Agenda

Council of Governors (Meeting held in Public)

16 March 2021
Via Webex at 10.00am

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?

York Teaching Hospital
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

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

On: 16 March 2021

In: Via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 12.00pm	**Council of Governors meeting held in public**	**Via Webex**	**Council of Governors Non-executive Directors Executive Directors Members of the Public**
13.00pm – 14.30pm	Private Council of Governors	Via Webex	Council of Governors Non-executive Directors

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	-	10.00 – 10.05
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	07	
3.	**Minutes of the meeting held on 9 December 2020** To receive and approve the minutes from the meeting held on 9 December 2020	Chair	B	13	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes.	Chair	Verbal	-	
Holding Non-Executives to Account for the performance of the Board					
5	**Chief Executive's Update** To receive a report from the Chief Executive including the Trust's Recovery Plan.	Chief Executive	C	21	10.05 – 10.20

	SUBJECT	LEAD	PAPER	PAGE	TIME
6	**Assurance Committees Updates** 6.1 Quality Committee 6.2 Resources Committee 6.3 Audit Committee	NED Committee Chairs	 D1 D2 D3	 27 29 33	10.20 – 10.50
	Representing the interest of the Members as a whole and the interests of the public				
7	**Governors Reports** To receive the reports from governors on their activities from: 7.1 Lead Governor incl. PESG 7.2 Governor Forum 7.3 Transport Group 7.4 Out of Hospital Care incl. TOR approval 7.5 Fairness Forum	Governors	E	37	10.50 – 11.05
	Decisions required by the Council of Governors				
8	**NED Second Terms** To ratify second terms for Dr Boyd and Mrs Mellor	Chair	F	47	11.05 – 11.10
9	**Governors' Quality Priority for 2021/22** To receive feedback on virtual event and discuss Governors' Quality Priority for 2021/22	Dep. Dir of Patient Safety	G	49	11.10 – 11.20
	Other items for information / discussion by exception				
10	**Lead Governor Succession** To receive an update and acknowledge the Lead Governor election results and plans for a Deputy Lead Governor	Chair	H	57	11.20 – 11.30

	SUBJECT	LEAD	PAPER	PAGE	TIME
11.	**Clinical Governance Update** To provide an overview of the changes to Clinical Governance	Dep. Dir of Patient Safety	I	61	11.30 – 11.45
Closing business					
12.	**Questions received in advance from the public.**	Chair	Verbal	-	11.45 – 11.50
13.	**Reflections of the meeting**	Chair	Verbal	-	11.50 – 11.55
14.	**Any other business** To consider any other items of business. 14.1 Board to CoG meeting in April.	Chair	Verbal	-	11.55 – 12.00
15.	**Time and Date of next meeting** The next Council of Governors meeting will be held on 9 June 2021, 10.00am, venue TBA				

York Teaching Hospital NHS
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Additions: Gerry Robins – Director of limited company for his private work
Health Advisory Committee of Coeliac UK

Ian Mackay Holland - Vice Chairman/Trustee – Bridlington Hospital Friends.
Chairman/Trustee – Willows Lull

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Deletions:

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
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Nil	**Parish Councillor** – of Askham Bryan	Nil
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
Elizabeth Black (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
Doug Calvert (Public: Selby)	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	Nil	Nil	Nil	**Councillor** - of Riccall Parish Council	Nil
Helen Fields (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil

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Ian Mackay Holland (Public: Scarborough)	Nil	Nil	Nil	**Vice Chairman/Trustee** – Bridlington Hospital Friends. **Chairman/Trustee –** Willows Lull	Nil	Nil
Jo Holloway-Green (Appointed: 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
Paul Johnson (Appointed: YTHFM)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	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
Maya Liversidge (Staff: Sarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
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

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Vanessa Muna (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (Appointed: North Yorkshire County Council)	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Gerry Richardson (Appointed: 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	**Member** - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). **Member** - Patient and Public Involvement at the University of York, researching Health Inequality.	Nil	Nil
Gerry Robins (Staff: York)	**Director** of limited company for his private work.			**Member** – Health Advisory Committee of Coeliac UK		
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership

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	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
Angela Walker (Public: Bridlington)				**Volunteer Fundraiser** - Friends of Bridlington Hospital Charity		
Josie Walker (Public: Bridlington)					Spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council	

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York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Minutes – 9 December 2020

Chair: Ms Susan Symington

Public Governors:

Mrs Margaret Jackson (MJ), City of York
Mr Michael Reakes (MR), City of York
Dr Rukmal Abeysekera (RA), City of York
Mrs Helen Fields (HF), City of York
Mrs Angela Walker (AW), Bridlington
Mrs Josie Walker (JW), Bridlington
Mrs Catherine Thompson (CT), Hambleton
Mrs Jeanette Anness (JA), Ryedale and East Yorkshire
Mrs Sheila Miller, Public Governor, Ryedale & East Yorkshire
Mr Andrew Butler (AB), Ryedale & East Yorkshire
Dr Ian Mackay Holland (IH), Scarborough
Mr Keith Dawson (KD), Selby
Mr Doug Calvert (DCa), Selby
Mr Stephen Hinchliffe (SH), Whitby

Appointed Governors

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

Staff Governors

Mrs Helen Noble (HN), Scarborough/Bridlington
Mrs Sharon Hurst (SHu), Community
Ms Maya Liversidge (ML), Scarborough/Bridlington
Mrs Vanessa Muna (VM), York
Dr Gerry Robins (GRo), York

Attendance

Mr Simon Morritt, Chief Executive
Mr Jim Dillon, NED
Mr Matt Morgan, NED
Dr Lorraine Boyd, NED
Mrs Lynne Mellor, NED

Mr S Holmberg, NED
Mr D Watson, NED
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

5 members of the public

Apologies for Absence:

Mrs Liz Black, Public Governor, Scarborough
Ms Sally Light, Public Governor, York
Mr Dylan Roberts, Chief Digital Information Officer
Mrs Wendy Scott, Chief Operating Officer
Mrs Heather McNair, Chief Nurse
Mrs Jenny McAleese, Non-executive NED

20/30 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

20/31 Declarations of Interest (DOI)

The Committee acknowledged the changes to the DOI.

20/32 Minutes of the meeting held on the 1 September 2020

The minutes of the meeting held on the 1 September 2020 were agreed as a correct record.

20/33 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log - the Committee noted that all actions had been completed.

20/34 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
- Matters relating to the Trust name change and Constitution changes
- NomRem Committee feedback
- Governor Forum
- A brief from Mrs McAleese giving an update on the Audit Committee
- Succession planning of the Lead Governor

20/35 Chief Executive's Update

Mr Morritt gave an overview of his paper and discussed the following: -

- Smoking Cessation – from 1 August all Trust sites went smoke free. All smoking shelters were removed. It clearly presents some challenges for the Trust but from a public health perspective it was the right thing to do.

- Covid-19 update - lateral flow kits were now being used. It had not affected sickness rates. Hull has begun its vaccination programme this week for the over 80s age group. Mr Morritt was still waiting for confirmation when the Trust will receive a supply of vaccines in York.

- ICS – Mr Morritt referred to the NHSE/I document "Integrating Care: the next steps for building strong and effective integrated care systems across England" and highlighted the link where the document could be found for information. It will have consequences for all NHS Trusts as each ICS will have overall responsibility for reviewing each Trust's expenditure within its group.

- North Yorkshire & York Devolution – there was a need to simplify the two-tier arrangements currently in place in the region in order to move forward. It will have consequences for the Trust on how it will manage services and it will integrate services within the region.

- New Name for the Trust – York & Scarborough Teaching Hospitals Foundation Trust. Mr Morritt gave an update on progress and said the timing of the implementation would be discussed at Board.

Mr Butler referred to the East Coast Review and stated that from the public's point of view not a great deal seemed to be happening and the Trust needed to demonstrate the progress being made. Mr Morritt replied that there had not been much progress because of the pandemic and will not be for the remaining part of this year for the same reason. The timing was going to be Covid dependent. He spoke about relaunching an East Coast Transformation Programme in the new year and the reconfiguration proposals for the next financial year. He spoke about the business case to transform Scarborough Emergency Department and the opportunity to include an additional floor to provide critical care and coronary care within that footprint. In terms of milestones, discussions have been taking place internally and Mr Morritt would be able to provide the Council with an update at the beginning of the next financial year.

Mr Butler stated that it had been 2½ years and given the situation in Scarborough and the East Coast there were many local people who wanted answers. It would be greatly appreciated if the Trust could hasten the process. Mr Morritt replied that he was hoping to have an update on progress at the start of the financial year but future decisions were not made just within the Trust but within the ICS.

Mrs Fields asked Mr Morritt's opinion on the changes that will take place within the Trust. Mr Morritt replied that there will be great change with respect to services and finances. He thought there would be no immediate change to Foundation Trusts other than the statutory obligation to collaborate with partners.

Mrs Thompson asked where Mr Morritt thought the opportunities lay to safeguard services along the East Coast through that collaboration with partners. Mr Morritt replied that those conversations needed to take place.

Mrs Thompson referred to local authority configuration, and Mr Morritt's preference for a North Yorkshire & York model rather than an East and West model, and asked what the reasoning was for his preference. Mr Morritt replied that the regional NHS and the ICS have already expressed support for North Yorkshire County Council to become a unitary Council. Those relationships already exist and were well established. Ultimately, it was the decision of the government, not the Trust or the ICS.

Mrs Thompson asked where the Council of Governors fitted into the new regime. Mr Morritt replied that the Council of Governors had some control over what the constituencies would be so a change in local authority would not necessarily mean a change for the Council but this would need to be discussed.

Mrs Anness asked what role governors would play in the ICS and how would there be public representation. Mr Morritt replied that there was an oversight group which the Trust's Chair sits on and this subject was often talked about. There was talk, but no progress yet of having, probably twice per year, large marketplace events for all stakeholders which would include governors from Foundation Trusts. It was a live debate but no clear answers yet. Ms Symington added that it will be business as usual until the Trust was informed otherwise.

Mr Reakes referred to the timing of the Trust name change and asked how he would convince sceptics to do it at the moment during this difficult time. Mr Morritt replied that the timing of the name change was to be discussed at Board. He would not like to do it whilst the Trust was dealing with a pandemic.

20/36 Quality Committee update

Mr Holmberg gave a summary of 4 topics that the Committee had been engaged with.

- Pandemic and its management – regular assurance was received from the executives on how the Trust was dealing with this. The second wave had been really difficult and had put more pressure on staff to deal with the pandemic as well as carrying out business as usual. Infection control has also been an issue which the committee was monitoring closely.
- Cancer Waiting Lists – the Trust had done well keeping pace with visible cancer demand but was concerned that patients were not attending GPs to be referred or were arriving at the Trust later in their illness which restricted the treatment that could be offered. Mr Holmberg gave an overview of some of the changes to Cancer Services and the concerns around this.
- Governance – this was a major issue but good progress was being made. Streamlining of committees that fed up to the Quality Committee were taking place to ensure there was a clear route.
- CQC – it was probable that an inspection will take place next year and the committee has been working through the action plan. A CQC check list has also been created to ascertain how the Trust would fare on an inspection in order to make any improvements.

Mr Butler referred to the CQC asking the Trust to stop reporting the Scarborough staffing figures as the vacancy rate was reducing, and asked Mr Holmberg if he had assurance and was also sighted on the quality and skill mix at Scarborough. Mr Holmberg replied that it was a fluid situation. Staff everywhere were being asked to work out of their comfort zone. The point of escalating this issue was to give good news that the CQC was confident that staffing issues were being managed effectively.

20/37 Resources Committee update

Mr Watson gave a summary of the topics that the Committee had been engaged with.

- Finance - the government support with Covid has been immense. The Trust will be going on to a new system on 1 April 2021.
- LLP – appointment of Mr Beverley as the new managing director has brought a significant improvement in facilities management, cleaning and catering services.
- IT – Mr Roberts was in the process of identifying the greatest risks within the IT structure and will discuss with Mr Bertram, Finance Director, a financial plan to fix the issues. Hopefully that work will be completed during the early part of next year.
- BAF – there was a concern that the risks on the BAF may not be reflected on the Corporate Risk Register. Management have engaged a consultant to look at this to make progress.

Dr Robins stated that as a clinician, from a non-workforce point of view, IT and real estate were the biggest two issues that staff encountered on a daily basis. It was reassuring to hear that progress was being made. He asked for reassurance that when feedback was being given on how these issues were being dealt with that the committee triangulate this with what was happening at ward level. Mr Watson replied that there would be a direct channel between members of the committee and ward level. He spoke about KPIs and how these will be used to measure the progress made. Mrs Mellor added that Mr Roberts was working with each Care Group. Dr Boyd said that the Quality Committee was also focussed on IT and estate issues and was looking at how these impacted on quality and patient experience.

Mrs Anness stated that she was delighted with the progress being made in the IT area. She asked Mr Watson if the committee received any assurance from the LLP around the issues picked up during the PLACE visits. Mr Dillon replied that there was still a significant amount of work to be done. Mr Johnson stated that it was an exhausting time for the LLP and the Trust. Mr Beverley had made a significant impact within the LLP during his short period within the role. It was work in progress.

Mrs Anness asked if Mr Watson was assured there was VFM regarding the consultant appointment to look at the BAF. Mr Watson gave assurance that the Trust was receiving VFM.

Ms Liversidge spoke about the progress within IT and asked if this could be communicated to staff as this would be a huge boost to them. Mr Morritt replied that he would speak to Mrs Brown, Director of Communications, about this. He would send a message out around the Trust's IT priorities during the next six months. Ms Symington added that a 4-hour IT workshop for Board had been arranged in January.

20/38 Governors' Reports

- Lead Governor Report - Mrs Jackson gave an overview of her report and no further questions were asked.

- Governor Forum – Mrs Jackson summarised the discussions that took place at the Governor Forum including setting up a Whats App group so governors can keep in touch with each other, creating a buddy system for new governors, provided an update on the Chair's six-month appraisal, and thanked the governors for their contribution to the Quality Report.

- Transport Group - Mrs Miller gave an overview of her report and no further questions were asked.

- Out of Hospital Care - Mrs Jackson gave a summary of the meeting including a presentation by Sal Katib about community paediatric services. She wondered if this would be a good topic for Membership Matters and a membership event. LP replied she would look into it.

- Charity Fundraising Committee – Ms Liversidge commented that the Charity had become very popular during Covid and there had been an increase in sponsors which was very positive. The Committee were busy planning for the next year.

- Fairness Forum - Mrs Anness gave a summary of her report and highlighted a concern around the lack of progress on providing a prayer room with ablution facilities for Muslim staff at Scarborough Hospital. Ms Liversidge commented that the work at Scarborough had already started. Ms Symington added that funds had just been agreed to install the same facilities at York Hospital and should be completed by the end of Q4. This was charity money from the central NHS Charity to help provide the facilities.

  Mr Butler asked why this particular issue had been around for some time and if the Forum knew the reporting route to raise concerns. Ms Symington replied that it was related to capital spend, priorities and space. Mrs Anness added that she asked Prof. Morgan to escalate it to the Board sub-committees.

  Mr Johnson stated that the LLP were doing quite a lot of schemes requested by the Trust and was not putting any project on the back burner. It was down to time, delivery and costs.

  Action: Mrs Astley to facilitate an article in Membership Matters and set up an event on Community Paediatric Services.

20/39 Questions from the Public

Ms Symington summarised the recent events that have taken place with Nigel Smith, John Wane and Jean Wormwell. She and the Chief Executive will be meeting with John Wane and Jean Wormwell next week. With regard to Nigel Smith, she is writing to him and will include the governors' responses. She will provide feedback once received.

20/40 Items to Note

The Council received reports from the Membership Development Group, the Constitution Review Group and the results of the recent Governor Election. No questions were asked.

20/41 Reflections on the meeting

- Abbreviations in the papers needed spelling out in full.
- A lot of noise interference. It was vital for members to turn off their microphones when not speaking.

20/42 Any other business

No further business was discussed.

20/43 Time and Date of the next meeting

The next meeting will be held on **16 March 2021,** via Webex. Details TBC.

ACTION LOG

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
1	09.12.20	Facilitate an article for Membership Matters on Community Paediatric Services.	TAA	Mar 21	
2	09.12.20	Set up a membership event on Community Paediatric Services.	TAA	Mar 21	

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York Teaching Hospital
NHS Foundation Trust

Council of Governors – 16 March 2021
Chief Executive's Overview

Trust Strategic Goals:

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

Recommendation

For information	☒	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: current position
2. Covid-19: recovery
3. System and partnership developments: White Paper reforms
4. A new name for the Trust

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 16 March 2021

1. Covid-19: current position

It is now over a year since the first Covid-19 cases were diagnosed in the UK, and we started to see the impact of the pandemic across every part of our lives.
Since the Council of Governors last met in December, we saw a further peak in admissions as cases rose across the country and new, more infectious, variants were identified.

Towards the end of January we reached a peak in admissions in our trust, which far exceeded the numbers we experienced in earlier waves and placed significant pressure on our hospitals.

While there is still some way to go until we can look back on the pandemic as a thing of the past, we can be cautiously optimistic about the future. January's peak is now behind us, with numbers of admissions continuing to fall, and we are successfully delivering the vaccination programme, with over 75% of our staff having had their first dose, and many thousands more from across the health and social care system having passed through our two vaccination hubs.

2. Covid-19: recovery

An important part of our response to Covid-19 is how we will emerge from the pandemic, and what its lasting impact will be on how we work.

There are two main areas of focus for our recovery planning. The first is our operational recovery, i.e. how we return to delivering pre-pandemic levels of activity, and how we address the backlog of patients who have had their appointments or procedures postponed. The second is how we support our workforce, and the actions we should take to encourage staff wellbeing, in particular for those who have suffered trauma and/or mental ill health as a result of the pandemic, or will struggle to adjust as we return to a more normal way of working.

While we are yet to have confirmation of what the specific asks will be of us in terms of speed of recovery, or what the financial framework will mean for what we can do and how quickly, we are none the less building a plan based on a number of assumptions, that can be adjusted once we understand in more detail the parameters and expectations we are working with.

We are also in discussion with colleagues in the Humber Coast and Vale ICS about how we might collectively meet some of the challenges we all share, and use some of our individual trusts' resources more flexibly to serve the clinical specialties with the greatest need.

Our plans need to strike a balance between treating delayed patients as soon as possible and managing fatigue within the workforce. This will inevitably have an impact on the pace of recovery and the extent to which we may be able to increase our capacity, as well as other practical limitations such as the continuing of social distancing requirements and enhanced infection prevention measures.

In terms of our workforce, the ongoing wellbeing and welfare needs of our staff are a priority, and we are working up plans for how we can best support staff as we move to 'restart' the organisation and move away from the pandemic.

We already have in place a wide range of targeted wellbeing support, and we are looking at how we can invest in this further given the significant increase in demand that we have seen for this sort of help and support. Our organisational development team have delivered resilience training for staff, and our chaplaincy teams have continued to provide input for staff as well as patients.

Further developments under consideration are the need to increase the resource we have available for bespoke, targeted psychological support and intervention to help staff recovery, and for organisational development support such as building team resilience, evaluating work-life balance, and restorative conversations.

We are also planning how we will deliver on the commitments made as a result of the large-scale staff engagement exercise, our voice, our future, which will signal a fresh start for the organisation post-pandemic, and will see the rollout of the new values and behaviours that will provide a strong foundation for the organisation we want to become as we recover from the crisis and upheaval that the pandemic has caused this last year.

3. System and partnership developments: White paper reforms

In February the Government published its White Paper "Integration and Innovation: working together to improve health and social care for all – Department of Health and Social Care's legislative proposals for a Health and Care Bill".

The document marks an evolution of the proposals for legislative change originally brought forward by NHS England and NHS Improvement (NHSE/I) in Autumn 2019 following an engagement process with key stakeholders including NHS Providers, and NHSE/I's subsequent recent engagement process on Integrating Care with regard to system working.

Overall the paper covers considerable ground and also includes a number of new provisions not included in NHSE/I's thinking which will require full engagement.

Key changes in the White Paper are:

- The establishment of an ICS NHS Body, responsible for the day-to-day running of the ICS
- The establishment of an ICS Health and Care Partnership, bringing together systems to support integration and develop a plan to address their health, public health and social care needs

Integration:

- Within the NHS: to remove some of the cumbersome boundaries to collaboration and to make working together an organising principle
- Between the NHS and local government, as well as wider delivery partners: to deliver improved outcomes to health and wellbeing for local people

The NHS ICS Body will be responsible for:

- Developing a plan to meet the health needs of the population within their defined geography
- Developing a capital plan for the NHS Providers within their health geography
- Securing the provision of health services to meet the needs of the system population

CCG and STP/ICS functions will be merged, bringing allocative function of CCGs into the ICS NHS Body alongside the strategic planning function. The ICS NHS Body will be able to delegate significantly to place level and to provider collaboratives.

Implications for providers:

- Current legal arrangements for NHS trusts and NHS foundation trusts to remain
- Curtailing NHS foundation trust privileges, including specifically around capital
- Joint committees
- Joint appointments
- Reform how health care services are arranged by creating a bespoke health services provider selection regime that will give commissioners greater flexibility in how they arrange services than at present
- Secretary of State to have the power to create new trusts to ensure alignment within an integrated system where that is helpful, and directly intervene in local service reconfigurations
- NHS and local authorities will be given a duty to collaborate

ICS NHS Body and provider duties:

- A new capital regime with allocated system-wide capital limit, and duties placed upon the ICS to create a capital plan
- Duty to meet the system financial objectives which require financial balance to be delivered
    - NHS providers within the ICS will retain their current organisational financial statutory duties
    - The ICS NHS Body will not have the power to direct providers, and providers' relationships with the CQC will remain unchanged
    - New duty to compel providers to have regard to the system financial objectives so both providers and ICS NHS Bodies ae mutually invested in achieving financial control at system level

The government reiterates its intention to bring forward separate proposals on social care later this year. Any legislative changes are likely to take affect from April 2022, subject to Parliamentary decision, with a bill expected this summer.

4. A new name for the Trust

Following the recommendation made by the Council of Governors and the Constitution Review Group, in December the Board of Directors formally approved the change of the Trust's name to York and Scarborough Teaching Hospitals NHS Foundation Trust.

This change will take effect from 1 April 2021.

Whilst the most frequently occurring theme in the feedback was one of support for the change and for the name we have chosen, I feel it's important to address some on the concerns which we heard through the feedback exercise.

A regularly occurring theme was that the exercise would be expensive, and that this was not an appropriate use of funds. This is clearly an important issue; however we keeping to an absolute minimum any expenditure.

A large part of the work involves replacing the name where it appears electronically, for example letter templates, websites, name badge templates which does not incur significant cost, if any. We are also fully committed to delivering the work in the most cost effective way possible and as such we will only replace items as and when needed, for example uniforms. The only immediate cost is the replacement of signs at the main entrances to our sites.

It is also important to note that this is not diverting funds away from clinical care or from staff wages or recruitment.

In terms of the name itself, in choosing the proposed new name several options were considered and staff were asked to give their views as part of the validation exercise and initial 'our voice our future' workshop. It's the case however the NHS trusts must follow strict guidance, which discounted several of the suggested alternatives.

Many of the suggested alternatives had already been considered prior to proposing York and Scarborough Teaching Hospitals NHS Foundation Trust as the new name, and had been discounted based on the criteria.

It is understandable that some people would like the Trust to go further in adding more sites, geographical locations and services to the name to denote even greater inclusion but it simply would not be possible to do so given the criteria we must meet.

The final significant theme that came through in the feedback related to a concern around why this work was being carried out at all - and in particular why it was seen as a priority for the organisation in the midst of the coronavirus pandemic.

The rationale for changing the Trust's name emerged long before the coronavirus outbreak, and had been a consistent theme in all staff engagement exercises since the merger of York and Scarborough in 2012.

The work was initially due to begin on the process to change the Trust's name in February 2020, however as this coincided with the outbreak of the pandemic it was rightly paused at that time. During the summer, there was a respite in the number of cases, and this work was revisited with a view to progressing to the next step in the process, which was the stakeholder and public engagement.

Whilst it would have been possible to deliver the name change without impacting negatively on our response to the second wave of the pandemic, or diverting time and resources from front line services, we listened the strength of feeling expressed and pushed back the name change even further - with a view to now changing the name in line with the new financial year.

I want to thank governors for your support throughout this process, which I firmly believe will send a strong, inclusive message to all of our staff, help us move forward as a single organisation, and better represent the communities we serve.

York Teaching Hospital
NHS Foundation Trust

CHAIR'S LOG: Chair's Key Issues and Assurance Model

D1

Committee/Group: Quality Committee	Date: 19 January 2021	Chair: Stephen Holmberg

Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
6 (Chief Nurse, Nurse Staffing incl. Ward Establishment Review)	Nurse Staffing and Ward Establishment Review- The review of impatient wards highlights the current deficits in ward establishments of £5,863,738. There are recommendations in the paper suggesting a structured incremental approach to addressing the shortfall over a period of time.	Board	Escalation
6 (Chief Nurse, CQC Update)	The CQC has adopted a new Transitional Regulatory Approach, initial baseline assessment indicates an Requires Improvement rating. The COVID -19 pandemic is affecting some of the areas of reduced compliance. The baseline assessment will be repeated in 3-6 months. Compliance will be monitored and escalated as appropriate	Board	Escalation
4 (Chief Nurse, Nutrition Report)	Lack of compliance with National Standards for Nutrition. (NICE CG032 &QS24) that is Nutritional support for all adults: oral nutrition support, enteral tube feeding and parenteral nutrition. A nutritional specialist nurse is required to meet these standards	Board	Escalation

York Teaching Hospital
NHS Foundation Trust

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Quality Committee	**Date: 16th February 2021**	**Chair: Steve Holmberg**

Agenda Item	**Issue and Lead Officer**	**Receiving Body, ie. Board or Committee**	**For Recommendation or Assurance to the receiving body**
6	Chief Nurse – Ockenden Report @ Appendices To sight the Board on the Report, the Trust response and progress against priorities	Board	Recommendation
6	Chief Nurse – Perinatal Mortality Review Tool To keep Board updated on perinatal deaths within the Trust	Board	Recommendation
6	Chief Nurse – Continuity of Carer To keep Board updated on progress against requirements for improved continuity of carer for mothers during pregnancy	Board	Recommendation
9	Chief Operating Officer – Performance To note our position in Yorkshire & North East England - 1st for first and follow-up outpatient delivery - 3rd for day case activity - 5th for ordinary elective	Board	Recommendation
8	Chief Nurse – Public Sector Equality Duty Annual Report To note our position in relation to this obligation	Board	Recommendation

D2

NHS

York Teaching Hospital

NHS Foundation Trust

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Resources Committee	Date: 19.01.2021	Chair: David Watson

Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
LLP	LLP produced an excellent report on governance which highlighted the number of Trust committees to which the LLP reports (approx. 25). It was proposed that Delroy and Andy jointly make a proposal to EPAM in respect of the governance map for the LLP	EPAM	ACTION
Workforce	Polly highlighted the current levels of staff sickness (6% of which 38% COVID-related). Polly also expressed very serious concerns about the level of unfilled staff nurse vacancies at 35%	Board	FOR INFORMATION
Workforce	Polly reported on the outstanding progress that has been made in relation to the COVID vaccination programme (76% of staff vaccinated to-date). Also, to-date no vaccine has been wasted. Concerns remain about vaccine supply and about maintaining momentum as programme is rolled-out to broader priority groups	Board	FOR INFORMATION
Workforce	Polly reported the positive news that we have secured a grant of c. £250k to support the medical e-rostering rollout	Board	FOR INFORMATION
DIS	Dylan presented an outstanding report on the Essential Services Programme aimed at reducing risks of IT failure and cyber-attack. This programme to bring the Trust's IT estate back to base line will require a spend of £11m over 3 years	Board and Executive Management	ACTION
DIS	Dylan identified the need to bring-in external expertise to support the analysis for, and roll-out of, the Essential Services Programme	Executive Management	ACTION
DIS	Dylan reported that our Trust has been identified by the ICS as its Digital Aspirant priority	Board	FOR INFORMATION
Finance	Andy highlighted the huge demands on the Trust for capex in21/22 including LLP (£2-4M), DIS £5m and other schemes in excess of £75m in total against capex budget of c. £5m highlighting urgent need to identify other permitted sources of funding	Executive Management	ACTION

Finance	Andy reported that as at end of Month 9, Trust is ahead of plan by some £0.5m with a potential year-end upside of £2m	Board	FOR INFORMATION
Finance	Andy reported his concern in relation to 21/22 budget that whilst he had significant visibility of expenditure, there was no visibility on income save that the current funding model is expected to be extended into 21/22	Board	FOR INFORMATION

C1

NHS

York Teaching Hospital

NHS Foundation Trust

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Resources Committee	Date:16 February 2021	Chair: David Watson

Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	For Recommendation or Assurance to the receiving body
LLP	Follow-up re patient access to tablets most appropriately managed by Heather and Quality Committee. Correspondence exchanged has identified this is an area where the Patient Experience Team are active.	Quality Committee	ACTION
LLP	Debate re issues (and level of detail) regarding LLP to be brought to Resources Committee to be addressed in joint Delroy/Andy proposal to EPAM	EPAM	ACTION
LLP	Concerns whether two capex projects (York ED and York ICU) will be completed by year-end.	Board	For Information
LLP	Very positive response from Committee to presentation of the Culture report and the Road Map for the Change Programme	Board	For Information
LLP	Community Stadium project plagued with delays and challenges. Andy to trigger post-implementation review process to ensure that the space will deliver the benefits that we initially sought. Formal PIR to be invoked at month 6 (September 2021) and month 12 (March 2022) and reported into Resources Committee.	Board	For Information
Finance	Currently, £1.2m ahead of plan to end January primarily because we have not been able to undertake all the elective work we planned for 20/21	Board	For Information
Finance	Forecast for the year is a deficit of £6.9m (primarily due to need for unused staff leave accrual and a shortfall in other income; both of these issues accepted by NHSE/I as allowable deficits). However, the latest information from NHSE/I indicates that some central reimbursement expected for staff leave accrual, for the "other income shortfall" and for the Elective Incentive Scheme linked to	Board	For information

	extra elective work completed in Autumn. These issues, coupled with better than plan performance on core spending, are likely to result in a surplus position of around £3m.		
Finance	No definitive news on income regime for 21/22 save that Trust will not receive April's income in March. However, no cash-flow issues forecast at this time.	Board	For information
Finance	Huge disparity between "capex wish-list" and capex available for 21/22. Management currently minded to focus on back-log maintenance and IT though ICS funding may in-part support both of these demands. How do we measure relative merits of different capex candidates given the massive shortfall in available spend?	Board	For information
Finance	Need to re-assess risks in relation to eg renal if certain key capex projects cannot be funded	Executive Management	ACTION
Finance	Assets potentially surplus valued at c. £8m; options to be delivered in respect of each saleable asset	Executive Management	ACTION
Workforce	Staff survey showing modest declines in Diversity, Health, Managers and Team Working measures. In relation to Team Working, we are below peer group average. This excludes LLP. Need to progress "Clever Together"	Executive Management Board	ACTION For Information
Workforce	Only 59% of BAME staff eligible have been vaccinated	Executive Management	ACTION
Workforce	Paper on Disciplinary Processes to ensure we are compliant with best process. Further presentation arranged for Board in due course	Board	For information
Digital	No news yet on Digital Aspirant Programme	Board	For information

Audit Committee: Items Escalated to the Board

The Audit Committee met on 1 December 2020. The Committee wishes to draw the following matters to the attention of the Board.

Gaps in Assurance and Items for Discussion/Action

LLP Low Assurance Internal Audits

We were concerned to note that the LLP received two low assurance audits in relation to procurement and residential accommodation. Low assurance audits are extremely rare and a low assurance report was last issued in 2014/15. If the weaknesses are not rectified, they could affect the Group's Head of Internal Audit Opinion. Delroy Beverley and Penny Gilyard, Director of Resources, attended our Committee and assured us that the control weaknesses identified would be remedied by the time of the re-audit before the end of March 2021. It is very important to note that Delroy specifically requested these audits because he was concerned about both areas.

LLP HPV Incident

We have not been able to gain assurance that all the learning from this Serious Incident and the subsequent reviews has been captured and acted upon in order to minimise the risk of recurrence. We have therefore asked Internal Audit to review this and report back to us at our next meeting.

Risk Management

Ivan Le Roux, Interim Risk Manager, attended our Committee and highlighted concerns about the operation of the Corporate Risk Register (CRR), including the articulation of risk in terms of cause and effect, the link to the BAF, action planning and that the Risk Assurance Framework is not being followed. He confirmed that he would be taking proposals to address these concerns to the Executive Committee in January.

The lack of a link between the CRR and the BAF was also identified as an area of concern by Resources Committee.

We agreed that the Board needs to spend more time on the BAF, focussing on principal risks and allowing these to drive the Board's agenda.

Internal Audit Outstanding Recommendations

Whilst these have reduced over the past few years, we noted that the number is still high and we encourage members of the Executive to lead by example in this area and also to hold their teams to account for delivery.

Issues Raised by Committees

Both Resources Committee and Quality Committee raised the need to seek assurance that we are making best use of existing resources, whether this be in relation to use of our IT applications or our expensive scarce resources such as Consultant Medical and Surgical staff.

Resources Committee also raised their concern that we do not have sight of our key IT risks.

Freedom To Speak Up Guardian

Stefanie Greenwood attended our meeting to give her annual report. Whilst we are assured that we have the right processes in place to enable people to “speak up”, we are keen that Stefanie should be supported to raise her profile and suggested to her that she be part of the corporate induction video until such time when this can be conducted face to face and she can be given a slot. We are also very conscious of how this role can result in burn-out and encourage her contact with and support from the FTSUG at Chesterfield.

Length of Agenda Papers

We agreed that the agenda papers for this meeting, and for the Trust in general, were too long and there is therefore a risk that we miss seeing the wood for the trees. We support the ongoing work with Mike Gill and look forward to this being brought to a conclusion and some changes in practice.

Items for Information

Report from Caroline Johnson, Deputy Director of Governance & Patient Safety

Caroline reported on continuing progress in relation to her work, though highlighted that she was continuing to identify areas of concern. Caroline is now a full member of Audit Committee so will be able to report regularly on governance systems. Whilst we recognise there is much to do, we were assured that areas of weakness are now being identified and plans being put in place to address them.

Audit of COVID Costs

Whilst the audit of our COVID costs in March 2020, conducted by Deloitte, indicated some weaknesses in our systems for identifying these costs, a subsequent internal audit, commissioned by Andy Bertram, gave significant assurance in terms of process improvements from April onwards. Consequently, we are confident that we now have robust systems in place to identify and record COVID costs.

Internal Audit

Helen Kemp-Taylor reported that, notwithstanding the impact of COVID on the number of internal audits that could be carried out, she would be able to give a meaningful Head of Internal Audit Opinion for 2020/21. If this changes, she has undertaken to inform me immediately. Helen also reported that the Internal Audit team has prioritised the plan and identified the “must do” and “should do” audits.

External Audit

Mark Dalton and Mark Outterside from Mazars attended our Committee and reported that everything is going to plan in terms of the audit for 2020/21.

Jenny McAleese
Chair of the Audit Committee
December 2020

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York Teaching Hospital
NHS Foundation Trust

Council of Governors – 16 March 2021
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
- Out of Hospital Care Group
- Fairness Forum

The Out of Hospital Care Group has also submitted a revised TOR for ratification by the Council. This can be found in Appendix A.

Recommendation

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

Author: Margaret Jackson – Lead Governor
Steve Reed – Head of Strategy for Out of Hospital Services
Jeanette Anness – Public Governor (Ryedale & East Yorkshire)
Date: March 2021

1. Lead Governor Report

This has continued to be an interesting and very challenging 3 months particularly with the Covid 19 virus. All staff, frontline and management, have continued to be under extreme pressure and are to be thanked and congratulated for their efforts to ensure patients and their families are cared for appropriately.

We have said goodbye to Lynda Provins who has retired as Foundation Trust Secretary and wish her a long, healthy and happy retirement. A letter of good-bye to the governors and thanks for her leaving gifts were received from Lynda and circulated by Tracy. We welcome Jill Hall who replaces Lynda on a 6 month contract until a permanent replacement is appointed. Jill, who has worked in a number of other trusts as the Foundation Trust Secretary, will be working from home initially and plans in the future to spend a few days each fortnight in York whenever possible.

As you are all aware my term as a governor ends this year along with other governors and my successor as lead governor will be Sally Light. I am sure you would want me to congratulate Sally and wish her well in this role. My thanks also goes to Michael and Rukmal for getting involved as it is good to have competition for this role. There will be a handover from me to Sally and she will be in discussion about a deputy for herself as agreed by governors. This will need to be included in the constitution and will be discussed at the next constitution review meeting.

The time of year for appraisals is here again and Sue has sent out the schedule to all Governors. Steve Holmberg and I meet Sue on the 10th March to start the ball rolling. Please complete and return the form Sue has sent out before the NEDs appraisals and give your comments about their performance as a NED. You only need to comment on those NEDs you have met or been involved with. Please put “not applicable” against those NEDs you have no comment on. Thanks go to Michael Reakes for his ideas on a comment sheet to be used throughout the year when you see the NEDs in action. At the recent governor forum it was suggested that governors have time with the NEDs and I have spoken with Sue about this and she was going to talk to her NED colleagues about this issue. Tracy has kindly sent out the dates of the various meetings the governors can attend as observers. Please let her know if you wish to attend and which date/s are best for you.

The Patient Experience Steering Group due to take place on the 21st January had to be cancelled due to the number of apologies so the Working Group met 17th February which Sheila and I attended via web-ex. The issues discussed were:

1. Dementia Patients and Visiting. There needs to be clarity of the rules and blanket guidance does not fit all requirements. There is national guidance available and the dementia group will review this issue at their next meeting. (next week) There are notices up for visitors, all those who visit need to wear PPE. The priority is for everyone to be safe.

2. The PLACE report was discussed. The LLP are very involved and lots of environmental issues had been raised. There was no PLACE in 2020.

3. End of Life care. Kath Sartain gave an overview of recent changes to the service. The new national scheme is called "See it my way" and areas on wards in York and Scarborough have been identified with Scarborough's up and running and being very well received by those using the facilities. There will be different names for these rooms. There is a short video on the website. HCAs have been engaged to support families.

4. Dementia. There is a review being undertaken to agree where the service is at the moment. The strategy is going to be refreshed and will be out in May supported by leaflet information. There has been a refurbishment of the dementia champion role with training to support this. There needs to be a clinical lead identified for York, a similar role is already in place at Scarborough Hospital.

5. Complaints/ PALs/Volunteering. These are currently down in number. Staff attitude is raised on a regular basis. How to communicate with relatives?
Volunteers – over 100 have been recruited in the last 6 months and some are now working on AMU and AMB. The volunteers already in post have been asked if they wish to continue in the role. The volunteers need to be valued and seen as part of the ward/department team.

6. Communications – An Engagement event was held and it was felt that it was very important that the patient is always involved -i.e. "doing with" and not "to". It must be a culture of co-production with the patient and their family. Need to understand how to communicate with relatives. There were a number of issues discussed – appointment delays, children, pregnant women and how to keep patients in A&E involved. Planned discharges to be reviewed. Delays in TTOs still an issue. The final question was how is the process tracked? This is still to be answered.

Please let Sheila and I know if there are any general issues you would like raised. I have asked again for the minutes of the meeting to be sent to Tracy for all Governors to receive. Finally at the last Governor Forum it was felt that a "What's App" should be set up for Governors. I still need to do this and will set one up asap.

Margaret Jackson
Lead Governor

2. Out of Hospital Care Group (04.12.20)

Attendees:

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

In attendance:

Sal Katib, Head of Children's Nursing

Apologies:

None

Summary of topics discussed

Matters arising:

The summary of the previous meeting was accepted as a correct record.

It was noted Richard Thompson's term as governor has concluded, he is thanked for his service to the group. New members from the East Coast to be elected in due course.

Children's Community Nursing:

Sal Katib, Head of Children's Nursing, attended and provided an overview of the nursing services that the Trust provides for children in the community and the work over the past 8 months to review the service provision. This has included the development of a new service specification in partnership with commissioners. He described the focus of the service was to support prevention and maximise care in the community to prevent children having to spend time in hospital.

Service include the community nurses (600 children on the caseload), bladder and bower specialists (300 children), allergy and asthma specialists (650 children) as well as epilepsy and diabetes nurses. The team have introduced new community clinics in York, Scarborough and Selby and are using video consultation. They have developed innovative ways of engaging with the children they work with, including text feedback and a focus group for children. They are now looking to develop a passport for children to reduce the number of times they tell their story, a Rapid Assessment Unit in Scarborough and how to create a more equal care offer across all localities.

The group discussed how COVID had accelerated the use of technology to support service delivery, integration of services – particularly with children's mental health services, health visitors and school nurses, and how the service was addressing the challenges on inequalities. The group also discussed the challenge of different levels of commissioned service provision across the Trust footprint.

Information Leaflet for patients and families using community inpatient units:

The group undertook a review of the draft leaflet, noting that HealthWatch were also providing a readability assessment. The group made a number of suggestions to improve the clarity of messages and also recommended the introduction of a section to encourage patients with communication difficulties to alert staff so that adjustments can be made.

Terms of reference:

The group reviewed the updated Terms of Reference following the previous discussion. Further changes were agreed regarding the role of Deputy Chair and quoracy of the group. The finalised document is included as an attachment for ratification by the Council of Governors (Appendix 1).

Workplan for 2021:

The workplan for 2021 was discussed. Forward plan to include items on:

- Frailty at the front door;

- Ageing Well Programme;
- Integrated Care System/Place Based developments;
- Primary Care Network update;
- Adult Community Services update, including workforce transformation;
- Palliative care in the community;
- Children's community services;
- Discharge pathways.

Actions Agreed

- Terms of Reference to be updated in line with discussion (Steve Reed)
- Explore providing a members meeting on children's community services (Margaret Jackson)
- Provide a Members Matters update on children's community nursing (Sal Katib)
- Provide group's feedback on inpatient unit leaflet to authors (Steve Reed)
- Explore September meeting being carried out face to face (Steve Reed)

Next Meeting

26 March 2021, 10am-12pm on WebEx.

Steve Reed
Head of Strategy for Out of Hospital Services

3. Fairness Forum (12.01.21)

The meeting was shorter than usual as many members had sent apologies including Nichola Greenwood, Lead for Patient Quality and Diversity, who has been seconded to project manage the staff vaccination programme and we must congratulate her on doing an excellent job.

The Patient Equality and Diversity report has been updated following comments sent after the last meeting. It will now go to the Quality Committee in February.

The Inclusive and Accessible Built Environment Strategy was shared for information. The document has been shared with several external stakeholders and will now go to the Health, Safety and Non-Clinical Risk Group. A discussion was held on how to assure that the agreed design standards have been implemented. Dave Biggins will present a proposal to the Forum at its March meeting. Dave Biggins reported that the Hospital Charity has agreed to fund the Access-Able accessibility Guides for York, Bridlington, Malton and Selby Hospitals. Maggie Bulman is to bring an update on the `capital project checklist and standardisation` to the next meeting.

Ablution and Ritual washing Facilities Update – there now seems to be good progress on the provision of these facilities at Scarborough and York. It will be kept on future agendas to enable the Forum to check progress.

The Workforce Equality and Diversity report has been published and feedback on the content and format is welcome which will be taken to the next annual report in summer 2021. Work is ongoing to raise awareness of the Race Equality Network. Sarah Vignaux

has made contact with colleagues at the LGBTQ+ network. Rukmal Abeysekera offered to meet Sarah Vignaux to offer guidance on the Staff BAME network as she has had much experience in this area at her workplace at the University of York.

Stef Greenwood, the Freedom to Speak up Guardian, will meet with the Fairness Champions to re-engage with Forum and also to define their role. The role of the Dementia Champions will also be re-defined.

Chris Hayes, Chaplin at Scarborough and Bridlington, noted that Friday prayer space still needs to be set up at Scarborough.

Healthwatch York has shared a report with the Local Health and Wellbeing Board on Health and Social Care for BAME communities. They had received some very positive comments on Midwifery care in York.

Jeanette Anness
Public Governor for Ryedale and East Yorkshire

Appendix 1

York Teaching Hospital NHS
NHS Foundation Trust

Out of Hospital Care Reference Group: Summary of Governance

Version 5.3
December 2020

Out of Hospital Care Reference Group

Terms of Reference

1	**Status**
1.	The Out of Hospital Care Reference Group is a sub-group of Council of Governors. A summary of the discussions and progress of the group will be presented to the Council of Governors.
2	**Purpose of the Group**
2.	The purpose of the Group is to support the Trust in the delivery of safe patient care and excellent patient experience across all of its out of hospital settings. Through the governor members of the group, the group provides a representation of Trust member's views on the current experience of services, offers a reference forum for Trust officers developing services outside of hospital and receives updates on behalf of the Council of Governors relating to the delivery of care outside hospital.
3	**Authority**
3.	The Council of Governors provides devolved authority to the Out of Hospital Care Reference Group to undertake an approved work programme.
4	**Roles and functions**
4.1	The group provides a means for governors to share thematic experiences gained through their interactions with members in their constituent localities.
4.2	The group provides a reference forum for Trust officers to seek lay views on the development of services.
4.3	The group will receive updates on the development of services outside hospital on behalf of the council of governors.
5	**Membership**
5.	The membership of the Out of Hospital Care Reference Group will comprise:- • Head of Community Services (Chair) • Membership from governors representing different constituencies (one of whom will act as Deputy Chair) • Staff Governor (where appropriate) • Non-Executive Director The group will also invite attendance from others (both Trust employees and from the wider community) as appropriate.

6	**Quoracy**
6.1	The Group will be quorate with 4 members attending, of which: • 2 must be Public Governors; and • 1 must be either the Chair or Deputy Chair.
7	**Meeting arrangements**
7.1	The Out of Hospital Care Reference Group will meet at least quarterly. Copies of all agendas and supplementary papers will be retained by the Chair of the meeting.
7.2	The Chair of the Out of Hospital Care Reference 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.
7.3	Where members of the Out of Hospital Care Reference Group are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Chair of the group.
8	**Review and monitoring**
8.1	The Out of Hospital Care Reference Group will maintain a register of attendance at the meeting. The attendance record will be reported as part of the annual report. The group's annual report will be presented to the Council of Governors.
8.2	The terms of reference will be reviewed every two years or following a significant change in governance arrangements.

Author	**Steve Reed, Head of Community Services**
Owner	**Out of Hospital Care Reference Group**
Date of Issue	**December 2020**
Approved by	**Council of Governors**
Date	
Review date	**December 2022**

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York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Meeting - 16 March 2021
NED Second Terms

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 discuss the reappointment of Dr Lorraine Boyd and Lynne Mellor to a second term as a NED at York Teaching Hospital NHS Foundation Trust.

Executive Summary – Key Points

The reappointment of Dr Lorraine Boyd and Lynne Mellor to a respective second term as a NED at York Teaching Hospital NHS Foundation Trust.

Recommendation

The Council is asked to approve the reappointment of Dr Lorraine Boyd and Lynne Mellor to a second term respectively as NEDs at York Teaching Hospital NHS Foundation Trust.

Author: Susan Symington, Chair

Director Sponsor: Susan Symington, Chair

Date: February 2021

1. Introduction and Background

All NEDs are appointed, in the first instance, for a fixed term of 3 years by the Council of Governors: they can then be reappointed for a second term of a further 3 years, and a third and final term of three years, to be reviewed annually. NEDs can serve a total of 9 years in a non-executive capacity.

Lorraine and Lynne were appointed as Associate NEDs by the Council of Governors for 3 months from 1st April 2018, and as substantive NEDs from 1st July 2018. They complete their first term on 30th June 2021.

2. Commitment

Both Lorraine and Lynne have proved themselves to be committed to the work of our trust, to our patients and to our staff, each making a unique contribution to the work of the board. They would both like to continue in their NED roles for a second term. For the benefit of the Council, I have asked both Lorraine and Lynne to capture the reasons why they would like to serve a second term.

I've been immensely proud to have been a NED for York Teaching Hospital Foundation Trust. During my current term I have championed and challenged across the Trust initiatives to assure the safety of patients and well-being of staff. I have particularly championed the digital agenda to improve healthcare for patients and ways of working for staff: such as Digital being tabled at Board meetings with a push for patients and staff to have WIFI for example across the Trust. Secondly, supporting a consolidated plan for the first time on Digital and bringing in external expertise to the Trust e.g., fast delivery of key network upgrades during the pandemic, including championing the recruitment of a CDIO. I am very happy to serve a second term as moving forward my ambition is to see the Trust become an exemplar in overall healthcare provision with a clear strategic direction enabled by an integrated set of transformation and digital plans working collaboratively with staff, partners, stakeholders and the community.

Lynne Mellor

My first term as YTHFT NED has certainly been one of challenge and change. During the three years, with a new and evolving Executive Team, I feel we have made great progress in recognising our challenges and identifying the routes to improvement. The assurance role that we undertake has become more clearly defined and with this my ability to contribute to supporting the Trust vision of a future that is clinically led with quality and patient safety at its heart. I would welcome the opportunity to continue on this journey: there remains much to do as the culture changes required become embedded. The areas I would particularly look to focus on are the Maternity Safety Agenda in response to the Ockenden Report, Community Services which still lack visibility at Board level and Patient Experience which will provide the ultimate judgement of culture change and our quality and improvement plans. And then of course there is the challenge of what the post Covid future will look like.....

Lorraine Boyd

3. Recommendation

I recommend that the Council approve the reappointment of Dr Lorraine Boyd and Lynne Mellor to a second term respectively as NEDs at York Teaching Hospital NHS Foundation Trust, as recommended by the Nominations & Remuneration Committee.

York Teaching Hospital
NHS Foundation Trust

Council of Governors – 16 March 2021
Proposed Quality Account Priorities

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 brief the Council of Governors in relation to the quality priorities which were co-produced with members and some governors in a virtual event on 2nd February 2021.

Executive Summary – Key Points

The proposed priorities are as follows:

Effectiveness and Improvement

1. Develop a culture of QI and Effectiveness being everyone's business through the development of aligned strategies for Clinical Effectiveness and Quality Improvement with engagement from staff, patients and carers.
2. Enable staff, patients, and carers to participate in improvement and effectiveness by providing the required support, tools and resource.
3. To further enhance sharing mechanisms to celebrate learning and achievements which are meaningful for patients and staff.

Patient Safety

1. To ensure effective communication with patients and families during serious incident investigations.
2. To develop a culture of safety at all levels of the organisation
3. To achieve a 10% reduction in the average number of falls per 1000 bed days (based on the last 12 months data)
4. To reduce the incidence of patients developing device-related pressure damage and eliminate all category 4 pressure ulcers where lapses in care have been identified for patients in our care

Experience

1. Hear the voice of those patients who are seldom heard
2. Foster a culture of co-production to improve the patient experience

Recommendation

The Council of Governors are asked to review the proposed Quality Priorities and consider whether they wish to champion one or more of the priorities.

Author: Caroline Johnson – Deputy Director of Governance and Patient Safety

Director Sponsor: Heather McNair

Date: 24.2.21

1. Introduction and Background

All providers of NHS care are required to produce an annual Quality Account showcasing the work undertaken during the year to continuously improve the quality of services. In order to develop our priorities a virtual event was held on 2nd February 2021 with members and governors. This event chaired by Sue Symington and was the first occasion that the trust has worked to co-produce the quality priorities with lay members.

The event consisted of 3 presentations covering the three domains of quality (Effectiveness/improvement, patient safety and experience) and each presentation was followed by breakout rooms to discuss priorities. This report details recommended quality priorities for each domain, which were identified during this event.

2. Clinical Effectiveness and Improvement

Why this is important

In their review of hospital Trusts the CQC (2018) found that where a culture of quality improvement (QI) is embedded trusts 'feel' different; staff are engaged, they are focused on the quality of patient care, and they are confident in their ability to improve. This was also reflected in surveys of staff and patient satisfaction. As a trust we do not currently have a quality improvement culture, supported by an embedded strategy and access to coaching and support for staff wishing to undertake QI. While we have an established programme of audits and NICE guidance baseline reviews, we do not routinely use QI methodology to address gaps. Developing and aligning our QI and Effectiveness strategies, supported by the involvement of patients and carers will support the Trust in ensuring the provision of high quality safe care.

Effectiveness and Improvement Priority One: Develop a culture of QI and Effectiveness being everyone's business through the development of aligned strategies for Clinical Effectiveness and Quality Improvement with engagement from staff, patients and carers.

What we will do in 2021/22

We will:
➢ Ensure the aligned strategies are developed for implementation by November 2021 ➢ Ensure all key stakeholders (including patients, carers and staff) are fully consulted with the development for the strategy.

Effectiveness and Improvement Priority Two: Enable staff, patients, and carers to participate in improvement and effectiveness by providing the required support, tools and resource.

What we will do in 2021/22

We will:
➢ Refocus the role of the improvement team to provide a wider expert level of support across the organisation through the use of QI coaching, training for staff undertaking improvement projects. ➢ Develop and implement a training programme for QI coaches. ➢ Enhance the QI skills training materials and workshops available to staff ➢ Ensure staff, patients and carers are enabled to participate in improvement and effectiveness by providing the required support, tools and resources ➢ Further enhance sharing mechanisms to celebrate learning and achievements which are meaningful for patients and staff.

Effectiveness and Improvement Priority Three: **To further enhance sharing mechanisms to celebrate learning and achievements which are meaningful for patients and staff.**

What we will do in 2021/22

We will:
➢ Consult with Patients, carers and staff to determine the most effective mechanisms for sharing learning and best practice. ➢ Develop and embed QI charters ➢ To use the safety spotlight newsletter in staff matters to share learning ➢ To implement Integrated Care System (ICS) wide shared learning virtual conferences

3. Patient Safety

Why this is important

Patient safety is fundamental to the provision of high quality services and is defined by NHS England and NHS Improvement (2018) as 'maximising the things that go right and minimising the things that go wrong for people experiencing healthcare'. The impact of patient harm is felt widely; by patients themselves, families, and the teams delivering care.

Adverse incidents will and do occur but with a strong safety and learning culture the impact in terms of harm and recurrence will reduce. All staff must feel safe to report patient safety issues without fear of retribution, and be empowered to act swiftly to address risk. During

the engagement exercise with our members they told us that we need to do more to support and care for our staff to enable them to feel safe to report incidents and learn.

Patients and families also must feel part of serious incident investigations to ensure their questions are answered and to ultimately ensure we achieve optimal learning. This is an area that our members were clear needed considerable improvement and asserted that they need to be involved and heard as patients and families.

Patient Safety Priority One: **To ensure effective communication with patients and families during serious incident investigations.**

What we will do in 2021/22

We will:
➢ Develop the serious incident processes to ensure patients and or their families are involved in setting the terms of reference for serious incident investigations to ensure their questions are answered. ➢ Ensure patients and families are involved, supported and kept informed throughout the investigation process

Patient Safety Priority Two: To develop a culture of safety at all levels of the organisation

What we will do in 2021/22

We will:
➢ Reintroduce non-executive led safety walkrounds to provide opportunity for patient safety orientated discussion and challenge at ward/team level. ➢ To develop the Patient Safety Specialist role within the Trust through participation in the NHSE/I national programme. ➢ To improve the incident reporting culture to be within the upper quartile for reporting of no harm/low harm incidents nationally, through timely feedback and the embedding of a just culture where incidents can be reported and learned from without fear of reprisal. ➢ To ensure patient safety related data is available in an accessible and easily understood format at all levels of the organisation ➢ To ensure robust processes are in place for learning from incidents and good practice ➢ To introduce call for concern, a facility for relatives to raise concerns to a critical care outreach nurse about their loved one during visits. ➢ Increase patient involvement in the review of patient safety incidents through the introduction of the Patient Safety Partner role ➢ Ensure appropriate education and training is in place for new members of staff and additional training is targeted to areas with high incidence of patient safety events ➢ Embed quality improvement methodology for addressing patient safety concerns

Patient Safety Priority Three: **To achieve a 10% reduction in the average number of falls per 1000 bed days (based on the last 12 months data)**

What we will do in 2021/22

We will:
➢ Involve Patients, carers and loved ones in the investigation of falls ➢ Ensure effective assessment of risk and appropriate preventative measures are in place for patients from the moment they enter our care ➢ To strengthen the investigation processes to ensure that contributory factors are better understood and inform improvement initiatives ➢ To ensure learning is more widely shared across the organisation through safety briefings ➢ Use improvement methodology to develop, implement and evaluate evidence-based practice in falls prevention and management ➢ Safely staff our wards

Patient Safety Priority Four: **To reduce the incidence of patients developing device-related pressure damage and eliminate all category 4 pressure ulcers where lapses in care have been identified for patients in our care**

What we will do in 2021/22

We will:
➢ Involve Patients, carers and loved ones in the investigation of pressure ulcers ➢ Ensure effective assessment of risk and appropriate preventative measures are in place for patients from the moment they enter our care ➢ To strengthen the investigation processes to ensure that contributory factors are better understood and inform improvement initiatives ➢ To ensure learning is more widely shared across the organisation through safety briefings ➢ Use improvement methodology to develop, implement and evaluate evidence-based practice in falls prevention and management

4. Experience

Why this is important

As a Trust we are committed to ensuring that our patients and carers have the best possible experience of our care. However, there are times when this experience will not be of the standard that we or the patient and their family would expect to have. It is therefore important that we have an embedded culture of valuing and listening to the experience of those who access our services.

Improving patient experience is not simple as it requires effective leadership and a culture receptive to hearing feedback. Such feedback is crucial if we are to learn and continuously improve. Our engagement event attendees told us that we could do more to communicate and listen.

Experience Priority One: Hear the voice of those patients who are seldom heard

What we will do in 2021/22

We will:
➢ We will increase the variety of opportunities to hear the views of patients, carers and public, including those with underlying health problems and sensory impairments ➢ We will actively listen to patients and their carers, involving them in decisions about their care, promoting the attitude of 'doing with' rather than 'doing to' ➢ We will improve how we communicate with both patients and carers, whether the person is an inpatient, outpatient or accessing care in the community setting – this will build on the foundations laid last year from the #HelloMyNameIs…. Campaign and will incorporate specific projects, i.e. communication with carers who are unable to visit

Experience Priority Two: Foster a culture of co-production to improve the patient experience

What we will do in 2021/22

We will:
➢ We will work to improve fundamental standards of care, including nutrition and hydration, assistance with hygiene, timely discharge – this will include the use of Always Events® improvement methodology to co-design solutions to improve the patient experience ➢ We will involve patients, families and carers in quality improvement work ➢ We will ensure we meaningfully capture and share patient feedback

5. Next Steps

Once agreed the quality priorities will be included within the Annual Quality Account and progress against the priorities will be reported to the Quality Committee on a Quarterly basis.

6. Detailed Recommendation

The Council of Governors are asked to review the proposed Quality Priorities and consider whether they wish to champion one or more of the priorities.

York Teaching Hospital
NHS Foundation Trust

Council of Governors (Public) Meeting – 16 March 2021
Lead Governor Succession

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 discuss and agree succession in relation to the Lead Governor role as revealed in the recent voting process.

Executive Summary – Key Points

Our Lead Governor, Margaret Jackson, who has tirelessly served the Council of Governors and the trust in her role for 9 years, will be retiring from this role in September 2021.

To manage her succession effectively the CoG asked public governors to step forward individually to stand as Margaret's successor in this role. 3 governors stepped forward, and took part in a democratic election process. Only public governors can stand as Lead Governor but all Governors can vote for her successor.

Recommendation

The Council is asked to recognise the democratic election process which has taken place and the clear leader in the process, Sally Light, to be appointed as Lead Governor from September 2021.

Authors: Susan Symington, Chair & Margaret Jackson, Lead Governor

Director Sponsor: Susan Symington, Chair

Date: February 2021

1. Introduction and Background

Margaret Jackson's retirement from the role of Lead Governor in August 2021, having served a full 9-year term, required the CoG to consider her successor. 3 public governors stepped forward to be considered for the role and a democratic election process took place, the outcome of which revealed Sally Light to be the governor achieving the most votes. She is therefore the governor's choice of successor to Margaret Jackson.

Sally provided the following information to the CoG as part of the voting process.

At the heart of my interest in being the next lead governor is my strong commitment to the Trust and my desire to contribute my skills and experience of working in health services over the last 40 years to help further its aims for its service users.

For the last 8 years I have been the Chief Executive of a national medical charity, representing the needs of people with motor neurone disease, improving access to care, driving up clinical standards and promoting research. Building on my clinical background, this experience has equipped me to better understand services from the point of view of service users and to advocate on their behalf.

I am a nurse by original training, working in roles in hospital and in the community, but then moving into NHS management, including 4 years as an executive director in a foundation trust in Yorkshire. I also spent time in a similar position in Canada, giving me significant experience of a variety of boards and governance arrangements.

The last 12 months has been an unprecedented period for the NHS and steering a successful course through the pandemic and then building back to a position of clinical and financial stability from which to achieve its strategic goals will be a huge challenge for the Trust. This is in the context of the opportunities and challenges created by the further development of the Humber Coast and Vale partnership.

The Council of Governors has a vital role to play as a critical friend in the future of the Trust - representing the experience and needs of service users and the wider public and holding the NEDs to account for the performance of the Board as it navigates this unchartered territory. I am keen to contribute my significant managerial experience, absolute focus on the needs of service users and commitment to ensuring the Council of Governors has a strong and influential voice.

If elected governors can expect me to be a facilitative lead governor – supporting all governors to feel engaged and able to carry out their important role, working hard to provide supportive challenge to the NEDs and working with them, our Chair and the Executive Team to continually drive up standards and ensure the needs of service users, wherever they live, are always at the heart of everything we do.

2. Handover

During the 6 months ahead, Margaret and Sally will undertake a handover process, supported by the Chair and the corporate team, preparing Sally to assume the role from 1st September.

3. Deputy Lead Governor

Discussions will take place between the Chair, current Lead Governor and the new Lead Governor about the role and an update will be presented at the NomRems meeting in May. The CoG recognises that the Lead Governor role carries specific responsibilities and recommends that the new Lead Governor appoint a Deputy Lead Governor. The chair approves of this development. **The process for this appointment will begin in the early summer, which Sally will lead.** (See Appendix A for job description.)

4. Thanks

The trust, and most particularly the chair, recognises the remarkable personal contribution which Margaret Jackson has made to the Council of Governors: we all owe her a huge debt of thanks.

We will find a special way to say thank you to Margaret during the summer.

5. Congratulations

The Lead Governor elections have been managed carefully and fairly. My very grateful thanks go to all 3 public governors, Sally, Michael and Rukhmal, who stepped up to nominate themselves to be the Lead Governor. Thank you all.

However, the election revealed a clear leader in the voting, Sally Light, and we congratulate her on her new role as Lead Governor of York Teaching Hospitals NHS FT and look forward collectively to supporting her in the role of Lead Governor.

6. Recommendation

The Council is asked to recognise the democratic election process which has taken place and the clear leader in the process, Sally Light, to be appointed as Lead Governor from September 2021.

Appendix A

Role of the Deputy Lead Governor

Role The Deputy Lead Governor (DLG) will provide some cover, and additional resilience, for the Lead Governor (LG), in the delivery of the LG duties agreed by the CoG (i.e. the DLG will not deliver a separate set of different duties).

The DLG will deputise for the nominated LG if the LG is not able to undertake the duties in the LG role description for any reason (e.g. sickness, extended absence from Governor role etc.).

To enact the DLG role in the event of the above, the LG would be required to inform the Company Secretary of any period in which he/she would be unable to discharge any of the duties agreed in the role description; the Company Secretary would then arrange for the DLG to assume these duties, immediately notifying the CoG of the instigation of this temporary arrangement and formally reporting as such at the next meeting of the CoG. Equally, if the incumbent LG no longer continues to serve as a YTH Governor (e.g. through resignation, failure to be re-elected etc.) the nominated DLG would assume delivery of the LG duties until such time as a new LG can be elected.

The terms of the LG and DLG appointments would run concurrently, with the election of the LG taking place first and followed by the election of the DLG.

As with the LG role, the incumbent DLG would be eligible to stand in a further election but could not serve more than two consecutive terms. Also, as with the LG role, to be eligible Governors must have served as a YTH Governor for a minimum of twelve months, to include both current and previous terms of office. If the CoG fails to appoint a LG then there would be no requirement for a DLG position.

York Teaching Hospital
NHS Foundation Trust

Council of Governors 16 March 2021
Governance Structure Improvements

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

The purpose of the report is to update the Council of Governors in relation to the work that has been undertaken to strengthen the clinical governance and assurance processes across the Trust.

Executive Summary – Key Points

The review of governance identified that there was not a clearly defined flow of information and escalation through the structures. Quality Committee was therefore both overwhelmed with too much information, while at the same time not receiving the appropriate assurance and escalation.

The paper outlines the changes that have been made to existing processes to ensure that the appropriate groups are in place to provide robust oversight of clinical quality, risk and safety and ensure appropriate escalation of risks and issues through the structure to the Quality Committee.

Recommendation

The Council of Governors are asked to note the improvements that are ongoing in relation to governance and quality.

Author: Caroline Johnson

Director Sponsor: Heather McNair

Date: 24.2.21

1. Introduction and Background

In order to meet the requirements of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 it is essential that the Board can demonstrate that robust clinical governance processes are in place. Good Governance is essential if the Trust is to achieve a rating of Good or above across all five Key Line of Enquiry (KLOE) domains. In October 2019 the CQC rated the Trust as 'requires improvement' for well led. In their rationale for the rating they cited a lack of 'governance oversight at department level'. A lack of Governance at department level indicates gaps in ward to Board assurance, which presents a risk to the Board.

In order to ensure that the Trust has robust ward to board assurance processes in place a review of clinical governance was undertaken in summer 2020 and a revised structure approved by Quality Committee in October 2020.

The purpose of this paper is to provide assurance to the Council of Governors that that the clinical governance processes have been strengthened in line with the review.

2.0 Areas identified for improvement

The main findings of the review were as follows:

1. There were a number of governance groups that did not have a clear line of assurance and escalation.
2. The terms of reference for the Quality and safety meeting required review to ensure robust oversight of incidents.
3. The Quality Committee did not have a group reporting to it that provided a filter for the items for noting, assurance and escalation from the range of quality groups across the Trust. This resulted in the Quality Committee agenda being too full with little time for detailed focus on key quality issues and risks.
4. The Care Group clinical governance groups did not connect to the corporate clinical governance groups, therefore ward to board governance did not robustly occur.
5. The risk management framework was not robust
6. There was not a sufficient focus on the CQC compliance agenda due to time constraints in existing meeting agendas.

2.1 Action taken to address the issues identified

This section outlines the actions taken to improve governance in response to the issues identified by the review.

2.1.1 Introduction of new Groups

The following groups were introduced:

Quality and Patient Safety Group (QPaS)

In order to ensure that Quality Committee has the appropriate escalation, assurance and has the time to focus on the key issues it is proposed that a Quality and Patient Safety

(QPaS) group was introduced. This group reports to the Quality Committee, is attended by all Care Group directors and provides a filter for all the groups that sit beneath Quality Committee. QPaS oversees and coordinates all aspects of quality improvement (patient experience and patient safety, to include safeguarding), clinical effectiveness and clinical governance activity and delivery. The Group has responsibility to escalate any issues which may have a potential impact on the delivery of the organisational objectives to the Quality Committee.

Care groups Quality and Safety Committee minutes are received by QPaS with a front sheet identifying items for escalation and assurance.

Quality and Regulations Group (QRG)

A Quality and Regulations (QRG) group was established from October 2020 to ensure assurance is received in relation to all aspects of CQC regulation and compliance. The Group has responsibility to escalate to QPaS any issues which may have a potential impact on the Trusts' ability to fulfil its duties and responsibilities in relation to the CQC Fundamental standards.

Subsequent to the introduction of the above groups two further groups were introduced, which while not in response to the review are important to note in this paper for completeness of the current governance position.

Mental Health Steering Group

A mental health steering group has been established to ensure that the Trust appropriately meets the needs of people with mental health accessing our services. Through this group we will ensure that we address issues identified in a review of mental health care in acute trusts across the country published by the CQC in October 2020 entitled 'Assessment of mental health services in acute trusts'in 2020. The report identified the following issues in acute care nationally:

- **People faced barriers in accessing help at a time of crisis** – i.e. lack of 24/7 crisis provision resulting in no choice but to attend ED and once in hospital there is a lack of joint working between mental health services and acute care.
- **Acute trust boards did not always see mental health care as part of the overall provision of care** – lack of oversight of mental health care at Board level.
- **In emergency departments, patients were not always provided with a safe, therapeutic environment**.
- **Acute trusts need to improve staff education and governance of the Mental Health Act** –- confusion exists between when to use the Mental Health Act and the Mental Capacity Act
- **Staff feel unsupported and unprepared to meet the mental health needs of their patients**

Quality Strategy Steering Group

A Quality Strategy steering group was established in January 2021 to enable the development of the Trust Quality strategy aligned to the Clinical Strategy. The vision is to

develop a framework that will support a culture of continuous improvement that is frontline generated and corporately supported.

2.1.2 Strengthening of the Quality and Safety group Terms of Reference

The weekly Quality and Safety (Q&S) group is central to the safety agenda. The membership has been broadened to ensure that all the care groups are clinically represented to ensure a thorough review of incidents of concern and learning shared. In addition a 72-hour report has been introduced in response to incidents of concern to ensure a robust initial investigation is undertaken. The 72-hour reports are reviewed at the Q&S group and where necessary serious incidents declared. Assurance is received via the 72-hour reports of the actions being taken by the care groups to prevent reoccurrence.

3. Ongoing Improvements

In addition to the strengthening of the Corporate structures the Care Groups have been working to refine their processes. All of the Governance facilitators (1 per care group) are now in post and work closely with the corporate Governance and Patient safety team.

4. Detailed Recommendation

The Council of Governors are asked to note the improvements that are ongoing in relation to governance and quality.