York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda

Council of Governors (Meeting held in Public)

7 July 2022
Malton Rugby Club at 10.30am

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 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?

York and Scarborough Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

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

On: 7 July 2022

Venue: Malton Rugby Club

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 10.30	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.30 – 13.15	**Council of Governors meeting held in public**	**Malton Rugby Club**	**Council of Governors** **Non-executive Directors** **Executive Directors** **Members of the Public**
14.00 – 15.00	Private Council of Governors	Malton Rugby Club	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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Apologies for absence and quorum** To receive any apologies for absence.	Chair	Verbal	-	10.30 – 10.35
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	8	
3.	**Minutes of the meeting held on 15 March 2022** To receive and approve the minutes from the meeting held on 15 March 2022	Chair	B	12	
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	25	10.35 – 10.50
6	**Chair's Report** To receive an update from the Chair.	Chair	D	31	10.50 – 11.05
7	**Chair Appraisal** To give an update on the Chair's appraisal.	Lead Governor	Verbal		11.05 – 11.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	**NED Appraisals** To give an update on the NED appraisals.	Chair	E	35	11.15 – 11.25
9	**CQC** To discuss the CQC Report	Chief Nurse	F	37	11.25 – 11.45
	BREAK 11.45 – 12.00				
10	**Ockenden Update** To receive an update from the Lead NED	Dr L Boyd	Verbal		12.00 – 12.10
11	**Assurance Committees Updates** To receive updates from the Chairs of the Assurance Committees: 11.1 Audit Committee 11.2 Resources Committee 11.3 Quality Committee	Chairs of the Committees	G	56	12.10 – 12.25
12	**Outpatient Transformation Work (OTW)** To receive a report on the OTW.	Karen Cowley Steph Williams	H - tabled		12.25 – 12.45
13	**Governors Reports** To receive the reports from governors on their activities from: 13.1 Lead Governor 13.2 Governor Forum 13.3 Out of Hospital Care 13.4 Membership Development Group 13.5 Patient Experience Steering Group 13.6 Fairness Forum 13.7 Travel & Transport Group	 Sally Light Notes attached Sue Smith Michael Reakes Alastair Falconer Rukmal Abeysekera Minutes attached	I Verbal	73	12.45 – 12.55

	SUBJECT	LEAD	PAPER	PAGE	TIME
14	**Items to Note**				12.55
	14.1 CoG Attendance Register		J1	88	
	14.2 Research & Development Quarterly Update		J2	91	
	14.3 Governor Elections		J3	93	
14	**Questions received from the public**	Chair	K	97	12.55 – 13.05
15	**Any other business**	Chair	Verbal	-	13.05 – 13.10
16	**Reflections of the meeting**	Chair	Verbal	-	13.10 – 13.15

17 Time and Date of next meeting

The next Council of Governors meeting will be held on Thursday 15 September 2022, timings TBC, Malton Rugby Club.

Register of Governors' interests
July 2022

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Additions:

Deletions: **Amit Bhagwat (Out of Area)**

Modifications:

A

Register of Governors' interests 2022/23

York and Scarborough Teaching Hospitals NHS Foundation Trust

Governors	Relevant and material interests						Other
	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 shareholdings 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.	Any connection with other organisations.
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	**Chair** – Askham Richard Parish Council	Nil	Nil	Employee of University of York
Amit Bhagwat (Public: Out of Area)	**Director** - Beam SRC	NIL	Nil	**Chair** - Volunteering Bradford, Myrovlytis Trust.	Nil	Nil	Nil
Bernard Chalk (Public: East Coast of Yorkshire)	**Director/Trustee** - Dial a Ride (Scarborough and District)	Nil	Nil	Nil	Nil	Nil	Nil
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	**Director of Income Generation -** St Leonards Hospice York	**Director of Income Generation -** St Leonards Hospice York	Nil	Board Director – York Professionals (as of 12.10.21) Private Limited Company by guarantee without share capital use of 'Limited' exemption
Beth Dale (Public: York)	Nil	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	Nil

Alastair Falconer (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Helen Fields (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	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	Nil
Mick Lee (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	Nil	Nil	Nil	**CEO -** Motor Neurone Disease Association.	MND Assoc. provides funding to NHS organisations & associated universities for provision of care and MND research.	There is no financial or other arrangement between the MND Association and the York & Scarborough Trust.	Nil
Maya Liversidge (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Vanessa Muna (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (Appointed: North Yorkshire County Council)	Nil	Nil	Nil	Nil	Nil	Nil	Councillor – North Yorkshire County Council.
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Emplpyee of University of York

Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	**Member** - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). **Member** - Patient and Public Involvement at the University of York, researching Health Inequality. **Lay Member** – Trust's Research & Development Panel
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Nil
David Wright (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Minutes

Public Council of Governors meeting
15 March 2022

Chair: Alan Downey

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; Bernard Chalk, East Coast; Catherine Thompson, Hambleton; Sue Smith, Ryedale & EY; David Wright, Ryedale & EY; Alistair Falconer, Ryedale & EY; Amit Bhagwat, Out of Area.

Appointed Governors

Paul Johnson, YTHFM; Gerry Richardson, University of York;

Staff Governors

Maya Liversidge, Scarborough/Bridlington; Mick Lee, York; Sharon Hurst, Community

Attendance

Simon Morritt, Chief Executive; Andy Bertram, Finance Director; Jenny McAleese, NED; Lorraine Boyd, NED; Denise McConnell, NED; Matt Morgan, NED; Ashley Clay, ANED; Lucy Brown, Director of Communications; Jane Money, Head of Sustainability; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Assistant to FT Secretary

Observers

3 public

Apologies for Absence:

Jim Dillon, NED; Steve Holmberg, NED; Lynne Mellor, NED; 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; Vanessa Muna, York; Chris Pearson, NYCC; Keith Dobbie, East Coast

22/01 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

22/02 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

22/03 Minutes of the meeting held on the 8 December 2021

The minutes of the meeting held on the 8 December 2021 were agreed as a correct record.

22/04 Matters arising from the minutes

There were no matters arising.

Action Log

21/70 08.12.21 – Patient Experience Complaints Report: Mike Taylor advised that this was ongoing and will update the CoG at the next meeting.

21/70 08.12.21 – Night Owl Project: It was agreed to leave this action open as no feedback had yet been given as to whether it had started again.

21/70 08.12.21 – EDI & Protected Characteristics: Jenny McAleese advised that this will be handed over to Alan Downey to follow up.

21/72 08.12.21 – Public Q&A Process: It was agreed that this action will be left open until the process was in place.

22/05 Chief Executive's Update

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

Covid-19

There were currently 235 inpatients with Covid-19, the vast majority experiencing mild symptoms or were asymptomatic, and were in hospital for other reasons.

There was still an issue with patient flow as there was a number of patients who were medically fit to be discharged but because of support services not being available at the moment the Trust was unable to discharge these patients safely. This has meant that the Trust has had to step down routine elective activity at York Hospital until 18 March. The Trust was continuing to prioritise emergency, urgent and cancer patients with the greatest clinical need.

Humber, Coast and Vale Health and Care Partnership (HCV)

The Trust was currently planning for next year 2022/23 and submitted its plan to HCV which was approved. The system plan will be submitted to the regional team on 17 March and the final plan will be agreed and submitted in mid-April. The challenges for next year will be around recovery and the expectation was that the Trust should achieve 104% of the 2019/20 position. The Council will be updated during the year as the Trust received feedback from the regional team.

The Trust had knowledge of most of its allocation for the forthcoming year. It cannot finalise an Income & Expenditure account until all funds have been allocated. The Trust could generate further funds by doing extra elective work to reduce the waiting list

position. However, the covid situation will affect how much of this can be achieved. The Income & Expenditure position will be shared with the Council in due course.

The establishment of the HCV Partnership had slipped a little and the start date was now 1 July 2022. The Integrated Care Board will meet in shadow form with a 2-day work shop and will meet formally in April.

Sue Symington, Designate Chair of the Health and Care Partnership, attended the last Board meeting as part of the ICS's wider programme of engagement with partners. Simon will look to facilitate a similar session with the Council of Governors at an appropriate point in the coming months.

Capital Development

The new £2.5 million purpose built intensive care unit at York Hospital was now open, providing six additional isolation beds for critical care. This vital new facility will bring significant benefits for patients.

The final business case for the £47million major new build at Scarborough Hospital was being discussed yesterday (14/03/22) at the Joint Investment Committee and the Trust will be informed of the outcome within the next few days.

Working towards a Healthy Bridlington

John Skidmore, director of adults, health and customer services at East Riding of Yorkshire Council, was leading on this project. Feedback from the Big Conversation was published recently on the Healthy Bridlington website: www.healthybridlington.co.uk and a follow up meeting has been arranged for 5 April.

Mandatory Covid-19 vaccination for staff

This was no longer mandatory for NHS staff / Care Staff to be vaccinated.

Board Appointments

A warm welcome was given to the Trust's new Chair, Alan Downey, and to his first Council of Governors meeting. The Council thanked Jenny McAleese for acting as Interim Chair until Alan's arrival.

Dylan Roberts, Chief Digital Information Officer, will be leaving the Trust at the end of March and the process to appoint a replacement for Dylan was already underway.

Alistair Falconer said it was alarming to note the significant issues the Trust was faced with and the pressures to function as a Trust. He asked if there was any development in communication to the public regarding these pressures, particularly those patients on a waiting list. Simon replied that the Trust had been corresponding with patients on the waiting list throughout the pandemic. Clearly, the Trust usually communicated with patients when operations were cancelled and was looking to reschedule as soon as possible. Lucy Brown added that a lot of work had been done to keep patients informed by writing to them, using media to inform the wider public, especially around the need to attend A&E department in an emergency only.

Helen Fields asked about the relationship between the CQC and the ICS, and how that would interplay with CQC inspections of the Trust. Simon replied that the CQC were grappling with how they move from an organisational regulation of reviewing a Trust and moving to a system review. He believed that there would still be CQC visits in one form or another in the coming months.

Bernard Chalk referred to the financial plan and the activity level the Trust was expected to delivery, and asked how sensitive that was. Andy Bertram replied that the Trust would align this financial year to where it should be. It was the next financial year that looked grim, not just for the Trust but for everybody. The activity level was sensitive. An Elective Recovery Fund (ERF) had been created with a significant amount of money to encourage organisations to deliver extra activity going forward. It was very sensitive to the types of activity a Trust would undertake.

Michael Reakes asked if there was an advantage in ramping up Orthopaedics activity in Bridlington. Andy Bertram replied that there were discussions ongoing to do this, and also to partner with the Ramsey Hospital. All options were being explored to increase activity.

Rukmal Abeysekera referred to the asymptomatic and symptomatic covid patients and asked if they were being kept in hospital because of the latest government guidelines. Simon replied that the patients' reasons for admission was not covid related so the specialty teams were having to travel across the hospital to visit their patients in the covid wards. Testing of all patients that were admitted into hospital was continuing. A national guidance was expected within the next two weeks to give Trusts more flexibility to manage risks in a more effective way and to manage Covid the same way as Flu was managed in the hospitals. Discussions were ongoing.

Maya Liversidge referred to bed pressures and asked if the Trust had seen a positive impact on the opening of the new ward at Bridlington to alleviate patients and bed pressures at Scarborough Hospital. Simon replied that there was a really positive impact from that new ward, in addition to working with the local general practices who were providing the medical care, and the local county council who helped in moving patients on was all very positive. Conversations were ongoing to find ways of expanding that provision.

The Council:

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

22/06 Chair's Report

Alan Downey gave an overview of his report and highlighted the following:

- The Trust was still under tremendous pressure due to the high number of Covid-positive inpatients. Fortunately, few of these were seriously ill which meant it was appropriate to review the Covid Infection Prevention and Control arrangements to see if they could be safely relaxed, so as to free up resources to tackle the backlog of elective procedures.

- Priorities for the coming year for the Board would be to look after all staff, and to reduce the backlog of elective work built up during the pandemic.

- During the next couple of months Alan intends to get out and about around the Trust. He has arranged visits to all 6 of the Care Groups and was keen to hear the views of the staff, patients, their families and carers.

- Performance reporting was a live issue for the Board and the Council. Mike Taylor was leading a piece of work on this issue to pull together a first draft of a new performance report for the Board. When this has been completed it will then be shared with the Council.

Sharon Hurst referred to the performance reporting and said it would be welcomed by all the governors. Timely reporting on performance matters would be gratefully received, especially as things were changing so quickly.

Amit Bhagwat referred to the face-to-face meetings going forward and believed that it should be a hybrid approach as people have gotten use to this technology and it works well in the current pandemic situation. Alan replied that he was keen to get back to face-to-face meetings as he was keen to restore personal interaction. He agreed that people had gotten use to the technology and it was convenient to keep in contact with people. Hybrid meetings did present a bit of a challenge with people who were dialling in. It also depended on the venue of the meeting.

The Council:

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

22/07 Corporate Governance update

Mike Taylor gave an overview of his report and highlighted the following: -

- Governor resignations – unfortunately a number of governors had tendered their resignations for various reasons, ie. ill health, family ill health, moving away, etc. New governor elections will take place in the summer as usual.

- DBS checks – it was asked for those governors who had not already submitted the form and provided ID, that they do so as a matter of urgency.

- Questions received from the public process – this was discussed at the recent Membership Development Group meeting where suggestions were put forward to enhance the process. The Council was asked for comments.

Michael Reakes thanked Mike for listening to their suggestions and responding to the feedback made at the Membership Development Group meeting. He fully supported the new version and asked for this to be reflected on the Trust website.

Sally Light supported the process. She said that they did not communicate within constituencies at the moment and believed it was sensible to set up distribution lists for each constituency. Maya Liversidge added that it was brought to her attention that NHS mail had blocked NHS staff from emailing out to gmail accounts.

Sharon Hurst referred to the process flowchart and the wording of “Chair and Chief Executive’s Office provide Council of Governors Chair with final response ahead of

Council of Governors meeting" which she thought was confusing. Mike replied that he will clarify this.

The Council:

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

Action: Tracy Astley to set up email distribution lists of constituency groups.

22/08 NED Review

Jenny McAleese gave an overview of her career to date and her various areas of responsibilities within the Trust.

Helen Fields asked how the new auditors, Mazars, were doing and if the re-application process was due yet. Jenny replied that Mazars did their first audit last year and did a very good job. The Trust was hugely impressed with the service provided. The contract was for 3 years with a possible 2-year extension so the re-application process was not yet due.

Helen Fields also asked what were the instances of counter fraud across the Trust. Jenny replied that it was usually staff working bank shifts elsewhere when they were on sick leave. The prevention work was key. There was also the monthly newsletter that the Counter Fraud team sent round.

Sally Light referred to Internal Audit and asked for a summary of what they do and the kind of areas they interrogate. It was agreed to invite Jonathan Hodgson to the next meeting.

Action: Tracy Astley to contact the Counter Fraud team to ask for the Governors to be added to the monthly newsletter.

Action: Tracy Astley to invite Jonathan Hodgson to next meeting to discuss the role of Internal Audit.

22/09 NED Introduction

Ashley Clay introduced himself and gave an overview of his career to date as a qualified financial accountant. He joined the Trust in November 2021. He described the parallels between the Trust and his role at Arla, which included the current challenges around workforce, staff health & wellbeing, staff retention, business continuity and efficiency, sustainability, digital transformation and capital expenditure. His first impressions were that his induction had been hampered quite a bit with covid and as NEDs they needed to get out and see what was going on in the hospitals. He visited Bridlington two weeks ago and was looking forward to visiting other hospitals as well. He noted the levels of staff commitment and the pressures they faced, and staff were appreciative of NEDs spending time with them.

He referred to performance reporting and how that should be used to drive actions and gain assurance. He also spoke about the workforce challenge and as a Trust there was a need to move away from short term fire fighting to a more medium/longer term solution to address these points. It was a real challenge.

Ashley was asked what his priorities would be over the next few months. He replied that it was about getting out and into the Trust a little bit more. His intention was to be more visible and get out there.

Amit Bhagwat asked how they saw the role of Associate NED. Alan Downey replied that it was a development role but for practical purposes Ashley was treated like any other NED. He said that Ashley had make a significant contribution to performance reporting.

22/10 Green Agenda

Jane Money gave an overview of the Green Agenda in line with NHS targets. She spoke about funding opportunities which were required to fulfil the plan. She summarised the current ongoing projects and future projects they will undertake. She advised that the Green Agenda will be regularly revised to ensure compliance with government guidelines.

Gerry Richardson asked if the Trust looked like it was not going to achieve its targets how did it prioritise projects. What assurance could be given that the Green Agenda would be maintained? Jane replied that it was in the Trust's interest to support the Green Agenda. There was funding available from central government which will support the projects.

Michael Reakes referred to patient/staff travel and asked if she NEDs were assured that everything was being done to reduce this, i.e., holding specialty clinics on local sites instead of patients travelling to York Hospital, sufficient co-ordination with local authorities and bus companies to provide easier public transport between hospitals, offer free parking for staff or free use of the Park & Ride Service as an incentive for staff recruitment to reduce staffing shortages. Jane replied that there was a dedicated Travel & Transport Co-ordinator on her team and part of his role was to talk to the bus companies to influence how public transport worked with the Trust. With regard to Park & Ride, a service was set up at York Hospital and staff could make use of that at a significantly reduced cost. Free parking was introduced for staff during covid.

Alan Downey referred to the specialty clinics being held on local sites and said that the Trust would continue to listen carefully to the views of people living on the East Coast.

Jenny McAleese commented that the NEDs were not assured. It was really quite complex and in an ideal world clinics would take place locally but part of the problem was the shortage of medical staff and the need to make best use of current staff. With the appointments system, it did not currently take into account where the patient lived and Jenny has had discussions on how a patient could have a choice of location when booking an appointment. There was more work to be done. There was a range of complex problems that required a bit of imagination. The ICS will help with that.

Amit Bhagwat enquired whether the Sustainability Team was thinking of fundamentally creating a new green infrastructure and where that would be located. What incentives were they giving staff to travel safely to their place of work? Jane replied that they talked to the local councils and were given offers for staff who wished to cycle to work.

Mick Lee asked about the electric vehicle charging points at Scarborough Hospital and asked if this would be free for staff. Jane replied that this was a controversial subject. Priority had to be given to the fleet first and the pool cars. Discussions were ongoing.

22/11 Assurance Committee Updates

The Council raised the following points: -

- No abbreviations to be used as it was confusing to understand.

- Congratulated the Workforce team in recruiting 90 registered nurses and 6 midwife nurses via the international recruitment initiative. What made it so successful and can it be repeated?

  Alan Downey was unsure why it was so successful but will find out and give feedback.

- Had the Clinical Digital Care Record System been approved and used by the majority of other NHS Trusts?

  Alan Downey commented that this was a project specific to the Trust driven by clinicians/nurses to overcome the vast amount of paper forms needed for each patient. The information will instead be stored on hand held devices. When rolled out it will deliver tremendous benefits to the Trust.

- Were the NEDs better assured that the Trust was learning from serious incidents?

  Alan Downey thought that the NEDs were more assured than they were and confident that lessons learnt were being rolled out across the Trust. Jenny McAleese added that it was a cultural issue in that there was a defensiveness instead of seeing it as an experience and something to learn from. The situation was improving. Lorraine Boyd agreed with Jenny and said that there was a lot of evidence that this process was getting much stronger. They were now pushing for completeness with recordings of the outcomes and the benefits in the longer term.

The Council:

- **Received the updates and noted the contents.**

22/12 Governors' Report

Lead Governor Report

Sally Light gave an overview of her report and highlighted the following: -

- Access to the Teams Platform – Sally attended a meeting last week with members from the Trust's Project Team and they were now going to allow the governors early access to this platform. Sally will test it first but it looked promising.

Governor Forum

- Lack of representation of local councils at CoG – Michael Taylor explained that this was ongoing and was part of a bigger picture than the Governor Forum. Paul Johnson commented that the councils were merging so it might solve itself.

- Concern over mental health issues in SGH A&E – Bernard Chalk commented that he had not heard whether this had been resolved. Mike Taylor will get back to him on this.

Out of Hospital Care

The Council received the minutes and the following comments were made.

Sue Smith commented that it would be useful to have a session on End-of-Life Care at the next Governor Forum.

The Council noted the issue around gaining assurance about out of hospital care services on the East Coast and was informed that the assurance sat with the provider of a service.

PESG

Alastair Falconer gave an overview of his report and highlighted the following: -

- Inpatient Survey & Quarterly Report – main concern was that patients were not being informed of when they were going to be discharged. Issue referred to the Care Groups.

- Patients with Multiple Appointments – Alastair/Beth Dale are to meet with Lee Fry to discuss if the service could be improved to give a better patient experience.

Fairness Forum

Rukmal Abeysekera gave an overview of her report and highlighted the following: -

- The Forum review report had been completed and a workshop was being held in March to assess the issues raised and to allocate the appropriate resources.

- Simon Morritt was now the Chair of this group and discussions were underway to ascertain which Committee the Forum would report to.

- Staff communication with patients at the Eye and the Audiology Clinics were recognised as an issue and Care Group representatives were asked to raise staff awareness of the mechanisms in place to identify patients who were visually and hearing impaired.

- Accessibility to Buildings Audit has been completed and issues were identified on all sites. The Capital Projects Team will determine which activities to prioritise and identify timelines.

- A requirement to consider trans toilets was noted and the Capital Projects Team will engage with the LGBTQ network.

- Clarity on Halal food served at Scarborough was noted. Staff training will be provided.

Transport

Bernard Chalk advised that due to an administration error he was not sent the meeting invite for 21 January and therefore did not attend. The Chair did send the minutes to him which advised that the Terms of Reference will be updated at the next meeting.

The Council:

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

22/13 Items to Note

The Council noted the following items:

- CoG Attendance Register – it was highlighted that a governor had given their apologies on 4 consecutive occasions. Alan Downey/Sally Light will discuss any actions to take.

- Research & Development update – no comments were made.

Action: Alan Downey/Sally Light to discuss attendance register and make contact with those governors whose CoG attendance gave cause for concern.

22/14 Questions received in advance from the Public

Alan Downey advised that there were too many questions received to discuss in the time available and each member of the public who sent in a question will receive a response after the meeting.

He highlighted a couple of themes that came out of the current set of questions and gave the following update: -

- Save Our Scarborough District Hospital - a meeting has been arranged for 28 March.

- Bridlington Forum - a meeting has been arranged for next week.

- Staff Transport – this was an ongoing issue. There were not enough parking spaces for all staff. The Trust will keep listening to staff and will revise the criteria for the issue of staff permits.

He added that in an ideal world the Trust would provide all services in all locations close to people's homes but it was unable to do that and difficult decisions had to be made. The Trust did have to take account of the views and the needs of all members of the community including those people that live in rural and coastal areas. There was a need to ensure that hospitals like Scarborough and Bridlington received their fair share of investment. One positive bit of news was the investment in Scarborough Hospital which was the biggest investment the Trust had ever made.

His top priority was to listen and not jump to conclusions on what the answers were to some of these issues. There were similar questions about Bridlington Hospital on behalf of the Bridlington Health Forum and discussions were ongoing with that group.

He added that although he lived in York, he did have relatives in Bridlington and surrounding areas who use the facilities at Bridlington Hospital and Scarborough Hospital so he did have a personal interest in this debate as well as an interest as Chair of the Trust.

With regard to transport, it was important that the Trust listened to staff views and union views but this was an issue with no easy answer. At York Hospital there were 600 parking spaces with 3,500 staff having parking permits. At Scarborough Hospital there was 500 parking spaces with 2,500 staff having parking permits. At Bridlington Hospital there were 270 spaces with 430 staff having parking permits. It was a challenge when the Trust hospital sites were constrained. However, it was important that the Trust kept listening to staff and review the criteria applied when issuing parking permits.

Michael Reakes commented that if speciality clinics had to be held at certain sites providing public transport door to door would make it more palatable. He suggested using current bus routes and diverting those so they stopped at the hospital sites. Michael also referred to the questions from the public process and commented that the Trust website needed to reflect the changes.

Sue Smith commented that there seemed to be a theme running through these questions that governors were either not listening or not answering, particularly on questions received from the East Coast. She suggested including a governor at the meetings taking place with Save our Scarborough Hospital and the Bridlington Health Forum. Alan Downey agreed and Bernard Chalk volunteered to attend on the governors' behalf.

22/15 Any Other Business

No other business was discussed.

22/16 Reflections of the meeting

- Very well chaired
- Lots of interesting topics were discussed
- NED input was useful
- Introduce a break into the agenda

22/17 Time and Date of the next meeting

The next meeting will be held on Thursday 7 July 2022, 10.00am, Malton Rugby Club.

Public CoG – Action Log

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
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	15/03/22 – Mike advised that this was ongoing and will send update to CoG. 21/06/22 – Part of P.E. Quarterly Report. Action closed.
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. 15/03/22 – leave open until update from Chief Nurse. 31/05/22 – Emailed CN for update. 07/06/22 – Emma George updated and advised this will be added to the Senior Nurse meeting.
21/70	08.12.21	Speak to Amit Bhagwat on Equality, Diversity & Inclusion and protected characteristics.	Jenny McAleese	March 2022	15/03/22 – the responsible officer has now changed to Alan Downey. 21/06/22 – Postponed.
21/72	08.12.21	Discuss current Q&A process with members of the Trust and members of the public.	Jenny McAleese	March 2022	15/03/22 – it was agreed to leave this action open until the process was embedded. 21/06/22 – Process embedded. Action closed.
22/07	15.03.22	Set up email distribution lists of constituency groups.	Tracy Astley	July 2022	Now on MS Teams. Action closed.

22/08	15.03.22	Contact the Counter Fraud team to ask for the Governors to be added to the monthly newsletter. .	Tracy Astley	July 2022	Govs now added to distribution list. Action closed.
22/08	15.03.22	Invite Jonathan Hodgson to next meeting to discuss the role of Internal Audit	Tracy Astley	July 2022	JH has accepted the invitation to the December CoG.
22/13	15.03.22	Discuss attendance register and make contact with those governors whose CoG attendance gave cause for concern.	Alan Downey / Sally Light	July 2022	Alan/Sally have done this. Action closed.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

C

Report
Council of Governors
7 July 2022
Chief Executive's Update

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

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

Executive Summary – Key Points

The report provides updates on the following areas:

1. Our Voice Our Future: Trust priorities
2. Current Covid-19 position and operational challenges
3. Care Quality Commission report published
4. Humber, Coast and Vale Health and Care Partnership update
5. Strategic direction for Bridlington Hospital
6. Capital development updates
7. Surgical robot
8. Staff recognition events
9. Board appointments

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: July 2022

1. Our Voice Our Future: Trust priorities

Our organisation has experienced considerable change over recent years, with a major organisational restructure, the review of sustainable services at the East Coast and structural changes to our local system; and then the significant impact of the pandemic on our services, professional and personal lives.

Alongside many parts of the NHS, we have new challenges with higher sickness and vacancy rates than before the pandemic and our staff expressing fatigue and concern at their growing workloads, at the same time as more patients need our care. The operational and staffing pressures we have faced in recent times have meant that it has not always been possible to give the standard of care we would want for all of our patients, all of the time.

As the management of COVID-19 stabilises and we move forward together, we can face this challenge and continue our commitment to delivering excellent care and being a great place to work and develop careers.

As part of a time out discussion at the Board of Directors meeting in April, four key priorities were agreed in order to deliver a step change in performance in the areas of greatest strategic importance and to move us forward in achieving our ambitions.

These are:

- Our people
- Quality and safety
- Elective recovery
- Acute flow

There are already comprehensive plans in place to deliver some of this, for example through our recovery programme Building Better Care, however by honing in on a selected number of high impact actions we aim to deliver measurable improvement in the next 12 months.

Our people are without a doubt the most important area of focus, and it is clear that we now need to pick up where we left off when the pandemic struck, spending more time listening to our staff and responding to what they say.

We know we have much to do to strengthen our workforce and improve the experience for staff, to deliver our elective recovery programme while maintaining acute flow, and to improve the fundamentals of care. The Board will be actively monitoring performance against our plans to deliver on our priorities, and Governors will also be kept up to date with progress.

2. Current Covid-19 position and operational challenges

In my last report to the Council of Governors in March 2022, we were experiencing a peak of patients in our hospitals with Covid-19. This contributed to significant levels of pressure on our inpatient capacity, and the flow of patients from the emergency departments through to leaving hospital was hindered significantly, particularly as we are trying as best we can to deliver planned care at the same time.

Over the past month, this pressure has begun to ease as numbers of patients have been steadily reducing, as has staff absence. In response to new national guidance in the management of Covid-19, we continue to move towards Living with Covid and have updated our infection prevention guidelines accordingly. One of the key changes is that staff and visitors now only need to wear masks in Covid-19 wards, high dependency areas such as ITU and SCBU and in high risk areas including renal units, haematology and oncology and our emergency departments. Health and care staff are already not required to wear facemasks in non-clinical areas such as offices or social and community settings, unless this is their personal preference or there are specific issues raised by a risk assessment.

In addition, visiting has reverted back to pre-pandemic guidance in most inpatient areas, with the exception of the high risk ward areas and some departments. Visiting makes an enormous contribution to the wellbeing and care of patients and it is good news for our patients that we have reached this point in the pandemic. Having support from families can also help alleviate pressure on our ward staff which I am sure is much appreciated.

Whilst it is pleasing to see a reduction in Covid-19 restrictions, it is of the course the case that Covid-19 continues to circulate in our communities and at the time of writing we have seen cases on the increase. We continue to monitor this closely so that we can respond quickly if we need to open additional Covid-related capacity or respond to changes in national guidance.

3. Care Quality Commission (CQC) report published

The CQC's report following their unannounced visit to York Hospital at the end of March 2022 has now been published.

Specific services were not rated as part of this inspection and the overall rating for the Trust will remain the same until after we are revisited later in the year.

The report highlights a number of concerns requiring immediate action, and we have also been issued with a Section 29A Warning Notice.

We are finalising our action plan in response to this which we will need to submit to the CQC in early July. We will continue to provide regular updates for Governors through the Council of Governors' meetings, in addition to the reports to the Board of Directors.

We absolutely recognise the seriousness of the concerns raised by the CQC and since their visit there have been a number of actions taken, including an immediate inspection of every patient's care on medical wards, including documentation and risk assessments.

Addressing the issues raised by the CQC regarding fundamentals of care forms a key part of the action plan to deliver against our quality and safety priority as described in item 1 of this report.

4. Humber, Coast and Vale Health and Care Partnership update

On 1 July 2022 Integrated Care Systems (ICSs) will be put on a statutory footing. Our ICS is Humber and North Yorkshire Health and Care Partnership. Each ICS will be led by an NHS Integrated Care Board (ICB) which will take over the statutory responsibility for NHS functions and budgets currently held by (CCGs).

The Humber and North Yorkshire Health and Care Partnership is a collaborative of health and care organisations striving to improve the health and wellbeing of the population as well as the quality and effectiveness of the services provided.

The ICB will meet formally for the first time on 1 July 2022, and I will be attending this meeting in my role as Provider Partner Member of the ICB.

5. Strategic direction for Bridlington Hospital

I am aware that some Governors have asked for an update on the strategic direction for Bridlington Hospital to maximise capacity utilisation as part of my report.

As I have briefed previously, East Riding of Yorkshire Council has been leading a piece of work with partner organisations (including ourselves) to improve the health and wellbeing of people living in and around Bridlington.

As part of this work an engagement exercise took place with Bridlington residents last year, and the report has been published: www.healthybridlington.co.uk

The work is continuing under the East Riding Place arrangements which are developing as part of the Integrated Care System, and a health and social care engagement workshop is taking place at the end of June. The purpose of this workshop is to help determine the strategic priorities for Bridlington, and we are participating in this event and will respond to the emerging priorities.

There is a collective appetite, working with health and care partners to place a focus on Bridlington Hospital and the opportunities to use health and social care sites and other community assets to best effect across the town and surrounding locality.

For us, the strategic direction is anchored in working in partnership as part of the health and social care place work. This is evidenced through recent developments such as the Bridlington Care Unit, which will be continuing following a successful six month pilot which has seen over 200 patients going through the unit.

In terms of the delivery of surgery, Bridlington remains a key part of our ambition to separate elective and acute work, as outlined in the Trust's strategy.

Increasing the utilisation of surgical capacity at Bridlington has been progressing well in some specialties (notably orthopaedics and gynaecology), and the Bridlington Surgical Utilisation Working Group is working to develop this further.

6. Capital development updates

Scarborough Urgent and Emergency Care scheme

Since my last update for the Council of Governors, it is fantastic news that the full final business case was finally formally approved by the Department of Health and Social Care and NHS England and Improvement Joint Investment Sub Committee in late March.

To mark the major investment we held a ground breaking ceremony at the end of April, to celebrate the official start of the scheme for our key stakeholders, the media and importantly our staff.

When the existing Emergency Department opened at Scarborough Hospital in 1985 the annual attendance was 15,000 patients per year. We now see close to 70,000. Not only

will this new facility function as a hub for the 24 hour a day provision of urgent and emergency care services for the locality, it will also allow Scarborough-based health care professionals to provide high quality care to all our patients in state-of-the-art facilities for many years to come when it opens in the Spring of 2024.

The event also marked the launch of York and Scarborough Hospitals Charity's Urgent and Emergency Care Appeal, which will raise funds to support the extras to enhance patient care and experience and to support staff wellbeing.

You can keep up to date about the build, as we move through the coming months, online at https://www.yorkhospitals.nhs.uk/building-for-the-future/home/

York Emergency Department scheme

The £15m project to extend and reconfigure the York Hospital Emergency Department continues to make good progress. The work will deliver a new eight-bedded resuscitation area that will increase capacity significantly, with a dedicated area for children. As well as twelve new assessment and treatment cubicles, where patients will be met by the senior team as soon as they arrive, there will be a dedicated safe room for mental health patients.

There will also be a new infectious diseases cubicle that includes a point of care testing laboratory and glazed cubicles for privacy and infection control. The new remodelled waiting area will include a separate children's area and supporting facilities.

The work is proceeding according to the programme, with a planned completion date of March 2023.

7. Surgical robot

A number of Governors attended an event this month to celebrate the purchase of a new robotic surgical system which enables surgeons to perform delicate and complex operations through a few small incisions.

The surgical robot has been funded by local charity York Against Cancer with a generous donation of £680k over the next two years to enable the operation of the robot.

The innovative technology is less invasive than open surgery and allows more precision in difficult to access areas than traditional key-hole surgery, leading to fewer complications. It is suitable for a wide range of procedures including cancers in hard to reach areas.

Our surgeons and patients are already putting the equipment to good use and have seen benefits for patients already, including a shorter stay in hospital.

It means we can provide more complex surgery minimally invasively, build up our services and help with recruitment, allowing us to catch up with other hospitals that are already using this technology.

8. Staff recognition events

In June, for the first time since 2019, we have hosted our events to recognise staff who have achieved 25 or 40 years' service with the NHS. It is great to be able to return to face to face events such as this, and to be in a room with so many people who have given so much to support our patients is truly inspiring.

Last week we also announced the winners and finalists of this year's Junior Doctor awards, which recognise the extraordinary work of our junior doctors and consultants. This year's winners are:

- Team player - Dr Stuart Place
- Rising star - Dr Mohamed Ismail
- Compassionate Care - Dr Sennia Ahmed and Dr Phillip Forrester
- Outstanding contribution to research/QI/|Education - Dr Ruth Barker
- Educational/Clinical Supervisor - Dr Elizabeth Baker
- Unsung hero - Dr Mohamad Kajouj

These awards are an excellent way to shine a light on the achievements of this vital group of staff, and the colleagues that support and work alongside them. Congratulations to the winners and nominees.

Finally, I am delighted to say that we will be opening the nominations at the end of this month for our annual Celebration of Achievement Awards. Every day in our Trust dedicated teams and individuals go to extraordinary lengths to provide exceptional care and fantastic services, and we have seen this put to the test more than ever during the pandemic.

We have a lot to be proud of as an organisation and these awards are an opportunity to recognise individuals and teams for their contributions. I am sure we will have no shortage of worthy nominees, and I look forward to the event in September.

9. Board appointments

Finally, an update on some changes to our Board membership. After seven years as medical director and over 20 years with the Trust, Jim Taylor will be retiring at the end of November. We will have many chances to thank Jim more formally before he leaves us, however I would like to take this opportunity to publicly recognise Jim's significant contribution during his time at the Trust, both as a surgeon and in a range of clinical leadership roles. We have begun the process to recruit a new medical director, and I will keep you updated on progress in the coming months.

Wendy Scott, Chief Operating Officer, will also be leaving us at the end of June to take up a secondment as Director of the Humber and North Yorkshire Collaborative of Acute Providers. Wendy has been Chief Operating Officer since 2017, and whilst we will miss her being part of this organisation she will still be working closely with our Trust and the other acute providers in our patch in her new role. I am sure you will join me in thanking Wendy for her hard work and commitment during her time here, and in wishing her every success in this role. During the period of Wendy's secondment, Deputy Chief Operating Officer Melanie Liley will take up the role of Chief Operating Officer on an interim basis. Melanie will also continue in her Chief AHP role during this time.

Finally, we will welcome our new Chief Digital Information Officer James Hawkins at the end of August. James is a highly experienced digital, technology and business leader who has led some of the highest profile digital programmes, products and services in the public and private sector. James joins us from NHS Digital where he has had several different roles on the executive team and has been central to the delivery of many of the national NHS IT systems and services and commercial frameworks. These include the NHS App, NHS.UK, NHS 111, NHS Summary Care Records and the GP IT Commercial Framework. I know that James is looking forward to joining the Trust and building on the great progress made by Dylan Roberts and the team over the last couple of years.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

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Report
Council of Governors
7 July 2022
Chair's Report

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

To provide the Council of Governors with an overview of the work of the Chair during March, April, May and June 2022.

Executive Summary – Key Points

This paper provides an overview from the Chair.

Recommendation

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

Author: Alan Downey, Chair

Director Sponsor: Alan Downey, Chair

Date: 28 June 2022

Introduction

There have been several significant developments since my last report on 4 March. The most important is the publication by the Care Quality Commission of their findings, following their unannounced inspection at York Hospital in late March. Other key events include: the opening of the new ICU pod at York Hospital on 8 March; the opening of the new helipad at Scarborough Hospital on 28 March; the official commencement, on 29 April, of the new A&E and critical care building project at Scarborough Hospital; and the official launch of the new robotic surgical system on 10 June.

CQC inspection report

The CQC's inspection took place in late March and led to a Section 29A warning notice, issued on 3 May. This set out the significant improvements we are required to make to the quality of care we provide in the areas that were inspected. These improvements must be made and demonstrated by the end of August. A full inspection will then follow within three months of the end of August.

On 11 May we received the CQC's draft report which was published in its final form on 9 June.

A series of actions have been taken, starting with an initial action plan that was shared with the CQC on 5 April, followed by an updated plan on 14 April. This outlined the trust's short-, medium- and long-term plans to address the issues identified by the inspection. Since then, the action plan has continued to develop, and the final action plan will be shared with the CQC by 6 July. An operational delivery group has been established and is meeting every fortnight to ensure that the actions are on track for delivery. There is a long list of actions, but the short list below will give you a flavour of what is taking place:

- An audit of all inpatients within the trust relating to fundamentals of care and the Mental Capacity Act.
- A nurse staffing escalation plan, with twice daily meetings and a "call for help" process.
- Individual ward improvement plans developed by ward sisters and matrons.
- Nurse staffing establishment reviews.
- An increase in the number of volunteers to help with nutrition, hydration and patient engagement.

I hope it goes without saying that the trust board takes the CQC findings extremely seriously. We owe it to our staff and patients not only to correct the specific shortcomings identified by the CQC, but also to address the underlying issues, of which the most important is to ensure that our wards and departments are always safely staffed.

The trust's priorities for the year ahead

The CQC inspection helped to inform a series of board discussions about our priorities for the next 12 months and beyond. There are four key priorities:

1. *Our People.* We must work harder, not only to provide safe staffing levels, but also to restore our trust's reputation as a place where people want to work and which they are happy to recommend to their friends and family members.
2. *Safety & Quality*. We must ensure that we address the concerns raised by the CQC and deliver safe, high-quality services to all our patients.
3. *Elective recovery*. We must substantially reduce the backlog of procedures that has developed during the pandemic and the times that patients have to wait for treatment.
4. *Acute flow*. We must relieve the pressure on our emergency departments and ensure that inpatients are discharged promptly when they no longer need acute care.

Board changes

A number of changes are taking place within the trust board:

- Jim Taylor, our Medical Director, has indicated his intention to retire. I would like to take this opportunity to thank Jim for the huge contribution he has made, both as a surgeon and in a range of clinical leadership roles. The search has begun to find Jim's successor as MD. This is a crucial appointment and I am confident that we will generate a strong field of candidates.
- Wendy Scott, our Chief Operating Officer, is leaving on secondment to become Director of the Humber and North Yorkshire collaborative of acute providers. Deputy COO Melanie Liley will take on the COO role on an interim basis during Wendy's secondment.
- James Hawkins will shortly join the trust as our new Chief Digital and Information Officer.
- Steve Holmberg and Jim Dillon have just been reappointed as non-executive directors for a second term by the Council of Governors.
- Steve will continue to chair the Quality Assurance committee but is stepping down as Senior Independent Director. I am delighted that Lorraine Boyd has agreed to take on the SID role.
- We have established a new board sub-committee to focus on People & Culture within the trust and to drive forward changes in line with the 'people' priority we have set for the year ahead. The committee will be chaired by Jim Dillon.

Chair's activities

I have continued my programme of meetings and visits across the trust. There are too many to list them all, but here is a selection:

- I continue to catch up with Simon Morritt at least once a week, with the NEDs and Sally Light at least once a month, and with the corporate directors on an 'ad hoc' basis.
- I attended the Scarborough Senior Leadership and Management Course for aspiring consultants on 18 May, the HYMS teaching excellence awards on 24 May, and the York Long Service celebration on 16 June.

- I have visited four of the five care groups, spent a day shadowing the Clinical Director of the York emergency department, half a day with the paediatric consultants, and a day visiting a number of our community sites.
- I have had interesting discussions with our lead chaplain, Chris Hayes; our Freedom to Speak Up Guardian, Stef Greenwood; the leading lights in the Friends of York Hospital; Ian Clennan, chair of York Hospital Radio; Dave Yates and Lydia Harris who lead the trust's research programme; and Phil Dickinson who now leads the trust's Quality Improvement initiative.
- I have been a reasonably regular visitor to Scarborough Hospital and have had a thorough introduction to the plans for the new build and the implementation of the new Acute Medical Model.
- I have had one-to-one conversations with the chairs of several of our partner organisations, including the Harrogate, Hull and NLAG trusts, the Yorkshire Ambulance Service and the Humber mental health and community trust.
- I have had regular meetings with the various chair groupings across Yorkshire and the Humber and have had recent conversations with Richard Barker, the NHSE regional director, and with Sue Symington and Stephen Eames, chair and chief executive respectively of the Humber and North Yorkshire ICS.

Governor meetings with the chair

Now that the formal appraisal season is complete, I am starting to meet with the governors, either one-to-one or by constituency. My wife Katie gave birth to our second son, Charlie, on 22 June. This was a little earlier than expected, and I am sorry that it has led me to postpone some of the governor catch-ups.

The purpose of these meetings is to continue to develop my relationship with the governors, to discuss any issues which you may wish to raise and to share my views about the challenges facing the trust and the actions we need to take. I hope you feel that these meetings are conducted in the right spirit, consistent with the trust values of kindness, openness and excellence.

Governor elections

As you know, our governor election process is ongoing. We will receive the results of the election on 29 September. I am very grateful to everyone who is putting themselves forward for election or re-election.

Council of Governors meeting on 7 July

I am very much looking forward to what will be our first in-person meeting for quite some time. I am keen that we should regard this as a fresh start: we should review the way that CoG meetings are structured, and I want to ensure that you have the information and the opportunities that you need to fulfil your duties effectively and to make a full and worthwhile contribution to the running of the trust.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report

Council of Governors
7 July 2022
NED Annual Review

E

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

This is a short paper to provide the Council of Governors with assurance that the contribution made by each of the NEDs has been reviewed and will continue to be reviewed throughout the course of the year.

Recommendation

I will answer any questions the Council of Governors may have at the meeting.

Author: Alan Downey, Chair

Director Sponsor: Alan Downey, Chair

Date: May 2022

Background

Standard practice is for each NED to have an annual review in April, with a more informal review in the autumn. However, I only joined the trust as Chair on 1 February 2022 and so have had relatively little opportunity to assess the NEDs' performance and contribution. I therefore conducted relatively light touch reviews in April/May. I will have more evidence by the time of the mid-year review in a few months' time.

Assessment of the NEDs' contribution

Since joining the trust I have been able to observe and interact with each of the NEDs in a variety of settings: board meetings and board development sessions, board committee meetings, NED meetings and one-to-one sessions. My assessment is that all the NEDs have the best interests of the trust at heart, are keen to make a positive contribution, have highly relevant skills and experience, and are contributing well to the functioning of the board and its committees. They are collectively and individually concerned about known shortcomings in the performance of the trust (as evidenced, for example, by the findings of the recent CQC inspection), and they are both supporting and challenging their executive colleagues with the aim of ensuring that necessary improvements are made. They have been particularly keen to ensure that the trust board is clear about its priorities for the year ahead and that an effective trust-wide improvement programme is planned and implemented.

I have not identified any significant performance issues with any of the NEDs. I have, however, spoken with each of them about how they can maximise their contribution, for example by ensuring that they speak up more, or less, (as appropriate) in board meetings. I will be happy to elaborate on this at the meeting of the Council of Governors.

The trust board is a unitary board, made up of both executive and non-executive members. Board performance is about more than the contribution made by the NEDs – it is about how NEDs and executives discharge their different roles and work together as a team. We know that we are not yet operating as a high-performing unitary board. Addressing this is one of my personal objectives as Chair.

Actions

The Council of Governors is provided this information as assurance that the contribution made by each of the NEDs has been reviewed and will continue to be reviewed throughout the course of the year.

I will answer any questions the Council of Governors may have at the meeting.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors
7 July 2022
Care Quality Commission (CQC) Update

F

Trust Priorities

- ☐ Our People
- ☒ Quality and Safety
- ☐ Elective Recovery
- ☐ Acute Flow

Board Assurance Framework

- ☒ Quality Standards
- ☒ Safety Standards
- ☐ Performance Targets
- ☐ Integrated Care System
- ☐ Workforce
- ☐ Financial
- ☐ DIS Service Standards

Report History – CQC updates are reported to the Quality Assurance Committee

Recommendation

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

Purpose of the Report

The purpose of this report is to provide an updated position of communication between the Trust and the Care Quality Commission (CQC), as well as action plan progress for regulatory requirements, and any other relevant updates.

Executive Summary – Key Points

An unannounced inspection from the CQC was undertaken on 30th March 2022. The inspection focussed on Medical wards and the fundamental basics of care delivery. The inspection lasted 1.5 days, spanning across wards 25, 26, 28, 29, 32, 34, & 36. Immediate safety actions were implemented on the day of inspection and these have been further strengthened over the days and weeks which have followed.

On Tuesday 3rd May, the Trust received a Section 29A warning notice. Following factual accuracy checks, one minor amendment was made by the CQC; this did not substantially change the content of the warning notice. Improvements must be made and demonstrated by the end of August 2022. A full inspection will take place within three months of August 2022.

The draft report was received by the Trust on Wednesday 11th May 2022. CQC have suspended York Hospital Medical Care ratings following their inspection activity. An updated report was received on Monday 6th June 2022 with an accompanying email to inform the Trust the minor amendments were made to the report which was subsequently published on Thursday 9th June 2022. The final action plan, which is currently in draft, will be shared with the CQC by 6th July 2022.

Recommendations

- Note the Regulatory Section 29A Warning Notice which has been received, along with the publication date of the final report.
- Note the high level action summary within the body of the report.

Author: Shaun McKenna – Head of Compliance & Effectiveness
Director Sponsor: Caroline Johnson – Deputy Director of Patient Safety & Governance
Date: 24/06/2022

1. Inspection Activity

1.1. Unannounced Inspection

On Wednesday 30th March 2022, the CQC arrived at York Hospital to undertake an unannounced focussed inspection. The inspection focussed on Medical wards and the fundamental basics of care delivery. The inspection lasted 1.5 days, spanning across wards 25, 26, 28, 29, 32, 34, & 36. Immediate safety actions were implemented on the day of inspection and these have been further strengthened over the days and weeks which have followed.

On Tuesday 3rd May, the Trust received a Section 29A warning notice. This was reviewed for factual accuracy including a legal opinion. The representations notice was submitted to CQC on Friday 13th May 2022, the overall request was not approved. One minor factual amendment was made by the CQC; this did not substantially change the content of the warning notice. The warning notice serves to notify the Trust that the Care Quality Commission has formed the view that the quality of health care provided by York and Scarborough Teaching Hospitals for the inspected area requires significant improvement. Improvements must be made and demonstrated by the end of August 2022. A full inspection will take place within three months of August 2022.

The draft report was received by the Trust on Wednesday 11th May 2022. CQC have suspended York Hospital Medical Care ratings following their inspection activity. The Trust returned the factual accuracy form on Wednesday 25th May 2022. An updated report, with some factual amendments was received on Monday 6th June 2022. The report was subsequently published on Thursday 9th June 2022. The final action plan, which is currently in draft, will be shared with the CQC by 6th July 2022.

1.2. Response

An initial action plan was developed and shared with CQC on 5th April, followed by a further updated action plan on 14th April 2022. It outlined the Trust's short, medium, and longer terms plans to address the issues identified within the inspection. Since then, the action plan has continued to develop further utilising information from the inspection report, following engagement with wards, care group, and corporate teams. The actions have been uploaded to the new Quality Oversight module and a full summary will be provided in the next report following finalisation. The final action plan will be shared with the CQC by 6th July 2022.

1.3. Overview of Key Actions

A brief overview of high-level actions are summarised below. The list is not exhaustive and does not reflect all ongoing activity. The full action plan will be included in next month's report following finalisation and sharing with external stakeholders.

Immediate Safety Actions (Days following Inspection)

- Audit of all inpatients within the Trust relating to fundamentals of care and Mental Capacity Act.
- Deployment of all available workforce (Corporate teams & AHP's) to undertake the completion of risk assessments where gaps were identified.
- Five beds were closed on Ward 28 following a review of acuity and dependency of patients and available workforce.
- Nurse staffing escalation plan developed with twice daily meetings and a subsequent "call for help" process.
- "Care needs at a glance" pro-forma developed to replace the existing admission booklet to make it simple for staff to complete and identify patient care needs.
- Implementation of Nutrition Specialist Nurses.

Completed Actions (Weeks following Inspection)

- Individual ward improvement plans developed by Ward Sisters and Matrons.
- Engagement with Ward Sisters and Matrons to co-produce effective high impact actions to improve quality & safety of care delivery.
- Essential posts to support delivery of required improvements approved at Executive Committee, with recruitment underway.
- Closure of Ward 29 following a reduction in the number of COVID-19 patients, with staff re-distributed to support other ward areas.
- Nurse staffing establishment reviews underway across the Trust utilising a nationally recognised tool.
- Increased visibility of the Safeguarding Team to support with the application of DOLS/MCA and associated training.
- Retention steering group established.

Ongoing Actions

- Increasing the number of volunteers within the trust to support with nutrition & hydration requirements and patient engagement.
- Formal project launch of the SafeCare tool across the organisation to increase utilisation and subsequent safety & assurance.
- Implementation of the "Huddle up for Safety Coaching Project" with support from the Improvement Academy.
- Release 1 of the Digital Nursing Documentation

- Recruitment & retention planning
- Utilising Quality Improvement methodology to implement nutrition & hydration related projects to drive quality & Safety.

1.4. Next Steps

A fortnightly operational delivery group has been established and has already held three meetings. This will ensure the actions are on track for delivery with an effective check and challenge process for internal assurance. An action plan dashboard will be presented within this report from next month onwards. Further actions are being developed in line with the timescale of 6th July 2022.

2. Recommendation(s)

- Note the Regulatory Section 29A Warning Notice which has been received, along with the publication date of the final report.
- Note the high level action summary within the body of the report.

York and Scarborough Teaching Hospitals NHS Foundation Trust

The York Hospital

Inspection report

Wigginton Road
York
YO31 8HE
Tel: 01904725610
www.yorkhospitals.nhs.uk

Date of inspection visit: 30 and 31 March 2022
Date of publication: 09/06/2022

Ratings

Overall rating for this service	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services effective?	**Inspected but not rated**
Are services caring?	**Inspected but not rated**

Our findings

Overall summary of services at The York Hospital

Inspected but not rated

We carried out this unannounced focused inspection because we received significant safety concerns about fundamental standards of patient care.

Following the inspection, we issued the trust with a section 29A warning notice because the trust did not have effective systems to ensure patient risk assessments were completed contemporaneously and the care provided to mitigate risk was in line with the assessment in relation to nutrition and hydration, pressure area care and falls prevention.

We did not rate this service at this inspection and have also suspended the rating for this service.

- The service did not always deploy enough staff on wards to allow them to take account of patients' individual needs or help patients understand their conditions.
- Staff had training in key skills including safeguarding but did not always make referrals when required.
- Staff did not always assess risks to patients, act on them or keep good care records. Staff were not appropriately or consistently assessing and managing risk to patients. Patient risk assessments in these areas were not always completed contemporaneously and the care provided to mitigate risk was not always in line with the assessment.
- The service did not have effective systems in place to ensure service user's nutrition and hydration requirements are assessed and provided in line with their care needs. Managers did not always monitor the effectiveness of the service and did not always make sure staff were competent.
- Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patient's consent or make decisions in the best interests of those who lacked capacity.

However:

- Patients received pain relief in a timely way.
- Staff treated patients with compassion and kindness and respected their privacy and dignity.

How we carried out the inspection

- We observed how staff were caring for patients.
- We spoke with the matrons and senior management team for the service.
- We spoke with 23 other members of staff including all grades of medical, nursing, and administrative personnel.
- We spoke with two patients who were using the service.
- We reviewed 18 patient records, two do not a attempt cardiopulmonary resuscitation forms (DNACPR) and three mental capacity assessment documents.
- We looked at a range of policies, procedures and other documents relating to the running of the service.

Our findings

After our inspection, we reviewed performance information about the service and information provided to us by the hospital.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Medical care (including older people's care)

Inspected but not rated

We did not rate this service at this inspection. Please see the overall summary above for more information.

Is the service safe?

Inspected but not rated

Safeguarding

Staff did not always understand how to protect patients from abuse and did not always work well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Staff did not always make a safeguarding referral when required. We identified a patient incident during our inspection which had not been referred as a safeguard alert. We brought this to the immediate attention of the trust who escalated it to the safeguarding team. However, staff we spoke to knew how to identify adults at risk of, or suffering, harm but referrals had not always been made due to staffing shortage and the use of agency staff.

Nursing and medical staff received training specific for their role on how to recognise and report abuse and staff met the trust compliance target of 85%.

Assessing and responding to patient risk

Staff did not always complete and update risk assessments for each patient or minimise risks to them. Staff did not always undertake appropriate assessment or provide support to meet patient's nutrition and hydration needs. Patient risk assessments were not always completed contemporaneously, and the care provided to mitigate risk was not always in line with the assessment. Staff did not always identify and quickly act upon patients at risk of deterioration.

Managers did not assess the risk of harm to patients on the wards when decisions were made to increase inpatient beds. On ward 24 a decision was taken to put a sixth bed into a five bedded bay, this had resulted in a patient falling due to insufficient space to move around independently. The space, acuity, dependency and risks of patients had not been assessed by decision makers. Staff told us they had escalated this risk before the bed was put in place, but action had not been taken in response to staff concerns.

Staff did not always complete risk assessments for each patient on admission, using a recognised tool, or review these regularly, including after any incident. Two patients' records showed them at risk of falls on admission, they had proceeded to have further falls whilst in hospital. However, their records showed that their falls risk assessment had not been reviewed. Two patients were assessed as confused but had not had a frailty risk assessment completed as indicated in the risk assessment planning document. For the records we reviewed there were no risk assessments for patients at risk of absconding, who had a dementia or behaviours that may challenge.

If they had been completed we found staff did not always follow risk assessments. A patient identified at risk of pressure damage had not had daily skin integrity assessments completed. The patient developed a deep tissue injury, but had still not had their required daily checks. Staff told us when documents were incomplete it was because they had not had time to complete patient care. We saw three falls assessments in which staff had determined that patients should have bed sides in place despite the bed rails assessments determining that bed sides should not be in use.

Medical care (including older people's care)

Staff did not accurately and contemporaneously complete patient care records. All patient records we looked at had gaps in pressure care risk assessments, pain assessments, malnutrition universal screening tools (MUST) scores, nutrition, and hydration charts, falls assessments and intentional rounding records. Intentional rounding is a systematic and routine check to ensure that each patient is comfortable, has adequate nutrition and hydration and is treated with dignity and respect.

Staff did not always escalate deteriorating patients appropriately. For one patient that required a PEG feeding tube (a tube to give food, fluids and medicines directly into the stomach), their MUST score was completed inaccurately. Their weight had reduced over a short period of time however the incorrect calculation of their score meant they were at risk of not receiving appropriate care and support.

However, the trust had policies and procedures in relation to specific risk issues such as sepsis and venous thromboembolism (VTE).

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Reviews of every patients care on medical wards we inspected, including documentation and risk assessments, took place as an immediate safety measure.
- Five beds were closed on Ward 28 in response to findings and staff concerns.
- AHP workforce deployed to undertake any outstanding risk assessments.
- New paperwork introduced to give an oversight of each patients risks and care planning to support identification of patients more at risk of deterioration.
- All trust inpatients were reviewed with a daily review implemented of new admissions and patients identified as at risk.
- A local audit took was devised, with an electronic solution being developed within a week, to give the senior leadership team immediate oversight.

Staffing

Nurse staffing

The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers did not regularly review and adjust staffing levels and skill mix.

The service did not have enough nursing and support staff to keep patients safe. On Ward 26 a patient at risk of pressure damage had not had regular skin integrity check or positional changes documentation completed. The person's skin integrity had deteriorated to a deep tissue injury. Staff told us that if documentation was not complete, this was not a recording error but because they had not had enough staff to complete tasks.

The service did not provide staffing in line with level two care in line with guidelines for provision of intensive care services for patients requiring non-invasive ventilation (NIV). On Ward 34 staffing rotas against shifts with NIV patients which showed insufficient staff to care for these patients according to guidelines. Staff explained they escalated concerns regularly but there were no trained staff available to provide this care. Staff frequently cared for two patients as well as providing general nursing care for other patients on the ward. During our inspection there were two patients on the ward receiving NIV. These patients could not be cohorted due to infection risks.

Medical care (including older people's care)

Managers did not accurately calculate and review the number and grade of nurses and healthcare assistants (HCA) needed for each shift. The service used the safe care tool, which was to be updated three times daily, however staff told us they did not always have time to do this and that the tool did not always reflect the acuity of the patients. Staff told us all patients admitted to a COVID-19 wards were initially graded at the same acuity level based on being COVID-19 positive but did not reflect any additional needs, this may not have been reflective of patient's dependency.

The number of nurses and healthcare assistants did not match the planned numbers on six of seven wards. The trust provided planned versus actual staffing figures, on COVID-19 wards, staffing figures for nurses and HCA's were not met, with some shifts being staffed with one HCA working when four were required. The service had identified that this meant there was no enhanced supervision for those confused or at high risk falls, however this risk had not been mitigated to the lowest level. For one person on Ward 28, their plan of care stated the patient required their bed moving to the nurses bay for enhanced supervision however, this had not occurred.

The service had increased rates of nurse and healthcare assistant staff sickness rates. We reviewed the trusts staff sickness absence for the medical wards inspected. In February 2022 Ward 28, where most concerns were identified, there was a sickness rate of 6.67% for registered nursing staff and 17.67% for support staff, an overall increase in sickness of 3.49% from the previous month.

The service frequently used bank and agency staff or moved staff between wards. Many of the staff we spoke to told us they could not answer our questions or find documentation as they were unfamiliar with the ward. On Ward 29, a safeguarding incident occurred between two patients, this was not appropriately safeguarded as two agency nurses had been on shift.

On inspection we observed staff working hard to provide care for patients however, we were not assured that staff had the time to always provide person centred care that met individual patient needs. Staff told us they had regularly escalated incidents where there had been insufficient staff to meet people's needs through the trusts incident reporting system, but that staffing levels had not increased. This was reflected in what we observed in relation to inconsistencies in patient's records and the time to care for patients who required repositioning or support with their nutrition and hydration.

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Nurse staffing meeting took place to assess the staffing position and associated risks and escalate these to Gold command.
- Staffing check-in meetings held twice daily to capture impact on patients when staffing demand and acuity not met to inform deployment of staff.
- Chief Executive and Chief Nurse will undertake weekly walk-arounds in clinical areas. This is in addition to the patient safety walk-abouts led by Executive and Non-Executive Directors and the ongoing Senior Nursing Tendable reviews.

Medical staffing

The service did not always have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

Medical care (including older people's care)

The medical staff did not always match the planned numbers. During the month of March seven ward rotas were reviewed for medical staff, all wards had at least one shift in which there had not been sufficient numbers of medical staff to meet the planned numbers. On Ward 34 there were three consecutive days in which in which the ward only had one medical staff member when it required three. This ward provided care for patients who require NIV and therefore closer supervision.

Staff told us that there were not enough consultants for there to be medical cover for each of the COVID wards, therefore one consultant would review all three wards and be on call to respond where required.

However, patients records showed that they received medical review when required.

The service always had a consultant on call during evenings and weekends.

Records

Staff did not always keep detailed records of patients' care and treatment. Records were not always clear, up to date, stored securely and easily available to all staff providing care.

Food and fluid charts were not always complete with patients dietary needs often recorded inconsistently. In one patients records their admission details and dietary board stated they required a normal diet, however their care passport, a document used to hand over information from the care home in which they lived, stated they required a low potassium diet. Staff handover documentation stated that the person was on a special diet. Staff had recorded conflicting information in the patients notes such as that they required assistance to eat and had a food chart in place but also that they did not require a food chart and were independent whilst eating. This increased the risk of patients not receiving the correct diet for their requirements.

Intentional rounding charts were also poorly completed in all records. Staff told us that the documentation was accurate and records were incomplete staff were unable to complete patient care frequently as they would have liked.

We saw documentation relating to mouthcare also inconsistent with some patients appearing not to have had any documented evidence of support despite having a tracheostomy in-situ.

We reviewed the latest trust's records audit, this had not been completed since June 2021, 10 months prior to inspection. The audit showed inconsistencies in record keeping for all wards used within the audit sample, in particular that falls risk assessments and intentional rounding had not been completed. These findings reflected those found during the inspection.

Patient records did not have personalised care plans. In some files we saw no care plans were in place despite patients receiving complex care such as a catheter fitted, intravenous fluids, COVID-19 and pressure area management.

Records were not stored securely. Notes trollies were not lockable and often unattended with patient notes stored and could be easily accessible to visitors.

However, when patients transferred to a new team, there were no delays in staff accessing their records.

Medical care (including older people's care)

Is the service effective?

Inspected but not rated

Nutrition and hydration

Staff did not always give patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.

Staff did not always make sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. We observed a mealtime on Ward 26, and saw staff struggled to identify patients dietary needs quickly as the dietary board was not up to date. Although there were five staff supporting people who required assistance to eat, staff told us they did not usually have as many staff to serve meals and did not regularly work on the ward and therefore were unfamiliar with people's dietary requirements. On Ward 28 staff told us, "we only had two healthcare assistants for 30 patients, I gave meals out at lunch, l had to clear the breakfast pots up. Some patients had full bowls of porridge, I wouldn't know if the patient didn't want them or if they hadn't been fed."

However, on Wards 32 and 34 the breakfast experience was observed. All patients received adequate amounts of and the appropriate type of food for their needs. Healthcare assistants told us that they spent time with patients helping them choose from the menu.

Patients dietary information was not always clear and consistent for staff to follow. In one patients records their admission details stated they required a normal diet although their care passport stated they required a low potassium diet. Staff handover documentation recognised that the person was on a special diet but did not specify the type of diet, but the dietary information boards stated the person did not have any nutritional requirements. This resulted in staff recording conflicting information in the patients notes such as that they required assistance to eat and had a food chart in place but also that they did not require a food chart and were independent whilst eating. No food charts had been completed for this patient.

Staff did not fully and accurately complete patients' fluid and nutrition charts where needed. In 15 of the 18 patient records reviewed, intentional rounding documents were not fully complete, these included food charts and fluid balance charts. For one person with a catheter, fluid charts were not completed, although they had intravenous (IV) fluids recorded, only one output had been recorded in a three-day period and no totals calculated.

In a fluid balance audit dated December 2021, for three of the wards visited during inspection, two wards were identified as having 0% of fluid balance charts fully completed, and Ward 26 having only 20% of charts totalled. The audit showed that none of the three wards had managed to complete more than 40% of patient's fluid balance charts for the prior 24 hours. We found during our inspection this had not improved.

Staff did not always complete nationally recognised screening tools to monitor patients at risk of malnutrition. Of the eight patient care records reviewed in relation to dietary requirements, six were not accurately or consistently completed.

We observed a patient with dementia admitted following a fall. On admission the patient was assessed as likely to forget to eat if food was not put in front of them and was for close supervision. During the patient's stay in hospital, they had had no weight recorded or Malnutrition

Universal Screening Tool (MUST) completed. This exposed the patient to risk of weight loss. We escalated this patient safety concern to the senior leadership team during the inspection, a review was carried out and a MUST tool, weight and food chart put in place.

For two patients requiring PEG feeding tubes, the MUST tool was not recorded consistently. For one patient their weight was recorded in November 2021 and February 2022, despite a loss of weight, their MUST score, determining appropriate actions to take in response to weight loss, was recorded as zero instead of two. However, despite records not being accurately completed staff had made appropriate referrals to dietitians and speech and language therapists (SALT).

Specialist support from staff such as dietitians and SALT were available for patients who needed it. We saw an example of where an appropriate referral had been made to the SALT team due to a patient having swallowing difficulties, and two appropriate referrals to the dietician being made in response to patient weight loss.

However, as MUST tools and weights were not always being completed when required, we could not ascertain if everyone that required a dietician referral had received one.

Audits of patients nutritional and hydration needs found that patients could have their dietary needs met more effectively. In November 2021, a mealtime survey was completed to observe the dining experience had by patients on medical wards. On Ward 26 it was recorded that, “White boards and handover used to identify patients needing assistance but not enough staff to help all those that need feeding. Staff move quickly from patient to patient. Feels hurried.” The mealtime experience observed on the day of inspection had not improved and still reflected the audit findings from November 2021, however, staff were no longer able to use dietary white boards to identify patients needs as these had not been kept up to date.

An audit to assess all steps of the enteral feeding protocol was undertaken after inspection, 5 April 2022, and found that majority of protocol was being followed. The recording of discussions with the patient about risks and benefits of feeding could be strengthened, however in the records seen during inspection, this discussion was appropriately documented.

However, for two patients that required a PEG feeding tube we saw appropriate care being given. For one patient, the type of PEG they had in-situ was reviewed due to weight loss and discomfort and replaced, this resulted in the patient experiencing less pain and gaining weight.

Following the inspection, we issued the trust with a section 29A warning notice because the trust did not have effective systems to ensure patient risk assessments were completed contemporaneously and the care provided to mitigate risk was in line with the assessment.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain, and gave pain relief in a timely way.

Patients received pain relief soon after requesting it. We observed one patient receiving assistance with oral hygiene, they expressed that this was causing them pain. Staff apologised to the patient, paused the support and gave the patient pain relief before continuing. Observations were put in place for the patient to monitor their pain levels.

However, we did not see any recognised tools to formally assess patient pain levels.

Medical care (including older people's care)

Competent staff

The service did not always make sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide development.

Managers did not always identify training needs of their staff or give them the time and opportunity to develop their skills. Staff had often been moved from their speciality to work on designated COVID-19 wards which meant patients had varied acuity. Most staff we spoke to us told us they did not know the needs of some patients as they did not regularly work on the ward.

However, managers supported staff to develop through yearly appraisals of their work.

Managers gave new staff a full induction tailored to their role before they started work.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Multidisciplinary working was evident in documentation. We saw effective exchange of communication between healthcare professionals in all patients nursing records reviewed.

Patients had their care pathway reviewed by relevant consultants

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff did not always support patients to make informed decisions about their care and treatment. They did not always follow national guidance to gain patients' consent. They did not always use measures that limit patients' liberty or make best interests decisions appropriately.

Staff had not always appropriately assessed whether patients had the capacity to make decisions about their care in line with the requirements of the Mental Capacity Act 2005 (MCA). We saw three patient records in which the patient was described as having increased confusion. Best interests decisions had been made by staff on the patients' behalf to put bed rails in-situ, however their records did not include a capacity assessment.

For example, a patient was presenting with increased confusion following a fall. Staff completed an assessment for the use of bed rails on admission which determined these were unsuitable for this patients use, however staff had gained consent from the patient to use bedrails despite the assessment outcome. Furthermore, the use of bedrails was reassessed six days later, which still deemed their use as unsuitable. Despite the patient's records stating they had become increasingly confused; no capacity assessment had been arranged and the bed rails remained in place without considering whether the patient could still consent.

Staff did not always implement Deprivation of Liberty Safeguards (DoLs) when required. In the case of a patient with a dementia, records did not evidence that staff had assessed the service user's capacity or made an application for DoLs, despite the patient presenting as increasingly confused and their plan of care stating a DoLs application was required. A best interest's decision had been taken to use bed rails whilst the patient was in bed, despite their assessment determining that these were not appropriate for the service users' needs and without a DoLs being in place to enable staff to make a best interests' decision on behalf of the patient.

Medical care (including older people's care)

Nursing and medical staff received training in the Mental Capacity Act and Deprivation of Liberty Safeguards however, the trust target of 85% was not always met for the training modules. In five out of seven wards visited during inspection, nursing staff compliance with MCA training was under the trust target. Other clinical service staff which included healthcare assistants did not meet the trust target for compliance in six out of seven wards with Ward 32 showing only a 44% compliance rate.

Managers did not monitor how well the service followed the Mental Capacity Act or the use of Deprivation of Liberty Safeguards to ensure staff were completing them. During inspection, two patients were escalated to the senior leadership team as not having capacity assessments when required. An immediate patient review was carried out, confirming that capacity assessments had not taken place for the two patients and were arranged to take place before the end of inspection.

We did not see an audit of staff's use of consent, capacity assessments or DoLs documentation and therefore managers could not be assured they were gaining consent in line with the Mental Capacity Act 2005.

However, staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards but told us they did not always have time to complete this documentation due to staffing pressures.

Staff clearly recorded consent in the patients' records.

Following inspection feedback, the trust provided immediate assurance in the form of the following actions:

- Safeguarding team undertook Mental Capacity Assessments for those found to be requiring them, and supported the education of staff.

Is the service caring?

Inspected but not rated

Compassionate care

Staff treated patients with compassion and kindness but did not always respect their privacy and dignity or take account of their individual needs. Staff told us due to staffing pressures, they acknowledged they could not always offer the level of care and support they wanted to.

Staff could not always take the time to interact with patients and those close to them in a respectful and dignified way. The interactions we observed between staff and patients were kind and respectful, however staff told us they did not have time to meet individual's needs, "We have to choose, do we turn check and make sure all [patients] are not soiled, or do we fully wash 10? Some of these patients haven't been washed for two to three days." We did not see patients encouraged to sit in their chair for mealtimes, where that was appropriate for their needs. However, patients bed curtains were drawn when providing care and treatment.

Patients did not always have a good experience of care. We reviewed the patient feedback data results from February 2022 for four of the wards visited during inspection. On three wards 71%-100% of patients asked rated their experience as Good or Very Good however, on Ward 25, only one patient had given feedback and rated their experience as Very poor.

Medical care (including older people's care)

The service did not always keep patient care and treatment confidential. We observed patient care notes were kept outside of bays in open trays or unlockable trollies on both wards used to nurse patients with and without COVID-19. This posed a risk to patient confidentiality when visitors accessed wards.

However, during the COVID- 19 pandemic staff had ensured that patients social needs were met as friends and family were unable to visit at this time. Staff had supported a couple being nursed on the ward to get married and ensured that patients with learning disabilities had the appropriate activities and technology in place to promote their wellbeing.

Areas for improvement

Action the trust MUST take is necessary to comply with its legal obligations. Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Medicine

- The service must ensure that where a service user is 16 or over and is unable to give consent because they lack capacity to do so, care is given in accordance with the Mental Capacity Act 2005. (Regulation 11(3)).
- The service must ensure care and treatment is provided in a safe way for patients, including assessing the risks to the health and safety of service users receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12 (1) (a) (b).
- The service must ensure that the nutritional and hydration needs of service users are met. Regulation 14 (1).
- The service must maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation (17) (2) (c).
- The service must ensure there are appropriate numbers of suitably qualified, competent and experienced medical and nursing staff to enable them to meet the needs of patients in their care. Regulation 18 (1).

Action the trust SHOULD take to improve:

Medicine

- The trust should ensure that persons employed receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two further CQC inspectors and an inspection manager. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report

Council of Governors
7 July 2022
Board Sub-Committees Escalation Logs

G

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

To brief the Council of Governors on the items contained in the escalation logs provided by the Chairs of each Committee.

Executive Summary – Key Points

The report details the items escalated to Board from the Group Audit Committee, the Resources Assurance Committee and the Quality Assurance Committee.

Recommendation

Governors are asked to note the content of the report and discuss at the meeting with the appropriate Committee Chair.

Authors: Jenny McAleese – Chair of the Group Audit Committee
Lynne Mellor – Chair of the Resources Assurance Committee
Steve Holmberg – Chair of the Quality Assurance Committee

Date: June 2022

Audit Committee: Items Escalated to the Board

The Audit Committee met on 3 May 2022.

By way of introduction, this year has been a much better year in terms of excellent engagement from the Executive Directors, earlier conclusion of the key audits included in the Internal Audit Plan and the results of audits conducted.

It is worth noting that the whole Board is collectively accountable for maintaining a sound system of internal control and is responsible for putting in place arrangements for gaining assurance on the effectiveness of that overall system. As part of this Board responsibility, Audit Committee very much encourages and welcomes the Board's engagement with our work.

The Committee wishes to draw the following matters to the attention of the Board.

Gaps in Assurance

Management of Sub-Contractors
This remains an area of risk. Whilst the Management Group of the LLP absolutely has it on their radar and it sits alongside workforce as one of their key areas of focus, they have still not yet got on top of the problems.

Outstanding Actions
The Committee noted that there were still a number of overdue actions, some of which were identified a long time ago. We ask that Executive colleagues take the lead in addressing any outstanding actions and will be covering these when Executives attend Audit Committee.

Assurance Gained

Internal Audit and Head of Internal Audit Opinion
We reviewed the draft Head of Internal Audit Opinion and noted that, although the work has not yet been completed, the draft Opinion is one of significant assurance. It was encouraging to see that the key audits of Well Led, Risk Management and the Board Assurance Framework, which are currently in draft, all received significant assurance.

Going Concern
The Committee considered going concern and it was our clear view that the accounts should be prepared on a going concern basis. This was supported by External Audit.

Annual Governance Statement
We reviewed the draft Annual Governance Statement and agreed that this needed updating to reflect the areas referred to in the draft Head of Internal Audit Opinion. We shall consider this again at our year-end meeting, which Simon will attend in order that we can question him on the document.

External Audit
We received a report from the External Audit Partner that everything is on track as far as this year's audit is concerned and there was nothing of concern to draw to our attention.

Jenny McAleese
Chair of the Audit Committee
May 2022

CHAIR'S LOG: Assurance summary

Resources Assurance Committee	Chair: Lynne Mellor	Date: 19 April 2022

Agenda Item		Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Workforce				
6	**Research and Development (R&D)**	- The Committee welcomed the report and asked Polly to thank the team for their continued drive and success in R&D particularly noting for example: the overachievement in the number of patients recruited to research, the testing of the Covid 19 Vaccine approval and licence in Canada, the recent awards for the colon capsule research and the launch of the multimorbidity hub. The Committee noted that R&D are conducting a critical friend review. Polly commented that 2.7% of SPA in job plans were coded as research and part of the function of the Research team was to ensure benefits were released from this activity. - For the next report the Committee asked for a short table of bids applied for / by theme including due dates and outcome.	BOARD	INFORMATION
7	**IBR**	- Since the report was issued, sickness absence and pressure on the workforce has risen. The Committee discussed the pressure on staff and effectiveness of schemes including: o the need for tighter correlation of workforce and operational reporting – (discussed the example of the increase in patient falls). The Committee asked this is discussed at Board on how we get to safer staffing levels. o Mental health/well-being: it noted the continuance of a number of schemes by the Trust, and applauded the increasing number of mental health first aiders. To gain assurance on the effectiveness of these schemes it will await the results of the audit. o external cost of living pressures – the Committee noted the various schemes the Trust is reviewing to help staff both in the Trust and the LLP. It asked that help with cost-of-living challenges (i.e., levelling up) should be raised with the ICS.	BOARD BOARD BOARD/ICS	ACTION INFORMATION ACTION
Finance				

8	**2022/23 Income and Expenditure plan update**	- The Committee once again thanked Andy and the team for their work to date both on the I&E and Capital plans. - The Committee noted the revised working I&E draft plan is still fluid and that discussions are ongoing with the ICS to sign off. The current draft, has a forecast deficit plan in 22/23 of £21.8M, reducing to a possible £7.2M, if the plans to close the gap are agreed. The Committee expressed concerns around the potential risks, particularly on the operational plans, such as the potential removal of the £1.1M winter contingency and asked that the BAF is reviewed once the plans are finalised.	BOARD	INFORMATION
9	**Capital programme 22/23**	- The plan is still in draft, and still significantly overcommitted. The Committee was assured that work is underway with the Care Groups to review the demands and the relative priorities, so that a holistic plan can be agreed against a given criteria and will be reported back in May. The Committee also gained assurance that work is ongoing to reduce the estimated overspend of £3.7M on the York ED scheme with Kier.	BOARD	INFORMATION
10.	**IBR**	- For year end March 2022 the Trust is reporting an adjusted position of £102k surplus. - CIP target of £8.1M exceeded by £0.9M. - The Committee noted a record capital expenditure of £36M, and thanks in particular given to the DIS team for ensuring that valuable capital programmes were committed by year end. Two schemes which were not accounted for at year end: 1) £190k for car park work (Ramsey will now fund) and £230k for work at Clifton Park, which is now being discussed with Ramsey for plans next fiscal.	BOARD	INFORMATION
YTHFM LLP				
11	**EPAM**	- The Committee noted the report. It requested if the LLP staff survey results could be issued before the Trust Board session on workforce in May.	BOARD	INFORMATION
12	**SDP**	- The Committee noted the Sustainable Development Group progress and the focus on digital innovation to help with net zero plans	BOARD	INFORMATION
Digital				
13	**IBR**	- The Committee welcomed Simon Hayes. The Committee noted the update on programme plans, and asked if the output of the LLP Cyber desktop exercise could be reported to the Committee in May.	BOARD	INFORMATION
14	**DIS spend 21/22**	- The Committee applauded the work by the DIS team in gaining additional budget to uplift the IT and network infrastructure of the Trust, with over £8.8M allocated (the major proportion gained from central funding) to assist with e.g., data storage, staff laptops/desktops and urgent uplift of CPD. - The Committee asked for assurance on benefits realisation with timely updates from these programmes of work	BOARD	INFORMATION
Governance				
14	**BAF**	- No major alterations to the BAF with no alteration to risk marking.		

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**	☐	**3. To ensure financial sustainability**	X ☐

				workforce			
	BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☐
		PR4 - Workforce	X ☐	**PR5 - Inadequate Funding**	X ☐	**PR6 - IT Service Standards**	X☐
		PR7 - Integrated Care System	X ☐	**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 around workforce including disappointing results from staff survey. Committee noted staff absences and impact on well being	Board to note and support plans to address as per action request
PR6	Digital		Remains at amber. Assurance on capital plans, cyber tool and recruitment of CTO and CDIO.	Team still to update report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, CIP & Capital programme slippage		Risk prevails on CIP and forecast plan still in draft	Andy to continue to update as progress made

CHAIR'S LOG: Assurance summary

Resources Assurance Committee	Chair: Lynne Mellor	Date: 17 May 2022

Agenda Item		Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Finance				
6	**Finance: I&E, Efficiency, Cash & Capital**	- The Committee discussed the risk around the ERF position, as its not yet fully clear as to how the funding process will work. Very early and unconfirmed assessments suggest around £800k of ERF could be at risk for April due to ERF performance. It is expected more news will emerge from central finance on ERF in June. At this stage this income has not been removed from our position. - CIP - key point noted 98% of the programme improvement identified to hit target, with assurance that 79% of the initiatives are low risk delivery. - Capital - 130 schemes being prioritised with the Care Groups. The Committee requested it would be also good to see the list of schemes which do not make the final cut.	BOARD	INFORMATION
7	**IBR**	- The Committee noted the Trust's annual financial plan deficit of £11.8M; with the first month resulting in a planned deficit position of £1M. The expectation from NHSE/I is that the Trust will deliver a balanced plan at the end of the fiscal, thus further reviews and refinements to the plan are expected over the coming months.	BOARD	INFORMATION
YTHFM LLP				
8 & 9	**Quarterly Report update & EPAM**	- The Committee requested that a clear plan was put in place for the Control of Contractors ensuring that staff felt empowered to take action as needed in accordance with policy/procedures. The Committee discussed in detail sickness absence and staff well-being and noted the workstreams in place; it requested that the KPIs start to show the impact of these workstreams e.g., pleasing to hear that stress, anxiety and depression has moved from 31% to 15% in a spot month, monitoring the ongoing trend progress is key. - The Committee commended the LLP for the uplift in reporting across the key areas highlighted at the last meeting, this included notable improvements to the 5-year strategy, the KPI summary and the executive report. The Committee asked that the key mandatory KPIs still need to be included, and aligned to key initiatives. The ask was also that the executive report does in the next iteration include key timely items in brief, such as financial status, updates to capital programmes and progress for instance on sustainability.	BOARD	INFORMATION
Digital				
10	**DIS Report**	- The Committee asked for the Cyber action on LLP to be reviewed re timings so that the risk can be	BOARD	INFORMATION

		mitigated with a desktop exercise being done with priority allowing time for a wider review to take place over H1.		
11	**IG**	- The Committee asked for further assurance that the NDOO policy is on track for the extended deadline of the 31 July and the DIS Toolkit actions are being addressed.	BOARD	INFORMATION
12	**IBR**	- The Committee noted the good progress in building the DIS team including the start of the CTO and CNIO. - The Committee also was pleased to receive news that the Trust is being considered as a recipient of significant funding to support the Trust EPR plan, following a successful soft market test exercise with other organisations from the region. - The Committee also welcomed the full deployment of GP Connect following a 'show and tell' presentation to the Committee last fiscal with clear benefits on collaboration between the Trust and GPs.	BOARD	INFORMATION
Workforce				
13	**IBR and Equality Action plan**	- The Committee discussed the retention of staff and how the stability index rate has reduced by 4.9% in the last 12 months. Assurance was given that this will be on the Board agenda as part of the Workforce discussion in May. The Committee did note assurance through a number of new initiatives for staff wellbeing including running webinars for spotting signs of burn out and staff retention. - Recruitment was also discussed including the volume. For instance, consultant recruitment is particularly high with 24 new starters in the last 4 months and an additional 16 have been agreed with start dates. - The Committee discussed the balance of retention versus recruitment, and again the importance of this to be discussed at the Board workshop in May given current issues and trends. - The Committee noted the Equality Action plan and asked that the 11 actions are monitored to ensure that the planned outcomes, outputs and target metrics are achieved.	BOARD	INFORMATION
Governance				
14	**BAF**	- The Committee was pleased to note that the BAF had received significant assurance from the auditors. - No major alterations to the BAF with no alteration to risk marking.	BOARD	INFORMATION

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**	x ☐
	BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☐

		PR4 - Workforce	X ☐	**PR5 - Inadequate Funding**	X ☐	**PR6 - IT Service Standards**	X ☐
		PR7 - Integrated Care System	X ☐	**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 around workforce including disappointing results from staff survey. Committee noted staff absences and impact on well being	The Committee noted the action that the main Board plans in May to review current workforce priorities for the year ahead to address key challenges.
PR6	Digital		Moved to amber with the cyber desktop test exercise being performed successfully and a cyber lead being recruited	Team still to update the report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, Deficit risk including CIP		Updated comment to include Deficit including CIP	Plans being created to address gaps to reach a balanced position – e.g., CIP 98% there, contingency plans needed.

Resources Assurance Committee	Chair: Lynne Mellor	Date: 21 June 2022

Agenda Item		Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Finance				
6	**Finance: I&E, Efficiency**	- The Committee discussed the Trust's existing annual financial plan with a deficit of £11.8M; with the second month resulting in a planned deficit position of £2M and the actual position broadly tracking this deficit. The committee also noted that the revised plan, following the release of additional funding from NHSE/I, has been submitted following virtual approval from the Board at the beginning of June. The revised and final plan is awaiting sign off from NHSE/I. - The efficiency programme has a firm plan, the Committee noted the risk around delivery and the plans in place to address any shortfall. - The Committee was pleased to note the progress which had been made with the 'unfunded revenue' schemes: with resolutions for CG1 Discharge and Weekend Therapy Service. It was also reassuring that there is a potential for national funding to be made available for the Mobile CT scanner. - The Committee did wish to raise for action a discussion on the 'unfunded CIPHER service'. Currently this private service would cost the Trust over a £1M per annum to offer nurses/paramedics and care assistants to provide cohorted care for ambulance patients pending delay to ED. AB advised the service has spent £50k to date but following the last shifts over the Jubilee Bank Holiday weekend and following confirmation from the ICS that they will not support funding the service has ceased. YAS and the ICS are in discussions to resolve, linked to the operational plan YAS has prepared and funding they are seeking – strategically as a Trust what would we like to consider regarding releasing ambulance crews in a timely fashion (e.g., the CIPHER Service) to assure patient safety and improve flow?	BOARD BOARD	INFORMATION ACTION
7-8	**Capital & IBR**	- The Committee welcomed the news that the Capital programme reviews have continued and for the first time resulted in the Care Groups redrawing the 'red line' on budget with 'must haves' to address patient needs. This exercise has resulted in £3.5M extra capital needed, with plans being explored on how to fund the £3.5M including for example reviewing lease and DIS plans.	BOARD	INFORMATION
YTHFM LLP				
9	**EPAM**	- The Committee welcomed the news that the VIU scheme was resolved and asked at an appropriate juncture that the lessons learnt from that exercise were presented.	BOARD	INFORMATION
Digital				

10-11	**DIS Report**	- The Committee noted the progress made on addressing the Cyber action on LLP with this being kept open until end of July when it is expected that the Trust will complete the full comprehensive exercise. - The Committee received an update on progress with the Essential services programme and welcomed the new dashboards and roadmap. - The Committee noted the risk analysis and did ask for further clarification and action to mitigate the critical high/risk of EPMA tasks being delayed as there is a 'high risk of medication errors and patient safety incidents if this is not progressed'. - The Committee asked that the Information Governance NDOO report is clear as to whether the Trust will meet the extended timelines of end of July to conform - The Committee welcomed the news that the Trust is set to secure some significant central funding to uplift the Electronic Patient Record System	BOARD	INFORMATION
Workforce				
12	**IBR**	- The Committee was pleased to note validated staff absence has reduced to 6%. It was also pleasing to note the Trust's spend had reduced for flexibility payments which are thank you payments for unforeseen redeployments covering staff absences. Spend on covering staff absences had reduced steadily from February £28k to £6 in May. - The Committee also discussed the financial well-being of staff and noted the Trust is reviewing multiple ways to make improvements such as exploring the introduction of the 'real living wage' i.e., employees getting a minimum of £9.90 per hour. At the same time the Trust is also awaiting news of the NHS pay rise which could temporarily remove the requirement for a local solution to increase pay. In addition, the Trust is reviewing several other schemes including a review of mileage rates and extra restaurant food being given at a 'reduced' rate.	BOARD	INFORMATION
Governance				
13	**BAF**	- The Committee noted no major changes to the BAF given an overall review. Workforce moved to amber given reduction in absences and well-being plans.	BOARD	INFORMATION

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**	X ☐
	BAF Risks assured to Committee	**PR1 - Quality Standards**	☐	**PR2 - Safety Standards**	☐	**PR3 - Performance Targets**	☐
		PR4 - Workforce	X ☐	**PR5 - Inadequate Funding**	X ☐	**PR6 - IT Service Standards**	X ☐
		PR7 - Integrated Care System	X ☐	**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		Plans were reviewed at Board level to review the staff survey output and the Committee noted staff absences were reducing and financial well-being plans considered	The Committee noted plans are ongoing to address the workforce issues as presented at Board. In addition, the focus on Workforce and culture via an additional Board committee should help further mitigate risks due to be initiated in July.
PR6	Digital		Moved to amber with the cyber desktop test exercise being performed successfully for the Trust, awaiting LLP.	Team still to update the report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans.
PR5	Finance, Deficit risk including CIP		Updated comment to include Deficit including CIP	Awaiting sign off to plan from NHSE/I.

Quality Committee – Chair's Assurance Report

Date of Meeting:	19th April 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:**			

Key Agenda Items	RAG	Key Assurance Points	Action
7. COO Report		Continuing concerns over management of emergency admissions. Access times for non-emergency care continue to cause concern. Large numbers of delayed discharges are putting enormous pressure on ward capacity. Staffing levels have necessitated bed closures on certain occasions	Escalation
9. Maternity Services (Ockenden Report)		Routine report to Board. No significant movement in metrics in month	Information
16. CQC		Unannounced visit to medical wards on background of concerns about staffing levels	Assurances to CQC sent and responses awaited

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

Quality Committee – Chair's Assurance Report

Date of Meeting:	17th May2022			**Quorate (yes/no):**	Yes	
Chair:						
Members present:	Stephen Holmberg (Chair),Lorraine Boyd (NED), Wendy Scott (COO), 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:**			

Key Agenda Items	RAG	Key Assurance Points	Action
7. COO Report 10. Nurse Staffing		Continuing concerns over management of emergency admissions; evidence of increased harm in emergency areas and lack of assurance that processes to manage patients in these areas are yet to be optimised e.g. triage, SDEC areas etc. Access times for non-emergency care continue to cause concern. Large numbers of delayed discharges are putting enormous pressure on ward capacity. Staffing levels have necessitated bed closures on certain occasions and remain a major concern	Escalation

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

Quality Committee – Chair's Assurance Report

9. Maternity Services (Ockenden Report)		Routine report to Board. Increased risk noted around certain metrics e.g. MDT handovers and foetal monitoring compliance that may affect outcome from upcoming inspection	Information and escalation
11. IPC		Trajectory for C. diff cases reduced by 10% in coming year which will be challenging given evidence of residual reservoirs of spores in building fabric. Limited assurance for effective multi-disciplinary management of HAI e.g. optimal medical engagement and opportunities for estate improvement. MRSA screening remains below target Living with COVID paper circulated for information	Information and escalation
14. CQC		Unannounced visit to medical wards on background of concerns about staffing levels. On-going discussions with CQC re regulatory action. Deterioration in metrics of self-assessment in multiple areas raises concern about the feasibility of maintaining current bed base without significant improvement in staffing levels	Escalation

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

Quality Committee – Chair's Assurance Report

Date of Meeting:	21 June 2022			**Quorate (yes/no):**	Yes	
Chair:						
Members present:	Stephen Holmberg (Chair),Lorraine Boyd (NED), Wendy Scott (COO), 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:**			

Key Agenda Items	RAG	Key Assurance Points	Action
5. Escalated Items (Digital developments)		Delay in digital developments was escalated from Resources Committee and discussed. It was agreed that there were potentially significant risks to patient safety and further assurance would be sought at a future meeting	Information
7. COO Report		Overall our position with regard to both planned and unscheduled care remains a very significant concern. The position with regard to diagnostic waiting times was discussed as being a particularly worrying situation with associated risk and additional impact on both overall waiting	Information and escalation

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

Quality Committee – Chair's Assurance Report

		times but also specifically those for cancer. Delay in histopathology reporting times was also flagged.	
9 Maternity Services (Ockenden)		Concerns remain regarding some aspects of maternity services and work to achieve Ockenden standards but recent inspection has had positive outcome	Information and escalation
11. IPC		Continued concern around levels of C. diff infections. Lack of decant facility at SGH noted to be a particular concern	Information and escalation
14. CQC		This remains a primary focus of the Committee. There was an ask for more clarity around improvement work. Lack of resolution of long-standing regulatory action from previous inspections was flagged	Escalation

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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report
Council of Governors
7 July 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	☒	For approval	☐
For discussion	☒	A regulatory requirement	☐
For assurance	☐		

Purpose of the Report

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Out of Hospital Care Group (minutes)
- Membership Development Group (action notes)
- Patient Experience Steering Group (PESG)
- Travel & Transport 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
Sue Smith – OHC Governor Representative
Michael Reakes – MDG Chair
Alastair Falconer – PESG Governor Representative
Bernard Chalk – Travel & Transport Governor Representative

Date: July 2022

1. Lead Governor Report

Introduction

This report provides information about key activities in my role as Lead Governor since the last Council of Governors (CoG) meeting on 15 March.

Chair appraisal

Steven Holmberg and I met with Alan on 30th May to complete his annual appraisal. We discussed the consolidated feedback from the NEDs and governors, and though the timing meant that Alan was still very early in his tenure as Chair, the consensus was that he had made a very good start and very positive early impression. The need for a strong unitary Board, the importance of internal and external visibility, the relationship with the ICS and the urgency of a robust action plan in response to the CQC report were all discussed. Following the meeting Steve submitted the necessary paperwork to the relevant NHS body.

Bridlington event

After a couple of previous meetings with the Bridlington Health Forum I am due to attend the Bridlington Heath and Care Event on 30th June hosted by the East Riding of Yorkshire CCG. The event has been planned to enable a focussed discussion between the clinical commissioning group, health service providers, Bridlington Health Forum and patient representatives from the local area and will focus on the following areas:

- Primary and Community Care
- Elective (planned) Care
- Urgent (unplanned) Care
- Frail Elderly and End of Life Care

The aim of the event is to seek consensus on what 'good' looks like and, where appropriate, identify how any gaps in service provision locally can be addressed. I will provide a verbal update at the CoG meeting.

MS Teams

I understand a number of governors are now able to use the Trust's MS Teams platform, but I would like to understand how many people do not yet have access to the system and what the barriers are. My intention would then be to ask the Trust to arrange some bespoke training for us. I would welcome a discussion about this at the meeting.

Radio interview

I was interviewed by Ian Clennan for York Hospital radio on 24th June. We discussed the forthcoming public elections for governors and I believe the article went live earlier the following week.

Sally Light
Lead Governor

2. Governor Forum (04.05.22)

Action Notes

Attendance: Sally Light (SL), Lead Governor, Beth Dale (BD), Alastair Falconer (AF), Sue Smith (SS), David Wright (DW), Bernard Chalk (BC), Keith Dobbie (KD), Catherine Thompson (CT), Mick Lee (MRL), Helen Fields (HF), Rukmal Abeysekera (RA), Gerry Richardson (GR), Michael Reakes (MR), Paul Johnson (PJ), Mike Taylor (MT), Tracy Astley (TA)

Apologies: Dawn Clements (DC), Sharon Hurst (SH), Chris Pearson (CP), Amit Bhagwat (AB), Maya Liversidge (ML)

Agenda Item:	Items for next CoG meeting	Notes
Actions agreed	• Strategic direction for Bridlington Hospital to maximise capacity utilisation. • Ockenden update from Dr L Boyd • Confirm 2nd term of the two NEDs • IBR Report with KPIs	Added to July CoG agenda. Action completed.
Agenda Item:	**Access to Governors**	
Actions agreed	Keep Governors mailbox as main point of contact. TA to keep a record of queries and present at next CoG.	Added to July CoG agenda. Action completed.
Agenda Item:	**Membership Engagement & Survey**	
Actions agreed	ML to distribute details of Charity Events that governors can attend to promote Trust membership.	Ongoing
	TA to speak to Comms about press releases to promote being a member of the Trust.	Ongoing
	Take to next MDG meeting the following suggestions to increase engagement: • Hospital Radio • Membership Stand at Castle Museum • Staff Drop In Sessions • Virtual meetings for public to meet Governors	Added to Dec MDG agenda. Action completed.

Agenda Item:	**Chair's Appraisal**	
Actions agreed	All Governors to complete the proforma.	Completed.
	MT to amend Chair's Appraisal proforma to add a similar note in the second section about not able to comment/haven't seen evidence ....as there is in the first section.	Ongoing
Agenda Item:	**Public Questions**	
Actions agreed	Concern raised over whether Mental Health issues in SGH A&E had been resolved. MT will discuss with Medical Director.	Ongoing
	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.	Ongoing

Sally Light
Lead Governor

3. Out of Hospital Care Group (17 06 22)

Attendees:
Steve Reed (Chair), Beth Dale, Sue Smith, Bernard Chalk, Catherine Thompson
In attendance for item 1 – Tracy Means, Head of Community Nursing

Apologies:
Sharon Hurst, David Thomas, Lorraine Boyd.

Summary of topics discussed

Matters arising:

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

Sue Smith volunteered to be Deputy Chair of the group which was supported by the members in attendance unanimously.

Agreed for next meeting to be face to face in Malton.

Patient experience of community services:

Tracy Means, Head of Community Nursing, attended to lead this item. She outlined the services that she was responsible for and described that ten formal complaints had been received in the past year. Themes were around communication, discharge arrangements, recognising deterioration and palliative care. Tracy described how the learning from these had resulted in changes including a multi-agency discharge standards group, regular documentation audits to check improvements had been sustained, changes to the deferred visit standard operating procedure to improve patient communication, new deterioration care plans and training and a trial of a new handover tool for community nursing teams.

Tracy then explained how community nursing had introduced a new process for the Friends and Family test due to poor returns from the postcards. Volunteers have been recruited who call all patients discharged from the caseload in the previous month and ask a series of questions about their experience. The themes show a high level of satisfaction with 90% reporting a very good experience, 94% of staff had listened well, 92% of patients felt all their needs were met, 94% felt their independence had been supported and 95% reported they were always treated with kindness. All patients reported that staff introduced themselves and wore PPE. Only 16% reported that staff used a laptop whilst they were in the patient's home and Tracy explained more work was being done to improve connectivity and confidence in staff with using them.

Tracy explained the most common theme when we ask patients how we could improve is to know when the nurse will be arriving and that work is underway to explore how patients could be given advanced notice in response to this. She also described work on a 'named nurse' model to improve continuity of care and how we would seek to involve patients more in the design of new care pathways.

Virtual Wards:

Steve Reed described the national programme to develop Virtual Wards. He explained the range of virtual care models and that the national programme was focused on providing community alternatives for patients who would otherwise require acute inpatient care and that this would involve a daily MDT Board Round led by a senior medic. He presented the two main models of virtual wards – the first a predominantly remote model where technology enables vital signs to be monitored by a central clinical team with most interactions via video or phone and a second with higher levels of face to face intervention required although still enabled by technology to maximise efficiency and independence. The national ambition is for there to be 40-50 virtual beds available for every 100,000 adults in the general population by December 2023.

Steve explained that national funding was being provided through Integrated Care Systems to test and implement new virtual ward models and make progress towards the national ambition. In both York and Scarborough, plans to develop virtual wards to support frail older patients (a more face to face model) have been supported for this financial year and are to be implemented in time for winter.

The group discussed the workforce risks associated with needing to employ more staff (although this would be even greater to open additional physical ward beds), the opportunities of using technology to support these models of care and the importance of

health and social care integration to underpin different ways of working. The group were keen to hear an update on developments in the March or June meeting next year.

Actions Agreed

- SR to re-share contact details for school nurses from March meeting for BD to arrange a visit;
- SR to confirm items for September agenda;
- SS to present summary of meeting at next Council of Governors.

Next Meeting

23 September 2022, 10am-12pm
Conference Room, Malton Hospital

Workplan for 2022-23:

The group discussed which topics they would value exploring in more detail through the year. The following remain outstanding:

- Update on discharge programmes in York and Scarborough (from December);
- Waiting lists – impact of patients waiting longer on community teams;
- Community and voluntary sector – how Trust teams work with the sector;
- Social prescribing – how are the approaches being adopted locally;
- Update on Frailty at the Front Door in Scarborough (from June).
- Interface between hospital and community teams where the Trust is not the community provider;
- Update on Virtual Ward implementation – York and Scarborough (from March).

Sue Smith
OHC Governor Representative

4. Membership Development Group (04 04 22)

Action Notes

Attendance: Michael Reakes (Chair), Sally Light, Sue Smith, Rukmal Abeysekera, Beth Dale, Dawn Clements, Paul Johnson, Gerry Richardson, David Wright, Lucy Brown, Mike Taylor, Tracy Astley

Apologies for Absence: Maya Liversidge, Bernard Chalk, Alastair Falconer

Agenda Item:	Notes and Actions from the last meeting – Membership Engagement	Notes
Action agreed	[1] Beth Dale to keep the team updated on Over 50's Festival in Sept/Oct	Ongoing

Agenda Item:	**Notes and Actions from the last meeting - Posters**	
Action agreed	[2] Lucy Brown to request membership posters to notice boards, back of toilet doors, waiting rooms, etc. Tracy to send poster to Lucy.	Sent to Lucy 10/05. Lucy distributed. Action closed.
Agenda Item:	**Notes and Actions from the last meeting – Facebook/Twitter pages**	
Action agreed	[3A] Lucy Brown to look into the non-official Facebook pages for YTHFT to see if they can be deleted or not found by searches; ideally only the trust's official Facebook page should be found. [3B] Lucy to advise whether a membership invitation can be "pinned" on our Twitter feed (on rotation).	Cannot do much as this is not regulated. Only blue tick page is official. This has been added. Actions closed.
Agenda Item:	**Notes and Actions from the last meeting - Survey**	
Action agreed	[4] Ideas on survey / structure to be discussed at next CoG – Mike Taylor	Postponed.
Agenda Item:	**Notes and Actions from the last meeting – Public CoG**	
Action agreed	[5] Re-implementation of 30 mins session for public to meet the govs to be discussed at next CoG – Mike Taylor	Agreed from July 2022. Action closed.
Agenda Item:	**Membership Report – Unique Selling Points**	
Action agreed	[6] Explore the reasons for people to become a Trust member. Tracy to look into and feedback.	On August agenda.

Michael Reakes
MDG Chair

5. PESG (25 05 22)

This is a summary of the main points I took away from the meeting:

- **Annual Complaints Report 2021-2022:** Total 616 complaints receive by trust. This was an increase of 43% compared to 2020/2021. However, there was a fall in the complaints during the pandemic in the latter period. Comparing 2021/2022 with prepandemic figures in 2019/2020 there was an increase of 23%. The most common areas of complaints for 2021/2022 were: Failure to meet care needs; Discharge arrrangements; Delays/Failures of Treatment; Communication and Attitudes of Nursing Staff. Complaint Outcomes: 36% not upheld; 53% partially upheld; 13% upheld. Response times: 57% met standard of 30 days. Referral to Parliamentary and Health Service Ombudsman: 5 referrals during this period. 1 partially upheld. 4 results awaited Looking ahead: Merger of PALS and Complaints departments. Care Group Seniors to proactively manage complaints.

- **Estimated Date of Discharge (EDD):** Patients and their carers are routinely asked if they are aware of their EDD as part of the care group Tendable audit. Not knowing EDD is an important negative patient experience in surveys and quality. The trust has been actively engaging with consultants and their teams to improve this. Although there is still some resistance to providing EDDs because of perceptions of performance and risk in decision making many teams are actively cooperating.

- **Autumn Programme:** Led by Kathryn Sartain, Lead Nurse End of Life Care. This is a trustwide programme with the objective to improve end of life care. A training programme for staff members has either been completed or is ongoing on Chestnut Ward, Cherry Ward, Ward 23 and 35. A training video is also available.. Special "Autumn Programme" screens to enable privacy have been provided on wards.

- **Outpatients Appointments:** Beth Dale and Alastair Falconer met with Lee Fry, Matron for Care Group 6, regarding improvements in the delivery of appointments on 5th May. We discussed the problems facing patients and their carers including multiple appointments, transport access and distance to hospitals.The trust have an Outpatient Transformation Group and Lee agreed to give a presentation on their work to the COG in July together with Karen Cowley, Associate Chief Operating Officer CG6.

- **Hysteroscopy and Colposcopy Surveys:** Results of a hysteroscopy survey from York (October to December 2021) we're presented completed by 209 patients. Scored 10/10 for care quality. Despite pain being a significant problem all would have procedure again. Colposcopy is aligned over York, Scarborough and Bridlington. Survey covered July to September 2021. Majority gave 10/10 score for care quality. 90% had confidence in information given and aftercare. 10% of appointments over 30 minutes delayed (many without apology). This was fed back to staff.

- **Quality Councils:** These have been developed in Child Health and Sexual Health to develop service improvements. They have performed surveys; planned a new nurse station on SCBU at Scarborough; provided ear defenders for children during cast removal. Plan to develop video for children having blood tests.

Alastair Falconer
PESG Governor Representative

6. Travel & Transport Group (29 04 22)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Environment and Sustainability Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Don Mackenzie	Energy Manager
	Lorna Fenton	HR Manager
	Vicky Pursey	Staff Side Rep
	Storm Baines	Enterprise
	Guy Wallbanks	City of York Council
	Jane Money	Head of Sustainability, YTHFM LLP
	Phil Bland	Deputy Transport Manager, YTHFM LLP
	Franco Villani	Staff Side Rep
	Helen Hardwick	Staff Benefits
	Lynn Brooks	Finance
	Robert Peacock	North Yorkshire Healthwatch
Apologies:	Delroy Beverley	Managing Director YTHFM LLP
	Anne Penny	Staff Side Rep
	Tony May	York Civic Trust
	Bernard Chalk	Governor
	Ed Pearson	Finance
	John Mensah	Consultant Side Rep
	Kevin Richardson	Car Parking & Security Manager

1	**Apologies** Apologies for absence were received. DelB is unable to attend. DB has agreed to step in and chair the meeting in his absence.	
2	**Minutes of the Previous Meeting and Matters Arising** The minutes of the meeting held 21/01/22 were agreed to be a true and accurate record, other than: • **The incorrect year of 2021 was used to refer to the prior meeting held earlier in the year. CM to amend.** Matters Arising: Charging Hyperhubs GW noted that there are x2 hyperhubs which are definitely due to open during May at the Poppleton and Monks Cross P&R sites, although there is not yet a specific date as yet. These will provide full rapid charges for EVs. A third hyperhub site is also upcoming in the near future. JM asked if this would be at the Union Terrace car park, which GW confirmed. **JM asked GW to send through any announcements in relation to these hubs to her when they happen.** Pool Cars – Best Practice With regards to a memo being issued to pool car users providing some options and processes related to winter usage (e.g. screen wash), it was decided at the monthly	**CM** **GW**

	engagement meeting, that those identified will be sent out next autumn/winter. Recently there have been communications issued to users about general best practice advice and we will continue to see more like this in the future, with the topic of low fuel being the next. <u>Pool Cars - EVs</u> **Due to end of financial year work, SB, JM and DB not yet been able to meet to discuss the Enterprise schemes available to assist in adding EVs to pool car fleets.** **SB – Will arrange a catch up with DB and JM to explore ideas.** <u>Outpatients to Malton</u> Following on from RP's raised issue in the last meeting concerning East Riding access to Outpatients at Malton, DB approached Silver Command and received a detailed response concerning an ongoing trial being funded by the Trust's charity looking to address difficulties. This response was issued to group members this morning ahead of the meeting. DB asked the group to look over this communication and come back to him with any queries. RP commented that he had looked this over and found the paper to be helpful. <u>Union Terrace Coach Park</u> Following KR's suggestion in the last meeting, DB approached the council to enquire of the possibility of staff being allowed to use the Union Terrace coach park, as they had been able to through part of COVID, as the facility still seems generally empty. Unfortunately, the council have responded with an emphatic refusal to this. <u>KR Actions</u> KR sent apologies ahead of the meeting as he had to attend an event at the SGH site. There were several actions from the previous meeting that KR was to provide an update for, which will carry forward to the next meeting: • *Taxis* – **contact the switchboard team to see if there are any taxi related issues they would highlight for the group.** • *Pool car access* **- KR asked if it was possible for him to have access to all of the pool cars. SB confirmed that this can be arranged and that it would be a good idea for them to catch up to discuss pool cars in general.** • *Pool Car screen wash* - PB noted that the Transport Department do have some reserves of screen wash that could be provided for pool cars, if KR has access to the pool cars. VP thought that checking all of the vehicles twice a week would be ideal to support through winter months. **DB concurred that if we have resources to do so, this would be great option. KR and PB to discuss if this could be practically achieved.** • *BDH car park re-lining* - **Incident at BDH due to poor par park lining, KR asked FV to send him the DATIX numbers so he could follow up.** FV added that there two actions to the DATIX, the bushes were cut down immediately, but the re-lining wasn't added; this second action has been missed. • *Ambulance parking at YDH* - **KR to re-raise with YAS that ambulances are not parking in correct area, causing difficulty for passing traffic, cars using the tight space remaining or even blocking vehicles as the**	**SB / JM / DB** **KR** **KR / SB** **KR / PB** **KR / FV** **KR**

	situation doesn't seem to be improving. • *SGH £100,000 Car Park Investment Project* - **KR to confirm to JM details of which area is being assigned for future charge points once the planned specifics are in place.**	**KR / JM**
3.	**<u>Staff, Patients & Visitors</u>** *Staff Benefits* HH noted that there were currently no updates for the group with regards to staff benefits. HH has spoken to EP to ensure that in the future their separate updates don't cross over, with HH mostly focusing on providing cycle scheme updates. HH stated that she would welcome any feedback concerning staff benefits from the group members, which can be sent to her directly. **HH & DB to meet up ahead of the next meeting to discuss future transport promotions.** *Buses* DB referred to his update issued to the group this morning ahead of the meeting, which showed there was the expected dip in P&R usage in the New Year. However, the figures have been creeping up since then and usage is at highest point now since the drop off due to COVID. Promotions continue, although the free ticket scheme has not had as much uptake as last time. The P&R bus stop at SGH has been moved closer to the car park temporarily due to ED build, although it is now under consideration to relocate this bus stop there permanently as the bus drivers prefer this location. *Cycling / E-Scooters* DB noted that the E-scooter figures remain healthy. TIER will be providing a further 200 EV bikes during May, and will enable them to be used at cycle racks throughout the city, not just the TIER parking bays. **TIER is now offering a 50% discount to all Blue Light card holders. DB to communicate this in Staff Matters.** *Taxis* VP has had several staff members come to her to report how they are struggling to get wheelchair taxis, particularly at the Selby, St Monicas and Easingwold locations. This is impacting patient discharges, which are not able to be booked in advance. VP asked if this can be looked into and queried if there had been any contract changes recently that may have impacted the availability of these taxis. **DB stated that we would need to find out who looks after the contract, which VP thought had previously been with Fleetways, although this seemed to have stopped abruptly. DB asked VP to email him with the issues in more detail, which he will then look into further.** *Pool Cars / Hire Cars* SB reported that the pool cars are being well utilised and are now back to their pre-	**DB / HH** **DB** **VP / DB**

	pandemic usage levels, which is great news. LB and EP are also clamping down on users that are overbooking or failing to cancel bookings that are no longer required. Around 20% of the Trust now has access to the pool or hire cars in terms of holding memberships. SB met with KR recently, who asked for one of the pool cars to be reassigned to Sherburn–in-Elmet, which is now in place. Access to the virtual fleet is now back in place for staff to uses, with a couple of vehicles based at Union Terrace car park as an example. There will also be a new rental location in SGH next month that will be available for staff. It has been well received making these additional options available. VP raised several issues: • VP stated that the flexibility of having pool cars in different locations is particularly helpful to staff. VP wanted to query if there was any movement on being able to have pool cars based at P&R sites? SB confirmed there had been some action, in that they have reached out to First York about this. There are no agreements in place, as of yet, but there are fleet vehicles in position to be moved should this happen. **SB and DB to make a joint push on this together.** • Staff members are reporting issues of returning to the multi-storey car park in York, but are struggling to park as patients are using allocated pool car spaces. This is causing a waste of staff time as they try to locate alternatives. **SB noted that this would be more of an issue for KR to look into, but he will raise with him as an escalated issue.** • VP asked if there is any way to capture the demand for pool cars. Staff have no idea what the demand is like when they are attempting to book pool cars, but often can't find availability. SB noted that while looking a greater analysis of demand is something the group could approach, it would be sensible to first understand if the Trust have budget to consider increasing the fleet before pursuing data capture that would push for this. **DB and SB to discuss.** • It has been noticed that pool cars are being booked overnight, which they shouldn't be. Staff are misusing the system and taking vehicles home, which needs to change. SB felt that it would be more effective for EP and LB to tackle individuals who are doing this individually, rather than targeting all users with firm response. LB also confirmed that they are aware of some night community staff who legitimately require the pool cars for work, so not every instance of an overnight booking is necessarily a misuse of the system. DB asked when was the last time Enterprise had made a communication on acceptable usage as friendly reminder to staff. SB, said that the last time was back in Feb, but noted that EP and LB have both are working on tackling on tackling misusers directly to improve overall usage - if you've not been contacted directly by them, then you're probably using the scheme properly! • VP queried if there could be a system in place where a pool car booking could be cancelled if they hadn't been used within, for example, an hour of the booking time. This could open up more vehicle availability due by removing the full extent of unused bookings. **SB noted that we have looked at this before, but could re-address the pros and cons and discuss again with LB and EP at their next monthly meeting.** *Car Parks* DB noted that while KR is not here to discuss car parking, he has asked DB to inform	**DB / SB / KR**

group that:

- 100 spaces have been added to the SGH car park due to the mitigating impact of major build going on there.
- In York there are ongoing meetings concerning the implementation of further technology in car park (e.g. registration cameras).
- Car park fees for staff have been re-instated by order of central government, which had been suspended during COVID. It has yet to be confirmed if the Trust will or will not opt to re-instate those charges.

Car Sharing
DB confirmed that Silver Command are not comfortable with approving the re-introduction of the Liftshare (car share) scheme yet, which remains understandable. However, if the decision is made to reinstate staff car parking fees, this would be the time to reintroduce the scheme.

Community Travel
RP raised the topic of the announced plans now for a railway station at Haxby. He referred to previous discussions in the group on pursuing the feasibility of a station being implemented at York, as well as a case study in 2013 where both YDH and Haxby were being considered for this. If Haxby are now getting a station, is there any possibility of YDH being able to?

DB acknowledged that the idea of a station at YDH makes complete sense, hence the inclusion of this in the feasibility study of 2013. The paper held cases for Strensall and YDH and ultimately Haxby won out. This project has quietly carried on in the background since. DB recognises that for all the benefits of a station at YDH, it would be a complex project, requiring a lengthy period of consultation between many stakeholders who would all need to agree (i.e. The Trust, CYC, LNER, Transport for the North and many others) and therefore very unlikely to happen. For example, the Haxby station has a £15m cost, so we'd be looking at that funding as a minimum, while there would need to be a construction of a 5 carriage platform and the laying down of a second track, both of which there is no space for. Pedestrian and car (drop off / pick up) access would also be an issue.

DB confirmed that the consultation at the moment is for residents only, which has a deadline in a couple of weeks, if staff want to be involved he is happy to assist with that. DB has spoken with the CYC project manager for the Haxby Station yesterday (who is a former colleague). They had a good conversation including the following:

- Recognition that the station would offer great benefits for connectivity for staff, patients and visitors between York and the East Coast / Malton.
- It is very early days, so the group will have plenty of time to contribute towards this. The Trust can express views of support in written statement (due by August 2022)
- The issue of bus connectivity has not even begun to be looked at yet. DB expressed that having a bus stop and route between the new station and YDH would be key. CYC fully agreed. DB will start working on a statement towards supporting this and raise it with First in the future.
- CYC noted that the business case for the station is still being approved but the council are confident this will go through.

RP commented on the general perception that York City Council are actively

	restricting cars getting access to the city and hospital, but they need to recognise this has a negative impact on those with no alternative of getting into York without car. It is critical then that the new station will have direct links to these, to make train travel a viable option. DB agreed and expressed the difficulty of the balancing act in trying to reduce carbon and encourage sustainability while remaining operational. They are the same issues we face as a group. *Air Pollution & NICE guidance* No specific updates on Air Pollution & NICE guidance provided. *Sustainable Development* JM referred to the feasibility study considering the potential for EV charge points to be installed at Selby and SGH. The work towards this was due to be done by now, but the scheme has now been extended until Dec 2022. As some tenders came in over budget, this extension allows time to go back out and re-tender.	
5	**PALS** DB confirmed that KR will be bringing any relevant PALS issues to group in the future. There is nothing to raise for this particular meeting.	
6.	**Items for highlighting to Sustainable Development Group** Issues to be updated the SDG: • JM No significant issues from this meeting that need escalating.	
7.	**Any Other Business** Bridlington Transport Scheme FV queried where the patient transport from Brid (noted on the report sent this morning) was being advertised? **DB unsure, but will provide FV with a contact called Neil, whom FV can request a brief with further details on the service.** DB noted this is a new scheme that doesn't tie to anything existing. He was involved at its early stages, which was put in place with one-off funding. Cycle Route Videos - York GW has made a new series of cycle route videos across the city of York. These have been filmed to inform people of the various routes available, to see what they actually look like and demonstrate that some of these are fast journeys, comparable to those of a car (perhaps faster). There are x4 routes that come to YDH that may be of particular interest to the group, with another to Monks Cross to be uploaded soon. DB stated that the videos are fantastic and particularly likes the interactive element. **DB will pass on links to the Communications team, but he has also uploaded these to the Staff Room YouTube** account. DB has purposefully held back pushing these videos as he but wants to incorporate this in a bigger promotion soon with lots of different initiatives, which he believes will have a greater impact than drip-feeding occasional updates. Last Mile Signage Project DB informed the group that the ED contractors are providing enhanced signage around SGH hospital roads and junctions, which is primarily for public safety and	**DB / FV** **DB**

	awareness during the build. The contractors are however, trying to provide these in such a way that the signs can potentially remain permanently in place post-project. <u>Station Gateway Project</u> DB referred to this large scale renovation of SGH train station being done by Scarborough District Council. The station will be converted into a regional transport hub and funding will be available for aspects such as potential bus connectivity, pool bikes, EV charging etc. DB will be pushing for the provision of hospital connectivity. The project is still in very early stages of development and DB will maintain contact. <u>Dangerous Cyclists Near Multi-Storey Car Park</u> VP was walking between the multi-storey car park and bill boards, but witnessed cyclists tearing round corner, ignoring signs to dismount. **DB to raise with KR, commenting that he had nearly been hit himself by a cyclist there**. As a cyclist himself, he has no idea why anyone would want to cycle round that blind corner.	**DB / KR**
	<u>Next Meetings</u> • Friday 15th July 2022, 10:00 – 1130 (WebEx) • Friday 14th October 2022, 10:00 – 1130 (WebEx) • Friday 13th January 2023, 10:00 – 1130 (WebEx)	

Bernard Chalk
T&T Governor Representative

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	27.06.22 XCoG
Alan Downey (Chair)										√	√
Rukmal Abeysekera (Public Governor – York)					√	√	√	√	√	√	√
Amit Bhagwat (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	Ap	Ap
Beth Dale (Public Governor - York)									√	√	√
Keith Dawson (Public Governor – Selby)	√	Ap	Ap	Ap	√	√	√	√	√		
Keith Dobbie (Public Governor - East Coast of Yorkshire)									√	Ap	Ap
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	√	√	√	√	√	√	√	√

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	27.06.22 XCoG
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	Ap	Ap
Chris Pearson (Stakeholder Governor – NYCC)	√	Ap	√	√	√	Ap	√	√	√	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	√	√	√	Ap
Angela Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap		
Josie Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap		

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	27.06.22 XCoG
David Wright (Public Governor - Ryedale & EY)									√	√	Ap

Governors and Members Communications May 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 February 2022

- We have submitted several grants for external funding (some we are still waiting to hear if they have been successful)
    - Mrs Kath Sartain will be a Co-Applicant on an application to National Institute for Health Research that will investigate living well with chronic breathlessness: Improving the sustained use of supported self management strategies. £5000 to come to trust if awarded.
    - Dr Simon Davies has applied to Obstetric Anaesthetists Association along with Dr Mo Williams. The £59000 bid will aim to investigate the effect of intra-operative administration of calcium chloride on the amount of blood loss in women at elective lower segment caesarean section
    - Dr James Turvill has applied to Innovate UK. The consortium aim to use artificial intelligence (AI) to develop a multi-variable algorithm to improve diagnostic yield of Faecal immunochemical testing (FIT) for symptomatic patients presenting at primary care. £86K to come to the Trust if awarded
    - Dr Dave Yates along with University of York has applied to Engineering and Physical Sciences Research Council. The bid will co-develop and evaluate a simple-to-use Covid test. £47K to come to the Trust if awarded

- Hull York Medical School have confirmed 2 Academic Clinical Fellows that will begin their Integrated Academic Training in August 2022. Dr Simon Davies has also been successful in securing a second Clinical

Academic post also at HYMS (to join Richard Gale Professor of Ophthalmology)

- Research and Development won 2 awards at the recent National Institute for Health Research Yorkshire and Humber first and inaugural Research Awards event held in Leeds. Awards were:

    - Claire Brookes for Research Practitioner of the Year
    - Dr David Yates for Outstanding contribution to Research

- A new Research Day will be held in November 2022 at a venue in York that will celebrate the work we do at York and Scarborough Teaching Hospitals NHS Foundation Trust. It is expected that this will become an annual event. An invitation will be sent to you shortly.

- In conjunction with York St John University, a Research Showcase is being held in June 2022 to celebrate some of the joint project work we have undertaken and to bring together staff across both organisations to collaborate further. To attend, please register here: **https://www.eventbrite.co.uk/e/research-showcase-york-nhs-trust-york-st-john-university-tickets-244449413777**

- We were recently awarded £102,389 from NHSE to undertake a full assessment of the patient view and experience of having a colon capsule endoscopy through a questionnaire. Interviews and focus groups will also be conducted to further explore themes emerging from the questionnaire. This will see our Trust at the forefront of this study as we will yet again be managing an England wide research study.

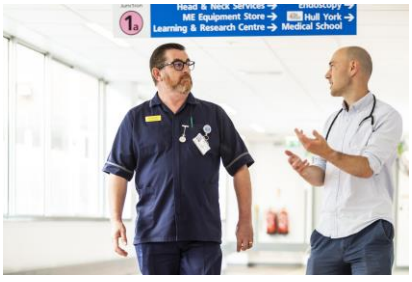
- We are currently advertising our third round of fee waivered PhDs along with University of St John and we have two strong candidates being invited for interview

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)



York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report
Council of Governors
7 July 2022
Governor Elections Process

J3

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

The purpose of the report is to confirm the election timetable and the vacancies available.

Executive Summary – Key Points

The report details vacancies that have arisen from resignations or will arise from governors reaching the end of their term in 2022. The report also shows the outline timetable for the elections. The proposed timetable will ensure the results are known by Thursday 28 September 2022.

Recommendation

Governors are asked to note the content of the report and confirm they will support the election process.

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Mike Taylor, Assoc. Director of Corporate Governance

Date: June 2022

Introduction and Background

In this year's governor elections, the following constituencies have seats available for election:

Public

- East Coast of Yorkshire 3 vacancies – Angela Walker/Josie Walker/Ian Mackay-Holland (all resigned)
- Hambleton 1 seat – Catherine Thompson (end of term)
- Selby 2 seats – Keith Dawson/Doug Calvert (resigned)
- York 2 seats – Helen Fields (end of term), Michael Reakes (end of term)

Staff

- Community Staff 1 seat – Sharon Hurst (end of term)
- Scarborough & Bridlington Staff 1 seat – Byron Stevenson-Wightwick (resigned)

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

Stakeholder

- Voluntary Sector 1 seat

Successful candidates will remain within the role until they resign their current position in the voluntary sector or they resign from the governor role.

Marketing

Information has been placed on the website together with an information pack for prospective governors. Individuals who are interested in a governor post have been asked to contact the Governor & Membership Manager to discuss the positions.

Sally Light has also taken part in an interview with Hospital Radio and Maya Liversidge will do the same to promote staff governor vacancies. The Comms Team will also market the vacancies through media releases to local newspapers, social media, Staff newsletters and Members newsletter.

We are also running a Governor Awareness Session on Monday 25 July.

Elections Timetable

The timetable for the elections will be as follows:

Election stage	Date
Trust to send nomination material and data to Civica	Wednesday 29 June 2022
Notice of Election / nomination open	Monday 11 July 2022
Nominations deadline	Monday 8 August 2022, 5.00pm
Summary of valid nominated candidates published	Tuesday 9 August 2022
Final date for candidate withdrawal	Thursday 11 August 2022
Electoral data to be provided by Trust	Monday 15 August 2022
Notice of Poll published	Wednesday 31 August 2022
Voting packs despatched	Thursday 1 September 2022
Close of election	Wednesday 28 September 2022, 5.00pm
Declaration of results	**Thursday 29 September 2022**

Usually, the nominations material consists of a letter written by the Chair and a summary document outlining the role of a Governor. This is then sent via email or post to the public in those constituencies with vacancies. This year we are doing something slightly different in that the summary document will be available through the Trust website and the letter will be replaced by a postcard directing people to the Trust website for further information and how to obtain a nomination form.

The nomination form requires candidates to provide a candidate statement of not more than 250 words and a photo is optional.

After the deadline for nominations has passed, validation work is undertaken on the nominations and the notice of poll is published on the Trust website.

Voting packs are dispatched by Civica to all members within constituencies that has vacancies and the closing date for votes is Wednesday 28 September 2022.

The results of the election will be available from Thursday 29 September 2022 and will be published on the website as soon as possible.

Unsuccessful candidates will receive a letter from the Trust thanking them for their interest and encouraging them to stand again. A copy of the election result will be included with the letter.

Successful candidates will be contacted to advise of their success and provide them with any additional detail they may need at that time.

Recommendation

Governors are asked to note the content of the report and confirm they will support the election process.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report
Council of Governors
7 July 2022
Questions from the Public

K

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

The purpose of the report is to give the Council the opportunity to view the questions received from the members of the public.

Executive Summary – Key Points

The report details the questions received from the public and, in line with the new protocol, will be answered and individually responded to within 14 days of the meeting. Governors will receive the full version in due course.

Recommendation

Governors are asked to note the content of the report and give appropriate feedback.

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Mike Taylor, Assoc. Director of Corporate Governance

Date: June 2022

Catherine Blades – Save Scarborough Hospital Group

I am unable to attend the Governors meeting on 7th July, but I would like to submit questions to the Board and I would be grateful if they would be read out and answered.

Questions:

1. I am a member of the Save Scarborough and District Hospital Group and we have seen multiple cuts and changes to services, which, quite frankly, are leaving us feeling angry, and in some cases, fearful and anxious that we will be able to access the services we need in this area in a timely manner particularly in relation to stroke, cardiac and other emergency care. With the planned building of the new A&E facility, can the Trust advise us whether or not we might at least get 'emergency first aid 'in the event of stroke or cardiac incidents? We have been told that such care has now been completely removed from Scarborough and residents in this area will be taken straight to York or Hull, at least an hour away even by ambulance, and often longer. We have also been told, by the stroke consultant himself , that there is little a paramedic crew can do - even if one were available within the first 30 minutes or so - to stabilise a patient in an ambulance , leaving us at very real risk of severe damage or death . Surely the building of such an up to date A&E unit, will be an opportunity to address this very real concern?

2. In a meeting we had with Mr Morritt in November last year , he said he would be looking to 'change the culture ' regarding York centric services and look to staff working across both sites , including changes in contracts to facilitate this . Is this now happening? With the rising fuel costs, and difficult to access, and often unreliable, bus and rail services, it surely makes sense to run clinics and other services in Scarborough for Scarborough area residents. The carbon footprint of all patient journeys must be huge, yet totally ignored in the Trust's green agenda - presumably because it is patients making the journeys! But, I would argue that it should be factored in to your Green Agenda, because the Trust is the cause of all the travelling! Additionally, there will be many people who can't afford the time, money or child care to attend York and some employers will not allow several hours off for hospital appointments, thus leaving many people without access to the health care they need.

Answers:

Dr Gordon Hayes

Question:

Over the past decade or more, Scarborough Hospital and East Coast residents have suffered a long list of local core medical service provision losses and inequitable staffing levels. This has resulted in severe, distressing and ongoing healthcare access problems for the 200000 local residents for whom Scarborough Hospital is

their nearest acute hospital. When I met Mr Simon Morritt at the end of 2021, he assured me that any core medical services that had been removed from Scarborough Hospital would be reviewed and returned if clinically safe to do so. Please can you provide me with a complete list of all the lost core medical services which have been, or are planned to be, returned to Scarborough Hospital - including the dates and planned dates of return - and a full explanation as to why services are, or are not, on this list.

Answer:

Suzanne McKenzie

Question:

I have a chronic illness and because I cannot get an appointment to see a Dr or my Specialist for weeks/months I feel very isolated and worried. I was once discharged from Scarborough hospital in the early hours of the morning, wearing only a nightgown and a coat. I had to ring for a taxi back to Bridlington and then wait outside. I am now 76 and having to get into a taxi (not knowing who was driving) was the scariest thing I've ever done. The fare cost me £30. Had Bridlington hospital been fully functional I could have been treated there. I understand that the waiting time in A&E can be hours which is unacceptable, especially for someone from Bridlington who may have had to ask a friend/neighbour for a lift up there. All the time we hear of people having to travel to Hull and York for simple procedures which once again could be done in Bridlington. As more and more properties are being built here, we need our lovely hospital back; everyone else can see the need for this except you so could we please have a no nonsense answer as to why you refuse to do anything about it.

Answers:

Cllr Rich Maw – Scarborough

Questions:

Unfortunately, I am unable to attend your meeting in person but would like to ask the following question if I may.

On 31st March the Scarborough News reported on the struggles to offer the fundamental basics of at Scarborough Hospital due to staff shortages. The report went on, saying that that there had been an increase in patient falls, pressure ulcers and patients not being fed properly. This story came about following a meeting of the board of directors. At this time the trust said they were struggling to attract agency and bank staff to do shifts. Asked by a fellow director if nurse staffing levels were safe, chief nurse Heather McNair said: "I think we are spread very thinly. We are running some of our big wards – 28-30 beds – on two RNs (registered nurses) on a night, which is a stretch.

"Is it safe? It's as safe as we can make it."

"Where I think we are probably not achieving optimum care would be feeding patients, answering buzzers in a timely way – the stuff that HCAs (healthcare assistants) on the whole would be doing."

The director said: "You're not happy that we're able to deliver nutrition needs to all of our patients?"

"No, not regularly, on every meal time on every shift," Ms McNair said.

The director replied: "That doesn't sound safe to me."

Ms McNair said there was "a clear correlation where suboptimal staffing levels are resulting in patient harm."

In his update, chief executive Simon Morritt said: "It genuinely is the worst it's ever been in terms of the pressures that we're under. The patients who are coming into our hospitals, the beds that we have closed – around 150 in York and 50 in Scarborough – and we have a sizeable number of acute delays."

What is the Trust doing to ensure the workforce is able to provide adequate care in Scarborough Hospital? What steps (if any) have been introduced to improve on the situation as it was in the time leading up to the published article in March?

Answers:

John Wane – Save Scarborough Hospital Group

It was obvious to us towards the end of 2021 that the previous Chair Susan Symington was predominantly concerned about a likely, imminent inspection by the CQC, which subsequently took place on the 30th and 31st March 2022. Absolutely no questions from our group and other members of the public were published, answered or even addressed at your March meeting and nothing has been heard of them since.

In addition, Trust management had also removed ALL questions to the Governors from the public prior to June 2021 as well as their answers to them, from the Governors section of the Trust website, obviously to avoid the CQC and others, including new Governors, knowing how long the avoidance of honest answers to hundreds of questions had been going on, as well as the information they contained about serious public concerns over many years. That action has served only to reinforce the culture of arrogance, so long prevalent within York Trust as well as their resentment of any questioning by the people they are supposed to serve.

Such questions should be in the public domain and remain so, to enable future research by the public, bodies such as the CQC and even Trust Governors, to research the history of so many issues of concern to the public.

Questions:

Q1. Do the Governors condone the action of Trust Management in attempting to limit the availability of such information and research possibilities?

Q2. It was admitted at the March meeting that mistakes had been made in respect of the Trust Governance and the processes would be reviewed. When will that happen and what opportunities will the public you represent be given, to influence any proposed changes?

Q3. In view of the above and the continuing absence of any responses to questions posed by our group and others to the March Governors meeting, all of those questions and issues remain extant. When will all those questions be addressed by the Governors and the responses made public?

Q4. Will the Governors be ensuring that all those Questions and Answers, in our case going back to 2018, are reinstated on their section of the Trust website?

I should state that myself and other members of our group did appreciate the opportunity to meet and raise a number of issues of concern with Alan Downey back in March while he was in “listening mode” after taking up his new post. We have refrained from contacting him since then to give him an opportunity to 'settle' into his new role and hopefully begin the significant work required to address so many significant issues relating to the historic York Trust culture which he inherited.

We are looking forward optimistically to a new improved era in the treatment of and attitudes towards, East Coast residents and local NHS staff!

Answers: