

Agenda

Council of Governors (Meeting held in Public)

14 September 2021
Via Livestream Link at 10.00am



Online Meeting Etiquette

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

KEY POINTS

- ❖ Good meeting behaviour contributes to good meeting outcomes.
 - ❖ Effective meetings need forethought and preparation.
 - ❖ Listening, respecting your colleagues' right to express their views and making your points constructively are the cornerstones of good meeting etiquette.
-
- Do you understand the purpose of the meeting – please read any associated papers.
 - Really listen to what people say and don't interrupt them or attempt to speak over them.
 - Actively participate ensuring you do not work on other tasks during the virtual meeting.
 - Remember, it is about representing members and not bring personal experiences to the meeting.

ENVIRONMENT

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

COUNCIL OF GOVERNORS MEETING

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

On: 14 September 2021

In: Via Livestream Link

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 12.30pm	Council of Governors meeting held in public		Council of Governors Non-executive Directors Executive Directors Members of the Public
1.00pm – 1.45pm	Private Council of Governors		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	1	
3. Minutes of the meeting held on 9 June 2021 To receive and approve the minutes from the meeting held on 9 June 2021	Chair	B	6	
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.	Chief Executive	C	17	10.05 – 10.25

	SUBJECT	LEAD	PAPER	PAGE	TIME
6	Chair's Report To receive an update from the Chair.	Chair	D – to follow		10.25 – 10.45
7	Assurance Committees Updates To receive updates from the Chairs of the Assurance Committees: 7.1 Audit Committee 7.2 Resources Committee 7.3 Quality Committee	Chairs of the Committees	Verbal E1 E2	21 26	10.45 – 11.15
8	NED Review Mrs Lynne Mellor to provide an update on her areas of responsibility in the Trust.	Mrs L Mellor	Verbal		11.15 – 11.30
Representing the interest of the Members as a whole and the interests of the public					
9	Governors Reports To receive the reports from governors on their activities from: 9.1 Lead Governor incl. PESG 9.2 Governor Forum 9.3 Transport Group 9.4 Out of Hospital Care	Mrs M Jackson Mrs M Jackson Mrs S Miller Mrs M Jackson	F	27	11.30 – 11.40
10	Annual One to One Governor Meetings with the Chair To receive the Chair's report on annual 1:1 Governor meetings.	Chair	G	47	11.40 – 11.55
Other items for information / discussion by exception					
11	Patient Experience Feedback To receive an overview of how patient feedback is received.	Patient Experience Team	To be tabled		11.55 – 12.10

	SUBJECT	LEAD	PAPER	PAGE	TIME
12	FT Secretary Update	FT Secretary	Verbal		12.10 – 12.10
	To receive an update on various matters in relation to CoG				
13	Governor Skills Register	Chair	Verbal		12.10 – 12.15
	To discuss building a skills register for the CoG identifying specific skills of each governor				
14	Items to Note				12.15 –
	14.1 Attendance Register		H1	51	12.20
	14.2 Meeting Dates 2022 - 2023		H2	53	
Closing business					
15.	Questions received in advance from the public.	Chair	I – to follow		12.20 – 12.25
16.	Reflections of the meeting	Chair	Verbal	-	12.25 – 12.30
17.	Any other business	Chair	Verbal	-	12.30
	To consider any other items of business.				
18.	Time and Date of next meeting				
	The next Council of Governors meeting will be held on 8 December 2021, 10.00am, Malton Rugby Club.				

Register of Governors' interests
September 2021

Additions:

Deletions: Angela Walker - Volunteer fundraiser - Friends of Bridlington Hospital Charity.
Sally Light - Vice Chair & Trustee - The Neurological Alliance.
Gerry Robins, Staff Governor, resigned.

Modifications:

A

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies 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

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to lenders or banks
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.	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

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to lenders or banks
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
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Angela Walker (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Josie Walker (Public: Bridlington)	Nil	Nil	Nil	Nil	Spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council	Nil



Minutes

Public Council of Governors meeting 9 June 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 Jeanette Anness, Ryedale and East Yorkshire; 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; Cllr Chris Pearson, Appointed Governor, NYCC

Staff Governors

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

Attendance

Mr Simon Morritt, Chief Executive; Mrs Lynne Mellor, NED; Stephen Holmberg, NED; Ms Jill Hall, Interim FT Secretary; Mrs Tracy Astley, Assistant to FT Secretary

Observers

2 members of the public

Apologies for Absence:

Mrs Josie Walker, Bridlington; Mrs Liz Black, Scarborough; Mr Andrew Butler, Ryedale & East Yorkshire; Mrs Angela Walker, Bridlington; Mrs Catherine Thompson, Hambleton; Dr Ian Mackay Holland, Scarborough; Mrs Sheila Miller, Ryedale & East Yorkshire; Mrs Vanessa Muna, York; Dr Gerry Robins, York; Ms Jo Holloway-Green, MIND; Mrs Jenny McAleese, NED; Mr Jim Dillon; Dr Lorraine Boyd, NED; Mr Matt Morgan, NED; Mr Dylan Roberts, Chief Digital Information Officer; Mrs Wendy Scott, Chief Operating Officer; Mrs Heather McNair, Chief Nurse; Ms Polly McMeekin, Director of Workforce

21/18 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

21/19 Declarations of Interest (DOI)

The Council acknowledged there were no changes to the DOI.

21/20 Minutes of the meeting held on the 16 March 2021

The minutes of the meeting held on the 16 March 2021 were agreed as a correct record.

21/21 Matters arising from the minutes

There were no matters arising from the minutes.

21/22 Chief Executive's Update

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

- Covid-19 update – the Trust's current position was very positive with only two patients testing positive for Covid-19. There has been a rise in some community areas but this has not translated into hospital admissions. IPC arrangements across all sites were continuing and will do so for some time.
- Performance & Recovery - The Chief Operating Officer gave an in-depth presentation at the recent Board to CoG meeting. The HCV Recovery Plan has now been submitted on behalf of the Trust. Mr Morritt will make it available to the Council. Performance and recovery continue to be very positive with the Trust outperforming its target for April and May, and was on track to continue to outperform during the first six months of the year.

The financial allocation has now been received for the first half of 2021/22 and the Board will monitor progress throughout the financial year.

- Workforce Recovery – there was a whole suite of activities taking place to support the health and wellbeing of staff as well as initiatives in place to thank staff for their contribution throughout the last 18 months.
- New Values & Behaviours – these have now been launched and a programme of work is now being undertaken to ensure these are embedded throughout the Trust. Values ambassadors will also be appointed.
- East Coast Update – this was discussed in detail at the recent Governor Forum and the Board to CoG meeting.
- Healthy Bridlington Conversation – this was now underway and the governors, particularly those representing Bridlington, the East Coast, and East Yorkshire were encouraged to contribute to the conversation during the next couple of weeks.

- Data on Stroke Services – this showed an improvement across the board in key measures. There was still work to be undertaken but it was encouraging to note that the Trust outperformed the national average in a number of areas. With regard to accessing the Hyper-acute Stroke Unit (HASU), the CQC was comfortable with the arrangements across the Trust and was very comfortable with the changes in the quality of services that the Trust had made around the pathway. Mr Morrith will share the latest data with the Council once it had been validated.
- ICS – the latest edition of “Designing ICSs in England” has currently been released and Mr Morrith will share this with the governors.

Mr Reakes enquired about access to diagnostic tests and asked what the priorities were for improvement of diagnostic tests on the East Coast. Mr Morrith replied that there was a huge national campaign for access to diagnostic tests that was ongoing as it was seen as something that was holding back recovery. A programme of providing diagnostics outside of a hospital setting in the community was being discussed together with how this could be achieved. Mr Holmberg stated that the Quality Committee had discussed this and although community hubs can be established and kitted out with the necessary equipment, there was a staffing issue.

Mrs Anness asked if the Council could be assured that patients on these long waiting lists were receiving information about the time they would have to wait as waiting for an appointment was very difficult for patients. Mr Morris explained that every patient on the waiting list was being clinical assessed so those with the greatest clinical need was seen first. The Trust has been communicating directly with all patients. It will continue to do so and was committed to getting the waiting lists down. Mr Holmberg referred to the waiting time for diagnostic tests as this was an unselected group and it was unknown which patients were at risk. Although the diagnostic target was quite poor, the additional waiting time beyond the six weeks waiting time was not very large.

Mr Morrith spoke about the challenges of returning to normality in urgent pathways for the Trust and highlighted the high number of attendances in the Emergency Department, specifically paediatrics. The Trust was engaging in system conversations to discuss the best way forward. Mr Holmberg added that there had been a national trend for parents to present at A&E with a sick child as there had been a slower pace for GPs to return to face-to-face appointments. Breaking the trend was going to be difficult and planning for the management of acutely sick children was going to be required going forward.

The Council:

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

Action:

- **Mr Morrith to send the Recovery Plan to the governors.**
- **Mr Morrith to share the latest Stroke data with the governors once validated.**
- **Mr Morrith to share latest edition of “Designing ICSs in England”.**

21/23 Quality Committee update

Mr Holmberg gave a summary of topics that the Committee had discussed and added that the Committee had been particularly focused on the pandemic and the Recovery Plan.

- Growing waiting list – Mr Morrith had already alluded to the work being done around this in his report. The Committee had yet to see obvious harm in significant numbers of people waiting and this was encouraging. A lot of work was being led by Mrs Scott, Chief Operating Officer, which was focused on the Trust's recovery and the Trust had been outperforming on both the Trust's targets and its neighbouring Trusts which was encouraging.
- Staffing – whilst getting through patient backlog the Trust needed to be mindful that in some areas staff were tired and suffering burn out. The Committee and the Board were aware of plans to improve staffing over the next 1-3 years. There was also concern about medical staffing numbers in different areas of the hospital and work was ongoing to ensure that medical resources were being optimally used throughout the Trust.
- CQC – The Trust has been notified that 5 of the 7 conditions associated with registration will be removed. Written notification is awaited from the CQC following their internal processes. Two conditions remain relating to mental health which requires work across the system to get those lifted in due course.
- Clinical Governance – a lot of work was ongoing and some positive improvements have been made.
- Ockenden Report on Maternity Services – work was ongoing to ensure the Trust was compliant with the recommendations from the report.

Mr Reakes commented that the provision of changing areas for staff when they arrive and leave work was a top priority request from staff. He asked how this was being handled. Ms Symington replied that a lot of space has had to be utilised to provide services, including staff rooms and breakout areas, but it has been acknowledged that there was a need to provide more space for staff and find other ways of delivering services. There was a lot of work currently ongoing around this issue.

Mr Reakes asked if the Park and Ride services into York Hospital would be used more by staff if these services were provided from more locations, and free of charge. Ms Symington replied that the service was underwritten by the Charity. The Trust would like the service to develop but there was currently no funding. Mrs Mellor added that staff commuting to/from work was a topic the Resources Committee was focused on, including the lighting of car parks at all sites.

The Council:

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

21/24 Resources Committee update

Mrs Mellor gave a summary of the topics that the Committee had discussed.

- HPV/HSE incident – this has been referred to the Group Audit Committee in relation to policy and procedures.
- Use of Resources Committee – this has been set up and will be chaired by the Trust's Finance Director, Andrew Bertram.

- Covid 19 – the vaccination programme was going well and the Trust is encouraging all staff to get vaccinated.
- Digital – £2m spend has been allocated to fund IT and network infrastructure. The Chief Digital Information Officer (CDIO) has pursued a number of avenues to obtain funds for the Trust. Work was progressing with the Trust’s Integrated Care Program. The Committee has asked the CDIO for assurance on the Trust’s cyber security and a paper will be presented at the next meeting on this.
- Finance – The finance team prepared a detailed and thorough analysis of COVID-related spend and the Committee were assured that only 3 areas related to Covid. The Committee applauded the quality of financial controls that have operated through the COVID crisis.
- Workforce – a lengthy detailed people plan was presented at the last meeting and a synopsis will be carried out to ascertain areas of concern. The results of the Staff Survey were also discussed.

Mrs Jackson asked when the Trust will be moving from Webex to Microsoft Teams. Mrs Mellor replied that the Trust was currently rolling out Microsoft Teams across the Trust to staff and clinicians. Ms Light added that the Governors wanted Microsoft Teams as it was easier to set up a group or individual chats. Mrs Mellor replied that this was something the CDIO would have to look at.

The Council:

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

21/25 Audit Committee update

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

- LLP – governance becoming much stronger.
- Internal Audit – a lot of audits have now been completed and the Trust will receive a favourable Head of Internal Audit Opinion.

The Council:

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

21/26 Governors’ Reports

- Lead Governor Report incl. PESG - Mrs Jackson gave an overview of her report including the presentation from Sal Katib on Community Paediatrics.
- Governor Forum – Mrs Jackson summarised the discussions that took place at the Governor Forum including an update from Mr Morrill on the East Coast Review. She also shared feedback on the Chair’s appraisal and stated that she would be sending out a summary of this in due course.

- Out of Hospital Care - Mrs Jackson highlighted that many of the governors on this group would be finishing in September and it was crucial that a public governor from each constituency was represented.
- Transport Group – Cllr Pearson summarised the discussions that took place at the meeting including the effect Covid has had on the Minibus service, and the current location of the pool cars.

Ms Light referred to the East Coast Review discussion at the recent Governor Forum where it was suggested that the governors might be given a few key messages around the services, etc., in case the public asked. Mr Morrith explained that this was something he was working on with the Communications Team but to date they have not received anything. Ms Symington said that she will chase this up.

The Council:

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

Action: Ms Symington to chase up East Coast key messages with Mr Morrith/Comms Team and distribute to the governors.

21/27 The Patient Experience Agenda

Mrs Rhodes explained the use of the Friends & Family Test (FFT) and how it was used in the Trust, both the paper version and electronically. She explained why responses were currently low due to the pandemic situation and how this should improve over the coming months. She stated that from responses received, patients on the whole had received a positive experience with lots of comments praising staff.

In addition, the PALs service had continued to run as normal throughout the pandemic, there was now a feedback form on the Trust’s website, and the team continued to link in with Healthwatch. Relevant actions were being carried out from feedback received.

Mr Reakes asked what the percentage was of FFT text messages being sent out over a 3-month period. Mrs Rhodes replied that she was unsure as it was a random selection of text messages which was cheaper than the paper version. Every patient cannot be contacted as it would be too expensive. Mrs Hurst added that in the Community her team do the survey over the telephone with patients as many of them cannot leave their home.

Mr Reakes referred to the Patient Choice option and asked if the Patient Experience Group review data showed how many patients chose the Trust and how many chose other Trusts. Mrs Rhodes replied that patients should have a choice and it is encouraged. One of the ways the Trust benchmarks in this respect was through the National Inpatients Surveys which was a mandated service that all NHS Trusts have to take part in.

Mr Richardson referred to the current emphasis on equality, diversity and inclusivity and asked what the sampling of the data looked like and whether it was representative of the BAME population. He also asked whether there was a difference in responder groups. Mrs Rhodes replied that there was a particular group of people responding who were usually older, white and female. In North Yorkshire only 2.5% of the population was non-white British and it was important that their voices were also heard. The Trust does have a Lead for Equality & Diversity, Nichola Greenwood, who was passionate about this agenda.

Ms Clements asked what was classed as a formal complaint and those that were classed as a concern. Mrs Rhodes explained the various classification of complaints, which team dealt with each, and the processes involved.

The Council:

- **Thanked Mrs Rhodes for an informative presentation.**

21/28 CQC Update

Mr McKenna gave an update on the CQC and commented on the following: -

- CQC action plan – has developed over a period of time and consistently monitored to strengthen the quality of care. Seven actions were currently outstanding, six were due for delivery this month, so hopefully by the end of the month the action plan will have been completed.
- Conditions – the Trust has been notified that five of the seven conditions were going to be removed. The two remaining conditions were around how the Emergency Departments in York and Scarborough managed the level of risk associated with mental health presentations. CQC acknowledged the progress being made but would like to see the continuation of those improvements embedded into daily practice before they remove the conditions, which should be within the next few months if sustainable improvements were evidenced as business as usual in both departments.
- Next steps – once the action plan is closed regular monitoring will be undertaken through the assurance meetings. Quality assurance deep dives/benchmarking exercises will be carried out on a continuous basis.

Ms Symington asked if he thought the Trust was anticipating a CQC visit any time soon. Mr McKenna replied that the CQC had recommenced full scale inspections across the country and focusing on organisations that were rated inadequate or required improvement of which the Trust was one of them. There were no plans for the CQC to visit yet but were keen to become involved in as many Trust meetings as possible to gain a little more intelligence to ascertain whether they would need to visit the Trust or leave it a little while longer. In addition, they have removed some of the conditions and they do like to visit and inspect after such a move.

Mrs Fields asked whether the CQC were adjusting in any way their criteria to take account of Covid and the recovery plan from Covid. Mr McKenna replied that they had not adjusted the way they measured Trusts at the moment. However, they have recently released their new Strategy which was very much a different approach to regulation whereby instead of having a one-off inspection they build up a portfolio of intelligence throughout the year to shape their decision-making.

The Council:

- **Received the report and noted its contents.**
- **Thanked Mr McKenna for his information update.**

21/29 Governor Working Groups

Membership Development Group Terms of Reference (ToR)

Ms Hall gave an overview of the changes made to the ToR and asked for the Council's approval. The Council approved the changes subject to the following being amended: -

- Change the Lead Governor chairing meetings to any public governor of the group to chair a meeting.
- Review the ToR on an annual basis and not 3 yearly.

Constitution Review Group Terms of Reference (ToR)

Ms Hall gave an overview of the changes made to the ToR and asked for the Council's approval. The Council approved the changes subject to the following being amended: -

- Change the Lead Governor chairing meetings to any public governor of the group to chair a meeting.

The Council:

- Approved the changes to the MDG ToR and CRG ToR subject to the amendments listed.

Action: Ms Hall to make the approved amendments to the Membership Development Group ToR and the Constitution Review Group ToR.

21/30 Compliance Manual

Ms Hall gave an overview of the proposed changes to the Compliance Manual as follows: -

- Appointment of External Auditors – no change.
- Protocol for Governors to hold NEDs to account – two minor changes.
- Governors Code of Conduct – highlighted with track changes.
- NED Appointments – no changes.

The Council:

- **Approved the changes to the Compliance Manual.**

Action: Ms Hall to make the approved changes to the Compliance Manual.

21/31 Governor Development

Mrs Hall gave an update on the action plan created from feedback at the Governor Forum/Governor Development Day last year. She explained how a governor requests to attend a course and also how a governor feeds back to the rest of the Council. She will share all the courses provided by NHS Providers in due course.

Ms Symington stated that governors will be included in the Patient Safety Walkrounds in their constituency. These will be face to face and governors will be invited to attend over the course of the next few months.

21/32 FT Secretary Report

Ms Hall gave an overview of her report including:

- governor elections – Civica will be running the elections and the timetable has been agreed.
- changes to the constitution – the Constitution Review Group recommend the following changes to the Council for approval: -
 - To create an out of area constitution for the rest of Yorkshire to be included in the next governor elections.
 - To include the Deputy Lead Governor post in the Constitution.
- governor working groups – to encourage governors to put their names forward for the committees/groups that have vacancies.

Mr Hinchliffe referred to the conversation around grouping together the Whitby, Scarborough and Bridlington governors to form a group of East Coast Governors. Ms Hall replied that she was in discussions with Civica on how we do this as we would need to create a new constituency but with the same number of governors serving that area.

Mrs Fields referred to the Deputy Lead Governor post and asked what the rationale was for having a 12-month term of office. Ms Hall replied that it gave a number of governors experience of that role and it was good for Lead Governor succession.

The Council:

- **noted the update on the governor elections.**
- **agreed to the changes to the constitution.**
- **noted the request for governors to join the governor working groups where there were vacancies.**

21/33 Future Meetings

Ms Symington proposed that the quarterly Council of Governors meetings be held face to face and all other meetings be held virtually and asked the opinion of the Council. After a lengthy discussion it was agreed that:

- The quarterly Council of Governors meetings be held face to face with a venue to be arranged.
- The Board to CoG to be held face to face.
- All other meetings to be held virtually.

21/34 Items to Note

The Council noted the following items:

- Membership Development Group Report
- Constitution Review Group Report
- Attendance Register

No comments were made.

21/35 Questions received in advance from the Public

Ms Symington referred to the report showing the questions received in advance from the public together with their responses.

Mr Reakes commented that from reading these questions it left the impression that some views needed more acknowledgement from Governors. One mechanism for Governors to obtain views of members and the public was an online feedback survey, and the Membership Development Group has proposed a survey that asks three essential questions: (1) what is working well in your area; (2) what is not working so well in your area; and (3) what issues would you like to pass via the Governors? He asked if the Trust would commit to implementing this survey as soon as practical. Ms Hall replied that the Communications Team needed to be involved to ensure that the Trust received meaningful responses.

21/36 Reflections on the meeting

- The CQC update was good but could not read the action plan as font too small.
- Well chaired with really high-quality discussions.
- Good to have public meeting first.
- There should be an opportunity for observers to give their feedback to Governors in a controlled and limited way at some point before the meeting, after the meeting, or during a break in this meeting.
- Thank you to Mrs Mellor/Mr Holmberg for standing in for their absent colleagues and giving excellent reports.

21/37 Any Other Business

Mrs Jackson asked how the NEDs sought assurance from the Board and what happened when they did not receive assurance. Ms Symington replied that she will discuss this with the NED team and report back in September.

The Committee asked when the new Associate Director of Governance was starting in post. Ms Symington replied that discussions were ongoing.

Mrs Anness referred to the courses provided by NHS Providers and asked if a synopsis could be included on the content of each course. Ms Hall replied that this will be done so the Governors have a training package.

No further business was discussed.

Action: Ms Symington/NEDs to discuss how they sought assurance from the Board and the process when not receiving sufficient assurance and report back at next meeting.

Action: Ms Hall/Mrs Astley to create a training package of NHS Providers courses.

21/38 Time and Date of the next meeting

The next meeting will be held on **14 September 2021, 10.00am, Sandburn Hall**. Details TBC.

ACTION LOG

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
21/13	16.03.21	Discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group.	Mrs Astley Ms Hall Mrs Johnson	June 21	
21/22	09.06.21	Send the Recovery Plan to the governors.	Mr Morritt	July 21	
21/22	09.06.21	Share the latest Stroke data with the governors once validated.	Mr Morritt	Aug 21	
21/22	09.06.21	Share latest edition of "Designing ICSs in England" with the governors.	Mr Morritt	July 21	
21/26	09.06.21	Chase up East Coast key messages with Mr Morritt/Comms Team and distribute to the governors.	Ms Symington	Aug 21	
21/29	09.06.21	Make the approved amendments to the Membership Development Group ToR and the Constitution Review Group ToR.	Ms Hall	July 21	
21/30	09.06.21	Make the approved changes to the Compliance Manual.	Ms Hall	July 21	
21/37		Discuss how they sought assurance from the Board and the process when not receiving sufficient assurance and report back at next meeting.	Ms Symington NEDs	Sep 21	
21/37		Create a training package of NHS Providers courses.	Ms Hall Mrs Astley	Sep 21	



Report
Council of Governors
14 September 2021
Chief Executive's Overview

/ Trust Strategic Goals

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

/ Recommendation

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

/ Purpose of the Report

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

/ Executive Summary – Key Points

The report provides updates on the following areas:

1. Covid-19: current position
2. Operational performance and recovery
3. Humber Coast and Vale ICS update
 - 3.1 Strategic objectives
 - 3.2 Recruitment to key leadership posts
4. York Hospital Emergency Department expansion
5. East Coast updates
 - 5.1 Scarborough Emergency and Urgent Care Development
 - 5.2 Working Towards a Health Bridlington

/ Recommendation

For the Council of Governors to note the report.

Author: Simon Morrill, Chief Executive

Director Sponsor: Simon Morrill, Chief Executive

Date: June 2021

1. Covid-19: current position

At the time of my last report in June we were experiencing a lull in terms of Covid-19 positive patients in our hospitals. However, since the end of June the number of Covid-19 positive patients has steadily increased to the extent that at the time of writing we have 54 patients.

We have continued to operate within our Covid-19 Command and Control structure and currently have two COVID-19 positive wards in York and one in Scarborough Hospital. Our Covid-19 surge plan remains in place to respond to further requirements for additional capacity if needed.

2. Operational performance and recovery

Although current rates of Covid-19 admissions are much lower than the January peak, our hospital services remain under significant pressure, as do those across all areas of health and social care.

This is being influenced by several factors:

Busy emergency departments: The lockdown restrictions in 2020 resulted in a significant reduction in A&E demand. For example, we saw a 9% rise in attendances at our Emergency Departments in July 2021 compared to last year.

Workforce: Although there was a steep drop in Covid-19 related absences during May and June, this increased significantly again from the start of July. Staff absence has been impacted by test and trace/covid-19 isolation requirements and August/school holiday annual leave. Many staff are fatigued due to prolonged the period of working under COVID-19 restrictions, and there is lower pick-up of bank and agency shifts. Our pre-pandemic recruitment challenges also remain.

Recovering the backlog: The Trust is working hard to tackle the backlog of patients needing planned treatment whilst continuing to treat urgent and acute patients and those with Covid-19. We are continuing to follow Covid-19 guidelines around infection prevention and social distancing, which further restrict our ability to carry out pre-pandemic levels of activity.

We continue to make progress in reducing the number of 'long wait' patients. The Trust had 1,361 patients waiting 52 weeks or longer at the end of July 2021. This is a significant reduction from the 'peak' at the end of February 2021 when the Trust declared 2,581 fifty-two week waits, however we recognise that there is further work to do and it will take some time to do this.

3. Humber Coast and Vale ICS update

3.1 Strategic objectives:

The Humber, Coast and Vale Health and Care Partnership has issued its strategic objectives for 2021/22.

These objectives set out the direction of travel of the Partnership over the next 12 months, which culminates in the HCV Partnership, as the region's integrated care system, being embedded into legislation from April 2022 subject to legislation approval.

The objectives have been developed in collaboration with health and care leaders in Humber, Coast and Vale, including senior leaders from NHS organisations and local authorities.

In summary:

- Continue to use the strength of the Partnership to support organisations to work together for the good of our communities, patients and staff.
- Continue to strengthen partnership working at all levels to continue to combat the consequences of the pandemic and build back resilient health and care services that fulfil the needs of our communities, patients and our staff.
- Address the wider societal and economic impact of COVID-19, as well as other health inequalities which have been exacerbated by the pandemic.
- Support the health and wellbeing of staff and invest in recruitment and retention of our workforce and establish governance to ensure our people receive the high-quality care they deserve.
- Recover and transform mental health and learning disabilities services, expand capacity in primary care to improve access and transform community and urgent and emergency services.
- Manage the transition to new arrangements for integrated care systems in accordance with the Government's White Paper to improve health and social care services. This includes successfully redeploying people in accordance with the employment commitment in the policy guidance for integrated care systems and the regional guidelines agreed by NHS England and NHS Improvement and the integrated care systems in North East and Yorkshire.

3.2 Recruitment to key leadership posts:

Interviews took place at the start of September to appoint a Chair for the ICS. This will be followed by the recruitment process for a Chief Executive, which is expected to result in an appointment towards the end of the year.

4. York Hospital Emergency Department expansion

The £15m project to extend and reconfigure the Emergency Department in York continues to make good progress. The work will deliver a vital new eight-bedded resuscitation area that will increase capacity, with a dedicated area for children. As well as twelve new assessment and treatment cubicles, where patients will be met by the senior team as soon as they arrive, there will be a dedicated safe room for mental health patients. There will also be a new infectious diseases cubicle that includes a point of care testing laboratory and glazed cubicles for privacy and infection control. The new waiting area will include a separate children's area and supporting facilities such as nappy changing.

A number of complex enabling sub-projects have had to be completed to allow the project to progress to the construction phase of the process. For example, a new exit from the multi-storey car park had to be created because the original exit will be blocked by the

construction zone. The most complex element of enabling work that is currently underway is the work to make the south entrance of the hospital suitable for receiving patients arriving by ambulance to the Emergency Department as well as walk-in patients. While the Emergency Department is being expanded, the usual entrances for walk-in patients and ambulances will be inaccessible due to the construction work so the planned entrance route during this time will be via the south entrance.

5. East Coast Updates

5.1 Scarborough Emergency and Urgent Care Development

Work continues on the final business case of the three required business case submissions, which is the Full Business Case (FBC). The FBC approval process includes approvals from the Trust Board, NHS England and Improvement and the Department of Health and Social Care. The FBC is due to be submitted to the Trust Board later this month for approval. It will then be submitted to NHS England and Improvement and the Department of Health and Social Care for a thorough review, which will culminate - hopefully - in approval at the end of 2021 or very early in 2022. The aim is to start building work in January 2022 and the construction programme is expected to take two years to complete. We are working towards being able to open the new facility in early 2024.

5.2 Working Towards a Healthy Bridlington

As discussed at the last meeting, the residents of Bridlington were invited to take part in a conversation with health and social care partners to develop plans for a healthier community. 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.

The feedback, which is now being collated and analysed, will help inform future planning. I will keep the Council of Governors up to date with the progress of this partnership work.

In the meantime, you can read more detail on the following website:

www.eastridingofyorkshireccg.nhs.uk/healthy-Bridlington

Resources Committee

CHAIR'S LOG: Assurance summary

Date: 20 July, 2021		Chair: Lynne Mellor	
Agenda Item	Summary	Receiving Body, i.e., Board or Committee	For Recommendation or Assurance to the receiving body
LLP	<p>The Committee welcomed the LLP quarterly deep dive. Four key reports were covered:</p> <p>1) New Start Programme: Penny was thanked for providing assurance that progress is being made particularly with the People initiatives, including the revision of the Master Services agreement between the Trust and the LLP. The Committee raised concerns about reporting gaps in performance including with the CAFM programme and its slow progress. The Committee requested that a progress report is provided for the next meeting for all the initiatives particularly those with reporting gaps such as clear forecast milestones, RAG status and risk plans.</p>	BOARD	INFORMATION
LLP	<p>2) Annual Compliance – Penny provided a comprehensive report of progress. The Committee acknowledged that 89% of the KPIs are green, providing assurance that the LLP has made some significant improvements, with a real turnaround over the last 12 months. The Committee did ask for further assurance on areas of concern including i) sickness – the high rates are a risk across catering, domestic service, portering and waste with other areas such as grounds and switchboard ‘teetering-on’ the verge of becoming high risks. The Committee did recognise improvement plans are aligned to the Trust activities on physical/mental well-being for staff. However, given Covid is a key factor in sickness absence the Committee has asked for a review of the vaccination take-up which has dropped to 74.5%</p>	BOARD	INFORMATION

	for the second job as opposed to 82% for the first job.		
LLP	<p>3) Surplus Land and Property Disposals – Andrew outlined a comprehensive review of 8 properties. The Committee was concerned about the potential paucity of income generated from the sale of properties this fiscal and asked for assurance on decision making aligned to risk appetite and prioritisation on benefits across the ‘Total Cost of Ownership’ of the pending business cases.</p> <p>4) Backlog Maintenance - Andrew also outlined the spend required to maintain the Trust Estate including a projected 5-year view for the first time. The Committee welcomed the report but expressed concerns with £14M of the £37M needed in 2021 being in the high-risk category affecting patient safety, fire safety and statutory safety.</p>	BOARD	INFORMATION
Digital	Dylan introduced the SIRO report. The Committee welcomed the report and its alignment to the information governance report last month. Becky was thanked for providing for the first time a comprehensive view of the risks and gaps in data governance, such as the need for an Information Asset Register and for Information Asset Owners (IAOs) to be appointed from within Care Groups and Corporate Departments (agreed by the Executive Committee). The Committee has asked for clear plans to be produced with updates quarterly and for the Board to endorse the Report.	BOARD	ACTION
Finance	<p>Andy outlined the overall financial status of the Trust with</p> <ul style="list-style-type: none"> i. month 3 reporting an income and expenditure surplus position of £10.6M of which £7.8M is attributed to the ERF and £2.9M is an operational underspend, of which £1M is Covid related. ii. H1 is projected to close with a small underspend, and as for H2 the financial regime, it is still unknown and will likely become clearer in September from central NHS Finance. <p>The Committee noted the risks of clawback by the ICS of any surplus and the ramp-up of the demands for Efficiency programme to deliver in H2.</p>	BOARD	INFORMATION
Workforce	Polly highlighted a significant increase in absence from 4.57% (sickness only in May) with the trend continuing to rise. Notable	BOARD	INFORMATION

	<p>upturn since early July. Covid was highlighted as an increasing concern due to staff isolating as a result of the App and also childcare home schooling Covid related issues. The Committee continues to be concerned about staff sickness, staff mental well-being and the availability of clinical staff to fill vacancies. Some assurance was provided that the Trust is reviewing new ways of tackling these issues such as where possible not asking staff to do overtime but using bank/agency and taking learning from elsewhere e.g., using the Newcastle Trust where staff are asked not to isolate if they are double vaccinated and meet certain caveats such as daily testing.</p> <p>Staff absence was compounded by international nurses (who the Trust welcomed in June), not all passing their OSCE first time – the Committee was assured that the latest cohort assessed mid-July all passed. Learning has been taken from Frimley NHS Foundation Trust where it consistently has 100% OSCE pass rate. The Committee welcomed the focus on Bank staff completing their mandatory training and the focus on communicating to staff the importance of reporting violent incidents.</p>		
Risk	<p>The Committee discussed the interconnection of the risks presented across the papers and the competing priorities for the sale of assets and funding for example for staffing, backlog maintenance and Digital plans. The Committee asks the Board to discuss these risks taking into account for instance</p> <ul style="list-style-type: none"> • its risk appetite, • the strategic context, and • the balance of priorities both short and long-term. 	BOARD	ACTION

Date: 22 June, 2021 **Chair: Lynne Mellor**

Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
Digital	<p>The Committee welcomed the Digital deep dive across three separate, but very much interconnected areas: Essential Services, Cyber Security and Information Governance</p> <p>5) Essential Services Programme: Simon was applauded for the</p>	BOARD	ACTION

	<p>work him and the team have done to provide a very comprehensive discovery and analysis of the Trust's IT/Network estate, with an accompanying high level business plan. The Committee requested visibility of the roadmaps and strategic fit of the proposed operating model. However, the Committee seeks further assurance on a)Clarity on benefits including cost/benefit analysis b) Risk mitigation – There are significant gaps across the entire estate including end user, infrastructure and network, with only 25% of the 220 risks uncovered to date to be met by the current affordability envelope. The impact to the patient, staff and wider stakeholders including regulatory bodies needs to be fully understood with clearer plans and priorities.</p>		
Digital	<p>6) Cyber Security mitigation and recovery – Adrian was told the Committee welcomed this paper as concern has been expressed previously about lack of information on the Trust's capability and plans on cyber security. However, the Committee overall expressed low assurance with the Trusts ability to deal with the numerous types of cyber threat emanating from various sources e.g. infrastructure/IT or human related. The Committee requests a clear plan with actions to provide assurance on the process around prevention and recovery. This is to include the plans to address gaps and mitigate risks. Together with assurance on tests performed should a cyber-attack occur. Backed up by informed expert independent advice.</p>	BOARD	ACTION
Digital	<p>7) Information Governance – Becky outlined that the Trust has limited assurance in adherence with the Data Protection Legislation. The Committee welcomed plans to establish asset owners in Care Groups and Departments. Assurance is sought around next steps including how success will be measured.</p>	BOARD	INFORMATION
Finance	<p>Andy outlined the overall financial status of the Trust with a month 2 reported surplus of £1.9M against a balanced plan. Andy updated on the forecast outturn for H1 and noted that whilst the IBR suggested an £8.5m forecast surplus he had since revised this down to balance following conversations with the ICS and NHSE/I given</p>	BOARD	INFORMATION

	the uncertainty surrounding the operation of the ERF. The Committee noted some overspending in drugs but this is offset by underspending in other areas. The lack of ERF funding to cover the whole of the ICS was discussed and any surplus will likely be clawed back for transformational funding.		
Finance	Andy presented the Capital paper – the Trust currently has £500k of uncommitted funds with all Care Group and Corporate directors reviewing their capital plans. The Committee was pleased to note Andy is in early discussions in trying to secure potential ‘emergency capital’ for the Trust.	BOARD	INFORMATION
Workforce	Polly highlighted the increase in sickness to 4.3% with the largest proportion down to stress. A spot month reduction in staff willing to do overtime noted by the Committee given historic trends show this is unusual – one to monitor. Both of the above were discussed in the light of the pressures of Covid. Concern was also raised by the Committee of violence towards staff and the lack of reporting of this in some areas – the Committee asks for further assurance on how the Trust plans to address. Two areas of note which were pleasing for the Trust: 1) The Trust has been awarded a ‘Good Business Charter’ the first Trust in the NHS which is great for the local area linkages too, and secondly 2 network groups have been set up one for Disability and the other for Carers.	BOARD	ACTION
Risk	Bobby outlined the next steps on Risk will be to determine the risk appetite. Cyber remains the single greatest threat to the Trust in the new CRR.	BOARD	ACTION

Quality Committee

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

Date: 20 th July 2021		Chair: Steve Holmberg	
Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
14	Chief Nurse – Fire Safety Policy	Board	Approval
12	Chief Nurse – Ockenden Report Update	Board	Assurance
16	COO – Deteriorating performance indicators at SGH ED CN/MD – Concerns around staffing levels especially at SGH	Board	Discussion

Date: 18 th 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



Report
Council of Governors
14 September 2021
Governor Activity Reports

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor
- Out of Hospital Care Group
- Transport Group
- Patient Experience Steering Group
- Fairness Forum

Recommendation

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

Authors: Margaret Jackson – Lead Governor
Steve Reed – Head of Strategy for Out of Hospital Services
Sheila Miller – Public Governor for Ryedale & EY
Tara Filby – Deputy Chief Nurse
Rukmal Abysekera – Public Governor for York
Jeanette Anness – Public Governor for Ryedale & EY

Date: Sept 2021

1. Lead Governor Report

The Patient Experience Steering Group met on 23rd June and the working group on 4th August. Members have to introduce themselves and explain their role which follows the initiative "Hello my name is...". Sheila and I attend this meeting on behalf of the CoG so the next meeting will be our last one and will need other Governors to attend.

The following issues were discussed:

1. Work continues to review the process around patients losing their property and suggested solutions.
2. Launch of the new Dementia Strategy which occurred during dementia week - Caroline Johnson is the chair of the Dementia Improvement Group. The aims and objectives of the Dementia Strategy will be monitored by this group. The Improvement Group is working with Healthwatch York but the feedback is low.
3. Selby Hospital Phlebotomy Service - Doug (one of the Trust Governors) raised his concerns and currently the appointment service has been suspended. Doug is to carry out a survey of patients using the service to seek their views. Doug will contact Keith Dawson at Selby to see if he wants to get involved and seek patient's views of the services offered.
4. PLACE update - No review again this year but food and menus was high on the agenda so new menus were being developed. Healthwatch York is keen to be involved.
5. End of Life Care – Kath Sartain discussed this issue. A learning tool on e-learning was being developed around DNA/CPR as this continued to be a concerns
6. National Patients Survey - Moves at night time continues to be an issue and Michael Mawhinney was looking into this and how a recording could be made of why the move was necessary.

The next meeting of the Patient Experience working group will be on 15th September via web-ex.

Tracy should receive a copy of the meeting notes to circulate to all governors (attached).

Out of Hospital Meeting took place on 25th June. As a result of the presentation at this meeting in the past Keith Dawson and I went to Scarborough Hospital to look at the Frailty Unit on 29th July. We were very grateful for the time spent with us by David Thomas to outline their plans and discuss the service. Governors can help by ensuring that staff know it is going to happen with the work probably starting in January 2022.

NED and Associate NED appointments. Gatenby Sanderson has been involved and have provided a report on each candidate following discussions. Long listing took place on 5th August, with shortlisting on 26th August. Focus groups will be held on 8th September and interviews on 9th September. Our thanks go to Gatenby Sanderson for their support during this recruitment process.

Governor Forum took place on the 11th August at Malton Rugby Club. Thank you to everyone who attended. It was the last governor forum for a number of us and we are very grateful to Sue and Andy Bertram for coming, their kind words and our gifts. Thank you to Michael Reakes who took photographs of the event.

Can I finish by saying thank you to everyone who contributed to my gifts. I shall miss you all as I am sure my colleagues who also finish will and wish you all well for your future endeavours. My particular good wishes go to my successor and my hope that everything works out as she wants. Thank you to Tracy for organising everything. The cakes were lovely and thoroughly enjoyed by everyone.

Margaret Jackson
Lead Governor

2. Out of Hospital Care Group (25.06.21)

Attendees:

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Lorraine Boyd, Keith Dawson, Sharon Hurst

In attendance for item 1 – Sonia Archer, Advanced Clinical Specialist for Dementia and Frailty; Darren Fletcher, Senior Operational Manager, Care Group 1

Apologies:

Catherine Thompson and David Thomas.

Summary of topics discussed

Frailty at the Front Door - York:

Sonia Archer and Darren Fletcher presented an overview of this topic for the group.

Sonia discussed what frailty is and emphasised that it is not age specific but reflects the ability of someone to respond to a crisis at cellular or system level. She described the use of the Clinical Frailty Scale to define frailty in an individual and variable practice in the coding of frailty in health settings. Since the introduction of frailty scoring for patients aged over 65 in York Hospital, assessment has increased to 40% of patients but has plateaued at this level in recent months. She noted the work of the Rapid Assessment Team in ED, where therapists and social workers support people to return home through their expert knowledge of community provision. Currently they see around 300 patients per month although this is lower than it had been pre-COVID.

Darren described the relocation of the Rapid Frailty Assessment Area away from the main Emergency Department due to the building work that is underway. He shared plans for a dedicated co-located assessment space as part of the new build and approaches being taken to mitigate the impact of not currently being co-located as well as opportunities to build stronger links with the acute frailty team. He advised that a business case is being prepared for a dedicated clinical team to provide seven day cover.

The group discussed the reasons behind the current percentage of patients receiving a frailty assessment and what approaches could be taken to improve this. It was agreed that it would be helpful to hear from Sonia and Darren next year about how the plans have progressed and governors would consider whether frailty assessment could feature in their next quality audit. Lorraine identified that it might be helpful for Non-Executive Directors to hear about the work that is taking place.

Matters arising:

The previous minutes were noted as a correct record.

It was confirmed that the member's meeting regarding children's community services has taken place, as has the review of outstanding membership elections. Options for meeting face to face in September were considered by the group.

It was noted that the articles from the two previous meetings for Member's Matters were still outstanding as was the sharing of the numbers of patients who has returned home following a frailty assessment in Scarborough.

Ageing Well and Adult Community Services Update:

Steve provided the group with an overview of the three national Ageing Well priorities which are Enhancing Health in Care Homes, Urgent Community Response and Anticipatory Care. He described the partnership approach required to deliver these, particularly with primary care networks and local authority colleagues. He also noted the availability of funding to support the required developments.

He provided an update on the community nursing workforce transformation, noting a number of positive developments that had been made but recognising that COVID had impacted on the ability to review progress and make changes (whilst also accelerating other changes such as mobile working). Recognising concerns from teams about workload and some of the new ways of working, he shared that a workforce review was underway that would inform key actions to take forward. He shared a range of developments taking place across community services, working with a range of partner organisations. He also shared the clinical strategy for adult community services developed as part of the care group clinical strategy.

The group discussed the importance of continuity of care, the increased volumes of activity being undertaken by teams and the potential in the development of new technology.

Presentation provided – see Appendix A.

Workplan for 2021:

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

- Primary Care Network update;
- Palliative care in the community;
- Children's community services;
- Discharge pathways;
- Mental health update.

Actions Agreed

- Provide a Members Matters update on children's community nursing (Sal Katib) and Frailty at the Front Door (David Thomas)
- Obtain numbers of patients who were able to return home following their frailty assessment (David Thomas)

- Include York Frailty at the Front Door to the 2022 work plan (Steve Reed);
- Explore including frailty assessment as a governor quality audit (Margaret Jackson);
- Invite Sonia and Darren to meet Non-Executive Directors (Lorraine Boyd).

Next Meeting

17 September 2021, 10am-12pm, ideally face to face if a suitable location can be identified (ideally offering WebEx for those who wish to dial in). Aim to include update on Primary Care Networks, Palliative Care in the Community and a report from a visit to Scarborough Frailty Assessment Unit.

Steve Reed
Head of Strategy for Out of Hospital Services

3. Transport Group (30.07.21)

Work continues on working closely with York City Council on improvements in bus routes, clean air efforts, encouraging staff to walk to work or to cycle, various new schemes to help staff purchase electric bicycles and e-scooters and to use the Park & Ride service which is now getting more staff usage since the restrictions on the pandemic are being slowly lifted.

A question was asked as to why the exit from the multi storey car park was changed; this was because of the work which is to start shortly on the new build and extension to A & E.

Dan Braidley is leading a new group to specifically address shower and changing facilities, cycle storage and bus services to both York & Scarborough. Pool car utilisation is increasing to 94.33%.

There are talks going on with the Ambulance service to share charging points at the Hospital. Efforts are being made to improve cycle routes in York & especially Scarborough. Talks are progressing for long term transport plans.

Some concerns expressed at the plans to have a North Yorkshire County Council and York City Council as separate Councils especially when trying to implement transport plans and hope that it will be possible to work closely together on these issues.

I requested that the Trust have some signage to make it easier for patients to access the new Outpatients for Audiology and Physiotherapy at the new Stadium at Monks Cross site; parking is allowed free for 4 hours and if problems with parking occur the site is very close to the Park & Ride at Monk's Cross.

Dan Braidley thanked Ken Gill and me for our contributions to the group over the last few years. Ken is retiring from Ryedale Community Transport, and my 9 years as a Governor will finish on 30 September 2021.

Sheila Miller
Public Governor for Ryedale & EY

4. Patient Experience Steering Group (23.06.21)

Attendance and apologies for absence

Membership:	Attendance	Apologies	Deputy Attended
Tara Filby, Deputy Chief Nurse (Chair)	✓		
Lorraine Boyd, Non-Executive Director		✓	
Margaret Jackson, Public Governor	✓		
Sheila Miller, Public Governor	✓		
Siân Balsom, Healthwatch York	✓		
Ashley Overton Bullard, Healthwatch North Yorkshire		✓	
Emma George, CG1 Associate Chief Nurse		✓	
Tracy Means, CG1 Community Deputy Head of Nursing	✓		
Sam Soulsby, CG2 Matron	✓		
Freya Oliver, CG2 Head of Nursing	✓		
Jill Bradley, CG3 Associate Chief Nurse	✓		
Sophie Miners, CG3 Matron	✓		
Gillian East, CG3 Head of Nursing		✓	
Kim Hinton, CG4 Care Group Manager		✓	
Alicia Brunner, CG4 Matron	✓		
Michala Little, CG5 Deputy Head of Midwifery	✓		
Sue Glendenning, CG5 Associate Chief Nurse	✓		
Nicola Lockwood, CG5 Child Health Matron		✓	
Diane Cavenche, CG6 Head of Nursing		✓	
Steph Williams, CG6 Matron		✓	
Kate Walsh, CG6 Clinical Governance Coordinator		✓	
Michael Mawhinney, Head of Nursing, Corporate Services		✓	
Vicky Mulvana-Tuohy, Head of AHP Standards	✓		
Rachel Bailes, Chaplaincy		✓	
Nichola Greenwood, Lead for Patient E&D		✓	
Catherine Rhodes, Surveys & Volunteering Lead	✓		
Justine Harle, Complaints & PALS Lead	✓		
Lauren Rainer, Volunteer Service Manager	✓		
Emma Clement, Communications		✓	Elaine Vinter
Paula Graham, Service Improvement Facilitator	✓		
Clare Scott, Critical Care Outreach Lead Sister	✓		
Chris Hayes, Chaplaincy		✓	
Louise Grosberg, Chaplaincy		✓	
Paul Rafferty, Deputy Chief Nurse		✓	
Darren Neale, FM Compliance & Performance Manager		✓	
Sonia Archer, Advanced Clinical Specialist Elderly, Dementia & Frailty & Specialist Occupational Therapist		✓	
Emma Carter, Clinical Educator for Surgery at York Teaching Hospital		✓	
Kathryn Sartain, Lead Nurse for End of Life Care, Cancer Services, Scarborough Hospital		✓	

Hello My Name Is

All members of the meeting introduced themselves and explained their role, and Tara Filby shared a positive patient story.

Minutes of the meeting held on 12th May 2021

The minutes of the previous meeting held on 12th May 2021 were accepted as an accurate record.

Matters arising and action log

CURRENT ACTION LOG – Patient Experience Steering/Working Group

All completed actions have been added to the completed action log with a written update.

No	Date	Action	Lead	Update (if required)	Deadline
1.	17.02.2021	Review investigation training (across disciplines, complaints, SI, HR) including having difficult conversations and feed back to group	Justine Harle	23.06.2021- No final version yet, hoping to roll out over summer. A further update will be shared at the next meeting.	Update Required - 4 th August
2.	17.02.2021	Care Group leads to discuss theme of lost property in their teams and suggest initiatives / improvements to reduce lost property	Justine Harle / Care Group Reps	23.06.2021- Linda Smith is working on this project and reviewing the current policy. A further update will be shared at the next meeting.	Update Required - 4 th August
3.	07.04.2021	Further analysis surrounding Patient centered care – CQC report / National inpatient survey / CG6 update	Catherine Rhodes / Michael Mawhinney / Alison Seaward	Catherine and Michael will meet to discuss findings and include Matron of COVID wards for further discussion	Update Required - 4 th August
4.	07.04.2021	Perfect Ward update	Michael Mawhinney / Catherine Rhodes	23.06.2021- A draft role description has been produced for a volunteer to help with perfect ward. Questions are still to be circulated.	Update Required - 4 th August
5.	23.06.2021	Lauren Rainer and Elaine Vinter to meet to discuss volunteer to career pathway communication.	Lauren Rainer / Elaine Vinter		4 th August
6.	23.06.2021	Tara Filby to check whether patients receive an acknowledgement when referred to our services.	Tara Filby		4 th August

York Renal Unit Project

Andy Henwood, York Kidney Patient & Dr. Paul Laboi, York Renal Consultant talked through the embedded PowerPoint.

Sian Balsom and Alicia Brunner expressed an interest to meet with Andy Henwood to discuss further.



Pat Board - A Peer
Mentoring Program

Volunteering Update

The Trust currently has over 400 volunteers and this is rapidly increasing, with over 100 vacancies for volunteering roles trust-wide. The team is always looking for new placements and opportunities for volunteers so any feedback is welcomed.

Lauren Rainer explained she has been working with the Dietetics Team and have developed a bespoke volunteer dining companion programme and this has been successfully rolled out in 4 wards in York. The volunteers are specially trained by dieticians and trained to feed patients. The hope is to roll this out to Scarborough and more wards in York by the end of the year.

A brief overview of the ongoing work in each Care Group was provided and also an opportunity for Care Groups to share any feedback or ask for additional support from volunteers.

CG1- Volunteers have worked with community services and helped to collate feedback from service users.

CG2- Lauren Rainer has worked with Lilac and Ask wards in Scarborough to develop the Ward Support Volunteer Role and this has been a vital asset to the ward. Sam Soulsby explained volunteers have contacted relatives and have therefore taken pressure of staff which has been appreciated.

CG3- There are fewer volunteers in this Care Group than others. An email to CG3 sisters will be sent in July asking for feedback on where volunteers could help.

CG4- There has been a long standing presence of volunteers in CG4

CG5- There are 3 volunteers from maternity who are going to do a midwifery degree in September and this is due to the support and dedication of the team. It was noted there are not as many volunteers in Children's services at present.

CG6- There has been a long standing presence of volunteers and support in main outpatient sites. Work is also ongoing to develop a volunteer role at the community stadium.

Elaine Vinter and Lauren Rainer will meet to discuss the volunteer to career pathway and how this can be communicated to the community via the local press.

Significant assurance was found following a recent internal audit and Tara Filby thanked the team for their hard work.

Action: Lauren Rainer and Elaine Vinter to meet to discuss volunteer to career pathway communication.

Examples of Best Practice

Nutrition and Hydration Week activities have been a huge success.

CG5 – Ask the midwife service on Facebook was successful during Covid-19 and has now gone system wide. The team use social media platforms including Instagram and feel this is a good example of how positive changes made during the pandemic have been able to continue.

Annual Complaints Report 2020 – 2021

The report will go to QPAS in July 2021.

Timely closed complaints have increased from 33% in April 2020 to 64% in March 2021 which was noted as a huge improvement.

There have been some delays in complaint responses but no particular themes were identified.

Sheila Miller asked how patients know if they have been referred to our services and whether an acknowledgement is sent to confirm current waiting times. Tara Filby agreed to check this process with CG4 & 6 and feed back to the next meeting.

Action: Tara Filby to check whether patients receive an acknowledgement when referred to our services.

CG1 & CG2 Action Plan for National Urgent and Emergency Care Survey

Freya Oliver talked through the embedded PowerPoint. This data is embargoed until September 2021 (exact date to be confirmed) so cannot be shared outside the Trust.



URGENT AND
EMERGENCY CARE SL

Freya Oliver confirmed staff receive both positive and negative feedback and themes are discussed within Care Group meetings.

CG1- Tracy Means agreed to share the CG1 report after the meeting but this is yet to be received.

Care Group Communication Improvements

CG1- There has been an increase in PALS/complaints relating to communication, attitudes and behavior. Customer service training is available for staff and the Care Group are working with volunteers to improve communication with patients' relatives. There are also sufficient electronic devices available which can be used to communicate with relatives.

CG2- Complaints relating to attitudes and communication are common within the Care Group. There are plans to improve communication not only in ED but within the wider care groups. The Care Group recognises the importance of phoning relatives and has welcomed the help of volunteers over this time.

CG3- Looking at introducing 'Call for Concern' within the Outreach team. This is a direct referral from patients and relatives to the outreach team. Leaflets and banners have are being introduced.

CG4- Ward 31 hope to introduce a rotating PowerPoint to display information for patients, visitors and staff which will be updated on a regular basis.

CG5- Maternity services have a well-established national feedback forum including the Ockenden safety standards across the country. Complaints in Children's services have increased nationally due to waiting list times. The National Maternity Survey is open & a summary report will be shared in September 2021.

CG6- Paper circulated, embedded below.



CG6 Group patient
experience highlight r

Any Other Business

Nothing raised.

Date and time of next meeting:

Patient Experience **Working** Group - 10am - 12pm on 4th August via WebEx

Patient Experience **Steering** Group - 10am - 12pm on 15th September via WebEx

Tara Filby
Deputy Chief Nurse

5. Fairness Forum (02.07.21)

The Fairness Forum has a membership of 37 and the meeting was attended by 20 members including the two Governor representatives Jeanette Anness and Rukmal Abeysekera.

Ablution Facilities: Work is still in progress to install ablution facilities at the Trust sites. Funding available but waiting for business case from LLP. Water quality problem at Scarborough still requires rectifying before progress can be made. An update on Prayer Space at Scarborough is also needed from the LLP.

Staff training on EDI: A timeline for delivery needs to be established.

Proposal to review the Fairness Forum: There is renewed emphasis on EDI, particularly after Covid. Following changes to the Trust's Governance structure, the Fairness Forum Terms of Reference and membership are reviewed. A series of four facilitated workshops will be held representing patients, staff, NEDs, Governors and external stakeholders to review what the Trust requires in terms of EDI. It is expected that changes will be implemented by end of 2021.

Patient equality and diversity: It was noted that some patients are badly let down, e.g. lack of interpreters when required and better sign language provisions. It is recognised that staff awareness of how to improve patient communication needs further focus. Information that is provided to staff through the 'StaffRoom' and cascaded appears not to be effective. It was agreed that patients must be fully informed of their rights, e.g. to request for an interpreter. Various means to communicate to patients were discussed, including through Governors, the Trust membership, Healthwatch York etc. Discussions are also initiated with FOCUS Forum at Scarborough to improve patient experience and equality agendas.

Inclusive built environment: *Regulation 15 of the Health & Social Care Act (2008) states that "people's needs should be taken into account when premises are designed, built, maintained, renovated and adapted" and that people should be able to "easily enter and exit premises and find their way round easily and independently".* The Top 50 accessibility barriers across the Trust sites were reviewed in June 2021 and disseminated to Capital Development, Care Group and LLP estates teams. Early stage development currently to rectify all barriers, as there is no assigned budget for IBE work, e.g. to make services for physically disabled, dementia and visually impaired friendly. Signage have been changed and access guides are developed to be made available this Autumn. A number of access audits are planned at various Trust sites. A review of the effectiveness of existing Personal Emergency Evacuation Plans for disabled patients are also underway.

Workforce EDI: Workforce Disability Equality Standard (WEDS) and Workforce Race Equality Standard (WRES) are currently reviewed and updated by working with the York Race Equality Network (REN) and the Disability network (ENABLE).

Two new Trust networks are formed: Caring4Carers (a carers network) and Enable (a mixture of staff with and without disabilities). Membership on Fairness Forum requested.

No updates received from the Race Equality Forum and the Carers network. Transitioning at work guidance continues to be developed.

Guidance to supporting gender pronouns on signatures were promoted and now beginning to appear on staff emails. Lanyards to celebrate diversity are also encouraged. The Trust was recently accredited as Mindful Employer (<https://www.mindfulemployer.dpt.nhs.uk/>).

Lack of accessible toilets and accessible meeting rooms for staff and patients were highlighted by Enable.

June staff matters news front page article featured the LGBTQ+ network to support Pride 2021.

Care Group: A large number of staff of protected characteristics needed to shield during Covid. 99% of staff have now returned to the Trust. A few are unable to return yet due to Occupational Health Assessments and there are no guidelines currently to support return of these staff to work. The Trust is awaiting national guidelines to manage the situation. A success story of best practice was shared of redeployment of a staff member with autism struggling within one team at Scarborough. Equality impact statements are required for tenders. It was noted that some Care Groups request EDI assurance statements at short notice. Care Groups must plan ahead and be made aware that impact assessments are needed to be undertaken when looking to develop or change services, or create policies and procedures.

Freedom to speak up: It was noted that there were 136 freedom to speak cases since August 2020 and 15 cases are still open. The national 'raising concerns at work policy' is currently updated. The Trust will update its own policy when this is published. A three module 'speak up' e-learning course is developed at the Trust. The Trust data indicate that it's 'speaking up confidence' is lower than the current national average.

Healthwatch: Impact of Covid on mental health and dementia are high. Current research has shown that dementia services and dental practices are not taking patients, leading to further pressures on the Trust. Routine waiting lists are 3 months to 3.5 years. Only one dental practice is currently accepting NHS patients across 15 local authorities. The campaign to encouraging mask wearing wider is launched at #WearCosYouCare.

Date of next meeting: 16th September 2021

Rukmal Abeysekera, Public Governor for York
Jeanette Anness, Public Governor for Ryedale & East Yorks

A decorative graphic in the top left corner consisting of several overlapping, semi-transparent blue parallelogram shapes.

Appendix A

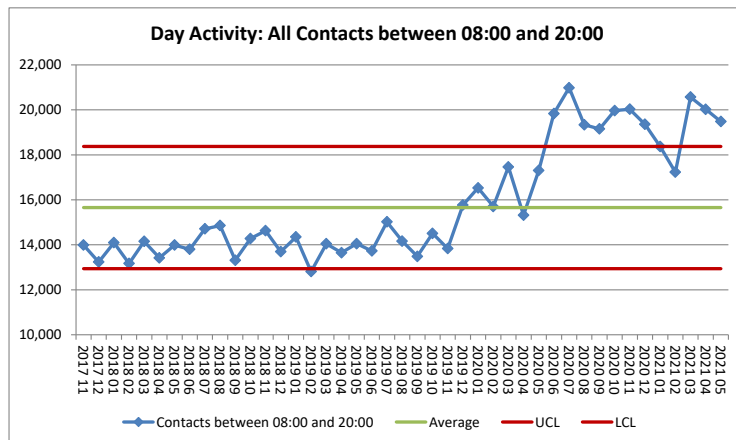
Ageing Well and Adult Community Services Update

Steve Reed – Head of Community Services

To Cover:

- Update on COVID context
- Ageing Well overview
- Service updates
- Clinical strategy

COVID Context




Ageing Well



What is anticipatory care?

No shared understanding or definition of anticipatory care.

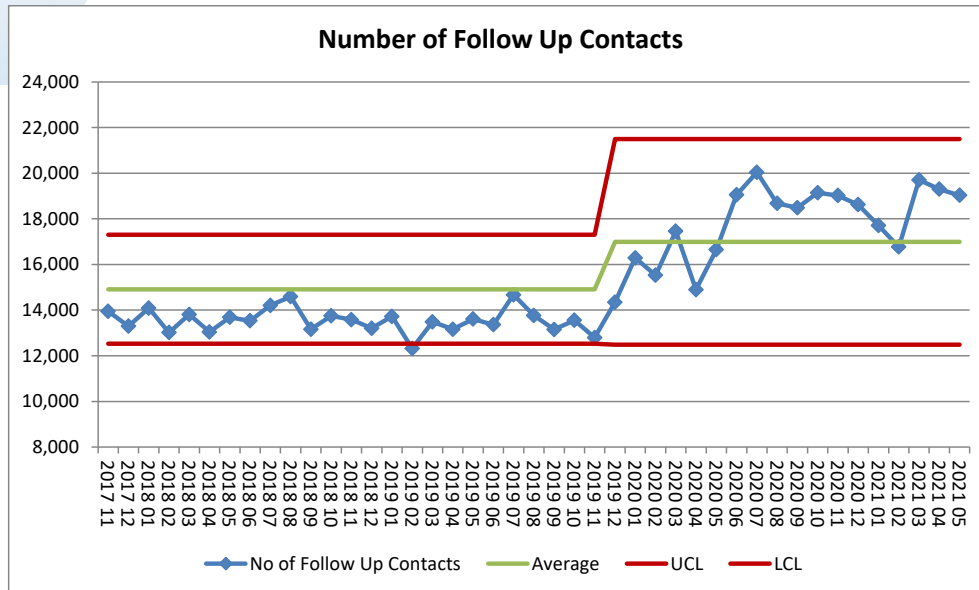
"I mean I suppose we're, we're still struggling with what we truly are meaning by anticipatory care, and it gets bandied about without people necessarily being concise about what we do mean by that" N013 L340-343.



Urgent Community Response for Older People means that skilled professionals will respond within two hours for urgent crisis and two days when there's a need to restore confidence and independence

This block contains a quote about the lack of shared understanding of anticipatory care. Below the quote is a dark blue box with white text. The text describes the 'Urgent Community Response for Older People' service, stating that skilled professionals will respond within two hours for urgent crisis and two days when there's a need to restore confidence and independence. An NHS logo is visible in the top right corner of this section.

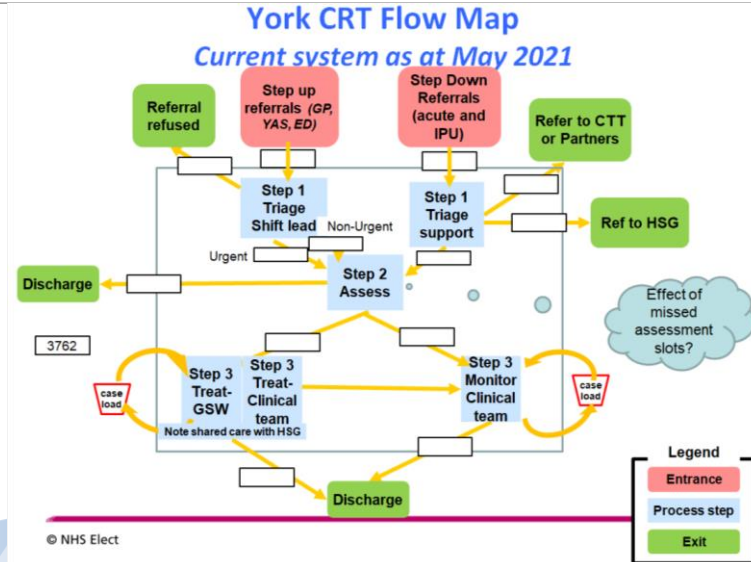
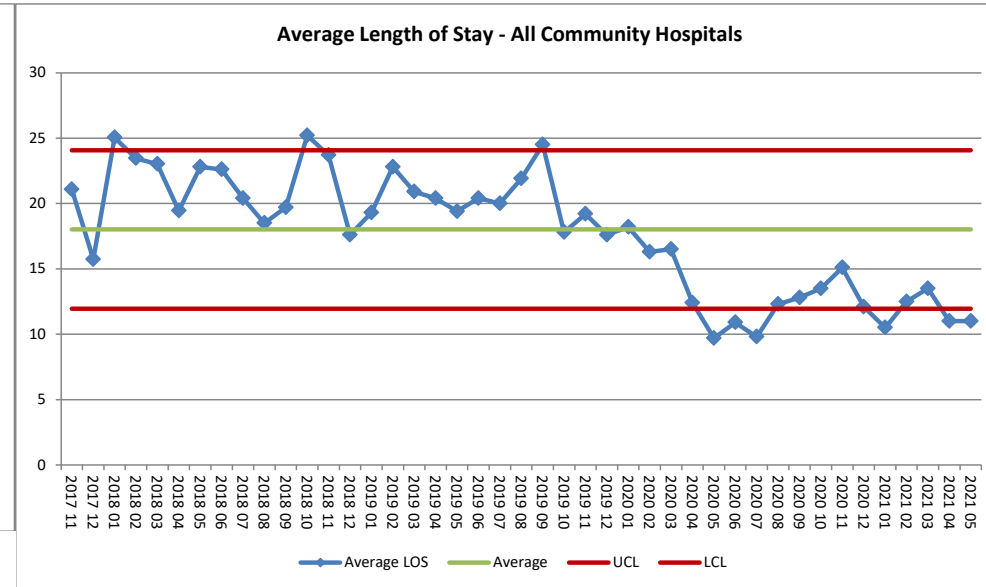
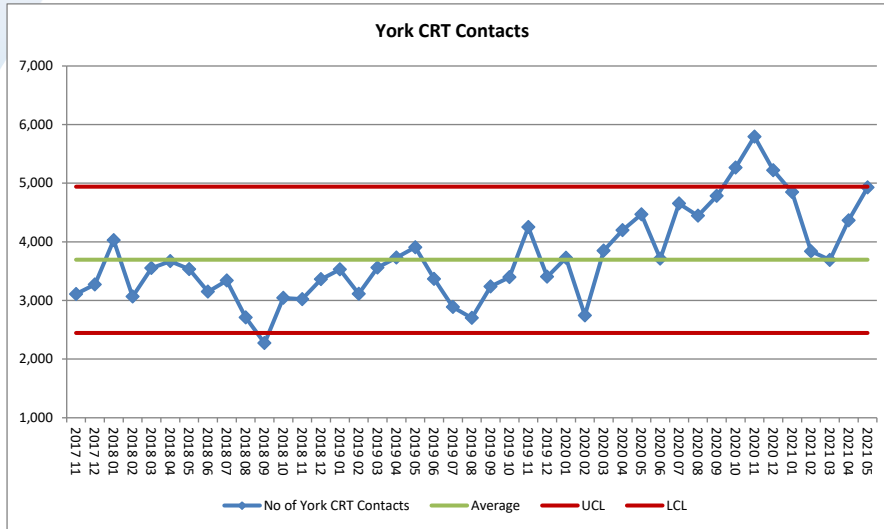
Community Nursing



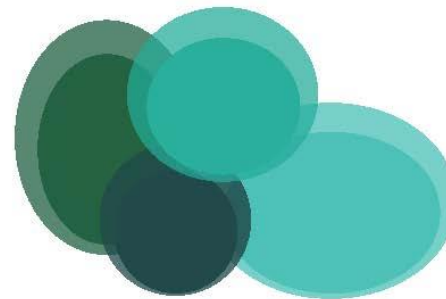
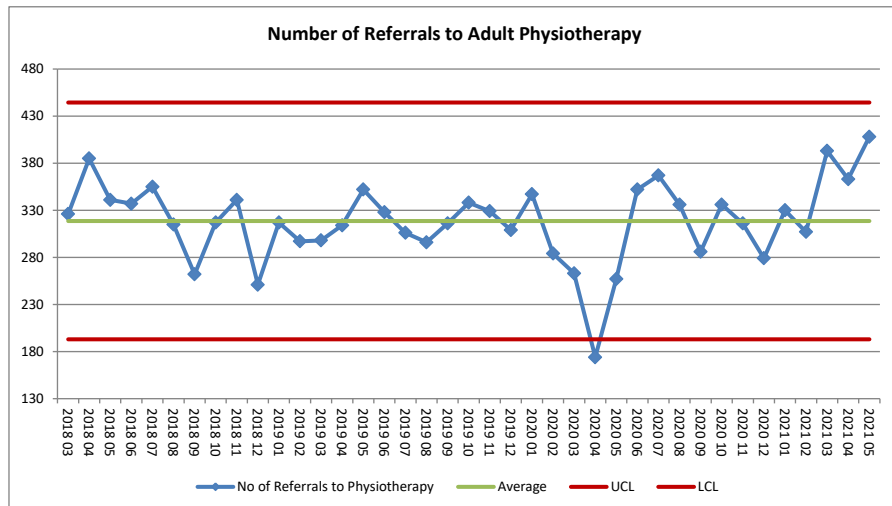

Clinical Administrative

- Patient Home
- Quick Glance
- Single Point of Contact
- Referrals (8)**
 - Record Referral In
 - Referral Wizard
 - New Referral Letter
 - New Choose and Book Referral
 - New Electronic Referral**

Intermediate Care



Specialist Teams



Ways to Wellbeing
Social Prescribing in York

Clinical Strategy

Directorate Vision - We will work within the local system to adopt a 'Home First' culture which focuses on prevention and self care; delivers care closer to home and allows the system to manage growing demand by increasing efficiency through integration.

Developing integrated community services for localities

Developing the interface between acute and community services

Moving services from acute to community settings

Transforming our digital capabilities through use of new technology, new software and enabling those who use them

Developing our workforce to ensure we have the right number of people, with the right skills, in the right place

21/22

22/23

23/24

24/25

Major Objectives

- Workforce reviews – Community Nursing, IPU and AHP (inc. 7 day), integration (internal and external)
- Community Response Team – transformation/expansion to deliver UCR / D2A
- Digital transformation – devices upgrades, address connectivity, AI/Cloud based apps, shared care record development, video consultation
- Specialist teams – integration and service development
- National discharge guidelines
- Care home support
- Nelson's Court development
- SPA development

Major Objectives

- Ongoing integration – working towards neighbourhood care model and integrated leadership
- Digital transformation – shared care records and increased digital maturity
- Anticipatory care – holistic assessment, prevention and care planning, particularly for those living with frailty
- Embedding Discharge to Assess - implementing 'Home First' alliance specification
- Easingwold project – Health Centre, St Monica's
- Developing community alternative pathways

Major Objectives

- Embedding integration –neighbourhood care model and integrated leadership, expanding partner organisations
- Digital transformation – shared care records and increased digital maturity
- Developing community alternative pathways
- Continue shift towards greater prevention and holistic, person-centred approaches
- Acomb Project / Burnholme

Major Objectives

- Embedding integration –neighbourhood care model and integrated leadership, expanding partner organisations
- Digital transformation – shared care records and increased digital maturity
- Developing community alternative pathways
- Continue shift towards greater prevention and holistic, person-centred approaches



Report
Council of Governors
14 September 2021
Annual One to One Governor Meetings with the Chair



Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

To update the CoG on the recent annual one to one governor meetings with me.

Executive Summary – Key Points

I held meetings with 20 governors. For a number of reasons not all governors were available. There were many recommendations put forward and I will give an update at the September CoG.

Recommendation

I would like the CoG to review the report and discuss at the meeting.

Author: Sue Symington, Chair

Director Sponsor: Sue Symington, Chair

Date: August 2021

Background

Every year, once the formal appraisal season is complete, I meet individually with the Council of Governors for a one to one review meeting.

The purpose of these meetings is to continue to develop my relationship with the governors as individuals, to discuss any issues which governors might seek to raise and to seek to continually improve our work together as Council of Governors. This absolutely aligned to the trust values of kindness, openness and excellence.

This Year

Of a total CoG body of 26 governors I spoke with 20 governors. For a number of reasons not all governors were available.

I am keen to recognise that the governor role is voluntary and am always careful to consider time commitments and what might be reasonable requests. During this very pressured and difficult time I have sought to be flexible with governors in respect of their governor role. It has been a difficult time for many of us, in many ways.

High level Observations

Governors made a number of observations which were largely shared

1. Generally our Council of Governors enjoy their role - describing it as interesting, helpful, insightful and positive. Many also note the complexity of the NHS!
2. Most governors observed - for different reasons – the challenges which the Covid Pandemic had presented to the CoG. Most recognising that remote meetings had worked well and seeking to think about how to make the most of this in the future, and at the same time, most also observing that they had missed face-to-face meetings. Many of the CoG had loved the flexibility which remote meetings had created.
3. A number of governors observed that starting a governor role during the pandemic had been challenging - and I agreed.
4. Recognition that our CoG is well governed, that communications are generally good and that our clear meetings etiquette is effective.

Suggestions as we look forward

As always Governors took the opportunity to make suggestions about how we might improve or develop the way in which we work together. I have captured these below.

Agree how we will manage meetings going forward given the 'success' of remote meetings - and also desire to meet face-to-face too.	In the year ahead full CoG meetings will be held F2F in the usual way. All other meetings will be undertaken remotely unless specifically requested otherwise.
Arrange a full Induction Day for governors who began with the trust during the pandemic 2020 - and also those newly elected in 2021.	Suggested date: 12 October 2021
Suggestion that we build a skills register for the CoG identifying specific skills of each governor, in order to leverage expertise as appropriate	For discussion at September CoG meeting To include on September agenda please Tracy
Suggestion that we provide observers to board meetings and committee meetings with a guide to Who's Who in each meeting alongside the Terms of Reference for that meeting.	Personally I hugely support this and ask Jill Hall and Tracy Astley to progress this. Jill/Tracy – can action this immediately? Thx
Request to improve the visibility of the CoG through Staff Matters and Membership Matters.	Once the elections are completed and our new lead governor is appointed we will seek to produce clear communications with pictures for both publications. Likely to be October.
Give consideration to when emails are sent to arrange dates for meetings: too early they get lost or forgotten, too late dates may not be practical!	I will discuss with Tracy and we will produce a guide. We can chat about this Tracy!!
Give consideration to create opportunities for Governors and NEDs to meet and discuss key issues in small groups.	To ensure that this is included in forth coming Board to CoG meetings. Lets remember this as design the October Board to CoG
Suggestion that retiring governors can opt to continue to receive Staff matters and CEs weekly update.	I will discuss with Simon.
Suggestion that governors find more informal ways to keep in touch with one another between formal meetings.	I will discuss with new Lead Governor

Where possible I will seek to respond to each of these suggestion in readiness for our September meeting.

Footnote: Five of the conversations which took places were with retiring governors. I have all become very familiar with each of you and I place on record my very grateful thanks for your support, challenge and diligence over these many years. Thank you.

Council of Governors – Meeting Attendance Record

H1

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
Sue Symington Chair	Ap	√	√	√	√	√	√	√	√
Jeanette Anness (Public Governor -Ryedale and EY)	Ap	√	√	√	√	√	√	√	√
Liz Black (Public Governor – Scarborough)	√	√	Ap	Ap	Ap	Ap	Ap	Ap	Ap
Andrew Butler (Public Governor - Ryedale and EY)	√	√	√	√	Ap	Ap	√	√	√
Dawn Clements (Stakeholder Governor – Hospices)	√	Ap	√	√	√	√	√	√	√
Keith Dawson (Public Governor – Selby)		√	√	√	Ap	Ap	Ap	√	√
Helen Fields (Public Governor – York)	√	√	√	√	√	Ap	√	√	√
Stephen Hinchliffe (Public Governor – Whitby)	√	√	√	Ap	√	Ap	√	√	√
Jo Holloway-Green (Stakeholder Governor – York MIND)			√	√	√	Ap	√	√	√
Sharon Hurst (Staff Governor – Community)	√	Ap	√	√	√	Ap	√	√	√
Margaret Jackson (Public Governor - York)	√	√	√	√	√	√	√	√	√
Sally Light – (Public Governor – York)	√	Ap	√	√	√	√	√	Ap	√
Sheila Miller (Public Governor – Ryedale and EY)	√	√	√	√	Ap	√	√	√	√
Helen Noble (Staff Governor – Scarborough)	√	√	√	√	√	√	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	√	√
Ian Mackay Holland (Public Governor – Scarborough)								√	√
Vanessa Muna (Staff Governor – York)								√	Ap
Rukmal Abeysekera (Public Governor – York)								√	√
Doug Calvert (Public Governor – Selby)								√	√
Angela Walker (Public Governor – Bridlington)								√	√
Josie Walker (Public Governor – Bridlington)								√	√
Maya Liversidge (Staff Governor – Scarborough/Brid)								√	√

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
Paul Johnson (Stakeholder Governor – YTHFM)								√	√

H2



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

CoG Meeting Dates for 2022-23

Venue: Malton Rugby Club

Times: TBC

Wednesday 23 March 2022

Wednesday 6 July 2022 (arranged for after year end)

Wednesday 14 September 2022

Wednesday 7 December 2022

Wednesday 15 March 2023