

Agenda

Council of Governors (Meeting held in Public)

Thursday 15 June 2023
Malton Rugby Club at 1.30pm



COUNCIL OF GOVERNORS MEETING

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

On: Thursday 15 June 2023

Venue: Malton Rugby Club

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 12.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors
13.00 – 13.30	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
13.30 – 16.00	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public



Council of Governors (Public) Agenda (15.06.23)

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Introduction, apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	13.30 – 13.35
2. Declaration of Interests To receive any changes to the register of declarations of interest	Chair	<u>Enclosed</u>	5	
3. Minutes of the meeting held on 16 March 2023 To receive and approve the minutes from the meeting held on 16 March 2023	Chair	<u>Enclosed</u>	9	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	<u>Enclosed</u>	17	
5. Chief Executive's Update To receive a report from the Chief Executive, incl. updates on CQC, Trust Strategy and: <ul style="list-style-type: none"> • Delayed Transfers of Care • Financial Plan Update 	Chief Executive Interim COO Finance Director	<u>Enclosed</u>	18	13.35 – 14.15
6. Chair's Report To receive a report from the Chair	Chair	<u>Enclosed</u>	26	14.15 – 14.30

	SUBJECT	LEAD	PAPER	PAGE	TIME
7	Questions received from the public	Chair	<u>Enclosed</u>	28	14.30
	To discuss and answer the questions received from the public				– 15.00
8	Patient Experience	Krishna De	<u>Enclosed</u>	33	15.00
	To receive an update from the Patient Experience Team				– 15.30
9	Governors Activities Report	Governors	<u>Enclosed</u>	37	15.30
	To receive a report from the governors on their activities				– 15.45
10	Items to Note		Blue Box		15.45
	10.1 CoG Attendance Register				–
	10.2 Trust Priorities Report				16.00
	10.3 Board Assurance Framework				
11	Any other business	Chair	Verbal	-	
12	Time and Date of next meeting				
	The next Council of Governors meeting will be held on Thursday 14 September 2023, timings TBA, Malton Rugby Club.				

Register of Governors' interests
June 2023



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Additions: Elizabeth McPherson – CEO of CarersPlus.net
Cllr Jason Rose – Councillor CYC

Item 2

Deletions:

Modifications: Sally Light – no longer CEO of Motor Neurone Disease Association
Andrew Stephenson - Trustee of Sherburn-In-Elmet Minibus Assoc.

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
Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	Nil
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	Nil	Nil	Nil	Nil
Maya Liversidge (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Wendy Loveday (Public: Selby)	Nil	Shareholder in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil
Elizabeth McPherson (Appointed: CarersPlus)	CEO - CarersPlus	Nil	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
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	Councillor – NYC	Councillor – NYC	Councillor - NYC	Nil
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	Trustee of Sherburn -In-Elmet Minibus Assoc.
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

16 March 2023

Chair: Alan Downey

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Linda Wild, East Coast of Yorkshire; 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; Catherine Thompson, Hambleton

Appointed Governors: Gerry Richardson, University of York

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

Attendance: Jenny McAleese, NED; Jim Dillon, NED; Lynne Mellor, NED; Denise McConnell, NED; Simon Morritt, Chief Executive; Tracy Astley, Governor & Membership Manager

Presenters: Penny Gilyard, YTHFM Director of Resources; Dan Braidley, YTHFM Environment & Sustainability Manager; Kevin Richardson, YTHFM Car Parking & Security Manager; Graham Titchener Parking Services Manager, City of York Council

Public: 5 members of the public attended

Apologies for Absence: Mary Clark, City of York; Beth Dale, City of York; Dawn Clements, Appointed Governor – Hospices; Cllr Liz Colling, NYCC; Sharon Hurst, Community; Matt Morgan, NED; Lorraine Boyd, NED; Steve Holmberg, NED; Ashley Clay, ANED; Mike Taylor, Assoc. Director of Corporate Governance

23/01 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

23/02 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

23/03 Minutes of the meeting held on the 1 December 2022

The minutes of the meeting held on the 1 December 2022 were agreed as a correct record

23/04 Matters arising from the minutes

The Council raised the following points: -

- Benchmarking – this was brought up at the last meeting but was not discussed. Will it be discussed today? Simon Morrith replied that the Trust had access to lots of KPIs and will speak to Melanie Liley, Interim Chief Operating Officer, who will pull together a profile of data that will be of interest and value to the governors and give a good indication of where the Trust stood against its peers.
- Journey 2 Excellence – it was agreed that this would be a standing item on the agenda. After the meeting, it was decided by the Chair that it would be part of the Chief Executive's update.

Action Log

The Council highlighted that there were a number of actions missing from the action log. An update is given as follows:

21/70 Night Owl Project: Update provided by Tara Filby, Deputy Chief Nurse. Hannah Gray is coordinating this work. The plan is to identify some solutions in one ward and then share good ideas/practice when some elements have been tested out. **Action kept on log to monitor progress.**

22/58 Implementation of FFT QR codes: Michael Reakes informed the Council that he has been involved in distributing the posters around York Hospital site. He is maintaining contact with the PESG and is pleased with progress. An update will be given in the PESG escalation log in due course. **Action closed.**

22/59 Provide updated WDES report and action plan to the governors: Virginia Golding provided updated report, action plan and newsletters for the March CoG. She will be invited to the June CoG meeting. **Action closed.**

22/62 Strategy for the East Coast: Alan met with Simon Cox on 26/01 and asked him about progress on producing a strategy for the East Coast, incl. Bridlington. He indicated that we should see at least an outline strategy by Easter. He wanted another meeting with Anthony Clark, Simon Morrith, and Simon Cox from the ICB. **The action has been carried forward to June CoG for an update.**

22/64 Automatic enrolment of patients as Trust members: We have polled what other Trusts did. Not many responses but those received said they do not enrol patients. We believe that data protection legislation prevents the automatic enrolment of patients. **Action closed.**

22/64 Members Survey results: Results have been extracted and report on March'23 CoG agenda. **Action closed.**

Action: Simon Morrith to ask Melanie Liley to pull together a profile of data that shows where the Trust stands against its peers.

23/05 Chief Executive's Update

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

- Industrial Action – this was managed well. Consultants and other staff provided cover. There were no adverse issues to date.
- CQC – the well led review is coming to a conclusion. He expects to see a draft report on all aspects of the inspection some time in April. There is a lot of work taking place and discussions with the CQC are ongoing.
- Elective Recovery – a huge amount of work has been undertaken to progress the 78-week waits and the 62-day cancer target. By the end of March we will be ahead of the trajectory we previously reported, and we should get reasonably close to the target of zero set by the government. Work begins now to achieve the 65-week standard for 2023/24.
- Acute Flow – some progress has been made around delayed transfers of care; work is still ongoing. It was very busy over the Christmas period with around 75 patients in the Emergency Department waiting for a bed. Swift action was taken to deal with the situation, but we continue to be operationally busy. For next year, with our partners, North Yorkshire County Council, and the City of York Council, we want to look at reviewing all emergency care outside of our hospitals. This is ongoing.
- Capital Schemes – Scarborough Urgent & Emergency Care Centre remains on track for completion and occupation by Spring 2024. The York Emergency Department extension will be complete by this Spring.
- Financial Planning for 2023-24 – NHS England’s Planning Guidance for 2023-24 was published at the end of December. There are 31 targets for NHS trusts. The Trust’s plan will be part of the ICB plan in partnership with other organisations within the ICS. Discussions are ongoing to achieve the targets.

The Council raised the following points: -

- New models of care for ED – can you summarise what these are and what the benefits will be for patients? Simon replied that it was about understanding what services are available in the community to stem the flow of patients arriving at ED. Discussions are ongoing with community services, CRT teams and local authorities, as well as the ambulance services around the “see and treat” initiative to avoid the patient ending up in ED. The Rapid Assessment Frailty Unit will sit with ED and specialty areas will be closer or integrated with ED.
- Financial Planning – the draft budget has been produced in March, but how can you budget for Bridlington if the conversation about a strategy for Bridlington is not taking place until June? Simon replied that there are fewer resources available at the moment to deliver the cost profiles of all of the providers that exist in the system. Conversations about all sites are taking place around the best use of resources on each site to deliver services. He is due to catch up with Simon Cox, ICB, in the next few weeks and will be able to give an update at the next meeting.
- Maternity Services – who is going to provide assurance that everything is being done that needs to be done? Simon replied that this is the most important issue that we have at the moment. We will be investing £5m in maternity to address the issues highlighted by the CQC. Lorraine Boyd, as the lead NED for maternity, should be providing assurance to the governors on how maternity is progressing.

- Maternity Services - are you providing a safe service? Patients have massive reservations but do not want to complain, they have their baby and don't want to make a fuss. Jenny McAleese replied that she sits on the Quality & Safety Assurance Committee along with Steve Holmberg and Lorraine Boyd, and for the first time they felt confident that the right people were doing the right things. A lot of resources are going into it and people are working on the ground to keep it safe.
- Elective Recovery – it is really commendable the progress being made and maintained despite industrial action. A number of patients have reported surprise at how quickly they have been seen. Is communication to patients who have to wait adequate? Simon replied that communication with patients have improved significantly but it is important to get feedback from patients so we can put it right. We have made huge strides.
- Acute Services at the Front Door – have you learnt anything from having consultants at the front door during the industrial action? Simon replied that it is important that all services have a senior physician at the front door. It is not always possible all the time, but it is a fundamental principle when planning urgent services.
- Planning Process – part of our role as governors is to be involved in the planning process but we are not doing it. Simon replied that governors are very engaged and involved in those processes around Bridlington, Scarborough, etc., in the conversations they have. He can keep the governors updated when they have those conversations. Alan Downey added that there is a bit of a difference between what is set in the NHS guidance and what actually happens in practice. The reality is that money for next year gets allocated very late in the day, it is never enough, and then there is a process of negotiation where we end up with an allocation that we have to work within. There is little or no opportunity for effective consultation. Catherine Thompson commented that the governor's role in planning is to gain assurance that actions are being taken to achieve the Trust's 5 year plan and to discuss any issues that are preventing the Trust from achieving their targets.
- Value For Money – unless we are involved in figures and facts, we will never know if we are getting value for money. Simon replied that he would be happy to set up a finance meeting for CoG with the Finance Director.

Action: Tracy Astley to arrange with Finance Director a session with CoG around the Trust's finances.

The Council:

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

23/06 Chair's Report

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

- Emergency Department – Impressive action was taken to de-escalate the pressure on both sites during the Christmas period. It made a difference having senior consultants on site which significantly improved the acute flow throughout both hospitals.
- Charitable appeal for SGH – this is well underway with £170k being raised already against a target of £400k. Generous donations are being sent in.

The Council raised the following points: -

- Acute Flow – tremendous effort has been made to deal with the acute flow problem. What can be learned around changes needed in delivering care to prevent the bottlenecks occurring in the system in the future? Simon Morritt replied that they are looking at that when planning services. Other measures will be required outside of a hospital in the community.

The Council:

- **Received the report and noted its contents.**
- **Asked management to pass on their thanks to the teams on handling the unprecedented pressure over the Christmas period.**

23/07 Transport Update

An update was given by Penny Gilyard, Dan Braidley, Kevin Richardson. The following points were highlighted: -

- A full review of car parking and sustainable travel options has been successfully undertaken last year as part of an overall strategy to improve accessibility to the York, Scarborough & Bridlington Hospital Trust sites.
- Extensive work has been completed across several schemes which includes, the requirement to change out the failing 'end of life' car parking control equipment, updated app-based permit application systems, car parking spaces, sustainable travel options (review of hospital bus service, free/subsidised bus travel) and additional cycle storage.
- Changes to staff parking and staff permits have been done in consultation with our unions and with staff to ensure the approach we have in place in future is fair, equitable and provides access for those who need it most in order to do their job. Charges will be reintroduced from 12 June, once new permits have been issued.
- Partnership working with colleagues from the City of York Council, Scarborough Council and NHS Property Services continues to look at options around congestion, improving cycling access and additional parking.
- New car parking kit and equipment, Automated Number Plate Recognition System (ANPR), will replace the existing one which is beyond life cycle replacement and repair, starting with the Multi Story Car Park at York.
- Additional investment has been made for a PTZ camera at Bridlington, cycle storage at York, CCTV Control Room & Car Parking & ID Office Scarborough.
- The local Transport Plan is going out for consultation in the next few months.

The Council raised the following points: -

- Do the staff know that it is a 3-month trial, especially for new staff? Dan replied that staff have been made fully aware that it is a 3-month trial period.

- Is the extra car parking at Scarborough Hospital just for staff only? Kevin replied that it was just staff parking as there is no issue with patients parking.
- What about Bridlington? Dan replied that after the 3-month trial period, Bridlington will be discussed as part of a package.
- The traffic lights on the corner of Haxby Road/Wigginton Road are causing congestion. Can that be looked at? Graham replied that they could tweak that.
- There is also the issue of getting into the hospital from Wigginton Road. It is causing frustration for patients of missing appointments. Can you lengthen the left lane? Graham replied that he will look at that.
- Can a separate entrance into the disabled car park be built? Penny replied that they are already in discussions around this.
- Will the changes encourage more hybrid working? Alan Downey replied that hybrid working is available, and this will be picked up with the Director of Workforce.
- Who were the staff representatives at the consultations? Penny replied that it was the JNCC reps, LNC reps, senior leads from the Unions, Task & Finish group.
- Will consultants get permits that do not meet the criteria? Penny replied that all consultants will be provided with a permit.
- With regard to parking permits at Scarborough, there are 270 spaces on the old college site. Will the criteria apply to those spaces? Kevin replied that this is an ongoing discussion.
- How much traffic movement are you dealing with a day at York Hospital? Kevin replied that it is around 1000+ per day. The aim will be to reduce this with all the measures they are putting in to encourage alternative travel.
- How much have you reduced the permits? Penny replied that they have only just starting working through this 2 days ago. They are hoping to reduce the permits issued from 10k to 5k.
- Do you think there will be other Park & Ride services that patients can access to get to a hospital site? Dan replied that they are currently in discussion with bus services.
- Band 5 staff on the East Coast used to pay £15, it is now £25. Tensions are high and staff are unhappy. Penny replied that it was felt reasonable to have a sliding scale, with more senior staff paying more than more junior staff. It is a starting point to address this issue. There will be further consideration to this. We will look at feedback.
- Can you not change the appointment system, so it offers patients an appointment more locally. Kevin replied that work is taking place to ensure that location as well as speed of appointment is taken into account when appointments are offered. It is always open to a patient to request an appointment close to home.

The public raised the following points: -

- It would make sense to offer more appointments away from York in order to reduce congestion at York. More services should be made available close to people's homes.
- Staff are frustrated that they are not able to park. This may cause long term recruitment problems.
- I work for Ryedale Community Transport. We have minibuses that you can use to take discharge patients. Would that be of interest? Kevin replied that they this is something they will look into.

The Council:

- **Received the Transport report and noted the contents.**
- **Thanked the presenters for the update.**

23/08 Questions received from the Public

The members of the public raised the following points: -

- Patients in pain are waiting a long time to be seen because of the situation with waiting lists. Many are in agony while waiting to be seen.
- Scarborough Hospital has lost services which have been re-sited to York Hospital. This has obviously caused congestion problems at York. We need local services for local people. At a meeting with Simon Morrith in November 2021 Simon stated that core services will be returned if it is safe to do so. What medical services have been returned and what are planned to be since that date? What action has been taken to address this issue? Alan Downey replied that a lot of conversations are currently ongoing about restoring services where possible. There is a willingness to try and find ways of providing services at sites other than York. Some of it relates to finance and some of it relates to staffing. It is work in progress. From a NED point of view, we push to restore services where we can. If a service can be provided safely and affordably in a local hospital then it should be. The trust is committed to the principle of equitable access to services.
- What about alternative ways of having appointments such as via video or telephone links? Jenny McAleese replied that this is a good way to do it and bring patients onto a hospital site only when necessary.
- Building of numerous housing estates creates additional demand for health services. It will exacerbate the situation further and there must a strategic plan to factor in the growing population.

Simon Morrith left the meeting.

Some members of the public left the meeting.

23/09 CQC & Maternity Services

Alan Downey gave an overview of the ongoing journey with the CQC during the past 12 months and described some of the issues raised by the CQC and how the Trust has responded to those issues. Sensitive issues on leadership and culture were raised, and a Governor reminded the Chair we were still in the Public Meeting. The Chair acknowledged this, and said the Public meeting would now close, and the final public member left.

23/10 Assurance Committee Updates

The Council noted the assurance updates from each of the sub-board committees and no questions were asked.

The Council:

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

23/11 Governors Activities Report

The Council noted the report, and no questions were asked.

23/12 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Annual Patient EDI PESD Report 2021-22
- Annual Workforce Review 2022
- Trust Priorities Report
- Board Assurance Framework

23/13 Any Other Business

No other business was discussed.

23/14 Time and Date of the next meeting

The next meeting will be held on Thursday 15 June 2023, timings TBA, Malton Rugby Club.

**Governor Membership
Central Action Log**

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	21/70	08/12/2021	Night Owl Project: Presentation cancelled at last PESG meeting until next meeting. CoG to receive update.	Alastair Falconer Beth Dale	Dec'22 June'23	The project has been narrowed into a QI project working with one of the admission wards – Hannah Gray is coordinating this work. The plan was to identify some solutions in one ward and then share good ideas/practice when we have tested some elements out. – update provided by Tara Filby, Deputy Chief Nurse. Hannah Gray to update at June CoG.
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	23/04	16/03/2023	Ask Melanie Liley to pull together a profile of data that shows where the Trust stands against its peers.	Simon Morritt	Jun-23	Update to be given as part of the CE Report at June CoG.
Public CoG	23/05	16/03/2023	Arrange with Finance Director a session with CoG around the Trust's finances.	Tracy Astley	Apr-23	Session arranged for 11/04/23. Video link sent to all governors and can be accessed via Teams. Action closed.

Report to:	Council of Governors
Date of Meeting:	15 June 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>
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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, travel and transport, CQC, Covid-19, elective recovery, acute flow, delayed transfers of care, trust performance (comparison with other organisations), capital programme update, care group review and board changes.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	15 June 2023	

Chief Executive's Update

1. Industrial action

The NHS continues to experience industrial action by several unions representing different professions as part of a dispute with the government over pay. As is evident in our elective recovery position, the industrial action has inevitably had an impact on our ability to deliver maximum levels of activity and continue to reduce the backlog of patients who have the longest waits to be seen and treated.

BMA industrial action

Junior doctors will go on strike for 72-hours, from 7am on Wednesday 14 June to 7am on Saturday 17 June.

The BMA is also balloting consultants for strike action, this is due to close on 27 June. If the outcome of the ballot is in favour of strike action, the BMA has indicated that consultants will strike on 20 and 21 July.

Agenda for Change update

The decision was taken by the NHS Staff Council on 2 May to accept the pay offer made by the government for Agenda for Change staff in England. As a result, The Trust has been asked to now implement this offer, which covers the 2022/23 and 2023/24 pay years.

The RCN voted to reject the pay offer, and as such they remain in dispute. They are once again balloting their members nationally (rather than on a trust-by-trust basis as per the previous ballot) with the ballot closing on 23 June.

The Society of Radiographers are also balloting their members, their ballot closes on 28 June, and we are awaiting the outcome of Unite's ballot.

2. Travel and transport update

As discussed in some detail at the last Council of Governors meeting in March, we have introduced a number of changes to travel and transport arrangements, including car parking.

Since the changes were announced we have listened to staff feedback and had further conversations with our trade unions, resulting in some modifications to the permit criteria for staff car parking.

The ANPR (automated number plate recognition) systems have been installed in York, Bridlington and Scarborough, and the technology has been successfully introduced with minimal teething problems.

Finally, our pilot scheme to provide free bus travel to and from work for staff in Scarborough and York is now underway.

For the next three months, staff can ride for free on all of the First York network, including the Park and Ride services, and the Number 10 Service run by East Yorkshire Buses in Scarborough. Staff do not have to apply, simply show your Trust ID badge to the driver. As part of the trial, an additional journey has been added to the Scarborough Service 10. Starting on Monday 5 June, for the duration of the trial, there will be a 08:01 St Thomas Street to Scarborough Hospital, arriving at the hospital 08:16 (Monday-Friday).

Passenger numbers will be monitored throughout the three-month pilot to determine sustainability of the scheme for the future, so the more people using it the better.

3. Care Quality Commission (CQC) update

At the time of writing we are yet to receive a publication date for the final report from the CQC detailing the findings from their service inspections between October 2022 and March 2023, and the well-led review.

We will keep governors informed as to the timeline for publication of the report, and will share it as soon as we are able to do so.

4. Covid-19 update

Stepping down from NHS level 3 incident

NHS England has announced that it is stepping down the Covid-19 incident. This reflects the reducing impact of recent waves of Covid, and the World Health Organisation's recent announcement that Covid is no longer a Public Health Emergency of International Concern.

This will change how we report Covid-specific data, bringing Covid reporting in line with other reporting and reducing the burden on trusts.

Mask wearing for staff and patients

To reflect the de-escalation of Covid nationally, and evidence of immunity in the general population and reduced severity in most cases, we have removed the requirement for staff and visitors to wear masks.

There are some exceptions, notably in areas with patients identified as being at high risk of severe Covid infection, however in most cases masks are no longer required.

5. Elective recovery

April performance

We saw a reduction in elective Referral to Treatment (RTT) long waiters over 78 weeks; with 187 patients at the end of April 2023. This position was below the trajectory of 192 patients that the Trust submitted to NHSE for the end of April. There were zero 104-week RTT waits at the end of April 2023.

Patients waiting 63 days or more on the Cancer Patient Tracking List (PLT) has increased from 162 to 196 at the end of April 2023. This is above the trajectory of 194 submitted as part of the national planning programme for 2023/24.

6. Acute flow

April performance

We continue to face challenges with acute flow in our hospitals.

Time lost to ambulance handover delays and handovers over 60 minutes remains above target, with 17% of ambulances having a handover time of over 60 minutes against the target of less than 10% (down from 27% in March 2023).

The total number of patients waiting over 12 hours in emergency departments decreased to 16% from 20% in March 2023, against the target of less than 2%. Patients waiting more than 12 hours after a Decision to Admit also decreased from 1070 in March to 800 in April against a target of zero.

The Trust did achieve the Emergency Care Standard improvement trajectory, with performance of 73% against the end of April ambition to achieve above 70.1%.

7. Delayed transfers of care

Our Chief Operating Officer will present on this at the meeting.

8. Trust Performance: Comparison with other organisations

The below table provides an illustration of York and Scarborough Teaching Hospitals Foundation Trust comparative performance against providers in NHS England. The data is provided by 'Public View' who access data submitted by Trusts to provide information to compare a Trust's performance.

Performance across several metrics covering Accident & Emergency, Community, Cancer, Referral to Treatment (RTT), Diagnostics along with outpatient and day surgery productivity measures are provided based on the latest published national date.

The centile column is calculated from the relative rank of an organisation within the total set of reporting organisations. The number can be used to evaluate the relative standing of an organisation within all reporting organisations. If an organisation's Centile is 96, if there were 100 organisations, then 4 would be performing better than that organisation.

Key Performance Indicator	Period	Target	Actual	National Centile
A&E - 4 hour standard	Mar-23	95%	70%	48
Community 2 Hour Standard	Feb-23	70%	75%	29
Cancer - 2 Week Wait	Feb-23	93%	86.7%	40
Cancer - 28 Day Faster Diagnosis	Feb-23	75%	69.0%	19
Cancer - 62 Day	Feb-23	85%	59.7%	53
RTT 104 Week Waits	Feb-23	0	0	100
RTT 78 Week Waits	Feb-23	0	414	15
Diagnostics 6 Week Standard	Feb-23	1%	44.8%	7
Outpatient DNA Rate	Feb-23	8.5%	5.4	79
Outpatient Follow Up Ratio	Feb-23	2.5	1.5	87
Day Surgery Rate	Feb-23	75%	91.3%	90

Please note: Delayed Transfers of Care comparison is not provided nationally.

9. Update on capital schemes

Scarborough UECC

We are still on track for completion and occupation Q4 2023-24.

Since the last update, the rooms on both floors have been formed and the work on the installation of all the mechanical, electrical and plumbing systems is well underway.

Work is progressing on the external envelope of the UECC building as well as on the site electrical infrastructure element of the project.

In the next 1-2 months there will be considerable work ongoing to complete the external envelope of the building (brickwork and cladding) and the internal work to fit-out the building will continue in earnest with more site operatives and trades working on site.

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 ED Expansion

The construction phase of the project was virtually completed at the end of March 2023 and now the project is in the commissioning stage of the process, involving checking and testing all the critical engineering and safety systems are all finished and functioning to our satisfaction and as they are intended to.

The aim is for the new department to be up and running in July.

York VIU/PACU (TIF 2)

This scheme will double the current cardio-vascular lab capacity and create a new post-surgery patient recovery unit and a suite of pre-operative and minor procedure facilities. The project is being funded by a capital loan and central government funding. The project budget is roughly £27m.

Current focus is on work to complete design work for all elements of the project. The detailed and technical design is exhaustive in its detail and the work to develop it will run until the end of the summer this year.

The post-surgery facilities, pre-operative and minor surgical procedure facilities will be built between January 2024 and January 2026.

The new cardiovascular lab accommodation will be built between December 2023 and December 2024.

Carbon reduction (Bridlington)

Bridlington Hospital will be a carbon reduction exemplar site, achieving 80% carbon reduction from building energy use. The scheme is on track for completion in June 2023 with works completed so far including solar panels on the hospital roofs, a solar electricity generation farm, and an air source heat pump system, new energy efficient fans and insulation.

This is a £4.9 Million investment using a £4.75 Million Public Sector Decarbonisation Scheme grant administered by Salix Finance on behalf of the Government's Department for Energy Security and Net Zero (formally part of the Department for Business, Energy and Industrial Strategy).

The aim is to replace old gas (oil and coal) powered heating and hot water systems with low carbon systems whilst reducing the heating power needs through energy efficiency measures, such as increased insulation as part of the plan to achieve net zero carbon emissions and tackle climate change.

Proposals are also being considered for sowing a wildflower bed near to the solar farm and planting trees down the side of entrance roadway.

Carbon reduction (York)

The aim of the York scheme is to achieve circa 8% carbon reduction. The £5m scheme includes external insulation and new windows to the main ward block, low carbon heat pump systems and pipework insulation.

On the main ward block roof, two steel platforms have been built, ready to install two 200kW air source heat pumps which will provide low carbon heating to the south end of the hospital.

The existing fabric of the Ward Block Building, which was constructed in the 1970s, has poor thermal insulation properties and experiences significant heat loss and heat gain through the walls and windows.

The west elevation of the building, totalling 2,520m² has been insulated. This will reduce heat loss and heat gain, resulting in reduced heating bills and lower carbon emissions, as well as improving the external aesthetics of the building, and patients and staff will benefit from increased comfort.

The construction phase of both projects was virtually completed at the end of March 2023, however the suppliers of the low carbon heating system project went into administration and as a result the heat pumps won't be delivered to site until August.

The aim is for the projects to be fully commissioned before the winter months.

10. Care group review

During April and May the executive committee and wider care group leadership teams have been looking at our current care group structure as part of a planned review of clinical structures that was due to take place after the introduction of care groups, but was postponed whilst we were at the height of managing the pandemic. It is now the right time to consider how we can evolve this structure to ensure that we are configured in the most effective way to tackle the significant challenges we are facing.

These discussions have resulted in an agreement to move from six care groups to four. In doing so, the principle of being a clinically-led organisation remains fundamental to how we manage our services, alongside the need to have effective quadrumvirates, cross-site integration and a 'one service delivered on multiple sites' ethos.

The care group teams are now developing and confirming the proposed workforce models for discussion at the next executive committee later this month, and these discussions will involve wider groups of staff. Once these are finalised and agreed then they will be shared widely, with a view to implementing the changes by September of this year.

Between now and September there will be some interim leadership arrangements in the current care groups. Following Jamie Todd's departure from care group 1, David Thomas will provide the operational leadership for the care group in addition to his current role as Associate Chief Operating Officer for care group 2. Louise Brown, Associate Chief Allied Health Professional care group 2, will also provide additional support to care group 1 AHPs alongside care group 2. Karen Priestman, Associate Chief Operating Officer, continues to provide interim leadership to both care groups 4 and 6.

11. Board updates

As this is the first Council of Governors meeting since Alan Downey left the role of Chair I want to take the opportunity to formally thank Alan for his time with us, particularly for his support of the governors in his role as Chair of the Council of Governors. I would also like to welcome Mark Chamberlain who has taken up the role of Interim Chair.

Mark was a non-executive director on the board of the Humber and North Yorkshire Integrated Care Board and a former Deputy Chair of Leeds Teaching Hospitals NHS Trust, and therefore brings a wealth of experience which will be of huge support and to the trust as we go through the process of recruiting a new Chair over the summer.

I can also announce that we have appointed Claire Hansen as our new Chief Operating Officer. Claire has over 25 years of operational experience across all specialties, most recently as Deputy Chief Operating Officer at Northern Lincolnshire and Goole NHS Foundation Trust, where she has also acted up into the Chief Operating Officer role. Claire is currently the Director of the Humber Acute Services Review, which involves four of the places and two of the secondary care providers in our ICS. I know Claire is keen to join us and I've no doubt you will make her feel welcome when she arrives in mid-July.

Claire's arrival means that Melanie Liley, who has been Interim Chief Operating Officer for the past few months, will be handing over the baton. I want to thank Melanie for the excellent leadership and support she has demonstrated throughout her time in the role,

and I'm delighted to say that she will continue to play a pivotal part in our senior leadership team in her capacity as Chief Allied Health Professional.

A further change to share with you is that Heather McNair, Chief Nurse, will be joining North Yorkshire and Humber Integrated Care Partnership on 26 June, on a secondment basis.

Heather will hold the role of Director of Nursing Professional Development and Director of Midwifery focussing on system-wide improvement delivery in key priority areas such as maternity, and as such will continue to work alongside our organisation as well as the other acute trusts in the ICS.

Heather joined us in July 2019, bringing many years of senior leadership experience, most recently as Chief Nurse at Barnsley Hospital NHS Foundation Trust. I want to thank Heather for her support and leadership, and for championing improvements both for our patients and our nursing and midwifery colleagues. I'm sure you'll join me in wishing Heather every success in this new role.

This means that we will be joined by Dawn Parkes as our Interim Chief Nurse. Dawn is Director of Nursing and Quality at Mid Yorkshire Teaching NHS Trust, having been with the Trust for nearly ten years. Dawn is already taking the opportunity to spend time with us and to work alongside Heather until she leaves us to begin her secondment.

Date: 15 June 2023

Report to:	Council of Governors
Date of Meeting:	15 th June 2023
Subject:	Chair's Report
Director Sponsor:	Mark Chamberlain, Chair
Authors:	Mark Chamberlain, Chair

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

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<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	<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 joining the Trust.

Recommendation

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

Having joined the Trust as interim Chair in mid-May, I am just coming to the end of my first month in the role.

My initial priorities have been to meet with all of the Trust Board (including all of the Executive and non-Executive Directors) and the Council of Governors. To this end, I was pleased to address a Governors' Forum on 23rd May 2023.

I have also chaired a Nomination and Remuneration Committee, on 18th May 2023, in which the main business was the process to recruit the next permanent Chair of the Trust. I am pleased to report that this process has now commenced.

I chaired the Trust's Public Board and also the Private Board on 24th May 2023. One of the highlights of the Public Board was the patient story – presented admirably by the patient's mother – which highlighted the kindness and professionalism of staff at our Trust. Other notable items on the Public Board agenda were the annual reports for the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES), both of which highlighted areas of improvement but also areas requiring further focus. The Board also received updates on actions following the CQC Inspection and an update on our improvement actions in relation to Maternity services.

The Board has taken the decision to alternate future Public Board meetings with Board Strategy Meetings, to create space for the Board to focus on developing and delivering the Trust's strategy. I am confident that this approach – which is adopted by many other Trusts – will help us to focus on our most important issues, foremost of which is patient care, and to move our Trust forwards with pace and professionalism.

During my time at the Trust my priorities will centre around delivering excellent patient care through engaged and empowered staff. I am fully committed to the Trust's Values – Kindness, Openness and Excellence – as I know are the Board and the Council of Governors. I look forward to my time working with you all.

Mark Chamberlain
Chair



Report
Council of Governors
15 June 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: Mark Chamberlain, Interim Chair

Date: June 2023

John Wane (Save Our Scarborough Hospital)

Question:

You may have seen the reactions to the Trust announcement about reinstating staff car parking charges. I say "may" because the timing is interesting being in the media yesterday so after the last Governors meeting and implementation in June before the next Governors meeting.

It seems there are additional restrictions too and although I have not seen the details yet, hearing from staff it seems they could be the ones they stopped implementing when covid appeared! Already some staff are saying they will not even be allowed permits, which was what they tried before, and I started to fight them over it.

They appear to be forcing vulnerable and exhausted staff to either cycle or walk to and from work, day, and night, Winter and Summer. Obviously, there is no adequate public transport.

If it proves to be a resurrection of the previous plans, I will certainly also be going to the Police and Crime Commissioner for her views!

Interesting too that they have chosen June in the hope that Summer implementation might reduce the reaction to a Winter introduction!

The previous York Transport Plans were well covered on our group page last time they decided to put their staff, particularly vulnerable ladies, at risk!!

Answer:

Parking is one of the most contentious issues at all NHS Trusts. Governors were made aware of the proposal to change the parking system, and these were discussed and challenged in the Public Council of Governors meeting held in Malton on 16 March and will soon appear in the published minutes of the meeting. I have not sought or seen any press coverage or reaction. Here are some key points from the discussion and the draft minutes and communication messages to staff:

- Extensive work and consultation (including with the unions and staff) have taken place prior to the proposals.
- This is a 3-month trial commencing 12 June, when parking permits and charges will resume. Feedback will determine future approaches.
- Eligibility for parking permits has been announced and seems (to me) to be a fair and balanced approach.
- There is a need to reduce the number of staff parking permits from about 10k to 5k, but this is mostly because the number is well oversubscribed.
- As far as I understand, there are separate provisions for parking for those who work night shifts.
- Parking permit charges will be free for lower staff band and progressively increase at higher bands.
- There is a new scheme to allow free bus travel for staff which launches 01 June.
- Other initiatives are planned for cyclists and pedestrian, which will improve safety, especially after dark.

•The local transport plan is going out for consultation in the next few months; this ought to help with bus access.

Overall, I think the proposals seem fair, but I will continue to challenge to make sure patients can access services at the Trust from all locations that the Trust serves, and that staff parking is fair and equitable.

Regards, Michael Reakes – Public Governor, York

John Wane (Save Our Scarborough Hospital)

Follow on Question from above:

Obviously, the public have none of the details about details and criteria being applied to the latest parking controls, so all we know is the previous one they tried to impose, and it will be June before we see anything in any minutes, which will also only be summary of the discussion.

The previous attempt by them potentially posed serious risks to staff being forced to walk or cycle to and from work, especially in the dark. It also imposed a ridiculous 3 mile radius of the hospital, which effectively covers most of Scarborough and some surrounding villages!

It is unbelievable to think that a Trust, constantly complaining about recruitment and retention problems, should effectively preclude staff residents of the town being allowed to drive to work there!! Public transport is not a viable option for most shift workers.

As you know, the management and HR culture and reputation of York means that many staff remain afraid to raise issues, for fear of 'repercussions' and so have already started contacting us. The public too, as the first they knew of camera systems, was from the media coverage, so they have already started to pose even the most basic of questions such as, are they being monitored dropping people off?

It was the culture of York which actually made us set our group up back in 2018. Alan is a breath of fresh air when it comes to the previous culture, as I am sure you know, but sadly the management culture he 'inherited' will not change overnight! The handling of this amply demonstrates it.

Alastair Falconer on behalf of Patients Participation Forum, Malton

Question:

I am emailing regarding the recurrent closures of the Urgent Treatment Centre based at Malton Hospital since March (12 times in all) which has placed our rural population at a serious disadvantage with regard access to urgent healthcare provision. Without notice local residents have been redirected to York or Scarborough which is obviously undesirable and falls far short of the service they should expect.

The service has been commissioned from Vocare by the ICB. The reason for the closures given by both Vocare (to the local media, "Gazette and Herald") and by Stephen Eames, CEO of the Integrated Care Board (I will forward his letter separately) is that exceptional demand pressures (and presumably insufficient staff) have required redeployment("consolidation ") to the York and Scarborough UTCs to ensure a safe service.

Dr Graham Lake, Chairman of the Patients Participation Forum at Derwent Surgery, Malton has been active in seeking a response from the ICB regarding the situation. His initial communication was in mid April. He informed Kevin Hollinrake, MP for Thirsk and Malton, who despite frequent attempts to get a response from the ICB only received the attached letter this week.

Although Our NHS Trust is not currently providing this service Graham asked for any help I could give as a Public Governor for Ryedale and East Yorkshire.

Mike Taylor, Associate Director of Corporate Governance, has forwarded to you my correspondence with Alan Downey, previous Chair, on April 25th 2023. Alan confirmed the York and Scarborough Trust had a close interest in the problem because of the close relationship between urgent and emergency care. He also said the Trust was a participant in how the situation could be improved.

As a governor I would wish to strongly support the concerns of Graham Lake and Kevin Hollinrake that our local population is receiving a very poor service from Vocare at Malton UTC. Whilst aware of possible staffing pressures and demand at the three sites 12 closures at Malton over two and a half months is excessive. Our local population is receiving a very inequitable service. This is exacerbated by our rurality resulting in patients having to travel long distances when their healthcare needs could be adequately met more locally.

We would be very grateful for your support in raising these issues so that they can inform the discussions the Trust is having with the ICB particularly regarding UTC provision.

Linda Wild on behalf of users of the Stadium Ophthalmology Clinic

Question:

I and a large number of patients need an eye injection every 4 weeks. Due to lack of capacity and staff levels patients who need 4 weekly appointments for injections to preserve their visual function can now only be offered 6 plus weekly appointments as there is no slack in the system for an earlier appointment. This can lead to a deterioration in eye health and for me, personally, has resulted in a massive bleed in one of my eyes.

The software system at the clinic is insufficient - booking patients in and out is inadequate and the patient has to wait for the system to 'catch up' to get an appointment which leads to a bottleneck situation. I have asked and have been told they cannot increase patient numbers safely until the software system is updated.

The admin provision is inadequate for the number of patients and the added IT problems make the situation tense and stressful for all concerned.

Clinical staffing levels are also an issue as they can't get the staff to work at the clinic in order to provide additional clinics and reduce waiting times.

- Has the Care Group 6 management board escalated this to the appropriate sub-Board committee?
- Are the NEDs aware of the critical state of the Ophthalmology Clinic at the Stadium York and waiting times in general for Ophthalmology appointments?
- Is the Board aware of the critical state of the Ophthalmology Clinic at the Stadium?

If yes, what plans are in place to ensure appointment slots for eye injections?

If no, why hasn't this been reported to the NEDs/Board and what urgent remedial actions can be taken at the clinic?

Report to:	Council of Governors
Date of Meeting:	15 June 2023
Subject:	Q4 Patient Experience Report
Director Sponsor:	Tara Filby, Deputy Chief Nurse
Author:	Krishna De, Head of Patient Experience and Involvement

Status of the Report (please click on the appropriate box)
 Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<input type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow	<input checked="" type="checkbox"/> Quality Standards <input 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 type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:

- Continued focus on improved communications including the introduction of the Outpatient Bi-directional text message service and the redesign of the patient information leaflet web page.
- Establishing of a new Patient and Carer Experience Forum for Scarborough and Ryedale.
- Continued expansion of the Trusts’s Volunteer team to continue to support improved patient experience.

Recommendation:
 The meeting is asked to note the contents of the report, and the work that is being undertaken to further enhance patient experience as a result of feedback.

Report History
 (Where the paper has previously been reported to date, if applicable)
 Patient Experience Steering Group (PESG) 23/05/23.

Meeting	Date	Outcome/Recommendation
CoG	15 June 2023	

Quarterly Patient Experience Report

1 Introduction and Background

This is the patient experience quarterly report for York and Scarborough Teaching Hospitals NHS Foundation Trust for the period 1 December 2022 to 31 March 2023. The team would like to thank the Governors for their continued engagement and support including attending the focus groups referenced in the report.

2 Friends and Family Test Results

Of the 3227 responses received in January, 3102 said 'yes, they were treated with kindness' and 3023 responses rated the service as 'good or very good'. In February, of the 3503 responses received, 3436 said 'yes, they were treated with kindness' and 3299 responses rated the service as 'good or very good'. In January, 133 responses rated the service 'neither good nor poor, poor, or very poor'; this was 172 responses in February.

3 Involvement and Engagement Activity

Focus/discussion groups

We have continued to support teams with focus and discussion groups for improvement activity across the whole Trust. The first, was a two-stage process involving patients, carers and the public in the redesign of the Patient Information Leaflet (PIL) webpage. In stage 1 we organised and delivered three discussion sessions (face to face in York and Scarborough and online) inviting people's opinions and ideas on the design of the current page and asking them which aspects of similar pages on neighbouring Trusts' websites they liked and we should adopt. Stage 2 was a repeat of the three sessions to show patients, carers and the public a 'mock up' of the redesigned webpage with their feedback incorporated. Feedback from both stages from the public and the PIL team has been that it's been an insightful and beneficial exercise, and it has informed the next steps for the PIL team in managing the leaflets on the site.

The second, was supporting colleagues delivering the Outpatient Bi-directional text message service. This was very well attended by patients, carers, and stakeholders from across the Trust's region, with a wide-ranging and fruitful discussion about the plans for the delivery and the projected impact for patients, carers and the public as well as the impact the reduced DNAs would have for staff and the Trust overall. The delivery team were very pleased with the discussions and took away many questions and points to report back on. We will organise a second session for the team to come back and present early results and to answer the points raised later in the summer.

It has been heartening to see the appetite there is for engagement of this sort among our patients, carers, stakeholder organisations and the public. They are always keen to hear about what the Trust is doing, and to share their views and experiences with us, and to get more involved.

Autism support services

We are pleased to learn that the business case for Autism Support Services has been awarded funding for 2023-24. The business case was informed by and included comments

of lived experience gathered through some of the early discussion groups the team managed. Additionally, we are keeping the patients and families involved by working together with them and the Autism Liaison Lead to create a service feedback form for patients with Autism, including an Easy Read version, building on templates from the Learning Disabilities Team

National Audit of Dementia (NAD) patient experience data collection

We are preparing to trial a new Volunteer role, the Patient Experience Volunteer, to help us with the requirement for continuous data collection for the patient experience questionnaires for the National Audit of Dementia. We are working with Sonia English to extend the Trust's PAC training to these Volunteers and working with the Alzheimer's Society to offer the *Dementia Friends* training if Volunteers wish to feel more informed and supported in this role.

Patient Safety Partners

Our Patient Safety Partners (PSP) are now equipped with NHS email addresses and VPN access for their roles in supporting the Patient Safety agenda within the Trust. This has started in earnest with them getting involved with PSIRF, both on the steering and working groups to implement this new framework.

Dementia Action Week

We worked with the Dementia Improvement Group and the Alzheimer's Society to celebrate Dementia Action Week (15-19 May) with information stands in York and Selby and wards and teams across the Trust promoting awareness of Dementia through information boards and special displays for the week.

New Patient and Carer Experience Forum

Working in partnership with Humber Teaching NHS Foundation Trust, we launched the Patient and Carer Experience Forum for Scarborough and Ryedale on 24 May 2023. The forum brings together staff, governors, Healthwatch, patients, carers, and the public. Forums are a great opportunity for patients, carers, and the public to hear about some of the work we're doing, and to voice their opinions and ideas. This first event was a workshop for us to talk and decide together what we want the aims of the forum to be and how we want to work together as a group.

4 Patient Equality Diversity Inclusion

Good progress was made with the ED&I agenda within quarter 4, specifically:

- Simulation exercise at York included service users with lived experience, e.g., wheelchair user, person with an assistance dog to inform development of the new Emergency Department prior to moving into the new build.
- 2 engagement exercises were conducted as required to meet EDS standards, with follow-up work conducted to develop action plans -
 - Interpreter and translation services – event held 14th February 2023, including those who use British Sign Language and those with interpreter needs
 - Maternity services – event held 15th March 2023 with involvement of the Maternity Voices partnership.

Unfortunately, the secondee filling the role of Patient ED&I Lead has returned to their substantive role within the CQC and the Trust has been unable to recruit a replacement to complete the remainder of the fixed term period. The previous incumbent of the substantive post has decided to resign from the role with effect from June 2023, so we are now in a position to advertise the ED&I Lead as a permanent position which we are hopeful will result in more successful recruitment.

5 Volunteering

The Volunteering Team are working towards strengthening the partnership with Friends of York Hospital and their volunteers coming under the Trust umbrella on 1 April 2023. This includes various communication to FOYH volunteers to outline the change and reassure them that from a day-to-day volunteering perspective not much will change.

We have held two successful recruitment days in York and Scarborough and attended several School and College fayres to promote volunteering at the Trust. We are currently in the process of onboarding new Volunteers for Bridlington, Scarborough and York.

We are advising and supporting the Trust's Cancer Health & Wellbeing Support Service to realise a new volunteering function as part of their new service model, and how they support patients with cancer. It is expected that we will work in partnership with Macmillan to recruit volunteers for a variety of roles, including 'Greeters', Telephone Befrienders, and patient representatives to support service development. The new service model is on course for phased implementation at Scarborough with required volunteer resource being scoped throughout implementation.

6 Patient and Experience Involvement Plan 2024-2029

Patients and their families are at the heart of everything we do as a Trust. The co-creation of the development of a new Patient Experience and Involvement Plan (2024-2029) will establish how we intend to build on the work we already undertaking to deliver high quality and compassionate care and will ensure that our activities are aligned to Trust priorities in a planful way recognising that we do not have unlimited resources. Listening to the lived experience of our patients will provide insights in how we can further improve existing services and find new ways to meet the needs of the people we serve.

This year we will establish a working group to scope out the relevant stakeholders we need to engage in developing the plan so that we can develop tangible and measurable actions and priorities for our Patient Involvement and Engagement plan for the forthcoming years.

7 Summary

The meeting is asked to note the contents of the report, and the work that is being undertaken to further enhance patient experience as a result of feedback.

Date: 7 June 2023

Report to:	Council of Governors
Date of Meeting:	15 June 2023
Subject:	Governors Activity Report
Director Sponsor:	Mark Chamberlain, Interim Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<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	<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 Governor Activities.

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Patient Experience Steering Group (PESG)
- Inclusion Forum
- Out of Hospital Care Group (action notes)
- Travel & Transport Group (minutes)
- Constituency Activities

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 (June 2023)

- **The second 3 months in post:**

The second 3 months as Lead Governor has been considerably challenging, discovering and learning to navigate through complex processes and multifaceted coordinating activities.

- **Change of Governors**

Our appointed Governor, Dawn Clements, (Health Care Organisations - National Council of Palliative Care Organisations) stepped down in May. On behalf of the Council of Governors (CoG), I would like to thank Dawn for her invaluable contribution over the years. We will shortly be looking to appoint a replacement for palliative care organisations. It was agreed at the March CoG meeting that CoG should look to bring on board a charity representing carers and one with a mental health focus. I am delighted to welcome Elizabeth McPherson, CEO of Scarborough and Ryedale Carers Resource, to the CoG take on the appointed Governor role for a charity representing carers. I am also delighted to welcome Cllr Jason Rose to the CoG, appointed to represent the City of York Council.

- **NEDs and the CoG working together**

From Governor drop-in sessions held in January, one of the key messages from the Governors was to enhance opportunities when the CoG can communicate with the NEDs. To this end, the quarterly CoG meeting structure in March was changed to have direct discussions on key topics with NEDs rather than with Executive Directors. This is a significant step change for us and while we have some way to go to build a constructive relationship between the NEDs and the CoG, I truly believe that by understanding our roles better and respecting the differences and valuing each other, we can work as a team for delivering the best patient care.

- **Inclusion Forum**

The Fairness Forum name has been changed to Inclusion Forum and new terms of reference and a governance structure had been drawn. The Forum will continue to be chaired by Simon Morrith and meet quarterly.

- **Patient, Service-user, and Carer Experience Charter**

Linda Wild and Sally Light, are working with the Trust's Lead for Patient and Public Involvement, Hannah Gray, and the Humber and North Yorkshire Integrated Care System (ICS) to develop a Patient, Service-user, and Carer Experience Charter. The Humber and North Yorkshire ICS is one of six ICSs chosen nationally to work with NHS England and the King's Fund on this project. The charter will give an agreed and an expected standard of patient, service-user and carer experience when receiving treatment, care, and support from any NHS Trust within the ICS. This is a significant development and our Governors are contributing directly to shaping this Charter.

- **Appointment of Interim Chair and recruitment of Chair**

Following the resignation of Alan Downey, Mark Chamberlain was appointed as the Interim Chair. Recruitment of the Chair has been initiated and I will be involved in the process of recruitment for this significant position, together with the Governors on the Nominations and Remuneration Committee.

Rukmal Abeysekera
Lead Governor

2. Governor Forum (23.05.23)

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), Maria Ibbotson (MI), Colin Hill (CH), Franco Villani (FV), Keith Dobbie (KD), Sally Light (SL), Sharon Hurst (SH), Mark Chamberlain (MC), Lorraine Boyd (LB), Mike Taylor (MT), Tracy Astley (TA)

Apologies: Gerry Richardson (GR), Bernard Chalk (BC), Catherine Thompson (CT), Wendy Loveday (WL), Mary Clark (MCK)

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	MT informed that this is taking some time to develop and therefore the action is ongoing.
Agenda Item: 2	Feedback from last action notes 07/11/22 (08.02.23)
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 is still ongoing.
Agenda Item: 4.1	Committee/Groups (08.02.23)
Actions agreed	The role of the governor to be discussed at a future CoG meeting. TA to arrange.
Outcome	On June Private CoG. Action closed.
Actions agreed	TA to track attendance of governor representatives at committee/group meetings and review on a regular basis.

Outcome	Ongoing
Actions agreed	MT/MC to discuss establishing a buddy system for new governors.
Outcome	Ongoing
Agenda Item: 6	Issues arising from Constituencies (08.02.23)
Actions agreed	Governors to arrange own constituency meetings amongst themselves.
Outcome	Governors to give update at June CoG meeting

Actions from today's meeting

Agenda Item: 2	Discussion on recent events
Actions agreed	MC/MT to look at ways governors can have more contact with the NEDs.
Outcome	
Actions agreed	LB to provide a timeline of events leading up to the chair's resignation.
Outcome	
Actions agreed	CH to email his questions to TA/MT/MC who will provide replies.
Outcome	
Actions agreed	MT to look at escalation process and avenues of communication to CoG around NED/Chair concerns.
Outcome	
Actions agreed	Constitution Review Group to discuss amendments to the constitution in light of recent events with NEDs/Chair.
Outcome	
Agenda Item: 3	June CoG Structure
Actions agreed	TA to swap around the June CoG meetings so the Private CoG meeting comes first followed by the Public CoG meeting.

Outcome	Swapped. Action closed.
Agenda Item: 4	Items for June CoG meetings
Actions agreed	<u>Private</u> Trust Strategy Role of the Governor Constitution changes re recruitment/removal of Chair <u>Public</u> CEO report to incl. updates on CQC and Trust Strategy EDI – Virginia Golding has been invited Patient Experience – Krishna Day has been invited
Outcome	On agendas. Action closed.

Date of Next Meeting: Wednesday 9 August 2023, 10.30 – 12.00, via Teams

Action on track

Action missing deadline

Action completed

3. PESG (23.05.23)

Agenda Item	Summary	Actions/Assurance to the CoG
<p>QR codes for Friends and Family (FFT) Test Nicola Stewart, Patient and Public Involvement Team.</p>	<p>Described progress on current development related to the QR code and the FFT. The user link associated with the QR code has had to be redesigned. The original link was asking questions not relevant to the specific areas which the public had experienced. The trust working with a third party provider, "Patient Perspective" are ensuring the QR codes, text messages and paper copies all ask location specific questions. They need to ensure the system achieves this objective and that they can effectively collate and disseminate the information. At present there is not a deadline for completion.</p>	<p>Michael Reakes has been working with Nicola Stewart and Hannah Gray on the QR codes. He has volunteered our help with disseminating the posters/QR codes when they are ready. The PESG Chairman, Tara Filby, asked for a deadline to be placed on the Action Log for future meetings.</p>
<p>PLACE (Patient Led Assessment of Clinical Environment) Darren Neale, Compliance and Performance Manager</p>	<p>Presented by Darren Neale, Compliance and Performance Manager, this is a national annual assessment. Most recent assessment September to November 2022. Domains: Food, Privacy, Dignity and Wellbeing (PDW); Cleanliness; Disability/Accessibility; Building Maintenance. Food: scores for Ward food were particularly poor.. National average 90.3%. All sites except St Monica's scored red (>5% below national average). Taste and texture were particular problems. Organisation of food was better (all in amber <5% below national average). PDW: all sites scored red. National average 86.1%. . Problems: Low single occupancy beds and en-suite; inconsistent access to free entertainment; No day</p>	<p>Recognised that many of the problems will require significant financial investment (eg those related to the estate facilities) and will need changes to buildings (eg PDW, accessibility). Dementia concerns have been forwarded to the dementia group to be included in their strategic plan. Ward food was among the lowest 3 trusts assessed. The trust will need to demonstrate significant progress in this area. An action plan and progress should be included in future PESG meetings,</p>

	<p>rooms; Patient identifiable information (eg records and unlocked computer screens) on view.</p> <p>Disability/Accessibility: National average 82.5%. Scarborough, York, Bridlington Hospitals all red scores. Access audits not completed over last 2 years; poor provision handrails and waiting area seating.</p> <p>Cleanliness: National average 98%. Scarborough green score (99.1%); York(94.5%) and Bridlington (94.5%)-amber.</p> <p>Dementia: National average 80.6%. Scarborough, York and Bridlington Hospitals all red scores.</p>	
<p>Patient Experience Q4 Report. Hannah Gray Patient and Public Involvement Lead</p>	<ol style="list-style-type: none"> 1. National Maternity Survey 2022: Overall nationally there has been a deterioration in scores. 54% patient response rate within our trust. There was improvement in the following areas: Antenatal appointments when asked about mental health; patients being involved in induction decisions; ability to see or speak to a midwife postnatally. (Latter higher than national average). 2. Friend and Family Test: January 2023- 3227 responses: 3102 treated with kindness. 3023 services good/very good. <u>February 3503 responses. 3299 rated service as good/very good. 3436 treated with kindness. January: 133 (4.3%) and February 122 (3.5%) neither good nor poor, poor or very poor.</u> 3. Public Involvement: 16 members of the public involved in the redesign of the patient information leaflet webpage. This was a 2 stage process with the second an assessment of the redesigned webpage by them. 	<p>Will need to see CQC report on maternity services assessing and following up agreed actions.</p> <p>Think results are reassuring and reflects a good/very good level of services. It would be helpful to know specific details where the minority of negative responses were made.</p> <p>Demonstrates active user involvement with positive results</p>

	<p>4. Complaints: Mixed sex accommodation: majority in critical care sites. Aggravated by bed pressures. Because recovery areas are not single sex have had to create single sex operating list</p> <p>5. Autism Support Service: Following business case informed by discussions with patients and families funding has been granted for the service.</p> <p>6. National Audit of Dementia: New role, Patient Experience Volunteer, created to help with continuous collection of data from questionnaires.</p>	<p>Trust very aware of this issue (regular inclusion at PESG). As with issues raised by PLACE audit there are significant problems with buildings requiring investment.</p> <p>Positive development</p> <p>Positive development.</p>
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I was unable to participate in rest of agenda as attending emergency COG.

Alastair Falconer & Beth Dale
PESG Governor Representatives

4. Inclusion Forum (28.03.23)

Agenda Item	Summary	For Recommendation/Assurance to the CoG
3	<p>Draft Inclusion Forum Terms of Reference (feedback from participants required)</p> <p>Inclusion Forum membership and frequency (Virginia Golding)</p>	Not covered at the meeting.
4	<p>Patient Equality, Diversity and Inclusion (Helen Kretcher)</p> <ul style="list-style-type: none"> • EDS Scoring Workshops • Risk Register changeover for interpreter contract • York ED Equality Impact Assessment (Helen Kretcher & Nicola Marshall) • Autism Update 	<ul style="list-style-type: none"> - Following a significant contribution to the EDI activities, Helen Kretcher will be leaving the Forum. - Equality delivery system (EDS) is the equality tool to report back to NHS England. - EDS report completed and presented to the Board. It is also submitted to NHS England and published on Trust website. - Interpreting service and the maternity skills gaps in terms of equality are investigated. - <u>Interpreter service contract</u>: There is a risk to patients i.e. failure of consent, communication, management of patient care, complaints if interpreting and translation service is disrupted (i.e. potential breach of Equality Act 2010 and Accessible Information Standard 2016). Current service contract ends on 30th June 2023. Joint procurement process underway with North Lincolnshire & Goole and Hull NHS Foundation Trusts but procurement is unlikely to be completed in time for a 1st July start of the Interpreter service leading to a gap in interpreter service for the Trust. - Trust Patient EDI lead for contract management leaves 31/03/23 - senior oversight is required for procurement. No resources have been identified for project management and staff training for changeover of interpreter provider. There has also been no involvement of patients in the

		<p>procurement process. There is a reputational risk, especially with the deaf community who use the interpreter service for British Sign Language.</p> <ul style="list-style-type: none"> - A proposal is developed to set up an autism liaison service for 23/24 with a £80k budget to set up the service. NHS England is interested in this. - A sensory room is set up at Scarborough the hospital.
5	WRES and WDES Timescales (Virginia Golding)	<p><u>WRES</u> (Workforce Race Equality Standard):</p> <ul style="list-style-type: none"> - Mandatory requirements from NHSE. The WRES report to the Board will be submitted and then to NHSE. - Identifying inequalities and preparing an action plan to the Trust Board and published on website. This year report requires submission by 31st May and action plan by 31st August. <p><u>WDES</u> (Workforce Disability Equality Standard) reporting schedule is the same.</p>
6	Gender Pay Gap update (Virginia Golding)	A report will be submitted by 31 st March. A 16.4% pay gap identified for women compared to men.
7	<p>Staff Networks</p> <ul style="list-style-type: none"> - <u>LGBTQ+ network</u> (Matt Miller-Swain & Andy Thompson) - <i>presented</i> - Disability network - Carer's network - Race Equality network - Women's network 	<p>Going forward, only one staff network will attend each quarterly Inclusivity Forum meetings to provide an update.</p> <p><u>LGBTQ+ network:</u></p> <ul style="list-style-type: none"> - Attendance still low. - Social media backlash of hate crime reported. - The network will focus on Scarborough over the next 12 months and will be working with Scarborough pride.
8	Trust Access Plan (Dave Biggins)	<ul style="list-style-type: none"> - Ongoing improvements underway. - Access audit at York hospital is also underway this summer.
9	Healthwatch Update – Sian Balsom (York) and Ruth Stockdale (North Yorkshire)	<ul style="list-style-type: none"> - Started conversations with Health & Care partnership about communicating how more people are heard through health and care system. Urgent and emergency care also reviewed.

10	Update from Care Groups	Care group 2 – leading on EDI action plan.
11	Date of next meeting	29 th June 2023

Rukmal Abeysekera & Beth Dale
Fairness Forum Governor Representatives

5. Out of Hospital Care Group (18.04.23)

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

Apologies for Absence: Sharon Hurst, : David Thomas, Associate Chief Operating Officer, Care Group 2 (Scarborough);

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

Actions from meeting 31 January 2023:

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:	Update given at April meeting. Action closed.
Actions agreed:	Gillian Younger will share the York Community Services performance & Activity presentation with the group.
Outcome:	Presentation given at April meeting. Action closed.
Agenda Item: 5	Planning for 2023/24
Actions agreed:	Jamie Todd will share the action plan for 2023/24 with the group.
Outcome:	Update given at April meeting. Action closed.
Agenda Item: 6	OHC Terms of Reference
Actions agreed:	Bernard Chalk/Gillian Younger/Dave Thomas/Jamie Todd will discuss the Group's work programme for 2023/24.
Outcome:	Postponed due to chair resigning. C/F to April meeting. Action closed.

Actions from meeting 18 April 2023:

Agenda Item: 2	Summary from Previous Meeting
Actions agreed:	The Group acknowledged that all actions had been completed.
Outcome:	All actions closed.

Agenda Item: 3	Community Services
Actions agreed:	The Group received an update from Gillian Younger. The Group was pleased with progress. Gillian to give an update on progress at the next meeting.
Outcome:	
Agenda Item: 4	Virtual Ward
Actions agreed:	The Group received an update from Jamie Todd. The Group was pleased with progress. David Thomas to give an update on progress at the next meeting.
Outcome:	
Agenda Item: 5	Work Program for 2023/24
Actions agreed:	Clinicians to come and speak at the meetings. Tracy to contact Gillian and Lorraine for suggested names.
Outcome:	
Actions agreed:	Suggestions for topics at future meetings included: Child Services Maternity Care Virtual Care in Outpatient Settings Palliative Care Sexual Health Services Sue Smith/Gillian Younger/Dave Thomas/Jamie Todd will discuss the Group's work programme for 2023/24.
Outcome:	

Date of Next Meeting: Tuesday 15 August 2023, 2.30pm – 3.30pm

6. Travel & Transport Group (21.04.23)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Environment and Sustainability Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Kevin Richardson	Car Parking & Security Manager
	Robert Peacock	North Yorkshire Healthwatch
	Helen Hardwick	Staff Benefits
	Vicky Pursey	Staff Side Rep, Physio
	Wendy Loveday	Public Governor
	Guy Wallbanks	iTravel, City of York Council
	Linda Wild	Public Governor
	Tun-De Oyeledun	Energy Manager, YTHFM LLP
	Robert Peacock	Healthwatch
	Loise Neal	North Yorkshire County Council
	Graham Thomas	East Riding Council
Apologies:	Phil Bland	Deputy Transport Manager, YTHFM LLP
	Franco Villani	Staff Side Rep
	Storm Baines	Enterprise
	Lorna Fenton	HR Manager
	Jane Money	Head of Sustainability, YTHFM LLP
	Ed Pearson	Finance
	Anne Penny	Staff Side Rep
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC

1	<p><u>Apologies</u></p> <p>Apologies for absences were received.</p> <p>New group members were introduced and welcomed to the group:</p> <ul style="list-style-type: none"> • Tun-De Oyeledun (Energy Manager, YTHFM) – new to role, replacing Don Mackenzie. He has been working alongside John Dickinson and Jane Money and invited to attend the group. • Louise Neal, Team Leader, Transport Planning Team, North Yorkshire County Council (NYCC) – responsible for North Yorkshire County Council’s transport policy and strategy, as well any transport funding bids. Her team is revenue based, so they don’t specifically deal with the operational delivery side of things. There are plans for a re-write of local transport plan in North Yorkshire, but this will also be happening in City of York too. As they are moving forward to mayoral combined authority, the statutory duty for that local transport plan will actually sit with the combined authority, rather than the individual. LN offered to help set up another contact within NYCC’s operations team also. • DB confirmed that Andy Johnston, active travel officer for East Riding Council (ERC) has joined the group but is unable to attend today. Andy is about to embark on some active travel work specifically relating to Bridlington Hospital that will be invaluable when DB starts on the new Trust Travel Plan. <p>DB confirmed that Delroy Beverley has now officially left the organisation. Steven Bannister is the new interim Managing Director. As it stands, the Managing Director of YTHFM should Chair this meeting, with DB covering the position for 2 years in Delroy’s absence. Whether Steve will choose to take this on or DB is asked to remain as the Chair is unclear at this point, so DB will continue to Chair the group until there is some further clarification.</p>	LN
2	<p><u>Minutes of the Previous Meeting and Matters Arising</u></p> <p>The minutes of the previous meeting held 13/01/23 were agreed to be a true and accurate record.</p> <p>Matters Arising:</p> <p><u>T&T Group Representation</u></p> <p>The group now has representation from NYCC and ERC with LN and AJ joining the group.</p> <p>KR asked if it was possible to ask Graham Titchener from City of York Council to join the group. DB clarified that Graham is head of car parking and highways for CYC. DB has invited him to join attend this meeting although he was unable to make it. DB is meeting with Graham next week and will ask him about this again.</p>	DB

<p><u>Cycling</u> With the issue of additional signage on cyclists dismounting around York Hospital, especially near the hoardings, nothing has really come from raising this with Turner and Townsend. While the hoardings have been pulled down, the same pathway remains. VP noted that with the hoardings now gone, there isn't really much space to put up any signs. It is a general issue with cyclists being inconsiderate and causing a danger to others though. DB agreed and noted that two individuals in particular have almost mowed him down on their bikes at the North entrance, where they actually rode into the hospital corridor. This is the entrance where deliveries are made, the electric tug is operating and other activity. KR suggested getting a risk assessment of the areas needing signs and he knows someone at the print shop in Scarborough who can produce something for us. DB will look into this further as the cyclists are posing a danger to others.</p> <p><u>Dog Walkers on NHS Property</u> KR confirmed that the Health & Safety committee have decided that the public can walk their dogs on the external grounds of our NHS sites, though the dogs must remain on their leads. Signage confirming this needs to be put up on various sites; as the Bootham site isn't ours, we've approached NHS Property Services about adding some signs there too. KR noted that as the work on this isn't finished on this yet and for the action to remain open.</p> <p><u>Traffic Issues & CYC Meetings</u> RP previously asked DB to ensure that when meeting with CYC concerning traffic issues, that any ideas discussed aren't just about serving the citizens of York and must also consider the impact on patients/visitors from surrounding areas accessing the hospital who cannot access the city's public transport infrastructure. DB confirmed that the next meeting they were due to have with CYC was cancelled, but by the next time we meet though, we should have some more updates on solutions and strategies being discussed.</p> <p><u>Community Stadium Car Parking</u> Regarding the issue of a 4 hour time limit on car parking, (when staff training courses exceed this), DB confirmed that there hasn't been much recent progress made. The issue though will be factored into a business case that DB is putting together in relation to buses, which he will talk about in the meeting shortly. DB and VP to meet up and discuss the issue in more detail.</p>	<p>DB</p> <p>KR</p> <p>DB / VP</p>
<p>3. <u>Staff, Patients & Visitors</u></p> <p><u>Staff Benefits</u> HH shared that after previous issues with Halfords, a new cycle to work scheme has now been launched with Cycle Solutions. The scheme has had launch events at Scarborough and York so far, with upcoming dates for Selby, Malton and Bridlington in a couple of weeks, although these will be smaller events. There has been a good reception so far and hopefully will be able to provide some figures at the next meeting.</p> <p>KR asked HH to send over a link to the scheme information page on Staff Room, so that he can incorporate this with car park promotions/info to the Trust/YTHFM. HH will ask Annabel to send QR code.</p> <p><u>Buses / York shuttle bus</u> DB confirmed that the P&R service stopped on 31st March. DB wasn't able to broadcast this publicly until very recently. The idea behind the revenue return-based contract the Trust had with First York was that the service would eventually become self-funding as usage increases over time. With the current 3yr contract ending in April, DB began a business case in September to renew the contract, but it was clear when looking at the figures that we were falling significantly short of covering the annual cost of the service – we needed roughly x8 more staff users just to break even. In addition to this, First York raised the annual cost by 160k a year if we wanted to continue the service beyond April.</p> <p>It is a shame about the P&R failing, though it was very much a victim of circumstance. COVID initially killed off any momentum the service had, and with free car parking being offered to NHS staff, there was little incentive for staff return to the bus service. This was especially the case when our Trust extended the free staff parking (for very understandable and valid reasons) beyond that of other Trusts.</p> <p>RP referred to a Healthwatch board meeting that took place on Monday, where members of public had expressed concerns on the sudden loss of service. RP provided feedback on lack of usage numbers that ultimately led to this, though the public still feel they lost a valuable service, especially with all the</p>	<p>HH</p>

congestion issues around the hospital. Without this bus service, they will have to go back to arriving in cars, adding to the congestion. DB noted that our regular meetings with CYC council will hopefully result in some long term solutions to address issues such as this.

While the decision was taken not to renew the contract for the hospital bus service, DB was asked to look at alternatives. The news is that the Trust will be offering free staff travel on the entire First York network (including P&R), and on the Service 10 in Scarborough (East Yorkshire only offered this one option). Both of these schemes will begin on 1st June, on a 3 month trial basis in order to help determine what a 12 month contract would look like. This is something that has never been done before and we have no idea what kind of uptake there will be; it will be an entirely different scenario/contract to the hospital P&R service. DB has also approached Transdev, Reliance and Arriva (other regional operators) to see if we can work something with them also. He has also had conversations with EYB regarding connections with Bridlington Hospital and using the Scarborough P&R sites.

The intention of all parties though is for this trial to develop into a further 12 month contract. In order for there to be a seamless transition from the end of the trial into the new contract the following day, DB needs to start working on the business case now that can be presented in the first few weeks of July, halfway through the trial.

KR thought that effective advertising will be key to the success of this trial. The outcome of the parking permit review may have caused this good opportunity to have been somewhat lost. DB confirmed that the Comms team took lead on initially announcing this, wanting to include it alongside news about the car park developments. KR stated that a separate promotion by itself would be needed, to make people aware of the service, including the fact that there will be free travel from all P&R sites. We need to push bus usage as much as possible in order to keep these services viable. DB confirmed he's planning to do further promotional work on the service and has a meeting with the Comms team later this afternoon.

VP thanked DB for all the work he's done on this potential solution, then asked if the intention is to make bus travel free at anytime of day, including weekends? Could staff, for example, use the scheme to go to town for free at the weekend, or will it be closely monitored to prevent it being used outside of work travel? DB stated that the offer will have to work as a 7-day service; limiting it Mon-Fri prevents staff working at the weekend from benefiting from the service, which isn't fair. KR asked if we are telling staff they can't use the service for social purposes? DB confirmed that they will be told it is for work commuting only, though he is not naive enough to think it won't be used otherwise. Hopefully the detailed data from First York will help give an idea on how much this is happening, as well as generally supporting the business case to enable the service to continue running.

LW brought up a scenario, such as someone typically drops off their child with a carer enroute to work. Could the staff member bring the child on bus, get off to drop off their child and then get back on a second bus? DB understood there will be different individual circumstances to consider. KR noted that in that scenario, the staff member would meet the criteria for a parking permit, although the free bus travel would work as an alternative option. LW thought it was good there are different options available but stressed there needs to be full transparency on all of these, making everything clear to staff and saving them from potential frustration.

DB is pleased with the opportunity this trial will bring. RP thought it is a really positive move for a major employer to help reinvigorate use of public transport services in this way, wondering whether it is an approach that other major employers should try. KR confirmed that from the meetings he's had with CYC, they are keenly looking at this. Having looked at other Trusts, this is a first pilot, offering free travel on bus networks – it could be the start of something really great.

Cycling

DB confirmed that a new staff cycle store opened in early April at York, behind Park House. This has replaced the old one which was no longer fit for purpose. The Trust Charity have funded this project, allowing capacity for 110 bikes, with CCTV security access and lighting also installed. This connects with the new improved cycle route from the hospital to York Centre too (via the Bootham Park driveway). DB is really pleased with this coming to fruition and will be looking at other major trust sites later in year to see if anything similar can be done there also.

Taxis

WL has noticed that there are now bollards in place outside the pharmacy and wanted to check if taxis can still pull up there to drop off passengers, rather than ending up on Wigginton Road? KR confirmed the bollards have been placed there as it is an area with double yellow lines; he wouldn't expect taxis to park in front of them. The drop off areas in front of the hospital are open to taxis for that purpose. Although

there have been huge congestion issues around the main entrance, which have made taxi drop offs more difficult, a second blue badge car park has been created to alleviate the pressure. A lot of the congestion around there was caused by blue badge holders queuing for the limited spaces in front of the main entrance, rather than using those available in the multi storey car park (MSCP), especially when certain disabilities made getting wheelchairs out or having to walk further much more difficult for them. With 14 new bays for blue badge holders now located by Neurosciences, much of that traffic congestion seems to have dropped away from main entrance, at least in the first week. Taxis should see a vast improvement.

WL offered a huge congratulations to KR and those involved in the York car park changes. All week the traffic has been completely free flowing and WL has received lots of positive feedback from members of the taxi driver's union. KR said this was a huge team effort. KR was speaking to a patient the other day who was in shock at the flowing traffic, wondering where the congestion had gone. As a cancer patient with 3 appointments a week, she often had anxiety, would miss her appointments due to not being able to park and would have to frustratingly set off an hour early; these improvements have taken a massive weight off her shoulders. That's just of just one patient, but considering we have 4,000 vehicle movements a day, then the overall patient experience and the knock-on effects with the reduction of missed appointments and an escalating backlog of reschedules, must be having an hugely positive impact overall.

Pool Cars

CM confirmed that EP is not able to make the meeting and hadn't sent out the milestone report for the group as of yet. DB highlighted that with the changeover into the new tax year the Finance team are currently snowed under.

KR confirmed that they have moved the pool cars out of the visitor car park to the back of the rear car park again, ensuring that we can provide patients and visitor access. We'll also be doing something similar at SGH. KR wanted to clarify that staff should park their private vehicle in the bay vacated by the pool car. When travelling to another site though, the pool car can be parked in the visitor car park (not the car parks designated for staff or pool cars). There will be some comms sent out to staff with regard to this in due course, following some recent queries on the process.

Car Parking

KR wanted to provide a quick overview, as time in the meeting was short.

ANPR:

- The ANPR instalment in Bridlington was completed in the first week of April. Scarborough has now been completed also and the installation is currently ongoing at York.
- There is a focus on the patient experience being improved using the ANPR system. In terms of concessions, the user experience will be smoother – where previously someone might have to attend their appointment, then afterwards find out where their ticket can be stamped on site before returning to their vehicle. Particularly in cases where someone may be coming three or four times to the hospital or between sites for appointments (e.g. women in labour, accessible users, children's ward visits) this backtracking all adds up. Once registered, the ANPR system can automatically recognise the vehicle registration and apply the concession, removing the need for the additional requirements, which in turn also makes them vacate the car park quicker.
- Blue badge users make up 80% of concessions. They can register their badge online and will only need to re-register once their badge expires after 5 years, or if they change vehicle.
- The ANPR recognises the approach of vehicles and will lift barriers quicker. Without needing to stop the car, take a ticket and wait for the barrier to then raise, this makes entry and exit approx. x3 faster than previously. It also removes danger of slipping on clutch while taking a ticket and potentially causing damage to the vehicle and barrier.
- If a patient or visitor has forgotten to pay for their ticket before leaving, they can now pay at exit barrier (tap card), rather than calling for assistance if traffic behind them prevents them from moving.
- Virtual permits will come into force on 12th June for those who eligible. These staff will have their vehicles registered on the ANPR system also, making their parking process smoother.

VP asked if concessions are available for certain patients, when coming for numerous sessions? KR confirmed that there are options available to set this up. **VP to meet with KR offline if she has a specific department/scenario she would like to discuss.**

VP / KR

	<p>KR confirmed some complaints in Bridlington received by staff concerned about the car park surface and that the pay machines shared by staff and patients are cash only. Over the next year hoping to get quotes towards addressing these issues.</p> <p>Bridlington has a new employee at reception, who is picking up on car parking issues on site for us. Having a centralised person on site to help patients and visitors with car parking issues will be a huge improvement.</p> <p><u>Car Share</u></p> <p>DB confirmed that while COVID has prevented the car sharing scheme from continuing for the last few years, we do have greenlight to start up this up again. DB & KR have decided to delay this until the new ANPR system is fully embedded and up and running, as Liftshare have said they can integrate their systems with this to make the car sharing management much easier. We don't have any specific dates for when this will be, but DB is confident the car sharing scheme will be re-introduced at some point this year.</p> <p><u>Community Travel</u></p> <p>The group had no updates or concerns to raise.</p> <p><u>Sustainability</u></p> <p>The group had no updates or concerns to raise.</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>The group had no updates or concerns to raise.</p>	
7.	<p><u>Any Other Business</u></p> <p><u>A64 Duelling</u></p> <p>DB has been involved in representing the organisation in a regional partnership proposing to upgrade the A64, including duelling the road from the Hopgrove roundabout to Malton. This is intended to make the journey between York and the East coast quicker, safer and easier. The latest update following a meeting this month is that while the proposal is still on the table, the government have said that the outcome of the bid has been delayed until after 2030. The proposal is up against 32 other national schemes. Progress on the proposal will still be made by the group in the meantime. LN commented that this proposal is also a priority for NYCC and it is high up on their list to push this forward.</p> <p><u>New Blue Badge Car Park</u></p> <p>VP wanted to share that while the decision to turn the car park outside of Neurosciences into a blue badge car park has clearly had significant benefits to congestion issues, this has also caused lot of anxiety with the Neurosciences patients and the department. Many of the patients have chronic neurological issues and finding that they cannot come to the car park they have used for many years is having an impact, while some are struggling to physically get to their appointments from the MSCP. In addition to this, we shouldn't really be having members of the public with blue badges just using the Neurosciences department as a general entrance to the hospital. On the whole of it, the decision to make this a blue badge car park is a good move and intended to be a helpful solution, but it has also had a couple of unhelpful consequences also.</p> <p>KR confirmed that the changes were discussed at length with Neurosciences (who also raised these issues), but some of what was discussed may not have filtered down to all the staff working there. KR might his team to come down and do some more work with them to get across both the bigger picture and detailing some of the ways they are addressing those concerns. With regards to VP's first point, there are some drop off bays that remain for Neurosciences patients. A concessionary tablet has also been fitted that will allow the Neurosciences team to give out concessions to the patients without a blue badge that would struggle with the journey from the MSCP. The department does have the capability to make sure that patients who need to have access to the car parking area there can. In terms of the second issues, the Visual Image Unit (VIU) extension being built will also incorporate a patient facing entrance on that side of the hospital, which blue badge holders will be able to use, rather than passing through Neurosciences. KR also commented that the changes to the car park also now prevent staff using this for their own parking, which was an issue restricting some patient parking previously.</p>	

Public - Ryedale & East Yorkshire

Sue Smith and Alastair Falconer attended the Derwent Surgery Patient Participation Forum in April. As a result, they have raised the issue of closures at short notice of the Urgent Treatment Centre (UTC) at Malton Hospital with our trust.

The UTC is operated by a private company, Vocare, and is commissioned by the ICB. They have had problems with staffing leading to 12 temporary closures since March. Patients have been redirected to the York and Scarborough UTCs. This is unacceptable given that Vocare have been commissioned to provide the service.

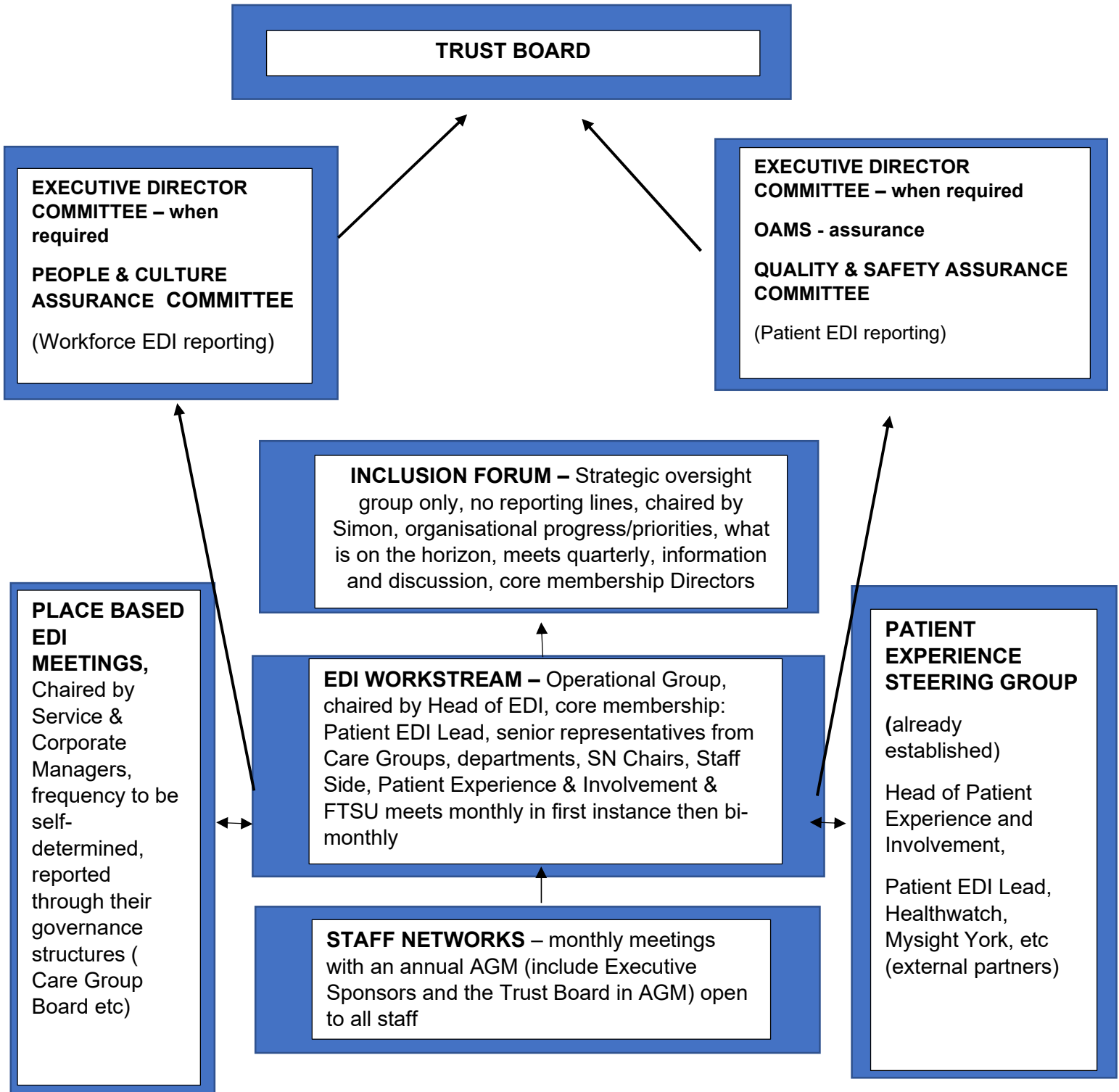
Alastair has emailed both Alan Downey and Mark Chamberlain. They have informed him that our trust is actively involved in finding a solution to this. Hopefully, it will be resolved soon.

Public – York

Sally Light had a discussion with someone who had recent experience of renal/imaging services. Staff talked to the patient about how busy they were and used that as a reason for having out of date literature about the procedure. The patient did not feel that was appropriate.

She also had an insight into the services for people living with MND from her charity role. The local MND experience is generally good although patients do not have access to research trials unless they are referred to Sheffield. It is unclear whether that is always offered.

DRAFT EQUALITY, DIVERSITY AND INCLUSION GOVERNANCE STRUCTURE



Notes: Staff Network Chairs or representative to attend the EDI Workstream, two-way feedback. Representatives will attend the workstream and then chair local EDI meetings focusing on place based and strategic EDI issues. The EDI workstream will update the Inclusion Forum, themes and actions. The patient and workforce EDI representatives will report the outcomes of the workstream to their respective committees and then to Trust Board. Patient Experience and involvement would feed into the EDI Workstream.