



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 Morrith 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 made 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 the 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.
21/70	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.
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.
21/72	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.
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	Tracy Astley	July 2022	Govs now added to distribution list. Action closed.

		newsletter.			
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.