



Minutes

Public Council of Governors meeting 14 September 2023

Chair: Mark Chamberlain

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Keith Dobbie, East Coast of Yorkshire; Linda Wild, East Coast of Yorkshire; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY

Appointed Governors: Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Gerry Richardson, University of York

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

Attendance: Jim Dillon, NED; Denise McConnell, NED; Lorraine Boyd, NED; Simon Morritt, CEO; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: Bernard Chalk, East Coast of Yorkshire; Colin Hill, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Sue Smith, Ryedale & EY; Wendy Loveday, Selby; Andrew Stephenson, Selby; Beth Dale, City of York; Mary Clark, City of York; Maya Liversidge, Scarborough/Bridlington; Cllr Liz Colling, NYCC; Jenny McAleese, NED; Lynne Mellor, NED; Matt Morgan, NED; Stephen Holmberg, NED

Presenters: Claire Hansen, Chief Operating Officer, Dawn Parkes, Chief Nurse; Virginia Golding, Head of Equality Diversity Inclusion & Participation

Public: 4 members of the public attended

23/29 Chair's Introduction and Welcome

Mark Chamberlain welcomed everybody and declared the meeting quorate.

23/30 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

23/31 Minutes of the meeting held on the 15 June 2023

The minutes of the meeting held on the 15 June 2023 were agreed as a correct record.

23/32 Matters arising from the Minutes

East Coast - Sally Light stated that she and Jenny McAleese have spent some time in Bridlington and there were a number of actions raised from conversations with the local community which needs picking up. It was important to follow up on this. Claire Hansen agreed and will speak with Jenny on this.

Trust Strategy – The Council asked when they can see a draft strategy. Claire Hansen replied that they were in the process of developing the strategy for the whole Trust and will be doing an in-depth piece of work during next year to discuss a 3 year strategy. One meeting with the governors has already taken place and two further meetings will be arranged for October and after Christmas. She also has monthly meetings with the PLACE directors for the patch.

Recovery Plan – The Council asked when they will see a significant improvement in the Recovery Plan. Claire Hansen replied that as part of elective recovery planning and winter planning for emergency care it is crucial to optimise areas as much as possible on the Trust footprint. They are looking at all areas, including Bridlington, to ensure winter pressures can be distributed fairly across the patch.

Action Log

21/70 – Night Owl Project – ongoing. Alastair Falconer will ask for an update at the next Patient Experience Steering Group meeting.

22/62 – East Coast Strategy – ongoing. Jenny McAleese will speak with Simon Cox and give an update at next meeting. Claire Hansen will speak to the PLACE Directors responsible for the East Coast.

23/21 – Ophthalmology issue – ongoing. Simon advised that some progress had been made in the Admin Team which is helping in terms of clinical bookings. Clinical Teams are continuing to hold additional clinics. Medisight technology will start roll out in October. Linda Wild commented that there is still a waiting time of 7-8 weeks for a 4-weekly treatment and a delay this long could possibly cause further deterioration of patients' eyesight.

23/33 Chair's Report

Mark Chamberlain gave an overview of his report and added the following points:

- A meeting has taken place with NHSE on action plans against Trust challenges and whether the Trust is being run appropriately. The outcome was that with the current team in place the Trust received the confidence of NHSE.
- At the recent NHSE National Leadership meeting the discussion was around understanding the national picture. It was fair to say that the focus will remain on elective recovery and reducing waiting lists. However, finances are tight.

The Council raised no questions.

The Council:

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

23/34 Questions received from the Public

Mark Chamberlain stated that he did not intend to read out all the Q&As but will discuss the themes derived from the questions.

- Chair's resignation – the questions on this topic were bordering on breach of confidentiality, so it was not appropriate to comment.
- Recruitment process for the next Chair - Rukmal Abeysekera explained the Chair recruitment process and gave a synopsis of the meetings that have taken place so far. This will culminate in a two day event, one for Focus Groups on 18 September, and the interview day on 19 September. Once the appointment has been ratified by the Council then the successful candidate will be informed, and a start date will be arranged.
- Strategy and Planning – Mark Chamberlain stated that the Trust had sought to answer the questions and the Trust Strategy is under development and the governors are involved in this process.
- Patient Experience – Krishna De leads on this. She has been to this meeting and has engaged extensively with members of the public. It remains a vital part of what we do.

The Council raised the following points: -

- Can you give assurance to the public, without breaching confidentiality, that the Council have robustly challenged the issues around the exit of the previous chair and the process of seeking a new chair is being followed. Mark Chamberlain replied that the amount of challenge around the process and the circumstances in which the previous chair left the Trust has been robust and extensively discussed at some length. The recruitment process for a new chair is led by the governors. Rukmal Abeysekera, Lead Governor, has chaired the majority of the meetings and there is no suggestion other than it is led by the governors. Sally Light added that the Interview Panel's recommendation has to be approved by the Council.

The members of the public raised the additional points: -

Q: Waiting times for patients are getting very long and when you are in pain it is very difficult. What are you doing about reducing the wait?

A: Claire Hansen advised that waiting lists are a real concern for everybody. It is a national problem. The Trust has been able to reduce waiting times, with a small number of patients waiting over 78 weeks but this will be resolved by Christmas. The Trust is making use of technology, having different ways of working, working with other provider colleagues across Humber and working with a number of private providers to reduce waiting lists. Longer term, the Trust is working on its patient pathways.

Comments were also made around communication issues on patient letters. More information is required, and the wording needs revising. Claire replied that she will look into it.

Q: Referring to Prof. Chris Whitty's report on health inequalities in coastal communities, when is the government and health service going to invest in services for the people of coastal communities?

A: Mark Chamberlain replied that it is absolutely clear that coastal deprivation has been acknowledged nationally. One of the main areas of focus for the ICB is population health and recognition that there are areas of significant deprivation, which has a very negative impact on health and outcomes, that require intervention. If we do not invest in those areas then the situation will not improve. As Claire stated earlier, they are looking at underutilised areas, like Bridlington Hospital, to ascertain if local services can be provided to local people to improve health and wellbeing.

Catherine Thompson stated that only 10% of healthcare outcomes are attributable to health care interventions. It is about other economic factors such as education, employment, appropriate housing and travel & transport. Although the Trust does have a role to play in improving health outcomes it is the wider system, ICB, GP surgeries, community care and local authorities who can all make an impact by working together for a better outcome.

Dawn Parkes said she was passionate about stamping out health inequalities and every decision made is challenged to make sure that patient care is equal throughout the Trust. The Health Inequalities Agenda can be frustrating because the initiatives implemented now will not see an improvement in population health until the next 10 – 20 years. There are lots of small things that can be done to improve local health and she and Claire are working through these.

Q: On the Trust website it states that the governors overarching responsibilities are to represent the interest of members and the public. To become a governor, you must be a member of the Trust. When aligned with the Trust constitution, paragraph 7.9.1 (iv) states that if a governor or a member brings the Trust into disrepute then they will be disqualified from being a member. This raises a conflict of interest between the duty of being a Governor and potential disqualification for "bringing the Trust into disrepute". Can you give assurance that being a Governor and representing the interests of members, the public and patients would have priority?

A: Catherine provided assurance that as a Governor she has never had a situation that has caused such a conflict. Mark Chamberlain replied that any NHS organisation where people have concerns about dangers to patients, members of the public should speak up and it is the absolute responsibility of the NHS and that organisation to support that speak up in an appropriate way and investigate it, and not act in a way to protect the Trust at the disadvantage of the patient. This Trust is absolutely focussed on that. Our focus is on providing safe, patient services and not looking after ourselves as an organisation and making ourselves look good. He believes there is no dichotomy in those statements. He agreed that Michael Reakes, as Chair of the Constitution Review Group, would look at this as part of the review process.

Q: Can I suggest that you read the updated NHS Constitution when reviewing the Trust Constitution to bring them in line with each other.

A: Michael Reakes replied that he would take this on board when reviewing the Trust Constitution.

Actions: Claire Hansen to look at the wording/information on the patient letters around communicating waiting times, further information is needed.

23/35 CQC Update

Dawn Parkes gave an update on the CQC report. She advised that a CQC action plan had been submitted in July 2023. There were 73 actions to deliver. These are set within 8 work streams: Maternity Services, Corporate/Clinical Governance, Staff & Public Engagement, Urgent Care, Leadership & Culture, Safe Staffing, Fundamentals of Care, Elective Recovery. The delivery will take place over a 12 month period and the Executive Leads will be held to account by the Executive Committee, which is chaired by the Chief Executive.

It was acknowledged that the action plan is enormous, but improvements are moving at a pace. A quality assurance framework has been put in place and the senior nursing team visit wards once a week to look at areas of practice to gain assurance that things are working as they should be, and improvements have been implemented where needed.

The Council raised the following points: -

- The action plan gave little reference to staffing other than the review which will take place. Why is that? Dawn gave assurance that there is a whole workstream on nurse staffing around recruitment, retention, efficiency/quality of rosters, working patterns, etc. There is lots of work to do.
- Looking at maternity, was the CQC inadequate result related to lack of patient care or lack of staff? Dawn replied that it was through lack of governance, being able to demonstrate our learning from incidents, and the leadership styles of individuals at the time. It is improving and having the new Director of Midwifery in post will see changes at a pace.
- Will the Council be getting regular updates on the progress being made? Dawn replied that they will be reporting into the Quality & Safety Assurance Committee and the NEDs on that committee will then be able to give an update to the Council.

23/36 Chief Executive Update

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

- Industrial action - for the medical workforce continues across the NHS, with action planned for consultants on 19 September, junior doctors on 21 and 22 September, and both juniors and consultants on 20 September and 2-4 October. This obviously delays the elective recovery and operations will be cancelled.
- Covid - cases are on the increase. The staff vaccination campaign for flu and COVID-19 will begin next month.
- Lucy Letby case – The Trust has commissioned some work internally following a letter from Amanda Pritchard, NHSE Chief Executive, in which she recommends each Trust review their processes and procedures in place to be assured that nothing like this can happen in their organisation.
- York ED is now open. The old ED space is currently being converted.
- Free bus travel has been extended for a further 2 months.

- Financial position – The Trust and the wider system is very financially strained at the moment. Month Four in the Trust has a figure of just under £17m deficit. There is a lot of talk in the system about what the NHS can do in the second half of the year to address that position as much as possible.
- NHS Carol Concert at York Minster 29 November – save the date. No tickets required, just turn up.

The Council raised the following points: -

- How confident are you that your clinical risk management is right with respect to people who are on the waiting list waiting to be diagnosed compared to those that have come in on a cancer pathway, have been diagnosed as not having cancer, but are in the system to be referred on? Dawn replied that she will take that back to discuss with the medical director and feedback in due course.

Claire Hansen gave an overview of the work that is ongoing, particularly one that is being led by the ICB called “Waiting Well” which looks for any inequalities, those that are vulnerable, and those that have been waiting a long time on the waiting list, to be contacted to discuss with the patient whether there has been any deterioration. This has been piloted in some areas and they are looking to roll it out across the Trust’s patch.

Actions: Dawn Parkes to discuss with the Medical Director the clinical risk management of those patients on the waiting list waiting to be diagnosed compared with those patients that come in on a cancer pathway.

The Council:

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

23/37 EDI Update

Virginia Golding gave an overview of her report and discussed race equality, race disparity, and the introduction of an EDI workstream across all areas of the Trust. She advised that action plans have been produced and will go to the People & Culture Committee for approval and then on to the Board. She highlighted the following points: -

- With regard to disabilities, the Trust is making good improvement.
- Need to progress on people declaring equality or diversity information.
- Staff engagement has improved, and further work is ongoing.
- Improvement has been made on race equality, but further work is needed.

Whilst the annual action plans change each year, the results of any actions put in place will have to be monitored over a longer period to assess the results.

For this year, the focus will be on race disparity ratios, two on clinical staff and one on non-clinical staff. Another area is appointment from shortlisting where BME candidates are getting shortlisted, have the interview, but are not being appointed at a reasonable rate. There is also an issue around harassment and abuse from patients, discrimination, and representation on the Board.

In terms of assurance, Virginia has spent time with the Chief Executive to ensure equality and diversity around senior leadership appointments.

The Council raised the following points:

- What is your policy on a patient who refuses to be treated by a BME doctor or nurse? Virginia replied that there is an exclusion policy, and they are looking at reasons why a patient would dictate why they want to be cared for by a certain person. Other things to take into consideration is the condition of the patient who might have dementia or some other mental incapacity. Actions from this might be to speak to the patient, write a letter to the patient, etc., to ascertain what their concerns are.
- Has the recruitment of international nurses produced an opportunity for diversity within the workforce? Virginia replied that it has but further support is required to help them to integrate their cultural beliefs in the country they have moved to, support within the community in which they live, and support within the workplace.
- With regard to improving disability status, 2022/23 stands at 3%. Has this improved at all over the past year. Virginia replied that it has and now stands at 4.2%. It is an action on the new plan to improve it further. A number of initiatives will be implemented to aid this.
- From 2022/23 the Trust has lost 223 BME staff. Is there a specific reason for that? Virginia replied that employees leave through a natural process, i.e., retiring, promotion, etc., and there are those who leave for other reasons. Unfortunately, the leavers form does not record this, so it is difficult for her to give a definitive answer. Mark added that this will need further scrutiny and it may be that the leavers questionnaire be amended. Dawn explained that some of the staff will have been promoted within the organisation, but this will be reflected in the figures as a leaver.

The Council:

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

Actions: Virginia Golding to discuss leavers questionnaire with the Director of Workforce.

Actions: Virginia Golding to attend December CoG.

23/38 Governors Activities Report

Rukmal Abeysekera gave an overview of her Lead Governor report and highlighted the following: -

- Governor Workshop – 69% of CoG responded to the questionnaire from NHSP. On the day only 50% of the governors attended. This was very disappointing given that the CoG had asked for this, and the cost incurred.
- Trust Strategy – the first meeting has taken place via Teams. Two more meetings will be arranged in due course. She asked the governors to think how they would like to become engaged in the coming months and email her with their thoughts.
- Q&A Process - this needs to be revised because public email addresses are now published on the Trust website and governors can be contacted individually. We need to find an effective way of communicating with members of the public.

The Council:

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

23/39 Governance Update

Mike Taylor gave an overview of his report and highlighted the following: -

- Governor Elections – the voting is currently taking place and will be closed at 5pm on Wednesday 27 September. All vacancies are expected to be filled.
- Buddy System - a buddy system was requested at the recent Governor Forum and agreed to be investigated for new governors at the Trust in order 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. The plan is to introduce it as part of the new governor induction process following the September 2023 elections. Mike asked that anybody wishing to be a buddy please contact him or Tracy.
- CoG Internal Communication & Escalation Routes – Mike laid out the various routes in his report.

No points were raised by the Council.

23/40 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Trust Priorities Report

23/41 Any Other Business

No other business was discussed.

23/42 Time and Date of the next meeting

The next meeting will be held on Thursday 14 December 2023, timings TBA, Malton Rugby Club.