York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda

Council of Governors (Meeting held in Public)

Thursday 14 September 2023
Malton Rugby Club at 1.30pm

York and Scarborough Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

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

On: Thursday 14 September 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**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Council of Governors (Public) Agenda (14.09.23)

	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	Enclosed	5	
3.	**Minutes of the meeting held on 15 June 2023** To receive and approve the minutes from the meeting held on 15 June 2023	Chair	Enclosed	9	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Enclosed	16	
5	**Chief Executive's Update** To receive a report from the Chief Executive	Chief Executive	To Follow		13.35 – 13.50
6	**Chair's Report** To receive a report from the Chair	Chair	Enclosed	17	13.50 – 14.05
7	**Questions received from the public** To discuss and answer the questions received from the public	Chair	To Follow		14.05 – 14.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	**CQC** To receive an update on progress made on the CQC action plan	Chief Nurse	Verbal		14.15 – 14.45
9	**EDI Update** To receive an update on WRES and WDES progress	Head of EDI	Enclosed	19	14.45 – 15.15
10	**Governors Activities Report** To receive a report from the governors on their activities	Governors	Enclosed	68	15.15 – 15.25
11	**Governance Update** To receive an update on governance issues	Assoc. Director of Corporate Governance	Enclosed	85	15.25 – 15.40
12	**Items to Note**				15.40 – 15.45
	12.1 CoG Attendance Register		Enclosed	90	
	12.2 Trust Priorities Report		Enclosed	93	
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 December 2023, timings TBA, Malton Rugby Club.

Register of Governors' interests
September 2023

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item2

Additions: **Cllr Jason Rose –** Councillor at East Riding County Council, Chair of the Health and Wellbeing Board, Lead on Health Partnerships. Member of the ICB and ICP

Deletions:

Modifications:

Register of Governors' interests 2023/24

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
Cllr Jonathan Owen **(Appointed: East Ryedale CC)**				**Councillor –** ERCC Chair of the Health and Wellbeing Board, Lead on Health Partnerships. Member of the ICB and ICP	**Councillor -** ERCC	**Councillor -** ERCC	

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.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 3

Minutes

Public Council of Governors meeting
15 June 2023

Chair: Mark Chamberlain

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; Andrew Stephenson, Selby; Mary Clark, City of York; Beth Dale, City of York

Appointed Governors: Cllr Liz Colling, NYCC; Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus

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

Attendance: Jenny McAleese, NED; Jim Dillon, NED; Lynne Mellor, NED; Denise McConnell, NED; Lorraine Boyd, NED; Simon Morritt, Chief Executive; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Presenters: Andy Bertram, Finance Director; Melanie Liley, Interim Chief Operating Officer; Krishna De, Head of Patient Experience & Involvement

Public: 5 members of the public attended

Apologies for Absence: Wendy Loveday, Selby; Catherine Thompson, Hambleton; Gerry Richardson, University of York; Maya Liversidge, Scarborough/Bridlington; Steve Holmberg, NED; Matt Morgan, NED

23/15 Chair's Introduction and Welcome

Mark Chamberlain welcomed everybody and declared the meeting quorate.

23/16 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

23/17 Minutes of the meeting held on the 16 March 2023

The minutes of the meeting held on the 16 March 2023 were agreed as a correct record

23/18 Matters arising from the minutes

There were no matters arising.

Action Log

21/70 – Night Owl Project – ongoing

22/62 – East Coast Strategy – Jenny McAleese will speak with Simon Cox for an update.

23/04 – Profile of data – Update will be given as part of the CE Report at June CoG. Action closed.

23/05 – Arrange finance session – session arranged for 11/04/23. Action closed.

23/19 Chief Executive's Update

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

- BMA Industrial Action – this was started yesterday (14 June). It is going as planned. Cancer patients and long waiters are being prioritised in elective procedures, but there has been some disruption and some operations have been cancelled. Further industrial action is planned for 20/21 July.

- Agenda for Change – NHS Staff Council have accepted the pay offer made by the government for Agenda for Change staff in England. The RCN voted to reject the pay offer and remain in dispute.

- Travel & Transport – The ANPR system have now been installed on all sites, together with the reintroduction of car parking fees. Free bus services have started in York and Scarborough, and early indications are that the take up is really good. The Trust will be evaluating the changes made at the end of the 3 month period.

- CQC – The Trust is yet to receive a final draft of the report.

- Covid 19 – The Trust is no longer at NHS level 3 for Covid 19 incidents and has de-escalated mask wearing for both staff and patients.

- Trust Performance – the statistics supplied in his report is a national comparative against some of the KPIs measured against the Trust performance which shows areas where the Trust is doing well and other areas where there is work to do. The biggest issue is around diagnostics and capability due to workforce issues. Talks are ongoing with the ICB and partner organisations to find a suitable resolution.

- Capital Schemes – Scarborough UECC is on track for completion and occupation towards the end of the year. York ED is now completed and will be operational from 7 July. York VIU/PACU (TIF 2) scheme will start at the end of the year and will allow the Trust to progress with more outpatient procedures and give more clinical capacity.

- Carbon reduction at York Hospital and Scarborough Hospital – fantastic news.

- Care Group Review – reducing Care Groups from 6 to 4. An update will be given to CoG at a later date.

- Board Updates – Claire Hanson joins the Trust as Chief Operating Officer from mid-July, Mel Liley, will continue as part of the senior leadership team in her role as Chief AHP, Dawn Parkes, will join the Trust as Interim Chief Nurse as the current Chief Nurse, Heather McNair, is leaving the Trust to take up a post within the ICS.

Delayed Transfers of Care & Trust Data – Melanie Liley

Melanie gave a presentation on delayed discharges as well as work that is being undertaken to accelerate the Trust's plans to recovery (Appendix A & B). Highlights include:

- Delayed discharges – this is an improved trajectory for the Trust, specifically at York Hospital but requires further work to improve Scarborough Hospital. Regular meetings take place to assess patients' needs throughout their journey with the Trust.
- Recovery of urgent care - not just the Trust's responsibility, it needs a system approach, including primary care, secondary care, local authority, voluntary services, community services which all contribute to how the Trust improves urgent care.
- Patient pathways – developed to ensure patients are placed in the correct environment for their needs, be it Emergency Department, Same Day Emergency Care, or community services.
- Front Door initiative - working with Yorkshire Ambulance Service to improve handover at the Trust's Emergency Departments which in turn will reduce waiting times.
- RTT 78 weeks waiters – national ambition is to reach zero by the end of June. The Trust will not be able to do this but should have reached the target by end of July.
- RTT 104 weeks waiters – the Trust does not have any patients waiting longer than 104 weeks for treatment.
- RTT 65 weeks waiters – slightly ahead of plan to achieve this by March 2024.

Financial Plan Update – Andy Bertram

Andy Bertram gave a presentation on the Trust's Financial Plan for 2023/24 (Appendix C). Highlights include:

- National NHS Financial Position post covid – no further covid monies. It will now be absorbed into the parliamentary approved allocations.

- The Trust's Income & Expenditure Plan 2023/24 has a £15m deficit. The ICS has a deficit plan of £30m of which half is the Trust. This is because the Trust has been given leeway to make critical decisions on investment.

- Expenditure reduction asks are:
    - Efficiency Programme £21m
    - Historic covid funding removed, £8m down to £3m
    - ICB has asked the Trust to make a further £17m reduction

- Capital Programme – including the allocation of backlog maintenance and the Scarborough build. Backlog maintenance is a massive issue in the Trust with an allocation of just £4m against a Trust backlog maintenance of £50m. The Scarborough build will overspend by around £3m which the Trust will have to fund.

The Council raised the following questions:

- With regard to Diagnostics, is the issue to do with the machines or staffing? Melanie replied that it is a combination of both. Recruitment of radiographers is nationally challenging. We are part of the international recruitment drive and have had some success with this. We are also working with the elective recovery team to try and get the most out of our machines.

- The total waiting lists continue to increase. Is there a plan to address this so the Trust can meet its targets? Melanie replied that this is part of the elective recovery plan and the Trust will concentrate this year on specific areas to include diagnostics, outpatients' recovery and transformation. By transforming the front end and back end of the pathways, it should improve the trajectory of waiting lists.

- There are lots of areas in Bridlington that are being underutilised. Can these not be used to deliver services to reduce waiting lists. Melanie replied that they are aware of underutilised areas, but they need to be safely staffed and, at the moment, the Trust cannot do that. What they are doing is maximising the use of their existing list to ensure full utilisation.

- Regarding the capital spend at Scarborough Hospital, how many people are going to be dealt with on the day and discharged, rather than what happens now? Simon replied that hopefully it will facilitate the same day discharge of more patients. The existing ED had outlived its usefulness some time ago and the Trust made the decision that a trauma unit was necessary in Scarborough. It is a transformative accommodation that will change the way patients are treated. Melanie referred to the Urgent & Emergency Care (UEC) Programme and the system approach to patient care.

- How will you meet the efficiency requirements? Andy replied that all care groups and corporate areas have saving targets. We can standardise equipment, standardise consumables, use generic medicines. There are lots of things we can do, and everything is being looked at.

- Are there any additional monies that the ICB can make available to the Trust? Andy replied that there is not a lot at the ICB but there is nationally. The Trust would attract additional income if it did more elective work. It is at system level and is very much reliant on other Trusts within the ICS to meet their targets too.

- How much priority is given to the backlog maintenance at Bridlington? Andy replied that they are spending on the priority areas at Bridlington.

The Council:

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

23/20 Chair's Report

Mark Chamberlain gave an overview of his report, and no questions were asked.

The Council:

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

23/21 Questions received from the Public

Mark read out the questions received from the public in advance of the meeting.

With regard to the Urgent Treatment Centre at Malton, this is provided by Vocare. The Trust has limited ability in terms of actual direct influence on healthcare they provide. It is the ICB's responsibility on services provided. Conversations are ongoing with the ICB on patient care at the front door on all sites apart from Whitby and Bridlington. There is a session later in the month to discuss whether the Trust can deliver these services going forward.

With regard to the Ophthalmology Clinic, the Board is aware of the issues and are currently trying to recruit additional staff. Additional clinics are also being put on. With regard to technology, the rollout of Medisight will help enormously. A date is yet to be confirmed for rollout.

The members of the public raised the additional points: -

Q: We would like to see Bridlington Hospital be used to its full potential.

A: Reasons given above earlier in the meeting.

Q: Can Alan Downey's departure be explained and justified to the public? (ie. Why and how his departure came about)? Why had an Interim Chair been appointed rather than the Vice Chair, and were the Governors involved in this appointment?

A: Mark will reply to Alan Clarke, Gordon Hayes, Andy Walker, outside of the meeting.

Q: Who involved NHS England in appointing an Interim Chair?

A: In the absence of a Chair NHS England have the capability to appoint a Chair on an interim basis whilst the recruitment process to recruit a permanent chair is ongoing. Mark was asked to fill that role for a 3 month period whilst the recruitment process was taking place. The governors were not involved in his appointment on an interim basis but are involved in the recruitment process to appoint a permanent chair.

Q: Will Alan's departure set back any hope of the historic healthcare inequalities suffered by East Coast residents being meaningfully addressed?

A: The Trust provides health care services to all patients within its geography. There are clearly areas of deprivation, and the Trust is working with partners within the ICS to address this within its financial constraints.

Q: The East Coast has lost numerous services over the past decade. Save Scarborough Hospital Group have received 100s of complaints regarding inaccessibility to core medical services which sited elsewhere. In November 2021 at a meeting with Simon Morritt he promised that core medical services will be returned to Scarborough Hospital if safe to do so. What medical services have been, or plan to be, returned to Scarborough Hospital and what steps have been taken to address this issue?

A: Simon will reply to Dr Hayes outside of the meeting.

Q: Dawn Parkes is joining the Trust as Chief Nurse as Heather McNair is going on secondment. Given that the CQC report is due soon, it seems an odd time to leave. Should we read anything into that?

A: Simon replied that the secondment had been discussed for some time prior to the CQC report.

Q: Would the Trust consider installing a Dialysis facility at Malton Hospital? People have difficulty accessing one as York and other sites are full.

A: Paul Johnson replied that he is working with the Dialysis Team to look at a training facility at Malton which will give patients access to facilities.

Simon Morritt advised that the Trust had changed its model for addressing public questions in that the Trust receives the questions in advance of the meeting so a suitable response can be formulated. Some of the governors and members of the public disagreed with the change. Mark Chamberlain added that the process will be made clear prior to the next Council of Governors meeting.

Actions: Simon to give update at next meeting on the progress of Ophthalmology Clinic issues.

23/22 Patient Experience

Krishna De gave an overview of her role and responsibilities as Head of Patient Experience & Involvement including concerns & complaints, patient and public involvement and Equality, Diversity & Inclusion relating to patient experience. She gave an overview of her Q4 report and asked for any questions.

The Council raised the following questions:

- There was a good response rate to the Friends & Family Test (FFT) which included a number of negative responses. Did any themes come from those? Krishna replied that they were analysing what the trends are and what work needed to be done to mitigate these. Examples given are:

    - Concern around nutrition, in particular, texture, taste, and temperature of food. A lot of work is being done to improve nutrition, working together with various teams in the LLP and the Trust.
    - Piloting of an electronic Friends & Family Test starting in the next year or so. Other alternatives of FFT will still remain to collect information from those patients who did not have smart phones. In addition, work is being undertaken to modify FFT to identify areas which are working well and other areas that need improving. They are working with a company called Patient Perspective to test this.
    - Improving aspects of equality, diversity and inclusion.
    - Improving patient leaflets to ensure they are understandable and accessible.
    - A significant area of concern is how the Trust can be more responsive in dealing with complaints. What can the Trust learn from trends which determines what might change going forward.

    The team has had great success in recruiting 167 volunteers over the past year. The support has been phenomenal. Krishna asked the governors to encourage people in their network to become a volunteer.

    She would also like to create a plan of priorities in line with the Trust and asked the governors and other stakeholders to work with her team to do this.

- Your department receives a huge amount of data. How do you see your part in responding to them, having a plan to deal with the data and translate it into actions to improve things? Krishna replied that her team can work closely with colleagues to identify trends and discuss what actions can be taken to make improvements.

23/23 Governors Activities Report

The Council noted the report and no questions were asked.

23/24 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Trust Priorities Report
- Board Assurance Framework

23/25 Any Other Business

The CoG asked to have a meeting, bring in external facilitators, before the September CoG. This was also discussed and agreed at the private meeting.

The CoG asked for a meeting to talk about the role of the governor, annual work plan, etc., within the next month.

No other business was discussed.

Actions: Rukmal Abeysekera to set up a meeting and arrange support with external facilitators.

Actions: Tracy Astley to send Public Board dates to the Governors.

23/26 Reflection on the meeting

- The acoustics was not very good in the room and people cannot hear each other.
- The writing on the presentations was too small and people could not see them.
- Suggest for the CoG public meeting to be viewed on Youtube.

23/27 Time and Date of the next meeting

The next meeting will be held on Thursday 14 September 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.
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 Sept'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. Jenny McAleese will speak with Simon Cox for an update.
Public CoG	23/21	15/06/2023	Give update at next meeting on the progress of Ophthalmology Clinic issues.	Simon Morritt	Sept'23	Update to be given at Sept CoG
Public CoG	23/25	15/06/2023	Set up a meeting and arrange support with external facilitators re role of the governor.	Rukmal / Tracy	Sept'23	Governor Workshop arranged for 21/08/23. **Action closed.**
Public CoG	23/25	15/06/2023	Send Public Board dates to the Governors.	Tracy Astley	June'23	Dates sent to Governors. **Action closed.**

Report to:	Council of Governors
Date of Meeting:	14th September 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
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ 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 the last Council of Governors Meeting.

Recommendation

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

Trust Chair's Report

Since the last Council of Governors Meeting, I have held regular meetings with the Chief Executive, Executive Directors and non-Executive Directors in connection with the business of the Trust. I have also held regular meetings with the Lead Governor and the Trust's Freedom to Speak Up (FTSU) Guardian. I have held further meetings with the Chair and Chief Executive of North Yorkshire Healthwatch, the NHS York Place Director, and the Network Chairs from our Trust. I have met with other NHS Chairs in the region and have been pleased to have further meetings with members of the Council of Governors. I have chaired two Nomination & Remuneration Committees and, working with the Lead Governor, we have launched the process to recruit our permanent chair, which is proceeding well.

The Trust has received its CQC report, which has highlighted a number of areas for improvement which are a focus for me and the whole Board. We have now developed an action plan which has been submitted to the CQC but not formally signed-off by them. We are nonetheless already focusing as a Board on the issues highlighted by the CQC and are making progress to address them. There has been a particular focus on our Maternity Services. The findings of the CQC remain a priority for the Board.

I have chaired the Trust's Public Board and also a Board Workshop, where we focused on beginning the refresh of the Trust's strategy and on our leadership, Values and behaviours. These will remain significant areas of focus for the Board over the coming months. We closed the 2022/23 year-end by approving the accounts and the report of the Audit Committee at our last Board meeting, noting that the coming year will present financial challenges alongside our focus on delivering excellent care to our patients through engaged and empowered members of staff. I was also pleased to chair the Charity Governance Committee, where a number of funding requests were approved.

I am delighted to report that the new Emergency Department (A&E) at York hospital has now opened, which greatly improves our facilities and will improve the service we are able to give to our patients. I have also visited Scarborough Hospital, where I was lucky enough to tour both the existing site and the new-build site and to meet some of our excellent members of staff. I was also able to visit Selby War Memorial Hospital, where I was again able to tour the site and to meet some of the excellent people who deliver service to our patients.

Finally, as I write this report the Lucy Letby case is very much in the press. This, in particular, emphasises the importance of our staff being able to speak up, but also being listened to and their concerns acted upon. As a Trust we are committed to a Freedom to Speak Up culture and will be further reinforcing the routes available for our people to raise concerns. As a Board we are also focusing on the lessons learned in this case and ensuring both that we have sight of concerns which have been raised and are taking appropriate action.

As I have said previously, my priorities 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.

Mark Chamberlain
Chair

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 9

Report to:	Council of Governors
Date of Meeting:	14 September 2023
Subject:	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Updates
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion and WRES Expert

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☐ A Regulatory Requirement ☐

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☒ Workforce
☐ Elective Recovery	☐ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

The Trust has a requirement to analyse its data against the metrics of the WRES and WDES on an annual basis, discuss its progress and submit the data to NHS England (NHSE) and publish it on the Trust's website on an annual basis. This year NHSE brought the reporting deadline forward 31 August to the 31 May. The Trust is also required to co-create an action plan to address any disparities, approve this at Trust Board and then publish this on the website by 31 October.

This year NHSE introduced the Bank WRES (BWRES) and Medical WRES (MWRES). The submission dates for this data were slightly different than the WRES. They were initially 30 June then changed to July 2023. Reporting on this was not mandatory this year but the Trust still submitted its data.

At the time of writing the reports the BWRES and MWRES standards had not been published and there was no notification of when this would be. The consequences of this are that the metrics are relatively unknown

Separate BWRES and MWRES reports were not published this year but questions regarding areas of improvement were included in the Survey Monkey sent out to staff regarding action planning.

Progress:

The Trust is making good improvement with Disability equality and has improved on six out of the ten metrics. It has made good improvement in relation to harassment, bullying and abuse.

Race equality is not improving at the same pace as Disability equality there are several metrics that have either deteriorated or not made any statistical improvement.

There has been a slight statistical improvement with harassment, bullying and abuse and belief that the Trust provides equal opportunities for career progression or promotion.

NHSE have suggested that the Trust focuses on its race disparity ratios for clinical and non-clinical staff and have put these as high priority.

Any actions that are still to be implemented from the 2022 action plans will transfer over to this year.

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation
Trust Board of Directors	24 May 2023	Approved

Report to:	The Trust's Board of Directors
Date of Meeting:	24 May 2023
Subject:	Workforce Disability Equality Standard (WDES) Annual Report
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion and WRES Expert

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

Approve ☒ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☒

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☒ Workforce
☐ Elective Recovery	☐ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

This report is for assurance and will be shared with the People and Culture Committee for information and discussion. It sets out the Trust's 2023 WDES data.

The reporting submission date for the WDES data was brought forward in February 2023, from 31 August 2023 to 31 May 2023, this provided shorter notice for organisations to analyse their data. The purpose of the change of date was to provide more time for staff engagement to co-design an action plan to address any disparities. The action plan is required to be approved and uploaded to the Trust's website by the 31 October 2023, therefore this report only addresses the data.

At the time of writing this report the National WDES Annual Report had not been published so there is no comparison data within this report.

Disability equality continues to improve within the Trust, especially in relation to harassment, bullying and abuse. The Trust should continue to engage, listen and support staff. Continuing to implement a variety of interventions that are designed to improve the work experiences and careers of staff that identify as disabled will continue to improve their outcomes.

It is suggested that the Trust ensures that there are adequate resources within the Trust to continue to improve in this area.

Recommendation:

The Board of Directors is asked to review and approve the data within this report.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

NHS Workforce Disability Equality Standard, 2023

1. Introduction and Background

The Workforce Disability Equality Standard (WDES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust is required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of Disabled colleagues. The data is required to be submitted to NHS England (NHSE) by 31 May 2023. An action plan is to be drawn up and published on the Trust's website by 31 October 2023.

The WDES covers 10 Metrics regarding the career progression and work experiences of Disabled colleagues. The data is collected for the period of 1 April 2022-31 March 2023 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as of 31 March 2023. The Staff Survey data is from the 2022 Staff Survey.

This report provides an analysis of the 2023 data for the 10 Metrics covering the last three years. The report presented in October will provide an overview of the progress made with the 2022/23 action plan and the action plan for 2023/24.

Considerations

There have been two changes. Previously, the definitions of Very Senior Manager (VSM) used in the WDES and the WRES were slightly different. These have been harmonised to use the definition previously used in the WRES. This is:

- Chief Executives
- Executive directors, with the exception of those who are eligible to be on the consultant contract by virtue of their qualification and the requirements of the post
- Other senior managers with Board level responsibility who report directly to the Chief Executive

As there is now a requirement for separate data collection for Bank staff, for the WRES (BWRES), due to their unique experiences, they are to be excluded from Metric 1. This is to allow for a consistent number to be provided to both collections.

Current Position/Issues

2023 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

Total Disabled Staff Headcount &	Total Non-Disabled Staff Headcount &	Total Trust Staff Headcount and	Total Headcount and Percentage of Staff Not Stated (for 2023)

Percentage (for 2023)	Percentage (for 2023)	Percentage (for 2023)	
431, 4.6%	7140, 76.7%	9,314 100%	1743, 18.7%

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

2021 Total Disabled	2022 Total Disabled	2023 Total Disabled
Non-clinical Disabled • Bands 1-4 = 3.5% • **Bands 5-7 = 2.9%** • **Bands 8a - 8b = 3.4%** • **Bands 8c – 9 & VSM = 2.6%** **Clinical** • **Bands 1 - 4 = 3.3%** • **Bands 5 - 7 = 3.2%** • **Bands 8a – 8b = 1.5%** • **Bands 8c – 9 & VSM = 0%** • **M&D Consultants = 0.7%** • **M&D Career Grades = 1.7%** • **M&D Trainee Grades = 2.3%**	**Non-clinical Disabled** • **Bands 1-4 = 4.5%** • **Bands 5-7 = 4.7%** • **Bands 8a - 8b = 5.5%** • **Bands 8c – 9 & VSM = 3.6%** **Clinical** • **Bands 1 - 4 = 3.9%** • **Bands 5 - 7 = 4.6%** • **Bands 8a – 8b = 2.1%** • **Bands 8c – 9 & VSM = 0%** • **M&D Consultants = 0.7%** • **M&D Career Grades = 2%** • **M&D Trainee Grades= 2.2%**	**Non-clinical Disabled** • **Bands 1-4 = 5.1%** • **Bands 5-7 = 6.7%** • **Bands 8a - 8b = 6%** • **Bands 8c – 9 & VSM = 3.8%** **Clinical** • **Bands 1 - 4 = 4.9%** • **Bands 5 - 7 = 4.7%** • **Bands 8a – 8b = 2.4%** • **Bands 8c – 9 & VSM = 0%** • **M&D Consultants = 0.7%** • **M&D Career Grades = 1.4%** • **M&D Trainee Grades = 3.3**

Metric 1 has seen various statistical changes in 2023 with five being positive, four statistically static and one deterioration. It is advised that the Trust continues with its plans to encourage staff to update their equality monitoring information, this will help determine who is in the workforce. This should be supported by the Workforce Information and Communication Teams and at a Care Group and Directorate.

Metric	Description	2021 Total Disabled	2022 Total Disabled	2023 Total Disabled
2	**Relative likelihood of Disabled staff being appointed from shortlisting compared to non-Disabled staff**	6.27 of overall workforce	1.87 of overall workforce	0.26.4

Metric 2 has seen a vast improvement in 2023 and the data shows that there is no inequality in the relative likelihood of disabled staff being appointed from shortlisting compared to non-Disabled staff.

Metric 3	Description	2021 Total Disabled	2022 Total Disabled	2023 Total Disabled
	Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	1.40	1.35	0.56

Metric 3 has seen a positive decrease and means that they are treated with inequity within the Capability process.

Metric 4a Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months

Metric 4b Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

Metric 4c Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Metric 4d Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

Metric	2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
4a	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
	30.9%	20.2%	31.2%	23.2%	27.2%	22.9%
4b	18.2%	10.9%	19.4%	9.4%	15.8%	9.2%
4c	29.7%	16.2%	28.8%	17.8%	25.1%	16.3%
4d	48.7%	43.1%	45.0%	41.6%	47.9%	44.6%

Metric 4a has seen a positive decrease of 4.1% and is below the Staff Survey benchmark group average of 33.0%.
Metric 4b has seen a positive decrease of 4.4% and is below the Staff Survey benchmark group average of 17.1%.
Metric 4c has seen a positive decrease and is below the Staff Survey benchmark group average of 26.9%.
Metric 4d has seen a positive increase in reporting and is just below the Staff Survey benchmark group average of 48.4%.

Metric 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
49.3%	56.5%	52.1%	56.9%	51.4%	56.3%

Metric 5 has seen a slight negative decrease in 2023 but is equal to the Staff Survey benchmark group average, which has remained the same since 2021.

Metric 6 Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
27.7%	21.9%	26.9%	18.9%	24.4%	18.6%

Metric 6 has seen a positive decrease and is below the Staff Survey benchmark group average of 30%.

Metric 7 Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
33.3%	46.3%	30.6%	39.6%	31.5%	39.1%

Metric 7 has seen a positive increase but is below the Staff Survey benchmark group average of 32.5%.

Metric 8 Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

2021 (2020 Staff Survey)	2022 (2021 Staff Survey)	2023 (2022 Staff Survey)
Disabled	**Disabled**	**Disabled**
77.1%	74.4%	80.3%

The 2023 Staff Survey report for Metric 8 does not provide a caparison with previous years. Looking at the 2022 Staff Survey report, the only difference within the Metric description is the word 'adequate'. Regardless of this, the 2021 and 2022 results have been inputted into the above table to show the change which is a positive increase.

Metric 8 has seen a positive increase and the Trust's results are above the Staff Survey benchmark group average of 71.8%.

Metric 9 The staff engagement score for Disabled staff, compared to non-Disabled staff

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
Disabled	**Non-Disabled**	**Disabled**	**Non-Disabled**	**Disabled**	**Non-Disabled**
6.4%	7	6.2	6.7	6.1	6.6

The staff engagement score for the Trust is 6.5 and the score for Disabled colleagues is below this. The Staff Survey benchmark group average for Disabled people is 6.4 and the Trust's is also slightly below this.

Metric 9 b – information about Disability engagement

This metric asks for qualitative information and has been submitted regarding the disability engagement work and action plan progress.

Metric	Description	2021 Total Disabled	2022 Total Disabled	2023 Total Disabled
10	**Disabled Board Members**	0 out of 15 board members	1 out of 16 board members	1 out of 17 board members
	Percentage difference between the organisations' Board voting membership and its overall workforce	(0%)	(6.25%)	(2%)

	Voting Board Members	0	1	1
	Non-voting Members	0	0	0

Metric 10 has seen a decrease in the number of staff who identify as Disabled, this is due to an increase in the number of Board members and how they identify.

1. Summary

Disability equality continues to improve within the Trust, especially in relation to harassment, bullying and abuse. Out of the 10 metrics, the four that the action plan needs to focus on are:

- Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff
- Metric 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.
- Metric 9 The staff engagement score for Disabled staff, compared to non-Disabled staff
- Metric 10 Percentage difference between the organisations' Board voting membership and its overall workforce. It is acknowledged that the identity of the Board is as such that the Disability status might not change. It is advised that recruitment process ensure that a diverse pool of applicants is attracted and recruited from.

It is suggested that the Trust continues to engage, listen and support Disabled staff. Also continue to implement a variety of interventions that are designed to improve the work experiences and careers of staff that identify as disabled will continue to improve their outcomes.

It is recommended that the Trust ensures there are adequate resources to continue to improve in this area.

2. Next Steps

- Engage and co-design an action plan to address the disparities.
- Report to the Trust Board on the action plan in October 2023.
- The Trust Board of Directors is asked to acknowledge the progress made with Disability equality and to review and approve the data prior to submission to NHSE and publication on the Trusts website by 31 May 2023

.

Date: May 2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust
Workforce Disability Equality Standard (WDES) Action Plan 2022-2023

Polly McMeekin, Director of Workforce and Organisational Development
Virginia Golding, Head of Equality, Diversity and Inclusion

APPENDIX 1

Metric 1: **Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce**

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

To increase self-declaration of disability and long-term health conditions and dispel myths as to why we collect this data. Increase percentage of staff in post who share their disability status by a minimum of 2% in 2023	Evaluate communication methods used to disseminate information to staff on self-declaration and re-launch Self Service and the ESR app.	Deputy Head of Resourcing, Digital and Insights	Generate quarterly reports from ESR, workforce to evaluate if communications are being effective. Establish ways to aid communication. March 2023	Workforce Systems Manager to contact other Trust's to look at good practice. Contacted Comms to ask for support on doing a comms piece. Head of EDI gave information on how to take forward i.e. social model of disability and NHS Employers. **Updated 28/3/23** 4.6% of disabled staff as of 31/3/23. 4.08% of disabled staff at of 31/3/22 (Lest staff in post) Reduction in unknown in 2023 but less staff Updated 5/7/2023	
	Trust Managers to analyse local data and encourage	HR Business Partners and	Local quarterly reports provided to the EDI workstream.	Discussion took place on 4/4/23 with HRBPs to commence discussions	

2

Not Started	On Track	Completed	Overdue

	colleagues via local meetings.	EDI Workstream	March 2023	with CGs & Dir now and commence analysis in new reporting period. Local action plans to be drawn up against data. Jenny Flinton has asked the Workforce Leads to lead on this work. **Updated 4/23** Head of EDI met with WFL 6/23 to explain requirements. WFL to support their areas to investigate local area. WSM to provide WFL with data. **Updated July 2023**	
	Identify perceptions and barriers around self-declaration to feed into Myth Busting Guide	Head of EDI, EDI Workstream and the Staff Networks	Information obtained to aid completion of a Myth Busting Guide April 2023	Meeting arranged for April 2023 Head of EDI to create a booklet in July 2023. **Updated 5/7/23**	
	Work towards Disability Confident Level 3.	Workforce Lead	Level 3 achieved, or requirements established to achieve the next level. March 2023	Action to be incorporated into the Attraction and Retention Workstream,	

				commencing March 2023 No movement on this. SH asked for SV for actions to progress under current leader status. Likely to not achieve Confident status as need to do more work under leader level. **Updated 30/6/23**	
	Launch an Equality Monitoring Myth Busting Guide to dispel myths about sharing disability status	Head of EDI and the Staff Networks	Production and dissemination of a Myth Busting Guide to support self-declaration. May 2023	Meeting arranged for April 2023. Deadline date not met, plan to incorporate at Staff Network Launch event in October. **Updated 5/7/23**	

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4a: Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Reduce the percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public. Statistically there has been little change over 2 years and whilst 31.2% is below the benchmark group average of 32.4% this figure is still high. Aim to reduce this figure by 2%.	Create a statistical comparison of data – reported through the 2022 Staff Survey, Datix and FTSU. Determine what action is required to address the findings.	Head of EDI, FTSU Guardian, Datix Manager, Staff Engagement Project Lead	This action will enable the Trust to identify if there are any differences in colleagues reporting their experiences. It will also enable the Trust to determine what action is required. Quarterly reports to be provided from April/May 2023	Meeting arranged for March 2023. Met with FTSU waiting to hear from Datix manager. **Updated 30/6**	

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4b: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months
Metric 4c: Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/ Comments	Status
Metric 4b - Reduce the number of staff experiencing harassment, bullying, or abuse from managers. The last 12 months has seen a slight increase from 18.2% in 2020 to 19.4% in 2021. This figure is above the benchmark group average of 18.0%. Aim to reduce this figure by 2%.	Embed a culture of civility and respect through communication and training.	Head of EDI and the Enable Staff Network	Reduction of B&H complaints through HR, FTSU and data in the Staff Survey. May 2023	• Develop a RESPECT Charter through the Enable Staff network and launch within the Trust. **Meeting arrange in April** • Include the Charter in corporate or local the induction of all new starters. • Implement a variety of disability awareness training to increase colleague's knowledge and skills (this will require funding and resources.) **Neurodiversity in the workplace for managers workshop implemented**	

Not Started	On Track	Completed	Overdue

	For all of metric 4 - review the Trust's processes for addressing experiences of bullying and harassment. (As per the Listening to Employee Voice: Our way forward action plan)	Head of Employee Relations & Engagement	Launch of new Harassment and Bullying Policy 31 March 2023	The Policy went to EPG March 2023 and will go to JNCC and LNC in April. **Updated 5/4/23** Discussed at EPG 13/4/23. **Updated 19/4/23** **P**olicy is still with staff side. **Updated 5/7/23**	

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4c - Reduce the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. This has seen a decrease from 29.7% in 2020 to 28.8% in 2021 but is still above the benchmark group average of 26.6%. Aim to reduce this figure by 3%.	The Trust's Behaviour Framework was launched in 2022.	Head of Employee Relations & Engagement.	Evidence communication methods used to launch the BF July 2022.		

Not Started	On Track	Completed	Overdue

	Develop a Microaggressions poster with all Staff Networks for communicating throughout the Trust.	Head of EDI and the Staff Networks.	Raise awareness of everyday incivilities that cause unwanted behaviour. April 2023	Meeting arranged for April 2023 Engaged with networks about this, just need to put together the poster. **Updated 5/7/23**	

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 4d: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Metric 4d - Ensure all staff are aware of the behaviour expected and how to report bullying and harassment / unwanted behaviour should it occur. This metric has seen a deterioration from 48.7% in 2020 to 45% in 2021 and is above the benchmark group average of 47%. Implement an action to see a 2% positive change in 2023.	Workforce and FTSU to provide quarterly figures on complaints to the EDI Workstream.	Workforce / FTSU Guardian	Data to compare with 2023 Staff Survey Results and to pinpoint areas of focus July 2023		
	General Allyship/Upstander training implemented in the Trust.	Head of EDI	Staff will access to an opportunity to raise awareness on how to become an active ally. Funded by 2 staff networks. Delivery 30/6/23	Training arranged for 30/6/23	

10

Not Started	On Track	Completed	Overdue

Workforce Disability Equality Standard (WDES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 7 Percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
The percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work has seen a continuous deterioration, and the figure is below the benchmark group average of 32.6%. 34.4% in 2019 33.3% in 2020 30.6% in 2021 Aim to reduce this figure by 2%.	Re-introduce the Celebration of Achievement Awards for 2022.	Director of Communications	Awards will focus on valuing colleagues contribution, hopefully will impact on all colleagues.	Correlation will be difficult to prove.	
	Introduce an Equality, Diversity and Inclusion Category in the Celebration of Achievement Awards for 2023.	Director of Communications	New category introduced in 2023 demonstrating the value of diversity and inclusion.	Discussed with the Director of Communications on 27/9/22.	
	Enable Staff Network Chair to discuss this metric with members to ascertain	Enable Staff Network Chair	Engage with staff to delve into the data.	This action to be discussed with Network Chair due to demands on substantive role and network	

Not Started	On Track	Completed	Overdue

	actions required for improvement. Feedback to the Head of EDI and EDI Workstream.		Improvement actions considered for implementation. March 2023	membership issue. Timescale will need to be re-addressed Plan to approach this subject at joint staff network meeting arranged in April	

Metric 8 Percentage of Disabled saying that their employer has made adequate adjustment(s) to enable them to carry out their work

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. This metric has deteriorated, in 2020 it was 77.1% and in 2021 it was 74.4%. This is still above the benchmark	Previous Enable Staff Network discussions identified issues with the IT process. Review the process with a view to identifying the blockages and creating a new streamlined process.	IT, Head of EDI and Enable Staff Network	New process in place and communicated to staff, Staff Networks and managers. A positive increase in 2023 data. July 2023	Head of EDI met with Matthew Chappell on 272022 to identify the issues. Staff story to board 22/2/23. Report to Board 29/3/23 on actions re learning and educating managers.	

group average of 70.9% which is commendable but anecdotal examples regarding the problems experienced means the organisation should review its process.	Implement a Health Passport to ensure that staff's reasonable adjustments are communicated and met.	Workforce Lead	A Health Passport co-produced with staff, piloted and launched. Date TBC	Almost ready to launch, waiting for IT solution. VG discussed at Feb 23 H&WB meeting. VG will pick this up with the reasonable adjustment process review has progress has been limited. 22/2/23	

Status - Key			
Action Not Started	**Action Commenced**	**Action completed**	**Action not completed**

Not Started	On Track	Completed	Overdue

NHS Workforce Disability Equality Standard (WDES) 2023

York and Scarborough Teaching Hospitals NHS Foundation Trust

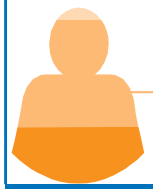
Total number of staff -9314

Unknown 18.7%

Disabled 4.6%

Non-Disabled 76.7%

Indicator one: Percentage of Disabled staff in the Trust



Disabled 21.6%

Non-clinical workforce

Disabled 17.4%

Clinical workforce

Indicator two

Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

In 2021 – 6.27
In 2022 – 1.87

0.26

Indicator three

Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

In 2021 – 1.40
In 2022 – 1.35

0.56

Indicator four splits into four

Harassment, bullying or abuse from patients etc **– decreased**. Managers has **decreased**, colleagues **decreased**, reporting has **increased**

Indicator Nine Static

6.1%

6.6%

Staff Engagement score comparison

Indicator Ten Static

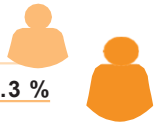
1 16 1 14

Total Board membership

Voting membership

Indicator five, Slight decrease

% of Disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.

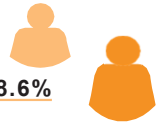


Disabled 51.4%

Non-Disabled 56.3 %

Indicator six, decreased

% of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.



Disabled 24.4%

Non-Disabled 18.6%

Indicator seven, increased

% of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work

Disabled 31.5%

Non-Disabled 39.1%

Indicator eight, increased

% of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

2021 77.1%

2022 74.4%

2023 80.3%

Key

Unknown

Disabled

Non - Disabled

Info taken from ESR

Info taken from Staff Survey

KINDNESS
OPENNESS
EXCELLENCE

The NHS Workforce Disability Equality Standard (WDES) provides a framework for ensuring that disabled staff receive fair treatment in the workplace and have equal access to career opportunities.

The data presented here provides an overview of the Trust's performance against the 10 WDES standards.

Report to:	The Trust's Board of Directors
Date of Meeting:	24 May 2023
Subject:	Workforce Race Equality Standard (WRES) Annual Report
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Divesity and Inclusion and WRES Expert

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

Approve ☒ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☒

Trust Priorities	Board Assurance Framework
☒ Our People	☐ Quality Standards
☒ Quality and Safety	☒ Workforce
☐ Elective Recovery	☐ Safety Standards
☐ Acute Flow	☐ Financial
	☐ Performance Targets
	☐ DIS Service Standards
	☐ Integrated Care System

Summary of Report and Key Points to highlight:

This report is for assurance and will be shared with the People and Culture Committee for information and discussion. It sets out the Trust's 2023 WRES data.

The reporting submission date for the WRES data was brought forward in February 2023, from 31 August 2023 to 31 May 2023, this provided short notice for organisations. The purpose of the change of date was to provide more time for staff engagement to co-design an action plan to address any disparities. The action plan is required to be approved and uploaded to the Trust's website by the 31 October 2023, therefore this report only addresses the data.

The National WRES team requested that Trust's did not include the Black and Minority Ethnic (BME) data for bank and medical staff as they would be included in the Bank WRES (BWRES) and Medical WRES (MWRES). The submission dates for this data are slightly different than the WRES and is 30 June 2023.

At the time of writing this report the BWRES and MWRES standards had not been published and there was no notification of when this would be. The consequences of this are that the metrics are relatively unknown. The MWRES was previously published in 2020 and had 11 metrics but it is not known if this has changed with phase 2. The lack

of information and communication has been raised at the North East and Yorkshire (NEY) Equality, Diversity and Inclusion (EDI) Leads Regional meeting. The respective teams will report of the MWRES and BWRES.

Recommendation:

The Trust Board of Directors is asked to note the content of this WRES Annual Report and approve the submission and publication of the data.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No ☒ Yes ☐

(If yes, please detail the specific grounds for exemption)

Report History

(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

NHS Workforce Race Equality Standard Report, 2023

1. Introduction and Background

The Workforce Race Equality Standard (WRES) is a national annual reporting scheme which York and Scarborough Teaching Hospitals NHS Foundation Trust is required to comply with. Trusts are required by the NHS Standard Contract to use this data to develop action plans aimed at improving the experiences of BME colleagues. The data is required to be submitted to NHS England (NHSE) by 31 May 2023. An action plan is to be co- produced, submitted to NHSE and published on the Trust's website by 31 October 2023.

The WRES covers 9 Metrics regarding the career progression and work experiences of BME colleagues. The data was collected for the period of 1 April 2022-31 March 2023 and is taken from the Electronic Staff Record (ESR) and the national Staff Survey, with a snapshot of the data as of 31 March 2023. The Staff Survey data is from the 2022 Staff Survey.

This report provides an analysis of the 2023 data for the 9 Metrics covering the last three years. For the purposes of the WRES the term BME is defined as non-white, which means that staff from white minority groups are not included. Given this it is important to note that any wider inclusion work within the Trust must consider the needs of white minority colleagues.

Bank, medical and dental workers were not included in this year's data as separate BWRES and MWRES documents are to be published with a submission deadline date of 30 June 2023. This will be reported on by the respective teams. The reason for this is because of their unique experiences and that organisations could determine whether they included Bank staff in their WRES submissions or not.

Considerations

The National WRES Team has provided the Trust with a Trust specific report, which provides information against the 2021/22 data submission. This has not been referred to within this report but will be used to better understand the Trust's data.

2. Current Position/Issues

2023 Data Analysis

This analysis has used a method which highlights the positive, negative and static changes in the data. Positive is in green, negative is in red and a figure below 0.5% shows little statistical movement, therefore considered static and is highlighted in yellow. Statistically significant movement is +/- .0.5%.

Total White Staff Headcount & Percentage (for 2023)	Total BME Staff Headcount & Percentage (for 2023)	Total Staff Trust Headcount and Percentage (for 2023)	Total Headcount and Percentage of Staff Not Stated (for 2023)
7099, 85.9%	893,10.8%	8262 (100%) (Exc. Bank and Medical)	270, 3.3%

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff

2021 Total BME	2022 Total BME	2023 Total BME
Nonclinical BME • Bands 1-4 = 1.72% • Bands 5-7 = 1.11% • Bands 8-9 = 0.11% • VSM = 0% **Clinical** • Bands 1-4 = 2.84% • Bands 5-7 = 5.01% • Bands 8-9 = 0.1% • VSM = 0.01% • Consultants = 1.29% • Career Grades = 1.01% • M&D Trainees = 3.22%	**Nonclinical BME** • Bands 1-4 = 3.31% • Bands 5-7 = 0.98% • Bands 8-9 = 0.1% • VSM = 0.03% **Clinical** • Bands 1-4 = 1.21% • Bands 5-7 = 8.84% • Bands 8-9 = 0.13% • VSM = 0% • Consultants = 1.81% • Career Grades = 1.74% • M&D Trainees = 3.26%	**Nonclinical BME** • Bands 1-4 = 1.9% • Bands 5-7 = 0.5% • Bands 8-9 = 0.1% • VSM = 0.01% **Clinical** • Bands 1-4 = 0.8% • Bands 5-7 = 7.3% • Bands 8-9 = 0.07% • VSM = 0%

Metric 1 has not seen any improvement in the number of BME staff employed in the Trust under Agenda for Change. Whilst there has been international recruitment, this has not impacted on numbers. It is suggested that the recruitment team have a deep dive into this data and establish whether it is impacted by the number of BME staff leaving the Trust.

Metric	Description	2021 Total BME	2022 Total BME	2023 Total BME
2	**Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts**	1.76	2.61	2.5

Metric 2 compares the relative likelihood of White colleagues being appointed from shortlisting compared to that of BME colleagues being appointed from shortlisting across all posts. The relative likelihood focuses on a figure of 1 being equity. As you can see from the above figures, the Trust the has seen no significant statistical change this year.

Metric	Description	2021 Total BME	2022 Total BME	2023 Total BME
3	**Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process**	0	0.51	0.67

There has been a slight negative statistical increase in the relative likelihood of BME staff entering the disciplinary process compared to white staff, but the likelihood is the same. It is important that experiences do not deteriorate any further.

Metric	Description	2020 Total BME	2021 Total BME	2022 Total BME
4	**Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff**	0.86	1.06	0 Data unavailable due to deletion of learning hub system

It has not been possible to provide a statistical analysis for Metric 4 as the Learning Hub System has been unavailable.

Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
25.5%	22.5%	28.0%	25%	32.9%	23.1%

There has been a significant deterioration over the last two years with the number of BME staff experiencing unwanted behaviour from those who use our services, this figure is high and is above the Staff Survey benchmark group average of 30.8%.

Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
31%	24.8%	31.4%	25.1%	28.2%	22.9%

Metric 6 has seen a positive decrease in the 2023 data, which is also slightly below the Staff Survey benchmark group average of 28.8%.

Metric 7 Percentage believing that the Trust provides equal opportunities for career progression or promotion

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
46.7%	55.6%	41.9%	56.8%	43.3%	56.2%

After seeing a negative decrease in 2022, there has been a positive increase in 2023, but this needs to continue to improve to be above the Staff Survey benchmark group average of 47.0%.

Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague

2021 (2020 Staff Survey)		2022 (2021 Staff Survey)		2023 (2022 Staff Survey)	
BME	**White**	**BME**	**White**	**BME**	**White**
16.0%	6.3%	20.3%	6.1%	19.8%	6.1%

After seeing a steep deterioration in 2022 compared to 2021, there has been little statistical improvement in 2023. The Trust's data is currently above the Staff Survey benchmark group average of 17.3%.

Metric	Description	2021 Total BME	2022 Total BME	2023 Total BME
9	**BME Board Members**	0	1	1
	Percentage difference between the organisations' Board voting membership and its overall workforce		6.25%	-4.9%
	Voting Board Members	0	0	0
	Non-voting Members	0	1	1

Metric 9 has seen no statistical improvement in the number of BME staff on the Trust's Board of Directors and as voting board members.

1. Summary

There are several metrics that have either deteriorated or not made any statistical improvement. These are:

- Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff
- Metric 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts

- Metric 3 Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process
- Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months
- Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague
- Metric 9 Percentage difference between the organisations' Board voting membership and its overall workforce

The results will be shared with BME staff for them to determine the metric that require the most focus, whilst the 2022 actions are still being implemented.

It is noted that improvement will take several years to become evident, so the Trust needs to consistently work to improve racial inequality.

2. Next Steps

- Engage and co-design an action plan to address the disparities.
- Report to the Trust Board on the action plan in October 2023.
- The Trust Board is asked to review and approve the data ahead of submission and publication.

Date: May 2023

Workforce Race Equality Standard (WRES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
Executive Lead: Polly McMeekin, Director of Workforce and Organisational Development
York and Scarborough Teaching Hospitals NHS Foundation Trust

York and Scarborough Teaching Hospitals NHS Foundation Trust
Workforce Race Equality Standard (WRES) Action Plan 2022-2023

Polly McMeekin Director of Workforce and Organisational Development
Virginia Golding, Head of Equality, Diversity and Inclusion

APPENDIX 1

Metric 1: Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
To increase self-declaration of ethnicity and dispel myths as to why the Trust collects this data. Increase percentage of staff in post who share their ethnicity status by a minimum of 3% in 2023	Evaluate communication methods used to disseminate information to staff on self-declaration and re-launch Self Service and the ESR app.	Deputy Head of Resourcing, Digital and Insights	Generate quarterly reports from ESR, workforce to evaluate if communications are being effective. Establish ways to aid communication. March 2023	1,116, 12.5% BME staff in post 303, 3.49% unknown 2022 893, 10.8% BME staff in post 270, 3.3% unknown 2023 Excluding M&D	

Not Started	On Track	Completed	Overdue

	Trust Managers to analyse local data and encourage colleagues via local meetings.	HR Business Partners and EDI Workstream	Local quarterly reports provided to the EDI workstream. May 2023	Discussion took place on 4/4/23 with HRBPs to commence discussions with CGs & Dir now and commence analysis in new reporting period. Local action plans to be drawn up against data. **Updated 4/4/23** WFL to now lead on this, meeting with them 23/6. WFIS to provide local data. **Update 23/6/23**	
	Identify perceptions and barriers around self-declaration to feed into Myth Busting Guide	Head of EDI, EDI Workstream and the Staff Networks	Information obtained to aid completion of a Myth Busting Guide. March 2023	Meeting arranged for April 2023	
	Launch an Equality Monitoring Myth Busting Guide to dispel myths about sharing ethnicity status	Head of EDI and the Staff Networks	Production and dissemination of a Myth Busting Guide to support self-declaration. April 2023	Meeting arranged for April 2023	

				Engaged through joint SN meeting. Guide to be produced.	

Metric 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status
Increase the relative likelihood of BME staff being appointed from shortlisting for clinical and non-clinical staff in Bands 8-9. This figure has slightly deteriorated for Non-clinical bands and slightly increased for clinical bands. In 2022 Non-clinical bands 8-9 = 0.1% Clinical bands 8-9 = 0.13%.	Continue to implement the action plan for 6 key actions on the overhaul of recruitment and promotion	Recruitment Manager	Review and continue to implement the Trust's Action Plan. August 2023	Discussed with Recruitment Manager and looked at areas for implementation. **Update February 2023** **Requested an update 28/6/23**	
	Training – unconscious bias and cultural competence	Head of EDI	Bespoke and specific training implemented in Quarter 1/2.	Workshops commence April 2023	

Increase by 2% for non-clinical and clinical. Apart from at VSM level, bands 8-9 have the lowest percentage of BME colleagues in post. Focusing on bands 8-9 will support the Trust's talent pipeline into a VSM position. The relative likelihood in 2021 was 2.61 and in 2022 it was 2.60.	Continue to implement the 2021 Race Disparity Ratios action plan.	Workforce and Head of EDI	Review progress to determine action required. February 2023	2023/24 action plan to address this as national team gave the three areas to focus on. **Updated 28/6**	
	Interview Skills preparation.	Recruitment Manager	Determine what support can be made available for colleagues to support them in applying for jobs. Date TBC.	Discussed with Recruitment Manager. Need to look at resources to support this. **Update February 2023**	
				Head of EDI to attend the Recruitment and Selection training in June 2023 to review content. **Updated June 2023**	

Not Started	On Track	Completed	Overdue

	Shadowing or participate in senior leader stakeholder events.	Executive Director/Deputy Director of Workforce & OD	Opportunities to be communicated through REN. From 2023	Staff Network members invited to attend stakeholder recruitment events for COO position. Will be invited to attend other events. **Update 18/1/2023**	
	ODIL to promote the Coaching and Mentoring opportunities available for all colleagues within the Trust to REN and the International Nurses.	Head of ODIL	ODIL to attend a REN meeting and IN induction to promote the opportunities available. 2023	ODIL are working on options of promoting and encouraging coaching & mentoring and are looking to offer an internal coach development programme targeting REN members. **Updated 3/4/23** DS attending REN meeting on 21/07/23 to promote coaching & mentoring/coach training. **Updated 12/7/23**	

Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comments	Status

Reduce the percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public. There has been a negative increase in this metric from 25.5% in 2020 to 28% in 2021. The benchmark group average is 28.8%. Decrease this percentage by 3.5%.	Create a statistical comparison of data – reported through the 2020 Staff Survey, Datix and FTSU. Determine what action is required to address the findings.	Head of EDI, FTSU Champion, Datix Manager, Staff Engagement Project Lead	This action will enable the Trust to identify if there are any differences in colleagues reporting their experiences. It will also enable the Trust to determine what action is required. Quarterly reports to be provided from January 2023.	Meeting arranged for March 2023 Need to speak to Datix manager about this. **Updated 28/4/23** Waiting for a response from Datix manager, emailed again in June. **Updated 28/6**	
	Engagement through the Staff Networks to find out what colleagues lived experiences are.	Head of EDI and Staff Network Chairs	Update the EDI Workstream on the findings to enable them to incorporate actions into local plans. April 2023.	Meeting arranged with the networks in April. Will share with workstream when it is up and running. **Update March 2023.** Meeting held in April **Updated 28/4/23**	

Not Started	On Track	Completed	Overdue

Workforce Race Equality Standard (WRES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
Executive Lead: Polly McMeekin, Director of Workforce and Organisational Development
York and Scarborough Teaching Hospitals NHS Foundation Trust

Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months

Objective	Actions / Targets	Responsible Lead	Measurement & Completion Date	Progress/Comment	Status
Reduce the percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months. There has been little statistical movement with this metric but the Trust figure of 31.4% is higher than the benchmark group average of 28.5% Decrease this figure by 3.5%.	The Trust's Behaviour Framework was launched in 2022.	Head of Employee Relations & Engagement	Evidence - communication methods used to launch the BF July 2022		
	Develop a Microaggressions poster with all Staff Networks for communicating throughout the Trust.	Head of EDI and the Staff Networks	Raised awareness of everyday incivilities that cause unwanted behaviour. February 2023	Meeting arranged for April 2023	
	Review how the Trust's Behavioural Framework has been incorporated into Corporate and Local Induction as well as relevant training.	Workforce and Organisational Development	Dissemination of the Trust's BF increases understanding of the behaviours expected to	Emailed Jenny to ask if she knows how it is incorporated into induction. Will Thornton is working with OD on a new f2f induction for all staff which will be centred around values and	

Not Started	On Track	Completed	Overdue

			support our values. June 2023	behaviours and the BF will feature. Hoping to pilot in September. **Updated 7/7/23**	
	A cultural celebration for colleagues in Scarborough to share aspects of our ethnically diverse colleague's culture, UK colleague's culture to aid integration and breakdown barriers. Run by the Internationally recruited nurses.	Internationally recruited nurses, Hospitality and the Stay and Thrive Committee	Scarborough Festival of Culture implemented at the Scarborough Beach Huts September 2022	Programme: • Career Progression & Cultural Ambassador briefing • African Culture day • Philippines Culture day • British & rest of the world • India, Pakistan and Nepal Culture day • Family Day & Beach Party • Canteen – dishes from around the world Planning commenced in December 2022 to hold an event in York in April 2023. **Update 18/1/2023**	

	For all of metric 4 - review the Trust's processes for addressing experiences of bullying and harassment. (As per the Listening to Employee Voice: Our way forward action plan)	Head of Employee Relations & Engagement	Launch of new Harassment and Bullying Policy 31 March 2023	The Policy went to EPG March 2023 and will go to JNCC and LNC in April. **Updated 5/4/23** Discussed at EPG 13/4/23. **Updated 19/4/23**	

Metric 7 Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion

Objective	**Actions / Targets**		**Measurement & Completion Date**	**Progress/Comment**	**Status**
Increase colleague's experiences and perceptions about the Trust providing equal opportunities for career progression or promotion. The Trust has seen a deterioration of this metric over a 3-year period. The figure in 2021 was 41.9% which is	Explore colleague's experiences through the REN Staff Network encouraging other colleagues to attend	REN Staff Network Chair and Head of EDI	Colleagues will have been able to share their lived experiences with the Staff Network Chair. This will feed into wider work. April 2023	Invite colleagues who are not members of the network. Meeting arranged for April 2023. Captured these and plan to share at July's EDI workstream meeting, so can be worked on locally. Colleagues are also part of the Trust's Reverse Mentoring Programme.	

below the benchmark group average of 44.6%. Increase this figure by 3%.				**Updated 7/7/23**	
	Continue to roll out the Trust's Reciprocal Mentoring Programme.	Head of ODIL	Colleagues will have the opportunity to share their lived experiences with senior leaders and obtain career support and advice. Spring 2023	Pilot has been implemented and a refreshed proposal presented to Trust Board. Training commences March 2023. **Update 18/1/2023** Cohort 2 includes 11 Reciprocal Mentoring relationships - conversations have started and will run to October 2023. **Updated 12/7/23**	
	Explore working with our International Nurses to help them align their overseas qualifications with UK qualifications, as per the Trust's Listening Exercise with the CEO.	International Nurse Recruitment	IN Team will have worked with colleagues to align their current qualifications with UK qualifications to enable them to have an increased understanding. Date TBC	Meeting held on 27/4/23 with IRT to discuss support. Career Clinics implemented, widely attended by IR. SOPs written around recruitment and support, now looking at robust, sustainable pastoral support. A further meeting arranged for June. IRT to implement Recognising Prior Experience **Updated 28/4/23**	

	Promote the NHS Leadership Academy's programmes throughout the year through REN.	Head of ODIL and Head of EDI	Courses promoted throughout the Trust 2022/23	Head of EDI started to promote these in October 2022. Information has been sent out by the Head of EDI during November. Information disseminated by Comms Team on request. **Update March 2023**	
	Explore the implementation of targeted development programmes for: BME Non-clinical, bands 1-4 and Clinical, bands 5-7	Head of EDI	Implementation of a programme supporting BME colleagues with their development for advancement. June 2023	Contact North East London Foundation Trust to obtain information about their band 2-8 leadership development programme. Arden and Gem Commissioning Support Unit (CSU) are currently running cohort 1 of a BME Leadership Programme targeted at all BME colleagues. Run by an academic and WRES Expert. It is envisaged that resources and/or finance will be required to support this action.	

Not Started	On Track	Completed	Overdue

				Had a discussion with GCSU, putting this action on hold due to the Trust's financial position.	

Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager, team leader or colleague

Objective	Actions / Targets		Measurement & Completion Date	Progress/Comment	Status
The data for this metric has seen a significant deterioration from 16% in 2020 to 20.3% in 2021, this is above the benchmark group average of 17.3%. Decrease this figure by 5%.	Implement a Schwartz Round or panel discussion, open to all staff to attend – subject around people's lived experience of race discrimination	Head of EDI and REN Staff Network	Ethnically diverse colleagues from REN and the wider Trust are invited to be part of a panel to share experiences to raise awareness. June 2023	Yvonne Doherty, Psychology Team to arrange meeting to look at implementing a SR in June 2023. **Update 18/1/2023** A meeting was held in March 2023 with Psychological Medicine to discuss implementing a Schwartz round. As they were put on hold due the pandemic and were affected by the loss of the Schwartz Lead Facilitator, there has been no delivery. It is planned to restart	

				SR in 2023 so this action will be carried over to the 2023/24 action plan. The team are looking at getting SR up and running again and are working with a mentor to look at the process. **14/7/23**	
	Race Conversations, development programme for managers		A date will need to be determined. The action should be implemented once it is felt that its reception would be welcomed.	The recommended external consultant is Dave Ashton Consultancy who has worked with the NHS Leadership Academy, the Head of EDI and many other Trusts for a number of years and is well versed on the topic of race and possesses the skills to navigate conversations and situations with managers at all levels. Funding obtained in Nov 2022 to implement this programme. Delivery of two workshops commencing in March and June 2023. **Update 18/1/2023** Cohort 1, day 1 complete. **Updated 28/6**	

	Implement a Buddy System for the international nurses	International Nurse Team	A successful buddying system will be implemented to support the International Nurses. TBC	IN are buddied with a nurse from the same cultural background by their Care Groups. Further pastoral support is going to be arranged. **Updated 28/4/23**	

Metric 9 Percentage difference between the organisations board voting membership and its overall workforce

Objective	**Actions / Targets**		**Measurement & Completion Date**	**Progress/Comment**	**Status**
Commence a year on year approach to increase BME representation at Board level by 1%.	Review of VSM recruitment processes within the Trust	Head of EDI, Foundation Trust Secretary and the	Process reviewed and advice given. February 2023	Search methods may need widening. Discussion held with Recruitment Manager, meetings set up for March to include FT secretary	

Not Started	On Track	Completed	Overdue

		Recruitment Manager		Met with MT to create a plan of action: VG to review Chair's JD & PS MT to arrange for VG to meet interim Chair to talk about EDI sustainability in Board recruitment MT to attend Staff Network meetings in November to ask them to review NED recruitment docs. Trust to continue to use Gatenby Sanderson's Insight Programme for diverse recruitment Check following apply to the above, use of diverse recruitment platforms, EDI training of staff. Staff Networks to be invited to SLT stakeholder interview events. VG to email ODIL about diversity of Shadow Board recruitment **Updated 23/6/23**	
	Learn from Trusts who have been identified as one of the top ten best performing Trusts for this metric	Head of EDI	February 2023		

Workforce Race Equality Standard (WRES)
Action Plan, 2022-2023

Author: Virginia Golding, Head of Equality, Diversity and Inclusion, Workforce
Executive Lead: Polly McMeekin, Director of Workforce and Organisational Development
York and Scarborough Teaching Hospitals NHS Foundation Trust

Notes

Many of the actions will impact on other WRES metrics, this should hopefully have a more holistic improvement.

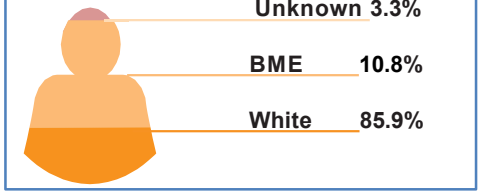
The Trust previously submitted action plans to NHS England (NHSE) on the 'Implementation of the 6 key actions on the overhaul or recruitment and promotion' and the Race Disparity Ratios. The recommendation is that progress against the action plans are reviewed.

Status - Key			
Action Not Started	**Action Commenced**	**Action completed**	**Action not completed**

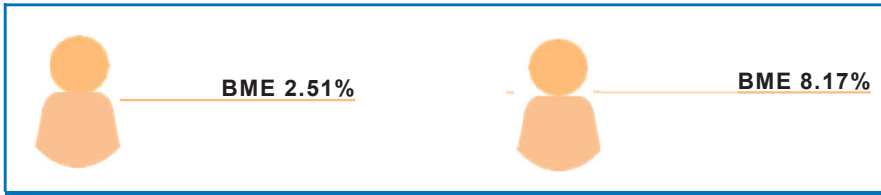
NHS Workforce Race Equality Standard (WRES) 2023

York and Scarborough Teaching Hospitals NHS Foundation Trust

Total number of staff - 8262



Indicator one: Percentage of BME staff in the Trust – exc Bank and Medical – varied change amongst the bands



Indicator two - static

Relative likelihood of white staff being appointed from shortlisting compared to BME staff

In 2021 - 1.76
In 2022 - 2.61

2.5

Indicator three –static

Relative likelihood of BME staff entering the formal disciplinary process compared to white staff

In 2021 - 0
In 2022 – 0.51

0.67

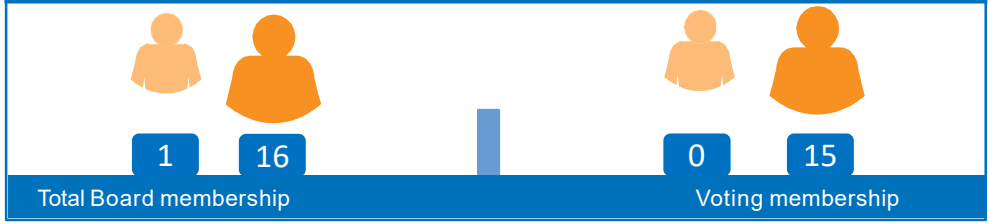
Indicator four

Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff

In 2020 – 0.86
In 2021 – 1.06

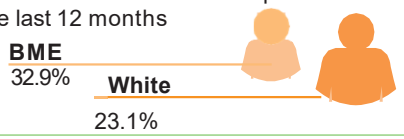
Data unavailable this year

Indicator nine – static



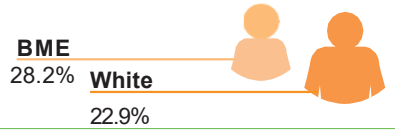
Indicator five - increased

% of staff experiencing harrassment, bullying, or abuse from patients, relatives or members of the public in the last 12 months



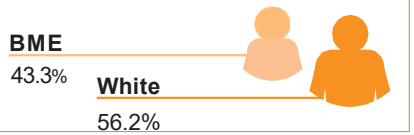
Indicator six - decreased

% of staff experiencing harassment, bullying or abuse from staff in the last 12 months



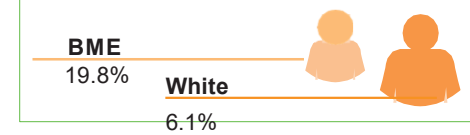
Indicator seven - increased

% believing that the Trust provides equal opportunities for progression or promotion



Indicator eight - static

% of staff who personally experienced discrimination at work from manager, team leader or other colleagues



Key

- Unknown
- BME
- White
- Info taken from ESR
- Info taken from Staff Survey

The NHS Workforce Race Equality Standard (WRES) provides a framework for ensuring the black and ethnic minority (BME) staff receive fair treatment in the workplace and have equal access to career opportunities.

The data presented here provides an overview of the Trust's performance against the nine WRES standards.

KINDNESS
OPENNESS
EXCELLENCE

Report to:	Council of Governors
Date of Meeting:	14 September 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
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ 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)
- Travel & Transport Group (minutes)
- Membership Development Group (action notes)
- Constitution Review Group (action notes)
- 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 (September 2023)

Eight months in post:

The last four months have been the busiest for me since I started my role as a Governor. At the Governor Workshop on 21st August, I was asked what a typical week would involve for me as the Lead Governor. I work full time and the Lead Governor role is voluntary. On a typical week, I respond to individual emails, hold Teams meetings, face-to-face meetings or telephone conversations, which could involve conversations on undertaking a new action, providing clarification, dispute resolving, coordinating to set up new processes and to find solutions to issues. The conversations would include the Governors, Mark Chamberlain (Interim Chair), Tracy Astley (Governor and Membership Manager), Lorraine Boyd (SID), Jenny McAleese (Deputy Chair), Mike Taylor (Associate Director of Corporate Governance), Executive Directors and the public. I also sit on the Trust's Inclusion Forum, the Nominations and Remunerations Committee, Constitution Review Group and the Membership Development Group and I chair the Governor Forum meetings.

Specific activities since the last CoG included:

1. Leading the Chair recruitment process. This includes liaising with Gatenby Sanderson and coordinating the whole process. There is a team of highly competent and supportive Governors, the SID, the Deputy Chair, Assistant Director of Corporate Governance, and the Governor & Membership Manager helping me with this.
2. Leading the workshop for Governors with NHS Providers to provide a better understanding of the role of the Governor for the CoG and make improvements. This included working with Tracy Astley and NHS Providers to define the Governor Survey (69% of the Governors responded) and to hold a one-day workshop on 21st August (50% of the Governors attended). An Action Plan is currently being drafted for review and prioritisation.
3. Leading the first, since Covid, face-to-face (hybrid) Governor Forum meeting on 9th August. The 3.5 hour meeting was productive and the Governors were able to have an open discussion.
4. Organised the first information dissemination meeting for the Governors with Claire Hansen (the new COO for the Trust), who is leading on the development of the Trust Strategy 2023-2026 (9 Governors attended). Claire Hansen would like the Governors to consider:

    - How the Governors would like to be engaged in the coming months?
    - How the Governors will engage on the Trust behalf during this process?

    Two consultation workshops with the Governors were agreed to be set up prior to March 2024, when the priorities for the Trust strategy will be agreed. Claire would also be undertaking consultations to identify constituency needs. The Trust Annual Business Plan will then be linked to the Strategy.

5. Public questions & answer process was reviewed with Mike Taylor and a new process was proposed to the CoG. Feedback was received and these will be incorporated into setting up a clear process for public and the Governors.

I would also like to welcome the following three new appointed Governors to the CoG:

Cllr Jonathan Owen: East Riding Council
Cllr Jason Rose: City of York Council
Elizabeth McPherson: Community and Social Care

Governor Elections:

The following are Governor vacancies to be recruited in this year's elections:

Public Constituencies	Number of Vacancies	End of Term/Vacancy
York	1	Rukmal Abeysekera
Ryedale & EY	1	David Wright
Out of Area	1	Vacancy
Staff Constituencies		
Scarborough & Brid	2	Maya Liversidge Vacancy
York	1	Paul Johnson
Community	1	Sharon Hurst

All the vacancies will be filled apart from the Out of Area post, as nobody applied. Voting will begin on Monday 4 September until Wednesday 27 September at 5pm. The successful candidates will be informed on Thursday 28 September.

In addition, there is an appointed vacancy for hospices due to Dawn's resignation, and another one which we agreed should be an organisation representing mental health. Efforts to fill these vacancies are ongoing.

Rukmal Abeysekera
Lead Governor

2. Governor Forum (09.08.23)

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), Maria Ibbotson (MI), Colin Hill (CH), Keith Dobbie (KD), Sally Light (SL), Bernard Chalk (BC), Catherine Thompson (CT), Wendy Loveday (WL), Mary Clark (MCk), Tracy Astley (TA)

Apologies: Gerry Richardson (GR), Cllr Liz Colling (LC), Franco Villani (FV), Sharon Hurst (SH), Mike Taylor (MT)

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: 4.1	**Committee/Groups (08.02.23)**
Actions agreed	MT/MC to discuss establishing a buddy system for new governors.
Outcome	Ongoing
Agenda Item: 2	**Discussion on recent events (23.05.23)**
Actions agreed	MC/MT to look at ways governors can have more contact with the NEDs.
Outcome	Ongoing
Actions agreed	CH to email his questions to TA/MT/MC who will provide replies.
Outcome	CH received reply from Mike Taylor but answers were inadequate. Ongoing
Actions agreed	MT to look at escalation process and avenues of communication to CoG around NED/Chair concerns.
Outcome	Update to be given at Sept CoG by Mike Taylor. **Action closed.**

Actions from today's meeting

Agenda Item: 2	**CQC Report & Action Plan**
Actions agreed	RA will send an email to Mark Chamberlain on behalf of the CoG questioning why they have not received the CQC action plan yet.
Outcome	RA emailed 15/08/23 and it was agreed that the governors could receive the action plan on 18/08/23. **Action closed.**

Actions agreed	TA to circulate NED responsibilities to all governors.
Outcome	Circulated 10/08/23. **Action closed.**
Agenda Item: 3	**CoG Items for September meeting**
Actions agreed	Private CoG • Constitution amendments • Performance Report to include updates on waiting list times, elective recovery, delayed transfers of care • Winter Planning • Governance update to incl. routes of escalation Public CoG • CQC update • EDI update
Outcome	Items added to the CoG agenda for September. **Action closed.**
Actions agreed	TA to circulate CoG work program to the governors.
Outcome	TA circulated on 18/08. **Action closed.**
Actions agreed	Trust Strategy – RA will have ongoing discussions with Claire Hanson on timeline and consultations and will feed back to the governors.
Outcome	Meeting arranged for CoG with Claire Hanson 29th August to initiate Trust strategy discussion and timeplan. **Action closed.**
Actions agreed	Board sub-committees – are governors being allowed to still sit on them?
Outcome	A discussion is to be initiated with the new Chair to be appointed. **Ongoing**
Agenda Item: 4	**Trust Constitution**
Actions agreed	While the majority of Governors agreed with the proposed changes to the Constitution regarding NED/Chair Appraisals, Governors were asked to pass any comments to MR for the next Constitution Review Group (CRG) on 14 August 2023
Outcome	At the CRG held 14 August 2023, one amendment from SL to change “Counselling” to “Mentoring” was adopted and the revised wording changes to the Constitution were passed and will move forward for consideration at the next Council of Governors Meeting. **Action Closed.**

Agenda Item: 6	Issues arising from constituencies
Actions agreed	TA to circulate constituency list containing wards in each constituency.
Outcome	TA circulated 10/08/23. **Action closed.**

Date of Next Meeting: Wednesday 8 November 2023, 10.30 – 12.00, via Teams

Action on track | Action missing deadline | Action completed

3. PESG (15.08.23)

Agenda Item	Summary	Actions/Assurance to the CoG
National Cancer Survey 2022 (Tracy Doherty.)	Identical 59 questions to 2021 Survey. Trust performed above expected on 5 questions: waiting time for diagnosis and starting treatment; discussion of fears; enough understandable information; practical advice on effects of medication. Performed below expected on 7 questions: (5 identical to previous years): privacy;presence of family and friends; sensitivity of imparting information;ensuring patient understands information; appropriate place for discussion; discharge information.	Development of action plans. There has been gap in Lead Cancer Nurse role. Cancer Centre was closed for a period.
York ED update. **Donna Jack** (**Senior Sister**)	New build opened in July 2023. Currently in interim build. Plan to be in permanent site by mid October. **Main risks (CQC): waiting times and waiting area.** **Waiting Times:** Reduction in "**ambulance offload**" 35 minutes to 25 minutes. Time to see doctor: 145 minutes reduced to 103 minutes. Waiting for triage: 23 min reduced to 17 minutes **Waiting Area**: TV showing time to see doctor; Vending machine **Care Partner Card**: distributed in ED for those accompanying patients with dementia, cognitive impairment. **FFT** posters not being displayed because of poster "zero tolerance" policy (protecting new paintwork)	Figures demonstrate improvement. Workload will have been affected by seasonal factors Create link on ED area on Trust website to enable access to card Awaiting new clipboards to display poster.

ED nutrition **and Hydration** . **Volunteers involvement** (**Hannah Gray**)	Volunteers central importance in identifying and supporting patients needs. Initial volunteer confusion about location of stores in new ED and role. Now covering 2 floors	Fiona Sharpe, Matron ensuring volunteers confidence in role. Also liaison with nurses re which patients appropriate for support and length of time in ED.
HealthWatch York update (Rachel Reeves)	HW have undertaken a review of patient satisfaction with Urgent Care Services. Concerns raised with communication with GP and pharmacists re. aftercare. Raised at meeting that Malton Urgent Care Centre had been closed at short notice on 12 occasions during April and May because of lack of staff and redeployment to York and Scarborough	Urgent Care services currently provided by a private company,Vocare. This contract under review. It is hoped that provision will be transfer re to the Trust.
Patient experience-Concerns and Complaints (Justin Harle)	JH described need for staff to read policies on responding to complaints and concerns. There is a lack of proactivity in responding to these which aggravates patient dissatisfaction and leads to delay in response. Inevitably, this adversely affects outcomes.	

Alastair Falconer & Beth Dale
PESG Governor Representatives

4. Travel & Transport Group (14.07.23)

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
	Vicky Pursey	Staff Side Rep, Physio
	Guy Wallbanks	iTravel, City of York Council
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC
	Tunde Oyeledun	Energy Manager, YTHFM LLP
	Franco Villani	Staff Governor/Trade Union Rep
	Julian Ridge	City of York Council, Transport Policy & Strategy
	Phil Bland	Transport Manager
	Kim Last	Consultant Rep
	Lorna Fenton	Workforce Lead
	Graham Titchener	City of York Council
Apologies:	Anne Penny	Staff Side Rep
	John Mensah	Consultant Side Rep
	Storm Baines	Enterprise
	Helen Hardwick	Staff Benefits
	Linda Wild	Public Governor
	Loise Neal	North Yorkshire County Council
	Wendy Loveday	Public Governor
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC

1	**Apologies** Apologies for absences were received. Introductions were made by all attendees and two new members were welcomed to the group: • **Julian Ridge** (Transport Strategy Lead, City of York Council) • **Graham Titchener** (Parking Services Manager, City of York Council)	
2	**Minutes of the Previous Meeting and Matters Arising** The minutes of the previous meeting held 21/04/23 were agreed to be a true and accurate record. Matters Arising: Cyclist Signage Regarding additional ED signage on cyclists dismounting around York Hospital, especially near the hoardings. While the hoardings have been pulled down, the same pathway remains. DB noted that the cycling issues aren't so prevalent now. KR noted that the hoardings at the South entrance will be coming down in the next week or two, now that the new emergency departments are open, so this should provide further space down that area. The cycle racks won't be reinstalled there due to the high levels of theft from that area. **DB still thinks the north entrance will require some signage, as there remains issues with some individuals. It won't be an expensive job and should have a quick turnround, DB to follow this up.** Dog Walkers on NHS Property FV provided some context on this ongoing action, using the example of a man in Bridlington who walks a large Husky dog on the site which he has let off the lead. Large dogs like these can be frightening to others, including some in wheelchairs. When approached he has not responded in a nice manner. The Health & Safety committee have agreed to allow dog walking on their sites, but only if the dogs are kept on leads. Some signage has been put up, though there is some more due. KR pointed out that at Bootham we cannot put up signs as it is owned by NHS property Services and they are happy for dogs to be walked across there. VP asked if any signage could be put up around Park house, as dog walkers exit Bootham on to that area. KR believes that signage has been put up there already, though not sure whereabouts the signage has been placed.	**DB**

	Community Stadium Car Parking DB asked if there was still an issue with the parking at Vanguard as no / very few complaints or emails had been received compared to earlier in the year. VP reminded the group that there was an issue of training courses lasting longer than 4 hours, that meant exceeding the parking time limit. Staff have been having to cut short the training to prevent parking charges. **VP to ask the person delivering training if this situation has changed at all.** DB agreed the situation wasn't ideal. JR confirmed that the P&R site at Vanguard is having some new barriers installed. They aren't yet fully working but once online there may be one or two things that could be done to offer some sort of solution, although he will stop short of saying they'd be able to offer large amounts of free parking as this is unlikely. The barrier might allow some parking, probably at a relatively low cost for longer periods. **DB thought this was worth discussing and to pick up on this with JR at a later date.** Parking Concessions for Patients with multiple sessions / attendances KR confirmed that he had met up with VP and Laura Blissett (Resources Customer Services Manager) to discuss options and he believes that this has all been resolved. VP doesn't have up to date knowledge of what's happened since the meeting, but she understands that there is some sort of process now in place. There was a further issue on the need for an extension to the Blue Badge parking outside the Portacabin gym, which she doesn't think has happened yet, though it is urgent. KR confirmed we are getting some white lines installed in relation to the ongoing building works and the ED developments. As part of that, we've had two or three disabled spaces lined and marked out in front of the Physio Portacabin, but we're just having to wait for the other car parking roll out to be completed first. It will be happening over the next month or two. VP stressed that they really need a minimum 3 spaces, due to a planned increase in pulmonary rehabilitation numbers. Bigger classes will mean more patients with blue badges requiring parking, as well as others with respiratory issues struggling to walk longer distances. KR noted this. Neuroscience Patient Parking KR confirmed that following the Neurosciences car park being changed to a Blue Badge zone, the initial issues the Neurosciences department had been experiencing with their patient parking have been fixed. The department have got their own tablet now that they can use to validate parking for their patients in that car park. Following some training on this, no further feedback has been received so he thinks the system is working well. Clean Air Day CM confirmed that the information GW wanted to share with the group was issued along with the minutes for the April meeting when they were initially distributed. DB stated that a news item with links, highlighting the associated air pollution concerns, was published on Staffroom on 12th June.	**VP** **DB / JR**
3.	**Staff, Patients & Visitors** Staff Benefits No rep from Staff Benefits present and no issues from group raised. Buses / York shuttle bus DB shared a presentation on the free staff bus trial: • Free staff bus trial began 1st June, and was well publicised prior to the launch date. This includes free staff travel on the entire First York network (including P&R services) and East Yorkshire Buses service 10. The trial period will end 31st August. • The trials will be used to gauge staff patronage to give an idea of how much a 12 month contract will cost (from September onwards). • There is potential for scheme expansion with East Yorkshire buses if trial is successful and budget available. • DB has also spoken with other regional bus providers to explore potential options to expand the free travel offer. • DB, Andy Bertram, Simon Morritt and Andrew Bradley (NHS England) are scheduled to meet with First Management on 20th July, to review the scheme and discuss a new 12 month contract. • Although there is no baseline data, the uptake numbers are excellent, with a notable spike on week 2 (8th-14th June) which is when the car park developments (new permit criteria and reintroduction of fees) 'went live'. In the first 5 weeks, a total of 12,404 journeys were made in York / 2,925 in Scarborough. • DB only gets the data for total journeys made, so to get a more realistic idea on the number of staff using the service he has made a broad assumption that this will be around a 40% reduction of the total journeys, which would take into account that many users are likely making return journeys each day. This puts the estimated staff journeys at 9,324 over the initial 5 weeks in York and 1,757 in Scarborough. • The trial has been huge success, with good feedback and a positive uptake. There have been a couple of issues with some drivers not accepting certain IDs, but these are isolated incidents. All parties involved are keen to keep this service going. The pressure is on to put contracts in place now so there is no gap between end of trial and start of a new contract in September. JR commented that, from a CYC perspective, they are very encouraged by this. Although there are multiple causes for congestion on Wigginton Road, initial indications are that this has been reduced due to this and the car park work. He advised to speak with CYC should we need any further help. As their Local Transport Plan develops over the next few years, CYC will be working hard with the businesses and organisations that generate large amounts of travel to and from them, (such as YDH, Universities, Retail Parks etc), to encourage greater uptake on buses, bikes	

and walking. What the Trust is doing to tackle these issues and the results are of great interest and will hopefully provide a model way forward for others across the city.

GT also wanted to echo this and also highlighted the recent work on the ANPR system, the blue badge parking increases, additional parking at Bootham etc. All of these things have come together at roughly the same time and have had a massively positive impact. GT also has a national role working with the British Parking Association. One of his areas is related to hospital groups, which is currently Chaired by someone in the NHS in Manchester. GT has approached her and someone from the BPA, and they're keen to get the Trust involved with them and potentially in September allow the Trust to showcase what we're currently doing.

KL asked how long it would be before patients and relatives will get discounted travel? DB said that this is not on the agenda at the moment. It would have to be a completely separate piece of work, which there is also no budget for. Contractually and financially speaking, we're not obligated to provide patient transport as a Trust, as this sits with YAS. Although DB's role as a travel and planning coordinator is primarily centred around staff and operational travel, he can speak with providers about this but isn't convinced anything would happen as a result.

Cycling

DB noted that we've had a few recent events with i-travel ahead of the launch of the new car parking measures and bus trial. There was some police cycle tagging on site at York also and a few other things which are noted in the DB paper update. The York TIER e-scooter scheme continues to go well, with a 15% discount still available for blue light card holders.

GW and I-travel had a stall at the staff benefits fair. It was busy, with a lot of questions about cycling and buses. GW said that staff were appreciating the free bus travel.

VP queried what sort of uptake there had been on the new cycle store at Park House? DB stated that he was periodically visiting the site, and with his future travel plan work he will look to put in some kind of monitoring in, though he was not sure how this will work yet. Last week though he had counted 33-34 bikes, which is more than they were having with the previous shelter, so it is being used. VP asked if he felt staff were aware of the different cycle shelter locations in the Trust now. DB confirmed there were some comms on this and he's also drafted up a map for York and Scarborough as to where everything is, which has also been updated on the back of the Park House store. KR added had received complaints from a couple of people that there are now too many cyclists now! **Their issue was that the central cycle store is absolutely packed, although they weren't aware of the new Park House storage area they could use, so some additional comms on this to raise awareness would be helpful.** **DB**

KR asked if there was any update on shower and changing facilities for cyclists. DB commented that this was a really, really difficult issue to resolve. Essentially, there is no budget or space for these facilities at the main Trust sites, either externally or by converting an internal space. DB has looked into this a couple of times, but each time with no solution. The need for shower and changing facilities will be formalised and recorded in the new Travel Plan.

VP wondered why it was that with the various new builds going on in the Trust that changing facilities were not being factored in as part of those builds at the outset rather than trying to find somewhere afterwards. DB agreed and has had conversations about this previously. He confirmed that his job description is being re-written to be more focused on travel and transport and he expressed how as part of this he would like to be able to, for example, have input into capital planning / major project meetings to ensure that certain considerations like e.g. changing facilities and EV charging are considered at the outset. Even if this doesn't always result in the answer we're looking for, it's important to at least have these issues raised at an early phase.

Taxis

KR noted that the new Emergency Department was opened successfully on Monday morning. **Although we have rung around the taxi companies to make them aware that the ED is now open for drop-offs, there have still been a lot of taxis dropping off at the South entrance corridor. KR has already notified WL (taxi union lead) who is unable to attend today, so that it can be picked up as an action.** **KL**

Pool Cars

CM confirmed that EP is has not passed on any apologies or reports on the Enterprise pool and hire cars. *Update following meeting: EP made contact afterwards to confirm that he had been off ill and apologised for missing the meeting.*

VP raised concerns over missing fuel cards in the pool cars. KR working with PB as there has been a procurement issue with fuel cards, while we are going out through a tender process. While it's not quite completed yet, we will be staying with the same company. We're also looking to put together a localised plan, with involvement from the Transport team and Enterprise, to look at getting the cards into the pool cars. VP asked if this meant there were currently no fuel cards in the pool cars. KR confirmed there are still cards in the pool cars. While there are procurement regulations that need to be followed due to the amount of money spent on fuel, (resulting in the tender), the main issue we're having is getting fuel cards into the vehicles once we know they're expired or not present anymore.

PB added that Enterprise had recently switched several Enterprise vehicles without notifying us about the new cars, meaning we hadn't been aware that new fuel cards were required. CM also noted that there are a large number of

pool car users who can easily lose a fuel card or mistakenly keep one in their pocket. The fact that a fuel card is missing from a vehicle may not become known until further down the line when a vehicle is nearly out of fuel and a future pool car user discovers it is missing. Once notified of this, a replacement card can be ordered, but it takes a further week for this to arrive, so this has an impact too.

Car Parking

KR referred to the collaborative work they had been doing with CYC in last 6 months and how positive this had been. Building this relationship and other external partnerships is really important, and he values being able to come together in meetings like this to work together and mitigate some of the issues we share.

KR provided the following updates:

- Car park permits have been reduced across the Trust from about 8,500 to around 4,000.
- The York site will extend the number of car parking spaces by 50 at South entrance on Wednesday 19th July, where the ambulance was residing during the ED works.
- KR relayed a couple of examples of positive feedback comments received by staff and patients on the vast improvements in parking, emphasising the palpable relief from stress and anxiety this has had.
- Resurfacing is now underway in Bridlington. FV confirmed there had been a couple of technical problems where people had double parked and the bus couldn't get around the turning circle, but we've got there in the end**. FV also noted that we were still awaiting a 'Give Way' sign and that there is also a faded area where we had a near miss that still needs resolving. KR apologised for not having sorted this yet as he's been meaning to address this in the last 6 months; requested to have this added as an action on the minutes.** **KR**
- As a management team they had to respond to around 2-3 received complaints a day on car parking issues. Since the recent car parking changes were implemented, they haven't received a single complaint.

JR noted that he would like include the work we've done here on car parking as a case study for CYC's travel plan. He would like to contact us later at some point and would value using some of the statistics and anecdotes as part of this.

GT asked if customer travel advice could be added to patient and outpatient letters, as it would be beneficial for them. KR has looked into this but said it's not as easy just adding something to letter. DB confirmed that historically it has been difficult adding anything to patient letters, having tried numerous times. DB thinks there has been a reluctance to including additional information requests on patient letters, as it may open up the floodgates to numerous requests from all aspects of the Trust. It still remains a good idea though, so **DB will enquire to see if travel advice could be considered on patient letters. KR thought Kim Hinton would be the person to speak to.** **DB**

GW queried how car parking charges for staff were settled on. KR confirmed that this this was part of a joined-up process involving a number of meetings with Union colleagues regarding car parking permits, pricing etc. Following those meetings we went through the Trust Exec board. There was also a lot of work behind the scenes, speaking with other Trusts (Leeds, Nottingham, Northumbria, Newcastle) to see how they had approached this. The issues of congestion and patient/visitor parking is a nationwide problem with most NHS trusts. There was an option of bringing all staff parking charges in line with each other across the Trust. Applying the York rate of £2.00 across the whole of the Trust though, seemed too much of an increase for all staff, especially taking into account the cost of living crisis. Instead, the Trust Board opted for a banding pricing schedule scheme as the best course of action:

- Bands 1-3 receive free parking
- Bands 4-6 pay at a reduced rate of £1.50, compared to the £2.00 flat rate that was previously at York
- Band 7 and up pay the £2.00 rate
- Executive and Consultants pay £2.50. The higher charge at this level is used to help sustain that free parking for the lower band staff members.

This was a lengthy process to reintroduce bringing car park charges back to NHS staff, following the removal of government subsidies to allow free parking for staff during COVID.

Car Share

DB confirmed that the Trust has opted to not renew the Liftshare licence, as car sharing has not resumed since COVID, despite a few attempts. We have been paying for licence / service for several years which we can't use. Although we are fully committed to bringing a car share scheme back, which will feature as part of our travel plan, we will be looking at other providers, especially those that can potentially integrate with the ANPR system.

Community Travel

KR - There's been a knock-on effect from reintroducing staff charges and reducing the number of parking permits. Staff parking has, not unsurprisingly, spilled out onto some of the external roads, causing some issues for the public, although the impact in York is lessened because of the free bus travel option available. The issue is more prevalent in Scarborough, so it's something we may need to watch.

KR has been out to see White Cross Court with the Community Staff, where there are parking issues. We'll look at implementing some enforcement signage there and do a bit of realigning works to try and clearly differentiate between staff and patient parking. We can potentially issue the Community teams with some dashboard (old-fashioned) cardboard staff permits, so that we can go and enforce this on-site later on. PB was going to contact KR about White Cross Court outside of this meeting to discuss how Transport were struggling to get their vans in and out of the site. It could potentially be a major issue if an emergency vehicle like a fire engine or ambulance were required to access to the site. KR said this was an issue for the council too. He's looked at the planning application

	for White Cross Court and part of the road accessing belongs to highways and then part of it is also private land. It's a bit of a strange one when it comes to enforcement then, and so KR maybe have to link in with GT to have a look at this and determine the best course of action. It's the highways part of the road that tends to get filled with people parking on kerbs, so not sure what jurisdiction we directly have over that area. **GT asked for a map of the area to review, until he can get that into the highway plan and look at putting in some regulations there. With regards to resolving the issue, GT will take this forward.**	**KR/GT**
	RP wanted to follow on from the issues about site congestion and some concerns about patients who have no alternative but to come to York in a car, due to the centralization of specialist services. RP thought that this is really the issue of inequity in waiting times, particularly around diagnostic tests which are generating unnecessary journeys. For example, if a patient can choose between an endoscopy with a 3-week waiting time at York, compared to 11 weeks at Scarborough, many will opt for the longer journey with the shorter waiting time. This then adds an environmental carbon footprint as well as intensifying congestion issues in York. The Trust should consider using their resources in terms of clinical staff to rebalance the waiting times evenly across the sites, so that patients aren't making the decision to travel all the way to York for a diagnostic test. RP appreciates that this is not necessarily within the remit for this group, but perhaps it should extend to looking at where unnecessary journeys are being generated from the way things are structured. DB confirmed that he has passed on these comments in advance to Andrew Hurren, (Deputy Head of Operational Performance), as what has been raised here is centred heavily on clinical strategy. **Once DB receives an official statement in response to this, he will ensure this is distributed to the group alongside the minutes.**	**DB**
	FV highlighted that Neil Wilson (Head of Partnerships) was doing a piece of work for patients a few months ago based on transport from Bridlington to Malton, which involved some sort of trial**.** He asked if we could request an update on this, which could be circulated to the group between now and the next meeting. **DB noted that he had some initial input into this work, a while ago, but it does seem to have gone quiet since. He will follow this up with Neil to see what came of the trial.**	**DB**
	Sustainability The group had no updates or concerns to raise.	
5	**PALS** Nothing transport related to report.	
6.	**Items for highlighting to Sustainable Development Group** The group had no updates or concerns to raise.	
7.	**Any Other Business** New Travel Plan DB will write a new Travel Plan soon, with a view to having it published by the end of the year. The Travel Plan will have a number of aims, targets and projects all relating to sustainable or active travel. There will be a huge emphasis on modal shift, so all of the work we've been doing with the buses and the car and getting people out of cars into more active or sustainable transport methods will be included. DB, FV and Andy Johnstone (Travel Planning Officer for East Riding Council and new T&T member) have done a site walk at Bridlington a few weeks back leading to some positive conversations about some active travel work at Bridlington Hospital he'd like to do. DB is excited about as because he's never managed to do anything this focused on Bridlington before. Andrew Bradley (Net Zero Travel & Transport Lead, NHS England) is doing a big push on the use of Modeshift by NHS Trusts at the moment. Modeshift is an online travel planning resource. DB shared a spreadsheet example of the data to be collated towards this, which Andy would interrogate to produce a bespoke travel survey. DB is keen on using Modeshift as a tool towards our own travel plan, for which he still has to produce a mammoth document. In terms of completing our actions, aims and targets for the travel plan, DB can use Modeshift as an online dashboard to monitor things like uptake data and figures. The cost for a Modeshift licence is relatively low. The Integrated Care Partnership is an organisation that sits between ourselves and NHS England and DB has established a connection with Neil Cartwright, who is a Sustainability Lead for them. Neil has asked DB to Chair an equivalent of our travel and transport group with other transport colleagues from other Trusts in the North. This would provide an opportunity to share good practise together and would also help facilitate our own travel plan. For example, when we were discussing car sharing earlier on and looking for an alternative solution in the future, involvement in a group like this would provide the perfect opportunity to ask colleagues from other Trusts on what they have done, what worked for them, what didn't etc. Walking Festival, York GW brought the group's attention to an upcoming walking festival from 16-24th September. **This will be an event including lots of pre-arranged walks amongst other activities, which staff or patients may potentially like to participate in. DB asked GW to send him the details which he'll pass on to our Comms team.**	**GW / DB**
	Next Meetings • Friday 13th October 2023, 10:00 – 11:30 (Microsoft Teams) • Friday 19th January 2024, 10:00 – 11:30 (Microsoft Teams)	

5. Membership Development Group (07.08.23)

Attendance: Abbi Denyer (Chair), Michael Reakes, Rukmal Abeysekera, Keith Dobbie, Sue Smith, Beth Dale, Mick Lee, Sally Light, Colin Hill, Alastair Falconer, Julie Southwell, Maya Liversidge, Paul Johnson, Cllr Jonathan Owen, Cllr Jason Rose, Tracy Astley

Apologies for Absence: Sally Light, Bernard Chalk, Catherine Thompson, Franco Villani, Alastair Falconer, Andrew Stephenson, Elizabeth McPherson, Paul Johnson, Mike Taylor

Action Notes from April meeting

Reference	Subject	Responsible Officer
Agenda Item: 4	**Promoting Membership:** Explore ways of how membership is currently being promoted.	Colin will contact the Comms Team to explore ways of promoting membership.
Action	Colin discussed with Comms Team. He will give update at next meeting.	
Agenda Item: 4	**ICS:** receive an update from ICS on membership/governors status.	Tracy will invite a member of the ICS to the next CoG meeting to give an update.
Action	Sue Symington to attend Dec CoG meeting.	
Agenda Item: 5	**Membership Survey feedback**: governors to come up with ideas for representing members/public in their areas.	Rukmal has asked for it to be put on the next CoG agenda.
Action	This was not added due to time restraints and other pressing matters that needed discussing.	

Action Notes from today's meeting

Reference	Subject	Responsible Officer
Agenda Item: 3	**Promoting Membership:** Suggestions of venues to promote membership: Outpatient areas on Trust sites, car parking areas, village noticeboards, Pharmacies, Drs Surgeries, In buses.	Tracy will post out posters and postcards to governors for them to put up around their constituencies.

Agenda Item: 3	**Promoting Membership:** Continue to explore membership promotion on appointment text messages.	Colin will follow up on this and update the Group.
Agenda Item: 3	**Promoting Membership**: Check if volunteers receive info on becoming members.	Abbi will contact Krishna De to clarify what information they receive.
Agenda Item: 3	**Promoting Membership:** Do a recording and put it on Hospital Radio.	Maya to send over details for Tracy to pursue.
Agenda Item: 4	**Communications Strategy**: It was noted that there were no public communication channels in the Strategy.	Abbi will clarify with Lucy Brown and update the Group.
Agenda Item: 5	**Membership Group ToR:** Amendments suggested.	Michael will supply Tracy with suggested amendments.

Date of Next Meeting:
Monday 4 December 2023, 10.00 – 11.00, via F2F/Teams.
All Governors Welcome

6. Constitution Review Group (14.08.23)

Attendance: Michael Reakes (MR) (Chair), Rukmal Abeysekera (RA), Keith Dobbie (KD), Colin Hill (CH), Tracy Astley (TA)

Apologies: Sally Light (SL), Catherine Thompson (CT), Mike Taylor (MT),

MR thanked everyone for attending and declared that the meeting quorate.

The following actions were discussed as follows: -

Agenda Item: 2	**Matters arising from last action notes**	
Actions agreed	Group queried whether a discussion had taken place around having an Out of Area governor.	TA advised that this vacancy had been advertised in the recent elections. However, nobody applied. Action remains open for any Constitutional changes.
Agenda Item: 3.1	**Constitution Matters**	
Actions agreed	MR proposed an amendment to the Constitution to help clarify the escalation route for the removal of the Chair or NEDs in line with Action 23/20 of the XCOG dated 12 May 2023 (lessons learned). The proposed changes were discussed at the Governor Forum on 9 August 2023 and had the overwhelming support of Governors. SL proposed an amendment to the wording via email on 14 August 2023. This amendment was approved unanimously, and the motion was passed unanimously.	MR will write to MT with all proposed constitution changes for potential ratification at the next Private COG. Action Closed. See Attachments.
Actions agreed	Oral expression – MR proposed adding a definition in the Constitution to make this more explicit,	To be discussed at the next Governor Forum as needed, or the next Private COG.
Actions agreed	TA will send MR a word version of the constitution so he can review and show markup changes to MT.	Emailed 14/08/23. **Action closed.**
Agenda Item: 4	**Any Other Business**	
Actions agreed	Next meeting items to add to agenda: • To review the Compliance Manual • To review the CRG ToR	TA will add to next agenda.

Date of Next Meeting:
Monday 11 December 2023, 10.30 – 12.00, via Teams

7. Constituency Activities

Staff – Scarborough & Bridlington:

Franco Villani attended the Travel & Transport Group meeting and carried out Bridlington site walk round with governors. He has also raised concerns with regards to Bridlington nurses been sent to Scarborough, lack of communication, travel cost and travel time, and this is being addressed with Tara Filby.

Maya Liversidge left the Trust in August and therefore resigned from her post as a staff governor. During her last few months, she has attended many governor meetings and has also progressed with advertising membership to patients via the patient's bed notes. Her governor post has been advertised as part of the annual governor elections.

Public – East Coast of Yorkshire

Keith Dobbie's activities for the past quarter are to attend two CoG meetings, one Constitution Review Group meeting, a Governors forum meeting, one specially convened meeting of governors and Alan Downey. He has also had many discussions with local trust members and taking those questions onward for response by the leadership. He has also carried out 2 walkabouts to assess patient care and one impromptu visit to the Scarborough hospital to assess how the patient and public flow was going.

.Public – York

Michael Reakes chaired the recent Constitution Review Group meeting on 14 August. A proposed amendment to the Constitution to help clarify the escalation route for the removal of the Chair or NEDs was ratified. This is in line with Action 23/20 of the XCOG dated 12 May 2023 (lessons learned). This has been forwarded to Associate Director of Corporate Governance with the expectation that this will be tabled for adoption at the next Council of Governors.

Three Trust Membership posters and multiple postcards were received from Tracy Astley by mail. Two posters have been forwarded for display in the Renal Unit in Easingwold. The remainder will be distributed as appropriate.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Report to:	Council of Governors
Date of Meeting:	14 September 2023
Subject:	Governance Update
Director Sponsor:	Mark Chamberlain, Trust Interim Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Priorities	**Board Assurance Framework**
☒ Our People ☒ Quality and Safety ☒ Elective Recovery ☒ Acute Flow	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ Integrated Care System ☒ Sustainability

Summary of Report and Key Points to highlight:
To present a number of governance updates X

Specifically to note and discuss:
- Governor escalation processes
- Buddy system
- Governor elections

Recommendation:
The Council of Governors is asked to note the update and feedback any comments to the Governor and Membership Manager.

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

Governance Update

1. Introduction

The paper provides an update on governance issues in the Trust including those actions that have been raised from the Council of Governors.

2. Governor Elections

The governor elections will be open to voting from Monday 4 September until 5pm on Wednesday 27 September 2023. This will be for the following vacancies:

Public
- City of York x 1 vacancy
- Ryedale & East Yorkshire x 1 vacancy

Staff
- York x 1 vacancy
- Scarborough & Bridlington x 2 vacancies
- Community x 1 vacancy

No nominations were received for the out of area vacancy and subsequently this will remain a vacancy throughout 2023/24. Thank you to all those existing governors and prospective new governors who have nominated themselves for the vacancies.

The results of the elections will be available from Thursday 28 September 2023.

3. Buddy System

A buddy system was requested at the recent Governor Forum and agreed to be investigated for new governors at the Trust so to provide an ongoing understanding in the first year of being a governor about how the role operates and support any new governors to the Trust – public, staff and stakeholder.

This it is planned will be introduced as part of the new governor induction process following the September 2023 elections and in addition to any existing governors that feel they require further support in their role.

This will be in addition to the following existing support provided:

- Induction process with the Trust Chair, Associate Director of Corporate Governance and Governor and Membership Manager informing of the Trust's activities and the role of the Governor
- Opportunities for attendance at formal taught courses from NHS Providers (Govern Well) including:
  - Core skills
  - The governor role in non-executive appointments
  - Effective chairing for governors
  - Member and public engagement
  - Accountability and holding to account
  - Effective questioning
- Regular communication (Governor Information) on topics of relevance from the Governor and Membership Manager

- Guidance from specialist advisors in discharging specific aspects of governor role e.g., NED recruitment, external audit appointment, significant transactions
- Increased knowledge of the Trust's activities at Council of Governors and Board of Directors meetings and attendance at Assurance Committees
- Opportunity to attend the Board of Directors meetings held in public
- Ad hoc support from the Associate Director of Corporate Governance/ Governor and Membership Manager as and when required
- Peer support on an ongoing basis and for example new governors being supported by well-established governors

The buddying process will involve specific discussions with the governor requiring support and the buddy in what is best in the specific circumstances. As an outline it is envisaged this will require activities such as setting objectives to achieve in learning the role, governor shadowing, specific tailored support from the Governor and Membership Manager and the opportunity to learn from experiences in meeting other governors either on a 1-1 or group basis.

Can any governors who wish to volunteer to become buddies and any governors who wish to be buddied, please contact Tracy Astley.

4. CoG Internal Communication and Escalation Process

The Council of Governors have a number of avenues of communication and escalation for their comments, concerns and questions. A summary of these are provided below.

Communication to	**Examples of types of governor communication and escalation**	**Further information and escalation**
Council of Governors	Questions for the NEDs	Raised from governors and/or via members or members of the public in advance
Nominations and Remuneration Committee	Comments on discharging the duties of the Committee as per its terms of reference	Members: - Mark Chamberlain (Interim Chair) - Bernard Chalk - Beth Dale - Catherine Thompson - Gerry Richardson - Linda Wild - Rukmal Abeysekera - Sally Light - Julie Southwell - Sue Smith Escalation as necessary to CoG
Constitution Review Group	Comments on discharging the duties of	Members: - Michael Reakes (Chair)

	the Committee as per its terms of reference	- Andrew Stephenson - Catherine Thompson - Colin Hill - Abbi Denyer - Keith Dobbie - Rukmal Abeysekera - Sally Light - Wendy Loveday Escalation as necessary to CoG.
Membership Development Group	Comments on discharging the duties of the Committee as per its terms of reference	Core Members: - Abbi Denyer (Chair) - Dawn Clements - Maya Liversidge - Michael Reakes - Rukmal Abeysekera - Sally Light - Sue Smith All governors invited to attend. Escalation as necessary as CoG.
Out of Hospital Group	Comments on discharging the duties of the Committee as per its terms of reference	Members: - Bernard Chalk (Chair) - Andrew Stephenson - Beth Dale - Catherine Thompson - Sharon Hurst - Sue Smith - Lorraine Boyd Escalation as necessary to CoG.
Patient Experience Group	Comments on discharging the duties of the Committee as per its terms of reference	Members: - Beth Dale - Alastair Falconer Escalation as necessary to CoG.
Lead Governor	Comments and questions regarding issues in discharging the governor role at CoG, its committees and any general concerns	Escalation as necessary to Trust Chair and/or Associate Director of Corporate Governance/ Governor & Membership Manager

Each constituency: - City of York (public) - East Coast (public) - Hambleton (public) - Ryedale and East Yorkshire (public) - Selby (public) - University of York (stakeholder) - Community & Social Care (stakeholder) - North Yorkshire County Council (stakeholder) - City of York Council (stakeholder) - East Riding of York Council (stakeholder) - York (staff) - Scarborough and Bridlington (staff) - Community (staff)	Specific constituency issues	Escalation to Lead Governor and the Council of Governors as appropriate
Trust Chair	Comments and questions regarding issues in the activities at the Trust outside of the above forums or escalation following raising with the above	Further escalation as necessary to the Chief Executive, Directors, NEDs and Board of Directors
Associate Director of Corporate Governance/ Governor and Membership Manager	General comments, queries and questions on all of the above to be directed as required	Escalations as necessary to any of the above forums

Name	15.03.22 CoG	27.06.22 XCoG	07.07.22 CoG	26.09.22 CoG	01.12.22	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	14.12.23 CoG
Alan Downey (Chair)	√	√	√	√	√	√	√	Ap			
Mark Chamberlain (Interim Chair)									√		
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√		
Bernard Chalk (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√	√	√		
Mary Clark (Public Governor - York)					√	Ap	√	Ap	√		
Dawn Clements (Stakeholder Governor – Hospices)	Ap	Ap	Ap	√	√	Ap	√	√	√		
Cllr Liz Colling (Stakeholder Governor - NYCC)				√	√	Ap	√	Ap	√		
Beth Dale (Public Governor - York)	√	√	√	Ap	Ap	Ap	√	√	√		
Abbi Denyer (Staff Governor - York)					√	√	√	√	√		
Keith Dobbie (Public Governor - East Coast of Yorkshire)	Ap	Ap	√	√	√	√	√	Ap	√		
Alistair Falconer (Public Governor - Ryedale & EY)	√	√	√	√	√	√	√	Ap	√		
Colin Hill (Public Governor - East Coast of Yorkshire)					√	√	Ap	√	√		
Sharon Hurst (Staff Governor – Community)	√	Ap	√	√	√	Ap	Ap	Ap	√		

Name	15.03.22 CoG	27.06.22 XCoG	07.07.22 CoG	26.09.22 CoG	01.12.22	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	14.12.23 CoG
Maria Ibbotson (Public Governor - East Coast of Yorkshire)					√	√	√	√	√		
Paul Johnson (Staff Governor – York)	√	√	Ap	√	√	√	√	√	√		
Sally Light – (Public Governor – York)	√	√	√	√	Ap	√	√	√	√		
Maya Liversidge (Staff Governor – Scarborough/Bridlington)	√	√	√	√	√	√	√	√	Ap		
Wendy Loveday (Public Governor - Selby)					√	√	√	√	Ap		
Elizabeth McPherson (Stakeholder Governor - Social Care)									√		
Cllr Jonathan Owen (Stakeholder -East Ryedale CC)											
Michael Reakes (Public Governor – York)	√	Ap	√	Ap	√	√	√	Ap	√		
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	√	Ap	√	√	√	Ap		
Cllr Jason Rose (Stakeholder Governor - NYCC)									√		
Sue Smith (Public Governor - Ryedale & EY)	√	√	√	Ap	√	√	√	√	√		
Julie Southwell (Staff Governor - York)					√	√	√	√	√		
Andrew Stephenson (Public Governor - Selby)					√	√	√	√	√		

Name	15.03.22 CoG	27.06.22 XCoG	07.07.22 CoG	26.09.22 CoG	01.12.22	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	14.12.23 CoG
Catherine Thompson (Public Governor- Hambleton)	√	Ap	√	√	Ap	√	√	Ap	Ap		
Linda Wild (Public Governor - East Coast of Yorkshire)					Ap	√	√	√	√		

Trust Priorities; Quality and Safety

Risk description	PR1 - Unable to deliver treatment and care to the required standard	**Causes** *What has to happen for the risk to occur?*	- Insufficient workforce resources - Professional competency of clinical staff - Lack of funding - Inadequate buildings and premises - Lack of space - Inadequate or aged medical equipment
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Increased financial costs - Reputational damage - Regulatory attention

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Quality & Safety Assurance Committee**	
Likelihood	4	4	3	**Risk Appetite: Exceeding**		
Impact	5	4	2	**Date to achieve target score: Year-End Review**	**Risk Owner:**	**Chief Nurse**
Overall risk rating	20	16	6		**Links to CRR:**	**3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Internal effectiveness reviews against national standards	None identified	-Clinical effectiveness team -Internal Audit	- Clinical Effectiveness reports - Internal Audit reports	None identified
Review of data from national surveys e.g. NICE, NSF	- Volume of data makes it difficult to focus on key issues - Data does not always flow through correct governance	-Healthcare Evaulation Data (HED) -Clinical Effectiveness Audits -NICE	- HED reports - National Survey results	None identified
Implementation of Clinical standards	None identified	- Board of Directors - Quality and Safety Assurance Committee	- TPR reported and duiscussed at every Board of Directors and Quality & Safety Assurance Committee - Minutes and actions of papers April- June, July-December Board of Directors , Executive Committee and Quality & Safety Assurance Committee inc Nurse Staffing, Ockenden, CQC, IPC	None identified
Revalidation of professional standards for doctors	None identified	-Trust internal appraisal and revalidation process/system	- Annual Revalidation Report to Sept Board	- Revalidation requirements and links to appraisal
Oversight of performance	None identified	- Oversight & Assurance meetings and other governance forums	- TPR reported to April-July Board of Directors and April-July Quality & Safety Assurance Committee - Minutes and actions of papers TPR April-July Board of Directors , Executive Committee and Quality & Safety Assurance Committee - KPIs in Care Group dashboards - Q1 Minutes of Oversight & Assurance meetings	None identified
Implementation of the Performance Management Framework	None identified	- Oversight & Assurance meetings and other governance forums	- Q1 Minutes of Oversight & Assurance meetings and other governance forums e.g. Quality Committee, Care Group Board meetings.	None identified
Ongoing Implement Workforce & OD Strategy (Being Renewed)	Poor diversity in leadership positions (gender pay, race equality)	- Board, Executive and Digital, Performance and Finance Assurance Committee.	- Board/Committee papers - Oct Board Equality, diversity and inclusion data reporting	None identified
Ongoing monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	-TPR reported to April-July Board of Directors and May and July People & Culture Assurance Committee - Executive Committee Agency Usage Report	None identified
Oversight of Establishments	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	-Limited visibility to investments required but not progressed.
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports Bank only training for non-medical is at 77% (dropped due to LH incident) and Medical is at 41%.	-Training deferred/delayed due to operational pressures.
Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
Monitoring the effectiveness of waiting lists	None identified	Clinical Risk stratification, validation and monitoring of waiting lists	- Risk stratified elective waiting lists.	- Diagnostic waiting lists to be risk stratified in July; outpatient list to follow.
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT. -Business Planning process	-Schedules detailing capital investment needs. -Business Planning schedules	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	- April & May Executive Committee and Board of Directors approved plan - Capital planning process underway for 2023/24	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	-Agenda, papers, minutes and action logs for internal governance meetings (CPEG), Digital, Performance and Finance Committee, Executive Committee, Board of Directors) -Reports to external bodies (the ICS and NHSE/I)	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Recruitment	Reintroduce open days (July); Launch recruitment website (Sept); International nurse recruitment (90 by Feb 24)	Polly McMeekin	**Feb-24**

Trust Priorities; Quality and Safety

Risk description	PR2 - Access to patient diagnostic and treatment is delayed	**Causes** *What has to happen for the risk to occur?*	- Increased waiting times - Insufficient bed capacity - Failure to transform patient pathways - Inefficiencies in buildings, premises and medical equipment - Insufficient and appropriately qualified staff - Failure of clinical staff to meet required professional standards - Lack of space for patient treatment and staff handovers
		Consequences *If the risk occurs, what is its impact?*	- Patients suffering avoidable harm - Damage to the trust reputation - Regulatory attention - Increased Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Quality & Safety Assurance Committee	
Likelihood	5	4	3	Risk Appetite: Exceeding		
Impact	5	5	4	Date to achieve target score:	Risk Owner:	Medical Director
Overall risk rating	25	20	12		Links to CRR:	3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 16, 17, 18

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implementation of Clinical standards	None identified	-Board of Directors -Quality & Safety Assurance Committee -- OAMS	- TPR Committee reporting of learning from Patient Safety Incidents - Minutes and actions of papers (Board, Executive, Quality Committee) - National Audit Clinical Standards - -GIRFT Visit	System pressures including ambulance and across local authorities with surges in activity leads to difficulties in applying consistent high clinical standards
Revalidation of professional standards for doctors	None identified	-Annual Board Report	- Annual Organisational Audit Report to Sept Board	None identified
Conduct Incident Reporting and learning from Safety incidents	None identified	- Datix - Care Group Boards - Oversight & Assurance meetings - CPD	- Action plans following investigation of incidents on a case by case basis - Datix incident reports - Monthly SI/Never Event reports presented to Quality & Safety Committee, Operataional Quality Group, Care Group Boards and Oversight & Assurance meetings April-July 2023/24 - Learning from deaths and 6 monthly Cancer Harm report to QPaS - Patient experience report Q1-Q3 reported to Quality & Safety Assurance Committee - Medical Legal report - Escalations recorded on CPD - -Medical Examiner Report	Overarching analysis and triangulation of all information. Clinical pressures divert Clinical Staff from Audit Assurance work.

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**

Trust Priorities; Elective Recovery - Acute Care Flow

Risk description	PR 3 - Failure to deliver constitutional/regulatory performance and waiting time targets	**Causes** *What has to happen for the risk to occur?*	- Covid 19, increased waiting times - Insufficient bed capacity - Inefficient patient pathways - Nursing and speciality workforce recuitment challenges
		Consequences *If the risk occurs, what is its impact?*	- Patient harm - Reputational damage - Regulatory attention - Financial costs

Risk Rating	**Gross**	**Net**	**Target**	**Risk Appetite Assessment**	**Committee Oversight: Digital, Finance and Performance Assurance Committee**	
Likelihood	4	4	4	**Risk Appetite: Exceeding**		
Impact	5	4	3	**Date to review target score: Q2 2023/24**	**Risk Owner:**	**Chief Operating Officer**
Overall risk rating	20	16	12		**Links to CRR:**	**3, 4, 5, 7, 8, 9, 11, 12, 13, 14, 15, 17**

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
1. Oversight of performance	None identified	Board and DPF Committees Oversight & Assurance meetings and other governance forums	TPR reported and discussed at every Board, Digital, Performance and Finance Assurance Committee - Minutes and actions of papers April- June (IBR), July, Sept, Oct (Board, Executive, Digital, Performance and Finance Assurance Committee) - KPIs in Care Group dashboards - Minutes of Q3 & Q4 Oversight & Assurance meetings and Care Groups	None identified
A. Implementation of the Performance Management Framework	None identified	Board and DPF Committees Oversight & Assurance meetings and other governance forums	- Minutes of Q4 & Q1 Oversight & Assurance meetings - Minutes and actions of papers TPR April-July (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) EY review of performance Management Framework as part of Tier 1 actions	None identified
B. Implementation of surge plans	None identified	- Scenario testing of surge plans (Winter resilience) Lessons learned paper to Exec Committee and Board - Silver and Gold Command standard operating procedures	- Results of scenario testing. Minutes of March Board & March Exec Committee were lessons learnt were presented - OPEL 4 daily calls assurance to YAS and NHSEI on Ambulance turnaround when required - Bronze/Silver/Gold Command enacted for	None identified
C. Implementation of Operational Plans (including Covid plans)	None identified	- Operational meetings to monitor and respond to operational requirements	- Minutes from operational meetings	None identified
D. Implementation of winter plans, resilience plans and surge plans	None identified	- Winter and resilience plans discussed at governance meetings (Executive, Board, Quality Committee)	- Minutes of Sept Board and Sept Executive Committee where winter and resilience plans were discussed.	None identified
E. Delivery of Building Better Care programme. Established as Elective Recovery Board UEC Board, Maternity Transformation Board People & Culture Committee	Programme completed	Programme structure established Transitioned to BAU.	- April-Sept Transformation Committee reports and minutes inc KPIs Closing report to Execuive Committee May 2023	- None identified
F. Monitoring the effectiveness of waiting lists	None identified	- Elective recovery planning and monitoring of waiting lists - ERB	- Reporting on progress of meeting waiting lists, via Tier 1 meetings and DPF Committee & Board	- None identified
G. Urgent Care working at place	None identified	- Collaboration of Acute Providers	- Engagement and participation at Collaboration of Acute Providers for elective recovery	- None identified
H. Deployment of health inequality assessment to inform waiting list management	None identified	- Board and Executive Committee	- Oct Executive Committee York City Council reporting of Health Inequalities across Trust area	- Specific system reporting against health inequalities

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Deliver the 2023/24 Plan on activity	Oversight provided through the Executive Committee as a Committee of Board. Assurance provided through the Digital, Performance and Finance Assurance Committee.	Claire Hansen	**Jul-23**
Rapid Quality Review System action plan	Weekly place based monitoring meeting of actions and performance trajectories. Monthly ICB assurance meeting.	Claire Hansen	**Jul-23**

Trust Priorities; Our People

Risk description	PR4 - Inability to manage vacancy rates and develop existing staff predominantly due to insufficient domestic workforce supply to meet demand	**Causes** *What has to happen for the risk to occur?*	- Insufficient supply of workforce - Lack of succession planning - Limited career opportunities - Operational pressures (inc Covid impact on staff absence/redeployment/release) - Inadequate buildings and premises
		Consequences *If the risk occurs, what is its impact?*	- Deterioration of staff wellbeing - High attrition rates - Increased financial costs from interim arrangements - Potential patient harm - Reputational damage - Regulatory attention

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: People and Culture Assurance Committee	
Likelihood	5	4	4	Risk Appetite: Exceeding		
Impact	5	4	3	Date to review target score: Q2 2023/24	Risk Owner:	Director of Workforce and OD
Overall risk rating	25	20	12		Links to CRR:	3, 7, 9, 11, 13, 15, 16, 18

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Implement Workforce Strategy and People Recovery Plan	- Poor diversity in leadership positions (gender pay, race equality) - Lack of resources to fund intiatives	- Board, Executive and People and Culture Committee.	- Board/Committee papers June 2019 approval - Equality, diversity and inclusion data reporting of WRES/WDES Oct Board of Directors report	None identified
Deliver Board development sessions	None identified	-Board meetings	- Board development independent review	None identified
Conduct Talent Management Framework	None identified	-Trust intranet - Board of Directors papers	- Learning Hub - PREP	None identified
Design and Deliver Internal Leadership Programmes	None identified	-Trust intranet - Shadow Board development with NHS Elect	- List of programmes on Learning Hub	None identified
Leadership succession plans	None identified	- Board, REMCOM, Executive Committee - Shadow Board development with NHS Elect	- Board papers (agenda, minutes, action log) - REMCOM papers (Oct agenda, minutes, action log)	None identified
Implement ICS initiatives e.g. Ambassador Scheme	Poor diversity in leadership positions (gender pay, race equality)	- Board (reporting on Equality, diversity and inclusion)	-Board papers (agenda, minutes, action log) -REMCOM papers (agenda, minutes, action log)	None identified
Implement Workforce models and planning on a case by case basis	National contract limitations National training programmes	-Director of Workforce & OD	-Board approved Workforce models and plans	None identified
Target overseas qualified staff	None identified	- Overseas AHP and medical recruitment programme	- QIA for new nurse roles - CHPPD - ICS international recruitment programme (Kerala)	None identified
Incentivise recruitment & reintroduced recruitment open days. Launched careers website.	None identified	-Reduced vacancy rates in TBR	- TPR and workforce reporting at May and July People and Culture Workforce Committee	None identified
Monitor staffing levels (temp/perm)	None identified	- Review of vacancy rates and agency usage through governance forums and departmental meetings	- Minutes and actions of papers TPR April-July (Board, Executive Committee , People & Culture Assurance Committee) - Executive Committee Agency Usage Report	None identified
Oversight of rotas - e-Rostering	Approximately 50% of AHP rotas remain manual	- Internal Audit	- Internal Audit reports on E-Rostering - CHPPD	None identified
Oversight of Establishments and establishment reviews (nursing and AHP)	Estate limitations - lack of staff rest areas	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	Limited visibility to investments required but not progressed.
Monitor performance against the People Plan	None identified	-Resource Committee updates against the People Plan	- Sept 22 Minutes People and Culture Committee	None identified
Implement Workforce & OD Strategy	None identified	- Reporting on performance against the Workforce & OD Strategy to Board, Executive and Resources Committee.	- People & Culture Assurance Committee updates July, September, November and January	None identified
Monitor Bank Training Compliance	None identified	-Bank training compliance discussed by the Workforce & OD team	- Bank training compliance results/reports (%) - May and July People and Culture Committee reporting, action plan and minutes	None identified
Workforce resilience model	None identified	Executive Committee	- Executive Committee approval October 2021	None identified
Communicate guidance for Managers for remote working	Space restrictions	- Trust intranet	- Agile Working Policy	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Culture change (Retention)	Implement E,D & I gap analysis Our Voice Our Future programme commenced June 23 Visibility Programme launched July 23	Simon Morritt	**Jun-25**
Leadership Framework roll-out and Line Management toolkit		Polly McMeekin	**Mar-24**
Recruitment	International nurse recruitment (90 by Jan 23);	Polly McMeekin	**Feb-24**
Workforce Plan	Clinical Establishment review continues (Nursing complete - AHP to be completed by Mar 24); Develop further alternative roles ; Increase Apprenticeship levy spend	Polly McMeekin	**Mar-24**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 5 - Financial risk associated with delivery of Trust and System strategies	**Causes** *What has to happen for the risk to occur?*	- Insufficient financial allocation distributed via the Humber and North Yorkshire Integrated Care Board - Failure of the Trust to manage its finances
		Consequences *If the risk occurs, what is its impact?*	- Inadequate revenue funding to meet the ongoing running costs of service strategies - Inadequate capital funding to meet infrastructure investment needs at the Trust - Inadequate cashflow to support operations - Net carbon zero objectives addressing environmental hazards not achieved - Imposition of financial special measures or licence conditions

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Finance and Performance Assurance Committee	
Likelihood	5	4	2	Risk Appetite: Exceeding		
Impact	5	4	3	Date to achieve target score: March 2024	Risk Owner:	Director of Finance
Overall risk rating	25	16	6		Links to CRR:	4, 6, 8, 9, 14, 17, 18

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Annual Business Planning process including Trust Strategy	Lack of clarity over funding from NHSE/I due to pandemic emergency financial regime.	-Business Planning process - Internal Audit	-Business planning schedules. - Internal audit reports on effectiveness of controls around the Business Planning process.	None identified
Preparation and sign off of annual Income and Expenditure plan, balance sheet and cash flow	None identified	-Executive Committee and Board of Directors.	Plan approved at March with update at April Board.	None identified
Routine monitoring and reporting against I&E plan	None identified	-Monthly updates to Care Group OAMs, Resources Committee, Financial Review Meetings, Executive Committee, Board of Directors, the ICS and NHSE/I.	- Minutes and actions of papers TPR April - July (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - Reports provided to external bodies (PFR monthly to NHSE)	None identified
Expenditure control; scheme of delegation and standing financial instructions.	None identified	-Board of Directors	-Approved scheme of delegation and SFIs November Board of Directors -System enforced delegation and approval management. - Written confirmation by prime budget holders or responsibilities	Operational pressures and CQC safe staffing level concerns may cause Care Groups to spend outside of budget resource envelopes.
Expenditure control; business case approval process	Investments approved outside of the business case process. Unplanned and unforeseen expenditure commitments.	-Internal audit -Financial Management team	-Business Case Register -Internal audit reports on effectiveness of controls around the Business Planning process. -Reports produced by the Financial Management team on variance analysis.	None identified
Expenditure control; segregation of duties	None identified	-Finance systems	-System enforced approvals. -No Purchase Order No Payment policy.	None identified
Expenditure control; staff leaver process	Management failing to notify Payroll in a timely way of staff leavers	-Contract change notification process. -Routine reporting of staff in post (i.e. paid) to budget holders.	-Salary overpayment recovery policy. -Reports from Finance to budget holders on their staff in post	Limited visibility to issue
Income control; income contract variation process	Unforeseen and unplanned in-year reduction in income.	-Financial Management Team	Income Adjustment form register.	None identified
Capital planning process including Trust and Estates Strategy	None identified	-Backlog maintenance programme. -Essential Services Programme for IT.	-Schedules detailing capital investment needs.	None identified
Preparation and sign off of annual capital programme	None identified	-Executive Committee and Board of Directors approved plan	-April/May Executive Committee and Board of Directors approved plan	None identified
Routine monitoring and reporting against capital programme	None identified	-Financial Services	- Minutes and actions of papers TPR April-July (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) and CPEG - Ad hoc reports to external bodies (the ICS and NHSE)	None identified
Overspend against approved scheme sums	None identified	-Financial Services	-Scheme sum variation process. -Scheme expenditure monitoring reports to CPEG.	None identified
Routine monitoring against cash flow	None identified	-Board of Directors - Finance team	- Minutes and actions of papers TPR April-July (Board, Executive Committee , Digital, Performance and Finance Assurance Committee) - PFR monthly to NHSE	None identified
Cash flow management through debtors and creditors	None identified	-Financial Management Team -Government	-Monthly debtor and creditor dashboard to Finance Managers and Care Groups. -Trend data reported to Executive Committee, Resources Committee and Board of Directors. -Better Payment Practice Code (BPPC) - monthly report	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Care Groups finance recovery plan meetings to initiate future interventions	Care Group recovery plans in diaries	A Bertram	**Jul-23**
Opportunities for further interventions being considered	Analysis being considered for future interventions	A Bertram	**Aug-23**

Trust Priorities; Quality and Safety

Risk description	PR 6 - Failure to deliver safe, secure and reliable digital services required to meet staff and patients needs.	**Causes** *What has to happen for the risk to occur?*	- Succesful cyber attack through a computer virus or malware, malicious user behaviour, unauthorised access, phishing or unsecure data flows. - Failure of the core technology estate (e.g. CPD, clinical or administrative systems or network infrastructure) due to single points of weakness, loss of power/premises, out of data infrastructure or poor data storage/sharing processes
		Consequences *If the risk occurs, what is its impact?*	- Potential patient harm - Regulatory attention (ICO) - Reputational damage - Financial costs

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Performance and Finance Assurance Committee	
Likelihood	5	4	3	Risk Appetite: Exceeding		
Impact	4	4	3	Date to achieve target score: November 2023	Risk Owner:	Chief Digital and Information Officer
Overall risk rating	20	16	9		Links to CRR:	4, 5, 6, 7, 8

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Information Governance Policies and Procedures The trust have policies and staff guidance in place communicating the organisations principles and procedures for data protection. The following policies are in place: Data protection Record Management Data Security Registration Authority Subject Access Requests Freedom of Information Network Security	The Data Quality Policy is currently under review. The Network Security Policy requires updating. The draft Registration Auhority Policy requires approval. Limited monitoring of policy implementation and adherance	Yearly internal Data Security Protection Toolkit (DSPT) audit report. Bi-annual Data Security Protection Toolkit submission to NHS England. DSPT improvement plan. Policies are available to all staff through the Information Goverance pages on Staff Room Information Governance Executive Group minutes and actions	DSPT Internal Audit report highlights 'Medium' assurance. IGEG meeting minutes highlight policies being reviewed. Proactively follow IG breach management and report to the ICO as appropriate. Regular trusts wide communications regarding new policies and procedures.	Levels of compliance with the Trust Data Protection/Confidentiality Policies should proactively be undertaken on an annual basis through unannounced IG walks.
Data Security and Protection Training All staff should undertake their mandatory Information Governance Training All Board members should complete their Core Statutory and Mandatory IG and Data Security training on an annual basis. Continuous campain to raise staff awareness of cyber threats.	Further awareness training should be provided.	KPIs highlighting number of staff undertaking IG training	SIRO Completed Manadatory Training. Majority of IAOs completed relvenat training. Majority of staff completing IG training. All staff must have initial IT induction training before they are granted access to the Trust network.	All Board members complete their Data Security Awareness Level 1 training on an annual basis. Provide specialised cyber security training to all members of the Board of Directors.
User Access Controls Processes for dealing with joiners, movers and leavers that identify/change appropriate user access as necessary. Wherever possible, the Trust should use multi factor authentication (MFA) for end user and end point devices.	Lack of access management policy, or similar, that documents how access is removed from user accounts that are no longer required and whether payroll systems or other means, such as manual processes, are involved in triggering the revocation of access. A Multi-Factor Authentication Strategy and/or Action Plan should be developed, with the aim of bringing Trust activity logging in line with best practice guidance required to evidence compliance with the DSP Toolkit.	Regular audits of access to the Active Directory as part of the leavers process.		
Business Continuity and Resiliance Data security incident response and management plan. Penetration Testing of key systems Backup policy and Testing	Draft cyber incident response plan needs to be finalised and approved by IGEG. The Trust Backup Policy requires review in line with best practice.	Business Continuity exercise conducted in September 2022 and results presented to DPF Committee. Desktop excercice undertake within DIS. A full backup review has been undertaken.	Exercise outputs indicated staff perfomed well in exercise. A test restore have been undertaken on minor system as proof of concept, and schedule of quarterly retores planned.	Trust wide participation in business continuity exercise Further businiess continuity exercise to be undertaken. Penetration testing of CPD is outstanding. Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) need to be defined for the Trust's key systems.
Software Patching Patch management procedure that enables security patches to be applied at the operating system, database, application and infrastructure levels. This procedure should be set out in a patch management procedure and/or strategy/policy.	The Patch Management Process needs to be updated to reflect the procedures in place for the management of security patches to mitigate high and critical vulnerabilities, and to include procedures for escalating patching exceptions to the SIRO, in line with best practice guidance contained in the DSP Toolkit.	All IT assets are currently recorded in the IT Health system, which can be monitored in real time.	The Trust has achieved the required percentage of supported devices, but there are a number of devices that have not logged into the network for more than 90 days.	There are a number of servers and endpoint devices that are not currently in support.

Supply Chain Management The Trust should have an up to date list of its suppliers, which enables it to identify suppliers that could potentially pose a data security or data protection risk to the organisation.	The Trust does not currently possess a comprehensive central register of the processors that the Trust engages with, and a Supplier Management Policy/Process is not yet in place. A Supplier Management Policy or Process is required which provides guidance and standards for the procurement of IT services and products, supplier maintenance, network segmentation and whether 3rd party access is allowed or managed.	The Record of Data Processing Activity (ROPA) identifies the IT systems being used to process personal data.		The Trust does not currently possess a comprehensive central register of the processors that the Trust engages with and a Supplier Management Policy/Process is not yet in place.
Software Development Methodology The Trust should have a secure software development lifecycle (SSDLC) or equivalent software and code security approach in place, aligned to industry good practice such as OWASP, to reduce the risk of code vulnerabilities or web application vulnerabilities being exploited.	The Development Team should be provided with training on secure website design principles to ensure that suitably qualified staff are available as necessary in the future.			Assurances that third party website developers have used secure design principles, and that their web applications are protected against common security vulnerabilities. Penetration Test requires completion.

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Action Plans arising from Compliance Inspection visits should be logged and shared with the IGEG, as planned, together with examples of good and bad practice identified.	Inspection Reports will be presented to the next IGEG meeting in August 2023.	Rebecca Bradley	**Aug-23**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 7 - Trust unable to meet ICS expectations as an acute collaborative partner	**Causes** *What has to happen for the risk to occur?*	- Ongoing Trust operational pressures; Urgent, Elective and Community Care
		Consequences *If the risk occurs, what is its impact?*	- Challenges in delivering overall quality of care provision to patients - Reputational harm in meeting system contribution targets required across the Humber and North Yorkshire region

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Executive Committee	
Likelihood	3	3	3	Risk Appetite: Inside Tolerance		
Impact	3	2	2	Date to achieve target score: Achieved	Risk Owner:	Chief Executive
Overall risk rating	9	6	6		Links to CRR:	6, 9, 12, 18

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Integration with ICS on system wide planning	None identifed	- Attendance of members of Trust Executive Team across H&NY ICS governance structure	- Chief Executive update reports on Board of Directors Minutes and actions of papers April-Jul	None identified
Operational and Finance Plans 2022/23	None identified	- Board of Directors approval processes and sub-committee assurances of delivery	- Approval at Board of Directors and submission to NHSE&I for H1 and H2 plans	None identified
Trust involvement in the Collaborative of Acute Providers	None identified	Acute providers governance in decision making across 5 strategic themed transformation programmes; cancer, diagnostics, electives, maternity and paediatrics, urgent and emergency care	- Trust Building Better Care Transformational Programme - Engagement with H&NY ICS - Managing Director of Collaboration of Providers engagement with Executive Team - Workshop of the Humber and North Yorkshire Collaboration of Acute Providers (CAP) - OD Programme of Work - Board agreed CAP terms of reference and joint working agreement (June 2023)	None identified
Trust CEO Provider representative on H&NY Interim Executive Group	None identified	H&NY Interim Executive Group meetings	Engagement with the H&NY Interim Executive Group	None identified
Trust CEO Provider representative on North East and Yorkshire ICS transition oversight group	None identified	North East and Yorkshire ICS transition oversight group	Engagement with the North East and Yorkshire ICS transition oversight group	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
Ongoing collaborative strategy development at neighbourhood, place and system level delivering for Trust patients and wider H&NY during 2023/24	Progress to be reviewed during 2023/24	Exec Team	**Apr-24**
Finance and activity delivery for 2023/24 as part of H&NY system delivery	Progress to be reviewed during 2023/24	Exec Team	**Apr-24**

Trust Priorities; Our People - Quality & Safety - Elective Recovery - Acute Flow

Risk description	PR 8 - Failure to achieve net zero targets, air quality targets and changing climate adaptation requirements from the Health and Care Act 2022 and Humber & North Yorkshire ICS Green Plan	**Causes** *What has to happen for the risk to occur?*	- Failure to reduce greenhouse gas emissions from the Provider's Premises in line with targets in 'Delivering a 'Net Zero' National Health Service' (targets are 80% carbon reduction by 2032 and Net Zero by 2040) - Not achieving standard contract 18: Requirement to provide detailed plans as to how the Trust will contribute to a Net zero NHS in relation to a) reducing carbon emissions from Trust premises 80% by 2032; b)reducing air pollution through transitioning fleet to Zero and Ultra Low Emission Vehicles, installing EV charging for fleet and establishing policies which exclude high emission vehicle use and promote sustainable travel choices; and c)adapting premises to reduce risks associated with climate change and severe weather;
		Consequences *If the risk occurs, what is its impact?*	- Reputational risk in not achieving targets - Potential NHS England action

Risk Rating	Gross	Net	Target	Risk Appetite Assessment	Committee Oversight: Digital, Performance and Finance Assurance Committee	
Likelihood	4	4	3	Risk Appetite: Exceeding		
Impact	5	4	2	Date to achieve target score: 2040	Risk Owner:	Director of Finance
Overall risk rating	20	16	6		Links to CRR:	6

What controls are in place that are effective now and operating at intended?	*Where are we failing to put controls / systems in place, where we are failing to make them effective?*	*Where can we gain evidence that our controls / systems, on which we are placing reliance, are effective?*	*What evidence shows we are reasonably managing our risks and our objectives are being delivered?*	*Where are we failing to deliver to gain evidence that our controls / systems, on which we place reliance are effective?*
Controls	**Gaps in Control**	**Sources of Assurance**	**Positive Assurance**	**Gaps in Assurance**
Sustainable Design Guide	Internal Audit identified need to review the Sustainable Design Guide and its role to strengthen its contribution to the delivery of Net Zero	Design Guide being implemented for Scarborough new emergency department to reduce carbon emissions	UECC designed with reference to Sustainable Design Guide	None identified
York Hospital part of Carbon Reduction Pathway Modern Energy Partners Programme which estimated the cost to get York Hospital on track. Trust signed up to NHS Living Labs Innovation Programme to investigate new and developing technologies for achieving carbon reduction.	None identified	Modern Energy Partners (MEP) Concept design report received for York Hospital 18/01/21 NHSE Living Labs - MoU signed following Executive Committee approval 20/04/22	MEP Concept Design used as a basis for grant applications for PSDS projets NHSE Living Labs - first meeting held to discuss Innovation Projects	None identified
PSDS3 grant applications approved for £5million for Bridlington Hospital to achieve Net Zero and £5million scheme for York Hospital to start the decarbonisation prcess	None identified	Planning applications submitted and community renewal fund Business case objectives	PSDS Grant work commenced in March for delivery in 2022/23.	None identified
Feasibility funding awarded for reviewing carbon reduction potential at Scarborough and Selby Hospitals	None identified	Feasibility work to identify funding needs and practical implementation issues for Scarborough and Selby complete	Grant application submitted for Scarborough York and North Yorkshire Net Zero Fund launched in January for expression of interest by 6th February- options being discussed.	None identified
Green Plan published setting out the overall Trust approach and latest carbon footprint	Internal Audit identified need to review the Trust Green Plan and its role to more closely align its plans , projects and business cases with contributions to the delivery of Net Zero	Trust travel plan Energy Saving Trust (EST) undertaken and a Fleet and Travel review and draft report released in April 2022 by EST.	Energy Saving Trust (EST) undertaken a Fleet and Travel review and draft report released in April 2022 by EST	None identified

What actions will further mitigate the causes and consequences of the risk to its identified target rating?	*What is the current progress to date in achieving the action identified?*	*Owner of action*	*When action takes affect?*
Actions for further control	**Progress to date / Status**	**Lead action owner**	**Due Date**
New procurement exercise to commenced with CEF to take advantage of next round of grant funding and develop a plan for achieving reductions in line with Net Zero 2040 target	Procurement exercise completed and grant application submitted for Scarborough Hospital, but unfortunately the programme was oversubscribed and the bid failed. Further bidding oppurtunities are expected and will be monitored. No dates are available yet.Works on going at York and Bridlington will achieve a carbon reduction of approx 8% at York and 80-85% at Bridlington. Work on-going and currently on time and on budget.	Head of Sustainability	**Jul-23**
Contract negotiations on going for a contract which develops plans for York, Scarborough and Bridlington to 2040	York contract signing planned for November after gaining Board approval . Bridlington contract discussions on-going.	Head of Sustainability	**Jul-23**
Trust Travel Plan to be updated to incorporate plans to achieve carbon emissions reductions in line with NHS requirements	Current focus of work is a business case which explores support for staff commute options and facilities for York and Scarborough Hospital. This has now been approved and goes live on 12 June 2023	Head of Sustainability	**Jul-23**
Improve internal temperature monitoring and control for vulnerable groups within the hospital estate to develop a plan in response to the changing climate	Funding agreed for a pilot ward project to improve monitoring, to start to develop a business case for hospital sites. Pilot now underway and prices being sought. The prices requested are to supply and install temperature monitoring systems in 2 phases as follows: •Phase 1 York Hospital covering all inpatient Wards •Phase 2 Other sites with inpatient beds	Head of Sustainability	**Jul-23**
Sustainable Design Guide to be reviewed when Net Zero Carbon Guide published	Awaiting Net Zero Carbon Guide from NHSE	Head of Capital Projects	**Jul-23**
Green Plan to be reviewed	Delayed due to prioritisation of PSDS grant project and lack of progress to recruit/replace Environmental Awareness Officer. Part time support to collate carbon footprint monitoring data commenced December 2022.	Head of Sustainability	**Jul-23**