

Agenda

Council of Governors (Meeting held in Public)

Wednesday 12 June 2024

The Wendy Shepherd Suite, York Sports Club;
Clifton Park; Shipton Road; York; North Yorkshire;
YO30 5RE

at 10.00am



COUNCIL OF GOVERNORS MEETING

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

On: Wednesday 12 June 2024

Venue: The Wendy Shepherd Suite, York Sports Club; Clifton Park; Shipton Road; York;
North Yorkshire; YO30 5RE

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	York Sports Club	Council of Governors Members of the Public
10.00 – 12.30	Council of Governors meeting held in public	York Sports Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.15 – 15.00	Private Council of Governors	York Sports Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (12.06.24)

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	5	
3. Minutes of the meeting held on 14 March 2024 To receive and approve the minutes from the above meeting	Chair	Enclosed	10	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	19	
5. Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	Enclosed	24	10.05 – 10.25
6. Chair's Report To receive a report from the Chair	Chair	Enclosed	30	10.25 – 10.45
7. Questions received from the public To discuss and answer the questions received from the public	Chair	To Follow		10.45 – 10.55

SUBJECT	LEAD	PAPER	PAGE	TIME
BREAK 10.55 – 11.15				
8	Performance Report To receive the latest Performance Report	Chief Operating Officer, Chief AHP	Enclosed 33	11.15 – 11.50
9	NED Assurance Questions To receive an update from the NEDs	NEDs	Enclosed 65	11.50 – 12.05
10	Reports from Board Committee Chairs 10.1 Quality Committee 10.2 Resources Committee 10.3 Audit Committee	Chairs of the Committees	Enclosed 67	12.05 – 12.20
11	Governors Activities Report To receive a report from the governors on their activities	Governors	Enclosed 80	12.20 – 12.30
12	Items to Note 12.1 CoG Attendance Register		Enclosed 94	12.30
14	Time and Date of next meeting The next Council of Governors meeting will be held on Wednesday 11 September 2024, 10.00am.			

Item 2

Additions:

Deletions: Bernard Chalk, resigned.

Modifications: Cllr Liz Colling – Trustee Citizens Advice NY, Governor & VC of Childhaven Nursery School, Scarborough, Chair of North Yorkshire Area Constituency Committee Scarborough & Whitby, VC NYC Scrutiny of Health, Member of Scarborough Town Deal Board

Register of Governors' interests

2024/25



**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
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	Trustee: CAB NY Governor & VC: Childhaven Nursery School Scarborough Chair: NY Constituency Ctte Scarborough & Whitby VC: NYCC Scrutiny of Health Committee Member: Scarborough Town Deal Board
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	CEO - CarersPlus	CEO - CarersPlus	Nil	Nil

Jill Quinn (Appointed: Dementia Forward)	CEO – Dementia Forward	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 March 2024

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Keith Dobbie, East Coast of Yorkshire; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY; Sue Smith, Ryedale & EY; Beth Dale, City of York; Mary Clark, City of York; Wendy Loveday, Selby

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

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Franco Villani, Scarborough/Bridlington

Attendance: Simon Morritt, Chief Executive; Claire Hansen, Chief Operating Officer; Lucy Brown, Director of Communications; James Hawkins, Chief Digital Information Officer; Lynne Mellor, NED; Jim Dillon, NED; Lorraine Boyd, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: John Brian, Ryedale & EY; Linda Wild, East Coast of Yorkshire; Bernard Chalk, East Coast of Yorkshire; Jill Quinn, Dementia Forward; Cllr Denise Howard; Adnan Faraj, Scarborough/Bridlington; Rebecca Bradley, Community; Matt Morgan, NED; Jenny McAleese, NED; Stephen Holmberg, NED; Dawn Parkes, Chief Nurse

Presenters: Melanie Liley, Chief AHP; Dave Biggins, IBE Lead & Deputy Decontamination Lead; Krishna De, Head of Patient Experience & Involvement

Public: 4 members of the public attended

24/01 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

24/02 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest, in particular the resignations of Maria Ibbotson and Andrew Stephenson.

24/03 Minutes of the meeting held on the 14 December 2023

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

24/04 Matters arising from the Minutes

Action Log

22/62 Strategy for East Coast – The East Coast Governors met with Simon Cox on 15 December 2023 and were joined by Claire Hansen and Jenny McAleese. On 26 January 2024 the East Coast Governors emailed Simon with their collective view of what they consider should be included in the Bridlington/East Coast ICB Strategy following discussions and consultations with East Coast public/Members. There has been further contact between the Lead Governor and Simon and the next step is a further meeting, which is in the process of being arranged. Action will remain open.

23/49 Constituency meetings – a meeting has been arranged for the Selby constituency on Friday 7 June, 10.00-12.00 at Selby Community Centre. Dates for the other constituencies are currently being arranged. Action will remain open.

23/49 FOI update - The Trust has recently increased its resources to help improve FOI compliance and have also made changes to the internal processes for seeking and collating information in order to improve response times. Generally, there has been an increase in FOI requests for example, Oct 22- Jan 23 208 requests were received and in the same period 23/24 292 were received. Despite these challenges, there has been an improved performance in the response rate compliance from 51% in Q2 to 71% in Q3. Improvements will continue to be made to increase compliance further. Action closed.

24/05 Chief Executive's Update

Mr Morrith gave a summary of his report which had previously been circulated with the agenda and asked for questions.

The Council raised the following points:

- **Change Makers** - is there a fast track method for implementing the good ideas that change makers come up with and if the initiative is successful, will it continue? Mr Morrith confirmed that there is and the Board is kept up to date each month by two of the Change Makers.
- **Nimbus Care** – what criteria are you using to establish whether the partnership has been successful or not? Mr Morrith replied that a procurement process was undertaken and a set criteria developed with Nimbus Care to ensure a robust delivery of out of hours care. The Trust now has full control of the out of hours service and is working in partnership with Nimbus Care.
- **Discharge Issues** – how many patients are in hospital because of discharge issues? Ms Hansen replied that there are around 5-6 wards full of patients across York and Scarborough that are waiting for packages of care to be put in place or a residential place before being discharged. Discussions are ongoing with the Place Directors and local authorities to improve the situation and plans are being created which will be shared with the CoG in due course.
- **Transport** – the travel advice on patient letters has been removed. Can this be reintroduced? Ms Hansen confirmed that this will be reintroduced and until this meeting had been unaware that it had been removed.

- **NHS 111** – do you have more control over where NHS 111 is telling patients to go now the Trust has full control? Mr Morrill replied that it was important that patients are directed to the appropriate service. There is work to do around this and improvements have already been made. The 111 service is not provided by this Trust.
- **Metrics** – are there metrics in place to measure the Trust performance on key indicators? Does the Trust benchmark against other Trusts to establish its position within the NHS nationally? Mr Barkley replied that the Trust Performance Report is published each month with the Board papers that everyone has access to. Ms Hansen confirmed that they do benchmark against other Trusts nationally and the Trust currently stands in the bottom third.

Action: Mrs Astley to arrange a meeting with Change Makers and the Governors.

Action: Ms Hansen to share the discharge plans with the CoG once available.

Action: Ms Hansen to re-introduce travel advice on out-patient appt. letters

Action: Mr Barkley to include metrics in the Performance Report on patient status “no right to reside”.

The Council:

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

24/06 Chair’s Report

Mr Barkley gave an overview of his report which had previously been circulated with the agenda and highlighted the “hot topics” requested by the governors at the recent Governor Forum. One of them was financial pressures relating to cost savings next year which will be very difficult to achieve. The other one is the Staff Annual Survey results which were very disappointing and showed that there was a lot of work to do and will share the improvement plan at the next meeting.

Action: Mr Barkley to provide an improvement plan on the Staff Annual Survey results at the next meeting.

The Council:

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

24/07 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.

The Council raised the following points:

- Can you give assurance that the revised Public Q&A process will be monitored and scrutinised to ensure it is working as it should? Ms Abeysekera confirmed that she has full oversight of the Q&A process and any questions that come into the Trust for the CoG.

- There are significant questions around where services are placed and how services at Scarborough have been centralised? Despite the current financial situation, are there any plans to restore some services on the East Coast? Ms Hansen replied that location of services will be analysed as part of the development of the Trust Strategy together with workforce, resources and financial constraints when planning to ensure that a Strategy is produced that is deliverable.
- Can we look at producing a public survey again to provide additional feedback from members and the public? Ms Abeysekera replied that there is a membership group meeting taking place in April and the survey will be added to the agenda to discuss.

Action: Mrs Astley to add Membership Survey to the Membership agenda.

The Council:

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

24/08 Virtual Wards

Ms Liley gave a summary of her report and asked for any questions.

The Council raised the following points: -

- There will be increased burden on carers. How would you be picking this up and are confident that the carers have the experience? Ms Liley replied that there will be General Support Workers who will follow a nursing care plan and will administer treatment over and above what the carers would normally do. Some patients do not have any family or friends to care for them and this is factored into the nursing care plan.
- How is success measured? Will capacity increase going forward? Ms Liley replied that there is a mechanism in place for users to feedback. With regard to capacity, funding from the ICB is only for the current 30 virtual ward places. Further resources are needed to increase capacity.
- Are your wearables sourced from somewhere locally? Ms Liley replied that they are using a company that they already work with. Locality is unknown.

The Council:

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

24/09 Trust Access Plan

Mr Biggins gave a summary of his report which had previously been circulated with the agenda and asked for any questions.

The Council raised the following points:

- With regard to lack of space for training, can your training packages not be delivered online? Mr Biggins replied that they were currently looking into this but the face-to-face training is quite interactive.
- Is there a plan to make the training mandatory? Mr Biggins replied that they were in negotiations to do this.

- With regard to accessibility, one of the major issues is the written literature that the hospital provides. There are accessibility standards which the Trust adheres to. Do you link in with those? Mr Biggins replied that they do.

The Council:

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

24/10 Annual Inpatient Survey

Mrs De gave a summary of the report which had previously been circulated with the agenda and asked for any questions.

The Council raised the following points:

- Regarding the introduction of serving of food in A&E for waiting patients, how is that done? Mrs De replied that disposable containers/cutlery is used. Patients eat where they are sat.
- One common theme in the staff survey is around staff attitudes and how information is communicated. Do you have any influence in implementing changes there? Mrs De replied that whilst her department does not have any influence in that area it will be picked up either through Complaints & Concerns or through the Changemakers and a discussion will take place with the department, or the member of staff concerned.
- Is it not the medical staff who decide whether the patient is ready for discharge rather than the patient? Ms Hansen replied that this is around the clinician signing off for discharge as the patient is medically fit to go home. However, the patient may not want to leave until they are given their preferred choice of where they want to move to. The Patient Choice Policy has been produced from national guidelines that gives the Trust authority to discharge the patient to another location whilst they wait for their preferred choice.
- How are we doing with Friends & Family Test and the QR codes? Mrs De replied that the team have had to redirect their efforts in other areas, but it is still on the agenda to move to a single QR code. There is definitely a push to get more people to complete the Friends & Family Test. We have just completed a deep dive and results are available to all departments.

The Council:

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

24/11 Performance Report

Mr Barkley gave a summary of the report which had previously been circulated with the agenda and asked for any questions.

The Council raised the following points:

- The number of complaints received in January was 50% higher than in December and the highest monthly total for the last 2 years. Have you looked into why? Ms Coulthard replied that there were a number of reasons, one being winter pressures

and the number of beds available. Mrs De added that the majority of complaints were about Emergency Department because of the significant pressures they are under.

- Regarding diagnostics, how much can the Trust improve the situation given the financial constraints? Ms Hansen replied that because diagnostic centres are coming online over the next year, that aligns the Trust to shifting its planned diagnostics to the community and free up the facilities onsite to do the urgent and acute work.
- Regarding Performance Report Key Metrics, which are informative, are you able to simplify with infographics? Mr Barkley agreed to look into this for the next CoG meeting.

CQC Report

- What is different about the new regulatory CQC assessment approach? Mr Barkley replied that the Board was due to receive a briefing about the changes and will report back at the next meeting of the CoG.

Maternity Report

- Do you have the ability to increase student midwives to train and make provision for the future? Ms Coulthard replied that population and workforce statistics inform how many midwives need to be trained. Mr Barkley added that there is steady improvement in Maternity but more to do. Mrs Boyd added that she is confident that maternity is moving in the right direction. Ms De added that there have been a few very good events to obtain feedback which will be fed into the improvement plans.

Finance Report

- To what extent do you actually believe that next year's savings are actually achievable? Can you offer any assurance that patient safety and appropriate clinical care will trump financial balance? Mr Bertram replied that patient safety will always trump finance.
- With regard to meeting next year's savings, what plans are in place to achieve this? Mr Bertram replied that the Trust has not yet received the figure for next year but will collaborate with the ICB and its partners to negotiate how the system will meet the target.
- Who decides how the funding is allocated to each Trust and on to each department within? Mr Bertram replied that there are a range of factors that give the ICB their allocation. That distribution is then allocated to each Trust based largely on historical factors.
- Is the £3.3 billion cash boost for NHS England new money? Mr Bertram replied that some of it is and some of it has been recycled from elsewhere. It will benefit the Trust but that is yet to be discussed.

Action: Mr Barkley to provide simplified infographics of the key metrics in the Performance Report Key Metrics for the next CoG meeting.

The Council:

- **Received the reports and noted their contents.**

24/12 NED Assurance Questions

Q: 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.

A: Mr Barkley stated that NHS England has issued new guidance on discharge arrangements and Mr Morrith and his team are benchmarking this against current processes. Once this has been completed the CoG will receive assurance that the Trust is following best practice. Mrs Boyd added that the Quality Committee review various data to ensure the NEDs are assured that the Trust is working as it should.

Q: 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?

A: The East Coast Governors met with Mr Simon Cox ICB Place Director East Riding on 15 December 2023 and were joined by Mrs Claire Hansen and Mrs Jenny McAleese. On 26 January 2024 the East Coast Governors emailed Mr Cox with their collective view of what they consider should be included in the Bridlington/East Coast ICB Strategy following discussions and consultations with East Coast public/Members. There has been further contact between Ms Abeysekera and Mr Cox and the next step is a further meeting, which is in the process of being arranged.

Q: 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?

A: I am assuming that this relates to surgery, in particular orthopaedic surgery. Having consulted with both Ms Hansen and Ms Liley, I can confirm that patients are given choice of location, which may include Ramsey Hospital, which is NHS. Ramsey is part of the Trust’s current delivery plan for elective orthopaedic surgery. Ms Hansen has encouraged clinicians to flag if they witness colleagues suggesting / promoting that private provision is an option.

Q: 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?

A: Mrs Boyd explained they challenge at Board meetings to gain assurance that improvement is being made in areas of concern. It is a continuous process. Mr Dillon added that most issues are picked up through the Board committees and collectively they decide what issues to escalate to the Board.

Q: 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?

A: Mr Dillon explained that there is zero tolerance to inappropriate behaviour.

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

A: Mr Barkley said that both he and the NEDs check in with the executives on a regular basis. At appraisals wellbeing is a priority and is always discussed. Mr Morrith added that with the current work pressures it is common practice for him to ensure that he checks in with each executive director just to see how they are coping. Ms Hansen added that since arriving at the trust six months ago she has had exemplary support. Mrs Boyd added that there is internal support such as psychologists, counsellors, and wellbeing advice available to all staff including the senior team

24/13 Reports from Board Committee Chairs

Quality Committee

The Council raised the following points:

- Regarding concerns around Paediatrics at Scarborough, do they get support from the York team? Mrs Boyd replied that they have discussed this with the Scarborough General Hospital Paediatrics team and were assured that support was being given by the York team.

Resources Committee

The Council raised the following points:

- What is the purpose of the Committee? Mr Dillon replied that the committee is there to seek assurance around Trust performance, to challenge about the adequacy of improvement plans when necessary and escalate issues to the Board.

Audit Committee

The Council raised the following points:

- What is the purpose the Committee? Mr Barkley replied that the committee receives audits from Internal Audit each quarter and receives an audit report from External Audit once per year. To date, Internal Audit have carried out around 30 audits. They typically audit the adequacy of controls, procedures, compliance, information security, systems etc. as well as checking that the accepted recommendations have been actioned. Internal Audit make recommendations from the audits to address the opportunities for improvement that the audit has revealed. The outcome of each audit is rated regarding the level of Assurance. The audits are discussed at the Audit Committee. The External Audit report comes to CoG and is publicly available.

The Council:

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

24/14 Governors Activities Report

Ms Abeysekera gave a summary of the Lead Governor report and highlighted that the Membership Strategy is currently being reviewed and would like all the governors to take part in its review. A Membership Development Meeting is taking place in April which she encouraged everyone to attend.

The Council:

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

24/15 Holding NEDs to account

Mr Barkley gave a summary of his report, and no questions were asked.

The Council:

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

24/16 Constitution update

Mr Barkley gave a summary of the report, supported by Mr Reakes, Chair of the Constitution Review Group, and asked the CoG to approve the changes to the Trust Constitution.

The Council:

- **Received the report and noted its contents.**
- **Approved the changes to the Trust Constitution by all governors who attended the meeting.**

24/17 Items to Note

The Council noted the following items:

- CoG Attendance Register

24/18 Time and Date of the next meeting

The next meeting is on Wednesday 12 June 2024, time and venue 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 Dec'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. 14/03/24 - Feedback given. Another meeting arranged for 13/05/24. Ongoing

**Governor Membership
Central Action Log**

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
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 - 20/09/24 11.30-1.30 York Sports Club East Coast Ryedale/Hambleton Ongoing
Public CoG	24/05	14/03/2024	Arrange a meeting with Change Makers and the Governors.	Tracy Astley	Sept'24	Contacted 22/05. Awaiting response. Ongoing
Public CoG	24/05	14/03/2024	Re-introduce travel advice on out-patient appt. letters	Claire Hansen	June'24	Response from COO attached. Appendix A Action closed.
Public CoG	24/05	14/03/2024	Share the discharge plans with the CoG once available.	Claire Hansen	June'24	Response from COO attached. Appendix A Action closed.
Public CoG	24/05	14/03/2024	Include metrics in the Performance Report on patient status "no right to reside".	Martin Barkley	June'24	Included. Action closed.
Public CoG	24/06	14/03/2024	Provide an improvement plan on the Staff Annual Survey results at the next meeting.	Martin Barkley	June'24	Response from Director of Workforce attached - Appendix B. Ongoing
Public CoG	24/07	14/03/2024	Add public survey to the Membership agenda.	Tracy Astley	June'24	Deferred until August meeting. Ongoing
Public CoG	24/11	14/03/2024	Provide simplified infographics of the key metrics in the Performance Report Key Metrics for the next CoG meeting.	Martin Barkley	June'24	Included. Action closed.

Appendix A - Responses from Chief Operating Officer

- Action Ref. 24/05 14/03/2024 Share the discharge plans with the CoG once available.

We have a discharge improvement plan that has been developed with our partners, that has three areas to it.

Around 20% of the people in our care are medically fit and would be more appropriately cared for in their own home, or in a new place to call home, with the right care and support. We must continue to challenge: why not home? why not today?

The improvement work falls into three Cells, overseen by a Discharge Improvement Group.

Cell 1: Improving acute and hospital pathways and processes to make sure patient journeys are planned clinically from the outset. This work will include quality of board rounds, daily review, criteria-led discharge and more.

Cell 2: Ensuring everything which links out acute hospital processes to our community and local authority partners is high quality and flows fluently. This Cell will review and improve quality of referrals and implement 'discharge to assess' as standard.

Cell 3: Supporting our community health and social partners to arrange the right onward care for people after they leave the acute setting within 3 days of a trusted assessment form (TAF) being submitted. This is likely to need innovative approaches to address capacity challenges; we will support this wherever appropriate and possible.

- Action Ref. 24/05 14/03/2024 Re-introduce travel advice on out-patient appt. letters

We have not introduced further narrative advice in the letters but what has been added is a link in the letters to the resources on the website. The resources are being developed by Dan Braidley, who is the Trust travel lead.

- Update on 2am appointments

The 2am appointments are used in the CAS services to prevent patients from attending a CAS appointment. This is known issue with the CAS system and one of the reasons that we are now developing the new messaging to link with eRS. A CAS appointment is not an appointment for the patient to attend but for the referral to be triaged. Because we do not yet have the most up to date messaging with eRS we have to book an appointment into our system to transfer the referral information into the Trust.

The limitations of this process have been widely discussed and we have pages on our website to try and explain this to patients. We cannot stop this process until we

upgrade the messaging, which is currently being in development with NHSE. The new messaging will allow us to automatically ingest the clinical referral information into CPD but will also enable us to use the RAS model, which NHSE now recommend for indirectly bookable services. A RAS (referral Assessment Service) allows the transfer of the referral information into CPD without the necessity to book an appointment. This should be available in Summer 24.

Claire Hansen
Chief Operating Officer

**Council of Governors
Staff Survey Improvement Plan 2023****1. Introduction and Background**

The national NHS Staff Survey measures how engaged staff are and provides insight into how colleague experiences and ultimately retention can be improved. Evidence shows that more engaged staff result in better patient experiences and outcomes.

Our results have been analysed both within Workforce & OD, and by a sub-group of change makers from the Our Voice Our Future programme to develop an improvement plan.

2. Improvement Plan

Our improvement plan going forward will continue to focus on Our Voice Our Future, our long term cultural engagement work to develop a compassionate and inclusive culture. This programme is nearing the end of the discovery phase so the feedback from colleagues and patients will be used to develop the improvements needed for the future.

The survey results demonstrate our need to invest in the development of our line managers to grow management and leadership capability. In January 2024 we launched our line managers toolkit. A one day development session aligned to this toolkit will be rolled out in the summer of 2024 and delivered to all line managers over an 18 month period.

We will continue to develop an environment where staff feel safe and healthy through the reintroduction of Schwartz rounds, development of wellbeing rooms and taking our wellbeing offer directly to staff. We have identified that staff are not aware of the number of resources available to them.

To support staff to be safe and healthy and to develop flexible working opportunities for all the Trust has commenced the Erostering improvement plan with NHSE support. This will improve roster management to increase staff availability.

The EDI workstream will continue to focus on the educational work that is needed within the Trust regarding equality, diversity and inclusion. Training will continue to be offered and work with the care groups will be developed.

We will focus on creating a great place to learn by building effective understanding of career development opportunities, running workforce development fairs and publishing strategic educational goals for the group.

With funding from NHSE, the Trust has recruited a People Promise Manager for 12 months, as part of the People Promise Exemplar programme. A programme designed with the aim of increasing retention and engagement across Trusts.

The full improvement plan will be available in the public domain once this has been ratified by the Board of Directors on 26 June 2024.

Report to:	Council of Governors
Date of Meeting:	12 June 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

<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 type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System
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Summary of Report and Key Points to highlight:
 To provide an update to the Council of Governors from the Chief Executive in relation to the Trust priorities. Key points include: Operational performance, Industrial action, Our Voice Our Future, Community Diagnostic Centres update, Scarborough Urgent and Emergency Care Centre progress, Award-winning staff, New Mayor elected for the York and North Yorkshire Combined Authority and Scarborough Coastal Health and Care Research Collaborative launch.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	12 June 2024	

1. Operational performance

In my last report I described the significant pressure facing our acute and emergency services coming out of the winter holiday period. Unfortunately, these pressures have sustained, with a particularly busy period in April that is showing no real signs of reducing. This pattern of high demand has been replicated elsewhere, with NHS Chief Executive Amanda Pritchard confirming in her recent leadership update that there were more A&E attendances in April than in any of the peak winter months, and attendances and emergency admissions around 10% higher than last year.

In planned care, we are making steady improvements in our performance against key operational standards, particularly with elective recovery.

As a result of this I am pleased to share that we have received formal notice from NHS England that we are no longer in the tiering process for elective care, and that we have been moved from tier 1 to tier 2 for cancer, moving us from national to regional NHS England oversight. This is effectively an acknowledgement from NHS England that we have made positive progress on reducing our waiting times for planned care, and on the 62 day and faster diagnostic standards for cancer.

We have now also received formal confirmation from NHS England on the outcome of our recent segmentation review and Board to Board attended by our Executive Team and representatives from NHS England and Humber and North Yorkshire Integrated Care Board. We remain in segment 3 under the NHS Oversight Framework.

In terms of our year-end finances, we achieved the NHS England-required balanced position for the 2023/24 financial year. This was a product of our recovery actions and open and transparent system working. However, this year the financial pressures will increase, with an ask that we deliver operational efficiencies at a level that is almost double what we have been asked to deliver previously.

2. Industrial action

The BMA, the trade union and professional body for doctors and medical students in the UK, has announced further industrial action by junior doctors for five days, from 7am on Thursday 27 June to 7am on Tuesday 2 July.

As with previous periods of action we are preparing carefully for how these will be safely managed, and we may need to postpone a number of operations and appointments, which we will be re-arranging as soon as possible.

3. 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 progressing well, and the discovery phase concludes on 10 June. The programme follows an evidence-based approach for continuous improvement to develop compassionate leadership and an inclusive culture.

Throughout the discovery phase, our team of 50 change makers has been gathering feedback from colleagues, board members, senior leaders, patients and carers. We have also received nearly 800 responses to the informal feedback questionnaire.

Change makers will be reviewing all of the feedback to identify which elements we need to focus on to make our trust a place people want to work.

In addition to the longer-term cultural changes, change makers are also working on 'quick wins' based on the feedback they have received. It is positive that change makers are identifying these quick wins, and we will continue to communicate and share progress with our staff over the coming weeks on what they have achieved.

I want to formally thank all of our change makers and the team that have supported them for their relentless drive and infectious enthusiasm for the work they've been doing, and for their commitment to supporting genuine long-term improvements in our culture as an organisation. I look forward to seeing the recommendations and next steps that emerge from their findings in this first phase.

4. Community Diagnostic Centres update

The Community Diagnostic Centre (CDC) in York is now open. The CDC programme is a national programme of £2.3 billion capital investment in diagnostic transformation, to help speed up the detection of many serious illnesses, meaning patients can start their treatment and recovery much sooner.

Located at Askham Bar Community Care Centre, the York CDC will play a vital role in speeding up diagnosis for illnesses, such as cancer and heart disease, and help to reduce waiting times for patients by offering a range of diagnostic tests, checks and scans including MRIs, CTs and ultrasounds.

Provided in partnership with Nimbuscare, once fully operational around 70,000 additional diagnostic appointments will be available to patients, including a planned 9,000 CT and MRI scans in the first year.

This follows on from the establishment of the Community Diagnostic Centre (CDC) 'spoke' in Selby, which is connected to the CDC 'hub' that is being built in Scarborough.

In Selby we have been delivering CT and MRI since last October via mobile assets that are part of a Humber and North Yorkshire programme and we have also been delivering blood taking, ultrasound and X-ray as part of the CDC Programme.

Having these new facilities and the capacity to conduct so many additional tests will be incredibly beneficial to the health of people across the area, as it will help us to detect and treat serious conditions such as cancer, heart disease, and respiratory conditions.

5. Scarborough Urgent and Emergency Care Centre progress

Planning is continuing at pace for the opening of the new UECC in Scarborough. Detailed work is underway to familiarise teams with their new departments, and the logistics for the transfer of patients, staff and equipment are being worked up and tested to ensure the move goes as smoothly and safely as possible.

The build is scheduled to be handed over to the Trust in August 2024, with moves planned to take place over three weeks from mid-September to early October 2024.

This is the biggest capital investment this Trust has ever delivered and is the result of years of hard work and dedicated effort from many teams and individuals. It is therefore incredibly exciting to be within touching distance of it opening its doors.

On this note, congratulations to our Capital Projects Team who were bronze award winners at this year's Considerate Constructors Scheme Awards. It was a joint win for our Trust team and our construction partners, IHP, for their work on the Scarborough UECC.

These prestigious awards recognise the efforts constructors have made to be the most considerate neighbours, and those projects that respect the public, the workforce, and the environment. Well-deserved recognition for all.

6. Award-winning staff

It was a great night for our staff at the Hull York Medical School Teaching Excellence awards at the ends of April, with five winners and a further 30 nominations from amongst our teams.

The nominees and winners are all chosen by students, acknowledging those who have inspired, supported, and had a positive impact on their lives and education from NHS trusts and primary and community care.

Congratulations to the following for their well-deserved wins, including comments from their nominators:

- **Dr Jessica Hebron** (Medicine Phase I and Medicine with a Gateway Year Tutor of Excellence Award), 'an outstanding teacher and a role model', with a 'wonderful manner when speaking to patients.'
- **Dr Gary Kitching** (Medicine Phase I and Medicine with a Gateway Year Tutor of Excellence Award) who 'facilitates collaborative work', finding 'imaginative ways of explaining things to students.'
- **Ottilia Buch** (Nursing and Allied Health Professions Award) who has 'a really holistic approach to Medicine', with 'an amazingly positive attitude and kindness towards students.'
- **Dr Ruwani Rupesinghe** (Medicine Phase II and III Tutor of Excellence Award) who is a 'patient and caring individual' and 'an incredible teacher who actively tested students' knowledge to ensure key concepts were understood.'
- **The Scarborough SLO Team** (Administrative Support Award) who created an 'extremely friendly atmosphere' while 'encouraging all students to get the most out of their experience on placement.'

Well done and congratulations to all nominees.

Locally, we also look forward to our annual Celebration of Achievement Awards event in September. Judging is now underway, which will as ever be an unenviable task given over 200 nominations were received.

7. New Mayor elected for the York and North Yorkshire Combined Authority

As you may have seen reported in the media, the first Mayor of the York and North Yorkshire Combined Authority has been elected. As Mayor, David Skaith will lead the Combined Authority, which has been created by City of York Council and North Yorkshire Council.

The Mayor and Combined Authority have powers and responsibilities devolved to them by central government. These include:

- Responsibility for a 30-year Mayoral Investment Fund and the powers to borrow against funds.
- Full devolution of the Adult Education Budget.
- Powers to improve the supply and quality of housing and secure the development of land or infrastructure.
- Powers and funds to improve transport through a consolidated, devolved, multi-year transport settlement.
- Responsibilities for community safety and the powers to appoint a Deputy Mayor to carry out many of the duties currently held by the Police, Fire and Crime Commissioner.

We look forward to seeking opportunities to work with the Mayor and the Combined Authority in finding solutions to some of the shared challenges we face in York and North and North Yorkshire.

8. Scarborough Coastal Health and Care Research Collaborative launch

I will end my report with news about a positive development in research to benefit our coastal communities.

Researchers from our trust will collaborate with academics from York St John University together with the coast's social enterprise sector including charities and health organisations to benefit people living on the Yorkshire coast.

The new partnership, called Scarborough Coastal Health and Care Research Collaborative (SHARC) has been established to understand and reduce health inequalities affecting the local population.

York St John University's new Institute for Health and Care Improvement and the SeeCHANGE project will support the development of research and it is hoped the partnership will tackle a range of multiple long and short-term health and care priorities and improve outcomes for patients.

It will establish new networks of researchers, patients, healthcare professionals and other stakeholders to support the research that is important to the population of Scarborough and its surrounding rural areas.

Rural and coastal health inequalities are increasingly well known with a life expectancy gap increasing as you move east across North Yorkshire. SHARC offers the opportunity to better understand the causes for this and test interventions that may make a difference. As the partnership develops, we hope it will also offer local patients new opportunities to be involved in national and international research and clinical trials into new and emerging therapies.

This is a hugely positive step forward in our efforts to understand and address health inequalities, and to increase our research offer in the trust.

Date: 12 June 2024

Report to:	Council of Governors
Date of Meeting:	12 th June 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.

1. In my previous report I mentioned that I intended to introduce a Board Performance Evaluation scheme. This happened, and the results of the survey completed by all Board members were considered for a couple of hours at the May Board seminar. Generally speaking, Directors considered that the way the Board was working was improved whilst recognising it will take some more time for strong relationships and confidence to develop considering the number of new members of the Board there are, including me! Based on the discussion and the advice issued by the CQC re the Well Led domain, I have drafted a Board Development Plan for discussion by the Board in June.
2. I consider that I am making steady progress in visiting services. I have now visited all a of the Trust's Hospitals and an increasing number of wards, departments, and teams. My ambition is to have met all in the next 10 months.
3. Helen Grantham has started her role as an Associate NED, and Julie Charge starts from 1st July as a NED.
4. With Rukmal I have completed the appraisals of the NEDs. The Trust Senior Independent Director with Rukmal will carry out my appraisal at the end of June.
5. Because of delays with increasing the capacity of the electricity supply into the Scarborough Hospital site, the new magnificent extension will not become operational until the first week in October.
6. Operationally the absolute key challenge is 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. This means patients experience significant delays in our emergency departments or simply waiting in ambulances to be handed over to hospital staff, resulting in a steep increase in the number of formal complaints, increased pressure on ED staff and a poor patient experience.
7. Another huge challenge is for the Trust to work out how it will reduce its day to day running costs by £1 million a week this year, with a likely obligation of a further half million a week in 2025/26!
8. In April I attended the first part of the 2nd Engagement Day for Maternity and Neo - natal staff and stakeholders. It was an excellent event attended by over 100 people. This is referred to in the maternity report in the agenda papers.
9. On the same day as the above event I attended a meeting with NHSE and the ICB with the executive team. The purpose of the meeting was to review the Trust's position in Segment 3. The meeting was constructive, and the outcome was that the Trust will remain in Segment 3 as a consequence of the progress the Trust has made especially with regard to maternity, cancer and reducing elective waiting times. A follow-up meeting will take place in 6 months' time.
10. At the beginning of May, the workshop "local services for local people took place", and a further discussion is on the agenda of the June private meeting of the Council of Governors.

11. Disappointed and sad to report that Bernard Chalk has resigned his position as a Governor.

12. Last week I attended an Induction day organised by NHS England for recently appointed Chairs and NEDs. It was a very worthwhile day, including an impressive talk by the Chair of NHS England.

Martin Barkley
Trust Chair

Report to:	Council of Governors
Date of Meeting:	12 June 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 Standards
<input checked="" type="checkbox"/> Quality and Safety	<input checked="" type="checkbox"/> Workforce
<input checked="" type="checkbox"/> Elective Recovery	<input type="checkbox"/> Safety Standards
<input checked="" type="checkbox"/> Acute Flow	<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 Finance Report, Maternity Report and CQC Report updates.

Recommendations:

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

Performance Report key metrics

June 2024 Council of Governors meeting

Diagnostic 6 week standard

- In January achieved 62% against a standard of 95% compared to 56% in March.
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 22% re echocardiography to 98% for neurophysiology peripheral
- Improvement plans for each of the 14 were considered by the Resources Committee in April the outcome of which is that a more specific plan is required.

Acute Flow

- Number of 12+ hour trolley waits in April was 859 compared to 1,100 in January.
- Proportion of ambulance handovers waiting more than 60 minutes was 31.7% compared to 29.6% last time.
- Proportion of patients seen and treated in ED waiting less than 4 hours is improving with 66.8% compared to 62.6% last time and just 51.5% in Nov.
- Lost bed days for patients with no criteria to reside - 1082 days

Cancer

- Proportion of patients who had their first treatment within 62 days was 60% (compared to 49% last time) against a standard of 85%
- Cancer faster diagnosis standard was 70% against a standard of 75%

Referral to Treatment (RTT)

- Number of people waiting 45,556 (compared to 47,250 last time) which is 541 better than plan
- Zero patients waiting more than 78 weeks -6 less than last time.
- 167 patients waiting more than 65 weeks compared to 519 last time which is 39 better than plan
- 1818 patients waiting more than 52 weeks which is 128 better than plan and 438 less than last time
- The mean waiting time for incomplete pathways is 19.7 weeks

Children scorecard

- 100% of possible cancer referrals seen within the 2 week standard
- 34 children waiting over 42 weeks but less than the original target of 65 weeks.

Workforce

- In March staff sick leave rate was 4.6% compared to 5.1% in December with a year to date rate of 4.9%
- Rolling 12 month staff turnover rate is 8.7% against plan of 10%
- Overall vacancy rate of 6.1% (6.7% last time)
- HCSW vacancy rate in adult in-patient wards 12.8% (15.2%)
- RN vacancy rate in adult in-patient wards 3% (4.1%)
- Midwifery vacancies -5.9% !!!
- Medical & Dental vacancies – 6.3%

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.
- The above was exceeded in April with 114 complaints being received.

Report to:	Council of Governors
Date of Meeting:	12 June 2024
Subject:	Finance Report
Director Sponsor:	Andrew Bertram, Finance Director
Author:	Andrew Bertram, Finance Director

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 Finance Report, Maternity Report and CQC Report updates.

Recommendations:

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

- The Trust submitted its Operational Financial Plan to NHSE on 2 May 2024, which presented an adjusted I&E deficit of £20.8m as per the table opposite.
- The Trust's I&E deficit forms part of a wider HNY ICB I&E deficit plan of £74.4m, which is still subject to scrutiny and debate with NHSE.
- The Trust's actual operational I&E deficit is £38m, but for the purposes of assessing financial performance NHSE allow certain technical adjustments to arrive at underlying financial performance. The most notable of these is the removal of impairments relating to the revaluation of capital assets.
- It should be noted that the Trust's projected deficit is after the planned delivery of a significant efficiency programme of £53.3m (7.2%), more of which is discussed below.
- The plan is designed to assist the Trust meet all the required performance targets in 2024/25.

OPERATIONAL FINANCE PLAN 2024/25 SUMMARY INCOME & EXPENDITURE POSITION

	£000
<u>INCOME</u>	
Operating Income from Patient Care Activities	
NHS England	75,815
Integrated Care Boards	577,847
Other including Local Authorities, PPI, etc.	7,142
	660,804
Other Operating Income	
R&D, Education & Training, SHYPS, etc.	74,498
	735,302
<u>EXPENDITURE</u>	
Gross Operating Expenditure	-814,420
Less: CIP	53,266
Total Expenditure	-761,154
	-25,852
<u>OPERATING SURPLUS/ (DEFICIT)</u>	
Finance Costs (Interest Receivable/Payable, PDC Dividend)	-12,152
<u>SURPLUS/ (DEFICIT) FOR THE YEAR</u>	-38,004
<u>ADJUSTED FINANCIAL PERFORMANCE</u>	
<u>Add Back</u>	
I&E Impairments	16,734
Remove capital donations/grants net I&E impact	435
<u>ADJUSTED FINANCIAL SURPLUS/(DEFICIT)</u>	-20,835

Summary Dashboard and Income & Expenditure

Finance (2)

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend	
I&E Variance to Plan	N/A	£-1.7m	N/A	N/A
Forecast Outturn I&E Variance to Plan	N/A	£0.0m	N/A	N/A
Core CIP Delivery Variance to Plan (£20.0m Target)	N/A	£-0.5m	N/A	N/A
Corporate CIP Delivery Variance to Plan (£33.3m Target)	N/A	-0.7m	N/A	N/A
Variance to Agency Cap	N/A	£0.3m Above	N/A	N/A
Month End Cash Position	N/A	£36.8m	N/A	N/A
Capital Programme Variance to Plan	N/A	£0.7m ahead of plan	N/A	N/A

	Plan	Plan YTD	Actual YTD	Variance
	£000	£000	£000	£000
Clinical Income	675,483	56,110	57,455	1,345
Other Income	72,352	6,159	6,135	-25
Total Income	747,835	62,270	63,590	1,320
Pay Expenditure	-493,367	-44,008	-43,135	873
Drugs	-66,047	-5,504	-6,646	-1,142
Supplies & Services	-78,474	-6,545	-8,390	-1,845
Other Expenditure	-179,984	-9,365	-9,281	84
Outstanding CIP	44,185	1,222	0	-1,222
Total Expenditure	-773,687	-64,200	-67,451	-3,252
Operating Surplus/(Deficit)	-25,852	-1,930	-3,862	-1,931
Other Finance Costs	-12,152	-1,013	-856	157
Surplus/(Deficit)	-38,004	-2,943	-4,717	-1,774
NHSE Normalisation Adj	17169	37	50	13
Adjusted Surplus/(Deficit)	-20,835	-2,906	-4,667	-1,761

The I&E table confirms an actual adjusted deficit of £4.67m against a planned deficit of £2.91m for April (Month 1), leaving the Trust with an adverse variance to plan of £1.76m.

Whereas based on the position at month 1 mitigating actions will need to be applied, we will continue to review and update our I&E forecast tool to assess our likely year end outcome, but at this early stage of the financial year the working assumption is that actions applied will be successful, so the forecast is that the Trust will deliver its plan. This position will be kept under review as we progress through the financial year.

Corporate Overview of Key Drivers

Finance (3)

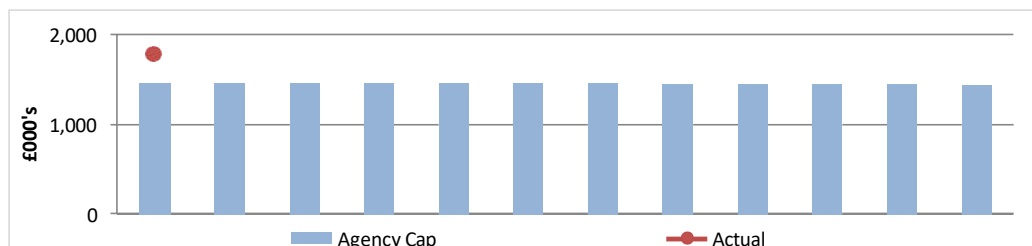
Variance	Favourable/ (adverse) £000	Commentary
ERF Funding Position	767	Elective activity is ahead of plan in April resulting in assessed ERF being ahead of plan.
CIP Deficit	,-1.222	Included within the reported position. See CIP section below.
Agency and Bank covering vacancies	-315	Relates to covering vacancies. The Chief Nurses and Operational teams are reviewing staff levels.
Other I&E variances	-332	Various other miscellaneous variances
Drugs, devices, unbundled OP Radiology, and Pathology direct access	-621	This issue emerged in 2023/24 and is still subject to a contract resolution with HNY ICB for 2024/25. 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.

Treatment area	£	Drug or Device	Comments	
Drugs				
Wet AMD	-144,317	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)	-50,742	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol		
Rheumatoid Arthritis	-18,479	Baricitinib, Abatacept, Tofacitinib		
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-24,785	Risankizumab, SECUKINUMAB		
Auto Immune, Rhumatoid Arthritis	14,744	Etanercept, adalimumab		
Other	-85,635			
	-309,214			
Devices				
Sleep Apnoea	-73,497	CPAP machines		
Diabetic Pumps	-133,432	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports		
Other	-5,898			
	-212,827			
Unbundled Radiology	-31,153			
Pathology Direct Access	-68,000			
	-621,194			

Key Subjective Variances

Finance (4)

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	-133	Primarily usage of high-cost drugs and devices being slightly behind plan, for which income is earned on a pass-through basis and matched by expenditure.	No mitigation or action required.
ICB Income	1,501	Predominantly linked to (a) ERF being ahead of plan and (b) accrued additional allocation due from HNY ICB regarding the Integrated Urgent Care service, which is subject to an in-year contract variation.	Contract variation for the Integrated Urgent Care service to be completed.
Other income	-48	Various small income variations	No mitigation or action required.
Employee Expenses	873	Agency, bank and WLI spending is ahead of plan to cover vacancies. This is more than offset by activity and cost pressures reserves yet to be fully deployed, and which will be partially delayed by the introduction of vacancy control measures.	To control agency spending within the cap into 2024/25. 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). Vacancy control measures now in place.
Drug expenses	-1,142	Relates primarily 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. Also includes some early year restocking following running down stocks towards the end of the previous year to assist deliver financial target.	To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust. To monitor early year stocking up in terms of managing back to budget over the remainder of the year.
Clinical Supplies & Services	-1,845	Increased spending linked to insourcing/ outsourcing costs and the delivery of cancer standards; and on integrated urgent care services. 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.	To investigate the key drivers for the increasing spend, and to develop actions in response. To continue discussions with HNY ICB regarding additional income in recognition of the constraints that the block contract is placing on the Trust.
CIP	-1,222	CIP behind plan	Continued focus on delivery of the CIP overseen by the Efficiency Delivery Group.
Other Costs	293	Various expenditure variations	Variances are being investigated from which appropriate actions will be instigated.



Agency Controls

Controls around agency spending, which recommenced in 2023/24 have continued into 2024/25. The Trust's has assumed agency is capped at 3.7% of its overall pay spend in its plan. At the end of April expenditure on agency staffing was £0.3m ahead plan.

	Establishment			Year to Date Expenditure		
	Budget	Actual	Variance	Budget	Actual	Variance
	WTE	WTE	WTE	£0	£0	£0
Registered Nurses	2,443.82	2,370.59	73.23	10,961	10,889	71
Scientific, Therapeutic and Technical	1,229.19	1,189.01	40.18	5,402	5,404	-1
Support To Clinical Staff	1,849.30	1,647.19	202.11	4,991	4,898	92
Medical and Dental	1,040.58	973.59	66.99	10,761	12,629	-1,868
Non-Medical - Non-Clinical	3,047.41	2,848.37	199.04	9,285	9,136	149
Reserves				2,443	0	2,443
Other				166	178	-13
TOTAL	9,610.30	9,028.75	581.55	44,007	43,134	873

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. The reserves relate to agreed but at this point undrawn activity and cost pressures, and nursing investments linked to the YCU, BCU, and IUC services.

The table illustrates that a key driver for the pay position (other than reserves) is spend against Medical and Dental staff, although establishment is under plan. The key driver for the residual adverse variance is agency cover for vacant posts across the Care Groups.

Trust Performance Summary vs ERF Target Performance

Commissioner	24-25 Target % vs 19/20	ERF Indicative Targets		Activity to Month 1 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
		Weighted Value at 24/25 prices	ERF Month 1 Phase (Av %)			
Humber and North Yorks	105.60%	£128,404,371	£10,529,158	£11,352,585	£823,426	113.9%
West Yorkshire	103.00%	£1,325,995	£108,732	£96,503	-£12,228	91.4%
Cumbria and North East	115.00%	£166,760	£13,674	£14,436	£761	121.4%
South Yorkshire	118.00%	£149,186	£12,233	£8,052	-£4,181	77.7%
Other ICBs - LVA / NCA	-			£0	£0	-
All ICBs	105.20%	£130,046,311	£10,663,798	£11,471,576	£807,778	113.2%
NHSE Specialist						
Commissioning	112.00%	£4,608,170	£377,870	£331,121	-£46,749	98.1%
Other NHSE	104.00%	£278,855	£22,866	£28,743	£5,877	130.7%
					£0	
All Commissioners Total	105.42%	£134,933,336	£11,064,534	£11,831,439	£766,906	112.7%

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 £0.8m surplus for the period.

ICB activity is ahead of the revised 105% target value for 2024/25, whereas NHSE Specialist Commissioned activity is behind plan.

Report to:	Council of Governors
Date of Meeting:	12 June 2024
Subject:	Maternity Neonatal Safety Report
Director Sponsor:	Dawn Parkes Interim Executive Chief Nurse (Maternity Safety Champion)
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> <p><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>	<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 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:
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 for the month of March 2024.

Recommendation:
The Council of Governors is asked to receive the updates from the maternity and neonatal service for March.

Report History		
The Quality and Safety Committee 20/02/2024		
Meeting	Date	Outcome/Recommendation
Quality & Safety Assurance Committee	21/05/24	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.

Report to the Council of Governors

The maternity and neonatal services continue to review and monitor improvements in key quality and safety metrics.

Annex 1 provides the current delivery position for the service against the core national safety metrics. In March 2024 there were no stillbirths. There were three reportable neonatal deaths in the service. After the initial review of all cases no immediate safety concerns in care were identified but two cases are subject to a patient safety investigation review to ensure all learning opportunities are identified and will be shared with the families once complete.

There has been an increase in born before arrival, (this is where a baby is born without an appropriate health care professional in attendance), the number equates to one case. A thematic review of the last 12 months of all cases is underway and will be reported once complete to ensure all appropriate learning is identified and any required actions are taken.

There has been a increase in the % of postpartum haemorrhage over 1500mls 3.9 % (12 cases) from the previous month to 4.3 % (14 cases). This remains above the national target of 2.9% per 1000 births. Actions taken to reduce the risk of PPH are:

- Timely administration of oxytocin
- Appropriate site for administration
- Review and train staff in the measurement of blood loss and ensure weighing of blood loss post birth, both in the delivery suite and theatre is underway.

The service is looking at the potential implementation of the Obs Cymru PPH pathway which includes three stages of care and

- Antenatal risk assessment
- Intrapartum risk assessment
- Measurement by weight of blood loss post birth
- Treatment pathway with point of care testing.

There are no other escalations to Trust Board in relation to these metrics.

The Maternity and Neonatal Single Improvement Plan (MNSIP)

The maternity and neonatal single maternity improvement plan was shared in its final form at the engagement event on the 23rd of April. All staff across the maternity and neonatal services were able to review the final workstreams and the contents of the high level and milestone actions and to adjust and comment to ensure all actions are relevant and achievable. All delegates were asked to make a commitment to the delivery of either specific actions or form part of a specific workstream to support delivery on the identified improvements and actions based on their area of interest, speciality, and expertise. The delegates were asked on arrival how they felt about the services now in comparison to the first event in November 2023. Figure 1 below shows the feedback.

Maternity & Neonatal Engagement Day Feedback (23rd April 2024)

1st Engagement Event

2nd Engagement Event

Where do you feel our services are now?
Top responses from 24th November 23:



How do you feel working in our services today?
Responses from 23rd April 24:



Workstream 1: Listening to service users and families with compassion.

Collaborative work with the Maternity and Neonatal Voice Partnership (MNVP) continues to ensure all women's voices are heard and inform service development and improvement. Key areas of feedback continues to be around partners being able to stay overnight and an always event project has been commenced to address this. It will be an extensive project that will be based on co-design and co-production with service users and the MDT workforce. Progress of this project will be monitored and reported through this workstream.

A task and finish group with the LMNS on Birth Afterthoughts/Reflections commenced in March with the aim of reviewing the current service provision, scoping ideas for collaborating and developing a standardised pathway which includes early triage and a self-referral form, as well as reviewing the Ask the Midwife provision. This service is not specifically funded and is absorbed by all maternity services and as such the LMNS are looking how to address this as part of the group. Links have been made with the Southampton, Hampshire, Isle of White and Portsmouth known as the SHIP Collaborative who provide a centralised triage service based in the Ambulance control rooms supported by a midwife. This has significant benefit in ensuring women are able to attend the right service that meets their clinical needs but also reduces down unnecessary ambulance call outs. The work over the coming months will look at the opportunities to centralising and standardising all three of these services in such a way that supports women across the LMNS to get the right care in the right place and the best advice and support when they need it.

Workstream 2: Growing and Retaining our Workforce.

The culture score survey closed on the 24th of April, which enabled staff to complete the survey when they attend the engagement day, using iPads. The final return rate was 37% and the

breakdown can be seen in figure 2 below.

The next stage is to receive the final report with culture coaches from Kornferry supporting the care group to analyse the report in detail and work with team members from each area to identify the actions and solutions required to improve the experiences they have in the areas they work in. Progress of this and the actions taken will be monitored and reported through this workstream

Work Setting	Responses	Total Eligible Respondents	Response Rate
SGH-Community	12	34	35%
SGH-Delivery Suite	23	45	51%
SGH-Hawthorn Ward	5	31	16%
SGH-Maternity Theatres	4	13	31%
SGH-Operational/Admin	5	8	63%
SGH-SCBU	12	44	27%
SGH-Specialist/Sr MWs	5	20	25%
SGH-Womens Unit/ANC	5	35	14%
YK-ANC/Triage	25	103	24%
YK-Community	31	61	51%
YK-Del Suite/Labour Wd	30	109	28%
YK-G2	20	61	33%
YK-Maternity Theatres	10	22	45%
YK-NNU	25	82	30%
YK-Operational/Admin	18	18	100%
YK-Specialist/Sr MWs	22	30	73%
All York and Scarborough Teaching Hospitals NHS FT Survey Work Settings	266	716	37%

The adverts for newly qualified midwives have generated over 30 applicants. Students that have trained within York and Scarborough will have a career conversation prior to appointment. External applicants will have a formal interview. This provides an opportunity to recruit to the existing vacancy gap in the current budgeted establishment but also to address the gap identified by the tabletop review and the Birthrate plus review that aligns with what has been submitted to the ICB in terms of the workforce gap, to meet minimum safe staffing levels across the service.

The Deputy Director of Midwifery post has been out to advert and due to the shortness of the time out only generated one viable applicant. This has been extended to the 20th May and will be interviewed in the early part of June 2024.

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

Thirty-eight Midwives and Obstetricians attended a face-to-face patient safety training session which covered implementation of the new Patient safety framework and all of its elements. This session reinforced the importance of incident reporting and a positive safety learning culture.

The three times weekly Maternity Case Review is well embedded and attended by the MDT. Immediate safety actions are identified, and learning shared in the weekly newsletter. There are nine open Serious Incidents (SI) open for maternity services with 2 draft reports completed. Seven have commenced. Three reports were close in March and one case de-classified as an SI after review at SI panel.

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

The additional funding asks for maternity services is still under review and at the time of writing this report a meeting is planned for the 17th May to discuss the financial ask from all providers of maternity services across the LMNS/ICB. All services were asked to identify areas for efficiency and how this could be achieved across the wider footprint not just by each provider. There is an opportunity for the LMNS to centralise specialist posts in line with national recommendations which would standardise care for women but ensure better use of public money.

The delivery of the maternity and neonatal single improvement plan and ensuring the services across York and Scarborough meet best practice evidence-based standards is dependent on the additional funding over and above the current allocated budget.

Annex 1 Summary of Maternity & Neonatal Quality & Safety Metrics Delivery March 2024.

Maternity Dashboard March 2024

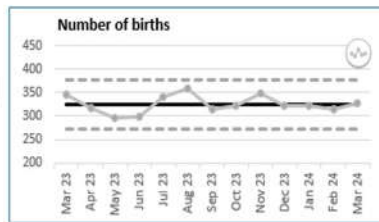


York and Scarborough

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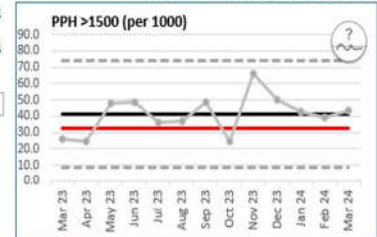
Latest month 01/03/24
Number of births 327

No significant change



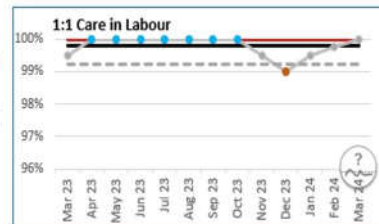
Latest month 01/03/24
PPH >1500 (per 1000) 43.3

No significant change



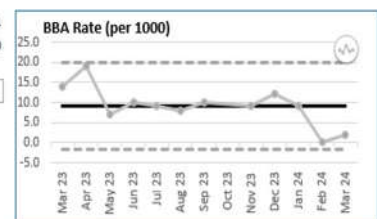
Latest month 01/03/24
1:1 Care in Labour 100%

No significant change



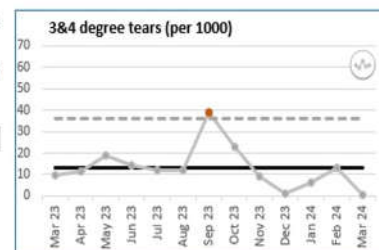
Latest month 01/03/24
BBA rate/1000 2.0

No significant change



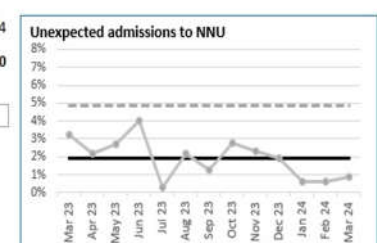
Latest month 01/03/24
3&4 degree tears (per 1000) 0.4

No significant change



Latest month 01/03/24
Unexpected admissions to NNU 0.0

No significant change



Report to:	Council of Governors
Date of Meeting:	12 June 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 23 April 2024.

There are 20 open enquiries with the CQC.

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	8 May 2024	<i>Presented and accepted</i>
Quality Committee	21 May 2024	<i>Not presented at the time of submitting this paper.</i>
Board of Directors	22 May 2024	<i>Presented and accepted</i>

1. CQC Inspection Update

The Trust invited the CQC to visit the York Emergency Department and this was scheduled for 26 March 2024. The visit was cancelled by the CQC due to absence of a key member of the team and will be rearranged.

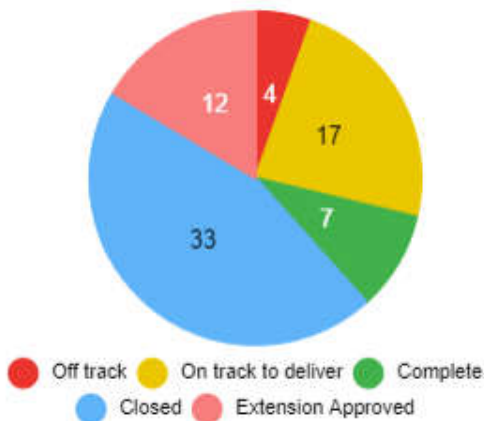
The Board of Directors has agreed seven improvement workstreams providing a framework for the Trust's 12-month quality recovery programme: Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

The workstreams are as follows:

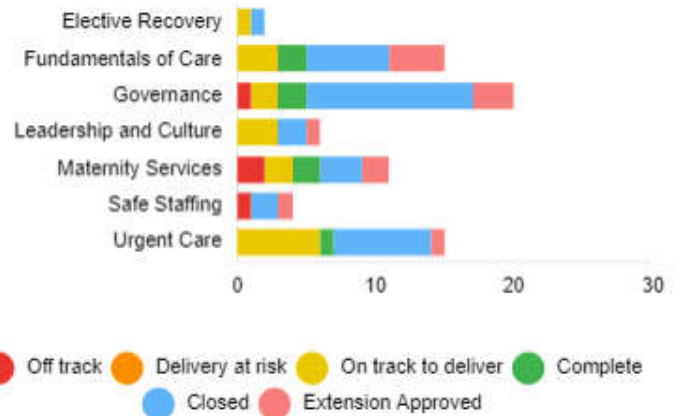
- Maternity Services
- Governance; Corporate / Quality
- Urgent Care
- Elective Care
- Leadership and Culture
- Safe Staffing
- Fundamentals of Care

Progress with the CQC Improvement Plan, as of 30 April 2024, can be seen in the charts below:

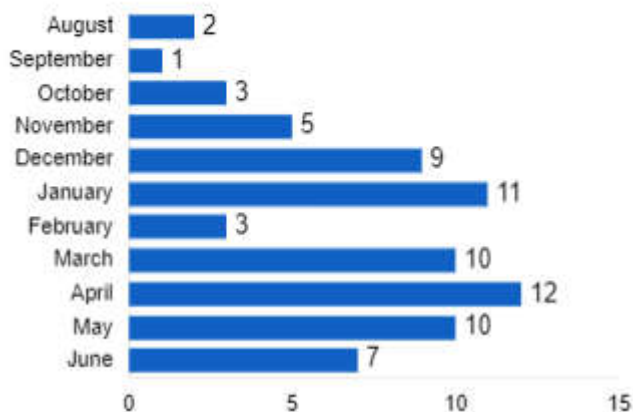
Overall Progress with CQC Actions



Progress Rating by Workstream



Action Due Dates for Completion 2023/24



2. Achievements

Since the last report was written, a further six actions have been approved for closure at the Journey to Excellence meetings (see below). A total of 33 actions have now been closed.

Ref	Must / Should	Action
6	Must	The trust must ensure that structured case reviews are focused on the implementation of recommended actions and the actions are monitored, completed, and recorded.
46	Must	The trust must ensure that that care meets the needs of service users by improving referral to treatment times.
48	Must	The trust must ensure that there is sufficient space around patient beds, with oxygen and suction placed by every bed.
51	Must	The trust must ensure that in Medical Care at York, mixed sex breaches where men and women share the same area do not occur.
53	Should	The trust should ensure that cleaning records are completed for all clinical areas in Medical Care at York.
54	Should	The trust should ensure that equipment such as drip stands, and ceiling hoists were available on ward 23 at York.

Eight 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:

- ✓ Procurement of the mortality module in Datix (DCIQ) which is now used to capture structured judgement case reviews and track the implementation of improvement actions.
- ✓ Referral to treatment times of over 78 weeks were eliminated in March 2024, and waits over 65 weeks has reduced in line with the trajectory. The plan is to have zero 65 week waits by September 2024.
- ✓ Double flow oxygen meters have been installed for all beds at York, Scarborough, and Bridlington Hospital sites. The double flow meters are also held in both equipment library stores should they be needed.

3. Actions Off Track and Extensions

Four actions are considered off track meaning the original target date for delivery has not been met. These are detailed in **Appendix A**.

There are 12 actions which have had extensions approved by the Executive Leads and through the Journey to Excellence meetings. These are included in **Appendix B**.

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 23 April 2024.

The Interim Chief Nurse has invited the CQC to re-visit the Maternity Service with a view of assessing the progress made with the conditions of registration. A date for the on-site visit is being arranged.

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 Urgent and Emergency Care assessment, Mental Health triage, mental health care plan and Emergency Department comfort checks have been live in Scarborough ED since 6 February 2024. Since that date improvements have been made following feedback from the Scarborough team. The electronic assessment tool went live at York Emergency Department on 30 April 2024.

The Trust is looking to evidence that it now meets the conditions of registration placed on the Trust in January 2020 once the use of the screening assessment is embedded at both the York and Scarborough hospital sites.

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 has been a significant increase in the number of cases received from February 2024. This could be partly attributed to the introduction of the single assessment framework and a more centralised approach adopted by the CQC to assessing and distributing concerns from January 2024.

There have been five CQC cases received since the last report was written (29 March 2024).

- **One** case was raised from safeguarding concern which was already reported to the local authority, the report will be shared once complete.
- **One** case was linked to staff feedback on a ward and additional information on the ward has been requested.
- **Three** were linked to patient complaints.

At the time of writing, the Trust had 20 open cases / enquiries. The enquiry dashboard can be viewed in **Appendix C**.

7. CQC Updates

a. New guidance: Assessing the well-led key question for NHS trusts

The CQC have now published full guidance to support their assessments of the well-led key question for NHS trusts. This has been developed in collaboration with NHS England.

The first trust-level assessments under the single assessment framework will be based on an assessment of the eight quality statements under the well-led key question. A session based on

this guidance, and the CQC revised assessment approach, was presented at the Board Development seminar on 17 April 2024.

For more information read the [news story](#) and [full guidance](#)

b. Integrated care system assessments

The Health and Care Act 2022 gives the CQC new responsibilities to assess whether integrated care systems (ICSs) are meeting the needs of their local populations. Under the legislation the methodology the CQC will use to conduct assessments is subject to government approval.

Following discussions with the Department of Health and Social Care (DHSC) there has been a short delay to starting ICS assessments to allow for further refinements to the approach.

8. Engagement

The Trust continues to fully participate in the Integrated Quality Improvement Group that meets monthly with the ICB, NHS England and the CQC, to monitor our Journey to Excellence Plan and delivery against our Segmentation Criteria, with positive feedback.

The monthly engagement meetings between the Trust and CQC also continue again with positive feedback.

To also note that the Trust participated in the scheduled Board to Board meeting with NHS England, on 23rd April 2024, to review our performance against our segmentation criteria under the NHS Oversight Framework 2021/22. The recommended position is that we remain in Segment 3 of the framework, with mandated support. Final written confirmation of this position is due in the coming weeks.

9. 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
CQC Actions 'Off Track'

Ref	Action	Target Date to Complete	Current Position	Workstream Lead
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.	29/03/24	A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024. Input requested from Pharmacy and Health and Safety.	Dawn Parkes
29	The trust must ensure that there are sufficient allied healthcare professional, nursing, midwives and medical staff in Medical Care and Maternity to keep people safe.	29/03/24	A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024.	Dawn Parkes
63	The trust must ensure that in Maternity, fire risk assessments are up to date, thoroughly assessed and documented to meet best practice guidance. For example, they must ensure fire exits are clearly marked and have safe exit routes. They must ensure fire drills are completed regularly and audited.	29/03/24	A closure form is being drafted. The closure form is scheduled for J2E 13 May 2024	Karen Stone
64	The service must implement a robust governance process and risk management strategy. For example, they must ensure they instigate a process to effectively triage women in a safe environment. They must ensure they have effective risk management processes in place to manage and mitigate all risks.	31/01/24	A closure form has been drafted however further assurance and documentation has been requested regarding the risk management process. The closure form is scheduled for J2E 13 May 2024.	Karen Stone

Appendix B
CQC Actions – Target Date Extended

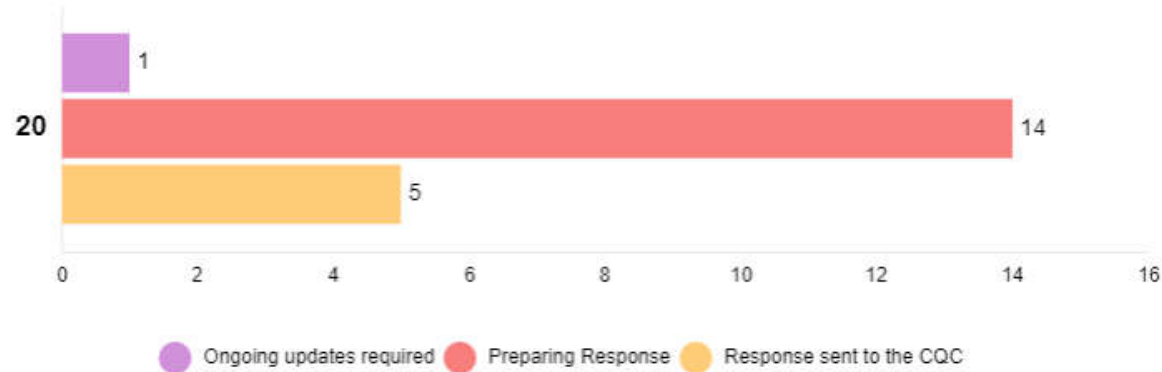
Ref	Action	Target Date to Complete	Update	Workstream Lead
3	<p>The trust must ensure that the guidance within all policies is up to date, accurate and relevant to the service. This includes, but is not limited to:</p> <ul style="list-style-type: none"> - The guidance within the workforce and equality diversity, and inclusion (EDI) - Freedom to speak up - Policies for transgender and non-binary people - Unacceptable behaviours from patients - Maternity Services 	31/05/24	<p>Original target date 29.12.23, extended 8.1.24 and 29.4.24 FTSU policy is in draft - this is the national policy but received comments at JNCC. Trans and Gender Policy is to be presented at Executive Committee 1.5.24 The exclusion guidance within the Violence and Aggression Policy (reference as unacceptable behaviours) is under review by the Director of Quality, Improvement and Patient Safety.</p>	Dawn Parkes
4	<p>The trust must demonstrate it supports its staff by challenging unacceptable behaviours and language. This includes, but is not limited to, racism and discrimination.</p>	31/05/24	<p>Original target date 29.12.23 The exclusion guidance within the Violence and Aggression Policy (reference as unacceptable behaviours) is under review by the Director of Quality, Improvement and Patient Safety.</p>	Polly McMeekin
12	<p>The trust must ensure ongoing patient safety concerns such as falls, pressure ulcers and healthcare care acquired infections are addressed in a timely way and all possible actions are taken to address concerns.</p>	29/03/24	<p>Original target date 29.3.24 Part A of the form relating to fundamentals of care was approved for closure. Part B linked to IPC performance was not due to performance. IPC aspects of the action on the agenda for the next J2E meeting.</p>	Dawn Parkes
13	<p>The trust must ensure that complaints are responded to in a timely way, result in further investigation if indicated and where possible involve family in the investigation.</p>	28/06/24	<p>Original target date 30.4.24 Whilst we have seen improvement especially in the complaints outstanding over 50 days over the last few months, looking at the analysis, we cannot demonstrate that complaints responses have significantly improved over the fiscal year. The Patient Experience Team is meeting with the Interim Chief Nurse and the Associate Chief Nurses later this month to review the complaints position and bi-weekly meetings are commencing for the Interim Chief Nurse and ACMs to provide assurance that complaints responses will be completed in a timely manner.</p>	Dawn Parkes

Ref	Action	Target Date to Complete	Update	Workstream Lead
21	The trust should ensure it meets the criteria for accessible information standard (AIS).	28/06/24	Original target date 31.1.24 Extension request approved on 18-03-24 due to CPD development work on new fields for capturing patient information relating to accessible information expected to be completed on 24 June 2024	Dawn Parkes
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)	28/06/24	Original target date 31.1.24 For the areas and subjects listed, the Trust is on track to achieve the 85% compliance except in the following: • Adult Life Support (MC York and Scarborough) • Learning Disabilities and Dementia (ED Medical Scarborough) • Saving Babies Lives version 2 (Mat York and 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 (119 further completions needed + maintain existing level) – the requested deadline has been selected on that basis	Dawn Parkes
33	The trust should ensure that resuscitation trollies in Maternity and Urgent and Emergency Care are checked in line with trust policy and records are available to evidence completion.	31/05/24	Original target date 29.2.24 Assurance provided for the resus trolley checks in Medicine, but performance not at 100% in Maternity. Compliance checks are now being led by the Deputy Head of Midwifery	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	28/06/24	Original target date 29.12.23 The UEC electronic screening tool is in place at Scarborough ED and went live in York 30 April 2024. Dashboard to be produced to show compliance with the assessment and the care plans.	Claire Hansen

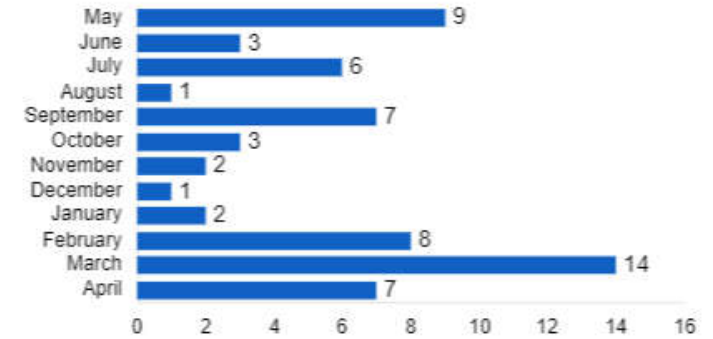
Ref	Action	Target Date to Complete	Update	Workstream Lead
55	The trust should ensure that in Medical Care at York, patients have venous thromboembolism (VTE) checks and risk assessments are completed and documented within the current trust protocol within 14 hours.	30/04/24	Original target date 30.11.23 Trust compliance of VTE checks within 14 hours at approx. 50%. The VTE Committee has been asked to feedback to Medicines Optimisation Group for March around plans for mandating VTE within EPMA. Specifically, they have been asked:- <ul style="list-style-type: none"> • Clear view of whether VTE risk assessments or risk assessments and prescribing (or reason for not prescribing) should be mandated . • To engage with Care Group Clinical teams around whether there are any risks regarding mandating VTE risk assessments. Particularly in admission areas. • Once this has been determined it will need to be scheduled within the DIS prioritisation process for action. 	Dawn Parkes
56	The trust should ensure that patients on the acute stroke ward 23 received their daily 45 minutes of rehabilitation.	31/05/24	Original target date 31.01.24 The refurb of ward 23 has been delayed - rehab facilities are within the ward plans	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.	28/06/24	Original target date 31.1.24 X tag in place at York and Hugs at Scarborough. Incidents have been raised which include babies not having a tag in place. Daily assurance checks are being undertaken within maternity and will be added once compliance can be evidenced.	Karen Stone
73	The trust must ensure both Maternity theatres are serviced, maintained, and fit for purpose in line with best practice guidance.	30/04/24	Original target date 29.2.24 York Maternity Theatre renovation commenced 12.2.24. Both Maternity Theatres will undergo renovation, one at a time. Expected to be completed by the end of June 2024.	Karen Stone

Appendix C CQC Cases / Enquiries (1 May 2023 to 30 April 2024)

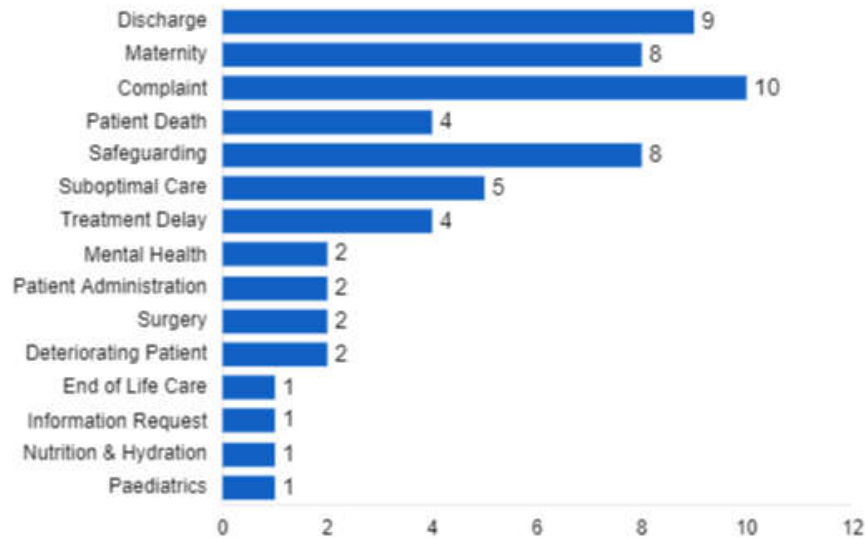
Number of Open CQC Enquiries / Cases



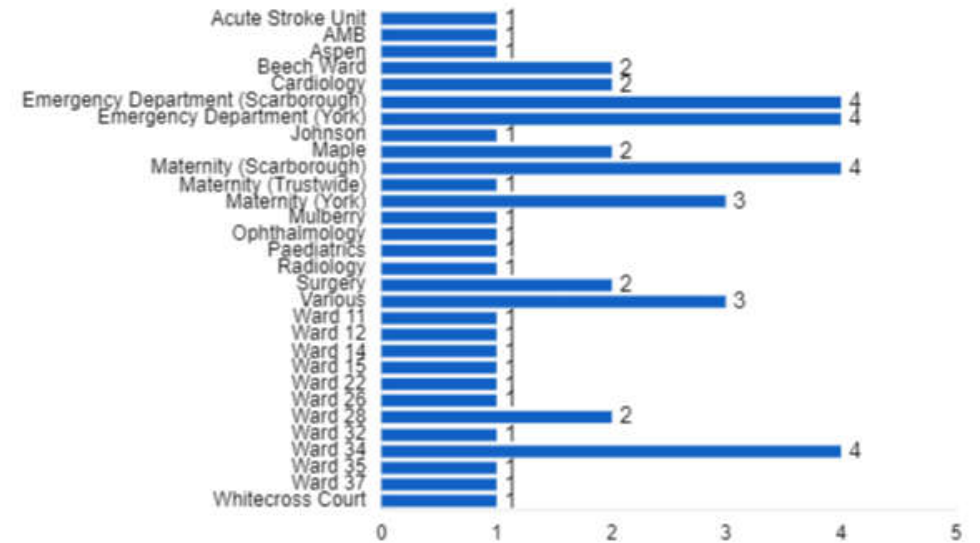
Number of Enquiries Received



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Council of Governors
Date of Meeting:	12 June 2024
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.

Communication

What is being done to improve communications with patients to confirm the time and date of appointments by the district nurse team to homes? Often, there is no notification, so carers can't plan other activities, or miss the visits when their presence and inputs would be valuable.

Staffing

What affect has the recent change in substantive bank payments (reduced to the shift being covered) had upon the availability of bank staff to cover shifts? While costs saving is mandated upon the Trust by the NHS, this cost saving measure has caused upset with Senior Nurses and staff, who have raised concerns about lack of consultation, safety, and staff relations. Can the Trust afford to lose the confidence of Senior Nurses?

Report to:	Council of Governors
Date of Meeting:	12 June 2024
Subject:	Sub-Board Committees Escalation Report
Director Sponsor:	Martin Barkley, Chair
Authors:	Stephen Holmberg, Chair of Quality Committee Lynne Mellor, 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

Trust Priorities

- Our People
- Quality and Safety
- Elective Recovery
- Acute Flow

Board Assurance Framework

- Quality Standards
- Workforce
- Safety Standards
- Financial
- Performance Targets
- DIS Service Standards
- Integrated Care System

Summary of Report and Key Points to highlight:

This paper provides 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:	21 st May 2024
Chair:	Steve Holmberg

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

ALERT
<p>Maternity – Principal risk to continued improved is lack of funding for required staffing. Trust is in historic weak position having not bid for sufficient funding following earlier Ockenden Report and service estimates a £4.4M shortfall. £1.2M had been expected from ICS allocations but this now appears highly unlikely due to deteriorating financial position. QIA commissioned to look at implications of shortfall</p> <p>Never Events – 2 in month (one retained body, one wrong site surgery)</p>
ASSURE
<p>CSCS – <u>Ophthalmology</u>: Improvement plan discussed with multiple changes to protect against risk to patients through administration processes including Failsafe Officers and enhanced MCA liaison <u>Infected blood</u>: No specific concerns identified in relation to Y&S historic practice <u>MES</u>: Permanent move to Nelson’s Court has been met with positive reaction from staff <u>Ward 31</u>: Strong leadership has overseen positive change in IPC figures</p> <p>Urgent Care – While long ambulance and ED stays remain a principal concern, the Committee was pleased to hear of positive changes to align care in these areas as closely with ward-based care as possible including the use of Nucleus in ED and including patients in ambulances as ‘hospital patients’</p> <p>CPD/Notify – Positive change to mitigate risk relating to ‘unmanned’ accounts</p>
ADVISE
<p>CSCS – CG has hosted multiple external regulatory visits. No major concerns raised and required improvements have either been made or are in progress; Breast Imaging ISO retained and JAG accreditation on course for August. Positive outcomes in research activity</p> <p>Tier status for Elective and Cancer Care – Positive change in that Trust has been stepped down from Tier 1 to Tier 2. Improved position remains at risk due to less favourable position of other acute Trusts in ICS and our own position with diagnostics</p> <p>Maternity – PPH rate slightly higher in month. Senior team continue to work to get assurance that reported blood loss is recorded accurately and to improve consistency in clinical management. Positive response from recent staff engagement events. Non-compliance with Saving Babies’ Lives continues; much of this does not impact on patient safety but scanning capacity is likely to become a concern under new guidance</p> <p>CQC – Committee continues to receive assurance that CQC is responding positively to Trust plans and progress which is nearing completion. Committee agreed that CQC assurance paper and Journey to Excellence report would be merged with increased focus on outcome measures</p> <p>End of Life – Committee advised that 7 day service should soon be in place with support from non-NHS funds</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>IPC – Trajectories for all infections (except Pseudomonas) exceeded in 23/24. Recent increase in MSSA numbers is a concern and is currently focus of improvement programme</p>

Despite much hard work, C. diff numbers almost unaltered over past 3 years where Trust continues to remain an outlier (although static position is in context of increased patient numbers and throughput pressures)
 5 cases of MRSA identified in 23/24 – opportunities for decolonisation need to be actioned
 Elective joint replacement infection rates were an outlier in 22/23 but improved in 23/24
 Quality Committee will mandate CG IPC audits moving forward to gain traction

Medicine – Incomplete coding of patients leaving ED remains a concern. High level of complaints continues

Safeguarding – Principal risks are poor compliance with training in Children’s safeguarding and insufficient identification of patients affected by domestic abuse

Children in ED – Committee received information relating to earlier concerns about long paediatric ED stays. Cases centred round ‘older’ children inappropriately on adult pathways that will now be addressed

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

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

ALERT
Medicine – Risks associated with UEC. See detailed text below
ASSURE
Maternity – DDoM post to be advertised. Assurance that actions from SI investigations were being incorporated into improvement plan Clinical Governance – Assurance that new Committee sub-committee structure was functioning well with appropriate escalations
ADVISE
Medicine – Committee received detailed presentation from Care Group. <ul style="list-style-type: none"> • Urgent & Emergency Care – Risks associated with long ED waits, boarding SOP, sub-optimal structure of medical rotas for acute take and difficulties in consistently admitting patients to most suitable ward are all impacting quality of care and leading to increased LoS with associated stranded costs and increased bed occupancy. High numbers of complaints, staff survey results and poor FFT in ED are consistent with this position (complaint response metrics are in themselves good). The backlog in coding has shown some short-term improvement although further assurance is required that this is sustainable and that the issue has not been passed on to other areas within the clinical services • Renal – ICS/Regional shortage of dialysis beds is putting service at risk • Respiratory – Shortfall in consultant capacity. Prospect of substantive appointment to address this in part • Stroke – Review of SSNAP position. Refurbishment of stroke ward should improve rating but concern that some elements may not be completed for some months. Consultant vacancies remain but potentially a substantive appointment can be made shortly. SaLT shortfall remains a problem with impact on patient care and rating • Leadership – Committee discussed that the scope of the agenda in CG. Noted the commitment and focus of the leadership team and were assured by cooperative and open working with executives. The CG is carrying a high level of risk and the Committee discussed the work that was needed to unlock some of these problems. Rightsizing, clinical strategy, including a model for acute care, and service demand and capacity modelling were all identified as key issues as well as the imperative of staff adopting new

ways of working with a focus on multi-disciplinary teams. Committee was concerned about the timelines for improvement but understood current mitigations and the need to ensure that staff were aligned with these changes. Committee agreed that it should receive a bespoke reporting template to continue to receive assurance. Committee also reflected the scope, scale and desired pace for improvement and felt that a robust change management programme was required drawing on combined expertise from a number of existing resources in the Trust that could support change management most effectively

Maternity – PPH rate shows recent month on month reduction but remains above national average. Improvement potentially due to change in practice and better recognition and recording of blood loss

Business cases still in progress that are key to service improvement

- Scanning capacity
- Theatre capacity for elective LSCS

SI investigations response time shows significant improvement. Concern that low number of reported low/zero harm incidents continues

CQC Section 31 April report reviewed and approved

CQC – Committee continues to receive assurance that CQC is responding positively to Trust plans and progress. Committee received Journey to Excellence report but noted that this is currently monitoring progress against actions and is not designed to provide assurance on quality improvements or sustainability of actions. Committee agreed that it should receive information on developing Quality Framework from CN that would also incorporate and supersede the nurse staffing paper

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Maternity (IT) – Committee advised that level of Badgernet purchased had significant limitations e.g. no interface with CPD and concerns that cessation of support from SystemOne would result in data difficulties particularly for staff in the community

Malton UTC – Reputational risk associated with difficulties with TUPE of existing staff

CPD – Risk associated with NOTIFY in that alerts could go to ‘closed’ accounts and potentially be lost

NJR Alert – Knee prosthesis used on East Coast subject to alert and patient recall. Scale of problem difficult to quantify at this stage

Date of meeting:	19 th March 2024
Chair:	Steve Holmberg

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

ALERT

Outlying Patients – The Committee had several discussions about the impact of patients being treated in areas outside their specialty’s usual bed base.

- Many examples of how outlying impacts negatively on patients e.g. delayed pathways of care, delayed discharge, sub-optimal outcomes, less robust senior review, deconditioning etc.
- Outlying is exacerbated through utilisation of Unplanned Care SOP that also impacts negatively on staff who have not seen much evidence of de-escalation
- Committee was advised that Unplanned Care SOP was, however, still having a positive impact on overall patient safety
- Committee was also advised that a ‘Right-sizing’ exercise was underway that would seek to balance bed numbers and other resource against current patient demand
- Committee strongly supported this work but had no assurance that all output recommendations would necessarily be feasible or affordable

- Imbalance between specialist vs generalist medical teams will also mitigate against more rapid optimisation of patient pathways

IPC – Remains a concern as MSSA and C. diff numbers remain above target. 1 MRSA infection noted

Coding in ED – Committee was advised that there is a significant problem that is a patient safety risk especially for patients requiring safeguarding. Coding issues have improved in SGH but remain problematic in York

ASSURE

PSII – Committee heard about a number of investigations using new methodology that had been well received by staff involved

Maternity – Committee advised that staff survey had shown improvement between 2022 and 2023. Positive feedback also received from midwifery students

Learning from deaths – Q3 report escalated to Board. Committee discussed mortality statistics noting reassuring SHMI rates. High HSMR in York noted but, although precise cause not presently identified, not felt to be a finding of concern against background of sub-100 SHMI, data often subject to fluctuation. Probability that high number of patients with no-criteria-to-reside contributes

TPR – Improvement in rates of Patient Falls and Pressure Ulcers noted

ADVISE

Maternity – Committee received assurance that progress against workstreams is continuing. Some complaint responses continue to be delayed but Committee heard that some are being delayed by ongoing investigations and agreed that a 'pending' category would be useful for these. Dip in Scarborough consultant foetal monitoring training continues but 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

CQC Section 31 March report reviewed and approved

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Surgery CG – Escalations received:

- Lack of areas for elective Orthopaedic/Breast surgery
- IPC - especially MSSA with a focus of work on VIP scores, training and hygiene measures
- Estate concerns – delays meaning that risks are not being de-escalated as envisaged and new patient safety risks may arise (e.g. HPV programme)
- Theatre ventilation project

Safeguarding – Report received. Escalations reported:

- Shortfalls in patient coding in ED
- Learning disability pathways
- Sustainability of Autism services
- MCA training

Sub-Committee Escalations:

- ED coding
- Datix forms require simplification to mitigate against drop in form completion
- Non-compliant with bedrail/ligature requirements

Resources Committee Reports

Date of meeting:	21 May 2024
Chair:	Lynne Mellor

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

ALERT
<ul style="list-style-type: none"> Operations: The Committee discussed a major issue concerning 8-hour ambulance breaches at York. The Committee noted the majority of the 8-hour waits were patients who did not need to present to York Emergency Department (ED) i.e. category 4 patients. The Committee discussed the root causes and actions being taken including Trust responsibilities e.g. York ED needs better prioritisation between ambulance and waiting room patient arrivals. The Committee took some assurance that discussions were taking place with clinicians and nurses as well as YAS to improve prioritisation of cases and patient flow; the Committee noted the discussions with YAS, GPs, the wider community care organisations to ensure that category 4 patients, who do not need to attend hospital are diverted for treatment elsewhere. The Committee noted the strategic discussions with system partners to address the rise in ambulance arrivals and patient walk-ins to ED. Workforce: The Committee discussed the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) reports and expressed concern that overall things are not improving and the Committee discussed how this correlates with the results from the Staff survey. We also discussed as a committee how the constraints (e.g. financial) being placed on staff overall is having an impact and what is being done to address concerns, issues. The Committee discussed and noted that there are a range of plans in place across the Trust to address these issues, and sought assurance that staff need to see, hear and feel the difference in their daily work in the Trust with a blend of short-, medium- and longer-term actions – with line managers at all levels including budget holders being involved and held accountable as well as leaders.
ASSURE
<ul style="list-style-type: none"> Nursing and Midwifery: The Committee welcomed the updated report including the work on retention and efficiencies. The Committee was pleased to note the planned registered vacancy is projected to fall to 2% in October 2024. The Committee welcomed the Annual In-Patient Staff nursing review. The Committee discussed the report and gained assurance that this has established a baseline which is to be refined given further analysis. The Committee was also assured that the nursing establishment is to be reviewed every six months to ensure safe staffing levels. Finance: The Committee noted the submitted plan and welcomed the progress in month 1 on the Efficiency programmes both in the identification and realisation of benefits (Core programme delivered in April £200k of recurrent savings - full year £2.3M). However, it noted there's much work to do to meet targets. Some assurance was given in the identification of procurement benefits to be realised for the Trust following a presentation by the Director of Procurement for Humber and North Yorkshire Procurement Collaborative including the need to standardise e.g. on contracts and on product pricing such as Y&STHFT stent pricing is much higher than other Trusts. Operations: The Committee noted the improvement in Emergency Care standard and Median Time to initial assessment. The Committee also noted some improvements in Cancer Wait times in March including Faster Diagnosis Standard 70.3% (59.3% in February), and 62 day waits 67.8% (64.8% in February). The Committee sought and gained assurance that plans are submitted to meet the national ambitions including 77% FDS, 70% for 62 day waits and to have zero RTT 65 week waits by March 2025.

- The Committee welcomed the news that the Trust had stepped down from Tier 1 for Cancer to Tier 2 for Cancer and Diagnostics and will no longer be subject to Tiering process for elective care.
- **Workforce:** The Committee welcomed the staff survey report and noted the input for the first time from the Change Champions. The Committee asked for further assurance with a request for more detail on the current plan including regular checks on what impact the actions are making. (Disappointingly the pulse survey is only getting circa 3% response). The Committee welcomed the continued improvements made on temporary staffing such as the end of all non-clinical agency bookings and recruitment to the hard to fill posts e.g. the removal of an agency locum in post since 2016.

ADVISE

- **Nursing and Midwifery:** The Committee noted the significance of the Bi-Annual In-Patient Nurse Staffing Review and advises that the Board discusses the paper to gain assurance that safe staffing levels are in place with planned refinement following further analysis.
- **Medicine** – the Guardian of Safe Working Hours report 23/24 Q4 was noted by the Committee including the positive improvements in supporting annual leave requests and international doctors joining the Trust.
- **Operations:** The Committee discussed the cleaning of the waiting lists (RTT PTL confidence rating – top 25 Trusts in country) and it discussed issues re diagnostics and outpatients e.g. outpatient follow up overdue at 26617 with a current target of zero. The Committee noted a number of new systems were being introduced and sought assurance that DIS were engaged and including integration with EPR developments e.g. the OPTICA application to help with discharge. Assurance was given this will help with the discharge management given the Committee’s concern the NCTR remains high with 1,082 lost bed days. The Vulnerable Services report was welcomed and noted.
- **Finance:** The Committee noted the Trust submitted its operational financial plan to NHSE with an adjusted deficit of £20.8M (which is after the planned delivery of a significant efficiency programme of £53.3M).
- The presentation from the Director of Procurement for Humber and North Yorkshire Procurement Collaborative raised a number of questions from the Committee with an action for the Trust to review that the correct processes are in place to train staff when new products/services are introduced. It was also agreed that the lessons learnt will be examined in greater depth in collaboration with the HNYPC Director, the Trust’s relevant Finance and Workforce representatives to determine how we can work better collectively and identify any subsequent further improvements/savings. The Committee also noted that discussions the Trust is having with Harrogate to align procurement (and other areas) need to continue to improve inter-Trust and system working.
- **Workforce:** The Committee welcomed the introduction of improved reporting on workforce numbers as discussed at the previous committee.
- **YTHFM** – the Committee discussed and noted the EPAM report.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risk discussed with each report. **Operational – 3 risks noted:**
 - York 8-hour trolley waits and the rise in patient numbers presenting to ED across both Acute sites
 - Data cleansing work on the waiting lists will potentially uncover further issues e.g. outpatient follow ups
 - Continued concern on diagnostic waiting times and plans in place to meet targets – to review again in June.

Date of meeting:	16 April 2024
Chair:	Lynne Mellor

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

ALERT
<ul style="list-style-type: none"> • Operations: The Trust did not meet its Emergency Care Standard trajectory for the end of March, with a performance of 67.4% against an ambition of 76%. Significant rise in ED attendances (Type1) and continuing high daily averages of ambulances across Acute sites. • Patients without a 'criteria to reside' (NCTR) remains concerning; NCTR is still circa 20% of York and Scarborough hospitals' bed base. • For Faster Diagnosis Standard the Trust ranked 130 out of 142 providers (albeit some specialities are seeing significant improvements e.g. Urology – 46.5% over 12 months). • Finance: The Trust's draft Group Operational Financial Plan for 24-25 remains challenging – particularly the cost improvement programme. Agency spend £8M ahead of cap – large proportion medical staffing – plans underway to reduce. • Workforce: Committee noted high-cost long term locum bookings – discussed plans in place for locums.
ASSURE
<ul style="list-style-type: none"> • Nursing and Midwifery: The Committee noted the Healthcare Support Worker (HCSW) turnover continues to improve – the academy paying dividends. • Finance: The Committee congratulated all involved in contributing to the delivery of the Trust's 2023/24 plan resulting in an I&E adjusted surplus of £97k against a balanced I&E plan. The Committee recognised the effort needed to achieve the end of year result across all areas of the Trust. The Committee also recognised and thanked those in the system who worked collaboratively to support each other and help the Trust achieve its financial position. • Operations: The Committee welcomed the draft plan for the Unscheduled Care Improvement programme (UCIP). This 2-year change plan proposes to introduce new models of working including front door ED changes with a Multi-Disciplinary Team assessing patients at the front door, thus reducing the number of admissions to the Emergency Department team (e.g. Type 1). The draft UCIP plan with 8 key areas will be submitted to Board for approval. • The Trust's RTT position has seen improvements e.g. end of March: zero RTT 104 and 178 week waits and a 13% reduction in Total Waiting list (TWL) numbers – lowest since July 2022. RTT waits over 65 weeks for incomplete pathways was ahead of trajectory of 350 by 112 patients, ending the year with 238 waits. The committee asked for assurance that plans are in place to meet RTT targets this coming year, including the national guidance planned target of zero waits over 65 weeks by September – the current trajectory provides some assurance, although still more work to do. The committee discussed the Children and Young Person (CYP) RTT trajectory and monitoring plans for improvements with the establishment of the CYP Board. • The Committee welcomed the news that the Trust went live on Urgent Treatment Centres and that the Trust has resolved the risk for co-horting with CIPHER being replaced by internal Trust co-horting given additional funding from Place • Workforce: The Trust noted the continued reduction in nurse agency staffing.
ADVISE
<ul style="list-style-type: none"> • Nursing and Midwifery: The Committee noted there is more work to do on behavioural change, staffing models including rostering, ensuring e.g. 'fill rate numbers' reflect reality on the wards.

- **Operations:** The Committee noted the Trust bid of Capital £6M and revenue ~£4M for budget to support the increase in assessment areas and links to the rightsizing work (e.g. reviewing number of patient beds per specialty and location).
- National Performance Planning guidance 2024/5 now released, Trust on track to submit its plans by 2 May 2024.
- The Committee noted the Multi Agency Discharge event and sought assurance that benefits will be prioritised and progress will be reported from the themes identified in the relevant improvement programmes.
- The Committee for assurance wants to see a tighter 'grip' of Governance on the management and reporting of improvement plans. For example: the Committee welcomed the Diagnostics deep dive and would welcome improvements to reporting e.g. clear risk mitigation, clearer dates for deliverables (actual v forecast), outcomes, and benefits realisation plans i.e. what are the prioritised workstreams which will impact on improving diagnostic results for patients. For instance, the Committee noted in Cellular pathology – potential for significant patient benefits when LIMS goes live including faster diagnosis with AI – the plans need quantifying/qualifying as per above.
- **Finance:** The Committee sought assurance that a summary of key items which will impact on run rate and benefits profile over the next year will be available for the next meeting.
- **Workforce:** The Committee discussed the need to review the current measures for workforce around temporary staffing versus establishment.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Risk discussed with each report. No additions to current registers

Date of meeting:	19 March 2024
Chair:	Lynne Mellor

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

ALERT
<ul style="list-style-type: none"> • Operations: Pressures in ED continue to be challenging particularly with ambulance handovers (waiting >60 minutes), all attendances having an initial assessment within 15 minutes and 12+hour trolley waits – targets not met. • Patients without a 'criteria to reside' (NCTR) remains concerning; NCTR is circa 20% of York and Scarborough hospitals' bed base. • Finance: The Trust's draft Group Operational Financial Plan for 24-25 is challenging - more work to be done to refine. • Workforce: Very disappointing staff survey results. The Trust is below peer group average for every People Promise element and theme – particularly concerning is the Staff Engagement advocacy elements. Response rate very low – recognised more work to do to improve.
ASSURE
<ul style="list-style-type: none"> • Operations: Improvements continue across a number of waiting list performance targets including Cancer treatment (e.g. patients waiting over 62 days) and other referrals. UEC plans show positive improvement steps including work with YAS and the wider system e.g. the UEC Risk Summit. • Finance: The Trust has received funding from the ICB: £17.9m from a redistribution of its reserves and a further allocation of £12.8m (this is the Trust's share of £30m funding from NHSE to ICB). This has resulted in a significant improvement to the Trust's financial position with an adjusted deficit of £5.2M. The Trust is now expected to deliver I&E

breakeven position – the Committee was assured plans are in place to address risks to meeting an I&E balance for the end of the fiscal year.

- **Workforce:** Impact of Health Care Academies continuing to have a positive effect on the retention and performance of recruited staff.
- The Trust is building wider links for recruitment with more universities and continuing to build relationships with student nurses.
- Positive improvements being made to reduce agency/bank costs including off framework and high-cost long term agency bookings.
- **YTHFM:** financial performance: a positive forecast for CIP; the forecast deficit is understood due to planned delays on Scarborough UECC recruitment. The capital programme, which is substantial, is progressing well overall with notable improvements (in addition to UECC developments) e.g. to Diagnostic, and Cancer support facilities.
- The Committee noted the Green Plan including the significant number of achievements such as the recent solar panel and heat pump installation in Bridlington (planned carbon emissions reduction forecast to be 53%).

ADVISE

- **Operations:** General feeling from committee that there continues to be green shoots of improvement in the Trust's performance in a number of areas.
- Recognised still work to do on cancer communications with patients particularly where result is benign.
- **Workforce:** The Committee discussed the need to review the whole workforce establishment to gain assurance that the Trust will have the appropriate short- and long-term workforce plans (particularly to fill known prioritised gaps).
- EDI Report 2024 the committee discussed potential improvements to how the data is presented including exploring how clinical data could be represented.
- EDI objectives for 24-28 - the Committee sought clarity on the objectives particularly the measures and outcomes.
- Managing sickness absence continues to be an issue across Group.
- Our Voice Our Future programme still showing encouraging signs with the impact of the Group's Change Makers being evidenced across the Trust.
- The Committee noted strike action has impacted a number of areas across the Trust including routine diagnostic activity and performance.
- **Nursing and Midwifery:** The Committee agreed the proposal to update the Nursing and Midwifery workforce report to avoid duplication and align where necessary with WTE reporting.
- **YTHFM:** The Committee asked for the Green plan to include more up to date figures on its Carbon emissions

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- New risk: 24-25 Financial plan and associated CIP targets.
- Operational impact of industrial action.

Group Audit Committee Report

Date of meeting:	13 May 2024
Chair:	Jenny McAleese
<p>Our main focus was to look ahead to the various year-end documents and to identify any potential areas of concern at an early stage.</p> <p>The meeting was quorate. In accordance with the plan for an Executive to attend each meeting by rotation, James Hawkins attended in order to provide assurance in relation to limited assurance internal audit reports for which he is sponsor, BAF risks under his responsibility and any outstanding actions resulting from internal audits.</p> <p>Prior to the formal meeting, I held a private meeting with Internal Audit. There was nothing of concern they wished to draw to our attention, bar the need for Executive colleagues to keep their foot firmly on the pedal in relation to outstanding actions! I had also had an email exchange with External Audit, who confirmed there was nothing they wished to draw to our attention.</p> <p>The Committee wishes to draw the following matters to the attention of the Board.</p>	
ITEMS FOR ASSURANCE	
<p>External Audit</p> <p>Alastair Newall, Director at Mazars, reported that the draft accounts were received on time and good progress is being made with the audit, helped by the positive engagement by our finance team and their quick response to any queries raised.</p> <p>The work on VFM is also progressing well and Alastair reported that he had nothing of concern to raise and was confident that the year-end timetable would be met.</p> <p>Internal Audit</p> <p>Helen Higgs, Head of Internal Audit, explained that her opinion was based on three factors: the Board Assurance Framework and the procedures underpinning it, the risk management arrangements and the audit reports issued and the implementation of recommendations arising from these. Helen reported that she was content with all three elements and likely to issue a significant assurance opinion, subject to the continued implementation of recommendations on a timely basis. Hence the foot on the pedal comment above!</p> <p>Helen also confirmed that the audits of the LLP led her to form the view that its governance arrangements were good.</p>	

ITEMS FOR INFORMATION

Going Concern

Audit Committee received a paper relating to going concern and agreed to recommend to the Board that the accounts should be prepared on a going concern basis.

The year-end Board meeting to sign off all the reports has been scheduled for 2pm on 19 June.

Prior to this Non-executive Director members of the Audit Committee will meet with Andy Bertram and key finance staff on Friday 14 June to turn the pages of the accounts ahead of the year-end Audit Committee on Monday 17 June.

ITEMS OF CONCERN

Link between the Right-Sizing Review and the Clinical Strategy

The right-sizing review came up in relation to our review of an internal audit of space utilisation. We thought it would be helpful to know how the review linked to the clinical strategy and the timescales in relation to both of these.

Date of meeting:	5 March 2024
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Chair:	Jenny McAleese
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The meeting was quorate, and I am extremely grateful to Jim Dillon for attending to enable it to be so.

Prior to the formal meeting, I held a private meeting with Internal Audit. There was nothing of concern they wished to draw to our attention. I had also had an email exchange with External Audit, who confirmed there was nothing they wished to draw to our attention.

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

ITEMS FOR ASSURANCE

External Audit

All the planning for the year-end audit has been completed and there is nothing of concern.

In relation to signing off the year-end suite of reports, we ask that the year-end Board be held on Wednesday 19 June when there is already a Board Development Seminar scheduled. We estimate that thirty minutes should be sufficient.

Internal Audit

The Head of Internal Audit raised no concerns in relation to the audits completed to date and reported that things “are looking ok” for her Head of Internal Audit Report. Of particular note is that the number of outstanding actions stands at 7, the lowest ever recorded for our Trust. This is a reflection of a much hard work and focus and is great to see.

We approved the Internal Audit Plans for 2024/25 for both the Trust and YTHFM. The number of audit days for the Trust has been reduced by 50 days and we plan to review the position in Quarter 3 to see if we can plan a further reduction for 2025/26.

YTHFM

We reviewed the Reservation of Powers, Scheme of Delegation and Standing Financial Instructions for YTHFM and recommend to the Board that these be approved.

ITEMS OF CONCERN

Trust Strategy

We ask that the Trust Strategy be completed as soon as possible and there is a clear timescale for this, so that the Strategic Priorities can be amended and the BAF subsequently updated.

Report to:	Council of Governors
Date of Meeting:	12 June 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)
- Constitution Review Group
- 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 March 2024.

Membership Strategy: The Trust membership group met twice since the last Council of Governor meeting to review and revise the strategy. The updated strategy is expected to be published during the summer.

NED Appraisals: Thank you for all the Governors who submitted comments for the annual NED appraisals. The appraisals were undertaken during the week of 27th May. For the first time, the appraisals were undertaken by the Trust Chair and the Lead Governor, providing a comprehensive governance overview.

Health & Care ICB (Integrated Care Board) Strategy for Bridlington and the East Coast: Following the '*Collective View from Y&STHNHSFT East Coast Governors - Bridlington Strategy*', Simon Cox (NHS Place Director East Riding of Yorkshire, East Riding of Yorkshire Health and Care Partnership (ICB)) and Chris Mills (Engagement Manager, ICB) met with the East coast Governors for a second meeting on 13th May. A follow-on meeting for further discussions representing Trust member views is planned for August.

Health & Care ICB (Integrated Care Board) Strategy for York and North Yorkshire: A meeting is also arranged for the Council of Governors with Wendy Balmain (North Yorkshire Place Director, ICB) and Beth Ellett (Deputy Director, North Yorkshire Place - East Coast ICB) where the Governors will have the opportunity to provide feedback from members and the public in their constituencies.

One-to-one lunch time drop-ins: Three lunch-time online Governor drop-in sessions were held where Governors were free to drop-in and out and raise any concerns, find out how to undertake an activity or to simply get to know each other better.

Governor Forum meeting: The more structured Forum meetings are now working well. I would like to thank the Governors who attend and contribute to the Forum discussions and to work as a unified Council.

One-to-one meetings with the Chair and SID: I hold monthly meetings with Martin Barkley and Lorraine Boyd, where again Governor concerns, Trust progress and governance matters are discussed, and actions agreed.

Local services for local people workshop: A meeting was organised by Martin Barkley for the Board and the Council of Governors in early May. Unfortunately, the Governor attendance was low. Garry Hardcastle (Deputy Head of Business Intelligence and Insights) presented a software platform to analyse patient data related to services. Although the platform is at an early stage of development, it could become a powerful tool to undertake informed decisions rapidly.

Annual Report: The Lead Governor Report was prepared and submitted in May.

I would like to thank Martin Barkley and all the NEDs for their continued efforts to work with the CoG to improve patient care. I would also like to thank Tracy Astley for all her support over the last four months.

2. Governor Forum (08.05.24)

Action on track

Action missing deadline

Action completed

Attendance: Rukmal Abeysekera (RA) (Chair), Beth Dale (BD), Linda Wild (LW), Sally Light (SL), Julie Southwell (JS), Abbi Denyer (AD), Dr Adnan Faraj (AFJ), Gerry Richardson (GR), Rebecca Bradley (RB), Keith Dobbie (KD), Michael Reakes (MR), Mary Clark (MCK), Catherine Thompson (CT), Tracy Astley (TA)

Apologies: Bernard Chalk (BC), Franco Villani (FV), John Brian (JB), Wendy Loveday (WL), Cllr Jason Rose (JR), Cllr Denise Howard (DH), Cllr Liz Colling (LC), Mike Taylor (MT) Alastair Falconer (AF), Sue Smith (SS), Elizabeth McPherson (EMc), Jill Quinn (JQ)

Actions from today's meeting

Agenda Item: 2	Any Other Business
Actions agreed	RA requested that all governors indicate whether they will attend a meeting or not in the calendar invitations, so that the catering and booking can be done accordingly and re-scheduling if necessary.
Outcome	
Actions agreed	RA discussed the data presented by Gary Hardcastle, the deputy head of Business intelligence, at the "Local Services for Local People" event. Due to low governor attendance, it was agreed that Gary be invited to the CoG meeting in June to re-present the information. The governors were asked to have a list of questions ready to ask Gary at the meeting.
Outcome	RA will contact Gary for his availability to attend the June CoG meeting.
Agenda Item: 3	Matters arising from meeting 07 02 24
Actions agreed	Trust Strategy - As Governors indicated interest to attend a meeting with NY Place Directors, RA requested that Governors for all constituencies are included in the next ICB Strategy discussion meeting, likely to be held in June. Awaiting reply. Action ongoing.
Outcome	

Agenda Item: 4	Proposal of Agenda items for next CoG
Action agreed	Public CoG – None Private CoG – invite Gary Hardcastle to present patient data and the interactive map.
Outcome	
Agenda Item: 5	Good Experience Steering Group Vacancy
Actions agreed	SL advised that she will be stepping down as a public governor at the end of September. She is part of the Good Experience Steering Group managed by the Patient Experience Team. She asked if anyone would be interested in taking her place
Outcome	TA will send an email to all governors asking for expressions of interest.
Agenda Item: 6	CRG Update
Actions agreed	Trust Constitution: MR advised that the changes proposed and agreed with the Constitutional Review Group have now been ratified by the CoG and Board.
Outcome	Mike Taylor will make the changes.
Actions agreed	Governor allocation v Constituency Population: The Group agreed to propose a change to the allocation of governors in a constituency at the next CoG meeting.
Outcome	MR will send an email to all governors with the proposed changes.
Agenda Item: 7	Issues arising from Constituencies
Actions agreed	Enhanced Vacancy Control Process: This affected non-medical staff vacancies which needed to go to an assessment panel for approval. Although not directly dealing with patients, there was concern that this will impact on patient care if these staff were not being replaced. The decision was unfair as it would impact the workload of other staff. It was also noted, and concern was raised that an appointment was recently made that did not observe the enhance vacancy control process.
Outcome	RA agreed to pick this up with the Chair at her next 1:1 meeting with him.

Actions agreed	East Coast Strategic Plans: AFJ spoke about the utilisation of Bridlington and the return of more services. A letter was written on the back of the meeting in January, and he would like a response from the Trust on the decisions made for the East Coast. RA replied that another meeting has been arranged for next week which hopefully will answer AFJ's concerns.
Outcome	Meeting arranged for Monday 13 May.
Actions agreed	Patient Choice: Michael shared his experience of trying to re-schedule an appointment using patient choice and how it was confusing as it gives out 2am appointments. Catherine explained that the system did this to stop the trust losing the referral and the patient is put in the system.
Outcome	RA will contact Krishna De, Claire Hansen and Martin Barkley about the patient choice issue and the 2:00 AM appointments.
Actions agreed	Good News Stories: KD discussed the importance of sharing good news stories about the hospital with the public to build public confidence in the hospital. CT and AD pointed out that the hospital already shares good news stories with staff and the public and the governors also get a copy.
Outcome	RA to make an introduction to Lucy, the Comms Manager, and discuss how to enhance the external communication of good news stories.
Actions agreed	Use of the term 'geriatric' in various Trust correspondence could be removed.
Outcome	RA to investigate with Martin.

Date of next meeting: Wednesday 14 August 2024

3. Travel & Transport Group (19.04.24)

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
	Vicky Pursey	Staff Side Rep, Physio
	Guy Wallbanks	iTravel, City of York Council
	Franco Villani	Staff Governor/Trade Union Rep
	Louise Neal	North Yorkshire County Council
	Phil Bland	Transport Manager
	Warren Hallam	Enterprise - Strategic Account Manager
	Linda Wild	Patient Rep
	Wendy Loveday	Public Governor
Apologies:	Helen Hardwick	Staff Benefits
	John Mensah	Consultant Side Rep
	Ed Pearson	Technical Accountant
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC
	Michelle Rhodes	Finance - Fleet Management Team

1 **Apologies**
Apologies for absences were received.

2 **Minutes of the Previous Meeting and Matters Arising**

The minutes of the previous meeting held on 19/01/24 were agreed to be a true and accurate record.

Matters Arising:

Community Stadium Car Parking
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 since the previous meeting. VP feels this needs dealing with at a higher level, with some agreement amongst the group that we should approach whoever's administering the car parking. KR suggested Paul Jonson and Tony Burns may be good points of contact. Tony Burns was handling Stadium parking from a lease agreement perspective. KR is aware that originally there was much back and forth regarding the different car parking options, but this might have expanded further since then as there has been further migration of services. **DB to email Paul and Tony, asking for clarification about what the current situation is and what's coming up and copy VP into this.**

White Cross Court Parking Issues
KR noted that re-lining work at White Cross Court and the social club has been carried out, further defining the staff, visitor and patient parking. We've also implemented parking signage instructing that enforcement is place. This all seems to be working well and White Cross Court are happy with the results so this action can be closed.

Able-bodied Staff and Top Deck Car Parking
On the issue of encouraging or enforcing able-bodied staff to park on the top floor, KR confirmed a staff comms brief was issued to highlight the issue and provide guidance. We can't do more than this other than physically standing out there and directing people, but hopefully the message has got across to enough people to make a difference. Realistically speaking though, on a rainy day like today though it's less likely that abled-bodied staff will park up on the top deck where there is no roof.

KR confirmed that he will be undertaking a piece of work on testing the surface on the top deck as in winter and rainy conditions a lot of the water is pooling, then cracking the asphalt. KR had this placed on our risk register because in wintery conditions on that open air top deck, it has led to a lot of black ice and there have been a couple of falls on in that area for patients and visitors. The option of resurfacing that top deck and implementing better drainage will be looked into. There is some budget set aside for this, due to it being on the risk register, so the only real issue will be operational when trying to close the top deck temporarily for the resurfacing works to take place.

VP asked if there was any scope for putting on a roof or cover on the top deck? KR said that the idea of a solar roof is being put forward from the perspective of a sustainability measure for EV chargers, so that may be a future possibility.

Single Decker Buses at Peak Time

DB

	<p>Previous comments noted that single decker buses were being used in peak times on First Service 5 in York, which are usually full of school children, meaning that buses have been driving straight past the bus stops due to full capacity and staff are not able to board. DB confirmed that Laura Blissett emailed him before he began to work on his related action to address this, saying this appears to have been resolved and double decker buses are now in use. DB has received no similar complaints since then.</p> <p><u>ANPR – Stacked Parking Charges</u> HH previously suggested the possibility of stacking the charges and paying them together at the end of a week or month, for greater convenience. KR confirmed that LB has asked Nexus if this could be an option, but he thinks this will probably be a no due to the complexity of links between the app, the payment structure and parking enforcement, as well as weekly and monthly passes complicating matters. Broadly this would likely require restructuring the whole set-up of the system, rather than making a few small switches to dates and numbers behind the scenes; if so, then this would incur a significant cost to be a solution.</p>	
<p>3.</p>	<p><u>Staff, Patients & Visitors</u></p> <p>No issues raised.</p> <p><u>Buses</u> DB confirmed that the weekly figures for the £1.00 staff bus offers seem to be steady, with both First York and East Yorkshire Buses reporting that they are happy with the schemes.</p> <p>The normal standard fares for buses are currently being capped at £2.00 (until the end of this financial year), while we have in place a 50% discounted journey offer for staff on this, which is in place until October. DB has been involved in discussions with relevant partners to explore options about extending the £1.00 bus offer for staff and will keep the group updated on any progress.</p> <p>KR raised a query around the 50% discount, as First operated buses in York have been advertising that tickets are capped at £1.40, not £2.00. If so, then staff are not receiving the 50% discount as we are still being charged at £1.00. DB confirmed he's asked First York about this and was told that the £1.40 ticket offer is only for very short journeys (e.g. a few stops) on the 'tap on and off' system, while most tickets remain £2.00, so staff should be ordinarily be charged £1.00. DB to seek further clarification on if this from First.</p> <p><u>Cycling</u> FOSS ISLANDS CYCLE PATH: DB confirmed that Sustrans, who own the Foss Islands cycle path, will be undergoing upgrades that begin in June, including resurfacing and levelling out, new signage (which will include the hospital) and improved connectivity to White Cross Court. It will be a huge project, but Sustrans have provided assurance that they will try to minimise disruption to access to White Cross Court. DB will liaise with them on start dates and provide any relevant comms with regards to staff, patients, visitors etc.</p> <p>TIER WITHDRAWAL FROM YORK DB informed the group that TIER are pulling their Escooter and Ebike scheme out of York after 31st May 2024. This seems a shame as the scheme has been fairly successful, but he will advise the group if there are any other developments or news regarding alternative operators.</p> <p>WL queried the reason for pulling out of York. DB is not aware of any official statement on this but would presume it's profit related. DB asked if GT or GW had any further insight into the reason for dropping out of York. GW's understanding on this was twofold. Firstly, TIER believed they needed more sites to make the operation viable (they had about 150 sites in York, but needed around 200). Secondly, they had decided to concentrate their operations in cities based in the South of England. CYC intend to seek another operator to replace them, but that's likely to take a while.</p> <p>GT also believes the decision was profit related. TIER had approached the Council for more funding, but given massive spending cuts the Council are navigating, this wasn't considered a priority from a political view. And they decided not to continue to fund the scheme, or to extend the funding. GT expressed that he was surprised at TIER's decision to withdraw, as he thought they only needed to rent one or two scooters at each site per day, in order for the scheme to be profitable. Personally, he believes their decision seems a bit short-sighted. DB commented he never got the impression from stakeholder meetings that the decision would had been made based on patronage and usage. The uptake had always seemed positive while the accident rates remained low.</p> <p>CYCLE THEFTS KR will be issuing some comms regarding bike safety thefts across the Trust; as we're now coming into summer, we've already seen a rise in cycle thefts. Unfortunately, even some of our own staff are not above stealing someone's bike, with the last couple of thefts being £1000 bikes locked up within the secure cycle stores using a £10 Tesco's lock. Even if the bikes are being stored in the secured, staff areas, cyclists are encouraged to use a substantial secure lock. If the group can also circulate this message to their areas that would be helpful.</p> <p>VP asked if the cycle store at the Park House area had been broken into recently? KR confirmed that this has happened twice with an angle grinder being used. He has contacted the minor works team, and some additional security fencing (which can't be cut through or climbed over) has been installed. On the second occasion, a man was seen climbing over the main gate by a member of staff and was challenged by them. KR has liaised with the</p>	<p>DB</p>

police and another to see how they can support us (e.g. making regular checks on the sites, marking bikes), particularly in the run up to summer. VP asked if we managed to get any convictions on these thefts, and if suggested it would be worth issuing comms to staff on the improvements made as staff who may have heard of the break in might avoid cycling is response. KR confirmed that there have been no convictions yet in relation to these two incidents. The police are aware of the details and the suspects have been linked to another theft within the City of York, possibly involved in an organised group. We do have CCTV in that area and would encourage staff not to challenge thieves and place themselves in a risky situation, but instead report any suspicious behaviour to our security team so they can attend the location.

DB noted that KR already issued some comms to the staff at Park House in response to the above. **If KR is looking to get some further comms out about cycle security, DB has quite a few older articles that might help. KR asked if DB can link in with Callum Kilburn also and then they can all put a combined message to staff.**

KB / KR

STUDENT ID BADGES

VP raised an issue with students not being able to access the cycle parking due to not having an ID badge, although previously we used to issue these badges to students when they came on placements with us. If they're on site working with us, we need something in place to be able to offer them secure cycle storage. **KR wasn't aware that we no longer issued students ID badges, so he will link in with Laura Blissett outside of this meeting and come back to VP on this.**

KR

SCARBOROUGH CYCLING INFRASTRUCTURE

RW queried if anyone had an update any future investment in the long-standing issue of the cycling infrastructure around the Scarborough site.

LN confirmed that NYCC have a local cycling and walking infrastructure plan for Scarborough, which sets out a network and priority corridors. They are in the process of putting together a major schemes pipeline for North Yorkshire and our cycling walk and infrastructure plan corridors will be included as part of that. Given that their current major schemes pipeline has five schemes that are all related to bypasses, this is a major step forward for them. NYCC are trying to include multimodal schemes that are specific to active travel. At this point, there are no definite plans, but Scarborough is one of those areas where funding comes up, which they can use to progress these identified schemes.

DB also stated that once the travel plan is complete, he'll be contacting LN about the actions and aims for the Scarborough hospital site, to explore the aspects where the Trust and NYCC can work together to mutually support each other.

GT queried if NYCC had any active travel in England funding for these plans. LN confirmed that they didn't; they have not been successful in acquiring funding for active travel since 2021.

Taxis

WL referred to some recent research conducted on the costs of taxis, which KR has the raw data for. It is clear that some significant savings can be made with streamlining and other improvements, for example:

- Setting up a process that ensures various items are stocked up together (e.g. cytotoxic drugs, medical notes, items left behind by patients) and sent in the same vehicle.
- Other times we can double up on patients waiting for returns (depending on how long the wait is), which can save us £100 per journey.

WL also wanted to discuss the issue of queues building up outside the hospital. KR stated the Trust had a working taxi group, previously managed by Liz Johnson-Betts, which has since been passed across to him. The issue is complex as there are a lot of different scenarios and logistical strands to consider when making any cost saving decisions. The booking process is one key area to look at. Currently all taxi bookings in Scarborough go through the Switchboard, in York it is managed by the Helpdesk during working hours and at night anyone can book a taxi. We're looking at centralising all of this under Switchboard services as a one-stop service for taxi booking, if we can ensure they have the capacity for this to function as it should. Once we've dug down into research data further, we'll issue a report to the Exec board, potentially asking them to stop all taxi usage being booked by departments and centralising it this a single service.

Pool Cars

WH provided a brief update from Enterprise:

- WH has been working with DB on analysing data for a project, looking at the utilisation and protocols across the various Trust sites.
- There have also been some conversations on the electrification of pool cars, which Enterprise could support as they own over 4000 electric vehicles. Some of these are already being used around different car club vehicles in the city and other organisations who have gone electric, so Enterprise have blueprints in place to support this. There are issues with the Trust's charging infrastructure which would need working on in order to support an all-electric fleet.
- WH was recently notified that the pool car scheme has been extended for another two years, so we've got an opportunity work on further improvements.
- WH also wanted to confirm that Enterprise will also be donating £2,500 towards the urgent emergency care appeal for Scarborough Hospital.

FV referred to a series of issues he'd experienced with pool car: firstly the fuel gauge being down to red with no fuel card; a month later he had a vehicle with almost no fuel again, although this time there was a fuel card; the following month he was not able to access the pool car he booked. After contacting Enterprise someone helpful came back to him and it was due to an issue of the keys not previously being returned correctly. It was three poor experiences in a row from his perspective.

WH apologised for FV's experiences. He noted that our pool car service includes thousands of trips each month, and most of them do go well. He also thanked FV for contacting the Clubhouse (which is open 24 hours a day, seven days a week) with his issues, as this means they can then go back to the previous renter and resolve the issues like where the fuel card or keys have been kept. It's important these issues are reported.

KR asked what the lead time was for getting a new fuel card when Enterprise switch out a vehicle; he is aware of issues in the past, although these have since improved. PB confirmed that it takes approximately 2 weeks from ordering to receiving a fuel card, plus time for getting this to the pool car's location. KR asked if we can be notified before these switches happen so we can order in advance. WH believed there was a rough patch last year where a lot of vehicles were being switched which caused fuel card issues, but they have since improved on pre-warning the Trust of those switches in advance so that cards are ready ahead of their arrival. CM confirmed that this was the case and that we've had significantly less issues in the last six months or so. Everything is much improved.

VP stated the crucial need for the analysis of utilisation which accurately captures the demand. When staff are logging in to book cars and find they are unavailable, that unfulfilled demand is not captured anywhere. That should be the starting point for any utilisation analysis, so is it possible to factor this in somehow? WH agreed this was a good point. Enterprise don't have the facility to capture and report on this from a technological point of view in terms of what they provide. He wondered if an internal mechanism to record this data in the Trust could be implemented, or if anyone else is aware if other operators capture this in some way. Any suggestions or ideas would be helpful.

DB expanded on his project WH alluded to earlier. As part of a quality improvement course he's been tasked to take the pool car scheme as his project example. He'll be broadly looking at efficiencies in the pool car system and how we can improve it, although effectively this will also link back to actions within the travel plan. Issues or topics that he will be looking at, such as:

- Requesting ownership of the Trust's Driving for Work policy, which currently sits with another department, to come over to the Resources directorate where DB and KR can update it.
- The potential to establish some kind of journey sharing option in the pool car system, which would free up some capacity in the system.
- A fresh review of the general issues that have always been around the scheme like car locations, volume of unused bookings etc.
- Re-communicating the hierarchy that we have within the staff travel system, clarifying when you would need a lease vehicle, a pool car or a daily hire car, to ensure the correct usage of the system

When DB gets to that point where we really sit down and start chipping away at all of this, he suggested bringing in VP and others she may recommend, as their input would be valuable.

Car Parking

KR noted that congestion around York Hospital has increased recently, especially after the car parking works. We've had CYC representatives come on site to have a walk around and get an overview of issues like access, cycling and car parking. We will be working together on these topics in regular monthly meetings, hopefully to see what we can do to together to alleviate the congestion.

KR also confirmed that we're now fully operational with all the car parking systems and PCNs have gone live. This has caused some friction the hospital, but that has settled down now, and people are getting used to the system as well. If there are any issues, you can continue to raise them with KR and his team.

VP reminded KR that he was going to realign some of the disable parking car spaces outside the Portakabin. This hasn't happened yet, so she just wanted to confirm the timeline. KR apologised, it was in the back of his mind to get this done, but missed it amongst the volume of other works going on. The liners will be returning soon, so KR will link in with VP offline and get this arranged.

KR / VP

KR let the group know that there has also been a lot of resurfacing works have taken place over on the East Coast. The lower car park at Scarborough Hospital, which has been an issue for a number of years has been resurfaced and relined. The visitor car park and all of the staff areas at Bridlington have also been done. **KR is waiting on some backlog money to come through to tackle the rear roadway, which is damaged with large potholes and is quite dangerous. FV commented that it resembles a farm track. He also highlighted that the renal dialysis units around the district nurses and the small car park next to the bike sheds requiring significant attention.**

KR

VP queried what was happening with the hoardings at the South end of the hospital at York? Are they going to come down so that the drive through to the South entrance can be reopened? KR confirmed that he has requested for the hoardings to remain for the time being. There will be some further planned works at the South entrance, after the further works around the VIU until at the North entrance. It will be cheaper and less complicated to leave everything as it is, rather than remove the hoardings alter traffic direction flows, only to have to revert back again when new works to the South entrance begin.

	<p><u>Car Share</u> DB confirmed there's no new update to provide. Car sharing is part of the travel plan and he will be working with KR to see if we can introduce a new car sharing scheme for staff in the future.</p> <p><u>Community Travel</u> LW wanted to get an understanding of how involved the T&T group is with patient transport, as her role on the group is a patient representative. DB stated that this a valid question that gets raised quite a lot. He expressed that it's very difficult to provide a straight answer on this. From a travel planning view, we should be addressing all stakeholder groups, which includes patients and visitors, as well as staff. Financially and contractually though, the Trust is not obligated to provide patient transport; it is not within our remit and as such we have very little resource to put towards this. DB thinks there are two possible areas where we could make some kind of impact on patient transport:</p> <ul style="list-style-type: none"> • Working together with local authorities and public transport providers to see what can be accomplished. • On a broader level, consideration of clinical strategy, where Trust services are located etc. could also make a difference, however this level of decision making would be at higher level than this group. <p>LW lives in Whitby and emphasised numerous problems patients experience in trying to get to Bridlington for appointments. She gave one detailed example about an elderly woman who lives in Whitby and requires an injection every 4-6 weeks to help the onset of blindness. Being alone, she's terrified of becoming blind, so this issue dominates her life. The lady called patient transport to arrange transport from her home in Whitby to Bridlington Hospital for an early morning appointment. It took 4 hours to get an answer from somebody in West Yorkshire, who told her to get a taxi. The lady explained she couldn't afford one (they are £116 each way), to which the response was that she only lived 11 minutes away. The patient transport operator was looking at the distance to Whitby Hospital not Bridlington. Although she's managed to get transport, sometimes depending on others, each time she gets to the hospital she's terrified she won't be able to get back.</p> <p>LW understands the Trust's position now and thanked DB for clarifying this, but notes that somebody needs to have responsibility. LW has also approached NYCC, who she knows are conducting patient surveys. DB appreciated LW's comments and expressed an understanding of the situation.</p> <p>KR noted that on the issue of patients returning home after appointments, instead of booking a taxi, the Yorkshire Ambulance Service (YAS) can provide a patient transport service. As part of a cost-saving exercise on the taxi front, KR is trying to link in with Jill Sykes (Trust Assistant Director of Commissioning), to get a better understanding of how this should be utilised. If LW could join the meeting she could good for her to come and provide Jill with that patient lived experience feedback. WL asked if she also could be invited to that meeting, as she can also provide numerous first-hand experiences of taxi passengers to and from the hospital, including their worries and their fears of the taxis picking up on time, and traffic queues causing missed appointments and journey costs.</p> <p>RW commented that LW's experience is one that he has raised previously, so he wholly supports the views that she's expressed. He reiterated that the Trust's management is walking away from the issues caused by their clinical decisions, especially from bringing in patients from rural and coastal communities to York in greater numbers for appointments, who have no alternative but to use cars due to the poor public transport infrastructure. This creates or contributes to the congestion issues in York, while patients endure long journeys they don't want at their expense.</p> <p>LN agreed that part of the issues experienced by patients need to be addressed by local authorities. The example LW provided are the kind of things that NYCC have been hearing across the whole of North Yorkshire when they've been out doing public engagement. LN also acknowledged the lack of access to different transport people face options when needed. Once the new mayor is elected, a new local transport plan for North Yorkshire will be written up, which will look to address these infrastructure issues, with health and well-being also being a particular point of focus. While it's not something NYCC have the answers to right now, it is on their agenda.</p> <p>GT noted that the issue of patient transport is a really important point, but one that is clearly multifaceted (e.g. local transport infrastructure, clinical decisions that impact both staffing and patients). With current mayoral candidates all including transport in their manifestos, he suggested it was worth LW, RP and the rest of the group speaking to and putting pressure on their political representatives about transport issues, trying to make those votes count.</p> <p><u>Sustainability</u> GT confirmed that he will be moving to the Trust as the new Head of Sustainability from next week. He discussed some of his previous background and expressed he was looking forward to working more closely with DB and KR in this new role. Initially he wants to step back and take stock of where we, make sure everything is fit for purpose and ensure that we're on the right track for tackling the kinds of issues discussed here (plus many others).</p> <p>One of the reasons GT applied for this role, was the sheer commitment and buy-in from the Trust into delivering their Green Plan and all it contains. DB noted the good timing of the new Green Plan being finished with the new Travel Plan.</p>	<p>KR / LW / WL</p>
5	<p><u>PALS</u> Nothing transport related to report.</p>	

6.	<p><u>Items for highlighting to Sustainable Development Group</u></p> <ul style="list-style-type: none"> • Patient and community travel discussion (pages 8-9) 	
7.	<p><u>Any Other Business</u></p> <p><u>Travel Plan</u> DB confirmed that the travel plan is very close to completion. He is working through some final comments and once complete he will share the travel plan with the T&T group by email with a covering note (which is likely to be at some point in May) and asked to receive comments back by email. He's mindful that the plan has taken longer than anticipated to put together and so would like to get this stage completed quickly, after which it will have to go through a formal approval process, including presenting to the Trust Exec.</p> <p><u>Insurance Query (Medical Gases)</u> VP raised a query passed on from some Union colleagues, who were asking if we have insurance to carry medical gases, with midwives who are using pool cars being particularly in mind. PB confirmed that they can carry medical gases as long as they are packaged correctly and secured in the boot (not sitting loose on the passenger seat, for example). Yes, they are insured though. They should also have a temporary sticker that goes in the back window to say that the vehicle has gas on board.</p> <p>VP is conscious that as the query has come from the midwives, that perhaps they're not aware of those caveats and asked if there was any way to inform them. KR asked VP to send him an e-mail regarding this, as it's not something he's heard of before or had considered. KR will then discuss with PB and link in with the Deputy Director for midwifery, to lay out what exactly needs to happen and issue some comms. VP thought this would be useful as a good reminder to everybody, as potentially there are departments this would apply to e.g. Physios carrying oxygen canisters.</p> <p><u>City of York Council Updates</u> GW wanted to inform the group of the following:</p> <ul style="list-style-type: none"> • A new edition of the York bus route just been published, which should be distributed quite soon. There will also be a new edition of the cycle path map being produced later this year. • CYC have received some funding to work with the Community Stadium on the implementation of their travel plan. While he can't say much about the specifics of what they're doing, they would like the Trust to be working with all the occupants of the Community Stadium in the future. DB asked to be kept up to date with this travel plan as he can provide help with that and also link them up with the relevant parties. 	<p>DB</p> <p>VP / KR / PB</p>
	<p><u>Next Meetings</u></p> <ul style="list-style-type: none"> • 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 (23.05.24)**

Attendance: Sue Smith, (Chair); Catherine Thompson; Beth Dale; Jill Quinn; Elizabeth McPherson; Lorraine Boyd; Melanie Liley; Gillian Younger; Daniel Kimberling; Emma Olandj; Tracy Astley

Apologies for Absence: Keith Dobbie; Wendy Loveday; Abolfazi Abdi

Actions from meeting:

Agenda Item: 2	Notes from previous meeting
Actions agreed	Notes from the previous meeting held on 9 February 2024 were agreed as a true record.
Outcome	No amendments needed. Action closed.

Agenda Item: 3	Urgent & Emergency Care Programme
Actions agreed:	Dr Abdi could not attend the meeting and therefore the discussion has been deferred to the next meeting in August.
Outcome:	Tracy will invite Dr Abdi to the August meeting.
Agenda Item: 4	Primary Care Integrated Community Services
Actions agreed:	Wound Care Service: Gillian and Melanie discussed the wound care service and its impact on the healthcare system. They emphasized the importance of wound care for patients and carers, and how it can reduce the demand on healthcare services, the importance of admission avoidance and supported discharge.
Outcome:	Gillian/Daniel will discuss the next steps and scaling up of the service.
Agenda Item: 5	Community Improvement Programme
Actions agreed:	Dementia Services: Melanie discussed expanding the care worker program to support unpaid carers in hospitals. There was also a need for better communication and empathy from hospital staff towards carers. The group agreed to dedicate a future meeting to discussing dementia care and invited Jill Quinn, CEO of Dementia Forward, to participate.
Outcome:	Melanie/Tracy will invite relevant parties to the December meeting.
Agenda Item: 6	Terms of Reference (ToR)
Action agreed:	The Group agreed the ToR. They will be reviewed in December 2026.
Outcome:	Action closed.

Date of next meeting: Thursday 1 August 2024

5. Constitution Review Group (17.04.24)

Agenda Item	Summary	Actions/Assurance to the CoG
2.2	Population in each constituency was reviewed with a view to revising updating the number of Governors in each public constituency.	After further review, the Board and the CoG will be consulted for review and approval. A consolidated updated Constitution will be put forward for approval after that.
3.1	Proposed addition: 4.5 - Co-operation with Health Bodies - In exercising its functions, the Foundation Trust shall co-operate with all appropriate health and social care bodies and work in collaboration through the Integrated Care System.	
3.1	Proposed addition: 4.6 - Respects for the Rights of People - In conducting its affairs, the Foundation Trust shall respect the rights of members of the community it serves, its employees and people dealing with the Foundation Trust, and the NHS Constitution. Proposed addition: 4.7 - Openness - In conducting its affairs, the Foundation Trust shall have regard to the need to provide information to members and conduct its affairs in an open and accessible way and comply with the NHS Constitution.	
3.1	Other changes to make the Constitution clearer and more readable.	
4	Compliance Manual reviewed and changes recommended.	

Michael Reakes
CRG Chair

6. Constituency Activities

Sue Smith – Public Governor for Ryedale & East Yorkshire

I have attended two Patient Participation Group meetings since the last CoG.

- **15th April Derwent Surgery Malton.** Item of interest discussed was the operation of the Urgent Care Centre at Malton Hospital . Still some suspicion amongst patients that something was being taken away. I was able to emphasise that the Trust now had much closer control of this contract and therefore the ability to ensure terms were met. Patients provided feedback about arriving at 7.30 pm to find staff leaving.
- **15th. May Sherburn & Rillington Practice.** I explained the role of the Governors in an NHS Foundation Trust. Positive feedback about Urgent Care Centre at Malton Hospital.

I have also chaired the Out of Hospital Care Group meeting in May and received a very interesting presentation from Dr Kimberling and Dr.Olanj about how primary care is working with the hospital to provide integrated community services. Emphasis on access to services at appropriate time and appropriate community care to prevent unnecessary return to hospital. Governors provided feedback when a service had not been seamless.

Alastair Falconer – Public Governor for Ryedale & East Yorkshire

The Patient Experience Committee has taken over from the Patient Experience Steering Group (which last met in November 2023). The Patient Experience Committee is planned to perform the functions of the PESG but is reconstituted. It now has two chairs, Dawn Parkes and Karen Stone. It reports to the Quality and Safety Committee.

I was invited to attend as a public representative. Unfortunately, I could not attend the April meeting as it conflicted with the Derwent GP practice Patient Participation Forum. My attendance at the May meeting was complicated by the meeting starting 15 minutes late and I had to leave for another commitment after 35 minutes. I am afraid I don't feel I can report meaningfully on this meeting. The next meeting in June conflicts with the COG. I hope I can attend the July and August meetings to report for the September COG.

However, I have reviewed, as a patient representative, two Trust policy documents forwarded by Krishna De: "Animals in hospital" and "Eliminating mixed sex accommodation".

Sue and I have continued to attend the Derwent Practice Patient Participation Forum (last meeting April), The next meeting is in July. As both Sue and I will not be seeking re-election in September we think it will be valuable for the new governors to take these opportunities to meet their constituents.

We have also dealt with a number of questions sent to the Trust for the governors to respond.

CoG Attendance Record

Item 12

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	14.03.24 CoG			
Martin Barkley (Chair)							√	√			
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√			
Rebecca Bradley (Staff Governor - Community)							√	Ap			
John Brian (Public Governor - Ryedale & EY)							√	Ap			
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	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	√			
Alistair Falconer (Public Governor - Ryedale & EY)	√	√	Ap	√	√	Ap	√	√			
Adnan Faraj (Staff Governor - Scarborough/Bridlington)							√	Ap			
Cllr Denise Howard (Public Governor - East Ryedale CC)							√	Ap			
Sally Light – (Public Governor – York)	√	√	√	√	√	√	√	√			

CoG Attendance Record

Item 12

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	14.03.24 CoG			
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√	Ap	√			
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√	√	√			
Jill Quinn (Stakeholder Governor - Dementia Forward)								Ap			
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√	√	√			
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√	√	√			
Cllr Jason Rose (Stakeholder Governor - NYCC)				√	√	√	√	√			
Sue Smith (Public Governor - Ryedale & EY)	√	√	√	√	√	√	√	√			
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√	√			
Catherine Thompson (Public Governor- Hambleton)	√	√	Ap	Ap	√	√	√	√			
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√	Ap			