



## 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 Morrith, 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 Morrirt 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 Morrirt 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 Morrith 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 Morrith 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.**

### **24/24 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 will 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 Morrith 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.**

### **24/25 Questions received from the Public**

Mr Barkley stated that the questions received from the public have been answered in the agenda pack that was published on the Trust website.

**The Council:**

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

### **24/26 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.

#### Finance Report

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.**

#### **24/28 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.

#### What are they?

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.

#### Why is their role controversial?

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.

#### Employment of PAs in our Trust

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.

## **24/29 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.**

### **24/30 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.**

### **24/31 Items to Note**

The Council noted the following items:

- CoG Attendance Register
- Annual FPPT Report

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

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