflationary Issues Include in the 2020/21 Plan

The table below summarises the cost pressures included in the operational financial plan. Cost pressures brought forward almost exclusively relate to the non-recurrently delivered CIP in 2019/20 and combine with the nationally set target of 1.6% to give a total programme requirement of £16.0m. Pay inflation has been assessed on an actual staff in post basis with average increases assumed for vacant posts. Non-pay inflation has been included at NHS appropriate rates. The CNST premium increase has been notified to the Trust and this value assumes delivery of the maternity incentive scheme. Activity growth has been provided in-line with a high-level assessment of the costs of additional activity in the plan; of note is that this reserve is likely to be the subject of CCG/System QIPP discussions (i.e. avoiding the need for this investment). In addition a quality, safety and risk related provision has been created and details are provided below as to the component elements. The table includes a balancing item reconciling a small number of full year effect changes and contract adjustments.

	2020/21 £m
Cost Pressures Brought Forward	6.799
Pay & Non-Pay Inflation	12.903
CNST Premium Increase (to £17.0m)	1.291
Activity Growth	9.964
Quality, Safety & Risk	8.328
FYE Adjustments and Misc Items	1.312
Total	**40.597**

	2020/21 £m
New CQC Staffing	1.856
SDEC/Frailty	4.644
92% Occupancy	1.500
Other Misc Items	0.328
Total	**8.328**

9

Summary Income and Expenditure Plan for the Trust for 2020/21

The table below summarises the Trust's income and expenditure plan for 2020/21. This should be considered draft and for the first submission on 5 March 2020. This plan will be the subject of review discussions with NHSE/I and our Commissioners and will be revised ahead of a final submission due at the end of April. An update on the discussions will be provided to the Board at its March meeting.

	2020/21 £m
Clinical Income	487.512
Assumed QIPP (income reduction) AC Commissioners	-5.996
Assumed QIPP (income reduction) Other Commissioners	-2.083
Other Income (exc. PSF)	50.211
Additonal Investment Income Required	8.000
Total Income	**537.645**
Expenditure	-575.784
Assumed QIPP (expenditure reduction)	8.079
Carry Forward 2019/20 System Risk Share	3.352
CIP	16.008
Total Expenditure	**-548.344**
Surplus/(Deficit) before Impairments & Transfers	-10.700
Remove net imact of Impairments & Transfers	-0.050
Adjusted Surplus/(Deficit) = Financial Improvement Trajectory	-10.750
FRF	10.750
Net Surplus/(Deficit)	**0.000**

Included in the analysis are QIPP assumptions (on top of the stated CIP requirements). These relate to system cost reductions that impact the Trust and relate to major service transformation or demand reduction, either of which facilitate a reduction to the Trust's cost base. These are analysed between Alternative Contract Commissioners (where there is likely to be a risk share linked to any failure) and other PbR-based commissioners where income will only fall if the QIPP is successful.

Total Trust Savings Requirement	2020/21 £m
CIP	16.008
QIPP	8.079
Old Year Risk Share	3.352
Total	**27.439**

10

Plan Financial Risks and Next Steps

Inherent in the plan are several key financial risks. These are summarised as follows:

1. The plan assumes that additional funding will be secured into the Trust for CQC staffing requirements, SDEC, Frailty and delivery of 92% maximum occupancy through additional bed capacity on the Scarborough site. This is unaffordable to our commissioners and will show up to Regulators as a triangulation issue when examining Trust income assumptions and CCG expenditure assumptions. This will need to be debated with Regulators.
2. QIPP delivery is a significant risk with £11m of costs assumed to be removed from the Trust (including the old year risk share). This equates to more than the activity growth provision. This is likely to increase as commissioners are put under pressure to identify further necessary QIPP as their current level of spend is unaffordable.
3. CIP delivery will be the eleventh year of delivery.
4. Expenditure control has been a significant challenge during 2019/20 due to additional pressures placed on the Trust. Holding our position in 2020/21 will remain a challenge. We do not have funds for developments.
5. The financial position for the patch will include a further system savings requirement necessary in order for all parties to hit their financial improvement trajectories.

The next steps with our operational plan are:

1. Submit the current draft plan on Friday 28 February. This will then be consolidated by the HCV Partnership into an ICS level plan. This is submitted nationally on 5 March by the HCV Partnership.
2. System work on firming up QIPP delivery through the System Delivery Board.
3. Discussion will commence with Regulators after their review of our draft plans.
4. Specific transformational funding or further patch QIPP savings discussions will be required to agree a way forward on the £8m new investment requirements from the CQC and the operating framework but not affordable to the patch.
5. The final plan is due for submission at the end of April. The Board will be updated at the March meeting.

Appendix B

Questions for the Council of Governors Meeting on the 11 March 2020

Questions from Catherine Blades I live in a very rural area near Scarborough and have recently needed to frequently attend York eye clinic for surgery and after care. The care I needed was specialist and complex, so I can to some extent appreciate the fact that it could not be done locally. However, I have two specific questions to raise with the Trust and Board of Governors.

1. What are the Trust doing to facilitate transport for people who face long journeys to York from the East Coast? Public transport is notoriously unreliable with many delays and cancellations, in addition to high costs, exacerbated sometimes by having to fund an overnight hospital stay. It is not good enough, in my opinion, nor in the opinion of most East Coast residents, to have a 'Transport Strategy' that ignores a large percentage of the population you serve , Being told to consider cycling, or car sharing is outrageously patronising to those who have enough to cope with in terms of our health . Travel by car on the A64 is also lengthy and expensive and could be problematic if car access to the city is restricted. What sensible suggestions do you have?

Answer: Please refer to transport paper (attached)

2. My eye surgeon used to have a pre and post op clinic in Scarborough. This has now stopped. When I asked why, I was told by the surgeon that it was due to the difficulties in administration of the clinic and patient records. I certainly had / have two sets of handwritten records, neither of which have documented what has happened in each clinic. I know this because of confusion over drugs I have been prescribed in each clinic and the clinicians have said things like. 'oh we have no record in these notes, I'll have to ask York / Scarborough'. Surely these kind of problems are entirely preventable with sensible IT systems? My surgeon didn't particularly want to stop coming to Scarborough but I can understand the frustration if this is happening. I have absolutely no complaint about my care in either place, but would like the Trust to look at improved IT systems which might enable clinics in Scarborough to be run more smoothly.

Answer: Outcomes from Clinic appointments are recorded on the electronic system which is a single record that is accessible from all clinic locations within the Trust. This includes the clinic letter that is sent to the GP and which contains details of medications changes. Some specific ophthalmology notes are not yet electronic and are still found in paper case notes. Work is currently underway to remove the dependency of physical case notes for all outpatient appointments.

Questions from Fiona Stephenson 3. What transport provision is made for Scarborough residents to travel to York hospital to attend appointments/surgery?

Answer: Please refer to transport paper (attached)

4. Who is eligible for free transport to and from York hospital? Where is this information available?

Answer: Please refer to transport paper (attached)

5. How many appointments/ procedures have been missed due to lack of transport?

Answer: We keep a record of the number of missed appointments, however we are not always able to record the reason as sometimes the patient does not make contact with us. Where we have made a change to a service, for example with oncology, we will be continuing to monitor the number of appointments that are missed so we will be able to determine whether this has changed significantly.

6. How many deaths have occurred as a result of missed appointments?

Answer: It is not possible to answer this question, we simply do not record information in this way and it is not possible to attribute a death to missing an appointment.

7. What is the arrangement between Scarborough and York hospital regarding patients who have been discharged from York following surgery? Should complications arise post-surgery such as infection/bleeding/inflammation, should the patient return to York or go to Scarborough?

Answer: All patients are instructed to call the ward they were discharged from if they have any concerns following an operation. The ward will determine whether the patient should attend their nearest hospital (which in some instances isn't one of our hospitals) or if they should return to the hospital where they had surgery.

Questions from John Wane – Save Scarborough Hospital Facebook Group This question was posed by our group to the December Governors meeting "Is there an action plan for services to be returned to East Coast Hospitals and if so which services" which was primarily raised because, like ourselves, the CQC could find no coherent plan for services for the East Coast. As no coherent reply was given to that question, merely vague obfuscation, we ask again:

8. Does the Trust now have such a plan?

9. When will it be available to local residents?

10. If it does now exist, what public consultation plans are in place?

Answer: The answer given to this question remains the same: The Trust recognises the need for a strategy to be developed for services on the East Coast, and this must be developed in partnership with others who provide and commission health and care services. There are several pieces of work underway that will contribute to this. These includes:

- **The Scarborough Acute Service Review**

- **Multi-agency discussions which are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services coordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.**

- **Work to look at the provision of out of hospital care services, being led by the North Yorkshire CCGs.**

- **It will take time for a strategy to develop from this work, however all partner organisations will want to engage patients and the public as these plans begin to take shape.**

We raised a number of questions to the December Governors meeting in respect of the very serious and increasing difficulties, faced by residents of the East Coast in accessing services removed from this area and transferred to York Hospital and further afield. Remember that a recent independent study found the Trans Pennine rail services to Scarborough were the worst in the UK and that the Scarborough to Hull rail services were the second worst! It was noteworthy, therefore, that the report of the Governors Transport Sub Group, submitted to the December meeting, made absolutely NO mention of the plight of East Coast residents! In your reply to the questions we posed you stated that the Trust "share concerns over the reliability of the rail service and the broader transport issues affecting patients and visitors" and that "as part of the Acute Services Review work, it has been agreed that the North Yorkshire CCG will be convening a multi-agency transport group with patient/carer involvement".

In view of your claimed shared concerns, we now ask: -

11. What progress has now been made by York Trust, through your involvement in that group?

12. How have York Trust and Governors obtained the views and experiences of the patients and carers you serve?

13. What evidence is now available to the public of your progress?

14. Does York Trust intend to continue with its cuts to East Coast services, while such appalling transport links remain?

Answer: Please refer to transport paper (attached)

Many staff continue to contact our group privately, who are too afraid to take up their issues directly with their management for fear of repercussions.

Your Travel Plans recently reported in the Scarborough News provoked many private messages from staff. You make statements about your desire to have a standard approach across the Trust area, but at the same time make no allowances for the problems of rurality which you admit to, in respect of the East Coast and the very limited public transport available, compared to that available to residents and staff of a City such as York. Car share schemes are fine, but only if you can guarantee that all staff willing to do so can actually start and finish shifts at the same times, or even live in sufficient proximity to each other to make it practical! To expect staff, in summer and winter, already under pressure, in physically demanding jobs, faced with long and anti-social shifts in areas with poor and inappropriate public transport links, to be cycling or walking is ridiculous and can only add to retention problems. A "three mile radius of their main place of work" for Scarborough Hospital staff is, for example, a completely unreasonable and unsafe walk or cycle ride on a cold wet winters day before or after a 12

hour shift and effectively excludes anyone living in Scarborough from driving to work! It would result in walking or cycling, alone in the in the dark from villages as far away as East Ayton as this map illustrates and no alternative public transport at appropriate times!

15. If York Trust accept different circumstances apply in more rural locations, why does it not recognise those different circumstances and apply transport strategies appropriate to different locations?

16. Given the much less physically demanding nature of most management positions, with working hours more in line with available public transport, why not enforce stricter controls on their transport and thus make more parking available to staff on shifts?

17. Your responses to many questions invariably pass on responsibility and blame to other Trusts, CCGs, groups and organisations, what evidence do you have, therefore, to demonstrate the success of your attempts to influence their decisions?

18. Why, if carbon targets are of such importance to you, does your Transport Strategy make absolutely no comment about the most serious impact of all, which is the huge number of patient and visitor journeys which now result from
your cuts to local services?

Answer: Please refer to transport paper (attached)

We specifically questioned your December meeting in respect of Stroke Services, but you refrained from answering the specific question so we repeat it again.

19. When will you provide the results of the reviews which you have repeatedly promised to undertake to return that service, especially as you stated at the time, that the transfer of the service was to be temporary?

Answer: A temporary change was made to the service in 2015. This was made on safety grounds due to the shortage of medical staff, as it was not possible to continue to provide a 24/7 hyper-acute service in Scarborough without the necessary medical cover. As promised at the time when the change was presented to the overview and scrutiny committees for North Yorkshire and the East Riding, a further review of the change was undertaken later that year and the decision was made to keep the new pathway in place. The review involved discussions with the national lead for stroke, who supported the changes. Following this change, there are no plans to return hyperacute stroke care to Scarborough Hospital.

20. Does your response to the earlier question, that it involves a “triage and assessment service and the transfer of patients elsewhere”, actually indicate that is your real intention for the results of the A&E investment?

Answer: No. The information quoted relates to the changes that were made to the stroke service in 2015. The planned investment in the emergency department at Scarborough Hospital will improve and streamline how patients are assessed, admitted and treated, which should reduce the time that people wait in the department, and ultimately improve patient safety and experience. It is a significant investment, and is a sign of our commitment to ensuring Scarborough Hospital has an emergency department.

Your response to our December question on Urology stated that a Quality Impact Assessment was currently being undertaken in relation to the changes to Urology services from November 2019, with out of hours acute presentations requiring admission are being transferred to York.

21. How and when will the results of that impact assessment be made available to the public?

Answer: We continue to monitor data for the impact assessment, including the number of transfers, transfer times, and any other impact. This will feed in to the discussions and planning for the long-term model for urology.

You stated in December that "We measure the quality of the services the Trust provides as a whole in a number of different ways and this can include our performance against national targets, national audits, clinical governance reviews and various regulatory standards. Service changes are made for a
number of reasons, the most important of these is ensuring the service is safe"

22. How do the public gain access to those results?

Answer: As a NHS Trust we are measured and regulated against a huge number of performance standards, and we also participate in national and local audits. There is no one single place all of this vast amount of data can be found, however the organisations that carry out the audits often publish the findings (as per the SSNAP audit referenced in questions 24 and 25). Regulators and other national bodies publish performance data and reports (such as NHS England/NHS Improvement and the CQC). The Trust itself also publishes comprehensive performance information in its public Board papers, which are published on the Trust's website.

23. What independent scrutiny of them exists and where can it be accessed?

Answer: Much of this data is collected and scrutinised by regulators and other organisations that carry out audits, and part of the process involves independent scrutiny of that data by those organisations.

24. Please can you clarify what was meant by "SSNAP data" in response to a December question?

Answer: SSNAP is the Sentinel Stroke National Audit Programme. It measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland.

25. Being as you claim a "key performance indicator", where is it "publicly available"?

Answer: It is published online: www.strokeaudit.org

You announced in September and also stated in response to a question in December, that "the Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer. The network is looking at

potential common sustainable service models and possible financial solutions to our particular issues."

26. Given that more than 6 months has now elapsed, can you list the benefits which have resulted to the services to Scarborough Hospital and East Coast residents now and in the future?

Answer: We attended the first network meeting in July. Another network meeting is due to be held in April. The purpose of the network is to share ideas, learning and best practice and to discuss the challenges associated with delivering services in small, and/or rural hospitals. The network is supported by NHSE/I and Nuffield Trust. The benefit of participating in such a network is that what we hear and learn from other Trusts informs our thinking, and may influence decisions at a national level that will be of benefit to hospitals like Scarborough in the future.
In respect of your Scarborough Review, you stated in December that the updated "need for change" document would be published "in the new year" and the Trust was a "key partner".

27. It is now March, so how can a copy of that document be accessed?

Answer: The stage two report was published in February and is available on the review website: www.humbercoastandvale.org.uk

28. As a "key partner" what criteria does York Trust feel should be used to decide "whether or not formal consultation will be required"?

Answer: There is no formal definition of what constitutes a significant service change; however, it would be likely to include those changes to services that have a major impact on patients (e.g. redesign of service, relocation of service etc).

Formal consultation is a statutory role of CCGs. When considering a potential service change it is discussed with Overview and Scrutiny Committees and plans around involvement and engagement would be shared with them for their view on the level of involvement required. Advice and guidance would also be sought from NHS England and we would work in partnership with our CCGs should formal consultation be required. The decision as to whether or not consultation is required ultimately belongs to CCGs.

29. How will consultations be publicised?

Answer: Consultations would be widely publicised using a wide range of methods to ensure that people have the opportunity to make a contribution. The exact approach would depend on the subject of the consultation, however methods would include both electronic and written materials, so that people can comment through either face to face events and/or written and online questionnaires. These would be made available and promoted through the media, the various organisations' communications channels including social media, websites and newsletters. Relevant community groups, libraries, GP practices etc would also be asked to help promote the consultation. If a consultation is going to be carried out, then a communications plan would be developed and agreed.

The Trust frequently shifts responsibility to the CCGs and others when answering questions, but invariably avoids stating the Trust opinion, while continuing to claim that it

works “in partnership” with them. The Trust never provides any evidence of their beneficial impact on those “partnership” decisions and therefore appears to be a 'sleeping partner' when it comes to the impact of those decisions on residents of the East Coast. Using the severe travel implications as an example across a wide range of services over the years and including the most recent cuts to Oncology services, there is no confidence in York Trust among residents of your “catchment area” that you care about services provided to them being even accessible. It appears to most people, for example, that requiring a York resident travel a much shorter distance to places like Leeds or Harrogate is inconceivable, but apparently perfectly acceptable for East Coast residents to travel distances three or four time greater to access similar services. The catchment area figures for Scarborough Hospital, made by the previous CEO in his letter to the Health Secretary, were broadly similar to the York population figures, so there is absolutely no justification for the inequalities of access.

30. How can York Trust convince residents of the East Coast that it actually cares about the impact on them?

31. How can York trust convince residents of the East Coast that safeguarding York residents and enhancing York Hospital are not your primary motives?

32. What evidence can York Trust provide to demonstrate their concern?

33. Why is it not possible to centralise more services on the East Coast and share the implications of travel more equally in line with the requirements for “equality of access?

Answer: We are absolutely committed to developing a strategy for delivering health and care services with our partners on the east coast. The aim of the merger between York and Scarborough Trusts in 2012, and all of the subsequent work to date including the Scarborough acute service review, has been about ensuring that there is access to services for people living on the East Coast. These services have to be sustainable, whether it is in terms of staffing, or the numbers of patients accessing those services, and they have to be safe. Sometimes, decisions about services will be influenced by changes in national guidance, and we are obliged to respond to this. It is not the case that the Trust is seeking to ‘enhance’ York Hospital by moving services there from elsewhere. York Hospital does not have the capacity to simply absorb services wholesale from elsewhere.

In response to the question on reinstatement of Neurology services to Scarborough Hospital in September you replied that “We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.” We asked in December, 3 months since that statement, can you explain what progress has been made with that exploration, now that the original reason for removal has been overcome? You replied, “work is continuing to assess the potential for further daytime clinical presence on the Scarborough Hospital site and steps are being taken to review the capacity of the Clinical Nurse Specialist team given the increase in their caseload. There is also work being undertaken with the Allied Health Professional Teams to explore possibilities of enhanced staffing support for the service to enable this to be provided locally.”

34. Given that more than six months have now elapsed, can you update us on the progress of your explorations and planned reinstatement dates?

Answer: There is no further update at this stage. We are continuing to review the workforce in neurology and how clinics might be best delivered.

Your previous responses to questions about the transfer of Urology services to York, as always, claim staff shortages as the reason and that you are attempting to recruit Consultant Urologists, but your advertisements state that "the job plan will comprise of main theatre operating, day case lists and outpatient clinics at the York site, as well as new patient clinics at Malton."

35. How do you expect people to believe your claims when in them, absolutely no mention of surgery in Scarborough is made and only clinics in Malton, which indicates that in truth, that focus on York is actually your real plan?

Answer: The transfer of acute urology services to York is still temporary and as such, a formal decision about the long term future of the service is still to be made. The urology clinicians have received the Yorkshire and Humber Clinical Senate report which will be used to help devise the options for the long term model of urology care. The recent advert was to replace a York based urologist, not to replace either of the two Scarborough urologists who retire in November. Without a Board decision on the long term future, we chose not to change the advert text at this time but will discuss the potential models of future working with prospective candidates.

As a group we have tried to place equal importance on staff, given the appalling long term reputation for staff bullying in York Trust and the large number of staff approaching us for help who were too afraid to raise issues with management and HR. Their welfare has always been one of our primary concerns, not only for their sakes, but also because of the serious impact the York culture has had on staff turnover and vacancies. Our concern for them even prompted us to undertake our own professional survey of them which, despite inviting the Trust to participate in it, they unsurprisingly declined to be involved in. We therefore applauded the initiative undertaken by the new CEO, Simon Morritt announced at your September meeting in respect of the "extensive listening exercise".

36. We would be delighted to help York Trust demonstrate a real change in culture by publicing appropriate outcomes and plans. What results are or will be available to the public?

Answer: The 'our voice, our future' exercise is aimed at improving staff in engagement, and is therefore primarily an internal exercise, with staff being updated regularly as to progress and how they can continue to be involved.

Updates are given in board papers and through other routes including social media. Some of the outcomes of this work will be visible to the public, for example, we are refreshing the trust's values in response to staff feedback, and we are developing a behaviour framework to support this.

Over the coming weeks and months, staff will start to see these being embedded and lived across our Trust.

York trust will be aware of the recently announced planned cuts to childrens services by NYCC in regard to mandatory health visiting in Scarborough and Ryedale, as well as the potential for 37 staff redundancies. We appreciate York do not directly provide those

services, so to avoid a response which 'passes the buck' to NYCC and Harrogate Trust we would like to know the following.

37. What do you think the likely impact will be on childrens health?

Answer: We do not provide the service, and cannot speculate as to whether or not there will be an impact.

38. What is likely to be the effect of these cuts on NHS childrens services?

Answer: As we do not deliver the service we have had no involvement in discussions relating to future service provision or any potential impact. The Children's services have well established pathways for specialist input from a paediatrician both non-electively and electively and these pathway and referral methods will remain available for primary care practitioners and members of the public to access should it be deemed appropriate.

39. What plans are being developed by York Trust to counter the effect of these cuts?

Answer: See question 37 and 38.

The York Trust Governors section of your website now states that "Governors and the Trust want to be as helpful as possible to you when you ask us a question. To make sure that you get the most appropriate answer, Governors have asked the Foundation Trust Secretary to reply to you if it might be more suitable for your question to be asked at the next Board of Directors meeting. If this is the case, your question and the Board of Directors' reply will also be reported to the Governors at the next Council of Governors meeting." We appreciate that some questions might be appropriate for the Board to consider as well, but we wish to ensure, that the Governors, who have a "statutory duty" to represent public views, are also aware of ALL questions and have the opportunity to contribute.

40. How will the new arrangements ensure the Governors are given the opportunity to adequately make those public views known to the Board?

Answer: The Lead Governor is copied into all the questions received and the governors receive a copy of the questions and answers. The Governors also put in place an opportunity to meet members of the public before each public Council meeting so that they are aware of any issues members of the public attending wish to discuss. The Lead Governor is involved in the discussions about agendas and Governors also have opportunities to raise any items that they would like putting on the agenda.

41. How will York Trust ensure that even further delays to answers do not occur, given the already considerable delays, due to only quarterly Governors meetings?

Answer: The Council of Governors has always met quarterly and every effort is made to answer questions that are received at the meeting. Should any questions be received outside of the meetings, they will also be answered in a timely manner and the question and response taken to the next Council meeting to make it a public record. Members of the public can also pose questions to the Board of Directors which meets in public every other month.

42. How will those posing the questions be kept informed of progress, the responses and when to expect them?

Answer: Those people posing questions have done so to date, in advance of a meeting. They are informed that the questions will be taken to the meeting and following this they receive a copy of the questions and answers.

Questions from Nigel Smith – Defend our NHS (York) 43. In light of York NHS Trust's statement that "In our view we are protecting facilities staff from market testing or cuts to the operating budget," are there any plans to extend the limited liability company (YTHFM) to other staff eg care or nursing staff, or to set up a similar company for those staff?

Answer: YTHFM was established to provide support services to the clinical teams. Whilst there may be opportunities to grow the range of services provided by YTHFM there are no plans to deliver clinical services, and there are currently no plans to transfer other groups of staff into the LLP.

44. Are any new staff employed by YTFMH guaranteed the same pay and conditions, including pension rights as those employed prior to YTFMH being set up and if they are, are these conditions guaranteed indefinitely?

Answer: New staff joining the LLP are placed on the same terms and conditions as their colleagues. There are no plans to change this. The exception is in relation to their pension. New staff joining the LLP are currently offered the NEST pension scheme. This will continue until the LLP receives confirmation our application to the NHS Pension Scheme for 'Open Direction' is approved. Once we receive this approval the intention will be to encourage staff to move from the NEST scheme to the NHS Pension Scheme.

45. It appears that the approach to leadership at York NHS Trust reflects a corporate model. A hospital is not a factory, in fact a hospital has a far more complex set of considerations especially around patient welfare than any factory. Does the Trust believe that an MBA is of greater or lesser value than a medical or nursing qualification when deciding how to best meet the needs of patients at York NHS Trust?

Answer: All positions within the Trust (and the LLP) have a job description and a person specification. The latter outlines the knowledge, skills and experience required to undertake the role. For clinical roles, these requirements are largely determined by regulatory bodies. The level of role and therefore pay attributable to the role is determined by a robust job evaluation process which 'matches' job roles to national profiles. This process is undertaken in partnership between Human Resources and trade union colleagues.

Transport information

If you, or someone you are caring for has to travel for a hospital appointment and you need help to do this, here is some important information to help you make your travel plans.

Patient Transport Service

Patient Transport Service (PTS) provides NHS-funded transport for eligible people who are unable to travel to their healthcare appointments by other means due to their medical condition:

- if you need the skills or support of trained staff on or after your journey;
- if it would be detrimental to your health to travel by any other means;
- if your mobility prevents you from using any other source of transport; or
- if you are a parent or guardian of a child requiring transport.

In this area the service is provided by Yorkshire Ambulance Service. To find out more visit www.yas.nhs.uk/our-services/patient-transport-service-pts/

You can book by contacting the reservations team on 0300 330 2000 between 08.00am-6.00pm.

Your GP will also be able to help you book this service.

If you have repeat appointments with your consultant, their administration team will be able to help you too. You can also discuss appointment times to ensure that your appointment is set for a time which works with your travel plans.

Refund of hospital transport costs

You may be able to claim a refund for the cost of your transport to hospital through the Healthcare Travel Costs Scheme (HTCS).

Visit www.nhs.uk/using-the-nhs/help-with-health-costs/healthcare-travel-costsscheme-htcs/ for more information on who is eligible, what the conditions are and how you can access the scheme.

Driving

If you are driving to York, why not use Park and Ride to make your journey and parking easier? The 'Hospital Bus' from Rawcliffe Bar Park and Ride drops visitors off on site, just a few steps away from the main entrance.

The service operates every 20 minutes between 06.00am and 8:30pm, Monday to Friday. The return fare is £3.20.

There is a large multi-storey car park at York Hospital. Visitors are required to pay for parking between 7.30am and 8.00pm. The car park operates on a barrier/pay on exit system and payments can be made by cash or card.

The Trust offers a number of concessions to visitors and patients who attend the hospital regularly or for long periods of time. To obtain any of these concessions please see ward or unit staff.

Taking the train

York Station is just over a mile from York Hospital.

There is a taxi station directly outside the station. The cost of a one-way fare is between £5-7.

Dial-a-Ride

Scarborough Dial-a-Ride provide fully accessible, door to door minibus transport to the hospital for those who are either retired, have some form of disability or who have difficulty using other forms of transport.

For more information call 01723 354434 or visit www.scarboroughdialaride.org/

Ryedale Community Transport

Ryedale Community Transport is a registered charity providing affordable rural transport solutions for disadvantaged people.

You can book a journey by calling 01653 698 888, 9.30am-2.30pm, Monday to Friday. Alternatively, you can email the details of the journey you require to bookings@ryedalect.org

More information about the services they offer visit www.ryedalect.org/

Go-Local Community Transport

Community transport is a not for profit transport provision, run by the community, for the community. Whether it's a journey you make every day or a one-off trip, community transport can help to get you where you need to be. You can learn more by visiting their website www.golocal-northyorks.community/#about

York Wheels

If you are elderly or have a disability, York Wheels offer door to door transport by car or mini bus. The mini bus has a lift for wheelchair users. To book your journey call 01904 630080 or visit www.yorkwheels.org.uk/

Medibus

Medibus services provide residents of East Riding of Yorkshire with transport from their front door to local hospitals, doctors' surgeries, clinics and dentists. All the vehicles used on the service are wheelchair accessible

.

To book a journey call 03456 445959, 8.30am-4.00pm, Monday to Friday. Alternatively, you can email the details of the journey you require, including your contact details passengerbookings@eastriding.gov.uk

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York Teaching Hospital
NHS Foundation Trust

Council of Governors – 1September 2020
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 areas:
1. Covid-19 (coronavirus) update
2. Our Voice, Our Future
3. Humber, Coast and Vale Health and Care Partnership (ICS)
4. Care Quality Commission (CQC) update
5. Clinical strategy development
6. Director appointments

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 1 September 2020

1. Covid-19 (coronavirus) update [DN INCLUDING RESET]

When we last met as a group in March, the coronavirus pandemic was only just beginning to take hold across the world. It is difficult to fully comprehend all that has happened in the months since then, and the impact that the Covid-19 pandemic has had on every aspect of our lives.

It began with the first report at the end of January of two suspected cases of coronavirus in a hotel in York, and the first phase of the NHS's preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident on 30 January.

In the weeks and months since then we have lived and worked through the biggest challenge the NHS and the Trust has ever faced.

At significant speed we reconfigured our wards and departments and began to plan and train for the rising number of patients we would need to care for.

Over 750 patients have been admitted with confirmed Covid-19 into our hospitals, and at our peak we had eleven Covid-19 wards at York Hospital and six at Scarborough Hospital.

The pandemic has tested our emergency preparedness, resilience and response plans like never before. Both myself and the Chair have previously placed on record our thanks and gratitude, not only to our staff, whose efforts have been nothing short of phenomenal throughout, but also to the countless individuals, organisations, local businesses and the wider community who have shown their support in all manner of ways.

At the time of this report we are seeing some respite in the number of cases, and there is every indication that the first 'wave' of the pandemic is passing. Some of the lockdown measures are being eased, and people are tentatively returning to some aspects of normal life.

However, despite the current number of cases being low we still continue to operate in a 'response' state, and as a Trust we are required to protect surge capacity for the Covid-19 pandemic and maintain agile step-up escalation.

In addition, we need to maintain infection control measures, including the use of appropriate personal protective equipment and social distancing. Collectively this reduces capacity across the Trust including a reduced bed base, affects theatre and clinic productivity, and reduces the physical space to see and treat patients. This will clearly have an impact on our ability to return to pre-Covid-19 activity levels.

In terms of restoring services, phase two of recovery began in late April, and was concerned with the stepping up of urgent non-covid services. At the end of July we received the phase three planning guidance, and we are working on plans for elective service restoration in line with that guidance, alongside our winter planning which has already commenced.

To restore any of our services safely, we need to understand how we can reduce footfall to our hospital sites through alternative approaches to outpatients and how we can increase elective capacity to reduce long waits for patients. We need to work with system partners

to contain non-essential demand and we need to assess and manage clinical risk within waiting lists.

The impact of the changes we have had to make in order to deliver services safely will sadly mean that some patients will be waiting longer to be seen, and a large part of the work we are undertaking is about ensuring that patients are risk-assessed by clinicians to determine who needs to be seen most urgently.

As we emerge from the first peak of the pandemic it is clear that it is far from over, and that the impact on the way we work, and indeed for how society works as a whole, will be part of our everyday lives for some time to come.

2. Our Voice, Our Future

At previous meetings I have described Our Voice, Our Future, our new approach to listening to staff and responding to their ideas about how we can make improvements in the Trust.

Every single idea, comment and insight put forward through this process was read and analysed, and as a result of all of this extensive work, we now have a refreshed set of values for the organisation, and a set of nine behaviours that staff have told us they expect everyone to demonstrate if they are truly living our values. At February's Board of Directors the analysis was shared and was supported by the Board.

Importantly, the work that was done in this first phase of Our Voice, Our Future has not been forgotten. Inevitably some of the larger pieces of work arising from the initial workshops had to be paused as we focused on our response to Covid-19, however we are now in a position to restart this work in earnest. This includes the refreshed values and associated behaviour framework, and a final decision on changing the name of the Trust.

As the pandemic developed, I received feedback from several staff asking how we might capture the wealth of positive difference that came about through rapid change and innovation in response to the challenges presented by Covid-19. As a result we launched an online workshop, similar to those run previously, to do three things:

- To capture the great work that has been done in response to the outbreak, and identify the ways of working that we wanted to continue.
- To hear suggestions on how best to support staff's health and wellbeing during this sustained period of uncertainty.
- To provide an opportunity for staff to say thank you to colleagues, and to share stories about someone who has made a difference.

More than 1,000 staff shared over 8,600 contributions - a combination of ideas, comments and votes. Feedback on the suggestions that we could quickly action has been shared through my weekly updates, through the regular Covid-19 bulletins and through Staff Matters.

This workshop has now closed and we have put together a plan for taking forward the remaining actions as well as communicating the work done far, and the positive feedback that colleagues have shared.

3. Humber Coast and Vale Health and Care Partnership (ICS)

Throughout the pandemic work has been progressing to establish Humber Coast and Vale (HCV) Health and Care Partnership as an Integrated Care System (ICS).

Progress is being made to establish the ICS and further detail regarding the broader operating arrangements has now been agreed and shared, including the role played by our trust.

ICS status was granted on 1 April 2020, and operating arrangements have now been agreed through the ICS Partnership Board, following engagement with leaders from all of the partnership organisations.

A document explaining these arrangements is appended to this report, for information. In summary, the operating arrangements enable partners to work together at three levels, and each grouping has its own key responsibilities:

- Place (North Lincs, North East Lincs, Hull, East Riding, York, North Yorkshire)
- Geographical partnerships (Humber and North Yorkshire and York)
- Partnership-wide (all of Humber, Coast and Vale)

At the partnership-wide level, working arrangements have been agreed, and include:

- A Partnership Board, meeting monthly and consisting of all Partnership chief executives and accountable officers
- A Partnership Assembly, bringing together the Partnership Board with non-executives, elected members, clinical and professional leaders, voluntary and community sector representatives and other key stakeholders, two or three times a year as means of purposeful engagement to guide the strategic direction on the partnership.

The partnership-wide arrangements also include a number of other groups such as sector-specific provider collaboratives, a clinical and professional group, a population health and prevention board, and a non-executive and members group.

Other forums that have been in place for some time are being reviewed and reshaped to reflect the new operating arrangements, including the Partnership Assurance and Oversight Group.

The attached paper provides further detail with regard to the ICS's shared vision, purpose and operating principles.

4. Care Quality Commission (CQC) update

At the last Council of Governors meeting we shared the detailed action plan in response to the CQC's inspection in the summer of 2019, and subsequent follow-up visits.

A significant amount of work has gone in to delivering the action plan, and this has continued in spite of the coronavirus pandemic, with good progress being made against the requirements. Inevitably some of the emphasis has changed in response to the coronavirus, however we are confident that we have robust plans to address the major areas of concern, for example with regard to the environment and processes in our emergency departments, particularly for children and patients with mental health conditions.

5. Clinical strategy development

The Trust has appointed Emma Fraser as Programme Director for Clinical Strategy to support us over a fixed period in moving this work forward.

Emma was Director of Strategy and Planning at Leeds Community Health and has also worked as a Programme Director supporting the West Yorkshire and Harrogate Integrated Care System since 2016. Emma also has experience as a Foundation Trust Programme Director.

Emma will join us in September and, as part of Chief Operating Officer Wendy Scott's team, will work with both our clinical leadership teams and our system partners to develop a strategy for sustainable clinical services, linking in with other key pieces of work such as the Scarborough acute service review.

6. Director appointments

Delroy Beverley took up the post of Managing Director of York Teaching Hospital Facilities Management LLP at the start of April. Delroy joins the LLP from Nottingham where he was executive director at one of the UK's largest housing companies. He has over three decades of senior leadership experience spanning housing, local government and the private sector.

On 1 June, Professor Matthew Morgan joined the trust's Board of Directors as a stakeholder non-executive director. Matt is Deputy Dean and Professor of Renal Medicine and Medical Education at Hull York Medical School. As Deputy Dean he supports the Dean in the strategic development and delivery of the Medical School.

Matt has wide experience in both undergraduate and postgraduate medical and allied health profession education and is a Fellow of both the Higher Education Academy and the Royal College of Physicians. He has also been active in promoting diversity and inclusion in healthcare and healthcare education. He continues to practise as a consultant in renal medicine in the NHS.

We also welcomed Chief Digital Information Officer (CDIO) Dylan Roberts to the Board on 10 August. Dylan has over 30 years' experience spanning local authorities, the NHS and the private sector. He was CDIO for the City of Leeds from 2018, including Leeds City

Council, NHS Leeds CCG, Leeds City Digital Partnership and Digital Strategy Lead for Yorkshire and the Humber.

Finally, Non-executive Director Jennie Adams is leaving us at the end of August to take up a role as chair for a housing association in York. Jennie has been a member of the Board since 2012 and has chaired a number of committees, most latterly the resources committee. As a Scarborough resident Jennie has been a strong advocate for patients on the east coast and I am sure you will join me in wishing Jennie well and thanking her for her significant contribution. We are in the process of planning the recruitment of a new non-executive director.

Humber, Coast and Vale Health and Care Partnership

Partnership Operating Arrangements

(summary version)

The Humber, Coast and Vale Health and Care Partnership was established in 2016 and comprises 28 organisations from the NHS, local councils, other health and care providers including the voluntary and community sector.

The Humber, Coast and Vale Health and Care Partnership achieved Integrated Care System (ICS) status in April 2020, a year ahead of the requirement set out in the NHS Long Term Plan. Through the ICS, partner organisations have two key responsibilities to:

1) Co-ordinate the transformation of health and care across settings; and
2) Collectively manage system performance.

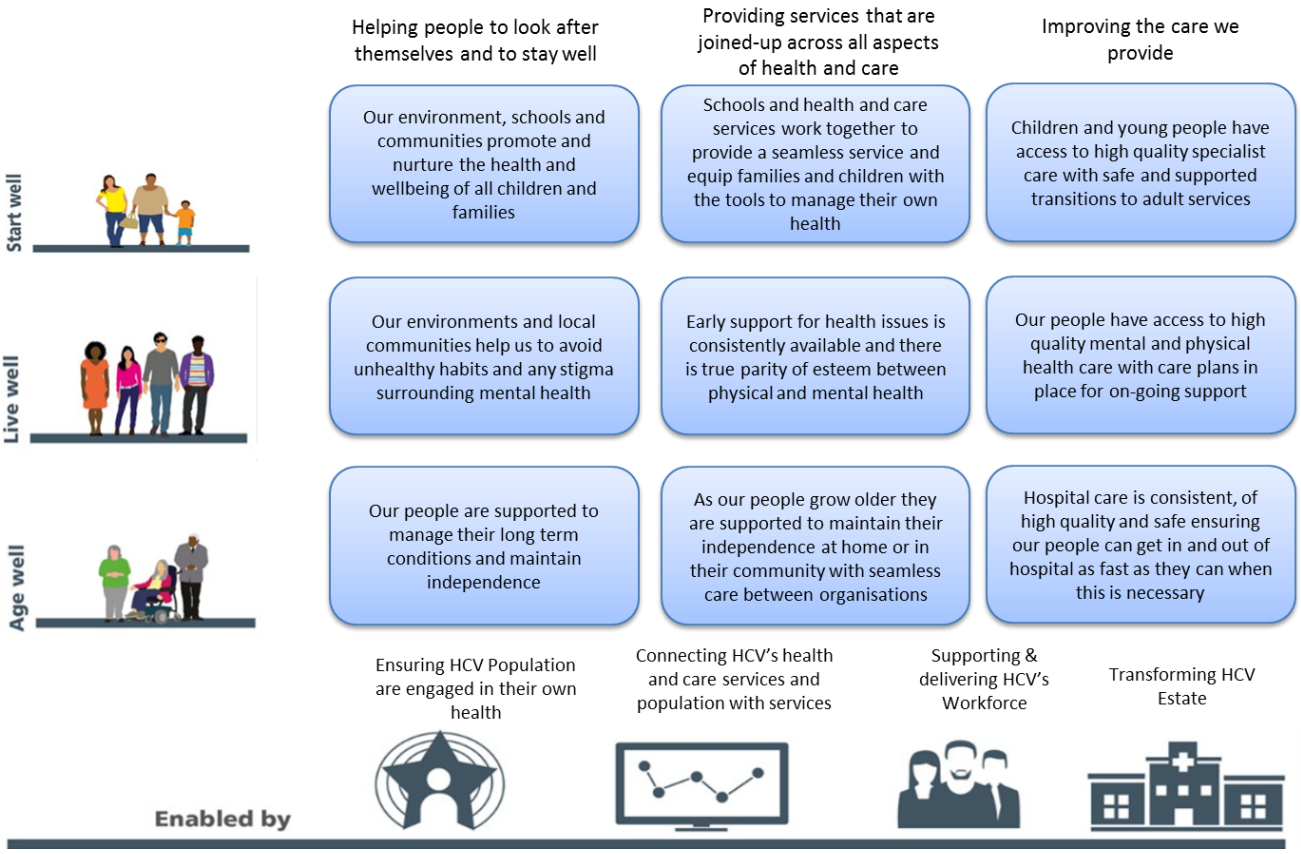
Our Shared Purpose

The collective purpose of the Partnership is "***to improve the health and wellbeing of our people and address inequalities in our communities.***" This collective purpose is described through the framework set out below.

	Together we will…
Population health	Design, facilitate and deliver a population health and care system that improves the lives of our people and strengthens our commitment to and investment in public health by making evidence-based decisions using the best available data from across all sectors.
Prevention	Put the prevention of ill-health and improving the health and wellbeing of our population at the front and centre of all our activities, with an emphasis on reducing inequalities.
Partnership	Ensure in a shared endeavour across agencies, with communities, and with the people who use our services to listen to and involve them in delivering and making decisions on the shared purpose, vision and priorities.
Place	Ensure subsidiarity and reinforce the primacy of place in all of our activities by working together at the right level for the decisions and actions required.
Politics and the public	Work closely with our local politicians in ensuring maximum engagement and public ownership of our strategies, plans and actions. In so doing, use our collective strength to influence policy-making regionally and nationally.
Pace	Create a culture and an environment for swift and agile implementation of our plans.
Pandemic	Collectively use our resources at every level to combat COVID 19 and limit its impact and to be able, as a system, to manage both response and recovery.

Our Shared Vision

The following diagram is intended to describe our vision of **"start well, live well and age well"** alongside our priorities as set out in our Partnership Long Team Plan.



Our Shared Operating Principles

The Partnership's operating arrangements are underpinned by the following core principles. Through the operation of the Partnership (ICS), we will:

a. Ensure that the needs of our population are at the heart of all of our activities, redesign and delivery of services;
b. Deliver the vision through the Humber Partnership and North Yorkshire & York Partnership;
c. Implement our plans through Place and our organisations;
d. Through a strategic commissioning approach, enable the conditions for change to be led and implemented by our health and care providers and the redesign to be professionally led, wherever possible;
e. Support Local Government in their leadership of societal and economic response to COVID-19;
f. Fully embrace the voluntary and community sector at every level;
g. Work in partnership with our staff and their representatives at every level;
h. Work with Non-Executive Directors and Elected Members to ensure they play a key role in our leadership, governance and our development;

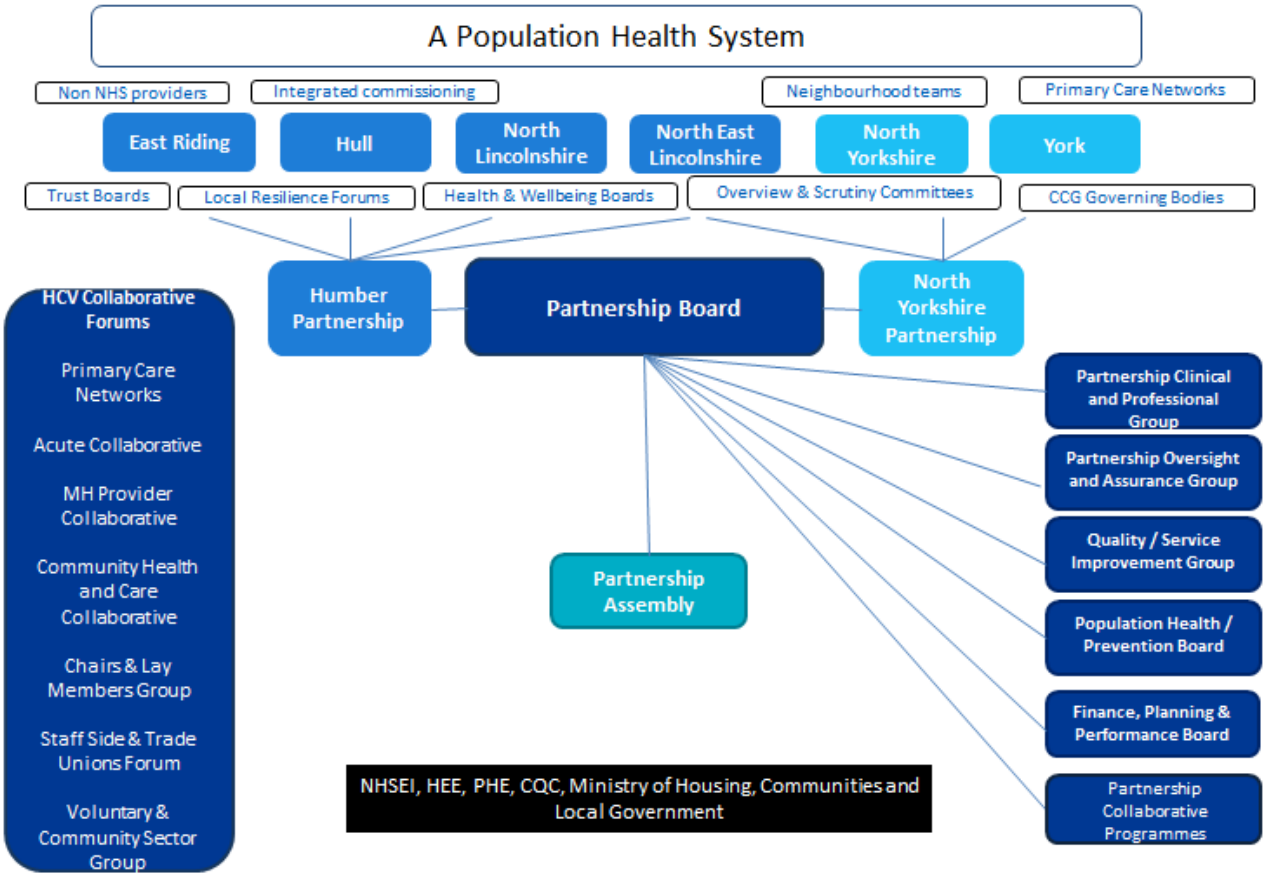
i. Enable the public and, in particular, people who use services, to have an active role in shared decision-making about their lives and care and help to shape our plans and services for the future, as well as providing feedback on what we do now;
j. Consciously adopt a *"less is more"* approach so that we actively minimise duplication of effort and bureaucracy at every level by avoiding layers of new governance on existing governance.

Our Shared Operating Arrangements

As partners work together through collaborative arrangements at Place, through the geographic partnerships and at scale across Humber, Coast and Vale, we will routinely apply the following tests to determine what is delivered most effectively and/or efficiently at scale, whilst having regard to any wider socio-economic impact arising:

- Best outcomes will be achieved as a result of critical mass beyond local population level;
- Sharing best practice and reducing variation; and
- Better outcomes will be achieved for people overall by operating at scale or by tackling 'wicked issues collectively
- Best outcome for those that rely on our services and for those that fund our services locally and nationally

The diagram below sets out the key groups and arrangements that make up our Integrated Care System in Humber, Coast and Vale.



Broadly, the key responsibilities undertaken across each of the main groupings that make up the Partnership are as follows:

Place (North Lincs, North East Lincs, Hull, East Riding, York, North Yorkshire)	• Population Health led approach to determining the needs of our people and plans around segmented groups • Development of Primary Care Networks • Aggregating communities to a scale for agreeing wider service changes • Alignment with a local authority (Unitary/County Council) • Management of resources (buildings, technology, people and or money) aligned to make change happen • Delivery of provider led services, change and integration • Mutual accountability for outcomes and performance • Enabled to be part of the decision making, particularly through geographical partnerships and HCV Partnership-wide
Geographical Partnerships (Humber; North Yorks & York)	• Population Health led approach to determining the needs of our people and plans around shared health inequalities and / or where there is added value to bring the Places together • Act in the best interest of the populations, ensuring that no one Place is adversely affected or that health inequalities are increased as a result of any decision • Deliver strategic service changes / innovation where it adds value to Place(s) • Strategic commissioning and leadership and service planning • Enable conditions for provider led change and integration • Equal consideration of place, populations, providers: • Resources shifted to lock in / make change happen; shaped around needs of populations, communities and our shared challenges • Enabled to be part of the decision making, particularly Partnership-wide • Maximum allocation of resources and responsibility through the Partnership taking account of nationally, regionally agreed frameworks/policies.
Partnership-wide (Humber, Coast and Vale)	• Large scale transformation programmes e.g. Population Health, Green, Digital, Workforce, Estates & Capital, and Quality etc. • Assurance including significant service change, NHS financial control totals, • Big campaigns – public engagement, climate change, alcohol, smoking and obesity • Inward investment • Realising our ambition to be a national leader on clinical & professional engagement • Developing leadership capacity and succession planning • Enabling rapid improvement and innovation • Championing learning and best practice, locally, nationally and internationally • Enabling the development of top performing organisations and services • Managing upwards and outwards

Partnership Working Arrangements

The working arrangements to be established at a Partnership-wide level include a Partnership Board and Partnership Assembly as set out below.[1]

- **A Partnership Board** – that brings together all Partnership Chief Executive / Accountable Officers together monthly. The option to convene virtually outside this schedule to make important decisions as required and /or endorse and sign off important items will also be available.
- **Partnership Assembly –** this will bring together the Partnership Board with Non-Executive, Elected Members, Clinical and Professional Leaders, Voluntary and Community Sector, patient or local community representative and other key stakeholders two or three times a year to guide the strategic direction of the Partnership through purposeful engagement.

Provider Collaboratives (sector-specific)

We will develop a number of sector specific provider collaboratives or networks (Acute, Community and Mental Health). The collaboratives should be seen as a formal part of the operating arrangements and are intended to add value by leading programmes of work across the Partnership relevant to their sector, providing expert advice and support to Place, geographic and partnership-wide plans and activities.

Clinical and Professional Group

The Clinical and Professional Group has been established to provide a multidisciplinary clinical and professional steer, constructive challenge, oversight and assurance to the Partnership Strategic Priorities and Areas of Focus including pathway and service redesign as well as issues and challenges escalated from Place or the Geographical Partnerships.

Population Health and Prevention Board

A Humber, Coast and Vale Population Health and Prevention Board has been established to enable a strategic and collaborative approach to Population Health, Public Health, Prevention and for tackling inequalities and to put this front and centre of our activities.

Non-Executive and Members Group

The Partnership has a Non-Executive and Members Group which includes Chairs of partner organisations and elected members (either Chairs of Health and Wellbeing Boards or executive members).

Existing/other proposed Forums

There are number of Partnership-wide forums that have been established for some time and some of their activities will need to be reshaped in the light of the changing operating arrangements. These include the Partnership Assurance and Oversight Group, the Strategic Finance and Planning Group, the Staff-side and Trade Union Forum and the Voluntary, Community and Social Enterprise Sector (VCSE) Leaders Group. A Primary Care Network (PCN) leaders group and a Quality Forum have also been proposed and these are currently under discussion.

[1] **Place, Geographical Partnerships and Provider Collaboratives** - will determine their own schedules of working.

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York Teaching Hospital
NHS Foundation Trust

Council of Governors – 1September 2020
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 Group
- Charity Fundraising Committee
- Fairness Forum

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)
Jeanette Anness – Public Governor (Ryedale & East Yorkshire)

Date: August 2020

1. Lead Governor Report

This has been another interesting and very challenging 3 months particularly with the Covid 19 virus. It is recognised that staff have worked very hard under extremely difficult circumstances to ensure that patients get the best possible care and are kept in contact with their families. Governors want to express to all staff their thanks for all the dedication and hard work over this particularly difficult time. It has been a tremendous team effort which is very much appreciated. There have been two specific events held to acknowledge the hard work staff have undertaken, remembering those who very sadly died after contracting the virus and to recognise the birthday of the NHS. All staff were invited to join these events and it was good to see so many present.

The Patient Experience Steering Group (PESG) was held on 22nd July by webex and was chaired by Tara Filby, Deputy Chief Nurse, and she will chair this meeting in the future. Thank you to those Governors who gave Sheila and I questions to raise on behalf of the Council of Governors. Because the Governor Forum was due the responses have not been sent out. I have attended a number of meetings using webex but the PESG is the one in particular I would like to mention. As the agenda was so busy, 2 reports were left until the next meeting. To ensure there is time for these the PESG is now to be held every 6 weeks instead of every 3 months. The meeting flows into the Quality Group chaired by Lorraine Boyd and hence onto the Trust Board when Lorraine gives her feed-back. Tara is also proposing a task and finish group to look at the Fundamentals of Care as a response to the in-patient survey. No start date yet or information on how long the group will meet for or how often. **Please can any governor interested in joining Tara's group give their name to Tracy asap.** The numbers of complaints have reduced but it was felt that this might be as a result of Covid. Volunteers have been asked to NOT work at the moment to reduce the numbers coming into the Trust. The issue of the FFT in A&E at York was raised and Catherine Rhodes stated that the patients were encouraged by text message to give their views of the service they received which included the e-mail address to do this. It continues to be a concern that the numbers are low and the system as a whole is under review. Few cards are being returned from the wards at the moment. The hospital is starting to resume some of the outpatient work halted by Covid and patients are informed by phone or letter.

As you are aware Jennie Adams is leaving us and we want to thank her for her contribution to the Trust and, in particular, for championing the needs of Scarborough/ East Coast patients. Jennie is obviously very well read at the Board and seeks clarification at every opportunity. The advert has gone live for her replacement and after an extra-ordinary Nom/Rem meeting it was agreed to seek candidates with an accountancy qualification to support Jenny McAleese, if possible covering the East Coast area, and considering a BAME background. The advert closes on 30th August and it is hoped to give the offer on 18th September. There will need to be an extraordinary Nom/Rem and CoG meetings before this can happen.

There was a reminder that the Trust goes smoke free from 1st August 2020.

Margaret Jackson
Lead Governor

2. Travel & Transport Group Report (15.05.20)

Delroy Beverley (new Managing Director of YTHFM LLP) took the chair. Dan Braidley is to invite Duncan McIntyre (York City Council) to join the group. Discussions re the car parking at York Stadium have been delayed because of the lockdown. This could be a problem for the future with Physiotherapy and other staff having to drive form the Hospital to do outpatient appointments. Concern was expressed by all at the lack of planning for car parking spaces owing to the new build and, in particular, which staff will remain eligible for parking permits.

The Park & Ride has proved successful and is being extended for a further 3 years. Because of COVID 19 there has been much less usage of the bus service. An extra bus stop has been provided at York Station. Some timing issues were raised but these have been sorted out by First York.

Work continues on the Travel Plan; plans to have more Webex meetings to reduce business mileage. Suggestions that more Webex outpatients' appointments might help with patient mileages and reduce carbon emissions were discussed. However, the problem for older people is the lack of technology to use this.

There appears to be many more people using bicycles, patients as well as staff, during the Covid 19 difficulties and the roads in York are much quieter.

I raised the issue of shower and changing facilities to be provided for cyclists. Hopefully this will encourage more staff to cycle to work. There are also suggestions to introduce a pool bike service perhaps from the Station now that the Scarborough Bridge is open.

Enterprise has been most helpful in providing staff and departments with the use of hire vehicles at short notice through the lockdown; they will continue to support the Trust as much as possible. I also asked how cars were being kept sanitised between uses and was assured this was being done correctly.

Thanks were expressed to the City Council, Nestle, Bootham and St Peter's school for providing the Trust and their staff the use of their car parking spaces free of charge during the lockdown. Notices have advised staff of this facility.

I confirmed that in spite of the lockdown Ryedale Community Transport continues to offer transport, this is mainly being done by younger volunteers! Sadly York Wheels staff have been furloughed so this service is no longer being provided.

Sheila Miller
Public Governor (Ryedale & East Yorkshire)

3. Out of Hospital Care Group (12.06.20)

Attendees:

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

In attendance:

Vicky Mulvana-Tuohy, Deputy Chief AHP
Kath Sartain, Lead Nurse, End of Life Care

Apologies:

Summary of topics discussed

Matters arising:

The summary of the previous meeting was accepted as a correct record. It was noted that the action around relating to the previous PDF format for agendas has been completed.

Noted that the action relating to the Quality Statement needs to relate to next year's statement as this has already been completed for the current year.

The action relating to community engagement highlighted that this is a larger issue relating to the role of the governor – suggestion is to pick this up through the Council of Governors.

End of Life Care Update:

Kath Sartain, Lead Nurse for End of Life Care, provided an update to the group relating to developments in End of Life Care during the COVID pandemic. She described how teams in the Trust (including the palliative care team, community nursing and community response team) and partners (including St Leonard's Hospice, primary care and the continuing healthcare team) had come together to design a new integrated model in the space of a few days. The service provided a single point of contact for all end of life referrals and advice and operated over extended hours. The service was involved with nearly 200 patients in the first two months.

The specialist team have also been involved in developing and delivering educational resources to care homes, GPs and community nurses as well as producing new guidance around the management of care at the end of life. The group acknowledged the significant work undertaken and thanked Kath of behalf of her team.

Management of risk to support home first:

Vicky Mulvana-Tuohy, Deputy Chief AHP, attended and shared with the group a presentation that has been delivered to social care staff, nurses, therapists and discharge specialists. The sessions supported attendees to consider different ways of considering risk around hospital stays and going home. It included a mixture of myth-busting, coaching, challenge and learning from attendees' experiences.

Vicky noted that staff had reflected in the sessions on the cultural barriers that impact on them taking positive risks, the need for whole MDT engagement (including medical staff) and capacity constraints in the community to provide the required support at home.

The group discussed how governors could support sharing these messages through their networks, the impact of a 'blame culture' on taking positive risks and how to escalate the impact of community capacity constraints.

COVID-19 and Adult Community Services:

Steve Reed, Head of Community Services, presented a brief overview of how community services had been responding to the pandemic. This included the establishment of command and control arrangements, partnership working, rapid service redesign across all clinical areas, adoption of national guidelines (and adaption of local ones for delivering in community settings), establishing support to care homes and the development of plans for restoring services over the coming months.

The group noted the speed of the changes that had been implemented and discussed the impact on care homes.

Terms of reference:

The discussion highlighted the need to clarify how governors engaged with their communities in order to define the role of the group. This included the current expectation that governors represent their localities and bring intelligence from these around how out of hospital care is impacting on local people. The group also discussed the potential for governors to be able to share key messages (such as the Home First principles). Future chairing of the group was also discussed.

Workplan for 2020:

Forward plan to include items on:

- Frailty at the front door;
- Ageing Well Programme;
- Paediatric community services.

Actions Agreed

- Consider the development of a governors quality statement relating to community services for 2020-21 (Margaret Jackson, September 2020)
- Suggest discussion at Council of Governors regarding what opportunities there are for governors to engage with communities (Margaret Jackson, September 2020)
- Review Terms of Reference (Steve Reed/Lorraine Boyd, September 2020)

Next Meeting

18 September 2020, 10am-12pm on WebEx.

Steve Reed
Head of Strategy for Out of Hospital Services

4. Charity Fundraising Committee (23.07.20)

The Charity Fundraising Committee met on Thursday 23rd July 2020 via video conference, due to the COVID-19 restrictions.

We are all very grateful for the efforts of Captain Sir Thomas Moore, and more locally, the writer and artist Harland Miller whose fundraising efforts have brought in huge sums of money to our Trust's charity which has been used to support staff during the peak of this outbreak.

There has also been a tremendous amount of non-financial support from our community, valued in excess of £100,000, such as camp beds, iPads and tablets, 12,000 Easter eggs, meals and care packs for staff, toiletry kits for patients and also thousands of pieces of home made scrubs.

I never cease to be amazed by the tenacity of our supporters. Take the example of 6 year old Dylan Every, who raised money for the charity by climbing 58,070 steps - the equivalent of the height of Mount Everest, at his home. I am reasonably certain I have not climbed 58,070 steps in my life!

The Charity has produced a very informative update which outlines much of the fundraising and support which has taken place since the Covid-19 outbreak and does so far better than I could ever write. This can be viewed here: https://issuu.com/ythc/docs/ythc_covid_update .

There is some concern as we look to the future that many of the events which our fundraisers undertake have been cancelled. For example, The Great North Run, the Dragon Boat Races, The Pike Hill's Golf Day or the Yorkshire Clay Day. While some events are lost for 2020 there are some, like the Great North Run, which have been moved online so participants can still run locally and have their progress mapped via an app.

Some thought is being given to more local events which could be social distant or virtual - Maya is currently threatening me with a Fire Walk event in Malton. The team is also currently planning a webcast in memory event, which is tentatively titled Lights on the Lake, where those who wish to remember the passing of a loved one could do so.

My personal thanks go to Rachael, Maya, Joe and Emma for being so reactive to the pace of change that Covid-19 has forced upon us. Their plans for 2020-21 have gone out the window and they've handled the logistical nightmare of processing and distributing all of the physical donations very well indeed.

The next meeting of the Fundraising Committee is expected to be on the 5th of November 2020.

Andrew Butler
Public Governor (Ryedale & East Yorkshire)

5. Fairness Forum (20/05/20 and 14/07/20)

The Fairness Forum meetings are now chaired by Tara Filby – Deputy Chief Nurse. The new Terms of Reference have been accepted.

The Assistance Dogs Draft Policy and the Guidance on Written Patent Information are now with the Staff Side for approval. It is hoped that both policies can go live on 01/08/20.

Nichola Greenwood reported that 888 staff have completed the online training for Patient Equality and Diversity – a huge increase on the 77 who had completed 9 months ago.

In 2019 two Dementia Friendly Audits were undertaken to assess the environment for patients living with dementia – one was from the Kings Fund and one from Stirling University. Although the audits were very different in design the results were very similar. Key issues included:

1. Toilets on the Scarborough site where physically impossible for a person to access independently if they used walking aid.
2. Signage – need pictures and text and to be at the appropriate height.
3. Ensuring flooring is noise absorbent, non-shiny and that walls and furnishings are not heavily patterned.

Obviously all the improvement cannot be delivered at once but the recommendations should be addressed as clinical environments undergo redecoration or resign. Dave Biggins shared the new colour scheme range which should be used for future redecoration.

Darren Neale attended the meeting to provide an update on PLACE. From the initial 360 outstanding actions there are now158. Maggie Bulman [Capital Projects Manager and LLP Rep] has suggested that a `lump sum` is set aside for audit recommendations but this has not yet been approved. No decision about PLACE 2020 has been received so far but it's extremely unlikely that it will go ahead this autumn. There are 50 high priority accessibility issues and 170 which are mapped against PLACE assessments. Maggie Bulman was asked to raise a`capital project check-list and standardisation` with the LLP and feedback in September.

Rachel Baines gave the Chaplaincy update - she spoke very movingly about the Week of Reflection. Spiritual care packs have been well-received by patients who needed them - they contained knitted hearts, tea lights and hand-held crosses. Progression on the ritual washing facilities for the staff members of the Muslim Faith is still ongoing.

The `Accessable` guides for Scarborough hospital are now available on their website and the Communications Team will share information about this. A plaque will be displayed at the hospital entrance.

Healthwatch North Yorkshire will bring the LGBTQ+ and annual report to the next meeting. Heathwatch York will include a report regarding BAME in their Covid 19 report and their experiences of health services.

Jeanette Anness
Public Governor or Ryedale and East Yorkshire

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York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 1 September 2020
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

The Group discussed the following items:

- Stakeholder Governor Vacancy
- Committee Tenure for Governors
- Constitution Review
- Council of Governor Effectiveness
- Terms of Reference

Items are covered in more depth in the report.

Recommendation

The Council of Governors is asked to note the report and approve the revised terms of reference.

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

Director Sponsor: Susan Symington, Chair

Date: August 2020

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 July 2020 to discuss a number of matters arising and then moved on to discuss the following topics:

The Group discussed the following items:

- **Stakeholder Governor Vacancy** – it was agreed to look for a third sector Governor once the constitution has been amended.

- **Committee Tenure for Governors** – the Group discussed whether Governors should only sit on committees/groups for a year in order to allow other Governors more opportunities to nominate themselves to sit on the committees/groups. It was agreed to keep the ruling the same as Governors do have opportunities to apply for committees/groups and the current terms allow Governors to gain an understanding of the Group and how it works.

- **Constitution Review** – The Group considered and agreed to propose a number of amendments to the Constitution and a formal paper is part of the Council of Governors meeting.

- **Council of Governor Effectiveness** – the Governors were asked to complete a template which looked at the work/effectiveness of the Council of Governors. The Trust used a template which was provided by another Trust. The work was condensed into the items requiring discussion and further work and discussed at the Constitution Review Group. A number of actions were taken away to be progressed. However, the main action is to provide a development day for Governors. Unfortunately, this was scheduled for April 2020 but was cancelled due to the pandemic. This date has now been rearranged for the 16 November 2020. An external company has been engaged to provide the training.

- **Terms of Reference** – the terms of reference are appended for approval with the items changed identified by red text.

3. Detailed Recommendation

The Council of Governors is asked to note the report and approve the revised terms of reference.

York Teaching Hospital NHS
NHS Foundation Trust

Constitutional Review Group	
Terms of Reference	
1	**Status**
1.1	The Constitutional Review Group (the Group) is a sub group of Council of Governors. The Group will report to the Council of Governors on a quarterly basis.
2	**Purpose of the Group**
2.1	The Group will review the Constitution and supporting documents and make recommendations to the Board and Council of Governors as to appropriate changes.
3	**Authority**
3.1	The Group is a formal sub group of the Council of Governors and is accountable to the Council of Governors.
4	**Legal requirements of the group**
4.1	The Group can make recommendations to the Council of Governors and Board regarding changes to the Constitution.
5	**Roles and functions**
	To periodically review the Constitution to ensure it reflects current legislation and practice.
	To review the process for significant transactions to ensure that it reflects current legislation and practice.
	To review as appropriate the Code of Conduct.
	To review as appropriate the process for Governor non-attendance at meetings.
	To review as appropriate the Governor Training Programme.
	To review as appropriate the process for External Audit Appointment
	To build a compliance manual
6	**Membership**
	The membership of the Group will comprise:- • Foundation Trust Secretary (Chair) • 5 Governors
7	**Quoracy**
	The Group will be quorate with 3 governors attending. If the Chair cannot attend a meeting then the meeting will be cancelled and rearranged when the Chair is available.

8	**Meeting arrangements**
	The Group will meet four times per year and all supporting papers will be circulated 4 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. The Foundation Trust Secretary will supply the Secretariat service to the meeting.
	The Chair of the Group has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the Group.
	Where members of the Group are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Chair of the Group.
9	**Review and monitoring**
	The Foundation Trust Secretary will maintain a register of attendance at the meeting. Attendance of less than 50% will be brought to the attention of the Chair of the Group to consider the appropriate action to be taken. The terms of reference will be reviewed every two years.

Author	Lynda Provins, Foundation Trust Secretary
Owner	Constitutional Review Group
Date of Issue	
Version #	V1.00
Approved by	Council of Governors
Review date	June 2022

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 1 September 2020
Governor Elections Update

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

To provide the Council of Governors with an update on the progress of the Governor elections.

Executive Summary – Key Points

Elections are held every year for Governors who have come to the end of their term or any vacancies that have occurred during the year.

This report confirms the election timetable and the vacancies available.

Recommendation

The Council of Governors is asked to note the progress of the elections.

Author: Lynda Provins, FT Secretary, Asst. to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: August 2020

1. Introduction and Background

The Council of Governors holds elections every year for Governors who have come to the end of their term or any vacancies that have occurred during the year.

This year the process has been delayed by a month due to the pandemic situation.

2. Details

This year the following constituencies have seats available for election:

Bridlington 2 seats – Clive Neale resigned and there was an existing vacancy due to lack of nominations the previous year
Selby 1 seat – no nominations received last year
York 1 seat – Robert Wright (end of term)
Scarborough 1 seat – Richard Thompson (end of term)
Scarborough & Bridlington Staff 1 seat – No nominations received last year
York Staff 2 seats – Mick Lee and Jill Sykes (end of term)

Successful candidates will be appointed to the role of Governor for three years before they are required to stand for election again.

A number of new ideas are being introduced to increase the visibility of the elections including emails sent out to members, articles in Membership Matters, information placed on the website, use of social media including the Trust's FaceBook account and Linkedin, Banners being ordered and adverts in local papers being explored.

Individuals who are interested in a governor post can contact the Foundation Trust Secretary for more information.

A number of enquires have already been received.

3. Timetable

The timetable for the election will be as follows:

Election stage	**Date**
Trust to send nomination material and data to ERS	Friday, 31 July 2020
Notice of Election / nomination open	Friday, 14 August 2020
Nominations deadline	Monday 14 September 2020 5.00pm
Summary of valid nominated candidates published	Tuesday 15 September 2020

Final date for candidate withdrawal	Thursday 17 September 2020
Electoral data to be provided by Trust	Tuesday 22 September 2020
Notice of Poll published	Monday 5 October 2020
Voting packs despatched	Tuesday 6 October 2020
Close of election	Thursday 29 October 2020 5.00pm
Declaration of results	**Friday 30 October 2020**

4. Recommendation

The Council of Governors is asked to note the progress of the elections.

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York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) – 1 September 2020
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

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

Executive Summary – Key Points

The main points discussed were membership numbers, membership seminars, the current membership survey and the membership strategy. The breakdown of the ongoing survey results can be found at (appendix 1 attached).

Recommendation

The Council of Governors is asked to note the report.

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

Director Sponsor: Susan Symington, Chair

Date: September 2020

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 July 2020 and discussed 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 gives an overview of the current status of the Trust's membership. Despite numerous strategies put in place to promote membership of the Trust and its benefits membership has continued to decline. As at June 2020 membership stood at 10,254. However, the Trust is not an outlier in this respect and many Trusts are struggling to attract membership.

The group discussed the following:-

- The current opportunity to engage with people while they still want to help their NHS, to celebrate being a member and making a difference to the NHS via their local Trust. One of the Group members had looked at over 20 Trusts in respect of what they were doing and, suggested the following:
    - Changed seminars to reflect the current situation
    - Holding virtual seminars
    - Name seminars so they were more engaging
    - Doing virtual behind the scenes tours
    - Highlighting discounts for members
- An A5 leaflet which had been created which details the role of a governor, what they can do as a governor and how to become a member of the Trust. This has been shared with Governors and is in the process of being circulated/distributed.
- Posting about membership on social media and it was noted that the elections are currently being promoted.

Membership Seminars Report

The Group noted that the seminars were on hold due to the pandemic situation and went on to discuss what type of seminars could be arranged to reflect the current situation. It was agreed to look at what virtual seminars/tours could be provided and to look at how the Trust could facilitate some virtual "Meet the Governor" seminars.

Membership Survey

The group noted that an ongoing survey has been added to the website and looked at a breakdown of the results from the survey up to the beginning of July 2020.

It was agreed to look at doing a summary along the lines of "You Said, We Did" for Membership Matters to show engagement and progression. The responses are appended to this report at Appendix 1.

Membership Development Strategy

The Membership Development Strategy will be updated following the discussion and the action log will include a number of actions from the meeting.

3. Detailed Recommendation

The Council of Governors is asked to note the report.

APPENDIX 1

Q:1 What topics would you be interested in learning more about?

End of life care
Regional healthcare plans and York's role within the wider region
the way the Trust interacts with CCGs, care services, the local authority: how can we deliver a joined up service?
Hospital administration - how can efficiency be improved? Finding information on the website
None really, maybe something on current events eg Coronavirus
future development of elderly care in the community and care homes. Heart disease.
Learning more about people with Dementia and how it affects patients and their families
Obesity links to heart attack. Alzheimer's workshops. Gastro interventions.
How the trust monitors hospital standards
Keeping the General Public well informed about the services available to them. More about hints on preparing for a stay in hospital, both at short notice and by appointment.
Cancer care and all related information.
Future plans for services.
Transparency
Research.
age related disabilities
Cancer
The future of Bridlington hospital, if there is any.
Cancer research.
The structure of the NHS from GP through in/out patient treatment to discharge. Specifically being referred by GP's to appropriate specialist consultants
How best to use the emergency care options; developments in the eye and skin departments.
Actions to improve efficiency - doing more with less money
Staffing situation
Waiting times. Other performance indicators
patient care. cancer research
Training more nurses
Mental Health
Dementia , Bereavement after_care , copd
Hospital hygiene
eyes & bones ,circulation
Future infrastructure improvements. How well my local trust meets NICE Guidelines.
Respiratory illnesses
urology and diabetes
Palliative care
Respiratory conditions
Emergency planning and advances in day surgery
efficiency and improvements made by trust. areas they feel need targeting
Dementia

Joined up health and social care
Infection control.
How the elderly are managed (after hospital stay but not quite ready for home) to enable them to convalesce and time to recuperate but not in a residential home.
Nutrition
How the Trust plans to manage waiting listo. How it makes decisions generally.
online diagnostics- online monitoring diagnostics
Cancer Care. Integrated Health and social Care
Upgrading and better service
Loss of hearing and related damage/infections to eaEd.
Outcomes compared to other UK hospitals
Care of the elderly infirm
Cancer-related issues
Cancer
Cancer care, provision for mental health, staffing
Ms. Cancers
Blood disorders and the complications arising therefrom
Cancer care and transportation for those less able
Health Promotion
Rheumatoid arthritis
Cancer treatments; staffing levels; possibilities for extending the buildings, including the carpark, upwards.
Plans for Scarborough Hospital
Future planning for increased number of elderly within population which will inevitably put additional strain on NHS.
All future plans for health care in York and Selby
Preventative medicine
Quality of service stats
FLS/Bone protection service
Diabetes, depression
Speeding up the triage system for A&E dept , releasing ambulances much quicker
After care
Any of your plans which will detrimentally impact even further on residents of Ryedale and the East Coast.
Overall plans for the hospital's development specifically with regard to consistency of high standards of care across the departments
cardio research and update on cancer
ears
How the hospital communicates with the GP's and other care providers
Travel arrangements and parking at hospital. Joining up hospital records with gp records.
Trust Resource List
About plans for becoming carbon net zero. As a follow on to the talk in 2019.

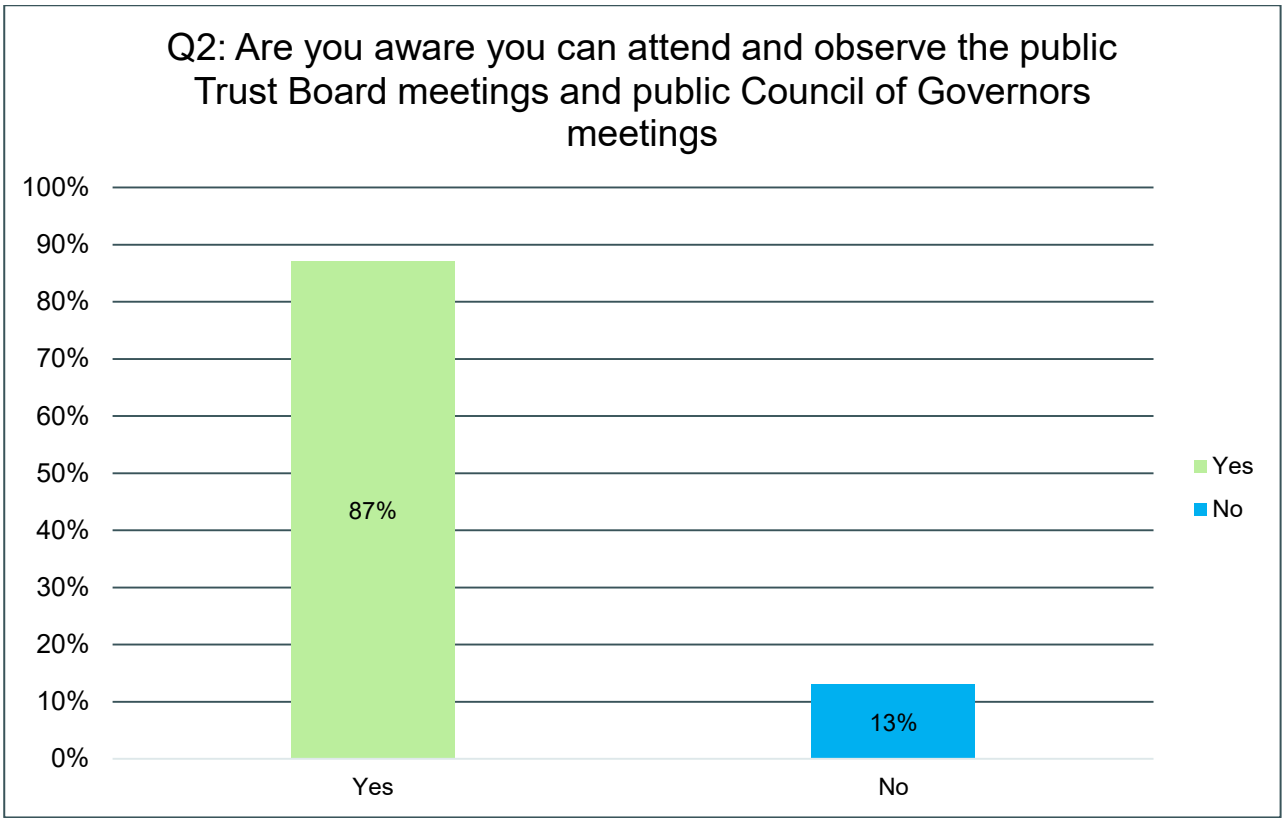
I would like to know how many consultants are solely based at each main hospital in the York area. I am concerned at long waiting times to be treated by orthopaedic specialists and cardiologists in Scarborough. Are these consultants based at York and only visit the `satelite` hospitals (ie Scarborough, Bridlington etc) once a week for their clinics.? If so then patients are suffering because of this protocol. There seems to be a local view that care at Scarborough hospital has reduced over the recent years.
Damenture
cancer care
Social care of the elderly
Interface between hospital and social care
A&E pressure and how to alleviate it
Any new ways of treating illness and ways of improvement in A&E
A&E
Care for children with allergies. Are there criteria for refusing surgery to older patients?
Future use and development of Scarborough hospital
What are the future plans when the Outpatients Eye Department moves to Monks Cross. At present there is a delay in the AMD clinic getting appointments in the recommended time span and long waits in the clinic. Three hours is too long to be sitting in a corridor waiting for consultation and treatment.
Allergies to antibiotics. Arthritis. Irregular heartbeats
How to remain healthy in old age.
How each department in York hospital works.
Coronavirus
Ophthalmology. dermatology
clinical procedures
Provisions for the elderly especially those with dementure.
Oral and Maxillo facial services
How the different departments are coping, and plan to cope, with the ever growing case loads.
How major decisions are made about workforce. Workforce planning. More in depth info regarding all aspects
policies on discharge
Melanoma
Recruiting mor Doctors & Nurses
Access to health concerns for elderly. ie: Chiropody. Transport seems to be very difficult as so many restrictions. What help is available to disabled people in own home, only assistance seems to be told to pay £20 an hour, yet on restricted income although not qualify for Guaranteed Pension Credit.
future projects to improve services
The future plans for Bridlington hospital. How the planed strategies for York hospital trust are panning out
Parking
Rheumatology developments
STP and local/regional healthcare system development including services & provider reconfigurations and financial flows
culture
Heart problems

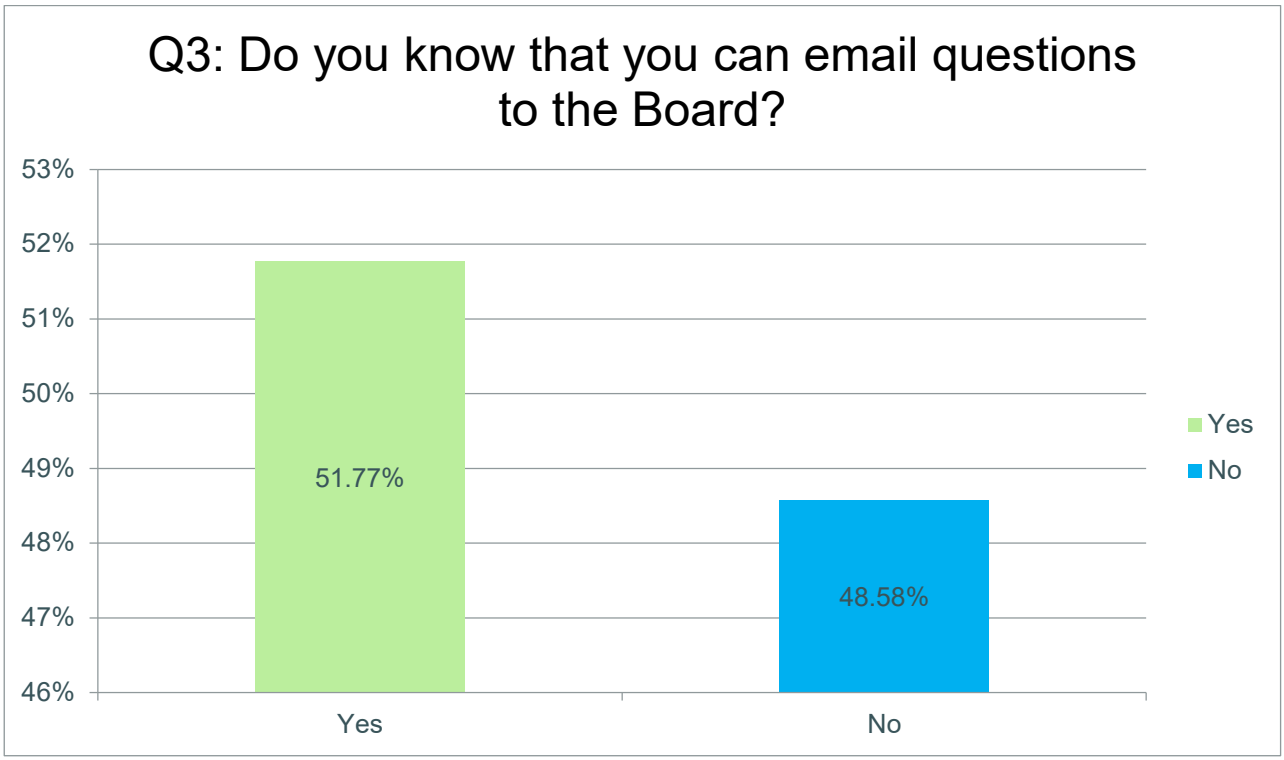
What advice is given to patients on being discharged in respect of their well-being. I am particularly interested in ex-Service personnel and in older people of OAP age.
Anticipating problems associated with old age
cardiac
Action hospital is taking to improve 'did not attend' rates for appointments.
waiting times
Staffing, busy clinics with longer than acceptable repeat appointments, volunteering
all health issues
Staff recruitment
Elderly medicine
Advances in clinical options that the hospital may be adopting
Reducing car usage at York Hospital and encouraging the use of public transport. There are three relatively high frequency bus services that stop only a short distance from the hospital plus the park and ride service from Rawcliffe.
Plans for dealing with coronavirus
Eye clinic
Supporting those who do not need to remain in hospital - links with social care.
Hygiene standards
Recruitment and training especially of staff in shortage areas. The effects of Brexit on staff recruitment.The effect of changes in triage on patient waiting times in ED.Research within the hospitals. Planned changes in services, especially the eye clinics and in particular the macular degeneration clinic,
Treatments at Scarborough Hospital
common medicines and how they work. And new medicines
How the appointments system works.
General running of the hospital
Future plans for major issues
Future plans for York Hospital Trust
Integration with social services for safe discharge
Trust services especially any new ones
Vacancies and training
Cardiology
York's level of cancer treatments and care. What are its limitations and why it is necessary to send patients elsewhere? Future plans to expand range of treatments.
Age related illness and avoidance of same.
Cancer treatment and research
Being a Governor
Skin cancer
Hospital performance statistics
Ophthalmic Dept', Audiology, Casualty Dept. More feedback from patients etc
Improvements in Cancer research. Also treatment,/delaying Dementia.
Trust development plans and costs. Staff/patient ratios
Waiting list problems
Heart problems and allergies
Social care and waiting time's for the elderly and vulnerable

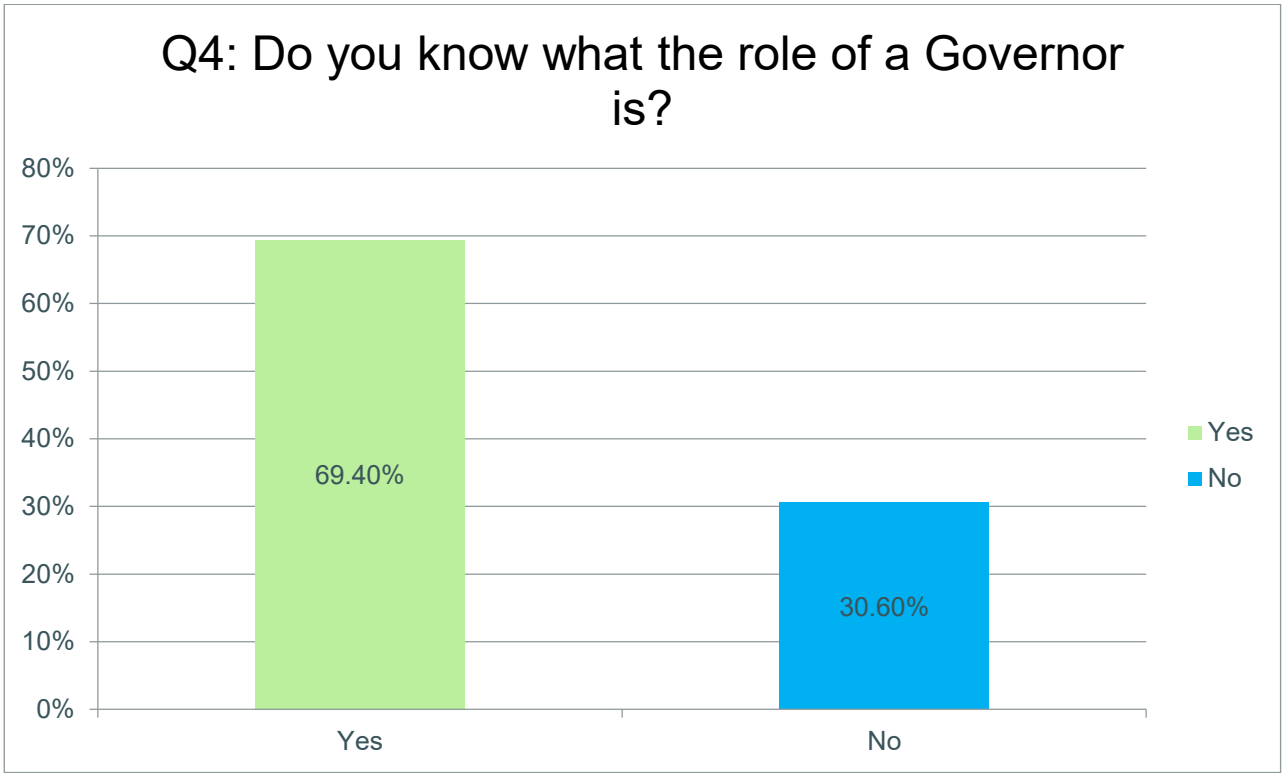
cancer
Future plans for integration and collaboration with other health providers
Nothing specific at the moment
Geriatrics, Heart disease, Cancer ,Orthopaedics, Pain relief.
What is happening at the hospitals
interface between departments
Quieter wards. Efficient use of manpower - medical and clerical. Streamlining of paperwork
Accident and Emergency services
Dementia and Parkinson's diagnosis and treatment.
On-line communication with hospital clinics and access tonrecords
Improving staffing levels
How much NHS funding shortfall changes by.
What goes on in the Accident and Emergency Department. The Future plans for York District Hospital. Portering.
Cancer, Eye disease
Palliative care
Keeping healthy in older age.
Any research that is going on
Learning disability. Inclusion. Mental health services. Paediatric care.
Bridlington hospital developments
arthritis
Preventative initiatives
Major incident responses/plans, in light of potential pandemic.
Availability of nerve root injections
health and wellness
hospices and terminal illness
The Trust's approach to risk management, from strategic risk through to clinical risk assessment. What service improvement plans are in place and does the Trust have a structured methodology for improvement (e.g. Lean). The Trust's strategy / roadmap for digital transformation. What the Trust is doing to improve hospital handover times when ambulance crews convey patients to the Emergency Department.
Patient care – communications. New strategies - and changes. Parking for patients attending treatments.
General plans, finances, new developments
Anything concerning latest medical developments or new services
A&E and the GP out of hours clinic
IgA nephropathy
Specialisms of consultants.
adult social care. corona virus readiness
personalisation in patient care plans
Social care and how to pay for it
Eye conditions and new treatments
Diabetes & cancer.
The service and workforce strategy for Scarborough Hospital
Blood pressure

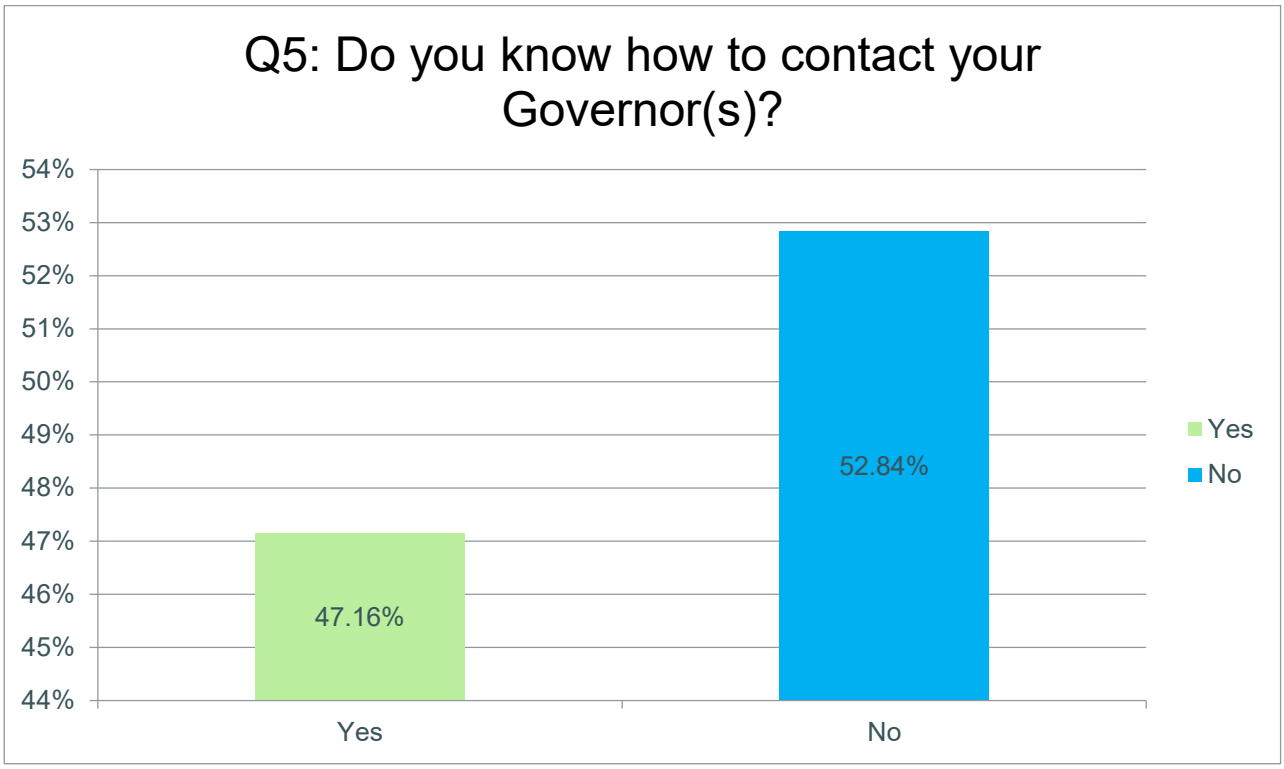
I am interested in any topics you have planned. I think Histology and Pathology might be an interesting topic to cover as we don't really see what happens with tests and results.
Care of the Elderly. End of life care
plans for the implementation of the stroke strategy with regards to long term support and rehabilitation of stroke survivors.
Magnolia centre
How to reduce the waiting time fpr consultation at dermatology
Alternative health practices being used or considered by the NHS. 'Prevention is better than cure' moto in the 90s but I feel today prevention is considered by ie heart patient taking Stations. Surely an approach of diet and lifestyle changes than Statins as the last resort.
post cancer care, pain management
Preparations for Coronavirus Covid19
How you intend to attract more staff
Arthritis. Spinal stenosis. Alzheimer's Deafness
Hospital A & E
Older age. Parkinson. Cancer care
Every thing that makes york district hospital work
a&e
Patient care trust wide, future of Scarborough and Malton hospitals,
Any future developments
Diabetics eye therapy a&e
patient support
Community care for ageing population
Waiting Lists
care for our aging population
Surgical
The further plans for the trust
Relationships with private providers of health care .
ear syringing
Heart disease
Bed availability.
ELDERLY CARE
New treatments and new procedures for any clinical situations
Quality of Ward staffing
Waiting list times, pressures on the budget
Post-operative cancer care
IT dependency in today's NHS.
Older people's services. Bed management
orthopaedic procedures; mental health particularly for children; spinal procedures.
The liver, kidneys and urinary tract infections
Local services and ongoing projects/ developments and changes likely to impact on provision
New initiatives and changes that affect local care delivery
How the Neurological Dept works
Cancer treatment
Hearing

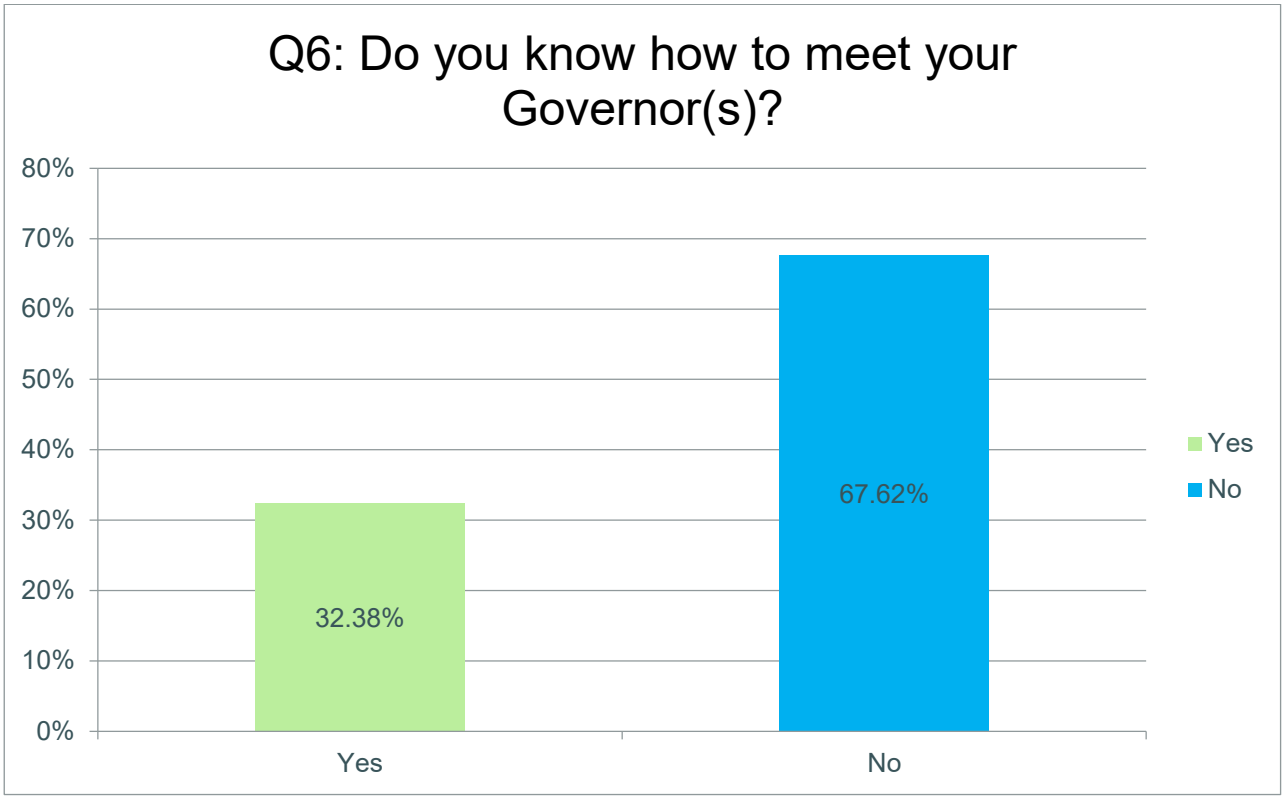
Financial position of the Trust. Infection control - convid 19 arrangements
Any skills that could benefit me/society in an aging community e.g. CPR (was a good course)
Ageing
Care of the elderly
Bowel problems
Minor injuries
Research
reductions in waiting times
Short and long term efficiencies in treatment. Eg, waiting times/operations carried out/A&E performance. Comparative performances of these features through time etc.
Meniers care.
End of life care.
Cancer
Future developments in provided services.
Long term care. Learning disability care
Cancer care
Bereavement. New services. Developments

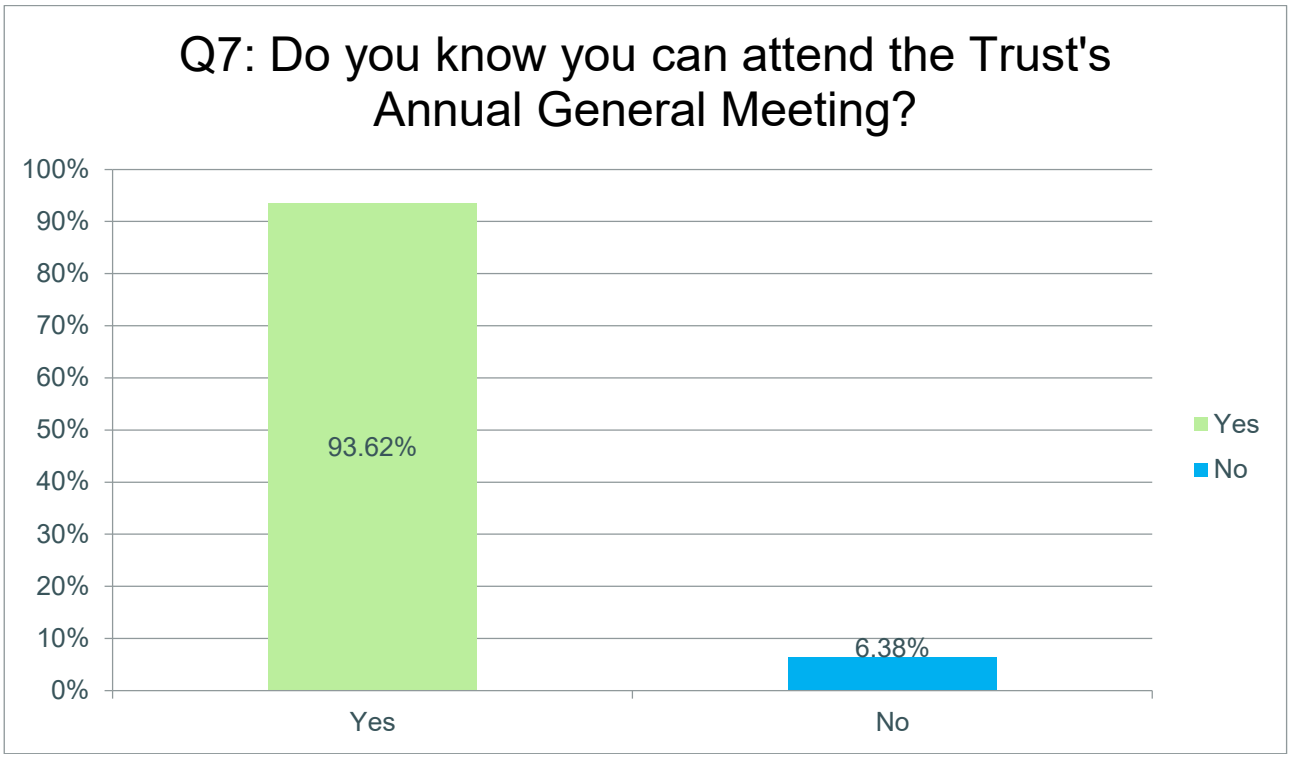


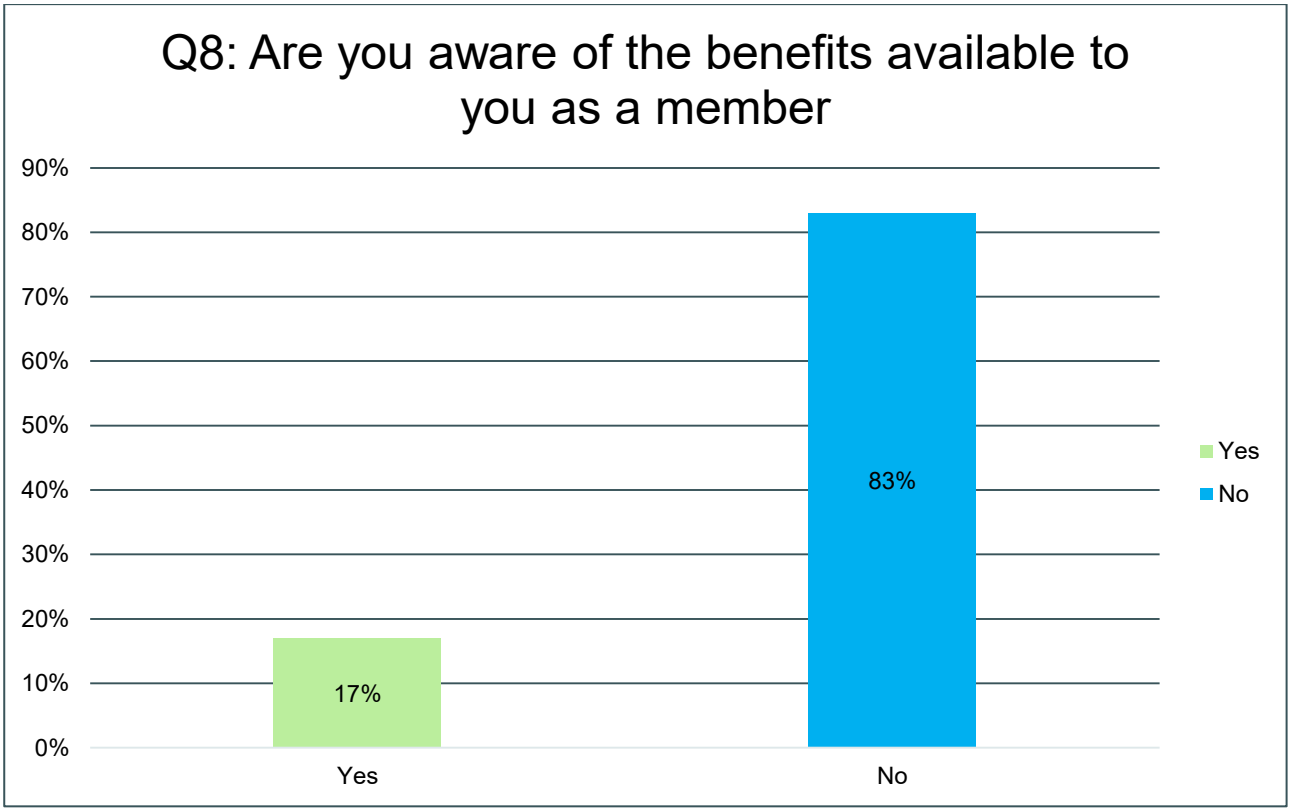

Q3: Do you know that you can email questions to the Board?
53%
52%
51%
50%
49%
48%
47%
46%
51.77%
48.58%
Yes
No
Yes
No

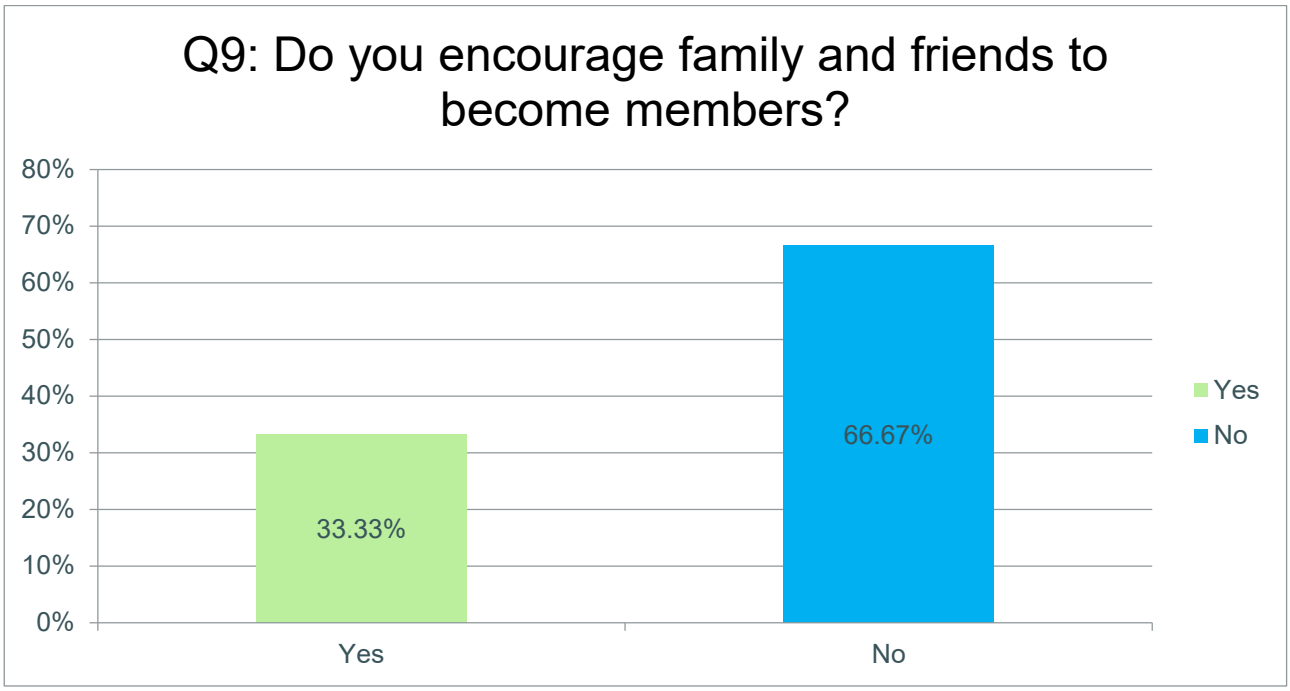

Q4: Do you know what the role of a Governor is?
80%
70%
60%
50%
40%
30%
20%
10%
0%
69.40%
30.60%
Yes
No
Yes
No


Q5: Do you know how to contact your Governor(s)?
54%
53%
52%
51%
50%
49%
48%
47%
46%
45%
44%
47.16%
52.84%
Yes
No
Yes
No


Q6: Do you know how to meet your Governor(s)?
80%
70%
60%
50%
40%
30%
20%
10%
0%
32.38%
67.62%
Yes
No
Yes
No


Q7: Do you know you can attend the Trust's Annual General Meeting?
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93.62%
6.38%
Yes
No
Yes
No


Q8: Are you aware of the benefits available to you as a member
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
17%
83%
Yes
No
Yes
No



Q10. Any further comments

Thank you for the opportunity to provide feedback
no - probably a good time to leave you alone to get on with things!
I am happy to remain a low key member who would like to let medical staff get on with their work!
If I had more time I would apply to be a Trust board member.
No thank you
It is becoming a little bit more difficult to anticipate which hospital might be actually providing your service. There is a perception that Scarborough Hospital is being hollowed out, in favour of York Hospital. Any firm plans or similar information would be most welcome.
I haven't encouraged family members to join as our daughter and son-in-law live in London and our son and daughter-in-law live in Buckinghamshire. My brother lives in N. Z.
York NHS Trust is an excellent organisation and I appreciate the news letter via email as it is very comprehensive and informative. I can only add 'keep up the very good work'
Having had bowel cancer surgery in Scarborough hospital in 2018, why are these operations now in York, older people cannot easily get there so therefor will not get any visitors, this is ludicrous.
As said previously I apologise for not attending meetings but travel abroad a lot. Still interested in reading the information you send so thank you for keeping me informed.
Not convinced the membership base is truly representative of patients - I fear it is dominated by those who have past links to nhs - e.g. ex staff, suppliers etc.
Do we get cards and booklets that tell you what discounts are available to us? I'm starting up Holistic sessions. How do I utilise this for the NHS. ie can people be referred to myself for therapeutic massage stress related sessions?
Do something about bed. Blocking and encourage more care at home

Thank you for working to get the public involved. Thank you, also, for recognising good employee work because I'm sure there's loads more than what we ever hear about and certainly as compared to what gets in the (largely negative) news.
No , but the I would like to say the seminar on diabetes I recently attended was very informative. Especially so with having a family member with diabetes.
I do feel that staff are making tremendous efforts in the face of continual cutbacks.
Thank you for all the wonderful work done by clinical, and support, staff
will encourage family to become members.
Still think the hospital has a long way to go with cleanliness and staff training
Quite happy to be kept informed by emails.
Keep up the good work
Although IHave notBeen activeRecently thisIsDueNot to a lackOf interest but timeDue to work commitments. I am pleased to be a member and will aimTo be more active in future.
Thank the Trust for the excellent work they do and may they long continue their efforts on behalf of the communities/people they serve.
Keep going!
I am frequent visitor (once a month) to day eye clinic in hospital in York, over the last 3 years the clinic there has been increased number of patients attending it, so that that the space is full too bursting... are there any plans to re-design... or re-allocate the clinic?
I would encourage family and friends to become members if I knew more about the benefits
Hoping that a follow on with guidance as to how to become more involved.
Everything needs more transparency
Carry on the good work
Your email states "As a member of the Trust you can voice your opinion on local services and future developments, attend special events, stand as a governor and receive special members' discounts. With this in mind, every couple of years we ask you to complete a survey to help develop our future plans. I would be grateful if you could take a few minutes of your time to complete our short survey by following the link below." The most important element "future plans" is completely ignored. A complete waste of time!
Feedback on appointing governors
would like to see more governors attending hospital wards to observe problems and report back at governors meetings
The emails sent out to members are improved now. The blue background is no longer used and so I can read the text. Thanks for doing that.
I am happy with the present communications by email and am more than satisfied that there is minimal use of hard copy and postage..
Improve discharge planning at SGH and then there might be some beds. Do not sent immunocompromised patients to A&E its dangerous and inappropriate
I am extremely grateful for the NHS and York hospital and the Eye Department. The staff are friendly and efficient and under pressure to deliver their service in cramped, outdated conditions.
Transparency and able to view the York hospital budget.
My experience is the Trust and its staff are doing a fantastic job under terrible financial constraints.
Treatment should be on clinical needs not on financial schemes thought up by excessive number of non clinical "managers" employed by the trust

How do I distinguish between the responsibilities of the Trust and the CCG that commissions GP services when apportioning blame for the lack of availability of a service. It isn't clear who does what and why they don't. For example ear syringing for ear wax.
More easily understood information about all aspect needs to be made available in an easily accessible place.Maybe I am missing something but I don't really "get" anything from the monthly email with its snippets of information.....?
I would like to know what the plans are for the future of Malton Hospital. In particular the increased population of Malton and its consequences to the local health care.
I feel that meeting venues should alternate around the trust, so that members who live out side York and Scarborough could attend. The local governor has not attended any local meetings for well over a year. I attend several local groups all asking 'is Bridlington closing'?
Please continue to keep me informed
Yes, keep up the good work
With regards to the comments that members put forward what impact does this have on the running of the hospital if any. It would be nice to see in the news letters what impact the comments have made .
I am aware that I have not participated to any degree but would add that I am very aware that I should do better!! And I will make every to attend meetings etc.
more meetings for members to attend informing them of the work done by the Trust for patients like the recent talk on Diabetes which was excellent
This makes me realise how ill informed I am
Talk attended was informative.
Cannot read what I have typed in Too pale I Enjoy the email news
I have a particular issue with appointments. 1. I recently received a letter informing me that I had been crossed off the department's list as I didn't attend an appointment. The reason was that I never received a letter to inform me of the date. When I contacted the dept. concerned I was told that I wasn't alone and that a batch of letters hadn't been sent. I only found this out when I asked why I hadn't received an invitation to attend a follow up meeting. 2. I always advise the appointments clerks that I am available at short notice to attend a clinic/appt./operation. However I was informed that lists of this information are not kept. Goodness how many slots are not used for the sake of keeping a list.
It seems obvious I need to know more about the Trust , maybe a bit out of my depth . Don't feel like driving to Malton .
Seems like I a thick and don't care, not true. I would love to get involved.
Concerned about car park charges and general traffic congestion approaching the hospital.
The NHS is under incredible strain and most staff are very undervalued and underpaid, I would like to extend my thanks but also ask that the Trust make efforts to improve the workforce rewards and ensure that they are thanked
Questions 2 and 8 could not be answered on my iPad. My answer to both is "no".
I think membership helps spread an understanding of illness and the availability of treatment and medical provision and staff.
Not fully aware of the requirements of the role I hold
Move away from York ie Scarborough & Bridlington hospitals
No family ……AS member for over ten years, retired and " tired" II no longer attend Meetings like I used to. Sad but true!
How do Governors influence decisions on BHS

My wife and I are both members and enjoy reading your newsletters.
How does this influence future plans for the Trust. There were no questions relating to the future, Doesn't seem right.
I really value my local hospital and those who work in it. Thank you for everything you do.
As a former staff nurse at YDH and a patient and carer for my husband I recommend YH to everyone I know
The regular communication from the Trust is well written and informative
I love Volunteering at York. I love being in the Discharge Lounge. I get to see all the wards and help everyone and I feel I am making the difference having being at the Hospital since 14 January. I have a interest in the Accident And Emergency Department because when I was a little child I was so frightened when I had to go in when I badly cut my head and was screaming the place down because I did not know what was going on with me and nobody was explaining what was going on during my time in A&E which resulted in me having to be held down on the trolley by 5 people. I feel if I was able to see what goes on in Accident And Emergency it will help me to be calm if I was ever to be admitted to Hospital into A&E. I also have dreams of becoming York's version of Jane from Barnsley who is a Volunteer in Barnsley Hospital's A&E who I saw when Barnsley's A&E was on TV last year. It would be a dream for the York District Hospitals A&E to be chosen in the future. It will be fantastic to see York's Brunch Wagon develop it has created a really good buzz around the Hospital over the last week.
Thank you for you work and for all the updates on what is happening locally.
Now I don't work as many hours as I did, I hope to attend more of the meetings as I always found the ones I have managed to get to very stimulating and informative
I would like to be more engaged
Answer to q.9 - only because I haven't thought about doing so.
what contingency plans for corona virus outbreak in this area?
Are Board and Governor meetings streamed online or recorded and made available for viewing afterwards? This would improve accessibility to the governance of the Trust. Board meetings and governor meetings take place during the working day which is massively unhelpful in terms of supporting most ordinary people to attend. Also, governor meetings held in Malton is particularly unhelpful to many people. Would be better to alternate between York and Scarborough rather than meet in between the two and therefore alienate nearly all Trust service users
I have previously attended 2 very interesting talks, thank you. I did note that at the first, the speaker was subjected to difficult comments and statements from the 'audience' which I was disappointed at. I can understand these topics may be emotive but I felt this was not the platform for these comments.
I think A& E and the GP out of hours clinic should be in separate buildings. I went to A &E after a fall recently and sat amongst a lot of coughing people with respiratory infections . I then suffered a respiratory infection as I was recuperating from my fall. More hand washing needs to be encouraged in A & E - very few people used the hand wash .
Yes it's impossible to complete all the boxes in this survey as will not allow me to type in answers.
I was able to attend the tour of the new Endoscopy unit and found it very interesting. I think these opportunities are fantastic providing they do not detract from treating those who need it. Many thanks
Find reports etc interesting to read makes you feel in touch with the hospital & new developments
Please prioritise lobbying to Gov.Uk. to work urgently for a social care programme that will eliminate the need for the Hospital to fill the gaps !

spending cuts - looking at ways to save monies internally on ie buying from a cheaper supplier, energy savings. Does heating have to be on full across a whole hospital sometimes in empty areas? These savings would free up monies to pay staff a wage they can live on which is inline with the training they have undertaken to allow them to do their job.
Please involve your members; the governors ASSUME they represent members however, they never talk or interact with them; they are supposed to not just represent their own pet topics....
What was the point of this useless survey which didn't cover any of the vital issues around this trust.
More about the work Drs and Nurses deal with and how to volunteer
I am very concerned as to the future of Scarborough and Malton hospitals. I am also very concerned at guture patient care trust wide due to lack of consultants and nursing staff
more information please
I need to become more involved
Very impressed on visit to new Endoscopy Unit
Remember we are also here to help you - if it is needed??
As you see I know very little about this subject.
All the treatment that I have had in York Hospital has been excellent
Keep me updated on hospital matters