

Agenda

Council of Governors (Meeting held in Public)

9 June 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.
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- Do you understand the purpose of the meeting – please read any associated papers.
 - Really listen to what people say and don't interrupt them or attempt to speak over them.
 - Actively participate ensuring you do not work on other tasks during the virtual meeting.
 - Remember, it is about representing members and not bring personal experiences to the meeting.

ENVIRONMENT

- Can I hear/see everything that is going on?
- Is my phone on silent and all notifications turned off?
- Am I in a quiet area free from unnecessary distractions and somewhere where confidential information is not overheard?

COUNCIL OF GOVERNORS MEETING

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

On: 9 June 2021

In: Via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 13.00pm	Council of Governors meeting held in public	Via Webex	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30pm – 14.30pm	Private Council of Governors	Via Webex	Council of Governors Non-executive Directors

Role of the Governor

Overarching general duties:

1. Representing the interests of members and the public
2. Holding the Non-Executive Directors to account for the performance of the Board

Statutory duties:

Appointments & remuneration

- appointing / removing chair & NEDs
- remuneration of chair/NEDs
- appointing / removing trust external auditor
- approving / not approving appointment of CEO

Finance & business development

- receiving annual report and accounts
- receiving auditor's report
- approving/not approving increases to non-NHS income of more than 5% of total income a year
- approving/not approving acquisitions, mergers, separations and dissolutions
- approving/not approving significant transactions
- expressing a view on board's forward plans in advance of submission to NHS Improvement
- **Approving changes to the Constitution**
- jointly approving, with the Board, changes to Trust's Constitution



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	09	
3. Minutes of the meeting held on 16 March 2021 To receive and approve the minutes from the meeting held on 16 March 2021	Chair	B	15	
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	25	10.05 – 10.20

SUBJECT	LEAD	PAPER	PAGE	TIME
6 Assurance Committees Updates	NED Committee Chairs			10.20 –
6.1 Quality Committee		D1	31	10.50
6.2 Resources Committee		D2	33	
6.3 Audit Committee		D3	37	

Representing the interest of the Members as a whole and the interests of the public

7 Governors Reports		E	41	10.50 –
To receive the reports from governors on their activities from:				11.00
7.1 Lead Governor incl. PESG	Mrs M Jackson			
7.2 Governor Forum	Mrs M Jackson			
7.3 Transport Group	Mrs S Miller			
7.4 Out of Hospital Care	Mrs M Jackson			

8 The Patient Experience Agenda	Deputy Chief Nurse & Lead for Patient Experience	Verbal	-	11.00 –
To receive an update on the work of the Patient Experience Team incl. the Family & Friends Test				11.15

BREAK (11.15 – 11.30)

Holding Non-Executives to Account for the performance of the Board

9 CQC Update	Head of Compliance & Information Governance	E	47	11.30 –
To receive an update on the CQC position.				11.45

Decisions required by the Council of Governors

10 Governor Working Groups	FT Secretary			11.45 –
10.1 To ratify the MDG Terms of Reference		G1	63	11.55
10.2 To ratify the CRG Terms of Reference		G2	67	

SUBJECT	LEAD	PAPER	PAGE	TIME
11 Compliance Manual To ratify the Compliance Manual	FT Secretary	H	71	
Other items for information / discussion by exception				
12 Governor Development To receive an update on the actions from the Governor Development Day and the Governor Forum	FT Secretary	I	To follow	12.05 – 12.15
13 FT Secretary Report To receive an update on various matters in relation to CoG	FT Secretary	J	89	12.15 – 12.25
14 Future Meetings To discuss meeting arrangements going forward – Virtual v F2F	Chair	Verbal	-	12.25 – 12.30
15 Items to Note				12.30 –
• Membership Development Group Report		K1	95	12.35
• Constitution Review Group Report		K2	101	
• Attendance Register		K3	105	
Closing business				
16. Questions received in advance from the public.	Chair	L	To follow	12.35 – 12.45
17. Reflections of the meeting	Chair	Verbal	-	12.45 – 12.50
18. Any other business To consider any other items of business.	Chair	Verbal	-	12.50 – 13.00

SUBJECT	LEAD	PAPER	PAGE	TIME
19. Time and Date of next meeting The next Council of Governors meeting will be held on 14 September 2021, 10.00am, venue TBA				

Additions: Michael Reakes – Lay member of the Trust's Research & Development panel.

Deletions: Ian Mackay Holland - Chairman/Trustee – Willows Lull.

Modify: Rukmal Abeysekera – was a Councillor of Askham Richard Parish Council and has now become Chair.

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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 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	Chair – Askham Richard Parish Council	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.	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	<p>Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory).</p> <p>Member - Patient and Public Involvement at the University of York, researching Health Inequality.</p> <p>Lay Member – Trust’s Research & Development Panel</p>	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

Governor	Relevant and material interests					
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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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Council of Governors (Public) Minutes – 16 March 2021

Chair: Ms Susan Symington

Public Governors:

Mrs Margaret Jackson, City of York
Mr Michael Reakes, City of York
Dr Rukmal Abeysekera, City of York
Mrs Helen Fields, City of York
Ms Sally Light, Public Governor, City of York
Mrs Angela Walker, Bridlington
Mrs Josie Walker, Bridlington
Mrs Catherine Thompson, Hambleton
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mrs Sheila Miller, Public Governor, Ryedale & East Yorkshire
Mr Andrew Butler, Ryedale & East Yorkshire
Dr Ian Mackay Holland, Scarborough
Mr Keith Dawson, Selby
Mr Doug Calvert, Selby
Mr Stephen Hinchliffe, Whitby

Appointed Governors

Mr Paul Johnson, YTHFM
Mr Gerry Richardson, University of York
Ms Dawn Clements, Hospices
Ms Jo Holloway-Green, MIND

Staff Governors

Mrs Helen Noble, Scarborough/Bridlington
Mrs Sharon Hurst, Community
Ms Maya Liversidge, Scarborough/Bridlington

Attendance

Mr Simon Morritt, Chief Executive (21/05 only)
Mr Andy Bertram, Deputy Chief Executive & Finance Director
Mr Jim Dillon, Non-executive Director
Dr Lorraine Boyd, Non-executive Director
Mrs Lynne Mellor, Non-executive Director
Mr D Watson, Non-executive Director
Mrs C Johnson, Deputy Director of Patient Safety

Mrs Jill Hall, Interim FT Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

4 members of the public

Apologies for Absence:

Cllr Chris Pearson, Appointed Governor, NYCC
Mrs Liz Black, Public Governor, Scarborough
Mrs Vanessa Muna (VM), Staff Governor, York
Dr Gerry Robins (GRo), Staff Governor, York
Mr Dylan Roberts, Chief Digital Information Officer
Mrs Wendy Scott, Chief Operating Officer
Mrs Heather McNair, Chief Nurse
Ms Polly McMeekin, Director of Workforce
Mrs Jenny McAleese, NED
Mr Matt Morgan, NED
Mr S Holmberg, NED

21/01 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

21/02 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

21/03 Minutes of the meeting held on the 9 December 2020

The minutes of the meeting held on the 9 December 2020 were agreed as a correct record.

21/04 Matters arising from the minutes

Mrs Fields asked if there was an update on when the CQC were likely to visit the Trust. Ms Symington replied that there was no update as yet. Mrs Noble added that it might be a good idea to contact Shaun McKenna, Head of Effectiveness & Compliance, and invite him to the next Council meeting to give an update.

There were no further matters arising from the minutes.

Action Log - the Committee noted that both actions were still ongoing.

Action: Mrs Astley to invite Shaun McKenna to the next Council meeting to give update on CQC.

21/05 Chief Executive's Update

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

- Covid-19 update – the Trust’s current position was that there were 39 Covid+ inpatients across both main sites and up to 2 in a community base. Numbers have continued to decline over the last few weeks. There was still pressure in Critical Care with 17 patients but this would be expected with or without Covid 19. The staff vaccination programme was well underway as well as providing vaccinations for partner organisations and local authorities. Within the next week or so, the Trust will be starting to provide the second dose.
- Recovery Plan – the expectation will be for the Trust to work as a single system with its partner organisations to manage the recovery. The Trust was also working through how its staff can recover from the demanding and harrowing experience they have endured over the past 12 months given the expectation that the recovery plan would move quickly.
- ICS – it has been confirmed that there will be an ICS NHS body that will effectively have combined responsibilities of the existing CCGs in the system. The existing CCGs, Vale of York, North Yorkshire and East Riding, will effectively disappear by April 2022 and be replaced with an Integrated Care System (ICS) for Humber Coast & Vale (HCV). HCV have just established an Executive Transitional Team which Mr Morritt was providing support for.

The current legal arrangements for NHS Trusts and NHS FT Trusts remained unchanged so there were no plans to disband the FT model within healthcare and therefore the Council of Governors will continue within that arrangement.

Things will change around the requirements and expectations of provider organisations playing their full part within the system and the broader community. There will be a financial target set for HCV and there will be an accountable officer who will be responsible for making sure that gets delivered. There will be significant pressure on partner organisations within the system to ensure they play their part in meeting that target. From a capital perspective, whilst the Trust is still an FT and free to set its own capital expenditure limits there will be a cap for the system overall and there will be mechanisms in place to force the Trust to change if its plans were higher than the cap across the HCV.

- New Name for the Trust – York & Scarborough Teaching Hospitals Foundation Trust. Mr Morritt advised that the new name has been agreed with NHS England and the new name will be implemented on 1 April 2021. There will not be a significant spend as most changes were digital. The signage needed changing and this will be carried out at a minimal cost.
- East Coast Transformation Review – Mr Morritt agreed to come to the next Governor Forum and update the governors on progress. He informed that the Outlined Business Case had been approved for the £40m development at Scarborough Hospital.
- Bridlington – The Trust and members of the ICS were in discussions with councillors within East Riding, Bridlington Forum and other stakeholders to talk through ideas and opportunities in order to get the best use of the facilities for the community.

- NHS Oversight & Associate Framework – Mr Morrith explained that the Trust had restrictions placed on its licence and was moved to a level 3 status from level 2. He was happy to announce that the restrictions had now been lifted and the Trust had been placed back into level 2 status.

Mrs Anness asked who would be commissioning services in the future. Mr Morrith explained that it would be the responsibility of the ICS who will determine how NHS resources were allocated across the system as a whole.

Mrs Thompson discussed the prime/lead provider model around the Trust becoming more responsible for the allocation of services and asked how did the Trust ensure that the money followed the patient so the distribution of services across the wider patch was equal. Mr Morrith replied that the Trust's outcomes would be set by the ICS with the intention that they would set a capitation allocation to organisations, including community providers.

Mr Butler enquired about the recent publicity surrounding York A&E and Vocare and asked for clarification. Mr Morrith replied that there was a contract with Vocare to provide a service for minor illnesses at York A&E and this has been the arrangement for the past 6 years. The contract was arranged by the CCG. Over the last two months there has been an update to Urgent Treatment Centre specification nationally. As the Trust is the provider of minor injuries and provider of the streaming services, it will work together with Vocare to create a better streamlined service to meet those specifications.

Mr Reakes asked what the Trust's policy was about staff unwilling to have the Covid vaccine. Mr Morrith replied that having the Covid vaccine was not mandatory. Conversations were being had with those staff who had yet had the vaccine. Clearly, it was in the best interest for staff and patients if staff were vaccinated.

Mr Bertram referred to the £47m spend at Scarborough Hospital and stated that the Outlined Business Case had been approved. The next stage would be to get the Final Business Case through. He explained the reason for having to go through this process was because of the significant size of the investment which needed to be approved by the Treasury Department.

The Council:

- **Received the report and thanked Mr Morrith for his time at the meeting.**

Action:

- **Invite Mr Morrith to the next Governor Forum to discuss the East Coast Review.**

21/06 Quality Committee update

Dr Boyd gave a summary of topics that the Committee had discussed. She added that despite the pandemic the Committee and its members had continued to meet on a monthly basis.

- Growing waiting list – the committee has been given assurance that this was being managed.

- Recovery Plan – the committee was assured that there were plans in place for the Trust’s recovery and all teams were well sighted on it.
- Clinical Governance – the committee has seen evidence that a process has been put in place around Ward to Board assurance and this was working well.
- Quality Improvement – The committee was assured that an initiative had been put in place to develop capability from care group level to Board.
- Staffing – reports have been presented to the committee on a regular basis. The Chief Nurse Team has presented a Nursing Staff Review which indicated a number of challenges, including staff wellbeing and resilience as a result of Covid and best ways to support staff.
- Ockenden Report on Maternity Services – Dr Boyd has been appointed as the Maternity Safety Champion for the Trust.
- Virtual Patient Safety Walkabouts – these have been introduced as a temporary replacement due to Covid restrictions.

Mrs Holloway-Green asked what the virtual patient safety walkabouts entailed. Dr Boyd replied that at her virtual walkabout there were a number of NEDs, Executives and the Care Group Management Team who conveyed issues discussed with the “staff on the ground”. The Council agreed that it was a good temporary measure that covered some aspects of a walkabout but there was the missing interaction with the staff and patients and asked if technology could be better used to facilitate that. Ms Symington replied that the virtual walkabouts had only just begun and the process will be tweaked going forward to give a better experience for everyone involved.

The Council:

- **Received the report and noted its contents.**

21/07 Resources Committee update

Mr Watson gave a summary of the topics that the Committee had discussed.

- LLP – a large piece of work was being undertaken to make the LLP a better place to work. The committee took great assurance from the new management team of the LLP that the project and work done in respect of the cultural aspect has been launched and the committee was very confident that there will be a significant change within the next year or two.
- IT – the newly appointed Chief Digital Information Officer, Mr Roberts, had completed the process of identifying the greatest risks within the Trust’s IT structure. A 3-year program has been created, the cost was significant, and discussions were currently ongoing within management to obtain the funds required for the program to be implemented.
- Buildings – a significant amount of money had been spent over the last 12 months on the Maintenance Backlog Program of Work and will continue during 2021/22.

- Capital Expenditure – would like to acknowledge the great success that management have had in securing the capital expenditure for the Trust.

Mr Reakes referred to nurse staffing vacancies and asked if the NEDs were assured that everything was being done to attract staff to the Trust and if they would re-consider using recruitment or retention incentives. Mr Watson replied that it was a constant challenge for the Trust. There was a very focussed workforce team who look at all options available to fill staff vacancies.

Mr Butler stated that the national NHS budget 2021/22 had not yet been set and asked for an opinion on the risk to the Trust if a budget was not in place for the start of Quarter 1. Mr Bertram replied that he was expecting details of the Trust's allocation for the first quarter of the year. He was aware that it would set at a comparable rate to what the Trust was spending in Quarter 3 of the current financial year.

Ms Light stated that given how stretched the capital budget was, how did the NEDs get assurance that monies available were being spent on the highest priorities and how was this decided. Mr Watson replied that there was no formal system. A dialogue took place with the management team who then make recommendations to the Board. He was confident that the decisions reflected the priorities within the Trust. Dr Boyd added that, from the perspective of the Quality Committee, its role was to ensure that the right information was given to the directors around quality and patient safety to feed those debates.

Mrs Abeysekera referred to the vaccination programme and stated that 76% of staff had been vaccinated, 59% of BAME staff had been vaccinated and 38% of staff were on sick leave with covid related issues. Is there something that can be done education wise in terms of providing information to make those statistics a little more appetising. Mr Watson replied that the Trust's communication on the vaccine programme was tied due to NHS policy. A lot of communication was through IT in terms of encouraging staff to be vaccinated. One of the issues that has been recognised was that a number of staff within the LLP did not have access to a computer and therefore other ways have been devised to approach the staff and encourage them to be vaccinated.

The Council:

- **Received the report and noted its contents.**

21/08 Audit Committee update

Mr Watson gave a summary of the topics that the Committee had discussed.

- LLP – all recommendations from the Internal Audit Report have been put in place barring one. Great progress has been made under the new management team.
- Serious Incident – this was an accident involving a cleaning process which occurred at Scarborough Hospital some time ago. There was an ongoing live investigation. The committee was looking for assurance that the learning from this incident had been captured to avoid a future repetition. A report will be presented at the May meeting.

- Risk – A risk manager has been appointed and a programme of work has commenced that will take 3–6 months to complete and at the end of that time the Trust will have a better set of risk documentation to work with.
- Outstanding Internal Audit Recommendations – Six were currently outstanding. The committee was very pleased with the progress made.
- Length of papers – the papers have been separated into two packs with the main pack containing “must read” papers and the purple pack containing background reading. This gave focus on the areas that were really important.

Mr Reakes referred to the low assurance given in relation to Procurement and Residential Accommodation and asked if this issue related to nursing accommodation. Mr Watson replied that the issue was in relation to the documentation. The LLP management had asked Audit Yorkshire to undertake those audits. The areas will be re-visited again within the next 12 months. Mr Bertram added that the residential accommodation referred to accommodation at Scarborough Hospital that was used as staff accommodation, for both permanent and temporary staff.

Mrs Fields asked if Covid related costs were being separated from general costs. Mr Bertram replied that this was being done.

The Council:

- **Received the report and noted its contents.**

21/09 Governors’ Reports

- Lead Governor Report incl. PESG - Mrs Jackson gave an overview of her report including the appointment of Sally Light as the new Lead Governor subject to being re-elected at the upcoming governor elections.
- Governor Forum – Mrs Jackson summarised the discussions that took place at the Governor Forum including the PESG Working Group.

Mr Reakes asked if the Friends and Family Test was discussed at the PESG given the low response rate and was technology being used to increase feedback. Mrs Symington replied that during the pandemic a lot of things have changed in the Trust and the Friends and Family Test was a discussion for the next Council meeting.

- Out of Hospital Care - Mrs Jackson gave a summary of the meeting and requested that the Council ratify the OHC Group Terms of Reference.
- Fairness Forum – Mrs Abeysekera stated that she was meeting with other members of the forum as there was lots of things to be done. She explained that Nichola Greenwood had been championing the vaccination program so had been taken away from the Fairness Forum activities.

The Council:

- **Received the report and noted its contents.**
- **Ratified the Out of Hospital Care Group Terms of Reference**

Action: Add Friends & Family Test review to the next Council agenda.

21/10 NED Second Terms

Ms Symington stated that Dr Boyd and Mrs Mellor's NED terms were coming to an end and the recommendation from the Nominations & Remuneration Committee was that the Council approve a second term for both of them as they had expressed a wish to continue as NEDs within the Trust.

The Council:

- **Approved a second term for Dr Boyd and Mrs Mellor as NEDs within the Trust.**

21/11 Governors' Quality Priority for 2021/22

Mrs Johnson gave an overview of the quality priorities as a result of the recent consultations with some of the governors, members of the public and other stakeholders. She stated that usually the governors' quality priority featured in the Quality Account but, because of the ongoing Covid situation, the document did not have to be submitted this year to Parliament. Therefore, there was more flexibility in the governor's choice. She suggested that the governors might want to champion a particular element of the priorities, quality improvement, as this was fundamentally woven into all aspects of the Trust.

Mrs Light asked if any endpoint outcomes, KPIs, had been identified to enable the Council to track progress. Mrs Johnson replied that more work was needed around this and how it was reported but the Quality Committee would be monitoring progress and given regular updates.

The Council:

- **Agreed that the Governors' Quality Priority for 2021/22 would be Quality Improvement.**
- **Asked to be given regular updates on the progress made.**

21/12 Lead Governor Succession

Ms Symington thanked the three governors who had put their name forward to become the new Lead Governor. She thanked the Council for participating in the election process. She congratulated Mrs Light on her appointment to the Lead Governor role subject to her being re-elected at the upcoming governor elections later this year. There will be a lengthy handover period from now until September when the current Lead Governor's term ends on 30 September 2021.

At the last meeting, the Council recommended that a Deputy Lead Governor role be created to support the Lead Governor. Mrs Jackson and Mrs Light will discuss and decide on a process of recruiting a Deputy Lead Governor.

The Council:

- **Recognised the democratic process that had taken place to recruit a new Lead Governor.**

- **Acknowledged that Mrs Sally Light had been elected to become the new Lead Governor subject to her re-election in the upcoming governor elections in the summer.**

21/13 Clinical Governance Update

Mrs Johnson gave an overview of her work around governance since starting in post in June 2020. She identified that there was a gap in the Ward to Board assurance which has now been rectified. To embed governance across the organisation a number of new groups have been set up to provide assurance to the Quality Committee. She gave an overview of the groups and their role in the process.

Mr Reakes asked if the governors were able to observe these new groups. Mrs Johnson replied that she will work with Mrs Hall to facilitate this.

Action: TA/JH/CJ to discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group.

21/14 Questions received in advance from the Public

Ms Symington stated that over 40 questions had been received from the public in advance of the meeting. The Trust had responded to all of those questions and she will be sending formal responses to those people once this meeting had closed.

21/15 Reflections on the meeting

- Welcomed the public part of the meeting first and would like to continue with the arrangement.
- Would like the role of governors adding on the public agenda as given on the private agenda.
- It was really useful when Mr Watson gave examples of his assurance in his committee feedback and would like other committee Chairs to do this.

Action: TA to arrange having public CoG first followed by the private meeting.

Action: TA to add the role of the governors to the public agenda.

21/16 Any other business

Ms Symington referred to the upcoming Council to Board meeting and asked the governors to consider issues they were interested in that would form the agenda for the meeting. An email will be sent in the next few days giving further information.

Mrs Miller referred to the blood taking service being relocated to the new Sports Centre at Monks Cross and asked about the parking as there were some concerns raised that there were not very many spaces available. Mr Johnson replied that he was the Project Manager on this and he and other members of the Trust were currently looking into this, as well as public transport availability. There was also 4-hour parking available at the Vanguard Centre for those who were able to park further away and walk to the Sports Centre.

The Council thanked Mr Butler who wrote an excellent letter to the local MP regarding development at Scarborough Hospital to ask if he could further this as every little helps.

No further business was discussed.

21/17 Time and Date of the next meeting

The next meeting will be held on **9 June 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.	TA	Mar 21	Ongoing
2	09.12.20	Set up a membership event on Community Paediatric Services.	TA	Mar 21	Arranged for 05/05
3	16.03.21	Invite Shaun McKenna to the next Council meeting to give update on CQC.	TA	June 21	On agenda
4	16.03.21	Invite Mr Morritt to the next Governor Forum to discuss the East Coast Review.	TA	May 21	Completed
4	16.03.21	Add Friends & Family Test review to the next Council agenda.	TA	June 21	On agenda
5	16.03.21	Discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group.	TA/JH/CJ	June 21	
6	16.03.21	Arrange having public CoG first followed by the private meeting.	TA	June 21	Completed
7	16.03.21	Add the role of the governors to the public CoG agenda.	TA	June 21	



Report
Council of Governors
09 June 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

- | | | | |
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| For discussion | <input checked="" type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
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/ 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. Operational performance and recovery
3. Workforce recovery
4. New values and behaviours
5. East Coast updates

/ Recommendation

For the Council of Governors to note the report.

Author: Simon Morrirt, Chief Executive

Director Sponsor: Simon Morrirt, Chief Executive

Date: June 2021

1. Covid-19: current position

At the time of writing we only have two patients in the trust who have tested positive for Covid-19, and numbers have been on the low side for a number of weeks, with the Trust experiencing a number of days without any Covid-19 positive patients.

This is, of course, positive news. We know that we have to find a way to live and work with the ongoing presence of the virus, however as the vaccine programme continues and lockdown measures ease, it does finally appear that we can move into the recovery phase and away from the crisis response. We know that we are at a critical point whereby the impact of new variants is still to be understood, and there is the potential for the easing of lockdown to be delayed, however it does feel as though we have turned a corner and can move in to what will be our 'business as usual' way of working for the foreseeable future, focusing on our recovery as a priority.

2. Operational performance and recovery

2.1. Operational performance

A significant amount of work has gone in to the final submission of our operational recovery plans, which will contribute to Humber, Coast and Vale Integrated Care System's overall plan.

Governors have been briefed on the trust's plans for recovery as part of the Board to Council of Governors session last month, and the plan was also discussed in May's public Board of Directors meeting.

We have seen activity increasing in recent months, both in terms of referrals and attendances at both of our emergency departments, and recovering the backlog whilst learning to live with COvid-19 as part of our everyday lives will be our focus for the foreseeable future.

2.2. Financial performance

The national emergency financial regime, started during the pandemic, remains in place for the new financial year and we have now received our allocation for the first half of 2021/22. This has been used to create emergency budgets for all care groups and supporting directorates.

The ask of the Trust is the same, in that we are expected to live within this emergency allocation by our regulators. The Board of Directors has approved the financial plan for the Trust and we will monitor progress as we move through the financial year.

3. Workforce recovery

The health and wellbeing of our staff is a top priority, and having a healthy and resilient workforce will be essential to being able to deliver our operational recovery plans. We have invested in staff wellbeing support and are making efforts to ensure everyone can access the psychological support they need.

We have also thought carefully about how we can thank staff for their contribution throughout the last 18 months in way that is fair and fitting for everyone. We have launched our Great Big Thank You campaign, which includes the offer of a day off for

everyone for their birthday, and £1,000 for each team to spend as they choose, primarily to support their wellbeing. Collectively this means we are recognising both teams and individuals, and are helping to support teams to rebuild and reconnect that may have been fragmented due to redeployment or through staff having to shield.

These initiatives have been well received, and we also have a number of other treats for staff as part of the campaign. Finally, to coincide with the national day of thanks at the start of July, we will be sending a keepsake to every member of staff to commemorate and recognise our trust's shared experience of the pandemic and everyone's personal contribution.

4. New values and Behaviours

In May we launched our new values of Kindness, Openness and Excellence. These values and the behaviours associated with them were co-created with staff through the Our Voice, Our Future staff engagement exercise, and were supported and adopted by the Board in February 2020.

Their roll-out into the organisation has been delayed due to the pandemic, however I am delighted to report that they are now being launched and work is underway to begin the process of embedding them. This will take some time, however it is a key component of driving culture change in the trust. Their rollout is supported by a wide-ranging programme of work to both raise awareness of the values and behaviours and to weave them into everything we do so that they are truly lived and demonstrated by everyone.

The rollout began with a session at the Board time out, with further sessions planned with senior leaders to help them to understand their role in taking this work forward. We will also be identifying values ambassadors who will also receive support to help them in this important role.

5. East Coast Updates

5.1. East Coast Transformation Programme

Sweeping changes are planned for health and social care, with the landscape set to change significantly from April 2022 when new legislation takes effect, cementing Integrated Care Systems (ICSs) as statutory organisations with key decision making responsibilities.

Some realignment is already taking place across Humber, Coast and Vale (our ICS), and any future service transformation will take place in an ICS context.

In light of this we have thought carefully about the work we have been doing on the East Coast and have agreed with partners that it should align to the new ways of working, in particular in relation to 'place', to deliver future East Coast transformation work.

The proposed future transformation programme for the East Coast will focus on:

- Establishing a sustainable model for acute hospital-based care
- Strengthening integrated community delivered care
- Reducing health inequalities through targeted Population Health Management

These three work areas will be supported by two strategically important cross-cutting themes:

- Access to diagnostic tests
- Improving Mental Health

I will keep the Council of Governors informed regarding the East Coast Transformation Programme and the wider ICS developments as further detail emerges.

5.2 Scarborough Emergency and Urgent Care Development

In March we received confirmation that the joint investment sub-committee of the Department of Health and Social Care and NHS England/Improvement has approved the Outline Business Case for the multi-million pound investment to transform urgent and emergency care facilities at Scarborough Hospital.

This is excellent news and a testament to the huge amount of effort put in to this by all involved. This means that we can now progress to the next stage, which is the development and submission of the Full Business Case before the end of the year.

The business case is for a £47million scheme on the Scarborough site to build a new emergency department with approximately double the clinical space, along with a new integrated critical care floor for intensive care and coronary care. The scheme also includes major works to upgrade critical infrastructure on the site.

We are working towards being able to open the new facility in early 2024.

5.3 Working towards a healthy Bridlington

A conversation is now underway between the health and social care system and the residents of Bridlington on developing plans for a healthier community. John Skidmore from East Riding of Yorkshire Council is leading this work on behalf of system partners, and our joint ambition is to create opportunities for change which ultimately lead to healthier lifestyles and improve the health inequalities of people who live in Bridlington and surrounding villages. There is a real opportunity to join up our resources to make them work more efficiently for local residents, to provide a broader range of services closer to their homes where it is safe to do so, and make our physical assets busy community hubs.

In the build up to the launch of the conversation, discussions have taken place with local politicians, the local health forum, and staff based in Bridlington. The conversation, which will run until mid-July, is a chance for local people to give their feedback about what needs to change as well as strengths and opportunities. It focuses on the following key areas:

- Education, schools and workforce
- Transport
- Digital opportunities
- Diagnostics
- Community resilience
- Estate

As governors, particularly those of you representing Bridlington, The East Coast, and East Yorkshire, I encourage you to get involved in the conversation, and to encourage the members in your area to do the same.

Further detail, including how to share feedback, is on the following website:

www.eastridingofyorkshireccg.nhs.uk/healthy-Bridlington

5.4 Listening to feedback about paediatric services in Scarborough

We are holding a number of virtual focus groups to gather feedback from people who have experience of paediatric services in Scarborough. The sessions are being facilitated by North Yorkshire CCG and East Riding CCG, and are an opportunity for people to have their say and help us to gather meaningful and informed views.

This will help us to better understand how our services are performing and are being received by local communities. This will not be the only opportunity for patients and the public to have their say; however, it is an important opportunity for us to start to gather meaningful and informed feedback from people with experience of our current services and to ensure we can continue to provide our communities on the East Coast the best possible access to high quality, excellent care for children and young people.

5.5 Stroke

There continues to be interest in the stroke service since patients began being taken directly to the Hyper-acute Stroke Unit at York Hospital, rather than via Scarborough's emergency department.

The latest available data is encouraging, and shows improvement in the past year (see the table below). The current average travel time from post codes that would have previously accessed Scarborough Hospital is 52 minutes.

	National average	York 2018-2019	York 2020 (2 quarters data, April – September 2020)
Scan in under 1 hour (%)	54.8%	53%	58%
Median time to scan (minutes)	51	56	51
% to HASU in under 4 hours	55.5%	57%	69.8%
Median time to HASU (minutes)	234	223	105
Lysis in under 60 mins (%)	62%	53%	69%
Median time to lysis (minutes)	52	58	49

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

Date: 23 March 2021		Chair: Steve Holmberg	
Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	For Recommendation or Assurance to the receiving body
6 Update on Pre-natal Clinical Quality Surveillance (Ockenden)	Chief Nurse – Requirement to keep Board updated on progress	Board	Escalation
8 Community Services Update	Chief Nurse – To note excellent work by staff in the community during pandemic and effect of innovations in integration of care	Board	Information
10 Chief Operating Officer Report	COO – Verbal report on Clinical Summit in relation to patient safety concerns centered on Scarborough Hospital ED manifest by high number of 12 hour breaches	Board	Escalation

Date: 18th May 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 & 8 IBR and Sepsis Report	Exec – Poor metrics suggest on-going shortfall of medical resource in key areas	Exec Committee	Escalation
11 IPC	Chief Nurse – On-going concerns about rate of C diff infections especially in Scarborough and issues around fabric of clinical areas	Board	Escalation
16 Chief Operating Officer Report	COO – Concerns around long waiting for diagnostics particularly scopes and non-obstetric ultrasound	Board	Escalation
14 - Update on Pre-natal Clinical Quality Surveillance (Ockenden)	Chief Nurse – non-compliance with CNST standard – Saving babies Lives (safety action 6) Continuity of carer PMRT Q4	Board	Information

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

Date: 23 March 2021		Chair: David Watson	
Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
HPV HSE incident (Delroy)	So as to avoid duplication, it was agreed that Audit Committee under the leadership of Jenny should take the lead in relation to our review of policies and procedures (HR and H&S), lessons learned and follow-ups in relation to the Scarborough HPV incident. Jenny informed.	Audit Committee Board	FOR ACTION FOR INFORMATION
Schedule of Work (Jill)	Proposed, subject to Board approval, that RC will undertake an initial review of capex and expenditure forecast with a view to making recommendations to the Board for spend approval	Board	FOR APPROVAL
TOR in respect of LLP attendance at RC (Jill)	Proposal from Andy/Delroy in relation to role of RC in respect of LLP approved. RC's ToR to be updated in respect of RC's ongoing role in relation to LLP so as to avoid future duplication of scrutiny	Jill, Delroy, Andy Board	FOR ACTION FOR INFORMATION
Safety of staff at work and around commute (Polly, Delroy, all)	23.5% of our staff have experience harassment, bullying or abuse from patients or service users at work in the past 12 months. What can we do to improve culture and safety of all of our staff at work and around their commute (and avoid another Sarah Everard tragedy)? Focus on culture and physical environment	Board	FOR APPROVAL AND ACTION
Progress of COVID vaccination for Trust staff (Polly)	On-going work to persuade those not yet vaccinated to do so	Board	FOR ACTION
IT capex (Dylan/Andy)	Likely that c. £2m of capex will be allocated towards basic IT upgrade as part of £10m+ 3 year programme. Can we do more?	Board	FOR ACTION
Finance	Expected outcome for 20/21 will be £2.4m deficit after accounting for £4.3m of holiday accrual (part of which may yet be re-imbursed centrally). Negative issues impacting this outcome are known and accepted by NHS Centre	Board	FOR INFORMATION
Finance	Still no certainty on our income plan for 21/22!	Board	FOR INFORMATION

Finance	Proposed that we undertake a COVID-spend review and ascertain lessons learned (Andy)	Board	FOR INFORMATION
Finance	What more can we do as a Trust to generate more income (to invest back into our core infrastructure and people) (Andy)	Board	FOR INFORMATION
Sue/Governors(Sally)	Request by observing Governors to attend committee meetings more regularly	Sue/Governors	ESCALATION
All	Should we have a “staff member story” at RC and other committee meetings	Board	FOR DECISION

Date:18 May, 2021		Chair:David Watson	
Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
Finance	Andy reported a £1m surplus (ahead of budget) for April 2021. Some £0.5m of the surplus was due to under-spend on COVID-related items. A positive start to the financial year	BOARD	INFORMATION
Finance	The finance team prepared a detailed and thorough analysis of COVID-related spend which identified three de minimis items of COVID-related expenditure which may, with the benefit of hindsight, been deemed sub-optimal. The Committee applauded the paper and indeed the quality of financial controls that have operated through the COVID crisis	BOARD	INFORMATION
Workforce	Polly presented the People Plan (which comprises over 100 individual action points) and the staff survey (plus further action points). Concerns were noted in relation to the number of “below average” staff survey scores as previously escalated from this Committee. It was noted that the survey presented did not include the LLP results (which were disappointing). It was suggested that we seek a more succinct format to summarise the status of the action plans and to facilitate easier comprehension. Finally, it was noted that efforts would be made to encourage learning across Care Groups	BOARD	INFORMATION
Digital	Concern was expressed, as has been previously escalated from this Committee, in relation to the paucity of capex available to support the essential fixes to our core IT and cyber infrastructure. Dylan reported that there are a number of potential avenues for the Trust	BOARD	INFORMATION

	<p>to secure additional capex for the IT-fix programme but none is easy to access and each comes with different conditions. For example, access to the “digital aspirant programme” is now tied to the upgrade across the ICS of the electronic patient record system, a huge and complex project in its own right. Dylan proposed that the team continue to explore these external funding options for a limited further time period following which the team should focus on getting the optimum enhancement to the IT infrastructure of the capex that has already been made available from internal resources.</p>		
Digital/Risk	<p>Bobby advised that Cyber is now identified as the single greatest threat to the Trust in the new CRR. Mitigations and risk appetite to be discussed when the CRR is presented to Board</p>	BOARD	ACTION

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Audit Committee – March 2021

Key Issues Report

Report Date: 19.03.2021	Report of: Audit Committee Chaired by: Jenny McAleese
Date of last meeting: 09.03.2021	Membership Numbers: Quorate
1.	Agenda <p>The Committee considered an agenda which included the following:</p> <p>YTHFM</p> <ul style="list-style-type: none"> • Internal Audit progress report and review of outstanding recommendations • Update on audit for 2019/20 • Internal Audit draft plan for 2021/22 • Scheme of Delegation, Standing Financial Instructions and Reservation of Powers <p>Trust</p> <ul style="list-style-type: none"> • Counter Fraud progress report and plan for 2021/22 • Draft Committee objectives for 2021/22 • Report from Quality Committee, Resources Committee and Data Quality Group • Update from External Audit and approval of Audit Strategy Memorandum • Internal Audit progress report and review of outstanding recommendations • Discussion of Head of Internal Audit Opinion • Internal Audit draft plan for 2021/22 • Plans for preparation of Annual Governance Statement • Progress on work to improve governance • Plans to develop a Risk Management Strategy, review the Risk Management Framework and re-model the BAF and CRR.

2.	Alert	<p>The Committee wishes to alert the Board to the following:</p> <p>For Approval</p> <ul style="list-style-type: none"> • Audit Committee recommends that the Board approve the Scheme of Delegation, Standing Financial Instructions and Reservation of Powers for YTHFM <p>For Decision</p> <ul style="list-style-type: none"> • The Committee is concerned that the escalation process from Committees does not always work as items are just noted rather than dealt with. <p>For Discussion</p> <ul style="list-style-type: none"> • Audit Committee is not assured that there is a robust system in place to manage proactively the Trust's relationship with the CQC and the whole Journey to Outstanding. This should be intrinsic to the work of both the Executive Committee and the Board and include work on the culture of the organisation. • In the Committee's discussions around Risk Management in the Trust, it noted the suggestion of a Risk Committee and very much supports and encourages this. It also noted the plans that responsibility for risk sits with the newly created post of Associate Director of Corporate Governance and very much supports the idea that the responsibility for all aspects of risk sits with one person. • In all its discussions around governance, learning and Quality Improvement, the Committee noted the cultural challenge in terms of getting staff engagement.
3	Assurance	<p>The Committee received assurance that:</p> <ul style="list-style-type: none"> • The Scheme of Delegation, Standing Financial Instructions and Reservation of Powers had undergone a thorough process, had been seen by both the YTHFM Management Group and Andy Bertram and Simon Morrith and were consistent with those of the rest of the Group. • The Internal Audit Plans for 2021/22 for both YTHFM and the Trust have been prepared on the basis of a risk approach and after consultation with the appropriate members of staff. • Action plans resulting from internal audits are monitored and the number of outstanding actions is small. • Where limited assurance is received, the audit sponsor is held to account by means of a meeting with Internal Audit and Andy Bertram as Deputy Chief Executive. • There has been a noticeable and welcome improvement in the engagement of YTHFM with internal audit and the whole governance agenda since the appointment of Delroy

		<p>Beverley in 2020.</p> <ul style="list-style-type: none"> • The external audit for the Trust is on track and the necessary handover has taken place between Grant Thornton and Mazars. • The fee for the audit is in line with the bid. • There are plans in place to address the weaknesses identified in governance systems and good progress is being made with these. • The licence restrictions had been lifted and the Trust has now been placed back in category 2. • There are plans in place to review the Risk Management Framework, the BAF and the CRR to remedy their deficiencies. We'll be receiving an update at our next meeting. 		
4.	Advise	<p>The Committee wishes to advise the Board of the following:</p> <ul style="list-style-type: none"> • The Committee used the "Purple Box" for the first time and this worked really well, serving to reduce the length of the essential papers. We remain committed to reducing our agenda papers to a maximum of 150 sides. • The Committee was not able to review the Assurance Report in relation to the HPV event in YTHFM as insufficient progress had been made. Further work will be done off line and this will be picked up at our next meeting. • The Head of Internal Audit Opinion is likely to make reference to the Governance Framework, Risk Management, the BAF and CRR and Health and Safety. 		
5.	Risks Identified	<p>The Committee identified no new risks.</p>		
6.	Report compiled by	Jenny McAleese		

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Report
Council of Governors
9 June 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

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

Purpose of the Report

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor incl. PESG
- Out of Hospital Care Group
- Transport Group

Recommendation

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

Authors: Margaret Jackson – Lead Governor
Steve Reed – Head of Strategy for Out of Hospital Services
Sheila Miller – Public Governor for Ryedale & EY

Date: June 2021

1. Lead Governor Report

The Membership Group met on the 6th April and I reported at the Governor Forum but can I remind everyone to think about the following issues –

1. Governor to chair the committees – membership and constitution to begin with. It is felt that this can be any governor and not just left to the lead governor or their deputy when appointed.
2. Governors are welcome to come to the membership group to observe or to raise any ideas they might have to help us increase or involve the membership in all relevant aspects of the trust.
3. The position to last for a year so that everyone has an opportunity to experience the role
4. Posters are to be made available to be taken out to GP Practices by governors to explain the role of governor and to gain local views.

The Patient Experience Steering Group met at a similar time to the Governor Forum so Sheila and I were unable to get to it. We did send our apologies and have received the draft minutes of the meeting. All members have to introduce themselves and explain their role which follows the initiative “Hello my name is....”. I will again ask for Tracy to receive the minutes of this meeting so that you can all see what’s happened.

Children’s Community Services – there was an excellent members session on 5th May to hear about the work of the team across the site and the things that were being developed. The team were to be congratulated for their session and everyone was given an opportunity to ask questions. **Again this might be an opportunity for Governors to chair the meeting and introduce themselves to members before the session. Think about this opportunity and let us know what your view is.** Tracy will continue to offer her support for these sessions and any other committees governors chair. **The next members meeting is on 16th June and will be discussing Nutrition and Dietetics.** Please book as normal through the Trust website.

Governor Forum took place on the 12th May. It was a good session which was joined by Simon who gave an update on the East Coast Review. He is to share his slides which can come out to governors. An update was given on the Chair’s appraisal and a shortened version was to be circulated to all governors. Thank you to those who contributed to this. Finally at the last Governor Forum it was felt that a “What’s App” was inappropriate and it was agreed to wait until Teams was made available within the Trust before a system was set up for Governors. You can still e-mail all or telephone individual Governors if needed.

Margaret Jackson
Lead Governor

2. Out of Hospital Care Group (26.03.21)

Attendees:

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Catherine Thompson, Lorraine Boyd, Keith Dawson, David Thomas (just for item 1), Sharon Hurst

Apologies:

None – although noted that a new Scarborough representative will be elected as Richard Thompson has left the organisation. Sharon Hurst (Staff Governor) and David Thomas, Associate Chief Operating Officer (Care Group 2 – Scarborough Medical Services) have both joined the group.

Summary of topics discussed

Frailty at the Front Door - Scarborough:

David Thomas provided an overview of the developments in Scarborough over the past five years to improve the experience of people with frailty presenting to the Emergency Department. He noted the guiding principle of 'Home First' and the 'Same Day Emergency Care' model that prevents patients requiring overnight stays in hospital. He described the development of a dedicated space, co-located with the Emergency Department, for the delivery of the service and multi-disciplinary clinical and social work team that are involved in assessing patients and arranging support in the community where this is required.

He discussed how this was developing as part of a wider community frailty model working with Humber FT and the move towards a single frailty score to be used by all organisations. Comprehensive assessments are completed and shared with the patient's primary care team (or the hospital for those who do require a period of inpatient treatment).

Further developments include the pathways for patients who are normally resident in care homes, an emerging Frailty Network for the local population, direct access for patients who have contacted NHS111 for assistance, a new, purpose-built facility and shared care records.

An invitation to tour the facility was offered to governors as distancing restrictions allow.

Matters arising:

The previous minutes were noted as a correct record and the proposed Terms of Reference were confirmed through the Council of Governors.

The final version of the Community Inpatient Unit patient leaflet (that the group had reviewed in the December meeting) was shared for reference.

Actions are outstanding around the Members Matters piece and session following the Children's Community Services update at the previous meeting. Further work is also required to confirm if the September meeting can be held face to face as suggested.

Developing Integrated Care Systems:

Catherine Thompson provided the group with an overview of the recently published White Paper and also the recent policy developments that have led to this. ([Click here to view](#)) This started with the Five Year Forward View (2014) which signalled a move towards partnership working and collaboration, stronger links between health and social care and the provision of care closer to home. This was followed by Sustainability and Transformation Plans (which became Partnerships) bringing organisations over a bigger geographical area together although not on a statutory basis.

Integrated Care Systems emerged from these partnerships providing greater structure and a formalised approach. New legislation is required to make Integrated Care Systems into statutory organisations and the White Paper proposes this alongside the abolition of CCGs with an aim for the new organisations to be running from September 2021.

Catherine noted the variability in size and scale of Integrated Care Systems across the country and that larger ones would develop Integrated Care Partnerships at a more local level (for us this would potentially be York, North Yorkshire and the Humber area). Primary Care Networks would continue to provide the building blocks at the most local level for joining up services. She also described the move towards provider collaborative models – both at local and regional levels. The White Paper is deliberately less prescriptive about how this will evolve than the previous reforms of the NHS, giving local freedom to develop an approach.

Workplan for 2021:

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

- Frailty at the front door (York);
- Ageing Well Programme;
- Primary Care Network update;
- Adult Community Services update, including workforce transformation;
- Palliative care in the community;
- Children's community services;
- Discharge pathways;
- Mental health update.

Actions Agreed

- Explore providing a members meeting on children's community services (Margaret Jackson)
- Provide a Members Matters update on children's community nursing (Sal Katib)
- Explore September meeting being carried out face to face (Steve Reed)
- Obtain numbers of patients who were able to return home following their frailty assessment (David Thomas)
- Provide a Members Matters update on the Frailty at the Front Door model (David Thomas)
- Review outstanding membership elections (Steve Reed)

Next Meeting

25 June 2021, 10am-12pm on WebEx. Aim to include update on Adult Community Services and York Frailty at the Front Door model.

Steve Reed
Head of Strategy for Out of Hospital Services

3. Transport Group (30.04.21)

The meeting was chaired by Dan Braidley in the absence of Delroy Beverley. Tony May chair of the York Civic Trust's Transport Advisory group gave a report on "Towards a new Local Transport Plan for York". The City Council will aim to complete a new Local Transport Plan by 2022 and by April 2021 they hope there will be an agreement on a timetable to discuss all the various options and to include various organisations to discuss the best way forward; it is hoped that by October 2022 the plans could be implemented.

First York P & R buses are now smaller on the run to the Hospital which have been fitted with Euro 6 exhaust systems with significant reduction in emissions. Because of the pandemic less people are using the buses but it is hoped numbers will return as we continue to ease restrictions. There will be a Staff Benefits Fair on the 7th July in York and hope to have one for Scarborough on 21st July. E scooter scheme was established at York Hospital in December in conjunction with the City of York council. This will be expanded and 250 new scooters will be introduced into the York network by the end of April.

There is now a cycle path from the centre of Scarborough to the Hospital. A suggestion of the possibility of having bicycle storage at both sites and the old problem of finding somewhere to be able to provide changing and shower facilities. There is also concern about parking facilities at the new complex at Vanguard as there are Outpatients clinics being held there.

There are now 1400 staff who have signed up to use the Pool car scheme; numbers were down for sharing because of the pandemic but hopefully this will improve soon. It was felt that more Pool/hire cars are needed at York and Enterprise will be providing these in the future. I reported that Ryecat and the Derwent Surgery are providing free transport to the surgery for patients to receive their vaccinations.

Sheila Miller
Public Governor for Ryedale & EY

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Report
Council of Governors
09 June 2021
Care Quality Commission (CQC) Update

F

/ Trust Strategic Goals

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

/ Recommendation

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

/ Purpose of the Report

The purpose of this report is to provide the Council of Governors with an updated position on progress with the Care Quality Commission (CQC) action plan.

/ Executive Summary – Key Points

- An improvement in action delivery is noted within the paper across the Section 31, Section 29A, and Must-Do action plans. One action is behind delivery and this relates to the recruitment of a Scarborough PEM consultant within the Emergency Department. The Care Group are working on a timeline of events to provide assurance that this action is progressing. All other actions are on track for delivery on time.
- On 12th February 2021, 7 notifications were to request the removal of the 3 conditions associated with registration for York Hospital and 4 conditions associated with registration for Scarborough Hospital. Formal notification of the outcome is currently awaited.
- The Head of Compliance is in the process of updating the current “Should-Do” action plan in line with the new SMART action plan format.

/ Recommendation

1. Accept this report as an updated position for the Trust in relation to CQC action plans (Section 29A, Section 31, & Must-Do actions)

Author: Shaun McKenna – Head of Compliance & Effectiveness

Director Sponsor: Caroline Johnson – Deputy Director of Patient Safety & Governance

Date: 25-05-2021

1. Introduction

York & Scarborough Teaching Hospitals NHS Foundation Trust is a CQC registered care provider. Registration with the CQC was granted in 2010, but in order to maintain this registration the Trust must operate in line with the requirements of the Health & Social Care Act 2008 and associated regulations. As a result of the unannounced inspections during June and July 2019, the report published in October 2019 gave the Trust an overall rating of Requires Improvement. Areas for improvement were identified including 26 'must-do' actions in order to comply with legal requirements. In addition a further 50 'should-do' actions were noted to be required to improve the services delivered within the Trust. An unannounced focused inspection took place within York Hospital Emergency Department, Scarborough Hospital Emergency Department and Scarborough Hospital Medical Services in January 2020. These areas were rated as 'inadequate' overall with Medical Care being rated as 'inadequate' for the safe domain. An urgent notice of decision to impose conditions on registration was sent to the Trust on 17th January 2020; 3 conditions were imposed for York Hospital and 4 conditions were imposed for Scarborough Hospital. In addition to the conditions imposed, a Section 29A Warning notice was received on 21st January 2020. The warning notice served to notify the Trust that the CQC had formed the view that the quality of healthcare provided by the Trust requires significant improvement. The purpose of this report is to provide the Trust Board of Directors with an updated position of progress against the Care Quality Commission (CQC) action plan and next-steps for the Trust.

2. Detail of Report and Assurance

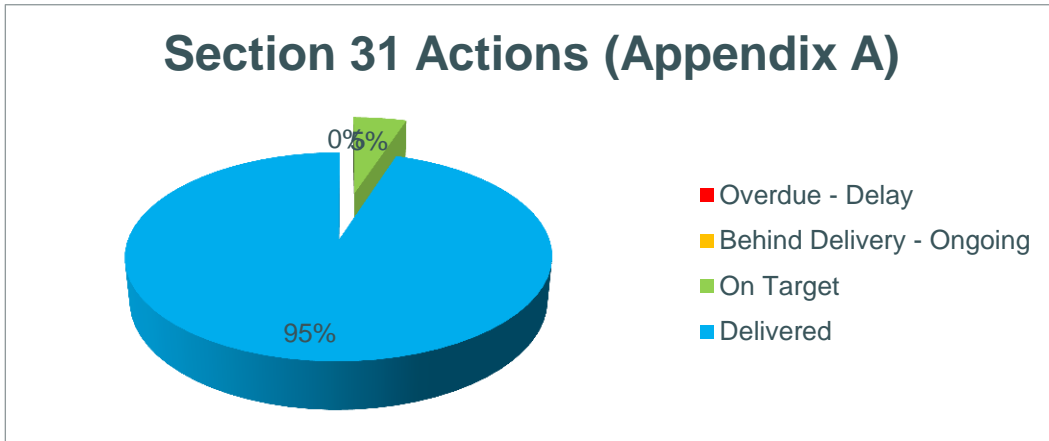
2.1 Engagement Meetings

Engagement meetings continue to occur on a monthly basis, as per routine practice with all Trusts. Initial attempts to move towards face-to-face meetings proved to be unsuccessful due to the COVID-19 surge and so virtual meetings continue to be utilised. The relationship between the CQC relationship owner and the Trust continues to grow and develop. Previous engagement meetings have featured representation from Senior Nurses to discuss the discharge improvement work-stream and falls improvement work-stream. Each subsequent meeting will feature representation from teams to present improvement work which is ongoing within the Trust.

2.2 Regulatory Action Plan Update (Appendix A, B & C)

	Overdue - Delay	Behind Delivery - Ongoing	On Target	Delivered
Section 31	0	0	1	19
Section 29A	0	1	1	27
Must-Do	0	0	3	38

Section 31



An urgent notice of decision to impose conditions on registration was sent to the Trust on 17th January 2020; 3 conditions were imposed for York Hospital and 4 conditions were imposed for Scarborough Hospital. A submission to CQC was made on the 12th February 2021 to request the removal of the conditions associated with registration for both York and Scarborough Hospital. A final decision meeting was held on 27th April 2021, with the Trust yet to be formally notified of the outcome. 95% of actions have been completed, with the one remaining action agreed for completion by the end of June-21. The ongoing action, following agreement to extend the due-date, relates to a benchmarking exercise taking place within Scarborough Hospital Emergency Department; this was initially delayed due to COVID-19. Following completion of this action, the Section 31 action plan will be completed and the Trust can move towards improvement plans. A significant improvement can be seen in action delivery in Chart 1.

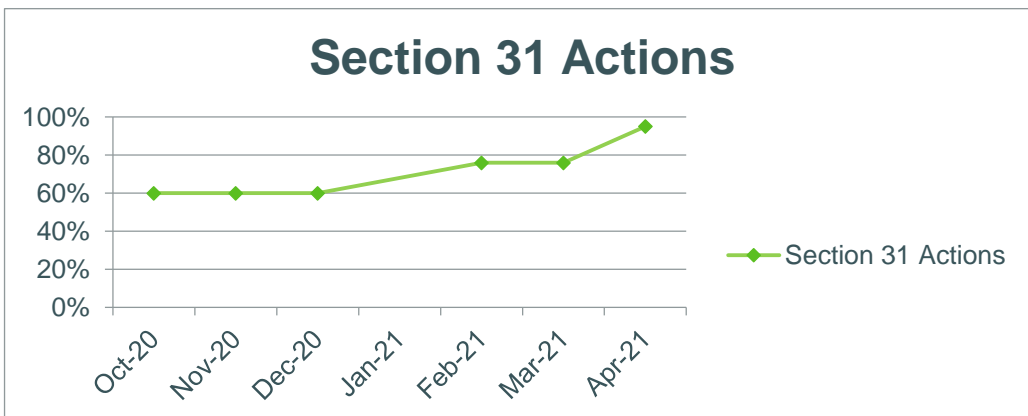
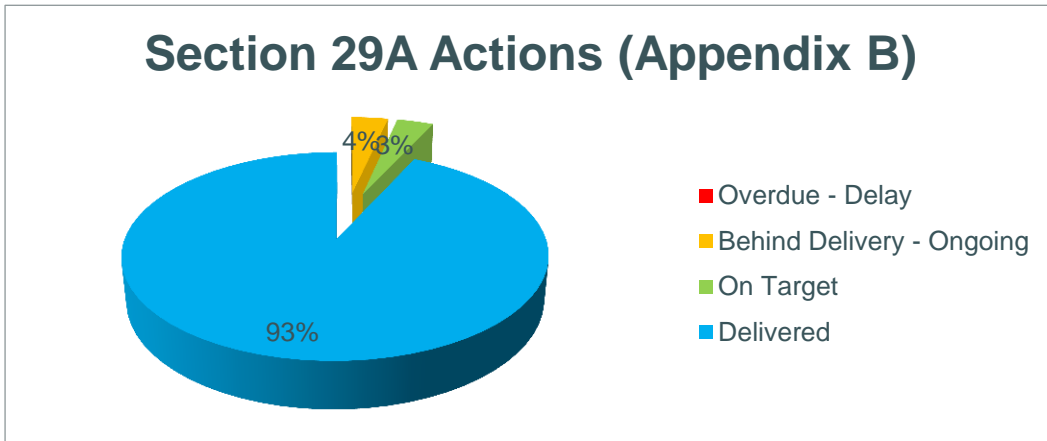


Chart 1: Section 31 Action Plan Delivery

Section 29A



In addition to the conditions imposed, a Section 29A Warning notice was received on 21st January 2020. The warning notice serves to notify the Trust that the CQC have formed the view that the quality of healthcare provided by the Trust requires significant improvement. A continued improvement in action closure has been noted. The “Behind delivery – Ongoing” action relates to the recruitment of a PEM consultant, a proposal is being drafted by Care Group 2 for Executive Committee to consider as the next steps would require additional funding. A decision is anticipated in June 2021, and anecdotally there is interest in the cross-site post from an internal candidate. The final ‘On-Target’ action is due for completion in June-21 and this would see the Section 29A action plan closed and complete. A significant improvement can be seen in action delivery in Chart 2.

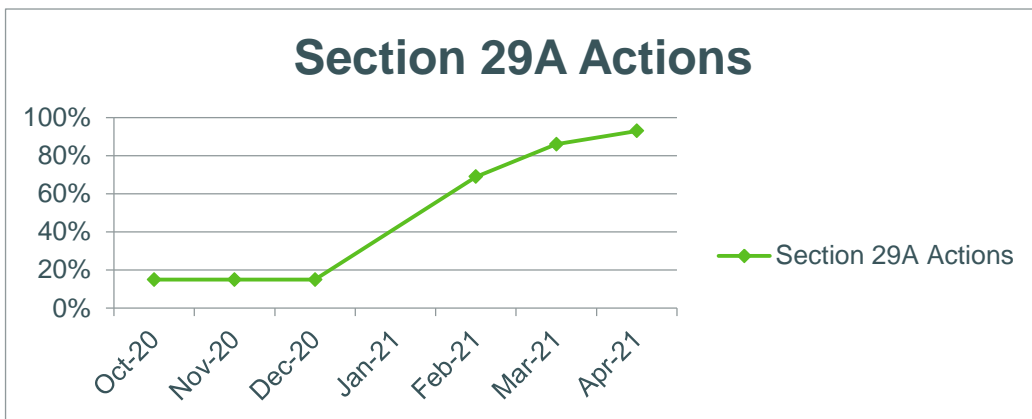
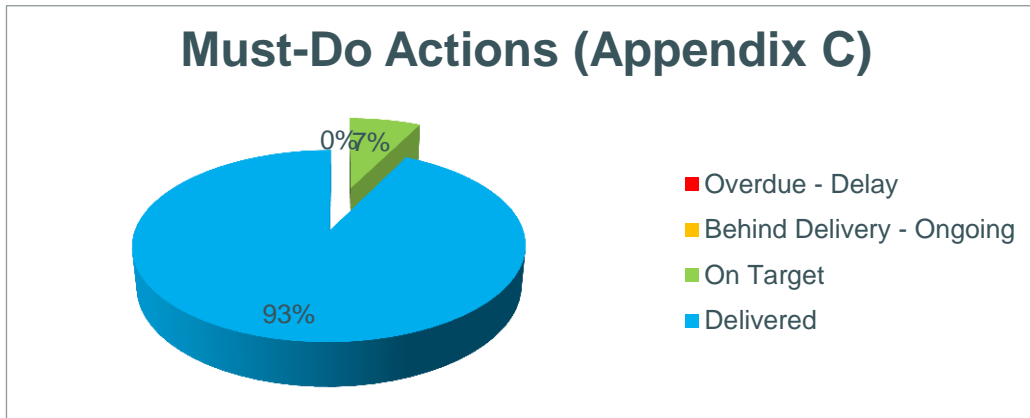


Chart 2: Section 29A Action Plan Delivery

Must-Do Actions



Following the July 2019 Trust inspection, 26 “Must-Do” recommendations were made, in addition following the January 2020 inspections a further 9 “Must-Do” recommendations were made. The Must-Do recommendations have been merged in the table above and an improvement in closed actions has been demonstrated. The 4 remaining actions are on target for delivery; 2 are due for completion in April 2021 and 2 are due in June 2021. Following the completion of the 4 actions, this would see the Must-Do action plan completed with a wider focus enabled on improvement plans and continuous monitoring for key themes. A significant improvement can be seen in action delivery in Chart 3.

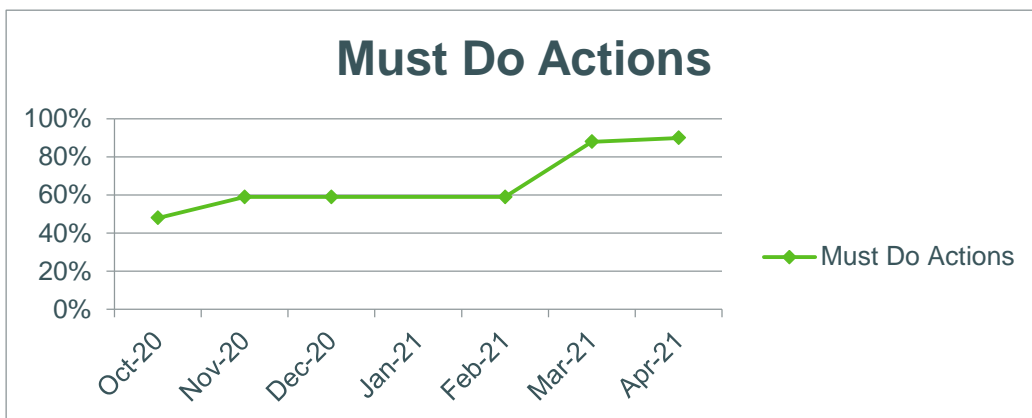


Chart 3: Must Do Action Plan Delivery

3. Next Steps

Quality & Regulations Group met in March and April with a revised agenda. The agenda now dedicates one hour to the traditional agenda items, with the second hour being used in a workshop style for continuous improvement in line with the CQC inspection frameworks. The workshop commenced with the “Safe” domain, which covered Mandatory training, department specific training, safeguarding, Infection Prevention & Control, in addition to Environment & Equipment. Actions were taken by the group for consideration at the next meeting. This will assist Care Groups and Departments in creating their focussed improvement plans.

The Section 29A, Section 31, and Must-Do action plans feature on the Quality & Regulations Group agenda each month. The aim is to close the action plans as soon as sufficient evidence is achieved, to allow for care

group/department specific improvement plans to be created. The actions plans will continue to be monitored and reported through the Quality & Regulations Group.

The Head of Compliance is in the process of updating the current “Should-Do” action plan in line with the new SMART action plan format; this will assist with the check and challenge process at Quality & Regulations Group in gaining further assurance. A monthly summary report will continue to Quality Committee to ensure oversight of the CQC action plan progress.

4. Detailed Recommendation

1. Accept this report as an updated position for the Trust in relation to communication with the CQC and the CQC action plans (Section 29A, Section 31, and Must-Do actions)

CQC Regulatory Action - Trust-Wide Action Plan

Reference	Section	Executive Lead/ Assurance Committee	Care Group	Area	Site	Area of Regulatory Breach / Recommendation	CQC KLOE	Actions (SMART)	Responsible Person / Group	Target Completion Date	Narrative Update	Actual Completion Date	Rag Rating	Evidence Check
Jan20/S31-1.1	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Include Mental Health care to the care group risk register covering the lack of suitable environment, lack of risk assessment, and delays in referral and assessment.	Senior Operational Manager (A.W)	Mar-20	Added to Risk Register 27-04-2020. Reviewed in May, June, August 2020. Risk rating reduced from 12 to 6 in August 2020.	Apr-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.2	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Establish a 'Mental Health Operational Steering Group' between TEVV & York Emergency Department	Senior Operational Manager (A.W)	Mar-20	Established in April-2020. Action log maintained on a monthly basis.	Apr-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.3	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Effective	Create and implement a Mental Health Referral Pathway which is used for all Mental Health presentations within York Emergency Department.	Mental Health Strategic Oversight Group	Jun-21		Apr-21	Delivered	
Jan20/S31-1.4	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Effective	Create and implement a risk assessment tool to assess the level of risk a patient presents to themselves and others.	York Mental Health Operational Steering Group	Mar-20	Risk Assessment implemented from beginning of May 2020 in line with RCEM standards. Several adaptations since initial version. Latest version signed off at QPAS in December-2020 and is now a trust-wide document with version control.	May-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.5	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Responsive	Implement a rolling programme of education for Emergency Department staff	Senior Operational Manager (A.W)	Mar-20	2 day course delivered by MIND to Senior Medics and Senior Nurses. 1 day course delivered by MIND to Junior Medics and Junior Nurses. X Drive CG1 - Emergency and Acute - Emergency Dept Steering Group - Mental Health in ED Operational Steering Group - MH First Aid Training Trust attendance.	Aug-20	Delivered	QPAS 10-02-2021
Jan20/S31-2.1	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.	Safe Effective	Carry out a PLAN / RCEM compliance benchmarking assessment within the Emergency Department	Senior Operational Manager (A.W)	Mar-20	Monitored twice monthly through Governance Meetings.	Mar-20	Delivered	QPAS 10-02-2021
Jan20/S31-2.2	Section 31	Medical Director	Care Group 1	Emergency Department	York	The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.	Safe Responsive	Establish a PLAN compliant Mental Health Assessment Suite within the Emergency Department.	YTHFM	Jun-20	Delayed during COVID	Jan-21	Delivered	QPAS 10-02-2021
Jan20/S31-1.10	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Effective	Create and implement a risk assessment tool to assess the level of risk a patient presents to themselves and others.	York Mental Health Operational Steering Group	Mar-20	Risk Assessment implemented from beginning of May 2020 in line with RCEM standards. Several adaptations since initial version. Latest version signed off at QPAS in December-2020 and is now a trust-wide document with version control.	May-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.11	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Responsive	Implement a rolling programme of education for Emergency Department staff	Emergency Department Matron (S.F)	Mar-20	2 day course delivered by MIND to Senior Medics and Senior Nurses. 1 day course delivered by MIND to Junior Medics and Junior Nurses. X Drive CG1 - Emergency and Acute - Emergency Dept Steering Group - Mental Health in ED Operational Steering Group - MH First Aid Training Trust attendance.	Aug-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.7	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Include Mental Health care to the care group risk register covering the lack of suitable environment, lack of risk assessment, and delays in referral and assessment.	CG2 Quadrumvirate	Mar-20	Added to Risk Register 27-04-2020. Reviewed in May, June, August 2020. Risk rating reduced from 12 to 6 in August 2020.	Apr-20	Delivered	QPAS 10-02-2021
Jan20/S31-1.8	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Establish a 'Mental Health Operational Steering Group' between TEVV & Scarborough Emergency Department	Emergency Department Matron (S.F)	Apr-21	Informal meetings are held with TEVV on a regular basis. Formalised meeting to be established. New Action	Jan-21	Delivered	On Target

Reference	Section	Executive Lead/ Assurance Committee	Care Group	Area	Site	Area of Regulatory Breach / Recommendation	CQC KLOE	Actions (SMART)	Responsible Person / Group	Target Completion Date	Narrative Update	Actual Completion Date	Rag Rating	Evidence Check
Jan20/S31-1.9	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Effective	Create and implement a Mental Health Referral Pathway which is used for all Mental Health presentations within Scarborough Emergency Department.	Mental Health Strategic Oversight Group	Jun-21		Apr-21	Delivered	
Jan20/S31-2.3	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.	Safe Effective	Carry out a PLAN / RCEM compliance benchmarking assessment within the Emergency Department	Emergency Department Matron (S.F)	Jun-21	New target completion date to be established now that COVID presentations are decreasing. Target date agreed with Matron and amended to Jun-21.		On Target	
Jan20/S31-2.4	Section 31	Medical Director	Care Group 2	Emergency Department	Scarborough	The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.	Safe Responsive	Establish a PLAN compliant Mental Health Assessment Suite within the Emergency Department.	YTHFM	Jun-20	Delayed during COVID	Nov-20	Delivered	QPAS 10-02-2021
Jan20/S31-4.1	Section 31	Chief Nurse	Care Group 2	Medical Wards	Scarborough	The registered provider must ensure that there are sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff at all times to meet the needs of patients within all medical wards at Scarborough hospital.	Safe Responsive Well-Led	Introduce a daily staffing huddle for CG2, utilising a daily staffing template which feeds into a monitoring database.	CG2 Quadrumvirate	Mar-20	Staffing database monitored monthly.	Mar-20	Delivered	
Jan20/S31-3.1	Section 31	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at York Hospital, twenty-four hours a day, seven days a week.	Safe	Utilise Nurse Agencies to ensure adequate Registered Childrens Nurses on each clinical shift across both Emergency Departments	Head of Childrens Nursing (S.K)	Jan-20		Jan-20	Delivered	QRG 26/10/2020
Jan20/S31-3.2	Section 31	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at York Hospital, twenty-four hours a day, seven days a week.	Safe	Establish a Paediatric 'In-Reach' Service to enable consistent support for times where RCN cover is less than optimal.	Head of Childrens Nursing (S.K)	Jan-20	Audit undertaken in July 2020 to demonstrate effectiveness of the service being used.	Jan-20	Delivered	QRG 26/10/2020
Jan20/S31-3.3	Section 31	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at York Hospital, twenty-four hours a day, seven days a week.	Safe	Recruit substantive RCN's for York and Scarborough Emergency Department	Head of Childrens Nursing (S.K)	Jun-20	Due to the very low numbers of paediatric attendance in the Scarborough ED and the support which can be offered from the acute Paediatric ward a proposal was made for Scarborough to have one RCN on shift at all times, rather than the guidance of 2.	Oct-20	Delivered	QRG 26/10/2020
Jan20/S31-3.4	Section 31	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	The registered provider must by 20 January 2020, there must be a minimum of two registered sick children's nurses (RSCN) in the emergency departments at York Hospital, twenty-four hours a day, seven days a week.	Safe	Add the lack of substantive Registered Childrens Nurses within the Emergency Departments to the Risk Register.	Head of Childrens Nursing (S.K)	Jan-20	Risk added to Care Group 5 Risk register with a risk rating of 12. Reviewed in November 2020 and risk rating now 1.	Feb-20	Delivered	QRG 26/10/2020
Jan20/S31-1.6	Section 31	Medical Director	Trust-Wide	Emergency Department	Trust-Wide	The registered provider must with immediate effect implement an effective system to identify, mitigate and manage risks to patients at York Hospital who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Establish a 'Mental Health Strategic Oversight Group' which governs the Operational Steering Groups for the Emergency Departments.	Deputy Director of Patient Safety & Governance (C.J)	Jan-21	First meeting took place in January 2021, second meeting scheduled for February 2021. TOR and agenda required.	Jan-21	Delivered	QPAS 10-02-2021
Jan20/S31-2.5	Section 31	Medical Director	Trust-Wide	Emergency Department	Trust-Wide	The registered provider must by 24 January 2020 ensure that risk assessments are carried out and reviewed to ensure that the environment in the emergency departments of York Hospital is safe for their intended purpose, specifically in relation to patients with mental health condition.	Safe Well-Led	Develop a SOP for the use of the PLAN compliant Mental Health Assessment Suite	Mental Health Strategic Oversight Group	Jun-21	New action. This will be incorporated into "Mental Health Care within the ED" SOP.		On Target	

CQC Regulatory Action - Trust-Wide Action Plan

Reference	Section	Executive Lead/ Assurance Committee	Care Group	Area	Site	Area of Regulatory Breach / Recommendation	CQC KLOE	Actions (SMART)	Responsible Person / Group	Target Completion Date	Narrative Update	Actual Completion Date	Rag Rating	Evidence Check
Jan20/R29A-1.1	Section 29A	Medical Director	Care Group 1	Emergency Department	York	Patients who presented at the emergency departments with mental health needs were not being cared for safely in line with national guidance (Royal College of Emergency Medicine (RCEM) guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services).	Safe Responsive	Establish a PLAN compliant Mental Health Assessment Suite within the Emergency Department.	YTHFM	Jun-20	Delayed during COVID	Jan-21	Delivered	QPAS 10-02-2021
Jan20/R29A-1.2	Section 29A	Medical Director	Care Group 1	Emergency Department	York	Patients who presented at the emergency departments with mental health needs were not being cared for safely in line with national guidance (Royal College of Emergency Medicine (RCEM) guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services).	Safe Well-Led	Include Mental Health care to the care group risk register covering the lack of suitable environment, lack of risk assessment, and delays in referral and assessment.	Senior Operational Manager (A.W)	Mar-20	Added to Risk Register 27-04-2020. Reviewed in May, June, August 2020. Risk rating reduced from 12 to 6 in August 2020.	Apr-20	Delivered	QPAS 10-02-2021
Jan20/R29A-2.1	Section 29A	Chief Operating Officer	Care Group 1	Patient Flow Team	York	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake a review of patient flow systems and processes, implementing new processes as identified in the review.	Care Group Manager (G.E)	Mar-20	A review has been undertaken and new systems and processes including roles and responsibilities are being implemented. Social distancing is likely to provide a challenge on available beds and flow. Daily attendances continue to increase.	May-20	Delivered	
Jan20/R29A-2.3	Section 29A	Chief Operating Officer	Care Group 1	Emergency Department	York	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake a review of the environment for ambulance handovers and those awaiting triage.	Senior Operational Manager (A.W)	Mar-20	A review has been undertaken and the corridor previously used for ambulances awaiting triage is no longer in use.	Mar-20	Delivered	
Jan20/R29A-2.5	Section 29A	Chief Operating Officer	Care Group 1	Patient Flow Team	York	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake a review of the systems and processes for discharge, updating and implementing new processes as required.	CG1 Quadrumvirate	Mar-20	New SAFER bundles have been implemented in the Discharge Lounge, flow matron team and bed management team. Home first has recently been implemented in the trust and is becoming embedded.	May-20	Delivered	
Jan20/R29A-2.7	Section 29A	Chief Operating Officer	Care Group 1	Emergency Department	York	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake improvement work with ECIST	CG1 Quadrumvirate	Mar-20	Work commenced, however put on hold due to COVID19. This work stream was reinstated for Streaming in Nov-20	Nov-20	Delivered	
Jan20/R29A-6.4	Section 29A	Medical Director	Care Group 1	Emergency Department	York	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Well-Led	Advertise Consultant vacancies for York Hospital Emergency Department	Senior Operational Manager (A.W)	Mar-20	Full establishment of ED consultants.	Nov-20	Delivered	
Jan20/R29A-6.5	Section 29A	Chief Nurse	Care Group 1	Emergency Department	York	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Well-Led	Undertake Emergency Department establishment reviews to ensure staffing establishment reflects the requirements.	Emergency Department Matron (N.G)	Dec-20		Dec-20	Delivered	
Jan20/R29A-1.3	Section 29A	Medical Director	Care Group 2	Emergency Department	Scarborough	Patients who presented at the emergency departments with mental health needs were not being cared for safely in line with national guidance (Royal College of Emergency Medicine (RCEM) guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services).	Safe Responsive	Establish a PLAN compliant Mental Health Assessment Suite within the Emergency Department.	YTHFM	Jun-20	Delayed during COVID	Nov-20	Delivered	QPAS 10-02-2021

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Jan20/R29A-1.4	Section 29A	Medical Director	Care Group 2	Emergency Department	Scarborough	Patients who presented at the emergency departments with mental health needs were not being cared for safely in line with national guidance (Royal College of Emergency Medicine (RCEM) guidance and Psychiatric Liaison Accreditation Network (PLAN) Quality Standards for Liaison Psychiatry Services).	Safe Well-Led	Include Mental Health care to the care group risk register covering the lack of suitable environment, lack of risk assessment, and delays in referral and assessment.	CG2 Quadrumvirate	Mar-20	Added to Risk Register 27-04-2020. Reviewed in May, June, August 2020. Risk rating reduced from 12 to 6 in August 2020.	Apr-20	Delivered	QPAS 10-02-2021
Jan20/R29A-2.2	Section 29A	Chief Operating Officer	Care Group 2	Patient Flow Team	Scarborough	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake a review of patient flow systems and processes, implementing new processes as identified in the review.	Care Group Manager (D.T)	Apr-20	A review has been undertaken and new systems and processes including roles and responsibilities are being implemented. Social distancing is likely to provide a challenge on available beds and flow. Daily attendances continue to increase.	May-20	Delivered	
Jan20/R29A-2.4	Section 29A	Chief Operating Officer	Care Group 2	Emergency Department	Scarborough	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Implement a Triage Nurse dedicated to caring for patients who are waiting for initial assessment or awaiting admission		Mar-20	Front door Nurse in situ.	Mar-20	Delivered	
Jan20/R29A-2.6	Section 29A	Chief Operating Officer	Care Group 2	Patient Flow Team	Scarborough	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake a review of the systems and processes for discharge, updating and implementing new processes as required.	CG2 Quadrumvirate	Mar-20	New SAFER bundles have been implemented in the Discharge Lounge, flow matron team and bed management team. Home first has recently been implemented in the trust and is becoming embedded.	May-20	Delivered	
Jan20/R29A-2.8	Section 29A	Chief Operating Officer	Care Group 2	Emergency Department	Scarborough	Access and flow of patients was creating significant delays in admitting patients onto wards to enable them to receive timely and appropriate care and treatment. Patients in the emergency departments at York Hospital and Scarborough Hospital were not receiving appropriate care in a timely way, exposing them to the risk of harm.	Safe Responsive Well-Led	Undertake improvement work with ECIST	CG2 Quadrumvirate	Mar-20	Action closed following discussions at March QRG - superseded by Quality & Performance Summit and the subsequent improvement plan created. Evidence to be held in CQC folder.	Mar-21	Delivered	
Jan20/R29A-6.1	Section 29A	Chief Nurse	Care Group 2	Care Group 2	Scarborough	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Well-Led	Introduce a daily staffing huddle for CG2, utilising a daily staffing template which feeds into a monitoring database.	CG2 Quadrumvirate	Mar-20	Staffing database monitored monthly.	Mar-20	Delivered	
Jan20/R29A-6.6	Section 29A	Chief Nurse	Care Group 2	Emergency Department	Scarborough	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Well-Led	Undertake Emergency Department establishment reviews to ensure staffing establishment reflects the requirements.	Emergency Department Matron (S.F)	Mar-21	Establishment reviews completed and will feature at Care Group Board and Executive Committee for an overall decision to be made.	Mar-21	Delivered	
Jan20/R29A-6.7	Section 29A	Chief Nurse	Care Group 2	Emergency Department	Scarborough	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Responsive Well-Led	Create a rolling programme of PLS training to enable a consistent departmental compliance rate of above 85%	Emergency Department Matron (S.F)	Feb-21	Clinical Educator holds evidence	Feb-21	Delivered	

Reference	Section	Executive Lead/ Assurance Committee	Care Group	Area	Site	Area of Regulatory Breach / Recommendation	CQC KLOE	Actions (SMART)	Responsible Person / Group	Target Completion Date	Narrative Update	Actual Completion Date	Rag Rating	Evidence Check
Jan20/R29A-3.1	Section 29A	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings.	Safe Effective Responsive	Re-establish a Joint Operational Delivery Group between the Emergency Department and Paediatric Department in both of the Trusts Emergency Departments.	CG5 Quadrumvirate	Feb-20		Feb-20	Delivered	QRG 26/10/2020
Jan20/R29A-3.2	Section 29A	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings.	Safe Effective Responsive	Establish a Paediatric Strategic Oversight Group.	CG5 Quadrumvirate	Feb-20		Feb-20	Delivered	QRG 26/10/2020
Jan20/R29A-3.3	Section 29A	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings.	Safe Effective Responsive	Audit against 'Royal College of Paediatrics and Child Health: Facing the Future Standards' and develop an action plan subsequently.	CG5 Quadrumvirate	Jun-20	As a result fast track pathways were reviewed and refreshed.	Jun-20	Delivered	QRG 26/10/2020
Jan20/R29A-3.4	Section 29A	Chief Nurse	Care Group 5	Emergency Department	Trust-Wide	Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings.	Safe Effective Responsive	Add the lack of Paediatric Emergency Medicine (PEM) Consultant at Scarborough Hospital Emergency Department to the risk register and identify mitigations.	CG5 Quadrumvirate	Aug-20	The initial risk rating was 'High' with a score of 16. Mitigations were implemented.	Aug-20	Delivered	QRG 26/10/2020
Jan20/R29A-3.5	Section 29A	Medical Director	Care Group 5	Emergency Department	Trust-Wide	Neither emergency departments were meeting the standards from the Facing the future: standards for children in emergency settings.	Safe Effective Responsive	Recruit a Paediatric Emergency Medicine (PEM) Consultant for Scarborough Hospital Emergency Department	Paediatric Strategic Oversight Group	Nov-20	Approval required from Executive Committee for role to feature 4 PA's which will have funding implications.		Behind Delivery - Ongoing	
Jan20/R29A-4.1	Section 29A	Chief Nurse	Trust-Wide	Chief Nurse Team	Trust-Wide	Systems for recording clinical information, risk assessments and care plans were not used in a consistent way at York emergency department or across medical wards at Scarborough hospital to ensure safe care and treatment for patients.	Safe Well-Led	Implement standardised paper documentation across the Trust including care plans and risk assessments.	Deputy Chief Nurse (H.H)	Mar-20		Mar-20	Delivered	
Jan20/R29A-4.2	Section 29A	Chief Nurse	Trust-Wide	Chief Nurse Team	Trust-Wide	Systems for recording clinical information, risk assessments and care plans were not used in a consistent way at York emergency department or across medical wards at Scarborough hospital to ensure safe care and treatment for patients.	Safe Well-Led	Recruit a Documentation Lead Nurse to lead the documentation standards within the Trust.	Deputy Chief Nurse (H.H)	Nov-20	Lead Nurse for documentation is in place and leading a steering group.	Dec-20	Delivered	
Jan20/R29A-4.3	Section 29A	Chief Nurse	Trust-Wide	Chief Nurse Team	Trust-Wide	Systems for recording clinical information, risk assessments and care plans were not used in a consistent way at York emergency department or across medical wards at Scarborough hospital to ensure safe care and treatment for patients.	Safe Well-Led	Produce a long term plan for introducing standardised electronic documentation across the Trust.	Deputy Chief Nurse (H.H)	Dec-20	Paper to Exec Committee with approval for a 2 year digital documentation project.	Dec-20	Delivered	
Jan20/R29A-4.4	Section 29A	Chief Nurse	Trust-Wide	Chief Nurse Team	Trust-Wide	Systems for recording clinical information, risk assessments and care plans were not used in a consistent way at York emergency department or across medical wards at Scarborough hospital to ensure safe care and treatment for patients.	Safe Well-Led	Purchase and implement the "perfect ward" app for use across the Trust	Deputy Chief Nurse (H.H)	Sep-20	Perfect-Ward now in use and providing assurance reports including documentation standards.	Oct-20	Delivered	
Jan20/R29A-5.1	Section 29A	Medical Director	Trust-Wide	Trust-Wide	Trust-Wide	Staff did not always report incidents and where they did there were often significant delays in reporting	Safe Well-Led	To ensure that staff are appropriately reporting incidents as per trust policy	Deputy Director of Governance (F.J)	Jan-20	CQC response received in January 2020 advising no further information required.	Jan-20	Delivered	
Jan20/R29A-6.2	Section 29A	Chief Nurse	Trust-Wide	Trust-Wide	Trust-Wide	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Well-Led	Undertake ward establishment reviews to ensure staffing establishment reflects the requirements.	Deputy Chief Nurse (H.H)	Nov-20	Proposal has been submitted to Exec Committee and further work is required before a decision can be reached.	Dec-20	Delivered	

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Jan20/R29A-6.3	Section 29A	Chief Nurse	Trust-Wide	Chief Nurse Team	Trust-Wide	We were not assured that there were sustainable, medium and longer term, plans to ensure sufficient numbers of suitably qualified, skilled, competent and experienced clinical staff to meet the needs of patients within the medical wards at Scarborough and emergency departments at both sites.	Safe Responsive Well-Led	Re-launch and utilise Safe-Care as a tool for measuring CHPPD across the organisation	Deputy Chief Nurse (H.H)	Jun-21	New action.		On Target	

CQC Regulatory Action - Trust-Wide Action Plan

Reference	Section	Executive Lead/ Assurance Committee	Care Group	Area	Site	Area of Regulatory Breach / Recommendation	CQC KLOE	Actions (SMART)	Responsible Person / Group	Target Completion Date	Narrative Update	Actual Completion Date	Rag Rating	Evidence Check
Jan20/MD1	Must Do	Chief Operating Officer	Care Group 2	Emergency Department	Scarborough	The service must improve the flow of patients through the emergency department and the hospital so that patients are assessed, treated, admitted and discharged in a safe, timely manner.	Safe Well-Led	Covered in Section 29A & 31 Actions	Care Group Quadrumvirate	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD2	Must Do	Chief Nurse, Medical Director	Care Group 2	Emergency Department	Scarborough	The service must ensure there are sufficient numbers of suitably qualified, skilled and experienced doctors and nurses to meet the needs of patients in the Emergency Department, especially in relation to paediatric care.	Safe Well-Led	Covered in Section 29A & 31 Actions	Care Group Quadrumvirate	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD3	Must Do	Chief Nurse	Care Group 5	Emergency Department	Scarborough	The service must ensure that care is provided in line with national standards and risks to patients and children attending the emergency department identified, mitigated and effectively managed	Safe Responsive	Create and implement a Paediatric risk assessment tool to assess the level of risk a patient presents to themselves and others.	CAMHS Nurse	Mar-20	Implemented across the Trust	Apr-20	Delivered	
Jan20/MD4	Must Do	Chief Nurse	Care Group 2	Emergency Department	Scarborough	The service must ensure that there is an effective system to identify, mitigate and manage risks to patients who present to the emergency department with mental health needs. The system must take account of the relevant national clinical guidelines.	Safe Well-Led	Covered in Section 29A & 31 Actions	Care Group Quadrumvirate	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD5	Must Do	Chief Nurse	Care Group 2	Medicine	Scarborough	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced registered nursing staff are deployed.	Safe Well-Led	Covered in Section 29A & 31 Actions	Care Group Quadrumvirate	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD6	Must Do	Medical Director	Care Group 2	Medicine	Scarborough	The service must ensure staff are maintaining securely an accurate, complete, and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.	Safe Well-Led	Covered in Section 29A & 31 Actions	Deputy Chief Nurse (H.H)	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD7	Must Do	Chief Nurse	Care Group 2	Medicine	Scarborough	The service must ensure systems for recording clinical information, risk assessments and care plans are used in a consistent way across the medical wards. This should include ensuring staff are aware of how to effectively use systems to identify, assess and monitor patients at risk of deterioration.	Safe Well-Led	Covered in Section 29A & 31 Actions	Deputy Chief Nurse (H.H)	Mar-20	Covered in Section 29A & 31 Actions	Dec-20	Delivered	
Jan20/MD8.1	Must Do	Chief Nurse / Medical Director	Care Group 2	Medicine	Scarborough	The service must ensure systems and processes for staff to report incidents are capable of giving senior staff objective assurance that reporting of incidents can be effectively monitored and audited so that actions can be taken if there is evidence that there may be under reporting of incidents.	Safe Well-Led	Utilise the Staff magazine to educate staff of the value of incident reporting.	Associate Director of Patient Safety & Governance	Nov-20	November 2020 Edition of 'Safety Spotlight'	Nov-20	Delivered	
Jan20/MD8.2	Must Do	Chief Nurse / Medical Director	Care Group 2	Medicine	Scarborough	The service must ensure systems and processes for staff to report incidents are capable of giving senior staff objective assurance that reporting of incidents can be effectively monitored and audited so that actions can be taken if there is evidence that there may be under reporting of incidents.	Safe Well-Led	Update dashboards on Datix to enable senior leaders to monitor and understand their incident reporting data.	Associate Director of Patient Safety & Governance	Oct-20		Oct-20	Delivered	
Jan20/MD8.3	Must Do	Chief Nurse / Medical Director	Care Group 2	Medicine	Scarborough	The service must ensure systems and processes for staff to report incidents are capable of giving senior staff objective assurance that reporting of incidents can be effectively monitored and audited so that actions can be taken if there is evidence that there may be under reporting of incidents.	Safe Well-Led	Develop a monthly Patient Safety assurance report regarding incidents and present this at QPAS.	Patient Safety & Governance Team	Jan-21		Jan-21	Delivered	
Jul19/MD1.1	Must Do	Medical Director	Trust-Wide	Trust-Wide	Trust-Wide	The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation	Safe	Undertake promotion exercise to ensure ALL staff understand the current processes for identifying learning from deaths and Sis	Deputy Director of Healthcare Governance (F.J)	Feb-20	In Jan 2020 Staff Matters Policy to Feb Quality Committee Presentation of Policy to EB March 2020	Mar-20	Delivered	
Jul19/MD1.2	Must Do	Medical Director	Trust-Wide	Trust-Wide	Trust-Wide	The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation	Safe	Develop a policy for the identification of learning from deaths and serious incidents	Deputy Director of Healthcare Governance (F.J)	Feb-20	In Jan 2020 Staff Matters Policy to Feb Quality Committee Presentation of Policy to EB March 2020	Mar-20	Delivered	
Jul19/MD1.3	Must Do	Medical Director	Trust-Wide	Trust-Wide	Trust-Wide	The trust must ensure it has a robust process for identifying learning from deaths and serious incidents and ensure this is systematically shared across the organisation	Safe	Undertake a multi-professional engagement exercise and in response review and revise the processes for the dissemination of learning from deaths and serious incidents	Deputy Director of Healthcare Governance (F.J)	Feb-20	Review document Revised processes and publications	Mar-20	Delivered	
Jul19/MD10	Must Do	Chief Operating Officer	Care Group 2	Urgent and Emergency Care	Scarborough	The service must ensure the processes for the management of risks, issues and performance, and the governance and oversight of these processes are fully embedded within its urgent and emergency care service at Scarborough hospital.	Safe Well-Led	Review, revise and deliver a Governance Management structure that meets the needs of the new Care Group	Care Group Quadrumvirate	Apr-21	Draft structure created. Next steps to feature at Quality Committee for approval and sharing with wider team.	May-21	Delivered	

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Jul19/MD11	Must Do	Medical Director	Care Group 3	Surgery	Trust-Wide	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy.	Safe Well-Led	Medical staff in surgery will be issued with their individual compliance data and set a target date for full compliance, specifically safeguarding training modules	Care Group Director (A.V)	Mar-20	Letters have been issued. Learning Hub compliance discussed and monitored through CG3 Quality Assurance Committee monthly Mandatory Training compliance presented to Trust Board by Director of Workforce and Organisational Development monthly	Nov-20	Delivered	
Jul19/MD12.1	Must Do	Medical Director	Care Group 3	Surgery	Trust-Wide	The service must ensure that the quality of medical record keeping improves and that medical staff maintain accurate and contemporaneous records for all patients, in accordance with professional standards and trust policy.	Safe	Chief Executive to examine recruiting to a director position with a specific focus on digital part of whose remit will be to review how IT can support record keeping.	Chief Executive	Apr-20	Digital Director is in post	Sep-20	Delivered	
Jul19/MD12.2	Must Do	Medical Director	Care Group 3	Surgery	Trust-Wide	The service must ensure that the quality of medical record keeping improves and that medical staff maintain accurate and contemporaneous records for all patients, in accordance with professional standards and trust policy.	Safe	The Medical Director will write to ALL medical colleagues detailing their responsibility to comply with the Record Keeping Standards Medical Staff – Records Management Policy. In addition, the screensaver will be refreshed during September 2019 and a feature in Staff Matters article October 2019.	Medical Director	Oct-19		Oct-19	Delivered	
Jul19/MD13	Must Do	Medical Director	Care Group 3	Surgery	Trust-Wide	The service must ensure that all medical and nursing staff receive annual performance appraisals, in accordance with professional standards and trust policy.	Safe Well-Led	Review current appraisal rate for medical & nursing staff in surgery and set a trajectory for appraisals to be undertaken to achieve 85%	Care Group Quadrumvirate	Sep-20		Nov-20	Delivered	
Jul19/MD14	Must Do	Medical Director	Care Group 3	Surgery	Trust-Wide	The service must ensure that all records are secure when unattended.	Safe Well-Led	Roll out a programme of Information Governance Team peer reviews which would provide an opportunity for immediate rectification and for staff feedback on any information governance concerns	Deputy Director Healthcare Governance (FJ)	Feb-20	Programme in place - though put on hold during pandemic. To be recommended.	Feb-20	Delivered	
Jul19/MD22	Must Do	Medical Director	Care Group 3	Surgery	Bridlington	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy.	Safe Well-Led	Medical staff in surgery will be issued with their individual compliance data and set a target date for full compliance, specifically safeguarding training modules	Care Group Director (A.V)	Mar-20	Letters have been issued. Learning Hub compliance discussed and monitored through CG3 Quality Assurance Committee monthly Mandatory Training compliance presented to Trust Board by Director of Workforce and Organisational Development monthly	Nov-20	Delivered	
Jul19/MD15	Must Do	Medical Director	Care Group 2	Medicine	Scarborough	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced medical staff are deployed overnight for medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients.	Safe Responsive Well-Led	Where the Trust has unfilled shifts bank, agency and locums will be utilised.	Care Group Director	Mar-20	Daily monitoring is in place to ensure the safety of the ward	Mar-20	Delivered	
Jul19/MD16	Must Do	Chief Nurse	Care Group 2	Medicine	Scarborough	The service must ensure that sufficient numbers of suitably qualified, competent, skilled and experienced registered nursing staff are deployed across the medicine wards on the Scarborough Hospital site to promote safe care and treatment of patients.	Safe Responsive Well-Led	Replaced with Section 29A & Section 31 Actions.	N/A	N/A	Replaced with Section 29A & Section 31 Actions.	Dec-20	Delivered	N/A
Jul19/MD17	Must Do	Medical Director / Chief Nurse	Care Group 2	Medicine	Scarborough	The service must ensure that all staff on medicine wards at the Scarborough Hospital site are maintaining securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.	Safe Effective Well-Led	Replaced with Section 29A Actions	N/A	N/A	Replaced with Section 29A Actions	Dec-20	Delivered	N/A
Jul19/MD18.1	Must Do	Director of LLP	Care Group 2	Medicine	Scarborough	The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients.	Safe	A review of all substances hazardous to health to be undertaken to ensure only appropriate substances are stored correctly and that COSHH risk assessments are in place	Head of Health, Safety & Security	Mar-20	All Wards have files in place, but need to provide assurance. Evidence of compliance has been provided	Apr-20	Delivered	
Jul19/MD15.1	Must Do	Director of Workforce & Organisational Development	Care Group 5	Maternity	Scarborough	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy	Safe Well-Led	Implement the 'Training Passport' for staff employed from other NHS organisations – National Streamlining Programme	Director of Workforce and Organisational Development	Jul-21	Following QRG completion date extended in line with national work-stream. Aiming for implementation from Jul 21.		On Target	
Jul19/MD18.2	Must Do	Director of LLP	Care Group 2	Medicine	Scarborough	The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients.	Safe	Up to date list of COSHH Appropriate training or training updates to be delivered to COSHH Leads for all areas to be provided and reported through CG2 Quality Assurance Meeting	Head of Health, Safety & Security	Mar-20	List held by CLAD Evidence requested 50-60 staff have been trained. Staff were trained in 2018 and will require refresher training. Business case has been approved to appoint a Health and Safety Trainer which is currently (June 2020) going out to advertisement	Apr-20	Delivered	

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Jul19/MD18.3	Must Do	Director of LLP	Care Group 2	Medicine	Scarborough	The service must ensure that substances hazardous to health are stored securely and used in a safe way to avoid potential or actual harm to patients.	Safe	COSHH Leads to provide local training and ensure staff in each department understand their roles and responsibilities associated with the management of hazardous substances	Head of Health, Safety & Security	Mar-20	Evidence has been provided, there is a need to provide refresher training that will be a priority for the H&S Trainer when appointed. Interviews July 2020	Apr-20	Delivered	
Jul19/MD23	Must Do	Director of Workforce & Organisational Development	Care Group 3	Surgery	Bridlington	The service must ensure that all medical and nursing staff receive annual performance appraisals, in accordance with professional standards and trust policy.	Safe Well-Led	Review current appraisal rate for medical & nursing staff in surgery and set a trajectory for appraisals to be undertaken to achieve 85%	Care Group Quadrumvirate	Sep-20		Nov-20	Delivered	
Jul19/MD19	Must Do	Director of Workforce & Organisational Development	Care Group 5	Maternity	Scarborough	The service must ensure that all medical staff complete mandatory training and safeguarding training modules in accordance with trust policy	Safe Well-Led	Ensure that there is adequate and accessible mandatory training sessions for staff to access. Medical staff in urgent and emergency care will be issued with their individual compliance data and set a target date for full compliance	Care Group Quadrumvirate	Feb-20	Mandatory Training monitored through Care Group Structure and IBR.	Mar-20	Delivered	
Jul19/MD2.1	Must Do	Director of Workforce & Organisational Development	Trust-Wide	Trust-Wide	Trust-Wide	The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training.	Safe Well-Led	Implement the "Training Passport" for staff employed from other NHS organisations – National Streamlining Programme	Director of Workforce and Organisational Development	Apr-21	Duplicate action - See Action Jul19/MD15.1	N/A	Delivered	
Jul19/MD2.2	Must Do	Director of Workforce & Organisational Development	Care Group 2	Emergency Department	Scarborough	The service must ensure all medical staff in its urgent and emergency care service at Scarborough hospital are compliant with all aspects of mandatory training.	Safe Well-Led	Ensure that there is adequate and accessible mandatory training sessions for staff to access. Medical staff in urgent and emergency care will be issued with their individual compliance data and set a target date for full compliance	Care Group Quadrumvirate	Feb-20	Mandatory Training monitored through Care Group Structure and IBR.	Mar-20	Delivered	
Jul19/MD20	Must Do	Chief Operating Officer	Care Group 6	Outpatients	Scarborough	The service must ensure the backlogs and overdue appointments in the trust is addressed and improved	Safe Effective Responsive Well-Led	Deliver the Outpatient Transformation Programme	Care Group Manager	Jun-20	Superseded by COVID-19. Phase 3 plan submitted and in delivery. The focus for the national ask is on restoring activity levels which will not address backlogs in 2020/21. The Outpatients Dashboard provides increased oversight of the outpatients and Follow Up position. The Trust has implemented Clinical Risk Stratification for overdue FU as part of the risk management processes following the pandemic.	Jun-20	Delivered	
Jul19/MD21	Must Do	Chief Operating Officer	Care Group 6	Outpatients	Scarborough	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment	Responsive Well-Led	Update the RTT Recovery Plan to clearly state the projections for service delivery and backlog reduction	Care Group Manager	Mar-20	Enhanced management of Follow up partial booking currently being rolled out in Diabetes and will follow in cancer and gastroenterology. Two way text reminder service for all OP appointment and follow up. The specific action could be closed as completed. Recommend a new action to meet the national standards for Clinical Validation of the Waiting List and ongoing Risk Stratification.	Dec-20	Delivered	
Jul19/MD25	Must Do	Chief Operating Officer	Care Group 6	Outpatients	Bridlington	The service must ensure the backlogs and overdue appointments in the trust is addressed and improved	Safe Effective Responsive Well-Led	Deliver the Outpatient Transformation Programme	Care Group Manager	Jun-20	Superseded by COVID-19. Phase 3 plan submitted and in delivery. The focus for the national ask is on restoring activity levels which will not address backlogs in 2020/21. The Outpatients Dashboard provides increased oversight of the outpatients and Follow Up position. The Trust has implemented Clinical Risk Stratification for overdue FU as part of the risk management processes following the pandemic.	Jun-20	Delivered	
Jul19/MD26	Must Do	Chief Operating Officer	Care Group 6	Outpatients	Bridlington	The service must ensure improvements are made where the service is not meeting the 18-week referral to treatment time target and cancer waiting times so that patients have access to timely care and treatment	Responsive Well-Led	Monitor progress against the Performance Delivery Plan at Trust Board	Chief Operating Officer	Mar-20	Action is complete. The Trust Board receives the performance each month and position against the plan.	Dec-20	Delivered	
Jul19/MD3.1	Must Do	Director of Workforce & Organisational Development	Care Group 2	Emergency Department	Scarborough	The service must ensure all medical and nursing staff in urgent and emergency care services at Scarborough hospital complete the required specialist paediatric life support training to enable them to safely care for children in the department.	Safe	Ensure that there is adequate and accessible paediatric life support training sessions for staff to access and that this is monitored by the care group	D.T (Care Group Manager)	Feb-20	Rolling programme in place, monitored by the Clinical Educator.	Nov-20	Delivered	
Jul19/MD4.1	Must Do	Executive Committee	Care Group 2	Emergency Department	Scarborough	The service must ensure it has enough, suitably qualified, competent and experienced medical and nursing staff in its urgent and emergency care service at Scarborough hospital, to meet the RCEM recommendations, including enough staff who are able to treat children in an emergency care setting.	Safe Responsive Well-Led	Replaced with Section 29A & Section 31 Actions.	N/A	N/A	Replaced with Section 29A & Section 31 Actions.	Mar-20	Delivered	N/A
Jul19/MD5.1	Must Do	Chief Nurse	Care Group 1	Emergency Department	Scarborough	The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital.	Safe	Update the Trusts Medicines Management policy with 7 key messages and display in the clean utility / drug storage areas.	Lead Nurse Medicines Management	Oct-19	Policy updated and key message circulated.	Jun-20	Delivered	

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Jul19/MD5.2	Must Do	Chief Nurse	Trust-Wide	Pharmacy	Trust-Wide	The service must ensure medicines are managed safely in its urgent and emergency care service at Scarborough hospital.	Safe	Chief Pharmacist has commissioned Internal Audit to undertake: Safe and Secure Handling of Medicines Audit	Chief pharmacist	Mar-20	Internal Audit Completed in June 2020 - This showed an increasing risk with a Red/Amber rating. An action plan has been developed and this is monitored through Medicines Management Group on a monthly basis.	Jun-20	Delivered	
Jul19/MD6.1	Must Do	Chief Digital Information Officer	Care Group 2	Emergency Department	Scarborough	The service must ensure that computer screens showing patient identifiable information are not left unlocked when not in use, in its urgent and emergency care service at Scarborough hospital.	Safe Well-Led	Roll out a programme of Information Governance Team peer reviews which would provide an opportunity for immediate rectification and for staff feedback on any information governance concerns	Deputy Director Healthcare Governance (FJ)	Feb-20	Programme in place - though put on hold during pandemic. To be recommenced.	Feb-20	Delivered	
Jul19/MD6.2	Must Do	Chief Digital Information Officer	Care Group 2	Emergency Department	Scarborough	The service must ensure that computer screens showing patient identifiable information are not left unlocked when not in use, in its urgent and emergency care service at Scarborough hospital.	Safe Well-Led	Consider privacy screens for monitors in Acute Admission areas such as Emergency Department, SDEC, SAU, AMU to reduce the risk of unintentional viewing of patient identifiable information during situations whereby locking the computer has not been possible.	Care Group Quadrumvirate	Jun-21	New Action		On Target	
Jul19/MD6.3	Must Do	Chief Digital Information Officer	Care Group 2	Emergency Department	Scarborough	The service must ensure that computer screens showing patient identifiable information are not left unlocked when not in use, in its urgent and emergency care service at Scarborough hospital.	Safe Well-Led	Agree with IT a suitable time for implementing an automatic locking function for computers which are inactive for a period of time.	Service Desk	Jun-21	New Action. Awaiting outcome from Service Desk.		On Target	
Jul19/MD7	Must Do	Chief Operating Officer	Care Group 2	Emergency Department	Scarborough	The service must ensure it takes action to improve its performance in the RCEM standards in its urgent and emergency care service at Scarborough hospital.	Safe Effective Well-Led	Undertake a gap analysis against previous RCEM audit standards and as necessary develop and action plan that delivers improved performance against the standards	Care Group Director	Jun-20	Clinical Director has provided a response to the RCEM audit findings on the latest audits • QA2018-002 Feverish Children (Care in Emergency Departments) 2018/19 • QA2018-003 Vital Signs in Adults (Care in Emergency Departments) 2018/19	Mar-20	Delivered	
Jul19/MD8	Must Do	Chief Nurse	Care Group 2	Urgent and Emergency Care	Scarborough	The service must ensure all nursing staff have an up to date appraisal each year in its urgent and emergency care service at Scarborough hospital.	Well-Led	Review current compliance rates within the Care Group and dedicate time to achieve required compliance	Head of Nursing (J.B)	Mar-20	Compliance rates monitored within the Care Group and at Trust Board.	Dec-20	Delivered	
Jul19/MD9.1	Must Do	Chief Operating Officer	Care Group 2	Urgent and Emergency Care	Scarborough	The service must ensure they continue to work to improve the following performance standards for its urgent and emergency care service at Scarborough hospital. • the median time from arrival to treatment. • the percentage of patients admitted, transferred or discharged within four hours. • the monthly percentage of patients that left before being seen.	Safe Effective Responsive Well-Led	Develop a recovery plan relating to performance	Deputy Chief Operating Officer (M.L) / Care Group Manager (D.T)	Jan-20	Acute Pathway Programme Board overseeing a programme of work with ECIST, to strengthen site management at York, and improve flow and performance in Emergency Departments in York and Scarborough. Opened Home First Unit SGH. Restoration of Services Plan post COVID submitted to board.	Mar-20	Delivered	
Jul19/MD9.2	Must Do	Chief Operating Officer	Care Group 2	Urgent and Emergency Care	Scarborough	The service must ensure they continue to work to improve the following performance standards for its urgent and emergency care service at Scarborough hospital. • the median time from arrival to treatment. • the percentage of patients admitted, transferred or discharged within four hours. • the monthly percentage of patients that left before being seen.	Safe Effective Responsive Well-Led	Engage with the offer of support from ECIST to further develop approaches to improve the Trusts' performance as identified during the CQC visit.	Deputy Chief Operating Officer (M.L) / Care Group Manager (D.T)	Jan-20	Action closed following discussions at March QRG - superseded by Quality & Performance Summit and the subsequent improvement plan created. Evidence to be held in CQC folder.	Mar-21	Delivered	
Jul19/MD24	Must Do	Medical Director	Care Group 3	Surgery	Bridlington	The service must ensure that all records are secure when unattended.	Safe Well-Led	Roll out a programme of Information Governance Team peer reviews which would provide an opportunity for immediate rectification and for staff feedback on any information governance concerns	Deputy Director Healthcare Governance (FJ)	Feb-20	Programme in place - though put on hold during pandemic. To be recommenced.	Feb-20	Delivered	



Report
Council of Governors Meeting
09 June 2021
MDG Terms of Reference

G1

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

For the Council of Governors to review the updates to the terms of reference and approve the changes.

Executive Summary – Key Points

The Terms of Reference are reviewed annually. The Membership Development Group reviewed its Terms of Reference at its meeting on 7 April 2021 and following discussion agreed to make the following changes:

- The Chair of the meeting change from the Trust Secretary to a Public Governor, to be appointed from the Group;
- The quoracy should be 3 governors, one of which is the Chair and one Public Governor

Recommendation

The Membership Development Group are recommending that the Council of Governors approve the changes to the Constitution Review Group Terms of Reference

Author: J Hall, Interim Foundation Trust Secretary

Director Sponsor: J Hall, Interim Foundation Trust Secretary

Date: June 2021

Membership Development Group Terms of Reference

Title: Membership Development Group	
Date established: July 2015	
Status: Sub-group of the Council of Governors	
Responsible Individual: Governor & Membership Manager <u>Assistant to the Trust Secretary</u>	
All contact with the committee should be made via this post holder	
Role and functions	
1	On behalf of the Council of Governors, the group will review, monitor and support the development of plans for membership recruitment, engagement and involvement.
2	<p>The functions of the group are:</p> <ul style="list-style-type: none"> • To review the membership strategy and analyse the Trust’s membership – recommending an annual work programme to support membership recruitment, retention and development. • To develop representation and engagement opportunities and events for Governors to contact and communication with members. • To develop and encourage two-way communication and involvement between the Council of Governors and its constituency members. • To suggest content for the Trust’s newsletter for members.
3	The group will make recommendations for approval to the Council of Governors.
5	The group will strive to achieve membership that is representative of each constituency.
Membership	
6	<u>The Group will be chaired by a Public Governor to be appointed by the Council of Governors.</u>
7	The group will be quorate if three members are present (which must include <u>the Chair and one public governor</u>).
8	Membership is not static and interested governors can be considered for membership at any point in time.

York and Scarborough Teaching Hospitals NHS Foundation Trust

Meetings	
9	The group will meet a minimum of four times a year.
10	Notes of all meetings will be produced and reports will be produced for the Council of Governors on its recommendations.
11	The Foundation Trust Secretary will support the group's meetings. Notes and actions will normally be produced and circulated within ten working days of each meeting.
12	Individual group members do not have a right to call a special meeting. Should a group member feel there is a need to do this, he/she should bring it to the attention of the chair, who will call the special meeting (if he/she feels it is necessary).
Review and monitoring	
13	The terms of reference will be reviewed annually, or before, if any changes in governance procedures demand it.

Author: Foundation Trust Secretary

Owner: Foundation Trust Secretary

Date of issue: ??? 2021

Version: ??

Approved by: Membership Development Group

Review date: ??? 2022

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Report
Council of Governors Meeting
09 June 2021
CRG Terms of Reference

G2

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

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

Purpose of the Report

For the Council of Governors to review the updates to the terms of reference and approve the changes.

Executive Summary – Key Points

The Terms of Reference are reviewed annually. The Constitutional Review Group reviewed its Terms of Reference at its meeting on 13 May 2021 and following discussion agreed to make the following changes:

- The Chair of the meeting change from the Trust Secretary to a Public Governor, to be appointed from the Group;
- The quoracy should be 4 governors

Recommendation

The Constitution Review Group are recommending that the Council of Governors approve the changes to the Constitution Review Group Terms of Reference

Author: J Hall, Interim Foundation Trust Secretary

Director Sponsor: J Hall, Interim Foundation Trust Secretary

Date: 13 May 2021

Constitutional Review Group	
Terms of Reference	
1	Status
1.1	The Constitutional Review Group (the Group) is a sub group of Council of Governors. The Group will report to the Council of Governors on a quarterly basis.
2	Purpose of the Group
2.1	The Group will review the Constitution and supporting documents and make recommendations to the Board and Council of Governors as to appropriate changes.
3	Authority
3.1	The Group is a formal sub group of the Council of Governors and is accountable to the Council of Governors.
4	Legal requirements of the group
4.1	The Group can make recommendations to the Council of Governors and Board regarding changes to the Constitution.
5	Roles and functions
	To periodically review the Constitution to ensure it reflects current legislation and practice.
	To review the process for significant transactions to ensure that it reflects current legislation and practice.
	To review as appropriate the Code of Conduct.
	To review as appropriate the process for Governor non-attendance at meetings.
	To review as appropriate the Governor Training Programme.
	To review as appropriate the process for External Audit Appointment
	To build a compliance manual
6	Membership
	<p>The membership of the Group will comprise:-</p> <ul style="list-style-type: none"> ● Foundation Trust Secretary (Chair) <u>Public Governor</u> (to be appointed from the group) ● 5 Public Governors ● 1 Staff Governor ● 1 Stakeholder Governor <p>In attendance Foundation Trust Secretary</p>

	Assistant to the Foundation Trust Secretary
7	Quoracy
	The Group will be quorate with 4 governors attending. The Chair of the meeting will ensure that a deputy is appointed from the members to preside over a meeting when the Chair is unavailable or has a conflict of interest (if required).
8	Meeting arrangements
	The Group will meet four times per year and all supporting papers will be circulated 4 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. The Foundation Trust Secretary will supply the Secretariat service to the meeting.
	The Chair of the Group has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the Group.
	Where members of the Group are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Chair of the Group.
9	Review and monitoring
	The Foundation Trust Secretary will maintain a register of attendance at the meeting. Attendance of less than 50% will be brought to the attention of the Chair of the Group to consider the appropriate action to be taken. The terms of reference will be reviewed every two years.
Author	Jill Hall, Foundation Trust Secretary
Owner	Constitutional Review Group
Date of Issue	
Version #	V2.00
Approved by	Council of Governors
Review date	June 2022

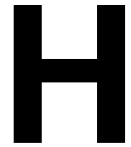
Constitution Review Group

Work Programme

March	<ul style="list-style-type: none">• Governor Training Programme• AGM/AMM• Review Compliance Manual
May	<ul style="list-style-type: none">• Governor Non Attendance at meetings• Code of Conduct
August	<ul style="list-style-type: none">• Significant Transactions• External Auditors
November	<ul style="list-style-type: none">• Constitution Review



Report
Council of Governors
9 June 2021
Compliance Manual



/ 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

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

/ Purpose of the Report

For the Council of Governors (CoG) to approve the updates to the compliance manual, in particular the Code of Conduct for Governors

/ Executive Summary – Key Points

The Manual is reviewed annually. This year the Code of Conduct has been reviewed in detail. The Constitutional Review Group, discussed and agreed the changes proposed at its meeting on the 13 May 2021 and is recommending them to the Council of Governors for formal ratification. The copy attached at appendix A includes all tracked changes to allow the CoG to identify where changes have been made.

/ Recommendation

The Constitutional Review Group recommends to the CoG to approve the amendments to the Manual

Author: J Hall, Interim Foundation Trust Secretary

Director Sponsor: J Hall, Interim Foundation Trust Secretary

Date: 9 June 2021



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Compliance Manual

Contents:

Process for the Appointment of the External Auditors (as agreed in July 2020)

Protocol for Governors to hold the Board to account through the NEDs

Governors Code of Conduct (revised)

NED Recruitment Process

Appointment of External Auditors Process

This document sets out the process for the appointment of new External Auditors and also details Governor involvement.

The tender exercise uses a legal framework and it is therefore very important that every stage is managed and rules adhered to, to ensure that no legal challenge is made following the announcement of which firm was successful.

1. The Foundation Trust Secretary to advise the Constitution Review Group that the contract is due to end (approximately 1 year before). Invite Finance Director to talk to Constitution Review Group.
2. Foundation Trust Secretary to liaise with Procurement to establish a timetable for the tender process.
3. Set up the panel which will include the Finance Director, Audit Committee Chair, Head of Internal Audit, Foundation Trust Secretary, 4 Governors and a member of the Procurement Team.
4. The Foundation Trust Secretary to ask the Constitution Review Group members whether they would like to join the panel for the contract retender – positions for 4 Governors. If not enough Governors from the Constitution Review Group put themselves forward this will be opened up to the whole Council.
5. All panel members to sign to say that they have read the guidance notes and also sign the confidentiality agreement to say that they understand the significant legal requirements involved.
6. The Foundation Trust Secretary to work through the framework paperwork/questions with the Procurement Lead using the work done for the previous procurement to ensure the documentation is complete.
7. The Invitation to Tender documentation is issued.
8. The Invitation to Tender period closes.
9. The panel meet to evaluate the bids and complete the evaluation sheet.
10. If required (only if the bids cannot be ranked with a clear winner), the bidders are invited to present to the panel.
11. A recommendation is made and the standstill period starts.
12. If any challenges to the recommendation is made from other bidders, these are answered.
13. The standstill period ends.
14. The Council of Governors are asked to approve the panel recommendation.
15. The Contract is awarded.

Foundation Trust Secretary
May 2021

Governors' Protocol to hold the Board of Directors to account through NEDS

Introduction

The Health and Social Care Act 2012 gave the Council of Governors at Foundation Trusts the power to: "Require one or more of the Directors to attend a Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties".

It is the purpose of this document to define the appropriate procedure for The Council of Governors to exercise this power.

IMPORTANT: Nothing in this protocol shall be construed as guidance or a limit on Governors' right or duty to raise concerns or whistle-blow to the appropriate authority on the matters of financial irregularity, quality and safety or standards of patient care.

The Constitution of York [and Scarborough](#) Teaching Hospital NHS Foundation Trust provides a provision in section 19 that:

- 1) The Board of Directors shall promote effective communication and have regard for the views of the Council of Governors.
- 2) The Council of Governors and the Board of Directors shall each use their best endeavours to resolve any difference of view through discussion.

This, therefore, will be the starting point of this protocol.

This protocol is non exhaustive and intended for guidance, it is not intended to constrain the Council of Governors. Urgency may allow for the skipping of one or more of the steps, while [commonsensecommon-sense](#) may require you revisit some steps again.

The Nolan Principles, combined with the statement in the Commitment Document on information exchange between the Governors and the Trust, means that Governors should be able to ask for and receive almost any pertinent information about the Trust in order to aid Governors in holding the Board of Directors to account.

Ordinarily, most information will be provided in the Council of Governors' papers, the Board of Directors' papers or during meetings and sub-committees which Governors attend. Where further information is required, a Governor would usually make a request through the Chair or Foundation Trust Secretary and, if the information is not reasonably forthcoming, discuss the request with the Senior Independent Director.

If it is felt by Governors that the Trust needs to justify their position to the Council of Governors, the following procedure should be used:

1) If a Governor feels that there is a situation that requires information or justification, they should first put the issue to the Foundation Trust Secretary to seek guidance on the appropriate person to approach for an answer. In most cases this will be the Chair, who will co-ordinate with the Trust to give an answer. Governors should seek to repeat this step if the answer is unsatisfactory. A private briefing from the Trust may be in order.

2) If it is felt that further action is required, the issue should be put to discussion to the Council of Governors through the usual channels. It would normally be expected for the Lead Governor to co-ordinate this, but Governors may choose a Chairperson for this discussion. Governors should take steps to ensure all views are heard in a timely fashion and must not deliberately (or through inaction) exclude differing views.

3) At the conclusion of the discussion, Governors should have reached a consensus regarding a way forward. On any issue where there is not consensus, a vote shall decide the way forward. A decision then has to be made as to the urgency of the matter.

4a) If the matter is considered urgent, then the procedure for calling an extraordinary meeting of the Council of Governors should be followed. Governors should inform the Trust that a Director will be required to attend the meeting to account for the issue (see note i).

4b) If the issue is not considered urgent, the Lead Governor should inform the Foundation Trust Secretary and Chair that a Director is required to attend the next scheduled Council of Governors' meeting to account for the issue and that the issue needs to be on the agenda (see note i).

NB: It would be good practice for Directors and Governors to consider a private briefing on the issue to fully explore the issue, but where a vote has taken place to call a Director, they will be required to attend (see note i).

NOTES:

- i) It may not always be possible for a specific Director to attend a meeting; it would generally be considered reasonable for the Trust to offer a Deputy or alternate Director in this case. Governors should take a judgement as to if this is satisfactory and take a view if the meeting should proceed or be delayed. If the reason for non-attendance is not thought satisfactory by the Council of Governors, the Trust could be in breach of legislation. Governors may then wish to consider a vote of confidence in the Board of Directors or a referral to the Regulator.
- ii) It must be noted that the legislation makes it clear Governors may summon both Executive and Non-executive Directors.

In the extremely unlikely event that the Trust refuses to abide by the Council of Governors' decision to proceed with their statutory right to summon a Director, and the Senior Independent Director is unable to help, then it should be considered that relations between the Council of Governors and the Board of Directors have

irrevocably broken down. The Lead Governor should contact the Regulator.

| ~~March 2015~~ May 2021

GOVERNORS' CODE OF CONDUCT

Introduction

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High standards of corporate and personal conduct are essential component of public service. As an NHS foundation trust, York and Scarborough Teaching Hospitals NHS Foundation Trust is required to comply with the principles of best practice applicable to corporate governance in the NHS/health sector and with any relevant code of practice. The purpose of this code is to provide clear guidance on the standards of conduct and behaviour expected of governors.

This code, with the code of conduct for the Board of Directors and the NHS Constitution, forms part of the framework designed to promote the highest possible standards of conduct and behaviour within the foundation trust. This code takes account of the provisions of the Bribery Act 2021.

The code applies at all times when governors are carrying out the business of the Trust or representing the trust.

Principles of Public Life

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Members of the Council of Governors are expected at all times to uphold the highest standards in public office. The Council of Governors' Code of Conduct embraces the Nolan 'Seven Principles of Public Life' which are as follows;

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1. All members of The York Teaching Hospital NHS Foundation Trust's (YTHNHSFT) Council of Governors will:

Abide by the Seven Principles of Public Life (Nolan), which are:

Selflessness

Holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in their performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of the public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of the public office should promote and support these principles by leadership and example.

General Principles

All governors of the Trust will:

- Act in the interests of the Trust at all times
- Seek to ensure that individually and collectively they uphold the Trust's commitment to equality and diversity
- Value and respect colleagues and all members of staff and patients with whom they come into contact.
- Support the aims, vision and values of the Trust
- Contribute effectively to the work of the Council of Governors in the fulfilment of its role, as set out in the Trust's constitution
- Understand that the decisions of the Council of Governors must take full account of the needs and views of patients, the local community and staff

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Confidentiality and access to information

Governors must comply with the Trust's confidentiality policies and procedures. Governors must not disclose any confidential information, except in specified lawful circumstances.

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The Trust has adopted policies and procedures to protect confidentiality of personal information and to ensure compliance with the Data Protection Act, the Freedom of Information Act and other relevant legislation such as defined in the GDPR, which must be followed at all times by the Council of Governors and individual governors.

Register of Interests

Governors are required to declare all relevant interests on the foundations trust's register of interests in accordance with the provisions in the constitution. It is the

responsibility of each governor to update this should circumstances change. Failure to register a relevant interest in a timely manner may constitute a breach of this code.

Conflicts of Interest

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Governors have a statutory duty to avoid a situation in which they have (or can have) a direct or indirect interest that conflicts (or possibly may conflict, or may be interpreted to conflict) with the interests of the foundation trust. This includes conflicts of loyalty. If a governor has in any way a direct or indirect interest in a proposed transaction or arrangement with the foundation trust, the governor must declare the nature and extent of that interest. The chair will advise governors in respect of any conflicts of interest that arise during Council of Governor meetings, including whether the interest is such that the governor should withdraw from the meeting for the period of the discussion.

Gifts and Hospitality

The Board of Directors has adopted a business conduct policy covering gifts and hospitality which will be followed at all times by directors, employees and governors. Governors must not accept gifts, hospitality or sponsorship other than in compliance with this policy.

Whistle blowing

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The term 'whistle blowing' is used to describe the action of raising concerns, or giving information, to the appropriate authorities about any 'wrongdoings' in an organisation.

The Trust has a Whistleblowing policy which covers all Trust staff and volunteers. Any concerns should be raised in accordance with the policy.

Personal Conduct

Governors are expected to conduct themselves in a manner that reflects positively on the foundation trust and not to conduct themselves in any way that could reasonably be regarded as bringing their office into disrepute. Specifically governors must:

- Act in the best interests of the foundation trust and adhere to its values and this code of conduct.
- Seek to ensure that no one is unlawfully discriminated against and promote equal opportunities and social inclusion
- Respect other and treat them with dignity and fairness
- Be honest and act with integrity and probity
- Contribute to the workings of the Council of Governors as a governor, have sufficient commitment in order to fulfil its role and functions (governors are expected as a minimum to attend 3 Council of Governor meetings per year, failure to attend will result in action)

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- Recognise that the Council of Governors is **collectively** responsible for the exercise of its powers
- Raise concerns and provide appropriate challenge regarding the strategic (not operational) running of the foundation trust or a proposed action where appropriate
- Make every effort to attend meetings where practicable, arrive punctually and be fully prepared
- Adhere to good practice in respect of the conduct of meetings and stay until business is completed
- Take and consider advice on issues and on statutory duties where appropriate
- Provide challenge in an appropriate, non-confrontational manner
- Not use their position for personal advantage, to raise personal issues or seek to gain preferential treatment; not seek improperly to confer an advantage or disadvantage on any other person
- Monitor and self regulate their own contribution to ensure focus on relevant points
- Accept responsibility for their performance, learning and development

Compliance

The members of the Council of Governors will satisfy themselves that the actions of the Council of Governors in conducting business fully reflect the values, general principles and provisions of this code and, as far as is reasonably practicable, that concerns expressed by staff or others are fully investigated and acted upon. All governors, on appointment, will be required to give an undertaking, in writing, to abide by the provisions of this code of conduct.

Support and Training

The Trust Secretaries team will provide the necessary support and training to enable governors to undertake their role fully. If any governor feels that they need further training they should discuss their needs with a member of the team who will arrange for appropriate training to be delivered.

Interpretation and concerns

Questions and concerns about the application of this code should be raised with the Trust Secretary. At meetings, the chair will be the final arbiter of the interpretation of the code.

Review and revision of the code

The Trust Secretary will lead a periodic review of the code. It is for governors to agree to any amendments or revisions of the code.

~~Governors are also required to:~~

- ~~Actively support the vision and aims of the YTHNHSFT in developing as a successful NHSFT;~~

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- ~~b. Act in the best interests of the Trust at all times;~~
- ~~e. Attend the Council of Governor public meetings held 4 times a year on a regular basis (failure to attend 3 consecutive meetings will result in action) and attend sub-committee meetings held during the year, where you have agreed to be a member;~~
- ~~d. Proactively contribute to the work of the Council of Governors in order for it to fulfil its role as defined in the Trust's constitution and Monitor's guidance;~~
- ~~e. Recognise that the Council of Governors exercises collective decision-making on behalf of all patients, members, local community and staff and respond to information provided to the Council of Governors;~~
- ~~f. Not expect any privilege arising from being a governor, e.g. being able to obtain more preferential treatment;~~
- ~~g. Recognise that the Council of Governors has no managerial role within the YTHNHSFT;~~
- ~~h. Value and respect governor colleagues, and all members of staff;~~
- ~~i. Respect the confidentiality of information received in their role as Governors;~~
- ~~j. Conduct themselves in a manner that reflects positively on the YTHNHSFT;~~
- ~~k. In undertaking the role of Governor of this NHS Foundation Trust all Governors shall sign the following declaration:
 - ~~i. If I am a member of any trade union, political party or other political organisation, recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (patient, public or staff) that elected me;~~
 - ~~ii. Seek to ensure that my fellow governors are valued as fellow colleagues and that their views are both respected and considered;~~
 - ~~iii. Not bring the Trust into disrepute;~~
 - ~~iv. Show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community;~~
 - ~~v. Seek to ensure that the membership of the constituency I represent is properly informed and given the opportunity to influence services;~~
 - ~~vi. Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin;~~~~

- ~~vii.— Comply with the Trust's constitution;~~
- ~~viii.— Respect the confidentiality of individual patients;~~
- ~~ix.— Not knowingly make, or permit, any untrue or misleading statement relating to my own duties or the functions of the YTHNHSFT;~~
- ~~x.— Make every effort to discuss a request from the media with the Communications Manager prior to providing any response; and, if a comment is given to the media, Governors must contact the Communications Manager to advise on what you have said and to whom;~~
- ~~xi.— Support and assist the Accountable Officer (Chief Executive) of the YTHNHSFT in his/her responsibility to answer to the Regulators, commissioners and the public for the performance of the Trust.~~
- ~~xii.— Governors are asked to join at least 2 groups per year or maintain membership of 2 groups and be an active member of the Council of Governors.~~

Name of Governor

Constituency represented

Signature

Date

Council of Governor – Failure to engage process

Should an elected Governor fail to engage with the Trust, the following process will be followed:

Following attempts to contact the Governor including the use of registered post, the matter will be discussed at the Council of Governors Private Meeting for the Governors to agree on the action required.

Governors are either elected by members of the public/ staff or appointed by a stakeholder. Each governor has a responsibility to ensure they represent the people who either elected them or appointed them.

The following process will be followed by the Council of Governors on the occasion when a governor does not fulfil their requirements as a Governor.

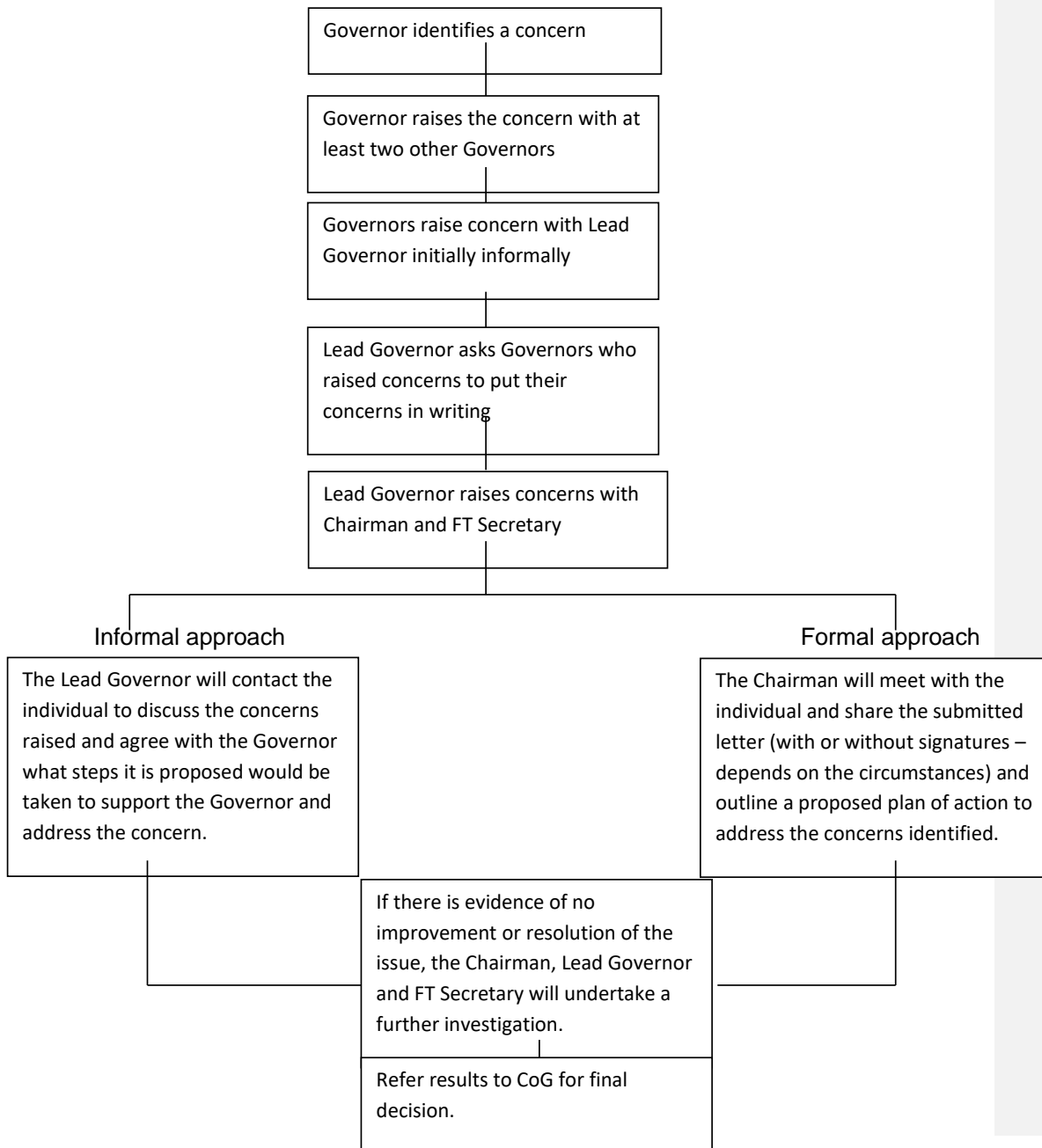
When it is identified that a governor has not behaved in line with the code of conduct the following process will be used.

- 1 If a governor notices something that concerns them about a fellow governor, the Governor should consult with two fellow Governors.
- 2 Following that consultation, if the governors feel this is an issue that should be brought to the attention of the Lead Governor then an Informal discussion should be held with the Lead Governor and the three Governors. The Lead Governor must ask the three Governors to put their concerns in writing.
- 3 The Lead Governor should contact the Chairman and FT Secretary to inform them of the concern. The Lead Governor, Chairman and FT Secretary should then discuss any appropriate actions. If the Lead Governor does not receive a letter from fellow Governors identifying their concerns, the Lead Governor, Chairman and FT Secretary may agree appropriate informal actions. If a letter is received by the Lead Governor more formal action can be taken.
- 4 Informal action – The Lead Governor to speak to the individual who has had concerns raised about them. The Lead Governor, Chairman and FT Secretary will have agreed a plan of action.

Following the conversation a note written by the Lead Governor should be put on the Governors file held by the Trust.

- 5 Formal action – The Chairman will meet with the Governor concerned and provide a copy of the complaint letter to the Governor along with a proposed list of actions to address the concern raised. The Chairman will also inform the individual of the next steps should the issue not be addressed.
- 6 If the issue that gave rise to the complaint initially is not resolved, the Lead Governor, Chairman and FT Secretary will meet and agree how a further investigation should be undertaken.

- 7 The individual Governor should be advised that a further investigation is taking place which will result in the findings being discussed by the Council of Governors. The investigation should include an opportunity for the individual to have non-legal representation.
- 8 Under the Constitution the issue has to be put to the Council of Governors and the individual Governor concerned has the opportunity to make further representation to the Council of Governors.
- 9 The Council of Governors should consider the evidence submitted and the options available to them. The Council of Governors are responsible for making a decision about removing a fellow governor from the Council of Governors.



The Process for Non-Executive Director Appointment

Action
<p>Step 1 -Trigger for recruitment to begin:</p> <p>This may include a resignation or an end of term approaching. In the event that an existing Non-executive Director is asked to re-apply for their job, previous knowledge of the candidate and their performance must not be used as part of the selection process.</p>
<p>A resignation or end of term where the NED does not wish to stand again:</p> <p>In these circumstances the process will start at step 2.</p>
<p>End of term where the NED wishes to stand again:</p> <p>If the NED is within the maximum time of 9 years the Governors will discuss and confirm that the NED has received satisfactory appraisals during their time. The Governors can reappoint a NED for another term.</p> <p>NB Governors have the flexibility to appoint for a further term up to a maximum of 3 years.</p> <p>If the Governors are not satisfied with the performance of the NED, the Governors can ask for a recruitment process to be undertaken. In these circumstances step 2 in the process would take place following a discussion and decision taken at the Council of Governors.</p>
<p>Step 2 - Initial Meeting:</p> <p>Chair, Lead Governor and Foundation Trust Secretary to meet prior to the Consultation meeting. This first meeting provides an opportunity to confirm why the recruitment is taking place and to allow the Chair, Lead Governor and Foundation Trust Secretary to confirm there is no other approach that should be suggested to the Nomination/Remunerations Committee at step 3.</p>
<p>Step 3 - Consultation & Planning Meeting:</p> <p>* Nomination/Remuneration Committee (including Chair, Foundation Trust Secretary & Lead Governor) * Recruitment</p> <p>The Chair of the Committee will be the Chair of the Trust when the appointment relates to a NED and the Lead Governor when the appointment relates to the Chair.</p> <p><i>Purpose:</i></p> <ul style="list-style-type: none"> • To discuss the role and competencies to be measured. Review the default recruitment documentation (advert, job description & recruitment pack, skills register). • Discuss and agree if there are any other adhoc officers that should be asked to be involved in the process.

- Discuss and agree if it would be appropriate to have an external assessor and who the external assessor would be.
- Review an initial recruitment timetable. Chair to bring views to the Remuneration Committee in terms of the required skills.
- Advertising will be discussed; however the default position will be NHS Jobs and various local networks. Committee to consider if it would be appropriate to appoint an external consultancy firm.
- Council of Governors to be informed that recruitment is underway and, should recruitment have taken place in the last 6 months, the possibility of going back to a previous appointable applicant will be explored.
- All documentation that has been reviewed is either agreed or additional actions are noted to be undertaken before the next meeting.
- Formulate a working group to finalise the recruitment documentation (as defined earlier) and including the assessment and interview process for final approval by the Nomination/Remuneration Committee.
- Communicate with the Council of Governors on a timely and appropriate basis.

Step 4 – Further meeting of the Nomination/Remuneration Committee:

A further meeting is timetabled to confirm all paper work is approved by the Committee. Only held if further approval is needed. Once the process has been agreed by the Nomination/Remuneration Committee it cannot be changed without further discussion and agreement from the full Nomination/Remuneration Committee.

Step 5 - Post Advertised:

The advert must be in the Trust template, with the interview date included. Recruitment Team to centrally co-ordinate this.

Step 6 - Long listing:

To be carried out by the Lead Governor, Recruitment and the Foundation Trust Secretary, using basics such as qualifications/ location/some essential criteria.

Step 7 - Short listing:

To be carried out by Nomination/Remuneration Committee, including Chair (if not a Chair appointment). Using all essentials and possibly desirables from the person specification. Recruitment to be present to ensure recruitment processes followed. (Declaration of interest to be made if any of the Nomination/Remuneration Committee know the candidates).

Once shortlisted candidates have been agreed each candidate will be asked to complete a fit and proper person test by the Foundation Trust Secretary. The Foundation Trust Secretary will also undertake research into each candidate in line with the fit and proper person guidelines.

The Nomination/Remuneration Committee can ask for support from NEDs for the appointment of the Chair if appropriate.

Step 8 - Scheduling/ Invites:

Scheduling for the interviews / Assessment Centre to be done by Recruitment Team in discussion with the Foundation Trust Secretary. Wherever possible this will be over one day only.

All shortlisted candidates should be offered a one-to-one meeting with the Chief Executive and Chair if the appointment is for a Non-executive Director. For the appointment of a Chair a one-to-one meeting with the Chief Executive should be offered. Shortlisted candidates will be given an opportunity to meet with any other key officers in the Trust.

Invites to interview to be distributed by the Recruitment Team in discussion with the Foundation Trust Secretary. Letters are to provide information on assessment method, where appropriate.

All Governors taking part in the recruitment process must complete a declaration of interest form, outlining any knowledge of any candidate they will interview. Governors will be provided with a bio pick of each candidate.

Email notifications will be sent to those candidates not long listed and not shortlisted at the same time as invites to successful candidates go out.

Step 9 - Assessment/ Interview:

Governors who are not part of the Nomination/ Remuneration Committee may be invited to be part of this process. It should be recognised however, that not all governors can be involved in the process every time.

Only those Governors that have taken part in recruitment training can take part in the recruitment process.

Step 10 - Scoring from the panel – Assessment Centre:

Governors will be asked to score candidates; those scores will be provided to the final panel as information. Governors should chair the assessment panels. Any conflicts of interest must be declared. The Trust will provide appropriate support to the panels as agreed by the Nomination/Remuneration Committee.

Step 11 - Final interview panel:

The final panel will be chaired by the Chair of the Trust when the appointment is for a Non-executive Director and by the Lead Governor when the appointment is for a Chair of the Trust.

The remainder of the panel will be made up of Governors, Foundation Trust Secretary and Recruitment team members. The Foundation Trust Secretary, Recruitment and the External Advisor do not score at the final interview and are only present at the interview to provide recruitment and governance advice.

Prior to finalising the decision of the panel, the panel Chair should review the references of the candidates and confirm to the panel that the references are satisfactory. Information from the fit and proper person test will be provided to the panel Chair for review. Any areas of concern will be discussed with the panel.

The panel Chair will ask at the end of each interview if the candidate is still interested in the role. The panel will formulate a recommendation to be proposed to the Council of Governors for consideration and approval. The recommendation should include details about the proposed term of office and remuneration.

Step 12 - Informing the candidates of the decision:

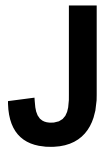
The majority of the governors attending the relevant Council of Governors meeting must approve the recommendation for the appointment to be made. Once approval has been received the successful candidate will be informed by telephone and an offer letter will be posted out to the candidate. Unsuccessful candidates will be informed of the decision of the Council of Governors by letter from the Chair of the panel.

Step 13 - Starter paperwork distributed

By Chair and Chief Exec's Office (Contract etc). Start date arranged. Induction arranged. Offer is subject to criminal records check & Occupational Health Clearance (using template offer letter) - clearance will be received prior to start date.

Step 14 - NED/Chair commences in post:

Undertaking all relevant induction and training appropriate to the role.



Report
Council of Governors
9 June 2021
Trust Secretary's Report

Trust Strategic Goals

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

Recommendation

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

Purpose of report

To provide the Council of Governors with an update on a range of matters.

Executive Summary – Key Points

The purpose of this report is to:

- provide an update on the Public and Staff Governor elections scheduled for the Summer 2021
- acknowledge the requirement for a new deputy lead governor appointment, and change to the Constitution
- acknowledge the requirement for a number of new appointments to the governor working groups

Recommendation

The Council of Governors is asked to:

- a) NOTE the report;
- b) NOTE and AGREE the 2021 Election process;
- c) AGREE the changes to the Constitution in relation to the Lead Governor and Deputy Lead Governor role; and,

Author: Jill Hall, Interim Trust Secretary

Director Sponsor: Susan Symington, Chair

Date: June 2021

1. Public and Staff Governor Elections 2021

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

This year the following constituencies have seats available for election:

Constituency	No. of Seats	Whose end of term
Public:		
York	2	Sally Light Margaret Jackson
Scarborough	1	Liz Black
Whitby	1	Stephen Hinchliffe
Ryedale & EY	3	Jeanette Anness Sheila Miller Andrew Butler
Staff:		
Scarborough & Bridlington	1	Helen Noble

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

For this year's campaign, and to increase the visibility of the elections, a number of strategies will be used including emails being sent out to members, articles in Membership Matters, information placed on the Trust website, use of social media including the Trust Facebook account and LinkedIn. Again, banners have been ordered and will be placed around the Trust's sites and adverts will be placed in free local papers.

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

Finally, we are working to the following timescales for delivering the summer 2021 Public and Staff Governor Elections:

Election stage	Date
Trust to send nomination material and data to ERS	Wednesday 30 June 2021
Notice of Election / nomination open	Monday 12 July 2021
Nominations deadline	Monday 9 August 2021 5.00pm
Summary of valid nominated candidates published	Tuesday 10 August 2021

Final date for candidate withdrawal	Thursday 12 August 2021
Electoral data to be provided by Trust	Monday 16 August 2021
Notice of Poll published	Tuesday 31 August 2021
Voting packs despatched	Wednesday 1 September 2021
Close of election	Wednesday 29 September 2021 5.00pm
Declaration of results	Thursday 30 September 2021
Induction Period	1 October to 31 January 2022

Elected Governors will take up post on 1 October 2021.

2. Deputy Lead Governor position

The Council of Governors agreed at its meeting in March to introduce the role of a Deputy Lead Governor (DLG). Currently the Constitution does not state when an election process for the Lead Governor should occur or the length of the term of office. At the Constitution Review Group meeting on 13 May 2021, the group considered the following:

- Introducing a Deputy Lead Governor: *The Constitution does not currently allow for a Deputy Lead Governor and it was felt this role should be introduced to support the Lead Governor, allow for potential succession planning and would limit the risk of their being any gaps in Lead Governor coverage.*
- The length of term of the Deputy Lead Governor: *The group considered the term of office for the Deputy Lead Governor role would be for 12 months.*
- Eligibility for the Lead Governor and Deputy Lead Governor: *The Constitution does not currently state the eligibility for a Lead Governor, only that they should be elected from the public governors, the group considered and agreed that eligible governors should have at least 12 months experience and have 12 months of their term of office remaining;*
- Term of the Lead Governor role: *The Constitution does not currently state how long the term of office should be. To align with the term of office of the governor role, three years is considered the appropriate length of the term.*
- At what point an election process should be undertaken: *The Constitution does not currently state when an election process should be undertaken. An election should be held as soon as possible after the serving Lead Governor's term of office expires, it is therefore proposed a Lead Governor / Deputy Lead Governor election should be held as soon as possible following Governor elections;*
- The nomination process: *The Constitution does not currently state how the election process will be undertaken. The current process of a 'self-nomination' process will remain.*

I advised at the time that together with the current lead governor, Margaret Jackson, and incoming lead governor, Sally Light, we would be working on the role description, once this is finalised it will be presented to the Nomination and Remuneration Committee for agreement prior to final sign off by the CoG and commencement of the appointment process in October 2021.

I am seeking the agreement of Governors of the changes as this will represent an amendment to the Trust's Constitution.

3. Appointment to Governor Working Groups

The table below sets out the current vacancies on the Governor working groups. As the table sets out, there are currently five vacancies across three of the groups/committees. Please contact Tracy Astley if you are interested in joining a group.

Governors Groups & Committees - Vacancies

Groups and Committees	Trust Lead or contact and meeting frequency	Governor Vacancy	Purpose
Staff Benefits Committee	Chair: Teena Wiseman Bi-monthly meetings	2 x Staff Vacancies	The Staff Benefits Committee comprises of staff representatives who provide a representation of the views of staff in relation to the flexible and voluntary benefits offered to staff. They discuss and implement new, existing and future proposals, Staff Lottery and projects.
Nominations/Remuneration Committee	Chair: Sue Symington Quarterly meetings	No vacancies	To discuss and oversee the recruitment of the Chair and Non-executive Directors and form the Appointment Panel. To manage the appraisals of the Chair, Non-executive Directors and review and make recommendations to the CoG on the annual review of the remuneration of the Chair and Non-executive Directors.
Out of Hospital Care Group, relating to the whole Trust geographical area.	Chair: Steve Reed Quarterly meetings	1 x Scarborough Public Vacancy	The Group has a wide remit, looking at any services provided out of hospital by the Trust and reporting back to the Council of Governors. The Group serves three key purposes: <ul style="list-style-type: none"> •To provide a forum for Governors (on behalf of the Members and local communities) to raise any issues regarding community services; •To provide a reference group for development in community services to gain insight from a public perspective; •To keep Governors updated on the developments in community services.

<p>Membership Development Group</p>	<p>Chair: Jill Hall</p>	<p>Any governor is welcome to join</p>	<p>The Membership Development Group is focused on how to maintain membership of the Trust and how to engage and recruit Members across the Trust's constituencies. The Group discusses a number of topics, including:</p> <ul style="list-style-type: none"> •The Membership Development Strategy; •Membership Events including seminars, the Annual Members Meeting/AGM; •Increase/decline of Membership Numbers; •Encouraging younger members; •Development of the Membership Action Plan;
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End.

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Minutes Membership Development Group 6 April 2021

21/01 Attendance: Jill Hall, FT Secretary (JH) (Chair), Margaret Jackson, Lead Governor, Public Governor York (MJ), Michael Reakes, Public Governor York (MR), Tracy Astley, note taker (TA)

21/02 Apologies for Absence: Lucy Brown, Director of Communications (LB), Dawn Clements, Stakeholder Governor, Hospice Movement (DC)

21/03 Minutes of the meeting held on the 5 October 2020

The minutes of the last meeting held on 5 October 2020 were agreed as a correct record.

21/04 Matters arising from the minutes

There were no matters arising.

Action Log

The members acknowledged that most actions had been completed with the exception of the following which remained ongoing: -

- Create a site-specific survey for the Selby area and share with the MDG – this will be followed up but may become part of the revised membership survey.
- Buy a membership banner – this can now go ahead as the Trust name had now changed. It was agreed to buy two so they could be moved around. It was also agreed that the QR code should be added to simplify join up.
- Public/Governor interaction – JH/TA will look at this and bring back to next meeting.

21/05 Membership Report

It was acknowledged that membership had again slightly declined this quarter due to members becoming deceased. The Trust mainly had an elderly membership and a discussion took place on how the Trust could attract younger membership. The following actions were agreed: -

Action: TA to ask HR when the career talks are to start again in Sixth Forms/Colleges. Ask for governors to be involved to do a talk on being a member of the Trust.

Action: Governors to find out about National days so they can do seminars on a subject with a clinician and the governor could end the seminar with a promotion on membership.

Action: JH to discuss with LB on how we could use Social Media to promote membership by the governors.

21/06 MDG Terms of Reference (ToR)

JH suggested having a governor chair the meeting instead of the FT Secretary. A discussion took place and it was agreed that it should be the Lead Governor and in their absence the Deputy Lead Governor. This will start from September 2021 onwards.

The Group discussed the ToR and the following agreed: -

- Section 2, pt 4 – add “**social media**” to sentence.
- Section 7 – add that interested governors can “**observe**” when considering membership of the group.
- Add that the Lead Governor will chair the meeting and in their absence the Deputy Lead Governor, to commence September 2021.
- The ToR will be reviewed every 3 years.

Action: TA to make the changes to the ToR and circulate to MDG.

Action: TA to add MDG ToR to next CoG agenda for ratification.

21/07 Membership Development Strategy Action Plan

The Action Plan was discussed by the Group and noted the following: -

- No.1 re membership poster distribution – ongoing due to Covid.
- No.2 re membership link on patient information sheets – ongoing.
- No.4 re membership banners – agreed earlier in the meeting (see note 21/04)
- No.5 re talks in 6th Forms/Colleges – discussed earlier in the meeting (see note 21/05). MR added that it would be useful to have a script on what to say. JH replied that she will speak to LB about that. It was also suggested having a membership poster in local 6th Forms/Colleges and Universities which the governors will help with the distribution.
- No.6 re promoting membership on local radio – ongoing
- No.8 re governors to attend community events – on hold due to Covid. In preparation for when events begin again, the Group will come up with ideas for setting up stands, promoting membership, etc.
- No.14 re seminars on diet, “behind the scenes” – ongoing
- No.17 re articles for Membership Matters – pick up in two meetings time when more is being done.
- No.20 re promoting membership on social media – the Group asked for LB to show them the suite of membership posters that are promoted on Facebook.

- No.21 re distribution of A5 governor leaflets – TA to email governors asking them to email poster out to local GP surgeries asking them to place on their noticeboards. It was also discussed how governors could help with promoting membership by doing a little a video and then LB promoting it through Facebook, TikTok, Instagram.
- No.23 re virtual “Meet the Governors” sessions – ongoing

JH suggested contacting YAS to discuss whether they would like to link with the Trust to increase membership. If agreed, the membership form would need tweaking to include both Trusts.

Action: Governors to speak to local 6th Forms/Colleges/Universities re displaying a membership poster.

Action: Governors to come up with ideas on community events which they could attend to promote membership.

Action: Governors to email A5 governor poster out to local GP surgeries asking them to place on their noticeboards.

Action: JH to speak to LB about a membership script for governors when doing talks.

Action: JH to ask LB for the suite of membership posters that are promoted on Facebook.

Action: JH to discuss with LB about promoting governor videos through Facebook, TikTok and Instagram.

Action: TA to contact YAS to discuss linking up re membership.

Action: TA to update the Action Plan.

21/08 Members Survey

TA gave a summary of actions to date from the Membership Surveys 2018 and 2020. She stated that there had been no further responses from the 286 received at the last analysis on 7 July 2020.

The Group discussed the report and agreed that a new survey should be created. MR shared with the Group a survey he had devised around people’s experience of services within the Trust. JH stated that many of the services had been affected by Covid and his survey may prompt lots of disgruntled complaints. She suggested that the survey be subject specific rather than service wide. However, she will speak to LB about it and the outcome may be that the questions would need to be tweaked. MJ suggested that it be discussed at the next Governors Forum to encourage all governors to put forward questions. The Group agreed.

MR asked if JH had any examples of what other Trusts did. JH replied that she will source some material.

MR asked if the NEDs wanted to be included as they may have questions they wanted to ask the public. JH agreed and will follow this up.

Action: JH to source some material around what other Trusts did re members surveys, etc.

Action: JH to ask NEDs if they wanted to propose any questions for the Membership Survey.

Action: Group to discuss ideas for Membership Survey questions at next Governor Forum.

21/09 Any Other Business

There was no further business discussed.

21/10 Date and Time of Next Meeting

The date and time of next meeting will be 19 July 2021, 10.00 – 11.00, via Webex.

Membership Development Group

Action Log

No.	Meeting Date	Action	Responsible Officer	Due Date	Comment
1	12.10.20	Create a site-specific survey for the Selby area and share with the Group for comment.	LP/KD	Oct/Nov'20	Ongoing
2	12.10.20	Look at public/governor interaction with regard to public feedback about governors assuming they represent members but never talk or interact with them.	LP	Jan'21 July'21	
3	06.04.21	Ask HR when the career talks are to start again in Sixth Forms/Colleges. Ask for governors to be involved to do a talk on being a member of the Trust.	TA	July'21	
4	06.04.21	Find out about National days so Governors can do seminars on a subject with a clinician and the governor could end the seminar with a promotion on membership.	Governors	July'21	
5	06.04.21	Discuss with LB on how we could use Social Media to promote membership by the governors.	JH	July'21	
6	06.04.21	Make the changes to the ToR as agreed at meeting and circulate to MDG.	TA	April'21	
7	06.04.21	Add MDG ToR to next CoG agenda for ratification.	TA	June'21	

8	06.04.21	Contact local 6 th Forms/Colleges/Universities re displaying a membership poster.	Governors	July'21	
9	06.04.21	Come up with ideas on community events which Governors could attend to promote membership.	Governors	July'21	
10	06.04.21	Email A5 governor poster out to local GP surgeries asking them to place on their noticeboards.	Governors	July'21	
11	06.04.21	Speak to LB about a membership script for governors when doing talks.	JH	July'21	
12	06.04.21	Ask LB for the suite of membership posters that are promoted on Facebook and email out to the Group for comments.	JH	July'21	
13	06.04.21	Discuss with LB about promoting governor videos through Facebook, TikTok and Instagram.	JH	July'21	
14	06.04.21	Contact YAS to discuss linking up re membership.	TA	July'21	
15	06.04.21	Update the Action Plan.	TA	July'21	
16	06.04.21	Source some material around what other Trusts did re members surveys, etc.	JH	July'21	
17	06.04.21	Ask NEDs if they wanted to propose any questions for the Membership Survey.	JH	July'21	
18	06.04.21	Discuss ideas for Membership Survey questions at next Governor Forum.	Governors	May'21	



Minutes Constitution Review Group 13 May 2021

Attendance:

Jill Hall, Interim Foundation Trust Secretary (JH) (Chair)
Margaret Jackson, Lead Governor, Public Governor, York (MJ)
Jeanette Anness, Public Governor, Ryedale and East Yorkshire (JA)
Sheila Miller, Public Governor, Ryedale and East Yorkshire (SM)
Michael Reakes, Public Governor, York (MR)
Tracy Astley, notetaker (TA)

Apologies for Absence:

Lucy Brown, Director of Communication (LB),
Catherine Thompson, Public Governor, Hambleton (CT).

Minutes of the meeting held on the 2 December 2020

The minutes of the last meeting held on 2 December 2020 were agreed as a correct record.

Matters arising from the minutes

No matters were discussed from the previous minutes.

Action log

The Group acknowledged that all actions on the action log had been completed.

Changes to Constitution regarding Deputy Lead Governor (DLG)

JH explained she had met with MJ/SL to discuss the DLG role and that a draft role description had been produced. Amendments will be made in line with their suggestions and it will be presented at the upcoming CoG for approval. Conditions discussed was that a governor would need to have at least 12 months experience of being a governor and have at least 12 months of their term of office remaining. It was an annual appointment and will run alongside the governor elections. It would be good experience for anybody thinking of applying for the Lead Governor role.

MR queried the draft role description as he felt that the DLG role only became effective with the Lead Governor was unavailable. JH replied that it was a role to support the Lead Governor and details of the role was yet to be finalised.

JA said that the role was discussed at the recent Governor Forum where the newly elected Lead Governor from October 2021, Sally Light, said that the role was more than that. She wanted to develop it into a comprehensive role.

JH asked the Group how they would like it written into the Constitution. It was agreed that:

- All references to the Lead Governor should be changed to the Lead Governor or the DLG.
- The DLG appointment process to be added.

MR queried why the DLG appointment was for only one year. JH replied that it was a developmental opportunity for governors to gain a different perspective.

MJ commented that they had also spoke about different governors being chairs of various groups/committees. JH added that part of the ToR was about governors being chairs of meetings rather than the Trust Secretary, ie. the Membership Development Group, Constitution Review Group. They would still get support from the Trust Secretary in an advisory role.

The Group agreed to the role as long as they were kept fully informed and there was an opportunity to discuss it at the next CoG meeting. MJ/JH confirmed that this would be added to the agenda for discussion.

The Group:

- **Agreed the change to the Constitution re the DLG role as long as there was the opportunity to discuss it at the next CoG meeting.**

Changes to Constitution regarding the Associate NED role

JH advised that the Trust wanted to appoint an Associate NED and explained that the role could be a developmental NED role. It was an opportunity for the organisation to gain additional input from a specialist and for that person to gain experience of the NED role and the Board. JH asked the Group if they were happy for it to be written into the Constitution.

JA commented that this would need to be discussed at the next CoG and asked if the governors would be part of the recruitment process. JH confirmed that the governors would be involved. However, it was a slightly different recruitment process due to it be a developmental role.

SM commented that this came about as an opportunity to recruit someone from the BAME community and the governors agreed that it was a good idea.

The Group:

- **Agreed the change to the Constitution regarding the newly created Associate NED role.**

Changes to Constitution regarding the Establishment of a Rest of England Constituency

JH stated that the reason she would like the Group to consider this was to widen the pool for governor and NED recruitment, and also to increase Trust membership. She acknowledged that the Group had widened it to the whole of Yorkshire but wanted to know their thoughts on establishing a Rest of England constituency.

MR supported it. However, JA/SM/MJ did not support it on the grounds that the person needed to know the area they were representing. They agreed to a Yorkshire wide constituency.

SM commented that the ICS will change the landscape for our Trust and wondered if it was a good idea to include Humber as this would come in line with the ICS patch. JA agreed.

The Group:

- **Agreed not to establish a Rest of England constituency.**
- **Agreed to establish a Yorkshire wide constituency to include Humber to align with the ICS patch.**

Action: JH to make the changes to the Constitution and take to the next CoG for ratification.

Review of Compliance Manual

MR referred to the protocol for governors to hold the Board to account through the NEDs and commented that there was no procedure written if the CoG were unhappy about an issue. JH replied that there was a clear process where initially the CoG would approach the FT Secretary with their concerns. The escalation process included the Lead Governor. The governors get the opportunity to vote by a show of hands or by ballot.

The following amendments were agreed:

- Appointment of External Auditors – open up the recruitment process to all governors and not just members of the CRG.
- Governors Protocol re NEDs – no change.
- Governors Code of Conduct – amendments to be made in line with the Groups suggestions.
- NED Recruitment Process – no change.

Action: JH to make the changes to the Compliance Manual and take to the next CoG for ratification.

Governor Training Programme

The Group discussed training opportunities for governors and asked for the following to be considered:

- How to get members views.
- How to represent their members or get in touch with them.

- Formulating questions to seek assurance from the NEDs.
- How to challenge NEDs when they have not met the requirements.

Action: JH to look into training opportunities re the above and will feedback in due course.

JA had to leave the meeting and therefore the meeting was no longer quorate. No decisions were made after this point.

Review of the Terms of Reference

JH will email out the ToR for comments.

Action: JH to email out ToR for comments.

Any Other Business

The Group discussed expanding the membership of the Group from September onwards to mitigate not being quorate if a governor(s) could not attend. It was also thought a good idea to allow governors to observe the meetings.

Action: Invite governors to attend a CRG meeting.

Date and Time of Next Meeting

The date and time of the next meeting was 13 July 2021, 10.30 – 12.00, via Webex. The Group decided that the meetings should remain virtual going forward.

ACTION LOG

No	Date of Meeting	Action	Responsible Officer	Due Date	Comment
1	13.05.21	Make changes to the Constitution as agreed at meeting and take to the next CoG for ratification.	JH	June 2021	
2	13.05.21	Looking into training opportunities re discussion at meeting and feedback in due course.	JH	July 2021	
3	13.05.21	Make the changes to the Compliance Manual and take to the next CoG for ratification.	JH	June 2021	

Council of Governors – Meeting Attendance Record

K3

Name	03.09.19 CoG	11.12.19 CoG	11.03.20 CoG	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	26.05.21 BoD/CoG
Sue Symington Chair	Ap	√	√	√	√	√	√	√	√	√
Jeanette Anness (Public Governor -Ryedale and EY)	Ap	√	√	√	√	√	√	√	√	√
Liz Black (Public Governor – Scarborough)	√	√	Ap	Ap	Ap	Ap	Ap	Ap	Ap	Ap
Andrew Butler (Public Governor - Ryedale and EY)	√	√	√	√	Ap	Ap	√	√	√	Ap
Dawn Clements (Stakeholder Governor – Hospices)	√	Ap	√	√	√	√	√	√	√	√
Keith Dawson (Public Governor – Selby)		√	√	√	Ap	Ap	Ap	√	√	√
Helen Fields (Public Governor – York)	√	√	√	√	√	Ap	√	√	√	Ap
Stephen Hinchliffe (Public Governor – Whitby)	√	√	√	Ap	√	Ap	√	√	√	√
Jo Holloway-Green (Stakeholder Governor – York MIND)			√	√	√	Ap	√	√	√	Ap
Sharon Hurst (Staff Governor – Community)	√	Ap	√	√	√	Ap	√	√	√	√
Margaret Jackson (Public Governor - York)	√	√	√	√	√	√	√	√	√	√
Sally Light – (Public Governor – York)	√	Ap	Ap	√	√	√	√	Ap	√	√
Sheila Miller (Public Governor – Ryedale and EY)	√	√	√	√	Ap	√	√	√	√	√
Helen Noble (Staff Governor – Scarborough)	√	√	√	√	√	√	Ap	√	√	Ap
Chris Pearson (Stakeholder Governor – NYCC)	√	√	√	√	Ap	√	√	√	Ap	√
Michael Reakes (Public Governor – York)	√	√	√	√	√	√	√	√	√	√
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	√	√	Ap	√	√	√	√
Catherine Thompson (Public Governor- Hambleton)	Ap	√	√	√	√	√	Ap	√	√	Ap
Ian Mackay Holland (Public Governor – Scarborough)								√	√	Ap
Gerry Robins (Staff Governor – York)								√	Ap	√
Vanessa Muna (Staff Governor – York)								√	Ap	Ap
Rukmal Abeysekera (Public Governor – York)								√	√	√
Doug Calvert (Public Governor – Selby)								√	√	Ap
Angela Walker (Public Governor – Bridlington)								√	√	Ap
Josie Walker (Public Governor – Bridlington)								√	√	Ap

Name	03.09.19 CoG	11.12.19 CoG	11.03.20 CoG	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	26.05.21 BoD/CoG
Maya Liversidge (Staff Governor – Scarborough/Brid)								√	√	Ap
Paul Johnson (Stakeholder Governor – YTHFM)								√	√	Ap

Archived (need to be kept for Annual Report)

Mick Lee – (Staff Governor – York)	√	√	√	√	√	√	√	√	√	
Jill Sykes (Staff Governor – York)	√	√	√	√	√	√	√	Ap	√	
Richard Thompson (Public Governor – Scarborough)	√	√	Ap	√	√	√	√	√	√	
Michael Williams						√	√	√		
Robert Wright (Public Governor – York)	Ap	Ap	Ap	√	√	√	Ap	Ap	Ap	