



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; Andy Bertram, Finance Director; 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