

# Agenda

## Council of Governors (Meeting held in Public)

Wednesday 11 September 2024

North Bridlington Library, Martongate, Bridlington,  
East Riding Of Yorkshire, YO16 6YD

at 10.00am



## COUNCIL OF GOVERNORS MEETING

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

On: Wednesday 11 September 2024

Venue: North Bridlington Library, Martongate, Bridlington, East Riding of Yorkshire, YO16 6YD

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	North Bridlington Library	Council of Governors Members of the Public
<b>10.00 – 12.30</b>	<b>Council of Governors meeting held in public</b>	<b>North Bridlington Library</b>	<b>Council of Governors Non-executive Directors Executive Directors Members of the Public</b>
13.15 – 14.45	Private Council of Governors	North Bridlington Library	Council of Governors Non-executive Directors



## Council of Governors (Public) Agenda (11.09.24)

SUBJECT	LEAD	PAPER	PAGE	TIME
<b>1. Introduction, apologies for absence and quorum</b>  To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
<b>2. Declaration of Interests</b>  To receive any changes to the register of declarations of interest	Chair	<a href="#">Enclosed</a>	6	
<b>3. Minutes of the meeting held on 12 June 2024</b>  To receive and approve the minutes from the above meeting	Chair	<a href="#">Enclosed</a>	11	
<b>4. Matters arising from the minutes and any outstanding actions</b>  To discuss any matters or actions arising from the minutes	Chair	<a href="#">Enclosed</a>	20	
<b>5. External Audit Report</b>  To receive a presentation on the E.A. report	Mazars	<a href="#">Enclosed</a>	44	10.05 – 10.20
<b>6. Chief Executive's Update</b>  To receive a report from the Chief Executive	Chief Executive	<a href="#">Enclosed</a>	50	10.20 – 10.35
<b>7. Chair's Report</b>  To receive a report from the Chair	Chair	<a href="#">Enclosed</a>	54	10.35 – 10.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	<b>Questions received from the public</b> To discuss and answer the questions received from the public	Chair	To Follow		10.45 – 10.55
9	<b>Maternity Services Update</b> To receive an update on progress in Maternity Services	Director of Midwifery	Presentation		10.55 – 11.15
<b>BREAK 11.15 – 11.25</b>					
10	<b>Performance Report</b> To receive the latest Performance Report	Chief Operating Officer, Chief AHP	<a href="#">Enclosed</a> Presentation	57	11.25 – 11.55
11	<b>NED Assurance Questions</b> To receive an update from the NEDs	NEDs	<a href="#">Enclosed</a>	66	11.55 – 12.10
12	<b>Reports from Board Committee Chairs</b> 12.1 Quality Committee 12.2 Resources Committee 12.3 Audit Committee	Chairs of the Committees	<a href="#">Enclosed</a>	68	12.10 – 12.25
13	<b>Governors Activities Report</b> To receive a report from the governors on their activities	Governors	<a href="#">Enclosed</a>	80	12.25 – 12.30
14	<b>Items to Note</b> 14.1 CoG Attendance Register 14.2 Annual FPPT Report		<a href="#">Enclosed</a> <a href="#">Enclosed</a>	84 86	12.30
15	<b>AOB</b> Any issues arising				

SUBJECT	LEAD	PAPER	PAGE	TIME
---------	------	-------	------	------

**15 Time and Date of next meeting**

The next Council of Governors meeting will be held on Wednesday 11 December 2024.

**Item 10 Presenters:** Liz Hill and Karen Priestman will be providing a joint presentation covering Specialties:

- Urology
- Orthopaedics
- Diagnostics
- Ophthalmology

Register of Governors' interests  
September 2024



York and Scarborough  
Teaching Hospitals  
NHS Foundation Trust

## Item 2

**Additions:** Cllr Jonathan Bibb, East Riding Council

**Deletions:** Cllr Denise Howard, East Riding Council

**Modifications:**

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.
<b>Rukmal Abeysekera</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	<b>Employee</b> of University of York
<b>Cllr Jonathan Bibb</b> (Appointed: East Riding Council)	Nil	Nil	Nil	<b>Councillor</b> – East Riding	<b>Councillor</b> – East Riding	<b>Councillor</b> – East Riding	<b>Member:</b> Bridlington & Wolds Conservative Association. <b>Member:</b> Parker Home Trust. <b>Member:</b> Trevor Field Art Fund. <b>Member:</b> Police & Crime Panel
<b>Rebecca Bradley</b> (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
<b>John Brian</b> (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

<b>Mary Clark</b> (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr Liz Colling</b> (Appointed: NYCC)	Nil	Nil	Nil	<b>Councillor - NYCC</b>	<b>Councillor - NYCC</b>	<b>Councillor - NYCC</b>	<b>Trustee:</b> CAB NY <b>Governor &amp; VC:</b> Childhaven Nursery School Scarborough <b>Chair:</b> NY Constituency Ctte Scarborough & Whitby <b>VC:</b> NYCC Scrutiny of Health Committee <b>Member:</b> Scarborough Town Deal Board
<b>Beth Dale</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	<b>Member</b> of the York Sight Loss Council
<b>Abbi Denyer</b> (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Keith Dobbie</b> (Public: East Coast of Yorkshire)	<b>Director</b> – Woodlands Academy <b>NED</b> – Sandsfield RMC Ltd	Nil	Nil	Nil	Nil	Nil	Nil
<b>Alastair Falconer</b> (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Adnan Faraj</b> (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Sally Light</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Wendy Loveday</b> (Public: Selby)	Nil	<b>Shareholder</b> in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil
<b>Elizabeth McPherson</b> (Appointed: CarersPlus)	<b>CEO - CarersPlus</b>	Nil	Nil	<b>CEO - CarersPlus</b>	<b>CEO - CarersPlus</b>	Nil	Nil



<b>Jill Quinn</b> (Appointed: Dementia Forward)	<b>CEO – Dementia Forward</b>	Nil	Nil	<b>CEO – Dementia Forward</b> <b>Trustee – The Place in Settle</b>	<b>CEO – Dementia Forward</b>	Nil	<b>As stated</b>
<b>Gerry Richardson</b> (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	<b>Employee of University of York</b>
<b>Michael Reakes</b> (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	<b>Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory).</b> <b>Member - Patient and Public Involvement at the University of York, researching Health Inequality.</b> <b>Lay Member – Trust's Research &amp; Development Panel</b>
<b>Cllr Jason Rose</b> (Appointed: CYC)	Nil	Nil	Nil	<b>Councillor – NYC</b>	<b>Councillor – NYC</b>	<b>Councillor - NYC</b>	Nil
<b>Sue Smith</b> (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Julie Southwell</b> (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Catherine Thompson</b> (Public: Hambleton)	Nil	<b>Director of Catherine Thompson Consulting Ltd.</b>	Nil	Nil	Nil	<b>Employed by West Yorkshire &amp; Harrogate Health Partnership</b>	Nil
<b>Franco Villani</b> (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

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



## Minutes

### Public Council of Governors Meeting

12 June 2024

**Chair:** Martin Barkley

**Public Governors:** Rukmal Abeysekera, City of York; Sally Light, City of York; Alastair Falconer, Ryedale & EY; Sue Smith, Ryedale & EY; Beth Dale, City of York; Mary Clark, City of York; Wendy Loveday, Selby; Linda Wild, East Coast of Yorkshire

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

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

**Attendance:** Simon Morritt, Chief Executive; Dawn Parkes, Chief Nurse; Lynne Mellor, NED; Matt Morgan, NED; Jenny McAleese, NED; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

**Apologies for Absence:** John Brian, Ryedale & EY; Catherine Thompson, Hambleton; Keith Dobbie, East Coast of Yorkshire; Michael Reakes, City of York; Jill Quinn, Dementia Forward; Cllr Liz Colling, NYCC; Cllr Denise Howard, ERYC; Jim Dillon, NED; Lorraine Boyd, NED; Helen Grantham, NED; Julie Charge, NED; Stephen Holmberg, NED; Lucy Brown, Director of Communications; Polly McMeekin, Director of Workforce; Karen Stone, Medical Director; Claire Hansen, Chief Operating Officer; James Hawkins, Chief Digital Information Officer;

**Public:** 4 members of the public attended

#### 24/19 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

#### 24/20 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest, in particular the resignation of Bernard Chalk.

#### 24/21 Minutes of the meeting held on the 14 March 2024

The minutes of the meeting held on the 14 March 2024 were agreed as a correct record.

## 24/22 Matters arising from the Minutes

### Action Log

- **Ref: 22/62** – A Bridlington meeting was held in March and a follow up meeting has been arranged for 12 August. A meeting has also been arranged for North Yorkshire in September in which all the governors are invited.

Ms Light asked if it is making any progress. Ms Abeysekera replied that it had not, but we need to represent the members of public with their messages. Mr Barkley added that the limited response from the ICB to come up with a generous health strategy for primary care, dental care, etc., may affect the secondary care facilities the Trust can provide. There is also the issue of the Trust being the owner/landlord of Bridlington Hospital and its responsibility for some of the secondary care services. There is a lack of clarity on who is responsible for what.

- **Ref: 23/49** – the first constituency meeting was held in Selby. There was a small response from the public, but it was a starting point. An evaluation meeting has been arranged for later in the month. One thought is to change the time to later in the day.
- **Ref: 24/05** – response in agenda pack. The CoG believed the link in the patients appointment letters was not suitable because everyone does not have access to the internet. Mr Morrith said that he would take that back the Chief Operating Officer for action.
- **Ref: 24/06** – response about the staff annual survey results is in the agenda pack.

**Action: Mr Morrith to discuss with COO the link on the appointment letters not being suitable for everyone.**

## 24/23 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:

- ED pressures remain huge. Within the limited resources you have, how will you plan to improve that and progress?

It is about looking at optimal care of the patient from when they come through the front door and ensuring that they are streamed to the right part of ED. He is confident they now have the correct infrastructure in place but there is still work to do. There is lots happening outside of the hospital in the community with local authority partners around packages of care and nursing home placements. The 4 hr wait is still at 60% which needs to improve to a minimum of 70%. Mrs Parkes added that educating the public to access healthcare within the community is essential, so they do not have to present at ED unnecessarily .

- This morning there was an article in the press about ambulance waiting times. There is a lot of speculation of why. From your perspective, what is the root cause?

There is work to do around reducing ambulance handover times. Another reason is patients who have no criteria to reside but cannot be discharged for whatever reason, so patients remain in ED longer waiting for a bed to become available. Also, people turn up at ED rather than wait for a GP appointment because they know they will be seen.

- Since people are waiting longer to be seen in ED, are there PSOs around to help them?

The PSOs are on wards. There are HCAs, a number of volunteers and a nurse in ED to make sure people have got food and drink while they are waiting.

- Can you elaborate on the SHARC research?

Mr Morritt will speak to Lydia Harris in Research to send round more information.

**Action: Mr Morritt to speak to Lydia Harris in Research to send round more information on SHARC.**

**The Council:**

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

#### **24/24 Chair's Report**

Mr Barkley gave an overview of his report which had previously been circulated with the agenda and asked for questions.

No questions were asked.

**The Council:**

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

#### **24/25 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:

- Mrs Smith and Mr Falconer attends the local Patient Participation Group. Mrs Smith received an email yesterday from an irate mother with child who had been turned away from the Malton Urgent Care Unit at 7.30pm even though the opening hours say it closes at 8.00pm. Mr Falconer added that it was not always staffed by medical practitioners but nursing practitioners who cannot prescribe so patients are sent to their GP for a prescription. Mr Morritt replied that he will take this away and will respond in due course.

Mr Barkley stated that he had received concerns from a number of governors who had been emailed directly by a Member when the process clearly states sending any public questions to the generic governor mailbox. Ms Abeysekera said that she had received emails for quite some time from that Member. It is the tone of the questions asked that concern her. The same message is repeated on every single question, and it is difficult because she cannot solve that situation. The consensus from the Council was that the process should remain

as is with the public sending questions to the generic governor mailbox 10 working days prior to the meeting.

**Action: Mr Morritt to look into the issue at Malton Urgent Care Unit regarding patient walk-ins just prior to closing at 8.00pm, and prescribing issue.**

**The Council:**

- Received the report and noted its contents.

## 24/26 Performance Report

Mr Barkley 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:

- Re diagnostic 6 week standard, given the variation of attainment in the different specialties how useful does that overall average become as it is more telling on the second point where the difficulties lie in individual diagnostic areas?

The Trust reports on both. It is the aggregated score where the Trust is measured against the NHS Constitutional Standard of 95%. In the NHS Annual Plan, the attainment score is 85% this year.

- Re lost bed days for patients with no criteria to reside, you say it is far more than that. Can we not report that figure?

We do report the figures for acute delays and community delays. This figure is for acute delays only for one month.

- The report gives information since the last CoG meeting meaning, for example, that we are comparing trolley waits in April to that of January. Can we not compare metrics like for like, such as April this year to April last year?

The Statistical Process Control Charts which entail 24 months of information is on the Trust website via the Trust Board agenda papers for everyone to view.

- Regarding 12+ hour trolley waits, would it be useful to add the number of patients that have been seen in those months in ED?

It is not the number of patients that have been seen but the number that needed admission. In this month's Trust Board agenda papers, there will be actual numbers of attendances at ED, etc., so that will put these things in perspective. It will also include the number of emergency admissions and how many of those had to wait more than 12 hours on a trolley. We have two issues, the number of patients that are presenting at ED and the other is patients who have no right to reside but cannot be discharged because of various reasons. It is a worrying situation.

- Notwithstanding the long length of stay of patients who have no right to reside, are you happy with the length of stay of patients generally or is there work to be done?

If you look at elective work our standards are quite good in comparison with our neighbouring Trusts. On non-elective admissions it is reflective of the situation. It is not where we want it to be, but it is improving.

- It is very concerning the number of complaints received. As we know, this is only a fraction of those patients that have received a poor service as most do not bother to complain.

The Board has discussed this and are well aware of the situation. We know that the impact of pressures on staff has an impact on patient experience. We know the areas of concern and discussions are taking place to improve the situation. We also get an awful lot of compliments which are not shown in the current slides.

- Could we have a breakdown of complaints by sites and themes? Dawn will pick this up.

### CQC Report

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

The Council raised the following points:

- A few of the action target dates have been continually extended, referring to out of date policies and unacceptable behaviours and abuse. Can you give reasons behind that?

There is a lot being done to update the policies and many have been signed off except the ones in Appendix B, ref. 3. These are in draft and are due to be signed off in the next few weeks. The Violence & Aggression Policy is currently under review and will be ready for sign off in due course.

- The new Mental Health Risk Assessment form will put additional pressure on staff to complete in an already pressurised environment. How are they dealing with this added pressure?

The new Mental Health Risk Assessment form is part of Nucleus and is completed as part of the patient assessment process. For the majority of patients, the answer on mental health will be "No". If the answer is "Yes" then it triggers another set of questions to assess the mental health of the patient. It does not involve too much extra time. It was trialled in Scarborough and tweaked on feedback. It has now been rolled out in York.

- Are you confident in terms of the timescale of the remaining actions to be completed?

I am comfortable that we have a logging and tracking process in place. I will be really satisfied once I have revisited and seen the actions embedded and sustained and then they can be closed.

### Maternity Report

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

The Council raised the following points:

- Why in Maternity is there such a problem with discharge?

Some of it is due to women that are worried about going home with a new baby. Another is around staff focusing on women in labour rather than discharges. A lot of work has been done around discharge and there is now an app available with lots of information on for new mothers.

- What does the CQC think of the improvements?

I meet with the CQC monthly and discuss improvements made with regard to their recommendations, especially within Maternity. The CQC has been invited to revisit maternity in the near future. However, we need to get out of this mindset that the Trust is only making these improvements because of the CQC. We are making them to improve patient care and instil in staff that it is business as usual.

- Is staffing in maternity getting better, especially the number of midwives?

We are almost at full capacity with midwives. Sometimes, there may be a slight gap in Scarborough in which case a registrar or senior midwife will step in. It is monitored on a monthly basis.

- With regard to the increase in free births, are these women experienced mothers or are they first time pregnancies?

The information is not yet available until the review has been completed.

### Finance Report

Mr Bertram 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 Community spend, what happens to the money if it is not spent?

The ICB use it to prop up overspent pressures in the various Trusts.

- When you talk about making savings, what are the main clinical impacts of that?

It is a real challenge. We have a series of control measures that we can do - defer or delay expenditure, reduce bank agency spend, create ways with the Care Groups to do more elective work which will increase our income.

- When you talk about reducing expenditure, how can the staff and Care Groups do that? And how does that impact patient care?

There are lots of practical commonsense ways which can reduce expenditure, for instance reducing utility bills, reducing expenditure on medicines, reducing the number of suppliers and negotiate better deals, streamline patient pathways to



reduce wastage in the system. The aim is to provide a high quality service and care to our patients whilst meeting our financial commitments.

- What are the reasons why we rely so much on agency? Why can we not find staff to fill these vacancies?

Fundamentally, we need a number of staff on our wards and in our clinics. When shifts are not filled by our own staff we go to agency to fill the gaps. Many medical professionals, doctors and nurses, like this way of working because it gives them flexibility in their work/life balance. The Trust's aim is to encourage these medics to become substantive members of the organisation. Also, in some specialties, there are not enough qualified staff to fill vacancies nationwide.

**Action: Mrs Parkes will provide a breakdown of complaints by sites and themes and report back at the next Council meeting.**

**The Council:**

- Received the reports and noted their contents.

### 24/27 NED Assurance Questions

**Q: 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.

**A:** The Care Group have identified the need to improve communications with patients to confirm the time and date of appointments by the district nurse team.

Whilst the district nursing service is provided for patients who are unable to visit either the hospital or their GP practice and in the main are housebound, we do appreciate that having notification of when to expect the visit from the district nursing service would be helpful for the patient and their carers.

This issue is on the improvement plan for the Care Group, and they have started to explore options available to be able to communicate appointment times with patients in an accessible format using the IT system they use which will generate a notification text, recognising that text messaging may not be appropriate for all patients.

**Q: 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?

**A:** The Trust previously had a zero hour bank worker incentive in place that paid nursing the rate of pay of the individual's substantive role, for working a bank shift than required a more junior role. For example, a ward manager may choose to work a band 5 nurse bank shift and be paid at a band 7 rate of pay. This was a specific exception made for registered nurses working the bank.

The Trust has reviewed the original rationale for the nursing bank rate of pay incentive in May, which was implemented to mitigate the impact of the high (30%) vacancy rate. The

current nurse vacancy position for Registered Nurses is 3.6% which is a huge achievement, but it also means the Trust can no longer justify the inequity that this caused for most of our registered nurses and other staff groups who have been paid for the role they are covering. The incentive meant that a band 6 or Band 7 nurse, working in a Band 5 bank shift, was being paid more than a band 5 that they are working alongside.

Approximately 75 ward managers and deputy ward managers have shared that they are unhappy with the change to the zero hours bank worker incentive being removed as this has had a personal impact to some and they had concerns to the impact to the capacity of bank hours being filled and possible impacts to patient safety, and that the trust didn't consult with them. We recognise that communication is always essential in making changes to previous agreements, so that staff understand and there is some learning about how key messages are shared through the layers of nursing leadership moving forward. The Interim Chief Nurse and Director of Workforce and OD held a meeting with senior nurses to discuss the changes and listen and respond to the team's concerns.

Each month approximately 70% of the nursing bank hours requested are filled by our zero hours bank workers, and this has been monitored for the required hours throughout June 2024, and it is pleasing to see that the rate of fill has not changed, and that vacant shifts that require a band 6 or band 7 nurse are being requested and filled.

The Council raised the following points:

- Prior to the review, why did the Trust pay B7 rates when filling a B5 shift? Mrs Parkes replied that it was an initiative put in place at that time to fill shifts because of the high nursing vacancy rate. Now the vacancy rate is reduced to around 3%, the initiative has been reviewed and revised.

## 24/28 Reports from Board Committee Chairs

### Quality Committee

No questions were asked.

### Resources Committee

The Council raised the following points:

- **Diagnostics:** to reduce waiting times for patients, can we send their investigation to the independent sector but not transfer the whole patient care? Mr Morrith replied that they can do that.

### Audit Committee

No questions were asked.

### **The Council:**

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

## 24/29 Governors Activities Report

No comments were made.

**The Council:**

- Received the report and noted its contents.

**24/30 Items to Note**

The Council noted the following items:

- CoG Attendance Register

**24/31 Time and Date of the next meeting**

The next meeting is on Wednesday 11 September 2024, 10.00am, Bridlington North Library

**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 Mar'24 June'24	<p>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.</p> <p><b>14/09</b> - 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.</p> <p><b>28/11</b> - Meeting arranged with Simon Cox 15/12.</p> <p><b>14/12</b> - Mrs McAleese to give feedback at March'24 CoG Meeting.</p> <p>14/03/24 - Feedback given. Another meeting arranged for 13/05/24.</p> <p>12/06/24 - a follow up meeting has been arranged for 12 August. A meeting has also been arranged for North Yorkshire in September in which all the governors are invited.</p> <p><b>Ongoing</b></p>

**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 Town Hall York - 24/09/24 6.30 - 8.00pm York Sports Club Ryedale/Hambleton East Coast <b>Ongoing</b>
Public CoG	24/05	14/03/2024	Arrange a meeting with Change Makers and the Governors.	Tracy Astley	Sept'24	Contacted 22/05 & 17/06. Awaiting response. <b>Ongoing</b>
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	Plan ratified by BoD in July. See Appendix B. <b>Action closed.</b>
Public CoG	24/07	14/03/2024	Add public survey to the Membership agenda.	Tracy Astley	June'24	Deferred until August MDG meeting. Added to August agenda. <b>Action closed.</b>
Public CoG	24/22	12/06/2024	Discuss with COO the link on the appointment letters not being suitable for everyone.	Simon Morrirt	Sept'24	The COO is looking into options. <b>Ongoing</b>
Public CoG	24/23	12/06/2024	Speak to Lydia Harris in Research to send round more information on SHARC.	Simon Morrirt	Sept'24	Information requested and will be sent out as soon as received. <b>Ongoing</b>

**Governor Membership  
Central Action Log**

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	24/25	12/06/2024	Look into the issue at Malton Urgent Care Unit regarding patient walk-ins just prior to closing at 8.00pm, and prescribing issue.	Simon Morrirt	Sept'24	The team have been monitoring the use of Malton (and the other UTC's) and this is increasing, which is great news, and we will be increasing the workforce by a further person at Malton once recruitment has taken place. In the meantime we have reminded the team about escalation for support when the services are coming busy towards the closing time, and will also be reiterating to the local community, and clarifying the time of the last consultation to allow for assessment and treatment to conclude (7.30pm). <b>Action closed.</b>
Public CoG	24/26	12/06/2024	Provide a breakdown of complaints by sites and themes and report back at the next Council meeting.	Dawn Parkes	Sept'24	See App. A attached. The next report (with 6 mths data) will be available in the New Year and will be presented at the March CoG. <b>Action closed.</b>

<b>Report to:</b>	Trust Board
<b>Date of Meeting:</b>	31 July 2024
<b>Subject:</b>	Staff Survey 2023 – Improvement Plan
<b>Director Sponsor:</b>	Polly McMeekin, Director of Workforce and OD
<b>Author:</b>	Vicki Mallows, Workforce Lead Jenny Flinton, Head of Employee Relations & Engagement

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

Approve  Discuss  Assurance  Information  A Regulatory Requirement

<p><b>Trust Priorities</b></p> <p><input checked="" type="checkbox"/> Our People  <input checked="" type="checkbox"/> Quality and Safety  <input type="checkbox"/> Elective Recovery  <input type="checkbox"/> Acute Flow</p>	<p><b>Board Assurance Framework</b></p> <p><input checked="" type="checkbox"/> Quality Standards  <input checked="" type="checkbox"/> Workforce  <input checked="" 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>
---	--

**Summary of Report and Key Points to highlight:**

- The 2023 Staff Survey results were shared at Resources Committee, Executive Committee and Board of Directors in March this year.
- The Trust was below our national peer group average for each of the seven elements of the NHS People Promise and the themes of ‘Staff Engagement’ and ‘Morale’.
- This improvement plan includes existing ongoing and planned work and suggestions from the Our Voice Our Future change makers who have analysed the staff survey results and comments in detail.

**Recommendation:**

- Trust Board are asked to review this plan and support future actions for improvement.

**Report Exempt from Public Disclosure**

No  Yes

<b>Report History</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome/Recommendation</b>
Trust Board	27 March 2024	Nationally benchmarked results were shared. This paper responds to the results.

## 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.

The Trust results (including YTHFM) are benchmarked against our national peer group of all Acute/Acute & Community Trusts.

- Our response rates deteriorated in 2023 and remain under the peer group average.
- Our scores were below our peer group average for every People Promise element and theme in 2023.
- Over 900 colleagues made 'free text comments' about working for the Trust.

The results have been analysed both within Workforce & OD, and by a sub-group of change makers from the Our Voice Our Future programme – their suggested responses to the results are included in the attached improvement plan (Appendix 1).

### 2. Improvement Plan

The results reflect that there is still much to do to ensure that all colleagues feel safe and confident to speak up, and that we take the time to really listen to understand. They also mirror feedback from change makers about the ongoing challenge to achieve effective communication with all colleagues at all sites, particularly those that have irregular / no access to electronic communications.

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 has now reached 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 staff 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. The staff survey improvement plan will run alongside our other equality, diversity and inclusion plans such as WRES and WDES.

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.

### 3. Next Steps

The corporate action plan is attached (Appendix 1). In terms of agreeing targets for increasing the response rate in each Care Group / Corporate Directorate / YTHFM it is proposed that for those areas currently below the Trust average of 39% - their target should be to match / exceed the Trust average (with an improvement on their current rate of at least 10%); for those areas currently between 40-69%, a 10% improvement; and for those areas currently at 70%+, a 5% improvement. Care Groups will be asked to share local staff survey results and improvement plans through the PRIM programme to provide assurance regarding local actions. Learning from other Trusts demonstrates when staff see action from the survey they are more likely to complete it going forward.

A Retention Steering group is being established following discussions with nursing and AHP leads. The aim of the group will be to share best practice across the organisation, utilising resources through the People Promise Exemplar programme with a focus on increasing the response rates to the quarterly people pulse surveys and national staff survey. This group will also provide the opportunity to review the results against ongoing programmes of work improving patient experience, quality and safety.


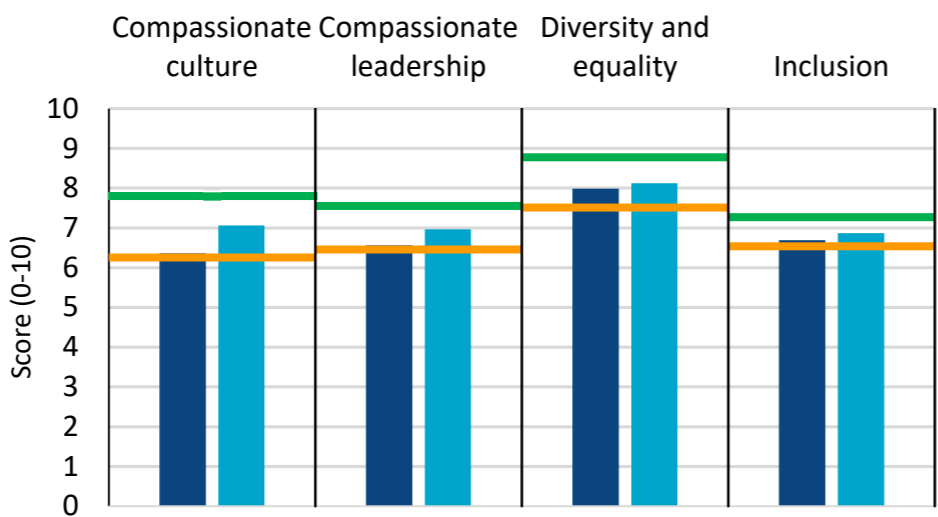

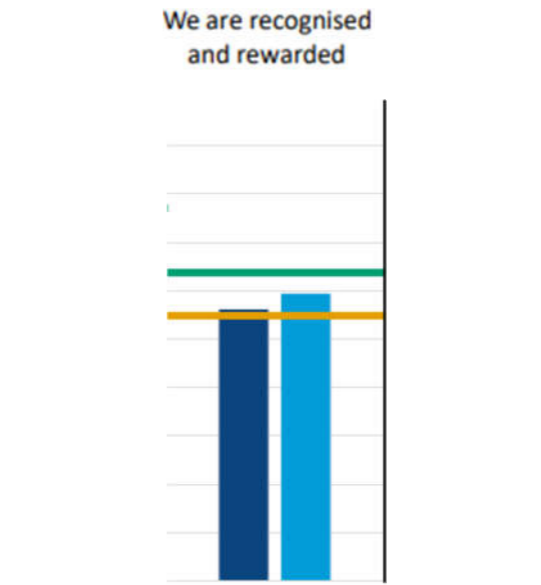

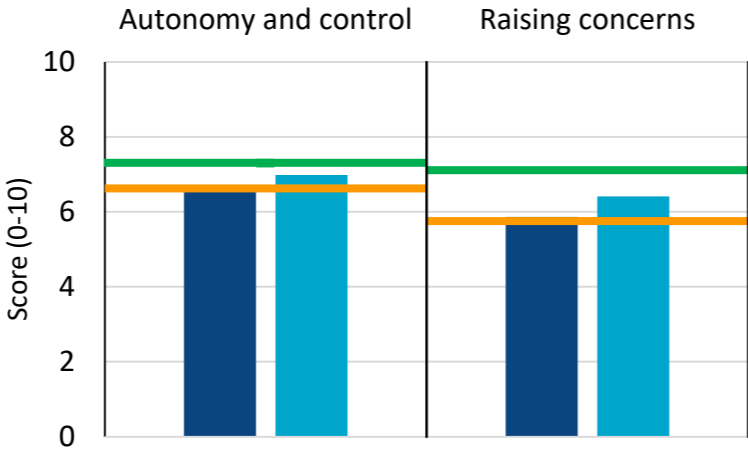

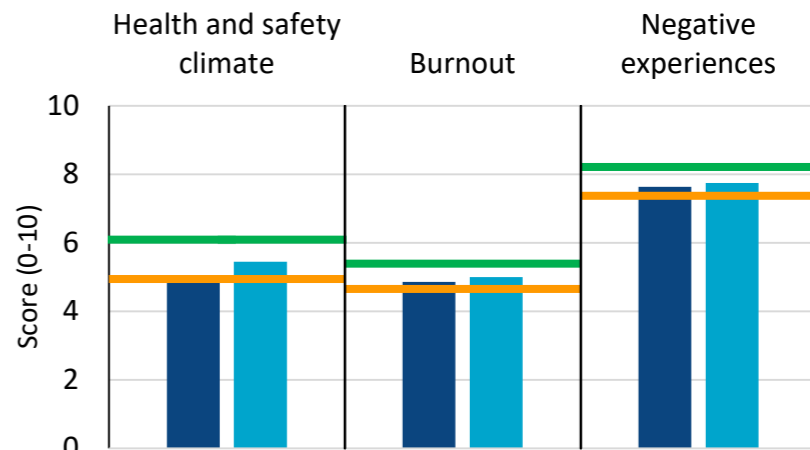
Trust Board is asked to support the corporate improvement plan and continue to support to the Our Voice Our Future programme. Executive Committee approved the request to continue the protected time for Change Makers, subject to line management approval; a number of the individuals would like to continue with the programme through to the design phase.

Once ratified by Trust Board the improvement plan will be published and shared with Care Groups and Corporate Services.

**Date:** 18<sup>th</sup> June 2024

# Staff Survey Improvement Plan - Listening to Employee Voice: Our Voice Our Future

The People Promise is the single, unifying framework for understanding, measuring, and improving Employee Experience in the NHS. Those best placed to say when progress has been made towards achieving improved experience in the workplace are our NHS people.

PROMISE ELEMENT	2023 ELEMENT SCORE	PROMISE ELEMENT	2023 ELEMENT SCORE																																			
 <p><b>We are compassionate and inclusive</b></p> <p>We do not tolerate any form of discrimination, bullying or violence.</p> <p>We are open and inclusive.</p> <p>We make the NHS a place where we all feel we belong.</p>	<p>Compassionate culture, Compassionate leadership, Diversity and equality, Inclusion</p>  <table border="1"> <tr><td>Your org</td><td>6.36</td><td>6.56</td><td>7.98</td><td>6.69</td></tr> <tr><td>Best result</td><td>7.81</td><td>7.55</td><td>8.78</td><td>7.27</td></tr> <tr><td>Average result</td><td>7.06</td><td>6.96</td><td>8.12</td><td>6.86</td></tr> <tr><td>Worst result</td><td>6.26</td><td>6.46</td><td>7.51</td><td>6.54</td></tr> <tr><td>Responses</td><td>3839</td><td>3851</td><td>3851</td><td>3848</td></tr> </table>	Your org	6.36	6.56	7.98	6.69	Best result	7.81	7.55	8.78	7.27	Average result	7.06	6.96	8.12	6.86	Worst result	6.26	6.46	7.51	6.54	Responses	3839	3851	3851	3848	 <p><b>We are recognised and rewarded</b></p> <p>A simple thank you for our day to day work, formal recognition for our dedication, and fair salary for our contribution.</p>	<p>We are recognised and rewarded</p>  <table border="1"> <tr><td>Your org</td><td>5.61</td></tr> <tr><td>Best result</td><td>6.37</td></tr> <tr><td>Average result</td><td>5.94</td></tr> <tr><td>Worst result</td><td>5.50</td></tr> <tr><td>Responses</td><td>3853</td></tr> </table>	Your org	5.61	Best result	6.37	Average result	5.94	Worst result	5.50	Responses	3853
Your org	6.36	6.56	7.98	6.69																																		
Best result	7.81	7.55	8.78	7.27																																		
Average result	7.06	6.96	8.12	6.86																																		
Worst result	6.26	6.46	7.51	6.54																																		
Responses	3839	3851	3851	3848																																		
Your org	5.61																																					
Best result	6.37																																					
Average result	5.94																																					
Worst result	5.50																																					
Responses	3853																																					
 <p><b>We each have a voice that counts</b></p> <p>We all feel safe and confident to speak up. And we take time to really listen – to understand the hopes and fears that lie behind the words.</p>	<p>Autonomy and control, Raising concerns</p>  <table border="1"> <tr><td>Your org</td><td>6.69</td><td>5.87</td></tr> <tr><td>Best result</td><td>7.31</td><td>7.12</td></tr> <tr><td>Average result</td><td>6.99</td><td>6.41</td></tr> <tr><td>Worst result</td><td>6.63</td><td>5.76</td></tr> <tr><td>Responses</td><td>3859</td><td>3822</td></tr> </table>	Your org	6.69	5.87	Best result	7.31	7.12	Average result	6.99	6.41	Worst result	6.63	5.76	Responses	3859	3822	 <p><b>We are safe and healthy</b></p> <p>We look after ourselves and each other.</p> <p>Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need.</p> <p>We have what we need to deliver the best possible care – from clean safe spaces to rest in, to the right technology.</p>	<p>Health and safety climate, Burnout, Negative experiences</p>  <table border="1"> <tr><td>Your org</td><td>5.03</td><td>4.86</td><td>7.75</td></tr> <tr><td>Best result</td><td>6.12</td><td>5.39</td><td>8.24</td></tr> <tr><td>Average result</td><td>5.46</td><td>5.00</td><td>7.83</td></tr> <tr><td>Worst result</td><td>4.95</td><td>4.65</td><td>7.39</td></tr> <tr><td>Responses</td><td>3663</td><td>3857</td><td>3651</td></tr> </table>	Your org	5.03	4.86	7.75	Best result	6.12	5.39	8.24	Average result	5.46	5.00	7.83	Worst result	4.95	4.65	7.39	Responses	3663	3857	3651
Your org	6.69	5.87																																				
Best result	7.31	7.12																																				
Average result	6.99	6.41																																				
Worst result	6.63	5.76																																				
Responses	3859	3822																																				
Your org	5.03	4.86	7.75																																			
Best result	6.12	5.39	8.24																																			
Average result	5.46	5.00	7.83																																			
Worst result	4.95	4.65	7.39																																			
Responses	3663	3857	3651																																			

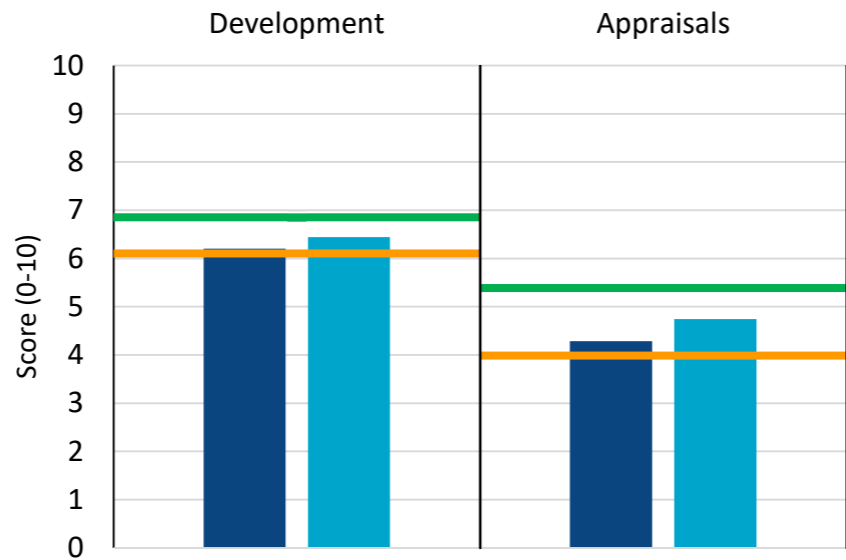


### We are always learning

Opportunities to learn and develop are plentiful, and we are all supported to reach our potential.

We have equal access to opportunities.

We attract, develop and retain talented people from all backgrounds.



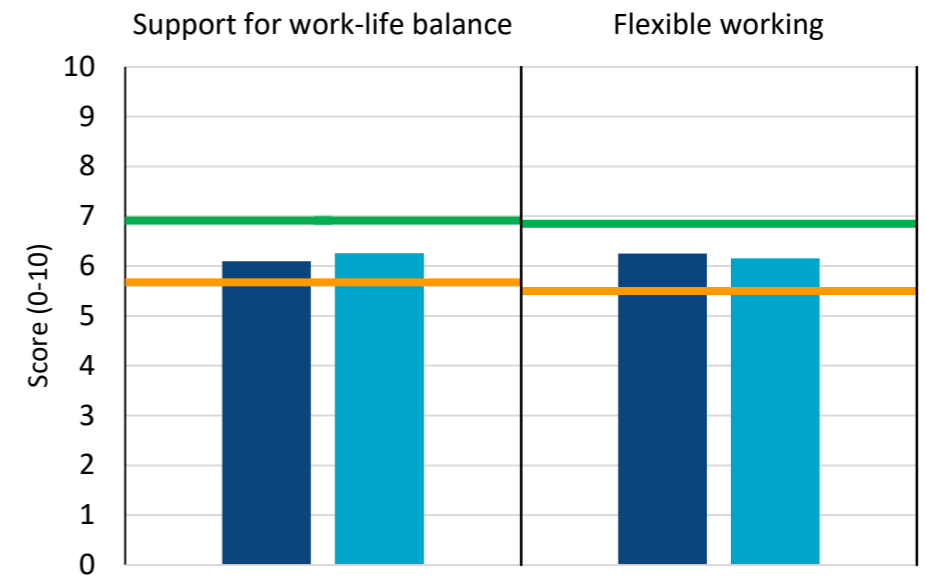
	Development	Appraisals
Your org	6.20	4.29
Best result	6.86	5.39
Average result	6.44	4.74
Worst result	6.10	3.99
Responses	3846	3687



### We work flexibly

We do not have to sacrifice our family, our friends or our interests for work.

We have predictable and flexible working patterns and if we do need to take time off, we are supported to do so



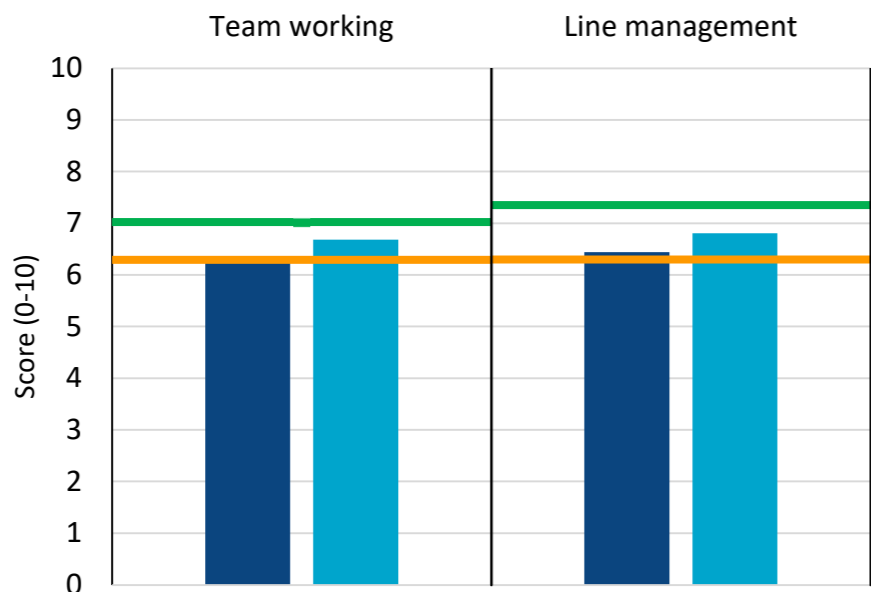
	Support for work-life balance	Flexible working
Your org	6.10	6.25
Best result	6.92	6.85
Average result	6.25	6.15
Worst result	5.68	5.50
Responses	3846	3843



### We are a team

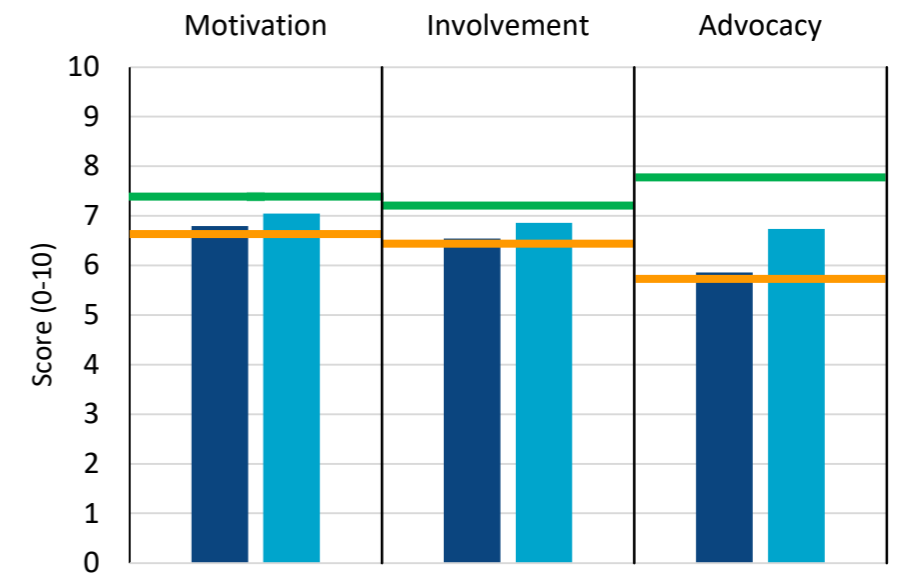
First and foremost, we are one huge, diverse and growing team, united by a desire to provide the very best care.

We learn from each other, support each other and take time to celebrate success.

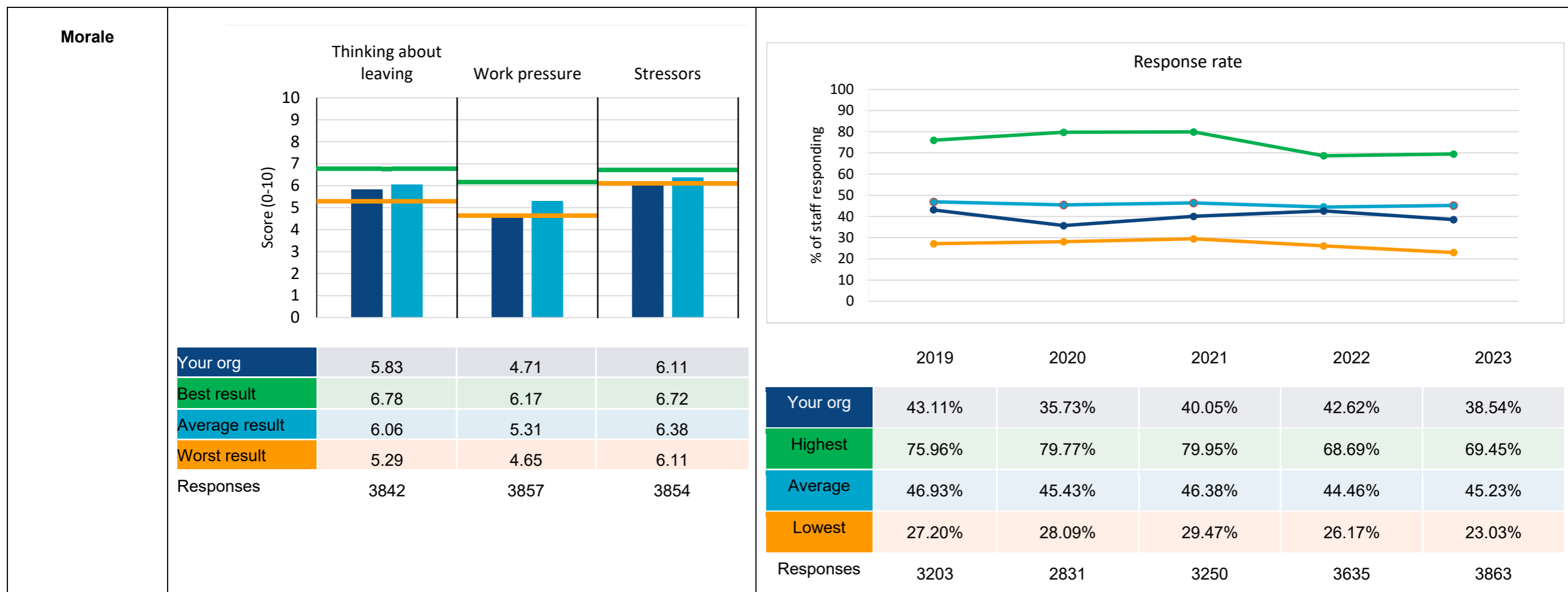


	Team working	Line management
Your org	6.29	6.44
Best result	7.03	7.35
Average result	6.68	6.80
Worst result	6.29	6.30
Responses	3853	3853

### Staff Engagement



	Motivation	Involvement	Advocacy
Your org	6.79	6.54	5.86
Best result	7.39	7.21	7.78
Average result	7.04	6.86	6.74
Worst result	6.63	6.44	5.73
Responses	3834	3859	3839



PROMISE ELEMENT	ACTION	EXECUTIVE SPONSOR	OPERATIONAL LEAD(S)	MEASURES	TIMESCALES	PROGRESS
<ul style="list-style-type: none"> <li>Compassionate &amp; inclusive</li> <li>Rewarded &amp; recognised</li> <li>Voice that counts</li> <li>Safe &amp; healthy</li> <li>Always learning</li> <li>Work flexibly</li> <li>We are a team</li> <li>Engagement</li> <li>Morale</li> </ul>	<p>Create a compassionate and inclusive culture where people want to come to work.</p> <p>Continue with Our Voice Our Future, the NHSE Cultural and Leadership Programme running within the Trust and YTHFM. Complete the discovery phase of the programme and use the stakeholder feedback to design changes to develop our future culture.</p>	Simon Morritt, Polly McMeekin	Jenny Flinton, Gail Dunning, & Hattie Myers	To improve the staff survey scores in 2025: 'We are compassionate and inclusive' to increase to 7.4 and 'Staff Engagement' to increase to 7.0. To increase the response to 'I would recommend my organisation as a place to work' from 46.2% in 2022 to 50% in 2025 and 56% in 2026.	Two year programme for completion summer 2025	The discovery phase of the project commenced in December 2023, 50 internal Change Makers were 'recruited' to join the programme.
<ul style="list-style-type: none"> <li>Compassionate &amp; inclusive</li> <li>Always learning</li> <li>We are a team</li> <li>Engagement</li> <li>Morale</li> </ul>	Embed a Just and Learning Culture ensuring that learning is taken from any incidents within the workplace.	Polly McMeekin, Dawn Parkes, Melanie Liley, Karen Stone	Jenny Flinton  Adele Coulthard	New Conduct and Disciplinary policy launched within Group	June 2024	<p>July 2023 new policy ratified by JNCC, awaiting ratification by LNC.</p> <p>Investigation training available via Learning Hub</p>

				Embed the new Patient Safety Incident Response Framework (PSIRF)	Ongoing	PSIRF launched December 2023
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Voice that counts</li> <li>• Safe &amp; healthy</li> <li>• Always learning</li> <li>• We are a team</li> <li>• Engagement</li> <li>• Morale</li> </ul>	<p>Strive for continuous improvement within the workplace.</p> <p>Systematically embed QI methodology</p>	Dawn Parkes	Adele Coulthard	<p>Continuous delivery of QSIR Training</p> <p>Every team to have quality improvement as a goal</p>	Ongoing 2024/25	Four cohorts of QSIR training delivered – June 2024
<ul style="list-style-type: none"> <li>• Always learning</li> <li>• Morale</li> </ul>	<ul style="list-style-type: none"> <li>• Improve our recruitment outputs</li> <li>• Widening access through creating bridges for new entrants including school, college and university leavers</li> <li>• Simplify and standardise job descriptions – increase visibility and accessibility*</li> </ul>	Polly McMeekin	<p>Will Thornton</p> <p>Amy Messenger</p>	<p>Creation of local graduate scheme</p> <p>Recruit at least 10 apprentices externally</p>	<p>July 2024</p> <p>September 2024</p>	<p>Implementation of local graduate scheme paused for consultation with Care Groups in light of vacancy freeze</p> <p>External recruitment introduced for HCSW and NA apprenticeships (16 apprentices recruited with more in pipeline)</p> <p>Job description project plan developed</p>
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Voice that counts</li> <li>• Safe &amp; healthy</li> <li>• We are a team</li> </ul>	Create an environment where staff are safe and healthy	Polly McMeekin	Alex Cowman	<p>Continuous review of wellbeing offers across the Group to assess gaps in provision</p> <p>Reduction in sickness absence rates to 4.4%</p> <p>Take the wellbeing offer directly to staff, rather than waiting for them to engage</p> <p>Staff Wellbeing Rooms to be implemented at York, Scarborough and Bridlington Hospitals</p>	<p>Ongoing throughout 2024-25</p> <p>March 2025</p> <p>Ongoing throughout 2024-25</p> <p>Completion by August 2025</p>	<p>Ongoing work with HR teams supporting line managers with sickness absence cases. Training being delivered to line management groups</p> <p>Ward visits currently being planned with the wellbeing team, FTSU Guardian and relevant stakeholders</p> <p>Suitable space identified at Bridlington, with work due to start in the second quarter of 2024.</p> <p>Spaces identified at SGH &amp; YH not freed up yet – charitable funds have to be used within 24 months.</p>
<ul style="list-style-type: none"> <li>• Safe &amp; healthy</li> <li>• Compassionate &amp; inclusive</li> </ul>	Increase resilience support within teams and the system	Polly McMeekin	<p>Dr Yvonne Doherty</p> <p>(Veronica Oliver-Jenkins for Schwartz Rounds)</p>	Reintroduce Schwartz Rounds	3 rounds to be completed 2024/25	Two-year Schwartz Round licence re-procured. Steering group established. Funds secured for training, awaiting outcome of charitable funds application for other aspects

				Reintroduce support following traumatic incidents	Ongoing	Post event pathway and hot debrief training piloted in April with ED & Maternity (both sites).
				Introduce short 'Healthy Headspace' workshops	May 2024	A series of psychological wellbeing workshops piloted Jan-April; open access from May
				Revisit multi-disciplinary support provided to teams upon death of a colleague	March 2025	Working group established to implement the Owens model
<ul style="list-style-type: none"> <li>• Safe &amp; healthy</li> <li>• Work flexibly</li> </ul>	Improve roster management to increase staff availability and promote flexible working.	Dawn Parkes	Associate Chief Nurses /Amy Messenger	Reduction in net hours owed Increase percentage of shifts locked down Self rostering pilots to commence	March 2025	Commenced eRoster Improvement Plan with NHSE support
<ul style="list-style-type: none"> <li>• Rewarded &amp; recognised</li> <li>• Work flexibly</li> </ul>	Increase in number of completed job plans	Karen Stone	Care Group Leadership Teams	100% of job plans completed	June 2024	System has been updated to focus on 2024 job plans increases are being reported.
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Rewarded &amp; recognised</li> <li>• Safe &amp; healthy</li> <li>• Always learning</li> <li>• We are a team</li> <li>• Engagement</li> </ul>	Offer further support and development for all line managers to grow management and leadership capability developing teams – 'no change about me without me'	Polly McMeekin	Lydia Larcum Gail Dunning	Ongoing development and refinement of the line manager toolkit Delivery of line management training to new and existing managers Leaders to look at areas with good staff survey results, go and identify good practice to then apply in other teams.* Encourage regular appreciation to be shown to staff, not just monthly Star Awards / annual awards etc e.g. the power of a meaningful 'thank you'; use of appreciation station cards etc.* Delivery of 'One Team' development programme for Care Group Management teams following launch of new Care Groups Embedding the Trust's Leadership Framework as a tool for development	Ongoing December 2025 March 2025 Ongoing September 2024 Ongoing	Latest toolkit published    First & second cohorts complete, third cohort to commence June 2024  Used for Executive 360 Feedback
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Always learning</li> <li>• We are a team</li> <li>• Engagement</li> </ul>	<p>Create a great place to learn:</p> <ul style="list-style-type: none"> <li>• Build effective understanding of career development opportunities amongst staff <ul style="list-style-type: none"> <li>• Workforce Development Fairs</li> </ul> </li> <li>• Develop and publish strategic education goals for the Group</li> <li>• Work with the Interim Chief Nurse to develop a Trust-led programme of training to support organisational priorities for nurses and AHPs</li> </ul>	Polly McMeekin, Karen Stone, Dawn Parkes, Melanie Liley	Will Thornton Rachael Snelgrove Emma George Heather Neary	Development score in Staff Survey increased to 6.5	March 2025	Published apprenticeship career pathways in LM Toolkit  Held WF Development Fairs in York & Scarborough with further celebration events planned for 24-25



	<ul style="list-style-type: none"> <li>Demonstrate how we invest in staff development – publicise what is being done / stats etc*</li> </ul>					<p>Partially delivered against Nursing/AHP LNA for 24-25</p> <p>LEaD formed and working towards development of Strategy – to be published in 2024</p>
<ul style="list-style-type: none"> <li>Compassionate &amp; inclusive</li> <li>Voice that counts</li> <li>Always learning</li> <li>We are a team</li> <li>Engagement</li> <li>Morale</li> </ul>	<p>Address staff feedback that ‘nothing changes’.</p> <p>Improve team working and formation across the organisation via effective communication of shared vision, purpose and strategy.*</p> <p>Continue to increase leadership visibility at all levels</p>	All directors	All team managers	<p>Finalise new Trust vision, purpose and strategy. Share widely and ensure each team has clear shared goals and objectives, each person is clear on the purpose of their role.*</p> <p>Ensure each team knows the available and relevant forums for escalating barriers to change (and ensure those forums take action)*</p> <p>Continuous ‘We listened and responded’ / ‘You Said &amp; Together We Are Doing’ communication in response to staff feedback / ideas*</p> <p>Ensure all staff know how to suggest improvements and ensure they are heard / considered by the appropriate people*</p> <p>Recommend every team has a monthly meeting to talk about issues relevant to the team, changes being considered, praise given for good work etc.*</p> <p>Recommend that each team reviews and agrees how best to communicate effectively (with each other and two-way between manager and staff)*</p> <p>Review effective methods for ensuring the offline workforce can access updates</p> <p>Leadership visibility at all levels – walking around / popping in to say hello should be routine – not just formal booked visits*</p> <p>CG leadership teams to provide improvement plan updates at PRIMs</p>	Ongoing 2024/5	
<ul style="list-style-type: none"> <li>Compassionate &amp; inclusive</li> <li>Voice that counts</li> <li>Engagement</li> </ul>	<p>Improve the response rate to ensure the results are more representative of the workforce. Set ‘stretch’ targets for each Care Group, Corporate Directorate, and YTHFM.</p> <p>Executive support for low performing areas.</p>	All directors	Leadership teams in Care Groups, Corporate Directorates, and YTHFM	<p>For those areas currently below the Trust average of 39% - their target should be to match / exceed the Trust average (with an improvement on their current rate of at least 10%);</p> <p>For those areas currently between 40-69%, a 10% improvement;</p>	September 2024 ongoing	

				For those areas currently at 70%+, a 5% improvement		
<ul style="list-style-type: none"> <li>• Rewarded &amp; recognised</li> </ul>	Raise awareness of the parameters of the national terms and conditions i.e. what is nationally agreed / mandated so that staff understand what is outside the remit of the Trust in terms of reward and recognition.	Polly McMeekin	Lydia Larcum	Education to be provided via regular communication routes including Staff Brief, JNCC, LNC.	Ongoing	
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Voice that counts</li> <li>• Always learning</li> <li>• We are a team</li> <li>• Engagement</li> <li>• Morale</li> </ul>	<p>The free text comments reflect that further educational work is required around equality, diversity and inclusion.</p> <p>Equality and inclusion improvements for patients and staff members through the EDI improvement plans such as WRES, WDES and EDS</p>	Polly McMeekin	Virginia Golding		Ongoing	Ongoing EDI plans and workstream – needs renewed commitment from Care Groups, Corporate Directorates and YTHFM
<ul style="list-style-type: none"> <li>• Compassionate &amp; inclusive</li> <li>• Safe &amp; healthy</li> <li>• Always learning</li> <li>• Work flexibly</li> <li>• We are a team</li> <li>• Engagement</li> </ul>	Retention Steering Group to be established to work with professional leads across the organisation to share best practice internally and communicate positive action focused on improving staff experience.	Polly McMeekin	Jenny Flinton Anna Goode	Increase in quarterly Pulse survey response rates.	Ongoing	Initial discussions taking place to establish the group.

**We acknowledge that improving staff experience and delivering a sustainable workforce for our patients' needs will take more than one year and it is a core part of our multi-year Trust strategy. We aim to have made significant improvements by March 2025.**

**\* Improvement from Change Makers**

Last updated: 18.06.2024.



<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Complaints Annual Report 2023-24
<b>Director Sponsor:</b>	Tara Filby, Deputy Chief Nurse
<b>Author:</b>	Justine Harle, Lead for Complaints and Concerns

**Status of the Report** (please click on the appropriate box)  
 Approve  Discuss  Assurance  Information  A Regulatory Requirement

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

**Summary of Report and Key Points to highlight:**

The report contains details of complaint performance and actions taken in response to feedback.

**Key points:**

- 816 complaints were received compared to 663 in 2022/23, an increase of 23%.
- The top five subjects related to attitude of nursing staff/midwives, communication with patient, delay or failure in treatment or procedure, attitude of medical staff and delay or failure to diagnose.
- Overall performance in responding to complaints was 49%, compared to 55% in 2022/23.

**Feedback from Quality Committee (23 July 2024) – the report was received, and performance noted. A robust discussion was held regarding persistent themes, specifically in relation to communication and staff attitudes. Strategic next steps include:**

- Co-production of an experience & engagement framework with key stakeholders, to include targeted focus on communication and staff attitudes – workshop to progress the framework and improvement actions is planned for 5 August 2024.
- Strategic commitment to co-design of compassionate leadership, with associated ‘compassionate accountability’ to drive down complaints in relation to staff attitude – this was identified as a key priority at a strategic leadership event held 19 July 2024.
- Chief Nurse Designate has requested assurance from Care Groups regarding local actions around addressing complaint themes.
- Future reports to include information regarding % identified theme per patient contact.

Progress updates against these actions will be provided in future quarterly patient experience reports, which will provide triangulation of feedback and updates in relation to agreed improvement work and associated impact on patient experience.

**Recommendation:**

The committee is asked to note the contents of the report, and the work that is being undertaken to improve services as a result of feedback.

**Report History**

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

<b>Meeting</b>	<b>Date</b>	<b>Outcome/Recommendation</b>
Patient Experience Sub Committee	12 June 2024	Approved
Quality Committee	22 July 2024	Approved for Board of Directors with additional information regarding strategic actions identified within executive summary above
Board of Directors	24 July 2024	

# Annual Complaints Report 2023-24

## 1. Background

York and Scarborough Teaching Hospitals NHS Foundation Trust (the Trust) is an acute and community provider delivering a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale.

The Trust manages eight hospital sites and has a workforce of around 10,000 staff working across our hospitals and in the community.

In 2023/24, the Trust had 115,414 A&E attendances, 100,613 attendances in Urgent Care Centres on our sites, 779,908 outpatient attendances (also including telephone and video appointments), 160,808 inpatients (adults, including maternity), 9,921 inpatients (children), 121,700 operations or procedures as an inpatient and 3,916 babies delivered.

Every point of contact and interaction has an impact on an individual's experience, from the moment they receive an appointment letter to the point of their discharge. An approachable welcome at reception, an introduction that starts with a name, a system that saves patients needing to repeat their story – every role and every employee has a part to play in creating a positive experience for our patients, their families and loved ones.

## 2. Introduction

This is the complaints annual report for the period 1 April 2023 to 31 March 2024. It includes details of numbers of complaints received during this period, performance in relation to responding to complaints, Parliamentary and Health Service Ombudsman (PHSO) investigations and examples of actions the Trust has taken in response to complaints.

In managing complaints, the Trust is required to adhere to The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints.

The Board has corporate responsibility for the management and monitoring of complaints received by the Trust and the Chief Executive has delegated the responsibility for the management of complaints to the Chief Nurse. Monthly care group reports are produced for each Care Group as well as quarterly reports for the Quality Committee including details of number of complaints received, number of complaints closed by working day response time and compliance with performance targets and complaint themes. Complaint handling is now monitored at care group Performance Risk Improvement Management (PRIM) meetings and there is a focus on improving response times.

## 3. The number of complaints which the responsible body received and the number of complaints which the responsible body decided were well-founded

### 3.1 New complaints

816 formal complaints were received during 2023/24 compared to 663 in 2022/23, an increase of 23%. This equates to a monthly average of 68 complaints. As in the previous

year, patients remain particularly unhappy about the long waits in ED and for elective surgery, scans and follow up appointments.

<b>New complaints 2023/24</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
York Hospital (including Community)	119	143	149	172	583
Scarborough Hospital	37	53	62	61	213
Bridlington Hospital	5	4	5	6	20
<b>Total</b>	<b>161</b>	<b>200</b>	<b>216</b>	<b>239</b>	<b>816</b>

<b>New complaints by care group</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Cancer, Specialist and Clinical Support Services (CSCS)	22	26	17	28	93
Corporate Services	3	5	0	4	12
Family Health	16	34	32	29	111
Medicine (Scarborough)	21	31	33	35	120
Medicine (York)	56	55	72	71	254
Surgery	43	49	62	72	226
<b>Total</b>	<b>161</b>	<b>200</b>	<b>216</b>	<b>239</b>	<b>816</b>

### 3.2 Reopened Complaints

The Trust always seeks to apologise for failings in care and applies the duty of candour principles to the complaints process. All final response letters are subject to a rigorous approval process and are seen and signed by the Chief Executive or, in their absence, the Chief Nurse or an Executive Director designated signatory.

In 2023/24 805 complaint investigations were concluded, of which 6% (46) were reopened at the request of the complainant and further investigations undertaken. These figures are a reduction on 2022/23 (11%). Complainants are encouraged to contact us if they have any further questions and almost half of complainants took the opportunity to raise additional questions.

### 3.3 Outcome data

The Trust is required under the complaints legislation to record whether the issues were substantiated following investigation. Of the 805 complaints closed this financial year, 776 had an outcome code provided by the investigating officer at the time of this report. Of the 776 cases, 18% were upheld, 45% were partially upheld and 37% were not upheld. These figures are comparable to previous years.

<b>Outcomes 2023-24</b>	<b>Not upheld</b>	<b>Partially Upheld</b>	<b>Upheld</b>	<b>Total</b>
Cancer, Specialist & Clinical Support Services	41	26	31	98
Corporate Services	6	4	4	14
Family Health	36	64	28	128
Medicine Scarborough	25	67	18	110
Medicine York	88	131	30	249
Surgery	90	55	32	177
<b>Total</b>	<b>286</b>	<b>347</b>	<b>143</b>	<b>776</b>

### 3.4 Parliamentary and Health Service Ombudsman (PHSO)

Complainants are advised of their right to apply to the PHSO for independent review if they are dissatisfied with the Trust's efforts to resolve their concerns. In 2023/24 the PHSO undertook an initial inspection of twelve complaints and concluded no further action was required. No PHSO full investigations were registered in 2023/24 and we are currently awaiting the outcome of two full investigations that the PHSO registered in 2021/22 and 2022/23.

Five cases registered in previous years were concluded this year; four were partially upheld and one was upheld.

19957 related to care under the elderly medicine team at Scarborough Hospital in 2020. The investigation concluded that ward staff failed to provide the district nursing service accurate information about the patient's catheter. However, the error did not have an impact on the patient's overall care and the PHSO did not recommend any further actions.

22860 related to paediatric care at York Hospital in 2022. The investigation concluded that there was a significant delay in treating a child's undescended testicle. His parents were understandably worried about the long-term impact of the delay and felt their only option was to pay for treatment themselves. This case was discussed at the Child Health Paediatric Clinical Governance meeting in October 2023. It was agreed that any child aged three months or over, presenting with an undescended testicle, would be referred to the Urology Service, to comply with new NICE guidance that these infants should be seen by a urologist by the age of six months. This learning was shared with all medical staff performing baby checks and with our urology consultant team. The PHSO also asked the Trust to pay the family £3,450 in recognition of the costs they incurred for private surgery and the distress they suffered as a result of failings.

20779 related to delays in the Medicine Care Group management of the complaint during the Covid-19 pandemic. There was a delay in sending the complaint response and the investigating officer did not always keep the complainant up to date during this period. During the pandemic we faced challenges that affected our ability to respond to all complaints in a timely way but on balance we thought it was right not to suspend investigations as some NHS trusts did.

In the case of 18915 the PHSO found that appropriate investigations were not carried out when it was first suspected that the patient was suffering from infective endocarditis in February 2020. The Medicine Care Group created a safety briefing which was shared with all clinical staff to remind them of the importance of looking for this condition. Our cardiologists follow the European Society of Cardiology guidelines for the investigation and treatment of endocarditis and have a weekly endocarditis multi-disciplinary meeting involving our microbiologists. The details of this case and the Ombudsman findings were presented at a cardiology meeting.

22987 was upheld because follow-up imaging should have been recommended at the time of the original CT and that due to this error staff did not provide the patient with the correct follow up care she required. In addition, her rheumatoid pain was not managed effectively in the last months of her life. This case was anonymously reviewed at a Radiology Events and Learning Meeting (REALM) in October 2021. It was agreed that practice would be changed regarding cases such as this with immediate effect. Since October 2021, when a haematoma is identified in an atypical location, staff recommend a short interval follow-up study to ensure this is resolving and that there is no underlying tumour or vascular abnormality. It was recognised that the communication between oncology and other specialities, such as rheumatology was not as consistent as it should have been. Since this case communication has improved and the Oncology Team communicates to other specialities when specialist drugs have been stopped so that the specialities are aware they may have to consider other treatment options. They also provide clearer plans to the other specialities in terms of the safe treatment options that can be provided if necessary.

#### **4. The subject matter of complaints that the responsible body received**

The top five themes in 2023/24 were attitude of nursing staff/midwives, communication with patient, delay or failure in treatment or procedure, attitude of medical staff and delay

or failure to diagnose. Staff attitude and communication have been identified as priorities in the Trust Experience and Engagement Framework.

It should be noted that complainant’s comments are opinions and not always statements of fact and failings were not identified in 37% cases concluded in 2023/24. However, emerging trends or themes are monitored regularly as complaints are received, and any areas of concern are highlighted to the Care Group management teams.

<b>Top themes 2023-24</b>	<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>	<b>Total</b>
Attitude of nursing staff/midwives	29	36	35	41	141
Communication with patient	19	42	34	42	137
Delay or failure in treatment or procedure	20	25	40	49	134
Attitude of medical staff	22	38	39	33	132
Delay or failure to diagnose	20	27	22	22	91
<b>Total</b>	<b>110</b>	<b>168</b>	<b>170</b>	<b>187</b>	<b>635</b>

NB: There are often multiple subjects within a single complaint, reflecting the complexity of many complaints.

Whilst the number of complaints relating to communication has gone up, the data alone doesn’t tell us the reason behind this increase. It could be due to growing problems in the way services communicate with patients, or it could be because people feel better able to speak up. In addition, some patients make requests that are beyond what the NHS can provide. Often through little fault of their own, staff are stalled by unavoidable hurdles, such as staffing levels, or lack of resources. Working under these extreme pressures inevitably means that staff cannot always provide the instant answers and results that some expect and managing expectations is important from the outset.

As well as communication being the main issue for some complainants, it is more often part of a complaint about something else. The communication issue can be a trigger for a complaint or part of other errors and can also arise during the complaints process such as when a patient gets access to their medical records. Often issues can overlap and there can be a combination of communication issues and contributory factors in one complaint, particular around complaints about discharge arrangements.

Issues included lack of clear oral and written communication, misunderstandings and patient not being kept up to date, test results not being communicated to patients and consent issues. Some patients told us they felt rushed in their consultation and did not have an opportunity to discuss everything they wanted to during the time allotted for their appointment, which in some cases they had waited a long time for. Some told us the doctor failed to effectively communicate their diagnosis or treatment options and did not involve the patient in decisions. We have also seen a steep increase this year in the number of people complaining about the difficulties getting through on the phone to wards and departments across the Trust.

Issues about staff attitudes and behaviour included abruptness, rude arrogant or dismissive attitude. In addition, confrontation, inappropriate comments, insensitive to patient needs and lack of support were cited by complainants.

It may not always be clear exactly what has taken place and what might have caused a communication breakdown – this can be because the individuals have a different recollection of events or because it hasn’t been possible to identify through the case investigation. However, even if a member of staff disagrees with the complainant’s version of events there is a perception by the patient that there was a communication issue.

## **Communication: Accessible Information Standard**



All NHS organisations are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

No formal complaints were received in 2023/24 relating to the Accessible Information Standard.

## 5. Any matters of general importance arising out of those complaints, or the way in which the complaints were handled.

The national regulations, together with guidance from the Parliamentary and Health Service Ombudsman, indicate that the Trust must investigate a complaint ‘in a manner appropriate to resolve it speedily and efficiently and keep the complainant informed.’ When a response is not possible within the agreed timescale, the investigating officer informs the complainant of the reason for the delay and a new date is agreed by which the response will be sent.

On average 49% of closed cases met the Trust’s 30-day response target. However, the figures alone do not reflect the care group recent focus on addressing longstanding cases and as at 22/04/24 there were 6 cases over 30 working days and 3 over 50 working days.

2023/24	2022/23	2021/22	2020/21	2019-2020	2018-19
49%	55%	57%	57%	41%	36%

### Percentage performance per month (working days)

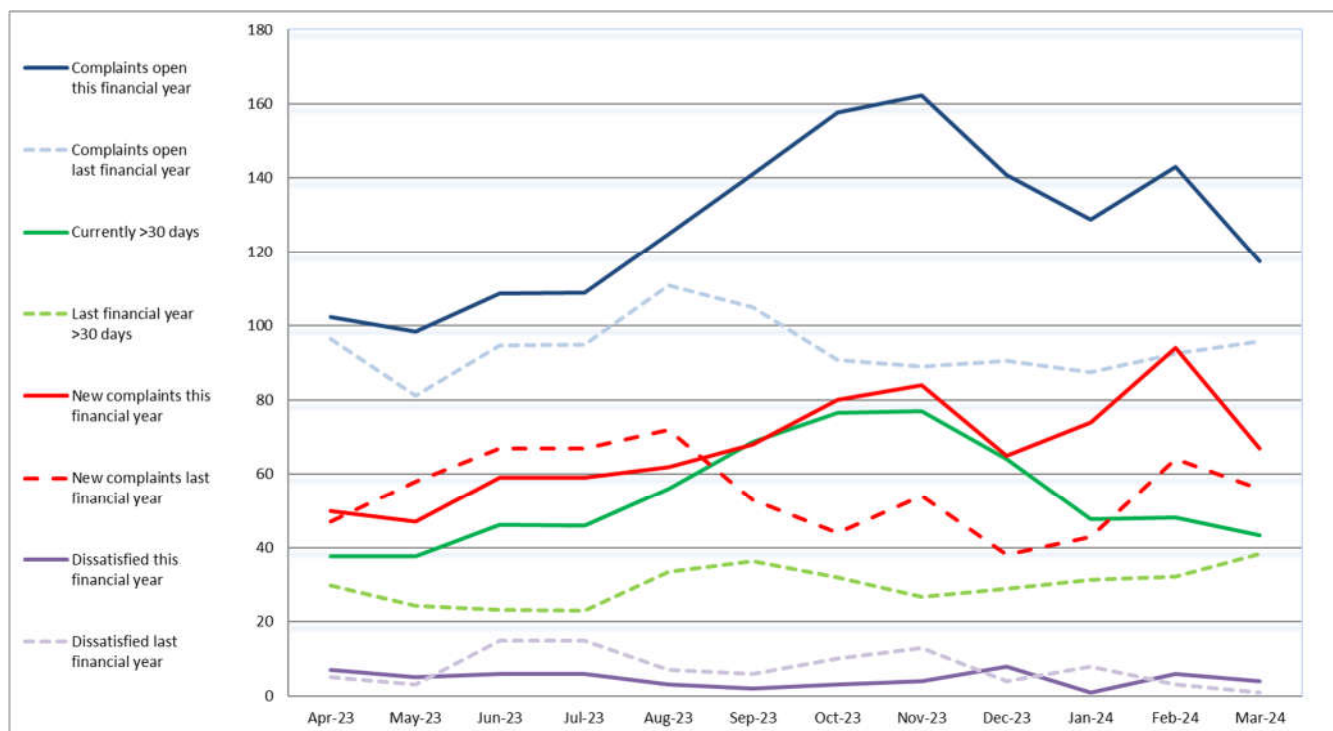
2023-34	<30		30-50		51-100		>100		Total Closed	Total Average no days	% Within Target
	Closed	Average no days	Closed	Average no days	Closed	Average no days	Closed	Average no days			
April	26	14	10	40	6	72	0	0	42	28	62%
May	23	19	12	39	9	71	3	127	47	41	49%
June	35	14	10	37	5	74	1	107	51	26	69%
July	21	16	18	40	13	66	0	0	52	37	40%
August	29	16	20	37	14	64	6	138	69	42	42%
September	23	12	13	38	7	59	3	123	46	34	50%
October	29	14	17	40	27	67	5	163	78	48	37%
November	30	12	18	39	14	75	5	131	67	41	45%
December	40	14	29	39	26	66	14	159	109	51	37%
January	48	13	22	37	13	69	6	132	89	35	54%
February	37	13	20	38	14	69	4	148	75	38	49%
March	48	17	34	37	14	68	5	117	101	36	48%
<b>Total</b>	<b>389</b>	<b>15</b>	<b>223</b>	<b>38</b>	<b>162</b>	<b>68</b>	<b>52</b>	<b>112</b>	<b>826</b>	<b>38</b>	<b>49%</b>

Responses within target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of cases closed	42	47	51	52	69	46	78	67	109	89	75	101
Closed within 30 days	26	23	35	21	29	23	29	30	40	48	37	48
<b>Trust %</b>	<b>62%</b>	<b>49%</b>	<b>69%</b>	<b>40%</b>	<b>42%</b>	<b>50%</b>	<b>37%</b>	<b>45%</b>	<b>37%</b>	<b>54%</b>	<b>49%</b>	<b>48%</b>
<b>Quarterly average</b>	<b>60%</b>			<b>44%</b>			<b>40%</b>			<b>50%</b>		

## Care Group average compliance with 30-day response target

Responses within target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Av
CSCS	63%	25%	50%	59%	54%	65%	38%	57%	30%	45%	83%	71%	53%
Family Health	33%	0%	38%	50%	44%	40%	25%	13%	28%	37%	43%	45%	33%
Medicine (av CG1 & 2)	90%	78%	85%	40%	48%	46%	50%	62%	47%	73%	56%	43%	60%
Surgery	57%	63%	77%	29%	42%	50%	22%	43%	28%	33%	32%	45%	43%

## Complaint Performance 2023/24



## Care Group Actions to improve performance

### Cancer, Specialist and Clinical Services Care Group

CSCS hold a weekly complaints meeting which is chaired by the Associate Chief Nurse or Associate Chief Operating Officer. When they are available, they both attend to ensure the team is aware that complaints are a high priority. All complaint leads attend the meeting and if they are not available their line manager reports on progress.

During the weekly complaints meeting the Care Group identifies what support is needed for the lead and ensures they have contacted the complainant within 72 hours of the Care Group receiving the complaint and that this is captured within Datix. The complaints dashboard is reviewed ahead of the meeting with support from the governance team to ensure that the Care Group is meeting timescales. This allows them to challenge in the meeting. The Complaints and Concerns Team is represented at the weekly meeting and this has really helped to ensure the care group has clear points of contact in the team.

The aim of the Care Group is to better represent patient experience within their governance structure to better evidence learning and celebrate how they have improved care for patients.



## **Family Health Care Group: Gynaecology and Paediatrics**

Individuals are contacted as soon as possible to acknowledge their complaint/concerns and efforts are made to resolve these over the phone where possible. Associate Chief Nurse led weekly Gynaecology MDT meetings were introduced in October 2023 to clear the backlog of complaints and concerns and new investigating officers are being identified and will undertake complaint investigation training to further support the Care Group in the year ahead.

The Clinical Governance Team produces a weekly Datix report of open Gynaecology and Paediatric complaints and concerns and these are circulated to investigating officers as a reminder. The team also undertakes a daily review of the Datix dashboard to ensure investigating officers have been allocated, check approaching deadlines and identify where an extension may be required.

Concerns, complaints, and incidents are reviewed at the weekly Paediatric incident review meetings and immediate learning identified. Complaints and concerns are also discussed at the weekly Gynaecology Senior Leadership Team meetings and immediate learning identified.

## **Medicine Care Group**

Weekly complaints meetings are in place to review progress and offer support and guidance to investigating officers and a training needs analysis has been completed to identify skills gaps.

The Care Group is promoting proactive responses to complaints as soon as possible after consent and encouraging investigating officers to contact the complainant directly and have a verbal conversation. The number of complaints that have been closed as a result has been significant.

## **Surgery Care Group**

The frequency of complaint meetings has been increased to weekly to improve response times and ensure support is available from senior colleagues to investigating officers. This led to a marked decline in overdue responses by the latter end of 2023.

Each Directorate General Manager has also added complaints to the weekly catch-ups to manage response times and any extension to the original timeframe has to be submitted to the General Manager for approval.

## **6. Examples of actions that have been taken to improve services as a result of complaints**

### **Cancer, Specialist and Clinical Services Care Group**

- MySight York now has a room at the Community Stadium site to support closer working between the Trust and the charity to promote patient experience and more integrated working.
- The Macmillan Cancer Health and Wellbeing Support Service responded to a need highlighted by patients and undertook patient engagement work with the redesign of the existing Cancer Care Centre starting in autumn 2024. It is planned the

development will be completed in 2025 and the centre will be open to people affected by cancer across the region.

- Patient concerns and feedback following previous moves was taken into consideration during the relocation of the York Medical Elective Service and this has gone smoothly and benefitted both patients and staff.
- A glaucoma patient group had been developed by the ophthalmology consultants in response to patient requests for more information and support.
- Endoscopy concerns have been addressed as part of the work to achieve Joint Advisory Group on GI Endoscopy (JAG) accreditation for the Trust.
- The Community Diagnostics Centres have been developed to provide more rapid access to diagnostics which is often a theme within concerns, providing access to services closer to home.

### **Family Health Care Group: Gynaecology and Paediatrics**

- Gynaecology and Paediatric complaints and concerns regarding medical care and attitude of medical staff are now copied into the Clinical Directors for awareness and feedback to the individuals concerned.
- Clinic letters are copied to patients in Gynaecology to improve communication by confirming follow-up arrangements which was identified as a complaint theme.
- There is now parent involvement on Matron interview panels in Paediatrics.
- The parents' room on Ward 17 has been renovated with parental input regarding design.
- Fundraising is continuing for a new bathroom on ward 17 and the Care Group plans to seek feedback from patients and families when developing the design.
- Special Schools, parents and teens with complex needs have requested outreach training to youth groups, attended evening sessions covering public and personal health.
- Special Schools: new bowel and bladder training for new starters as requested in Hobmoor Oaks School.
- Child Development Centre: going forward all appointment letters will include a note about waiting times to get into hospital and advice on parking to reduce late appointments.

### **Medicine Care Group**

- Because of the high number of complaints regarding staff attitude and communication, learning regarding this is being shared at Care Group meetings with all disciplines and the ward sisters have been asked to share with their teams. The ward sisters and Matrons have been asked to walk around the ward during visiting times introducing themselves and asking patients and visitors how their experience has been and if there is anything we can do to improve this.
- Scarborough site has been successful in obtaining a further 12 months charitable funding to support a Family Liaison Officer as this demonstrated a reduction in concerns previously. There is a desire to replicate this for York site, accepting that communication is core to everyone's role and should be of a high standard. This role can however help with the more complex cases.
- Another theme is regarding delay in appointments and treatment. The operational team is focusing on medical recruitment to increase capacity and try to reduce waiting times.
- The work around themes for the year of quality is also being used to raise awareness of the critical importance of basic cares.
- Within the community sites the teams have enabled Pets as Therapy dog visits to wards and the Autumn rooms at Selby and St Monica's Hospitals have been refurbished. Within Community, ward doors have also been upgraded to promote patient safety and dining rooms have been reconfigured to enable patients to socialise.

## **Surgery Care Group**

- The Trauma and Orthopaedic Service moved to the Surgery Care Group in October 2023. Several of their complaints related to patients not being clear about ongoing treatment and management plans. To help rectify this, it was agreed that clinic letters from appointments will be sent to patients as well as their GP or referrer as this had been stopped a few years ago.
- Several complaints related to patients not having appropriate over the counter pain relief medications at home on discharge and this has been added to the information given to patients at pre-assessment about preparing for their operation.

### **7. Looking Ahead: Quality Priorities 2023/24**

- Continue with support and training for investigating officers.
- Explore reinstating the complainants survey when Trust retenders for the third party survey services for Friends and Family Test and national patient surveys in Q3 of 2024/25
- Care groups to continue focus on improving response times.

### **8. Conclusion and request for the committee**

The complaints procedure is entirely necessary and can prevent negligence and promote transparency of care. Patients should always retain the right to make a complaint, and to highlight situations where something has gone wrong. Being open and honest about learning from complaints gives more people the confidence that the process will result in positive change and complaints must be seen not as a measure of poor performance, but as an opportunity for learning.

The committee is asked to note the contents of the report and continue to support the work being undertaken to improve patient experience.

Forvis Mazars – External audit 2023/24

York & Scarborough Teaching Hospitals  
NHS Foundation Trust

Presentation to Council of Governors

11 September 2024



# Forvis Mazars

## Your external audit team

- Mazars have been the Trust's external auditors since 2020/21
- In June 2024 Mazars formed a new network and were renamed Forvis Mazars
- We have built an excellent professional relationship with the Trust since then, applying our deep knowledge and experience of the NHS sector to efficiently audit the Trust for the past 4 years
- As a firm, we are one of the largest external auditors of NHS organisations
  - In 2023/24 we were the external auditors for 37 FTs, NHS Trusts and ICBs
- Nationally our public sector team has over 160 dedicated NHS and Local Government external auditors
- Your local audit is delivered from our team of 30 staff in our Public Sector centre of excellence based in Leeds

# Our responsibilities

Our responsibilities are defined by the Local Audit and Accountability Act 2014, and the Code of Audit Practice ('the Code') issued by the National Audit Office ('the NAO').

## What our external audit covers

- **Financial statements**
  - We give an opinion on the Trust's financial statements
- **Value for Money arrangements**
  - We are required to be satisfied the Trust has proper arrangements in place to deliver value for money in its use of resources
- **Wider reporting responsibilities**
  - We have specific powers and responsibilities as set out in the NHS Act 2006

## Who we report to

Meeting	Communication
Audit Committee	<p>We attend all Audit Committee meetings</p> <p>We present our annual Audit Plan, and report progress against that plan during the audit</p> <p>We present our audit findings to the Audit Committee at the completion of the audit</p>
Trust Board	<p>The Audit Committee uses our work to provide assurance to the Board</p> <p>Occasionally, we may report directly to the Board, but have not needed to do that this year</p>
Council of Governors	<p>Annually we issue a summary to the Governors</p>

# The scope of our work

## Opinion on the financial statements

We carry out our audit in accordance with the requirements of the NAO's Code of Audit Practice and International Standards on Auditing (ISAs).

The purpose of our audit is to provide reasonable assurance to users that the financial statements are free from material error.

The output from our audit work is the Audit Report containing our audit opinion, this is published alongside the Trust's financial statements in its Annual Report.

## Value for money arrangements

We are required to consider whether the Trust has made proper arrangements to secure economy, efficiency and effectiveness in its use of resources. We consider arrangements and report against the following criteria:

- **Financial sustainability** - How the Trust plans and manages its resources to ensure it can continue to deliver its services
- **Governance** - How the Trust ensures it makes informed decisions and properly manages its risks
- **Improving economy, efficiency and effectiveness** - How the Trust uses information about its costs and performance to improve the way it delivers services

We report any significant weaknesses in arrangements and provide a commentary from our VFM work in our Auditor's Annual Report.

## Wider reporting

The NHS Act 2006 provides auditors with specific powers where matters come to our attention that, in our judgement, require specific reporting action to be taken. We have the power to:

- issue a report in the public interest; and
- make a referral to the regulator.

We are also required to report if the Annual Governance Statement does not comply with relevant guidance or is inconsistent with our knowledge and understanding of the Trust.



# The outcome of our work in 2023/24

## Opinion on the financial statements

Work complete ✓

Unqualified audit opinion

We issued our audit report on 21 June 2024 giving an unqualified opinion on the Trust and Group financial statements for the year ended 31 March 2023.

We reported a small number of non-material adjustments arising from the audit.

We raised two recommendations to improve the control framework for financial accounting and reporting. Neither recommendation was fundamental to the Trust's financial reporting arrangements. Both were accepted by management with actions agreed to address the weaknesses.

## Value for money arrangements

Work complete ✓

One significant weakness reported

We issued our Auditor's Annual Report on 21 June 2024 incorporating our commentary on the Trust's VFM arrangements.

One aspect of our VFM work considers the impact of reports from other regulators. In 2022/23 we reported significant weaknesses in arrangements reflecting the weaknesses highlighted in the extant CQC reports.

In 2023/24, while acknowledging the progress the Trust has made in delivering its Journey to Excellence programme, we reiterated the significant weakness from 2022/23. This reflects the Trust had not yet fully completed and embedded the actions in the programme to secure the improvements in service delivery.

We will follow up this work in 2024/25 and will consider the further progress the Trust has made against its Journey to Excellence programme.

## Wider reporting

Work complete ✓

No reporting required

We have not needed to exercise our additional reporting powers during 2023/24.

We reported no issues over the form and content of the Trust's Annual Governance Statement.



# Contact

## Forvis Mazars

### Alastair Newall

Audit Director

5<sup>th</sup> Floor  
3 Wellington Place  
Leeds  
LS1 4AP

[alastair.newall@mazars.co.uk](mailto:alastair.newall@mazars.co.uk)

Forvis Mazars LLP is the UK firm of Forvis Mazars Global, a leading global professional services network. Forvis Mazars LLP is a limited liability partnership registered in England and Wales with registered number OC308299 and with its registered office at 30 Old Bailey, London, EC4M 7AU. Registered to carry on audit work in the UK by the Institute of Chartered Accountants in England and Wales. Details about our audit registration can be viewed at [www.auditregister.org.uk](http://www.auditregister.org.uk) under reference number C001139861. VAT number: GB 839 8356 73

© Forvis Mazars 2024. All rights reserved.

<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Chief Executive's Update
<b>Director Sponsor:</b>	Simon Morritt, Chief Executive
<b>Author:</b>	Simon Morritt, Chief Executive

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

Approve  Discuss  Assurance  Information  A Regulatory Requirement

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

**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, No Excuse for Abuse, JAG accreditation, Celebrating our people, Humber and North Yorkshire Collaboration of Acute Providers annual report.

**Recommendation:**  
 To note and discuss the report.

<b>Report History</b> Council of Governors only.		
<b>Meeting</b>	<b>Date</b>	<b>Outcome/Recommendation</b>
Council of Governors	11 September 2024	

## Chief Executive's Update

### 1. Operational performance

Demand for urgent and emergency care remains high, with NHS England reporting that nationally A&Es experienced the busiest summer ever with a total of 4.6 million attendances in June and July, which is the highest number for these months on record.

Local pressures continue to reflect this, however at the end of August our Trust has seen improvements in our ambulance delays, with the lowest average ambulance handover time so far this financial year.

Last month we held an urgent and emergency care summit to provide all staff with an update on the key challenges and opportunities facing us and to share further details of our plans for delivering improvements.

In that session, we announced a new Integrated Assessment Unit model which is in the early stages of planning, and a new Continuous Flow operating procedure which is being developed with a view to launching before winter.

My thanks go to staff working in all parts of the urgent care pathway for continuing to work hard to drive improvements in what are incredibly challenging circumstances.

### 2. Industrial action

Further talks between the BMA and the Government have taken place in a bid to bring the junior doctors' industrial action to an end. A revised offer has been made, and the BMA has put this to its members in a ballot which ends on 15 September. The BMA is recommending that members vote in favour, which will bring the dispute to an end.

Meanwhile, the BMA's GP Committee balloted its GP contractor/partner members in England who voted in favour of strike action. The BMA is encouraging participating practices to take part in action at scale, and this began on 1 August. Unlike with the industrial action carried out by other staff groups, no defined timeframe for the action has been announced, with the suggestion that it may continue in some form for an extended period of time.

Whilst this clearly has the potential to cause considerable system-wide impact, to date we have not seen a significant effect on our acute and emergency services, although we are keeping this under close review.

### 3. Our Voice, Our Future

Change makers have now analysed all of the feedback gathered in the Discovery Phase of the programme and identified the following priority areas to focus on:

- Values-led, inclusive leadership and management
- Communication and engagement
- Quality improvement and learning

The Board has received and supported these recommendations, and we are now beginning the Design Phase of the programme. This entails mapping what is already in

place to support these priorities, sharing ideas for how we develop these further, testing these ideas with colleagues, and planning for how we implement solutions.

#### **4. No Excuse for Abuse**

Those of you who have visited any of our sites in recent weeks will hopefully have seen our No Excuse for Abuse campaign, which launched in August.

Most of our patients and visitors are kind and appreciative of the care they receive, but there is a minority who are not.

We pride ourselves on continually striving to create a culture of belonging and to improve our awareness and appreciation of equality, diversity and inclusion. Our values and expected behaviours from colleagues, patients and visitors mean that we do not and will not tolerate racism, discrimination or abuse at any time, and we are committed to taking the most appropriate and serious measures if such actions are apparent. This includes incidences where this takes place between colleagues.

This is particularly timely given the recent protests and incidences of unrest that occurred up and down the country. Whilst we fortunately did not experience this in the communities we serve, we know that this was a cause of worry and anxiety for many staff, particularly given the racist nature of some of these acts.

The campaign gives a clear message that such behaviours and actions are not tolerated, as well as signposting staff to where they can access support if they experience this at work.

It is important that we all work together to create and support a workplace where everyone is welcome.

#### **5. JAG accreditation**

Following a rigorous assessment process we have been awarded accreditation by the Royal College of Physician's Joint Advisory Group on GI Endoscopy (JAG).

JAG accreditation is awarded to endoscopy services which can demonstrate they meet best practice standards.

The accreditation is for five years, subject to successful completion of an annual review, and covers all sites where we carry out endoscopy i.e. Bridlington, Scarborough and York.

In their accreditation report, the JAG was extremely complimentary about the service, describing evidence of 'high quality clinical leadership and engagement between teams' and how the 'harmonising of the excellent practices between sites will provide a high quality of care to all patients and training for all the workforce.'

This is fantastic news for our endoscopy services. Carrying out the action needed to achieve this accreditation has required a significant effort from the team, supported by many others in the trust, so well done and thank you to everyone involved.

## 6. Celebrating our people

As in previous years a number of events are taking place over the summer to celebrate and recognise our staff and the valued contribution they make.

In June and July we held our long service events for staff who have achieved 25 and 40 years' service in the NHS. These events, which take place in both York and Scarborough, celebrate the service, commitment, and skills of staff who have shown their loyalty to the NHS over many years.

On 19 September this year's Celebration of Achievement Awards will take place at York Racecourse. Over 200 nominations were received from colleagues and patients, recognising the fantastic work that has been happening across the organisation over the past year.

It is so important that we take the time out to celebrate and recognise all the positive work that is happening in the organisation, more so than ever when we are under pressure and circumstances are particularly challenging.

I am looking forward to hearing the inspiring stories of how our staff are working hard to make a difference. Thank you to everyone who took the time to nominate.

## 7. Humber and North Yorkshire Collaboration of Acute Providers annual report

The Humber and North Yorkshire Collaboration of Acute Providers (CAP) has published its 2023/24 annual report, detailing its activities and achievements in its first full year as a resourced provider collaborative.

CAP is part of the Humber and North Yorkshire Health and Care Partnership, bringing together the four Humber and North Yorkshire NHS acute trusts: Harrogate and District NHS Foundation Trust, Northern Lincolnshire and Goole NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust, and ourselves.

You can read the report [here](#).

**Date:** 11 September 2024

<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 <sup>th</sup> September 2024
<b>Subject:</b>	Chair's Report
<b>Director Sponsor:</b>	Martin Barkley, Chair
<b>Authors:</b>	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. I was a member of the interview panel that led to Dawn Parkes being appointed as Chief Nurse designate, I am delighted to report.
2. I have attended two meetings of Chairs and Chief Executives organised by the Humber & North Yorkshire Integrated Care Board (ICB), and the next one will take place the day after our CoG meeting. In addition, I have had a very helpful 121 meeting with the Chair of the ICB.
3. My appraisal was carried out late June by Rukmal, Lead Governor with Lorraine Boyd, Senior Independent Director, the outcome of which was reported to NHS England in accordance with regulatory requirements.
4. I had the pleasure of co-hosting a preview event for donors who had made notable contributions to the appeal fund regarding the new UECC at Scarborough Hospital. The new Centre is due to become operational in the first week of November, a month later than expected due to it taking longer than anticipated to address the electrical supply issues.
5. I also had the pleasure of attending the Long Services Awards evening in Scarborough for colleagues who have more than 25 years and 40 years length of service. Two colleagues who had more than 40 years' service (one of whom had more than 50) both worked in their entire career in the catering teams at Scarborough and Bridlington Hospitals. Remarkable.
6. Along with Simon Morrill I attended a meeting of the Committee in Common of the Acute Trusts Collaborative in the ICB area. It meets every 3 months, and this time was hosted by Harrogate Hospital. In addition, I had a very useful 121 meeting with the Chair of Harrogate & District NHS FT.
7. On 21<sup>st</sup> August with Melanie Liley, I met with members of the Bridlington Health Forum to discuss the information in the spreadsheets we discussed at our previous meeting of the CoG. A particular focus was on the deployment of out-patient clinics to consider whether more clinics could practically be undertaken at Bridlington Hospital for patients in that locality. I believe it was a very constructive meeting and we agreed the first three specialties to review present out-patient clinic deployment.
8. Since the previous meeting of the CoG we have a new government. In September and October, I believe there will be at least two significant events. The first is likely to be the publication of a report from Lord Darzi who the new Secretary of State appointed to carry out an urgent review of the NHS, and secondly in October, the Autumn Statement made by the Chancellor. After her major speech to the House of Commons on the state of public finances I read the publication "Fixing the Foundations" and a sum of £1.5 billion was stated against the NHS.
9. I had a week Cornwall in July with my family to mark my milestone of reaching 70 years of age! And I have two weeks holiday at the end of August/early September.
10. Finally, may I give all Governors a reminder of an invitation to attend a workshop along with members of the Trust Board and local authority Directors of Public health

to develop ideas and the basis of a plan to ensure the Trust develops its role as an Anchor Institution helping to improve the health and wellbeing of the population the Trust serves. The workshop will take place on the afternoon of Wednesday 16<sup>th</sup> October 2024, 1.30pm to 4.30pm. Venue to be confirmed.

Martin Barkley  
Trust Chair



<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Performance Report
<b>Director Sponsor:</b>	Martin Barkley, Chair
<b>Author:</b>	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

September 2024 Council of Governors meeting

## Diagnostic 6 week standard

- In July achieved 70% 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 34% re echocardiography to 96% for neurophysiology peripheral. Echocardiography improved by 12% over past 3 months.

## Acute Flow

- Number of 12+ hour trolley waits in July was 583 compared to 859 in May.
- Proportion of ambulance handovers waiting more than 60 minutes was 23.4% compared to 31.7% last time.
- Proportion of patients seen and treated in ED waiting less than 4 hours was 65.6% compared to 66.8% last time.
- Lost bed days for patients with no criteria to reside was 856 compared to 1082 days in April.

# Cancer

- Proportion of patients who had their first treatment within 62 days was 72.2% (compared to 60% last time) against a standard of 85%.
- Cancer faster diagnosis standard was 67.9% against a standard of 75%, which was a 2% deterioration.

## Referral to Treatment (RTT)

- Number of people waiting in July was 45,197 which is 2053 less than in April
- 89 patients waiting more than 65 weeks compared to 167 in April – satisfactory progress to achieve zero by 30<sup>th</sup> September
- 1432 patients waiting more than 52 weeks which is 386 less than in April.
- The mean waiting time for incomplete pathways is 18.8 weeks, a reduction of 1.1 weeks.

## Children scorecard

- 29 children waiting over 52 weeks in July, a reduction of 6 since April.
- An improvement plan is due to be presented to the September Board meeting to reduce the very long waiting times for speech & language therapy. An update will be in this report to the next Council of Governors meeting.

## Workforce

- In July staff sick leave rate was 4.9% with a year to date rate of 5.0%
- Rolling 12 month staff turnover rate is 8.4%, better than plan of 10%
- Overall vacancy rate of 7.5% (6.1% last time)
- HCSW vacancy rate in adult in-patient wards 5.8% (12.2%)
- RN vacancy rate 6.8%
- Midwifery vacancies minus 1.7%
- Medical & Dental vacancies 5.7% compared to 6.3% last time



## Patient experience

- The number of complaints received in July was 100 the third highest ever.
- The above was exceeded in April with 114 complaints being received .
- The monthly number of complaints being received is approaching three times higher than pre-covid.

<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Governor Questions to NEDs
<b>Director Sponsor:</b>	Martin Barkley Chair
<b>Author:</b>	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.

**Q1:** Please can the Trust give an update on recruitment at the Malton Urgent Treatment Centre. In particular, has the number of prescribers increased? Can you inform the COG about the communication of opening and closing times to the public.

**A1:**

---

**Q2:** How do the NEDs gain assurance about the quality and safety of the care provided by the Physician Associates that work within the Trust?

**A2:**

<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Sub-Board Committees Escalation Report
<b>Director Sponsor:</b>	Martin Barkley, Chair
<b>Authors:</b>	Stephen Holmberg, Chair of Quality Committee Lynne Mellor, Interim Chair of Resources 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

<b>Date of meeting:</b>	June 2024
<b>Chair:</b>	Steve Holmberg

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

<b>ALERT</b>
<p><b>Never Events</b> – 3 occurrences currently under investigation. Committee heard that emerging themes were non-adherence to protocols and other cultural issues such as actual/perceived barriers to challenge by junior staff</p> <p><b>Ambulance Waits</b> – Committee discussed 18 patients who had ambulance waits of greater than 8 hours during May. Intention is to derive learnings to try and minimise case numbers moving forward and to mitigate unintentional harms</p>
<b>ASSURE</b>
<p><b>Audit Reports</b> – Committee agreed to review relevant audit reports to derive assurance that required improvements are being appropriately actioned</p>
<b>ADVISE</b>
<p><b>Maternity</b> – PPH rate slightly lower in month but more assurance required over time that any improvement is sustainable. Committee received QIA analysis relating to lack of additional funding to improve staffing levels. Prior to Board presentation, Committee recommended that paper was expanded to detail risk mitigations and benefits associated with incremental investment</p> <p><b>CQC</b> – Committee continues to receive assurance that CQC is responding positively to Trust plans and progress which is nearing completion. A reducing number of overdue actions remain outstanding but Committee was assured that process by which completion dates are extended is robust and supported by CQC</p> <p><b>Quality Account</b> – Draft paper presented but some revisions were required and Committee intends to receive final version next month prior to Board approval</p> <p><b>Hospital Mortality Indices</b> – Trust is performing well as measured by SHMI rates but Committee noted the rise in actual deaths and HSMR. These changes are thought to reflect high numbers of 'Patients with no criteria to reside' and on-going challenges to community provision but further assurance will be sought</p>
<b>RISKS DISCUSSED AND NEW RISKS IDENTIFIED</b>
<p><b>Maternity</b> – York midwifery currently recruited to budget (Scarborough remains with modest shortfall). This creates a potential risk that student midwives may receive their experience at York but then have no opportunity to take up substantive position. This situation may worsen should York St John develop a course. This reputational risk has to be seen against agreed position that funded establishment is below safe staffing levels</p> <p><b>IPC</b> – Number of C. diff and MSSA infections remained high in-month. Ward 11 identified as a new area of concern for C. diff. Hand hygiene compliance remains a concern and pressure on beds and absence of 'decant' area makes use of HPV difficult to achieve in some situations</p> <p><b>Paediatric SaLT/Autism Services</b> – Committee received report that highlights significant increase in demand and the excellent work by the department to target services for those at greatest risk.</p>

Committee retain some concerns that some vulnerable patient groups may not be able to access service equitably and requested further information from the Health Inequalities team

**Children in ED** – Last month, Committee received information relating to earlier concerns about long paediatric ED stays. Cases centred round ‘older’ children inappropriately on adult pathways. Discussion with CG has identified that further work through the Paediatric Board will be required to resolve this concern

**Complaints** – Numbers remain high both in Medicine and Surgery. Increasing numbers of complaints needing to be reopened. Long waits and poor communication are dominant themes

**Volunteers** – Funding for coordinators has not been renewed that may put programme at risk

**VTE Prophylaxis** – Compliance identified as not being adequate and will become focus of targeted improvement work

<b>Date of meeting:</b>	July 2024
<b>Chair:</b>	Steve Holmberg

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

<b>ALERT</b>
<p><b>Principal Risks</b> – Committee confirmed that the 3 principal risks to Quality &amp; Safety were:</p> <ul style="list-style-type: none"> <li>• Stalling of improvement work in Maternity</li> <li>• Risks associated with ambulance handover and other delays in urgent care</li> <li>• Care on in-patient wards</li> </ul> <p>These themes are discussed further below</p> <p><b>Violence/Aggression against staff</b> – Rates show increase of concern</p> <p><b>Patient self-harm</b> – Increased incidence reported as cause for concern</p>
<b>ASSURE</b>
<p><b>Audiology Service</b> – Achieved IQIIPS accreditation for adult service</p> <p><b>Volunteering Service</b> – Time-limited funding had been obtained from charitable sources to support the programme</p> <p><b>PLACE</b> – Improvements noted in scores especially notable was substantial increase in ratings for food</p> <p><b>Nuclear Medicine</b> – Delays in commissioning of new camera (probably until October) in part due to identification of asbestos in clinical area. Committee received assurance that service was continuing with aid from neighbouring Trusts and pro-active communication strategy had avoided patient complaints</p>
<b>ADVISE</b>
<p><b>Maternity</b> – Metrics were stable or improving in month. Committee again alerted to risk of lack of sustainability without additional funding</p> <p><b>ICU</b> – Committee advised regarding legacy funding shortfall for AHP provision and that options were being worked through</p>

**CQC** – Committee continues to receive assurance that CQC is responding positively to Trust plans and progress which is nearing completion. Moving forward, Committee agreed that the focus of reporting should move to a quality framework approach to ensure that there were real and sustainable benefits to patient care from the improvement work. Chief Nurse advised the Committee that she was confident that the nursing leadership had a better understanding of their own quality metrics that was a fundamental step to drive further improvement

**Quality Account** – Final version to be signed off by Committee next week

**RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

**Maternity** – Committee discussed the £4M+ funding gap associated with required quality and safety improvements. Committee derived some assurance from multi-stranded work to ensure optimal usage of run-rate funding with focus on bank/agency spend, cessation of non-essential and non-contracted activity, other cross-directorate working and prioritisation of areas of most urgent funding that would together mitigate the total funding shortfall

**UEC** – Committee had detailed discussion in response to presentation from COO and follow-up information on patients with very prolonged ambulance handover times. Committee were pleased to learn of creation of UEC Board to be chaired by Chief Nurse and sought assurance that this would have scope to drive safety improvements with all internal and external stakeholders. It was agreed that Committee would receive regular updates on progress

**In-patient Care** – Committee received a presentation from the Surgery CG and heard major concerns about specific and general issues related to patients outlying on wards. Committee were advised that improvement work within the CG was on-going and urged that this was extended Trust-wide to ensure that medical and nursing responsibility for all in-patients was clearly understood and mandated with robust escalation protocols in place to which all would be held accountable. Improvements were also encouraged, at pace, from workstreams including Right Sizing, Job Planning and LoS

**IPC** – Number of C. diff and MSSA infections remained high in-month. Focussed work on Ward 11 has now had positive impact on C. diff rates. HAIs noted to be a particular problem on wards with additional capacity (on-boarding) that may be creating challenges for effective cleaning

**Complaints** – Committee received annual report. Long waits, staff attitudes and poor communication remain dominant themes but complaint numbers show concerning increase. Committee noted report but recommended that it should have more focus on actions to reduce complaints rather than just reporting numbers. Committee also agreed that a triangulated report encompassing other aspects of patient experience would be more useful rather than the current arrangement

<b>Date of meeting:</b>	August 2024
<b>Chair:</b>	Steve Holmberg

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

<b>ALERT</b>
<b>ASSURE</b>
<b>Maternity</b> – Metrics demonstrate continuing improvement for CQC Report
<b>ADVISE</b>

**Maternity** – Funding gaps in staffing requirements being prioritised against QIA determinations. Recent CQC visit very well supported by Estates Department

**UEC** – Recent summit meeting felt to be well received with additional positive engagement. In-month improvements to ambulance handover and first assessment times. Continuous Flow model of care discussed in detail. Violence against staff remains a major concern

**IPC** – Data remain disappointing with regard to HAIs. Basics still need to be embedded further. Improvement strategy includes direct meetings with CGs, celebrating flagship wards and enhancement of HCA training

### **RISKS DISCUSSED AND NEW RISKS IDENTIFIED**

**Safeguarding**- Committee received quarterly report that received detailed discussion. Low levels of compliance with some aspects of Level 3 training were discussed and Committee was assured that experiential learning was of greater value but there was a challenge in recording this. Committee also assured regarding processes to support effective safeguarding

**Children in ED** – Still some long stays due to inappropriate pathways. This is being managed through the Children’s Board and looks to be a reducing problem



## Resources Committee Reports

<b>Date of meeting:</b>	June 2024
<b>Chair:</b>	Lynne Mellor

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

<b>ALERT</b>
<ul style="list-style-type: none"> <li> <b>Operations:</b> The Committee discussed the continuing increased attendances at both Emergency Departments (EDs) and the increase in ambulance arrivals. The Committee sought assurance again concerning 8-hour plus ambulance breaches at York. The Committee noted again that there were still patients being brought by ambulance that did not need the services of the Emergency Department. The Committee also discussed the increase in Category 1 &amp; 2 patients i.e. acute patients. The Committee discussed concerns of increasing risk for patients and staff. The Committee took some assurance that discussions were continuing with YAS, EMAS the ICS and wider system to improve prioritisation of cases and patient flow especially to ensure that category 4 patients, who do not need to attend hospital are diverted for treatment elsewhere.         </li> <li>           The Committee noted the Ambulance report. The Committee asked for an update following the introduction of the Optimal Care Service with more detail also on actions following key partner/system meetings to address the above issues.         </li> <li> <b>Workforce:</b> The Committee discussed the workforce plan both the operational and strategic matters arising e.g. the impact of the slow-down in workforce growth 2024-5 and the associated strategic risks e.g. the increasing gap between demand and supply. The Committee welcomed the SWOT analysis and asked for an accompanying action plan.         </li> </ul>
<b>ASSURE</b>
<ul style="list-style-type: none"> <li> <b>Nursing and Midwifery:</b> The Committee was assured the rostering and efficiencies work continues, noting that of the 57 nursing workforce rosters 33% are at or just below 22% headroom. The cost improvements seen in the reduction of agency staff is evident and it is anticipated spend will be significantly reduced as plans are on track to deliver the vacancy forecast of 2% unregistered nurses and 1% registered by October 2024. The Committee welcomed the Trust's 'team-effort' approach in the training of new midwives. The Committee continues to note the success of the Healthcare Academy, with its positive impact and positive outcomes e.g. survey results of 120 healthcare academy graduates are very encouraging.         </li> <li> <b>Operations:</b> The Committee noted the Trust had achieved the 2024/5 improvement trajectory for the Emergency Care Standard with a performance of 68.1%.         </li> <li>           The Committee noted the increase in long stay patients and those who have No Criteria to reside i.e. 1,021 lost bed days re NCTR equivalent to 33 bedded-ward occupied every day in May. The Committee gained assurance plans are on track to continue to make improvements: the Trust achieved its current target of 18.8% NCTR patients with a performance of 18.5% (down from 30% pre Christmas).         </li> <li>           Cancer was discussed and is continuing to see some areas of improvement across a number of pathways e.g. Breast, Head and Neck, Lung Skin and Upper GI, NSS and Haematology exceeded 75% FDS. Diagnostics was discussed and remains a concern e.g. patients waiting greater than 6 weeks from referral in CT and Urodynamics. The Committee discussed the challenges to fulfil plans e.g. ageing equipment and asked for a further deep dive on Diagnostics by August.         </li> <li>           The Committee noted the Trusts RTT position as it continues to be ahead of trajectory submitted to NHSE. The Trust continues to maintain its RTT 78-week position.         </li> </ul>

- **Workforce:** The Committee welcomed the progress made by the Change Makers with the identification of 'quick wins' from their event 10 June.

### ADVISE

- **Nursing and Midwifery:** The Committee noted and discussed the Bi-Annual Midwifery, Maternity and Neonatal Staffing report. Concerns were raised about Red Flag entries; the Committee discussed the plans to address as well as accurate data entry, there's also a cultural shift needed in adherence to process.
- Allied to the overall workforce plan, the Committee discussed the Maternity and Neo Natal Staffing report and the safe staffing levels – currently the Trust has 44 WTE shortfall. The Committee received some assurance that following a QIA, plans will be brought to board and also discussions taking place at ICB level to consider the shortfall alongside other Trust priorities given current financial pressures.
- **Operations:** The Committee welcomed Elective waiting list paper: the Committee discussed the issues including data quality and process. It discussed the data cleanse of the waiting lists and the need to identify priority patients – some assurance was given with the priority of some paediatric and cancer patients on the waiting list for over 2 years. The Committee asked for a monthly update on progress. The Committee also raised concerns that the outpatient follow-up partial booking over due over 6 weeks continues to rise from 26617 previously, to 27121 - some assurance was given around plans to address.
- The Committee noted data is being reviewed for ED attendance duplication – the Committee asked for an update in July.
- **Finance:** The Committee noted the adjusted financial surplus/deficit plan for the Trust is down from £20.8 to £16.6M deficit following the anticipated release of provisions from the ICB to reduce the overall system to a £50m deficit. Month 2 position for the Trust has an adverse variance to plan of £3.3M. ERF is £3.2M ahead of plan. CIP status shows still a long way to go with circa £11M of recurrent revenues identified. The Committee discussed run rate and asked to see 12 month forecast plan next month including projected benefits.
- **Workforce:** The Committee discussed the need to align reported vacancy numbers between Eroster, the Financial Ledger and ESR with a request to report back to the Committee in September with an update on actions to resolve issues and agree one-truth data source.
- The Committee raised concerns that the pulse survey response rates were at 4% and what more could be done across the Trust in gaining momentum for encouraging staff survey completions – both pulse and annual.
- The Committee noted the Trust is undertaking a review of Healthcare Support Worker (HCSW) Nursing and Midwifery banding (Band 2 and 3) in partnership with the Trade Unions. The review will inform workforce modelling and in discussion with the Trade Unions possible redress for duties already worked for HCSWs who may have been carrying out tasks identified at a higher level.
- **YTHFM:** the Committee discussed the Q4 report. It welcomed the positive news on achieving the CIP target for the third successive year. The Committee welcomed the update on improvement activities including the taxi-review, plans for Preventative Planned Maintenance, and the asset survey. The Committee discussed the KPIs overall and noted positive improvements. The Committee did raise concerns on maintenance particularly P1 scheduled checks and the status of backlog maintenance; the Committee agreed YTHFM would report back on next steps.
- The Committee welcomed the new Head of Sustainability to the Trust and noted the Sustainability report – discussing e.g. positive impact of LED lighting, and its benefits as well as revised travel plan and funding bids. The Committee noted the EPAM report.

### RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- The Committee discussed the need for a Board review on risk including risk appetite.
- Risk discussed with each report, with a plan to do a deeper quarterly dive on risk:
  - The Committee noted the new addition of the deterioration of results in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES).
  - Continued concern discussed about diagnostic waiting times and plans in place to meet targets – to review again in July/August.

<b>Date of meeting:</b>	July 2024
<b>Chair:</b>	Jim Dillon

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

<b>ALERT</b>
<p><b>Operational Performance</b></p> <ul style="list-style-type: none"> <li>- Emergency Care Standard of 68.1% was not achieved but was 67.5%</li> <li>- Ambulance arrivals up 11% from May with acute categories(1&amp;2) up 10% adding to significant pressures in ED</li> <li>- NCTR remains high with 924 lost bed days</li> <li>- The June average ambulance handover target of 23 minutes and 57 seconds was not achieved. However the achieved average if 50 minutes and 38 seconds was an improvement on the average of 57 minutes and 47 seconds the previous month.</li> <li>- Rise of 22% in paediatric in ED from June 2023</li> <li>- Waiting times for Children and Young People in community care becoming concerning with 41% of the 2,038 on the list waiting more than 52 weeks with particular issues in Speech and Language Therapy.</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>- CIP behind plan by £1.9m</li> <li>- Spend on Agency, Bank and WLI is ahead of plan.</li> </ul>
<b>ASSURE</b>
<ul style="list-style-type: none"> <li>- OCS(Optimal Care Service) launched on 3<sup>rd</sup> July aimed at improving the flow through ED and ensuring patients are directed to the appropriate pathways. This will operate from 8am to midnight in York and 8am to 6.30 in Scarborough.</li> <li>- Ambulance “pit-stops” introduced in York to assist in reducing the impact of ambulance congestion</li> <li>- Progress in eRostering having a significant impact managing resources and creating £1.3m in savings since March.</li> <li>- Good progress made in nursing and HCSW recruitment</li> <li>- Successfully moved all general nursing agency use to within NHS England agency price caps</li> </ul>

- Efficiency savings of £14m banked in the last 3 months with around £13m recurring efficiencies

### ADVISE

- A programme of initiatives aimed at improving performance in Cancer care progressing, focussing on:
  - o Earlier and faster diagnosis
  - o Improvements in treatment Personalised Care
  - o Refurbishment of the York Cancer Care facility
  - o Targeted Lung checks
  - o Breast pain clinics
  - o Research & Development
  - o Improvement in informing patients of the outcome of diagnosis.
- Change Makers progressing with writing a report regarding the feedback from the Discovery Phase.

### RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- Ongoing concern over the challenging situation in ED's however new initiatives will hopefully have a positive impact.
- Importance of maintaining a focus on the delivery of efficiency targets
- Uncertainty over the impact the new government will have on the threat of continued industrial action.

<b>Date of meeting:</b>	August 2024
<b>Chair:</b>	Lynne Mellor

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

### ALERT

- **Operations:** Much focus is being given to Urgent and Emergency care given Ambulance arrivals continue to rise including the arrival of acuity patients (category 1&2 with a 5% increase in comparison to July last year). ECS trajectory of 70.5% not met with a performance of 65.6%. Some assurance given with current plans including the introduction in September of ICC providing advice to YAS, GPs, and community organisations – which should help divert patients who do not need to attend ED. The Committee welcomed the HNY UEC report but is concerned that there is insufficient visibility of YAS, and Primary care improvement plans - so that the Trust is assured that each of their issues and actions are being addressed at pace.
- **Workforce & Operations:** The Committee discussed the risks of industrial action:
  - o Primary care – where the unpredictability of work to rule which started 1 August and is ongoing, has a potential harmful impact on population health and on the Trust being able to cater for potential unplanned increased demand on its services.
  - o There is an official ballot from 12 August to 9 September for all Unite Union members employed in Microbiology services, York hospital and Blood Sciences, Scarborough hospital to determine if strike action or action short of a strike is taken. The Committee discussed the risk to patients and services, such as cancer, diagnostics, and the potential delay of the LIMs go live date in November (a system which has already seen significant delays).
- **Finance:** The Committee discussed the financial pressures on the Trust with a planned adjusted deficit at year end of £16.5M, the revised likely case forecast at year end will be £11M adrift of plan (worst case £20M). The Committee noted the significant risk of not receiving the promised

NHSE cash-injection. The Trust would welcome the NHSE cash funding at the end of month six i.e. at least 50% of the current forecast deficit of £16.5M (£8.25M) and additional funding to cover the unfunded higher pay awards e.g. where approximately two thirds of HCSW staff will move from band 2 to band 3.

### ASSURE

- **Operations:** The Committee discussed those patients who have No Criteria to reside i.e. 856 lost bed days re NCTR equivalent to 27 bedded ward occupied every day in July. Whilst there is some improvement, the Committee wondered if more could be done to reduce NCTR faster – it was given assurance that system plans are moving forward e.g. community site assessments to enable faster discharge in York and the East Coast, and plans are on track for the implementation of Optica in Q3 which should provide wider visibility of a patient status and speed up progress of discharge.
- The Committee discussed the Cancer position e.g. several specialities failing to hit the 75% FDS trajectory with some assurance given that improvement plans are in place and being reviewed particularly for the summer months to maintain capacity.
- **Nursing and Midwifery:** The Committee noted the positive improvements to the nursing workforce. The forecast registered nurse position will be 1.7% by October 2024. The Committee noted the achievements in the roster efficiency programme including 2% reduction in weekend and 23%-reduction in night shift agency staff – which is better for patients and for staff team spirit. The Committee welcomed the news of the nomination for the Nursing Times Workforce Awards for best workplace for learning and development.
- **Workforce:** The Committee discussed the Pay Gap report and asked for a plan to support the key recommendations with a suggested playback of improvements in 6 months' time.

### ADVISE

- **Operations:** The Committee welcomed the news that the Trust will move to Tier 2 for Cancer and Diagnostics from 29 July.
- The Committee reviewed the Diagnostics paper, noting the issues in turnaround times in CT and pathology. The Committee discussed the Diagnostic surveillance process with Endoscopy, it being the only speciality that must adhere to national guidance where the patient should be moved to an active waiting list; the risk being that the manual escalation process fails. The Committee suggested that in the next progress report, more information is provided overall to understand the status of plans and priorities to improve diagnostic performance – both tactical and strategic.
- The Committee noted the Elective waiting list paper and agreed further detail is needed on Clinical harm and benchmarking/learning from other Trusts.
- **Finance:** The Committee noted the balance to plan at month 4 i.e. an adjusted deficit position of £13.6M. CIP status is deteriorating – the Committee discussed the efficiency improvement plans such as from procurement and welcomes a presentation from the Director of procurement in September to identify any additional recurrent benefits. The Committee discussed run rate, cash position and noted the annual benefits profile will be produced for September Board.
- **Workforce:** The Committee discussed the Workforce TPR and fed back a few questions to be answered offline. For example, the Committee welcomed the summary of the Discovery Phase Change Programme and looks forward to reviewing the plans to address the Change Maker/staff recommendations.
- **Medicine:** the Committee noted the Guardian of Safe Working hours report.
- **YTHFM:** The Committee welcomed YTHFM involvement in the design for the integrated assessment units, ahead of the confirmation of a £6M NHSE funding award and asked that the management of any contractors takes on Board lessons learnt from recent builds. The Committee noted the EPAM report.

### RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **Risk discussed with each report:**
  - a) The Committee noted the Finance risk of not receiving NHSE cash and the need to fund the higher pay awards. The mitigation if the cash position deteriorates is to apply for a loan to provide the necessary funds, however the consequences of this would signal significant financial issues and could move the Trust to Tier 4 measures with stricter financial controls.

- b) The Committee noted the risks for industrial action in primary care and the ballot underway for Union members in Microbiology services, York hospital and Blood Sciences, Scarborough hospital, to determine if strike action or action short of a strike is taken.
- c) UEC: i) The Committee noted that whilst the external attention given to the Trust's Urgent and Emergency care situation is welcome, there is a risk that the urgent requests for the Medical Director, Chief Operating Officer and Chief Nurse, to attend external meetings is diverting attention from their Trust day-job, and the risk increases when all three executives are required to attend the same external meeting. ii) The Committee noted the need for greater visibility of YAS and Primary care plans.



<b>Report to:</b>	Council of Governors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Governors Activity Report
<b>Director Sponsor:</b>	Martin Barkley, Chair
<b>Author:</b>	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
- Membership Development Group
- 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 12th June 2024.

**Membership Strategy:** I would like to thank Abbi Denyer for her leadership and all the hard work she put into the Membership Group over the last two years. Michael Reakes has since taken up the role of the chair for this group. The Trust membership group met on 7th August to discuss an updated draft membership strategy and it is expected that this strategy will be finalised and approved at the December CoG meeting. All communication activities will be addressed and aligned with the Trust Strategy and the Patient, Carer and the Trust's Public Engagement Framework.

**Chair's Appraisals:** Thank you for all the Governors who submitted comments for the annual Chair's appraisal in May. The Governors recognised that at the point the comments were provided, the Chair, Martin Barkley, was in post for 6 months. The statutory Multisource Assessment protocol for the appraisal was followed and the appraisal was submitted in a timely manner to be reviewed by the NHS England's Chief Operating Officer for review and for Integrated Care Board's and the NHS Trust's, endorsement. Throughout the process, I worked closely with the Senior Independent Director, Doctor Lorraine Boyd, and we held the appraisal meeting with Martin Barkley on 28th June.

**Health & Care ICB (Integrated Care Board) Strategy for Bridlington and the East Coast:** Linda Wild (public East Coast) and I met with Simon Cox (NHS Place Director East Riding of Yorkshire, East Riding of Yorkshire Health and Care Partnership (ICB)) and Chris Mills (Engagement Manager, ICB) on 12th August for an update on the Bridlington public health and care consultation. Feedback was provided to the East Coast Governors. Selby constituency meeting: A meeting for Selby members were held by Martin Barkley on 7th June.

**Governor Forum meeting:** I would like to thank the Governors who attended and contributed to the Forum meeting on 14th August. I would specifically like to thank the three Governors Alastair Falconer, Sue Smith and Sally Light whose tireless contributions and wise counsel during their tenure have helped better shape the CoG.

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

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.

Rukmal Abeysekera  
Lead Governor

## **2. Membership Development Group (07.08.24)**

The latest draft Membership Development Strategy was reviewed. The total catchment population figure was revised. It was agreed to split the draft document into a Strategy Document, to be available to the public after approval by the Council of Governors, and an internal Action Plan. The proposed strategic objectives are:

- 1) Increase the number of public members, together with ensuring they are representative and diverse;
- 2) Improve the extend and quality of engagement and communication with members.

The Strategy will align with the Patient, Carer and Public Engagement Framework being developed by the Director of Communications.

The next members' survey was discussed. It was agreed that this should ask what would encourage membership? and what members would like as part of membership?

Michael Reakes  
MDG Chair

## **3. Constitution Review Group (22.08.24)**

The last CRG meeting was held on 17 April 2024. The membership and population figures for each constituency were reviewed to determine if the number of Public Governors was still appropriate. Population figures were initially obtained from the latest available 2019 census. Based on this analysis it was suggested to reduce the number of Public Governors for York from 5 to 4, remove the Out Of Area Governor, increase the number of Governors for Hambleton by 1 (from 1 to 2), and increase the number of Governors for the East Coast by 1 (from 5 to 6). This was reported at the June CoG, but after this meeting, a more appropriate source of catchment population data from the NHS has been found, but so far it has not been possible to determine the population breakdown in each constituency. Once determined, these figures and constituency recommendations will be re-evaluated and presented again.

In addition to the constitution changes already approved, the following addition paragraphs were also recommended at the June CoG to address comments from some of the NEDs about the ICS and from some members of the public (other Foundations Trusts such as Bedfordshire have included these statements): 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. 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. 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. Specific changes to the Compliance Manual were also recommended. The next meeting was scheduled for 21 August 2024 but has been postponed until 09 December 2024.

A consolidated update to the Constitution will be put to the Board and Council of Governors for review and approval.

The Actions to resolve these issues are with Mike Taylor.

Michael Reakes

#### **4. Constituency Activities**

##### **Adnan Faraj – Staff Governor Scarborough & Bridlington**

The activities as a staff governor I have been involved in the last 3 months:

1. Attended the board meetings on the last Wednesday of each month, actively interacting with the team.
2. We managed to have a productive meeting with ICB, Simon Cox and colleagues, to lay down a road map for the development of the East Coast. We are awaiting for the outcome of questionnaire study the ICB has distributed.
3. I would like for an update about the business case of transferring the mobile theatre in Ramsay to Bridlington.
4. On personal level, I have joined the Trust's leadership course.
5. Encouraged people to apply and fill in the vacant public governors posts.

##### **Alastair Falconer & Sue Smith – Public Governors Ryedale & East Yorkshire**

We summarise the activities in the constituency over the last quarter:

As well as representing individual concerns to the Trust we have continued to attend meetings of the Patient Participation Group (PPG) at Derwent Surgery Malton. Issues raised at the PPG affecting the Trust have been:

1. Staffing and opening hours at the Urgent Treatment Centre at Malton Hospital.
2. Withdrawal of phlebotomy services at the Surgery for secondary care requests.

The latter issue results from the collective action undertaken by the surgery as part of the BMA dispute with the government. We have represented these concerns to the Trust. Simon Morrith has responded to the UTC concern. The phlebotomy issue has been raised this week.

##### **Beth Dale – Public Governor York**

Over the last 3 months I have regularly taken part in the PLACE inspections across the Trust making sure patients are being looked after in a clean safe space with water and food.

I've also actively been involved with access audits across the Trust making sure all areas are easily accessible for all disabilities.

I am now on the travel and transport group and have regular drop ins and chats with taxi drivers and patients.

Finally, I have joined the inter trust ICS Kings Fund project.

## CoG Attendance Record

Item 14.1

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	12.06.24 CoG	11.09.24 CoG	11.12.24 CoG
Martin Barkley (Chair)							√	√	√		
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√		
Cllr Jonathan Bibby (Stakeholder Governor - Ryedale CC)											
Rebecca Bradley (Staff Governor - Community)							√	Ap	√		
John Brian (Public Governor - Ryedale & EY)							√	Ap	Ap		
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	Ap	√	√	√		
Cllr Liz Colling (Stakeholder Governor - NYCC)	Ap	√	Ap	√	√	√	√	√	Ap		
Beth Dale (Public Governor - York)	Ap	√	√	√	√	√	Ap	√	√		
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√	√	√	√		
Keith Dobbie (Public Governor - East Coast of Yorkshire)	√	√	Ap	√	√	√	Ap	√	Ap		
Alistair Falconer (Public Governor - Ryedale & EY)	√	√	Ap	√	√	Ap	√	√	√		
Adnan Faraj (Staff Governor - Scarborough/Bridlington)							√	Ap	√		
Sally Light – (Public Governor – York)	√	√	√	√	√	√	√	√	√		

## CoG Attendance Record

Item 14.1

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	12.06.24 CoG	11.09.24 CoG	11.12.24 CoG
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√	Ap	√	√		
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√	√	√	√		
Jill Quinn (Stakeholder Governor - Dementia Forward)								Ap	Ap		
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√	√	√	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	√	√	√	√	Ap		
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√	Ap	√		

<b>Report to:</b>	Board of Directors
<b>Date of Meeting:</b>	11 September 2024
<b>Subject:</b>	Fit and Proper Persons Test Annual Report
<b>Director Sponsor:</b>	Martin Barkley, Chair
<b>Author:</b>	Mike Taylor, Associate Director of Corporate Governance

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

Approve  Discuss  Assurance  Information  A Regulatory Requirement

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

**Summary of Report and Key Points to highlight:**  
The purpose of the report is to highlight the assurance of the Non-executive Directors adherence to the Trust’s Fit and Proper Persons Test Policy (FPPT).

**Specifically to note and discuss:**  
Assurance provided to the Trust’s Fit and Proper Persons Policy in line with the NHS England Fit and Proper Person Test Framework.

**Recommendation:**  
The Council of Governors is asked to note the assurance provided in compliance with the NHS England Fit and Proper Person Test Framework for the Non-executive Directors.

<b>Report History</b> (Where the paper has previously been reported to date, if applicable)		
<b>Meeting</b>	<b>Date</b>	<b>Outcome/Recommendation</b>
Board of Directors	18 July 2024	Noted

## **Fit and Proper Persons Annual Assurance 2023/24**

### **1. Introduction**

As a health provider, the Trust has an obligation to ensure that only individuals fit for their role are employed. Following the regulatory standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, the Trust must ensure that all Board directors meet the 'Fit and Proper Persons Test'.

### **2. Background**

In 2019, a government-commissioned review (the Kark Review) of the scope, operation, and purpose of the Fit and Proper Person Test (FPPT) was undertaken. In response to the recommendations in the Kark Review, NHS England developed a FPPT Framework to strengthen/reinforce individual accountability and transparency for board members, thereby enhancing the quality of leadership within the NHS. This FPPT framework came into effect from 30 September 2023.

The Framework applies to the board members of NHS organisations, irrespective of voting rights or contractual terms.

### **3. FPPT Process**

The Board of Directors members have each completed a FPPT self-attestation and subsequently the test has been applied in line with the NHS guidance and the Trust Policy approved in January 2024.

The test has been completed both for annual checks and for those board members joining since January 2024 as recruitment checks. The outcome of the FPPT have been saved in respective personnel files and uploaded onto ESR. A summary of this is provided in appendix 1 for the Non-Executive Directors.

The Annual NHSE FPPT submission has been concluded and provided to NHSE as required by the FPPT framework.

Between FPPT checks, each Director is responsible for identifying any issues which may affect their ability to meet the statutory requirements and bringing these issues on an ongoing basis and without delay to the attention of the Director of Workforce and OD or the Trust Chair.

### **4. Recommendation**

The Council of Governors is asked to note the assurance provided in compliance with the NHS England Fit and Proper Person Test Framework for the Non-executive Directors.

## Appendix 1 - Fit and Proper Persons Register 2023/24

Name, Title / Role	Annual/ Recruitment Checks Complete	DBS Check	Registering Professional Body	Annual Appraisal Conducted	Annual Self Declaration Signed	Disqualified Director Check	Insolvency Service Bankruptcy Register	Charity Trustees Register	Public Domain Search
<b>Non-executive Directors (NEDs)</b>									
<b>Martin Barkley (Chair)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Jenny McAleese (NED)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Jim Dillon (NED)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Lorraine Boyd (NED)(SID)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Lynne Mellor (NED)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Matthew Morgan (NED)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Stephen Holmberg (NED)</b>	Yes	Yes	N/A	✓	✓	✓	✓	✓	✓
<b>Helen Grantham (ANED)</b>	Yes	Yes	N/A	N/A	✓	✓	✓	✓	✓
<b>Julie Charge (NED)</b>	Yes	Yes	N/A	N/A	✓	✓	✓	✓	✓