

Agenda

Council of Governors (Meeting held in Public)

Thursday 14 March 2024
Malton Rugby Club at 10.00



COUNCIL OF GOVERNORS MEETING

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

On: Thursday 14 March 2024

Venue: Malton Rugby Club

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.00 – 12.45	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.15 – 15.00	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (14.03.24)

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Introduction, apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
2. Declaration of Interests To receive any changes to the register of declarations of interest	Chair	Enclosed	6	
3. Minutes of the meeting held on 14 December 2024 To receive and approve the minutes from the above meeting	Chair	Enclosed	11	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	21	
5. Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	Enclosed	22	10.05 – 10.20
6. Chair's Report To receive a report from the Chair	Chair	Enclosed	26	10.20 – 10.35
7. Questions received from the public To discuss and answer the questions received from the public	Chair	Enclosed	29	10.35 – 10.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	Virtual Wards To receive a presentation on Virtual Wards	Chief AHP	Enclosed	38	10.45 – 11.00
9	Trust Access Plan To receive an overview of the Trust Access Plan	IBE Lead & Deputy Decontamination Lead	Enclosed	43	11.00 – 11.15
BREAK 11.15 – 11.30					
10	Annual Inpatient Survey To receive the annual survey	Chief Nurse, Head of Patient Experience & Involvement	Enclosed	49	11.30 – 11.45
11	Performance Report To receive the latest Performance Report	Chief Operating Officer, Chief Nurse	Enclosed	60	11.45 – 12.00
12	NED Assurance Questions To receive an update from the NEDs	NEDs	Enclosed	95	12.00 – 12.15
13	Reports from Board Committee Chairs 13.1 Quality Committee 13.2 Resources Committee 13.3 Audit Committee	Chairs of the Committees	Enclosed	97	12.15 – 12.30
14	Governors Activities Report To receive a report from the governors on their activities	Governors	Enclosed	106	12.30 – 12.35

	SUBJECT	LEAD	PAPER	PAGE	TIME
15	Holding NEDs to account	Assoc. Director of Corporate Governance	Enclosed	119	12.35
	To receive feedback on Holding NEDs to account by the Council of Governors				– 12.40
16	Constitution	Assoc. Director of Corporate Governance	Enclosed	123	12.40
	To receive an update on Constitution amendments				– 12.45
17	Items to Note				12.45
	17.1 CoG Attendance Register		Enclosed	126	
18	Time and Date of next meeting	The next Council of Governors meeting will be held on Wednesday 12 June 2024, 10.00am.			

Presenters:

- Item 8 – Melanie Liley, Chief AHP
- Item 9 – Dave Biggins, IBE Lead & Deputy Decontamination Lead
- Item 10 – Annual Inpatient Survey – Dawn Parkes, Chief Nurse & Krishna De, Head of Patient Experience & Involvement

Register of Governors' interests
March 2024



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Additions: Jill Quinn – CEO Dementia Forward (Appointed Governor). **Trustee** – The Place in Settle

Deletions: Andrew Stephenson – resigned
Maria Ibbotson (Bowtell) - resigned

Modifications: Rukmal Abeysekera – no longer Chair of Askham Richard Parish Council

Item 2

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	Nil	Nil	Nil	Employee of University of York
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
John Brian (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
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
Adnan Faraj (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Denise Howard (Appointed: Ryedale DC)	Nil	Nil	Nil	Councillor – East Riding	Councillor – East Riding	Councillor – East Riding	Nil
Sally Light (Public: York)	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
Jill Quinn (Appointed: Dementia Forward)	Nil	Nil	Nil	CEO – Dementia Forward Trustee – The Place in Settle	CEO – Dementia Forward	Nil	As stated
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
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

<p>Linda Wild (Public: East Coast of Yorkshire)</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Councillor: Whitby Town. Chair of Finance, Policy & General-Purpose Committee (WTC) Chair of Human Resources Committee (WTC) Chair of Pannett Art Gallery Committee (WTC) Chair of Trustees Whitby Lobster Hatchery Trustee of United Charities, Board Member - Whitby Town Deal Board, Member of Esk Valley Medical Practice Patient Participation Group RNLI volunteer</p>
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Minutes

Public Council of Governors meeting 14 December 2023

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Linda Wild, East Coast of Yorkshire; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY; Bernard Chalk, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Sue Smith, Ryedale & EY; John Brian, Ryedale & EY; Andrew Stephenson, Selby; Beth Dale, City of York; Mary Clark, City of York

Appointed Governors: Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Gerry Richardson, University of York; Cllr Liz Colling, NYCC; Cllr Denise Howard

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Franco Villani, Scarborough/Bridlington; Adnan Faraj, Scarborough/Bridlington; Rebecca Bradley, Community

Attendance: Simon Morritt, Chief Executive; Lucy Brown, Director of Communications; James Hawkins, Chief Digital Information Officer; Jim Dillon, NED; Lorraine Boyd, NED; Jenny McAleese, NED; Matt Morgan, NED; Simon Morritt, CEO; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: Wendy Loveday, Selby; Keith Dobbie, East Coast of Yorkshire; Lynne Mellor, NED; Stephen Holmberg, NED; Denise McConnell, NED

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

Public: 6 members of the public attended

23/43 Chair's Introduction and Welcome

Mr Barkley introduced himself and gave a summary of his career in the NHS to date. He welcomed everybody and declared the meeting quorate.

23/44 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

23/45 Minutes of the meeting held on the 14 September 2023

The minutes of the meeting held on the 14 September 2023 were agreed as a correct record.

23/46 Matters arising from the Minutes

Action Log

21/70 Night Owl project – update received in Governors Activities Report. Action closed.

22/62 Strategy for East Coast – a meeting is arranged for 18/12/23 with PLACE directors, Mrs McAleese, and other stakeholders. Feedback to the Council will be given at the next meeting in March. Action will remain open.

23/21 Ophthalmology issues – Mr Morrith gave an update at the last meeting. Action closed.

23/34 Wording on patient letters – response given on action log. Action closed.

23/36 Clinical risk management of patients on waiting list – Mrs Parkes reported that a clinical harm review meeting has been arranged for Q4 with the medical director's deputies working with the clinical directors of each care group to monitor their waiting lists and pick out patients that may be at greater risk of harm. These will be escalated so patients can access the services required. Action closed.

23/37 EDI – Virginia Golding will be giving an update later in the meeting. Action closed.

Action: Mrs McAleese will give update on meeting held with PLACE directors at next meeting.

23/47 Chief Executive's Update

Mr Morrith gave a summary of his report and highlighted the following:

- He would like to thank Mark Chamberlain, interim Chair, for his leadership and support during his time with the Trust.
- The new Care Group structure is now in place. A leadership development and training programme is underway to support the senior leadership teams both as individuals in their roles and as collective groups of leaders in each care group.
- Refreshing the Trust Strategy is well underway with future meetings to be arranged next year. He will continue to provide updates as it develops.
- The Trust's Culture and Leadership Programme, "Our Voice, Our Future", is now underway. The programme follows an evidence-based approach for continuous improvement to develop compassionate leadership and an inclusive culture.

Stage two of the Our Voice, Our Future programme, is the 'Discovery' phase, launched on 6 December, when an event was held with the newly recruited Change Makers to introduce them to the role and the tools available to support them. Due to the quality of applications and the level of interest, 52 Change Makers were recruited. These individuals are from roles across the Trust, from a range of professions, sites, and levels of seniority. The Change Makers are existing staff, who will use some of their time to gather feedback from colleagues over a six-month period and put forward improvements to help develop a compassionate culture and develop workplaces where people want to come to work.

- October was Speak Up month and the Trust took the opportunity to raise awareness of the importance of Speaking Up and raising concerns, and to have a drive to recruit more Fairness Champions. As a result, 24 new champions have been shortlisted from a range of roles and sites, which will provide greater scope for staff to have important conversations about issues and concerns.
- The Trust is part of a broader collaborative across Humber and North Yorkshire which is the integrated care system the Trust is part of. To provide focussed leadership at a system level, the Chief Executives of the three acute provider organisations in the Humber and North Yorkshire Integrated Care Partnership have each taken a lead role for one of the Collaboration's key priority areas. Further information can be found in his report previously circulated with the agenda.
- The Trust held its celebration of Staff Achievement Awards at Scarborough Spa. It was a really good night and although focus tends to be on the challenges and issues, of which there are many, it was an opportunity to showcase the fabulous care that is provided to the population within the Trust's footprint.

The Council raised the following points:

- The Care Group changes are very good. However, there is concern around cross site working and whether it is effective. In addition, operational decisions are made in York for the East Coast and not all assets are being maximised to their full potential on the East Coast. Mr Morrith replied that going forward he will ensure that NHS resources are maximised within the Trust, as well as using the independent sector, in order to lower waiting lists. There are challenges around being able to effectively resource them, but the commitment is there to find solutions.
- The introduction of Change Makers sounds like a great initiative with potential for creativity and improvement. Is it across all sites and services, including the LLP? Mr Morrith confirmed that it encompassed all sites and services, including the LLP.

The Council:

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

23/48 Chair's Report

Mr Barkley gave an overview of his report, and the Council raised no questions.

The Council:

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

23/49 Questions received from the Public

Mr Barkley stated that the questions received from the public have been answered in the agenda pack that was published. In addition, there were a couple of further answers that have been given the morning of the meeting and these will be published on the Trust website.

The Council raised the following points:

- With regard to renal services, feedback from a member of staff was that patients currently have no choice at which location they receive their treatment. At least two patients from Scarborough travel to Easingwold because Scarborough Hospital does not have the capacity to accommodate them. Also, Easingwold is not taking any holiday dialysis patients, and have not done so for many years, because there is a shortage of slots for local people. Most concerning is that, as a rule in the past, most patients started dialysis when their kidney function was below 10 but now it has reduced to 5. Mr Morrith replied that renal services were under great pressure at the moment. The equilibrium between demand and supply is being really challenged in most NHS organisations and the Trust was no different. As mentioned in the action log, there was a business case that was established some time ago, but the Trust has not been able to secure the capital to take that forward. Renal services are commissioned by NHS England and in our catchment area there are three providers of which the Trust is one.
- Regarding dialysis services, there are two dialysis machines sitting unused at Selby Hospital. We are aware of the staffing issue, but can they not be utilised?

Mrs Thompson commented that there is a challenge nationally on dialysis capacity. The proportion of people in our population needing dialysis has grown. A very high proportion of patients in this country go to hospital sites to have dialysis where they sit in a chair all day and have dialysis. Internationally, far more people have a procedure where fluid is put into the body, go about their daily lives, and have dialysis to remove any excess fluid out of the body. This means it is much easier to add services to provide a huge number of people with care, but it also means support for the person to have a much more normal life that isn't interrupted by three days a week sitting in a chair in a hospital premises. There is a lot of work to do in this country around this form of dialysis. Only a very small amount of organisations currently offers this type of service.

- What are governors doing to engage with the public so we can actually bring public views to these meetings? It will be really interesting to be part of the meeting later on when we talk about how governors engage with the public. Also, I would like to say thank you very much to Mr Barkley for agreeing to visit Bridlington in January, that's a big step forward. Mr Barkley replied that he would like to encourage all the governors to start thinking about how they will engage with the public and suggested having an annual constituency meeting for each constituency. Depending on governor responses later in the informal meeting we will give an update at the next meeting about dates, times, venues.
- In the last Board agenda papers, it states that with Freedom of Information (FOIs) enquiries approximately 50% are answered and the Board of Directors is looking into what can be done to increase the percentage and will be picked up under matters arising at the January meeting of the Board. Does that mean the other 50% don't get answered? Mr Morrith assured the Council that all FOIs are answered. The Board papers showed that approximately 50% were answered in accordance with the FOI Act timeline of within 20 days. The rest were answered outside of that timeframe. The Board is looking at the process in order to increase that percentage and will provide an update at the next meeting.

The Council:

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

Action: Mr Barkley/Mr Taylor to arrange meeting dates, times, venues for the annual constituency meeting for each constituency and give update at next meeting.

Action: Mr Taylor to give update at next meeting around the improvement in reply time of FOIs.

23/50 CQC Update

Mrs Parkes gave an update on the CQC report and highlighted the following: -

- There are 73 actions to deliver from the CQC report which covers all sites, including community. Some actions are specific to certain sites.
- Satisfactory progress is being made in completing the action plan. There are a lot of actions to be delivered by end of December and beginning of January.
- We are very strict on the action closure and ensure that any changes are embedded, evidence made available, and it is sustainable, before the executive directors are confident to sign off on any actions as being complete.
- There are lots of activities ongoing including “Back to Floor” days, to ensure that the actions are working and pick up on any tweaks that are required to guarantee sustainability.
- There is a Section 31 requirement around mental health assessment in the Emergency Departments on both sites. The CQC have asked to be updated when the new Mental Health Risk Assessment form has been transferred onto Nucleus, when staff have received training on use of the form and monthly audit results to be provided once launched. At the time of writing this report, the content of the Mental Health Risk Assessment has been approved and the electronic assessment is currently in system testing and will be ready to roll out in January.

The Council raised the following points: -

- How confident are you that mandatory training is being done as quickly as possible without disruption to staff duties? Mrs Parkes replied that in the majority of cases it is arranged within the area that staff work. Mandatory training will be monitored to ensure all staff are up to date.
- In regard to the outstanding actions in red, why have they not been signed off? Mrs Parkes replied that each action is monitored for 3 months from implementation to ensure that it is solving the issue and that there is evidence that it is sustainable. After 2 months the action is assessed and those actions in red show that the executives need further evidence before they are confident to sign off.
- Looking through the Board papers and noting the completion of mass training, there was significant variation between the professional groups in completion of mass training, and medical and dental staff was very low. Given what you said about safety and quality of care, what plans are in place to address this issue? Are the NEDs assured that the plans will rectify the situation? Mr Barkley replied that the Medical Director, Dr Karen Stone, is aware of this and is being picked up through job plans and the annual appraisal process. Mrs Boyd added that there is a change in the consultant interview process to ensure that they are up to date with their training and fit to practice. Dr Morgan added that he is in discussions with the Medical Director, Chief Nurse, and the Director of Workforce to understand how the disparity has occurred and to put plans in place to address the issue.

- Regarding the actions that are off track in maternity and infection prevention control (IPC), why is it off track in this area? Mrs Parkes replied that when the IPC team visit to do an assessment they are looking for performance and sustainability and if they are not comfortable that they have not seen what they wanted to see then the action will not be signed off.
- In the CQC report regarding mental health risk assessment, is the date correct of January 2020? Secondly, we have had on the agenda for some time now the issue on mental input in Scarborough A&E. Has this been resolved? Mrs Parkes replied that in Scarborough A&E they have the Inpatient Psychiatric Liaison Team that can go and assess patients if they need to. Much more work is needed, and the Trust has just appointed a Matron for Complex Needs who will lead on this. Staff knowledge also needs improving around mental health. The reason why mental health patients get stuck in A&E is because mostly those patients need admission to a mental health service which takes a long time to access. Mr Morrith added that historically the Trust did not receive the adequate service from the provider. Since the CQC this has changed.
- Looking at all the work ongoing, is the response to the CQC hindered by chronic underfunding of the NHS? Mr Barkley replied that the context of the NHS has been the most difficult in his 49 year working life in the NHS. The impact of austerity on the lower income population has led to increased health problems, the ongoing underfunding of the NHS, and in particular Health Education England, has impacted on the workforce shortages particularly for doctors and nurses. That has been exacerbated by standards in the NHS rising, particularly around staffing levels, etc., in response to the mid-Staffordshire enquiry. There is also the serious impact of patients occupying beds that are fit for discharge but cannot move on because of lack of packages of care. For the Trust we have to focus on those things that are in our control and for people in senior positions to try and influence members of parliament and other stakeholders to do more to address the problems that are outside of the control of the Trust. Mr Barkley will be meeting some of the local politicians in the new year to discuss some of the problems he has highlighted.

The Council:

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

23/51 EDI Update

Mrs Golding gave an overview of her report and highlighted the following:

- the annual reports were approved by Board in May this year and submitted to NHS England.
- Engagement with Staff then took place through the joint Staff networks, through Survey Monkey and with some of the workforce and organisational development leads, to create an action plan to address some of the areas that needed improving. Those action plans were finalised and approved by Board in September and published on the Trust website.
- The advice from the national team around creating action plans is not to create actions to address all of the metrics, of which there are 9 within the race standard and 10 within the disability standard, but to create actions/interventions around those issues that are a priority for the Trust, and that is what has happened. Leads have been identified from the Workforce team, Communications team, staff networks and

the senior leadership team. There is also an established equality, diversity, inclusion work stream.

- With regards to disability equality, some of the actions and interventions are working really well regarding and is improving year on year, which is really to be commended. However, it is imperative that we continue to implement the interventions and monitor progress on a yearly basis.
- With regard to race equality, improvements were not moving as rapidly and so some of the targeted actions have been extended to cover two years to ensure interventions are working and monitor progress more effectively.
- A level of accountability for the actions has also been included and executive director leads have been identified so any actions/interventions that are not progressing well can be escalated to the designated executive director lead.
- Other areas of improvement taking place are:
 - the recruitment of Changemakers
 - the work of the Fairness Champions
 - EDI Improvement Plan published in June
 - Changes in Policies
 - A suite of equality, diversity, and inclusion training for staff

The Council raised the following points:

- How many staff have accessed the training? Ms Golding replied that the training started in March this year and around 333 staff have completed the training. She is working with her admin colleagues to create reports on attendance. The training will continue to be rolled out next year subject to funding.
- Should we not look at the Board and the CoG to become more diverse? Mr Morrill replied that they have had members on the Board of Directors with protected characteristics. They also encourage people with protected characteristics to apply during the recruitment process. This is always considered when recruiting to the Board.

Regarding CoG, the Council discussed and determined that it would be difficult to influence the makeup of the CoG as the public put themselves forward to become a governor and were elected by the local constituency they represent. The Council believed that there was diversity within the CoG but it is not always obvious until you get to know a person. This year, there was a diverse group of staff who applied to become a Staff governor and, again, the staff voted in who they wanted. As long as we encourage that diversity then it is a step in the right direction.

Ms Abeysekera added that it is on the membership agenda to increase diversity within the membership of the Trust, and it is something that will be discussed at a future membership meeting.

The Council:

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

23/52 Performance Report (TPR)

Mr Barkley advised that he had picked out the statistics that he thought was most significant for the Council to review from the Board Performance Report.

The Council raised the following points:

- It was useful receiving the information that the Council were sighted on but the commentaries at the end are difficult to understand. Following up on patients who were waiting a long time, around 3000 letters were sent out, any update regarding that? Mr Morrith replied that there were quite a few patients who responded asking for their treatment to be carried out elsewhere. However, many patients do not want to do this and would rather wait for an appointment at their local facility.
- Further to the question above, there are 50,000+ patients on the waiting list, if those patients do not want those appointments elsewhere are you then moving down the list and offering those slots to other patients on the list? Mr Dillon replied that there was a plan to do this but it has currently been paused.

Ms Thompson added that most patients tend to access the care they need if it is time critical and those people waiting a long time have conditions that are less critical time critical or they are unwilling to move because of their personal circumstances. The national initiative was agreed to offer people who had been waiting longer than 40 weeks but it was paused because many people were unwilling to travel and so it is being evaluated to determine what value it is adding. Mr Morrith added that they have tried to work with partner organisations to move patients around the patch but with little success.

23/53 Finance Report

Mr Lamb gave a summary of his report and highlighted the following:

- The summary income & expenditure table confirms an actual adjusted deficit of £31.0m against a planned deficit of £13.3m for October. The Trust is therefore £17.7m adversely adrift of plan. Reasons for this include:
 - The impacts of the strikes that have taken place since April. Additional costs were incurred to backfill those staff who were on strike. Elective income has also been lost even though the infrastructure still needed to be funded, i.e. theatres, ward space, etc.
 - This year, the ICB has fixed the amount of income received by the Trust for drugs and devices which is significantly less than the Trust is spending. Discussions are ongoing with the ICB to try and recoup some of the costs.
 - The Trust has a significant efficiency target of £49.5m this year and the Trust is struggling to hit that target. To date, the Trust is around £4m behind and will possibly be more by the end of the year.
 - The pay awards this year were not fully funded by the centre. The Trust had to make up the shortfall.
 - There is still quite a significant number of vacancies across the organisation. These need to be filled with temporary staff from an agency or locum staff. To date, the Trust has spent about £33m on temporary staff.

Mr Lamb stated that since the report was produced there have been a few developments, mainly:

- The press has reported that the NHS has received additional funding of about £1.1 billion. Only about £300 million of that is new money. £800 million of it is actually NHSE having to re divert funds from various other intended spending streams to help fund the actual cost pressures across the country. The funds will be distributed to the

ICBs who will in turn allocate funds to the various Trusts. Our Trust has been awarded about £9 million and that's primarily to cover the cost of the strikes.

- In addition, around £2.5 million will flow into the organisation via the elective recovery fund as the threshold to deliver has been reduced by 2% which will benefit the Trust and allows it to earn extra money.
- Also, the Trust will receive a generic contribution of about £4.5 million to cover pressures of the type described above.

Mr Lamb advised that they were still finalising the month 8 position and will be presented at Board later this month. Taking into account the information above, the forecast for year end will be a potential £7 million deficit. The Trust is trying to develop further plans to balance that and are also in discussions with the ICB to ascertain if further support can be given.

The Council raised the following points:

- Regarding the £49 million efficiency programme, how is that made up. Mr Lamb replied that of the £49 million we have a cash out target of £21 million; the ICB have requested a further stretch target of £17.5m; and the balance is made up of technical productivity measures. With regard to the £21 million cash out target, although the national efficiency requirement for 2023/24 is only 1.1% we are having to deliver a higher percentage. This is due to prior year cost improvement targets that were achieved only on a non-recurrently basis, which effectively have been rolled forward into 2023/24 and are added to the in-year target.

With regard to the ICB stretch target and the £10 million achieved in the year to date, a lot of reduction was from planned costs avoided rather than cost out. Some of these costs have been slipped to the following year, so from that perspective there is no real direct impact on patient care. When we were developing our financial plans for this year we were under incredible scrutiny from NHSE particularly at one point we had a prospective planned deficit of £50 million. We were under great pressure from both NHSE and ICB to bring those down. We have been constantly reviewing the plans; looking at our prospective developments and re-costing them and looking at how we can provide services in a more productive way.

- As you know, Bridlington Hospital is being underutilised. Are we losing money by not using it efficiently? The Council were advised that the Trust has a contract with the ICB which is not implicit on how well or not it is using hospital sites. Clearly if there is an opportunity to generate income then it should be looked at.
- Why is the Trust paying so much for agency staff? There is a problem with recruiting and retaining staff, especially on the East Coast. What is being done to address this? Mr Lamb advised that it was a national problem across the NHS. There are a lot of initiatives ongoing to try and recruit staff. Locally, there is not sufficient workforce and so the Trust is having to go abroad to recruit. Also, people like working for agencies as it gives them a better work/life balance. Mr Barkley added that there is an issue with staff retention, particularly with healthcare assistants. The Chief Nurse has launched a new initiative of setting up a healthcare assistants academy based at Bridlington Hospital because it was identified that more training at the very start of their appointment is absolutely critically important to help them feel comfortable in their jobs and equipped to do their jobs and not leave.

- Regarding the spend on agency staff, this is not sustainable and the more we use agency the more staff will leave to go to agency on more money. Is there a plan to actually communicate to NHS managers to ensure it is a last resort to use agency staff so that it is not lucrative for people to leave their jobs and become an agency worker? Mrs Parkes replied that there is a lot of work ongoing around recruitment and retention. The healthcare assistants academy is a prime example where the Trust can grow its own workforce by giving them the training to become nurses or whatever else they want to do in the Trust. We need to do that for all our registered posts. We also need to have conversations with staff to ask what their aspirations are and work with them to achieve those.
- Where are you with pass through payments and are you likely to get them from the ICB? Also, agency payments, will there be any support from the ICB? Mr Lamb replied that with pastoral payments he is unsure. With regard to agency payments, he does not think the ICB will support the Trust on this. Discussions are still ongoing. Mr Morritt added that being part of the ICB meant that the Trust and its partners all have to succeed, or all fail. It is not in the ICB's interest to fail and so if there is any flexibility at all then he is sure they will support the Trust.

23/54 Governors Activities Report

Ms Abeysekera commented that she was working with Mr Barkley and Mrs Boyd to try and improve communication with the NEDs so the Council can seek assurance in a more productive way.

The Council:

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

23/55 Governance Update

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

- Welcomed the new governors to their first meeting of the CoG.
- Governor resignations for the period.
- Reminder that positions for the various governor groups are still available. Anybody who wished to join these groups can contact either Mr Taylor or Mrs Astley.

No points were raised by the Council.

The Council:

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

23/56 Items to Note





The Council noted the following items:

- CoG Attendance Register

23/57 Time and Date of the next meeting

The next meeting will be Thursday 14 March, Malton Rugby Club, timings TBA

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	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. 14/09 - 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. Jenny to attend meeting on 18/12. 28/11 - Meeting arranged with Simon Cox 15/12. 14/12 - Mrs McAleese to give feedback at March'24 CoG Meeting. Action ongoing
Public CoG	23/49	14/12/2023	Arrange meeting dates/times/venues for the annual constituency meeting for each constituency and give update at next meeting.	Martin Barkley / Mike Taylor	March'24	Selby 07/06/24 10.00 - 12.00 Selby Community Centre York East Coast Ryedale/Hambleton
Public CoG	23/49	14/12/2023	Give update at next meeting around the improvement in reply time for FOIs.	Mike Taylor	March'24	Action ongoing.

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Chief Executive's Update
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

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

Approve Discuss Assurance Information A Regulatory Requirement

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

Summary of Report and Key Points to highlight:
 To provide an update to the Council of Governors from the Chief Executive in relation to the Trust priorities. Key points include: Operational pressures and industrial action, Urgent and emergency care summit, Developments in the Integrated Model for Urgent Care, Our Voice, Our Future, Support and development for line managers, the See ME First campaign and Planning guidance update.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	14 March 2024	

1. Operational pressures and industrial action

My last report to the Council of Governors was in December when we were building up to the holiday period and what is traditionally the busiest time for the NHS as a whole.

We are now well into the new calendar year, and as expected, we have experienced increased activity within our emergency departments; both with the usual winter pressures and the longest period of industrial action in NHS history which is showing no sign of coming to an end.

It is a credit to everyone involved that we have worked to minimise the impact of industrial action as much as possible through careful planning, making sure rotas are covered and with colleagues stepping up to do all they can to lessen the impact of the strike.

The outcome of the BMA's ballot of its consultant members on the proposed pay offer has also been announced, with members voting to reject the offer. This potentially could mean further action from consultants, although further dates are yet to be announced, with the BMA inviting the Government to improve the offer before a decision is taken on further strikes by consultants.

In the weeks prior to Christmas, we also introduced some changes to our processes for managing flow within the hospitals and to help us share the risks presented by ED overcrowding and ambulance delays. Whilst we know that some staff have found this challenging, we did see some improvements in ambulance handover times and length of time spent in the emergency departments, and we went into the Christmas holiday period in a somewhat stronger position than in previous years. We have been taking feedback from staff and are reviewing these processes before working to embed them into our escalation plans for periods of high demand.

I don't underestimate how challenging all of this has been, and I want to formally note my thanks to all of our staff for their continued efforts.

2. Urgent and emergency care summit

Last month I jointly chaired with ICB Chief Operating Officer Amanda Bloor a system-wide summit to accelerate improvements in urgent and emergency care, aimed at identifying solutions to some of the acute pressures described above.

Representatives from primary care, local authorities, the ambulance service and other key stakeholders discussed and agreed solutions for rapid improvements to prevent admissions and use alternative pathways, streamline and speed up discharge processes, reduce ambulance handover times and improve system-wide working between all of the different organisations involved in delivering urgent and emergency services to improve patient care.

It was a positive session with strong engagement, resulting in a number of actions for us to take forward, both in terms of longer-term pathway and process improvements, and some more immediate actions to deliver a marked improvement in the remaining weeks of this financial year.

3. Developments in the Integrated Model for Urgent Care

Our Trust will become the Prime Provider for a new model of Integrated Urgent Care from April 2024. This will include the urgent treatment centres in Scarborough, York, Malton and Selby, as well as primary care out-of-hours services.

Following a competitive tender process, we are delighted to confirm that Nimbuscare has been selected as a partner to work with the Trust to deliver a new integrated care model of primary care out-of-hours services for York, Selby, Malton, Scarborough and Whitby from April 2024.

Nimbuscare is an at-scale provider of services based in the community and has previously been a key partner in a number of projects.

Joint workshops are being held for staff with an interest in urgent care from our Trust and from primary care to help further develop the new model and to further strengthen partnership working.

Patients and clinicians will continue to access services in the same way. However, it is our view that joining up care leads to improved outcomes for people and through this new partnership our aim is to create better services based on local need.

4. Our Voice, Our Future

As briefed in my last update to the Council of Governors, our Culture and Leadership Programme, Our Voice, Our Future, is now underway. The programme follows an evidence-based approach for continuous improvement to develop compassionate leadership and an inclusive culture.

We have recruited more than 50 change makers to support the programme, and I met with the whole group at their welcome session in December, alongside some of my director colleagues. We were all struck by the overwhelming sense of optimism and energy to make a difference shown by the group, and I am confident that they will start to make an impact as they progress through the 'discovery phase' of the programme.

The group has subsequently met for further training sessions to prepare them with the tools and techniques that will equip them to start collecting feedback to discover what it is like to work in our Trust, and how we can make things better. They will be gathering this information in a range of ways from as many staff as possible, including interviews with Board members, so we can look forward to those discussions.

Change makers will gather feedback over a six-month period and we will be receiving regular updates from them as this work progresses. Indeed, two of the change makers attended the last Board meeting to brief us on some of the early feedback.

5. Support and development for line managers

A fundamental part of improving staff experience is to support our managers to develop their leadership skills in order to support our workforce effectively. I am therefore delighted that we have launched our new line manager toolkit.

Being a line manager can be hugely challenging, and the impact that line managers have on team culture and individual employee experience cannot be underestimated.

To support our managers, we have developed a toolkit which contains some quick and easy support documents, videos, flowcharts, FAQs and other resources.

This is an excellent new tool that follows an employee's journey from entering the organisation and includes all the things you need to do to recruit and support a new starter, right through to retaining colleagues through development or supporting them when the time comes, and they move on.

In the next few months, we will also be rolling out training for all of our existing and new line managers. This training will provide a consistent approach for equipping line managers at every level with the skills to ensure our workforce have the best possible experience working with us.

6. The See ME First campaign

As a Trust we have adopted the See ME First initiative, which aims to promote an open, inclusive and non-judgemental workplace where all staff are valued equally, regardless of ethnicity and other differences that have the potential to separate us.

First developed by the Whittington Health NHS Trust in London, See ME First is a Trust-wide collective commitment that will encourage us to treat all our colleagues with respect, fostering a sense of well-being and belonging which will ultimately improve the patient experience. See ME First aligns with our Trust values of kindness and openness and will help us to live those values every day.

As part of the campaign, which is being supported by our Race Equality Network, staff are invited to pledge their commitment to equality at work, and to wear the campaign badge to signal their support for the campaign. Support for our staff networks, and for campaigns such as this, are further ways we can all foster a more inclusive workplace and contribute to improving staff experience.

7. Planning guidance update

Normal practice in the NHS has been that the planning guidance is released around Christmas time for the next financial year, with Q4 being a key period for the Trust and the ICB engaging in all aspects of financial, operational and workforce planning with a view to agreeing with NHS England and the ICB plans for the coming financial year.

Whilst at the time of writing we still are yet to receive the full planning guidance, further information has been released and we are now working at pace with system partners to prepare first drafts of plans incorporating activity, workforce and finance.

The expectation is that these will be shared with the Board at the March and April meetings, with final submissions provisionally expected in May.

Report to:	Council of Governors
Date of Meeting:	14 th March 2024
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Authors:	Martin Barkley, Chair

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

Approve Discuss Assurance Information A Regulatory Requirement

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

Summary of Report and Key Points to highlight:

This paper provides an overview of Trust developments and the Chair's activities since 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.

Since the previous meeting of the Council of Governors, I have continued to have introductory one to one meetings with Governors. There remains a handful of Governors that I have not yet met and aim to do so as quickly as possible.

The amended arrangements that I proposed to the Board for how the Board operates were agreed and have started to be introduced. These include:

- having ten meetings of the Board held in public each year with the venue alternating between York and Scarborough Hospitals (subject to availability of a suitable room).
- a Board development seminar held in between meetings of the Board to consider just one or two items in depth or a training session.
- establishing a Resources Committee of the Board, replacing the People and Culture Committee and the Finance, Performance and Digital Committee. There will be a Digital Sub-committee reporting to the Resources Committee; and a new way of reporting/escalating issues from Board Committees to the Board and Council of Governors.
- after Board meetings, the Directors, working in pairs, visit wards and departments to listen to colleagues who work in those services and see the environment in which they work. A simple pro-forma is completed which the Board receives at the following Board seminar. These visits seem to be appreciated by colleagues who work in the services and certainly appreciated by the visiting Directors. Typically, ten wards/departments are visited each month.

The next steps to improve governance is to develop and introduce a Board Performance Evaluation scheme. A draft will be considered in March and the final version will be operational in April. A Council of Governors evaluation scheme also needs to be developed which I intend will be available for consideration by Governors at our June meeting. On 28 February NHS England published new arrangements to evaluate the performance of the Chairs of NHS trusts including Foundation Trusts, along with a competency framework applicable to all members of the Board.

I am delighted that the recruitment process to appoint a Non-executive Director to the vacant position has resulted in the successful appointment of not only a Non-executive Director but also an Associate Non-executive Director. Thank you for your support in approving these appointments.

I have met with a local MP, a prospective Parliamentary candidate and the Leader of York Council to date.

I have started visiting wards and departments including a guided tour of the amazingly impressive extension to Scarborough Hospital which is due to open early summer. I have also had two guided tours of Bridlington Hospital and a guided tour of Selby Hospital. I aim to visit a lot more now that I have nearly completed my introductory one to ones.

Over the next three months my priorities are to contribute to the development of the Trust's Annual Plan for 2024/25 in which we need to make progress on key NHS Constitutional Standards especially getting closer to achieving 95% access to diagnostics within six weeks, achieving the 62 day cancer standard and reducing the number of 12 hour trolley waits of patients waiting for a bed to become available for admission to hospital, and continuing to make progress on reducing number of elective patients waiting more than 52 weeks. The annual staff survey results are due to be published on 7 March – it is crucial that we make

progress on creating the conditions that enable colleagues to enjoy their work and feel valued and supported. The Trust also needs to make real progress on developing its new five year strategy.

Another key priority for me is supporting the Chief Executive and the Executive team. They lead the work on resolving the problems the Trust has, and I hope the support that I can give, and my fellow non-executive directors give, will be helpful. At this moment in time, it seems to me that the most pressing problem, besides the Trust not being able to admit emergency patients in a timely way due to lack of available beds which is caused by our inability to discharge quite a few patients when they no longer need hospital based care, is meeting our emerging financial obligations in 2024/25. I anticipate these issues will be revisited regularly at our Council of Governors meetings.



**Report
Council of Governors
14 March 2024
Questions from the Public**

Trust Strategic Goals

- to deliver safe and high-quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

- | | | | |
|-----------------|-------------------------------------|--------------------------|--------------------------|
| For information | <input checked="" type="checkbox"/> | For approval | <input type="checkbox"/> |
| For discussion | <input type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
| For assurance | <input type="checkbox"/> | | |

Purpose of the Report

The purpose of the report is to give the Council the opportunity to view the questions received from the members of the public.

Executive Summary – Key Points

The report details the questions received from the public and the answers given by the Governors and the Executives.

Recommendation

Governors are asked to note the content of the report and give appropriate feedback.

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Martin Barkley, Chair

Date: March 2024

Gordon Hayes (Save Our Scarborough Hospital)

Q1: In a reply to my question answered at the last CoG meeting in December 2023, I note that the Trust, rather surprisingly, does not record SMR data to help evaluate the acute stroke unit in York, but instead relies on national SSNAP data. The quarterly SSNAP data for the past two years indicates that the acute stroke unit in York Hospital oscillates between an overall grade of C and D (on a scale of A to E). This ranks as one of the least well performing acute stroke units in England.

When the acute stroke unit for East Coast residents was closed at Scarborough Hospital, and the 500-600 annual acute stroke patients local to Scarborough Hospital (Trust and CCG data) were subsequently all transferred mainly to York (involving time delays well outside NICE and NHS England timescales - Trust and Yorkshire Ambulance Service data), we were promised enhanced acute stroke care. The SSNAP data does not appear to support this.

What is planned, and what measures are being undertaken, to improve the provision of acute stroke care at York Hospital?

A1: SGH had around 300-350 acute stroke patients per annum. The last SGH SSNAP score as an independent unit was a low E. For most of the last 8 years the SSNAP scores for York have been around a B, sometimes an A. We have largely the same staff providing the same care. A C rating reflects organisational pressures which our executive lead will fix. SMR data is recorded for stroke, but SSNAP is done by an external independent body and should come as a source of reassurance that demonstrates a significantly better performance at York than was the case at SGH.

Q2: A very small minority of patients receive thrombolysis in the acute stroke unit at York Hospital (around 10% nationally) an even tinier proportion (around 2-3% nationally) receive thrombectomy (not, I understand, actually available in York, but requires further transfer to Leeds). Most acute stroke patients transferred to York Hospital from the East Coast do not receive any acute medical intervention there which could not be provided at Scarborough Hospital. And since East Coast patients have been transferred to the acute stroke unit at York Hospital, a hugely increased percentage of patients (up from 3.5% to 23.2% - Trust data) are now unnecessarily admitted who have not actually suffered an acute stroke.

Given these statistics, does the Trust now have any plans to again assess, investigate and manage East Coast patients with a suspected acute stroke in a timely manner at Scarborough Hospital as per the National Stroke Service Model - particularly given the building and staffing of a new ED and ITU unit at Scarborough Hospital?

A2: There are no plans to change the model of acute stroke care from the current arrangements of direct transfer of patients with suspected stroke to York hospital, for more detailed clinical assessment and treatment as appropriate. Thrombectomy services for our patients is provided in Hull, not Leeds.

Q3: I recently received a report from a patient in Scarborough with urological symptoms. Their investigation and management took them to hospitals in Malton, York, and Hull (a total travel distance of nearly 250 miles) - but not to their local hospital in Scarborough (within 2 miles) where they once would have been treated. Their story, which involved travel distress and cost, a significant environmental impact, delays caused by inter-hospital communication failings, and a frankly very confusing and convoluted care pathway, is not unique.

What plans do the Trust have to put the patient back at the heart of accessible healthcare? - and to return accessible and comprehensive core healthcare services (eg urology, OOH ophthalmology and ENT, neurology, rheumatology, breast clinics, pain management) back to the East Coast?

A3: We currently offer elective, day case surgery and follow up outpatient appointments for urology at Scarborough. We do ask all new adult patients to come to Malton for their first appointment to attend the urology diagnostic centre. There are also some types of specialist and complex surgery that we do not offer at all at York and Scarborough and patients will have to travel to a tertiary centre such as Hull.

Q4: At the CoG meeting in December, and in response to my question regarding repeated delays to public FOI requests, it was stated that the responses to 50% of FOI requests did not meet the statutory timescale, and that this would be pursued further. What are the reasons for this repeated non-compliance with the Freedom of Information Act? - and what actions are being taken to remedy the situation?

A4: The Trust has recently increased its resources to help improve FOI compliance and have also made changes to our internal processes for seeking and collating information to enable us to improve response times. Generally, we have seen an increase in FOI requests for example, Oct 22- Jan 23 we received 208 requests and in the same period 23/24 we received 292. Despite these challenges, we are seeking an improved performance and our response rate compliance during 2023 increased from 51% in Q3 to 71% in Q4.

Q5: It appears that there has been a recent change to the Trust website, and that the individual contact email addresses of Governors have been removed. This seems to be a counter intuitive and retrograde move. Not only does this significantly restrict public and patient engagement with the Trust - but also hinders the Governors in fulfilling their core statutory roles - namely representing the public who elected them to post and questioning and holding the Trust to account. Public feedback is very much against this move. Please can you advise who sanctioned this change and why? And can you please offer any hope that this may be reversed?

A5: Channelling questions to Governors through a generic email address should not affect engagement of the Governors with the Trust members and the public.

The Governors are elected by Trust members in their constituencies (Bridlington, Hambleton, Ryedale and East Yorkshire including Malton, Scarborough, Selby and York) and their role is to represent the interests of members and the public and to hold the Non-Executive Directors to account for the performance of the Board.

Governors are not responsible for making representations on behalf of individuals or groups of members and going back to them with a result in the same way that a local politician does. Governors do have a general duty to represent the interests of members and the public as set out in 'Your statutory duties A reference guide for NHS foundation trust governors' and associated documentation.

The Council of Governors is responsible for a number of activities:

- Representing the interests of members and the public.
- Appointing and, if appropriate, removing the Chair and other Non-Executive Directors, and holding them to account for the performance of the Board.
- Deciding the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-executive Directors.
- Approving the appointment of the Chief Executive.
- Appointing and, if appropriate, removing the NHS Foundation Trust's external auditor.
- Receiving the NHS Foundation Trust's Annual Accounts, any report of the Auditor on them and the Annual Report and Quality Report.
- Approving major transactions.

They are also members of a number of committees/groups: Out of Hospital Care Group; Inclusion Forum, Membership Group, Nominations & Remunerations Committee, Constitutional Review Group, York Older People Assembly, Travel & Transport Groups for Scarborough & York, Staff Benefits Committee and Patient Experience Steering Group where there are able to represent Trust member and public views and concerns.

One of our East Coast Governors is a Trustee of the Bridlington Health Forum. Other East Coast Governors attend Save the Scarborough Hospital network and therefore East Coast Trust members and the public should have direct access to them. In addition, members and the public can contact Governors directly through the generic Governor email address and by attending the quarterly CoG meetings held in public.

We hope the above provide you assurance that contacting Governors via a generic email address should not diminish communication.

This issue arose because the new Chair of the Trust was aware of differing views held by Governors. Some considered that as they were elected their email addresses should be accessible to the membership of the Trust in their area, whilst others considered that they should be available via a generic email address, given that they could be harassed via emails, they are not representatives of the Trust (unlike local authority Councillors re the Council), they are volunteers, and do not necessarily know sufficient information to be able to respond to questions. A majority of Governors agreed not to have their email addresses on the Trust website and the Chair believes that the Governors have the right to make such a decision.

Q6: I sent a few emails last year to all Governors individually when it was reported back to me that most (possibly all?) Governors were not actually seeing the issues and questions I submitted to the generic email address you highlight. It appeared as though most things were being filtered out of the general Governor domain.

A6: Constituency questions are dealt with by the Governors in that Constituency, as Governors are elected by Trust members only in the constituency they represent. Questions received to the generic email address are continuously monitored and responses are gathered. Answers for questions to the Governors are drafted and circulated for approval by the CoG. There were some issues last year in circulating the responses to the CoG prior to CoG meetings in June and September due to the sheer volume of activities the Trust was undergoing during that period, and we apologise for that. However, the Questions & Answers for the December CoG meeting were circulated, reviewed, and approved by the CoG prior to the meeting and publication.

Q7: Many of the questions submitted by public Trust members (often unpaid individuals with many other time consuming commitments) involve hours of research and planning. Whilst I accept that Governors may not be able to answer all these questions, none of them are irrelevant, and all of them are written to be read by (and indeed inform) all the Governors. I would hope that under the new system all Governors will be given at least a chance to read our questions and the background research and factual data - of which I suspect most will not be aware.

A7: We can assure you that all Governors would receive all public questions and the Trust/Governor responses to review prior to the CoG meeting.

Q8: I would hope also that each question might be owned by a Governor(s) to enable them to drill down and prevent the Trust management from simply recirculating information which, from personal experience, may not be the complete picture. If any individual publicly elected Governors are not interested in at least reading the issues the public raise, it does make me wonder if the post is suitable for them.

A8: Questions directed at Trust staff cannot be owned by a Governor. It is not their role to do so. It often takes a long time for Trust staff also to research and provide appropriate answers. Some questions are received at the last minute by the Trust and the Trust still makes the effort to answer these. It is once all questions and answers are processed that the Trust will circulate them to the Governors. Constituency questions and answers are dealt with by the constituency Governors, but all questions and answers are circulated to all the Governors to review prior to publishing for the CoG meetings.

Q9: I am interested to know which Governors are in community roles which cover public engagement/discussion/questions across all the geographical constituencies. I have had contact with our local Governor representatives, and with a relatively new (non-Governor led) PACE forum - but I don't ever recall any other approaches from other Governors to meet and be questioned by the public other than very briefly prior to CoG meetings. Apologies if I'm mistaken.

A9: Please see the answer to Q5 above. Each Governor and each constituency group of Governors have different approaches to engage with Trust members and the public. It is also not appropriate to monitor individual Governor public engagement activities. The Governor role is voluntary, and the Trust provide a supportive and encouraging environment for Governors to undertake voluntary

public engagement activities. An annual membership survey is sent out to Trust members to obtain feedback and improve ways to engage with the Governors. The Lead Governor is currently involved in updating the 2022-21 Membership Strategy for the Trust. The Trust Membership Group, chaired by a Governor, meets to discuss, and improve engagement activities with the Trust members and the public. There is work to do. We welcome your suggestions to improve membership and public engagement activities. Additionally, the new Chair asked Governors whether they would welcome annual Constituency public meetings being held. Governors approved this proposal. These meetings should allow good public engagement and opportunity for the public to raise concerns.

Q10: I welcome the suggestion by Martin Barkley to hold constituency meetings - something which Alan Downey regularly undertook. The success of these will hinge to some extent, of course, on their frequency and accessibility. To date, I am not aware of a Scarborough meeting.

A10: Dates are currently being scheduled and will be widely advertised.

Q11: Unfortunately, I still remain to be convinced that making elected public Governors less contactable on an individual level will enhance public accessibility and engagement.

A11: The revised Question & Answer process does not make Governors less contactable by the Trust members and the public. We hope this will be visible to the Trust members and the public in due course.

Virginia Hatton (Maternity & Neonatal Voices Partnership)

Q12: I would like to ask for confirmation that York has a ring fenced dedicated budget for a home birth team as is mentioned in the Maternity and Neonatal Voices Partnership minutes from the MNVP meeting on 15 January 2024. Please could the Governors confirm this and find out what the time scale is for setting up the home birth team. Since 2020 when home birth services were suspended, parents have been patiently waiting for a reinstated reliable home birth service. We are still waiting for this and would like a timeline for when this budget will be used and the home birth team set up. Prior to the pandemic, York was offering a reliable home birth service and with this dedicated budget, we would like to know what plans there are to reinstate this vital service for our community. Any information you can provide is much appreciated. Many thanks, Virginia Hatton (parent of two children born in York and member of the MNVP)

A12: We are committed to ensuring that all women and birthing individuals have place of choice of birth, which is personalised and safe, this is a key action of our maternal and neonatal improvement plan. Currently the homebirth service is staffed by the community midwives, this is dependent on staffing for the on-call service which is reviewed daily. Although funding was agreed for a homebirth team, we do not currently have the appropriate levels of staffing to establish a dedicated homebirth service, and this continues to be offered by the community service. Workforce is a key priority, and we are currently working to address our staffing

establishment to ensure we can meet minimum safe staffing levels across all parts of our service and therefore be able to meaningfully provide a choice of place for birth.

Q13: Please could the Governors confirm that a budget has been agreed for a home birth team for York as was minuted in the York MNVP minutes in July and October 2023 and January 2024? If this is still the case, does the budget need to be spent within a fixed period? Will the budget still be available once the safe staffing levels have been established, regardless of how long this may take?

A13: We have an agreed substantive budget in York for our home birth team. When there are gaps in the midwifery resource, bank/agency midwives are used to provide the service.

Q14: If the funding is no longer available, or may no longer be available depending on how long it takes to get to safe staffing levels, what will the funding be used for instead?

A14: Funding is available.

Q15: What is the timeline for addressing the safe staffing levels for maternity care? I received an update from the Clinical Commissioning Group in response to this same question in December 2021 (attached). Please could the Governors provide a similar brief update on what the plan is to achieve safe staffing levels for York maternity services?



GB Question and
reponse 2.12.21.pdf

A15: Within the Trust our funded midwifery staffing level is currently nearly fully recruited. Across the Integrated Care System a maternity staffing establishment review is in progress.

Phillip Dowding

Q16: The ED Performance against Health Care Target - Which Executive Director in the Y&STH is responsible for this Performance Indicator? The surprising thing about this indicator is its consistency. I have asked under a FOI request – for information on how this indicator is calculated and reported.

A16: This is the Chief Operating Officer – Claire Hansen.

Q17: The Quality and Safety Assurance Committee - I understand the Y&S have a Quality and Safety Assurance Committee chaired by an Executive Director Ms K Stone. There is monthly Steering Meeting which is reasonable. What I have no visibility to is the Content of the Material presented at the Committee (I accept this internal to the Y&STH). However, my observation is that the Governance Structure below Ms K Stone does not make a lot of sense. As a Management Consultant I can find a whole series of issues with the way this is structured - Same person leading multiple Projects, Several persons on multiple Workstreams, Workstreams

without a leader, Fortnightly Oversight Group in addition to the Monthly Steering Meeting, A lot of persons attending the Monthly and Fortnightly Steering Meetings. In other words, there is a lot of overhead going into this whole Q&S Assurance. I would be interested in what your view of the Q&S Assurance Committee?

A17: The Quality Committee is an Assurance Committee of the Board, and is Chaired by Steven Holmberg, a Non-Executive member of the Board of Directors and not Dr Stone. The Quality Committee has now reporting into it the Patient Experience Sub-Committee and the Patient Safety and Clinical Effectiveness Sub-Committee which are working groups of the Quality Committee with specific responsibilities. These are Chaired by the Chief Nurse and the Medical Director respectively. The Chairs of all three of these forums regularly attend the Council of Governor meetings with a formal report on the work of the Quality Committee provided by Steven Holmberg. The Governors feel that these steps provide the necessary governance and the opportunity for the CoG to obtain assurance on Quality and Safety.

Simon Tory (Bridlington Health Forum)

Q18: I'm not aware of ANY Governor having ample opportunity to interact with Trust members and the public?

A18: Please see the earlier answers. The Trust Governors are volunteers often with full-time jobs and it is entirely up to the individual Governor how they interact with the Trust members and the public. Monitoring their activities is counter-productive to the spirit in which they have volunteered for their role.

As mentioned above, Governors are not responsible for making representations on behalf of individuals or groups of members and going back to them with a result in the same way that a local politician does.

Governors represent collective views, e.g., the East Coast Governors are currently inputting to the development of the Bridlington and the East Coast ICB Strategy using feedback they have received from East Coast members and the public.

Membership Posters are placed in GP surgeries, libraries, schools, and other locations in their areas. A number of Governors are also part of their GP surgery Public Participation Groups.

We welcome suggestions for improving opportunities for Governor engagement with Trust members and the public.

Q19: Governor attendance at CoG and any meetings to which any Governor has been invited to attend/participate in. Could details of the above be made publicly available please?

A19: A Governors Activities Report and a CoG Attendance Report are submitted at each meeting and is included in the Agenda pack which is available on the Trust website.

Q20: Governor Interaction with Trust Members and the Public. Could details of all Governor interactions with Trust Members and the Public for the last 12 months be made publicly available please?

A20: See A18.



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Virtual Hospital update
Council of Governors
March 2024

Melanie Liley

Chief AHP and Director of Community Partnerships

Overview

Virtual pathways / wards should

Provide **acute clinical care** delivered by an MDT if clinically appropriate, led by a named consultant (including nurse or AHP consultant) or suitably trained GP, with clear governance.

Have access to specialty advice – but not wholly run by specialists.

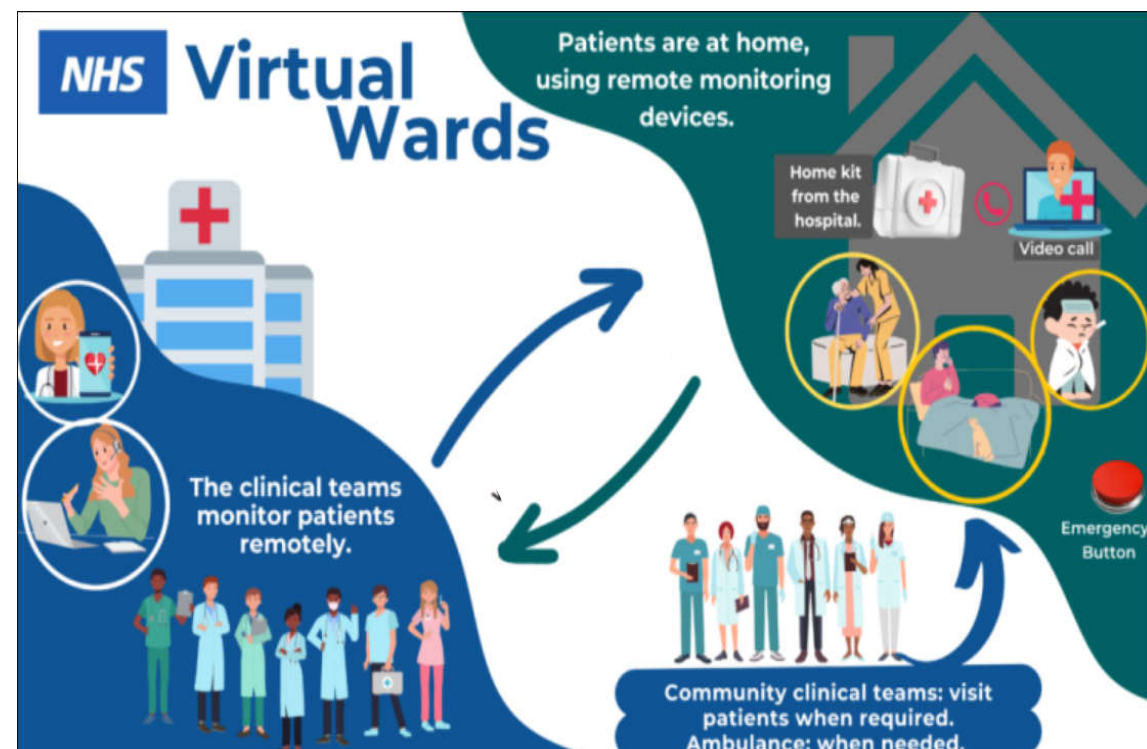
Be fully aligned or integrated with other services, including UCR, SDEC, and unscheduled care across the system.

Have clearly defined criteria to admit and reside, supported by a daily clinical review, to provide a safe and robust service.

Give patients information on who to contact if symptoms worsen, including out of hours – that might be 111/999

Support early recognition of deterioration and escalation processes to maintain safety.

Have access to diagnostics, equivalent to access for inpatients.



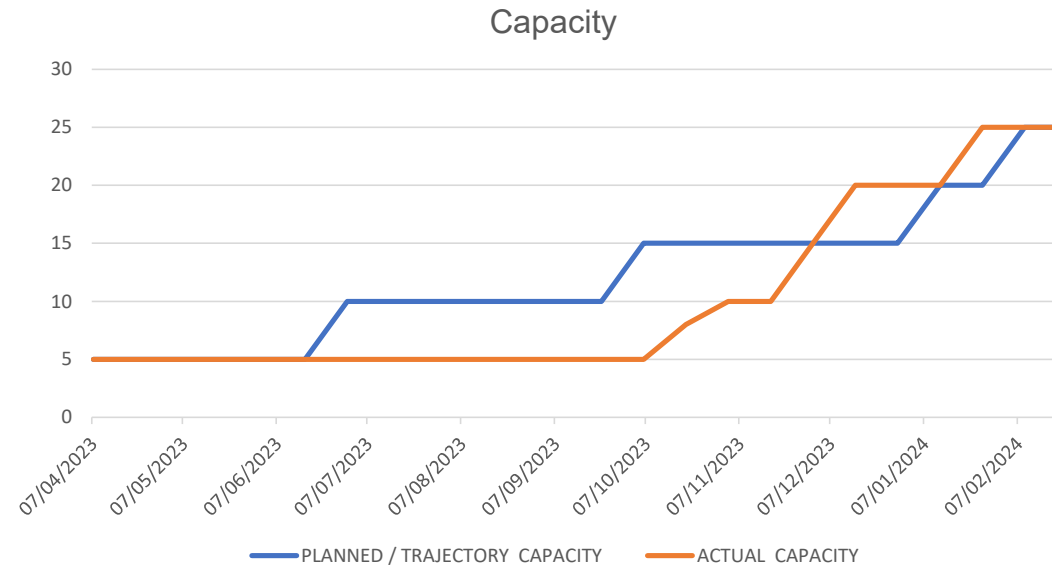
Targets / data

The 2023/24 trajectory was set for the frailty virtual ward capacity / “beds open” but did not consider other specialty virtual wards.

Primarily due to workforce issues, frailty virtual ward could not meet this trajectory.

The ICB has agreed that the capacity can come from any specialty - on target to meet this.

Week Ending	PLANNED CAPACITY	ACTUAL CAPACITY	% AGAINST PLAN
21/04/2023	5	5	100%
19/05/2023	5	5	100%
30/06/2023	10	5	50%
28/07/2023	10	5	50%
25/08/2023	10	5	50%
22/09/2023	10	5	50%
20/10/2023	15	8	53%
17/11/2023	15	10	67%
29/12/2023	15	20	133%
26/01/2024	20	25	125%
23/02/2024	25	25	100%



Technology update

Successful national bid for ~£300k for a technology solution to support virtual wards.

Procurement process completed, supplier agreed, and contract being finalised.

Working with this supplier will enable:

- patients / carers to use remote monitoring devices to send their observations to the clinical teams
- acute clinical teams to have sight of their virtual patients' observations at-a-glance
- bespoke alerts to be set up for patients on a virtual ward; if their observations are not right for them, their clinical team will be made aware
- clinical teams to spend more time with the patients who really need their input, while still keeping an eye on the patients who they want to check-in with

Progress to date

Phase 1 - concluded with roll out of frailty, heart failure and renal pathways, acting as a proof-of-concept opportunity with metrics monitored through the specialty specific working groups and escalation to the Virtual Hospital Delivery Group

Phase 2 – Development of other specialty virtual ward pathways (gastro, hepatology, cystic fibrosis, community antibiotic service [OPAT]), some of which will require additional resource to roll out.

Virtual Hospital Delivery Group:

- Specialty working groups, including digital and reporting
- Engagement with other community providers (Humber NHS FT and CHCP) and ICS Place teams

For more information, contact:

Catherine Rhodes, Programme Manager: catherine.rhodes3@nhs.net

Melanie Liley, Executive SRO: m.liley@nhs.net



**Report
Council of Governors
14 March 2024
Trust Access Plan**

Trust Strategic Goals

- to deliver safe and high-quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

- | | | | |
|-----------------|-------------------------------------|--------------------------|--------------------------|
| For information | <input checked="" type="checkbox"/> | For approval | <input type="checkbox"/> |
| For discussion | <input type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
| For assurance | <input type="checkbox"/> | | |

Purpose of the Report

The purpose of the report is to give the Council the opportunity to view the Trust Access Plan.

Executive Summary – Key Points

The report gives details of the project, key aims and objectives.

Recommendation

Governors are asked to note the content of the report and give appropriate feedback.

Author: Dave Biggins, Access Adviser

Director Sponsor: Steve Bannister, Interim Managing Director

Date: March 2024

Access4everyone Project 2024



Author:	David Biggins – Trust Access Advisor
Links to Organisational/Service Objectives, business plans or strategies	Trust Equality Objectives 2022

The **A4E** project further develops the work around the Trust Inclusive Built environment strategy first published in 2019. The spirit of the project is also aligned to that strategy which aims to provide more inclusive and accessible built environments for our patients, staff, and visitors.

Background information

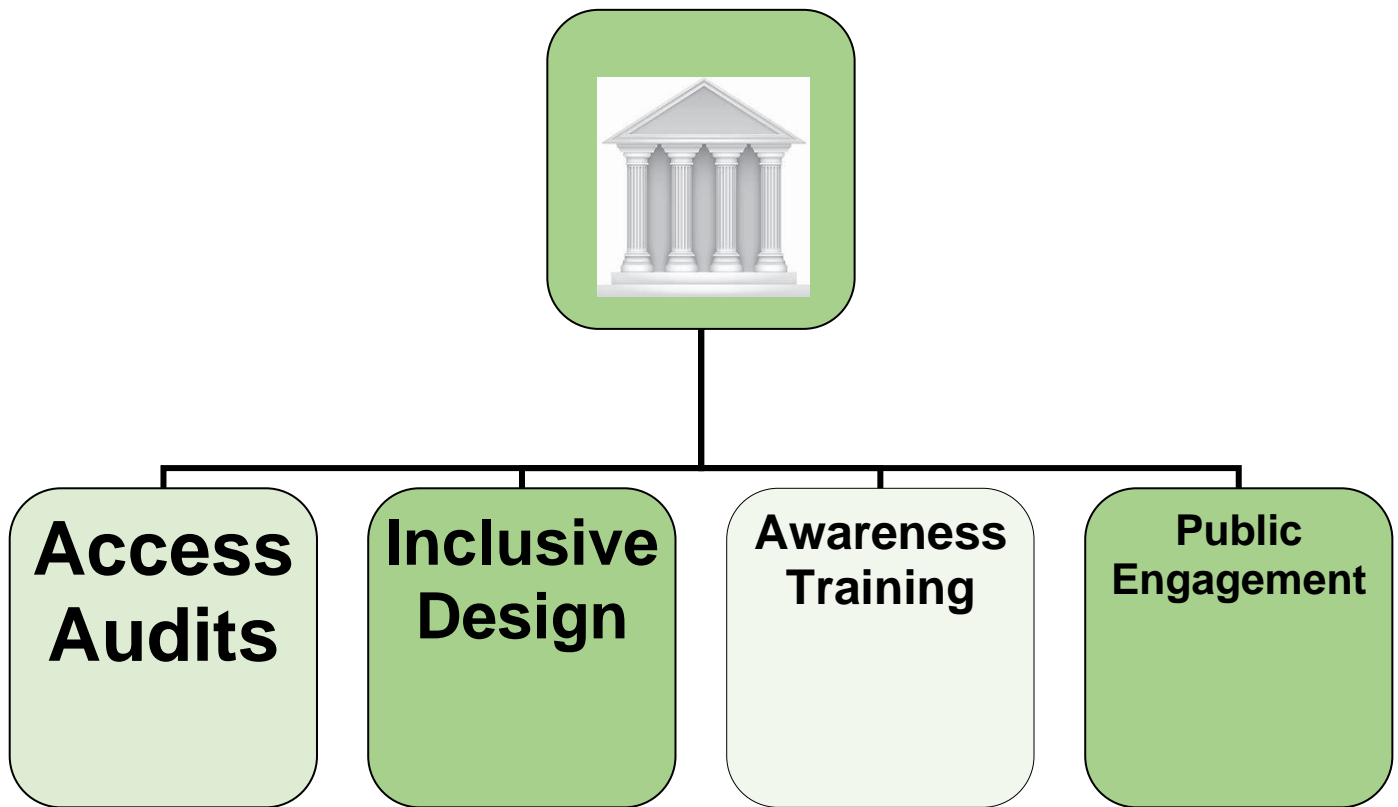
Scope estimates there are **16 million disabled people living in the UK**, The Office for National Statistics estimate **that 26% of people living in the Yorkshire & Humber area are disabled.**

Sensory, physical, neurological processing difficulties and long-term health conditions such as diabetes, ulcerative colitis and fibromyalgia are included, and it is important that our hospitals, health centres and other buildings are as accessible and convenient as possible for our patients, staff, and visitors and that as a public sector organisation we meet our duties under the equality act 2010 which are:

- To eliminate unlawful discrimination, victimization, or harassment of people with protected characteristics
- To promote equal opportunity for all
- To foster good relations, promote understanding and challenge prejudice.

Barriers to disabled people using our services can be physical, such as a design feature within a building such as narrow doors or lack of accessible toilets. Barriers can also be attitudinal or cultural due to a lack of awareness and understanding around disability. Barriers can also be procedural, for example unclear policies relating to assistance dogs or arrangements for large text appointment letters.

Access4everyone Project



Access Audits

Regular access audits of our buildings and grounds with detailed reports with recommendations for improvements provided to our local managers and Estates and Facilities teams. It is usual practice for a disabled person to be part of our audit team. A Trust access plan which details all access barriers/recommendations for improvement is kept and updated and distributed on a quarterly basis.

Inclusive Design

The Trust access adviser supports design teams including project managers and architects with new build and refurbishment projects with the aim of ensuring that inclusive design features are introduced during any construction, typically items such as wider doorways, restorative spaces for neurodivergent people, wheelchair

accessible toilets, hearing assistance systems and good visual contrast aim to be incorporated into new schemes.

Disability Awareness Training

Two-hour sessions to increase disability awareness and understanding in an informal environment are now available via the Learning Hub. Typically, sessions cover use of appropriate language and terminology, the social model of disability and supporting disabled people in the organisation.

Public Engagement

We have formed positive relationships with local disability action groups in the Scarborough, Bridlington and York areas and regularly include members of some of these groups in our access audits and PLACE assessments.

The Access advisor meets regularly with local groups either via Teams or face to face to discuss access issues within our organisation affecting the disabled community and taking views on inclusive design for specific buildings and review of policies or procedures where relevant.

We have, in partnership with AccessAble charity produced access guide for our main hospital sites. These are available via an app or website and give useful information to people visiting our sites on important features such as blue badge parking, door widths, accessible toilet locations, counter heights, and policies on BSL and assistance dogs.

The next twelve Months; Project aims and Objectives.

Access Audits

Deliver this year's access audit programme which includes detailed access audits of some of our community sites including Selby Hospital, St Monica's Hospital, Kettlestring Lane, Clementhorpe and Tadcaster Health Centres and Tanpit lodge.

Inclusive Design

Review the design of the new Urgent care centre with local disabled groups and carry out an inclusive design audit when the unit is operational.

Continue to support design teams with inclusive design of new developments across our organisation including the new Clinical Diagnostic centre on the outskirts of Scarborough and the Cancer Care Centre at the York Hospital site.

Disability Awareness Training

There are monthly sessions available across some of sites between now and July 2024, these can be booked via the learning hub. We are finding it difficult to secure training rooms at York Hospital site due to demand.

We may look to providing the training remotely via Teams for York based staff if access to training rooms doesn't improve.

Further sessions which can be booked via the learning hub are planned for September to December of this year. We also provide ad hoc training to wards and departments at their work locations, this includes hearing loop awareness training, visually impairment simulation exercises and some shorter disability awareness sessions.

Public Engagement

Continue to develop and maintain relationships with community disabled peoples' organisations and hospital staff network(enable).

Potential developments include mystery shopper type exercises led by people with lived experience from community groups, and participation in access audits and disability awareness training and initiatives by members of our enable staff network.

The AccessAble guides are being reviewed and updated in Spring of this year.

Any Questions ?

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	National inpatient survey results: themes from inpatient surveys 2019 – 2022 with commentary on improvement activity
Director Sponsor:	Dawn Parkes, Interim Chief Nurse
Authors:	Hannah Gray, Patient and Public Involvement Lead; Krishna De, Head of Patient Experience and Involvement; Tara Filby, Deputy Chief Nurse

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Summary of Report and Key Points to highlight:
 This paper summarises the comparative review of the Trust's National Inpatient Survey results from 2019 - 2022 which was presented a Board Development session on 21 February 2024. It outlines themes for improvement and the actions that the Trust is undertaking to address them.

Recommendation:
 The Council of Governors are asked to note the contents of the report, and the work that is being undertaken to improve services.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Trust Board Development Session	21 February 2024	None – for information

National Inpatient survey results: themes from inpatient surveys 2019 – 2022 with commentary on improvement activity

1. Introduction and Background

The Patient Experience and Involvement Team were asked by the Chair of the Trust to conduct a comparative review of the Trust's National Inpatient Survey results from 2019 - 2022 to inform a Board development session on 21 February 2024. This report summarises the information presented to the Board of Directors.

The review looked at high level results from the surveys and triangulated with other sources of data where available¹. The themes identified were highlighted and a commentary of the improvement work against these themes is provided. The period we were asked to look at is 2019 – 2022. The 2023 results have not been published at time of writing this report (February 2024).

2. Considerations

- In 2020, the survey made several changes: the methodology became a 'mixed mode' survey, the sampling month and the questions were revised (both wording and order). Mixed mode means they used 'push-to-web' (offering both online and paper completion). As a result, it is not possible to accurately compare 2019 results against the following years.
- In 2020 the report was very scaled back compared with previous, and subsequent years, probably due to the Covid-19 pandemic, and/or the first year of the new mixed mode and revised questions in the survey, but has not been confirmed by CQC.
- The survey results are not sophisticated enough to compare scores at ward or care group level. Comparisons between York and Scarborough hospitals are available in all years, but these were not included in the presentation.
- The survey's response rates have decreased each year. This mirrors the national results – fewer people are responding to the survey overall:
 - 2019 (605, 51%),
 - 2020 (539, 47.3%),
 - 2021 (445, 39%), and
 - 2022 (513, 44%).
- In 2019 the Trust was an outlier - in the bottom 20% of Trusts for 25 questions, the middle 60% of Trusts for 35 questions, and not in the top 20% of Trusts for any questions.
- From 2020 we were not an outlier for any questions (top or bottom 20%).
- Themes identified:
 - 2019 – see appendix 1

¹ We used national audit of Dementia results (2023), UEC survey data (2022), and FFT data where possible.

- 2020 – No themes given in results report
 - 2021
1. **Privacy for discussions:** patients being able to discuss their condition or treatment with hospital staff without being overheard
 2. **Help with eating:** patients being given enough help from staff to eat meals, if needed
 3. **Notice about leaving hospital:** patients being given enough notice about when they were going to leave hospital
 4. **Help to wash and keep clean:** patients getting enough help to wash and keep clean
 5. **Enough nurses:** patients feeling there were enough nurses on duty to care for them in hospital.
- 2022
2. **Home and family situation:** staff considering the patients family situation and carers when planning for them to leave hospital, if needed
 3. **Waiting to be admitted:** patients feeling that they waited the right amount of time on the waiting list before being admitted to hospital
 4. **Taking medication:** patients being able to take medication they brought to hospital when needed
 5. **Dietary needs or requirements:** patients being offered food that met any dietary needs or requirements they had
 6. **Waiting to get to a bed:** patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital.

3. Themes and Commentary about improvement work

3.1 Noise at night (theme in 2019 but not thereafter)

Our admission areas are particularly noisy. A project to reduce noise at night, called Night Owl was started in 2017, and relaunched in 2019 in response to this theme identified in the inpatient results.

AMB was identified as an area of concern so an initiative involving the purchase of an electronic SoundEar noise activated warning sign was introduced to a couple of wards in York hospital funded by the charity. The SoundEar ear lights up when noise levels are too high as a visual reminder to people to take care with the level of noise on wards at night. Feedback from this implementation found that it was working well to reduce noise levels. We will explore the opportunity to make the SoundEar available on more wards.

We were asked to look at re-launching the Night Owl Project across inpatient wards and we developed plans to make available sleep well kits with a patient information poster alongside a supply of individual kits including earplugs, eye masks, an information, advice postcard and a pen (to fill in their FFT card on discharge). All inpatient wards will make a pledge about what ward staff will do to support patients have a better night's sleep. This was to be launched in the new financial year (2024/25). Unfortunately, we have not been able to secure funding through charities and we are in the process of agreeing with senior leadership in care groups if there is the opportunity for them to provide funding for supplies of eye masks and ear plugs from within their own budgets.

3.2 Enough nurses

What else do we know from the other sources of data:

Dementia: National Audit of Dementia (results 2023) asked patients, *when you needed help, did staff give you enough of their time?* 55% said yes, 31% said sometimes, and 15% said no (lower than the national score of 59%).

What are we doing?

The Registered Nurse (RN) vacancy position is an improving picture with 141 newly qualified nurses arriving since May 2023. In addition, 127 WTE internationally educated nurses (IEN) have joined the organisation since April 2023. There is a trajectory for 2024/25 which is in the final stages of confirmation following the establishment reviews that are currently underway.

Recruitment of domestic and internationally educated nurses - with a 4.9% vacancy rate. Pastoral nurse employed 2 days per week to support new IENs for 1 year and test the model

The recruitment and retention of Health Care Support Workers (HCSWs) has remained a challenge, but this is improving. On average 20 HCSWs per month leave their role from various areas. This can be for promotion, to commence study and to take up another role in the Trust. There is a clear focus for the organisation around retention of this valuable workforce who chose to leave.

The Healthcare Academy opened October 30, 2023, and 3 successful academies have completed in this time, this has enabled 66 new HCSW to join the Trust with a real understanding of the role and how to practically provide fundamentals of care and how they support patients. There are 12 HCSW apprentices in these figures who are completing their apprenticeship in partnership with a local college, plans are in place to provide further cohorts the next will be March 2024. Ambitions are to get vacancies down to 10% by end of March, and to be less than 5% by August. We are reviewing the HCA career pathway to streamline processes including recruitment and have drafted a retention framework for HCSWs, which is undergoing consultation, to present at Nursing Workforce Assurance Group (NWAG) in March 2024.

The Patient Services Assistant (PSA) scheme is developing and we are planning for recruitment to it in coming months. We have piloted the Patient Services Operative role in elderly medicine for 2 years. The PSA roll out is to build on this and extend it to Scarborough hospital. The focus for the PSA role will be food, nutrition and hydration.

The Trusts Preceptorship programme achieved the Quality Mark in November 2023 - The Quality Mark is the national gold standard and created when NHS England introduced the new national framework for nursing. Nurses joining now have the assurance that they will be supported to a very high standard in the early stages of their career and can become confident and competent nurses.

We relaunched 'SafeCare' in November 2023 following feedback from staff about how it can be improved, including the red flags and professional judgements, as well as access to training videos available when needed. SafeCare was established in the Trust several years ago, to identify shortfalls in staffing, immediately alerting matrons to redistribute staff to wards where additional patient care is needed most. It allows the Trust to maintain safe and compliant care based on patient numbers, acuity, and

dependency. It also gives real-time visibility of staffing levels, redeployments, and use of temporary staff.

NB: we are increasing the number of available staff on the wards, but also remember we're adding more patients into the mix with unplanned areas of care and moving to allocate on arrival.

3.3 Waiting times

What else do we know from the other sources of data:

Urgent and Emergency Care Survey (2022): See appendix 2. All scores for questions around waiting were lower in 2022 than 2020.

We scored 'somewhat better' than other Trusts for keeping people informed about how long their wait would be in 2022, but our own recent analysis of FFT comments for December 2023 and January 2024 would suggest that there is room for improvement.

FFT data analysis from December 2023 for York and Scarborough ED and selected inpatient wards:

- In December waits varied from 5 hours to 26 hours. Some comments included reference to waits for tests, x-rays or pain relief, or admission to another part of the hospital.
- Waiting times is a persistent theme of patient experience, often cited in negative responses referring to the length of the time people had to wait to be seen or waited after initially being seen for follow up. In this data analysis, comments that mentioned 'wait' also referenced that their wait was overnight, and the lack or absence of sleep affected their experience negatively.
- A high number of mentions of 'long' also appeared alongside wait or wait times. It was clear from several comments that people would have rated their experience 'very good' but the long wait meant they downgraded the rating to 'good' instead.

What are we doing?

- Introduced a short stay Clinical Decision Unit (CDU) at York
- Unplanned areas SOP
 - The Unplanned Areas SOP: was developed and approved at executive committee and introduced in December 2023. It is a shared risk approach to release ambulance crews back into the community, support earlier movement of patients from the emergency department to reduce the risk of overcrowding in the emergency department and to improve the time patients waited to be admitted to a ward.
 - Unplanned spaces cover escalation beds, patients waiting on wards to be admitted into vacated beds and patients who are fit to sit in a chair. This released approximately sixty spaces across the organisation. Criteria were developed for patients who can be placed in an unplanned space.
- Admitting rights – consultant to consultant discussions
- Relaunch of outliers policy.

3.4 Privacy for discussions (theme in 2021, but not 2022; but was a theme in UEC 2022 results)

What else do we know from the other sources of data:

1. National Audit of Dementia (results 2023) asked patients, *were you treated with dignity and respect throughout your stay?* 75% said yes, 21% said sometimes, and 4% said no. (Lower than national score of 81%)
2. Urgent and Emergency Care Survey (2022): Q23. *Were you given enough privacy when being examined or treated?* 340/354 responses, scoring 8.9 (a drop in score from 2020 9.2). Patients being given enough privacy when discussing their condition with receptionist – was focus of this theme in UEC
3. The analysis of FFT data in December showed only two mentions of ‘privacy’ in free text comments with neutral sentiment.

Privacy has perhaps been compromised further because of the need for additional clinical space in ED to meet demand in EDs since 2020.

What are we doing?

ED new build in York:

1. There are dedicated streaming and triage cubicles where patients can talk to the nursing team in private
2. All assessment cubicles now have doors instead of curtains to allow for a private conversation
3. There is a dedicated ambulance arrival entrance so patients are not brought through the waiting area
4. Entrance to resus is direct so patients for resus are not pushed through the assessment and majors cubicles
5. Our resus capacity is now individual cubicles - previously there was only a curtain between the patients and this could be quite distressing listening to what was happening in the neighbouring cubicles.

3.5 Help to wash and keep clean

There was a previous lack of assurance regarding provision of hygiene care with a variation in care plans and their use between wards - rapid quality review of the wards identified lack of consistency with documentation.

What are we doing?

Hygiene care plans are now on Nucleus, the software used in nearly all adult inpatient areas (exceptions are ICU, theatres, PACU, maternity)

- The hygiene care domain assessment and care plan was standardised from various paper versions in use and went live September/October 2022
- Since that point every inpatient in a Nucleus area has a skin and hygiene assessment scheduled 6hrs for admission
- Once the assessment is completed a hygiene care plan is automatically created with daily and twice daily scheduled hygiene care tasks
- Nurses, Healthcare Support Workers and therapists can all input into this care plan; it can be individualised and details can be added to care tasks to record extra information
- Point prevalence audit data January to August 2023 shows 98.7% of adult inpatients in Nucleus areas having up to date documented hygiene care in their digital record
- Oral health and personal hygiene is identified within the ‘fundamentals of care’ poster launched Trust-wide
- Mouth care assessment tool have been added to Nucleus.

Currently there is no question on Tendable (our quality improvement platform) around hygiene, however questions are up for review at the end of March, so there is the opportunity to revise them and include one at that time. The question we do ask is, 'were you offered assistance to wash your hands before mealtimes?'

3.6 Help with eating

What else do we know from the other sources of data:

1. **FFT data analysis:** for December 2023 for York and Scarborough ED and selected inpatient wards identified the availability of food and drink was a topic that appeared in a lot of the free text comments with 71 mentions of meals, food, and eat combined of the 618 free text comments received. Of these, 9 were negative, and 9 were positive and all in York, 47 mentions were neutral and all in Scarborough.
2. **Dementia:** National Audit of Dementia (results 2023) asked patients, *Did you like the food you were given during your stay in hospital?* 57% of responses in York, said yes, 34% said sometimes. Higher than the national score of 50%.
3. **Urgent and Emergency Care Survey (2022):** Q33. *Were you able to get suitable food or drinks when you were in A&E?* 199/354 responses scored 7.5 and 'Somewhat better' rating (improving on 2020 score of 6.8).

We have a food, nutrition and hydration steering group with MDT membership, including catering colleagues.

A food and drink strategy is in place with a robust improvement plan, monitored monthly including the focus of helping people to eat. We conducted a gap analysis against the CQC requirements, so the improvement plan is underpinned by the gaps that were found.

What are we doing?

1. We employed nutrition team in May 2022 – 2 nurses, part time, providing support and direction with nutritional care and tube feeding; also established a nutrition MDT meeting to review patients with complex nutritional needs
2. As part of the Year of Quality Reviewed and refreshed Fundamentals of Care around eating and drinking in November and December 2023. This included, ensuring implementation of the red tray initiative (patients who require support with eating and drinking are identified with a red tray). We also included Volunteers in the Communications for this initiative so could support when on shift.
3. To highlight the importance of patient eating and drinking with staff, the Mealtimes Matter campaign aimed to encourage staff to prioritise mealtimes for patients, and support with eating.
4. The 'But First a Drink' initiative has been rolled out, which urges staff to offer the patient a drink before every interaction they have with them.
5. We revitalised the Nutrition and Hydration Champions role
6. We implemented Nutrition education and training on Learning Hub – with 82% of staff completed it so far (Sept 2023).
7. We increased the number of volunteers and Patient Services Assistants (PSAs) to further support and assist patients to eat and drink. The Volunteering Services Team are exploring the introduction of a lunchtime volunteer role for a shorter shift, with the express purpose of supporting patients to eat and drink.
8. We have undertaken audits identifying actions such as traffic light jug system, and fluid balance charts.
9. We are currently reviewing the equipment required for patients to eat and drink, with Catering Team.

10. We have rolled out the 'Step up to the Plate' initiative; the first phase is for Executive Directors to adopt a ward and give their time to support mealtimes once a month. Training (online and practical) has been coordinated and provided by Trust volunteers and the Volunteers Services Team.

3.7 Dietary needs and requirements

What are we doing?

We have developed new menus to support plant based, cultural, and religious diets. Unfortunately, these cannot yet be implemented due to adjustments required regarding nutritional content and within the LLP there is no dietetic support available for the dishes to be nutritionally analysed to ensure compliance for service to patients. We therefore cannot provide assurance of nutrition of menus. An action was agreed at the Board Development Day that dietetic support for the review of the menus would be provided from within the Trust's own team so we should be able to progress with the implementation of new menus in the new financial year.

What else do we know from the other sources of data:

In ED we are aiming to reduce complaints around food, and hydration in ED. In York with the development of the new ED it was not planned that we would be needing to provide hot food facilities. However, with the extended waiting times this is now required and we have worked closely with the catering team who now provide a hot food service using vegan ware paper boxes as there are no dishwasher facilities. We are also investigating the provision of a unit to deliver filtered cool water that will be able to be used by staff and patients. In addition, a HCWS or nurse work with patients to identify if patients or have any allergies.

3.8 Taking Medication (including medicine management)

What else do we know from the other sources of data:

1. **National Audit of Dementia** (results 2023) asked patients, *were you given medicine for any pain if you needed it?* 57% of responses in York, said yes, 33% said sometimes, 10% said no. Below national score of 75%.
2. **Urgent and Emergency Care Survey** (2022): Q30. *Do you think the hospital staff did everything they could to help control your pain?* 222/354 responses, scoring 7.1 (a drop in score 7.6 from 2020).

What are we doing?

Diabetes medicine and Parkinson's medicine are our biggest topics in terms of number of patients who come in with existing medicine regimes. Pain management is the biggest issue in this area in terms of detriment of the patient.

We actively encourage staff to encourage Parkinson's patients to self-administer their medicines and work with them to support self-administration when inpatient. A Pain Management Oversight group was set up in September last year.

A new pain assessment tool includes the Abbey Pain Score for Dementia is anticipated to be approved in March 2024 meeting and will be rolled out on paper initially. The Nucleus team have been involved in how it will look electronically, and we hope it will transfer across within 6 months. We are also considering a suitable tool for children, although we do not yet have a confirmed timescale for this.

We introduced Electronic Prescribing Medicines Administration (EPMA) cross site – it went live in Scarborough ED in early 2023, and in York ED in November 2023, making it easier

for medicine management nurses to prescribe medicines for patients when they come in through ED.

We succeeded in getting Medicine Management Training back on Nurses requirements, every 5 years.

The Medicine Safety Strategy is currently being revised and now includes a focus on missed doses, which will include Diabetes, Parkinson's, and pain management. Missed doses are measured and reported on Signal.

Focusing on Diabetes:

- We have implemented better identification of patients with diabetes as they come in to hospital
- We continue to provide ward-based education to all staff regarding diabetes and medication safety and have just requested that the insulin safety eLearning is added to Learning Hub
- We have worked to embed diabetes inpatient nurse referrals, understanding which patients are in the emergency department with diabetes so that we can review, prescribe and try turn patients around to support with patient flow and reduce length of stay.
- We have introduced a 7 day face-to-face service in York and 7 day service in Scarborough (6 days face-to-face and 1 day remote cover from York) to support prescribing of diabetes medications, providing clear management plans and safe plans for discharge i.e. care plans for nursing home patients or letters for district nurses.

3.9 Notice about leaving hospital and home & family situation.

What else do we know from the other sources of data:

Urgent and Emergency Care Survey (2022):

Q37. *Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?* Responses 68/354, scoring 8.7 (a drop in score 9.6 from 2020).

Q42. *Before you left the hospital, did a member of staff discuss your transport arrangements for leaving A&E?* Responses 108/354, scoring 4.8 (a drop in score 6.4 from 2020).

Q43. *Did hospital staff discuss with you whether you may need further health or social care services after leaving A&E?* Responses 89/354, scoring 8.4 (8.5 in 2020).

What are we doing?

Patients receive an MDT assessment, including AHP and Physio input before they are discharged. We often find that families are not in agreement with the assessment, and this can come down to communication and how the messages are delivered.

As a result of patient experience feedback and previous inpatient survey results, we introduced a Family Liaison Officer role in SGH, which was working very well, and providing benefit as the right discussions were able to be had with patients and their families before discharge. There is an aspiration to roll it out across other sites.

The ICB Humber and North Yorkshire System Choice on Discharge Policy is due to be rolled out imminently. The policy acknowledges that patient choice is often cited as a reason for delayed discharge and aims to support patient discharge to a setting which meets patient's individual needs and their preferred choice amongst available options but also recognises that to remain in the acute hospital setting should not be one of the choice

options. The policy was agreed in December 2023 at ICB level and was presented to the Trust's Executive Committee at the end of February so will be rolled out in the forthcoming weeks.

The Discharge Improvement Group is working to identify the lead priorities and working with partners. A Task and Finish group has been reviewing patients who go home with incorrect medication. The electronic discharge notes have been updated, with a new bedside locker checklist for new patients which is being trialed.

The rollout of electronic Trusted Assessor Form (TAF) has freed time up to care and reduced the time it takes to complete the form to make quicker referrals to social care and external providers to support assessment for discharge. There has been the launch of electronic therapy notes which improves the quality of documentation, which supports MDT decision making and quality of onward referral information.

To try to get people home faster, we have reviewed long length of stay, to look at why patients without a criteria to reside are in hospital.

For York ED we have implemented a discharge letter for care homes and carers with an overview from ED of what treatment the patient had and any medications that they have had or are due.

We are looking to integrate SAFER principles into our electronic processes with further improvement work taking place.

4. Summary

Following the presentation to the Board Development Day session we are now providing feedback to the teams who provided input to the presentation and will be continuing to implement improvement plans.

5. Next Steps

In addition to the continuing work of different departments and care groups across the Trust in relation to the implementation of the improvement plans identified in the report, the Patient Experience and Involvement team are planning to access further information about patient experience related to the themes from the National Inpatient Survey as follows:

- Explore the possibility of ensuring the questions on Tendable are more closely aligned with the questions of the National Inpatient Survey to provide information more regularly than the annual inpatient survey results.
- Undertake a further pilot of the York internal patient experience survey which took place in Spring/Summer last year. Phase 2 will see use revise the questions to be sure we're integrating the themes from the national inpatient survey and provide results in between national inpatient results reports. This will include rolling it out in Scarborough and recruiting more patient experience volunteers to administer the survey. In addition, we will consider how we can access patient experience feedback from Board visits.
- **We will** continue with the work started on single QR code **for the Friends and Family Test** both increase access for patients to provide feedback via their smartphone but also to increase our volume of responses for richer data, which will

enable better reporting.

- We are working with Communications to draft an engagement framework to better map out who externally we are engaging with in relation to patient experience.

Date: 4 March 2024

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Performance Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve Discuss Assurance Information A Regulatory Requirement

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

Summary of Report and Key Points to highlight:

The report contains an update on the key metrics of the Board's priorities, supported by a CQC Report, Maternity Report and a Finance Report.

Recommendations:

The Council of Governors is asked to note the current positions.



Performance Report key metrics

March 2024 Council of Governors meeting

Diagnostic 6 week standard

- In January achieved 56.6% against a standard of 95%
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 87% re barium enemas to 20% for neurophysiology peripheral
- Improvement plans for each of the 14 are due to be considered by the Resources Committee in April

Acute Flow

- Number of 12+ hour trolley waits in January was 1,100
- Proportion of ambulance handovers waiting more than 60 minutes was 29.6%
- Proportion of patients seen and treated in ED waiting less than 4 hours is improving with an impressive 62.6% (compared to 51.5% in Nov)

Cancer

- Proportion of patients who had their first treatment within 62 days was 49% against a standard of 85%
- Cancer two week waits from referral to be seen was 74.3% against a standard of 93%

Referral to Treatment (RTT)

- Number of people waiting 47,250 which is 530 better than plan
- 6 patients waiting more than 78 weeks all of whom will be treated by the end of March.
- 519 patients waiting more than 65 weeks which is 121 better than plan
- 2,256 patients waiting more than 52 weeks which is 1,165 better than plan
- Overall, half (50.6%) of all patients referred are seen etc. within the 18 week NHS constitutional standard.

Children scorecard

- 100% of possible cancer referrals seen within the 2 week standard
- 62.9% of children have been seen within the 18 week standard
- 10 children have been waiting more than 65 weeks – all of these children are due to have their treatment by the end of March and indeed the ambition is that by the end of the month no children will have waited more than 52 weeks.

Workforce

- In December staff sick leave rate was 5.1% with a year to date rate of 4.7%
- Rolling 12 month staff turnover rate is 9.1% against plan of 10%
- Overall vacancy rate of 6.7%
- HCSW vacancy rate in adult in-patient wards 15.2%
- RN vacancy rate in adult in-patient wards 4.1%
- Midwifery vacancies -4.6% !!!

Patient experience

- The number of complaints received in January was 50% higher than in December : 97 complaints were received, the highest monthly total for last 2 years.

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	CQC Update Report
Director Sponsor:	Dawn Parkes, Interim Chief Nurse
Author:	Emma Shippey, Head of Compliance and Assurance

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:

Progress with delivery of actions within the Trust CQC Improvement Plan is being overseen through the fortnightly Journey to Excellence meeting.

The monthly section 31 maternity submission was last made on 22 January 2024.

There are 12 open enquiries with the CQC.

An updated report will be provided next month highlighting the CQC actions which were due and delivered, by month, by Care Group.

Recommendations:
The Council of Governors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Report History		
Meeting	Date	Outcome/Recommendation
Patient Safety and Clinical Effectiveness Sub-Committee	14 February 2024	Presented and accepted
Board of Directors	28 February 2024	Presented and accepted
Quality Committee	20 February 2024	<i>Not yet presented</i>
Executive Committee	21 February 2024	<i>Not yet presented</i>

1. CQC Inspection Update

The CQC were scheduled to visit the Emergency Department at York Hospital on the 11 January and then the 23 January 2024. Both visits were cancelled by the CQC due to work pressures and the introduction of the new assessment framework.

An invitation for the CQC to attend on the 26 March 2024 has been suggested as the availability of key staff is being co-ordinated.

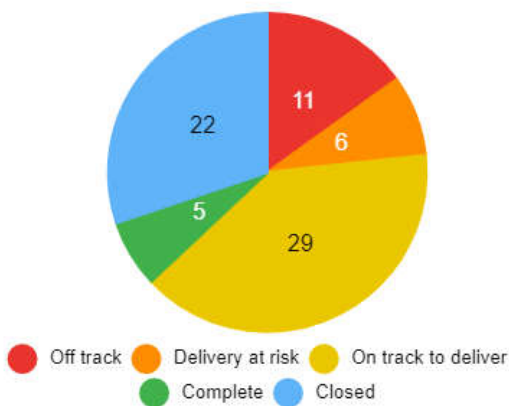
The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme; Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

The workstreams are as follows:

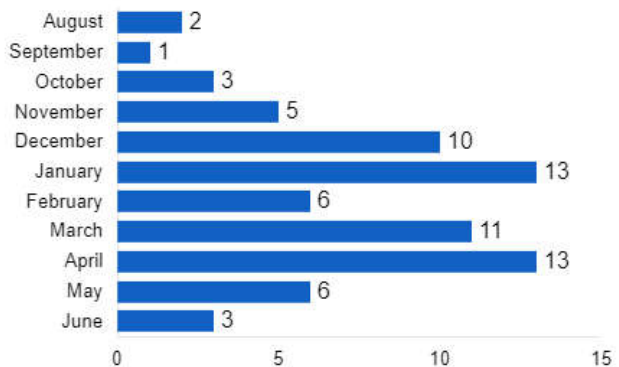
- Maternity Services
- Governance; Corporate / Quality
- Urgent Care
- Elective Care
- Leadership and Culture*
- Safe Staffing
- Fundamentals of Care

Progress with the CQC Improvement Plan, as of 6 February 2024, can be seen in the charts below:

Overall Progress with CQC Actions



Action Due Dates for Completion 2023/24



2. Achievements

Since the last report was written, a further fifteen actions have been approved for closure at the Journey to Excellence meetings (**Appendix A**). A total of 22 actions have now been closed.

Five actions are considered complete with the closure form being drafted or awaiting approval at the next Journey to Excellence meeting.

The Trust response to the CQC actions has resulted the following improvements:

- ✓ The development of a new part of the Core Patient Database (CPD) called Nucleus. Nucleus works on handheld mobile devices meaning that risk assessments can be

completed and updated at the bedside and care plans produced. There are now 12 assessments available.

- ✓ The appointment of 50+ change makers at the Trust from various professions, sites and levels of seniority. The change makers are initially seeking feedback from colleagues to understand what it is really like to work for the Trust.
- ✓ The revision of the process for providing patients with an identity wristband in the York Emergency Department and all patients are now given a wristband when clerked. Recent service audits and tendable data have supported full compliance with this process.
- ✓ The procurement of controlled drug storage equipment within the Emergency Department at York.
- ✓ An improvement project in the Medicine Care Group has led to the standardisation of safety huddle documentation.
- ✓ Improved oversight and education at the Trust from learning from lives and deaths – people with a learning disability and autistic people (LeDeR) reviews.

3. Risks to Delivery

Eleven actions are considered off track meaning the original target date for delivery has not been met. These are detailed in **Appendix B**. The 'current position' column includes the risks to delivery.

The following risks to delivery have been identified for actions which the target date for delivery is not yet due:

- There has not been an improved position in the Trust response to complaints within 30 days and concerns within 10 days.
- A recent Sepsis audit highlighted that although some improvements were noted in screening for Sepsis, there remained delays in the doctor review, delays in antibiotic prescription and delays in administration of antibiotics in the Emergency Departments. Sustained operational pressures are seen as contributory factor and an Trust wide improvement programme is underway.
- Operational pressures impacting on improvements in the following performance standards at Scarborough hospital;
 - the median time from arrival to treatment
 - the percentage of patients admitted, transferred, or discharged within four hours.
 - the monthly percentage of patients that left before being seen.

4. Maternity Section 31 Submission

A monthly submission is made to the CQC providing an updated position on progressing in addressing the issues highlighted in the Section 31 notice. The submission is due on the 23rd of each month. The monthly section 31 maternity submission was last made on 22 January 2024.

5. Mental Health Risk Assessment Section 31

In January 2020, the CQC imposed a Section 31 as they were not assured that patients who presented to the York and Scarborough emergency departments with mental health needs were being risk assessed and cared for safely.

The CQC have asked to be updated when the new Mental Health Risk Assessment form has been transferred onto Nucleus, when staff have received training on use of the form and monthly audit results to be provided once launched.

The further developments are now complete, have been demonstrated to staff with positive results, and ready for technical testing. There have been delays in the roll-out of the electronic mental health risk assessment in the Emergency Departments - this was scheduled to commence at Scarborough on 15 January 2024, there was a slight delay today but this has launched on 6 February 2024.

6. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example serious incidents (SI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review, investigation, and response.

The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

There have been two CQC cases (previously enquiries) received since the last report was written (28 December 2023).

- One related to concerns around patient experience on Ward 26 at York Hospital.
- One was for information regarding a patient discharged with a cannula in situ.

At the time of writing, the Trust had 12 open cases / enquiries. The majority of these remain open whilst awaiting submission of finalised Serious Incident Reports.

The enquiry dashboard can be viewed in **Appendix C**.

7. CQC Updates

New Regulatory Approach

The new CQC assessment approach started to be used in the Humber and North Yorkshire region the week commencing the 22 January 2024. From the 6 February Trust well-led assessments will start in all regions.

Consultation on guidance on visiting in care homes, hospitals and hospices

Following a consultation in the summer of 2023, a new fundamental standard on visiting and accompaniment in care homes, hospitals and hospices is being introduced by the Government in April this year. The CQC have produced draft guidance to help providers and other stakeholders understand the new standard, and their roles and responsibilities under it. The guidance also sets out what people using relevant health and social care services and their families, friends or advocates can expect.

This update has been shared with Patient Experience Team and a review of this guidance against the Trust visiting policy is in progress.

Secretary of State commissions CQC to conduct rapid review into Nottingham mental health services

Victoria Atkins MP, Secretary of State for Health and Social Care, has commissioned the CQC to conduct a special review into Nottinghamshire Healthcare NHS Foundation Trust under Section 48 of the Health and Social Care Act 2008. [Click here to read more.](#)

8. Recommendations:

The Council of Governors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquires.

Appendix A

Closed CQC Actions from January 2024

Ref	Must / Should	Action	Target Date to Complete
5	Must	The trust must ensure it takes account of the Workforce Race Equality Standard, Workforce Disability Equality Standard and NHS staff survey data to ensure both staff from ethnic minority groups and disabled staff are not disproportionately disadvantaged by working in the organisation.	29/12/23
7	Must	The trust must fully investigate and seek to learn from the death of a person with a learning disability or autistic people including seeking LeDeR reviews.	29/12/23
19	Should	The trust should consider increasing the frequency of safeguarding reporting to board to improve oversight.	31/01/24
20	Should	The trust should consider recruiting looked after children specialist nurses to support capacity for initial health reviews.	31/01/24
32	Should	The trust should consider introducing patient record, consent and pain management audits.	29/03/24
47	Must	The trust must ensure that all bank and agency staff had a full induction and competencies assessed prior to them working in the medical service.	30/11/23
66	Must	Maternity Services must implement an effective system to identify and report incidents including the severity of harm. The system must ensure incidents are appropriately reported to internal and external systems within appropriate timescales. The system must ensure incidents are effectively reviewed, lessons and actions are identified and shared with staff.	29/12/23
68	Should	The trust should ensure that Maternity can evidence the decision making and governance processes surrounding the use of balloon catheters at both sites.	29/12/23
45	Should	The trust should review the process in Urgent and Emergency Care at York for recording of controlled drugs to ensure all documents are completed in line with NICE guidance.	31/01/24
50	Should	The trust should ensure that safety huddle documentation is formalised across the Medical Care service at Scarborough.	29/12/23
62	Should	The trust should ensure that patient information on white boards remains confidential throughout the medical care service at York is not located in areas where the general public can see it.	31/01/24
17	Should	The trust should consider ensuring all recording and timelines for grievances and disciplinary processes are a complete and contemporaneous record.	31/01/24
26	Must	The trust must ensure that where necessary patients have risk assessments completed and reviewed as per guidance employed.	29/02/24
59	Should	The trust should ensure that consultants lead daily ward rounds on the emergency assessment unit at York to ensure patients are discharged and improve patient flow.	31/10/23
70	Must	The trust must ensure that in Maternity, there are sufficient quantities of cardiotocography (CTGs), central monitoring and telemetry equipment. This was to ensure women and babies are continually assessed and monitored.	31/01/24

Appendix B
CQC Actions 'Off Track'

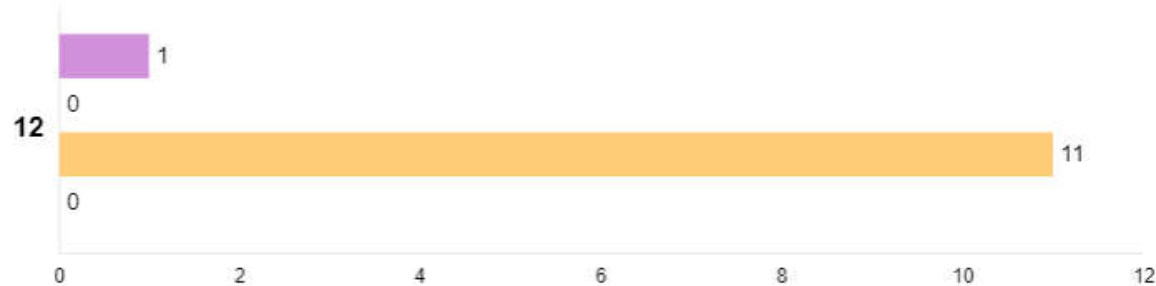
Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
3	The trust must ensure that the guidance within all policies is up to date, accurate and relevant to the service. This includes, but is not limited to: - Freedom to speak up - Policies for transgender and non-binary people - Unacceptable behaviours from patients - Maternity Services	The maternity services policy review is underway and the Head of EDI is drafting the policies relating to trans-gender and non-binary people. Original target date 29 December 2023.	Off track	30/04/24	Governance	Dawn Parkes
4	The trust must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but is not limited to, racism and discrimination.	The Director of Workforce and Organisational Development is aware that there needs to be a further review of the Violence and Aggression policy. This was published with the Exclusion Guidance embedded and the process had not been formally approved. An extension will be discussed at Journey to Excellence on 5 February 2024.	Off track	29/12/23	Leadership and Culture	Polly McMeekin
23	The trust must ensure that in Maternity and Medical Care, all staff are aware of and consistently follow the trust policy to safely store medicines including controlled drugs and controlled substances hazardous to health (COSHH). The trust must also ensure adequate action is taken following audits which identify medication storage issues.	An audit completed by the Health and Safety team identified areas of non-compliance with Control of Substances Hazardous to Health (COSHH). The audit was undertaken as part of the response to a CQC action. Original target date 29 December 2023.	Off track	29/03/24	Governance	Dawn Parkes

Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
25	The trust must ensure that all staff groups in Medical Care, Maternity and Urgent and Emergency Services complete designated mandatory training sessions. Including: - Safeguarding, PREVENT, Adult Life Support and Advanced Life Support (MC York and Scarborough) - Theatre recovery training, practical obstetric multi-professional training and saving babies lives version 2 (Mat York and Scarborough) - ED Medical Staff, esp. Safeguarding, learning disabilities and dementia (Scarborough)	As a multi-stranded action, the subjects which are outstanding are all at different stages; but the one which will take longest to reach its target and then sustain compliance for three-months is Adult Life Support in Medicine – the requested deadline was selected on that basis. Original target date 31 January 2024.	Off track	28/06/24	Safe Staffing	Dawn Parkes
40	The trust should ensure ED staff recognise or make reasonable adjustments to meet patient needs such as those with mental health issues or anxiety. ED staff must complete all sections of risk assessments for patients who show signs of mental ill health. They should consider revising this documentation's length to improve staff compliance	There have been delays in the roll-out of the electronic mental health risk assessment in the Emergency Departments - this was scheduled to commence at Scarborough on 15 January 2024 but has been delayed due to the CPD upgrade to the week commencing 5 February 2024. Original target date 29 December 2023.	Off track	29/03/24	Urgent Care	Claire Hansen
42	The trust must ensure that in Urgent and Emergency services at York, staff do not place patients at higher risk such as those with IV access or allergies in inappropriate environments for their needs and observe them accordingly.	Evidence has yet to be received to support closure of the action.	Off track	29/12/23	Urgent Care	Claire Hansen
48	The trust must ensure that there is sufficient space around patient beds, with oxygen and suction placed by every bed.	Works to support the provision of oxygen and suction at every bed on Chestnut Ward at Scarborough have been delayed and are now due to commence in February 2024. The target date for the associated action has been extended by two months to 29 March 2024.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes

Ref	Action	Current Position	BRAG rating	Target Date to Complete	Trust Workstream	Workstream Lead
54	The trust should ensure that equipment such as drip stands, and ceiling hoists were available on ward 23 at York.	The refurbishment of Ward 23 at York Hospital is linked to a number of actions, which has been delayed, but is due to be completed by 29 March 2024. Original target date 29 December 2023.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes
55	The trust should ensure that in Medical Care at York, patients have venous thromboembolism (VTE) checks and risk assessments are completed and documented within the current trust protocol within 14 hours.	This action is included in the Fundamentals of Care workstream. The Deputy Chief Nurse leads this workstream and has looked to co-ordinate an update for this action. Although responses were received from Care Group Leads and from the VTE group, there are concerns that improvement actions are not being delivered and all checks are not being completed within 14 hours. The action was originally due by 30 November 2023 with an extension approved to 30 April 2024.	Off track	30/04/24	Fundamentals of Care	Dawn Parkes
56	The trust should ensure that patients on the acute stroke ward 23 received their daily 45 minutes of rehabilitation.	The refurbishment of Ward 23 at York Hospital is linked to a number of actions, which has been delayed, but is due to be completed by 29 March 2024.	Off track	29/03/24	Fundamentals of Care	Dawn Parkes
71	The service must implement an effective system to assess and monitor compliance to ensure the baby tagging process is adhered to in line with trust policy.	Evidence to support adherence with the baby tagging process is needed. An extension request form needs to be drafted.	Off track	31/01/24	Maternity Services	Karen Stone
72	The trust must ensure that in Maternity, the assessment of risk, preventing, detecting, and controlling the spread of, infections, including those that are health care associated is managed in line with trust and national guidance	Meeting with the Director of Midwifery to discuss 1 February 2024. Original target date 30 October 2023.	Off track	29/12/23	Maternity Services	Karen Stone

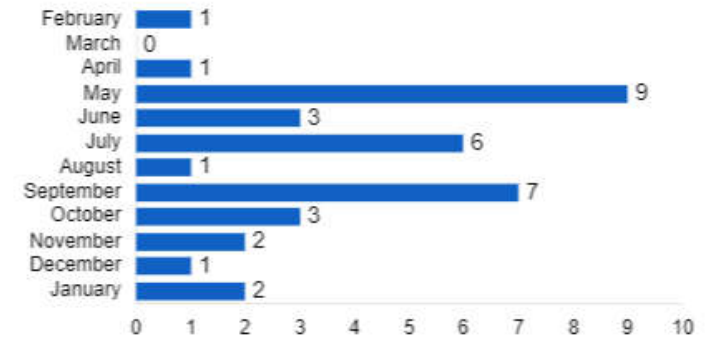
Appendix C CQC Cases / Enquiries (1 February 2023 to 31 January 2024)

Number of Open CQC Enquiries / Cases

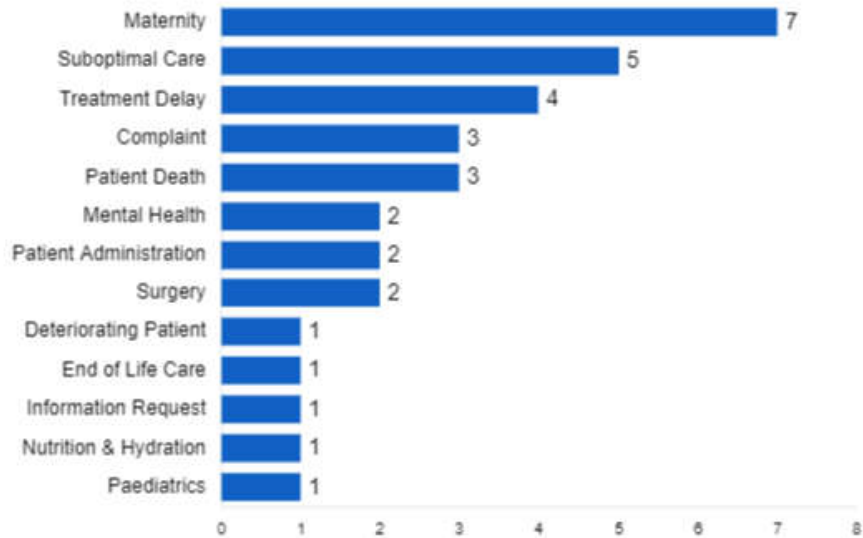


● Ongoing updates required
 ● Preparing Response
 ● Response sent to the CQC
 ● Trust concern raised with the CQC

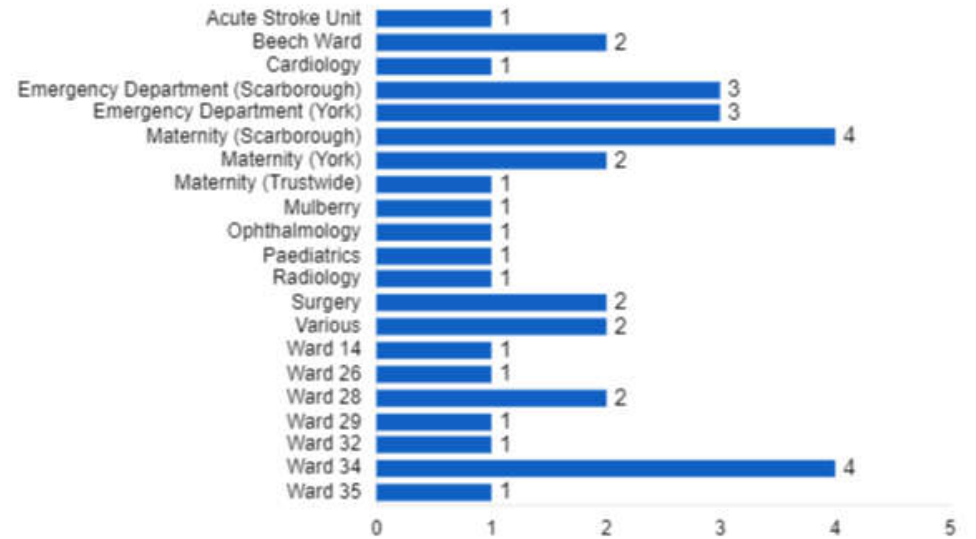
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes Executive Chief Nurse
Author:	Sascha Wells-Munro, Director of Midwifery

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability
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Summary of Report and Key Points to highlight:
This report provides an update on the progress of improvements in the maternity and neonatal service as well as provide monthly key quality and safety metrics for the services.

Recommendation:
The Council is asked to receive the updates from the maternity and neonatal service for December and note the CQC section 31 report before submission to the CQC.

Report History The Quality and Safety Committee 20/02/2024		
Meeting	Date	Outcome/Recommendation
Quality & Safety Assurance Committee	28/02/24	1/ To note the progress with the safety actions and improvement work in maternity and neonatal services. 2/ To formally receive and approve the CQC Section 31 monthly report.
Board of Directors	28/02/24	1/ To receive the updates from the maternity and neonatal service for December. 2/ To approve the CQC section 31 report before submission to the CQC.

Report to the Council of Governors

The maternity and neonatal services are working to deliver a range of safety and quality improvements which are supported through a dedicated improvement programme.

The progress with the individual workstreams and specific safety actions are monitored monthly with the impact on core maternity and neonatal quality and safety metrics reported to both Maternity Assurance Group and Quality and Safety Assurance Committee. This may be subject to change as the new governance processes are implemented across the organisation but also specifically in maternity services to meet the assurance requirements both locally, regionally, and nationally.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In December there were 2 neonatal deaths in service which accounts for the sharp rise on the SPC. One case was unavoidable, and one occurred in another service in the postnatal period, however York and Scarborough maternity services are involved in the wider investigation into this sad case. There are no other escalations to Quality and Safety Assurance Committee in relation to these metrics.

Annex 2 provides the December monthly update to CQC on the service progress against the Section 31 concerns and key improvement workstreams in place in the maternity and neonatal improvement programme.

The Maternity and Neonatal Improvement Programme

The maternity improvement programme has been in place since January 2023 but has been refreshed in line with the national maternity and neonatal 3-year strategy from November 2023. Four workstreams are now in place with identified SRO for each. Milestone actions and timelines are still being developed and defined to ensure the plan is dynamic and aligns with all assurance requirements of our services.

Workstream 1 listening to service users and families with compassion.

Whose Shoes

A Whose Shoes event was held in Scarborough on 7th February in partnership with the MNVP. Whose Shoes is an interactive board game which is used nationally and presents a range of scenarios for group discussion on experience of maternity and neonatal services. The aim of this event was to listen to service users' experience to shape our improvement journey. The event had broad attendance from service users, local authority colleagues, the LMNS and the maternity team. Several pledges were made based on the feedback received and key themes have since been aligned to the Maternity & Neonatal Improvement plan. This will be fed back to service users with the MNVP quarterly meetings, there will be further engagement events to continue to understand service user experience and feedback.

15 Steps

A 15 steps event will be held across the maternity and neonatal unit in Scarborough in collaboration with the MNVP, the date is yet to be confirmed. This was completed at York last year and has supported the environmental improvement work happening on that site.

CQC Maternity Survey

The latest CQC maternity survey results have now been published and relates to those who gave birth between 1 and 28 February 2023. Our results demonstrate further improvement from the 2022 data.

Areas of positive feedback:

- **Advice at the start of labour:** Receiving appropriate advice and support when contacting a midwife or the hospital.
- **Raising concerns:** Concerns being taken seriously once raised

- **Attention during labour:** If attention was needed during labour and birth, a member of staff was there to help.
- **Kindness and compassion:** Being treated with kindness and compassion during labour and birth.

Areas for development:

- **Partner length of stay:** Partner who was involved in care being able to stay with them as much as they wanted.
- **Opportunity to ask questions:** Having the opportunity to ask questions about their labour and birth.
- **Delay in discharge:** Discharge from hospital being delayed.

The areas for development are themes which are cited in Maternity & Neonatal improvement plan.

High level actions related to the areas for development are to:

- Review the provision of birth partners to stay with service users
- Implement a debrief service which needs the population needs and national best practice standards
- To review the efficiency of the discharge process.

The transformation lead midwife and the deputy programme manager are meeting with the MNVP chair on 21st February to review the survey and identify project workstreams. Progress against this plan will be provided to Clinical Governance, LMNS Choice and Personalisation and the York and Scarborough MNVP meetings.

Workstream 2: Growing and retaining our workforce.

The maternity workforce review continues and the final report from birthrate plus is expected by the end of March. A meeting has been had with the ICB to discuss the workforce requirements now and what is likely to be required following the final report. The Director of midwifery and the Chief Nurse will be working closely with the ICB Chief Nurse to agree how the workforce shortfalls will be addressed.

Work continues with the university of York and Hull to look at increasing student midwifery numbers across the service and the different ways in which we can promote and support people to join the profession. This is through apprenticeships, and shortened programmes.

The delivery suite co-ordinator development framework has now been published in line with the 2nd set of Immediate and essential actions from the final Ockendon report and the service is working with the LMNS to agree how this can be achieved collaboratively. There are no timelines for implementation or assurance reporting requirements for progress currently.

Workstream 3: developing and sustaining a culture of safety, learning and support.

Work continues on the maternity quality and safety framework linked through to the wider trust governance review and changes. Work has been focused on a review of all clinical guidelines in place. Of 170 documents 136 continue to be required and 9 of those were out of date and critical to clinical delivery and required immediate update. These have been completed and are currently going through the new approval process. For all other documents there is a clear plan for review based on a risk assessment approach over the coming 6 months for all documents to be updated and approved.

Work also continues to develop a robust process for the maternity safety champions pathway, the Attain and PMRT processes and these are currently being tested along with ward to board reporting process and incident reviews linked to Implementation of PSIRF.

Workstream 4: standards and structures that support and underpin safer and more personalised and equitable care.

The refurbishment of the maternity theatres commenced on the 12th of February. This was anticipated to conclude on the 5th of April but is now delayed to the 26th April due to an issue with the manufacturing of some specific equipment required.

The business cases for the capacity and demand of both caesarean sections and scan requirements are concluded and will be presented to the appropriate group/committee for approval after going through the care group governance processes.

A full review of the maternity and neonatal estate is underway to include provision of community midwifery clinics and looking at new models of care that can support improved accessibility for women both in the antenatal and postnatal period.

A quality improvement project has been launched to review the discharge process with a group of staff from both sites looking to standardise the information provided to service users using a video. This will ensure all service users receive the same important information removing variation in information provided. This is being undertaken in collaboration with the MNVP to ensure co-production and design from the start.

Antenatal risk assessments

Around 40% of contacts where a risk assessment has not been completed are linked to telephone screening contacts where there is no requirement for the risk assessment to be completed, this is showing as non-compliance on BadgerNet.

York

13/2190 (0.59%) of antenatal risk assessments were not completed in the antenatal clinic. A small number of staff have been identified who need some further support and education about how to document on BadgerNet, have been identified.

Scarborough

26/960 (2.7%) of antenatal risk assessments were not completed in the antenatal clinic. 25 of these relate to doctors recording the assessment in the incorrect field on BadgerNet. These individuals have been highlighted and the Digital Midwives are undertaking targeted learning with the team.

PPH high level actions

The PPH improvement group has been launched and meets fortnightly to progress actions on areas of improvement. Working with BI and QI team has identified the following themes which will form the initial focus are:

- Standardised risk assessment throughout maternity pathway
- Standardised approach to measuring and recording of blood loss.
- Agree best practice of proforma completion following PPH.
- Standardised approach to administration of uterotonics

The next steps will include reviewing care provided in maternity theatre, escalation, and review of maternal anaemia.

Consultant attendance in key clinical situations in line with RCOG principles document

Situations in which the consultant MUST ATTEND
GENERAL
In the event of high levels of activity e.g a second theatre being opened, unit closure due to high levels of activity requiring obstetrician input
Any return to theatre for obstetrics or gynaecology
Team debrief requested
If requested to do so
OBSTETRICS
Early warning score protocol or sepsis screening tool that suggests critical deterioration where HDU / ITU care is likely to become necessary
Caesarean birth for major placenta praevia / abnormally invasive placenta
Caesarean birth for women with a BMI >50
Caesarean birth <28/40
Premature twins (<30/40)
4th degree perineal tear repair
Unexpected intrapartum stillbirth
Eclampsia
Maternal collapse e.g septic shock, massive abruption
PPH >2L where the haemorrhage is continuing and Massive Obstetric Haemorrhage protocol has been instigated
GYNAECOLOGY
Any laparotomy

Attendance of consultants at the above clinical situations is not yet formally recorded in badgernet. Work is ongoing to ascertain if a mandated field can be added to the EPR to capture this as it is acknowledged that the service needs a more formal approach to be able to audit this requirement. Currently this is captured by reporting through the clinical incident system and will continue to be done even when the adjustments have been made in the EPR. For the month of December, no PSI were reported for non-attendance in line with the above guidance.

SI data and actions being taken.

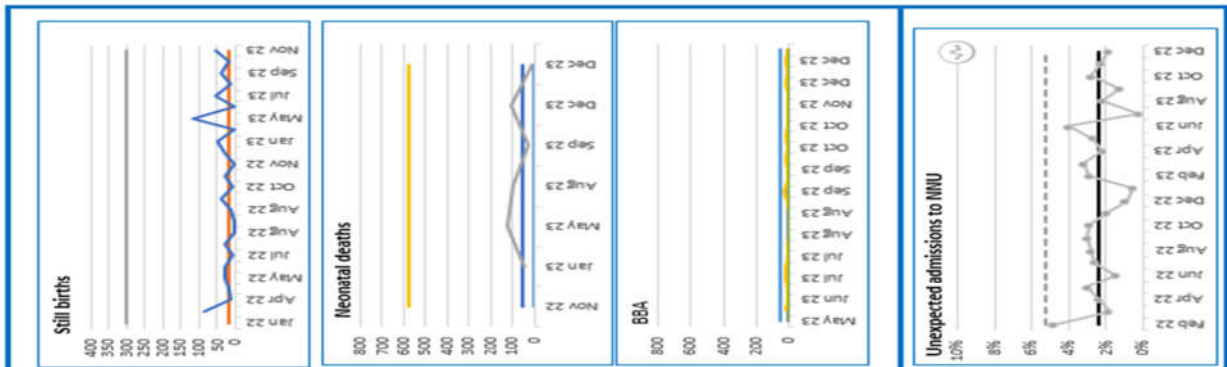
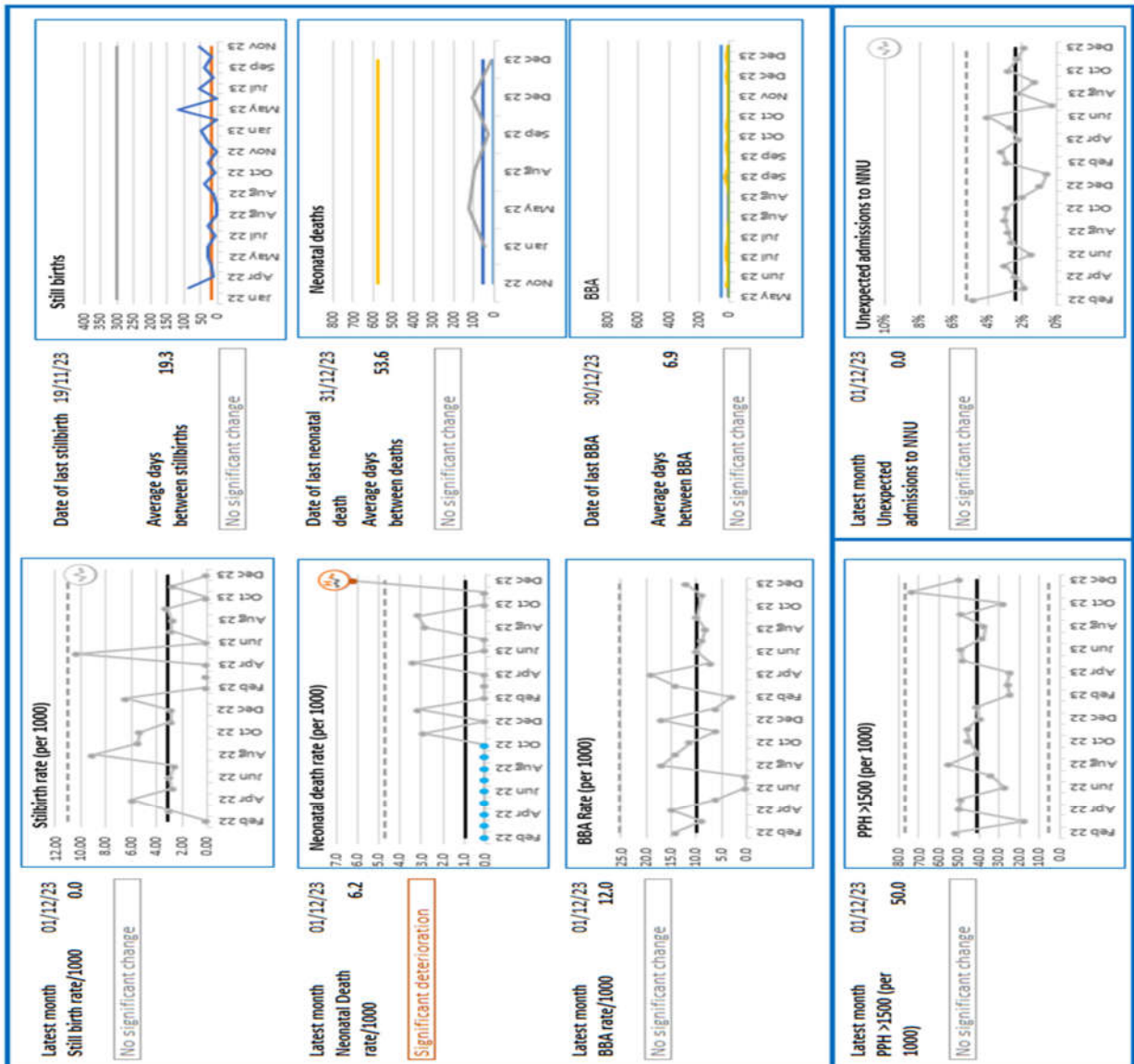
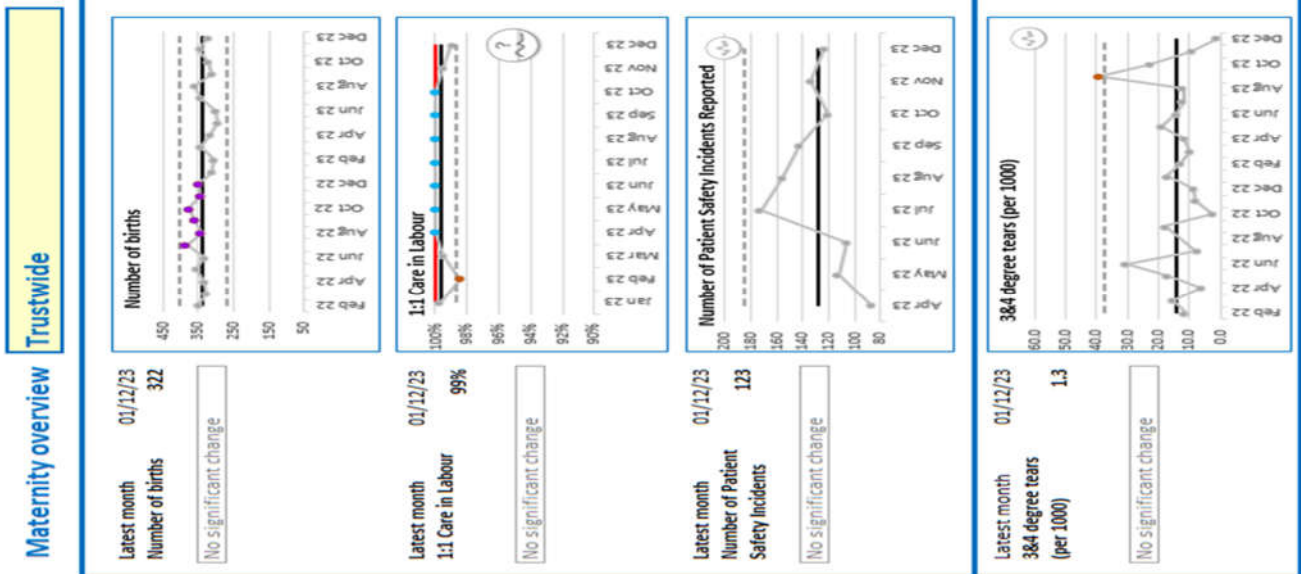
There are 15 open SI investigations, all have assigned midwifery and obstetric lead investigators, these investigations are in the process of being completed with oversight from the Clinical Director, Clinical Governance Lead and Quality and Governance Lead. Completed investigations are planned to be presented to Trust SI panel during March 2024.

Three investigations were presented and approved at the February SI panel with agreed actions aligning to the single maternity and neonatal improvement plan.

There were no incidents that met the criteria for notification for Maternity and Newborn Safety Investigation (formally HSIB).

As part of the implementation and testing of the Quality and Safety Framework, the service are adopting the principles of PSIRF and revising the incident management and oversight processes to include Patient Safety Incident Investigations instead of the Serious Incident Framework. This is currently in the testing phase of implementation.

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery December 2023



FINANCE

February 2024

Summary Dashboard and Income & Expenditure

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	£11.9m adverse	£16.3m adverse	↓	Deteriorating
Forecast Outturn I&E Variance to Plan	£1.9m adverse	£1.9m adverse		Static
Core CIP Delivery Variance to Plan	£1.6m Adverse	£3.8m Adverse	↓	Deteriorating
Core CIP Planning (£21.4m Target) Value Identified	£19.2m identified	£18.9m identified	↓	Deteriorating
ICB Cost Reduction Ask (£17.5m target) Value Identified	£10.4m Identified	£10.4m Identified		Static
Variance to NHSE Agency Cap (3.7% of pay)	£5.0m Above	£6.2m Above	↓	Deteriorating
Month End Cash Position	£9.1m	£9.1m	↓	Deteriorating
Capital Programme Variance to Plan	£0.1m behind plan	£0.1m behind plan	↑	Improving

	Plan	Plan YTD	Actual YTD	Variance	Forecast
	£000	£000	£000	£000	£000
Clinical Income	650,627	542,039	565,221	23,182	671,687
Other Income	59,591	49,785	58,341	8,556	75,955
Total Income	710,218	591,825	623,562	31,738	747,642
Pay Expenditure	-489,418	-407,153	-425,214	-18,061	-496,978
Drugs	-58,408	-48,739	-61,787	-13,049	-70,805
Supplies & Services	-73,051	-60,271	-67,596	-7,324	-78,818
Other Expenditure	-103,918	-86,138	-93,514	-7,376	-109,294
Outstanding CIP	10,110	3,795	0	-3,795	0
Total Expenditure	-714,685	-598,505	-648,111	-49,605	-755,895
Operating Surplus/(Deficit)	-4,468	-6,680	-24,548	-17,868	-8,253
Other Finance Costs	-10,926	-9,108	-7,648	1,460	-9,059
Surplus/(Deficit)	-15,393	-15,789	-32,197	-16,408	-17,312
NHSE Normalisation Adj	-21	-20.5	56.333	76.833	-21
Adjusted Surplus/(Deficit)	-15,414	-15,809	-32,140	-16,331	-17,333

The I&E table confirms an actual adjusted deficit of £32.1m against a planned deficit of £15.8m for January. The Trust is £16.3m adversely adrift of plan and represents a deterioration over the position reported for December.

We are continuing to review and update our I&E forecast tool to assess our likely year end outcome. For M10 NHSE have asked that providers reflect the net impact of the strikes in both December and January within their forecast outturn, and this has been assessed to deteriorate the forecast outturn by £1.9m. Excluding the impact of the strikes, at M10 we are reporting that we will still meet our plan at the year-end, however the Board however should be aware that there is a risk to achieving this. Following the allocation of additional resources in December, plus the assessed impact of the further reduction in the Trust's ERF baseline by NHSE, there remains as assessed shortfall of £7.5m for the Trust to deliver its I&E plan. The Board has, along with other NHS provider Boards across the HNY ICS, committed to bridge this shortfall through the deferral and avoidance of all expenditure, save that which would have a detrimental impact on patient health and safety, over the final months of the year, and work continues in this regard.

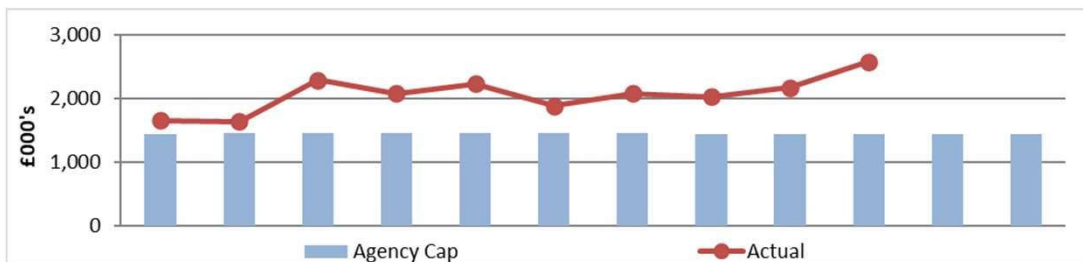
Corporate Overview of Key Drivers

Variance	Favourable/ (adverse) £000	Commentary
Net Overall Strike Impact	137	Assessed reduced elective activity and income against plan due to cancellation of operations and outpatient appointments due to strike action, but for which the costs are in the system, is £3.17m. The assessed net increase in costs to ensure adequate and safe staffing levels during strike action, offset by reduced pay for those staff taking part in the strikes, is £3.42m. Total adverse impact is £6.59m. The total impact is offset by the decision of NHSE to reduce the national ERF target by 4% to acknowledge the cost of all strikes for the year to date has been assessed to increase ERF income to the Trust by £4.23m. In addition, a specific additional allocation has also been made of £2.5m to offset the impact of the strikes. Total strike support is £6.73m. This leaves a net favourable impact of £0.14m.
ERF Funding Position	3,033	Underlying elective activity has significantly increased in January. The assessed increased ERF payable to the Trust at M10 is £7.27m of which £4.23m is linked to the 4% reduction in the ERF target and offset against the strike costs incurred above.
CIP Shortfall	-3,795	Included within the reported position. See CIP section below.
Stretch Target Shortfall	-5,518	Included within the reported position. Current full year shortfall is £7.1m.
Agency and Bank covering vacancies	-4,923	Relates to covering vacancies. Total agency overspending is £6.2m, with minimal levels relating to the cost of covering strike action included above. £1.3m of the pressure is linked to the pay award shortfalls referred to above. Operational pressures experienced over the winter period has resulted in increased bed capacity driving increased staff costs of circa £1m (including some non-pay). The Chief Nurses and Operational teams are reviewing staff levels.
Covid test costs	-159	Formerly a pass-through cost to NHSE, but now transferred to the ICB with a fixed allocation.
Generic Further ICB allocation	3,787	As part of the recent allocations made available by HNY ICB, the Trust has been allocated a further non-specific generic allocation of £4.5m in full year terms.
Other I&E variances	802	Various other miscellaneous variances
Drugs, devices, unbundled OP Radiology, and Pathology direct access	-9,695	These were previously contracted with commissioners on a pass-through cost basis but are now fixed within the block contract. Activity on these is significantly exceeding the assessed notional value in the block contract for which no further income is due thereby resulting in a cost pressure. This is further analysed below. Of this sum, £5.1m is an increase over the M10 22/23 outturn spend levels.

Treatment area	£	Drug or Device	Comments	
Drugs				
Wet AMD	-1,570,763	Aflibercept, Ranibizumab, Faricimab	Following further analysis, the key driver for these increases in costs have been established as volume driven, with minimal price impact.	
Crohn's Disease or Ulcerative Colitis (IBD)	-1,434,715	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol		
Rheumatoid Arthritis	-407,683	Baricitinib, Abatacept, Tofacitinib		
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-868,772	Risankizumab, SECUKINUMAB		
Auto Immune, Rhumatoid Arthritis	-137,159	Etanercept, adalimumab		
Other	-1,944,215			
	-6,363,306			
Devices				
Sleep Apnoea	-397,012	CPAP machines		
Diabetic Pumps	-1,282,277	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports		
Other	13,420			
	-1,665,868			
Unbundled Radiology	-986,176			
Pathology Direct Access	-680,000			
	-9,695,350			

Key Subjective Variances

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	3,648	Primarily increased usage of high-cost drugs and devices for which income is earned on a pass-through basis and matched by increased expenditure.	No mitigation or action required.
ICB Income	19,185	Predominantly linked to (a) ERF being ahead of plan boosted by NHSEs 4% reduction in the ERF baseline to compensate for the impact of strikes over the year, and (b) the additional allocations received by HNY ICB from NHSE and passed onto the Trust to further compensate for strike action and other pressures.	No mitigation or action required.
Other income	6,626	Primarily relates to the sale and leaseback of mattresses and endoscopes, which is offset by increased costs under clinical supplies and services; and income for hosting the Collaboration of Acute Providers.	No mitigation or action required.
Employee Expenses	-18,061	Agency, bank and WLI spending is ahead of plan to cover vacancies and in part to provide cover during strike action. There is a funding shortfall on both the 23/24 A4C and Medical pay award. Part of the unachieved pay related stretch target is also causing pressure here. These are offset by additional funding received from HNY ICB referred to above, plus vacancies, and by planned investments in nursing and response to the CQC progressing behind plan.	To control agency spending within the cap. Work being led by HR Team to apply NHSE agency best practice controls, Care Group reduction programme for off-framework agency usage, continued recruitment programmes (including overseas recruitment). This work is not time limited but is ongoing. To continue to work on meeting the stretch target.
Drug expenses	-13,049	Relates to high-cost drugs and devices, offset by increased income; with the balance primarily relating to an increase of in-tariff drug and device costs which were previously contracted on a pass-through basis, but now included in the block contract; and increased homecare drug costs.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust, although with the release of a further generic allocation by HNY ICB the likelihood of success in securing further funding will be limited.
Clinical Supplies & Services	-7,324	Relates to sale and leaseback of mattresses and endoscopes and covid testing ahead of plan, both offset by increased income. Also includes overspending on pathology direct access due to increased levels of activity, which was previously covered by a variable tariff, but is now included in the block contract with the ICB. Increased spending on blood products, reagents, disposables.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust, although with the release of a further generic allocation by HNY ICB the likelihood of success in securing further funding will be limited; plus explore the opportunities to reduce spending.
CIP	-3,795	CIP behind plan.	Continued focus on delivery of the CIP. CET have developed a matrix of opportunity for sharing with Care Groups to progress ideas. We are supporting an ICS-wide group looking at system savings opportunities and we are participating in NHSE initiatives in relation to efficiency work. Also of note is continued work to reduce covid related expenditure and release of activity related investments are being scrutinised to check for prior work on productivity opportunities and resource transfer through follow up outpatient reduction. This work is ongoing.
Other Costs	-7,376	Primarily driven by the non-pay related unachieved stretch target, and the Ramsey contracted activity being ahead of plan.	To continue to work on meeting the stretch target.



Agency Controls

2023/24 has seen the reintroduction of controls around agency spending, which had been suspended since the Covid-19 pandemic. The Trust's agency spend is capped at 3.7% of its overall pay spend, and this has been factored into the plan. At the end of January expenditure on agency staffing was £6.2m ahead of the cap.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,462.51	2,363.45	99.06	107,686	110,077	-2,391
Scientific, Therapeutic and Technical	1,230.25	1,181.79	48.46	53,519	52,893	627
Support To Clinical Staff	1,880.52	1,622.66	257.86	49,976	50,925	-949
Medical and Dental	1,032.73	970.15	62.58	106,837	122,973	-16,136
Non-Medical - Non-Clinical	3,057.22	2,854.31	202.91	86,107	86,794	-688
Reserves				1,381	0	1,381
Other				1,647	1,552	95
TOTAL	9,663.23	8,992.36	670.87	407,153	425,214	-18,061

Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year to date. The reserves primarily relate to agreed but as yet undrawn CQC and nursing investments.

The table illustrates that a key driver for the pay position is spend against Medical and Dental staff, although establishment is under plan. The key drivers for the residual adverse variance include the cost of strike cover, and agency cover for vacant posts across the Care Groups.

Trust Performance Summary vs ERF Target Performance

	23-24 Target % vs 19/20	ERF Target Weighted Value at 23/24 prices (Inc Pay Award CUF) v9 baseline inc strike 4% red	ERF Month 10 Phase (Av 83.441%)	Activity to Month 10 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Commissioner						
Humber and North Yorks	99.63%	£120,427,976	£100,486,308	£108,132,022	£7,645,715	107.2%
West Yorkshire	99.00%	£1,266,898	£1,057,113	£870,205	£-186,908	81.5%
Cumbria and North East	111.00%	£159,999	£133,505	£180,276	£46,771	149.9%
South Yorkshire	118.00%	£143,586	£119,809	£123,886	£4,077	122.0%
Other ICBs - LVA / NCA	-	£573,948	£478,908	£423,293	£-55,615	-
All ICBs	99.76%	£122,572,408	£102,275,643	£109,729,683	£7,454,041	107.0%
NHSE Specialist						
Commissioning	108.00%	£4,416,219	£3,684,937	£3,513,384	£-171,553	103.0%
Other NHSE	100.20%	£266,864	£222,674	£206,615	£-16,059	93.0%
All Commissioners Total	100.12%	£127,255,491	£106,183,254	£113,449,683	£7,266,429	107.0%

Elective Recovery Fund

To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the indications are that activity is up against plan and potentially presents a £7.3m surplus for the period.

This position includes the 4% total reduction for the year on the Trust's elective target as confirmed by NHSE to further acknowledge the impact the strikes have had on elective activity for the year to date.

ICB activity is ahead of the revised 100% target value, whereas NHSE Specialist Commissioned activity continues to remain slightly behind plan.

2023/24 Cost Improvement Programme - January

	Full Year CIP Target	January Position			Planning Position		Planning Risk		
		Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Technical CIP	28,059	21,988	16,470	5,518	20,941	7,118	20,941	0	0
Core CIP									
Medicine	7,164	4,622	1,051	3,571	3,087	4,077	2,299	749	40
Surgery	5,475	3,532	1,627	1,905	2,822	2,653	2,691	130	0
CSCS	3,995	2,577	3,095	-518	3,984	11	3,897	0	87
Family Health	2,073	1,337	1,213	124	1,372	701	1,372	0	0
CEO	105	67	54	13	54	50	54	0	0
Chief Nurses Team	295	190	251	-61	401	-106	401	0	0
Finance	92	73	531	-458	696	-604	696	0	0
Medical Governance	83	53	90	-37	141	-58	141	0	0
Ops Management	303	196	32	164	38	265	38	0	0
Corporate CIP	0	0	1,024	-1,024	4,363	-4,363	1,759	741	1,863
DIS	260	168	128	40	205	55	205	0	0
Workforce & OD	145	93	153	-60	224	-79	224	0	0
YTHFM LLP	1,400	904	769	135	1,508	-107	928	415	165
	21,389	13,813	10,017	3,795	18,894	2,495	14,704	2,035	2,155
Total Programme	49,448	35,801	26,487	9,313	39,835	9,613	35,645	2,035	2,155

The Core efficiency programme requirement for 2023/24 is £21.4m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash releasing savings. Through the financial plan presentations NHSE required technical efficiencies, covid spend reductions, estimated productivity gains, and the stretch target to be expressed as Cost Improvements. These total a further £28.1m and are shown separately within this report as Technical efficiencies. This gives a combined total efficiency target of £49.5m.

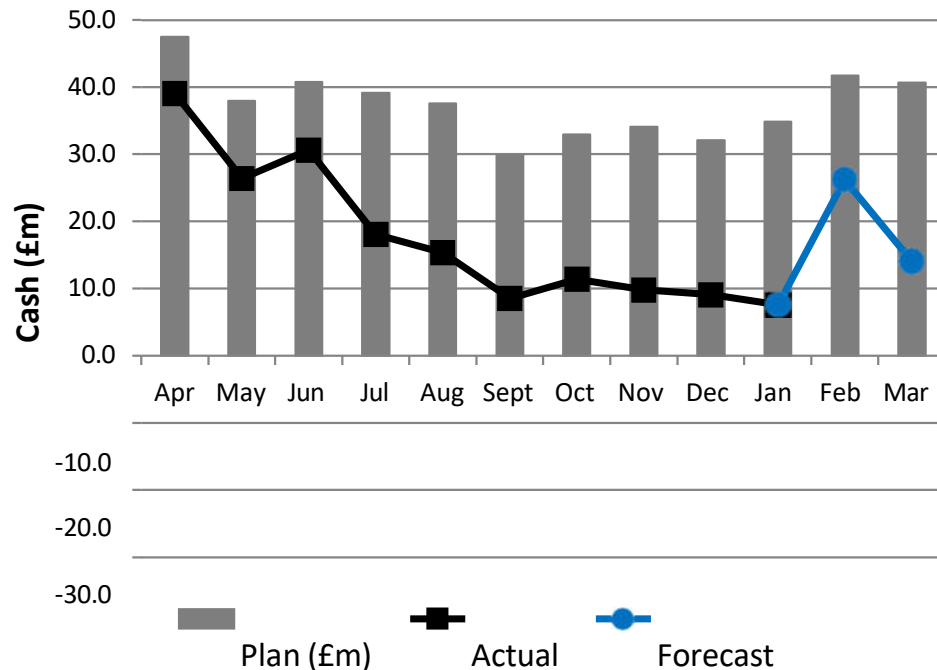
Delivery of the core efficiency programme at month 10 is £10.0m against a plan of £13.8m giving an adverse variance of £3.8m. Recurrent delivery at month 10 is £4.8m (35%), and £5.9m FYE (28%) of the Core programme target.

The planning gap at month 10 has increased to £2.5m, and high-risk plans total £2.1m. This combined £4.6m represents a risk to delivery of the core efficiency programme.

The Group’s cash plan for 2023/24 is for the cash balance to reduce from £50.3m at the end of March 2023 to £40.6m at the end of March 2024, with the planned I&E deficit being a key driver in the reduced balance. January’s cash balance showed a £27.2m adverse variance to plan, which is mainly due to debtors and accrued income above plan (£11m) and the I&E position behind plan (£16.3m). The table below shows our current planned month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	47,455	37,960	40,729	39,099	37,524	29,841	32,947	34,072	32,068	34,842	41,691	40,625
Actual	39,054	26,392	30,644	18,082	15,382	8,523	11,426	9,813	9,099	7,629		

Closing Cash Balance Forecast 2023 - 24



An application to NHSE for cash support was made during September to access £15m of cash support during Q3. Of this £12.2m was drawn (£5m in November and £7.2m in December).

The cash forecast graph illustrates the cash position based on the actual cash balance at the end of January with cash receipts and payments modelled in line with current run rates.

The peak in February is a result of drawing down PDC & capital loan allocations in line with national year end deadlines. This expenditure will be incurred by the end of March with cash timing of invoice payments expected to fall in April / May. As a result, the cash balance is artificially increased by approx. £22m.

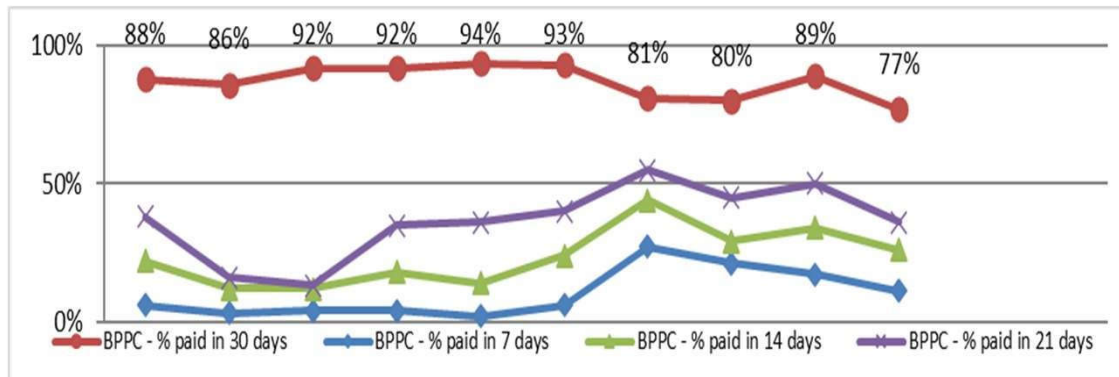
Whilst we are anticipating managing Q4 cash requirements to avoid accessing further cash support, this is dependent on the I&E trend through Q4. If we follow the current run rates, we are expecting a requirement for cash support in 24/25 Q1, which will need to be applied for in March. The value of this application will be driven by the I&E performance throughout the remainder of Q4.

Current Capital Position and Better Payment Practice Code (BPPC)

Capital Plan 2023-24 £000s	Capital FOT 2023-24 £000s	Mth 10 Planned Spend £000s	Mth 10 Actual Spend £000s	Variance £000s
45,852	56,863	28,834	27,545	-1,289

The capital programme at month 10 is £1.3m behind plan. Expenditure relating to IFRS 16 leases is £54k ahead of plan which has improved from the delays experienced in previous months. If we remove the impact of IFRS 16 the capital programme is £1.343m (6%) behind plan. This is mainly due to the Scarborough UEC scheme running behind plan.

As we move towards the year end position, the focus is on maximising expenditure within the available CDEL limit, this includes managing any expenditure at risk with alternative schemes such as the replacement of the 2 x ED X-ray machines at York and the installation of the Spec CT.

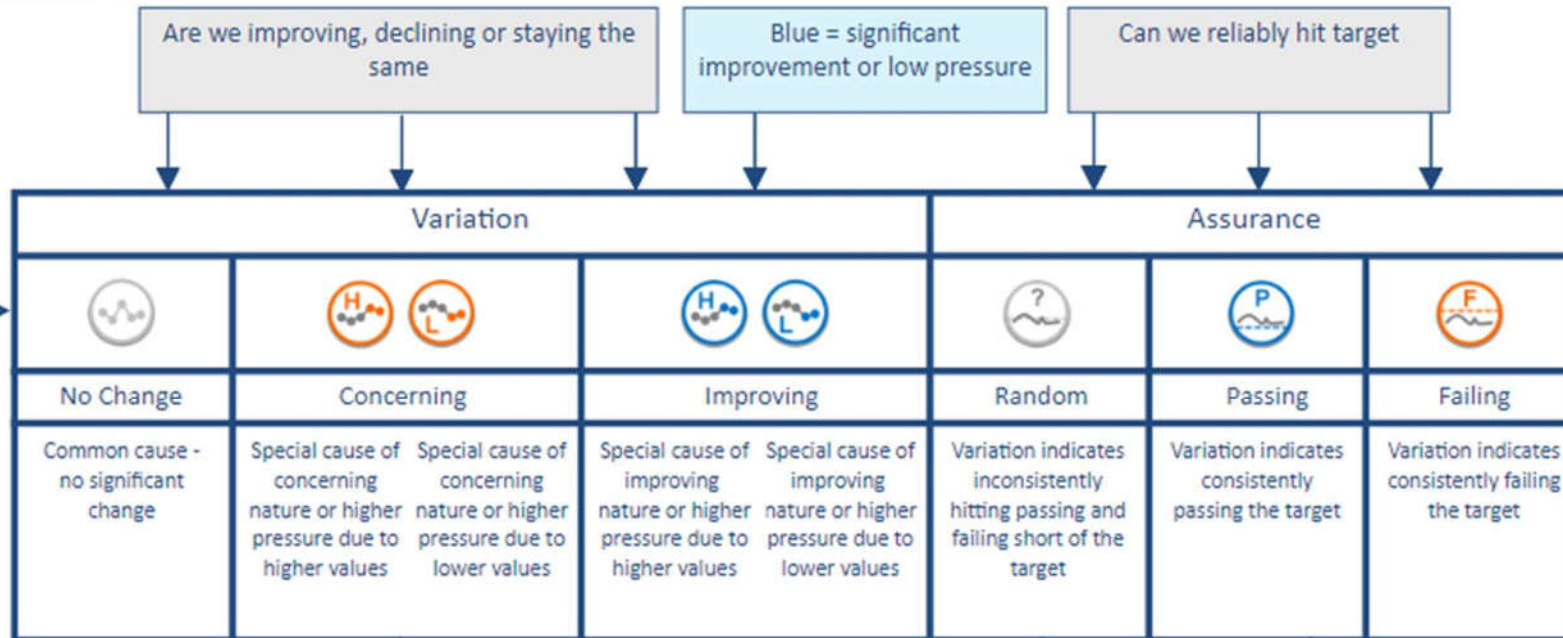


Better Payment Practice Code

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice. Although this target has been around for several years, its delivery has recently regained increased focus by NHSE, with Julian Kelly (NHSE Finance Director) frequently referring to its delivery.

The table illustrates that in January the Trust managed to pay 77% of its suppliers within 30 days. It is worth noting that 1,043 invoices that were paid late but within 7 days of their due date, if were paid 7 days earlier would have taken the % to 87%. As the Trust as not applied for cash support in Q4, the cash balances are being managed accordingly.

Icon Key



Grey = no significant change




Orange = change required to hit target

SPC Key



The orange and blue points indicate either increasing or decreasing trends. The colour will update if 7 points appear either above or below the mean or if 2 out of 3 are near the upper or lower control limit. The target can be either static or moving.

Annex - Icon Descriptions

			
	Special cause of an improving nature where the measure is significantly HIGHER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.
	Special cause of an improving nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.	Special cause of an improving nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of an improving nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.
	Common cause variation, no significant change. This process is capable and will consistently PASS the target.	Common cause variation, no significant change. This process will not consistently HIT OR MISS the target. This occurs when target lies between process limits.	Common cause variation, no significant change. This process is not capable. It will FAIL to meet target without process redesign.
	Special cause of a concerning nature where the measure is significantly HIGHER . The process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly HIGHER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly HIGHER . This process is not capable. It will FAIL the target without process redesign.
	Special cause of a concerning nature where the measure is significantly LOWER . This process is capable and will consistently PASS the target.	Special cause of a concerning nature where the measure is significantly LOWER . This process will not consistently HIT OR MISS the target. This occurs when the target lies between process limits.	Special cause of a concerning nature where the measure is significantly LOWER . This process is not capable. It will FAIL the target without process redesign.

Report to:	Council of Governors
Date of Meeting:	14 March 2023
Subject:	Governor Questions to NEDs
Director Sponsor:	Martin Barkley Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve Discuss Assurance Information A Regulatory Requirement

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

Summary of Report and Key Points to highlight:

This paper provides the questions collated from the Governors for the NEDs to answer at the meeting.

Recommendation

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

Services

1. Given the current bed pressures in the Trust what assurances can the NEDs give that discharge policies safely and effectively identify the medical and other care needs of patients? At recent COG meetings governors have raised concerns about the pressures placed on carers following some “early” discharges.
2. The East Coast governors have had a meeting with Simon Cox regarding plans for the East Coast, especially Bridlington, and submitted a letter to him. What is the outcome or the plans to accomplish this?
3. The public are indirectly encouraged to use the independent sector instead of Bridlington. Can the Trust explain what has been done about reversing this please?

Well Led

4. What top three specific issues have the NEDs challenged at Board Meetings that they think could have been handled better within the last 3 months? Please explain each issue, which NED has challenged, why they challenged, and whether the challenge has resulted in any improvement?

Culture

5. Staff Governors continue to hear of behaviours which are not in line with our Trust values. What is the appetite of the Board to deliver real consequences for inappropriate behaviour?

Health & Wellbeing

6. What measures are in place to monitor mental health of the trust leadership and their cohorts ?

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Sub-Board Committees Escalation Report
Director Sponsor:	Martin Barkley, Chair
Authors:	Stephen Holmberg, Chair of Quality Committee Jim Dillon, Interim Chair of Resources Committee Jenny McAleese, Chair of Group Audit Committee

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System
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Summary of Report and Key Points to highlight:

This paper provides the escalation logs from each sub-Board committee.

Recommendation

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

Quality Committee Reports

Date of meeting:	19 December 2023
Chair:	Dr Lorraine Boyd

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<p>Maternity</p> <ul style="list-style-type: none"> - Formal confirmation received by the Trust of the national requirement to report Caesarean sections and inductions of labour over 24 hours. Badgernet does not currently allow the data to be extracted from the system and the Trust is working with the supplier for a solution. In the interim, Datix will be used to record these. <p>Children & Adults Safeguarding</p> <ul style="list-style-type: none"> - The sustainability of Autism Liaison Service, supported by external funding, is at risk beyond June 2024, when this comes to an end. Continued funding is not yet secured and will be part of a 2024/2025 investment request. - Child Protection Information Sharing System(CP-IS)is not consistently embedded within urgent care settings and maternity triage. In addition, there is a coding backlog in ED creating the potential to delay timely safeguarding reviews. The Safeguarding Team are providing active support to the Care Groups.
ASSURE
<p>Acute Patient Safety Risks over Winter Months until March 2024</p> <ul style="list-style-type: none"> - The paper and ensuing discussion provided assurance that the patient safety risks over winter are understood, and comprehensive mitigations and plans are in place with regard to oversight, scrutiny, and clinical safety in ambulance handover and supporting Yorkshire Ambulance Service colleagues. The Quality Committee will receive monthly updates. <p>Children & Adult Safeguarding</p> <ul style="list-style-type: none"> - The Safeguarding Team has evolved and expanded and includes Admiral Nurses, the Autism Liaison Lead and the Mental Capacity Team, encompassing a full range of adult and children's activity. It is now known as The Safeguarding and Complex Needs Team, led by the Head of Safeguarding and Complex Needs. The result will be improved reach, oversight and assurance.
ADVISE
<p>Medicine Care Group Assurance Report</p> <ul style="list-style-type: none"> - The Care Group shared many of their risks and challenges. These are largely being managed through the Care Group governance structure with escalation to Corporate Risk Register where needed. <p>Maternity</p> <ul style="list-style-type: none"> - A theatre optimisation options appraisal is underway following a Caesarean section capacity/demand review. The outcome will be reported to Quality Committee in April

Nursing Workforce and Fundamentals of Care

- Ongoing development of the Quality Framework for Fundamentals of Care to further understand the relationship between nursing workforce and patient outcomes. In January there will be 3 months of data to identify any areas of concern and any areas that need additional support.
- Adult Inpatient ward areas risk assessment processes in planned, delivered and evaluated care is now based on data analysis across the whole month rather than as previously on the point prevalence data on a specific day. More accurate reporting is now evidenced but presenting lower rates currently achieved. These areas are subsequently being focussed on.

Operational Quality Group Escalations

- The Operational Quality Group will from January be split into two Sub-Committees of the Quality Committee: Patient Safety & Clinical Effectiveness and Patient Experience.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Children & Adults Safeguarding

- There is a risk of non-compliance with the Safeguarding Assurance & Accountability Framework (NHSE 2022) as a result of staffing gaps, specifically Named Nurse for Looked After Children (also noted by CQC June 2023) and Named Nurse for Safeguarding Adult Specialist Nurse, as well as some other recommended posts. Discussions with Finance Team are ongoing.

In addition to the risks above:

- Lack of Maternity staff bathroom facilities and the remedial works for completion by the end of January.
- The South Wing Roof at Scarborough Hospital maintenance risk which had been reduced and removed from the Corporate Risk Register (CRR).
- Pressures in the Emergency Departments, staff working on wards not used to overcrowding and the support being provided to staff to mitigate these risks.

Date of meeting:	16 th January 2024
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
Maternity – Significant increase in PPH during previous month. Cases are subject to urgent investigation Maternity – Neonatal staffing remains a significant concern. Finance identified; business case subject to delay IPC – High number of MSSA infections. C.diff infections were within trajectory in month Never Events – 2 declared in last reporting period Sepsis – Concerning data from recent report. MD taking urgent action to drive and monitor improvement
ASSURE
External Inspections – Recent visits have resulted in positive assurance of safety of services (HTA, IRMER, Breast Imaging, Aseptics)

Patient Experience – Recent report identifies areas of improvement (e.g. food). Other areas still require significant improvement but Committee assured about positive impact of new initiatives. Given pace of improvement and CQC 2022 findings, topic to be subject for further in-depth Board discussion.

ADVISE

Ophthalmology – Care group reports on-going concerns over ability to manage growing workload. Clinical team fully engaged in mitigating risk to patients due to lengthy waiting times. Some process issues continue to be problematic with patient administration

Maternity – Department remains compliant with only 3 elements of MIS. Neonatal staffing is a safety concern but other elements are not considered to be safety issues and Committee received assurance on progress to compliance.
Data relating to ANTT training affected by on-going issues with the Learning Hub

Gastroenterology – Recent inspection has not yet been formally reported but feedback suggests that JAG accreditation will not be achieved due to issues with CPD system. In other respects, inspection very positive and 6 month period has been determined to fix IT problem

Reset Week – Committee advised that this had led to improvements in patient experience and metrics in ED although a longer period is required to determine whether these are sustainable. New processes causing concern in some in-patient ward areas

Industrial Action – Recent JD strike had been managed but evidence of growing fatigue among staff covering during these periods. Request for derogation was considered but situation managed very closely by senior team and not ultimately required

Medical Elective Service – Requiring further temporary relocation as permanent site still not available. Significant effect on staff morale being actively managed

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Histopathology – System issues identified affecting sample processing. Probably isolated issue but SI reported. QI project to provide improvement and safety net

CQC Compliance – Committee discussion on progress and on-going vulnerabilities. ED and patient flow identified as significant risk. Oversight capacity of project also identified as a concern. Overall topic felt to benefit from further in-depth Board discussion

Date of meeting:	20 th February 2024
Chair:	Steve Holmberg/Lorraine Boyd

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT

IPC – High number of MSSA infections continues. New focus group in place to identify issues with aim of achieving rapid improvement. C.diff infections were within trajectory in month but well ahead of trajectory for the year and for Board to note that even if trajectory is met, there are still much higher levels of C. diff than majority of surrounding Trusts. Exceeding trajectory on most Gram -ve infections is consistent with overall pattern suggesting a need for greater focus and senior leadership on whole IPC agenda. Recent appointment of Deputy DIPC provides some assurance.

Gynaecology – Concern over environment of Women’s Unit at York. Cases of harm identified associated with long waits. Concern over some process issues with administration of referrals resulting in excessive waits.

Paediatrics – Concerns relating to service at Scarborough discussed. SI involving sepsis discussed; committee noted that paediatrics is included in MD’s focus on sepsis.

Sexual Health – EPR no longer supported by IT company (April 2024). Potential patient safety risk if records are lost/inaccessible.

ASSURE
<p>Paediatrics - Proactive steps for York to support service at Scarborough. Processes strengthened to ensure that parental concerns are considered during ward rounding.</p> <p>Maternity – Committee advised that informally CQC had given positive feedback on improvement work to date.</p>
ADVISE
<p>Maternity – January meeting reported high rate of PPH cases. Detailed investigations now underway but initial review suggests that previous methodology may be overestimating blood loss in a proportion of cases.</p> <p>3 business cases currently in train that are critical to improvement plan.</p> <ul style="list-style-type: none"> • Staffing – case with ICB • Scanning capacity • Theatre capacity for elective LSCS <p>SI investigations continue to exceed time frame for completion.</p> <p>Dip in Scarborough consultant foetal monitoring training not considered a patient safety risk as this relates to a very short period when training is 'out of time' and actions already in place.</p> <p>Modest delay to theatre upgrades noted.</p> <p>CQC Section 31 February report reviewed and approved.</p> <p>Reset Week/Unplanned Areas SOP – Committee advised that this was continuing to mitigate very long waits in ED but that some vulnerabilities in ward areas had been exposed and were requiring on-going intervention/support.</p> <p>TPR – Data not updated from previous month although explanatory text is current.</p> <p>Learning from deaths – Q2 report escalated to Board.</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>BAF – Committee confirmed that more work was required to refine PRs but that this was, in significant part, contingent of further work on Strategy. Need for urgency was discussed with upcoming reporting re segmentation and position in SOF 3</p> <p>CQC Compliance – Committee discussion on progress and on-going vulnerabilities. Sepsis agreed as an area for focus (as per January meeting). Visit postponed possibly till end of March. Initiation of discussions to request lifting of conditions associated with mental health.</p> <p>Clinical Effectiveness – Recent report has identified further gaps in assurance that will be a focus for cross-cutting workstreams.</p> <p>Equality Delivery System Report – Discussed and accepted.</p>

Resources Committee Reports

Date of meeting:	19 December 2023
Chair:	Mr Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<p>Sustainability, Net Zero & Climate Change Assurance and Annual Report</p> <ul style="list-style-type: none"> - The Committee were keen to communicate the extensive work that had been done to date around sustainability. <p>Digital update</p> <ul style="list-style-type: none"> - EPR - suppliers were bidding for their work which was due to close in early January, with an evaluation panel also established. Final names were to be presented to Executive Committee in January. Issue with the funding profile and may be allocated in the current financial year instead of 2025/26. There had not yet been formal correspondence around this. This was an issue in the potential for debility of what is available in today's marketplace.
ASSURE
<p>Reset Week</p> <ul style="list-style-type: none"> - The Reset week (first day 18th December and soft launch from 11th December) across the organisation to launch both OPEL framework and the new Unplanned Area SOP in moving patients from ED to the wards whether they have a bed available or not. This spread the risk across the site and enabled ED to decompress and allow improved patient flow. Stats on the previous day had evidenced that over half of the ED long waits had decreased. <p>Diagnostics Deep-dive</p> <ul style="list-style-type: none"> - An extensive overview of the current diagnostic services provided across the Trust sites; radiology, endoscopy and pathology. This was not the initial deep dive that was requested and Karen Priestman would return to present on metrics following an undertaking of capacity and demand modelling after using the Intensive Support Team Tool. The returning deep dives would be diagnostics services separated into the three areas described.
ADVISE
Nothing of note
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
Nothing of note

Date of meeting:	16 th January 2024
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> - Challenge in maintaining quoracy due to NED vacancy and absence of a NED due to ill-health. - Only 45% patients seen within 14 days of Rapid Access Alert Pain Clinic. - Decline in diagnostic performance in some areas. - Forecast year end financial outturn £12m-13m worse than plan. Potential for significant constraints, restrictions placed on trust and possible impact on Rating. - Low vaccination rates of staff for influenza and Covid compared to all previous years. This year's campaign is being evaluated. - Critical situations in ED.
ASSURE
<ul style="list-style-type: none"> - Review of long length of stay patients at York & Scarborough taking place by a 4 person MDT with the aim of freezing up beds to reduce overcrowding in ED and wards. - The proportion of staff who have had an appraisal in the last 12 months has achieved target however ongoing concern regarding the high number having group appraisals in YTHFM.
ADVISE
<ul style="list-style-type: none"> - Notable improvement in meeting 62 day cancer standard but still a long way to go to meet NHS Constitutional Stat. - Significant disquiet expressed by ward staff re extra patients on the wards to reduce the overcrowding in ED and risk of harm to patients. - managers toolkit has been issued to all designated line managers. Positive feedback received to date.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> - Operational impact of industrial action. - High number of beds occupied by patients who no longer need hospital based care with the consequent impact of overcrowding in ED and wards and 12 hour trolley waits.

Date of meeting:	20 th February 2024
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> • The Director of Finance updated the Committee on the challenging Financial position facing the Trust and efforts being made to address the expected deficit. Discussions are ongoing with the ICB on a system funding solution and there will be a need to take action to reduce spend in the final few weeks of the year. • Increase in spend on drugs continue to be an issue of concern. • Spending on Agency staff £6.2m ahead of 'cap'. • 12+hours trolley waits remain very high.

ASSURE
<ul style="list-style-type: none"> • Income from elective surgeries ahead of target. • Improvements in a number of waiting list performance against targets including Cancer treatment and other referrals. • Improvement in vaccination rates from previous months and work being carried out on a plan for next year to increase uptake. • Impact of Health Care Academies having positive effect on the retention and performance of recruited staff.
ADVISE
<ul style="list-style-type: none"> • Shortage of resources in the Occupational Health Service causing delays in recruitment and managing sickness absence. • Our Voice Our Future programme being progressed and encouraging impact of Change Champions being evidenced across the Trust. • General feeling from committee that there are green shoots of improvement in the Trust's performance in a number of areas.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<ul style="list-style-type: none"> • Operational impact of industrial action. • High number of beds occupied by patients who no longer need hospital based care. • Impact of the Trusts Financial position may require a reassessment of risk.

Group Audit Committee Report

Date of meeting:	15 th January 2024
Chair:	Jenny McAleese

Key discussion points and matters to be escalated from the discussion at the meeting:

The meeting was quorate. It was attended by Karen Stone, Medical Director, who accounted to the Committee for progress in relation to outstanding Internal Audit Recommendations and also responded to questions about limited assurance reports. In addition, The Committee asked about BAF risk PR2, for which Karen is the risk owner, in order to gain assurance that the risk is being appropriately managed

After the formal meeting, Non-Executive Directors held a private meeting with Internal Audit. There was nothing of concern they wished to draw to our attention.

The Committee wishes to draw the following matters to the attention of the Board.

Medical Director Items

The Committee was assured and encouraged by the Medical Director's recognition of and willingness to grip challenging areas, such as statutory and mandatory training and job plans for medical staff, and the management of sepsis and the deteriorating patient. There is a lot to do and these issues will not be resolved overnight but it is good to see that there are plans in place to address areas of concern.

Karen reported to us that she has begun the review of risk PR2 in the BAF and we have suggested that Dawn does likewise with PR1 rather than waiting for final sign off of the new strategic priorities.

External Audit

We were pleased to note that the LLP audit was completed on time and accounts filed by the deadline of 31 December, noting that this was the first year that this has happened. External audit also reported that the audit of the charity was on track for completion as planned in order that accounts could be filed by the 31 January deadline.

Outstanding Audit Actions

We noted the improved governance of outstanding audit actions by the Risk Committee and Corporate Directors. We believe that the process in the LLP could be strengthened and have asked the MD to review this, using the rest of the Trust's process as a model.

Head of Internal Audit

We were assured to hear that the Head of Internal Audit raised no concerns and reported that the Trust was in a very different position to this time last year.

Governance

We noted and were assured by the strengthening of the Quality and Safety Committee by the review and extension of its membership, regular attendance and reporting in line with a template by the Care Groups and the streamlining of sub-groups reporting into the Committee.

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Governors Activity Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve Discuss Assurance Information A Regulatory Requirement

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

Summary of Report and Key Points to highlight:

This paper provides an overview of Governor Activities.

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Travel & Transport Group (minutes)
- Out of Hospital Care 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

I have summarised below some of the activities I have undertaken since the last CoG (Council of Governors) meeting on 14th December 2023.

Recruitment of Non-Executive Director and Chair of York & Scarborough Teaching Hospitals NHS Foundation Trust's Facilities Management LLP and Associate Non-Executive Director: Over the last two months, following constitutional procedures, Governors were involved in the recruitment of a Chair for the Trust's Facilities Management LLP and an Associate Non-Executive Director to join the Board of the Trust. The appointments have now been made and the details will be published over the next few weeks. I would like to thank all the Governors involved in making these two appointments.

Governor changes: I would like to welcome the new appointed-Governor Jill Quinn (CEO of Dementia Forward) to the CoG. Dementia Forward covers all of North Yorkshire with a staff of 65 and over 250 volunteers, delivering a wrap-around service to over 5,000 people living with dementia and their families. I am delighted that Gill is now part of the CoG bringing a wealth of knowledge and links to a significant part of the population the Trust serves.

I would also like to thank Maria Bowtell (CoG October 2022-March 2024) and Andrew Stephenson (CoG October 2022 – February 2024) for their invaluable contributions during their tenure.

Working with the NEDs: Martin Barkley's introduction of monthly meetings with the CoG following the Trust's Board meetings have been greatly informative and welcomed by the Governors allowing further communication and gaining assurances. These meetings are also joined by Simon Morrill, providing the Executive perspective.

The Trust Strategy: Additional discussions on Trust Strategy will be held with the Governors during the March and June Private CoG meetings. These are opportunities for the Governors to obtain updates on strategy development and priorities, input member and public feedback and gain assurances.

Health & Care ICB (Integrated Care Board) Strategy for Bridlington and the East Coast: Two meetings were arranged for the East Coast Governors to feed into the currently developed ICB East Coast strategy. A meeting for the East Coast Governors with Simon Cox, NHS Place Director East Riding of Yorkshire, East Riding of Yorkshire Health and Care Partnership (ICB) took place on 15th December. A Separate meeting (East Coast Strategy consultation for ICB Strategy) with Beth Ellett (Deputy Director, North Yorkshire Place - East Coast, Humber & NY ICP), Wendy Balmain (NY Place Director, Humber & NY ICP) and Simon Stockill (HNY ICB Primary Care Collaborative Lead) was held on 1st February with the East Coast Governors. Following consultation with members and the public, the East Coast Governors provided a collective view of priorities to Simon Cox, Wendy Balmain, Beth Ellett and Simon Stockill to feed into the ICB Strategy.

Membership Strategy: The Trust Membership Strategy is planned to be reviewed prior to the June CoG meeting for approval.

Review of Public Q&A Process: The public Q&A process was reviewed and streamlined by the CoG and is now published on the Trust's website.

Training: I undertook the NHS Provider training course, Effective Chairing for Governors, in February.

I would like to thank Martin Barkley and all the NEDs for their continued efforts to work with the CoG to improve governance and in turn the patient care at the core of the Trust operations.

Rukmal Abeysekera
Lead Governor

2. Governor Forum (07.02.24)

Action on track

Action missing deadline

Action completed

Attendance: Rukmal Abeysekera (RA) (Chair), Alastair Falconer (AF), Beth Dale (BD), Linda Wild (LW), Sally Light (SL), Sue Smith (SS), Julie Southwell (JS), Abbi Denyer (AD), Dr Adnan Faraj (AFJ), Gerry Richardson (GR), Elizabeth McPherson (EMc), Jill Quinn (JQ), Tracy Astley (TA)

Apologies: Bernard Chalk (BC), Franco Villani (FV), Rebecca Bradley (RB), Keith Dobbie (KD), Maria Bowtell (MB), Michael Reakes (MR), John Brian (JB), Wendy Loveday (WL), Mary Clark (MCK), Catherine Thompson (CT), Cllr Jason Rose (JR), Cllr Denise Howard (DH), Cllr Liz Colling (LC), Mike Taylor (MT)

Actions from today's meeting

Agenda Item: 2	Any Other Business
Actions agreed	BD advised that a meeting is being arranged with Dan Braidley, Environmental & Sustainability Lead, to discuss traffic congestion issues leading to patients missing appointments. She will feedback in due course.
Outcome	
Actions agreed	LW raised the issue of governors' non-attendance at meetings they have asked to be arranged, i.e., Governor Workshop, Trust Strategy meetings, East Coast PLACE meeting, the Forum etc. RA/TA agreed to discuss this issue offline.
Outcome	
Agenda Item: 3	Trust Strategy
Actions agreed	ICB East Coast PLACE strategy meeting was very informative. RA will email governors to ask if they would like a meeting for their area.
Outcome	

Actions agreed	JQ to send link to TA on the “Major Conditions Strategy” for distribution to all governors.
Outcome	Link sent to governors 07/02. Action completed.
Action agreed	LW to send links to governors on CAPs and MAPs for further information.
Outcome	
Agenda Item: 5	Proposal of Agenda items for next CoG
Action agreed	TA to circulate the Dash Board to Governors in advance of TA gathering questions from Governors to NEDs
Outcome	
Actions agreed	Governors to identify a couple of “hot topics” that they require an update on, i.e., Dentistry, Urology, A&E. RA to co-ordinate.
Outcome	
Agenda Item: 6	Issues arising from Constituencies
Issue noted	SS received complaints from constituents around Out of Hours Care. Hopefully, now the contract has been awarded to a new provider, Nimbus Care, issues should start being resolved.
Actions agreed	AD was concerned that the staff were not aware of the culture initiatives that have been put in place within the Trust. More communication is needed and RA to communicate this to Martin Barkley.
Outcome	
Actions agreed	EMc highlighted the issues with unsafe discharges of patients when no suitable after care is in place which can then result in re-admittance of the patient. RA to request Patient Flow and Integrated Care be added to the June CoG agenda to discuss.
Outcome	
Agenda Item: 8	Future Forum meeting format
Actions agreed	The governors felt that the Drop-In sessions with the Lead Governor were useful and would like those to continue.
Outcome	RA will pick this up.

Actions agreed	The governors wanted to keep the same format and structure of the meeting held today.
Outcome	RA agreed. Action completed.
Actions agreed	The governors preferred to hold the Forum meeting online.
Outcome	RA agreed. Action completed.

Date of Next Meeting: Wednesday 8 May 2024, 10.30 – 12.00, via Teams

3. Travel & Transport Group (19.01.24)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Travel & Partnerships Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Kevin Richardson	Car Parking & Security Manager
	Robert Peacock	North Yorkshire Healthwatch
	Lorna Fenton	Workforce Lead
	Graham Titchener	City of York Council
	Callum Kilburn	Security and Car Park Manager, LLP
	Vicky Pursey	Staff Side Rep, Physio
	Guy Wallbanks	iTravel, City of York Council
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC
	Helen Hardwick	Staff Benefits
	Franco Villani	Staff Governor/Trade Union Rep
Apologies:	Kevin Richardson	Car Parking & Security Manager
	John Mensah	Consultant Side Rep
	Louise Neal	North Yorkshire County Council
	Phil Bland	Transport Manager
	Storm Baines	Enterprise
	Ed Pearson	Finance
	Linda Wild	Public Governor

1	<p><u>Apologies</u></p> <p>Apologies for absences were received.</p> <p>All attendees made introductions. Callum Kilburn and Laura Blissett are standing in for KR (Security & Car Parking). Michelle Rhodes has recently taken on a post in the fleet management team at Finance (including covering pool cars) and will be joining the group in the future.</p>	
2	<p><u>Minutes of the Previous Meeting and Matters Arising</u></p> <p>The minutes of the previous meeting held on 13/10/23 were agreed to be a true and accurate record.</p> <p>Matters Arising:</p> <p><u>Community Stadium Car Parking</u> DB With regards to ongoing issues of parking fines issued to staff on training courses that are longer than 4 hrs, DB has not been able to catch-up with VP on this over Christmas period. To pick this up again offline, with VP and CK.</p> <p><u>Customer Travel Advice on Patient/Outpatients Letters</u> Ongoing query in T&T meetings on the viability of adding customer travel advice to patient and outpatient letters, as it would be beneficial for them. DB has spoken to Kim Hinton (Deputy Chief Operating Officer), which was circulated to the group after the October 2023 meeting. DB asked if</p>	DB / VP / CK

there were any comments on this response, to let him know. RP was disappointed that the operational management team do not seem prepared to commit resources to put this into practice. This has been identified as an important aspect for patients travelling and the operational team have stepped away from it. Using QR codes to access information may be a solution, however it requires people to be savvy with technology. The chances are that the people we're really talking about here, are those who don't have access to this technology.

White Cross Court Parking Issues

Part of the access to the site where parking issues are occurring belongs to highways while part of it is also private land. It is the Highways part that has tended to get blocked up with people parking on the kerbs. **GT still awaiting a map of the planning application to be sent by the Trust and see what assistance could be put in place on the highways stretch of land.**

KR / GT

Site Congestion Due to Patient Travelling

RP previously queried the impact of the inequity in the waiting times for services, which DB passed on Andrew Hurren, (Deputy Head of Operational Performance). Andrew's response was issued to the group with the October 2023 minutes.

Public Transport at Bridlington

FV highlighted that there continues to be significant issues with public transport at Bridlington for patients. For example, they had a patient a fortnight ago who needed to go from Malton to Flamborough. There was no public transport option at all, tried two charity bus providers who weren't able to assist, the Yorkshire Ambulance Service won't provide the cover for this. Estimated a taxi costs around £150 which is too much for the patient to have to bear the cost for. This situation needs to go to the Board level to look into. RP asked if this has been raised at the Governor's meeting. FV confirmed it has been raised on several occasions internally and by local groups, but always unsuccessfully.

Taxi Steering Group

LB confirmed that a scheme has been piloted in Scarborough, which is going well. All taxi bookings are being made through Switchboard, so we're able to reviewed some raw data and costings record from the Scarborough side. KR will be looking adopting something similar in York and streamlining this across sites all sites, centralising the management of taxi usage, and bringing all the information together. We can then start to look at taxi usage in finer detail, work out what they are being used for and understand how much it's costing the Trust.

Number of Vehicles Registered Against Blue Badges

LB confirmed the current process is to register one vehicle to a Blue Badge. The reasons for this are to avoid the misuse of the blue badge. We ask that the blue badge is presented with the person so that we know that the badge and the vehicle being registered against it is theirs. If someone else brings the patient in another vehicle then we will validate that parking, but it will need sorting out when they arrive each time. LB asked if VPs previous concern in the last meeting was around the practicalities of this with appointments and wanting more than 1 vehicle registering for this. VP confirmed they have patients with their own vehicle, but perhaps will also travel here with a family member or friend at times. This can cause difficulties when trying to get the parking validated each time, as we're asking patients who may already be struggling with potential mobility issues to have to go over to the car park office in order get the parking validated. LB thought it might be a good idea if we can issue a leaflet for patients with contact details, so that they can call the car parking team to validate the parking rather than physically coming to the office. Patients could also send an email out of hours, as the security team could process those, so that there is a 24 hour service available for validation.

VP noted that they want to genuinely try and make life easier for our patients. As clinicians, she would hope that they could be trusted to validate that patient or register a blue badge, but when she rang the office the other day, she spoke to somebody (who was very helpful) that informed her the patient had to be brought with the blue badge over to the office. LB confirmed that VP should have been able to validate the parking with the office and apologised for the miscommunication on that. VP did say that she'd also had a different response on the same query from a different person and thanked LB for clarifying this.

VP said that her request of allowing people to have more than one vehicle registered to a blue badge still stands. However, she does also accept the rationale for not doing that. LB asked VP to leave this with her, commenting that parking issues are always contentious. The last thing they want to do is to make things harder for people and anything they can do to make adjustments they will.

	<p><u>Able-bodied Staff Car Parking</u> On the issue of encouraging or enforcing able-bodied staff to park on the top floor, KR was preparing comms to highlight the issue and provide guidance, though it is something we can only politely ask staff to abide by, not enforce. KR had a previous action to speak Andy Bertram about distributing this to consultants and those on the authorised users list. CK confirmed that KR will provide an update to the group on this next time.</p> <p><u>Internal Transport Policy Review</u> LB confirmed that this policy was signed off.</p> <p><u>Bootham Hospital Driveway Lighting</u> DB noted that that NHS Property Services promptly responded to the issue of poor lighting and confirmed that this has been resolved.</p>	KR
3.	<p><u>Staff, Patients & Visitors</u></p> <p><u>Staff Benefits</u> HH provided the group with an overview of the new cycle scheme that was launched last April.</p> <ul style="list-style-type: none"> • Between April and December, we've had 112 applications and which creates about £141,000 worth of cycles and accessories, with the average package being around £1,200, which is apparently the highest on the provider's scheme. This scheme is in which you're allowed to buy accessories as well as cycles. Our account manager is going to come back and break this down further for us in terms of separating out cycles and accessories. • We've been told that the volume of cycles we do have works out to offsetting approximately 6000kg of carbon, which is positive for sustainability. • There are several planned cycle scheme events later this year, but we just need to confirm the dates on these. We're trying to be a little bit more and front facing and frequent with these to encourage more, more staff to come on bikes. One thing we're hoping to do, at least Scarborough/York side have Cycle Solutions bring in a couple of vans with various different cycles (e.g. foldable, electric) so that people can come and actually try them, which hopefully might provide the impetus for those unsure to go ahead and commit to buying. <p><u>Buses</u> DB shared his update notes on the new £1 bus ticket offer, which were distributed to the group with the agenda. There was a spike in users in the final couple of weeks before the free bus tickets ceased (which typically happens when people are told that an existing offer is about to end), but the uptake after has generally been very good since prices became £1. The graph data doesn't include specific numbers as they are huge, but if anyone is interested DB can add these in the future.</p> <p>CK commented that during peak times single decker buses are being used, which are normally full with children from school. The buses are driving straight past the bus stops due to full capacity and staff are not able to board. Can we speak to First York and enquire about putting a double Decker on, or we'll have to find another way to work around his problem.</p> <p>DB asked if it is definitely public use buses that are driving past the stops and not school designated ones? LB confirmed it isn't school buses, citing the number 1 (Haxby /Wigginton) and number 5 (Strensall/Acomb) services as examples she's aware of. From her own personal experience, living about 5 stops out of Haxby, as the bus often drives past without stopping (meaning another 20 minute wait for the next bus), she no longer schedules an 9 o'clock meetings anymore they are becoming impossible to get to on time. We're trying to encourage staff to use the buses, which she avidly supports, but this issue could put a lot of people off using this as a regular option. While its great having this partnership with First York and the discounted ticket offers, but she thinks they need to start looking at implementing the right capacity sized buses at the right time. DB confirmed that this was the first time he's had this issue raised and wasn't aware of it. DB has a direct line to First York so he'll draft up an email about the issue, send it to LB to check it for accuracy and pass that on to them. GT asked if DB could also send the email to Sam Friers and Julian Ridge, who may be able to add some more weight behind the argument for this.</p> <p>DB confirmed he is having conversations with City of York Council, North Yorkshire Council, East Riding Buses and East Yorkshire Buses to see if there's funding available to roll the £1 staff journey offer out to more Trust areas, even if it's just on connecting buses to these sites.</p> <p>DB is also working with Estates to look at options for installing a bus shelter at Selby. A number of complaints have been received about the current bus stop due to the distance away from the main</p>	DB / LB / GT

entrance and the lack of a shelter. The current arrangement hasn't been well designed and isn't ideal during if you are elderly, have mobility issues or the weather is poor.

Cycling

DB provided an overview on cycling:

- The Tier scheme at York (E-scooter and E-bikes) continues to go well, which staff make some usage of.
- DB is involved with the York LCWIP consultation, which is a cycling infrastructure review and City of York Council led initiative. A lot of this is based around infrastructure improvements, maintenance or upgrades, and he ensures that the hospital is mentioned or considered as these are discussed.
- The big cycle path that connects York hospital to Tang Hall, Morrisons, Osbaldwick and Derwenthorpe is going to be upgraded fairly soon. There will be periodic closures of the path as this occurs, making the path better for users and widening it in places. DB will communicate this further when he has the information.

VP asked to what extent DB is able to liaise with the North Yorkshire Council around cycling and have these types of conversations, as staff also live outside of City of York boundaries. Do they have an equivalent to GW's position at YCC? DB confirmed that he does talk to North Yorkshire Council, but GW's role in iTravel is fairly unique. Although North Yorkshire Council have active travel offers, there is nothing in place to the same extent as iTravel. This summarises the challenges DB faces as he can only tap into what's available in each different area.

VP asked, as a resident of the North Yorkshire Council, who should she be going to to discuss trying to improve cycle and walking accessibility for people where the infrastructure just doesn't support it? VP lives about 10 miles out of York with the nearest bus stop a mile away. If a bike rack was installed at the village hall near this stop, she would be able to use the bus more often. There must be lots of situations like this in little villages without a dedicated bus service, where providing cycle racks or safe storage places would improve accessibility to bus stops or railway stations. DB noted that he does still engage with them and is actually in the process of scheduling a meeting with Louise Neal, who couldn't make this call today. LN is the head of active travel for North Yorkshire Council, so she would be the person who could help you with that. RP years though that VP should approach the Parish Council who will be supportive. **DB asked VP to send him an email summarising her views on this and he'll pass it on to LN.**

VP / DB

Taxis

No taxi updates or questions raised.

Pool Cars

CM confirmed that EP is not able to attend and there were no reports for the group. EP has requested feedback from the group on what type of reporting we feel would be helpful to have on pool cars.

VP expressed an interest in being involved in any decisions relating to pool cars, especially being able to better understand the request, demand and capacity issues. There are ongoing issues with staff struggling to book pool cars and when they need them, the difference in provision across York and Scarborough, difficulties returning them and having dedicated spaces which are often blocked by other vehicles.

VP noted that Enterprise have been replacing the previous Ford Fiesta pool cars with newer Vauxhall Corsas. The Fiestas were lovely cars, but the Corsas are horrible, designed for people with very long arms and very short legs. Would it be possible to switch back to Fiestas? CK agreed that he thought the Fiestas were slightly better cars, he pointed out that there's more equipment in Corsas (such as heated steering wheels), that can provide an improved driving experience. As it stands though, we don't really have an option on what models Enterprise provide; we just pay a fixed cost for vehicles under their category B classification (based on emissions and size). CB also believes that Fiestas are no longer in production anyway and the current supply is being replaced were the newer Corsa models.

LB helps to look after the pool cars currently for the Trust on the operational side of things, along with Enterprise. From her role, she understands a lot of the issues that people experience with the pool car fleet and gets to hear about these on a daily basis. Despite the problems though, we also still have to remember we're very privileged to have a fleet that we can use to travel between different hospital sites.

LB commented on the following aspects of the pool car service:

- KR and LB continue to have discussions on the location of the pool cars.
- We have a lot of staff that don't take ownership of their pool car usage and don't respond well as registered users (housekeeping, ensuring the car comes back with no less than ¼ tank fuel, not cancelling bookings they know they won't use). People have forgotten what they originally signed up to when they first read the policies, so things like this need addressing.
- We're going to be doing some work on the numbers of people not cancelling bookings, which we're currently gathering MI on to dissect. LB thinks one of the reasons may be that users think that they will be charged if they cancel the booking, so they leave it. We then need to make people are aware that there is no cost for cancelling, even last minute or at the time of booking, as it enables us to release those cars and get them back in again for other potential users. FV pointed out that he was recently due to come over to York in a pool car, but when he cancelled the pool car due to expected bad weather there was a message showing that indicated there was something like a £30 or £40 cancellation fee if done so within 5 hours of the booking. FV was cancelling well in before that time period so he won't have incurred a charge. LB confirmed that this message is something that can be removed, which we have requested from Enterprise previously.

LB confirmed that we will be issuing some clear communications to staff on the pool cars to clarify and remind staff of the correct information and procedures around their usage. VP agreed a refresher would be beneficial and suggested it could also a list of fuel stations the pool cars can use as there have been some issues with stations not accepting our fuel cards and staff struggling to reclaim their money.

Car Parking

CB updated the group on the following car parking issues:

- The Security and Car Parking team have some physical enforcement underway, with staff moving around on site. This has resulted in a reduction of vehicles being left in areas where they shouldn't be, which had caused issues.
- Following a GNCC meeting, KR will be issuing a comms piece towards the end of the month with regards to a car parking update around PCNs, charges and other information.
- The ANPR tailgating issue KR discussed in the previous meeting has been raised with Nexus to investigate, as it was causing some issues with the car park showing at full capacity when some spaces were still available. In the meantime, officers are doing regular car counts during peak times to remain aware of those free spaces being miscounted.

HH queried about what to do if you've forgotten to pay your paying parking charges using the app, but when you remember to go back to it, it has disappeared from the app. CK advised that this should just be raised ID and car parking team, LB or himself. LB added that there is the autopay function that can be set-up so that when you drive off site it will take an automatic payment from your deferred [payment method. LB is aware though that not everybody will want to set that up for their own personal security reasons. HH stated that she is reluctant to do that and would prefer to be in control of those payments, but there are times when you genuinely forget. In those instances, would there be some leniency before being hit with non-payment charges. LB confirmed this is something that they are looking into.

LB commented that we continue to have regular meetings with Nexus (the organisation who provide the ANPR technology) because the process is still in its infancy with us. A lot of the aspects of our car park are new to their system, so they're having to go back and change their system to make it fit for us as and when discrepancies arise. They've done a really good job so far, though it's not a quickly resolved process to identify all of the issues and make the necessary tweaks.

HH thinks that the overall the system is marvellous in comparison to what was in place before. **Her other suggestion would be the possibility of stacking the charges and paying them together at the end of a week or month, for greater convenience. LB will ask Nexus about this idea, but thinks it will depend on the technology and also if/how we could factor in the discounts if paying monthly.**

LB

Car Share

DB confirmed there are no new developments on re-introducing the car share scheme, following the cancellation of the Liftshare licence after the impact of COVID on the scheme. Car sharing remains an action on the travel plan to still address. DB and KR would like to explore the possibility of managing a new scheme by synching it to the new ANPR system.

	<p><u>Community Travel</u> No updates or issues raised.</p> <p><u>Sustainability</u> No updates or issues raised.</p>	
5	<p><u>PALS</u></p> <p>Nothing transport related to report.</p>	
6.	<p><u>Items for highlighting to Sustainable Development Group</u></p> <p>The group had no updates or concerns to raise.</p>	
7.	<p><u>Any Other Business</u></p> <p><u>Travel Plan</u> DB confirmed the Travel plan is about 90% completed and will share the document with the group very soon. DB gave an overview of the various challenges, scope and focus of putting this together.</p> <p>There was a staff travel survey in November to support the travel plan, but DB is also looking to do a patient and visitor survey in the next few weeks and has met with the patient liaison team for guidance. There is a challenge with the patient aspect since the Trust is not financially and contractually obligated to provide patient transport. The travel plan has slanted towards staff and operational transport for this reason, but DB feels that patient transport should still be addressed. Realistically though, there are not as many things we can do for patients and visitors as we can with staff.</p> <p>DB would like to ask several people to review the site appendices that addresses the characteristics of each location, preferably those with the local knowledge. He would like to ask RP to be one of those people who could review the information on Scarborough Hospital, check that it's up to date and accurate and provide further input. RP stated that he was going to offer to do so, while on a personal level he also appreciates the patient engagement and discussions with PALS. RP suggested that PALS could approach North Yorkshire Healthwatch to get a wider picture of issues beyond York. DB confirmed that when he met with Hannah Gray, one of the leads on patient experience, Healthwatch did come up in the conversation.</p> <p>DB will be in touch with some of the group about specific sections of the travel plan and is hoping that once the patient and visitor surveys done, he will be able to get a draft issued for comments, probably around March-April time.</p> <p><u>ERC Active Travel Plan</u> AJ shared current outline plan for activities to be delivered at Bridlington hospital over next 12 months, beginning with a launch event in February. A staff survey will be conducted and events will include:</p> <p>14th March Bike Library & Dr Bike, all day event 23rd April (On your feet Britain/Be Active week) 14th May (Mental Health Awareness week) Find out how a little bit of activity can have a positive impact! Cycling month, get your bike ready for summer, offer cycle training/confidence session, promote local cycle routes, FAQ 's Cycle 2 Work scheme, eBike demo's, lunchtime ride 27th June Bridlington Personal Travelling Planning day/Dr Bike/eBike Try-out TBC August Personal Travelling Planning day TBC September (repeat activity of May) 15th October Second travel survey, to measure impact and feedback years initiatives 12th November Mens Health Week</p> <p><u>Enhanced Bus Partnership</u> DB has been asked to join Enhanced Bus Partnership, which is a City of York Council panel, that could be really beneficial for this travel plan work. This panel will involve all the main operators and is like a user feedback group as well, which could provide helpful perspectives on the patient and visitor side.</p> <p><u>Regional travel and transport group for Greener NHS</u></p>	

<p>DB has been invited to Chair this group, to discuss and share best practices together with people in equivalent roles across various Trusts in the north. The next meeting will be the following weekend.</p> <p><u>Better Points</u> DB has established the BetterPoints scheme at York, which is being operated under a City of York Council licence. Staff can download an app and earn points every time they cycle or walk or use the bus etc. to exchange for rewards. DB has had conversations about the possibility of rolling it out to other Trust areas. The scheme has been running since December and has had a decent uptake so far. There will be more comms on the scheme issued in the future.</p> <p><u>Active Travel Event</u> DB confirmed there is an active travel event next Tuesday at York, GW will be there, along with First York and a bike doctor. This will be the first of a number of similar sessions that hopefully will also be done at Scarborough and elsewhere.</p> <p><u>Consultations</u> GW drew attention to a couple of public consultations with City of York Council, details of which were sent with the agenda.</p> <p><u>Nature Recovery Plans</u> GW also noted that the York and North Yorkshire Councils will be working together over the next year to produce something a nature recovery strategy. The idea is improve the areas for nature, allow rare species to recover and increase the number of green spaces. This would provide further benefits to staff, patients and visitors who wish to walk and cycle.</p> <p>RP also commented that North Yorkshire National Park also have a local nature recovery plan again, with walking and cycling being a fundamental part of that. North Yorkshire also have a destination strategy, focusing on public transport, walking, cycling and so there are these initiatives that may help to improve the infrastructure in and around the Scarborough Hospital site. It's also a key point for access into the countryside, for tourism and for nature recovery. These types of initiatives may advance other strategies (that would typically take 3-5 years to implement), helping to bring forward the investment in cycling and networks, walking networks and public transport.</p>	
<p><u>Next Meetings</u></p> <ul style="list-style-type: none"> • Friday 19th April 2024, 10:00 – 11:30 (Microsoft Teams) • Friday 12th July 2024, 10:00 – 11:30 (Microsoft Teams) • Friday 18th October 2024, 10:00 – 11:30 (Microsoft Teams) • Friday 17th January 2025, 10:00 – 11:30 (Microsoft Teams) 	

4. **Out of Hospital Care Group (09.02.24)**

Attendance: Sue Smith, (Chair); Catherine Thompson; Beth Dale; Melanie Liley; Lorraine Boyd

Apologies for Absence: Keith Dobbie; Gillian Younger; Tracy Astley

Actions from meeting:

Agenda Items: 1 & 2	UEC Programme & Elective Programme
Actions agreed:	Tracy Astley to send out presentation slides to members of the OHC Group.

Outcome:	Slides were sent with draft action notes. Action closed.
Actions agreed:	Invite Dr Dan Kimberling and Dr Emma Olanji to a meeting later in the year to further discuss the Urgent & Emergency Care programme and the Elective Programme.
Outcome:	
Agenda Item: 3	OHC Terms of Reference
Actions agreed:	Tracy Astley to send out ToR to members of the OHC Group and add to next meeting agenda.
Outcome:	ToR sent with minutes and added to May agenda. Action closed.
Agenda Item: 4	AOB
Actions agreed:	Sue Smith/Tracy Astley to discuss dates for the next couple of meetings and Tracy to arrange.
Outcome:	Meetings arranged and invitations sent. Action closed.
Actions agreed:	Sue/Tracy to discuss vacancies on the Group and send out invitations asking people to join.
Outcome:	

5. Constituency Activities

Public - York

Mary Clarke is volunteering in the Hospital at the moment so is in a perfect position to see for herself the problems that the public tell her about. Here is her feedback:

I am trying to deal with public complaints as I go and referring them onto the relevant people. I hope I am doing right with this. The majority are about A&E and there have been a couple of complaints from the wards about lack of care whilst their relative has been an inpatient. I always ask them to put their complaint in writing to PALs Whether they do or not I am not sure. People always feel bad about complaining, but as I tell them complaints are supposed to make things better.

I had one incident where a friend's clothes had been lost along with his money and his bus pass, when he was transferred to theatre and then to a ward, He didn't get any help when he rang the ward, so I contacted PALs on his behalf, and they came up trumps for him. His belongings hadn't gone with him on his journey. The person from PALS found them in his original place! A very good outcome. I wish there was more!

As I don't get any feedback, I'm not sure what is being dealt with, and judging from the number of complaints about the same problems, A&E and general lack of care in the wards, I don't feel I am doing any good at all! But I am ploughing on.

Beth Dale is an avid volunteer in the Trust, taking part in all sorts of events, especially around disability access. Here is her feedback:

Today (06.03.24) I had a very successfully meeting with Dan Braidley and Kevin Richardson re the traffic and parking problems at our York Hospital. For quite some time now I have had conversations with people from all walks of life (if they stand still, I talk to them as everyone has an opinion !!) about their thoughts re the parking issues and held 3 drop-in meetings to give people the chance to talk about their ideas for alleviating the pressures of missing appointments.

I use taxis most days and they of course are ideally placed to make suggestions not only from a patient passenger view but from theirs at losing money stuck in traffic. My meeting went incredibly well with all suggestions discussed in depth and with a suggestion of me attending a transport meeting with the council.

My other activity was attending the Pace forum in Scarborough yesterday. I have been a member since it started last year and have used it to network my palliative care interests along with my Macmillan group work. I found the information re virtual wards fascinating.

I'll be at Malton next week.

Public – Ryedale & East Yorkshire

Sue Smith and Alastair Falconer have continued with their attendance at local Patient Participation Groups (PPG) run by primary care, Sue at Malton and Alastair at Snainton and West Ayton. They have been in contact with Pickering PPG and they have plans to attend Sherburn PPG in April.

The only issue to draw to Governors attention is the provision of urgent care in this constituency. The Trust has now taken responsibility for this service and let a new contract which commences in April. Pickering is considering ways of providing responsive services for their patients to save unnecessary travel to Malton, Scarborough, or York.

Staff – Scarborough & Bridlington

Franco Villani works at Bridlington in Facilities Management. Here is his feedback:

I have taken part in various site walk rounds, i.e., with the Trust Chair and govern I have supported Dan Braidley, Travel & Partnerships Manager, on the Bridlington a travel programme for staff. It is a very positive initiative, and I will s information with all governors and NEDs moving forwards. I have wo with other East Coast Governors engaged in developing the Bridlington Hos strategy for the ICB. This is still work in progress and very slow moving forwa I have also attended a meeting in relation to reinstating the Bridlin Hospital night manager and have attended the Travel & Transport meeting for the Trust.

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Holding to account Non-executive Directors by the Council of Governors
Director Sponsor:	Martin Barkley, Trust 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

<p>Trust Priorities</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability
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Summary of Report and Key Points to highlight:
To present a position on how the CoG collectively and the governors individually can hold to account the Non-executive Directors.

Specifically to note and discuss:
The methods for holding to account the Non-executive Directors.

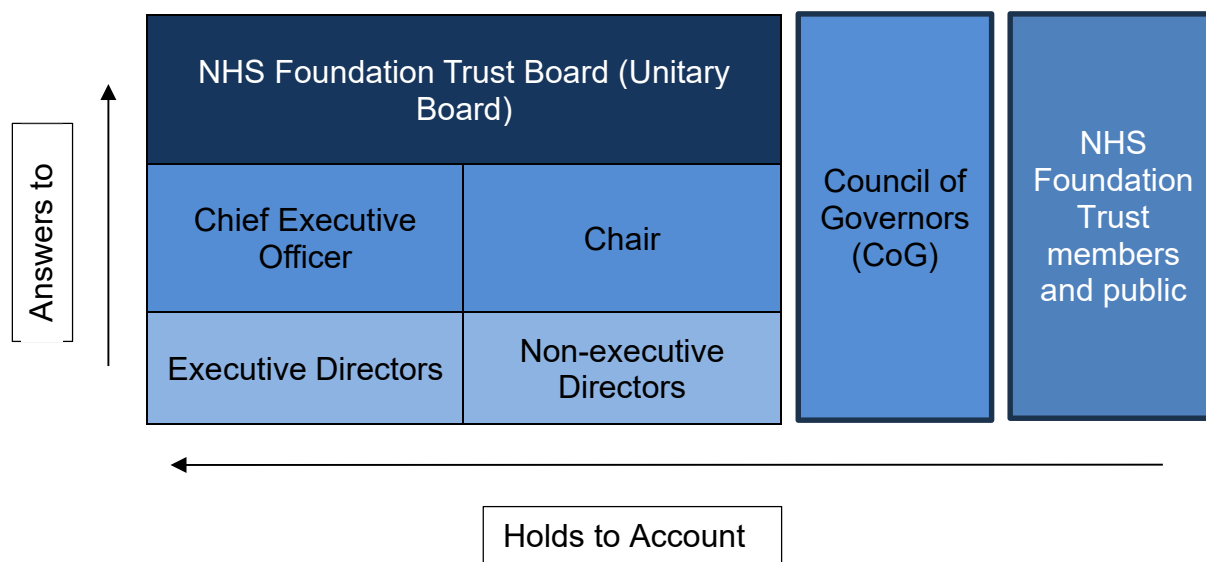
Recommendation:
The Council of Governors is asked to note the report.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
N/a		

Holding to account Non-executive Directors by the Council of Governors

1. Introduction

The York and Scarborough Teaching Hospital Foundation Trust (YSTHFT) Council of Governors (CoG) have the statutory duty to hold to account the Non-Executive Directors by the NHS Foundation Trust chain of accountability:



All directors including non-executive directors are responsible and accountable for the performance of the foundation trust; governors do not take on this responsibility or accountability. This is reflected in the fact that directors are paid while governors are volunteers.

Important roles of the council of governors are to appoint non-executive directors, to hold the non-executive directors individually and collectively to account for the performance of the board of directors and to represent the interests of NHS foundation trust members and of the public.

2. General considerations

As stated in 'Your statutory duties – A reference guide for NHS foundation trust governors':

Holding the non-executive directors to account for the performance of the board does not mean the governors should question every decision or every plan. The role of governors in "holding to account" is one of assurance of the performance of the board. Governors should therefore assess what they believe are the key areas of concern and provide appropriate challenge, particularly if they feel due process is not being followed, the interests of the members and of the public are not being appropriately represented, or the trust is at risk of breaching the conditions of its licence or of failing to deliver on the goals in the forward plan.

3. Holding to account in practice

The following methods of the CoG collectively and the governors individually to hold to account the NEDs are proposed to commence from March 2024.

To hold the non-executives to account Taken from ‘Your statutory duties – A reference guide for NHS foundation trust governors’	Method of CoG and Governors holding to account
<i>A. Receive performance information for the chair and other non-executive directors as part of a rigorous performance appraisal process as well as to inform decisions on remuneration terms for the chair and the other non-executive directors.</i>	1. Lead Governor attends the Chair’s appraisals of the NEDs. 2. Nominations and Remuneration Committee receives appraisal reports and recommends salary for CoG approval.
<i>B. Observe the contributions of the non-executive directors at board meetings and during meetings with governors.</i>	3. Governors attend Board meetings and observe NEDs attendance at the CoG.
<i>C. Receive the quality report and accounts and question the non-executives on their content. Ask about the CQC’s judgements on the quality of care provided by the trust.</i>	4. Quality report and accounts received annually at the AMM/AGM for governors’ scrutiny. 5. Progress updates of quality improvement priorities and Trust progress of CQCs reports at CoG meetings.
<i>D. Receive in-year information updates from the board of directors and question the non-executives on their content, including the performance of the trust against the goals of the forward plan.</i>	6. New Trust strategy engagement with the CoG and target goals in the Trust Priorities Report (TPR). 7. CoG receives the TPR for scrutiny at each meeting.
<i>E. Invite the chief executive or other executive and non-executive directors to attend council of governors meetings as appropriate and use these opportunities to ask them questions.</i>	8. NED Chairs of the Board Committees present Committee quarterly summary reports to the CoG. 9. CoG scrutiny of NED Chairs and NED attendees of Committees.
<i>F. Engage with the non-executive directors to share concerns, such as by way of joint meetings between the council of governors and non-executive directors.</i>	10. NED attendance at CoG Public and Private meetings to share concerns. 11. Outside of CoG, Governors share concerns with Lead Governor and onwards to the Chair and NEDs as required.
<i>G. Receive information on proposed significant transactions, mergers, acquisitions, separations or dissolutions and question the non-executives on the board’s decision-making processes, and then, if satisfied, approve the proposal.</i>	12. Reported to the CoG for scrutiny and approval as and when required.

H. Receive information on documents relating to non-NHS income, in particular any proposal to increase the proportion of the trust's income earned from non-NHS work by 5% a year or more, and question the non-executives on the board's decision-making processes; then, if satisfied, approve the proposal.

13. Reported to the CoG for scrutiny and approval as and when required.

Report to:	Council of Governors
Date of Meeting:	14 March 2024
Subject:	Trust Constitution Amendments
Director Sponsor:	Martin Barkley, 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

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability</p>
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Summary of Report and Key Points to highlight:
The purpose of the report is to highlight the amendments to the Trust's Constitution and to seek Council of Governors approval.

Specifically to note and discuss:
The amendments requested to the Trust's constitution following consideration and recommendation from the Constitution Review Group.

Recommendation:
The Council of Governors are requested to approve the amendments to the Trust's Constitution.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Constitution Review Group	12 November 2023	Recommended for Council of Governors approval

1. Proposed Constitution Amendments

The Trust's Constitution has been revised as follows (additions are in bold and italic text and removals in italic text):

Area	Section and Amendment
7. Membership	<p>7.8.3 The staff constituency is divided into 3 groups as defined in Annex 1</p> <p><i>Removal of constituency definitions and referenced instead to Annex 1.</i></p> <p>7.8.5 The minimum number of members for each staff group is defined in Annex 1</p> <p>Removal of:</p> <ul style="list-style-type: none"> - <i>Scarborough & Bridlington staff group 200;</i> - <i>Community staff group 100; and</i> - <i>York staff group 200</i> <p>To avoid duplicating text and ease of maintenance.</p>
8. Council of Governors	<p>8.15.5 The removal of the Chair or a Non-executive Director under paragraph 8.15.1(b) shall require the approval of three-quarters of the members of the Council of Governors. Any concerns about the performance of a NED or the Chair shall be handled per Annex 4, Appendix A.</p>
Annex 1 Trust Constituencies and Governors 3. Partnership Organisations	<p>3.1 Local Authorities Local Government</p> <p><i>Removal of 3 governors shall be appointed.</i></p> <p>1 North Yorkshire 1 City of York 1 Ryedale</p> <p>Clarifies and makes more explicit the local area appointed Governors.</p>
Annex 4 Standing Orders for the Practice and Procedure of the Council of Governors	<p>Definitions</p> <p>"ORAL EXPRESSION"</p> <p>shall mean (as per Robert's Rules of Order) that the Chair shall state the motion, ask for those in favour to say "aye" or "yes" and then ask for those against to say "nay" or "no".</p> <p>To add a definition of Oral Expression.</p>
Annex 4	Title added to Annex Standing Orders

Standing Orders	<p>Appraisals All Non-executive Directors including the Chair will undergo an annual appraisal, and other performance reviews as required. Where appropriate, mentoring and support shall be provided.</p> <p>Appraisals and performance reviews for the Non-executive Directors are carried out by the Chair, and the results reported to the Nominations/Remuneration Committee and a recommendation-prepared for consideration by the full Council of Governors.</p> <p>Appraisals and performance reviews for the Chair are carried out by the Senior Independent Director and the Lead Governor. The results are reported to the Nominations/Remuneration Committee and the Board of Directors and a recommendation prepared for consideration by the full Council of Governors.</p> <p>Section proposed to be amended as shown.</p>
Annex 5	Standing Orders of the Board of Directors – included in one document
Minor Amends	NED abbreviation and spelling errors

A copy of the amended constitution is available upon request.

2. Next Steps

The Board of Directors will be asked to approve the amendments to the Constitution at its March meeting.

CoG Attendance Record

Item 17

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Martin Barkley (Chair)							√				
Alan Downey (Chair)	√	√	Ap								
Mark Chamberlain (Interim Chair)				√	√	√					
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√				
Rebecca Bradley (Staff Governor - Community)							√				
John Brian (Public Governor - Ryedale & EY)							√				
Bernard Chalk (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	Ap	√				
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	Ap	√				
Dawn Clements (Stakeholder Governor – Hospices)	Ap	√	√	√	√	√					
Cllr Liz Colling (Stakeholder Governor - NYCC)	Ap	√	Ap	√	√	√	√				
Beth Dale (Public Governor - York)	Ap	√	√	√	√	√	Ap				
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√	√				
Keith Dobbie (Public Governor - East Coast of Yorkshire)	√	√	Ap	√	√	√	Ap				

CoG Attendance Record

Item 17

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Alistair Falconer (Public Governor - Ryedale & EY)	√	√	Ap	√	√	Ap	√				
Adnan Faraj (Staff Governor - Scarborough/Bridlington)							√				
Colin Hill (Public Governor - East Coast of Yorkshire)	√	Ap	√	√	√	√					
Cllr Denise Howard (Public Governor - East Ryedale CC)							√				
Sharon Hurst (Staff Governor – Community)	Ap	Ap	Ap	√	√	√					
Maria Ibbotson (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√				
Paul Johnson (Staff Governor – York)	√	√	√	√	√	√					
Sally Light – (Public Governor – York)	√	√	√	√	√	√	√				
Maya Liversidge (Staff Governor – Scarborough/Bridlington)	√	√	√	Ap	√	√					
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√	Ap				
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√	√				
Cllr Jonathan Owen (Stakeholder -East Ryedale CC)					√	√					
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√	√				

CoG Attendance Record

Item 17

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√	√				
Cllr Jason Rose (Stakeholder Governor - NYCC)				√	√	√	√				
Sue Smith (Public Governor - Ryedale & EY)	√	√	√	√	√	√	√				
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√				
Andrew Stephenson (Public Governor - Selby)	√	√	√	√	√	√	√				
Catherine Thompson (Public Governor- Hambleton)	√	√	Ap	Ap	√	√	√				
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√				