



## 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.