

Agenda

Council of Governors (Meeting held in Public)

Thursday 16 March 2023
Malton Rugby Club at 10.30am



COUNCIL OF GOVERNORS MEETING

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

On: Thursday 16 March 2023

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 – 14.00	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
14.15 – 16.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (16.03.23)

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	Apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	10.30
2.	Declaration of Interests To receive any changes to the register of declarations of interest	Chair	Enclosed	5	
3.	Minutes of the meeting held on 1 December 2022 To receive and approve the minutes from the meeting held on 1 December 2022	Chair	Enclosed	9	
4.	Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	22	
5.	Chief Executive's Update To receive a report from the Chief Executive, incl. CQC update	Chief Executive	Enclosed	24	
6.	Chair's Report To receive a report from the Chair	Chair	Enclosed	30	
7.	Transport update To receive an update on car parking and sustainable travel	Jim Dillon Penny Gilyard	To follow		

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	Questions received from the public To discuss and answer the questions received from the public	Chair	<u>Enclosed</u>	33	
9	CQC To discuss the ongoing CQC inspection	Chair/NEDs/ Governors	Blue Box		
10	Maternity Services To discuss the Trust's maternity services	Chair/NEDs/ Governors	Blue Box		
11	Assurance Committees Updates To receive updates from the Chairs of the following Assurance Committees: 11.1 Quality & Safety 11.2 People & Culture 11.3 Audit 11.4 Digital, Performance & Finance	Chairs of the Committees Steve Holmberg Jim Dillon Jenny McAleese Lynne Mellor	<u>Enclosed</u>	37	
12	Governors Activities Report To receive a report from the governors on their activities	Governors	<u>Enclosed</u>	46	
13	Items to Note 13.1 CoG Attendance Register 13.2 Annual Patient EDI PESD Report 2021-22 13.3 Annual Workforce Review 2022 13.4 Trust Priorities Report 13.5 Board Assurance Framework		Blue Box		
					14.00
14	Any other business	Chair	Verbal	-	
15	Time and Date of next meeting The next Council of Governors meeting will be held on Thursday 15 June 2023, timings TBA, Malton Rugby Club.				

Additions:

Deletions: Bernard Chalk - no longer a Director/Trustee at Scarborough Dial a Ride, resigned 11/01/23

Modifications:

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
Bernard Chalk (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mary Clark (Public: City of York)	Nil	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
Cllr Liz Colling (Appointed: NYCC)				Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member of the York Sight Loss Council

Abbi Denyer (Staff: 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
Colin Hill (Public: East Coast of Yorkshire)	Nil	Director of Chiltern East Coast Ltd.	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Maria Ibbotson (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Trustee – Bridlington Health Forum			Member of Conservative Party
Paul Johnson (Staff: York)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	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
Wendy Loveday (Public: Selby)	Nil	Shareholder in Fleetways Taxis	Nil	Nil	Nil	Nil	Nil
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee 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
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Stephenson (Public: Selby)	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
Franco Villani (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Linda Wild (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil	Councillor & Mayor of Whitby.



Minutes

Public Council of Governors meeting
1 December 2022

Chair: Alan Downey

Public Governors: Rukmal Abeysekera, City of York; Mary Clark, City of York; Michael Reakes, City of York; Bernard Chalk, East Coast of Yorkshire; Keith Dobbie, East Coast of Yorkshire; Colin Hill, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Alastair Falconer, Ryedale & EY; Sue Smith, Ryedale & EY; Wendy Loveday, Selby; Andrew Stephenson, Selby

Appointed Governors: Dawn Clements, Appointed Governor – Hospices; Cllr Liz Colling, NYCC

Staff Governors: Paul Johnson, York; Abbi Denyer, York, Julie Southwell, York; Maya Liversidge, Scarborough/Bridlington; Franco Villani, Scarborough/Bridlington; Sharon Hurst, Community

Attendance: Lorraine Boyd, NED; Lynne Mellor, NED; Denise McConnell, Steve Holmberg, NED; Simon Morritt, Chief Executive; Andy Bertram, Finance Director; Karen Stone, Medical Director; 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: Virginia Golding, Equality, Diversity, Inclusion Lead; Helen Ketcher, Patient Equality, Diversity, Inclusion Lead; Polly McMeekin, Director of Workforce and ODIL; Jonathan Hodgson, Internal Audit Manager; Emma Shippey, Internal Audit Manager

Public: 5 members of the public attended

Apologies for Absence: Linda Wild, East Coast of Yorkshire; Beth Dale, City of York; Catherine Thompson, Hambleton; Sally Light, City of York; Gerry Richardson, University of York; Jenny McAleese, NED; Matt Morgan, NED; Jim Dillon, NED; Ashley Clay, ANED

22/53 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate. He introduced Karen Stone as the new Medical Director. He also congratulated Rukmal Abeysekera on becoming the new Lead Governor and thanked Beth Dale for standing.

22/54 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

22/55 Minutes of the meeting held on the 26 September 2022

The minutes of the meeting held on the 26 September 2022 were agreed as a correct record

22/56 Matters arising from the minutes

There were no matters arising.

Action Log

21/70 08/12/21 – Night Owl Project. Leave on log to monitor progress.

22/45 26/09/22 - Provide update on mental health issue at SGH ED. We are still awaiting update from David Thomas. Tracy will chase.

22/46 26/09/22 - Take back Governors' views to the Constitution Review Group (CRG) around governor tenure and also being able to reapply. December CRG has been cancelled and will be rearrange for January 2023.

The Council acknowledged that the remainder of the actions have been resolved and closed.

22/57 Staff Retention

Polly McMeekin gave an overview of her paper and highlighted the following points: -

- Recovering from the pandemic has been a significant challenge.
- Over the past 12 months staff turnover across the Trust has rose by 2%.
- There is a very high amount of “voluntary resignation” and “unknown” as reasons for leaving. The “unknown” category has now been removed in order to better capture the reason for leaving.
- There is currently a 24% completion rate and we need to encourage managers to ask leavers to complete the leaver form during their notice period. This will then go straight to HR who will pull out themes and give feedback to managers, trade union reps, etc.
- The majority of staff leave because of their manager, not the organisation.
- There is a whole host of initiatives that they are doing for staff retention.
- A huge amount of work was needed around cultural change, ie. Rewards and recognition, career development, health & wellbeing, empowering staff to influence change.

The Council raised the following points: -

- Are interviews with HR always conducted (across all Care Groups) when a resignation letter is received? Are the reasons for resignation always documented and passed on? Polly replied that there is a capacity issue with the HR function of interviewing every leaver. A lot of people would prefer to have a conversation within their area, ie. Clinical staff with each other because they can empathise with their issues.
- What similar Trusts do best with retention? What are their secrets? Polly replied that currently car parking charges for staff have not been reinstated. Through the engagement exercise carried out previously, staff felt the car parking criteria was unfair and this is being looked at. A revised criteria and car parking fees will be introduced in the new financial year. There is also free designated bus travel. We are also looking at providing showers for staff, break out spaces, etc.

- How many permanent staff move to agency work? Polly replied that they did an exercise of tracking how many staff were resigning or reducing hours to join the Trust's bank and it was relatively low. There has been some movement, in particular with HCAs and RNs, but we keep any eye on that.
- Is the retention rate similar with international recruitment? Polly replied that this is tracked very closely. The current turnover rate is 4.5%. The main reason for leaving is that they can't afford to bring their families to the area.
- What has replaced the "unknown" reason for leaving on the leavers form? Polly replied that this has been broken down to relationship with colleagues, relationship with managers, lack of training and development, etc., as a reason for leaving.
- It is disappointing to note that only 24% of questionnaires are returned. That means we don't know why 75+% choose to leave. Polly agreed and admitted that it should be the other way round with 75% of questionnaires being returned. When staff from the LLP join the Trust, they are classed as a leaver. They wouldn't necessarily complete a leavers form.
- There are lots of care group initiatives going on. Is there a risk that two care groups are doing different things? Polly replied that they were capturing what was working well, what is not, and then they will roll it out to all other areas.
- What is the Trust doing to change the culture? What is in the plan to address that issue? Polly replied that it was important to mentor in order to change the culture rather than guessing. There is a lot being done about managing the cultural change – training managers, leadership framework, role model of value and behaviours – all of which are detailed in our operational plan. Alan Downey added that this topic was discussed at Board yesterday. Specific things can be changed around processes, procedures and policies but we need to tackle behaviours within the Trust. The Board is setting time to discuss this further, looking at the culture across the organisation.
- Are there significant differences with retention levels on sites and within groups? How does that reflect in your records? Polly replied that turnover for medical and dental, AHP and HCA stood at 13%, with nursing a little lower. To support HCAs, a few band 4 roles have been brought in. This has been in place for around 8 months now and is having a positive impact. With regard to medical and dental, the tax implications are proving a challenge nationally. The retire and return process has been revised and reduced from a 2 weeks gap to 24 hours. The retention levels do not seem to be site specific but more by team and specialty specific.
- Do you measure or track leavers by department to see if there is a concern there? Polly replied that they do track through picking up intel informally, but it is not formally registered.
- Presumably, when these schemes take effect to increase retention the vacancy rate will reduce. Polly replied that was the intention, but it is an increasing competitive recruitment market. Heather McNair, Chief Nurse, added that the Trust was heavily over invested, and our rate will continue to be affected until we get people into those roles.
- I read this report in the context of having read Alan's chair report which noted the success of the recruitment drives for health care assistants in particular and it really

brought home the importance of retention, and I'd be pleased if the discussion could focus at some point on what more could be done to improve retention. It would be good to understand the data in greater granularity to allow better focussed and more targeted retention strategies. I'd be interested to know whether there are bands / departments / roles where staff turnover is particularly high (or particularly low for learning from good practice), patterns in length of service (is it people who are new to the organisation e.g. stay less than a year, is it post covid burn-out...). I'd also be interested to know what staff think could help their work life balance be better, to allow them to continue in their current roles.

The Council:

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

22/58 Chief Executive's Update

Simon Morrith gave an overview of his report and highlighted succinct points:

- **Recruitment** - A successful large-scale recruitment campaign has been undertaken for Health Care Assistants and Patient Services Operatives to support the medical wards who are particularly challenged following the findings of the CQC visit. A second successful international recruitment campaign for Registered Nurses has been undertaken with 100 newly recruited.
- **Industrial Action** - The Royal College of Nursing industrial action is due to take place on 15 and 20 December. The Trust has not been selected as one of the hospitals for strike action on those two days. Yesterday, GMB announced that 9 ambulance services will be striking. Yorkshire Ambulance Service is one of those who are taking part in the strike action.
- **Covid/Flu vaccination** - campaign for staff is to end this week. Staff who want the vaccine after the campaign ends can still do so.
- **Celebration of Research event** - recently took place to mark the achievement of two significant milestones of over 1,000 studies hosted and delivered, and more than 50,000 people taking part in our research trials. The studies cover a wide range of clinical trials and involve collaboration with universities, NHS partners and the private sector. It was a fantastic day of learning and a great way to celebrate and raise the profile of research within our organisation.
- **CQC update** - the CQC carried out its well-led inspection of the trust this month as part of its wider inspection of the organisation. This involved three days of interviews and focus groups with the board and other senior leaders and subject-matter experts, including a governor focus group which a number of governors attended.

During this time the CQC also re-visited a number of clinical areas on both sites, including the emergency departments and maternity units, to follow up on the actions we committed to undertake following their last visit on 11, 12 and 13 October.

The inspection is still formally underway, as the CQC is yet to carry out a number of interviews, and they have requested further information and evidence, however we have received a letter from the CQC summarising their feedback from this latest part of their inspection.

It is pleasing to see that the CQC found improvements in the emergency department at York in relation to management of demand, risk and escalation, as these were flagged as areas of concern during the October visit. They observed improved systems for managing demand particularly in the majors waiting room, improved record keeping, and more timely risk assessment and response to escalation of risk to patient safety.

However, the CQC flagged serious and significant concerns in the maternity department at York, specifically in relation to governance processes, and assessing and responding to risks for patients.

The letter also outlines their broader observations from the well-led visit. These relate to the assessment of and response to risk, with staff working in a reactive rather than proactive way, and concerns around the trust's correlation of risks, incidents and complaints and the learning from these.

The letter contained no findings of note in relation to Scarborough Hospital.

In response to the concerns raised by the CQC the Trust is required to submit a detailed action plan focussed on their areas of concern, followed by regular reporting of progress against that plan to the CQC. The action plan will be shared at a future Board.

This feedback is both concerning and disappointing, and the Trust is providing support to the care group management team to develop the action plans and put in place rapid mitigation to address the findings. We are also focussing the external support on these areas of greatest concern.

These inspections will culminate in a final report, which is expected in January 2023.

- **Nucleus** – the new software system has been rolled out to all adult inpatient units. This will revolutionise patient admissions and the response from staff has been overwhelmingly positive.
- **Elective Recovery Plan** – Shaun Stacey has now formally joined the Trust as Improvement Director on an interim basis, predominantly to focus on our elective recovery plan and delivery of actions under the trust's priorities.
- **Acute Flow** – there are currently 87 patients across sites with Covid-19. However, there has been an upturn in flu cases. As a Trust we are already taking these steps, and our flu and Covid surge plans are well rehearsed and will be implemented as necessary.
- **Board Recruitment** - Following the substantive appointment of Chief Operating Officer Wendy Scott as the Managing Director of the Collaborative of Acute Providers, we are in the process of recruiting a new Chief Operating Officer for the trust. Following the retirement of Jim Taylor, we formally welcome Dr Karen Stone as our new Medical Director.

The Council raised the following points: -

- Car parking and traffic congestion – Queues to enter the multi-storey car park continue to cause significant traffic congestion in the area. Can you provide

assurance that steps will be taken to help alleviate this issue? Clearly the City of York Council needs to be involved to help provide an alternative parking area with easy transportation and access to York Hospital. Simon replied that a lot is happening around car parking at the moment, including the changing of technology for easier access to the car park, review of staff permits, discussions with bus companies to offer staff free travel or subsidised travel, and the provision of increased bike racks from 25 to 100. Paul Johnson also added that there is increased temporary parking for staff at Park House.

- Friends and Family Test QR codes – following the presentation from PESG at the CoG Sept'21 meeting, it was agreed to place QR codes in all waiting areas to help encourage more patients to provide feedback on the Trust. This has not been implemented in all areas. Can we add this as an action item to be tracked? I recently visited the York Physio dept. at Archways and had excellent treatment. I completed a FFT report, but there were no FFT paper cards and no QR codes to enable other patients to provide feedback. Alan Downey replied that he will follow this up. Dawn Clements commented whether it was fit for purpose and what does the Trust currently do with the results. Simon replied that the FFT is a national questionnaire. It is important to triangulate the feedback with other information that is received.
- Delayed discharges – has this improved at all? Simon replied that it is a significant issue and continues to remain so, not just for the Trust but also nationally. Care packages or residential facilities outside of the hospital are just not there. It has been recognised nationally that to deliver on improving the situation there has to be additional facilities in the community. Alan added that the Trust had evidently moved into the social care market as wards have been provided at both SGH and YH to hold patients with a delayed discharge. Simon added that the Trust needed to manage the risk carefully as they don't want to discharge patients into unsafe situations.
- Maternity Unit at YH – from the initial feedback from the CQC there is no significant issues in SGH maternity unit but serious concerns in YH maternity unit. What is being done about this? Simon replied that the Trust is getting support from our partners. Heather McNair, Chief Nurse, added that a national team will come into the Trust in the new year. Some of the work had already begun as far as obtaining external support, having work streams, etc. It is a systemic change that needs to be embedded.
- Improvement Journey – at a recent Digital Performance & Finance Committee it was discussed that by the end of November waiting lists are expected to exceed 50k and hospital capacity is 25k. How can the improvement journey be achieved? Is there a plan to delivery that? Simon replied that there are plans to get to a position within this financial year. It is centred in a few specialities. He will share the data with the Council. Heather McNair, Chief Nurse, added that on a day to day basis very few operations are cancelled. It is about the sheer volume of elective surgery and theatre capacity.

Action: Alan Downey to follow up with PESG around FFT QR codes being implemented in all areas as agreed at Sept'21 CoG meeting.

Action: Add Improvement Journey as standing agenda item. Discuss reduction in long/cancer waiting lists at next meeting and invite Mel Liley.

The Council:

- Received the report and noted its contents.

22/59 Chair's Report

Alan Downey gave an overview of his report and the Council did not raised any points.

The Council:

- Received the report and noted its contents.

22/60 Equality, Diversity & Inclusion

Virginia Golding and Helen Ketcher both gave an update on their WRES/WDES reports produced as statutory data for NHSE submission.

- **WDES** (Virginia Golding)
 - Majority of metrics have improved
 - Areas requiring improvement are around bullying/harassment, making adjustments for disabilities, increase declarations for disabilities, staff to feel valued, career progression within the organisation
 - Plans have been drawn up to address the issues
- **WRES** (Helen Ketcher)
 - Not much progress has been made
 - An action plan has been drawn up to centre on areas that need improving (discrimination, discrimination from patients, career progression)
 - Equipping staff with the tools needed to meet compliance with the standards
 - She is working with the Care Groups to effect their actions on equality.

The Council raised the following points: -

WDES

- Some of the results highlighted were very poor, even where we are improving or close to benchmark. Being as bad or no worse than others isn't an accolade or achievement we should aspire to. It really doesn't reflect a good working environment or experience of work for our staff. I'm not sure that I am confident that the actions outlined in the plan will really drive the change that we need and want to see, particularly in relation to staff experiences of bullying. I'd like to see something more akin to a 'no tolerance' of bullying approach being adopted. I'd also like to see more detail on how the exec are going to meaningfully engage with, and listen to the experiences of, staff and ask what would make the difference, then find a way to act on what they tell us. I recognise that some of this was done in the Listening Exercise when Simon first arrived, but I don't see a huge difference in the data, so what more can be done? Overall, less than 40% staff feel that the trust values their work. This is really disappointing and concerning, what can be done to understand and improve the reasons for this? Vicky replied that the report was a little out of date and improvements are being made. The Council asked for an updated version to be provided. It was a concern that governors were being asked to consider a report that was not up to date.
- Regarding the bullying and harassment metric, it states that you want to implement a 2% change but there are no actions in it. You are only monitoring it. Virginia replied that they were going to look at information obtained from the Freedom to Speak Up

Guardian and other complaints that identify an issue. It is to get people to take responsibility to report an issue when they see this behaviour happening. Training is to take place. The action plans will be updated on a regular basis. £18.5k of monies are available to introduce a range of actions to address disability issues and she has access to other resources within the Trust.

- The actions related to improving staff recruitment and retention, such as the buddy system for international nurses, is really good. What top achievable actions do you feel will bring the greatest rewards? Virginia replied that the buddy system for international nurses is in place together with pastoral support. Top priority is to implement actions around complaints, training and awareness, to be able to change the culture.
- Some of the actions have not been completed in a timely manner and will be carried over into the new year. How confident are you that the actions will be completed? How, as a Trust, do we measure the impact and effectiveness of the actions? Virginia replied that with both standards it is commonplace that actions will roll over from one year to the next. Data is submitted in August each year; it is then taken again in March the following year so there is only a short window to implement change and the impact may not take effect until the following year.

WRES

- Paul Johnson referred to the delivery of projects, particularly concerning the environment, and offered support to Helen to visit his team to discuss. Helen agreed.
- Where do you think notification of all our hospitals can be improved? Helen replied that it would be signage and way finding. There is always room for improvement. It's about prioritising projects for funding.

Action: Virginia to provide an updated WDES report and action plan to the governors.

The Council:

- **Received the WDES and WRES reports and noted the contents.**

22/61 Internal Audit

Jonathan Hodgson gave a summary of the purpose of Audit Yorkshire and its role within the Trust. He gave a presentation on the services provided to the Trust. Emma Shippey explained the audit process followed by Jonathan who explained how it tied in with the governance.

The Council raised the following points: -

- Do you think year on year the Trust is giving the community value for money? Jonathan replied that the Trust is trying to give value for money. It is always a challenge, and the quality of the Group Audit Committee within the Trust is extremely high.
- How do you decide what should go on the audit programme? Jonathan replied that they work with managers, Care Groups, etc., to identify areas that require auditing. This is then discussed at the Executive Committee and the Group Audit Committee.

The Council:

- **Thanked Jonathan and Emma for their presentation and noted its contents.**

22/62 Questions received from the public

Alan Downey recapped on the approach agreed to questions received from members of the public.

The members of the public raised the following points: -

- We are hearing much talk of the benefits of integrated care in the NHS and are delighted and yet concerned by the news that Bridlington Hospital will benefit from a huge financial investment next year. This, we are told, will catapult our underused hospital to the realms of being the most environmentally friendly, energy efficient NHS building in England. Whilst welcoming the recent return of some basic services to Bridlington, today we still have 3 unused wards, one partially used theatre and a second theatre which is barely used at all, plus what feels like acres of unused clinical space throughout the hospital. At a time of the longest NHS waiting lists backlogs, my question now on behalf of the Bridlington Health Forum is: - How can you as Governors assist our forum and indeed, our population, in persuading the Trusts Executive Board to maximise the future potential energy efficiency savings on offer at our hospital by restoring lost patient services in the current, unproductive, scarce and under-utilised NHS estate?

The Council commented that it had raised on a number of occasions at this meeting why there is no strategy for Bridlington and the East Coast to maximise the space in our hospitals. How can the ICS support the Trust in doing this? The site is being made carbon neutral. It is a government led initiative. All sites will be improved in due course. It was suggested that the Council challenge the NEDs to challenge the Executives on what they intend to do. Alan Downey added that both Sally Light and Jenny McDonald were heavily involved in Bridlington Health Forum. This is work in progress. Bridlington Hospital is a very important part for healthcare provision on the East Coast. There is a will to improve services and increase them. However, the services on that site are used by a number of partners and it is essential to bring all partners together to create a plan. It is definitely on Simon Cox, ICS, agenda to produce a strategy.

Bridlington Health Forum would like to place on record the excellent work from Lucy Turner, Deputy Chief Operating Officer.

- We import retiring people and then those people get sick. The health level in Bridlington is 50% higher than, say Beverley. At Scarborough Hospital, there are queues of ambulances waiting at A&E, and Bridlington has 3 empty wards. If you don't have a plan then you can't bid for services. If you want to recruit staff then give the hospital a future.

Alan Downey commented that there is no intention to close either Scarborough Hospital or Bridlington Hospital and asked the members of the public to reassure the local people that the Trust was investing heavily on the east coast and there is no substance to the rumours. Creating a strategy should not take too long and he will speak with Simon Cox around timescale. It was also discussed that communication was essential on the east coast to let the general public know what the Trust is doing in their area, otherwise they will make up their own stories.

- Gordon Hayes said he still receive correspondence from patients on the east coast around the difficulty in accessing services. What can we do to try and make health care service more accessible to patients and reduce some of the stress and anxiety caused trying to access core medical services which used to be available on our doorstep?

Michael Reakes commented that he had, on several occasions, asked why bus services cannot be put on from SGH to YH and vice versa. Gordon replied that putting on transport between sites was good, but it goes beyond that. It is not about getting to places; it is about the time involved. Why can't you gather core services together on the east coast? Surely, it's about putting services where they are needed, ie. Ophthalmology, urology, etc., placing clinicians in a local area. Why can't staff travel around the sites to delivery core services?

Simon Morritt spoke about the principles adopted to provide services on sites, to maintain and sustain services that are required locally. The Trust does provide healthcare services to a wide geographical area. There is certainly no strategy to centralise services at York Hospital. It is opposite, in both encouraging staff recruitment and investment on the sites. There will still be compromise as the Trust did not have the workforce to provide services on every site and decisions are made to provide services where it is safe. The biggest challenge on the east coast is to provide primary care due to resources. However, he is optimistic that the ICS will develop an east coast strategy which will drive future plans for the east coast.

Action: Alan Downey to speak to Simon Cox, ICS, around timescale for creating a strategy for the East Coast.

22/63 Assurance Committee Updates

Quality & Safety Committee

Steve Holmberg stated that it was a busy time for the Committee. The issues highlighted by the CQC has been discussed for many months and he didn't think there has been an unwillingness to address the concerns highlighted by the CQC. There has, however, been difficulty in implementing change at a pace that was needed. It is a difficult time for staff. There are a lot of areas where staff are stressed.

The Committee has spoken about waiting lists and a particular concern is patient harm and patients waiting for diagnosis. There is also a build up of patients who would be better placed elsewhere to continue their recovery. CQC was concerned about managing patients in ED when they visited a few months ago and upon return they have seen improvements.

With regard to maternity issues, it is hoped that new leadership will drive change. Some of the actions will need to be accelerated because of the CQC visit.

With regard to Infection Prevention Control (IPC), the Trust had failed to meet its modest trajectory. It was discussed at Board yesterday. It requires changes across all sites and communicated to effect changes in infection prevention.

The Council raised the following points: -

- With regard to maternity, this has been on our radar for some time since the Ockenden report, and it was disappointing when the CQC came in and found issues. I am happy this is being addressed. Lorraine Boyd replied that there has been a recognition of the severity of what the CQC has said, and the Board have reflected extensively on how the Trust got to this position. The CQC coming in will accelerate at pace actions that we wanted to do for some time. It needs to be a permanent change.
- With regard to IPC, it might be that we need some kind of decant facility. What IPC measures are the best-performing Trusts conducting that our Trust is not conducting? Who, at our Trust, is responsible for implementing the most effective IPC reduction measures? Steve replied that in York there is a small degree of space so that wards can be decanted. In Scarborough Hospital that is not the case. It is a real challenge. There has been fragmentation of ownership of the agenda as it has been split between three people and that is something that the Committee continues to challenge.

Digital, Performance & Finance Committee

Lynne Mellor gave an overview of the escalation log and highlight succinct points: -

- Digital – a lot of progress has been made, especially since securing the CDIO position.
- The Committee noted the risks associated with clinical coding and high staff turnover.
- EPR – awaiting outcome of funding request.
- Performance – progress made with acute flow, SDEC and discharge numbers. ICB actions – no dates against those actions but will chase. Quality Improvement resources to be pulled together to address some areas.
- Culture – an issue that is raised a lot. It is the softer issues, behaviours as well as mindset that need changing.
- Elective back log – Forecast from 26k to 50k. Once Tier 1 team come in from NHSE, the Board will have a session on their feedback.

The Council raised the following points: -

- What are the consequences if a member of staff disregards Trust values, or there are pockets of bad culture? Lynn replied that people need to be held to account for their behaviour. They are not currently being held to account. Alan added that there is a need to break down culture into tangible steps. One of these steps will be to call out bad inappropriate behaviour amongst senior staff. Karen Stone, new Medical Director, is not shy at having these conversations with senior staff. We need to get on top of some of these issues.
- The Digital Performance & Finance Committee has a massive agenda which is longer than the time elected. The TPR is difficult to understand. Finance was a big challenge for the organisation but was assured by the Finance Director.
- There is concern that a number of actions have not been completed in a timely manner even though the NEDs have raised concerns on a number of occasions, challenged the executives, but nothing has happened. What are the sanctions if no progress has been made? Alan replied that the ultimate sanction would be to seek change at Board level, changes in personnel. There have been changes made already at Board level and further change may well be necessary.

The Council:

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

22/64 Governors Report

The Council raised the following points: -

- Are you automatically enrolling patients as members? This was asked by the CQC. Mike Taylor replied that he will look into this.
- Referring to the Prehabilitation presentation, the Council thought it was a fabulous initiative. It would be great if the principles of this could be applied across the elective waiting list, as those people who are waiting the longest e.g., 78 weeks and more, are at risk of deteriorating in their general physical health and well-being while they are waiting.

Action: Mike Taylor to look into whether patients can automatically be enrolled as Trust members.

Action: Tracy Astley to extract results of members survey so far.

22/65 Governance Update

Mike Taylor gave an update on the following topics: -

- Governors observing Assurance Committees – a number of requests have been received and a schedule has been drafted for those interested to attend these meetings for the remainder of the financial year.
- BAF - the changes made since the last quarter are in red text and shows how the risks are being managed with updates on assurances both at the Trust Board of Directors, its Assurance Committees and that reported by the Executive Directors as owners of the risks.
- Governor Walkarounds – the Trust is looking to re-introduce the governor walkarounds which is proposed to be alongside the patient safety Non-executives and Executive walk arounds. It will give an opportunity for the governors to assess and feedback to the patient safety teams to improve patient care. Walkarounds will commence in due course.
- NED appraisal form – the appraisal process/template has been reviewed following feedback from governors. The changes requested allow more free-flowing narrative rather than tick boxes.

The Council raised the following points: -

- Governors observing Assurance Committees – what are the reasons for adding restrictions, ie. Only one committee can be observed, and it is restricted to two governors attending? Mike Taylor replied that governors can observe any of the committees and a number of governors have put their names down for observing more than one committee. It has been restricted to two governors attending any one meeting as agreed with the Chairs of the Committees.

- Governors Walkarounds – I suggest two governors be on a walkaround. I also suggest rather than be restricted to a list of tenable questions, it would be possible to ask questions of patients with suitable caveats. Alan Downey suggested getting the walkarounds up and running firstly and see how it goes.

The Council:

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

22/66 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Governor Elections update
- Trust Priorities Report
- BAF
- Acronym Buster

No comments were made.

22/67 Any Other Business





No other business was discussed.

22/68 Time and Date of the next meeting

The next meeting will be held on Thursday 16 March 2023, 10.00am, Malton Rugby Club.

**Governor Membership
Central Action Log**

Item 4

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	22/58	01/12/2022	Follow up with PESG around FFT QR codes being implemented in all areas as agreed at Sept'21 CoG meeting.	Alan Downey	March'23	This has been implemented in some areas and is being rolled out across the Trust. Michael Reakes is helping with this and is being invited to the next PESG meeting. Action closed.
Public CoG	22/58	01/12/2022	Add improvement journey as standing agenda item. Discuss reduction in long/cancer waiting lists at next meeting and invite Mel Liley.	Tracy Astley	March'23	This will be part of the Chief Executive's report. Action closed.
Public CoG	22/59	01/12/2022	Provide an updated WDES report and action plan to the governors.	Virginia Golding	March'23 June'23	The report and plan gets updated in March so Virginia has suggested she provide the updated report when completed and discuss at June meeting. ???
Public CoG	22/62	01/12/2022	Speak to Simon Cox, ICS, around timescale for creating a strategy for the East Coast.	Alan Downey	March'23 June'23	AD met with Simon Cox on 26/01 and asked him about progress on producing a strategy for Bridlington (it's Brid specifically rather than the whole East Coast). He indicated that we should see at least an outline strategy by Easter. C/F to June CoG for update.
Public CoG	22/64	01/12/2022	Look into whether patients can automatically be enrolled as Trust members.	Mike Taylor	March'23	Polled what other Trusts did. Not many responses but those received said they do not enrol patients. Action closed.

**Governor Membership
Central Action Log**

Public CoG	22/64	01/12/2022	Extract results of members survey so far.	Tracy Astley	March'23	Results extracted and report on March'23 CoG agenda. Action closed.
------------	-------	------------	---	--------------	----------	--

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	Chief Executive's Update
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System</p>
---	--

Summary of Report and Key Points to highlight:
 To provide an update to the Council of Governors from the Chief Executive in relation to the Trust priorities. Key points include: Industrial action, CQC update, moving to a single electronic maternity healthcare record, Tier 1 support for elective recovery, operational pressures, urgent and emergency care recovery plan, update on capital schemes, and annual operational and financial planning for 2023/24.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	16 March 2023	

Chief Executive's Update

1. Our People

1.1 Industrial action

Since the last meeting of the Council of Governors the NHS has experienced industrial action by several unions representing different professions as part of a dispute with the government over pay.

The Royal College of Nursing (RCN) carried three rounds of industrial action in December, January and February. The strikes were conducted on an organisation-by-organisation basis, with staff at our trust only taking action in January and February.

I have thanked everyone involved for the manner in which these strikes were conducted, and for the detailed planning that went in to ensuring we could safely run the services that needed to continue during the strike. I know that the decision to strike is not taken lightly and the cooperation and respect demonstrated by all colleagues, whether taking part in the strike or not, was a credit to everyone.

Inevitably there was a consequence to the action, and whilst we were able to maintain some activity we did have to postpone a number of planned operations and appointments.

At the time of writing the RCN has suspended further action whilst talks continue, however the BMA's action involving junior doctors is going ahead as planned.

Junior doctor strikes will start on 13 March, lasting 72 hours. There will be no derogated areas and trusts are being advised to plan to cover this gap utilising other workforce including consultant and SAS doctors.

This action is likely to significantly impact planned operations and appointments in most specialties.

2. Quality and Safety

2.1 Care Quality Commission (CQC) update

There is an opportunity for further discussion on the CQC inspection later in the agenda, however I will provide a summary of the latest developments.

The CQC began its well-led inspection of the trust in December as part of its wider inspection of the organisation. This involved three days of interviews and focus groups with the board, governors, and other senior leaders and subject-matter experts.

At the time of writing we remain under inspection and the CQC continue to have discussion with staff as part of the well-led review process.

Governors will recall that following the inspection visits to several wards and departments, the CQC flagged concerns relating to maternity at York, specifically in relation to governance processes, and assessing and responding to risks for patients.

In response to this we were required to submit a detailed action plan focussed on their areas of concern, detailing how we will address the specific issues raised. The plan was submitted on 23 December, and we have submitted monthly reports since that date.

A huge amount of work has gone in to developing the plan and to starting to deliver the required actions. Thank you to all those in maternity who have engaged with developing the plans, it has been a true team effort and it is clear that everyone is committed to making the necessary changes and improvements.

As the inspection has yet to conclude, we do not yet know when we will receive our report.

2.2 Moving to a single electronic maternity healthcare record

This month we are implementing BadgerNet, an electronic maternity healthcare record system, for all documentation in pregnancy, birth and the postnatal period.

BadgerNet Maternity is an electronic maternity healthcare record system already in use in several NHS trusts. It allows real-time recording of all events wherever they occur: in the hospital, the community, or at home. It will deliver significant benefits for midwives as they do not have to double enter data onto paper handheld notes and the electronic paper record.

The introduction of BadgerNet also means that pregnant women will be able to access their maternity record electronically through an online portal and app called BadgerNotes. The information is generated in real-time from the hospital-based maternity system record, using details entered by midwives or other health professionals involved in the individual's care.

3. Elective recovery

3.1 Tier 1 support

Delivery of our elective recovery programme is a challenge for the trust, and has been further impacted by the acute pressures we experienced after the Christmas and New Year break and the industrial action, both of which necessitated the cancellation of a number of operating lists and outpatient appointments.

Despite this a huge amount of work has been undertaken by our teams and positive progress has been made against our trajectories for 78 week waits and the 62 day cancer target, particularly in the final quarter of the year. We anticipate that we will end the year ahead of our original trajectories.

We continue to receive national and regional support and oversight from the Tier 1 process. This includes onsite support from the national Elective Intensive Support Team and Ernst & Young, which began at the end of January. This is in partnership with our own teams, focussing on strengthening governance and recovery planning for core specialities, refreshing the patient tracking processes, demand and capacity analysis, data reporting and mutual aid across the system.

4. Acute flow

4.1 Operational pressures

As Governors are aware, the trust has been under significant operational pressure for some time now, and as expected we returned from the Christmas and New Year period in an extremely difficult position with high numbers of patients in both our emergency departments needing admission, and too few discharges to enable this to happen.

On 3 January we implemented a number of enhanced actions in addition to those triggered at our highest operational escalation level, known as OPEL 4. This did have an impact and whilst we remained under pressure we were able to de-escalate from these enhanced actions the following Monday.

Such action, whilst necessary for patient safety, is inevitably disruptive to patients attending hospital for planned operations and outpatient appointments, and has an impact on our elective recovery programme.

Whilst we have not had the need to return to the level of escalation experienced at the start of the year, our acute services remain under constant pressure.

We are by no means alone in this, and nor can we solve it solely through our own actions as a trust. Regular conversations are taking place with our health and care system partners as to what further steps can be taken and what support we may be able to access to alleviate these ongoing pressures. We continue to engage with all health and care partners to continue to build on the broader system response, recognising that some of this will take longer to have an impact.

4.2 Urgent and emergency care recovery plan

The national Urgent and emergency care recovery plan was published on 30 January, with the aim of recovering urgent and emergency care services, reducing waiting times, and improving patient experience.

Frontline capacity will be boosted with additional ambulances (including specialist mental health vehicles), and around 5,000 more hospital beds, supported by £1 billion of funding.

Urgent care in the community will also be expanded to allow patients to be treated at home and avoid a hospital admission. These services will operate 12 hours a day and ensure patients who fall or injured at home are seen within two hours, while same day emergency care units, staffed by emergency consultants and nurses, will open in every major A&E.

Pilots of NHS step down care will be rolled out across the country, where patients will receive rehabilitation and physiotherapy in dedicated centres or at home. Virtual wards are also set to be expanded.

We have undertaken an initial assessment of the national plan to ensure the key actions are covered by our trust's refreshed Urgent and Emergency Care Programme. A more detailed analysis is taking place, and the programme will be updated if required to ensure alignment with the national plan.

4.3 Update on capital schemes

Scarborough Urgent and Emergency Care Centre

The project remains on track for completion and occupation by Spring 2024.

The current focus is on work to complete the floor slab, stair/lift cores and the structure of the building. Work has also commenced on the external envelope as well as the electrical infrastructure element of the project.

In the next couple of months there will be considerable work ongoing to complete the external envelope of the building (roof, brickwork, and cladding), which will allow the internal work to fit-out the building to commence in earnest.

A lot of work is taking place regarding the scheduling of new equipment that needs to be procured in addition to identifying existing equipment that can be transferred to the new facilities.

York Emergency Department extension

The project is on track for construction completion this Spring.

The current focus is on internal fit-out, completion of the external cladding and completion of the engineering installation. This work will continue for the next quarter until construction is complete. At this point, the remaining testing and commissioning of all the engineering infrastructure, systems and components can be undertaken prior to the new facilities being thoroughly cleaned ready for occupation and use.

Testing the new models of care

Both of these capital developments will not only provide larger and vastly-improved facilities, they will more importantly support our staff to work differently to deliver acute care.

New models of care are being developed for both sites, and are being tested and refined in readiness for moving into the new buildings and working differently from the start. To support this, we have been working with colleagues in the Army Medical Services Training Centre to plan a live exercise to test and validate the proposed models.

The exercises will replicate the layout of the new floor plans in the training facility and staff will be faced with a number of scenarios using 'casualty actors' to provide realistic challenges for the staff.

The York team will undertake their training exercise in March, with Scarborough to follow later in the year.

5. Governance and system updates

5.1. Annual operational and financial planning for 2023-24

NHS England's Priorities and Operational Planning Guidance for 2023-24 was published at the end December, followed by the technical guidance in January this year. The guidance sets out actions to support delivery of national objectives under three priority areas:

- Recovering our core services and productivity
- As we recover, make progress in delivering the key ambitions in the Long-Term Plan
- Continue transforming the NHS for the future

The full planning guidance document is available on [NHS England's website](#).

The technical guidance has also been released, and we are in the process of developing both the trust's plan and the ICB's plan, in partnership with the other organisations in our

ICS. The plans combine both finance and operational activity, with a view to delivering the above priorities within the available resources.

Under the new NHS regime the ICS as a whole has a duty to produce (and deliver) a balanced plan, and as a provider organisation within the ICS our plans must also balance to contribute to the ICS's delivery of its obligations. Significant deficits are evident right across the NHS as non-recurrent funding used through the covid pandemic, and in the current year, start to fall away. Reducing income, set against significant expenditure pressure, is placing significant demands on wider NHS funding, indicating that next year is likely to be particularly challenging.

The first draft of our plan was discussed with the Board prior to submission, with the final submission of all completed plans to NHS England due at the end of March.

Date: 16 March 2023

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	Chair's Report
Director Sponsor:	Alan Downey, Chair
Authors:	Alan Downey, Chair

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System
--	---

Summary of Report and Key Points to highlight:

This paper provides an overview of Trust developments and the Chair's activities since September CoG.

Recommendation

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

A lot has happened since the Council of Governors last met on 1 December 2022. There was a particular focus in December on the trust's response to the CQC's improvement notice which highlighted shortcomings in our maternity services, culminating in the submission to the CQC on 23 December of the trust's maternity improvement plan. The Christmas period also saw a relentless build-up of pressure in our emergency departments (EDs) in both York and Scarborough, leading to a decision on 3 January 2023 to declare an "internal critical incident". There then followed two weeks of intense activity during which additional beds were opened, consultants' study leave was cancelled, and some elective procedures were postponed. The result was a significant improvement in acute flow through both York and Scarborough Hospitals, leading to a corresponding reduction in the pressure in our EDs. We have learned valuable lessons from the experience, though it has to be said that both EDs continue to operate at a level which would have been regarded as anything but normal before the pandemic.

Postponing elective procedures is necessary in extremis, but of course it has the effect of adding to the backlog which built up during the pandemic. Ministers at the Department of Health have been particularly concerned about patients waiting more than 78 weeks for a procedure or an appointment and have set a target of zero 78-week waiters by the end of March. Our trust has come under close scrutiny, because we have been predicting that we will miss the target by as many as several hundred. Simon and I attended a meeting with the leaders of the Integrated Care Board (ICB) on 2 February to discuss the position. This was followed by a Board-to-Board meeting on 24 February with the regional NHS England leadership team. We are making steady progress towards the zero target, and Simon will be able to update you on the latest position when we meet on 16 March.

Overshadowing all our activities for the last 12 months has been the ongoing CQC inspection. The latest area to come under scrutiny is culture and behaviour, particularly in relation to the experience of staff with protected characteristics (race, gender, disability, etc). Having conducted a number of focus groups with members of staff, the CQC team will be holding further interviews with Simon, Polly McMeekin and me as part of the Well Led element of their inspection. My interview is on 8 March, after the date on which I am writing this report. I will therefore provide a further verbal update when we meet on the 16th. We still do not know when we will receive the CQC's report, but it now seems unlikely that it will be before the end of April.

Looking ahead to the new financial year (2023-24), it is clear that the trust will come under renewed financial pressure. In this we are no different from other trusts, not just within our ICB, but across the whole country. Urgent discussions are taking place to try to reach an agreed financial position at both trust and ICB level. Simon and I will be able to say more about this when we meet.

There is some good news to report. The extension of the ED at York is nearing completion and should be open within a matter of weeks. The size and layout of the old department placed significant restrictions on our ability to provide an effective service, and the extension gives us the opportunity to improve the way we operate and to enhance the care we offer. The same is true, but on an even larger scale, at Scarborough where the introduction of a new model of care will be enabled by the construction of a brand-new ED and critical care department. We will have to wait another year for that to come on stream. The other area of

major capital investment is IT, where we are renewing much of our core infrastructure to pave the way for an improved electronic patient record (EPR) system.

To give you an indication of how I have been spending my time since we last met, I have made a partial list of the meetings I have chaired or attended:

- 2 December: welcomed the Archbishop of York to the trust.
- 6 December: maternity walkaround post-CQC inspection.
- 7 December: meeting with Band 6/7 nurses on the Journey to Excellence programme.
- 8 December: meeting with Vice-Chancellor of York University to discuss nurse training.
- 9 December: joined Obstetrics & Gynaecology consultants at their annual time-out.
- December to March: meetings by constituency group with all the Governors.
- December to March: monthly meetings with the NEDs, Lead Governor and Freedom to Speak Up Guardian
- 12 December: Visit to the trust's health records storage facility.
- December to March: monthly meetings with ICB and provider trust chairs in Humber & North Yorks.
- 15 December: joined Education Bursary Panel to decide on bursary applications.
- 9 January: meeting with new chaplain, Martin Hammond.
- December to March: informal meetings with consultants in ED, Trauma & Orthopaedics, Obstetrics & Gynaecology, Ophthalmology, and Intensive Care.
- 9 January: meeting with a patient's family member to discuss concerns and complaints.
- 10 January: interview panel for consultant candidate in Dermatology.
- 13 January: interview panel for COO role (decided not to appoint).
- 23 January: meeting with trust lead for Equality, Diversity & Inclusion.
- 23 and 26 January: meetings with trust and ICB staff to discuss service provision on the east coast.
- 26 January: breakfast to engage business partners in the Scarborough ED charity appeal.
- 31 January: tour of Bridlington Hospital with Franco Villani.
- 2 February: elective recovery discussion with Stephen Eames and Sue Symington
- 9 February: meeting with Place Director for City of York.
- 20 February: nomination and remuneration committee of Council of Governors.
- 20 February: presentation to the York Older People's Assembly.
- 24 February: Board-to-Board meeting with NHSE and ICB leadership.
- 27 February: meeting with Louise Robson to discuss progress with the Collaboration of Acute Providers.
- 1 March: meeting with representatives of the Save Scarborough Hospital group.
- 8 March: CQC Well Led inspection – follow-up interview.
- 8 March: ICB meeting to discuss 2023-24 financial challenges.

I am looking forward to our CoG meeting on 16 March, and in particular to our discussion on the CQC inspection, maternity services and the thorny issue of culture and behaviour.

Alan Downey
Chair



Report
Council of Governors
16 March 2023
Questions from the Public

Trust Strategic Goals

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

Recommendation

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

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 at the meeting.

Recommendation

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

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Alan Downey, Chair

Date: March 2023

Simon Tory – Bridlington Health Forum

Maintenance at BDH?

Please see the two photos taken on a visit to BDH 7th Jan



- A large section of car park is sectioned off (damage?)
- The road leading to it is also badly damaged
- The ticket machine has not been upgraded a year on
- The automatic doors are not working

Question:

Is BDH being adequately maintained?

Answer:

Bridlington has a backlog maintenance bill of at least £6 million and by contrast Scarborough backlog maintenance bill is at least £15 million. The reality is those amounts will be a little bit higher by the time project management costs have been added to an assessment of equipment that needs to be replaced, those costs inevitably go significantly higher.

The Trust's total backlog maintenance bill is around £50 million and is growing at a rate more rapidly than can be addressed and dealt with. The NHS's backlog maintenance bill is £10 billion.

To give an indication of what the Trust is doing, we have an internal capital program of around £12 or £13 million. Even if we could spend all of our capital on backlog maintenance issues, it will take about four or five years to clear as it stands now, if nothing got any worse and nothing else came on the program. However, we cannot spend all of our capital program, as the money is also used to replace assets such as a CT scanner, radiology equipment, laboratory equipment, etc. When we develop a site and put new things on the site, we are also using that capital program to support that as well. So, the reality is we end up spending somewhere between £3m and £5m a year on backlog maintenance across the whole of our estate and, as indicated earlier, we have at least a £50 million problem and we are limited in what we can spend the capital program on as it is essentially controlled by the Department of Health and Social Care via NHS England.

So, what do we do about it? We grab every opportunity we can through other schemes through other initiatives. For instance, the management team at Bridlington worked with our sustainability team and were successful in a £9 million bid that will see a really significant investment on the site to reduce the carbon footprint. A 20 year old boiler at Bridlington, has been removed and replaced with a state-of-the-art source heat pump and solar panels. The carbon footprint will be reduced by about 80% when the scheme is completed.

In terms of prioritising schemes, we look to identify where the most significant items are that are causing us concern and those are what we deal with through the maintenance program.

Final thing to say on this is that the data is from 2021/22. We are refreshing the plan next year for all our sites, and we will be bringing in external experts whose job it will be to reassess and re-evaluate our backlog maintenance and we will be using that and the relative priorities to make our case for additional support.

Making the best use of Bridlington's precious NHS Hospital

Background

We are hearing much talk of the benefits of integrated care in the NHS and are delighted and yet concerned by the news that Bridlington Hospital will benefit from a huge financial investment next year. This, we are told, will catapult our underused hospital to the realms of being the most environmentally friendly, energy efficient NHS building in England. Whilst welcoming the recent return of some basic services to Bridlington, today we still have 3 unused wards, one partially used theatre and a second theatre which is barely used at all, plus what feels like acres of unused clinical space throughout the hospital. At a time of the longest NHS waiting lists backlogs, my question now on behalf of the Bridlington Health Forum is:-

Question:

How can you as Governors assist our forum and indeed, our population, in persuading the Trusts Executive Board to maximise the future potential energy efficiency savings on offer at our hospital by restoring lost patient services in the current, unproductive, scarce and under-utilised NHS estate?

Answer:

See below answer

Trust's Clinical Strategy for Bridlington and the wider East Coast

Background

Built to serve East Yorkshires oldest, most deprived community suffering the from poorest of health, we have the Trust's NEWEST - but LEAST used estate at Bridlington Hospital. Scarborough hospital struggles to manage overstretched wards, an overflowing A&E Unit with coastal patients waiting outside in Ambulance queues and in hospital corridors for hours to receive care - often because all Scarborough's beds are full. So, for years the Forum has asked "what is the Trust's Integrated Clinical plan for expanding services at Bridlington"? There is still NO clear strategy. The most recent answer was "We have NO SPECIFIC plans."

Without a plan there will be:

- No bids for investment at the hospital - or available services there
- Doubts over the Hospital's future - and its utilisation will remain
- Concerns over Job security, recruitment, and retention (all remain under "a dark cloud")

So, through the Chair, my question to the Governors , for Bridlington Health Forum is this

Question:

How can Governors help encourage the Trust to create and deliver a cohesive, long term East Coast Clinical Strategy, to

1. Make much better use of Bridlington's modern Hospital,
2. Stimulate staff recruitment through secure, long-term local jobs,
3. Reduce unsustainable operational pressures at Scarborough's heaving Hospital?

Answer:

The Trust has been working closely with East Riding colleagues and attending the East Riding multi Agency meeting which is chaired by Simon Cox, Place Director for East Riding, and that meeting focuses on health and social care issues and matters for the Bridlington locality, the hospital being an important component of the wider locality and system. We are doing that in partnership with other health and social care providers which will be linking really closely with the Bridlington Reimaging Group which is being refreshed and will be chaired by Caroline Lacey, East Riding Council Chief Executive. That group actually focuses on much wider service issues relating to transport, housing, education. It is really useful to have those connections and being part of the Bridlington Health Forum as well knits all of that together.

We do have an internal Bridlington Hospital Operational Group which focuses on maximising the utilisation of Bridlington hospital from a clinical service perspective who then feed up into those system meetings. Elements that the operational group focus on include theatre utilisation and how we further develop that through the creation of procedure suites. We are looking at how we can include these as part of a capital bid. There were a few areas of desire to improve and through some of the more general work that we are doing, and certainly around some of the digital improvements including automated referral systems, this will help us to streamline and bring efficiency, and actually be able to help us to deliver more services closer and offer more local choice for patients.

We have got new kit to start some cataract assessment clinics and they will be on site from April. They are just in the process of being set up. We are looking at some extension of our urology services that will be nurse led clinics which should be up and running in the next few months. So again, it brings those services closer to the patients rather than them having to travel somewhere else.

As part of the virtual ward, we are speaking and working with Joe Evans, Place Assistant Director for Community Services in East Riding, to look at how we can develop a whole system approach to frailty, again to hopefully avoid having those folks travelling as much.

In summary, there is lots of work ongoing, lots of engagement with Place and now that Simon Cox is the Place Director, we have a really important relationship there to how we can extend our working and our services in conjunction with primary care, social care and the local health and social care provision.

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	Sub-Board Committees Escalation Report
Director Sponsor:	Alan Downey, Chair
Authors:	Stephen Holmberg, Chair of Quality & Safety Committee Jim Dillon, Chair of People & Culture Committee Jenny McAleese, Chair of Group Audit Committee Lynne Mellor, Chair of Digital, Performance & Finance Committee

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System
--	---

Summary of Report and Key Points to highlight:

This paper provides the escalation logs from each sub-Board committee.

Recommendation

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

Date of Meeting:	17 th January 2023		Quorate (yes/no):	Yes	
Chair:					
Members present:	Stephen Holmberg (Chair), Lorraine Boyd (NED), Jenny McAleese (NED), Karen Stone (MD), Heather McNair (CN), Mike Taylor, Caroline Johnson		Key Members not present:		
Trust strategic goals assured to Committee	1. To deliver safe and high quality patient care as part of an integrated system		2. To support an engaged, healthy and resilient workforce		3. To ensure financial sustainability
BAF Risks assured to Committee	PR1 - Quality Standards	x	PR2 - Safety Standards	x	PR3 - Performance Targets
	PR4 - Workforce		PR5 - Inadequate Funding		PR6 - IT Service Standards
	PR7 - Integrated Care System		Comments:		

Key Agenda Items	RAG	Key Assurance Points	Action
8 Maternity Services (Ockenden)		To inform the Board of on-going work to address concerns by CQC and to achieve compliance with Ockenden standards	Information and escalation
10 CQC Compliance Report		To inform the Board of on-going work to address regulatory action imposed by CQC and to address additional recommendations for improvement in the Trust	Information and escalation
11,12,15 Digital Improvements		Care Group 6 reported safety concerns relating to delays in digital developments associated with out patient transformation. Additional concerns were raised in relation to	Escalation

		delays in developing new dashboards associated with projects including Nucleus	

Date of Meeting:	18 January 2023		Quorate (yes/no):	Yes	
Chair:	Jim Dillon (Chair)				
Members present:	Lorraine Boyd (NED), Matt Morgan (NED), Polly McMeekin, (DW&OD), Karen Stone (MD), Lucy Brown (Dir Comms), Heather McNair (CN)		Key Members not present:		
Trust priorities assured to Committee	1. Our People	X	2. Quality and Safety		3. Elective Recovery
	4. Acute Flow				
BAF Risks assured to Committee	PR1 - Quality Standards		PR2 - Safety Standards		PR3 - Performance Targets
	PR4 - Workforce	X	PR5 - Inadequate Funding		PR6 - IT Service Standards
	PR7 - Integrated Care System		Comments:		

Key Agenda Items	RAG	Key Assurance Points	Action
6. Equality, Diversity & Inclusion Annual Report (public sector equality duty report)		The trust is making good progress with its equality objectives. This will be enhanced through the establishment of an EDI workstream and the development of local action plans within Care Groups and Corporate Services however a great deal more has to be done to achieve our objective of being a Disability Confident Leader.	Escalation

10. Occupational Health and Staff Wellbeing Update		Concern over the ability to provide some crucial Occupational Health services to the trust in the future using an in-house provider.	Escalation

Audit Committee: Items Escalated to the Board

The Audit Committee met on 14 December 2022.

The meeting was quorate and it was the first meeting attended by our new Engagement Lead from Mazars, Alastair Newall. Alastair replaces Mark Dalton, who retires at the end of 2022

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

Action Required

Risks facing the Trust and the Board Assurance Framework (BAF)

We remain concerned that Board and Sub-Committee agendas do not focus sufficient time and attention on identifying risks and managing these to the lowest possible level. In our view, more proactive use of the BAF could assist with this. We suggest that representatives of the Board look at how progress with this can be made.

Process of Escalation

We recognise that Sub-Committees are routinely escalating items to the Board but that this does not always result in action by the Board. We ask that the Board reviews the system of escalation with a view to ensuring that action is agreed as a result of an issue being escalated.

Reservation of Powers, Scheme of Delegation and Standing Financial Instructions

We reviewed amendments to the above documents and recommend to the Board that these be approved.

Recommendations

Outstanding Actions

As a means of strengthening the process around these, we suggest that these be a standing item on Executive Committee.

For Information

Audit Committee Training

We agreed that it would be useful to arrange an externally facilitated training event to remind us of the role of the Audit Committee and that of Internal Audit. This is being planned for 20 January.

Jenny McAleese
Chair of the Audit Committee
December 2022

Chair Brief: Digital, Performance & Finance (DPF) Board Assurance Committee	Chair: Lynne Mellor	Date: 14 February 2023
--	----------------------------	-------------------------------

2022-3 – Trust Priorities covered by DPF Board Assurance Committee: Acute Flow & Elective Backlog

Summary		Receiving Body: Board/Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
The Committee welcomed a number of guests to the meeting including the Governor Michael Reakes, Procurement: Edd James, Operations: Kim Hinton, DIS: Nicky Slater, Nik Coventry.			
Digital			
i)	<ul style="list-style-type: none"> - The Committee was informed of a major incident regarding the Trust Learning Hub. It noted that the Trust was in the process of informing all regulatory bodies and had informed the ICO. The Committee sought assurance that i) communications about the issues and next steps were clear, open, honest and kept staff informed regularly of progress ii) the Committee requested a report on the key risks and the mitigation plans prior to the next Committee meeting including staff impact iii) lessons learnt to be shared once review completed. - The Committee briefly discussed EPR and asked for a more detailed presentation in March once more of the market testing had been completed. 	BOARD	INFORMATION
Performance			
i)	<ul style="list-style-type: none"> - The Committee noted the Trust has seen some improvements in Acute flow including ambulance handovers in one hour, initial assessments and an improvement in ED of 12-hour trolley waits reduced from 1234 in December to 808 in January. The Committee also welcomed the extra Programme/project resource which is being brought into the Trust to alleviate some of the pressures, including support from NHSE. The Committee asked to see however further improvements on the current position with regards to Acute Flow including the output of the analysis on the UEC Recovery Plan at the next meeting. 	BOARD	INFORMATION
ii)	<ul style="list-style-type: none"> - The Committee noted the RTT 78 week position, and that the Trust is still forecasting to be non-compliant to the national ask to have zero 78 week waiting patients. Currently the Trust has 397 trajectory with the revised forecast looking more favourable. The Committee sought assurance that the Trust is doing all it can to move to the zero target if possible. - The Committee discussed the Cancer position including it being off trajectory on the major measures e.g. P2 position where patients should be operated on within 4 weeks down to 56% owing to volume pressures predominantly urology stone patients. The Committee asked for a report back on plans to address, and was pleased to note that the Elective Backlog deep dive session which the Committee requested to understand the 	BOARD	INFORMATION

	Trust's full plans to address the backlog is scheduled for the February Board. The Committee did discuss areas of risk mitigation and how Diagnostics could help this position. The Committee asked for a future deep dive into plans on Diagnostics both short and longer term. <ul style="list-style-type: none"> - The Committee also asked for a deep dive into Outpatients to seek assurance on plans particularly addressing the backlog of first visits taking priority over follow ups. 					
iii)	- The Committee noted the work ongoing around the build of the operational plan for 22/23 and that this is the first year the ICB has a statutory responsibility to submit the overall operational plan for the ICS. The Committee noted the tight timescales for submission. The Committee discussed the risks and requested that the 22/23 operational plan risks reported had clear mitigations, actions and owners in place to address the gaps highlighted across the Care Groups.	BOARD	INFORMATION			
Finance						
i)	- The Committee welcomed the procurement presentation to provide a single shared service. It was assured that a thorough review had been undertaken with a clear benefits profile and plan of action. The committee recognised the complexity of the exercise; however, it did wonder if further synergies could be realised particularly on staffing, and asked if in six months an update on progress could be provided to the committee.	BOARD	INFORMATION			
ii)	- The Committee noted the Trust's Income and Expenditure (I&E) position with an adjusted deficit of £5.1M against a planned deficit of £0.2M i.e., £4.9m adversely adrift of plan. The Committee noted the Trust is forecasting to balance at year end. <ul style="list-style-type: none"> - The Committee noted a risk around the community stadium, and if the Trust could meet the March deadline to sign the lease. - The Committee discussed the finance work on RPA and welcomed the news that the Trust was collaborating with Leeds Trust and the ICB, and asked for an update at an appropriate juncture to the committee. 	BOARD	INFORMATION			
YTHFT						
i)	The Committee received the EPAM minutes	BOARD	INFORMATION			
Governance						
BAF/Corporate	- The Committee did request a review of Actions, owners and dates was improved on the Corporate risk register. No immediate updates were made to the BAF.	BOARD	INFORMATION			
Trust strategic goals assured to Committee	1. To deliver safe and high-quality patient care as part of an integrated system	<input type="checkbox"/>	2. To support an engaged, healthy and resilient workforce	<input type="checkbox"/>	3. To ensure financial sustainability	X <input type="checkbox"/>
	PR1 - Quality Standards	<input type="checkbox"/>	PR2 - Safety Standards	<input type="checkbox"/>	PR3 - Performance Targets	X <input type="checkbox"/>

	PR4 - Workforce	<input type="checkbox"/>	PR5 - Inadequate Funding	X <input type="checkbox"/>	PR6 - IT Service Standards	X <input type="checkbox"/>
	PR7 - Integrated Care System	X <input type="checkbox"/>	Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.			
	Key Agenda Items	RAG	Key Assurance Points	Action		
PR6 – IT Service standards	Digital		<p>New measure around cyber will be brought to the committee.</p> <p>LLP cyber desktop discussed.</p> <p>The issue on learning hub was discussed</p>	<p>The ask remains from the Committee that the presentation of the report goes to Board early in 2023 to support the speedy implementation of the priorities.</p> <p>Committee welcomed a date has now been scheduled by DIS to conduct the review i.e. LLP cyber desktop exercise needed to ensure we mitigate any risks should an attack happen.</p> <p>The ask is for a report on lessons learnt, with an interim report on risks and actions to be shared with the committee</p>		
PR3 – Performance Targets	Performance Targets		Significant operational pressures noted.	Focused plans on acute flow and elective backlog to address significant operational pressures – ask for continued identification of focus areas to alleviate biggest pressures.		
PR5 – Inadequate Funding	Deficit issue		Deficit issue particularly with premium pay	Monitoring needed with continued focus on areas with gaps such as CIP. Concern re stadium lease.		

Report to:	Council of Governors
Date of Meeting:	16 March 2023
Subject:	Governors Activity Report
Director Sponsor:	Alan Downey, Chair
Authors:	Sally Light – Lead Governor Michael Reakes – Constitution Review Group Alastair Falconer & Beth Dale – PESG Rukmal Abeysekera & Beth Dale – Fairness Forum Sue Smith, Bernard Chalk, Catherine Thompson – OHC Group Franco Villani & Wendy Loveday – Travel & Transport Group

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System</p>
--	--

Summary of Report and Key Points to highlight:

This paper provides an overview of Governor Activities.

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Constitution Review Group
- Patient Experience Steering Group (PESG)
- Fairness Forum
- Out of Hospital Care Group (action notes)
- 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.

1. Lead Governor Report (March 2023)

The first 3 months:

It has been a very busy 3 months since I was appointed as the Lead Governor in December 2022 following the November elections. I have learnt a considerable amount during those 3 months, but I feel that I have only touched the surface of what I have taken on.

With Tracy Astley's help I held 4 Governor drop-in sessions and a separate staff Governor drop-in session with Alan. These sessions were very insightful with useful information being gathered which pointed to a clear desire by Governors to streamline the CoG meetings and to have more focussed discussions with the NEDs under identified themes. You will see in my drop-in-sessions report what Governors asked.

Key messages from Governors:

Enhance the opportunities when CoG can make NEDs accountable:

- Improve CoG meeting structure
- Open Trust meetings for CoG to observe

Effective platform for CoG to communicate:

- Some Governors prefer more face-to-face meetings and others, particularly those who are working, have a preference for online meetings. It is important to find a balance with the challenging geographical area covered

Focus areas for CoG action:

- Identification and prioritisation of umbrella themes with agreement to focus action is crucial

The Governor Forum meeting:

- It was well attended with a lively debate

Fairness Forum (future *Inclusion Forum*):

- The Fairness Forum continues to be a challenge for me. Although a review and reshaping of the Forum has taken place with Simon Morritt now chairing with Virginia Golding's significant input, considering the substantial areas the Fairness Forum covers, there still doesn't appear to be a full commitment from the leads covering the forum areas to reporting.
- The last meeting was very disappointing with most of the speakers not able to attend and no reports provided. Minutes and actions are not circulated until the Agenda for the next meeting is circulated. This has been escalated to Matt Morgan.

Meeting with Virginia Golding:

- I met with Virginia Golding following the request that the CoG would benefit from seeing the running EDI actions. Three papers from Virginia are circulated and she is invited to attend the June CoG meeting.

Rukmal Abeysekera
Lead Governor

2. Governor Forum (08.02.23)

Action Notes

Attendance: Rukmal Abeysekera (RA) (Chair), Alastair Falconer (AF), Beth Dale (BD), Michael Reakes (MR), Sue Smith (SS), Linda Wild (LW), Andrew Stephenson (AS), Paul Johnson (PJ), Maya Liversidge (ML), Julie Southwell (JS), Abbi Denyer (AD), Cllr Liz Colling (LC), Mike Taylor (MT), Tracy Astley (TA)

Apologies: Keith Dobbie (KD), Gerry Richardson (GR), Sharon Hurst (SH), Dawn Clements (DC), Sally Light (SL), Bernard Chalk (BC), Catherine Thompson (CT), Wendy Loveday (WL), Mary Clark (MC), Maria Ibbotson (MI), Franco Villani (FV)

Outstanding actions from previous meetings

Agenda Item: 7	Development of the Trust Priorities Report (TPR) (07/11/22)
Actions agreed	TA to arrange Statistical Process Control (SPC) for CoG March 2023.
Outcome	Waiting for MT to give go ahead.

Actions from today's meeting

Agenda Item: 2	Feedback from last action notes 07/11/22
Actions agreed	TA to arrange dates for governor walkarounds with staff governors to act as hosts. FV for BDH, ML for SGH, PJ for YH, AS in talks with Alan Downey re Selby walk.
Outcome	Walkarounds arranged for SGH, YH, BDH. SDH/MDH are still ongoing.
Agenda Item: 3	BoD to CoG questions
Actions agreed	Questions not appropriate for BoD to CoG will be discussed outside of meeting. TA to obtain answers and provide feedback to governors.
Outcome	On Private CoG Agenda. Action closed.
Agenda Item: 4.1	Committee/Groups
Actions agreed	The role of the governor to be discussed at a future CoG meeting. TA to arrange.

Outcome	
Actions agreed	Communication and escalation process to the CoG needs establishing. MT to map out process.
Outcome	On Private CoG agenda. Action closed.
Actions agreed	TA to track attendance of governor representatives at committee/group meetings and review on a regular basis.
Outcome	
Actions agreed	MT/AD to discuss establishing a buddy system for new governors.
Outcome	
Agenda Item: 6	Issues arising from Constituencies
Actions agreed	Governors to arrange own constituency meetings amongst themselves.
Outcome	
Agenda Item: 7.1	Items for CoG
Actions agreed	<p>Public CoG:</p> <ul style="list-style-type: none"> • CEO Report and update – Simon Morritt • ICB – Sue Symington • Transport – Jim Dillon • CQC – Steve Holmberg & Lorraine Boyd • Culture and Bullying - Jim Dillon, Matt Morgan • Public Q&A <p>Private CoG:</p> <ul style="list-style-type: none"> • Internal communication and escalation reporting route – Alan Downey • Membership Survey - Mike Taylor
Outcome	All have been added to the CoG agendas, apart from ICB, Sue Symington, which was stood down due to the change in agenda themes. She will be invited at a later date. Action closed.
Actions agreed	RA to contact Virginia Golding to obtain clarity on WDES report and action plan.

Outcome	Virginia confirmed that the WDES/WRES reports and the action plans provided and discussed at the December CoG are statutory reports produced annually on historical progress and there are a lot of activities in between these reports. Virginia will be invited to the June CoG to discuss 'Inclusivity/equality progress'. Action closed.
Actions agreed	Governors' request that Simon Morritt only attend for the CEO update and only NEDs attend themed discussions of the CoG. MT to discuss with Alan Downey, Chair.
Outcome	Alan has agreed to trial the change in attendees and will monitor the situation. Action closed.

Date of Next Meeting: Wednesday 10 May 2023, 10.30 – 12.00, via Teams

Rukmal Abeysekera
Lead Governor

3. Constitution Review Group (24.01.23)

Action Notes

Attendance: Michael Reakes (MR) (Chair), Abbi Denyer (AD) Rukmal Abeysekera (RA) Mike Taylor (MT), Tracy Astley (TA)

Apologies: Sally Light (SL), Catherine Thompson (CT), Keith Dobbie (KD)

The last Constitution Review Group (CRG) meeting held on 24 January 2023 was not quorate (it needed 4 Governors attending); informal discussions took place and action notes were recorded and circulated to Governors by Tracy to help guide the next quorate CRG meeting.

Additional Governors were invited to join the CRG as potential members, and a reminder was sent to the CRG members who did not attend. The following topics were discussed:

- It was suggested that an alumni group of past governors should be formed.
- The length and number of terms of office for Governors were discussed and those attending the meeting felt they did not need to change.
- The Deputy Governor Role will be revisited again, if and as needed.

The next CRG meeting is scheduled for 10 April at 10.30.

Michael Reakes
CRG Chair

4. PESG (28.02.23)

Agenda Item	Summary	For Recommendation/Assurance to the CoG
Visiting Guidance Update (Caroline Dunn).	Details of updated policy discussed and agreed by PESG. Discussed episode where a visitor had video recorded conversation with patient with dementia and shared this on social media.	Need to include item regarding sharing of information and confidentiality in policy.
Tendable audit	Tendable are regular audits of patient experience performed on weekly, monthly and quarterly basis with questions asked of patients by health care professionals. They include practical items (eg ability to wash, brush teeth, contact staff) and other “quality” questions (eg. maintaining confidentiality and dignity). Presentation on most recent update of questions). Recommended that patients requiring interpreters should be included among patients selected.	Questions cover areas central to patient experience and the Trust are committed to effective delivery and refinement of the audit and responding to results.
Patient equality, inclusion and diversity (Helen Ketcher)	<ol style="list-style-type: none"> 1. Interpreter service. Developing access to services with less reliance on face to face. Staff encouraged to use telephone or video as first choice. Also, there are 20 tablets available in different departments for online access. 2. Trust has received 2 complaints regarding service. These related to refugee patients where staff could not access service in Accident and Emergency. Resulted from lack of available working tablet and also poor Wi-Fi connection. Staff advised to use phone in these situations. 3. British Sign Language: developing access on trust website 4. Joint tender in process with Goole, North Lincolnshire and Humberside for interpreter services contract. This must include provision for refugee families 5. Equality delivery system audit. Trust audited on 4 domains (accessibility; meeting health needs; freedom from harm; positive experiences). In all domains Trust rated as “improving” 	<p>Continued active development of interpreting service.</p> <p>Current provider is improving but waiting outcome of tendering for decisions on awarding contract.</p> <p>Reassuring that trust improving</p>

<p>Outpatient transformation work(Karen Priestman)</p>	<p>A Comprehensive presentation on this area which Karen had also presented to the COG in 2022 but with additional material.</p> <ol style="list-style-type: none"> 1. A lot of the work is digitally driven and aims to reduce waiting list and unnecessary referrals. 2. “Meaningful consultations.” Aim to get patients treated as near to home as possible.(Advice, guidance to GPs about appropriate referrals, investigations and treatment.) 3. One stop team clinics. 4. Patient initiated follow up in chronic conditions 5. Gateway advice and guidance to patients and primary care (underway in three specialities). 6. Digital letters: 7. Referrals currently manually processed (equivalent to 18 WTE). Plan to fully automate. 8. Patients to be sent bidirectional texts as appointment reminders to reduce DNAs. <p>Discussion:Alastair Falconer and Ruth Stockdale emphasised need for rurality and distance to be included in priorities for development. Initial trial of local online access at Bridlington with health support had little uptake.</p>	<p>Trust has a number of relevant programmes for improving outpatient services. Will need to keep issues of distance affecting patient experience as a priority.</p>
<p>Q3 Dementia Report (Alison Bielby)</p>	<ol style="list-style-type: none"> 1. Trust submitted data clinical aspects for National Audit on Dementia 2. Carer questionnaire: these have been advertised and circulated. However, poor response in York (n 10) and Scarborough (n2). 3. Patient experience questionnaire: Trust performed well. 4. Johns Campaign: As well as dementia this also includes patients with neurodiverse problems. Identifying those visitors who also are “care partners” of patients with dementia. Discussion (without pressure) on whether they are willing to help with feeding/washing tasks.Aim to provide “care partners” card (enable concessionary parking. Ruth Stockdale,Healthwatch, raised question of a patient not having any one to act as “care partner”. Above tasks would remain with health care providers. 	<p>The trust has a clear dementia strategy and regular review of progress against this. The proposed care partners role has potential value for patients, carers and ward staff. Hopefully it will improve delivery of care in an appropriate and safe way.</p>

<p>Maternity Survey (Bev Waterhouse)</p>	<p>Preliminary discussion of annual patient experience survey covering February 2022. Full results to be released following CQC report on maternity services. Trust results are included in national provider survey. Nationally, there has been a deterioration in patient experience. Our trust showed a little improvement and results were largely within the national average. Main concerns: 1. Partners being able to stay overnight and conflict with the mixed ward policy and privacy for other patients. 2. Debrief service after traumatic events. This needs development to enable patients and staff ability for reflection and discussion. 3, Lack of kindness. Identified as a national issue.</p>	<p>COG needs to await results of CQC report and the effectiveness of the Trusts response strategy. Whilst nationally maternity services have significant problems, we need to be assured that these are being addressed locally.</p>
---	--	--

Alastair Falconer & Beth Dale
PESG Governor Representatives

5. Fairness Forum (22 09 22)

Agenda Item	For Recommendation/Assurance to the CoG
Built Environment Update – Trust Action Plan	Dave Biggins not present and no update provided.
Autism Update – Nicola Marshall	A proposal is prepared based on gap analysis to send to ICB. Further information will be provided in February. Proposal will evaluate what the service is like with or without autism support. Part 1 of training programme (e-learning programme) released in December with good take up.
Staff Networks <ul style="list-style-type: none"> - LGBTQ network - Disability network - Carer’s network - Race Equality network - Women’s network 	No leads from the networks attended. Update was given by Virginia Golding (Head of Equality, Diversity and Inclusion) <ul style="list-style-type: none"> - Attended last LGBTQ networking meeting - All networks are at different stages of development - Required support for the networks is investigated - The name of LGBTQ network will be changed to LGBTQ+ to be fully inclusive - Event planner for all networks developed - Women’s network is proactive
Freedom to Speak Up Guardian – Stef Greenwood	No representative or report.
Healthwatch Update – Sian Balsom (York) and Ruth Stockdale (North Yorkshire)	Sian and Ruth both stated that Healthwatch are fully represented and concerns are listened to and actioned at the Trust through the Fairness Forum and the Patient Experience Steering Group. Points noted: <ul style="list-style-type: none"> - Issue have been raised concerning available care places - Cost of living crisis impact on health studied. Third of the study respondents have noted mental health issues - Healthwatch Sunderland has developed ‘easy read’ letters to patients requiring mammogram follow-ups - Continence services set up

	<ul style="list-style-type: none"> - Report on mental health to be released shortly
<p>Workforce Equality, Diversity and Inclusion Update – Virginia Golding</p> <p>Patient Equality, Diversity and Inclusion update – Helen Ketcher</p>	<ul style="list-style-type: none"> - In November 2021 a review of Fairness Forum took place. Learnings and feedback now used by Virginia Golding to make changes to staff and patient equality. - A name change is proposed to Fairness Forum: <i>Inclusion Forum</i> creating an inclusive environment. - A new governance structure for the forum is developed which is currently under review. - In May 2022 an external contractor undertook an equality gap analysis to create an EDI action plan. Helen Ketcher is preparing a patient EDI action plan while Virginia Golding is responsible for the workforce EDI action plan. - A central budget is allocated to make reasonable adjustments. - EDI training is now a learning requirement that is mandatory at the Trust. Webinars and roundtable discussions are held. Three online workshops are delivered from March over next 12 months. A trans gender speaker will provide online and face-to-face training for York and Scarborough staff. There have been issues around trans patient care and so this training will help. Workshops on race and racism are held for staff and managers to increase knowledge and understanding. - EDI newsletter prepared for circulation.
Update from Care Groups	No representation or reports.

Rukmal Abeysekera & Beth Dale
Fairness Forum Governor Representatives

6. Out of Hospital Care Group (31 01 23)

Attendance: Bernard Chalk, (Chair); Catherine Thompson; Beth Dale; Andrew Stephenson; Sue Smith; Lorraine Boyd; Tracy Astley (notetaker)

Apologies for Absence: Sharon Hurst

Presenters: David Thomas, Associate Chief Operating Officer, Care Group 2 (Scarborough); Jamie Todd, Associate Chief Operating Officer, Care Group 1 (York); Gillian Younger, Interim General Manager, Out of Hospital Care

Action Notes:

Agenda Item: 4	Performance & Activity update
Actions agreed:	Jamie Todd will check that the Community Services KPIs are in the Trust Performance Report that goes to Board.
Outcome:	
Actions agreed:	Gillian Younger will share the York Community Services performance & Activity presentation with the group.
Outcome:	
Agenda Item: 5	Planning for 2023/24
Actions agreed:	Jamie Todd will share the action plan for 2023/24 with the group.
Outcome:	
Agenda Item: 6	OHC Terms of Reference
Actions agreed:	The Group ratified the ToR subject to the following change: <ul style="list-style-type: none">• Membership – change ‘Head of Community Services’ to ‘General Manager’
Outcome:	Tracy Astley has made the change. Action closed.
Actions agreed:	Bernard Chalk/Gillian Younger/Dave Thomas/Jamie Todd will discuss the Group’s work programme for 2023/24.
Outcome:	
Agenda Item: 8	Any Other Business

Actions agreed:	Gillian Younger/Jamie Todd to give an update on Community Services development at next meeting in April.
Outcome:	Tracy Astley has added to agenda and sent invitations. Action closed.
Actions agreed:	David Thomas/Jamie Todd to give update on virtual ward implementation at next meeting in April.
Outcome:	Tracy Astley has added to agenda and sent invitations. Action closed.

Date of Next Meeting: Tuesday 18 April 2023, 2.30pm – 3.30pm

7. Travel & Transport Group (13.01.23)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Environment and Sustainability Manager, YTHFM LLP
	Phil Bland	Deputy Transport Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Robert Peacock	North Yorkshire Healthwatch
	Lorna Fenton	HR Manager
	Jane Money	Head of Sustainability, YTHFM LLP
	Ed Pearson	Finance
	Kevin Richardson	Car Parking & Security Manager
	Helen Hardwick	Staff Benefits
	Vicky Pursey	Staff Side Rep, Physio
	Wendy Loveday	Public Governor
	Guy Wallbanks	City of York Council
	Linda Wild	Public Governor
Apologies:	Delroy Beverley	Managing Director YTHFM LLP
	Franco Villani	Staff Side Rep
	Storm Baines	Enterprise

1	<p><u>Apologies</u></p> <p>Apologies for absences were received. Don Mackenzie has left the Trust and so will no longer be attending the group.</p> <p>DelB is unable to attend. DB has agreed to step in and chair the meeting in his absence.</p>	
---	--	--

2	<p><u>Minutes of the Previous Meeting and Matters Arising</u></p> <p>The minutes of the previous meeting held 25/11/23 (14/10/22 meeting was cancelled) were agreed to be a true and accurate record.</p> <p>Matters Arising:</p> <p><u>T&T Group Representation</u> RP previously raised the necessity of having representation in the group from both North Yorkshire County Council (NYCC) and City of York Council (CYC), as key partners to engage with. DB confirmed that he has a meeting with CYC on Monday 16/1/23, with this being one of the issues he will raise. DB has not yet spoken to NYCC about their engagement with the group but it is on his 'to do' list and will look at this before the next meeting and hopefully have someone involved by then.</p> <p><u>Pool Cars</u> As a lot of time was spent discussing pool cars during the last meeting, DB asked if there were any general updates KR wanted to provide. KR confirmed that he planned to relocate the York pool cars out of the Multi-Storey Car Park (MSCP) and into the small car park area behind the MSCP. WL noted that she had heard these had not yet moved following the previous and wanted to ask why.</p> <p>KR acknowledged the recent press articles on the traffic caused by the flow of commuters using the MSCP, which is why they've been looking at trying to relocate the pool cars to open up more spaces inside the MSCP. There is currently a big mobile</p>	DB
---	--	----

scanner at the rear of the MSCP in a hatched area where the pool cars used to be located. They were previously moved due to building work on the Emergency Department. The pool cars moved in to the MSCP so the CT scanner could be moved to this area and reverse into position on the pad without damaging other vehicles. An area was also required for the truck, relating to tachograph restrictions on driving where it must remain stationary for certain lengths of time.

However a recent assessment with H&S indicates that now there is a new entrance on the adjacent car park so the CT scanner doesn't actually need to go across that hatching area anymore. White lining will be required before moving vehicles, although there is only a short period of time each week where this can be done, due to the scanner being there 6 days a week, only leaving on Sunday evening and returning Monday evening. Work cannot be completed in areas close to the scanner, so as to avoid anything like dust goes through the vents and then could potentially breaking a multi-million pound scanner. On Monday 23/1/23 they will come to the hatched area to some further car parking spaces, allowing us to start moving the pool cards into that location. The presence of the CT scanner has made this work slower due to only being able to prepare the area in a small window frame each week, but hopefully by the end of the month everything will have moved. This will provide an additional 13-14 spaces in the MSCP. A new pool car will also be bought across from Scarborough to support the staff in York.

WL thanked KR for the explanation stating that this provided a helpful understanding. As a Governor who is expected to uphold accountability, she has to ask in meetings why certain actions haven't been completed, often without any real explanations being provided in response. WL noted that it was refreshing to be part of a committee where there is a clear and acceptable response to a delay or issue rather than a task being left undone.

P&R Business Case

DB had completed his business case to address what will happen with the York Hospital HSB P&R service once the current contract expires. The meeting before Christmas in which he was supposed to present to this to the Chief and Deputy Executives was cancelled, however, approval has been given to the proposals. While DB would love to share some details, he cannot at this point as they are not in a position where this can be publicly broadcast. DB and KR will expand upon all of these details in the next meeting.

KR advised that they have a meeting booked in with the Comms team during the last week of January. Updates to topics such as the P&R shuttle bus, cycling, extensions to car parks, the ANPR system and other good work taking place will be packaged up and launched as one piece. DB highlighted that there are some announcements to make, but that they just need to be smart about the communication process.

Cycling

VP previous highlighted about safety issues around cyclists not dismounting around the York ED works, specifically the hoardings that go around the car park area. DB has spoken to Chris Lowe from Turner and Townsend, who responded that he believed adequate signage is already in place. DB is happy to go back to him, if group wants to ask for something more prominent. There is already a lot of images and signage around the area, so what's in place might be getting lost. VP thought that this needs emphasising more, especially as patients are using this area as a route to A&E, making this a safety issue for them also. **DB will speak to his contact again about further signage.**

DB

	<p>HH noted that through her experience, however prominent you make the signs, people who want to travel and dismount at speed will continue to do so regardless.</p> <p>Yesterday when came back from SGH and noticed cars circumventing entrance way to multistorey car park, going up past A&E turning round and turning right into car park. KR not aware of that specifically. As of today, staff on the barrier entrance trying to prevent queue jumping and ensuring processes are followed.</p> <p><u>Blue Badge Holders</u> KR noted that various car parks for departments around YDH are experiencing similar issues with blue badge holders causing car park blockages while waiting for spaces to free up. He is looking at additional space for Blue Badge permit holders again to address this. Nothing is confirmed, but they are looking at areas where pressure can be removed from the main entrance.</p> <p>VP asked if part of the issue was contractors parking in the blue badge spaces. KR confirmed there have been some issues around that. The contractors have been ticketed for doing this recently. Unfortunately, some contractors have become abusive when asked to move by the Security team and had to be removed from the site altogether for their behaviour. In particular, the John Wright contractors have been told that in no uncertain terms that are they to park in blue badge spaces. Hopefully there's been some improvement though as a result, including the Physio car park.</p> <p>WL extended her thanks to the Security and Car Parking team for moving on Blue Badge holders to ensure that the circle is kept clear. There have been several weeks now where the route has been kept clear. It is now very rare for the route to be blocked up, so whatever measures have been implemented are working.</p>	
<p>3.</p>	<p><u>Staff, Patients & Visitors</u> HH confirmed that we are looking at possible new providers for the staff cycle scheme. The current contract with Halfords is up in March, so watch this space for an update.</p> <p><u>Pool Cars</u> EP gave a quick apology for the milestone data not being available for the meeting, which was delayed due to Christmas and annual leave. EP will pull this together and share it with the group as an additional e-mail, rather than waiting until the meeting.</p> <p>WL asked for an update on when trackers might be fitted to the pool cars. KR commented that there has been an initial meeting with Enterprise where this was raised. Operationally, we will need to work out several issues, decide how to launch the trackers, determine how to make staff aware etc. The funding is in place but there there's still a bit of work to do on this. At the moment though, there are more immediate areas of focus (e.g. MSCP, the ANPR system, Park House car park extension) that require priority. KR couldn't give an exact date on this, but is hoping for some time in February.</p> <p><u>Buses / York shuttle bus</u> DB shared the data for the shuttle bus ahead of the meeting, with the uptake still nowhere near pre-COVID levels, despite lots of promotions. Traffic issues on Wigginton Road have meant First cannot operate to a reliable timetable, with some reports indicating an hour's travelling just down Wigginton Road alone. Losing the bus turning</p>	<p>EP</p>

circle for months has also had an impact, as after dropping off at the hospital the bus is no longer facing the correct way to return to Rawcliffe Bar. Now the only option for First to turn around is to drive down Wigginton Road to Haxby Road and then to the roundabout outside Nestle, meaning travelling through the backlog of traffic on Wigginton Road. The diversion was put in place in December. At the start of January the service returned to the normal route for several days, but had to revert back to the diversion, which will continue up to February as things currently stand.

GW made the group aware that there is currently a £2 single journey cap on buses until the end of March. Rail operators are also putting on good discounts for next couple of months. CYC also received some bus service improvement plan funding for the next 3 years. This could be used to increase the frequency of buses, to support quieter routes, to put new facilities on the buses themselves etc. Over the next few years there should be some noticeably visible improvements.

Cycling

GW raised several updates from CYC:

- CYC are also developing local their walking/cycling infrastructure plans. One of the things they're looking at is removing some of the barriers that cause unnecessary obstructions to those using larger bikes, push chairs etc.
- There is now a project to put in more secure cycle parking in the city centre, (suitable also for larger bikes) after receiving some funding. Hopefully those with larger or more expensive bikes will feel more confident about bringing them into town and being able to leave them safely.
- Another project is finally underway on Tadcaster Road, segregating the cycling route further from the traffic. This should mean less stops for cyclist because of the road, for a faster smoother journey.

DB thanked GW and asked to be kept updated on these, or to contact him if he thinks the Trust can offer any support or further input.

DB attended a TIER e-scooter partnership meeting earlier this week. Tier are working with CYC on whether more multimodal elements can be added into P&R sites this year. The TIER scheme in general has been success story overall, with many more bikes and network points planned to be added across the city in 2023.

DB confirmed that the cycle storage behind Park House was installed before Christmas. It has capacity for around 100-105 bikes, which is a significant increase on 30-35 capacity in the current store. An estimated opening date will be in around 6-8 weeks as it is effectively a building site while there continue to be major electrical works going on at the site. Once it is safe to use, there will be access provided through ID cards on the gate, while there will be CCTV and better lighting also installed.

On Monday 23rd January, we are installing signage down the Bootham Park driveway that connects in with the gates. KR did some great work with NHS Property Services and CYC to get the gates opened at the end of the Botham Park driveway, which essentially completes the whole pedestrian and cycle connection between the Station and Bootham. KR had a meeting with NHS Property Services yesterday and confirmed that they have now fixed various potholes and issues down the main drive, with some further tree cutting up most of the way along at no expense to the Trust. Meanwhile, we're looking to install CCTV in the coming months and provides a security response to their site. This will be a good for the cyclists and people walking down that area. It is one of the main safety issues that has been highlighted across the Trust as people

have felt vulnerable walking in those areas, particularly with the vagrant behaviour in the area. We are trying to re-establish those partnerships across the board like this one with CYC and NHS Property Services.

VP asked what the Trust's stance was on dog walkers exercising in the Bootham Park area? KR said that his has been raised at the H&S Committee within the Trust already, as there has been a reported issue in Bridlington with a man letting his large dog off the lead. While we don't want lots of dogs running across our site, there are various types of dogs and considerations to account for, such as blind or assistance dogs. The discussion will focus on the control of animals and their excrement or a complete ban across all sites. **For now, the decision is with the Trust, but KR will chase with the committee and feed back to the group.**

KR

Car Parking

HH noted that when she returned from SGH the previous day, she noticed cars were circumventing the entrance way to multistorey car park, going up past A&E then turning round and turning right into car park from the opposite side. KR wasn't aware of this specifically. The limited space in the MSCP combined with shorter and more numerous appointment times being pushed through in the wake of COVID is causing a back-up of traffic, which has encouraged various attempts at queue jumping. As of today though, KR has placed staff on the barrier entrance to try to prevent queue jumping and ensuring processes are followed. We also have staff in hi-vis vests trying to help traffic management as far as up onto the main road.

KR requested a meeting with CYC following the last T&T meeting to discuss various traffic issues on Wigginton Road, which is due to take place on Monday. He believes an MP will also attend, as well as his Director Penny Gilyard. The traffic problems are being reported as being caused by the hospital, although there are other external factors such as other blocked roads that have funnel traffic onto Wigginton Road past the hospital. A solution needs to come through partnership working to find solutions. Hopefully the meeting on Monday will result in some good outcomes and we can bring some positive feedback to the next meeting.

RP asked if at the meeting with CYC, can Trust make sure that ideas discussed are not just about serving the citizens of York. They must take into account the surrounding areas and recognise that simply blocking access to the hospital for people in cars cannot be a solution for those outside of the city's public infrastructure. **DB agreed this was a valid point and would add it to the list of things to discuss.**

DB

WL asked when the ANPR system discussed at the last meeting was going to be installed, as there was supposed to be an announcement in January at some point. KR confirmed the ANPR system will be installed across the Trust (not just the MSCP). They have a meeting with Lucy Brown in the Comms team at the end of January, to discuss the release of numerous updates on the various car parking and sustainable travel review schemes, including the ANPR. In terms of this system though, the estimate is that equipment will start to be installed from the third week in Feb.

Taxis

KR informed the group that there is an ongoing tender out for the East Coast taxi service provision.

WL stated that while the media has directed a lot of the blame on the traffic issues down Wigginton Road on the hospital, there are many who hold the Council accountable. Mark Goldsborough from Streamline Taxis got in touch with CYC directly and Rachell Maskell (MP) about the traffic issues on Wigginton Road, as he believes it is the Council's responsibility. He also discussed this in an article with York Mix. WL knows him personally and spoke to him after seeing this article, but he noted that he only received vague responses on the issues raised. WL was really pleased to hear about the upcoming meeting with CYC, as it's important that they are involved.

DB agreed and noted that a big aspect of the meeting with the Council on Monday is to emphasise the point that we can't work in individual silos. While we won't go into that meeting on Monday expecting to come out with the whole fleet of solutions, it will hopefully be the start many collaborative discussions where some short/long term strategies are developed together. **DB said that if WL wanted to provide some headlines to discuss at the meeting to let him know.**

WL

WL confirmed that one of Mark Goldsborough's major concerns, bearing in mind Streamline is the biggest taxi company in York with an NHS Trust contract, is having taxi drivers refuse jobs. When a job is refused, the driver is taken off the board as they're left sitting in the traffic for an hour, where they end up losing a lot of money, often getting frustrated and angry. Lost jobs might include patients who have gone by the time they finally arrive at the hospital through the traffic, or bloods that have been moved onto different Transport. Some taxi drivers would now prefer to turn down hospital jobs and sit on the naughty step for it, rather than go there for a wasted journey. It has got to the point where one of the taxi driver associations are getting involved and looking to hold a meeting to discuss if the hospital should be boycotted outrightly. As an association member herself, WL's concern is that this will happen and she wants to ensure that it is avoided.

WL also pointed out that it's not just drivers being refused jobs on arrival that's an issue. We also need to bear in mind that when picking up customers and patients from home, the 45min traffic delays through Wigginton Road and hospital parking is also having a detrimental effect on them, causing them to miss those appointments, some of which could be very important to have attended.

WL would like to know what solutions we can offer the taxi services to help alleviate the issues and prevent a boycott occurring. **KR said that he would like to discuss this further with WL offline and asked her to email or phone him some time after the meeting.** KR reminded the group that they have the upcoming Council meeting next week where various traffic problems will be discussed, but also affirming that the Trust's Chief Exec is aware of these issues too.

KR /
WL

WL asked if there was a way for taxis to be allowed to bypass the queues at the hospital to try to alleviate or improve the situation. For example, if security and car parking staff are now outside monitoring the traffic, could they direct the taxis through the traffic rather than leaving them in the queue for an hour with a running meter? It is important to think outside the box and find a way round this. **KR hadn't considered this approach, would speak to his team to see if taxis could be prioritised in any way and see how that goes.**

KR

Car Share

DB confirmed there are no updates on re-introducing car sharing but is planned to be brought back at some point.

	<p><u>Community Travel</u> The group had no updates or concerns to raise.</p> <p><u>Sustainability</u> JM confirmed that their recent focus has been on carbon reduction work within the building, rather than the transport side, as a project needs finishing by the end of March. As such, there are no relevant updates for the group for this meeting.</p>	
5	<p><u>PALS</u></p> <p>Nothing transport related to report.</p>	
6.	<p><u>Items for highlighting to Sustainable Development Group</u></p> <p>No items to raise.</p>	
7.	<p><u>Any Other Business</u></p> <p>VP asked if we have any leverage with whoever operates the Community Stadium car park. There is also the issue of staff who are risking parking tickets by attending training sessions at the Stadium that may take them over 4hr limit. DB acknowledged this is a valid question and confirmed he has been liaising with Paul Johnson (Estates) and a lady called Deborah O'Donnell (Facilities Manager at Vanguard). DB stated that there is a distinct separation between the Stadium and Vanguard car parks, which is why the Vanguard car park isn't an option. DB explained that they have been discussing whether the Trust could lease 50 car parking spaces in the vanguard car park. With the former John Lewis unit not being occupied at present, the capacity is potentially there. Discussions on this have been going on for a long time, as there are other parties that need to be involved in the decision, such as the owner of the unit. DB noted that part of his recent business case included this discussion with Vanguard and is something that he is continuing to work on.</p>	
	<p><u>Next Meetings</u></p> <ul style="list-style-type: none"> • Friday 21st April 2023, 10.00 - 11:30 (Microsoft Teams) • Friday 14th July 2023, 10:00 – 1130 (Microsoft Teams) • Friday 13th October 2023, 10:00 – 11:30 (Microsoft Teams) • Friday 19th January 2024, 10:00 – 11:30 (Microsoft Teams) 	