York and Scarborough Teaching Hospitals
NHS Foundation Trust

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 Morritt 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.

<u>WRES</u>

- 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.

<u>Digital, Performance & Finance Committee</u>

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.