

Agenda

Council of Governors (Meeting held in Public)

15 March 2022
Via Webex at 10.00am



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?

COUNCIL OF GOVERNORS MEETING

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

On: 15 March 2022

Via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 12.45	Council of Governors meeting held in public	Via Webex	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30 – 14.30	Private Council of Governors	Via Webex	Council of Governors Non-executive Directors

Role of the Governor

Overarching general duties:

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

Statutory duties:

Appointments & remuneration

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

Finance & business development

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

Approving changes to the Constitution

- jointly approving, with the Board, changes to Trust's Constitution



Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	Apologies for absence and quorum To receive any apologies for absence.	Chair	Verbal	-	10.00 – 10.10
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 8 December 2021 To receive and approve the minutes from the meeting held on 8 December 2021	Chair	B	5	
4.	Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Verbal	-	
5	Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	C – To follow		10.10 – 10.25
6	Chair's Report To receive an update from the Chair.	Chair	D	17	10.30 – 10.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
7	Corporate Governance Update To receive an update on various matters in relation to CoG	Assoc. Director of Corporate Governance	E	21	10.45 – 11.00
8	NED Review Jenny McAleese to provide an update on his areas of responsibility in the Trust.	Jenny McAleese	Verbal		11.00 – 11.15
9	NED Introduction To receive an introduction from the new Associate NED.	Ashley Clay	Verbal		11.15 – 11.30
10	Green Agenda To receive an update on the environmental progress taking place within the Trust.	Head of Sustainability	F	30	11.30 – 11.45
11	Assurance Committees Updates To receive updates from the Chairs of the Assurance Committees:	Chairs of the Committees			11.45 – 12.00
	11.1 Audit Committee		G1	42	
	11.2 Resources Committee		G2	45	
	11.3 Quality Committee		G3	50	
12	Governors Reports To receive the reports from governors on their activities from:		H	53	12.00 – 12.15
	12.1 Lead Governor	Sally Light			
	12.2 Out of Hospital Care	Minutes attached.			
	12.3 PESG	Alastair Falconer			
	12.4 Fairness Forum	Rukmal Abeysekera			
	12.5 Transport	Bernard Chalk			

SUBJECT	LEAD	PAPER	PAGE	TIME
13 Items to Note				12.15
13.1 CoG Attendance Register		I1	59	
13.2 Research & Development Quarterly update		I2	61	
14 Questions received from the public	Chair	J – to follow		12.15 – 12.30
15 Any other business	Chair	Verbal	-	12.30 - 12.40
16 Reflections of the meeting	Chair	Verbal	-	12.40 – 12.45
17 Time and Date of next meeting	The next Council of Governors meeting will be held on Thursday 7 July 2022, 10.00am, Malton Rugby Club.			

Register of Governors' interests

March 2022

Additions: Alistair Falconer (Public: Ryedale & EY)
Sue Smith (Public: Ryedale & EY)
David Wright (Public: Ryedale & EY)
Bernard Chalk (Public: East Coast of Yorkshire)
Keith Dobbie (Public: East Coast of Yorkshire)
Beth Dale (Public: York)
Amit Bhagwat (Public: Out of Area)
Mick Lee (Staff: York)

Deletions: Jeanette Anness (Public: Ryedale and EY)
Elizabeth Black (Public: Scarborough)
Andrew Butler (Public: Ryedale and EY)
Stephen Hinchliffe (Public: Whitby)
Jo Holloway-Green (Appointed: York MIND)
Margaret Jackson (Public: York)
Helen Noble (Staff: Scarborough & Bridlington)
Sheila Miller (Public: Ryedale and EY)
Doug Calvert (Public: Selby)
Keith Dawson (Public: Selby)
Ian Holland (Public: East Cost of Yorkshire)
Byron Stevenson-Wightwick (Staff: Scarborough & Bridlington)
Angela Walker (Public: East Coast)
Josie Walker (Public: East Coast)

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	Chair – Askham Richard Parish Council	Nil	Nil
Amit Bhagwat (Public: Out of Area)	Consultancy business – Beam SRC	NIL	Nil	Chair - Volunteering Bradford, Myrovlytis Trust.	Nil	Nil
Bernard Chalk (Public: East Coast of Yorkshire)						
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Income Generation —St Leonards Hospice York	Director of Income Generation —St Leonards Hospice York	Nil
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Keith Dobbie (Public: East Coast of Yorkshire)	Director – Woodlands Academy NED – Sandsfield RMC Ltd	Nil	Nil	Nil	Nil	Nil
Alastair Falconer (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Fields (Public: York)	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
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Paul Johnson (Appointed: YTHFM)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	Nil	Nil	Nil
Mick Lee (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	CEO Motor Neurone Disease Assoc. (reg. Charity) and MND Assoc. Sales Company Director	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants	Nil	CEO Motor Neurone Disease Assoc.	Nil	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants
Maya Liversidge (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Vanessa Muna (Staff: York)	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

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
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
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership
David Wright (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil



Minutes

Public Council of Governors meeting 8 December 2021

Chair: Jenny McAleese

Public Governors:

Michael Reakes, City of York; Rukmal Abeysekera, City of York; Helen Fields, City of York; Sally Light, City of York; Beth Dale, City of York; Keith Dobbie, East Coast; Bernard Chalk, East Coast; Catherine Thompson, Hambleton; Sue Smith, Ryedale & EY; David Wright, Ryedale & EY; Doug Calvert, Selby; Amit Bhagwat, Out of Area.

Appointed Governors

Paul Johnson, YTHFM; Gerry Richardson, University of York; Chris Pearson, NYCC

Staff Governors

Maya Liversidge, Scarborough/Bridlington; Byron Stevenson-Wightwick, Scarborough/Bridlington; Mick Lee, York.

Attendance

Simon Morritt, Chief Executive; Andy Bertram, Finance Director; Jim Dillon, NED; Steve Holmberg, NED; Lorraine Boyd, NED; Denise McConnell, NED; Lucy Brown, Director of Communications; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Assistant to FT Secretary

Observers

4 public

Apologies for Absence:

Matt Morgan, NED; Lynne Mellor, NED; Ashley Clay, ANED; Dylan Roberts, Chief Digital Information Officer; Wendy Scott, Chief Operating Officer; Jim Taylor, Medical Director; Heather McNair, Chief Nurse; Polly McMeekin, Director of Workforce; Dawn Clements, Appointed Governor – Hospices; Josie Walker, East Coast; Angela Walker, East Coast; Ian Mackay Holland, East Coast; Alistair Falconer, Ryedale & EY; Keith Dawson, Selby; Sharon Hurst, Community; Vanessa Muna, York.

21/58 Chair's Introduction and Welcome

Jenny McAleese welcomed everybody and declared the meeting quorate. As there were some new governors present, she asked everybody to introduce themselves, giving their name and who they represented.

21/59 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

21/60 Minutes of the meeting held on the 14 September 2021

The minutes of the meeting held on the 14 September 2021 were agreed as a correct record.

21/61 Matters arising from the minutes

Action Log

21/48 14.09.21 - Prioritising the Trust's digital issues with ICS digital agenda – Mike Taylor informed that this will be picked up at the Resources Committee meeting on 14 December. He will give feedback at the next CoG meeting.

Action: Mike Taylor to feedback re Trust/ICS digital agenda at the March CoG meeting.

Matters arising

Michael Reakes referred to the general emergency capital application and asked if the Trust was successful in securing this. If so, what was it used for? Andy Bertram replied that the Trust had not been successful in securing the funds this year. Discussions were ongoing regarding next year's application. The Trust will be pushing hard to secure extra funding for its infrastructure.

21/62 Chief Executive's Update

Simon Morrith gave an overview of the paper and highlighted the following:

- There were continuing operational pressures within the Trust and within the wider system
- Covid-19:
 - The new variant will be the dominant variant in the UK within a matter of weeks. The Trust was waiting for reliable data on how that would affect the health service.
 - There were currently 43 Covid patients across the Trust. This current wave seemed to be passing but it was a considerable challenge.
- There were significant emergency care pressures on both the main hospital sites.
- There were significant challenges within social care which were impacting on discharges within a hospital setting. A sizeable number of patients across the Trust were fit for discharge but could not be so because of the difficulty in providing a

package of care. All partners were working constructively together to alleviate the pressures.

- Emergency Department in York – work had begun. It was a major capital scheme that will increase capacity on that site.
- Scarborough Hospital scheme - A full business case will be submitted to the Treasury in December to secure funds and work will start in the New Year.
- Yorkshire Ambulance Service was under significant pressure. Discussions were currently ongoing to reduce handover times at the Emergency Department front door.
- NHS Providers – report can be read in full on their website: www.nhsproviders.org
- Staff challenges - a range of incentives have been put in place to encourage staff to pick up some of the unfilled bank shifts across the organisation.
- Humber Coast and Vale Integrated Care System (HCV ICS) - Sue Symington had now become Chair and Stephen Eames had been confirmed as the new Chief Executive. Adverts were currently out for the Executive team for the ICS board. The Clinical Commissioning Groups (CCGs) will be abolished by 31 March 2022 and a new body will be in place from 1 April 2022.
- Vaccination Programme – the Department of Health and Social Care (DHSC) has announced that individuals undertaking CQC regulated activities in England must be fully vaccinated against Covid-19. The government regulations were expected to come into effect from 1 April 2022, subject to parliamentary process. The Trust was continuing to encourage unvaccinated staff to take up the offer of the first and second doses. Work was ongoing to determine which staff were yet to be vaccinated and to understand the reasons behind their decision, so targeted support can be provided to help them choose to be vaccinated if they are not exempt.
- Finances – During the first half of the year the Trust was able to operate within its allocated funds. It was anticipated that during the second half of the year the trend will continue.

Simon Morrith gave an overview of the elective recovery plan which concentrated on 3 key asks:

- Elimination of 104 weeks waiters – the Trust was on track to deliver that.
- Continued reduction of 52 weeks waiters.
- To stabilise the waiting lists overall by the end of the financial year.

The plans have been submitted and approved by the regional team and will sit alongside the care pressures outlined previously in the meeting.

Helen Fields asked about the size and scale of ICSs. Simon Morrith replied that the ICSs were different in size and scale. The ICS that the Trust was linked to was a large one. There were 44 ICSs nationally, some smaller and some larger than ours.

Michael Reakes referred to staffing issues and asked if there was any method of increasing the number of nurses/medical staff coming into the Trust. Simon Morrith replied that the Trust was doing everything it could to attract staff and was growing its nurse staffing base both nationally and internationally. Jim Dillon added that this was the biggest issue reported by staff when doing walkabouts on wards.

Maya Liversidge asked if there were any plans to bring back the nurse training bursaries. Simon Morrith replied that he knew of no plans to bring the bursaries back. There was no lack of supply for nurse training.

Chris Pearson referred to the 43 Covid patients in the Trust and asked how many of those had been vaccinated and how many of them had been transferred from other parts of the hospital. How many patients were suffering from flu? Simon Morrith replied that the data showed that flu was not a significant issue. With regard to Covid patients, those having severe symptoms and those that were dying had only had one vaccine or not had any at all.

Amit Bhagwat referred to the international recruitment of nurses and asked how the Trust was managing their expectations. Simon Morrith replied that he recognised the challenge of the work needed to ensure all nurses were welcomed into the Trust.

The Council:

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

21/63 Chair's Farewell

Jenny McAleese recognised and paid tribute to Sue Symington for her sterling service as the Chair of the Trust and, on behalf of the Trust, wished her well in her new role.

Simon Morrith added that when the ICS was a little more established there would be an opportunity to invite Sue Symington back to discuss the direction of the ICS.

21/64 Corporate Governance update

Mike Taylor gave an overview of the report and explained its purpose. He highlighted the following: -

- Chair recruitment – this was currently ongoing.
- Jenny McAleese was currently Interim Chair until the appointment of a new Chair.
- CoG Committees/Groups – welcome to the new governors. He asked that the Council ratified the positions.
- Membership Strategy – this will be revised to bring a more pro-active approach to meet the needs of the Trust and its members.
- Constitution Review Group – a number of areas within the constitution needed to be addressed.

The Council:

- **Ratified the governors' positions to the various CoG committees/groups.**

21/65 NED Review

Steve Holmberg gave an overview of his career to date and his various roles within the Trust. He gave a summary of the responsibilities of the Quality Committee and described the escalation process of issues of concern. He spoke about his Senior Independent Director (SID) role and how he was currently supporting the Lead Governor in the recruitment process of a new Chair for the Trust. He explained the additional areas of

responsibility, which included safeguarding and learning from deaths, and the Freedom to Speak Up/Safe Working Guardian (FTSU/SWG).

Sue Smith commented that she had known the NHS to use portakabins as temporary wards and asked if the Trust had considered this. Jenny McAleese said that she will raise this at Board.

Helen Fields referred to the use of bank staff. Steve Holmberg replied that it was a reflection of the current situation. Staff were fatigued. There was a continued reliance on agency staff which impacted on quality and finance.

Amit Bhagwat asked if it was difficult appraising the Chair as Steve had been a SID for 1 year and the Chair had been in her position for 6 years. Steve Holmberg replied that he was already a NED in the Trust when he took up the role of SID a year ago. He did not appraise the Chair but supported the Lead Governor in appraising the Chair. The latest Chair appraisal he thought was a good experience. The feedback from executives, NEDs and external stakeholders was very useful. It was a formal robust process governed by NHSI guidance.

Action: Jenny McAleese to raise the prospect of using portakabins as temporary wards to create more space.

21/66 NED Introduction

Denise McConnell introduced herself and gave an overview of her career to date. She believed that her experience in legal, audit and control were a good transferable skillset to aid her in the NED role. She had become a member of the Trust's Group Audit Committee and was currently in discussion with the Interim Chair on her areas of responsibility within the Trust. Her first impressions of the Trust were that she found everybody she had met very open, collaborative and supportive.

21/67 Quality Committee update

Steve Holmberg gave a summary of his report and highlighted the following: -

- CQC – a continuing piece of work was ongoing looking at the progress made against the CQC regulatory actions. The CQC was not expected to make any planned visits in the near future. However, they would make reactive visits if issues came to light they were concerned about. All but one of the regulatory actions imposed on the Trust during their last visit have been completed. The one outstanding action was around patients attending the Emergency Department who had mental health issues, on both sites. This was an issue that the Trust could not solve on its own and required its partners' input to resolve this. In addition, the Trust was asking departments to run their own assessment against CQC standards to ensure there were no outstanding concerns that would be an issue in the event of a CQC visit.

The Trust was concerned about the level of whistleblowing to the CQC, predominantly from two areas within the organisation, the LLP and the Emergency Departments. The CQC had discussed the whistleblowing issues with the Trust and had decided that no additional action was required.

- Ockenden Programme – Lorraine Boyd, NED for the Ockenden Programme, is a member of the Quality Committee. She added that the Trust had submitted an action plan around the Ockenden Standards to the Ockenden Team who were satisfied that the Trust was approaching this in the right way. Maternity in general was under a great operational strain and a lot of the issues were around staffing and safer staffing. She gave assurance to the Council that decisions made, ie. closure of labour wards, were based on maintaining the highest level of safety with the staff available.

Bernard Chalk referred to the mental health issue in the Emergency Departments and highlighted that this had been an issue for many years. He asked if the ICS would help to resolve this issue. Steve Holmberg replied that he hoped this would happen.

Doug Calvert referred to the self-assessments being completed by the departments and asked if there was going to be any random checks on these to give assurance to the Board that issues were not being over-inflated. Steve Holmberg replied that the self-assessments were triangulated with other information they received. It was unlikely that staff would over-inflate issues but rather to highlight the areas where they were struggling to provide the care they wanted to.

The Council:

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

21/68 Resources Committee update

Jim Dillon, in Lynne Mellor's absence, gave a summary of the report and highlighted the following: -

- Recruitment and retention of staff – covered earlier in the meeting.
- Mandated vaccinations from April 2022 – he was working with the Director of Workforce to plan ahead and mitigate any potential issues that may arise.
- Sickness absence – issues with internal Occupational Health Service as there was a backlog in certain areas which was impacting on signing off individuals who were deemed fit to return to work. He was working with the Director of Workforce to find ways of overcoming the issues.
- Wellbeing of staff – processes and mechanisms were in place for staff to access.
- Digital – this has improved enormously since Dylan Roberts' arrival as Chief Digital Information Officer. Current issues were around out of date equipment and the need to replace these. It was important to get to a stage where all health care services could share information to give better patient experience and care.
- LLP – KPIs coming through showed a significant improvement. There was more work to be done but it was going in the right direction. Sickness was still an issue and work was ongoing to improve this. The Green Plan was welcomed. It was significant with regard to recruitment of prospective candidates as it showed the Trust's commitment to sustainable healthcare.

Doug Calvert referred to the agenda item around risks and asked if the templates had been completed by the end of November. Mike Taylor confirmed that the BAF had been completed. He suggested bringing the BAF to the next CoG meeting so the governors could familiarise themselves with it.

Michael Reakes was concerned that the Trust had received low assurance from Internal Audit when being audited against the National Guardian's ten data security standards and asked what assurance had the NEDs received that this was being dealt with. Jenny McAleese replied that this had been picked up at Audit Committee and the Chief Digital Information Officer (CDIO) was attending the next Audit Committee meeting to give an update on progress made. She will update the governors at the next CoG meeting in March. Helen Fields asked if the CDIO could be invited to the next meeting to discuss how the use of digital could transform patient services.

The Council:

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

Action: Mike Taylor to bring the BAF to the next private CoG meeting.

Action: Invite Dylan Roberts, CDIO, to the next public CoG meeting to discuss how the use of digital could transform patient services.

21/69 Audit Committee update

Jenny McAleese advised that as interim Chair she could no longer chair the Group Audit Committee or attend its meetings unless invited to do so. She has asked Lynne Mellor to take over chairing the Committee for the foreseeable future and Lynne has invited Jenny to the next meeting in December for the purpose of continuity. When the new Chair was in place at the Trust, Jenny will revert to being Chair of the Group Audit Committee. She referred to the report and advised that there was nothing she wanted to add to that.

The Council:

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

21/70 Governors' Report

Lead Governor report incl. PESG

Sally Light highlighted the change in the report format and asked the governors to give feedback.

Rukmal Abeysekera referred to the breaches in mixed sex accommodation and asked if there were any actions undertaken to rectify that. Jenny McAleese replied that the Quality Committee will pick this up at its next meeting.

Doug Calvert referred to the surge in complaints highlighted in the Patient Experience Report and asked the NEDs how they were assured that the complaints were being managed effectively. Steve Holmberg replied that the Board received regular updates from the Patient Experience Team. Most of the complaints were around access times. The complaints were triaged in order of importance, i.e. those concerning quality of care or patient harm. Doug asked if the governors could have sight of the information given to the NEDs. Mike Taylor will look into this.

Michael Reakes raised the issue of the governors' views not being taken into account during the external review of patient experience work and asked Sally's views on this. Sally replied that she was concerned about this and she did express her disappointment at

the recent meeting about the governors not being involved. She asked if the governors could be involved in any actions arising from it.

Michael Reakes also raised the issue on the in-patient survey around lights and noise at night and asked if the Trust offered ear plugs and blindfolds to patients so they can go to sleep. Maya commented that the Trust's Charity used to fund the Night Owl Project, which was a research project with the University of York, around how to quieten the noise down at night. She understood that this had now stopped and the Charity was no longer asked to fund it.

Doug Calvert gave an update on the Phlebotomy service at Selby Hospital. He met with 3 of the Phlebotomy team and spoke about issues regarding the communication of the service which had now been rectified.

Fairness Forum

Rukmal Abeysekera informed that the Forum was currently going through a consultation period with the idea that by April 2022 a new strategy will be launched for equality, diversity and inclusion. Currently, the Forum reported directly to the Quality Committee and there was a question of whether it would be better reporting directly to the Board. Stephen Holmberg added that the Quality Committee did receive the reports but they had not encouraged any major discussions. However, the Board had recently received a presentation on the Fairness Forum and was well sighted on the issues and it was clearly work in progress. Matt Morgan was the designated NED to lead on these matters. Jenny McAleese added that one of her first tasks in post as the interim Chair was to meet Nichola Greenwood, Lead for Equality & Diversity, and she had asked Nichola to email her with 5-6 key actions that needed to be completed in order to make some progress in this area. She was conscious that this needed to be led at Board level.

Amit Bhagwat commented that the Equality, Diversity & Inclusion (EDI) strategy in general was focused on the protected characteristics laid down by law. If the Trust's EDI strategy just concentrated on those protected characteristics then it would be excluding communities with other diverse characteristics. Jenny McAleese commented that this was an area to really think about and translate into actions. She will speak to Amit outside of the meeting.

The Council:

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

Action: Governors to give feedback to Tracy Astley on the new style Governors Report.

Action: Mike Taylor to look into whether the CoG could receive the Complaints report given to the Board.

Action: Jenny McAleese to pick with the Charity Team on the cessation of the Night Owl Project.

Action: Jenny McAleese to speak to Amit Bhagwat on Equality, Diversity & Inclusion and protected characteristics.

21/71 Items to Note

The Council noted the following items:

- Attendance Register
- Research & Development update

Rukmal Abeysekera referred to the Research & Development paper and commented that the development of the Research Committee was really good. She referred to the list of grants that had been applied for and about 50% had been unsuccessful and some of them were awaiting an outcome. She asked if the Trust was doing enough in working with local businesses to obtain funding to support the Trust's various schemes and asked if there was a lead for this. Michael Reakes said that he was one of the lay members on the Research & Development Committee and he believed that the team was doing a really good job. Funding was not an issue.

21/72 Questions received in advance from the Public

Jenny McAleese advised that the CoG had received a number of questions and were in the process of answering these. Each person who submitted a question will be emailed a reply to their question(s) and the Q&A document will be added to the Trust website.

She believed the current process needed improving and will pick this up with Mike Taylor and obtain feedback from members of the public.

Action: Jenny McAleese to discuss current Q&A process with members of the Trust and members of the public.

21/73 Any Other Business

Membership Matters

Mike Taylor requested the Council to consider the following suggestions and feedback to Tracy Astley with their comments.

- Change of frequency of Membership Matters from monthly to quarterly.
- Change of format from email to magazine style.

No further business was discussed.

Action: Governors to feedback their comments re the changes to frequency/format of Membership Matters.

21/74 Reflections of the meeting

- The interim Chair did a great job of chairing the meeting. Everyone was treated fairly and everyone behaved responsibly. It was a nice, pleasant meeting to be in.
- The information we received with the agenda and all actions from the different committees were really informative.
- I liked the fact that it was a virtual meeting.
- Could make better use of the functions, chat, emoji's, etc.

- Make the meeting more equitable with regard to video/audio.
- Separate the agenda from the papers.
- It has been a really inclusive meeting.

21/75 Time and Date of the next meeting

The next meeting will be held on 15 March 2022. Details TBC.

Public CoG – Action Log

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
21/61	08.12.21	Feedback re Trust/ICS digital agenda at the March CoG meeting.	Mike Taylor	March 2022	CDIO invited to attend meeting. Completed.
21/65	08.12.21	Raise the prospect of using portakabins as temporary wards to create more space.	Jenny McAleese	December 2021	Jenny spoke to COO who said staffing was a problem. Suggestion was to use as decant wards. Complete.
21/68	08.12.21	Bring the BAF to the next private CoG meeting.	Mike Taylor	March 2022	On Private CoG agenda. Completed.
21/68	08.12.21	Invite Dylan Roberts, CDIO, to the next public CoG meeting to discuss how the use of digital could transform patient services.	Tracy Astley	March 2022	On agenda. Completed.
21/70	08.12.21	Give feedback to Tracy Astley on the new style Governors Report.	Governors	December 2021	None received. Completed.
21/70	08.12.21	Look into whether the CoG could receive the Patient Experience Complaints report given to the Board.	Mike Taylor	March 2022	

21/70	08.12.21	Pick up with the Charity Team on the cessation of the Night Owl Project.	Jenny McAleese	March 2022	Jenny spoke with Chief Nurse who will ascertain if there is merit in asking for the packs to be funded again. Completed.
21/70	08.12.21	Speak to Amit Bhagwat on Equality, Diversity & Inclusion and protected characteristics.	Jenny McAleese	March 2022	Ongoing
21/72	08.12.21	Discuss current Q&A process with members of the Trust and members of the public.	Jenny McAleese	March 2022	New process in place. Completed.
21/73	08.12.21	Feedback comments re the changes to frequency/format of Membership Matters to Tracy Astley.	Governors	January 2022	Frequency/Format to remain the same. Completed.



Report
Council of Governors
15 March 2022
Chair's Report

D

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 set the scene for the Council of Governors meeting on 15 March 2022

Executive Summary – Key Points

This paper sets out the Chair's first impressions on joining the trust on 1st February 2022 and gives an overview of his activities during February.

Recommendation

The Governors are asked to note the report. The Chair will respond to any questions or comments during the meeting.

Author: Alan Downey, Chair

Director Sponsor: Alan Downey, Chair

Date: 4 March 2022

Introduction

It is a pleasure to be writing my first report to the Council of Governors. I began my term as Chair on 1st February, so I am still finding my feet and getting to know the trust and my new colleagues. A minor frustration is that my DBS certificate didn't arrive until 16 February, and I wasn't able to visit clinical areas until it arrived. So I haven't been able to get out and about in the trust as quickly as I would have liked. I will, however, make up for that over the next few weeks.

First impressions

My overriding impression is of an organisation that is full of dedicated, hardworking professionals, but under great pressure for a multiplicity of reasons. These include:

- the continuing impact of Covid-19 on our population and on staff absence rates;
- heavy demand in our emergency departments because of the difficulty patients face in accessing primary care;
- the shortage of residential care beds and home care packages which leads to delays in discharging medically fit patients who no longer need to be in hospital, but need non-medical care in the community;
- the constraints imposed by our hospital estate; and
- the imperative to reduce the backlog of elective work that has built up during the pandemic.

Looking back on Sue Symington's recent reports, I am struck by how little the pressure has eased: we remain in the midst of what Sue described as a perfect storm.

At the beginning of February it looked as though we were seeing the start of a decline in Covid pressures, but that proved to be a false dawn: the community infection rate remains stubbornly high in York and North Yorkshire. Not surprisingly, therefore, our trust has a high Covid occupancy rate relative to other trusts in the North East and Yorkshire region. The good news is that we are seeing far fewer patients who are seriously ill with Covid; but if patients test positive for Covid (even if they have mild symptoms, or are asymptomatic), we still need to follow rigorous infection prevention and control protocols, and that reduces the number of inpatients we can safely accommodate.

It is not surprising in these circumstances that our staff are tired, emotionally and physically, and that morale is low. More than ever, looking after our staff must be a top priority for the trust.

It is clear that the task of recovery – getting on top of the backlog of elective work and reducing waiting times to acceptable levels – will be a long, hard slog. I am heartened to see that we are making progress, as evidenced by a decline in the number of patients who

have had to wait more than 104 weeks for a procedure. We are on course to reduce that number to zero in the next couple of months.

Chair's activities

I have had many helpful introductory meetings over the last few weeks:

- I have been able to spend a significant amount of time with our chief executive, Simon Morrill, and he has been tremendously helpful in bringing me up to speed with the trust's strategy, priorities and challenges.
- I have spent time with each of the corporate directors, and I am grateful to them for their patience in answering my questions and helping me work out which information I need to focus on.
- I have had thorough handover sessions with my predecessors as chair, Sue Symington and Jenny McAleese, so I now have a good understanding of their thinking about issues and priorities.
- I have had one-to-one meetings with each of the non-executive directors and the chair of the LLP (the trust subsidiary which manages our estate and facilities). I also enjoyed my first meeting with the NEDs as a group: we are planning a half-day get-together in the near future to discuss our role as NEDs and how we can maximise the contribution we make to the trust.
- I was able to observe the public and private board meetings on 26 January, and I chaired my first board meeting, held in private, on 3 March. I have also attended meetings of the Resources and Quality sub-committees.
- I have had a couple of very helpful introductory meetings with Sally Light, so I am starting to get a feel for the issues that matter most to governors. I have also had a useful chat with Keith Dowson, who recently resigned as elected governor for the Selby constituency. I didn't manage to persuade Keith to withdraw his resignation, but I gained a good understanding of his reasons for stepping down, and I am eager to understand the extent to which his concerns are shared by other governors.
- I have attended two meetings of the Humber Coast and Vale chairs and members advisory group, chaired by Sue Symington. I am keen to play a key role in the development of HCV and to ensure that the trust's views and interests are well represented.
- I have had an introductory meeting with five of the six care group directors, and I now have follow-up visits to each of the care groups in my diary. I have already had a quick but very instructive tour of the emergency department at York.

- Finally, I observed a panel interview with a candidate for a consultant post. He proved to be an outstanding candidate, with an extremely impressive academic and clinical record, full of enthusiasm for joining the trust and for working both in York and on the east coast. It is extremely encouraging to know that we are able to attract exceptional people to join the trust.

I hope that gives a flavour of what I've been up to in my first few weeks.

Council of Governors meeting on 15 March

I am sorry that there has been a mix-up over the booking of a conference venue, with the result that we are unable to hold the meeting face-to-face, as I had intended, and will have to revert to a virtual meeting. I am assured that a venue has been booked for all future CoG meetings for the rest of the year.

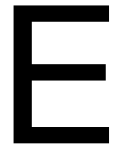
I will be very much in listening mode for our first meeting: I am looking forward to hearing your views and concerns. I know that one of your issues is about the quality and quantity of information you receive about the trust's performance. This is also a live issue for the board and the sub-committees of the board. All board members agree that we need to develop a sharp, concise performance report – one that is relatively easy to produce, relatively easy to understand and sheds light on the most important aspects of performance. When we meet on the 15th, I will say more about the work that has been commissioned to take this forward.



Corporate Governance Update

For the Council of Governors

15 March 2022



Trust Strategic Goals

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

Recommendation

For information
For discussion
For assurance

For approval
A regulatory requirement

Purpose of the Report

To update the Council of Governors on corporate governance relating to the Trust and its governors.

Recommendation

The Council of Governors is asked to comment upon and approve the CoG questions received from the public process and note the update provided.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Alan Downey, Chair

Date: March 2022

1. Introduction

This report is intended to provide an update to the Council of Governors on any matters that are of interest to the governors relating to the Trust's corporate governance.

2. CoG questions received from the public

A draft process has been developed to improve the questions received from members of the public for governors and the council of governors. This is presented at appendix 1.

A version of the process was taken through the Membership Development Group in January with feedback received from its members incorporated into the current version.

The process documents a proposal of a procedure for when questions are received both for governors for their individual constituencies and for the Council of Governors. The Council of Governors are asked to consider the process for approval.

If approved the procedure shall be enacted with immediate effect.

3. Governor resignations

We have unfortunately received the following governor resignations from the Council of Governors since our last meeting:

- Doug Calvert (Selby)
- Keith Dawson (Selby)
- Angela Walker (East Coast)
- Josie Walker (East Coast)
- Ian Mackay Holland (East Coast)
- Byron Stevenson-Wightwick (Staff Governor)

We would like to thank these governors for their time and work in the governor roles. We are finalising proposals for these vacancies being filled at the time of writing.

4. DBS Checks

Thank you to those governors who have completed their DBS forms and provided identification documentation. If you have yet to conclude this please can you submit the required documentation to Tracy Astley, Assistant to the Foundation Trust Secretary, who will also be able to deal with any queries.

5. Recommendation

The Council of Governors is asked to comment upon and approve the CoG questions received from the public process and note the update provided.

Council of Governors questions received from members of the public process

Author:	Associate Director of Corporate Governance
Owner:	Associate Director of Corporate Governance
Publisher:	Chief Executive and Chair's Office
Date of first issue:	
Version:	0.2
Date of version issue:	January 2022
Approved by:	Council of Governors (TBC)
Date approved:	
Review date:	
Target audience:	Council of Governors

Process Summary

This document sets out the process of answering questions as received prior to Council of Governors meetings.

Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
0.1	N/a	Associate Director of Corporate Governance	Corporate Network	Initial draft for Membership Development Group comment
0.2	N/a	Associate Director of Corporate Governance	Corporate Network	Draft for Council of Governors following Membership Development Group comment

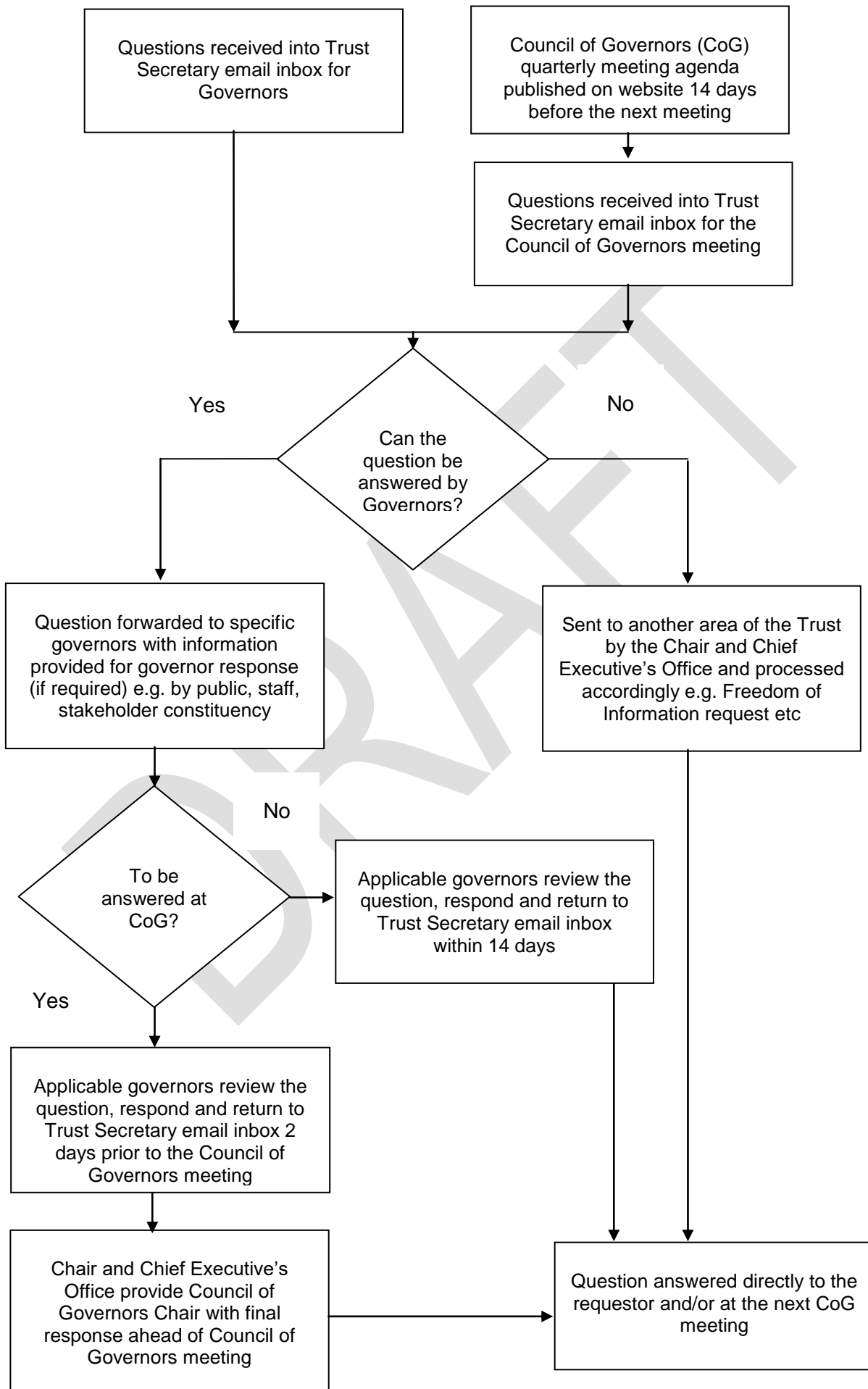
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Contents

Number	Heading	Page
	Process flowchart	4
1	Introduction and scope	5
2	Process	5
3	Responsibilities	6
4	Process review	7

DRAFT

Process flowchart



1 Introduction and scope

The Trust receives questions from members of the public on an ongoing basis through formal channels such as meetings held in public and through specific engagement events for example.

The purpose of this document is to outline the process for the questions received specifically for the Council of Governors either prior to quarterly Council of Governors meetings or on an ad hoc ongoing basis.

This is not a process for the receiving of questions directly to the Board of Directors meetings held in public or via a Freedom of Information (FOI) request

2 Process

Council of Governors Quarterly meeting agenda published on website 14 days before the next meeting -

The Council of Governors quarterly meeting agenda will be finalised with the Chair and published on the Trust website 14 days before the relevant Council of Governors meeting. This will be drafted from the work plan by the Associate Director of Corporate Governance with feedback from the Governors and from actions that develop in the course of business.

Questions received into Trust Secretary email inbox for to the Council of Governors meeting - Questions are received prior to the next Council of Governors meeting with the intention that the questions will receive a response in the meeting itself (if this is possible due to question content) into the Trust Secretary inbox.

Questions received into the Trust Secretary email inbox for Governors – Questions are received on an ongoing basis.

Can these questions be answered by Governors? - A member of the Chair and Chief Executive's Office will review the questions and assess if these are for the Governors to answer. If yes, this will be sent with any supporting information required to the relevant cohort of governors for review as follows:

- Public Constituency; York, Selby, Hambleton, Ryedale and East Yorkshire, East Coast, Out of Area
- Staff Constituency; York, Scarborough, Community Partnership Organisations as applicable
- All Governors/Lead Governor/Specific Governor as appropriate

If the questions are not for the Governors, these will be processed via other internal Trust routes.

If the question is to be answered at the CoG the applicable governors review, respond and return to the Trust Secretary email inbox 2 days prior to the Council of Governors meeting - The relevant cohort of governors are requested to conclude a single response return to the Trust Secretary inbox 2 days prior to the next Council of Governors meeting. This will be then reviewed for accuracy by the Lead Governor and Chair ahead of the meeting.

If the question is not to be answered at the CoG the applicable governors review, respond and return to the Trust Secretary email inbox within 14 days - The relevant cohort of governors are requested to conclude a single response return to the Trust Secretary inbox with 14 days. The question is answered directly to the requestor.

Chair and Chief Executive's Office provide Council of Governors Chair with the final response before the Council of Governors meeting - Final question responses are provided to the Chair to answer at the appropriate part of the agenda, which may also be answered by the individual agenda items papers on that agenda.

Question answered directly to the requestor and/or at the next CoG meeting - The question is answered directly to the requestor and/or at the Council of Governors meeting.

3. Responsibilities

Responsibilities for the process are defined as follows:

- Chair and Chief Executive's Office – to facilitate questions from the public, provide information for governor review and respond to final responses as per section 2.

- Governors (all cohorts defined above) – to review the questions and return a single response to the Trust Secretary email inbox by the timetable in section 2.
- Lead Governor/Chair – to check the final responses for factual accuracy and for the Chair to respond to each question if applicable at the Council of Governors meeting.

4. Process review

This process will be reviewed in the line with the Council of Governors work plan and at least annually.

DRAFT

Council of Governors – 15th March 2022
The Trust Green Agenda



Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

To provide an update on the environmental progress taking place within the Trust

Recommendation

To receive information and note the content of this report.

Author: Jane Money, Head of Sustainability, YTHFM

Director Sponsor: Mark Steed, Director of Property and Asset Management, YTHFM

1. Introduction

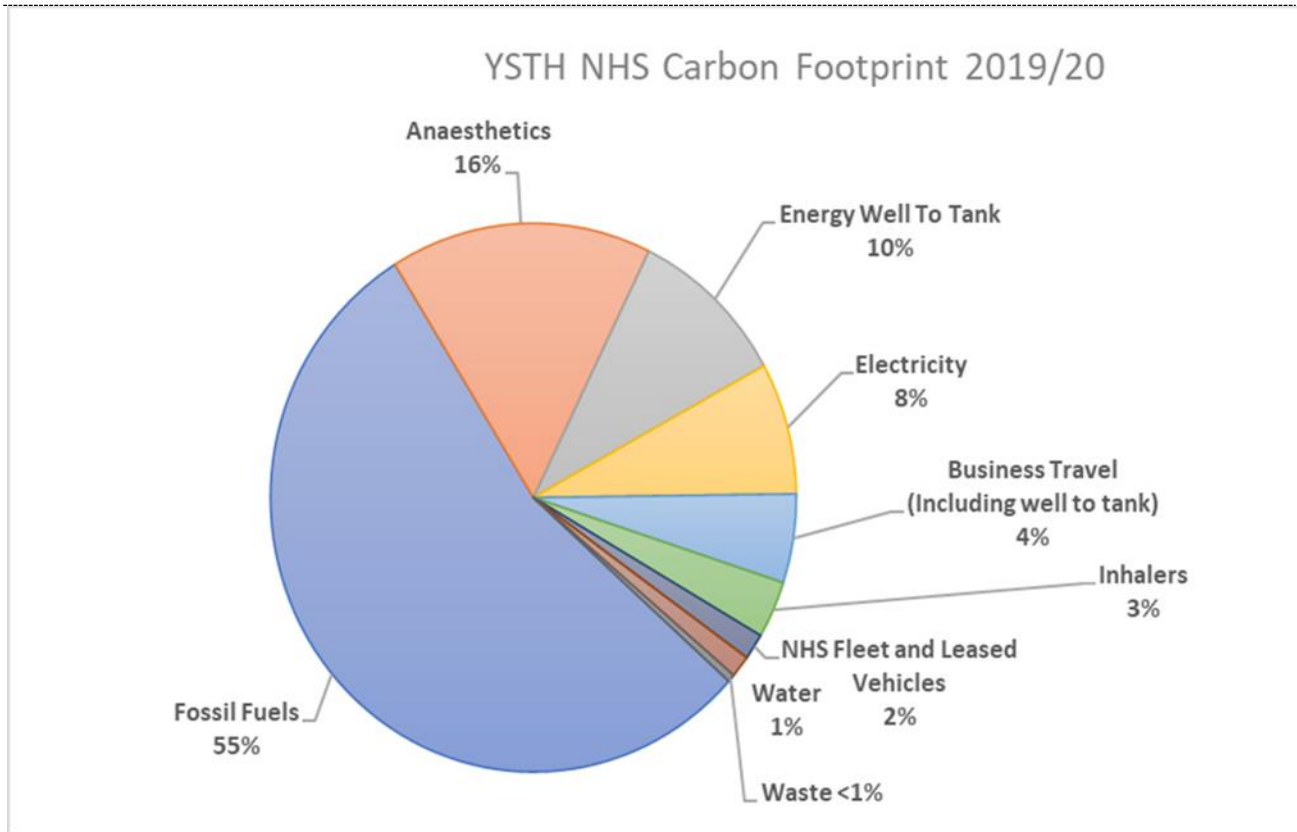
- 1.1 This report is intended to provide an update on the Trust's commitments to sustainability and progress to date in delivering the Net Zero NHS agenda.

2. Background

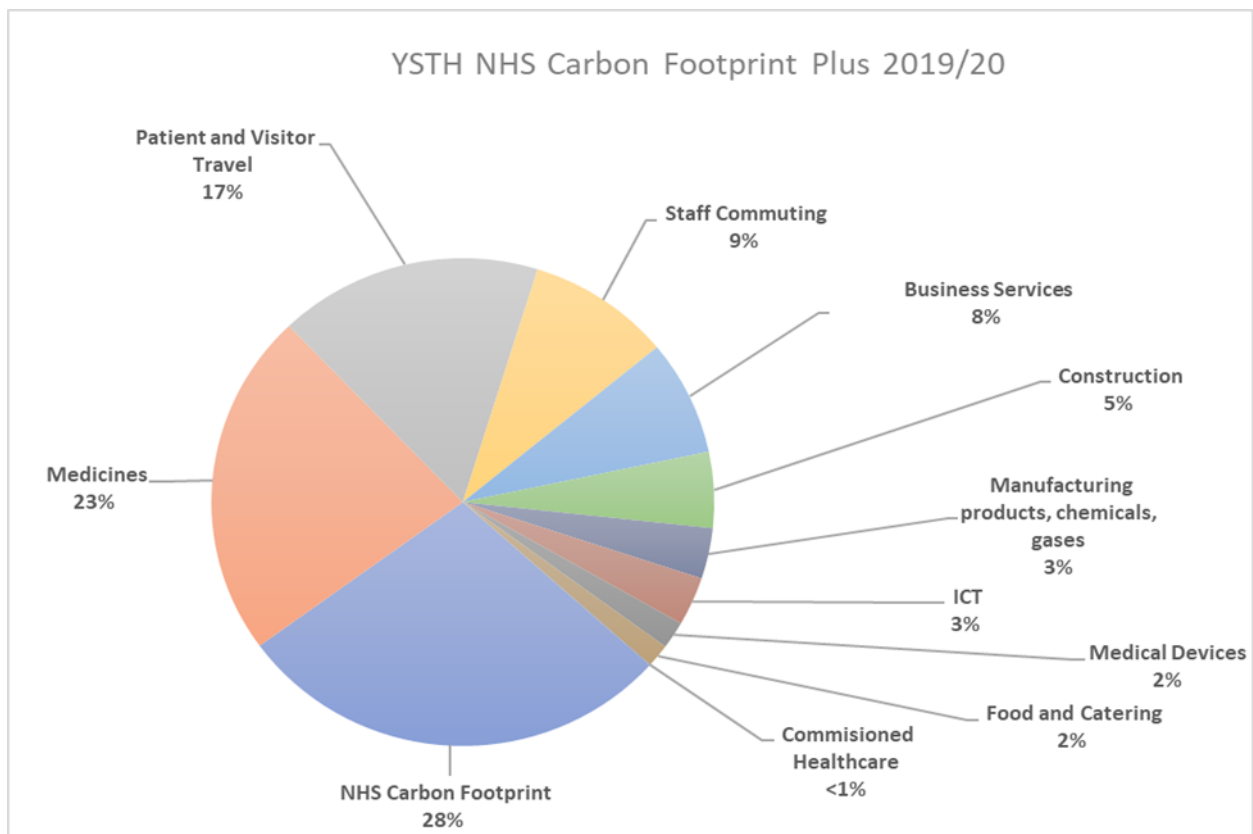
- 2.1 The Trust made a commitment to sustainability a number of years ago and since that time the main progress and focus of activity has been around improving energy efficiency, encouraging staff to use more environmentally friendly forms of transport and reducing the carbon emissions through our waste contracts, in line with national guidance.
- 2.2 Work has also been implemented through working with colleagues in other departments and up until recently this work was following the Trust's Sustainable Development Management Plan (established in 2017). During the last few months the Trust Board has approved the introduction of a new Green Plan to replace the Sustainable Development Management Plan.
- 2.3 The Trust Green Plan includes information on progress against a number of key areas highlighted for action in the national guidance and it also incorporates a new commitment to Delivering a Net Zero National Health Service.
- 2.4 "Delivering a Net Zero National Health Service" is the name of a document from NHS England and Improvement which has introduced overall carbon reduction targets for achieving net zero carbon emissions ahead of the statutory target set out in the Climate Change Act of net zero by 2050.

3. Delivering a Net Zero National Health Service and the Trust Green Plan

- 3.1 Delivering a Net Zero NHS sets out 2 high level targets, which are to
- Reduce our Carbon Footprint to Net Zero by 2040 (with an 80% reduction by 2032) where this is for emissions that we directly control (our building energy use, or anaesthetic gas use , our fleet mileage, our business mileage, use of inhalers, water and waste) and
 - Reduce our Carbon Footprint Plus to Net Zero by 2045 (with an 80% carbon reduction by 2039) for emissions that we can influence (our patient and visitor travel, staff commuting , the things that we buy including medicines
- 3.2 In order to deliver the Net Zero agenda we have compiled our NHS Carbon Footprint and NHS Carbon Footprint Plus and looked at the proportions of each category (See below).



73% of the carbon emissions are from buildings energy use, 16% anaesthetic gases, fleet travel 6% Total 25k tonnes CO2e for our Carbon Footprint.



Medicines 23 % of our Carbon Footprint Plus , Building Energy is 21%, Patient & Visitor Travel 17%, Staff Commute 9 % .Total 90k tonnes for our Carbon Footprint Plus

3.3 The trend for the carbon footprint plus, since 2014 has been a gradual reduction with the data for the Carbon footprint showing a reduction since 2013.

3.4 Since 2013/14

- Emissions from Buildings energy use reduced by 29%
- Emissions from waste sent to landfill reduced by 99%
- 40% reduction in grey fleet mileage emissions
- 18% reduction in Inhaler emissions
- Overall Carbon Footprint reduced by 27%
- Overall Carbon Footprint Plus reduced by 13%

3.5 Since 2019/20

- Desflurane emissions reduced by 78%
- Emissions from isoflurane reduced by 40%
- Fleet and Business mileage reduced by 30%
- Emissions from water use and treatment reduced by 14%
- Reduction in single use plastic items in catering by 10%
- Carbon Footprint reduced by 8%

3.6 The Trust Board approved Green Plan has now been published on the Trust website and can be found by choosing the “About us” tab and the selecting Green Plan from the Publications page. The Green Plan includes the Board agreement to a new mission statement that says:

“The York and Scarborough Teaching Hospitals NHS Foundation Trust strives to actively encourage, promote and achieve zero carbon emissions in all that it does, through its staff, its services, its premises, its patients and visitors, and its partners in line with NHS targets”.

3.7 The Green Plan’s priority areas for immediate action are reducing carbon from the estate energy use and also from its own use of travel and transport, noting that 32 new targets (see Appendix A) were also introduced, through documents issued by NHS England and Improvement, relating to numerous areas of the Net Zero agenda and more targets are expected. Whilst there is recognition of the significant contribution of patient and visitor travel and medicines, the 80% targets by 2032 have to take priority, in the short term, with limited resources in terms of available staff and budget.

4. Key Achievements

4.1 The key Trust achievements, based on the nationally recommended actions, are summarised in the Green Plan as below.

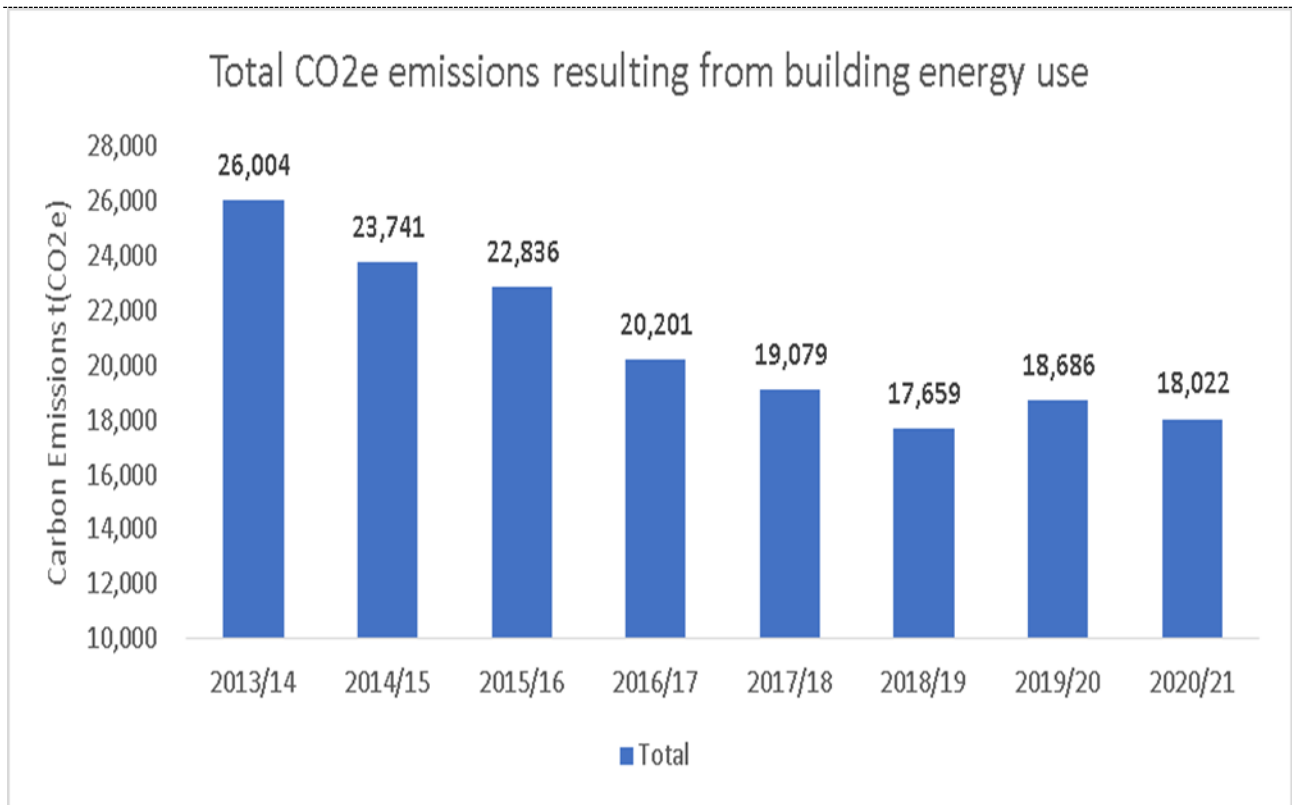
- Since April 2020, all the electricity imported from the national grid is on a 100% Green Tariff.

- The installation of additional heat and power meters and monitoring software to support better management and control of heat and power use (funded by central government).
- Business leases limit high emission vehicles and encourage Ultra-Low Emission Vehicles ('ULEVs').
- 9 Electric vans in our transport fleet and fleet electric vehicle charge points have been introduced. (Energy Savings Trust Fleet Review commissioned - to report in 2022).
- York Hospital Park and Ride established. E-Scooters trial is in progress at York with City of York Council, and car share and cycle to work schemes are also in operation in the Trust.
- The Adverse Weather Plan has been updated to include data collection opportunities to inform longer term capital planning.
- A Sustainable Design Guide introduced reinforcing the need to integrate BREAAAM Excellent standards and whole life costs for all new buildings.
- The proportion of desflurane to sevoflurane (anaesthetic gases) used in surgery reduced from 38% in 2018/19 to 9% in 2019/20 and 3.5% in 2020/21.
- 25% of out-patient appointments were non-face to face between March 2020 and February 2021 as compared to less than 2% in the February 2020.
- The Trust has established a Green Champions network to engage staff in sustainability and carbon reduction.
- Over £6,000 in avoided costs and 3 tonnes of CO2 emissions saved by use of the "Warp It" reuse portal.
- .Introduction of a walking aids and equipment procedure that has reduced equipment losses and encouraged recycling.

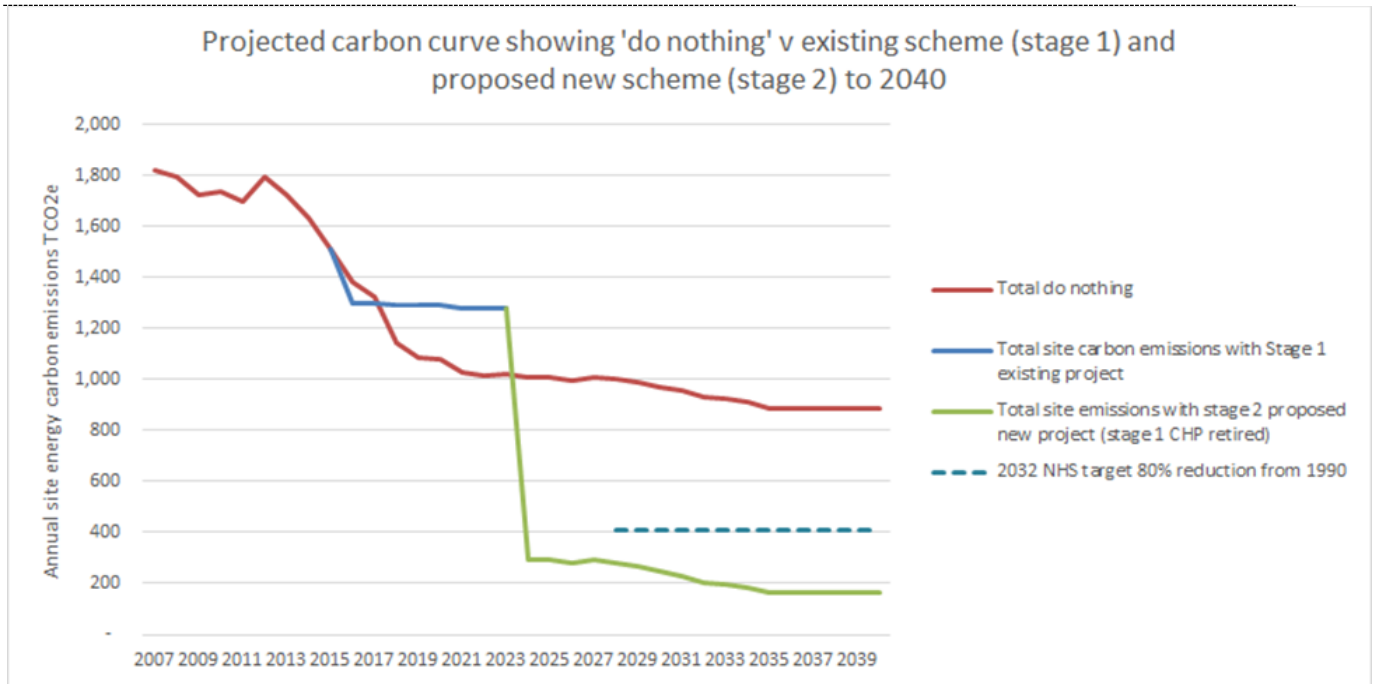
5. Areas of Focus

5.1 Energy – 73% of Trust NHS Carbon Footprint

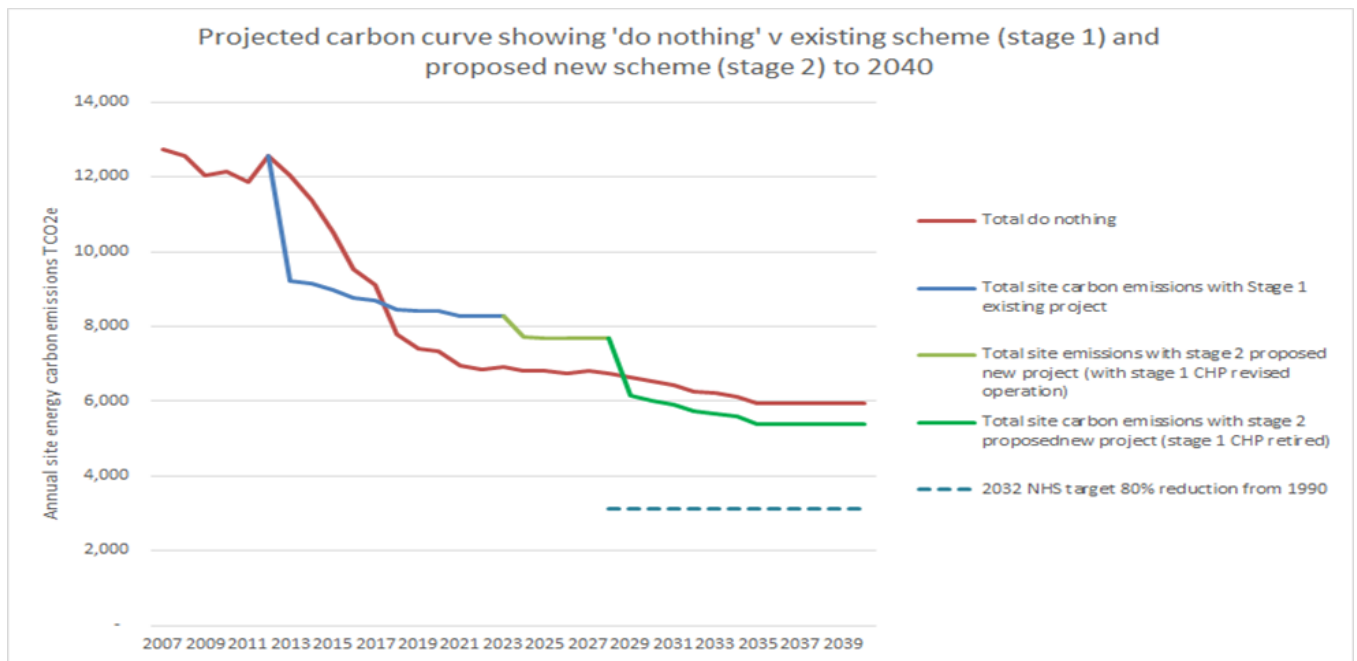
- Schemes commenced, in 2013, to improve efficiency, resulted in carbon reduction at York, Scarborough and Bridlington Hospitals with the introduction of gas Combined Heat and Power plants, improvements to motor controls, better insulation and more efficient lighting.



- In 2020, York Hospital was one of 12 pilot hospital sites selected for Modern Energy Partners Programme (BEIS). The project included a concept design, identifying how carbon emissions could be halved by 2032 by improving energy efficiency and introducing heat pump technologies to replace fossil-fuel based systems alongside solar PV and batteries.
- The concept design advised of a need to invest £14.4million to achieve a 72% reduction by 2032 from current levels.
- The Trust is now developing net zero energy plan to decarbonise its buildings, focusing on largest sites. Public Sector Decarbonisation Scheme grants applications were submitted for York and Bridlington hospitals for heat pumps, and insulation with a mini solar farm and solar panels at Bridlington to be delivered in 2022/23. A total of £5million investment at Bridlington Hospital will see its building energy carbon emissions reduced by at least 80%.



- At York a similar amount will be invested but this is only the start of the journey to Net Zero.

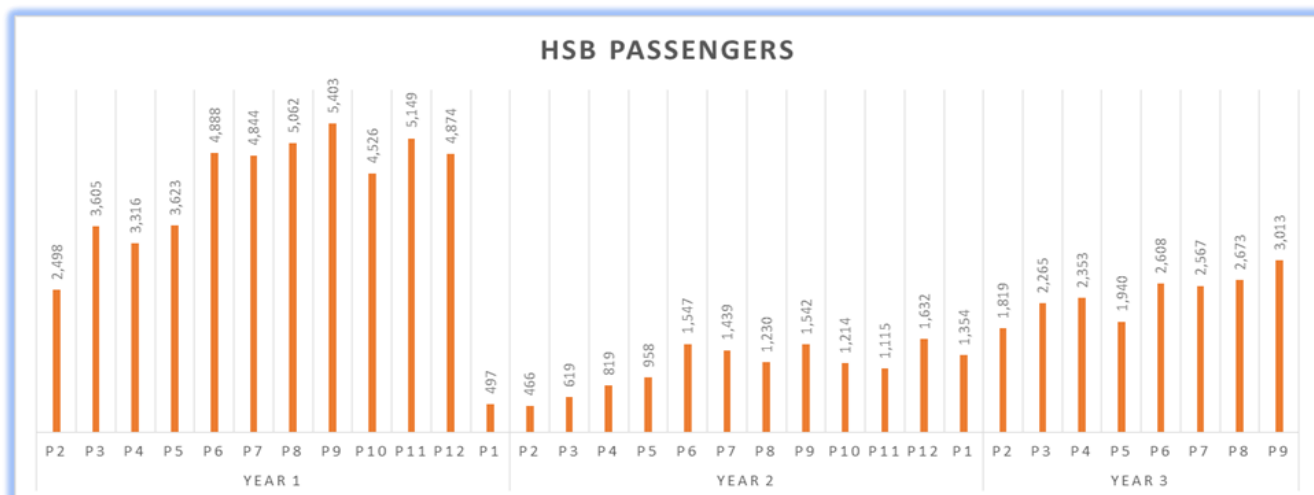


- Community Renewal Funding awarded via LEP and NYCC to develop building models (or digital twins) for Scarborough and Selby Hospitals to help us improve the efficiency of existing buildings and how best to implement renewable technology. Proposals to be delivered in 2022.

5.2 Travel and Transport – 6% of Carbon Footprint

- The delivery of net zero through promoting active travel and public transport, together with schemes for lowering carbon transport emissions (by converting use to electric vehicles) has been difficult to instigate due to a lack of available funding. The

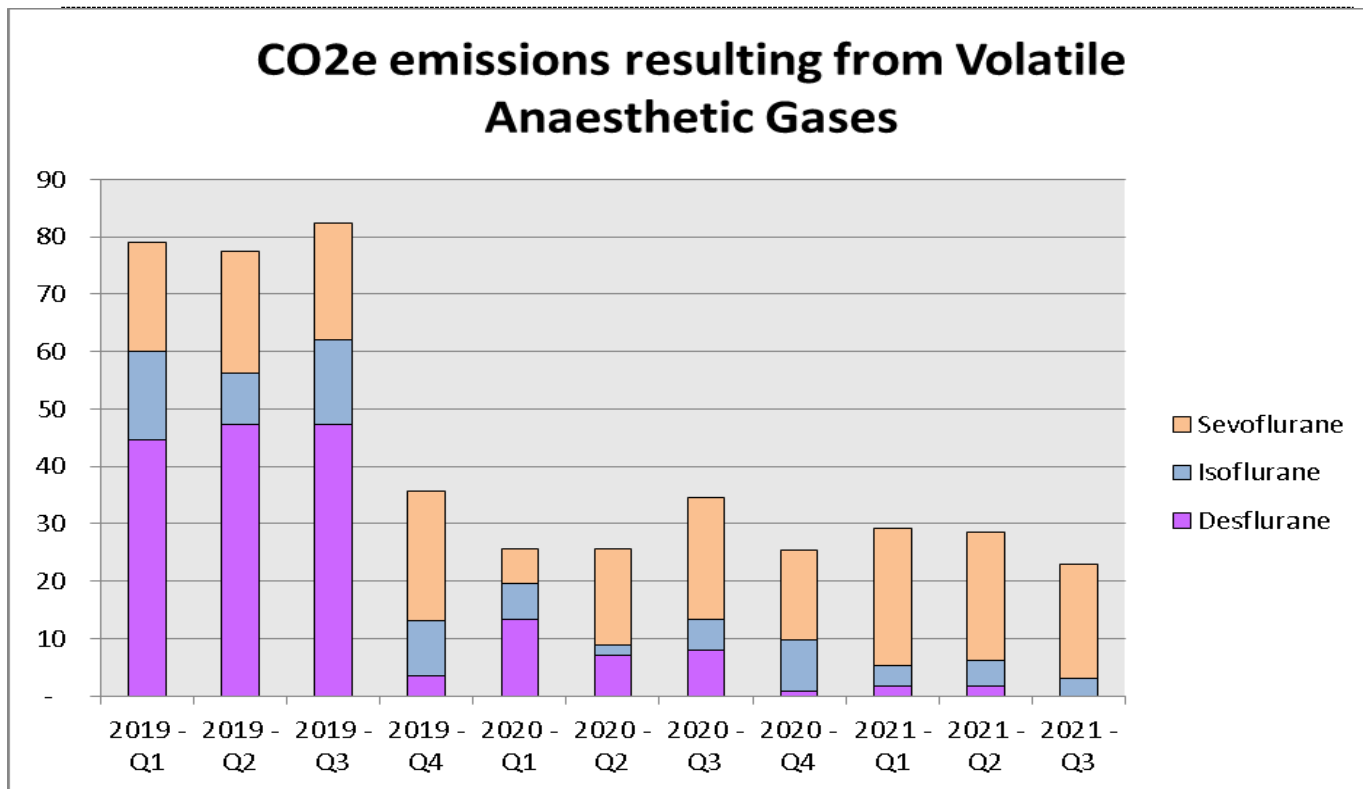
mandated free staff car parking to help to support staff in the Covid pandemic has made staff reluctant to try other options and reduced the success of the scheme.



- Travel surveys 2016 and 2019 suggested that a modal shift had been achieved in number of areas through promotional work.
- Several Capital Projects have led to car parking reduction and it is recognised that more work is needed to establish new business case proposals that promote and provide sustainable alternatives to car travel.
- Work is on-going to consider options for improving active travel facilities and improving the bus connections for York and Scarborough Hospitals.
- A recent success includes a change to the bus service to the north and south of Scarborough which now drops off outside of the hospital entrance and has made the hospital more accessible by public transport.
- At York a discounted Park and Ride service to York Hospital helps to discourage hospital users from causing congestion and reduces staff parking needs at the hospital site.
- An Energy Saving Trust fleet review report will shortly be provided to look at transitioning fleet, pool cars and business mileage to electric vehicles as a means of reducing carbon emissions for essential transport and travel.
- Carbon emissions have also been reduced through the digital agenda supporting opportunities to reduce travel through virtual meetings and consultations, and non face-to-face outpatient appointments. These services have played a key part of maintaining services and helped to reduce risks during the Covid pandemic.

5.3 Anaesthetic Gases – 16% of Carbon Footprint

- The NHS Standard Contract introduced a target in 2021/22 to Reduce the proportion of desflurane to sevoflurane used in surgery to less than 10% by volume
- The reduction of desflurane was driven by preferential use of sevoflurane over desflurane by colleagues working in anaesthesia
- Desflurane use has decreased down to close to zero and carbon emissions to these volatile organic gases. In 2020/21 the proportion of Desflurane to Sevoflurane was 3.5%.
- More work is needed to quantify potential for the reduction of Nitrous Oxide gases.



6. Next Steps

6.1 Discussions are ongoing with colleagues on how we can better integrate the net zero targets throughout all Trust Strategies and activities but the focus for the Sustainability Team for the coming year will be how to meet the majority of the 32 new targets introduced, through documents issued by NHS England and Improvement, in the last 18 months which will focus the team's work on the need to deliver the following:

- Continue to develop building decarbonisation plans to 80% by 2032 and net zero by 2040,
- Review of cycle facilities, with proposals for showers, changing areas, lockers and secure bike racks, to encourage active travel,
- Increase take up of public transport and car sharing,
- Review transport and travel policies to achieve faster conversion to EV (with reference to the recently received draft Energy Saving Trust Fleet Review report),
- Explore use reduction, capture and recycling of anaesthetic gases,
- Awareness raising throughout Trust at all levels,
- Green Plan review, monitoring and annual reporting, and
- Understand contributions of plans to net zero targets.

3. Recommendation

To receive information and note the content of this report

Targets introduced since 2020

Completed but regular monitoring/ input needed from Sustainability Team

- 1. All trusts have a Board-level lead with net zero in their portfolio by April 2022** – *Andrew Bertram Finance Director and Assistant Chief Executive is Board level Net Zero Sustainability lead*
- 2. Reduce the proportion of desflurane used in surgery to less than 10% of overall volatile anaesthetic gases by volume in all trusts** – *achieved in 2019/20*
- 3. Business mileage reduced by 20% by 2023/24** *teleconferencing and Covid achieved reductions in 2020/21*
- 4. Provide a salary sacrifice cycle-to-work scheme in place for staff** – *Completed*
- 5. Ensure trust has a cycle-to-work lead** – *Dan Braidley, Environment & Sustainability Manager*
- 6. Purchase 100% of its electricity from renewable sources**- *purchased since April 2020*
- 7. All trusts have a Green Plan that aligns to ambitions in Delivering a Net Zero National Health Service by January 2022 (Net Zero by 2040 for emissions we control and 2045 for emissions that we can influence)** – *completed*
- 8. Undertake a review of the existing fleet** – *In progress – first draft received February 2022*

Work started but much more to do

- 9. Put in place plans by 31st March 2022 to reduce greenhouse gas emissions from the Provider's Premises in line with targets in Delivering a 'Net Zero' National Health Service (i.e.net zero by 2040 and 80% reduction by 2032)**- *activities currently limited to grant application schemes, behaviour change and adjusting controls. Work started on Net Zero Estate Plan in June 2021.*
- 10. Phase out fossil fuel heating** – *progress restricted to grant applications*
- 11. Put plans in place by 31st March 2022 on how the Trust will to take action to adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather** - *In 2021 Trust Adverse Weather Plan replaced cold weather and heatwave plans (by Emergency Planning Manager) and agreed to annual review of impacts of adverse weather*
- 12. Provide facilities to encourage active travel for staff and visitors (e.g. cycle storage, showers, lockers) by 31st March 2022**-*work started on reviewing facilities and providing showers and other opportunities to reduce staff car travel to site such as better integration with Park and Ride and hospital site*
- 13. Support patient choice of less carbon intensive inhalers, for example dry powder inhalers, where clinically appropriate** – *Clinical prescription of Green Inhalers in local care pathway in conjunction with CCGs*
- 14. Work with national team to ensure schemes for green disposal of inhalers are rolled out across the region** – *work on- going to encourage return of inhalers*

15. **Implement approaches to optimise use of medical gases, including reducing waste and preventing the atmospheric release of medical gases-** *work started on auditing medical gases storage and use*
16. **Make provision with a view to maximising the rate of return of equipment such as walking aids for re-use or recycling-** *in progress, system now in place to prevent losses from receipt by Trust to provision to patients*
17. **Outpatient appointments reduced by 1/3 by 2023/24 – non-face to face appointments increased to 25% during Covid pandemic, needs further monitoring and development support**
18. **Independent Review of NHS Hospital Food 2020, recommends a digital meal ordering system the use of seasonal menus with seasonal and local ingredients? and states “In a number of hospitals, digital solutions are helping healthcare teams to collate food choices, manage allergies and diets, and minimize waste. Every hospital to implement a digital meal ordering system by 2022”-** *comments made recently to Catering Manager on draft Food and Drink Strategy, follow-up needed on delivery timeframe*
19. **Reduce the use of single-use plastic food and beverage containers, cups, covers and lids-** *new waste contract to be established that will include waste stream for compostables, York and Scarborough restaurants have replaced plastic containers with compostable alternatives.*
20. **Reduce avoidable use of single use plastic products including by signing up to and observing the Plastics Pledge – Plastic Pledge signed**
21. **So far as clinically appropriate, to cease use of single-use plastic cutlery, plates or single-use cups made of expanded polystyrene or oxo-degradable plastics - compostable range introduced**

Work not started but action required by 31st March 2022 and/or 2023/24

22. **Solely purchase and lease cars that are ULEV or ZEV by 31st March 2022**
23. **Purchasing vans under 3.5 tonnes that are ULEVs or ZEVs 31st March 2022**
24. **Ensure that only ULEVs or ZEVs are available to staff through car salary sacrifice schemes by 31st March 2022**
25. **Fleet air pollution emissions to be reduced by 20% by 2023/24 (through change to EV)**
26. **Develop and operate expenses policies for Staff which promote sustainable travel choices –includes flow chart to encourage sustainable choices but needs changing to include other targets and regular promotion**
27. **Give due regard to the potential to secure wider social, economic and environmental benefits for the local community and population in its purchase and specification of products and services, and review on an annual basis, which impacts it will prioritise for action-** *included in some Procurement specifications. Prioritisation limited to energy question on Medical Equipment and Resources Group (MERG) and mandatory consultation on sustainability on business case forms*

Work not started but longer term targets.

28. **At least 90% of Trust fleet to use low emissions engines by 2028 and all by 2032**
29. **Net zero to be achieved for fleet and business travel by 2040** *plan needed post fleet review – see above*
30. **Net zero to be achieved for patient and visitor travel and staff commute by 2045**

31. **Achieve Net zero on all procurement by 2045-** *national guidance to follow later this year*
32. **Put in place plans to reduce waste and water usage through best practice efficiency standards and adoption of new innovations/ achieve Net Zero by 2040-** *water and waste currently each circa Trust1% of Trust NHS Carbon Footprint so treated as lower priority -waste strategy group being established in 2022.*

CHAIR'S SUMMARY

Committee/Group: Group Audit Committee	Chair: Lynne Mellor (interim as Jenny McAleese covers interim Trust Chair role)	Date: 9 December 2021
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Agenda Item	Summary	Receiving Body, i.e., Board or Committee	Recommendation or Assurance to the receiving body: Information, Action, Decision
4. Matters arising	4.1 HPV Report: The committee noted that the Chief Executive had taken ownership of the recommendations from this report, and updates will be fed through the Executive committee (next being January). This matter is now closed for audit, and any updates from the Executive committee will, if necessary, feed to the Board.	BOARD	INFORMATION
5. YTHFM	<p>5.1 Internal Audit: The committee discussed the Internal Audit Progress Report. It noted the areas of significant assurance: Sustainability and Project Management. It sought assurance on the limited opinion provided on the management of contractors. The committee asked that plans to address this issue included learnings from the HPV incident. The committee also noted that through a regional Chair committee, work is underway to link procurement across the region with best practice being shared, with Sheffield taking the lead in this work. In addition, it was noted that an ICS Director for procurement will (once on board) immediately review the case for collaborative procurement and its associated benefits for the ICS. A business case describing recommendations for the way forward will come to the Board later next year.</p> <p>5.2 Outstanding audit recommendations: The committee noted that the LLP post the issue of this report had reviewed the audit recommendations and has concluded many are completed. However, the committee sought assurance that the LLP were managing this work in a timely fashion and a fuller 'evidence-based' closure report is provided to the Resources Committee which allows for a thorough review in January (LLP update slot), and the opportunity to discuss any further risks highlighted prior to the next Audit review. The committee requested the process includes the full template being completed/updated so there are no information gaps i.e., any revisions to targets etc.</p> <p>5.3 LLP Procurement compliance update: The committee noted the progress, particularly around the areas of spend which do not have suitable procurement routes. Agreement to come back in 6 months with an update on progress.</p> <p>5.4 YTHFM Reservation of Powers, Scheme of Delegations, SFIs – the committee noted and approved the</p>	BOARD	INFORMATION

	revisions		
6. Digital	- The committee noted the DSPT Toolkit update. The team were recognised and applauded for the enormity of work to consolidate all audit findings since 2018 which had not all previously been addressed or noted as actioned. The committee sought assurance on the prioritisation, RAG status, and risk associated with these actions, and asked for the report to be reformatted and updated to reflect progress. Much of the work ties in with requests from the Resources committee so monthly updates on key areas such as cyber will continue to be reported at that committee prior to the next major progress update to the Audit Committee.	BOARD	INFORMATION
7. Corporate Committee work	7.1 Quality Committee update: overview of issues provided. Concern raised again re CQC letter and the committee sought further assurance the issues raised on data quality had an action plan. 7.2 Resources Committee: – overview of progress such as R&D and issues provided. Concern raised for example on quality of plans for Gender pay gap, and Information Governance. 7.3 Data Quality Group update: noted work to do to address issues identified from the recent review of National Clinical Audit Trust submissions. The next meeting agenda will include a session to improve understanding of the CQC insights report.	BOARD	INFORMATION
8. External Audit	- The External Audit progress report – The committee reviewed Mazars’ timetable. It noted LLP sign off accounts likely to be before end of December. The committee also welcomed the list of recommended reading including the HFMA update on External Audit reports.	BOARD	INFORMATION
9. Internal Audit	9.1 Internal Audit progress report – The committee noted the findings. Concern was expressed re the sickness absence for medical staff having a low opinion finding. The committee noted that there needs to be a ‘root and branch’ review of the underlying systemic issues and action taken. This low assurance has been recognised by the Director of Workforce and her team. The review is to include Simon, Andy, Polly, Jim, Wendy and nominated medical staffing. The committee requested that the relevant executives attend the next audit meeting regarding an update. The Board needs to recognise and support such a comprehensive review by audit.	BOARD	ACTION
	9.2 Outstanding recommendations report: The committee noted the findings.	BOARD	INFORMATION
10. Governance issues	11.1 The BAF The committee noted the tremendous work to improve the BAF. It did however, seek assurance that the process was working and a check on Risk rating is reviewed. It was agreed will be taken to the Risk Committee for review i.e., gaps in assurance have been raised at for example Resources Committee and then raised at Board, and gaps are still prevalent.	BOARD	INFORMATION
	11.2 YSTHFT Reservation of Powers, Scheme of Delegation, SFIs – the committee reviewed and approved the documents to be taken to Board of Directors in January.	BOARD	ACTION
	11.3 Committee Reporting lines and Org Chart – this generated much debate in the Committee, it was agreed the current ‘AS IS’ state needs to be reviewed from an operating model and organisation development perspective. It also noted it very much links to governance and the ability to control ‘accountability’ for issues as they arise. A review of this in due course should be debated and developed	BOARD	ACTION

	with the Board.		
11. AOB	The Committee noted the contribution Helen Kemp-Taylor has made to the strategy, shape, and development of Audit Yorkshire. It's a legacy very much she should be proud of and one which the Trust will build upon – on behalf of the Trust – thank you Helen	BOARD	INFORMATION

Resources Assurance Committee

CHAIR'S LOG: Assurance summary

Chair: Lynne Mellor		Date: 18 January 2022		
Agenda Item	Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision	
Workforce and OD				
6	IBR	<ul style="list-style-type: none"> - The Committee noted the issue of staff absences, influenced in particular by the consequences of the current Covid wave. Staff absences were at 9.3% last week and by 17 January down to 8.1%; however, Covid cases during the same period were up, from 15% to 17%. Compounding problems further, is the lack of compliance to the process of recording an individual's return to work – which is skewing the data accuracy i.e., the main issue being the <i>potential</i> for staff not to be removed once they have returned from leave in a timely fashion. The Committee was assured staff are being constantly reminded to follow the return-to-work process. - Staff well-being and mental health issues were also discussed and the Committee asks the Board to consider how we further recognise all staff given we are in the midst of yet another wave of the pandemic. - The Committee very much welcomed the good news that the Trust had been successful in a bid for £270k for the recruitment of international staff – 90 registered nurses and 6 registered midwives. - The Committee discussed the impact and risks of the 'Vaccination condition of deployment', a central government initiative, which requires all staff (with some stipulated exceptions) to have at least 2 doses of the Covid vaccine by the end of March 2022. The Trust has reviewed 11203 staff (excluding volunteers and governors) and is focusing on 820 staff where the data is unclear, to determine if they have met the conditions. For those staff unvaccinated it will mean 1st dose by 3 Feb and second by 31 March. Those who do not meet the government criteria (or exemptions) will be subject to dismissal following a review by the Trust. 	<p>BOARD</p> <p>BOARD</p> <p>BOARD</p> <p>BOARD</p>	<p>INFORMATION</p> <p>ACTION</p> <p>INFORMATION</p> <p>INFORMATION</p>
7	Annual Equality, Diversity and Inclusion Workforce Report	<ul style="list-style-type: none"> - The Committee was assured progress was being made, but did ask for the next issue of the report to consider shortening to an executive summary of the key challenges and actions which were addressed, measurement of progress against plan, including achievements, risks and clear outcomes. 	BOARD	INFORMATION

Digital							
8	IBR	<ul style="list-style-type: none"> - The Procurement exercise for a new long-term delivery process has been delayed. The Committee was assured that the Digital team has worked extremely hard over Christmas to rework plans and spread the immediate work across a number of suppliers. The Committee thanked the team, and asked for a review of the risk probability impact. 				BOARD	INFORMATION
Finance							
9	IBR	<ul style="list-style-type: none"> - Month 9 – largely balanced, reporting £37k surplus against an adjusted planned deficit of £257k thus £294k ahead of the adjusted system plan. - Concerns about ad hoc ‘premium’ spending linked to staffing problems as a consequence of the pandemic were discussed. The hope is that this ‘premium spend’ will not be necessary in the next few months if the pandemic-associated staffing problems are resolved as the current wave subsides. - Noted capital planning for 22/23 is underway to present to Board in due course. 				BOARD	INFORMATION
YTHFM LLP							
10	Risk and Assurance update	<ul style="list-style-type: none"> - Covid related issues have caused staff absences and all Band 2 and 3 have been offered enhancements to support the current workforce until end of January 2022. - A bid for a grant to support the Trusts Carbon Energy plans has been awarded. This was very much welcomed by the Committee as good news given the £10M allocation. - Scarborough business case is progressing post Board through all the necessary channels. 				BOARD	INFORMATION
Governance							
11	BAF						
Trust strategic goals assured to Committee		1. To deliver safe and high quality patient care as part of an integrated system	<input type="checkbox"/>	2. To support an engaged, healthy and resilient workforce	<input type="checkbox"/>	3. To ensure financial sustainability	X <input type="checkbox"/>
BAF Risks assured to Committee		PR1 - Quality Standards	<input type="checkbox"/>	PR2 - Safety Standards	<input type="checkbox"/>	PR3 - Performance Targets	<input type="checkbox"/>
		PR4 - Workforce	X <input type="checkbox"/>	PR5 - Inadequate Funding	X <input type="checkbox"/>	PR6 - IT Service Standards	X <input type="checkbox"/>
		PR7 - Integrated Care System	X <input type="checkbox"/>	Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.			
Key Agenda Items			RAG	Key Assurance Points		Action	
PR4	Workforce and OD			Committee noted issues remain on medical staffing from audit		Polly to return to Committee with progress report in February	

			Committee noted staff absences and impact on well being	Board to note and support plans to address
PR6	Digital		Continued issue on lack of progress on cyber desktop test exercise	A cyber expert has been brought into the trust to bridge the gap before a more permanent recruit is brought on board.
PR5	Finance, CIP & Capital programme slippage		Both risks were noted and assurance provided that mitigation plans are in place	Andy to continue to update as progress made

Chair: Lynne Mellor		Date: 15 February 2022		
Agenda Item	Summary		Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
YTHFM LLP				
6	Quarterly Report	<ul style="list-style-type: none"> - The Committee thanked the LLP Directors and their teams for their first consolidated report. The Committee noted the overall good performance across the total number of KPIs. It highlighted concerns however re the increasing sickness absence (over 10% in October) coupled by high vacancy rates which are putting extra pressure on staff including their mental health and well-being. The Committee did receive some assurance that plans were in place to address these issues with some success in for example vacancy fulfilment with recruitment days and higher pay. The Committee’s ask of the LLP is to link up further with the Trust on their plans on mental health and well-being including e.g. the LLP planned work for the Facilities Management Business Associate. - The Committee also raised concerns on the higher-risk areas such as theatre cleanliness and how risks can be mitigated. - The CAFM system was discussed: the Committee noted the plans and the progress that have been made, however the overall deployment to a fully working system has been outstanding for some time. The Committee asked for a further progress update on plans and a pilot progress summary in the next quarterly report to gain assurance that the CAFM system’s overall plans are meeting the Trust needs. - The Committee noted next year’s priorities and asked to see the summary of the 5 year strategy. - The Committee suggested improvements to the quarterly report including a summary of the main key measures showing a trend analysis against agreed targets, and key operational and strategic items – summarised as a short executive high-level report. 	BOARD	INFORMATION

Digital				
7	7.1	<ul style="list-style-type: none"> - The comprehensive Audit update report was well received by the Committee. It recognised the significant work undertaken to consolidate all the audit findings and update the plans. Noting for instance the good news re the completion of several major items and the recruitment of a cyber lead. 	BOARD	INFORMATION
	7.2	<ul style="list-style-type: none"> - The Cyber desk top exercise report was welcomed by the Committee and it provided assurance that the Trust is in a much better position to deal with potential threats. The Committee asked that the exercise is extended to cover the LLP and that lessons learnt from recent incidents are incorporated into plans such as the cyber-attack on the Irish Health Service Executive. 	BOARD	INFORMATION
	7.3	<ul style="list-style-type: none"> - The Committee welcomed an excellent demo of a Clinical Digital Care record pilot initiative by Nik Coventry, Janet Farr, Kevin Beatson and colleagues. - The demo showed the ability for staff to record digitally patient admission observations using mobile devices. Multiple benefits e.g., moving from a hefty 'paper heavy' process (with over 300 potential data fields to complete on basic admissions with circa 57k admissions per annum) to a streamlined digital easy access process. For staff its time saving on paperwork creating 'one patient one care record' and thus more time is spent with patients i.e. 'releasing time to care' and for patients their experience is improved as with one plan they don't have to repeat/duplicate personal information to staff. The Committee asks that this demonstration is included in the Board agenda at the end of March given the wider potential benefits. 	BOARD	ACTION
Finance				
8	IBR	<ul style="list-style-type: none"> - Month 10 – reporting £48k surplus against an adjusted planned deficit of £253k thus £301k ahead of the adjusted system plan. - Slippage in capital spend of £9.7M against a planned spend of £21.1M. The Committee noted that significant spend is required to bridge the gap (e.g. spending plans for Digital, and backlog maintenance) and to maximise CDEL cover. - Noted capital planning for 22/23 is underway to present to Board in March. The committee also noted an expectation of 1.5% efficiency delivery will be expected by the Trust next fiscal, with a view to have a balanced outturn at year end. 	BOARD	INFORMATION
Workforce and OD				
9	9.1	<ul style="list-style-type: none"> - Staff mental well-being – the committee noted 28% of staff sickness across the Trust is related to stress, anxiety and depression. The Committee took some assurance that the Trust is continuing to look at plans to address and welcomed the plans to bid for charitable donations for the refurbishment of facilities in York, Scarborough and Bridlington for staff wellbeing facilities enabling them to 'take a break' from work. 	BOARD	INFORMATION
	9.2	<ul style="list-style-type: none"> - The Committee gained some assurance that of the 10 recommendations made by internal audit regarding the management of junior doctor sickness absence – 8 have been completed. The report will be submitted to audit. However, the committee did note that a wider debate on overall line 	BOARD	INFORMATION

		management standards is needed with further root cause analysis. - The Committee also noted the ask from HEE for the Trust to be a lead employer for GPs. This is proving challenging for the Trust to manage (and a similar story in other Trusts) and is an area which the ICS may be able to address on a wider scale.		
	9.3	- Staff survey – a preliminary top level report was presented to the committee due to the timeline being delayed this year as there is a national effort to link the new survey to the people plan through 9 key themes – which is yet to be published. It is hoped once the national report is published, the full staff survey results can be released in March. The Committee expressed that the results were disappointing, recognising factors such as Covid may have had an impact on results.	BOARD	INFORMATION

Governance

11	BAF	- No major alterations to the BAF with improvement to the cyber risk noted.		
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Trust strategic goals assured to Committee	1. To deliver safe and high-quality patient care as part of an integrated system	<input type="checkbox"/>	2. To support an engaged, healthy and resilient workforce	<input type="checkbox"/>	3. To ensure financial sustainability	X <input type="checkbox"/>
BAF Risks assured to Committee	PR1 - Quality Standards	<input type="checkbox"/>	PR2 - Safety Standards	<input type="checkbox"/>	PR3 - Performance Targets	<input type="checkbox"/>
	PR4 - Workforce	X <input type="checkbox"/>	PR5 - Inadequate Funding	X <input type="checkbox"/>	PR6 - IT Service Standards	X <input type="checkbox"/>
	PR7 - Integrated Care System	X <input type="checkbox"/>	Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.			

Key Agenda Items		RAG	Key Assurance Points	Action
PR4	Workforce and OD		Committee noted issues remain on medical staffing from audit Committee noted staff absences and impact on well being	Polly to provide a plan to audit committee on plans to address following short verbal brief at Resources committee. Board to note and support plans to address
PR6	Digital		Moved to amber with the cyber desktop test exercise being performed successfully and a cyber lead being recruited	Team to update report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, CIP & Capital programme slippage		Both risks were noted and assurance provided that mitigation plans are in place	Andy to continue to update as progress made

Quality Committee – Chair’s Assurance Report

Date of Meeting:	18 th January 2022		Quorate (yes/no):	Yes	
Chair:	Stephen Holmberg				
Members present:	Jenny McAleese (NED), Lorraine Boyd (NED), Wendy Scott (COO), Jim Taylor (MD), Heather McNair (CN)		Key Members not present:		
Trust strategic goals assured to Committee	1. To deliver safe and high quality patient care as part of an integrated system		2. To support an engaged, healthy and resilient workforce		3. To ensure financial sustainability
BAF Risks assured to Committee	PR1 - Quality Standards	x	PR2 - Safety Standards	x	PR3 - Performance Targets
	PR4 - Workforce		PR5 - Inadequate Funding		PR6 - IT Service Standards
	PR7 - Integrated Care System		Comments:		
RAG Ratings					
Low	Assurance indicates poor effectiveness of controls				
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve				
High	Full assurance provided over the effectiveness of controls				

Key Agenda Items	RAG	Key Assurance Points	Action
7. Ockenden & Maternity		Routine escalation to Board. No significant movement in metrics in month	Action plan in progress
9. IPC		Numbers of C. diff cases continue to run very high and above trajectory. Cases of Aspergillus due to inadequate cleaning. Overall concern that leadership of IPC is fragmented without a single voice at Board especially with regard to LLP	Board discussion
10. SIs		Routine escalation to Board. To note Never Event.	Processes of learning and triangulation with other data sources continue to strengthen
12. CQC		Routine escalation to Board. No significant changes to report	Action plan in progress

Quality Committee – Chair’s Assurance Report

		from December	
14. COO Report		Deteriorating position re 104w RTT. Further increase in ambulance handover delays and long ED stays. Detailed analysis of prolonged waiting times for treatment including cancer and diagnostics under extreme pressure	Board Discussion

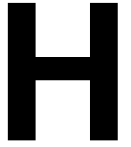
Date of Meeting:	15 th February 2022		Quorate (yes/no):	Yes		
Chair:						
Members present:	Stephen Holmberg (Chair), Jenny McAleese (NED) Lorraine Boyd (NED), Wendy Scott (COO) Jim Taylor (MD), Heather McNair (CN)		Key Members not present:			
Trust strategic goals assured to Committee	1. To deliver safe and high quality patient care as part of an integrated system		2. To support an engaged, healthy and resilient workforce		3. To ensure financial sustainability	
BAF Risks assured to Committee	PR1 - Quality Standards	x	PR2 - Safety Standards	x	PR3 - Performance Targets	x
	PR4 - Workforce		PR5 - Inadequate Funding		PR6 - IT Service Standards	
	PR7 - Integrated Care System		Comments:			

RAG Ratings	
Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

Key Agenda Items	RAG	Key Assurance Points	Action
7. COO Report		Concern over increase in access times for non-emergency care and deterioration in parameters of emergency care. Specifically, to report delays in ED triage times and evidence of patient harm associated with long ED stays e.g. falls	Escalation
9. Maternity Services		Routine escalation to Board. No significant movement in	Escalation

Quality Committee – Chair’s Assurance Report

(Ockenden Report)		metrics in month	
13. IPC		Continued concern over outlier status with regard to high levels of HAIs. Difficulties over recruitment to senior leadership positions despite funding availability. Work in progress to improve coordination with LLP over issues involving estate	Escalation
16. SIs		Updated reporting and investigation processes to facilitate Trust-wide learning from events through identification of important themes and trends. Improved escalation of assurance to Board	Board discussion
19. CQC		Routine escalation to Board. No significant changes to report from December. To note on-going vulnerability with no appointment to PEM Consultant in Scarborough	Action plan in progress



Report
Council of Governors
15 March 2022
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
- Governor Forum (action notes)
- Out of Hospital Care Group (minutes)

Recommendation

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

Authors: Sally Light – Lead Governor
Steve Reed – Head of Strategy for Out of Hospital Services

Date: March 2022

1. Lead Governor Report

Induction

This report provides information about my key activities in my role as Lead Governor since the last Council of Governors (CoG) in December.

Chair recruitment

As reported at the last meeting I was pleased to be involved in the recruitment of our new Chair, Alan Downey. I have subsequently met with Alan as part of his induction and now have monthly meetings with him in the diary. During the period between Sue Symington leaving and Alan coming into post I met regularly with Jenny McAleese in her role as acting Chair.

Visit to Bridlington

At the recent Governor Forum I fed back on a very useful meeting that I had attended with Jenny and the Bridlington Health Forum where we met with local residents Simon Tory and Dr Anthony Clarke. We agreed a number of actions and there is a follow up meeting at the end of this month which Bernard Chalk is also attending as an East Coast governor. The Forum members are very keen to connect with local governors and also gave us useful feedback on the 'questions to governors' process – which were fed into the current review.

Quality Account

In January I attended a consultation meeting relating to the Trust's quality account. It was an opportunity for the Trust to engage with patients and carers about their views on quality priorities. We heard about the experience of a carer whose husband had been a patient during the covid restriction period. A number of issues were raised and discussed such as breaking bad news, consultant oversight standards and communication. I understand a report on the quality account, informed by this event, will go out for stakeholder consultation in April after review by Quality Committee. I am assured the Governors will be part of the consultation.

Support for governor communications and engagement

As previously reported, I am trying to encourage the Trust to allow governors to be a pilot group for the Teams Microsoft 365 platform. Unfortunately, there hasn't been any progress since the last CoG but I now have a meeting with key people from the ICT team on Weds 9th March and so will feedback any progress when we meet.

Sally Light
Lead Governor

2. Governor Forum (09.02.22)

Agenda Item:	Items for CoG meetings	Notes
Actions agreed	SS spoke about a meeting she attended that gave a presentation on End of Life Care. It was agreed that this may be a good topic for a seminar and TA will contact Kath Sartain to arrange a date.	Event arranged for 19.05.22. Action closed.
Agenda Item:	PESG	
Actions agreed	With Doug's resignation there was a vacancy for a governor representative on this group. Governors to give their expressions of interest to SL/TA.	Beth Dale to join the group. Action closed.
Agenda Item:	Membership Development Group	
Action agreed	ML to distribute details of Charity Events that governors can attend to promote Trust membership.	
	TA to speak to Comms about press releases to promote being a member of the Trust.	Ongoing
Agenda Item:	Chairs of Committees	
Actions agreed	SL asked the governors if any of them were interested in chairing the MDG and CRG meetings. Expressions of interest to SL.	Ongoing
Agenda Item:	Public Questions	
Actions agreed	An environmental question was raised by member of the public. TA advised that Jane Money, Head of Sustainability, will be attending the March Public CoG to give update on Trust's Environmental Policy.	On March Public CoG Agenda. Action closed.
	Query raised around multi appointments for	

	patients can be combined so patients only attend on one day. It was agreed that AF will inform the PESG about the concern.	
	Concern raised over whether Mental Health issues in SGH A&E had been resolved. MT will discuss with Medical Director.	
	It was highlighted that community care was not provided by the Trust on the East Coast. Governors asked how they could obtain assurance about the quality of care provided. MT will discuss with the Director of Communications.	
Agenda Item:	Representation of local Councils at CoG	
Actions agreed	There was a concern that only one council was being represented at CoG when the Trust footprint included areas that came under other councils and asked if the constitution should be changed to reflect this. Governors agreed that this should be discussed at the next CRG meeting.	On April CRG Agenda. Action closed.

Sally Light
Lead Governor

3. Out of Hospital Care Group (10.12.21)

Attendees:

Steve Reed (Chair), Catherine Thompson, Keith Dawson, Beth Dale, Sue Smith, Bernard Chalk

In attendance for item 1 – Gillian Younger, Senior Operational Manager for Discharge

In attendance for item 2 – Kath Sartain, Lead Nurse for End of Life Care

Apologies: Sharon Hurst, David Thomas, Lorraine Boyd.

Summary of topics discussed

Update on Discharge Pathways:

Gillian Younger presented an overview of this topic for the group.

Gillian described that before the start of the pandemic a traditional model had operated with patients who required additional support on discharge receiving a number of assessments whilst in their acute hospital bed to determine what their support needs were and who would fund these. In March 2020, the Hospital Operating Discharge Policy was

published based on the principle of 'Discharge to Assess', recognising that assessments for ongoing needs were best carried out in a person's home environment or a setting closer to home.

Both acute sites established single points of access to co-ordinate a range of discharge pathways providing additional support at home or in a 24 hour care setting. These were initially funded through a single national programme for up to six weeks (now up to four weeks). The previous wide range of different referral forms for ward teams to complete were replaced by a single Trusted Assessment Form that described the care needs of an individual rather than prescribing the type of care required. The Discharge Command Centres, staffed by teams from health and social care, then organised the required support so people could leave hospital and the numbers of patients 'stranded' in hospital significantly reduced.

Although those arrangements remain in place, the ongoing impact of COVID has seen an increasing number of people in hospital who need additional support alongside significant workforce pressures for the social care sector. This has created challenges to ensure the right capacity of services to support discharge with a corresponding increase in the number of patients in hospital who are ready to leave. There is also a risk approaching in April when national funding for the four weeks of discharge support will end.

However, the collaborative approach across health and care to address these challenges continues. A Discharge Standards Group has been established, bringing together ward teams, social workers and care providers to work through issues and co-design solutions. A recent example has been the re-development of the Trusted Assessment Forms to ensure these give care providers the information they require.

End of Life Care:

Kath Sartain presented an overview of this topic for the group.

Kath described the objective of the end of life care strategy as being to support people to live well until they die, looking at physical, psychosocial and spiritual elements of care. She noted that locally 45% of people die in hospital and 55% in community settings (slightly better than the national average) but recognised current challenges in care provision that may impact this. She emphasised that palliative care was everyone's business and shared details of the local end of life care plan that was based on the principle of 'one chance to get it right'.

Kath discussed how the end of life strategy was being refreshed under the heading of 'we live well till we die' and described a range of ambitions that will be set out in the strategy. The priorities in the strategy are honest conversations, advanced care planning (for everyone), excellent symptom control and clear last days of life care.

Kath described recent positive developments with improved partnership working between services, establishing a Single Point of Co-ordination for palliative care, virtual consultations involving geographically dispersed families, electronic shared care records, system-wide education and provision of syringe drivers. She also discussed some of the challenges brought about by COVID and the impact this was having on those working in palliative care. Governors were encouraged to look at the information on the Trust website

relating to end of life care and were asked to send Kath ideas on public engagement opportunities to discuss the importance of advanced planning.

Purpose of Group:

Steve shared the Terms of Reference for the group and a discussion on the purpose of the group took place. It was agreed that there will be an agenda item at the March meeting to agree the work plan for the next year with group members encouraged to bring topics for consideration.

Matters arising:

The previous minutes were noted as a correct record and all actions were noted to be complete.

March Agenda:

The agenda for the March meeting was discussed and to include items on:

- Children's community services;
- 2022 work plan.

Actions Agreed

- Governors to feed back ideas on public engagement opportunities to Kath;
- All to consider topics to be included on the 2022 work plan.

Next Meeting

11 March 2022, 10am-12pm

Steve Reed
Head of Strategy for Out of Hospital Services

CoG Attendance Record

11

Name	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	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG
Sue Symington Chair	√	√	√	√	√	√	√	√		
Jenny McAleese Interim Chair									√	
Rukmal Abeysekera (Public Governor – York)					√	√	√	√	√	
Amit Bhagwit (Public Governor - Out of Area)									√	
Doug Calvert (Public Governor – Selby)					√	√	√	√	√	
Bernard Chalk (Public Governor - East Coast of Yorkshire)									√	
Dawn Clements (Stakeholder Governor – Hospices)	√	√	√	√	√	√	√	Ap	Ap	
Beth Dale (Public Governor - York)									√	
Keith Dawson (Public Governor – Selby)	√	Ap	Ap	Ap	√	√	√	√	√	
Keith Dobbie (Public Governor - East Coast of Yorkshire)									√	
Alistair Falconer (Public Governor - Ryedale & EY)									Ap	
Helen Fields (Public Governor – York)	√	√	Ap	√	√	√	√	√	√	
Ian Mackay Holland (Public Governor – East Coast)					√	√	√	√	Ap	
Sharon Hurst (Staff Governor – Community)	√	√	Ap	√	√	√	√	√	Ap	

CoG Attendance Record

11

Name	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	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG
Paul Johnson (Stakeholder Governor – YTHFM)					√	√		√	√	
Mick Lee (Staff Governor - York)	√	√	√						√	
Sally Light – (Public Governor – York)	√	√	√	√	Ap	√	√	√	√	
Maya Liversidge (Staff Governor – Scarborough/Bridlington)					√	√	√	√	√	
Vanessa Muna (Staff Governor – York)					√	Ap	Ap	Ap	Ap	
Chris Pearson (Stakeholder Governor – NYCC)	√	Ap	√	√	√	Ap	√	√	√	
Michael Reakes (Public Governor – York)	√	√	√	√	√	√	√	√	√	
Gerry Richardson (Stakeholder Governor – York University)	√	√	Ap	√	√	√	√	√	√	
Sue Smith (Public Governor - Ryedale & EY)									√	
Byron Stevenson-Wightwick (Staff Governor - Scarborough/Bridlington)									√	
Catherine Thompson (Public Governor- Hambleton)	√	√	√	Ap	√	√	Ap	√	√	
Angela Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap	
Josie Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap	
David Wright (Public Governor - Ryedale & EY)									√	

Research and Development

Governors and Members Communications February 2022

We have the pleasure of communicating to you today the research highlights of the Research & Development Department in the last few months. We are a large department housed at our York and Scarborough sites, and we support research across all our clinical areas.

Currently we have approximately 130 research studies open to recruitment and we recruit over 4000 patients to clinical trials every year.

Summary of our recent research highlights since December 2021

- We have submitted several grants for external funding (some we are still waiting to hear if they have been successful)
 - NHSE&I 310K (pending)
 - Rosetrees Trust £51k (pending)
- Hull York Medical School have offered the Trust 5 Clinical Academic posts of mutual benefit to both organisations research and HR agenda, and the post are being moved forward. The Ophthalmology post has been appointed and the Cardiology and Peri Operative Medicine post will be advertised soon
- We have opened our Multimorbidity Research Hub at Scarborough. We have recruited a Research Fellow and a Research Practitioner to support news trail since the Hub and we have already opened several news studies, giving new opportunities to our patients
- We have appointed Dr Marthe Ludtmann to start a new post, as a Commercial Research Manager with us. The aim is to see if we can attract commercial research to our Trust that brings with it additional research income that we need to grow our department and demonstrates a positive research environment
- We have held the second cross organisational York strategic Research Committee, where it was agreed to create two strategic steering groups

named Health and Wellbeing and Digital Technologies of the Future to drive York collaborative research forward

- The team alongside colleagues at the University of York recruited 54 participants to a COVID-19 Vaccine Trial in Adults 18 Years of Age or Older. The study has been a huge success resulting in The Medicago plant based Vaccine being approved and licenced for use in Canada, we will therefore, hopefully see this novel vaccine licenced in the UK soon
- We have a further 3 AHPs progressing through NIHR and HEI research led education through the continued relationships and creation of formal programmes. Staff are mentored by colleagues within research and further demonstrates our embedded links and need to grow research education for career professional development

How to get involved

FOLLOW @YORKRESEARCH

If you are interested in being actively involved in supporting our reach please go to our R&D webpage or follow us on Twitter

[York and Scarborough Teaching Hospitals NHS Foundation Trust Research & Development Unit - How to get involved \(yorkhospitals.nhs.uk\)](https://www.yorkhospitals.nhs.uk/research-development)

We are especially looking for individuals who could represent the East Coast to join our lay panel. The panel meets every two months (virtually) and we discuss up and coming research we wish to undertake as well as any ideas we have on public engagement and involvement and all aspects of our research strategy. If you are interested in finding out more please contact lisa.ballantine@york.nhs.uk

