



Minutes

Public Council of Governors meeting 26 September 2022

Chair: Alan Downey

Public Governors: Rukmal Abeysekera, City of York; Helen Fields, City of York; Sally Light, City of York; Bernard Chalk, East Coast; Keith Dobbie, East Coast; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY

Appointed Governors: Gerry Richardson, University of York; Paul Johnson, YTHFM; Dawn Clements, Appointed Governor – Hospices; Cllr Liz Colling, NYCC

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

Attendance: Jenny McAleese, NED; Lorraine Boyd, NED; Lynne Mellor, NED; Denise McConnell, Steve Holmberg, NED; Simon Morritt, Chief Executive; Heather McNair, Chief Nurse; James Hawkins, Chief Digital Information Officer; Lucy Brown, Director of Communications; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Rachel Brook, Charity Operations Manager; Karen Cowley, ACOO - Specialised Medicine, Orthopaedics, Ophthalmology and Outpatient; David Thomas, ACOO – Acute, Emergency & Elderly Medicine; Liz Hill, ACOO – Surgery; Neil Wilson, Head of Partnerships & Alliances

Public: 8 members of the public attended

Apologies for Absence: Michael Reakes, City of York; Sue Smith, Ryedale & EY; Beth Dale, City of York; Andy Bertram, Finance Director; Jim Dillon, NED; Matt Morgan, NED; Ashley Clay, ANED

22/35 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

22/36 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

22/37 Minutes of the meeting held on the 7 July 2022

The minutes of the meeting held on the 7 July 2022 were agreed as a correct record

22/38 Matters arising from the minutes

Keith Dobbie asked about the minute taking process as he felt not everything was captured at the last meeting, particularly around delayed discharges. Alan Downey replied that the minutes were not intended to be a verbatim account, but a reflection of the important issues discussed. However, it was important that governors had the opportunity to review the minutes and suggest additions and amendments. In future the trust would aim to circulate draft minutes for comment as soon as practicable after each meeting.

Keith Dobbie asked for an update on delayed discharges. Simon Morritt replied that this had reduced to around 120, with the aim of a further reduction to 60 with collaboration from local authorities and the ICS.

Action Log

21/70 08.12.21 – Night Owl Project: Alastair Falconer advised that there was supposed to have been a presentation on the subject at the Patient Experience Steering Group meeting but it has been postponed until the next meeting. The action will remain open until the Council receive an update on progress.

22/22 07.07.22 - Provide data on orthopaedic activity levels at Bridlington Hospital to the Council. Simon Morritt advised that this was ongoing and will provide the data asap.

22/22 07.07.22 - Share the link to the ICS Engagement Strategy with the Council. Lucy Brown advised that this was not yet available but will share it as soon as it is.

22/28 07.07.22 - Bring some model hospital data to the next CoG meeting. Alan Downey advised that this has been handed over to Mike Taylor and it is on the agenda for discussion.

22/39 Bridlington Update

Neil Wilson gave an update on the service development plan for the Bridlington site. This was produced in conjunction with the Bridlington Health Forum and was shared at the Bridlington Healthcare Stakeholder Planning Event on 30 June. Further information will be added in due course.

The Council was then given a presentation as follows (Appendix A):

- Liz Hill gave an overview of progress so far with surgical utilisation at Bridlington.
- David Thomas gave an outline of medical service developments. Neil Wilson added that there are monthly operational meetings with Bridlington Health Forum to develop the service work plan.
- Karen Cowley spoke about Ophthalmology at Bridlington, including the establishment of a Glaucoma Clinic and a One Stop Cataract Clinic. Options to expand the Ophthalmology service were being explored.
- Liz Hill gave a summary of the TIF2 bid to develop the Outpatient space to deliver more outpatient procedures, and to develop the pre-assessment services across all surgical specialties. They were struggling with the delivery of a Urology service, but this will stay on the agenda for reviewing.

- Neil Wilson spoke about the Elective Transport Pilot Scheme which gives patients transport assistance to and from York Hospital / Scarborough Hospital.

The Council raised the following points: -

- It is very encouraging to see the strands of work going on. The Council would like to see a coherent vision, a development plan with timescales and milestones.
- Has the team received feedback from patients or their carers about being relocated to Bridlington? David Thomas replied that he can provide that feedback to the Council.
- Are the matron appointments based at Bridlington? David Thomas confirmed they are. They are responsible for the daily quality and safety standards on the site. If the matrons are not on site and an issue arises then there are a set of Standard Operating Procedures (SOPs) that would be followed.
- The strategy/action plan is centred on one area. The Council would like to see a strategy/action plan for all parts of the East Coast. Simon Morritt agreed but added that one of the challenges is that the East Coast straddles two 'places', North Yorkshire and the East Riding. Alan Downey added that he will feed back to the ICS the risk that the needs of the East Coast may not be adequately served if there is undue focus on 'place' and not enough on areas which cut across 'place' boundaries.

Members of the Public commented (Bridlington): -

- It was encouraging to hear about the action plan for Bridlington. We agree that there should be an East Coast strategy. The people we represent are concerned about the reduction of services in Bridlington, and we are happy to work with the Trust on this.

Action: David Thomas to provide the Council with patient/carers feedback on being relocated to Bridlington.

22/40 Outpatient Transformation Work (OTW)

The Council was given a presentation (Appendix B) by Karen Cowley on the OTW program and the priority areas and highlighted the following: -

- Referral Optimisation – collaborate to treat patients without the need for a referral to secondary care where possible.
- Alternative Models of Care – deliver efficient care in alternative ways, ie. Virtual clinics, video/telephone consultations, etc.
- Patient Activated Care – patient self-management, education and prevention.

The Council raised the following points: -

- The main focus is on getting patients to see clinicians as quickly as possible. When booking appointments are you also able to take into account patients' wish to have an appointment close to home? Karen replied that it is about asking for patients' postcodes, transportation availability and on which site the service is offered. It is

also about the urgency of the appointment. They were working with the appointments team to identify postcodes and services available locally.

- The language around the OTW is completely incomprehensible to most people and it was difficult to understand. Also, because of the alternative models of care that now exists, would it be better to change “Outpatients” to some other name that is more fitting? Karen replied that it is about the dialogue with GPs and there is a long way to go.
- There is a concern around patients with multiple morbidities. Is there a way of making the appointment system more friendly by booking patients’ appointments all on one day? Karen replied that it is not something that is looked at nationally, but they were exploring this to see where the system could be tweaked to enable this to be done more frequently. They were aware of the potential for too much information for patients and carers to process if they had more than one appointment on the same day. She also said they were looking at the best ways of giving patients information to review at home.
- What is the DNA (Did Not Attend) rate? How do patients text message the hospital to advise that they cannot attend? Karen replied that the current DNA rate stands at 6%. In terms of bi-directional text messaging, patients can confirm they are attending or not attending. For those who cannot attend, they will be sent a message to say they will be contacted to arrange another appointment by telephone.

22/41 Chief Executive’s Update

Simon Morrith gave an overview of his report and added an update on the following topics:

- Discharge pathways – the ICB has pushed with the local authorities, York City Council and North Yorkshire Council to come up with a plan to reduce the number of delayed patients in the hospital. A plan for York Hospital has been signed to reduce those figures from 120 delays to around 60 delays on a daily basis. If this happens then the challenge for the Trust is to be confident that it can make best use of the acute medical wards. A plan has been produced and will be shared with the Council.

The new Health Secretary, Therese Coffey, has talked about an additional £500m fund to help get patients out of hospital is to be set up to help the NHS in England through winter. 1% of this for the Trust would be £5m.

- Board appointment – Karen Stone has been appointed the new Medical Director and will commence in post on 28 November 2022.
- Ambulance delays – the Trust is providing additional staff to manage patients as they are dropped off at the front door of ED. They will be starting this week.
- Elective recovery and doing additional work – discussions are ongoing regarding the flexibility within the pension scheme to accommodate this.

The Council raised the following points: -

- With regard to the discharge pathway, are you having education of patients as part of this plan? Simon replied that it is the responsibility of the clinician involved with the discharge of a patient to have the right conversation with them. The Trust will not discharge a patient if an adequate package of care is not in place.

Action: Simon Morritt to share the Acute Flow Action Plan with the Council.

The Council:

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

22/42 CQC Update

Heather McNair gave an update on progress and gave a presentation on areas of improvement (Appendix C).

- Action Plan – there are a total of 66 actions. 20 are in progress and 44 have been completed.
- Nucleus Programme – Phase 1 has been fully rolled out in York Hospital this week and Scarborough Hospital throughout October. Phase 2 is ongoing.
- ICB are co-ordinating a system response to support the Trust with delayed discharges and are working with Local Authorities to improve the situation.

The Council raised the following points: -

- There is a mixture of CPD and SystemOne. Risk assessments are not taking place on Nucleus. Heather replied that this will take place in phase 2 of the project. With regard to the CQC, it is a journey and the Trust is making progress.
- Has the CQC been a catalyst for quickening the pace of this progress? Heather confirmed it was and added that it is about prioritising and what the risks are.
- Would the new programme give you staffing requirements on a ward? Heather replied that they use the Safer Nursing Care Tool (SNCT) for that.
- What are you doing about nurse recruitment and retention? Heather replied that Nurse retention is above the national average. With regard to recruitment, the Trust has welcomed a cohort of newly qualified nurses this month. However, there is still a shortage of around 100 registered nurses across the organisation. Plans are in place to recruit internationally, offer apprenticeships, career development, etc., but in doing that the organisation will not get the extra 100 until next year. There is a need to right-size clinical areas to the number of staff available.
- You are hoping for a full staffing complement by October next year. Where from? Heather replied that the increased numbers will start with the newly qualified nurses next year. International recruitment of nurses is the biggest area and a lot of work is ongoing in retaining these nurses.

Steve Holmberg commented that the Quality & Safety Assurance Committee keep an eye on the CQC response. The timing of the CQC visit was unfortunate because it came soon after the pandemic and plans put in place to recover from the pandemic had not taken traction. Historically, the Trust has struggled with low nurse staffing numbers. To make

matter worse, because of a previous CQC inspection, the Trust was reprimanded for using two assessment systems, paper and electronic, so the Trust went back to paper. At the latest CQC visit, this went against the Trust because the process was not digitilised. The Trust was also hit with the collapse of community care to the extent that the Trust has an unprecedented number of delayed packages of care. In terms of response to the CQC the biggest improvement is the move to digitilisation which frees up nurses to spend more time with their patients.

Alan Downey commented that the Board shared the concerns which the governors had expressed about the CQC report. He was satisfied that the Trust has made significant progress and will continue to do so. His anxiety levels about the Trust's response to the CQC report were now significantly reduced, but there was no room for any complacency: the Trust needed to keep pushing for improvements. Although demonstrable progress had been made in the medical wards which the CQC inspected, he was concerned that when they return the CQC are likely to inspect the York Emergency Department which is currently under immense pressure.

Heather McNair advised that there will be a separate CQC inspection on maternity services.

22/43 Scarborough Charity Appeal

Rachel Brook explained what the York & Scarborough Charity does and how it raises funds for the extras that the NHS does not fund. This year £1.2m had been spent and during the years of Covid £1.8m was spent. She gave an account of the various income streams and the various campaigns and appeals that takes place to raise funds for certain projects.

She spoke about the Scarborough Charity Appeal and how it will be used to improve patient care and experience. Further information can be found at [Scarborough Urgent and Emergency Care Appeal \(scarboroughuecappeal.co.uk\)](http://scarboroughuecappeal.co.uk)

22/44 Chair's Report

Alan Downey advised that this had been sent in advance of the meeting as he had been on annual leave for the couple of weeks running up to the meeting. He highlighted the following: -

- CQC – the Trust needs to show progress and is doing so.
- Development of high performing unitary Board – a Board development session has been arranged for this week with an external facilitator.
- Governor elections – these are ongoing. Results will be available at the end of the week.
- Governor resignation of David Wright – this will be picked up at Private CoG.

The Council did not raise any points.

22/45 Assurance Committees Updates

Group Audit Committee

Jenny McAleese advised that there was no update as the last meeting was the Year End meeting.

Digital, Performance & Finance Assurance Committee

Lynne Mellor gave an overview of the new Committee which replaces the Resources Assurance Committee. She highlighted the following: -

- The vacancy for a Chief Nurse Information Officer has now been filled.
- Digital – discussed earlier in the meeting.
- Performance – discussed earlier in the meeting.
- Finance – CYPHER issue has now been resolved. It will be replaced.

Quality & Safety Assurance Committee

Steve Holmberg referred to the dashboard indicators which historically were largely green with a few ambers and an occasional red. Since the pandemic this has changed to a more amber and red landscape. The challenge is to work through and find a way in which the Committee can receive assurance of a safe service with that sort of dashboard. The Committee is looking towards Executive colleagues to identify their red lines above which the Committee can have some confidence that the service is reasonably safe. It is clear that over the last three months things have moved in the right direction.

People & Culture Committee

In the absence of the Chair of the Committee, Lorraine Boyd explained the purpose of the new Committee was to monitor staffing priorities and find a way of usefully tracking recruitment and retention, and how this impacts on safety of services. There will, over time, be more communication between the Board sub-committees as things progress.

The Council raised the following points: -

- Has the mental health issue in ED at Scarborough Hospital been resolved yet? If not, is it on the risk register? Steve Holmberg replied that this had not yet been fully resolved. TEWV have their own issues with staffing. It is on the Trust's risk register.

Action: Add Put mental health issue in ED at Scarborough on the next agenda.

The Council:

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

22/46 Changes to the Constitution

Mike Taylor gave an overview of the changes put forward by the Constitution Review Group.

The Council accepted all the changes apart from reducing governor total tenure from 9 years to 6 years and asked for it to be taken back to the Constitution Review Group.

The Council also suggested adding that after a governor's full tenure is served, they can reapply after a certain period of time.

Action: Take back Governors' views to the Constitution Review Group around governor tenure and being able to reapply.

The Council:

- **Ratified the changes to the Constitution apart from the governor tenure.**

22/47 Monitoring Trust Performance / KPIs

Mike Taylor discussed the wealth of data in the NHS and had chosen a list of metrics as examples of reports that he can bring to the Council of Governors giving clear information on Trust performance across a number of key metrics and in comparison with peers across the ICS. It needed to satisfy a number of audiences, including the Board, the Council and NHSE.

Suggestion from the Council was to add the data for the number of delayed transfers of care. There was a need to compare the Trust with other trusts to ascertain why some were doing better. Catherine Thompson commented that it was a good start and included the right type of information. She offered to work with Mike on the data to add to the document.

Keith Dobbie was keen to see the Trust appearing in the list of the top 100 trusts based on cost per patient. Gerry Richardson pointed out that cost per patient is a very narrow and not especially revealing metric: a broader and more complex set of indicators is required in order to measure the comparative performance of trusts. Keith responded by saying it should be average costs.

Action: Mike Taylor to bring back to next Council meeting a revised Trust Performance / KPIs document.

22/48 Governors Report

The Council accepted the report and noted its contents.

22/49 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Research & Development Quarterly Update
- Governor Elections Update
- Proposed Meeting Dates 2023/24
- Audit Committee Annual Report 2021/22

No comments were made.

22/50 Questions received in advance from the Public

Alan Downey gave an overview of the process when receiving questions from the public. He commented that he had been in correspondence with both Mr Wane and Dr Hayes and shared these with the governors. It was the type of approach he would like to adopt in future. He asked if the governors were happy with the answers to the questions.

The Council feedback was as follows: -

- They found it very helpful to see the questions and the Trust responses to them.

- With regard to how constituency members can contact the governors, there needs to be a set of principles established on how members of the public can have access to their governors without going through the Trust. Alan agreed and promised to look at ways the Trust can facilitate that.

Action: Mike Taylor/Tracy Astley to look at mechanisms for members of the public to contact their governors directly and at the way the Trust deals with questions to the governors from members of the public.

Alan confirmed that after the meeting the Q&A document will be posted on the Trust website and those asking questions will receive individual emails with the Q&A document attached.

22/51 Any Other Business

No other business was discussed.

22/52 Time and Date of the next meeting

The next meeting will be held on Thursday 1 December 2022, 10.00am, Malton Rugby Club.