

Agenda

Council of Governors (Public Meeting)

12 June 2019
Malton Rugby Club at 1.30pm



COUNCIL OF GOVERNORS MEETING

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

On: 12 June 2019

In: Malton Rugby Club, Old Malton Road, Malton, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
10.00am – 11.00am	Nomination & Remuneration Committee	Malton Rugby Club	Nomination & Remuneration Committee Members Only
11.00am – 12.30pm	Private Council of Governors	Malton Rugby Club	Council of Governors
1.00pm – 1.30pm	Governors meet Public	Malton Rugby Club	Council of Governors
1.30pm – 3.00pm	Public Council of Governors	Malton Rugby Club	Council of Governors



Council of Governors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
<p>1. Apologies for absence and quorum</p> <p>To receive any apologies for absence.</p>	Chair	Verbal		1.30 – 1.40
<p>2. Declaration of Interests</p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	A		
<p>3. Minutes of the meeting held on 13 March 2019</p> <p>To receive and approve the minutes from the meeting held on 13 March 2019</p>	Chair	B		
<p>4. Matters arising from the minutes and any outstanding actions</p> <p>To discuss any matters or actions arising from the minutes.</p>	Chair	C		
<p>5. Update from the Private Meeting held earlier</p> <p>To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.</p>	Chair	Verbal		1.40 – 1.45

Strategic Goal: To deliver safe and high quality patient care



SUBJECT	LEAD	PAPER	PAGE	TIME
<p>6. Governors Reports</p> <p>To receive the reports from governors on their activities from:</p> <ul style="list-style-type: none"> • Lead Governor incl. PESG • Transport Group • Fairness Forum • Out of Hospital Care 	Governors	D		1.45 – 1.50
<p>7. Chief Executive's Update</p> <p>To receive a report from the Chief Executive</p>	Interim Chief Executive	E		1.50 – 2.00
<p>8. Patient Safety Walk rounds</p> <p>To receive an update on Patient Safety Walk rounds</p>	Deputy Director of Patient Safety	F		2.00 – 2.15
<p>9. Volunteering</p> <p>To receive an update on the volunteering scheme</p>	Lead for Patient Experience	G		2.15 – 2.30
<p>10. Questions received in advance from the public</p>	Chair			2.30 – 2.40

Strategic Goal: To ensure financial stability

Strategic Goal: To support an engaged, healthy and resilient workforce

<p>11. Membership Development Group Update</p> <p>To receive an update from the Membership Development Group</p>	FT Secretary	H		2.40– 2.45
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Governance



SUBJECT	LEAD	PAPER	PAGE	TIME
<p>12. Constitution Review Group Update</p> <p>To receive an update on the work of the Constitution Review Group</p>	FT Secretary	↓		2.45 – 2.50
<p>13. Governor Elections</p> <p>To receive an update paper on the election process for Governors</p>	FT Secretary	↓		2.50 – 2.55
<p>14. Any other business</p> <p>To consider any other items of business.</p> <ul style="list-style-type: none"> Reflections on the meeting 	Chair	Verbal		2.55 – 3.00
<p>15. Time and Date of next meeting</p> <p>The next Council of Governors meeting will be held on 3 September 2019 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY</p>				



Additions: Margaret Jackson (Lead Governor) – Chair of Voices in Partnership Steering Group at York University.

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Governor	Relevant and material interests					
	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 share holdings 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
Jeanette Anness (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp	Nil
Andrew Bennett (Appointed: YTHFM LLP)	Nil	Nil	Nil	Nil	Head of Capital Projects for YTHFM LLP.	Head of Capital Projects for YTHFM LLP.
Elizabeth Black (Public: Scarborough)						
Andrew Butler (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
Roland Chilvers (Public: Selby)	Nil	Nil	Nil	Trustee — Hemingbrough Institute and Playing Fields Association	Councillor — Hemingbrough Parish Council	Councillor — Hemingbrough Parish Council
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Income Generation —St Leonards Hospice York	Director of Income Generation —St Leonards Hospice York	Nil
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil

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Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Chair of VIP Steering Group at York University.	Nil
Mick Lee Staff York	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	CEO Motor Neurone Disease Assoc. (reg. Charity) and MND Assoc. Sales Company Director	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants	Nil	CEO Motor Neurone Disease Assoc. Vice Chair & Trustee —The Neurological Alliance	Nil	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups Member —Health Watch North Yorkshire (non-voting)	Nil	Nil
Clive Neale (Public: Bridlington)	Nil	Nil	Nil	Member of Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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Cllr Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
Karen Porter (Project Choice)	Nil	Nil	Nil	Nil	Nil	Nil
Gerry Richardson (University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Jill Sykes (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Richard Thompson (Public::Scarborough)	Nil	Nil	Nil	Nil	Local Councillor - Newby/Scalby Parish Council.	Nil
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil

Council of Governors (Public) Minutes – 13 March 2019

Chair:

Ms Susan Symington

Public Governors:

Mrs Jeanette Anness, Ryedale and East Yorkshire
Mr Andrew Butler, Ryedale & East Yorkshire
Mrs Helen Fields, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Margaret Jackson, City of York
Ms Sally Light, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York

Appointed Governors

Ms Dawn Clements, Hospices
Cllr Chris Pearson, NYCC
Mrs Karen Porter, Project Choice
Mr Gerry Richardson, University of York

Staff Governors

Dr Andrew Bennett, Scarborough/Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mrs Sharon Hurst, Community
Mr Mick Lee, York
Mrs Jill Sykes, York

Attendance

Ms Jennie Adams, NED
Mr Mike Keaney, NED
Ms Dianne Willcocks, NED
Mr Mike Proctor, Chief Executive
Mr Andrew Bertram, Deputy Chief Executive
Mrs Wendy Scott, Chief Operating Officer
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

14 members of the public

Apologies for Absence:

Mrs Liz Black, Public Governor Scarborough
Mr Roland Chilvers, Public Governor Selby
Mr Clive Neale, Public Governor Bridlington
Mr Richard Thompson, Public Governor Scarborough
Ms Polly McMeekin, Director of Workforce & OD
Mrs Helen Hey, Interim Chief Nurse
Ms Lorraine Boyd, NED

19/01 Chair's Introduction and Welcome

Ms Symington welcomed everyone to the meeting.

19/02 Declarations of Interest

There were no updates to the declarations of interest.

19/03 Minutes of the meeting held on the 13 December 2018

The minutes of the meeting held on the 13 December 2018 were agreed as a correct record.

19/04 Matters arising from the minutes

There were no matters arising.

Action Log

STP Project Stakeholder Group – Mrs Provins stated that the idea would be to ask the two Scarborough governors to sit on the group. Mrs Provins is waiting for the details and the Scarborough governors will be included.

19/05 Update from the Private Meeting held earlier

Ms Symington updated the committee on the topics discussed in the private meeting held earlier.

- Chairs Quarterly Report – detailing Ms Symington's actions during the quarter and her actions for the next quarter.
- Appraisal of the Chair and Non-Executive Directors and the effectiveness of the Council of Governors.
- Nominations & Remuneration Constitution changes.
- Ms Willcocks years as a Non-Executive Director.
- Patient Safety walkabout.
- Breast Oncology Services at Scarborough Hospital.
- Quality Report.

19/06 Governors Reports

- Lead Governor Report

Mrs Jackson gave an overview of her report and asked for any questions.

Mr Reakes commented that in her report she asked for input for the Patient Safety Group meeting and he wanted to highlight a few issues that he had come across with regard to his sister going into hospital. She needed an MRI and it was not available at the weekend which resulted in an extended stay. If the Trust funded the MRI on the weekend would it save money? Mr Proctor replied that MRI is a 7 day service but it has limited capacity to deliver at weekends.

Mr Reakes highlighted another issue regarding the people who served the food on the wards. They did not know about any patients' dietary restrictions. Ms Hurst replied that they would not know unless the medical staff tell them. Mr Proctor confirmed this.

Mrs Anness highlighted a concern regarding communication on discharge procedure. There was an incident regarding her friend where a date had been arranged for a physiotherapist to come to the home to assess the patient's needs. In readiness, the patient was taken home by AGE UK transport and left on the door step. The physiotherapist did not arrive. Mr Proctor stated that it was not unusual to have an assessment carried out in the home by a physiotherapist. If a patient is able to stay there on their own then that is fine. He asked Mrs Anness to provide him with the details and he will look into it.

- Transport Group

Mrs Miller stated that the Travel Plan is now complete and will soon be presented at the Board. She wanted to emphasise the Trust's hire and pool car system and stated that its use would save £16k savings in paying staff travel expenses. She also wanted to point out an issue where staff were booking the cars but were not using them.

19/07 Chief Executive's Update

Mr Proctor gave an update as follows:-

1. NHS long term plan has been published. The Trust is now working on plans to facilitate delivery on these issues over the next few years.
2. The Trust is currently changing the management structure inside the organisation to create and further develop the clinical leadership of the organisation. It is moving away from 15 separate business directorates to six Care Groups whereby each of those will have a Care Group Director who will join the rest of the Executive Team.
3. The Trust has taken part in discussions with regard to making preparations in case of a no-deal Brexit. The organisation is ready for any eventuality and he is confident that the Trust is able to deliver and maintain patient care in the future.

4. Due to a decision taken by Hull & East Yorkshire Hospitals NHS Trust to withdraw their Oncologist from Scarborough Hospital because of workforce challenges, the Trust has had to take the following actions.

- Patients who wish to stay under the care of their present consultant will be given the option to transfer their care to Hull and continue with the same consultant. The alternative is that they will be given an oncology outpatient appointment at York Hospital. Patients would still be able to have their chemotherapy treatment locally.
- For new patients and those referred for appointments from 5 March onwards, the referral pathway remains the same as now. Patients needing a referral into the two week fast track breast cancer pathway can be referred to either York Trust (with diagnostic appointments taking place at York Hospital) or to Hull Trust, as is currently the case, taking into consideration patient choice.

These arrangements will be reviewed in six months.

5. Mr Proctor spoke about the Trust's commitment in providing emergency services to Scarborough Hospital and highlighted incredible progress in surgery and will be doing the same with radiology. He was also pleased to announce that they had recently agreed with Scarborough Acute & Planned Care Board a £0.5m increase in Acute Theatre provision.

6. Following a competitive process, Mr Proctor was delighted to confirm that Ms Polly McMeekin had been appointed as Director of Workforce and Organisational Development. Also, Heather McNair will join the Trust as Chief Nurse, taking over from Beverley Geary.

Mrs Jackson commented that they had discussed the Oncology issue at the private Council of Governors meeting and understood the decisions made but were concerned about the transport issue. Mr Proctor informed that he has raised the issue with the CCG and will continue to pursue this.

Mrs Porter thanked Mrs Jackson for raising the issue of transport regarding the Oncology patients and asked why the Oncologist brought back from Harrogate could not be sent to Scarborough Hospital instead of being sited at York Hospital. Mr Proctor replied that the decision was based on the capacity to see as many patients as possible rather than spending time travelling between sites. He added that if an Oncologist from elsewhere is prepared to travel to Scarborough Hospital then the situation will be looked at again. He added that with the few Oncologists the Trust has he needs to ensure that their jobs are deliverable and sensible. Mrs Scott supported Mr Proctor's comments and added that there is a regional commitment to finding a solution. If an opportunity arises they will seize that opportunity and restore the service.

Cllr. Pearson highlighted a situation with a friend of his who had epilepsy and was worried that he would not be able to obtain his medicine as it comes from Germany. Mr Bertram replied that there are detailed plans at national level that describes what the NHS is doing in the event of a no deal Brexit. The Trust's Chief Pharmacist and Head of Procurement are working through the national contingency that has been put together. Mr Proctor added that they are working with local government, all parts of the sector locally and with the NHS Regulators.

Mrs Fields asked about the Care Group structure. Mr Proctor replied that it replaces the old system and described how the new Care Group structure will work. He stated that the new Chief Executive, Simon Morrith, is fully supporting the approach.

Action: Simon Morrith to attend the September Council of Governors meeting.

Mr Reakes asked about the Trust's ambitions in the long term plan regarding the better use of data and digital technology. Mr Proctor replied that the Trust is looking into virtual consultations with patients. It will take years but consultants will be seeing patients on a virtual basis. Technology is not always reliable and it is not quite the same as face to face.

Mrs Miller asked how HR was addressing the recruitment situation. Mr Proctor responded that they were looking internationally and enticing people to work at the Trust. He gave examples of attracting the right people. He added that the difficulty for places like Scarborough Hospital was that medicine was changing so much and doctors wanted to specialise in areas and were attracted to the large teaching hospitals. Scarborough Hospital was more generalised in the work and therefore less attractive.

19/08 Operational Plan/Strategy

Mrs Scott handed round the plan and gave an overview of the document. She explained that each year the Trust is required to submit a detailed operational plan on how the Trust is to deliver services as well as the work being undertaken with the Trust's partners.

Mr Bertram handed round the Trust's Annual Financial Plan and stated that it was a draft position as discussions are still ongoing with the CCG.

Ms Clements asked if he would confirm the funding was no longer linked to the 4 hour wait. Mr Bertram confirmed that it was not and, although the Trust still has to reach the standard, it is not linked to any financial penalties.

Mr Richardson asked would the £2m deficit this year be written off. Mr Bertram replied that it impacts on their cash flow as they will have to borrow money to countermand the deficit.

AB asked about the CIP position. Mr Bertram replied that this has been ongoing for 10 years now and it is getting more difficult to meet the target.

Mrs Anness asked when the Trust will receive the extra money by government to the NHS. Mr Bertram advised that the Trust has already received it but it was not enough to do everything they wanted to do.

19/09 Governor Elections Update (Internal)

Mrs Provins gave an overview of her paper. Regarding the Out of Hospital Care Group she asked that governors put their names forward from each constituency.

19/10 Membership Development Group update

Mrs Provins gave an overview of developments within this group including:-

- Membership Seminars – governors are asked to support these and attend as much as possible.
- Members Stand at York Hospital – she thanked the governors for supporting this. She is planning to arrange some more dates during the year.
- Terms of Reference – ratified.

19/11 Constitutional Review Group update

Mrs Provins advised that the Group have been working on the following:-

- Terms of Reference – ratified.
- LLP Governor – discussions are taking place with the Director of YTHFM LLP about having an internal election for the Stakeholder Governor position to the Council of Governors.

19/12 Any Other Business

Norovirus

Cllr. Pearson enquired about the Norovirus in wards and how they were closed to visitors for several weeks. Mr Proctor responded that it was impossible to prevent as it is a community infection brought into the hospital. The ward block at York Hospital is particularly susceptible given that the building is from the 1970's and people walk through wards to get to places. He thought the Trust could have done better with regard to infection prevention measures. Visiting was considerably restricted and is continuing to be monitored. Mrs Porter asked whether HPV services were still used. Mr Proctor confirmed that they were but it is not a preventative measure.

East Coast Review

Mrs Scott informed that they are pulling together a report. It is embargoed until next Tuesday but will be emailed out asap to Governors and the Board..

No Smoking Policy

Mrs Anness brought up the subject of the Trust's no smoking policy and asked why there were people still smoking on site as it does not sit very well with promoting health and wellbeing. Mr Proctor replied that having a completely smoke free area is difficult to police.

Reflections on the meeting

Mrs Willcocks thought that there were some honest and transparent responses from the Chief Executive on the situation regarding Oncology services.

Mrs Anness said she was so pleased that Mr Proctor had progressed issues and not waited for a new Chief Executive.

19/13 Time and Date of the next meeting

The next meeting will be held on **12 June 2019, 1.00pm – 2.30pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comment
13.12.18	Email Governors to ask if anyone is interested in being on the STP Project Stakeholder Group.	Mrs Provins	Jan'19	Updated March in minutes.

Council of Governors – 12 June 2019 Governor Activity Reports

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor
- Transport Group
- Fairness Forum
- Out of Hospital Care
- Charity Fundraising

Recommendation

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

Author: Margaret Jackson – Lead Governor
 Sheila Miller – Public Governor (Ryedale & East Yorkshire)
 Jeanette Anness - Public Governor (Ryedale & East Yorkshire)
 Steve Reed – Head of Strategy for Out of Hospital Services
 Andrew Butler – Public Governor (Ryedale & East Yorkshire)

Date: June 2019

1. Lead Governor Report

In March Governors were invited to be observers at one of the newly created committees. I attended the Quality Committee with Sheila and found it an interesting meeting which enabled us to see first-hand the NEDs and their interaction with Trust colleagues and hear the discussions taking place about particular issues. This is an excellent way of seeing how the NEDs challenge and seek assurance on issues and hopefully this will happen more in the future.

Once again the hospital chapel was full to capacity to welcome families who have lost babies in the past and remember their child / children. The local Stillbirth and Neonatal Death (SANDs) group work with the chaplaincy team to put on the event which is always very well attended. In recent years it has been held on Mothering Sunday which seems to be a good day for families and friends. The service in Scarborough is to be held at St Luke's Church on Wednesday, 19th June starting at 7.30pm. Everyone is welcome.

Following the attendance of the "Save Scarborough Hospital Group" at the last Council of Governors, Sue Symington and I went to Scarborough to meet with the Scarborough Governors to give them some support. Unfortunately only Karen was available but it was really helpful to have some discussion about what actions have or are being taken to address the issues raised.

Dianne Willcocks and I have met with Sue to review the last year and agree her objectives for the next year. Thank you to those Governors who sent in comments to assist us in this task. This was one of Dianne's final tasks before she left the Trust and I would like to thank her on behalf of all governors for her openness and support. We all wish her well for the future in whatever she does. She made a very valuable contribution to the organisation and her shoes will be hard to fill. Jenny McAleese (NED) will replace Dianne on this issue and will provide information about Sue's review and objectives for the next year.

Sallie Light and I attended the Governor Forum in London held by NHS Providers. It was a very good conference and apart from the sessions it was an excellent networking opportunity to see how others carried out the Governor role. A full report will be sent out to all Governors. The PowerPoint presentations from the sessions are already available on the NHS Provider website and the posters produced by Governor Colleagues for the event are available from 16th May.

Sheila and I attended the Patient Experience Steering Group on 29th April. Unfortunately due to the very high activity in both York and Scarborough mainly colleagues were unable to attend so the meeting wasn't quorate. Helen Hey chaired the meeting and she felt it would be important to have representation at future meetings from the new Care Groups and she would be writing to seek representation. Healthwatch York welcomed back Sian Balsom and she outlined the changes in personnel that have taken place in York Healthwatch. Full notes of the meeting will be sent out to all.

I am sure that everyone is looking forward to working with our 2 new NEDs in the near future and then our new Chief Executive. We look forward to them starting with the organisation and working with them.

Margaret Jackson - Lead Governor

2. Transport Group Report (17.05.19)

Members were welcome to the group and the Chairman gave a report prepared by Dan Braidley (in his absence) about the success of the Park & Ride recently introduced; Dan had widely circulated this information by many means, to all staff, TV, City Council, Social Media etc. they are looking at ways to try and incentivise staff/patients to use this scheme as parking is going to get even more difficult due the work on the new Vascular Imaging department on the south side of the Hospital.

An event held at Ellerby's to publicise the P & R shuttle bus where hundreds of positive engagements and feedback were received from staff and free journey tickets were given away to encourage use of this facility. Discounted bus tickets are available from the Staff Benefits team. So far Week **one** figures are 537 passengers have used the facility raising £468.70 (not all will come back to the Trust charity as some free tickets were given away). Of this number 117 were OAP's. The group hope to build on this success and to encourage all staff to be aware of the service. One comment received from a couple using it for the first time was "oh goodness we are so close to the Entrance to the Hospital, thank you".

The New Travel Plan has now been finalised but will be regularly upgraded and is on the web site for all to read, the main targets are: Increase healthy and active travel – Reduce Pollution and congestion – Reduce single occupancy car journeys – Ensure there is fair and adequate provision (parking) and Contribute to sustainability agenda. Eight targets have been set out and again please look at the web page!

There was a really uplifting report from Enterprise who provide the Hire, Pool and share cars. There are 1040 pool car members, a 50% increase making savings for the Trust of **£72,000** plus a reduction in carbon monoxide. 565,000 miles (a rise of 1.7 miles since last year), overall the Trust staff do **2million** miles a year, 1,000 journeys a month and many more staff are sharing journeys making even more savings. As you can imagine the whole group were delighted with this information and thanked Storm Baines (Enterprise) for this great achievement. Work continues at Scarborough to provide cycle racks and work continues to try and find places to be able to provide changing and shower facilities at both sites.

The footpath from York Station is almost complete and being used though not yet officially open.

Sheila Miller – Public Governor (Ryedale & East Yorkshire)

3. Fairness Forum Report (03.05.19)

This was my first attendance at the Fairness Forum so there was a lot of information to absorb.

The Terms of Reference for the group were updated.

There was a report on the Accessibility Audit Template – currently the Trust does not meet British Standards. Patients with sight loss and other problems were not always receiving

information in an accessible form. Dave Biggins hoped to have more contact with disability groups and to be involved with design and planning.

Refurbishment in the York Emergency department is now complete and has incorporated several dementia friendly design principles.

A gender pay gap report was presented which shows the difference in average pay for all men and women employed by the Trust. It is different to equal pay which deals with pay differences between men and women who carry out the same or similar jobs or work of equal value.

The trust chose to adopt its own local approach to Local Clinical Excellence Awards and this has shown that fewer female consultants hold awards and amongst those who hold more than one the majority are men.

Steven Clark from the Trust LGBT network presented two documents for which he wanted approval from the forum. The first was a service user guide for Transitioning and Transgender patients and the second was a guide to support managers and colleagues through a transitioning period for a member of staff. These were ratified subject to any further DBS checks being necessary. I was very impressed by the amount of work Steven had obviously put into these leaflets. He was recently the recipient of a Star award having been nominated for his support on two levels - for providing advice on LGBT issues and also providing personal support to the nominator when they were suffering from anxiety. The LGBT group are planning to produce a Rainbow Badge for staff as a signal to patients and families that they are a good person to talk to about issues of gender and sexuality. Staff will be given training for this and will need to acknowledge responsibility for the role. There was evidence that people with these issues can receive poor health care or were reluctant to seek it out. Unfortunately discrimination was still out there.

Rachel Bailes, Chaplain, expressed concern about the time frame for getting ablution facilities in place in York hospital for members of the Muslim faith. It was explained that ablution is part of the Islamic religion and Muslims cannot use the toilet until they have prayed. Currently female members of staff were using the toilets in the Chaplaincy department but this is not practical for men. A business case was written in early 2019. The problem was the same at Scarborough. The main stumbling block was space availability.

Richard Knight from Project Choice reported that the service was waiting to have an Ofsted inspection. He had twelve interns in place – some in the Outpatient areas and was hoping for a placement in the Xray Department and possibly some wards.

Jeanette Anness - Public Governor (Ryedale & East Yorkshire)

4. Out of Hospital Care Group (22.03.19)

Attendees:

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Richard Thompson, Lorraine Boyd, Vicky Mulvana-Tuohy.

In attendance:

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.

David Pitkin, Chief Pharmacist; Jennie Booth, Lead Nurse for Medicines Management

Apologies:

Andrew Bennett

Summary of topics discussed

Matters arising:

It was noted that the actions from the previous meeting were progressing.

Humber/CHCP – both organisations have been approached but not yet responded. To continue to request their input to the group.

It was noted that over 300 bed days have been saved at York Hospital as the new Home IV Antibiotic service (discussed at the November meeting) has gone live since the start of January.

EPMA:

David Pitkin and Jennie Booth provided the group with a practical demonstration of the EPMA system showing how medicines are prescribed and administered electronically. They highlighted that the Trust is one of only two nationally to have an in-house system fully integrated with the electronic patient record. The aim is to improve the safety of medicines administration, providing decision making support to clinicians and an audit trail. This works with the summary care record (downloaded on admission) which shows what the GP system holds about an individual's medication schedule.

EPMA is now fully rolled out for adults in York, Scarborough, Bridlington, Whitecross Court and St Helens. Plans are being developed for the remaining community units, outpatients, obstetrics and child health. The team is currently auditing the impact on medication errors.

There is an opportunity for governors to shadow pharmacy team members if they want to know more – David can be contacted to arrange this.

Community Units and Out of Hospital Care Directorate Listening Exercise:

Vicky Mulvana-Tuohy updated on the ongoing development of the community units, noting that some of this work is pending the CCG completing a population health needs assessment to inform future service models. All units have successfully progressed to 'Silver' ward accreditation level and SAFER has been introduced. There has been some length of stay increase over the winter associated with increased patient acuity but this is starting to reduce.

The directorate has undertaken a comprehensive cultural review, working with the Freedom to Speak Up Guardian, based on concerns raised from staff. This has included 18hrs of listening sessions (1,000 staff invited) as well as sessions with individuals. The themes that emerged were around culture, leadership and the structure of the directorate.

As the structures will be changing through the Operational Review, the response has focused on the culture and leadership elements.

10 sessions have been held with staff (400 attended) to go through the themes and develop an action plan which includes some immediate actions such as providing clarity on directorate priorities, setting up monthly surgeries with the Head of Service, increasing visibility of leaders and transparency in decision making and adopting the principles of compassionate leadership. The action plan is being finalised once the last session is completed later in March.

General update:

Paper previously presented to Board of Directors shared for information.

Forward plan agenda:

The group has identified the following forward plan agenda topics for 2019/20:

- June – Community Response Team update, Humber/CHCP update, East Coast review update
- Sept – TEWV update, East Coast Pain Management update, Home IV update
- Dec – Primary Care Home, Community Nursing Update

Actions Agreed

- Follow up regarding Selby 24hr ECG service (Vicky Mulvana-Tuohy, June 19)
- Continue to discuss attendance with Humber and CHCP (Steve Reed, June 19)
- Consider if helpful to present the listening exercise and response to wider governors meeting (Margaret Jackson, June 19)
- Governors to encourage constituents to sign up to the enhanced summary care record to support information sharing (All, June 19)

Future Meetings

The June agenda will include:

- Developing the Bootham site (Andrew Bennett)
- Community Response Team update (Vicky to arrange)
- Humber/CHCP update
- East Coast review update (Neil Wilson)
- Primary Care Network update (Steve Reed)

Members are asked to let Steve Reed know of any agenda items they would like to discuss in advance of the meeting.

5. Charity Fundraising Committee (April 2019)

In April I was delighted to attend my first meeting of the Charity Fundraising Committee. The charity team has undergone a few changes since we met them last year. It was Professor Willcocks' last meeting as Committee Chair, Fundraising Manager Lucy Clegg

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has taken maternity leave, while Maria Simon-Norris and Maggie Bulman have left for pastures new.

Rachel Brook has been appointed to cover Lucy's maternity leave and Emma Dunnill has joined as Fundraising Assistant. Maya Liversidge remains with the Charity assisting with Community Fundraising in Scarborough and Bridlington. I understand that Sue Symington will be joining the committee in the interim to provide a link to the Trustees.

I am sure everyone will want to give our best wishes to our leavers and joiners.

At this meeting the Charity Staff provided an update on the Dementia and Butterfly Appeals. As well as providing an overview on the year in review.

Thus far the funds raised for the Dementia Appeal have been spent on:

- Reminiscence boxes across all hospital sites;
- Calendar clocks across all hospital sites;
- Specialist chairs now in use by the Occupational Therapists;
- New furniture for the day room in the Johnson Ward at Bridlington Hospital;
- 8 Sorrento Chairs – comfy reclining chairs which put the focus on early day rehabilitation and recovery. The chairs help keep people moving and get out of bed;
- 5 x PAC trainers – training has been undertaken by 5 members of staff on a 2-day course. The training focuses on dementia education and asks how we as care givers are supporting someone with dementia. The training also looks at age processes in the brain, helping to differentiate between 'normal' ageing and ageing as part of dementia.

The Butterfly Appeal was launched in February 2019 with the aim of raising £250,000 over the next 18 months for a maternity bereavement suite, similar to the one in Scarborough following the Snowdrop Appeal.

Over £140,000 has already been raised, including a £94,000 grant from the local SANDS charity, and a pledge of £25,000 from the Friends of York Hospital. - Which I'm sure you'll all agree is a fantastic start.

In what I can only describe as a lovely twist of fate, I have actually been useful to the Charity – something which I know will be surprising to all!

The Charity was invited to take part in the Yorkshire Charity Clay Days at Duncombe Park. I was pleased to be able to source a bunch of volunteers from my employer, along with a prize for one of the auctions.

This event raised an overwhelming £400,000 over two days! These funds will help support six charities including Yorkshire Air Ambulance, Leeds General Infirmary, who will be funding a state-of-the-art, diagnostic fetal ultrasound machine. While Ryedale Special Families will get a large contribution to a new purpose-built facility to support children with disabilities or additional needs.

It is intended that the funds donated to YTHC will be used to fund a ground-breaking new way of localising breast cancer before surgery called Radioactive Seed Localisation – Our

Trust will be one of a handful of hospitals in the world offering this. It can reduce the duration and number of surgeries needed and the amount of healthy tissues removed.

The Charity has asked me to enquire if any Governors would be able to assist with collection tin distribution and collections – if anyone is able to help, please could they E-Mail charity.fundraising@york.nhs.uk

I have been genuinely amazed by the huge number of individuals raising money for the Trust's charity - be it taking part in the Three Peaks Challenge, the Great North Run or Sky Diving, along with great support from local businesses and constant staff led events. It is these fantastic volunteers who have helped the Charity raise just under one million pounds this year, which is astounding!

I look forward to letting Governors know how funds are spent improving patient care and how successful the Charity is in the future.

Andrew Butler
Public Governor (Ryedale & East Yorkshire)

Additional information

General Engagement (Save Scarborough Hospital Facebook Group).

As Governors will know from our last meeting, an active group has formed on Facebook called "Save Scarborough Hospital" which has approximately 10,000 members. I have spent some time talking to members of the group as I am concerned at the level of misinformation being posted to the group.

When you look back through the posts on this group, there is an undoubtedly a huge outpouring of love for Scarborough (and Bridlington) Hospital and a high level of support for the front-line staff there.

However, there is also an astonishing level of mistrust directed towards "York Trust". Some of the group's administrators are quite adamant that "York Trust" have brought a culture of bullying to the East Coast which is the cause of all staffing issues and that the "York Trust" are "Asset Stripping" East Coast Hospitals.

Wherever possible I have asked the communications team to assist me in providing me with some facts to counter some of the falsehoods spread within the Group. I have given my opinions to the group that the Trust and the back-office workforce in York (and across the trust) are not agents of Evil. Also, I have also tried to explain that I think there is a touch of false equivalence when comparing the size and services provided by York and Scarborough Hospitals.

I have been most heartened to see some members of staff standing up for their hospital and I have been grateful to see others contact me privately to thank me for giving a positive opinion. I have had a little bit of hostility directed at me, but I remain convinced this group should be engaged with. In truth, some of the group's complaints have given me a great deal of pause for thought.

For every group member who has zero faith in the Trust's intentions, there are more than 200 who just want assurance that they'll have good, local acute services when they need them without having to travel 80+ miles, other than for specialist tertiary care.

I would like to see that those members of the public are given honesty and facts, in the place of whispers, innuendo and information that is just plain wrong.

It does seem to me that services on the East Coast are on the up, and there are huge levels of investment going into SDH. But with that in mind, could I suggest fellow Governors have a think about why so many East Coast residents find it so easy to believe such outlandish things about our Hospitals? Why do members of staff contact this group with rumours rather than simply ask their managers for facts? Why is there this degree of mistrust on the East Coast? Is there something better to be done? Are we happy that the Board have sufficient focus on this issue?

Scarborough Children and Young People's behavioural services.

At the beginning of May, I wrote to Mike Proctor and Scarborough and Ryedale CCG to ask if they could reflect on how they handle communicating with patients during contractual services changes. This arose because in December YTHFT gave notice that it will hand back the contract for Scarborough Children and Young People's behavioural services to the CCG. The Trust does not think it is the right provider for these services. In turn, the CCG is recommissioning these services with another, more suitable, provider.

Ordinarily I would never think to become involved, however based on the letters which were shown to me, it does seem to me that there has been something lacking in the communication with patients and their families. I believe that this has unfortunately contributed to rumours spreading around the community about the service, which has led to the media to become involved. What should have been quite a simple, seamless change in service provider unnecessarily blew up into something much bigger.

I felt that when it came to a service which clearly provides a great deal of support to families in our area, our Trust and the CCG should have informed them better - A simple, joint letter informing them of the situation, and that it was planned to continue (albeit in a different form) would have done a great deal to reassure people.

At time of writing, I have not had an acknowledgement or response to my letter.

East Coast Acute Services Review

While the review is not currently at a consultation stage, I have written to Humber Coast and Vale STP to outline some early thoughts. I cannot say that this is my best work, however I did feel that it was important to share these views at this early stage with the STP. It is my hope that some of the opinions and perceptions in my letter will help shape the next phase of the review to consider the wider impacts of any potential changes, particularly the human costs of traveling a distance to access medical care.

I've attached a copy of this letter below, just for information.

To Whom it may Concern,

RE: Scarborough Acute Services Review.

I am writing to you to provide my considered feedback on stage one of the Scarborough Acute Services Review and to request that you consider my letter as you further progress stage two of the review.

Clearly phase one of this work represents a starting point looking from the top down, as the options are considered further, there will be a great deal of adjustments to the modelling as they are looked at more granularly.

As a Governor for York Teaching Hospitals NHS Foundation Trust I have a duty to represent the interests of members of the Trust and the views of the wider public. While I have by no means undertaken a consultation exercise before writing this letter, I have certainly heard from more members of the public on this matter than any other subject during my seven years as a Governor.

While looking through the public reaction to the Review on social media I have been very privileged to be able to read so many touching personal stories and memories from the public – These comments are a shining tribute to staff at Scarborough Hospital.

It is so obvious why people would rally around to ensure something we have so much pride in stays safe for generations to come. Scarborough Hospital looks after our parents, it is where our children were born, and it is where we go to get help on some of the very worst days of our lives.

I do not claim to be expressing opinions of anyone else other than myself in this letter. I am not a clinician, a financial accountant or an NHS strategist. While the views of members of the public has certainly been informative, this letter represents my personal views having read all 450 pages of the review available on the Humber, Coast and Vale website.

Governors representing the former SNEY area are well versed in the current and historical issues in providing NHS care on the East Coast. My Governor colleague, Mrs Miller, served on the Scarborough area Community Health Council and chaired the Ryedale Local Involvement Network. She well remembers the difficulties SNEY had, without any halcyon revisionism.

Mrs Miller and I are firm believers that the merger in 2012 of the York and Scarborough trusts has provided a better quality of care for all residents in North and North East Yorkshire. It is without question that the former SNEY trust would not have been clinically or financially viable.

The merger led to £50 million in extra government funding in transitional merger support, which has supported services. The merger also brought with it capital investments in A&E, the new Car Park, the new Helipad, Lilac and Maple wards and modern CHP units. In my view, it is entirely clear that the merger has prevented the loss of acute NHS services on the East Coast area.

I also hold the view that this review is timely and needed. There are clearly urgently challenges in demographics, staffing, clinical quality and finances that it would be irresponsible and dangerous not to resolve now.

Even as someone who considers themselves well versed in the Trust, it was completely eye opening to read how the wider trust supports East Coast health care by £25 million a year, to see the staffing gap of doctors raise to nearly 50% due to impending retirements and also, perhaps most alarmingly, how low the GMC Doctor in Training satisfaction surveys were for Scarborough Hospital.

From my perspective NHS England should provide a greater subsidy to those hospitals it has designated as “unavoidably small, remote hospitals” in its ACRA report, it will be impossible for anyone for anyone to gain support for greater funding without the backing of this review showing how all parties in our area have done their utmost to put their own house in order within the current restricted financial envelope.

I have a strong opinion that a renewed effort (in conjunction with other trusts, members of parliament and CCG’s which have unavoidably small, remote hospitals), should be made to prove the case that it is irresponsible for NHS England not to recognise the extra costs and lower opportunity to save which arises in providing an equitable level of care to residents served by these hospitals.

Part of this review should consider how the data supports the case for debate with NHS England for increased funding given that even the most extreme model under consideration does little to address the I&E gap for providing acute services at Scarborough Hospital.

It is unfortunate that there seems to be a widely held view in the Scarborough and Bridlington areas that services are constantly “under review” or threat. I think this view is not necessarily unfounded: In 2008\2009 SNEY undertook a three-month review of Bridlington Hospital and changed services, pulling emergency medical admissions, cardiac monitoring and maternity services. In 2009/2010 further service reviews were undertaken under the “Fit for the Future” programme and between 2010 and then 2012 the Trust began to merge. In 2014 the pain clinic was reviewed out of secondary care, in 2017 the new midwifery unit created from a previous review... was reviewed, in 2017/2018 Community services were reviewed out of Scarborough hospital and now we have the Acute Services review.

I note that a primary objective of the review programme is to “provide a short term and long-term solution” and “... Build trust, confidence and stronger relationships across the clinical community”. Residents and patients are really crying out for an end of the constant reviews to services. They want to be assured that this review leads to clear, long term certainty as to what is going to be provided in the area. I do hope you will bear this in mind as the review progresses.

Speaking from my experiences from listening to public feedback as a Governor, there is a clear theme from the public regarding NHS services on the East Coast. They are highly protective of services and want them provided locally, even if the clinical outcomes do not support this. Given the remote, rural location and transport costs, travel to York, James Cook or Hull is simply not desirable to them.

There is also an unfortunate view that any change is a "Cut", such as when acute services are move out of Scarborough Hospital into Community Services, or even the same level of services moving to a different provider. I have been surprised to hear that some people in Scarborough consider that Out-Patient Physiotherapy has been "Cut" from the Scarborough area, even though it is now available in three other places in the community in place of Scarborough Hospital.

I do worry that there is an uphill struggle ahead when innovations in healthcare lead to out of hospital care. The symbolic nature of a bed closure, even if it might not ever be needed again, is a hard one to overcome.

The review provides quantifiable data regarding the distances involved, the lower level of car access in the patch and particularly reflects how poorly this area is served by interconnective public transport. Where the review perhaps falls is the absence of qualitative data on how this travel affects patients. I have heard reports of patients being so weary from travel that it has become preferable for them to stay in a hotel overnight than face up to a full day of public transport.

A further example was shared with me by my MP, Kevin Hollinrake, detailing that the most cost-effective way for someone without a car to travel the 84 miles from Filey to York and back was not to use public transport at all. This trip must be meticulously planned by hiring the Scarborough Dial a Ride Service. This must be unnecessary stressful when compared to the relative ease of getting to Scarborough Hospital. This trip still would take most of the day and cost £35.00 compared to £12.30 for a round trip to Scarborough Hospital.

Whilst I understand that there is a vast array of scientific, peer reviewed evidence, indicating that better and safer clinical outcomes arise from centralised speciality acute care, we must not overlook the human costs and stresses that distant travel to healthcare imposes.

In the past we have lauded the charitable investment from Friends of Selby Hospital of dialysis machines in Selby Hospital which prevents patients from have to travel three to four times a week for draining and time-consuming renal therapy. We have celebrated the kindness of York Against Cancer for providing the mobile chemotherapy unit which many patients in outlying areas nearer their homes. We celebrate these donations because they prevent travel for the extremely sick and give precious family time back to those who need it most. While it is reasonable to conclude that the time factor is not equally valuable to every service user, it does have tangible worth.

I am aware of a handful of studies which examine distance and travel time when accessing healthcare. These could usefully feed into phase two of the review.

- Nicholl J, West J, Goodacre S, et al The relationship between distance to hospital and patient mortality in emergencies: an observational study *Emergency Medicine Journal* 2007;24:665-668.
- Avdic, D., 2014. "A matter of life and death? Hospital distance and quality of care: Evidence from emergency room closures and myocardial infarctions," *Health, Econometrics and Data Group (HEDG) Working Papers* 14/18, HEDG, c/o Department of Economics, University of York.

- Nicholl J, West J, Goodacre S, et al The relationship between distance to hospital and patient mortality in emergencies: an observational study *Emergency Medicine Journal* 2007;24:665-668.
- Bertoli, P, Grembi, V. The life-saving effect of hospital proximity. *Health Economics*. 2017; 26(S2): 78– 91.
- Elek, P., Váradi, B., and Varga, M. (2015) Effects of Geographical Accessibility on the Use of Outpatient Care Services: Quasi-Experimental Evidence from Panel Count Data. *Health Econ.*, 24: 1131– 1146.

The first study is of particular note when considering changes to emergency care as it concludes: *“Increased journey distance to hospital appears to be associated with increased risk of mortality. Our data suggest that a 10-km increase in straight-line distance is associated with around a 1% absolute increase in mortality.”* As phase two progresses it must have a clear assessment of how clinical care and mortality could be affected by any changes to travel, in addition to recognising the human costs which are not otherwise picked up by analytical data.

I will turn now to the specific short-listed models under consideration: 3A (which is the Status Quo plus a revision to the A&E department), 4A, 4C, 11D and 15D.

None of the models presented make an appreciable impact in the overall projected I&E of Scarborough Hospital without significant efforts in demand management on the East Coast and further cost improvements. These areas should be given further examination to show how changes through demand management and CIP would also affect the modelling – For example, how would 0.5% greater demand, but a 1.5% improvement on CIP change Model 4C?

Perhaps a further improvement to the case for change would be to provide the I&E figures for providing care at York Hospital. This would provide a clear example to the public about how certain services need a critical mass of population in order to be cost effective or cost neutral.

While I generally welcome big, innovative changes to shake things up, rather than piecemeal “salami slicing” methods, **Models 11D & 15D** are the most unsatisfactory models presented.

With over £40 million being invested in the A&E this year, it is extremely doubtful that moving between 30% to 60% of Resus and Majors out of Scarborough can be considered value for money. The transportation of thousands of those in Resus or Major Trauma represents an unacceptable risk to the safety of the patient and is unlikely to be able to be supported by YAS. I believe this also applies to those needing emergency non-elective general surgery, Trauma or Orthopaedic care, which numbers in the thousands.

A number of consultant, non-consultant and nursing vacancies exist in the Scarborough A&E department and there is a high risk of further vacancy due to retirement. I think this is a strong call to action in the absence of a useful national recruitment and training plan - However, this is not an excuse to not drive forward an innovate local solution.

I would be deeply concerned as these models would affect the North Yorkshire & Humberside Major Trauma Network; given Scarborough Hospital has the only hospital-based Helipad in North Yorkshire. Additionally, it seems that these models would severely impact on our region's ability to react to a Major Incident at either the Woodsmith or Boulby mines in our area.

The idea in **model 15D** that critical care could be reduced at Scarborough by 90% is fanciful. How this would be considered useful when critical care is the largest "profit" making service line for Scarborough Hospital is difficult to comprehend.

While it is accepted that the forecast birth rate in Scarborough and the surrounding areas is falling, zero neonatal care in Scarborough Hospital is wholly unacceptable, as is expecting 75% of births to move out of area or into the community. The thought of a 40-mile car or ambulance trip while in labour is entirely appalling.

Based on the data provided on vacancies in the review it seems that Paediatrics and Women's Health are well staffed to budgeted FTE in Scarborough Hospital, with little in the way of retirements due. Therefore, it does not seem that there is a workforce issue which would justify this change.

Obstetrics & Gynaecology in Scarborough is listed as one of the Directorates which is loss making in FY2017/18. While I accept there is a sensible argument to look at directorates with higher fixed costs and lower usage, I would note the loss of £2.9 million is not dissimilar to the York directorate.

In the 2016 National Maternity Review put great emphasis on the importance of a mother's choice when deciding where to give birth. The report also noted that the funding formulas for maternity care was not fit for purpose as *"a large proportion of the costs of obstetric units are fixed because they need to be available 24 hours a day, seven days a week regardless of the volume of services they provide."* This is clearly the case on the East Coast.

A greater focus on challenging the funding formula, either through an additional sparsity payment or a local tariff adjustment must be the preference here. If needed these challenges must be rejected by the regulators, appealed and rejected subsequently rejected by the Government, in order to show a clear instruction from the Government that cost, and not local patient choice is their decision for the Trust to implement.

Frankly speaking, any changes to SCBU in Scarborough are likely to lead to riots. The capital costs of **Model 15D** rules this out as a viable plan. While the capital costs of **Model 11D** are lesser, I cannot realistically see that the local system has the capability to absorb those costs. While the cost reductions within these models are significant, income is also vastly reduced - both models worsen the overall I&E position by 2025.

Based on the above analysis, I am fully against these models. It might be that further analysis indicates an increase in the quality of care received and superior clinical outcomes, however, short of a miracle I could not see myself, Governor colleagues or the general public ever supporting these options.

Model 4C is less objectional than the above, while the level of paediatric care is not satisfactory to the needs of the area, the level is improved when compared to the previous models. A strong clinical argument would have to be made to see significantly reduced Neonatal care and births at Scarborough Hospital being supported in the community. I am not aware of greater harm being caused to mothers and babies at Scarborough Hospital or lower than average clinical outcomes. The potential additional harm of transportation remains an outstanding question. In this model, we still see 1,500 A&E attendances being moved out the hospital along with 2,000 medical and surgical cases, 700 births and 1,300 inpatient paediatric cases being sent to other hospitals.

While accepting most of the attendances remain at Scarborough, sending 5,500 cases to other hospitals creates a minimum average of ~5,683 hours of extra travel a year – an hour for each displaced patient who has access to a car. The travel time to an alternative hospital for public transport users in the Scarborough urban area would be approximately three hours, twenty minutes for a round trip. This is not at all desirable.

The 2025 I&E change is negligible in this model, which is positive, and it is my opinion that the capital costing, while high at £4.2 million, is not unachievable. I cannot support this model as it stands, however, an assessment on the clinical outcomes of this model would be an important input.

I have advised the Trust that a Typo exists within **Model 4A** on page 84 of Annex 3 – Finance workstream, which appears to indicate that all minor A&E attendances would be removed from Scarborough Hospital. Upon examination by the authors of the review I have been assured that this should read that 100% of A&E minor attendances should be retained at Scarborough Hospital in this model.

On first reading, this model appears the least objectionable, in so far as it moves low numbers activity out of Scarborough Hospital, none of which reduces the level of A&E attendances. This model yields the one of the higher levels of financial sustainability out of all the models considered.

However, it is noted that in this model, the single highest percentage of clinical activity shift falls on to Non-Elective Gynaecology. I would be concerned that service changes in this Model falls disproportionately upon women and would be open to challenge under the Equality Act. As part of the next stages of the Review, I would urge a robust Equality Impact Assessment on this Model.

It is difficult to judge the cost and benefits of **Model 3A** as much of the analysis relating to this model is from **Model 3C**, before changing the Paediatrics model to either no changes (as in **Model 1A**) or minimal changes to Inpatient Paediatrics as in **Model 4A**. Without the changes in this model being published and analysed it is too difficult to assess if the minor change in A&E service activity is preferable to retaining more non-elective medicine, non-elective surgery and critical care.

In order to be helpful, I would like to make the following suggestions to feed into the next phase of the Review:

- 1) It would be helpful to link to the National Centre for Rural Health and Care January 2019 report *“Rural health care: A rapid review of the impact of rurality on*

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the costs of delivering health care". I have found this to be a very helpful tool for understanding the issues and for seeing how other Trusts with Unavoidably Small Hospitals are comparing.

- 2) It may be helpful to engage the Nuffield Trust and/or National Centre for Rural Health and Care to provide an independent view from outside our local system, based on the work they have already done on this issue.
- 3) It may be helpful to engage North Yorkshire Healthwatch to provide an independent view from within our local system. It would also be helpful to ask them to capture stories, opinions and concerns from the public (and staff). Phase one of the review has considered lots of data. Phase two should dedicate a significant portion to the human element of any considered changes.
- 4) The Health Economics Department from the University of York could be engaged to provide an analysis regarding the probabilities of changes to the clinical outcomes of the preferred model. If not, the review will have to otherwise demonstrate how this has been examined and provide comparative data between the models.
- 5) The next stage of the review should also include a I&E overview of York Hospital, as well as a comparative income/cost breakdown of an example service provided at both sites. This should help illustrate how services at Scarborough cannot reach critical mass to break even.
- 6) While it is accepted that **Models 15D and 11D** have a place within the review to show that a wide range of plans have been considered, it should be made clear as soon as practically possible that these do not represent preferred plans.
- 7) A key part of phase two of the review should examine how the other unavoidably small, remote hospitals have taken steps to provide care in their communities and what can be learned and implemented on the East Coast.
- 8) Phase two of the review should consider how greater use of technology could offset the need for travel where it is clinically required to centralise a service. For instance, could the use of video conference technology at Scarborough and Bridlington hospitals allow remote consultations with specialists, perhaps locally supported by a Junior Doctor or Nurse.
- 9) It might be sensible to consider ways in which **Modes 3A and 4A** could be blended to see if they could provide improved clinical outcomes, retention of services or improved I&E position.
- 10) It seems clear that a negative driver for recruitment to the medical establishment on the East Coast relates to a perception that there is a lack of opportunity relating to career planning, research and training. The HR department should be invited to contribute to the review to show how they intend to innovate in this area.

11) Finally, and perhaps most importantly: The data from the review, along with the interest generated from the initial misunderstandings behind the purpose of the review should be learned from and capitalised upon.

The public, Governors, local Health Scrutiny Committees, local Health and Wellbeing boards and our local MPs should be galvanised to support a renewed attempt for greater sparsity funding.

I do hope this response will be considered helpful. Please feel free to contact me should there be any point of clarification needed.

Yours faithfully,

Andrew Butler,
Governor, Ryedale and East Yorkshire,
York Teaching Hospitals.



Council of Governors – 12 June 2019 Chief Executive’s Overview

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

- | | | | |
|-----------------|-------------------------------------|--------------------------|--------------------------|
| For information | <input checked="" type="checkbox"/> | For approval | <input type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> | A regulatory requirement | <input type="checkbox"/> |
| For assurance | <input type="checkbox"/> | | |

Purpose of the Report

To provide an update to the Council of Governors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

The report provides updates on three key areas:

1. Ongoing discussions with commissioners and regulators on the current financial position of the system
2. Moving to a care group structure
3. Scarborough Acute Services Review

Recommendation

For the Board to note the report.

Author: Mike Proctor, Chief Executive

Director Sponsor: Mike Proctor, Chief Executive

Date: 12 June 2019

1. System finance

Our system remains under considerable financial pressure and the recent regulatory changes, in particular the merger of NHS Improvement and NHS England, are leading to a sea change in the approach to these issues.

It is clear that it is no longer acceptable for each individual organisation to plough its own furrow and deal with its own problems regardless of the impact on other parts of the system. We all have to act as a single care system and work together in a cohesive and cooperative way.

In practice this means that the longstanding financial challenges that have plagued local commissioning organisations are now owned by the whole system, and we are working together as a single system to ensure we do not spend beyond our means.

This will inevitably lead to difficult decisions having to be made and implemented, and it is likely that these issues will continue to be a key focus of our board discussions in the coming months.

2. Moving to a care group structure

As I have briefed previously, we are setting up six new care groups to replace the directorate structure within the Trust.

Recruitment to the new structure continues apace and the next appointments will be deputy care group managers, who have been interviewed and the successful candidates will be announced in the coming days.

This will be closely followed by the head of community services who will be appointed by the end of May, and we expect to appoint the head of cancer services during the first week in June.

Other appointments which will follow later in June include the care group business managers, cancer improvement and performance manager, senior operational managers and operational managers.

The new structure takes effect from 1 August, in line with Simon Morritt joining the Trust as Chief Executive.

A summary of the appointments so far is below.

Care group 1: Acute, emergency, elderly medicine and community services (York)

Dr Mike Harkness, Care Group Director

Gemma Ellison, Care Group Manager

Care group 2: Acute, emergency and elderly medicine (Scarborough)

Dr Ed Smith, Care Group Director

David Thomas, Care Group Manager

Care Group 3: Surgery

Dr Amanda Vipond, Care Group Director
Liz Hill, Care Group Manager

Care Group 4: Cancer and support services

Mr Srinivas Chintapatla, Care Group Director
Kim Hinton, Care Group Manager

Care Group 5: Family health and sexual health

Dr Jo Mannion, Care Group Director
Jamie Todd, Care Group Manager

Care Group 6: Specialised medicine and outpatients services

Dr Mark Quinn, Care Group Director
Karen Cowley, Care Group Manager

Head of Allied Health Professional Standards

Vicky Mulvana-Tuohy

These are all strong appointments, and I am sure you will join me in congratulating all those named above as well as offering them your support as we start put the structure into working practice.

3. Scarborough Acute Services Review

The second stage of the review is now underway, following the publication in March of the Case for Change document which summarised the work done during stage one.

This second stage of the review will be focused on solution development, i.e. the modelling of scenarios of future acute hospital service provision in the priority clinical areas identified in Stage 1. This work will involve liaison with clinical teams both within Scarborough and across the broader health and care system. It will also involve working with the relevant Royal Colleges and other expert clinical bodies. Detailed financial modelling of these specific service areas will also take place alongside the clinical review work.

I will, along with my executive director colleagues, continue to keep the Council of Governors updated as the review progresses.

4. CQC Inspection

The Trust has received notification from the Care Quality Commission (CQC) that we can expect an inspection during the summer. The CQC will carry out an inspection of 'well-led' at a trust-wide level, along with inspections across our services.

Staff are being supported to prepare for the inspection, and we will keep the Council of Governors updated.

5. Awards

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.

I have recently had the privilege of attending a number of awards ceremonies where our staff have been recognized.

Long Service Awards 2019

At the end of last month we held the long service awards in York.

Celebrating their long service were staff who have served 25 years with the NHS - ten years of which have been consecutively with the Trust. This year, across the Trust, 73 members of staff have reached the fantastic milestone - clocking up a staggering 1,825 years between them.

Another long service awards dinner will take place in June for staff based on the East Coast, and a further 12 staff, celebrating 40 years, will be invited to the Trust's annual Celebration of Achievement awards in October.

I would personally like to congratulate and thank each and every recipient for their valuable years of service.

Junior Doctor Awards 2019

The Trust's first annual junior doctor awards also took place this month. The event provided an invaluable opportunity to showcase the achievements of the Trust's professional, caring and dedicated junior doctors.

Taking time out to celebrate our junior doctors, who everyday go to extraordinary lengths to provide exceptional care and fantastic services, is really important. Junior doctors are some of the unsung heroes of healthcare, often balancing the bulk of a hospital's day to day legwork, alongside their ongoing training.

This year's winners are:

Team Player

Dr Alice Nichols, Trust Grade, Specialist Registrar Doctor in Paediatrics

Rising Star

Dr Jack Turner, Foundation Year 1 doctor in Emergency Medicine (now in General Surgery placement)

Compassionate Care

Dr Omar Alam, Core Medical Trainee in Gastroenterology (now in Neurology and Neurophysiology placement)

Outstanding contribution to Quality Improvement / Research or Education

Dr William Lea, Specialty Doctor in Patient Safety & Improvement

Educational or Clinical Supervisor

Dr Nigel Durham, Consultant Cardiology

Junior Doctor Forum Unsung Hero

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.

Critical Care Outreach Team (York)

Hull York Medical School Teaching Excellence Awards 2019

Also this month, over 170 guests came together to celebrate the exceptional medical education and support provided to Hull York Medical School Medicine and Physician Associate students, at the School's annual Teaching Excellence Awards.

The event, which saw prizes awarded in six categories, was attended by primary and secondary care tutors and senior representatives from each of the School's NHS Trust and University partners, as well as clinical skills and problem-based learning (PBL) tutors, support staff, student liaison teams and students.

The student-led Teaching Excellence Awards provide an opportunity for students on the Medicine and Physician Associate programmes to honour those tutors and support staff who have gone the extra mile to support them in their studies, on clinical placement or in PBL sessions, as well as in a pastoral or extra-curricular capacity.

I am delighted that staff from across the Trust were amongst the winners of this year's awards:

Phase II & III Teacher of Excellence Award

- Mr Jesus Barandiaran, Associate Specialist, Surgery
- Dr Nicholas Latcham, Clinical Placement Tutor

Administrative Support Award

- Ms Jeanette Clews, Student Liaison Officer

Council of Governors

Patient Safety Walkrounds

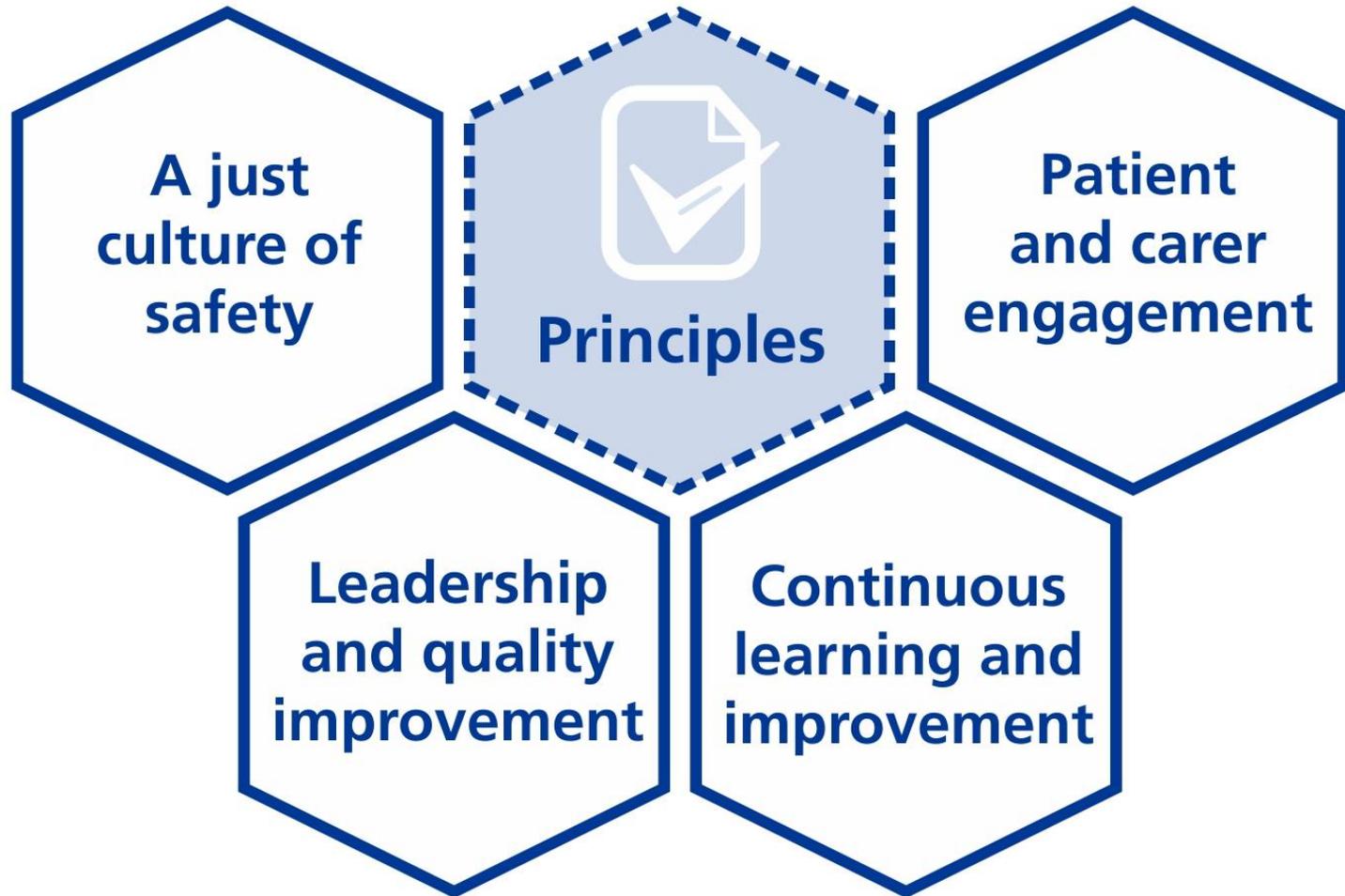
Becky Hoskins

Deputy Director of Patient Safety
RN, MA, BA(Hons), Queen's Nurse



Our Strategy aligns to the proposed national strategy with the key aim of providing safe, patient centered care, assisted by 4 driving principles and underpinned by openness and transparency.

Our driving principles are:



Patient Safety Walkrounds





Our commitment

Aim for minimum of 30 per year

Opportunity to speak to staff, patients and families.

Facilitated by a host

Include members of executive and non executive team

Invitation extended to Governors



Terms of Engagement

Patient safety walkrounds are planned in advance

Patient safety walkrounds are not an inspection

Please introduce yourself & the purpose of your conversation

Please be bare below the elbows

May need to respect restrictions, e.g. infection prevention , end of life care, enhanced supervision.

Only utilise pre- agreed questions – just listen... please do not engage in problem solving.

Summarise visit with host at the end

Maintain confidentiality, Safeguarding and information Governance

Please cancel if you are unwell



Questions for staff:

Do you know how to report an incident or near miss?

**What was the last incident/ near miss you reported?
What happened as a result?**

What concerns you about patient safety?

What actions have you and your team taken to improve patient safety?

Is patient care safe on your ward/ unit?

How can we improve patient safety?



Questions for patients / families

What has been your experience of the care you have received?

Do you feel safe ?

Have you witnessed any risks to patient safety? If so, did you tell a member of staff?

Are there any improvements that we can make so that you feel safer?



What happens with your feedback?

Themes identified across all walkrounds

Immediate actions taken where necessary

Summary reported to Quality Committee and Board of Directors

Referenced within the patient safety strategy *Just Culture* workstream

Information shared with Clinical teams

Thank you

@hoskinsbecky

Rebecca.hoskins@york.nhs.uk

01904 725544

Council of Governors – 12 June 2019 Volunteering Update

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

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

Executive Summary – Key Points

This paper provides an overview of the work on volunteering.

Recommendation

The Council of Governors is asked to note the report.

Author: Catherine Rhodes, Lead for Patient Experience

Director Sponsor: Helen Hey, Chief Nurse Team

Date: June 2019

At present we have 289 active volunteers supporting the Trust:

Active volunteers – April 2019					
Hospital	York	Scarb	Brid	Malton	Selby
No. volunteers	188	80	12	3	6

In the recruitment round February 2019 we recruited 44 new volunteers.

We are currently part way through another cohort of recruitment and are anticipating recruiting nearly 60 new volunteers. We are in the process of setting up interviews and moving that work forward, with a view to new volunteers starting by September.

Following the HelpForce campaign in the Daily Mail in December 2018 we received details of 80 people who would like to volunteer across the Trust. Some of these were signposted to other voluntary opportunities such as 'Friends of' groups, Humber NHS FT and York Wheels.

The team recognises that finding more volunteers to join our organisation is not particularly challenging, although still requires engagement work with our communities. The real challenge lies in finding appropriate placements for volunteers, and ensuring that they are well supported once they join.

Engagement work across the Trust to encourage more areas to take volunteers is ongoing. This is done primarily through the nursing profession and there is certainly enthusiasm from senior nursing staff across the Trust. To ensure volunteers feel well valued and to encourage higher rates of retention we have developed the role of our volunteer supervisors. These people are substantive staff who provide day-to-day supervision and support to volunteers. We hope that through 2019-20 we will see the benefits of this work, with a higher response rate to the volunteer survey and increased reported levels of satisfaction from our volunteers.

We are working with the Communications Team and an external design agency to develop a visual image for the Volunteer Service. This will allow us to have a suite of professional materials for use on our advertising and display materials, and at engagement events.

We have just taken part in National Volunteers Week, 1 – 7 June 2019. We held celebration events in Bridlington, Scarborough and York which recognised and thanked volunteers and gave staff the opportunity to come along and find out more about our service. Alongside this we ran an engagement campaign aimed mainly at staff, to encourage more wards and services to consider how they could make use of volunteers.

Despite not securing the £75,000 grant from HelpForce we are continuing our development of Emergency Department (ED) volunteers in York and Scarborough. Staff - including consultants and the matron - are committed to working alongside volunteers to help improve patient experience, and the volunteers and staff come together for regular focus group sessions. We are in the process of purchasing polo shirts for ED volunteers as a pilot exercise to see whether uniform will increase visibility and use of volunteers by patients and the public.

Council of Governors (Public) – 12 June 2019 Membership Development Group Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of report

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

Executive Summary – Key Points

This paper provides an overview of the work of the Membership Development Group.

Recommendation

The Council of Governors is asked to note the report from the Membership Development Group.

Author: Lynda Provins, Foundation Trust Secretary; Tracy Astley, Asst. to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: June 2019

1. Introduction and Background

The Membership Development Group review, monitor and support the development of the Trust's Membership Strategy and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in April 2019 and discussed a number of items of matters arising and then moved onto discussing elements of membership and how the Trust can develop and increase membership and would like to highlight the following items from the meeting:

Membership of the Group – Dawn Clements, appointed Governor for the Hospice Movement, has joined the group.

Encouraging Younger Members – this had been brought up on a number of fronts and the group discussed how this could be taken forward. Actions taken include:-

- Membership Posters – are being distributed to 6th Form Schools and Colleges as part of the Career Days organised by the Recruitment Team.
- Membership Packs – have been sent to Dr Laboi who organises a programme for young adults aspiring to become medics.
- Young adult volunteers – contact the Patient Experience Lead about how volunteers are encouraged to be members

A stand at Freshers Week at the local universities was explored but the cost was too high and it was decided not to pursue this.

Membership Development Strategy Action Plan – it is very encouraging that many of the actions have been completed including:-

- Publicising dates and times of public CoG meetings in Membership Matters and on social media. This is an opportunity for the governors to speak to members of the public and encourage membership.
- Publicising Trust Membership and benefits via a poster which has been placed in reception of each Trust facility. This is to encourage sign up via the Trust website.
- Using Hospital Radio to encourage Trust membership. Margaret Jackson and Sue Symington had attended the Hospital Radio which is aired across a wide area. The Radio was very keen to get more people involved.
- Producing a Press Release which will be distributed to the free press. It will be sent to Patient Groups and Charitable Support Groups. It will also be emailed to the governors for distribution around their region.
- Four "Members-Only" Events have been arranged to date with three to be finalised. The events are being advertised in Membership Matters and a follow up email is



being sent via MES. The events are being well attended and feedback from the attendees has been very positive.

- A monthly work programme for Membership Matters has been developed with the emphasis on highlighting the benefits of becoming a member and encouraging family and friends to sign up.

Membership Stand Feedback – Feedback received from the governors who took part was that in terms of value there was not a large uptake and governors were reluctant to repeat the event.

Extension of CoG to meet public – a discussion took place around how governors could develop further member/public engagement. It was agreed to extend the Public CoG by half hour to allow the governors to meet the public.

It was suggested that the order of meetings should be:-

10.00 – 11.00 Nominations & Remuneration Committee

11.00 – 12.30 Private Council of Governors meeting

12.30 – 13.00 Lunch

13.00 – 13.30 CoG meet the public

14.00 – 15.30 Public Council of Governors meeting

The times are being advertised in Membership Matters, on the Trust website and on Facebook.

In addition, members of the public can contact the Trust and ask questions through a dedicated governors “Contact Us” page on the Trust Website or by emailing governors@york.nhs.uk.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Membership Development Group.



Council of Governors (Public) – 12 June 2019 Constitution Review Group Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input checked="" type="checkbox"/>	For approval	<input type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of report

The purpose of this report is to provide the Council of Governors an update on the work of the Constitution Review Group.

Executive Summary – Key Points

This paper provides an overview of the work of the Constitution Review Group.

Recommendation

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

Author: Lynda Provins, FT Secretary & Tracy Astley, Assistant to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: June 2019

1. Introduction and Background

The Constitution Review Group review, monitor and support the development of the Trust's Constitution and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in April 2019 to discuss a number of items of matters arising and then moved on to discuss the following topics:

- Governors Constituency Reports – this was raised at the recent Council of Governors meeting where it was highlighted that some constituency reports were not being produced for the members' newsletter. It was agreed that all governors be asked each quarter (June/September/December/March) for their input and those that wanted to contribute could do so.
- Governor Training Programme – it was agreed that LP would email out to all the governors and ask for suggestions regarding their training requirements. Governors replied that it was difficult to suggest training needs for governors who had been in the role for a number of years.
- Member and public engagement – this topic was a constant concern and it was agreed that one governor would be funded to attend a NHS Providers Governwell training course on 19 June in Leeds. The governor would then feedback to the Council of Governors.
- Staff Drop in Session - it was suggested by a staff governor to trial a Staff Drop In session in the Hub at lunchtime for one hour at York Hospital. This was arranged for 16 May where staff had the opportunity to meet the York staff governors, Mick Lee and Jill Sykes. There was a few staff that came to find out what a staff governor did and gave their perception on issues they felt needed addressing. The staff governors put this in an email to the Chair. It was also felt that a Staff Drop in Session at Scarborough would be beneficial and this is now being explored.
- Compliance Manual – this was raised by LP. It was agreed that some of the statutory duties be added to the work programme and discussed at the following meetings:-
 - Process for the Appointment of the External Auditors – July 2019 meeting.
 - Protocol for Governors to hold the Board to account through the NEDs – October 2019 meeting.
 - Signification transactions – January 2020 meeting.
 - Governors Code of Conduct (Non-attendance at Meetings) - April 2020 meeting.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Constitution Review Group.



Council of Governors (Public) – 12 June 2019 Election Process for Governors

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

For information	<input type="checkbox"/>	For approval	<input checked="" type="checkbox"/>
For discussion	<input checked="" type="checkbox"/>	A regulatory requirement	<input type="checkbox"/>
For assurance	<input type="checkbox"/>		

Purpose of the Report

The purpose of the report is to confirm the election timetable and the vacancies available.

Executive Summary – Key Points

The report details the outcome of the 2018 election and the vacancies that have arisen from resignations or will arise from governors reaching the end of their term in 2019. The report also shows the outline timetable for the elections. The proposed timetable will ensure the results are known by Friday 27 September 2019.

Recommendation

Governors are asked to note the content of the report and confirm they will support the election process.

Author: Lynda Provins, FT Secretary & Tracy Astley, Assistant to FT Secretary

Director Sponsor: Mike Proctor, Chief Executive

Date: June 2019

1. Introduction and Background

The last election for the Council of Governors was completed in September 2018. Those elected for a 3 year term were:

Constituency	Name of Person Elected
Bridlington – 1 seat	David Errington – elected
Ryedale and East Yorkshire - 1 seat	Jeanette Anness – re-elected
Scarborough – 1 seat	Liz Black - elected
Selby – 1 seat	Ann Bolland – re-elected
Whitby - 1 seat	Stephen Hinchliffe – re-elected
York - 1 seat	Sally Light - elected
Community Staff – 1 seat	No candidates - Sharon Hurst agreed to do a further year.

As in past years the Trust has used the Electoral Reform Society (ERS) as the administrator and returning officer for the elections.

2. Elections being held

This year the following constituencies have seats available for election:

Bridlington 1 seat – David Errington (withdrawn)
Hambleton 1 seat – Catherine Thompson (end of term)
Ryedale and East Yorkshire 1 seat – Andrew Butler (end of term)
Selby 2 seats – Ann Bolland (resigned), Roland Chilvers (end of term)
York 2 seats – Helen Fields (end of term), Michael Reakes (end of term)
Community Staff 1 seat – Sharon Hurst (end of year's extension)
Scarborough & Bridlington Staff 1 seat – Andrew Bennett (transferred to LLP)

Successful candidates will be appointed to the role of Governor for three years before they are required to stand for election again.

Information will be placed on the website. Individuals who are interested in a governor post will be asked to contact the Foundation Trust Secretary and meetings with prospective governors can be arranged on a one to one basis. Governors from the constituency of the individual considering standing will also be invited to attend if they wish. It is also proposed to do some marketing through Facebook, Members Newsletter and by email to try to create further awareness of the public positions available.

Stakeholder Governors

YTHFM LLP Governor – 1 seat

Voluntary Sector Governor – 1 seat

3. Timetable

The suggested timetable for the election will be as follows:

Election stage	Date
Trust to send nomination material and data to ERS	Friday, 28 June 2019
Notice of Election / nomination open	Friday, 12 July 2019
Nominations deadline	Thursday, 8 August 2019
Summary of valid nominated candidates published	Friday, 9 August 2019
Electoral data to be provided by Trust	Friday, 16 August 2019
Notice of Poll published	Friday 30 August 2019
Voting packs despatched	Monday 2 September 2019
Close of election	Thursday 26 September 2019
Declaration of results	Friday 27 September 2019

At the beginning of the process, the Trust is required to send nominations material and data to ERS; the Trust will supply ERS with a letter written by the Chair, and a summary document outlining the role of a Governor. The data will be provided by Membership Engagement Services (MES) the organisation who manages the public database.

Once the letter has been published and sent to all public members, any individual who is interested in standing to be a Governor will be required to contact ERS to receive a nomination form. The nomination form requires candidates to provide a candidate statement of not more than 250 words and a photo.

After the deadline for nominations has passed, validation work is undertaken on the nominations and the notice of poll is published on the Trust website.

Voting packs are dispatched by ERS to all members and the closing date for votes is 26 September 2019.

The results of the election will be available from 27 September 2019 and will be published on the website as soon as possible.

Unsuccessful candidates will receive a letter from the Trust thanking them for their interest and encouraging them to stand again. A copy of the election result will be included with the letter.

Successful candidates will be contacted to advise of their success and provide them with any additional detail they may need at that time.

4. Detailed Recommendation

Governors are asked to note the content of the report and confirm they will support the election process.

