York and Scarborough Teaching Hospitals
NHS Foundation Trust

Agenda

Council of Governors (Meeting held in Public)

Wednesday 11 December 2024

The Attic, Selby Community Centre, YO8 4BL

at 10.00am

York and Scarborough Teaching Hospitals
NHS Foundation Trust

COUNCIL OF GOVERNORS MEETING

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

On: Wednesday 11 December 2024

Venue: The Attic, Selby Community Centre, YO8 4BL

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	Selby Community Centre	Council of Governors Members of the Public
10.00 – 14.15	**Council of Governors meeting held in public**	**Selby Community Centre**	**Council of Governors** **Non-executive Directors** **Executive Directors** **Members of the Public**
14.30 – 15.15	Private Council of Governors	Selby Community Centre	Council of Governors Non-executive Directors

York and Scarborough Teaching Hospitals NHS Foundation Trust

Council of Governors (Public) Agenda (11.12.24)

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	**Introduction, apologies for absence and quorum** To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
2.	**Declaration of Interests** To receive any changes to the register of declarations of interest	Chair	Enclosed	6	
3.	**Minutes of the meeting held on 12 June 2024** To receive and approve the minutes from the above meeting	Chair	Enclosed	11	
4.	**Matters arising from the minutes and any outstanding actions** To discuss any matters or actions arising from the minutes	Chair	Enclosed	18	
5	**Chief Executive's Update** To receive a report from the Chief Executive	Chief Executive	Enclosed	19	10.05 – 10.20
6	**Chair's Report** To receive a report from the Chair	Chair	Enclosed	25	10.20 – 10.35
7	**Questions received from the public** To discuss and answer the questions received from the public	Chair	Enclosed	27	10.35 – 10.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	**The Green Plan** To receive an update on the plan	Head of Sustainability	Enclosed	34	10.45 – 11.00
9	**Performance Report** To receive the latest Performance Report	Chief Operating Officer, Chief Nurse	Enclosed	51	11.00 – 11.20
	BREAK 11.20 – 11.30				
10	**NED Assurance Questions** To receive an update from the NEDs	NEDs	Enclosed	60	11.30 – 11.45
11	**Reports from Board Committee Chairs** 11.1 Quality Committee 11.2 Resources Committee 11.3 Audit Committee	Chairs of the Committees	Enclosed	65	11.45 – 12.15
12	**Governors Activities Report** To receive a report from the governors on their activities	Governors	Enclosed	78	12.15 – 12.30
	LUNCH 12.30 – 1.15				
13	**Draft Trust Strategy** To review the draft Trust Strategy		Enclosed	82	1.15 – 1.35
14	**Draft Membership Strategy** To review the draft Membership Strategy		Enclosed	100	1.35 – 1.55

	SUBJECT	LEAD	PAPER	PAGE	TIME
15	**Corporate Governance Update** - Constitution amendments - Update on OOH Group	Associate Director of Corporate Governance	Enclosed	113	1.55 – 2.15
16	**Items to Note**				2.15
	16.1 CoG Attendance Register		Enclosed	121	
17	**Time and Date of next meeting** The next Council of Governors meeting will be held on Thursday 13 March 2024.				

Speakers:

Item 8 – Graham Titchener, Head of Sustainability

Register of Governors' interests
December 2024

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 2

Additions: **Ros Shaw, Public Governor York**
Paul Gibson, Public Governor East Coast
James Hayward, Public Governor East Coast
Graham Healey, Staff Governor SGH & Brid
Gary Kitching, Staff Governor York

Deletions: **Sue Smith, Public Governor Ryedale & EY (end of tenure)**
Alastair Falconer, Public Governor Ryedale & EY (end of tenure)
Keith Dobbie, Public Governor East Coast (end of tenure)
Sally Light, Public Governor York (end of tenure)
John Brian, Ryedale & EY (resigned)

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

Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	**Councillor** - NYCC	**Councillor** - NYCC	**Councillor** - NYCC	**Trustee**: CAB NY **Governor & VC:** Childhaven Nursery School Scarborough **Chair:** NY Constituency Ctte Scarborough & Whitby **VC:** NYCC Scrutiny of Health Committee **Member:** Scarborough Town Deal Board
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	**Member** of the York Sight Loss Council
Abbi Denyer (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Adnan Faraj (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Paul Gibson (Public: East Coast)	Nil	**Nil**	Nil	**Chair** for Humber Primary Care PPG	Nil	Nil	**Member** Bridlington Health Forum
James Hayward (Public: East Coast)							
Graham Healey (Staff: Scarborough & Bridlington)							
Gary Kitching (Staff: York)							
Wendy Loveday (Public: Selby)	Nil	**Shareholder** in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil

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

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

Item 3

Minutes
Public Council of Governors Meeting
11 September 2024

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Sally Light, City of York; Michael Reakes, City of York; Beth Dale, City of York

Appointed Governors: Gerry Richardson, University of York; Cllr Jonathan Bibb, ERYC; Cllr Jason Rose, CYC

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

Attendance: Simon Morritt, Chief Executive; Andrew Bertram, Finance Director; Claire Hansen, Chief Operating Officer; James Hawkins, Chief Digital Information Officer; Nicola Coventry, Chief Nursing Information Officer; Sascha Wells-Munro, Director of Midwifery; Lynne Mellor, NED; Lorraine Boyd, NED; Helen Grantham, NED; Julie Charge, NED; Jenny McAleese, NED; Jim Dillon, NED; Alastair Newell, Forvis Mazars; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: Linda Wild, East Coast of Yorkshire; Alastair Falconer, Ryedale & EY; Sue Smith, Ryedale & EY; Mary Clark, City of York; Wendy Loveday, Selby; John Brian, Ryedale & EY; Catherine Thompson, Hambleton; Keith Dobbie, East Coast of Yorkshire; Julie Southwell, York; Rebecca Bradley, Community; Elizabeth McPherson, Carers Plus; Jill Quinn, Dementia Forward; Cllr Liz Colling, NYCC; NED; Steve Holmberg, NED; Matt Morgan, NED

Public: 10 members of the public attended

24/32 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

24/33 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest, in particular the addition of Cllr Jonathan Bibb.

24/34 Minutes of the meeting held on the 14 March 2024

The minutes of the meeting held on the 12 June 2024 were agreed as a correct record.

24/35 Matters arising from the Minutes

Action Log

- **Ref: 22/62:** At the meeting on 12/08/24 two areas of concern were identified, Dentistry and Transport. This will be taken forward to the ICB.

- **Ref: 23/49:** The next Constituency meeting is in York on 24 September. Dates for Ryedale and the East Coast will be arranged for the new year.

- **Ref: 24/22:** travel arrangements on appointment letters – Ms Hansen confirmed that as well as a web link to information on travel, a telephone number has now been added for those who do not have access to the internet. Action closed.

- **Ref**: **24/23:** SHARC information – Mr Morritt confirmed that the information has been emailed to all governors as part of the R&D newsletter. Action closed.

- **Ref: 24/25:** Malton UTC – opening/closing times and treatment times have been clarified at the Centre. Further information given at 24/38. Action closed.

24/36 External Auditors Report

Mr Newell gave a summary of his report which had previously been circulated with the agenda.

The Council raised the following points:

- Can you explain how a judgement is made on the arrangements to deliver Value For Money (VFM) given that it is raised as a significant weakness. Mr Newell explained that there is no set criteria but is judged on whether it potentially affects patient care and services. It is the auditors judgement based on audits carried out. Mrs McAleese added that if the Trust addressed all the issues raised by the CQC then the VFM issue will be gone.

- Can you explain why VFM came out as a significant weakness even though many of the CQC recommendations have been signed off? How confident are you that the remaining actions will be implemented within the timeframe to improve VFM. Mr Newell replied as above and added that they have internal moderation processes whereby a panel reviews outcomes and agrees decisions.

- Can you give your view on the state of the Trusts finances? Mr Newell replied that as part of his audit he does look at whether processes are in place to deliver financial sustainability, and he can confirm that there are.

The Council:

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

24/37 Chief Executive's Update

Mr Morritt gave a summary of his report which had previously been circulated with the agenda. He added that the Darzi report is due out tomorrow on NHS performance followed by a 10 year plan for the NHS. Our own ICB are doing some fairly detailed work on what the future of services will look like across our system and that will very much mirror what comes out of the Darzi report tomorrow.

The Council raised the following points:

- Regarding Our Voice Our Future and the timescale, is there anything that stands out that will improve the situation in the short term? Mr Morritt replied that there is a lot of training ongoing with managers and leaders across the organisation. We have completely changed the way we communicate and engage with staff, and the way we deliver the staff briefs. We are driving the development of continuous quality improvement that will have a positive impact on the culture across the organisation.

- Will there be any new financial support as a result of the Darzi report? Mr Morritt replied that he doubted it. There may well be conversations to be had if there are any actions coming out of the report around what healthcare should look like, but this will need to be factored in within our financial constraints.

The Council:

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

24/38 Chair's Report

Mr Barkley gave an overview of his report which had previously been circulated with the agenda and summarised the meeting he had with Bridlington Health Forum. A further meeting with be arranged with Bridlington Health Forum at a later date to feedback on progress.

The Council raised the following points:

- You have a meeting tomorrow with the ICB. What do you expect to get from this? Mr Morritt replied that tomorrow will be focussed on what services should look like across North Yorkshire & Humber, given the financial constraints we have in the system. We will look at each of their priorities and give our thoughts on what that might look like.

The Council:

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

24/39 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 on the Trust website.

The Council:

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

24/40 Maternity Services Update

A presentation was given by Ms Wells-Munro around the issues and challenges the Trust is facing within Maternity Services and the improvements that have been made.

The Council raised the following points:

- How do you collect your feedback from patients? Ms Wells-Munro replied that they were reviewing the use of the Friends & Family Test as the information received was

very limited. They are developing an in-house survey that can be inputted onto the Badgernet system they use.

- Improvements can be seen during May, June, July but can we see comparisons over a longer period of time. Ms Wells-Munro replied that she will email the governors with that information.

Action: Ms Wells-Munro to provide governors with information on improvements over a longer period of time for comparison purposes.

24/27 Performance Report

Mr Barkley gave a summary of his report which had previously been circulated with the agenda, and highlighted the improvement in diagnostics, acute flow, Cancer and referral to treatment.

The Council raised the following points:

- There is a lot of positive movement. How has this been driven? Mr Barkley replied as follows:

    - Diagnostics - there was an improvement in diagnostic productivity, looking at the workforce, use of technology, and using additional Community Diagnostic Centres.
    - Cancer - there is an improvement program around pathways, and additional funding has been received in the diagnostic area so we can examine and treat more patients faster.
    - Acute flow – lots of work is being done around ways to improve patient flow, accelerate ambulance handovers, assess and divert patients to other treatment areas within the hospital, transporting newly admitted patients into waiting areas on wards instead of waiting in ED.
    - Referral To Treatment (RTT) – by Christmas there should not be any patient waiting more than 65 weeks for treatment.

The Council raised the following points:

- Regarding acute flow, has it helped ED with moving new patients onto wards? Ms Hansen replied that it has made an impact. Moving patients is decided on a risk based assessment. There is a continuous flow procedure and an escalation process for new patients, so they are being constantly monitored.

- Regarding patient experience and complaints, what are the main themes? Ms Hansen replied that there are a whole host of reasons for complaints. They look at complaints to identify any recurring themes/services, and what actions are needed as a result. Mr Barkley added that the commonest complaints are around waiting times and staff communications.

- Looking at establishment vacancies, the figure for midwives is a minus. Does that mean we are overstaffed? Ms Hansen replied they have taken a conscious decision to over recruit midwives because of the actions being taken to improve maternity services, but also in order to mitigate any gaps due to sickness or maternity leave.

<u>Finance Report</u>

Mr Bertram gave a summary of his report which had previously been circulated with the agenda and highlighted the following:

- Month 4 actual performance was £13.6m deficit on plan.
- Cash flow projections are not healthy, and discussions are ongoing with NHS England and Department of Health.

The Council raised the following points:

- Will the drop in interest rates impact the Trust at all? Mr Bertram replied that this will have no impact at all.

The Council:

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

24/41 NED Assurance Questions

Q: 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.

A: A recruitment process has taken place, and a person has been recruited who will be an additional prescriber to Malton UTC. The opening and closing times/treatment times have been rectified and communicated to the public.

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

A: Given that there has been a fair bit of coverage of these roles in the press, I thought it might be useful to provide a detailed written response to this question.

<u>What are they?</u>

Physician Associates (PAs) are members of the clinical team, who work under the supervision of a qualified doctor and whose role is to complement and support the work of a physician by taking histories, making examinations, making assessments and helping with treatment plans. They are not qualified to prescribe medication.

PAs have undertaken an undergraduate degree, usually in health or life sciences, such as biochemistry, medical sciences or nursing, followed by a two-year PA master's degree.

<u>Why is their role controversial?</u>

There have been numerous reported cases of avoidable patient harm caused by PAs. These include prescribing drugs, missing life-threatening diagnoses and PAs in GP practices seeing patients independently and without any supervision.

There have also been concerns that patients who see a PA believe they are seeing a qualified doctor.

<u>Employment of PAs in our Trust</u>

The Trust employs 10 PAs as follows: 2 in ENT and Oncology and 1 in Dermatology, Rheumatology, Orthopaedics, Haematology, Neurology and Respiratory.

In addition to this, The Trust is entering its second year of taking PA students from Hull and York Medical School on placement in General Surgery at York. There are plans to expand the number of placements with a view growing our PA workforce.

Assurance obtained to ensure the quality and safety of PAs' practice

In general, Non-Executive Directors gain assurance about staff groups from governance and line management systems in place, supplemented by asking questions.

For PAs, the following processes and controls are relevant:

- PAs are substantive members of our workforce, line managed by their Care Group, alongside a named, GMC accredited, Consultant Supervisor.

- We are in the process of ordering a mandated uniform for the PAs which will improve and provide them with an identity for our patients and staff.

- A PA Governance document has been written and is in the process of being ratified. This document not only enables a framework for our PAs to work against but also ensures there are clear processes for holding PAs to account.

- In light of national concerns in the media regarding PAs prescribing, all our PAs have read-only access on EPMA (Electronic Prescribing and Medicines Administration).

- The Trust introduced the role of Professional Lead for PAs in September 2023. This role works in partnership with stakeholders to ensure that the appropriate frameworks for guidance, practice, clinical governance, competency assessment, continuing education and appraisal are in place for the development of both trainee and qualified PAs.

- Within the Care Groups PAs are subject to the same processes as all other staff in relation to appraisal, patient safety, reporting, support, raising concerns and governance.

The Council raised the following points:

- There are 10 PAs in total at the Trust. It is early days, but what actual effect have they provided, and how much burden is taken away from the consultants? In reply it was stated that it is early days, and the scope of their activities is being monitored. That is why the Trust has only employed 10 PAs initially to ascertain if their role benefits patient care.

24/42 Reports from Board Committee Chairs

Quality Committee

The Council raised the following points:

- What is the feeling around the organisation what this Winter might look like? A number of executives explained that it is about trying to do our best with what we

have. A staff flu vaccination campaign is ready to start. They are not vaccinating staff against Covid this year. They are preparing to ensure resilience to the challenge of the winter months.

- Can you explain what a Never Event is? Ms Hansen replied that this is an event that has happened but should never have happened. There are systems in place to stop Never Events from happening so if they do happen a thorough investigation is carried out to find out why to ensure it will never happen again. Mr Barkley added that there is also a speak up process and a Freedom to Speak Up (FTSU) Guardian in place to ensure staff can speak up.

Resources Committee

The Council raised the following points:

- How does the diversion of Category 4 patients work? Ms Hansen explained that if patients come to ED by ambulance then the paramedics categorise a patient's condition. If a patient walks in to ED then they are triaged to Minors or Majors areas, or to other available services.

Audit Committee

Mrs McAleese advised that the June meeting was about year-end which Mr Newell has already discussed with the CoG earlier in the meeting. The next report will be presented at the December CoG.

The Council:

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

24/43 Governors Activities Report

Ms Abeysekera gave a summary of her report which had previously been circulated with the agenda. She thanked Sally for her contributions to the CoG as it will be her last meeting before the end of her tenure. She also thanked Sue Smith and Alastair Falconer for their contributions as governors as they have been fantastic and will be sorely missed.

The Council:

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

24/44 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Annual FPPT Report

24/45 Time and Date of the next meeting

The next meeting is on Wednesday 11 December 2024, 10.00am, Selby Community Centre

Item 4

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	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 - 20/09/24 6.30 - 8.00pm York Sports Club Ryedale/Hambleton - 22/01/25 Galtres Centre East Coast - 06/03/25 SGH **Action closed.**
Public CoG	24/05	14/03/2024	Arrange a meeting with Change Makers and the Governors.	Tracy Astley	Sept'24	Two Change makers attended Governor Forum meeting on 15/11/24. **Action closed.**
Public CoG	24/26	11/09/2024	Provide governors with information on maternity improvements over a longer period of time for comparison purposes.	Sascha Wells-Munro	Sept'24	Information provided 17/09 and emailed to governors. **Action closed.**

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 5

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Chief Executive's Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

For the Council of Governors to note the report.

Report History

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

Meeting	Date	Outcome/Recommendation

Chief Executive's Report

1. Urgent and Emergency Care Centre in Scarborough

As Governors will be aware, we were expecting to have completed the move to our new Urgent and Emergency Care Centre in at Scarborough Hospital during this month.

Unfortunately, when we were in the final few days of testing, we suffered a major malfunction with one of the four boilers in the new build. As a result, our contractors have closed the site to ensure everything is safe, to investigate what has happened, and to understand what this means for the moving and opening timetable.

These investigations are continuing, which, coupled with the time it will take to manufacture and install a replacement boiler, means that we are unable to move into the building when planned.

We are not currently in a position to give a new date for the move, as we don't yet have all the information we need to be able to do this with any certainty. Given the Christmas Holiday period is around the corner and our contractors need sufficient time to do their testing and other actions to get us back on track, we have decided to wait until we have taken final handover of the building before we agree a new moving date.

We expect to be able to do this early in the new year and, at that point, we will update everyone with the revised timetable and a refreshed plan for moving in. This means we can give clinical teams and other support services plenty of notice and allows a reasonable amount of time to arrange rotas.

Clearly this is disappointing, but it has been completely outside the control of the teams on site. I am sure we all agree that the priority is to ensure we do not move in until we have been assured that all the issues have been resolved and that the building is safe and functional for occupation by staff and patients.

Although we have had this setback, it's important we don't lose sight of what a fantastic development this is for patients and staff in Scarborough. With 3,120 square metres of space on each floor of the new two-storey building, the centre is a third larger than the previous facilities, which will make a significant difference to staff, patients, and visitors alike.

Although the new space will of course provide a much-improved environment for our staff and patients when compared with the cramped and dated previous facilities, it is the opportunity that the new space gives us to improve the way we assess and treat our most critically ill patients that is arguably the most exciting aspect of all. We are absolutely determined to use the new building as a springboard to continue to improve the way in which we provide healthcare for our patients on the East Coast.

Formal opening and celebratory events are being planned, but in the meantime, we must formally thank everyone involved in the project who has worked incredibly hard to deliver this outstanding facility. It continues to be a genuine piece of teamwork and I am sure that

everyone shares my gratitude and pride in what has been achieved through this collective effort.

2. New Electronic Patient Record contract signed

As one major programme of work draws to an end with the completion of the Scarborough UECC, so another begins with the signing of our contract with Nervecentre who will be the supplier of our new Electronic Patient Record (EPR).

The new EPR is a joint initiative between our Trust and Harrogate District Foundation Trust, and this collaboration will allow us to call on the expertise of individuals from both organisations to develop a system which will help transform how we provide care.

It has been an enormous amount of work to get to this point. From creating a business case and undertaking procurement, to evaluating bidder responses and agreeing final contracts, progress to date is a testament to the teamwork that has been displayed by all who have been involved with the EPR Programme. Thank you to everyone who has contributed so far.

The implementation of the new EPR will be one of the largest transformation projects we have ever undertaken. It will fundamentally change the way we care for patients and will be the centre of our clinical digital systems.

Clinical design and involvement are critical to the deployment of our Nervecentre EPR. At the start of the year, colleagues from across a wide range of departments, including a large number of clinicians, were involved in a series of tender evaluations which led to Nervecentre being chosen as our preferred supplier. Nervecentre's EPR was chosen as we believe that it will deliver the best possible outcomes for our patients and will best support colleagues to deliver outstanding care.

We are now starting the initiation phase of the EPR programme. I attended the programme launch event on 3 December with almost 200 staff from both our Trust and Harrogate, along with members of the Nervecentre team. The event gave clinical and operational staff the opportunity to familiarise themselves with an overview of system, and to work in groups to look in more depth and the different modules that make up the system.

It was fantastic to see the level of engagement and interest in the room and I'm optimistic that we can continue in that manner throughout the programme of work.

3. Our Voice Our Future Design phase launched

Our Culture and Leadership programme Our Voice Our Future has entered a new phase. I attended the launch event for the Design phase where the Change Makers and members of the team supporting them looked in more depth at the findings from the Discovery phase and started to map out the actions that could be recommended for the organisation to take forward under the main themes of the feedback they gathered from staff.

In their report to Board at the end of the Discovery phase, Change Makers detailed their findings and recommendations, which they have grouped into three main areas of focus for the next stage:

- values-led, inclusive leadership and management,
- communication and engagement
- quality improvement and learning.

We anticipate that the Design phase will take up to six months, and the Change Makers will be keeping everyone up to date with their progress.

4. New Managing Director, York Teaching Hospital Facilities Management (YTHFM)

I am really pleased to be able to share that we have appointed Mr Chris Norman as the new Managing Director of YTHFM, following a competitive process.

Chris is currently the Estates Director at Sheffield Teaching Hospitals NHS Foundation Trust and has a proven history of delivering high quality estates and facilities services, and major infrastructure projects, in large acute teaching hospitals.

A Chartered Civil Engineer by background, in his current role Chris has responsibility for operational estates management, capital delivery, property asset management, and estates net zero delivery. Chris has also worked at Hull University Teaching Hospitals NHS Trust where he was Deputy Director of Estates, Facilities and Development for several years, leaving him well placed and experienced to take on the role as managing director with us.

Chris officially joins us on 1 April 2025, and I know he is already looking to building strong relationships and collaborating with the teams within YTHFM and the wider Trust.

5. Continuous action in Primary Care

The BMA's GP contractor/partner members in England are continuing with their industrial action. The extent to which practices are taking action across our patch is varied, however we are starting to see some signs of impact on our services where there appears to have been an escalation in the scale of the action being taken.

As I have briefed previously, unlike the industrial action carried out by other staff groups, no defined timeframe has been announced, with the suggestion that it may continue in some form for an extended period.

We are carefully reviewing where we may need to mitigate against this impact, even if this is for a fixed period of time, to ensure we can continue to provide a safe service for those patients requiring secondary and acute care.

6. National Joint Registry accreditation for Bridlington Hospital

Congratulations to the orthopaedic surgery team as Bridlington Hospital is named as a National Joint Registry (NJR) Quality Data Provider after successfully completing a national data quality audit programme for the hospital.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement procedures to support work to improve the clinical outcomes for the benefit of patients, but also to provide feedback on surgical performance to orthopaedic clinicians and joint replacement implant manufacturers.

The registry collects high quality orthopaedic data in order to support patient safety, standards in quality of care, and overall value in joint replacement surgery. The 'NJR Quality Data Provider' certificate scheme was introduced to offer hospitals a blueprint for

reaching high quality standards relating to patient safety and to reward those who have met the registry's high targets in the achievement of the quality of the data collected.

The NJR Data Quality Audit compares the number of joint replacement procedures submitted to the registry to the number carried out and recorded in the local hospital Patient Administration System. The audit ensures that the NJR is collecting and reporting upon the most complete, accurate data possible across all hospitals performing joint replacement operations.

To gain Quality Data Provider (QPD) status for 2023, hospitals were required to meet very ambitious targets. The scheme benefits hospitals and ultimately future patients by recognising and rewarding best practice; increasing engagement and awareness of the importance in quality data collection and helps embed the ethos that better data informs and enables the NJR to develop improved patient outcomes.

7. Autumn Budget Announcement

Chancellor Rachel Reeves delivered the new Government's first budget at the end of October. At the time of writing we are yet to receive guidance around the impact of this for the NHS for 2024/25, however the broad headlines relating to health and care were as follows:

An extra £22.6bn in resource spending is allocated for the Department of Health and Social Care in 2025-26, compared to the 2023-24 outturn. This provides a two-year average real terms NHS growth rate of 4.0%, the highest since before 2010 (excluding settlements covering the years of the Covid-19 pandemic).

The budget establishes a government-wide 2% target for productivity, efficiency, and savings. Funding previously announced at the Spring Budget has been confirmed, with £2bn to be allocated for investment in NHS technology and digital infrastructure to improve productivity. This funding will be focused on ensuring all trusts have electronic patient records (EPRs), enhancing cyber security and improving patient access through the NHS App.

New capital funding commitments were also announced including:

- £1.5bn for new surgical hubs and diagnostic scanners
- £70m will be invested in new radiotherapy machines for cancer treatment
- Over £1bn to address reinforced autoclaved aerated concrete (RAAC) and reduce backlog maintenance.
- £460m for the UK's pandemic preparedness and health protection.
- £26m to establish new mental health crisis centres to alleviate pressure on A&Es.

8. Changes to the NHS operating framework

Both Wes Streeting, Secretary of State for Health and Social Care, and Amanda Pritchard, NHS England Chief Executive, have made several conference and media appearances signalling some of their thoughts about how the NHS needs to change if it is to recover and for the ten-year plan to be a success.

NHS England has also written to Chairs and Chief Executives of Trusts and Integrated Care Boards outlining how the NHS operating model is evolving and plans for the updated NHS Oversight and Assessment Framework and a new NHS Performance, Improvement and Regulation Framework. You can read the letter here.

In addition, NHS England has published its Insightful Boards guidance for both providers and for ICBs. This provides Boards with best practice on how to most effectively use the wealth of information, data and guidance we receive to lead and oversee our organisation. The guidance is available on NHS England's website.

9. Change NHS

Also worthy of note is the launch of Change NHS, a national conversation on the future of the NHS to inform the Government's ten-year plan.

Patients, public and staff are all invited to share their experiences of our health service via the Change NHS online platform, which will be live until the start of next year, and is available via the NHS App.

Date: 11 December 2024

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 6

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives	**Board Assurance Framework**
☐ Timely, responsive, accessible care ☐ Great place to work, learn and thrive ☐ Work together with partners ☐ Research, innovation and transformation ☐ Deliver healthcare today without compromising the health of future generations ☐ Effective governance and sound finance	☐ Quality Standards ☐ Workforce ☐ Safety Standards ☐ Financial ☐ Performance Targets ☐ DIS Service Standards ☐ Integrated Care System ☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The council of Governors is asked to note the report.

Chair's Report to December Council of Governors

1. I chaired the interview panel that led to the appointment of an excellent new non-executive director.

2. I have attended two meetings of Chairs and Chief Executives organised by the Humber & North Yorkshire Integrated Care Board (ICB).

3. I attended and contributed at an event organised by NHS England to secure the views of senior leaders in the region about how the NHS should go about achieving the three priorities set out by the new Secretary of State: Hospital to Community, Sickness to Prevention and analogue to digital.

4. I had the pleasure of attending the Trusts Celebrating of Achievement Awards evening. It was so good to learn why the teams and individuals had been shortlisted. Both inspiring and humbling.

5. Along with Simon Morritt 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.

6. I have continued visiting wards, departments and services in the Trust as well as 121 introductory meetings. This included shadowing the Consultant in Charge of York emergency department one evening in November which coincided with it being a record-breaking busy day!

7. I am very grateful to the Governors who attended the joint workshop with the Trust Board on developing ideas and suggestions for what the Trust needs to do to maximise its role as an Anchor Institution. A paper will be circulated to Governors and Board Directors later this month that reflects the outputs from that workshop. In turn this will form part of our Annual Plan for 2025/26.

8. I facilitated the York Constituency meeting which was held at the end of September. The format was the same that we used for the Selby meeting but changed the time to start early evening. It was attended by approximately 20 people (ten times the number at Selby). Positive feedback was received about the format. For future constituency meetings we will keep the same format and keep the later start time as it seems to make it easier for members pr prospective members to attend.

Martin Barkley
Trust Chair

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 7

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Questions from the Public
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The report details the questions received from the public and the answers given by the Governors and the Executives. Governors are asked to note the content of the report and give appropriate feedback.

Questions from the Public

John Wane (Save Our Scarborough Hospital)

The following questions are as a result of issues raised with us by our members and particularly relate to issues of concern, also identified by the CQC, in their latest report published in June 2023. For the sake of those Governors who may not have read their last report, some significant extracts are quoted below and confirm the views we have expressed for years.

The Care Quality Commission told York and Scarborough NHS Foundation Trust, that *"it must improve its leadership after finding a decline in how well-led they were."*

The CQC deputy director of operations in the north stated "*When we inspected York and Scarborough NHS Foundation Trust, we didn't find well-led services. We were concerned to find leaders didn't always understand or effectively manage all the priorities and issues the trust faced"*

"Senior leaders weren't always visible and didn't always support staff to develop their skills. The vision and strategy had not yet been embedded. They didn't always use systems to manage performance effectively or make decisions and improvements"

"Staff didn't always feel respected, valued, and supported. They weren't always clear about their roles, responsibilities, and accountabilities"

"Leaders and staff didn't always engage with people, staff, equality groups, the public and local organisations to plan and manage services."

"Managers didn't always investigate incidents and share lessons learnt promptly"

Q1: In view of the number of Governors who chose to leave their role in recent years and months, do the Trust invite the CQC or other body such as NHS England, to conduct independent exit interviews with them to establish their reasons and if not, why not?

A1: It is not part of the remit of either NHS England or the CQC to carry out exit interviews, with governors or any other NHS employees or volunteers. Invitations to exit interviews are always provided by the Trust to leaving Governors. Any feedback is carefully reviewed, and improvements made, if required. It must again be emphasised that the primary function of a Governor is:

- To hold the Non-executive Directors (NEDs) individually and collectively to account for the performance of the Board of Directors and
- To represent the interests of the members of the Trust as a whole and the interests of the public

To the best of our knowledge two governors have resigned because the role did not meet their expectations.

Q2: Do the present Governors have any confidence that progress is being made in rectifying the deficiencies, including lack of public engagement, clearly identified in their statements above, and have they introduced, or do they plan to attempt, any monitoring systems and changes?

A2: The present Governors are assured that the Trust has taken numerous improvement steps to address the CQC rating and these are demonstrating quantifiable improvements as noted and discussed at each at the Council of Governor meetings held in public. The council of governors is not the only route through which engagement and involvement with patients and the public takes place.

Two public constituency meetings have already been held – the first in Selby on 7th June 2024 and the second in York on 24th September 2024. The next two will take place in January and March, the latter being in Scarborough. The dates and venues for constituency meetings are shared with members once they have been confirmed.

Q3: We are regularly contacted by staff, who are afraid to speak to managers and HR, because of the lack of confidentiality and the intimidation, bullying and repercussions they face if they dare to raise issues. It is unfortunate for them, that so many only feel safe contacting us privately for help and advice. Those same failings are a direct cause of staff retention and recruitment problems, so often quoted by the Trust when seeking to justify their continual closure of local NHS services. Do the Trust have any honest and meaningful plans to address the long standing Management and HR failings now reiterated by the CQC, to ensure staff feel “respected, valued, and supported?”

A3: We have made significant improvements in both recruiting and retaining staff. Our staff turnover has been reducing month on month and is currently 8.3%. We’re also seeing a corresponding reduction in the overall vacancy rate (currently 7.5%). This is particularly noticeable within nursing where the vacancy rate is now 4.5%. We still have further to go but are moving in the right direction. Whilst staff are encouraged to speak to their line manager in the first instance if they have an issue or need support, there are numerous other routes that staff can take, and these are well utilised by staff who have a choice to use whichever route they feel most comfortable with. The adoption earlier this year of the new national Freedom to Speak Up Policy underpins this along with a revised Civility, Respect and Resolution procedure. Since the launch in August of our new line manager development programme; over 350 managers have attended, and our Leadership Development programme has continued to be embedded for more junior leadership positions to improve and reinforce compassionate leadership and behaviours in line with our values.

Q4: An especially serious issue of concern regularly raised with us, are the failures in the Trusts duties of care for staff, particularly in respect of the inadequate car parking, resulting directly from the Trusts continual reduction to parking spaces, due to failures in proper long term planning and ignoring the obvious solutions. There is no adequate public transport. Now that staff who live within 2 miles of Scarborough Hospital, are not even allowed to buy parking permits, that has resulted in vulnerable staff, especially ladies, being forced to walk more than 2 miles before and after long shifts, day and night, whatever the weather, through and close to particularly high risk areas. Only a few months ago, a lady was forced into an adjacent cemetery and raped by 2 men, which terribly illustrated the risks now being faced by some staff. Do the Trust plan to actually

address the parking issues they have created, with some obvious solutions, for the sake of the staff they are knowingly placing at risk?

A4: We want our staff to be able to travel to and from work safely. Due to demand for spaces it is not possible to provide a parking space for all staff that want one. In order to address this fairly, in early 2023 we worked with unions and our staff to agree permit criteria that ensures the approach is fair and provides on-site parking for those who need it most.

On the Scarborough site, those no longer meeting the agreed criteria were mainly staff working between the hours of 9-5pm and living within 2 miles of the hospital site. Shift workers starting early and/or late (arriving at or before 07:00hrs / leaving at or after 20:00hrs) are eligible for a permit.

At present the Trust has lost approximately 68 spaces during the urgent and emergency care centre build, however once the building has been handed over there are plans to potentially release spaces back to staff parking.

To support staff with alternative transport options, particularly those living closer to the hospital, the Trust initially funded a free bus trial for all staff on the number 10 bus service. Since the initial period the Trust has continued to subsidise bus travel with a £1 staff bus journey offer which has now been extended to the number 9 service.

The Trust continues to work collaboratively with our strategic partners within the Council and East Yorkshire Buses, and following negotiations EYB have agreed and implemented an increased 15-minute frequency bus service schedules to Scarborough Hospital. This was directly linked to the increase in patronage on the services from the hospital's subsidised bus travel schemes, which also now benefits the local community with additional services running which offer direct access to the hospital's services.

The **Service 10** provides an hourly link between Cayton and Scalby (North – South of the town), supplemented by an hourly **Service 9** (Town Centre to Scalby) and a half hourly **Service 9A** (Town Centre to Hospital). Together, these services will offer up to a 15-minute frequency between Scarborough Town Centre and Scarborough Hospital Monday to Saturday, with a reduced schedule on a Sunday.

Q5: We are informed that York's management are currently planning and instituting changes and closures, again without any public consultation or involvement, to local Haematology services. When, if the reports to us are correct, will the Trust be publicly announcing the details of those plans and the consequential impacts on local services and staff?

A5: The Trust is having to implement a temporary change to haematology. This is on safety grounds due to the shortage of consultants, which has become unsustainable due to the recent departure of a locum consultant and the imminent departure of a second consultant. In order to continue to safely manage urgent patients we are having to consolidate outpatient appointments in York whilst we look at options for how a cross-site service can be delivered in the longer-term. Other elements of our haematology services such as nurse-led clinics, bone marrow clinics, blood transfusions, chemotherapy and blood taking are continuing in Scarborough throughout this period, and a weekly clinic is being retained for people who need to be seen in Scarborough.

Patients whose appointments are affected are being contacted. Every effort is continuing to be made to recruit Consultant Haematologists.

Q6: In view of your previous response that "the Council of Governors holds meetings in public four times a year. These are meetings held in public, which anyone can attend and observe, and not public meetings for wider participation". The Governors statutory duties and obligations are available to read on the government website. Do the Governors honestly believe, that holding meetings 4 times a year, usually in distant locations, to perhaps manage to speak to a Governor during a half hour opportunity from 9.30am and then otherwise only observe and listen to a couple of hours of self-congratulatory monologues from senior managers during the so called public meeting, adequately satisfies their statutory obligations to the public?

A6: The Trust approach to CoG meetings in is line with the 'Your Statutory Duties – A reference guide for NHS foundation Trust governors'. The CoG meetings are held in different constituencies, e.g. the CoG meeting on 11th September 2024 was held in Bridlington and the CoG meeting on 11th December will be held in Selby. Subsequent CoG meetings will be held in other constituencies. Governors are satisfied that the time allocated at the CoG meetings held in public allow sufficient time for the public to interact and raise questions. Members of the public can also send questions to the Trust to be answered in writing at every CoG meeting.

The Governors also engage with members and the public through constituency meetings, mentioned in A1, as well as Patient Participation Groups though GP practices, constituency Focus Groups and voluntary work, where there is ample opportunity for the members and the public to raise any questions. However, Governors are not responsible for making representations on behalf of individuals or groups of members and going back to them with a result in the same way that a local politician does.

Q7: The Trust has stated in a previous response, that it "does not currently have any proposals for services change that require engagement. If this were the case we would carry out meaningful engagement". Please could you clarify what criteria the Trust use to arbitrarily decide, what the public should or should not know in advance or even be made aware of any planned changes to services?

In conclusion and in view of the Trusts previous attempts to hide from the CQC, all questions from the public and their responses, by removing them from the Trust website until we discovered it, we will again also be copying our questions to the CQC. Should the Chair, wish to meet with us privately and without management, to gain a clearer and truthful understanding of the issues, I must reiterate our willingness to do so as we did with the previous Chair, Alan Downey.

A7: There are a number of guidelines and statutory obligations that trusts and commissioners must adhere to when proposing changes to services. The level of engagement required can be influenced by a number of different factors, and these would be considered when determining any plans. We work with overview and scrutiny committees whose role is to seek assurance that appropriate and meaningful engagement has taken place for a particular change.

The present chair, Martin Barkley, would be pleased to receive an invitation to meet with members of Save Our Scarborough Hospital.

Gordon Hayes (Bridlington Health Forum)

Since the Trust closed the Acute Stroke service at Scarborough Hospital around five years ago, the 200,000 plus permanent local residents (and large number of temporary residents) which Scarborough Hospital serves as their nearest acute hospital now endure lengthy delays in accessing acute stroke investigation and management, usually in York. Data from the Trusts in York, Hull and Middlesbrough, and from the old CCG, reveals that from 2015 to 2020, between 500 and 600 residents within the Scarborough Hospital catchment area suffered an acute stroke each year.

Contrary to national timescale guidelines set out by NHS England and NICE, local residents, according to the Trust, take nearly 4 hours on average to access acute stroke care in York, with many taking much longer. These delays are exacerbated by long waits for transport, and lengthy journeys from the Scarborough area to York. YAS data indicates a median on-road category 2 ambulance journey time from Scarborough to York of 58 minutes, with 50% of journeys exceeding this, and taking up to 1 hour and 56 minutes.

Recent reports from national stroke specialists repeatedly emphasise the need for speed in assessing and treating acute stroke patients. Indeed, another current public information campaign being jointly run by the NHS and the government is re-emphasising the FAST principle. Regrettably, residents in the Scarborough region have little chance of timely acute stroke assessment and medical intervention given their geographical isolation from an Acute Stroke Centre.

Q8: Given the mounting evidence and recent recurrent calls for timely access to acute stroke intervention, why does the Trust continue to deny Scarborough area patients this care? - particularly as the use of telemedicine and virtual consulting/decision making does not necessarily require additional stroke consultants across the Trust? - and also given the imminent opening of a new ED and ITU capacity at Scarborough Hospital?

A8: There is nothing further to add to our previous responses on the stroke service in Scarborough.

Q9: As we know that most Scarborough area acute stroke patients receive no medical intervention (assessment, investigation, thrombolysis treatment currently given to a very small minority, and rehabilitation) at York Hospital, which is not, or could not be, provided locally, why is a lengthy trip to York Hospital the preferred destination for Scarborough acute stroke patients?

A9: Patients admitted to the hyper-acute stroke unit at York Hospital receive specialist medical care from a multi-disciplinary team of specialist stroke staff. The rationale for how this service is provided is well documented, and there is nothing further to add to our previous responses.

Q10: Given the absence of thrombectomy intervention at York Hospital, which would necessitate further delays for acute stroke patients to be shipped back to Hull, why are Scarborough area acute stroke patients not currently being taken to Hull directly if potentially suitable for this treatment?

A10: Thrombectomy is a developing service in the NHS and is only provided in a small number of specialist tertiary centres. There are no plans to develop thrombectomy service in York. Not all stroke patients are suitable for thrombectomy treatment and receive the specialist treatment they need from the hyper-acute stroke team in York. Hull would not have the capacity to receive all of York and Scarborough Trust's stroke patients, and it would be unnecessary for all patients to be transported to Hull.

Item 8

Report to:	Council of Governors
Date of Meeting:	11/12/2024
Subject:	Green Plan - update
Director Sponsor:	Penny Gilyard
Author:	Graham Titchener

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☒ Great place to work, learn and thrive
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- ☒ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

Governors are asked to reflect on this report and the Green Plan and work with the Trust and Head of Sustainability in the implementation of the Green Plan, holding the Trust to account. Governors should feel free to communicate with the Head of Sustainability and offer any support and suggestions for consideration in support of the Trusts work to meet its net zero targets and sustainability ambitions.

Green Plan update

1. Introduction and Background

As readers will know the NHS has obligatory targets for all its organisations to achieve Net Zero by 2040 with a number of other targets to reach before then and ultimately for the NHS, including the areas it can only influence being net zero, is by 2045.

For Trusts to deliver this, each one is encouraged to develop a Green Plan to show how they will meet these targets, which again are obligatory and set within the NHS Standard Contract with all Trusts and are legally binding.

For our Trust we now are one of the first to have published the second version it's the Green Plan (2024/2027). The reasoning for this is the revised guidance for Green Plans from NHSE has not been published yet and it remains unclear when this will be published. As our last Green Plan was quite some time ago and work has moved on considerably since then, we took the decision to review ours and launch the second version.

You will see that there are a number of themes, each of which form a workstream, ideally forming part of an existing group or meeting, that the lead of which will deliver against that theme with support from others in the workstream as well as the Sustainability team. Each of these are accountable to the Sustainable Development Group (SDG) that reports into the senior governance groups as can be seen in the Green Plan.

The timing of the revised Green Plan is particularly noteworthy, due to the new Head of Sustainability being appointed in April and the revised version of the staff travel plan being updated. This has meant that the Head of Sustainability has been able to build on the Green Plan as the Trust's centralised policy on sustainability and launch a number of initiatives and introductions to key staff since his arrival.

One of the things you can see is in the template of this report where Sustainability is now featured in all reporting and business case templates to ensure any work has to demonstrate how it supports the Green Plan. Furthermore, in the developing Trust corporate strategy you will also see Sustainability features as one of the main areas of focus.

Governors are encouraged to review the Green Plan, where, following the implementation of the themed workstreams, will lead to a further review later next year to ensure alignment with operational and strategic items to ensure further alignment of the Trust's work in support of the Green Plan.

A final point to note is that sustainability is more than just net zero CO2 emissions. This covers how we go about our day to day working and indeed personal lives, ranging from embedding sustainable practices across the Trust, e.g. using less single use items, less packing, reviewing what is ordered and moving to a 'just in time' mindset.

As mentioned, the Trust's work with sustainability also covers broader aspects of economic, social and of course environmental impacts. Usually where there is a

monetary saving there will be a positive sustainability benefit too, for example reducing spend by reusing items, as well as moving away from single use items and those that have a lot of packaging with them.

Social value features through our Procurement and external sourcing by using local suppliers or suppliers using local companies, is very important and supports the Trust Values. For example, the recent move to a new catering supplier for our Trust who sources up to 80% of ingredients locally.

Environmental is of course the most familiar aspect when discussing sustainability and developing initiatives and bringing staff on board to reduce our spend and procurement, by moving to a mindset of 'just in time' rather than 'just in case.' To help to this, we need to work with suppliers to reduce packaging and/or for them to take the packaging away with them, reducing delivery miles and frequency of deliveries. Also reviewing our impacts from our transport use and working with staff to find better ways to reduce our impact on traffic congestion, moving away from grey fleet, electrifying our transport fleet and encouraging modal shift to active and public transport modes.

Link to the Green Plan is below:-

https://www.yorkhospitals.nhs.uk/seecmsfile/?id=7957

2. Considerations

While this report is for information to the CoG, it is requested Governors join with Trust staff and support the work and initiatives to deliver this plan and hold the Trust accountable for its delivery across all clinical and non-clinical areas.

The Head of Sustainability is more than happy to keep Governors informed and meet with anyone who is keen to help further.

This is of course not something we can do just within our Trust, but with support and good working relationships with external partners for example neighbouring Local Authorities, our suppliers and of course NHSE and our ICB, where we are pleased to report these relationships are established and going from strength to strength.

The ongoing staff bus discount scheme is going from strength to strength where usage figures remain positive as do are ongoing meetings with local bus operators and Councils.

Governors are asked to review and support the Green Plan and the Trust's work to deliver against it, and to engage with this agenda and request that sustainability is kept in the Council's discussions to support the Trust on this journey.

3. Current Position/Issues

Following the launch of the Green Plan, there have been many initiatives taken forward by the Sustainability team, some of which are listed below.

- Implementation of two sustainability training modules on the Trust's learning hub

- Review of the stationary catalogue so only reusable items and recycled printer paper are shown to help reduce costs and increase sustainability
- Development of a partnership between Sustainability and York Charity to mutually support each other's ambitions and works for staff and patient wellbeing, e.g. development of green spaces.
- Staff travel plan
- Working with our ICB contractor, Allied Health and Primary care to increase the return rate of walking aids. We have had two successful amnesties so far with more planned and further comms and education internally to increase the return rate of these aids.
- Further development of external relations with Local Authorities including the new Combined Authority
- Increasing working relationships with other Trusts and our ICB under the Sustainability agenda, including an introductory visit with the new ICB Strategic Director and Greener NHSE to visit the UECC and discuss our sustainability work
- Working with catering teams around food waste, containers and increase plant-based options and less red meat
- Introductions with all senior officers including Care Group Directors to seek support and embed this work.
- The relaunch of the Green Champions Network will commence shortly, where a role description has been developed as well as a list of suggested items for them to take forward. Everyone will be encouraged to become one of these champions and take forward this agenda locally.
- Review and relaunching of the Warp It system, so that it is used to reuse items staff no longer want by finding a new home for them, thus reducing waste
- The Head of Sustainability and the Travel and Partnerships Manager will have presented both the Green Plan and staff Travel plan to the Trust's Council of Governors to ensure they are aware and informed of these plans with the outcome of their support in the delivery of these plans.
- Developing working relationships with the Trust auditors (Audit Yorkshire) to have sight of any audits that may have impacts on the sustainability agenda.
- Ongoing work with bus operators to continue with the NHS staff discount.
- Starting to set up initiatives to see our emissions and reduce waste, including: -
    - the introduction of electrifying our transport fleet
    - tackling medical emissions in nitrous oxide reduction and inhalers.
    - working with clinical staff and procurement to review procurement and ordering to ensure the right levels of items are being brought in, to help tackle waste of items, costs and storage space
    - Reviewing where pill form of medication can replace liquid and injectable forms, to reduce costs, packaging waste, and shelf life. Ongoing support from the Communications team with announcements of new items and supporting messages to implement sustainable practices and behaviours.

As you will see this is multifaceted where many different initiatives and approaches have and continued to be developed to lead to the delivery of the Green Plan. The themed workstreams are an example of the breadth of work this covers, that is displayed on the next page in figure 1. The implementation on these workstreams is fundamental to the delivery of the plan, where it is taking longer than expected, given staff workloads but it is going in the right direction at least.

Fig 1.

4. Summary

This report is to help bring the Governors up to date on the Trust's work to become increasingly sustainable in its practices, decision making and behaviours.

Whilst the legal targets of Net Zero have to be met by every NHS organisation by set dates, it is vital that we are taking forward measures to become even more sustainable and embedding these practices to help reduce our consequential impacts on our communities while continuing to provide excellent patient care, cost savings against increasing patient demand and severe financial shortages.

If done correctly and followed through by senior members of Trust staff, and in turn empowering all staff to make decisions to work in a sustainable way, as well as the embedment of policy to support this, funding usually won't be a main factor to achieve these ambitions. As a result, we will see cost savings where little funding will be required to achieve this in comparison to the returns. One key to this is the

Trust strategy that incorporates sustainability in one of its key focus areas. This is critical to ensure sustainability and supporting policies are embedded across everything the Trust does and grateful thanks to the Executive for their ongoing support.

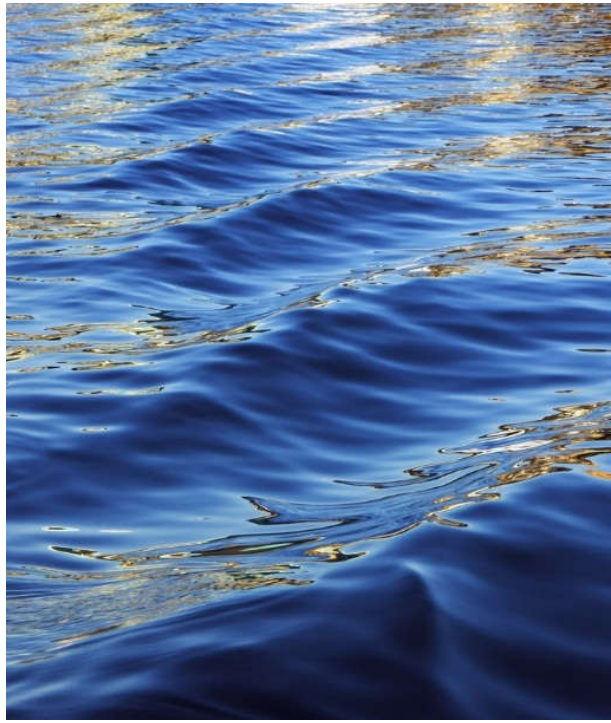
Governors are asked to reflect on this report and the Green Plan and work with the Trust and Head of Sustainability in the implementation of the Green Plan and holding the Trust to account and should feel free to offer any suggestions to the Head of Sustainability for consideration.

Date: 11 12 2024

York & Scarborough Trust

Green Plan Ambition

Graham Titchener
Head of Sustainability
York and Scarborough Teaching Hospitals NHS Foundation Trust



Green Plan - messaging

- To deliver our contribution to national carbon reduction targets and broader sustainable development principles where our Executive team is fully committed and determined to this and everyone one of us is encouraged and empowered to do this in their area
- We must ensure that our services are fit for the needs of the future without compromising on the services we provide at present
- Our goal is to become a more resilient and sustainable organisation that provides quality services and continuing to put patients and our communities at the heart of everything we do
- The net zero target is to be met through our emissions, including those by our service providers. These include:-
  - Energy and water usage
  - Transport fleet and business travel
  - Decommissioning of harmful anaesthetic gases, such as N2O
  - Changes to the way we prescribe, such as moving towards dry inhalers, and away from injectables and liquids to pill form etc
  - Procurement
  - Moving away from single use items and clothing to reusable
  - Reduction in waste, such as no more wipes and couch roll – ‘Gloves Off’ initiative
  - Tackling emissions from medicines and medical devices
  - Staff commuting
  - etc

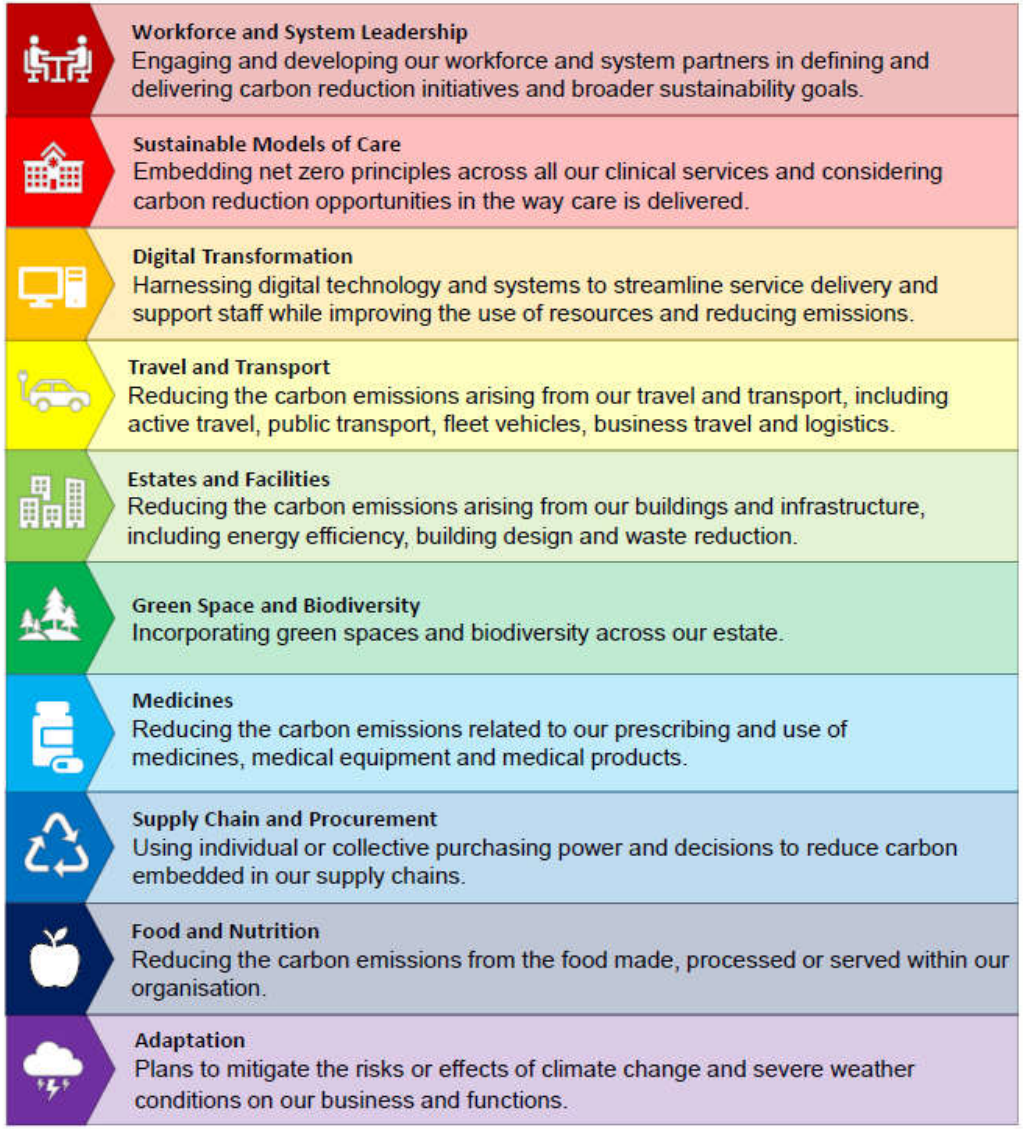
Green Plan - delivery

- How will the Green Plan be delivered?
- In short through **you** and everyone else across our Trust with support from our partners and suppliers.
- The Green Plan is a centralised policy that has several themed workstreams, each chaired by a senior manager or clinician with direct responsibility in that area or/and expertise.
- These can have more than one chair and will be made up of those with an interest or/and responsibility to deliver against their theme.
- These workstreams can either be a new group or part of an existing meeting/group.
- The plan is partly to influence behavioural change, working with Directors and Chief officers, and developing regular communications led by the Trust Communications team with regular news and features going out across all Trust media to staff.
- In addition, relaunching of a green champion network, supported by the Sustainability and Communications teams and recruitment of volunteers into these roles. Their job will be to help embed sustainability into their work areas, support and encourage their colleagues in this endeavour and find new ways to deliver their service more sustainability in line with the Green Plan policy and the empowerment this will bring to them.
- Very importantly this is also about celebrating what we have and are doing. Promotion of this is significant for staff morale and sharing of lessons learned (good or bad).

Green Plan - delivery

Each workstream has the responsibility to lead and deliver all agreed work in the Trust's Green Plan and supportive plans, developing KPI's for the Trust with the support from its partners and provides a lead who reports back on progress to the sustainability team and quarterly to the Sustainable Development Group.

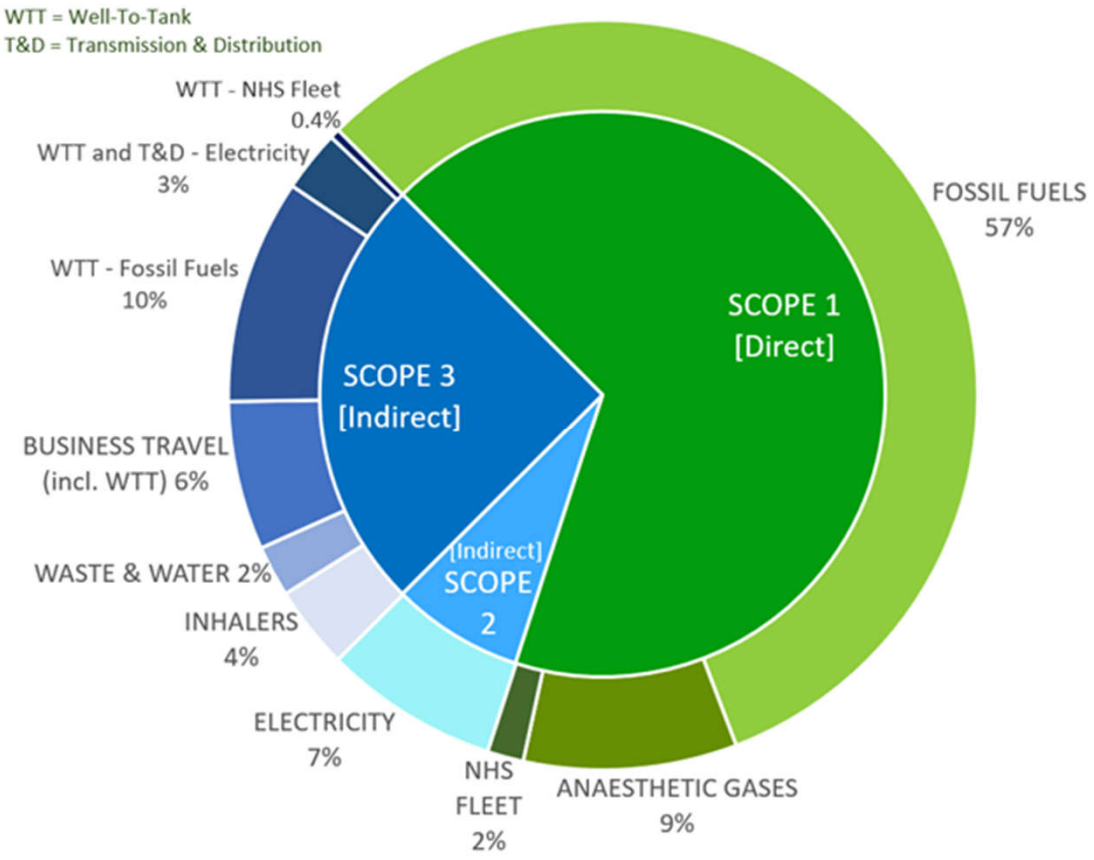
The areas of focus cover measures that can reduce CO2 emissions and more holistic initiatives such as improving the health of our staff and visitors, increasing access to green spaces, and mitigating and adapting to the impacts of climate change.

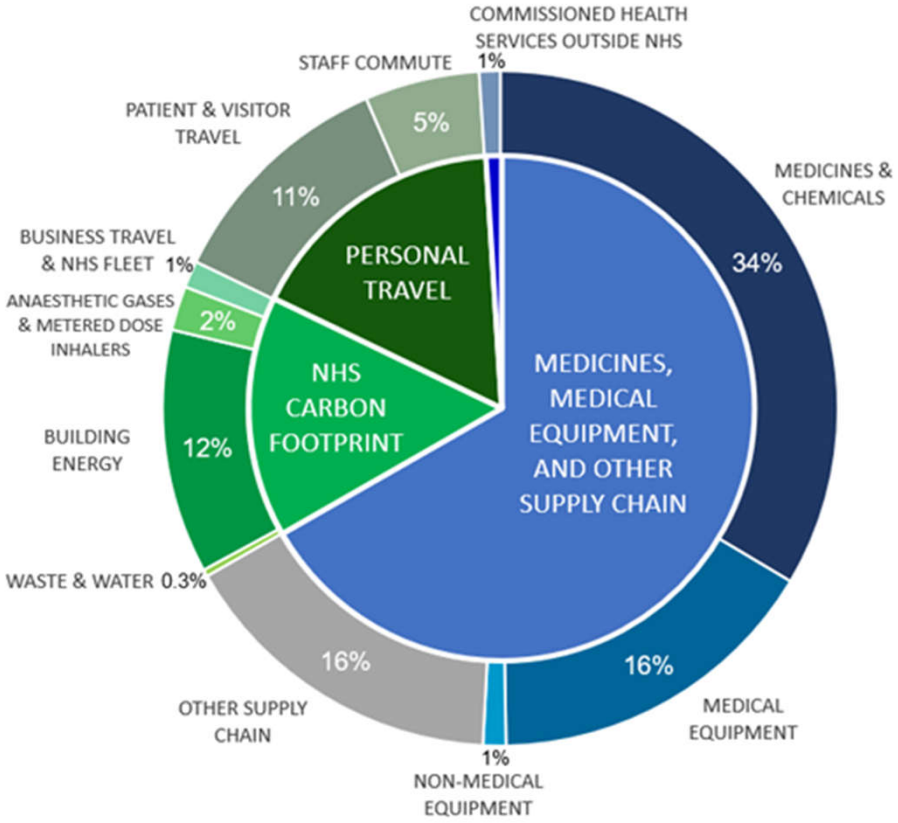


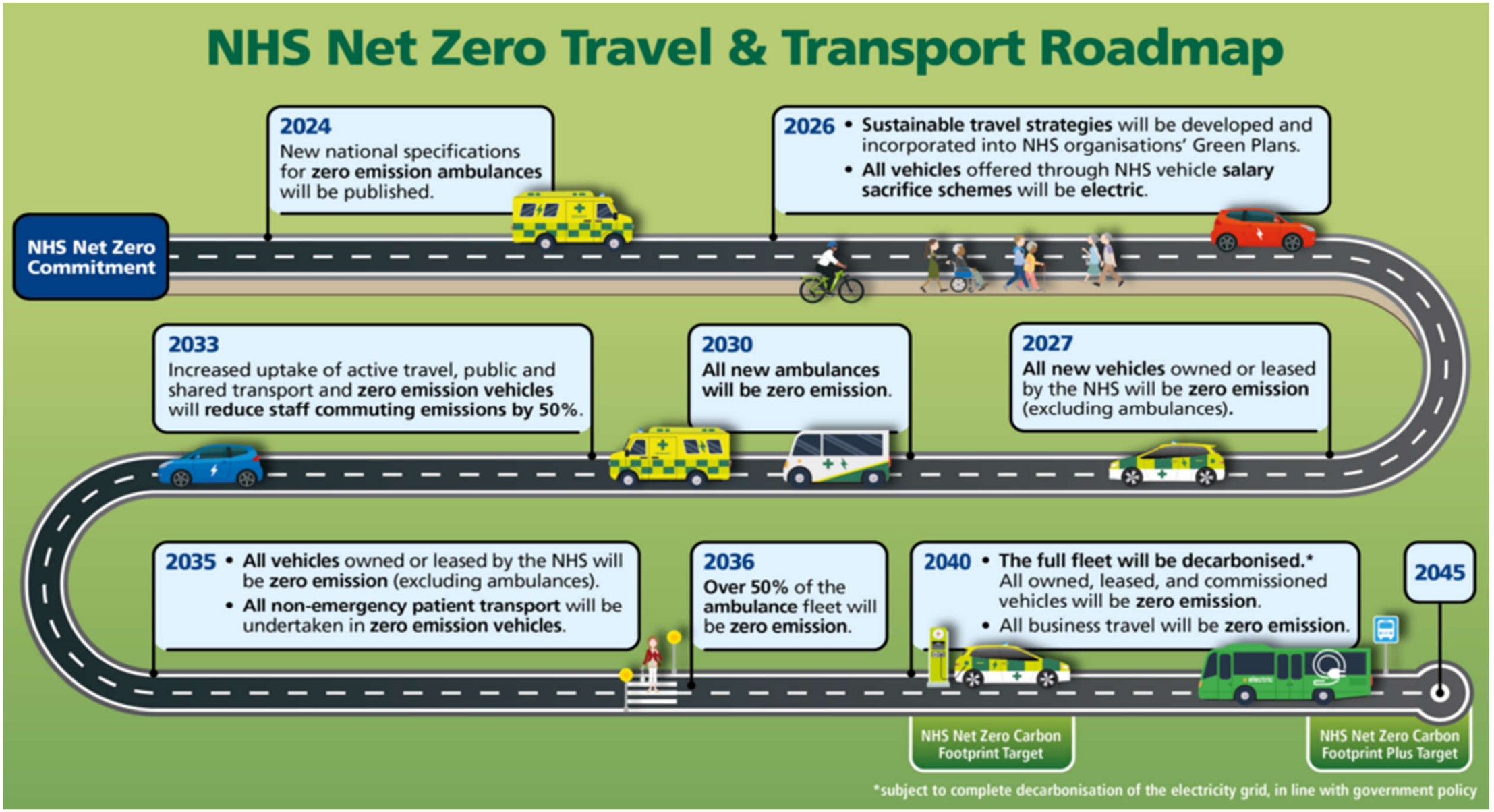
Green Plan - Data

- For 2022/23 that 77% of our carbon footprint is due to our:-
  - energy use (57% from fossil fuels and 7% from electricity). The second highest category in the NHS.
  - Carbon Footprint from anaesthetic gases is at 9%, mainly through N2O.
  - Fleet and business travel contributes 8% of our carbon emissions.
  - The largest component of our NHS Carbon Footprint Plus is medicines and chemicals (34%),
  - and the second largest is related to medical equipment (16%).
  - Staff commute, patient and visitor travel also accounts for 16% of our NHS Carbon Footprint Plus.

Green Plan - Data



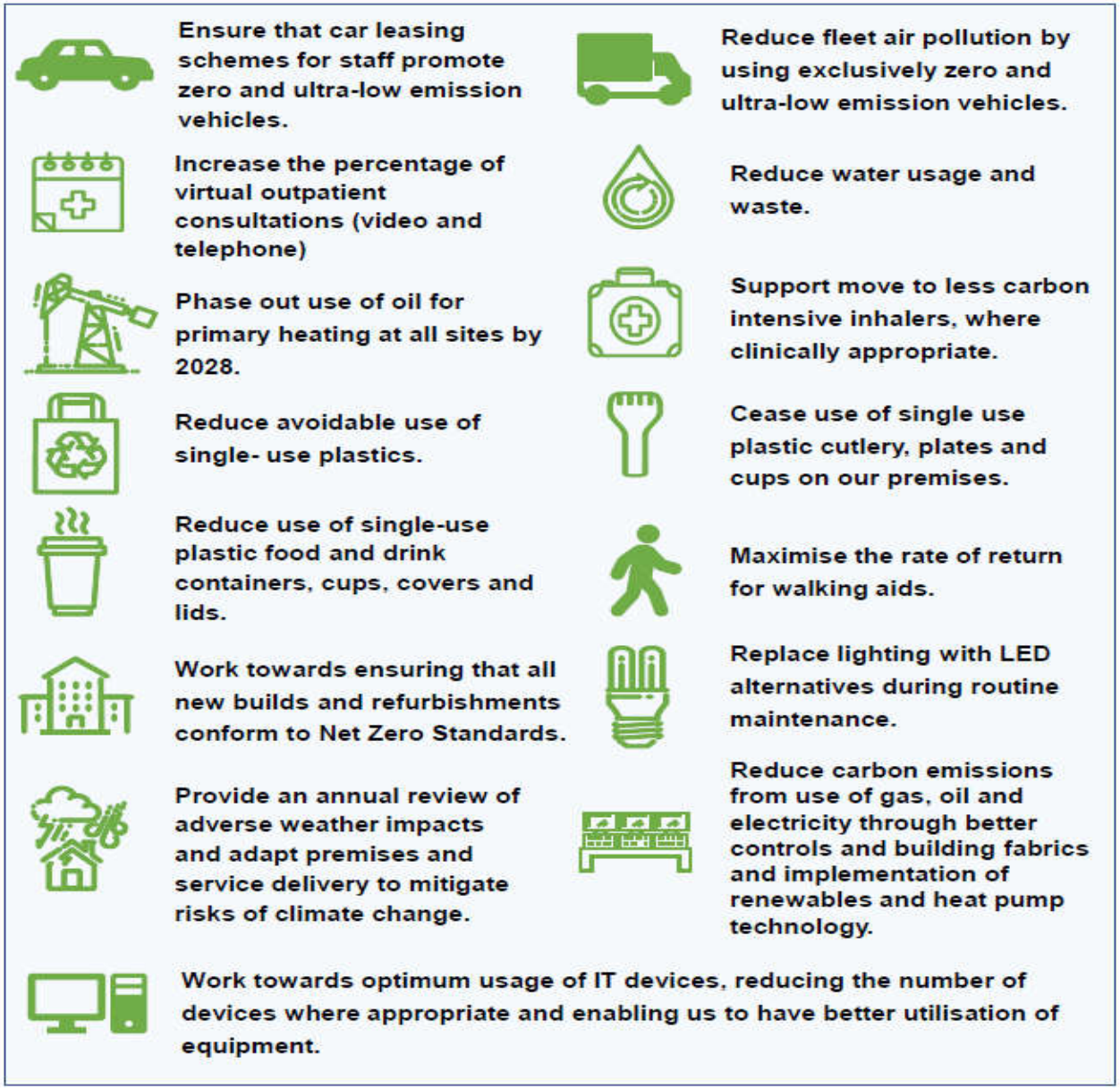



NHS Net Zero Travel & Transport Roadmap
NHS Net Zero Commitment
2024
New national specifications for zero emission ambulances will be published.
2026
• Sustainable travel strategies will be developed and incorporated into NHS organisations' Green Plans.
• All vehicles offered through NHS vehicle salary sacrifice schemes will be electric.
2033
Increased uptake of active travel, public and shared transport and zero emission vehicles will reduce staff commuting emissions by 50%.
2030
All new ambulances will be zero emission.
2027
All new vehicles owned or leased by the NHS will be zero emission (excluding ambulances).
2035
• All vehicles owned or leased by the NHS will be zero emission (excluding ambulances).
• All non-emergency patient transport will be undertaken in zero emission vehicles.
2036
Over 50% of the ambulance fleet will be zero emission.
2040
• The full fleet will be decarbonised.* All owned, leased, and commissioned vehicles will be zero emission.
• All business travel will be zero emission.
2045
NHS Net Zero Carbon Footprint Target
NHS Net Zero Carbon Footprint Plus Target
*subject to complete decarbonisation of the electricity grid, in line with government policy

Green Plan – additional opportunities

- Our opportunities extend beyond CO2 reduction.
- By reducing single-occupancy car journeys, encouraging uptake of active and public travel, it will provide increased personal health and economic benefits as well as reducing issues like traffic congestion and pollution.
- Reducing our business mileage where possible, we can contribute to local air pollution reductions and increase the fitness of our staff.
- We can also reduce our environmental impact by reducing/eliminating single-use plastics and other products where an alternative is available and ensuring that resources are used and reused sustainably with minimal possible waste.
- Creation of green space and biodiversity to provide areas for staff and patients to visit and take some time out as well as benefiting nature.
- By 'doing our bit' it will inevitably have positive impacts on staff morale and managers have the duty to provide that support to their staff to delivery this central policy in their areas.
- In short rethinking how we deliver our services and ***all staff feeling empowered to identify and make those changes***.

Green Plan - Targets

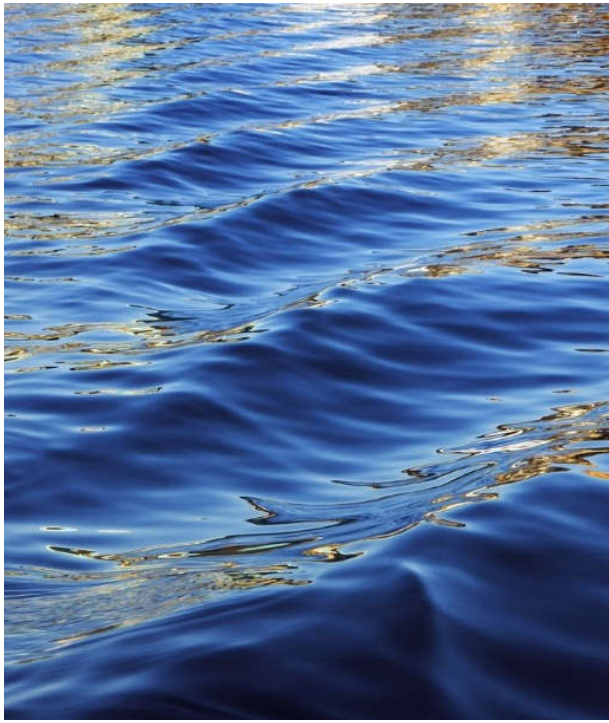


Ensuring all improvements and change processes are viewed through the sustainable value lens, driving improvements in patient and population health whilst addressing environmental, financial and social impacts. Integrating the principles of sustainable clinical practice prioritises, improvements in prevention, patient empowerment & self-care and lean pathways, directing us towards to the highest value improvements in healthcare.

Some case studies to help illustrate:-

https://www.susqi.org/susqi-academy-healthcare-delivery

Any questions?



Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Performance Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☒ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☒ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

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

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Performance Report key metrics

December 2024 Council of Governors meeting

Diagnostic 6 week standard

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- In October achieved 76% against a standard of 95% compared to 56% in March and 70% in July.
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 45% re Urodynamics, to 88%% for sleep studies.

Acute Flow

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Number of 12+ hour trolley waits in October was 785 compared to 583 compared in July and 859 in May.
- Proportion of ambulance handovers waiting more than 60 minutes was 29.6% compared to 31.7% in May.
- Proportion of patients seen and treated in ED waiting less than 4 hours was 62.5% compared to 65.6% last time.
- Lost bed days for patients with no criteria to reside was 1118 compared to 856 in July and1082 days in April. This is 19% of our general and acute beds.

Cancer

York and Scarborough Teaching Hospitals
NHS Foundation Trust

- Proportion of patients who had their first treatment within 62 days was 66.2%% (compared to 72.2% last time) against a standard of 85%.
- Cancer faster diagnosis standard was 67.2% against a standard of 75%, which was a fractional deterioration of 0.7% from the previous report.

Referral to Treatment (RTT)

York and Scarborough Teaching Hospitals NHS Foundation Trust

- Number of people waiting is 44,047 which is 1,150 less than in July
- 26 patients waiting more than 65 weeks mainly due to a key colleagues being on sick leave in one speciality, against a target of zero.
- 1158 patients waiting more than 52 weeks which is 274 patients less than in July.
- The mean waiting time for incomplete pathways is 18.5 weeks, a reduction of 0.3 weeks from previous report.

Children scorecard

York and Scarborough Teaching Hospitals NHS Foundation Trust

- 33 children waiting over 52 weeks in October which is mainly due to patient/parent choice.
- An update will be provided to the Council of Governors meeting on the plan to reduce waiting times for speech and language therapy.

Workforce

York and Scarborough Teaching Hospitals NHS Foundation Trust

- In October staff sick leave rate had reduced to 4.6% with a year to date rate of 4.9%
- Rolling 12 month staff turnover rate is 8.3%, better than plan of 10%
- Overall vacancy rate of 7.5%
- HCSW vacancy rate in adult in-patient wards 6.9% (5.8%)
- RN vacancy rate 4.5% (6.8%)
- Midwifery vacancies 3.3%
- Medical & Dental vacancies 1.8% (5.7%)

Patient experience

York and Scarborough Teaching Hospitals NHS Foundation Trust

- The number of complaints received in October was 105 the fourth 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.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 10

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	NED Assurance Questions from Governors
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

Trust Objectives	**Board Assurance Framework**
☒ Timely, responsive, accessible care	☒ Quality Standards
☒ Great place to work, learn and thrive	☒ Workforce
☒ Work together with partners	☒ Safety Standards
☒ Research, innovation and transformation	☒ Financial
☒ Deliver healthcare today without compromising the health of future generations	☒ Performance Targets
☒ Effective governance and sound finance	☒ DIS Service Standards
	☒ Integrated Care System
	☒ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

This paper provides the questions collated from the Governors for the NEDs to answer at the meeting. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Report History

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

Meeting	Date	Outcome/Recommendation

NED Assurance Questions from Governors

TRAVEL & TRANSPORT
Q1: In the past there was a free Shuttle transport to and from Scarborough and was free for staff, patients and for hospital small estate transports. The service was stopped few years ago. Having a free service like this will help the local community accessing the hospital without paying taxi or asking family members for transport. It also provides a greener environment reducing pollution. Can the Trust look in to bringing this service back.
Q2: Traffic and parking at the Trust in York continue to be an issue, with reports that some operations in York are being delayed because staff can't get to work and park on time. What have the NEDs done to challenge the Board to come up with solutions? Has this issue been escalated to Board? One proposal would be to have a half-hourly mini-bus service from/to one or more park and ride locations during each working day and combine this with changes to parking restrictions at York Hospital. With this bus service, it should be possible to limit the use of the multi-storey car park at York to just staff, those with a Blue Badge and those attending A&E. Do the NEDs support this or similar suggestions? If not, what other solutions do the NEDs propose?
Q3: The older people in Whitby and surrounding areas are experiencing great difficulty attending outpatient appointments. Patients who attend appointments in Bridlington cost of taxis £100-£120 one way, to York £110-£130 one way, Scarborough £50 one way from Whitby. Some taxi drivers to Bridlington charge a £20/hour waiting fee for the patient for the return journey. In Whitby we have no train links other than to Middlesbrough, bus services are very limited. A lady reached out who is elderly with arthritis, lives alone and has a small family with no car available to them. She has tried to do the arduous route to Bridlington from Whitby on public transport and was not possible for her to complete the journey. She has now set up an arrangement with someone to take her for £50. she has to have treatment very regularly and cannot afford to keep on paying £50. Speaking to Patient Transport, it has been told to me that you do a test on the phone and if you mention there is anyone in your family with a car, they stop the test and tell you to ask them to take you. I cannot verify this personally, but I have no reason to disbelieve 2 different people. Can this serious question of inadequate patient transport be put to the NEDs? Is there currently any dialogue between NED and management taking place about the apparent lack of patient transport and the possible knock on effects of missed appointments, patients not getting treatment and issues arising?
STAFF
Q4: In the budget it was announce that the national insurance rate will be increased from April next year, but the NHS are exempt. Does this include YTHFM?

Q5: Over recent months, there have been several appointments of colleagues to senior operational roles at a time when the Trust has increased scrutiny / deferred appointments of front line clinical / nursing / AHP staff who would be involved in direct face-to-face care delivery. Please can the NEDs provide assurances that a consistent approach is being applied to these appointments?

ACUTE, URGENT & EMERGENCY CARE (AUEC) SERVICES

Q6: Our EDs are facing significant operational pressures, with focuses currently being placed upon the timeliness of ambulance handovers, improvements in the ECS 4-hour metric along with reducing the number of patients who remain in the departments > 12 hours.

Please can the NEDs provide assurances about how the teams overseeing local AUEC care delivery are being supported by their operational colleagues to develop optimal clinical models of care needed to address these challenges?

Q7: The provisional A&E quality indicators for E&W for September 2024 have just been published, which report the median time to initial assessment was 9 minutes for ambulance attendees, the median total time for patients in A&E for all patients was 2h 49m and that a median of 4.7% of patients left before being seen (LBBS).

A number of workstreams are being developed to help support improvements in the initial two metrics, but historically there has been less focus upon the LBBS cases to identify any safeguarding / clinical concerns. Please can the NEDS provide assurances about how these cases are being reviewed?

Q8: The timely management of potential sepsis presentations is a key clinical marker of the quality of care our EDs are providing. Please can the NEDs provide assurances about the current performance metrics in relation to the screening of sepsis and the prescribing and administration of antibiotics within one hour of sepsis markers being triggered in our EDs?

Q9: Evidence suggests that there will be one additional (potentially preventable) death for every 72 patients who remain in the ED waiting for admission for greater than 8 hours. Based upon our current ECS metrics, this suggests up to 20 such deaths occur each month across the Y&S sites. Please can the NEDs provide assurances about any such deaths that have been identified and what plans have been put in place to mitigate further cases?

Q10: The completion of coding following ED attendances (to identify ongoing care needs and safeguarding concerns) in a timely manner is very challenging. Plans are currently in place to address coding that can be attributed to ED clinicians, but to date no similar plans for the timely coding of patients whose care episode has been overseen solely by specialty clinicians ('SPECDOCs'), for whom a number may have safeguarding concerns that go unrecognised.

Please can the NEDs provide assurances about plans being developed to help address this governance concern (eg specialty teams identifying clinicians to undertake this as part of their rostered duties)?

Q11: There are ongoing focuses on ward-to-board assurances, but what about board-to-ward feedback? Colleagues report escalations being directed to board level but feedback about the outcomes of these are often lacking.

Please can the NEDs provide assurances that consistent feedback from board level will be disseminated to ward-based staff to ensure escalations are reaching them and the rationale relating to any decisions that are made about these.

Q12: Several initiatives are being explored to support AUEC delivery, including the development of an Integrated Assessment Unit and Continuous Flow models. To date, there has been a lack of clarity about the additional capacity that the former will bring, the impact on patients so effected (being cared for in escalation areas) by the latter or how clinical teams will be supported to optimise their delivery.

Please can the NEDs provide assurances that the rationales for these proposals have been subjected to appropriate evidence-based capacity / demand planning and the outcomes of any ongoing audits about the quality of care being delivered from within escalation areas?

STROKE SERVICE

Q13: Our Trust is a long way off achieving national targets with regards to stroke care and SSNAP performance. The main reason for this is staffing particularly relating to therapy elements of care. Please can the NEDs provide assurances about the strategic plans to ensure we have adequate staff to meet the therapy needs of patients both in hospital and (perhaps more importantly) in the community?

Q14: In addition, our Radiology services are struggling to provide up to date stroke imaging services (both CT and MRI provision). Please can the NEDs provide assurances about what is being done to improve both the infrastructure and staffing of diagnostic services?

NEUROLOGY SERVICE

Q15: The most recent Neurology GIRFT review has highlighted that for the population served, the national average number of neurologists is 9. Currently York has 6 whole time equivalent consultants. Please can the NEDs provide assurances about the strategic plans to correct this shortfall?

Q16: York lacks any complex/neurological rehab service provided. The money that the ICB currently spends on private providers could be better spent contributing to strengthen the specialist occupational and physiotherapy services within the Trust. Please can the NEDs provide assurances that this position is being monitored and reviewed?

ELECTIVE OUTPATIENT SERVICES

Q17: The Labour manifesto promised that an additional 40,000 elective appointments will be delivered each week, during evenings and at weekends, a pledge now being reinforced by the SoS for H&SC. Delivering these appointments will place additional demands on our already struggling diagnostic services alongside the recognition that

many of our estates are in poor states of repair (especially so in relation to laboratory services) which impacts recruitment and staff well-being and that our outpatient space limits our abilities to do extra work.

Please can the NEDs provide assurances that the additional challenges these promises will bring are being considered in terms of the Trust's short to medium term plans?

COMMUNICATION

Q18: I know from many people and from my own experience, trying to get through to a service is nigh impossible. No answer, answer machines that don't tell you the availability of the person you are phoning, answer machines full, recorded messages stating all operators are busy then cutting you off.

Trying to make an appointment, change an appointment, getting advice re ongoing treatment is impossible. Waiting in a queue and you are told you are 7th in the queue then getting to No 1 in the queue and a recorded male voice cuts in and tells you all operators are busy and cuts you off. This is after 2 attempts at nearly an hour each time. This is not a unique situation, is it a fault no one knows how this happens, but the staff know it happens!? Then the terrible frustration of having no one to phone to help you, or tell you why you are being cut off. I have had people contact me to ask for help to speak to someone (anyone)!

The switchboard, when you get to talk to an operator they have the same terrible frustrations, they put you through to an extension that is invariably an answer machine with all problems as outlined above, then you have to wait in a queue to speak to the switchboard again. Without doubt the communication problem is chronic. It feels sometimes like an impenetrable shell! Patients say when they get to have an appt or treatment the staff are good.

Could the NEDs let us have information on actions that are being taken or in place to recognise and rectify the chronic communications problem for patients across the Trust?

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 11

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Reports from Board Sub-Committees
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☒ Timely, responsive, accessible care
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- ☒ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

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Sustainability

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Recommendation:

This paper provides the escalation logs from each sub-Board committee. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Quality Committee Reports

Date of meeting:	November 2024
Chair:	Steve Holmberg

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

ALERT
Outpatient PTL – Concerns from Resources Committee had been escalated to Quality. Committee was advised that a list that was primarily intended for the tracking of 1st outpatient referrals also listed many thousands of patients who were or had received contacts from the hospital for other reasons e.g. children with safeguarding concerns, therapy contacts, patients on surveillance programmes and certain oncology patients. This conflation resulted in a risk that patients might be waiting excessive times for treatments with both safety and reputational concerns. Committee agreed that this needed full investigation but received assurances that the likely risk was low as the list had existed for a lengthy period and no concerns had previously been identified. A six-month period was proposed to resolve the matter
ASSURE
Clinical Policies & Clinical Effectiveness – Committee received positive assurance reports on the work in these areas
ADVISE
Maternity – In-month data continues to show stable situation. Fall in recorded foetal monitoring training compliance relates to new intake of resident medical staff and need to check training status. Committee heard detailed update on Saving Babies' Lives and problems with compliance related in significant part to previously reported shortages in midwifery staffing **IPC –** In-month data show key HAIs continue to run ahead of trajectory **Long COVID Team** – Committee advised that there was a risk to on-going ICS funding for these positions **Safeguarding –** Low reported compliance with Level 3 Children's safeguarding training remains an issue. A cohort of midwives are due to receive training during off-duty period to avoid exacerbation of staff shortages. Directors advised that the hospital should look at more relevant ways to report compliance rather than course attendance and would report back after 3 months
RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Surgery CG – Outliers: Escalation of concerns about medical patients outlying on surgical wards remains a concern. Issues are being flagged through Datix but consistency of senior review is still patchy due to workload and changes in Medicine CG leadership.

- Surgical Day-Case at SGH (Haldane): Continuing problem of utilisation of area for non-surgical patients overnight as extra capacity
- LLP: Committee heard that there was not a reliable or consistent system for the prioritisation of (minor) works. CG did not have oversight of requests and escalation to director level appeared to be most effective mechanism to action works from backlog
- Therapy Equipment Storage: Committee advised that works on new VIU had necessitated relocation of equipment to an off-site container. Significant concerns raised about security of storage and safety of staff accessing location. Long-term solution will require Trust-wide review and rationalisation of storage issues
- Complaints: CG receiving high levels of complaints. There have been significant difficulties in terms of timeliness and approach to responses. New training is being introduced to support junior investigation team

Urgent Care Assurance Group – Committee accepted the ToR. There was a detailed discussion about on-going concerns regarding the experience and safety of patients in ED. Committee will receive monthly escalation reports on progress

Date of meeting:	October 2024
Chair:	Steve Holmberg

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

ALERT
ED Coding – Concern, previously identified, continues and solutions are in train but the issue is complex and will take more time to resolve
ASSURE
Quality – Committee continues to hear evidence of the strengthening of governance processes within Care Groups and clinical areas supported by corporate teams e.g. IPC meetings, Journey to Excellence with elements such as ward accreditation. Sustained improvements in outcomes are anticipated to take time to show but the direction of travel is grounds for encouragement **Nephrectomy –** Committee had previously heard of instances of patient harm associated with long waits and disease progression prior to surgery. Current waiting times are reassuringly extremely short **Never Events –** Committee assured that Trust follows NHSE pathways for investigation and learning. Committee also assured about improvements to processes to support Trust as a 'learning organisation'

Audit Reports – Committee received assurance regarding actions from Audit Reports. Further assurance that Corporate teams and Audit are working collaboratively to ensure that maximum value is derived from audits. Committee heard of specific examples where audit had supported and helped drive quality improvements. Committee will receive completed audit reports moving forward.

ADVISE

Maternity – In-month data continues to show stable situation. Rise in PPH not currently a particular concern

IPC – In-month data show key HAIs continue to run ahead of trajectory

Mortality – Q1 Report did not raise specific concerns on overall or individual cause mortality data

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Family Health CG -

- Community: Committee received report evidencing a service under strain with rising individual caseloads and high sickness and stress levels. Committee offered its help for cross-agency working to reconfigure and support service.
- Gynaecology: Waiting times for benign and cancer services remain among the most difficult in the Trust. Gynaecology is identified as a challenged service across the ICB. Committee heard about 2 incidents of harm related to delayed hysteroscopy. Mitigations and improvements were now in place including – early clinical triage of all hysteroscopy referrals, new consultant appointments and colposcopy specialist nurse.
- Paediatrics: Committee remains concerned about some delays in emergency pathways. Situation is complex due to different ages at which paediatrics 'cuts-off' in different services. Committee received assurance that there is coordinated work underway to ensure that care pathways will be best aligned to service provision.

Gastroenterology – Committee discussed the staffing challenges to the service at Scarborough. Assurance given that monitoring processes are in place to identify any concerns regarding emergency provision.

Date of meeting:	September 2024
Chair:	Steve Holmberg

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

ALERT

Maternity – In-month rise in PPH at Scarborough. Investigation suggests a random rise in patient acuity but no lapses in care

ED Coding – Backlog has caused concern previously and has been identified as on-going patient safety risk both with regard to safeguarding and interface with primary care services

ASSURE

Quality – Committee heard on a number of issues how responsibility and accountability regarding patient safety are being delegated to Care Groups but that there are mechanisms of support from Executive Directors to guide required change for success

ADVISE

CSCG –

- Ophthalmology: Patient safety risks associated with previous appointment issues have now been closed. Concern remains around possible on-going harms related to capacity-demand mismatch and long waits. Plans include 'repatriation' of low risk work into community with arrangements in place for the protection of associated training opportunities
- IPC: While CG remains above trajectory for HAIs, Committee was assured about new focus in CG with dedicated IPC meetings. On-going project to standardise de-colonisation protocols for patients requiring immunosuppressive therapy
- Complaints: Increasing numbers being received most relating to delays. Focussed work on staff attitudes in radiology supported by CN team.
- Gastroenterology: Endoscopy has now received JAG accreditation
- Lloyds Pharmacy: Risks associated with transfer of management are being addressed

Complex Needs – Committee was pleased that funding had been received from ICB for Autism leads but concerned that this is currently non-recurrent

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

Maternity – Committee received update that shows overall sustainable improvement in service quality that are to be commended. Papers included detailed analysis of implications of staff funding shortfall that will impact on future improvement. Committee will continue to monitor based on safety and quality risks as they arise. Committee was also concerned about risk of staff demotivation in event that staffing improvements cannot be supported

Mortuary – Committee heard that a number of unauthorised access entries had occurred. There was assurance that these were not 'malicious' and that new protocols should prevent these events moving forward

Ovarian Torsion – Identified as a significant risk in acute management pathways. Work was on-going to align care protocols between surgical and gynaecological teams

Resources Committee Reports

Date of meeting:	November 2024
Chair:	Lynne Mellor

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

ALERT
• Operations: The Committee discussed and raised concerns about the continued issues around Urgent and Emergency care position which still despite intervention does not appear to be improving overall - ECS trajectory of 71.1% not met with a performance of 62.5%. Ambulance handover over time has deteriorated again and the acuity of ambulance arrivals has increased also with a daily average of 122 in October with an increase in York of walk in patients (potential linkage to GP collective action). The Optimal Care Service (OCS) is currently being underutilised in York OCS with 50% of its capacity in use (93 patients per day) and Scarborough 120 patients ~ only 44% of its capacity being used. The Committee noted reviews are underway to improve utilisation across both sites. The Committee noted the support being provided to the UEC plans such as external consultant strengthening the ED EPIC leadership. The committee asked for a monthly report to be included on the impact of these interventions and how they are making a difference e.g. to 'major and minor' patient flows. • Workforce: The Committee again discussed the impact, and the risks associated with the industrial action in Microbiology services, York hospital and Blood Sciences, Scarborough hospital. The Committee noted the plans in place to mitigate the risk to patients and services. It noted the third meeting with ACAS scheduled for 20 November for further conciliation talks. • The Committee noted the lack of engagement of staff to complete the Annual survey – currently 10% behind peers in benchmark, and against a backdrop of nationally improving completions. • The Committee noted the current Flu vaccination uptake is only 30% which is lower than pre-pandemic levels and presents an increased risk of staff falling sick, especially during the busy winter season.
ASSURE
• Operations: The Committee noted the TPR, and improvements made to the format. The committee welcomed the news of £6M of external funding for York site capacity improvements for ED which will help with patient flow. The Committee welcomed the news that the number of super stranded patients continues to fall and that the number of patients with no criteria to reside continues to fall. • Diagnostics - the Committee noted the efforts in improving trajectories for diagnostics, recognising there is still work to do for example in CT and Histopathology. • Finance: The Committee noted the balanced plan taking into account the £16.6M deficit support funding. The Committee applauded the work being done across the Trust in its efforts to meet the CIP target – month 7 seeing the highest CIP delivery for the Trust at £26.5M. • Drug and Medicine expenditure – The Committee welcomed the Chief Pharmacist to the Committee and were assured that a robust process is in place across the Trust to review and reduce where feasible the cost of drugs and medicines. The Committee also discussed the CIP approach at a local, system and national level.

- Nursing and Midwifery: The Committee discussed the downward trend in nursing students starting university courses, and based on current trajectory the Trust registered vacancy rate could go up to 11% by 2027. Workforce planning is providing assurance that plans are in place to mitigate this risk including increasing the Nursing associates, and the Trust continues to work closely with its University partners such as Coventry.
- The Committee noted the move to a Multi-Disciplinary Team (MDT) approach e.g. with Nelsons court moving away from nurse centric model to an MDT model to be led by Allied Healthcare Professionals.
- The Committee continued to be assured that the Healthcare Academy is progressing well and noted that Allied Healthcare Professionals can also now attend the Academy.
- The Committee welcomed the news that there are further improvements planned in reducing Nurse Agency spend as of 4 December it is expected that gaps in rosters will be managed and agency used by exception. This shift it was noted has been facilitated by having a good grip on roster management including timely sign off of rotas.

ADVISE

- Operations: The Committee discussed in detail the Waiting list summary report. The Committee noted the work done on the analysis of data to date. The Committee agreed urgent action is still needed on the data cleanse to produce a more detailed accurate view of patients waiting and process improvements; this is to make sure any potential patient issues are addressed and risks mitigated. The Committee has requested that a weekly report is circulated to members of the Committee on data and process improvements. A fuller report will come back to the December Committee.
- The Committee noted the Q3 Tiering status.
- Workforce: The Committee noted the NHSE NEY Workforce Planning and controls return.
- Nursing and Midwifery: The Committee noted the Ward reconfiguration on the East Coast.
- Medicine – The Committee noted the Guardian of Safe working hours report.
- Finance: The Committee noted the actual adjusted deficit position of £3.6M, against a planned deficit of £2.4M. The Committee noted the pressure to balance for month 7 for the Trust and the ICB. The Committee noted the significant YTD I&E assumptions including potential funding for the high-cost drugs (£5.6M).
- YTHFM: The Committee noted the EPAM report and sought assurance regarding staff survey completions and appraisals. The Committee also noted the issues with the backlog maintenance and will receive deep dive on backlog maintenance in December as part of the quarterly update.
- Digital – the Committee received an update from the subcommittee noting the CPD issues

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **Risk discussed and a request to update the report with clear mitigations and actions. The committee welcomed the adjusted format.**

Date of meeting:	October 2024
Chair:	Lynne Mellor

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

ALERT
• **Operations:** The Committee discussed and raised concerns about the Urgent and Emergency care position which despite intervention does not appear to be improving overall - ECS trajectory of 68.6% not met with a performance of 64.4%. After an improvement last month, ambulance handover over time has deteriorated. The acuity of ambulance arrivals has increased also with a daily average of 120 in September i.e. the most acute category patients (1&2) has seen a 12% increase from September last year. Some assurance given with the following plans in place: o The Ambulance handover teams are being encouraged to handover patients that are fit to sit so that Ambulance handover could happen more quickly. o At the start of November, the ICC system control centre will launch with YAS and Nimbus, working together on calls and diverting calls to different services to reduce Cat 3&4 arrivals to ED. o 2.2 WTE funded additional nursing staff, will provide support at peak ambulance times for York and Scarborough from 21 October. o Continuous flow SOP - to move patients proactively, to be introduced mid-October, to address ED 'exit block.' • **Workforce:** The Committee again discussed the impact, and the risks associated with the industrial action in Microbiology services, York hospital and Blood Sciences, Scarborough hospital. The Committee noted the plans in place to mitigate the risk to patients and services. It noted the key date of 22 October for conciliation talks in a meeting with ACAS.
ASSURE
• **Operations:** The Committee discussed the Cancer position and again saw an improvement in the 28-day Faster Diagnosis standard for August - an improvement to 71.9% (above trajectory). However, several specialities still failing to hit the 75% FDS trajectory e.g. Urology, gynaecology, with some assurance given that improvement plans are in place. • The Committee welcomed the news that the RTT65 position for the Trust is improving with 18 patients waiting over 65 weeks at the end of September and the Committee noted the Trust is aiming to deliver its target of zero patients as soon as possible. • The Committee discussed the issues in Outpatients such as the Trust waiting time for Rapid Access Chest pain clinic and was assured plans are in place and to be presented in January 2025 as part of the Clinical strategy for Cardiology. • **Diagnostics**: the Committee welcomed the continued improvements being seen in several specialities. • **Workforce:** The Committee applauded the efforts for the Trust to achieve a full year with no off-framework agency supply in October. The Committee also was assured that the Trust ended four medical agency bookings in September and converted a further three agency workers to Trust positions via substantive contract, fixed term contract and bank contract. • **Finance:** The Committee was assured that the cash position for the Trust has improved as NHSE have provided the ICB with £50M in funding, of which £16.6M deficit support funding has been awarded to the Trust – thus a balanced plan for month 6. • **Nursing and Midwifery:** The Committee noted once again the positive improvements to the nursing workforce e.g. the registered nurse vacancy forecasted position of 3% for later in Q3. The Committee noted the nursing trajectory update which shows a risk of rising to 9% for registered nurse vacancies – the Committee were assured plans are

in place to address gaps through for example increasing potentially the number of Nursing Associates and nursing apprentices. The Committee applauded the work on e-rostering improvements and noted the savings of £146k.

- **Medicine:** the Committee welcomed the new report for medical and dental workforce for Q2 and it gave assurance that there is an increasing 'grip and control' over standards e.g. appraisal completions, revalidation completion rates. The Committee discussed the medical vacancies including the highest areas of impact e.g. 40% Acute, some assurance has been evidenced with a steady improvement against these vacancies and the improvement in the recruitment process. The Committee agreed a spotlight for the next quarter report would be on locum spend including a profile of spend YTD and any forecasts.

ADVISE

- **Operations:** The Committee noted the Trust is ahead of its elective recovery plan 24/25. It also discussed in detail the paper on the Elective Recovery plan and noted the work needed on the cleansing of data particularly for patients who appear to be waiting for their first appointment and follow up partial booking. The Committee agreed urgent action is needed on the data cleanse to produce a more detailed accurate report to make sure any potential patient issues are addressed and risks mitigated. A report on the approach and timescales for this work will come back to the November committee..
- The Committee discussed the Emergency Planning Resilience and Response Report and noted that a plan is in place with actions to address the gaps.
- **Workforce:** The Committee noted the flu campaign is marginally ahead for the first 2 weeks of vaccinations compared to last year, however it was recognised the Trust needs to improve its vaccination rates, as just over a third of the workforce were vaccinated last year.
- The Committee noted the launch of the annual national Staff survey which runs until 29 November. The Committee discussed response rates need to improve (last year only a 39% response rate). In the first week we have had an 8% response rate compared to 14% peer average. The Committee noted a few supporting activities to encourage completion of the survey including promoting you said we did as well as change makers involvement and line manager briefings to support completion of the survey in work time.
- **Nursing and Midwifery:** The Committee noted and discussed the paper to support funding gaps in maternity services. The committee discussed three key areas for potential release of efficiency savings 1. Scrub nursing for maternity theatres, 2. Clinical education and training resource, 3. Statutory and mandatory training provision. The Committee discussed how the run rate is being looked at in conjunction to this, where vacancies in the Trust establishment plans which are not essential may help to support this case further. The Committee noted an updated report will be submitted to the Board in November.
- **Finance:** The Committee noted an adjusted deficit position of £2.6M, against a planned deficit of £1.3M. The Committee noted the planned £26M CIP benefit towards the target of £33M, £12M of which has been delivered in month 6. The Committee discussed the ICB summit which was a review of getting to the best possible financial position for the end of the fiscal. It was noted actions would follow to aim to close gaps across the system – e.g. the Committee wondered if any action can be taken as a result of the Summit for the Trust to close its CIP gap and for example help address the high-risk plans of £9.7M.
- **YTHFM:** The Committee welcomed YTHFM Energy Procurement Update and Future options report and noted the forecast savings potential.

• **Digital:** The Committee noted and welcomed the news that the EPR contract has been signed.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
• **Risk discussed with each report, no additions to current registers.**

Date of meeting:	September 2024
Chair:	Lynne Mellor

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

ALERT
• **Operations:** The Committee discussed and raised concerns with the Urgent and Emergency care position given Ambulance arrivals yet again are rising including the numbers of most acute patients in categories 1&2 with a 14% increase in comparison to August last year. (Some assurance given in ambulance handover over time with a seven-minute average improvement compared to July). ECS trajectory of 69.4% not met with a performance of 65.8%. • **Workforce:** The Committee again discussed the risks of industrial action with a focus on the result from the ballot of the Unite Union members (employed in Microbiology services, York hospital and Blood Sciences, Scarborough hospital), which closed on 9 Sept and balloted in favour of action short of strike and strike. The Committee discussed what plans the Trust has in place to mitigate the risk to patients and services and was assured emergency planning work is underway, alongside negotiations between the Trust and Union.
ASSURE
• **Operations:** The Committee welcomed the news that the YAS and Primary care plans are now visible to the Trust which will help support discussions and plans particular for UCIP. The Committee would welcome a view of Major and Minor key performance indicators for UCIP. • The Committee discussed discharge plans those patients who have No Criteria to reside numbers have risen i.e. 1065 lost bed days re NCTR equivalent to 35 (27 in July) bedded ward occupied every day in August. From the deep dive into discharge, some assurance has been given that the overall year on year position has improved with plans in place to work within the Trust and externally to improve. The Committee asked for clarity on targets, milestones and risks associated with the Discharge improvement group plans. • The Committee discussed the Cancer position e.g. several specialities still failing to hit the 75% FDS trajectory with some assurance given that improvement plans are in place and the 28-day Faster Diagnosis standard for July saw an improvement to 71.3% (above trajectory). The Committee welcomed the funding of circa £1.7M from Cancer Alliance and NHS to assist in cancer improvement schemes such as additional treatment and diagnostic capacity. The Committee applauded the JAG accreditation of excellence for all 3 endoscopy units in September 2024. • The Committee welcomed the news that the RTT65 position for the Trust is improving with 53 patients waiting over 65 weeks at the end of August – aiming to reach zero by end of September. It noted the risk of 25 patients, if untreated will breach the position (big reduction in numbers from 197 previously at risk), and was given some assurance that plans are in place to mitigate the risk in neurology including pathway changes.

- **Diagnostics:** the Committee welcomed the improvements being seen in several specialities including Echocardiography (78% improvement in Trust ECHO performance in August, was 23% in April 24) where the backlog is being cleared with the help of the CDC.
- **Finance:** The Committee was assured that the cash position for the Trust is likely to improve as NHSE are expected to provide the ICB with £50M in funding, of which £17M will be given to the Trust - earlier than planned – the Trust hopes to receive confirmation by the end of September. The Committee also welcomed the news that the Trust has received £9.5M Elective income, as part of Elective Recovery Fund.
- The Committee noted the committed £20M CIP benefit in month 5 and noted the high-risk plans of £9.7M. The Committee discussed the schemes at high risk wondered if they could be accelerated for delivery (e.g. using the ICB Summit to help).
- The Committee welcomed the deep dive on procurement from Edd James, ICS Director of Procurement. The Committee noted the good work since Edd last attended the Committee particularly in the identification of a further £4.6M full year savings (circa £1M in year) for the Trust. The Committee noted the opportunity of further significant savings and asked if any further quick wins could be identified to support the Trust's CIP. The Committee welcomed the good news that some of the ICB procurement activity had been recognised with an award. Lessons learnt were discussed with issues still arising in IT and HR, the Committee asked for a progress update in the next quarter.
- **Nursing and Midwifery:** The Committee noted the continued positive improvements to the nursing workforce including better grip and control e.g. e-rostering, nurse vacancies are at their lowest in 7 years and noted that care hours per patient data is now more accurate e.g. circa 90% of clinical areas are matching care hours per patient data which is great for patients and will help further with staffing reviews.
- **Workforce:** The Committee welcomed the news that the Trust had overachieved on its HCSW vacancy rate at 3.6%. It also noted the E-rostering update, and welcomed the news that level 4 is expected to be achieved for nursing by December 24. The Committee noted the great teamwork across the Trust to make this work and noted the significant audit assurance.

ADVISE

- **Operations:** The Committee noted that the Trust would like its partners to move faster to deliver the discharge activities as the plan is at risk with deliverables being impacted by December 2024 (the Committee has asked for an understanding of key areas at risk as part of the discharge executive summary report). The Committee noted the Adult Community Waiting List report.
- **Finance:** The Committee noted an adjusted deficit position of £16.4M, £0.7M adrift of plan. The Committee noted the pending ICB summit where Grant Thornton will discuss 6 key themes to support cost controls/improvements, and how Trusts might respond.
- **Medicine:** the Committee noted the NHSE WTE Self-Assessment report.
- **YTHFM:** The Committee welcomed YTHFM and sustainability report and welcomed the news that the Bridlington site sustainability improvements and the Trust's green plan were attracting external interest.
- **Digital:** The Committee noted the report.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED

- **Risk discussed with each report, no additions to current registers.**

Group Audit Committee Report

Date of meeting:	September 2024
Chair:	Jenny McAleese

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

The Audit Committee met on 10 September 2024. It was very much a routine meeting, along with our annual review of the arrangements in place with respect to our Freedom to Speak Up Guardian.

The meeting was quorate. In accordance with the plan for an Executive to attend each meeting by rotation, Dawn Parks attended in order to provide assurance in relation to limited assurance internal audit reports for which she is sponsor, BAF risks under her responsibility and any outstanding actions resulting from internal audits.

Prior to the formal meeting, the Non-Executive Director members of the Committee held a private meeting with Internal Audit. There was nothing new of concern they wished to draw to our attention, and we spent most of our time together exploring how we could improve the organisation's performance in relation to outstanding recommendations! I had also had an email exchange with External Audit, who confirmed there was nothing they wished to raise.

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

Items for Assurance

Internal Audit

Although it is early in the year, Internal Audit are on track with their plans and envisage being able to complete all their work by the year-end.

Freedom to Speak up Guardian Arrangements

Having provided us with a comprehensive paper, Stef Greenwood attended our meeting, and we had a very useful discussion.

We obtained assurance that we have good arrangements in place, with Stef working 30 hours a week and being dedicated to the role.

Having said that, there are four issues of concern we would like to escalate as follows:

- Currently there are no cover arrangements in place for when Stef is not at work.
- There is a sense that lessons are learned from Speak-ups, but the organisation would benefit if a more formal process were in place.
- There are still cases where people who speak up suffer detriment.
- Stef needs access to regular supervision from outside the organisation.

Items for Information

Actions Resulting from Internal Audit Report Recommendations

Thanks to Martin and Leeds Beckett University, we have agreed to strengthen the governance in this area by stipulating that the date for delivery of high and moderate actions can only be extended once.

In addition to this, we have asked that Mike and Executive colleagues review the reporting process around outstanding actions to ensure that there is only one system in place and that Audit Committee gets an up-to-date picture in the report that it considers.

Resources Committee

When we considered how the Committees were working, there was a sense that Resources Committee is under a lot of time pressure and suggested they might consider extending the meeting by thirty minutes if needed.

External Audit

Forvis Mazars are in the final year of what has been a five-year contract (three years plus two further years). The external audit market for NHS Trusts is very challenging and there have been examples of Trusts not being able to appoint. Full open tender processes are time-consuming and expensive, both for the Trust and potential audit partners and may not even attract any interest.

We agreed that we should undertake an expression of interest process to test out market interest and then carry out a mini tender if necessary. This is the process we are going to recommend to the Council of Governors, as the appointment of External Audit is their responsibility.

Item 12

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Governors Activities Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☒ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☒ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

This paper provides an overview of Governor Activities. Reports are provided on the following: Lead Governor, Membership Development Group, Constitution Review Group, Constituency Activities

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

Governors Activities Report

1. Lead Governor Report

I have summarised below some of the activities I have undertaken since the last CoG (Council of Governors) meeting on 11th September 2024.

Volunteer of the Year Award: I was privileged to be asked to be involved in the interviews of the finalists for the volunteer of the year award in August and handing the award to Donna Wallis & Matthew Bailey at the awards ceremony held in September at the York Racecourse. The three finalists for this award (Emma Sargent, Ben Chandler and 'Donna Wallis & Matthew Bailey') were outstanding. It was a challenging task to differentiate between them. They were all winners in our hearts and their passion for supporting patient care at the Trust are boundless.

Volunteers are a valuable and dedicated part of the Trust's team. They freely give their time, working throughout all our hospitals, and make a huge contribution in helping the Trust provide great care and services.

The volunteer of the year award was presented to an individual who has made a difference by offering compassion, care, kindness and friendship to a patient, carer, or family by creating a positive and lasting memory. The award was sponsored by Schneider Electric. Altogether, ten awards were given at the Celebration of Achievement 2024.

Emergency and Urgent Care summit – 19.08.24: It was good to hear the plans made by the Board to improve the emergency and urgent care at the Trust. The approach put forward is holistic involving all levels of staff and a deep commitment to improve. New Standard Operating Procedures have also been put in place. Emergency and urgent care is complex and is a national issue. With the Government's ten-year plan that is developed, we should see a movement of care from hospitals to the community with the ultimate goal of improving emergency and urgent care provided by hospitals.

York Constituency meeting – 24.09.24: A meeting for York constituency members of the Trust were held by Martin Barkley on 24th September. It was well attended, and very productive discussions were held.

Anchor Institution meeting with the Board – 16.10.24: A very productive workshop between the Board and the Council of Governors led by Martin Barkley was held in October. The aim of the workshop was to:

- Generate suggestions and ideas on the actions the Trust should take to maximise its role as Anchor Institution.
- Agree next steps in the development and implementation of the Anchor Institution plan.

An action plan from the workshop outputs is currently being developed.

New Governors – induction and group meeting: I would like to give a warm welcome to the new Governors who joined the Council of Governors in October following the annual elections:

- Ros Shaw (York - public)
- Paul Gibson (East Coast - public)
- James Hayward (East Coast - public)
- Gary Kitching (York – staff)
- Graham Healey (Scarborough & Bridlington – staff)

The formal induction for the new Governors took place in October. In addition, I met with most of the new Governors informally to discuss the Governor role and our duties.

Forum meeting and speakers – Change Makers – 15.11.24: At the Governor Forum meeting held on 15th November, two of the Change Makers (Olivia Dean and Darran Bilton) at the Trust attended and provided a very informative update to the governors on where the Trust is currently with the 'Our Voice Our Future' change programme. Following an Enquiry Phase, the programme has now progressed to the Design Phase. The discussion between the governors and Olivia and Darran was very constructive, and it was agreed that a follow-up meeting will be held in six months to update on outputs from the Design Phase.

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 (05.12.24)

A draft Membership Engagement Strategy and Action Plan was discussed at the Membership Development Group meeting on December 5, together with a proposed Governor Survey, which focusses on what would encourage greater membership and engagement.

Michael Reakes
MDG Chair

3. Constitution Review Group (09.12.24)

There is an ongoing review of Annex 1 of the Constitution which defines the Public Constituencies and the associated number of Public Governors for each Constituency. This is due for discussion at the next Private Council of Governors session. At the next Public Council of Governors in 12/2024, two amendments will be put forward for approval:

- 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 - 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.

Michael Reakes
CRG Chair

4. Constituency Activities

Adnan Faraj – Staff Governor Scarborough & Bridlington

During the past quarter I have attended the Trust board meetings (Wednesday end of month) as often as I could and interactively contributed. I have also attended the governor workshop in York and also attended meetings at Bridlington. I am also in liaison with Trust management about the progress of Bridlington Hospital development.

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 have also actively been involved with access audits across the Trust making sure all area are easily accessible for all disabilities.

Recently, I have joined the Patient Experience Sub-Committee, and have been involved in the NED recruitment process. I have also actively been promoting membership of the Trust.

Mary Clarke – Public Governor York

As I am now back volunteering in the discharge lounge, I am observing what is going on around the hospital and referring my observations to the relevant people. I talk to patients awaiting discharge about their treatment and stay, and feedback their comments either through PALS if the patient is not happy, or to the relevant unit/ward with all positive comments.

Michael Reakes – Public Governor York

I attended the Patient Experience Sub-Committee for the first time on November 13. Patient Experience and Public Engagement Guidelines were discussed. This included plans for suggestion boxes, and I queried when and how these would be implemented. There was ongoing discussion on collection of feedback such as the Friends and Family Test.

Item 13

Report to:	Council of Governors
Date of Meeting:	11 December 2025
Subject:	Draft Trust Strategy
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

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

Approve ☐ Discuss ☒ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☐ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☐ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

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

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

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This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The draft Trust Strategy has been added to the Trust intranet for staff engagement. The Council of Governors is asked to note the progress to date.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

TRUST STRATEGY 2025-2030
'TOWARDS EXCELLENCE'

Contents

Introduction/Foreword

This Strategy describes the ambition and role of the Trust in the local, regional and national health and social care systems as well as our strategic objectives to achieve our ambition 'to provide an excellent patient experience every time'. It is crucial that both within the Trust, and through our partnerships, relationships, our collective endeavours are aligned. We must work together and in collaboration with external health and social care organisations in ways that contributes to improving the health and wellbeing of the population, and excellent healthcare within the funding available.

The Trust

The Trust is an acute and community services provider delivering a comprehensive range of acute hospital and specialist healthcare services to more than 500,000 people living in and around York, North Yorkshire, East Yorkshire and Ryedale - an area covering 3,400 square miles.

Our sites include:

- York Hospital
- Scarborough Hospital
- Bridlington Hospital
- Malton Hospital
- The New Selby War Memorial Hospital
- St Monica's Hospital Easingwold
- White Cross Rehabilitation Hospital
- Nelsons Court Inpatients Unit

The Trust provides a comprehensive range of district general hospital services in addition to regional and sub regional services such as renal and cystic fibrosis services.

The Trust manages community-based services in Selby and District, and the City of York. This includes community nursing and specialist services.

The Trust values being the provider of the community services, enabling seamless healthcare pathways.

The Trust has an annual turnover approaching £800m and a workforce of over 10,000 people, making the Trust one of the largest employers in the locality.

York Teaching Hospital Facilities Management Limited Liability Partnership (YTHFM) was created in 2018 and is a subsidiary of York & Scarborough Teaching Hospitals NHS Foundation Trust and has a workforce of over 1,000 people providing a range of estates and support services, such as catering, cleaning, portering and security.

The Communities We Serve

Our strategy has been shaped by the geography we operate within, our communities and the people we serve.

We have a rich and diverse geography covering scenic coastal areas, rural countryside, market towns and urban communities. The dispersed nature of our communities and the appeal of the local area for tourism provides challenges and opportunities for working across different locations and experiencing a wide variety of clinical need. This also gives us challenges around access to services, particularly with ageing and transient populations and challenges in improving health outcomes for our populations in our more deprived communities. People living in the more affluent areas of our community can expect to live for up to 13 years longer than those living in the poorest areas.

Scarborough Borough is the most deprived district within North Yorkshire and has three quarters of the county's most deprived areas. There are ten wards where more than one-third of children grow up in poverty.

We know that providing a local service that is as comprehensive as possible is important to our communities given the distance between local health services. The Trust believes in the principle of local services for local people where it is safe and practical to do so.

Our Health and Care System

The Trust is part of the Humber and North Yorkshire Health and Care Partnership. The partnership is led by the NHS Humber and North Yorkshire Integrated Care Board (ICB) which is are accountable for NHS spend and performance across the region. The partnership includes NHS providers, local councils, voluntary, community and social enterprise (VCSE) organisations.

By working in partnership, we recognise that we will need to balance the aims and needs of our own organisation, with the wider aspirations of our Places and System, putting our patients and our local population at the heart of everything we do and playing our part in delivering the ambition of our Integrated Care System (ICS) for "everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035".

Partnerships within the ICS are:

Place-based partnerships between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these lead the design and delivery of integrated services in their local area.

Provider collaboratives: bringing NHS providers together across one or more ICSs, working with clinical networks, alliances, and other partners, to benefit from working at scale.

The Trust is a member of the Collaboration of acute Providers working with Harrogate District Foundation Trust and Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole Hospitals NHS Foundation Trust.

Where is the Trust?

The past few years have been challenging for the Trust as we navigated the health and care service post-pandemic.

We have worked hard to reduce the backlogs in planned care and diagnostics, and have seen positive progress despite pressure on resources, growing demand and the most protracted period of industrial action the NHS has ever faced.

We have made improvements with our performance against the key operational standards, exceeding our planned trajectories on both referral-to-treatment times and the 62-day cancer standard, and whilst we still have further to go, we have made good progress on the new faster diagnostic standard for cancer.

Waiting times for out-patients, surgery and diagnostics are all reducing as well as the total number of people waiting.

Standards related to urgent and emergency care remain the most difficult to achieve, reflecting the wider challenges faced in terms of patient flow, discharge, and timely ambulance handovers.

The NHS has been facing significant financial pressure in recent years. With an ageing population and increasing demand, there is need for the health service to continue to evolve to meet these challenges, which are not exclusive to the Trust.

The safety and quality of our services remain our core priority. We know that we have further work to do to ensure we are achieving the highest standards, and this was reflected in our most recent inspection reports from our regulator the Care Quality Commission (CQC).

One of our greatest challenges is to create a workplace where staff feel safe to speak up and supported to give their best. We know that this is not the case for all our staff as evidenced by the 2023 Annual Staff Survey. This is therefore a priority. Through our culture and leadership programme Our Voice, Our Future, and our new Leadership Framework as well as other initiatives, we have committed to fostering a culture where our staff are all listened to, treated fairly, and feel valued and respected as well as enjoying their work.

The Trust's two biggest hospitals, York and Scarborough, are ageing, and all aspects of the estate, infrastructure and equipment will need to be continually reviewed to ensure that it is fit for purpose, safe and ensures that the patient care services can be delivered in the most effective and efficient way. As part of that we have delivered the largest capital programme the trust has ever seen, including the completion of the £19 million emergency department extension in York. 2024 will see the opening of the new £50 million urgent and emergency care centre in Scarborough, transforming the delivery of care for our most critically ill patients on the East Coast.

We are also seeing developments in our research delivery in the trust. We have been awarded £3 million by the National Institute for Health and Care Research (NIHR) to lead national research into a new bowel imaging technology for patients, known as colon capsule endoscopy. The launch of the Scarborough Coastal Health and Care Research Collaborative (SHARC) to understand and reduce health inequalities affecting the population of Scarborough and the East Coast is an important step for us in understanding the needs of our local communities and investing in initiatives that will improve health for future generations.

The Trust receives patient experience feedback from a range of sources including Friends and Family Test (FFT), surveys, complaints, and Patient Advice and Liaison (PALS). Whilst the majority of our patients have a positive experience of our services, with numerous examples of staff demonstrating kindness and support for patients and carers, we can see that the pressures we are facing is having a negative impact on our ability to consistently provide the high standard of care that we want, and our patients expect. The Trust is receiving the highest number of complaints in its history, showing that there is much to do to provide 'an excellent patient experience every time'. The main issues are waiting times and communication/staff attitude.

Our Strategic Framework

Our strategy is informed by what our patients, staff and stakeholders, including our regulators tell us about the services that we currently provide.

We engaged with senior leaders and Council of Governors; and engaged staff on through the 'Our Voice Our Future' culture and leadership programme to develop a strategic framework.

As a direct result of these discussions, we have developed a new Purpose and Ambition and confirmed our Values and Behaviours as the cornerstone of this new Trust 5-year strategy: 'Towards Excellence'

The draft strategy will be sent to external stakeholders as well as staff and staff side representatives to seek further comment and suggestions.

Our **Purpose** (why we exist) is:

- To deliver excellent healthcare every day

Our **Ambition (where do we aspire to get to – our** True North) is:

- To provide an excellent patient experience every time

Our **Strategic Objectives** (what will we do to achieve success – our route map) are:

- To provide timely, responsive, safe, accessible effective care at all times
- To create a great place for our people to work, learn and thrive
- To work together with partners to improve the health and wellbeing of the communities we serve
- Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow
- To use resources to deliver healthcare today without compromising the health of future generations
- To be well led with effective governance and sound finance

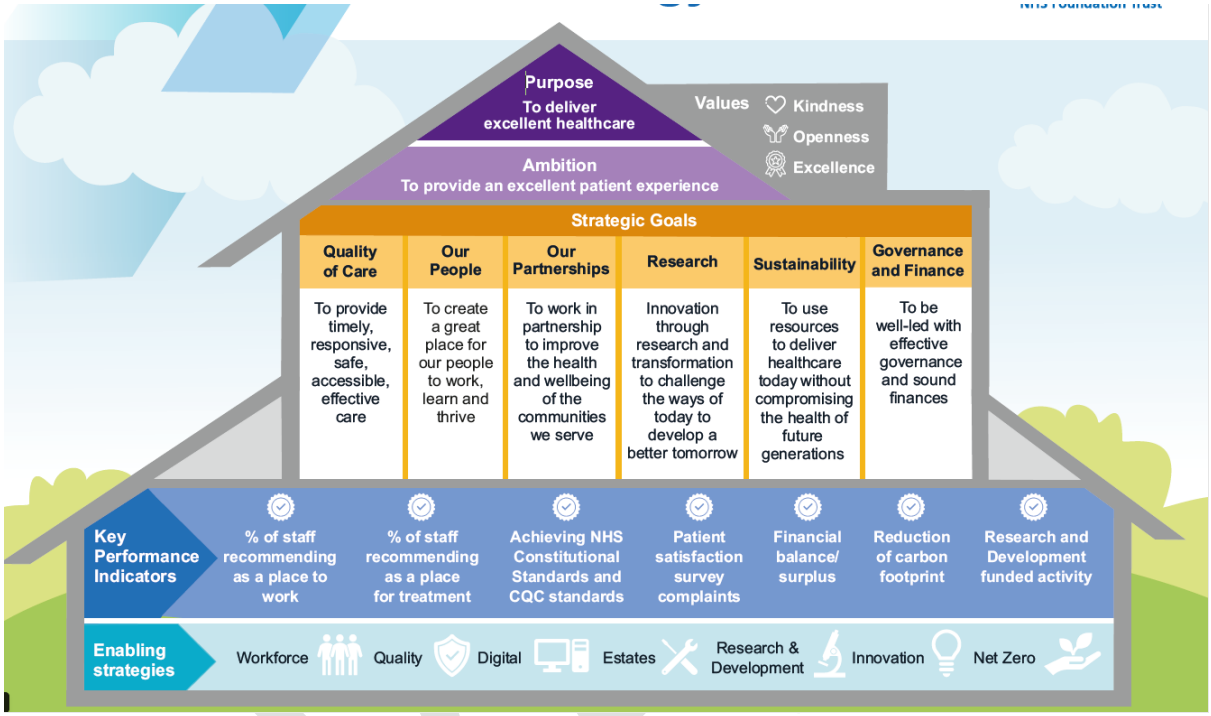
Our aim is for our workforce to have a clear understanding of the strategic objectives of the organisation and their pivotal role in delivering them. All of our actions and choices, no matter one's role, should be aligned with the Trust's purpose, ambition, and strategic objectives. Every colleague has an important contribution to make.

Central to our strategy are our **Core Values (**how we behave and make decisions at work), developed with our staff:

- Kindness
- Openness
- Excellence

To support staff to live our values every day, we have developed a behaviour framework setting out the standards we should all expect of ourselves and each other. It is not only what we do that is important, but also the way that we do it.

The relationship between the Trust's Purpose, Ambition, Strategic Objectives, Values is shown is the diagram below. The diagram also shows the main enabling strategies the Trust needs and the main metrics to measure progress.



The Trust's behavioural framework can be found in **Annex 1.**

Our Six Strategic Objectives

To provide timely, responsive, safe, accessible effective care at all times

Quality of care is of paramount importance to the Trust. We are committed to keeping our patients safe at all times.

We will:

- provide high quality, effective care
- ensure timely and accessible services for all
- involve patients and carers in decisions about their care to achieve their most appropriate outcome
- appropriately prioritise people who experience health inequalities
- provide efficient pathways that support patients to return to their usual or new place of residence that minimises delays and patient harm

To create a great place for our people to work, learn and thrive

The Trust values its staff and aspires to be an excellent employer; one which people choose to join, want to stay and where they can develop their careers.

We will:

- nurture professional growth through education and learning to maximise staff potential
- recruit and retain people who live our values and behaviours
- foster a safe, inclusive, diverse and supportive workplace
- nurture a culture of feedback, appreciation and recognition
- improve staff wellbeing

To work together with partners to improve the health and wellbeing of the communities we serve

The Trust works collaboratively with other providers for example, primary care, local authority, voluntary organisations and social care providers to best meet the needs of the people the Trust serves.

We will:

- work with our system partners to have innovative care pathways that treat people in the best place possible without delay
- develop new pathways of care by working across organisational boundaries at a place-based or locality-based level
- work with partners in our role as an Anchor Institution to maximise local economic growth and improve our community's health and wellbeing
- work with Primary Care Networks and other neighbourhood partners to reduce health inequalities and increase positive health and well-being

- develop joint initiatives with educational institutions to grow the workforce of the future and providing employment routes for local people

Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow

As a learning organisation, with two acute hospitals and vibrant community services, we are perfectly positioned to be actively involved in research, improvement and innovation opportunities. Enhancing our involvement in these will strengthen our offering to our patients and staff.

We will:

- drive quality improvement through empowering our staff and engaging our patients
- embrace digital technologies to innovate and transform our patient and staff experience
- work in partnership with academic and commercial institutions to explore appropriate research partnerships
- be a continuously improving and learning organisation by adopting and embedding a systematic approach to quality improvement
- be active in research and innovation

To use resources to deliver healthcare today without compromising the health of future generations

Our long-term sustainability is tied to the wellbeing that the population we serve and as an anchor institute we strive to ensure everything we do does not compromise our future.

We will:

- make effective and efficient use of our current and future estate
- work with our partners to promote healthy lifestyle choices and ill health prevention
- integrate sustainable practices into everything we do and reduce our carbon footprint
- consider the environmental impact of all the decisions we make
- invest in environmentally friendly technologies

To be well led with effective governance and sound finance

The Trust is a public sector NHS organisation with responsibility for providing best value for the use of the public's money and to conduct itself in accordance with public sector values and principles including openness and accountability.

Good governance is important, whilst recognising that good governance does not in itself make a Trust successful, but a Trust will not be successful without good governance.

We will:

- create a culture of compassionate leadership and accountability
- use data and intelligence to inform decisions to provide best value and quality of service
- ensure clear lines of communication and engagement
- foster a culture of openness where staff feel safe to speak up
- ensure sound financial governance providing services within the resources available

Enabling Strategies

The Trust has six crucial enabling strategies which are in place to underpin and support the delivery of this strategy:

- Quality Improvement
- People
- Digital
- Estates
- Research and Innovation
- Green Plan

Delivering our Strategy and Measuring Success

The Trust will produce an Annual Plan which sets out the key objectives and work plan for the next year. In effect this is the tactical plan to take the Trust ever closer to realising its ambition of "providing an excellent patient experience every time" through its strategic objectives. The Annual Plan will be updated every 12 months.

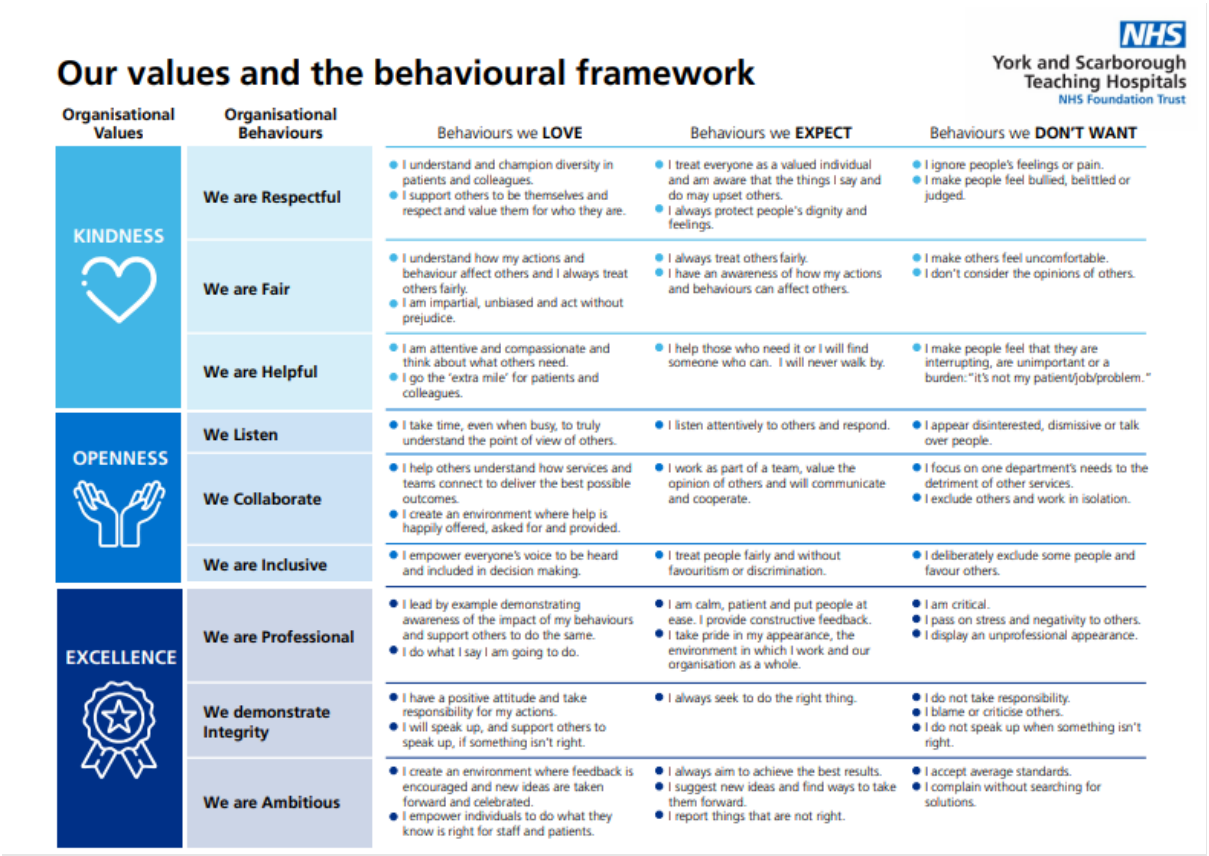
This strategy will be continually assessed against its progress as measured through the delivery of the Annual Plan and the Strategy Scorecard as shown in **Annex 2.**

Quarterly progress reports on the attainment of the Annual Plan will be considered by the Trust Board, and every 12 months a progress report on the key metrics on the strategy's scorecard.

The Trust believes that the Towards Excellence Strategy for 2025-30 is built upon a clear understanding of the needs, challenges, and priorities of the people we serve and is based upon sound organisational knowledge. We have set out our specific

strategic objectives and have a clear line of sight on how we intend to achieve its ambition: ***To achieve an excellent patient experience every time.***

Annex 1. York and Scarborough Values and Behaviour Framework



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Our values and the behavioural framework

Organisational Values	Organisational Behaviours	Behaviours we **LOVE**	Behaviours we **EXPECT**	Behaviours we **DON'T WANT**
KINDNESS	**We are Respectful**	• I understand and champion diversity in patients and colleagues. • I support others to be themselves and respect and value them for who they are.	• I treat everyone as a valued individual and am aware that the things I say and do may upset others. • I always protect people's dignity and feelings.	• I ignore people's feelings or pain. • I make people feel bullied, belittled or judged.
	We are Fair	• I understand how my actions and behaviour affect others and I always treat others fairly. • I am impartial, unbiased and act without prejudice.	• I always treat others fairly. • I have an awareness of how my actions and behaviours can affect others.	• I make others feel uncomfortable. • I don't consider the opinions of others.
	We are Helpful	• I am attentive and compassionate and think about what others need. • I go the 'extra mile' for patients and colleagues.	• I help those who need it or I will find someone who can. I will never walk by.	• I make people feel that they are interrupting, are unimportant or a burden: "it's not my patient/job/problem."
OPENNESS	**We Listen**	• I take time, even when busy, to truly understand the point of view of others.	• I listen attentively to others and respond.	• I appear disinterested, dismissive or talk over people.
	We Collaborate	• I help others understand how services and teams connect to deliver the best possible outcomes. • I create an environment where help is happily offered, asked for and provided.	• I work as part of a team, value the opinion of others and will communicate and cooperate.	• I focus on one department's needs to the detriment of other services. • I exclude others and work in isolation.
	We are Inclusive	• I empower everyone's voice to be heard and included in decision making.	• I treat people fairly and without favouritism or discrimination.	• I deliberately exclude some people and favour others.
EXCELLENCE	**We are Professional**	• I lead by example demonstrating awareness of the impact of my behaviours and support others to do the same. • I do what I say I am going to do.	• I am calm, patient and put people at ease. I provide constructive feedback. • I take pride in my appearance, the environment in which I work and our organisation as a whole.	• I am critical. • I pass on stress and negativity to others. • I display an unprofessional appearance.
	We demonstrate Integrity	• I have a positive attitude and take responsibility for my actions. • I will speak up, and support others to speak up, if something isn't right.	• I always seek to do the right thing.	• I do not take responsibility. • I blame or criticise others. • I do not speak up when something isn't right.
	We are Ambitious	• I create an environment where feedback is encouraged and new ideas are taken forward and celebrated. • I empower individuals to do what they know is right for staff and patients.	• I always aim to achieve the best results. • I suggest new ideas and find ways to take them forward. • I report things that are not right.	• I accept average standards. • I complain without searching for solutions.

Annex 2: Strategic Scorecard

Strategic Goal 1. To provide timely, responsive, safe, accessible, effective care at all times

Metric	2024 Baseline	Target
Length of time in our Emergency Department Diagnostic Wating Time Percentage of patients receiving cancer diagnosis within 28 days People have a good experience of care (FFT, PALS/complaints) Referral to Treatment Time Lost bed days for patients with No Criteria to Reside % of cancellations on the day cancellations for non-clinical reasons		

Strategic Goal 2. To create a great place for our people to work, learn and thrive

Metric	2024 Baseline	Target
Staff survey %age would recommend the trust as a place to be treated Staff survey %age would recommend the trust as a place to work Improve health and wellbeing of our staff (self-reported wellness ratings). Stability index		

Workforce Race Equality Standard and Workforce Disability Equality Standard data		

Strategic Goal 3. To work together with partners to improve the health and wellbeing of the communities we serve

Metric	2024 Baseline	Target
Healthy life years Target intervention for patients in Core20PLUS5 categories. Health Inequalities - wait times for patients on most deprived quintile. Secondary prevention / referral rates e.g., tobacco/alcohol dependency)		

Strategic Goal 4. Through research, innovation and transformation to challenge the ways of today to develop a better tomorrow

Metric	2024 Baseline	Target
Leader in rural and coastal health research - research impact score/number of research studies and partnerships Research funding Number of virtual ward beds		

Strategic Goal 5. To use resources to deliver healthcare today without compromising the health of future generations

Metric	2024 Baseline	Target
Sustainable healthcare – Carbon Footprint		

Strategic Goal 6. To be well led with effective governance and sound finance

Metric	2024 Baseline	Target
CQC Rating Budget adherence SOF rating		

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Item 14

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Draft Membership Development Strategy
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

Trust Objectives

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Recommendation:

This paper provides the questions collated from the Governors for the NEDs to answer at the meeting. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

NHS
York and Scarborough Teaching Hospitals
NHS Foundation Trust

Membership Engagement Strategy **2025-2026**

Effectively engaging with members

Contents

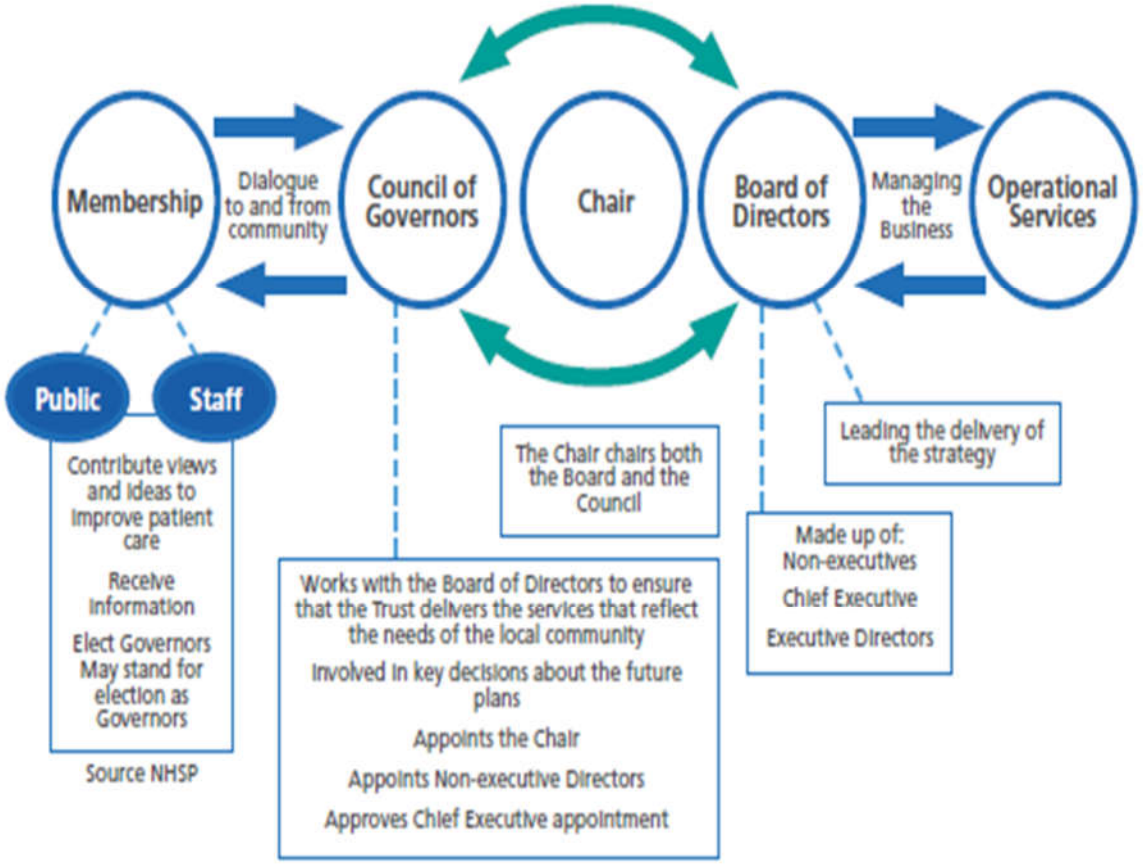
Introduction

York and Scarborough Teaching Hospitals NHS Foundation Trust provides acute (elective and emergency) services over a large geographical area (3,500 square miles) for more than 560,000 people, sub-regional services for a further 240,000 people and community health services for the Vale of York. We employ over 10,000 staff.

Public membership is the direct link to our community ensuring that their voices are heard and represented through the Council of Governors. As a Foundation Trust we are accountable through our membership to the local community, the patients we care for, and the people we employ.

By becoming members, local people, patients, carers, and our staff (who are automatically enrolled as members) can have a say in how services will be designed and delivered. By becoming Governors, or voting for Governors, members perform a vital role in holding non-executive Board members to account for the performance of the Board.

An involved, informed, representative and vibrant membership is integral to guiding the Trust to deliver outstanding services that listen to, and respond to, the needs of the community. This vital linkage between membership and the Trust is illustrated below:



Why Membership Matters?

As a Foundation Trust, we are accountable to our patients, the public and our staff. Members are enrolled from our staff, our patients, and members of the public. Our members have a key role in the Trust's governance; they elect representatives to sit on our Council of Governors, which in turn appoints the Chair and other Non-executive Directors to the Board of Directors and holds the Non-executive Directors to account for the Board's performance.

Involving our members in decisions about services is an integral part of meeting the needs of the community we serve. Membership helps to give our community a voice in the running of the Trust and in shaping our plans for the future.

As a member of the Trust, you have a voice in the design and development of services that meet the needs of the local community.

As a member, you will:

- Receive regular and up-to-date information about the Trust, via our email newsletter Membership Matters, plus other email updates.
- Be able to vote for representatives on the Council of Governors and stand for election as a Governor on the Council of Governors.
- Be invited to take part in surveys and feedback exercises.
- Be invited to attend free talks on a range of health-related topics.
- Receive an invitation to the Annual General Meeting, listen to presentations about the Trust and ask questions.
- Be informed about 'meet the Governor' sessions to share your views.
- Have access to Health Service Discounts, a valuable NHS discounts scheme.

Representing the interests of members

Members' views and opinions are heard through the Council of Governors, whose role is to represent the interests of members and hold the Board to account through the Non-executive Directors.

The Council of Governors consists of public and staff governors who have all been elected by the membership of their constituencies. The Council also includes stakeholder governors appointed by local partnership organisations such as the Local Authorities, Universities, and health-related organisations. See the Appendix for the composition of the Council of Governors.

By statute, the Council of Governors is responsible for:

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

The Trust develops and supports Governors to enable them to carry out their role and contribute fully to the work of the Council of Governors. Induction courses are held for new Governors. Governors and the public can attend some Board meetings held in public and Governors are briefed online by the Chair and Chief Executive following these Board Meetings. Governors have the opportunity (and are encouraged) to join other groups and committees within the Trust, for example Patient Experience, Travel and Transport, and Nominations and Remuneration. All Governors have the opportunity to participate in reviews and events throughout the year.

The Trust is committed to building a membership base to support public representation and local engagement. It is recognised that a well-informed, motivated, and engaged membership helps the Trust be more responsive with an improved understanding of the needs of its patients and local communities. Therefore, it is vital to recruit a membership that matches the demographic mix of our catchment area and create a vibrant membership programme to support successful long-term engagement with members. This includes those across all geographic area of our Trust, those with a variety of ages, socio-economic backgrounds, and those living with long-term medical conditions and disabilities.

Our Membership Community

Our members are our staff colleagues, our patients, and people from across the large geographical area and the diverse community we serve.

There are five public constituency areas: York, Selby, Hambleton and Ryedale, East Riding, and the East Coast of Yorkshire (Whitby, Scarborough and Bridlington) [DRAFT PROPOSED CONSTITUENCIES SUBJECT TO AGREEMENT]

There are also appointed Stakeholder Governors. See the Appendix. [MAP TO BE REDRAWN SUBJECT TO AGREEMENT OF NEW CONSTITUENCY BOUNDARIES]

Who can become a member?

Public members - Membership of the Trust is free and is open to anyone aged 16 years of age and over. No special skills or experience is required to be a member. Our public membership consists of patients, volunteers and members of the public who wish to become involved. We currently have over 9,000 public members.

Staff members - We have over 10,000 staff. This number includes any member of staff employed by the Trust on a permanent contract, and those on a fixed term contract of 12 months or longer, and staff employed through service partners, including the York Teaching Hospital Facilities Management (YTHFM) LLP. All these are either automatically enrolled as members (unless they opt out) or are eligible to become members.

Disqualification from membership - We want to encourage membership from across the diverse communities we serve but where a member's actions or behaviour are detrimental to the Trust or its values, e.g. acts of verbal or physical abuse against our staff, it may be necessary for the Trust to revoke their membership.

Benefits for Members and for the Trust

Benefits for Members	Benefits for the Trust
Find out more about the Trust's health care service, provide comments, and get involved in a way they choose.	Allows the Trust to engage with more people in the community as part of a range of approaches to services.
Builds members' understanding of the health care system, how it's changing to help make informed decisions about care, and the advice and support in the community.	Greater understanding of the local population – managing expectations and sharing knowledge of optimum health and care pathways.
Helps to improve the health of the community by sharing information about health and services at the Trust, such as receiving and sharing the Trust's emails and their social media posts with friends and family who need to know.	Ability to share key health messages with the widest number of people.
Helps drive continued improvement for members and the community by sharing experiences and giving views.	Access to an extensive range of views given by members and the public who have expressed a willingness to give their views.
Learn directly about developments at the Trust. Support the Trust and help its continued development.	Receive support for the Trust and its continued development. A direct line to members of the community to explain developments. Feedback of public views and perceptions.
A first step to getting further involved, e.g. by becoming a volunteer or developing understanding for those considering a career in health care.	Volunteers may become members and vice versa. May encourage members and volunteers to consider health careers.
Shape the governance of the Trust by voting in elections for Governors to represent their views.	Trust staff colleagues develop interest in governor positions, encouraging strong candidates reflecting the whole community.
As a Governor, the ability to play a critical role in representing members and holding the non-executive directors to account for the performance of the Board.	Engaged and informed Governors are key to supporting the delivery of Trust objectives.
Receive Discounts via the Health Service Discounts scheme.	Anchors the Trust to support its community.

Our Membership Objectives

As of 2024, we have 10,000 staff members and 9,000 public members in a catchment area where our Trust is the primary acute provider for 560,000 people. Our vision is to build our current engagement with members to create an active and vibrant membership community that is representative of the diverse population we serve, of all ages, in all locations, plus the staff who work here, and to create a powerful voice to shape the future of the Trust and the services it provides.

To achieve this vision, we have these objectives:

Objective 1	Increase the overall size of the membership of the Trust.
Objective 2	Increase the diversity of the membership to make it more representative of the Trust's patients and staff.
Objective 3	Improve the quantity and quality of engagement and communication with members.

Objective 1 - Increase the size of the membership

While the value of membership lies in the quality of engagement, not solely in the numbers, we welcome a large and active membership community and recognise that the membership of the Trust needs to be large enough to be representative.

We will strive to increase the public membership each year.

Objective 2 - Increase the diversity of our membership

We analyse our membership at least once a year. We take steps to ensure, as far as possible, it is representative of the people we serve. Where some groups are less well represented, we will try new ways of engaging with them.

We will develop wider membership that is more representative of all parts of the Trust's geographical area, and the demographics of the communities that use our services. We will strive to improve any under-representation in membership each year.

Objective 3 - Improve engagement and communication

Foundation Trusts are based on the principle of local accountability, and an active and engaged membership helps to anchor the Trust in its local community. The value of membership is not solely in the numbers of people who have joined, but in the degree of quality of our engagement with members. We recognise that it is beneficial to build a more engaged and active membership rather than a large but passive one. Enhancing the quality of our engagement with our members is therefore at the heart of this strategy and will be the overriding focus of our efforts.

We want to create powerful two-way engagement between the Trust and its members and provide meaningful opportunities for members to engage in issues affecting the future of the Trust, for example any service changes, strategy development, quality improvement, and the activities of the new Integrated Care Board.

We want members to feel engaged and involved in the organisation and be supported to add value to the Trust. This engagement will help support Governors to represent the interests of members and the public. We want to develop a partnership culture between members, Governors, and the Trust Board to facilitate effective working relationships.

Besides our Annual General Meeting, a local Constituency meeting is held in each constituency each year to enable Members to meet their elected Governors and the Trust Chair to raise any questions and concerns that Members have as well as to receive a briefing about the work of the Trust and current issues the Trust is grappling with.

We will monitor and assess the quantity and quality of engagement and strive for an increase in engagement each year.

Membership Development Group

The Membership Development Group (MDG) is a subgroup of the Council of Governors and directly oversees and monitors the Trust's efforts to engage with all members. The MDG has developed this strategy document.

There is an action plan documenting specific practical steps we will take to achieve each of the three objectives shown on page 7. Each action is specific, measurable, achievable, realistic and be time bounded. Governors will help implement this strategy. The actions are dynamic and will be reviewed as a standing item at each MDG meeting and updated as needed.

The Council of Governors is ultimately responsible for reviewing and approving this document, the objectives in it, and in supporting its implementation. The MDG will review and monitor the actions, and report as needed (at least annually) to the Council of Governors.

Administration and Data

Record-keeping and administration – To join the Trust, prospective members are asked to provide personal information via https://secure.membra.co.uk/YorkTH (with mandatory and optional data). Civica Engagement Services (CES) supplies database management services to the Trust. This allows data to be held securely, in accordance with GDPR (data protection regulations), and data will be cleansed and updated regularly to ensure accurate information. Contact details will not be passed to other organisations unless with regard to membership mailings and elections.

Resourcing – The Governor and Membership Manager provides a focal point for communication with Members and interface with the Council of Governors. A representative from the Trust's Communications Team is a mandatory attendee of the MDG and works with the group to further develop engagement with the Trust's membership.

Appendix: Composition of the Council of Governors

The following table shows our membership constituencies. [DRAFT PROPOSED CONSTITUENCIES SUBJECT TO AGREEMENT]

Public Constituencies
York
Selby
Hambleton and Ryedale
East Riding
East Coast of Yorkshire (including Scarborough, Bridlington, Whitby)

Staff Constituencies
York
Scarborough and Bridlington
Community
Facilities Management

Stakeholder Organisations
University of York
City of York Council
North Yorkshire County Council
East Riding Council
Social Care – Carers Plus
Voluntary Sector – Dementia Forward

Report to:	Council of Governors
Date of Meeting:	11 December 2024
Subject:	Governance Update
Director Sponsor:	Martin Barkley, Trust Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

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

Approve ☒ Discuss ☐ Assurance ☐ Information ☐ A Regulatory Requirement ☐

Trust Objectives	Board Assurance Framework
☒ Timely, responsive, accessible care ☒ Great place to work, learn and thrive ☒ Work together with partners ☒ Research, innovation and transformation ☒ Deliver healthcare today without compromising the health of future generations ☒ Effective governance and sound finance	☒ Quality Standards ☒ Workforce ☒ Safety Standards ☒ Financial ☒ Performance Targets ☒ DIS Service Standards ☒ Integrated Care System ☒ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction.

This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The Council of Governors is asked to approve the following:

(1) to consider the proposal for the Out of Hospital Care Group and nominate a Chair of the Group.

(2) to approve the amendments to the Trust Constitution.

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

Meeting	Date	Outcome/Recommendation
Constitution Review Group	9 December 2024	Recommended for approval

Governance Update

1. Introduction

The paper provides an update on governance issues regarding the Council of Governors.

2. Out of Hospital Care Group

The Out of Hospital Care Group is a sub-committee of the Council of Governors with the aim to support the Trust in the delivery of safe patient care and excellent patient experience across all its out of hospital settings. Terms of reference are included at appendix 1.

The Group has since the departure of the previous non-governor Chair had difficulties in meeting consistently with a confirmed work plan. The future of the Group was discussed at the recent Council of Governors Forum. Options include keeping the Group as a Sub-Committee of the Council of Governors with more robust governance on its delivery or absorbing the work of the Group into the Council of Governors meetings.

It was requested that the Group be discussed at the December Council of Governors with a view to keeping the Group as a Sub-Committee of the Council of Governors and improving the overall governance.

The Associate Director of Corporate Governance has subsequently contacted the Family Health Group (that includes Community) to request assistance in delivery of the Out of Hospital Group such as regular Care Group attendees and a confirmed work plan. The Chair of the Group is a vacant position and is required to be a Governor and a volunteer is please required to fill that role.

Recommendation - The Council of Governors is asked to consider the proposal for the Out of Hospital Care Group and nominate a Chair of the Group.

3. Constitution Changes

The below constitution amendments are requested to be made following discussion and recommendation at the Constitution Review Group. These changes refer to the functions of the Trust in addition to the following:

4. FUNCTIONS

4.1 The Trust shall provide goods and services related to the provision of health care in accordance with its statutory duties and the Licence.

4.2 The Trust may also carry out other activities, subject to any restrictions in its authorisation, for the purpose of making additional income available in order to better carry out its principal purpose.

4.3 The profits or surpluses of the Trust are not to be distributed (either directly or indirectly) amongst members.

4.4 The Trust shall exercise its functions effectively, efficiently and economically.

These specific changes are outlined as below:

Ref	Proposed Wording
Section 4 - Functions New Section added - 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.
Section 4 – Functions New Section added - 4.6	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.

The amendments if approved, shall be presented to the January Board of Directors for formal approval in line with the rules regarding constitution changes.

Recommendation – The Council of Governors is asked to approve the amendments to the Trust Constitution.

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Terms of Reference for: Out of Hospital Care Reference Group			
Authors Name: Tracy Astley, Governor & Membership Manager			
Contact Name: Tracy Astley, Governor & Membership Manager			
Trust Priorities: Quality and Safety, Acute Flow			
Scope: Trust wide			
Keywords: Patient Experience, Community Care			
To be read in conjunction with the following documents: **Trust Strategy and Priorities**			
Unique Identifier: OHC	**Review Date: Dec' 2024**		
Issue Status: Final	**Issue No: v7.0**	**Issue Date: May'24**	**Replaces: v6.0 Dec'22**
To be Authorised by: Board of Directors		**Authorisation Date: December 2022**	
Document for Public Display: Yes			
After this document is withdrawn from use it must be kept in an archive for 6 *years.*			
Archive:		**Date added to Archive:**	
Officer responsible for archive: Associate Director of Corporate Governance			

OUT OF HOSPITAL CARE REFERENCE GROUP

Terms of Reference

1	**Status**
1.1	The Out of Hospital Care Reference Group is a sub-group of Council of Governors. A summary of the discussions and progress of the group will be presented to the Council of Governors.
2	**Purpose of the Group**
2.1	The purpose of the Group is to support the Trust in the delivery of safe patient care and excellent patient experience across all of its out of hospital settings. Through the governor members of the group, the group provides a representation of Trust member's views on the current experience of services, offers a reference forum for Trust officers developing services outside of hospital and receives updates on behalf of the Council of Governors relating to the delivery of care outside hospital.
3	**Authority**
3.1	The Council of Governors provides devolved authority to the Out of Hospital Care Reference Group to undertake an approved work programme.
4	**Legal requirements of the committee**
4.1	There are no specific legal requirements attached to the functioning of the Group. The Group will however be made aware of any future legal requirements the Trust is expected to fulfil relating to its role and function.
5	**Roles and functions**
5.1	The group provides a means for governors to share thematic experiences gained through their interactions with members in their constituent localities.
5.2	The group provides a reference forum for Trust officers to seek lay views on the development of services.
5.3	The group will receive updates on the development of services outside hospital on behalf of the council of governors.
6	**Membership**
6.1	The membership of the Out of Hospital Care Reference Group will comprise: - • Chair (which will be a member governor of the Group) • General Manager • Membership from governors representing different constituencies

	• Staff Governor (where appropriate) • Non-Executive Director The group will also invite attendance from others (both Trust employees and from the wider community) as appropriate.
7	**Quoracy**
7.1	The Group will be quorate with 4 members attending, of which: • 2 must be Public Governors; and • 1 must be either the Chair or Deputy Chair
8	**Meeting arrangements**
8.1	The Out of Hospital Care Reference Group will meet up to 4 times per year. Copies of all agendas and supplementary papers will be retained by the Chair of the meeting.
8.2	The Chair of the Out of Hospital Care Reference Group has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the group.
8.3	Where members of the Out of Hospital Care Reference Group are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the Chair of the group.
9	**Review and monitoring**
9.1	The Out of Hospital Care Reference Group will maintain a register of attendance at the meeting. The attendance record will be presented to the Council of Governors.
9.2	The terms of reference will be reviewed every two years or following a significant change in governance arrangements.

Author	**Tracy Astley, Governor & Membership Manager**
Owner	**Out of Hospital Care Reference Group**
Date of Issue	**December 2022**
Approved by	**Council of Governors**
Date	**May 2024**
Review date	**December 2026**

Work Programme for 2024/25

Standing Items for every meeting:

- Apologies for absence
- Summary notes from previous meeting
- Any other business
- Time/date of next meeting

Month	Agenda Items
April	• Update on Virtual Ward implementation – York and Scarborough • Community and voluntary sector – how Trust teams work with the sector
August	• Update on Frailty at the Front Door in Scarborough
December	• Social prescribing – how are the approaches being adopted locally

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 Bibb Stakeholder Governor - East Riding CC										√	
Rebecca Bradley (Staff Governor - Community)							√	Ap	√	Ap	
John Brian (Public Governor - Ryedale & EY)							√	Ap	Ap	Ap	
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	Ap	√	√	√	Ap	
Cllr Liz Colling (Stakeholder Governor - NYCC)	Ap	√	Ap	√	√	√	√	√	Ap	Ap	
Beth Dale (Public Governor - York)	Ap	√	√	√	√	√	Ap	√	√	√	
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√	
Adnan Faraj (Staff Governor - Scarborough/Bridlington)							√	Ap	√	√	
Paul Gibson (Public Governor - East Coast)											
James Hayward (Public Governor - East Coast)											
Graham Healey (Staff Governor - Scarboroug/Bridlington)											

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
Gary Kitching (Staff Governor - York)											
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√	Ap	√	√	Ap	
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√	√	√	√	Ap	
Jill Quinn (Stakeholder Governor - Dementia Forward)								Ap	Ap	Ap	
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√	√	√	Ap	√	
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√	√	√	√	√	
Cllr Jason Rose (Stakeholder Governor - NYCC)				√	√	√	√	√	√	√	
Ros Shaw (Public Governor - York											
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√	
Catherine Thompson (Public Governor- Hambleton)	√	√	Ap	Ap	√	√	√	√	Ap	√	
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√	√	Ap	√	Ap	