

Agenda

Council of Governors (Meeting held in Public)

11 March 2020
Malton Rugby Club at 1.30pm



Good Meeting Etiquette

KEY POINTS

- ❖ Good meeting behaviour contributes to good meeting outcomes.
- ❖ Effective meetings need forethought and preparation.
- ❖ Listening, respecting your colleagues' right to express their views and making your points constructively are the cornerstones of good meeting etiquette.

The checklist below includes activities you could go through at the start of your meeting. They give you a clear summary of what everyone should expect to be able to do, and how they can expect to be treated.

ASK YOURSELF, *HAVE I...*

- ✓ read and understood the minutes and papers?
- ✓ checked the agenda?
- ✓ made notes on what I want to say?
- ✓ got written responses to anything I've been asked to address?
- ✓ arranged to be there for the whole meeting?

TELL YOURSELF, *I WILL...*

- ✓ actively participate ensuring I stick to the point, but do not dominate the meeting.
- ✓ really listen to what people say.
- ✓ compliment the work of at least one colleague.
- ✓ try to make at least one well prepared contribution but not repeat what someone else has said.
- ✓ remember it is about representing members and not bring personal experiences to the meeting.

ENVIRONMENT

- ✓ can I hear/see everything that is going on?
- ✓ is my phone switched off?



COUNCIL OF GOVERNORS MEETING

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

On: 11 March 2020

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

TIME	MEETING	LOCATION	ATTENDEES
09.30am – 10.45am	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 – 3.30pm	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors



Council of Governors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Apologies for absence and quorum To receive any apologies for absence.	Chair	Verbal		1.30 – 1.35
2. Declaration of Interests To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.	Chair	A	7	
3. Minutes of the meeting held on 11 December 2019 To receive and approve the minutes from the meeting held on 11 December 2019	Chair	B	11	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes.	Chair	Verbal		
5. Update from the Private Meeting held earlier 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.	Chair	Verbal		1.35 – 1.40

Strategic Goal: To deliver safe and high quality patient care



SUBJECT	LEAD	PAPER	PAGE	TIME
6. Governors Reports	Governors	C	41	1.40
To receive the reports from governors on their activities from:				–
6.1 Lead Governor incl. PESG				1.45
6.2 Transport Group				
6.3 Out of Hospital Care				
6.4 Charity Fundraising Committee				
6.5 Staff Benefits Committee				
6.6 Fairness Forum		Verbal		
7 Chief Executive's Update	Dep. Chief Executive	D	53	1.45
To receive a report from the Chief Executive				–
7.1 Clever Together				1.55
8. YTHFM LLP Update	MD of YTHFM	Verbal		1.55
8.1 Car Parking				–
8.2 Smoking cessation				2.20
8.3 PLACE				
Strategic Goal: To ensure financial stability				
9. Operational Plan	Dep. Chief Executive / Chief Operating Officer	Presentation		2.20
To receive a presentation				–
				2.45
Strategic Goal: To support an engaged, healthy and resilient workforce				
Governance				
10. Questions received in advance from the public.	Chair	Appendix A		2.45
10.1 Transport discussion		Paper to follow		3.15



SUBJECT	LEAD	PAPER	PAGE	TIME
11. Items to note				3.15
Any items in this section are to note and will be deemed as having been read. Members will be asked if they have any questions on any of the reports.				–
11.1 Membership Development Group		E	61	
11.2 Constitution Review Group		F	67	
11.3 Internal Elections		G	71	
12. Reflections of the meeting	Chair	Verbal		3.20
				–
				3.25
13. Any other business	Chair	Verbal		3.25
To consider any other items of business.				–
				3.30
14. Time and Date of next meeting	The next Council of Governors meeting will be held on 10 June 2020 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY			



Register of Governors' interests
March 2020

Additions:

Deletions: Clive Neale

A

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 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
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Income Generation —St Leonards Hospice York	Director of Income Generation —St Leonards Hospice York	Nil
Keith Dawson (Public: Selby)	Director - KASL (Riccall) Ltd				Councillor - of Riccall Parish Council	
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil

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
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 - 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 - Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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
Cllr Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
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 – 11 December 2019

Chair: Ms Susan Symington

Public Governors:

Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mrs Liz Black, Scarborough
Mr Clive Neale, Bridlington
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Keith Dawson, Selby

Appointed Governors

Cllr Chris Pearson, NYCC
Mr Gerry Richardson, University of York

Staff Governors

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

Attendance

Mrs Wendy Scott, Chief Operating Officer
Mr Andrew Bertram, Deputy Chief Executive & Finance Director
Mrs Heather McNair, Chief Nurse
Mrs Lucy Brown, Acting Director of Communications
Ms Lorraine Boyd, NED
Ms Lynne Mellor, NED
Mr Jim Dillon, NED
Mr Stephen Holmberg, NED
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

6 members of the public

Apologies for Absence:

Mr Andrew Butler, Ryedale & East Yorkshire
Ms Sally Light, City of York
Ms Dawn Clements, Hospices
Mrs Sharon Hurst, Community
Mr Simon Morrith, Chief Executive
Ms Polly McMeekin, Director of Workforce & OD
Mrs Jennie Adams, NED
Mrs Jenny McAleese, NED
Mr Michael Keaney, NED

19/44 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

19/45 Declarations of Interest

There were no updates to the declarations of interest.

19/46 Minutes of the meeting held on the 3 September 2019

The minutes of the meeting held on the 3 September 2019 were agreed as a correct record subject to the following amendments:-

- P.13 - Correct typo in Park & Ride
- P.18 – to read “He added that the category of Governor Input was missing, given that the comments came through the governor mailbox.”

19/47 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log

- Ask the Membership Development Group (MDG) to discuss the Bridlington situation – Mrs Provins advised that this will be discussed at the January MDG meeting.
- Amend questions protocol – Mrs Provins advised this has been completed.
- Print Public CoG packs – Mrs Provins advised this will be done for each meeting.

19/48 Update from the Private Meeting held earlier

Ms Symington updated the committee on the topics discussed in the private meeting held earlier. These included: -

- Chair's report – discussions took place around the CQC report, Winter pressures, The Chief Executive's listening exercise and funding to provide services on the East Coast.
- Updates from the NomRem Committee meeting – NED positions, NED appraisal process, Chair/NEDs remuneration.
- Feedback from the Governors Forum – BoD to CoG venue, Governance diary, Car parking issue, smoking cessation at the Trust.
- Committee updates – Dr Boyd gave an update from the Quality Committee.
- New NEDs insight – Mr Dillon and Mr Holmberg gave their opinions of their first six months as a NED in the Trust.

19/49 Governors' Reports

- Lead Governor Report - Mrs Jackson gave an overview of her report and asked for questions.

With regard to smoking cessation, Mrs Anness said she had attended a Scarborough & Ryedale CCG meeting where there was a worry that if nothing was provided outside for staff who smoked then they will start doing it somewhere in the building.

Mr Bertram said it was a very heated subject. The Trust had tried not having smoking shelters on site and staff that smoked went on the periphery of the site. Feedback at the time was that people did not like that either. A survey for staff took place a few years ago and overwhelmingly staff said they would like shelters.

Mr Bertram went on to say that in terms of visitors smoking at the hospital there had been instances where staff had been verbally abused when challenging people who were smoking. There was nothing staff could do legally to stop people smoking on site. Mrs Jackson said it would be helpful to take feedback to YOPA. Ms Symington said Mr Golding would be the best person to give feedback.

- Transport Group - Mrs Miller commented that the Group was aware of the problem in the multi-storey car park and the long queues down Wigginton Road. She pointed out that car parking spaces will also be lost due to the building of the new IVU. It was becoming a real issue. Ms Symington commented that Mr Golding, MD of YTHFM was the authority on this and suggested he provided an update on the issue for the next meeting.

There was an enquiry about transport options for patients who had to travel to York from the east coast for their appointments. Mrs Brown replied that information was included in appointment letters along with a link www.york.nhs.uk/travel to the Trust's website. She will email the governors the information that was included with the letters.

Action: Ms Symington to invite Mr Golding to March 2020 meeting to provide update on car parking issue and cessation of smoking at the Trust.

Action: Mrs Brown to send the transport information included with patients appointment letters to CoG.

- Out of Hospital Care – the Council received the report and no further comments were made.
- Charity Fundraising Committee – Ms Symington commented that she was very pleased to have taken on the role of Chair of the Charity when Dianne Willcocks retired from the Board. She was very impressed with the way the team worked as a Charity and the activities that took place to raise money. Ms Symington went on to discuss the Friends of Selby Hospital and how they wanted to help in their community. Mrs Anness commented that the Friends of Malton Hospital had changed their constitution to enable the funds to be used to support projects in the community. Mrs Jackson highlighted that the Charity funded the NHS Carol Service. Half of the money in the collection went to the Charity.

SS thanked the Governors for their respective reports.

19/50 Chief Executive's Update

Mr Bertram referred to the Chief Executive's report and gave succinct points: -

- Listening exercise – Staff had met Mr Morritt face to face over the past three months and now an online workshop had been launched that allowed any member of staff to have their say about the organisation. So far over 900 staff had commented on the site. Feedback will be scrutinised for key themes and these will be weaved into the Executive's work programme going forward. Mr Morritt will continue to use this methodology on an ongoing basis.

Mrs Miller stated that the governors did not hear anything about the LLP and wondered whether the staff had been included in the listening exercise run by Mr Morritt, as her impression was that staff did not feel part of the NHS any more. Mr Bertram replied that all staff in the LLP had been consulted as the LLP was absolutely part of the group of YTHFT and the Board was fully responsible for the performance of the LLP. The Trust's accounts were submitted as group accounts for both YTHFT and YTHFM. Any profit of the YTHFM goes back into the Trust.

- CQC report and action plan – see section 19/51 of the minutes.
- Support to improve acute flow in hospitals – the Trust was spending time with NHSE/I and ECIST looking at how the Trust could better manage acute flow through the hospital as there was significant strain both at Scarborough Hospital and York Hospital. He explained what Same Day Emergency Care (SDEC) was and its purpose. He explained that this had been embedded as standard at York Hospital on a 21 day trial and a similar exercise was being planned for Scarborough Hospital.

Mr Reakes queried what would happen if a patient needed an MRI/CT scan under the SDEC system. Mrs Scott went through the process of how a patient would be

treated and stated that it was about people being in the right place and being seen by the right people.

Mrs Miller gave an overview of some issues her constituents have had to deal with whilst in the hospital and asked if it was possible to use volunteers to support these patients. Mrs Scott replied that it was a possibility that she could look into.

- ICS Accelerator Programme – Mr Bertram gave an overview of the programme and advised that this had been discussed at the recent Board to CoG meeting in October.
- Urology Rota changes – A single York based on call service for Urology was implemented on 18 November. This was a single rota working across site. There will be a full service at Scarborough Hospital between the hours of 8am and 6pm. Should a patient need emergency care out of hours then they will be transferred to York Hospital for surgery. Mr Bertram spoke about the significant difficulties at Scarborough with the service being delivered by two individuals. During the past 4 years the Trust has tried to recruit to posts on 4 occasions but was unsuccessful. He advised that they were working with Humber Coast and Vale (HCV) to develop a long term model.

The Governors asked if patients who were being transferred could have somebody with them from the family. Mr Bertram replied that a member of the family should be able to go in the ambulance with the patient.

- Finance – month 7 position at the end of October was pre-PSF income and expenditure position of £12.3m deficit, resulting in an adverse variance to plan of £0.5m against a total annual target of £20m deficit.

Mr Bertram gave an explanation of the overspend which included:

- Increased spend on staffing using particularly expensive agency staff
- Problems with Histopathology which meant having to send a substantial amount of slides to third parties to be examined.
- Problems with Radiology.

Mr Bertram spoke about the commissioners linked to the Trust and the financial difficulties they were having. He stated that the commissioners were not in a position to help the Trust.

19/51 CQC Action Plan

Mrs McNair advised that an action plan had been produced and submitted to the CQC on 13 November. Meetings have been taking place about the CQC action plan on a fortnightly basis. There were 26 must dos and 51 should dos. These have been grouped into Care Groups. She added that the CQC were expecting the Trust to meet targets by March 2020. She went on to explain the reporting process and gave an overview of staffing issues at Scarborough Hospital and what initiatives have been put in place to increase staffing.

Mr Reakes asked if updates could be given in Membership Matters. LB agreed that this could be done.

Mr Neale questioned whether a lot of the recommendations were a surprise to the Trust and if not why had something not been done about them before now. Mrs McNair replied that this was a fair point and acknowledged some of the recommendations were known to the Trust but more robust systems were needed and have now been put in place.

A conversation took place on whether the Trust carried out their own CQC survey prior to them coming in. Mrs McNair replied that this had not been carried out but it would be easy to do. She went on to discuss how she researches recent CQC reports to discover what the CQC were focusing on and also looked at CQC reports where Trusts had been given an outstanding rating to discover what they were doing.

Mrs Anness asked what general principles were in place to support staff. Mrs McNair replied that it had been an improvement approached and an opportunity to make things better.

Mrs Fields questioned whether the heavy reliance on agency staff was having an impact on the CQC outcome. Mrs McNair replied that where there were a lot of agency staff routines were forgotten. It was really incumbent on the Ward Manager to ensure staff followed those processes.

Mrs McNair ended the discussion by advising that the CQC had to return to Scarborough Hospital within 6 months of the inspection due to the hospital receiving some inadequacies. It was likely that the CQC would visit York Hospital as well during this time. She advised that the CQC were not looking for perfect but were looking for an improvement.

Action: LB to put CQC updates in Membership Matters on a regular basis.

19/52 Meeting Principles

Ms Symington gave an overview of the discussions she has had with the NEDs and the Council of Governors on what the rules should be around virtual meetings. The following was agreed: -

- For Board meetings and Council of Governor meetings members would have to attend in person.
- For all other meetings Skype/Webex could be used at the discretion of the Chair of the meeting.

Mrs Jackson commented that having experienced a meeting where a member was dialing in there was an issue of confidentiality and privacy. Mrs Anness asked if there would be training available on using Webex, etc. Mrs Provins replied that there will be but that Governors were welcome to attend in person, the use of skype or webex was only for those that wanted to use this method.

19/53 Membership Development Group update

Mrs Provins said that the Membership Development Committee had met in October and discussed the following: -

- The decline in membership numbers despite substantial marketing.
- Other Trusts were being contacted to ascertain good practice.
- A new action plan was being devised.

Mrs Provins highlighted the membership seminars being put on and the interesting topics and she asked if governors can attend if possible to offer their support and to meet with members.

Mr Reakes commented that Health Watch had a market stall on York market every Tuesday. See <https://www.healthwatchyork.co.uk/event/market-stall-healthwatch-york/2019-11-26/> - Healthwatch have offered their stand to other organizations, and the York Public Governors could request to attend to promote membership and collect views. Mrs Provins suggested discussing it at the next Membership Development Group meeting in January.

Action: Discuss at next Membership Development Group the possibility of promoting membership of the Trust through Health Watch market stall.

19/54 Constitution Review Group update

Mrs Provins said that the Constitution Review Group had met in October and discussed the following: -

- CoG Effectiveness document – the Group discussed whether this was in a suitable format to refer to the CoG for the Governors to complete to ascertain whether any change was needed, any governor development required, etc. It was agreed that it was suitable, was discussed at the earlier Private CoG meeting, and will be distributed to all governors for completion and return. In addition, Mrs Provins mentioned the governor development day with Harrogate that took place last year. She was intending on planning another one in April and asked for suggestions to be emailed to her.
- Work Programme – this was discussed at length and it was agreed that no further additions were necessary but the months needed changing to reflect the 2020 timetable.
- External Audit Tender – the Council were advised that two governors will be involved in the process which will take place in January/February. A paper detailing the preferred company will be presented at the CoG March 2020 meeting for ratification.

Action: Governors to email Mrs Provins with suggestions on training day in April.

19/54 Governor Elections

Mrs Provins gave an overview of the paper which gave the results of the summer elections as well as detailing the upcoming internal elections. She said that any governor wanting to

join the Membership Group to contact either Tracy or herself. For the other places they should put their names forward together with a summary of why they want to join.

Mr Reakes asked if governors could observe a particular committee. Mrs Provins replied that there will be arrangements in place for governors to observe at the Quality/Resources Committees as discussed in the Private CoG meeting. For all other committees there were governor representatives on each one who would provide updates to the Council.

19/55 Questions received in advance from the public (see appendix A)

Ms Symington stated that more than 40 questions had been posted. The Trust had put together their responses to all questions which were distributed to the governors prior to the meeting and distributed to the public at the meeting. She advised that they would not be discussing feedback given but will append the document to the minutes.

19/56 Any Other Business

Board to Council of Governors (CoG) meetings

Mrs Provins advised that these meetings should be shaped by the interests of the Council of Governors and suggested a re-think of how to construct these meetings to best effect. Mrs Miller stated the last meeting in October was held in a very large room at the Priory Centre and it was difficult to hear. Mrs Provins replied that a system had been purchased to help with that and will be available from the New Year.

Mr Dawson added that the last meeting was extremely well-chaired, he enjoyed the content, but did find the room and table layout rather awkward.

Mrs Anness commented that she enjoyed the last meeting and was pleased to receive the questions and responses in the agenda pack before the meeting. However, she felt that the responses should have come from the NEDs rather than the Executive Team as the governor's role was to seek assurance from the NEDs.

Dr Boyd commented that just before the meeting in October the NEDs had an education session around the purpose of their roles in a meeting and went into the Board to CoG meeting with the intention of hearing more from the NEDs. However, all the governors' questions were directed to the Executive Team and required detailed information that only the Executive Team would know. Mr Bertram supported her comment and thought there was learning needed from both sides and stated that the Executive Team should be there in a supporting role. Mrs Provins suggested that going forward the governors should direct their questions to the NEDs being mindful that they were seeking assurance about a situation and not request a detailed analysis.

Mr Wright commented that this could be part of the training next year on how governors could effectively challenge the NEDs. Ms Symington advised that Mike Gill had been invited to sit in at Board meetings to give some feedback. She suggested he be invited to a CoG meeting where he could do the same.

Mr Reakes suggested asking members in Membership Matters what topics they were interested in and then the governors could reflect that in their choice of Board to CoG discussions.

Action: Mrs Provins/Mrs Symington to discuss asking members for topics for the Board to CoG meetings.

Business Plan for the Year Ahead 2020

Mr Bertram spoke about how the NHS 10 year plan was a very challenging programme setting out significant milestones, mental health standards, national waiting time standards, national access standards, cancer standards, as well as the vision for primary care.

He went on to explain that as an FT the Trust could carry out as much work as they wanted and contract out other work and claim monies under the payment by results scheme. From 1 April this year all that changed and now the Trust received a set amount of funds, regardless of the work carried out, and the Trust had to operate within those resources. He described how all health systems were moving to an ICS and how this would present a problem in the Trust's geographical area.

Mr Bertram advised that a 4 year plan had been produced for the commissioners, taking into account the income and expenditure for those 4 years, and he has been asked to improve it. There was a need to reduce deficit at the same time as meeting those standards. It will be very challenging going into the New Year. There will be transparency around these issues and going forward any updates will be discussed at Public CoG.

Mr Pearson asked how this affected suppliers to the Trust, like Nuffield. Mr Bertram replied that in the past the Trust had contracted work to them but in recent times it was unusual to do that. If a patient chose to go to Nuffield then the payment from the CCG would go direct to Nuffield. Mr Pearson asked if this would affect waiting times. Mr Bertram replied that it would. Moving forward, the Trust would need to manage the money, meet the new investment standards, whilst finding a way to bring waiting times under control.

19/57 Reflections on the meeting

- Well attended.

19/58 Time and Date of the next meeting

The next meeting will be held on **11 March 2020, 1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comments
11.12.19	Invite Mr Golding to March CoG to give update on car parking issue and cessation of smoking at the Trust.	Mrs Symington	March 2020	On agenda. Completed.
11.12.19	Send transport information included with patients appointment letters to CoG.	Mrs Brown	December 2019	Completed.
11.12.19	Put CQC updates in Membership Matters on a regular basis.	Mrs Brown	Ongoing	Completed.
11.12.19	Email Mrs Provins with suggestions on training day in April.	CoG	Jan/Feb 2020	Thru CoG Effectiveness Doc.
11.12.19	Discuss at next Membership Development Group the possibility of promoting membership of the Trust through Health Watch market stall.	Mrs Provins	January 2020	Completed.
11.12.19	Mrs Provins/Mrs Symington to discuss asking members for topics for the Board to CoG meetings.	Mrs Provins / Mrs Symington	April 2020	Completed.

Appendix A

Questions from the public to the Council of Governors meeting: 11 December 2019

Questions from John Wane – Save Scarborough Hospital Facebook Group

1. What capital investment plans exist for the next 5 years for Scarborough and Bridlington Hospitals?

Response: The projects at Scarborough and Bridlington that we in YTHFM are supporting the Trust with currently are as follows:

- £40m ED / UEC and engineering infrastructure replacement and enhancement (Wave 4 STP, as was, funding)
- SGH Mortuary (replacement of);
- Second CT scanner Scheme at SGH;
- Wider Radiology Masterplan scheme at SGH;
- SGH Helipad Relocation and Enhancement (hopefully charitably funded and linked to a partnering project with YAS);
- SGH Lab Medicine Scheme (element of wider Trust strategy for Lab Med / Pathology);
- Estate-related Backlog Maintenance at Scarborough and Bridlington (year-on-year programme of projects related to building, mechanical and electrical etc. backlog maintenance);
- SGH Day Case Unit;
- Participation in One Public Estate project focussed on Bridlington Hospital (optimisation of the site in conjunction with primary and community care providers and the local authority).

2. We have heard about plans to recruit more overseas staff, but is there a recruitment and retention plan for Scarborough and Bridlington Hospitals which can be shared with the public? Obviously staff shortages have been consistently used by York Trust as excuses for years when cutting local services but promises of future reviews and reinstatement are never kept.

Response: Over the autumn, the Trust has welcomed 27 newly-qualified nurses to Staff Nurse roles to Scarborough (27) Hospital. The international nurse recruitment programme has welcomed 12 nurses to the East Coast since May with a further 51 international nurses planned for the east coast during 2020. Consideration is being given to a further cohort of international nurses beyond the current cohort. The trust has worked closely with Coventry University to develop the longer term pipeline of nurses onto the East Coast. We're now mid-way through the programme for the first cohort of students and placement availability has been freed up to accommodate cohorts of 40 per year. In addition, the Trust will continue to support 20 Trainee Nurse Associates on the East Coast per year via the apprenticeship route.

The Trust's East Coast Medical Recruitment programme continues with the vacancy rate in November at 10.3%.

The Trust has engaged in cohort 5 of the NHS Improvement Retention programme. Given the low turnover of staff leaving the Trust we were not eligible to join earlier cohorts.

3. Is there an action plan for services to be returned to East Coast Hospitals and if so which services?

Response: There are a number of factors that cause services to be moved ie: national policy about centralisation of services or in order to keep service safe or staffed appropriately. It is the case with all hospitals that service provision is kept under review.

The main purpose of the Scarborough Acute Services Review has been to develop a sustainable, strategic approach to the provision of acute services for the Scarborough catchment area population.

This work has been led by a Clinical Reference group of Trust clinical staff and local GPs who are undertaking a balanced assessment of a number of clinical models in key specialty areas according to agreed evaluation criteria.

4. Is there an Action Plan to respond to East Coast public concerns over the unacceptable and unsustainable levels of travel for care and to meet NHS 'Equality of Access' requirements? What impact assessments on the public have been undertaken? Given the almost complete failure of Transpennine to run a reliable service to enable patients to travel to York from the East Coast and Ryedale to York what steps have York FT undertaken to challenge Transpennine on the situation and which other organisations are York FT working with to address the issues which force patients to travel by private car or taxi which goes against the trust Green Transport Strategy? Train cancellations are a daily occurrence and on one day alone last week, there were six train cancellations between Scarborough and York and nine on the 30th November!

Response: We share concerns over the reliability of the rail service and the broader transport issues affecting patients and visitors.

As part of the Acute Services Review work, it has been agreed that the North Yorkshire CCG will be convening a multiagency transport group with patient/carer involvement.

5. Given the Trust have targets to meet on their carbon footprint for staff travel, has any work been done to assess the 'knock on' impact of cuts in local services on the carbon footprint of patients and visitors travel to York and elsewhere? To only consider staff travel consequences is a nonsense.

Response: Our Trust Travel plan was approved by Directors in March 2019. This is a review of our operational travel and transport, which

results in a number of actions and aims to encourage people to try alternative / sustainable transport options. The actions and aims factor in staff and patients. A travel survey is undertaken every three years which seeks staff and patients views and these results feed into a review of the Travel Plan.

The Travel Plan document can be viewed here: <https://www.yorkhospitals.nhs.uk/about-us/reports-and-publications/travel-plan/>

The Trust travel plan covers operational, staff, patient and visitor travel - all of which present many issues that are difficult to resolve with the limited resource we have. As our Trust covers a very large geographical area, a lot of which is rural, it presents many challenges in terms of patient and visitor access which are outside our control. Patient transport continues to be an ongoing area of concern for the Trust; however, the Clinical Commissioning Groups (CCGs) hold contractual and financial responsibility for all non-emergency patient transport services. This sits outside of the Trust travel plan, being 'covered' under the current arrangement between the CCGs, Yorkshire Ambulance Service, and other partners such as York Wheels and Ryedale Community Transport.

We work closely with local authorities to improve transport links for the benefit of our stakeholders across the whole of our Trust area. However as our Trust site covers different local authorities there is no 'uniform' offer of support that we can offer to our staff and patients. The York Hospital Park & Ride service, for example, is an excellent option for patients and visitors to access services at York Hospital without having the potential stress of driving into the town centre and finding a car park space on site. This was set up as a joint venture between the Trust and First York, with input from City of York Council and it is supported by the York Teaching Hospital Charity.

The purpose of the Travel Plan is to promote sustainable transport (i.e. low carbon). The Trust works closely with local authorities to promote sustainable transport regionally. The challenge of our patients living in rural areas and age demographics means that the modal shift aspect is not possible or practical for all.

6. When Stroke Services were changed in 2015 it was claimed that this was to address staffing shortages and would ensure improved outcomes for Stroke patients. The latest independent and publicly available information shows Scarborough and Ryedale CCG patients now have the worst outcomes in England as a serious outlier and York CCG patients are within an acceptable variation from the England Age Standardised norm. (This covers the period 2015 to 2017 since the changes). Given the serious discrepancy between outcomes for York CCG patients and Scarborough & Ryedale CCG patients can you provide a simple and easily understood explanation as to why Stroke Deaths are the highest in all England for S&R CCG patients and within normal limits for the Vale of York CCG. What measures are being taken to ensure that S&R patients are not being killed by the service changes you implemented? When will you provide the results of the reviews which you have repeatedly promised to undertake?

Response: The data referenced is about health of a population living with a specified geographical area. It is referenced in North Yorkshire Joint Strategic Needs Assessment profile for the Scarborough and Ryedale CCG population which provides an overview of population health

needs. It is not a measure of the care provided for people suffering a stroke but offers a measure of the general life mortality risk of stroke in a particular area due to a number of demographic and other health/social factors (e.g. age, deprivation, smoking, obesity and other co-morbidities).

Questions regarding this data may be best directed to the local authority public health team or the Clinical Commissioning Groups.

There are nationally published measures for the quality of stroke care provided by hospitals. The national sentinel audit (SSNAP) which is carried out on a quarterly basis for all stroke patients has the most recent acute care service rating at York Hospital (which includes Scarborough patients transferred there for acute stroke care) at B (the highest rating being A). This is a marked improvement on the rating for the Scarborough patient acute service prior to 2015, and the rating for York has also improved since this time. York and Scarborough patients receive the same acute stroke care, as they are cared for by the same team of staff.

The national picture has changed, and all stroke units admitting fewer than 600 patients a year are being asked to become part of larger acute stroke units. The national evidence that this improves outcomes is overwhelming.

In terms of the Scarborough/York Stroke pathway, the model that has been in place since late 2015 involves a triage and assessment service at Scarborough and the transfer of patients requiring acute care to York Hospital, having begun their thrombolysis treatment in Scarborough. Thereafter, Scarborough patients are either discharged home or to Scarborough Hospital for further rehabilitation.

In addition, the most recent audit figures measuring actual Stroke deaths compared with expected Stroke deaths for all patients dying within 30 days of admission to York Hospital or after discharge show that the figure is around the national average.

7. What work has been undertaken on the impact assessments on patients resulting from the closures of services in East Coast Hospitals.

Response: There is a national process called a quality impact assessment for assessing the impact of significant change in any process pathway. A Quality Impact Assessment is currently being undertaken in relation to the service change for Urology services (from November 2019, out of hours acute presentations requiring admission are being transferred to York).

8. Given that “better health outcomes” have also been used to justify service cuts, what work has been undertaken on comparing all health outcomes between York and East Coast residents?

Response: We measure the quality of the services the Trust provides as a whole in a number of different ways and this can include our performance against national targets, national audits, clinical governance reviews and various regulatory standards. Service changes are made

for a number of reasons, this most important of these is ensuring the service is safe.

9. How many patients have been transferred from Scarborough A&E department to York Hospital over the last 4 years by main clinical speciality?

Response: There have been 2,989 transfers from Scarborough A&E to York Hospital since 1st January 2015 (to 30th November 2019). 577 were recorded as transferring to York A&E and 2,412 to a ward. The below shows the number of transfers by the Specialty assigned in Scarborough ED.

Specialty	2016	2017	2018	2019	Grand Total
Accident & Emergency	9	22	22	23	76
Acute Internal Medicine	3			1	4
Cardiology	1				1
Ear, Nose And Throat	115	142	161	115	533
Endocrinology		2			2
Gastroenterology	1			1	2
General Medicine	306	348	415	376	1445
General Surgery	36	45	63	49	193
Geriatric Medicine	158	99	81	101	439
Gynaecology			1	1	2
Haematology (Clinical)				1	1
Maxillofacial Surgery	23	37	55	44	159
Nephrology		1		2	3
Neurology	5				5
Neurosurgery			1	1	2
Ophthalmology	2	5	4	4	15
Paediatrics	11	4	4	7	26
Respiratory Medicine -Thoracic				2	2
Trauma And Orthopaedic Surgery	1	4	5	6	16
Urology	1		2	8	11
Unknown	4	8	25	15	52

Grand Total	676	717	839	757	2989	
<p>10. Can you provide the stroke outcome data for York CCG patients and S&R CCG patients from York FT (not the modified data the CCGs are producing) to include information on those transferred from Scarborough, those that died in Scarborough and those that died in York?</p> <p>Response: Please see response to question 6 above.</p> <p>The SSNAP data which is the key performance measure of stroke care is publically available.</p>						
<p>11. Has an action plan been produced to address the current situation where Scarborough residents have the worst stroke survival rates in England?</p> <p>Response: Please see response to question 6 above. The figure in the Joint Strategic Needs Assessment document refers to Stroke deaths and not survival rates. The Stroke Team and Trust actively support ongoing public health campaigns in relation to Stroke prevention programmes.</p>						
<p>12. What was meant by the previous CEO in his letter to the Minister of Health in July 2018 to obtain A&E funding, in which he stated that he wished Scarborough to be the “test bed” for the UK? How will the success or failure of that “test bed” be monitored and evaluated?</p> <p>Response: The letter in July 2018 followed a meeting with the then Secretary of State of Health where the possibility of creating a network of small rural hospitals facing similar challenges to Scarborough was discussed. The letter provided the Secretary of State with further information to support the need for such a group and the offer was made for Scarborough Hospital to take the lead in moving this forward.</p> <p>The Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer</p> <p>The network is looking at potential common sustainable service models and possible financial solutions to our particular issues.</p> <p>The network presents an opportunity to influence national thinking and policy, and we are taking an active role to maximise the potential benefits to Scarborough Hospital and the wider health and care system.</p>						
<p>13. How many Consultants are travelling to provide services on sites other than York without additional financial incentives?</p> <p>Response: The makeup of our consultant’s day to day activities will vary by specialty and their specific job plan. The national consultant contract factors paid travel time into job plans; however, we have consultants working across multiple sites (Bridlington, Malton, Harrogate etc) and therefore a definitive figure is not readily available.</p>						

14. Have York Trust now got any plans in place to improve genuine Consultation with East Coast residents and if so, what are they?

Response: The Trust is a key partner in the multiagency Scarborough Acute Services Review process which is co-ordinated by the Humber Coast and Vale Health and Care Partnership. Formal consultation, and the ultimate decision as to whether or not a public consultation is required, is a statutory responsibility of the Clinical Commissioning Groups.

As part of the work programme of the Review, a summary of overall progress made and future plans the Need for Change was published in March 2019. This document is being updated for publication in the New Year.

Whether or not formal consultation is required, all partners in the review will have a role in engaging with the public. A dedicated Engagement Manager who will co-ordinate the wider communications approach for East Coast service planning has been appointed and will start in January 2020. Healthwatch are also working with the Review Team undertaking targeted pieces of engagement activity with local communities (i.e. group meetings, one to one sessions and surveys) on future emerging service models and pathways.

Please also see the answer to questions 17 and 28.

15. How many nursing vacancies there are currently at Scarborough and Bridlington Hospital?

Response: From the October report verified mid-November (Scarborough & Bridlington) there are:

- 123.21 WTE registered nurse vacancies Bands 5-7 (19.25%)
- 45.02 WTE HCA Bands 2-3 (%)
- In addition, the site is over-recruited by 13.67 WTE Band 4 Associate Practitioners and Nursing Associates. The Care Groups are working through workforce and skill mix reviews to ensure that the Band 4 role aligns appropriately to the skills needed on the wards.

For comparison the York site has:

- 141.86 WTE registered nurse vacancies Bands 5-7 (9.53%)
- 15.94 WTE HCA Bands 2-3 (6.61%).

The next cohort of 16 international recruits are all recruited to the Scarborough site and have a scheduled arrival date of 13 January 2020 and a further 2 newly qualified nurses who are starting in January 2020.

The Health Education England Global Learners program has focussed solely on recruitment to the Scarborough site and currently there is a plan for 10 nurses on the Global Learners program to arrive January and 30 nurses on the Global Learners program to arrive March / May 2020 (working through approvals).

16. How many medical and allied professional vacancies are there in Scarborough and Bridlington Hospitals and in what departments?

Response: The vacancy rates are available in the public board papers. For ease the medical staff position at Scarborough is:

Directorate	Consultant					SAS Grades					Training Grades (inc Trust Grades)					Foundation Grades					Total				
	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %	Estab	Vacs	Leavers	Starters	Net vac %
Care Group 2	25	7	0	2	20.0%	18	3	0	3	0.0%	71	7	0	1	8.5%	25	1	0	0	4.0%	139	18	0	6	8.6%
Elderly Medicine	7	1		0	14.3%	6	1	0	1	0.0%	11	1	0	0	9.1%	3	0			0.0%	27	3	0	1	7.4%
Emergency & Acute Medici	7	2	0	1	14.3%	8	2	0	2	0.0%	23	3	0	0	13.0%	3	1		0	33.3%	41	8	0	3	12.2%
General Medicine	11	4		1	27.3%	4	0		0	0.0%	37	3	0	1	5.4%	19	0	0	0	0.0%	71	7	0	2	7.0%
Care Group 3	24	2	2	1	12.5%	10	0	1	0	10.0%	17	2	0	2	0.0%	12	0			0.0%	63	4	3	3	6.3%
General Surgery & Urology	5	0	1		20.0%	3	0	1		33.3%	8	2	0	2	0.0%	9	0			0.0%	25	2	2	2	8.0%
Head & Neck	1	0			0.0%	2	0			0.0%						1	0			0.0%	4	0	0	0	0.0%
Theatres, Anaesthetics & C	18	2	1	1	11.1%	5	0		0	0.0%	9	0		0	0.0%	2	0			0.0%	34	2	1	1	5.9%
Care Group 4	6	3			50.0%																6	3	0	0	50.0%
Radiology	6	3			50.0%																6	3	0	0	50.0%
Care Group 5	21	4	0		19.0%	5	0	0	0	0.0%	15	1	0	0	6.7%	6	0			0.0%	47	5	0	0	10.6%
Child Health	13	4	0		30.8%	1	0			0.0%	8	1	0	0	12.5%	4	0			0.0%	26	5	0	0	19.2%
Obstetrics & Gynaecology	8	0			0.0%	4	0	0	0	0.0%	7	0		0	0.0%	2	0			0.0%	21	0	0	0	0.0%
Care Group 6	16	1	1	0	12.5%	10	3		0	30.0%	9	1		0	11.1%	2	0			0.0%	37	5	1	0	16.2%
Ophthalmology	3	0		0	0.0%	3	2		0	66.7%	1	0			0.0%						7	2	0	0	28.6%
Specialist Medicine	6	1		0	16.7%	2	0			0.0%	2	0		0	0.0%						10	1	0	0	10.0%
Trauma & Orthopaedics	7	0	1		14.3%	5	1			20.0%	6	1		0	16.7%	2	0			0.0%	20	2	1	0	15.0%
Total	92	17	3	3	18.5%	43	6	1	3	9.3%	112	11	0	3	7.1%	45	1	0	0	2.2%	292	35	4	9	10.3%

The Allied Health vacancy rate for the East Coast is:

- Radiographers 3%
- Physiotherapists 7%
- Orthoptist (NA 0%)
- Occupational Therapist 5%
- Optometrist 7%

17. In response to a question to the September Governors meeting about future consultation plans with East Coast residents, you stated “We are well aware of our duty to involve, and are taking the right steps to meet these requirements. Any proposals that may potentially result in significant changes to services would be consulted on, if appropriate. This would be the case whether it is staff or patients who may be affected. We will of course do what is required of us, as will our commissioning organisations (the CCGs).” Please can you define what

constitutes “significant” and what plans are in place?

Response: There is no formal definition of what constitutes a significant service change; however, it would be likely to include those changes to services that have a major impact on patients (e.g. redesign of service, relocation of service etc).

Formal consultation is a statutory role of CCGs. When considering a potential service change it is discussed with Overview and Scrutiny Committees and plans around involvement and engagement would be shared with them for their view on the level of involvement required. Advice and guidance would also be sought from NHS England and we would work in partnership with our CCGs should formal consultation be required. The decision as to whether or not consultation is required ultimately belongs to CCGs.

See also questions 14 and 28.

18. We understand that recently it was decided to remove certain surgical oncology procedures from Scarborough, can you confirm if that is correct and if so what services will be cut and what consultation was undertaken?

Response: Colorectal cancer surgery is now provided at York Hospital which was previously provided at Scarborough Hospital. This means that 50 patients per year will have their surgery at York and will travel for the operation. Their outpatient appointment, diagnostic tests and cancer nurse specialist support will still be provided locally. Colorectal cancer surgery is becoming more specialised and by coming to York, patients have access to minimally invasive surgery which they would not be able to access in Scarborough.

The decision to make this change from October 2019 was discussed by the Trust Board of Directors, the relevant Overview and Scrutiny Committees and with Clinical Commissioning Groups. Information was also made available for GPs who will explain this new arrangement to patients before they are referred into the Trust.

19. In response to the question on the reinstatement of Neurology services to Scarborough Hospital you replied that “*We have now fully recruited to all consultant neurologist vacancies. We are exploring whether any clinics could be reinstated at Scarborough Hospital.*” In the 3 months since making that statement, please can you explain what progress has been made with that exploration, now that the original reason for removal has been overcome?

Response: Work is continuing to assess the potential for further daytime clinical presence on the Scarborough Hospital site and steps are being taken to review the capacity of the Clinical Nurse Specialist team given the increase in their caseload. There is also work being undertaken with the Allied Health Professional Teams to explore possibilities of enhanced staffing support for the service to enable this to be provided locally.

20. In response to the question about the future of Urology services you stated that “*The trust currently runs two separate acute urology rotas at*

York and Scarborough. The Scarborough on call rota is not sustainable, as two of the substantive consultants are due to retire in November 2020. We have been unable to recruit any further urologists to work in Scarborough. The proposed solution is for the consultant urologists at York to provide the acute service across the Trust. This would mean some acute patients would need to be transferred to York Hospital for their procedure. This proposal would not affect planned surgery, outpatient appointments or diagnostics.” We have found no evidence of attempts to actually recruit, so what plans are in place to recruit during the coming year before the retirements? What plans are in place to consult with East Coast residents on this significant change? Please explain how, if your proposals to transfer acute patients to York for such procedures, it would not affect “planned surgery” as far as patients and their relatives are concerned, if they would in future have to travel to York?

Response: The Trust has advertised for Consultant Urologists formally via the NHS jobs website and the Trust system on four separate occasions since summer 2017 when vacancies first arose. The only appointment we have made from these advertisements has been a locum consultant urologist who joined in October 2019 (based in York, working cross-site).

In the meantime, a single York-based on call service for urology was implemented on 18 November. This is a temporary change to allow for a safe medical staffing model whilst we work with system partners to develop a long-term model for the acute urology service.

There will be a consultant urology presence in Scarborough between 8am and 6pm on weekdays, with consultants able to review and, if necessary, treat emergency patients within these hours.

The consultants will also continue to see inpatient referrals from other specialties, provide acute assessment clinics and deliver elective services.

Outside of these hours, a small number of patients who require emergency surgery will now transfer to York Hospital or the nearest alternative emergency department.

The on call consultant urologist will be available to provide telephone advice out of hours and will advise on the safe management of the patients until they can be stabilised and transferred.

The CCG and the Trust are developing potential options for the future model of Urology services across the Trust. As part of this work, it is looking to create a less frequent on call rota for consultants and more robust junior doctor support. These are two factors that have put off prospective candidates from applying in the past. The Trust understands from its current Specialist Registrars that they would be interested in substantive Consultant posts when they come to the end of their training programme if the above issues are addressed. The Trust will also work with recruitment and medical staffing departments to use all avenues available to aid recruitment.

The level of consultation required would depend on the options for future service provision. This would be led by the CCGs.

21. Your response to the question on carbon footprint targets, completely ignored the huge increase in the carbon footprint implications resulting from significant increases in journeys to York by patients and relatives. What work do you plan to undertake in respect of that?

Response: Please see the response to question 5.

22. We appreciated the opportunity now being given, meaning that for a total of 2 hours per annum, members of the public could actually meet Governors, but what progress has been made in respect of the earlier provision of minutes and agendas to enable questions to be raised?

Response: The Trust will endeavour to get at a minimum the minutes and agenda for Public Council of Governor meetings on the website two weeks in advance of the meeting.

23. Why did the Trust deliberately mislead the public and media regarding the removal of the Bridlington Theatres by claiming it was a result of Vanguard giving notice on the contract, when in fact, Vanguard had attempted over many months to establish the Trusts intentions? The lack of meaningful response from York was the direct cause of the notice being given.

Response: The Trust was open about the reason for the cessation of the contract and did not mislead the public. The company was unwilling to extend the contract without a significant increase in cost.

24. The recent CQC inspection specifically commented that York Trust, in respect of Scarborough and Bridlington lacked coherence and details on how to turn existing directorate strategies into action. When will such a strategy be available and offered for consultation?

Response: The Trust recognises the need for a strategy to be developed for services on the East Coast, and this must be developed in partnership with others who provide and commission health and care services. There are several pieces of work underway that will contribute to this. These include:

- The Scarborough Acute Service Review
- Multi-agency discussions which are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.
- Work to look at the provision of out of hospital care services, being led by the North Yorkshire CCGs

It will take time for a strategy to develop from this work, however all partner organisations will want to engage patients and the public as these plans begin to take shape.

25. The following announcement was made by Mel Pickup, the CEO of Bradford Teaching Hospitals NHS Foundation Trust on the 22nd November which stated that “As a Board, which has at its heart the need to provide high quality, safe patient care, we have today decided not to continue with plans to create a new company” and also that “We value our staff and it was always our aim to make the services

outstanding and provide a secure future for everyone who works within them”

Does York Trust have any plans to actually demonstrate a real change in their long standing culture towards staff, by recognising the value of those staff to the 'NHS team' and reinstating them as directly employed NHS Staff rather than as 2nd class employees, bullied into accepting alternative employment in the LLP?

Response: We value all of our staff, wherever they work within our NHS Trust. When joining the organisation Simon Morritt, Chief Executive, has undertaken an extensive listening exercise which included staff in YTHFM. The learning from this will include how we can improve behaviours and ensure all staff feel valued at work.

The creation of YTHFM has protected our staff from market testing or cuts to our operating budget. We continue to offer Agenda for Change terms and conditions and our staff saw no change in their terms and conditions. We have no plans to revisit this.

26. What impact will the “Better Births Directive”, which has to be implemented by March 2020, have on Scarborough Hospital and what public consultation is planned?

Response: In relation to Better Births, 35% of women need to be booked onto a continuity of carer pathway by March 2020. In order to meet this, the service is implementing a complete change of model of service. Currently women have a community Midwife for the ante and postnatal period but are looked after by hospital staff in labour. From 6/1/20 All women on the East coast will be booked within a small continuity team of midwives who they will meet during pregnancy, these same midwives will be rostered to work shifts in the hospital as well as community, so women should have a midwife from their team to look after them in labour and after their baby is born. There will be five teams of continuity Midwives and a team of core hospital Midwives will be still in place. Evidence suggests this will lead to increased quality experience for women and better outcomes. Consultation has taken place via the Maternity voices partnership group.

27. What impact will the “Better Births Directive”, which has to be implemented by March 2020, have on Scarborough Hospital and what public consultation is planned?

Same question as number 26.

28. You stated and therefore accepted, in a previous response to a question that you have a “duty to involve”. How will York Trust ensure they meet that requirement in future, after so many years of avoiding it?

Response: As previously stated, we understand our duty to involve and any proposals that may potentially result in significant changes to services would be consulted on, if appropriate, whether it is staff or patients who may be affected. Formal consultation is a statutory responsibility of CCGs. Where formal consultant is not required, we are proactive in communicating with our patients wherever we can, and we are open to responding to questions and concerns.

Please also see questions 14 and 17.

29. Scarborough Council have now announced plans to build 139 new houses on the adjacent land to Scarborough Hospital, previously the Yorkshire Coast College. Does the Trust intend to revise their plans with Scarborough Council for student nurses accommodation to this much more sensible location, rather than in the centre of town? The opportunity still exists for some 'joined up thinking' not only for the students nurses welfare and accessibility, but also possibly for locum/agency staff to assist with the frequently used "staff shortages" excuses when cutting services locally. Additionally other issues such as on site Physiotherapy and even parking and access problems could feature in a proper evaluation. It is a unique opportunity.

Response: We are in dialogue with the Council about how this development might be used to support the hospital. For example we are looking at improved cycleway links into and across the site linking into this development.

This will not alter our plans to participate in the town centre student residence project, although it may present further opportunities for some accommodation adjacent to the hospital.

Questions from Bridlington Forum

Questions with rationale following;

- 1.1 No Response
- 1.2 Improving communications and relationships with the East Coast
- 2.1 Improving utilisation at Bridlington DISTRICT Hospital
- 2.2 Reducing hugely increased environmental damage (patient travel)
- 3.1 Cohesive strategy for Bridlington DISTRICTS Hospital's future
- 3.2 Additional funding for both Bridlington Scarborough Hospitals
- 4.1 Occasions in the last two years Scarborough A& E has been closed for "take"
- 4.2 Reduce A&E closures by re-opening wards at Bridlington Hospital
- 5.1 Vanguard Closure - Cancelled / reappointed / relocated operations
- 5.2 Vanguard Closure - Trusts Interim Plan
- 5.3 Vanguard Closure - Trusts Long Term Plan

Rationale for Questions (1)

1. Improving communications and relationships with East Coast Communities

At the 3rd Sep meeting there was discussion around the need to improve communications and relationships with East Coast Communities. Additionally, the paucity of volunteers standing for Governor vacancies in Bridlington was discussed.

Bridlington Health Forum

Retired and disillusioned Governors have opted to attend this forum in the belief that it now forms the sole effective means of engaging openly and honestly with York Trust. However, promised appropriate representation from the Trust ceased in May 2019. Invitations to the Trusts' CEO, Simon Morrith and the nominated representative, David Thomas, Group Manager, Acute, Emergency and Elderly Medicine, are now met with no response, not even acknowledgement.

Question 1.1

Could the (Council of) Governors seek and share detail from the Trust on why it provides “no response” to invitations to engage and also how it intends to redress this please?

Response: The Bridlington Health Forum has regularly been attended by the Site Manager for Bridlington Hospital since her appointment in May 2019. From 2020 onwards, David Thomas (Care Group Manager) will also be attending on behalf of the Trust.

Question 1.2

Could the (Council of) Governors seek and share detail from the Trust on how it intends to improve communications and relationships with neglected East Coast communities please?

Response: The Trust actively communicates with a wide range of stakeholders and the communities it serves on a regular basis. This is done through a wide range of methods. The Trust is just one of a number of providers delivering services for the East Coast, as such we work in partnership with other local health and care organisations across the whole system to improve services and to find ways to make sure people on the East Coast can continue to have access to safe, sustainable services. These relationships include local authorities, the Humber Coast and Vale Health and Care Partnership and the main commissioners, NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG.

Rationale for Questions (2)

2. Under-utilisation Bridlington Hospital; Sec of States for Health Visit 7th Nov 2019

Bridlington Health Forum representatives were delighted to meet with Matt Hancock and Sir Greg Knight during their visit to Bridlington DISTRICT Hospital on Nov 7th. Discussions revealed a very broad agreement that Bridlington Hospital was grossly under-utilised. This, to the detriment of local residents who, as a result of lost and transferred “District” services are now required to travel to other Trust Hospitals to receive what should be local health care. Resultant increased travel of course also has a damaging environmental impact at the time of dire warnings from the UN; <https://www.un.org/press/en/2019/ga12131.doc.htm>

Question 2.1

Could the (Council of) Governors seek and share detail from the Trust on how it intends to improve utilisation of closed and wasted facilities at Bridlington DISTRICT Hospital to the benefit of the local community, the hospital is intended to serve please?

Response: Multiagency discussions are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.

Question 2.2

Could the (Council of) Governors seek and share detail from the Trust on how it intends to reduce the hugely increased environmental damage arising from its closure of services and facilities across the east coast at both Bridlington and Scarborough hospitals please?

Response: Transport arrangements for patients and staff for East Coast Services will be scrutinised as part of a Transport Group that is being set up by the North Yorkshire and East Yorkshire CCG’s as part of the Scarborough Acute Services Review process. The Trust will be an active participant in the work of this Group. Please also see question 5.

Rationale for Questions (3)

3. 5-10 Year Plan; Bridlington Hospital; Sec of States for Health Visit 7th Nov 2019

Also discussed at the meeting was the fear that Bridlington DISTRICT Hospital would either be closed or re-purposed as outlined by Mike Proctor at the Bridlington Health Forum, 28th March 2019. Discussion went on to include the difficulty in recruiting and retaining staff who feared for their job security in the light of no apparent cohesive Trust strategy for the hospital’s future.

Question 3.1

Could the (Council of) Governors seek and share detail from the Trust if it has a 5-10 year, or any other timescale plan for the hospital and if so,

could it provide details of this please?

Response: There is no specific plan that the Trust has for Bridlington Hospital. As mentioned above, it is participating in multiagency discussions co-ordinated by East Riding of Yorkshire CCG on the future role of the Hospital for acute, community and primary/social care services.

Question 3.2

Whatever the outcome of the forthcoming election, potential new governments of all colours have pledged significant increases to NHS Budgets. This being the case, could the (Council of) Governors seek and share detail from the Trust of how, when and what additional funding they intend to seek for both Bridlington and Scarborough Hospitals to redress health-care shortfalls arising from the cuts the Trust has imposed across the East Coast since 2012 please?

Response: The national funding for healthcare services is allocated to Clinical Commissioning Groups for them to buy the services that are needed by their local population. It remains to be seen what any future funding increase might look like in practice, however additional funds would in part need to address significant financial challenges we face in this system.

The Trust is a founding member of a national small rural hospitals network of other English Trusts with similar geographical challenges which is supported by NHS Improvement and the Nuffield Trust and met for the first time in the Summer
The network is looking at potential common sustainable service models and possible financial solutions to our particular issues.
The network presents an opportunity to influence national thinking and policy, and we are taking an active role to maximise the potential benefits to Scarborough Hospital and the wider health and care system.

Rationale for Questions (4)

This broadly reiterates Question 3 from the September 3rd 2019 Meeting

4. Reducing pressure on Scarborough A&E by re-opening Bridlington Wards

The loss and closure of over 90% of un-planned recuperative beds in Bridlington Hospital has;

- Created an acute bed shortage across the entirety of Yorkshire's North-East Coast.
- Resulted in a huge inequality of access to health-care for Bridlington residents.
- Directly contributed to inadequate bed capacity and bed blocking in Scarborough.

Vulnerability

Already triaged and treated patients in Scarborough's A&E frequently cannot be transferred to bulging and bed-blocked wards in the Hospital. This in turn directly increases the vulnerability of patients awaiting treatment in Scarborough A&E but who are stranded in ambulances in Scarborough's full and busy ambulance-park.

This then also increases the vulnerability of "would-be" patients awaiting the arrival of an emergency ambulance which cannot attend because they are stranded in Scarborough's ambulance-park. These are also often eventually diverted to other A&E's in York or Hull.

Question 4.1

Could the (Council of) Governors seek and share detail from the Trust on the number of occasions in the last two years Scarborough Accident & Emergency has been closed for "take" because of a lack of beds in the hospital to transfer A&E patients into please?

Response: A&E does not close. At times of severe operational pressure we, in agreement with Yorkshire Ambulance Service, can agree that patients can be diverted to other emergency departments. Over the last two years there have been Yorkshire Ambulance Service diverts of patients from Scarborough to York Hospital on 86 occasions. This type of action is taken by all systems at times of pressure.

Question 4.2

Could the (Council of) Governors seek and share detail from the Trust on how, and by when, it intends to reduce Scarborough A&E closures because of coastal bed shortages by re-opening 3 closed and wasted wards and beds at Bridlington DISTRICT Hospital please?

Response: Multiagency discussions are being progressed on the future role of Bridlington Hospital for acute, community and primary/social care services co-ordinated by the East Riding of Yorkshire CCG. The Trust is actively involved in these discussions as both the landlord and provider of some of the services currently operational on the Bridlington Hospital site.

Rationale for Questions (5)

5. Vanguard Operating Theatre Closure at Bridlington Hospital

The unexpected closure of the Vanguard Theatre resulted in (at least) a 33% reduction in operational capability. In September the Trust reported that it was working on an interim plan to minimise disruption to patients and to maintain theatre capacity at Bridlington Hospital.

Question 5.1

Could the (Council of) Governors seek and share detail from the Trust on the actual disruption to patients in terms of cancelled / reappointed / relocated operations please?

Response: As a result of detailed planning work and review of onsite operating capacity, the Trust can confirm that there has been minimal disruption to patients in terms of cancelled/reappointed/relocated operations.

Question 5.2

Could the (Council of) Governors seek and share detail from the Trust on what its interim plan is?

Response: The Trust can accommodate the patients through increased utilisation of the two remaining theatres, some evening and weekend working and utilisation of other clinical space at Bridlington Hospital for local anaesthetic cases.

Question 5.3

Could the (Council of) Governors seek and share detail from the Trust on what its long-term plan is and the timescales to fully deliver this please?

Response: Please see answer to question 4.2 above.

Questions from Gwen Vardigans – Defend our NHS (York)

1. The Stroke services in York would appear to meet the National Standard Mortality rate for strokes of 100 but it appears that in Scarborough and Ryedale the mortality rate is much higher of 174.5 in 2017 and 160.5 in 2018. These figures represent the worst mortality outcomes for stroke patients in England. There has been a lack of a dedicated stroke service in Scarborough since 2015. Has the Trust considered this as a contributory factor and as such improving or reinstating the stroke service in Scarborough?

Response: Please see question 6 above.

2. Cancer services in North Yorkshire have been improving steadily for a number of years but a recent report shows that the targets below have not been met.

- (a) Diagnosis of cancer rates
- (b) Referral to treatment
- (c) 2 week cancer target
- (d) 62 day treatment target

Could the governors comment on these missed targets and what effect the closure of the York Cytology laboratory services will have in future on diagnosis targets?

Response: In October 2019, the Trust met six out of seven targets including the 14 day fast track performance which has been improving over the last few months.

Although the Trust is currently not achieving the 62 day standard its overall performance is above the average for English Trusts as a whole. The Trust is undertaking a number of pathway design work streams to improve the time taken to treat patients including a rapid improvement project with NHS Elect for patients on a head and neck pathway, a straight to test pilot for patients on a colorectal pathway and the implementation of a Rapid Diagnostic Centre to enhance cancer diagnostic provision from January 2020 with support from the Humber Coast and Vale Cancer Alliance.

The Trust's performance against the 28 day faster diagnosis standard which comes into effect from April 2020 is also improving with more patients being told their diagnosis within 28 days.

The closure of the on-site York cytology laboratory service will not have any impact on cancer performance targets. This service supports the national cervical screening service which is not part of a referral into the cancer fast track pathway and therefore there is no impact upon any of the cancer performance standards.

3. The Bradford Teaching Hospitals NHS Foundation Trust recently reconsidered their proposal to transfer the facilities department staff into a Limited company, the Bradford Healthcare facilities Management Limited. The decision came after successful industrial action by UNISON health union encouraged management to renegotiate restoring staff morale, teamwork and staff pride in belonging to the NHS.

York and Scarborough Teaching Hospital NHS Foundation Trust plans for a limited Company for their Facilities staff also resulted in industrial action by unions This 'Strike' could have been prevented following an instruction from NHS Improvement to NHS Trusts to stall their plans for the Limited Company. The strike action occurred and the transfers went ahead. Staff still feel let down, many after years of being a member of NHS staff received a letter on 1 April informing them that they were no longer NHS staff. Bradford Management listened to staff

and many other NHS Trusts have discontinued plans for transfers to limited companies. Is it timely for York to renegotiate their decision?

Response: We value all of our staff, wherever they work within our NHS Trust. When joining the organisation Simon Morritt, Chief Executive, has undertaken an extensive listening exercise which included staff in YTHFM. The learning from this will include how we can improve behaviours and ensure all staff feel valued at work.

The creation of YTHFM has protected our staff from market testing or cuts to our operating budget. We continue to offer Agenda for Change terms and conditions and our staff saw no change in their terms and conditions. We have no plans to revisit this.

Council of Governors – 11 March 2020 Governor Activity Reports

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

This paper provides an overview of Governor Activities.

Executive Summary – Key Points

Reports are provided on the following:

- Lead Governor
- Transport Group
- Out of Hospital Care Group
- Charity Fundraising Committee
- Staff Benefits Committee

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)
 Steve Reed – Head of Strategy for Out of Hospital Services
 Mick Lee – Staff Governor (York)
 Jill Sykes & Mick Lee – Staff Governors (York)

Date: March 2020

1. Lead Governor Report

It is only 3 months since the last CoG but time seems to be going quicker than usual. It was really good to have Simon Morrith at the last governor forum. Simon has had a very busy schedule since commencing as Chief Executive at the Trust. My thanks goes to Lynda for organising this for us and Simon has asked for the future forum dates to go into his diary. Commitments and time allowing, he will try to attend some of our future meetings. It was good to hear his views of the Trust to-date, what issues were being faced and the way forward, the importance of staff involvement and listening to their feed-back. He promised that the views of governors would be sought and included.

Jenny McAleese is going to concentrate on the work of the Audit Committee and has stepped down as SID to concentrate on this. The SID role is to be taken up by Steve Holmberg and one of the first issues to tackle is the appraisal of the Chair. There is new paperwork for this and those who work with the chair including governors will be asked for their views before Steve and I meet with Sue on the 24th March. Lisa Gray will be co-ordinating the feed-back from everyone and as usual these comments will be kept confidential and not attributable to an individual. Lisa will be sending out the information to everyone about how and where to make your comments including the closing date for receipt of these. It is important that as many governors as possible respond to this request so do look out for the information from Lisa.

The PLACE assessments took place last year (2019) and meetings have been held to give initial feed-back on the results. Hopefully this year there will be more information about the programme received in a more timely manner as last year there was new paperwork and little time to complete the assessments. More assessors are required for the PLACE assessments and the local monthly reviews so please do encourage people to be involved particularly in their locality. See the form for completion from Nikki in Facilities and this week's briefing from Tracy.

At the last governor forum there was a lot of discussion about car parking at York which was raised with Simon and Sue on your behalf. Brian Golding, who retires at the end of March, will be coming to CoG to talk about these amongst other things. As you are aware Helen Fields and I attend York Older People's Assembly (YOPA) and one of the issues raised there has been smoking cessation in the trust with particular reference to the smoking shelters and a potential smoking ban. Brian will also address this issue although initial feed-back has been given to YOPA.

Lynda and Tracy have been working on a document that will be used to demonstrate how effective the Council of Governors is. Thank you to those of you who have sent in your comments on the initial document. Adaptations will be made following receipt of these. The Fairness Forum is to be restarted and Nichola Greenwood is leading on this. Are there any governors interested in joining Jeanette on this group which meets every 3 months? The next meeting is 3rd March and I will be attending as Jeanette is unable to be there due to other commitments.

I attended an excellent member's seminar held in York on Diabetes. This session was fairly well attended in York but there were still a significant number of members who had booked but didn't attend and the session in Scarborough had only 2 attendees although more had booked places. Please do encourage members to attend these sessions put on

at their request or at least send apologies if they can no-longer come. Tracy was going to use Membership Matters to highlight the issue.

Margaret Jackson
Lead Governor

2. Travel & Transport Group Report (14.02.20)

The meeting was chaired by Janet Mason, Head of Security and Car Parking in the absence of Brian Golding. A permanent chair is sought after Brian Golding retires at the end of March. Michael Reakes, a Public Governor for York, was introduced to the group. The City of York Council (CYC) had been invited to this meeting, but did not send a representative.

Physiotherapy services had received reports about the poor service provided by the currently contracted taxi company (York Cars): cars not showing up, and drivers' inability to navigate to destinations. Darren Miller will log the issues and review the contract. Users should also report taxi issues to their appropriate council (York or Scarborough).

Dan Braidley gave his report on the continued linear rise in utilisation of the Rawcliffe Bar Park & Ride (P&R) system. A donation of £20,000 had been recently received from CYC towards the costs of running the P&R; the costs of the P&R are £215,000 per annum. The P&R will become more important when work on Vascular Imaging Unit starts at York, resulting in the loss of 150 staff car-parking spaces. In the short term (opening a 12 months window), the Trust has negotiated with the new owners of the Bootham Park site to use this site for staff parking (108 spaces) until Bootham Park building work starts. It was noted that the access to these spaces is via Union Terrace, and that CYC has negotiated continued access through the Bootham Park site. A longer-term parking/transport solution is urgently needed, and this issue will be taken to the Trust board.

A discussion on the use of electric vehicles took place, and the need to provide charging points which were costly. Dan has had meetings with York St John University (YSJU) to see how the Trust can work together to increase utilization of the P&R as YSJU have no parking of their own. The Trust's Travel plan will be upgraded every 3 years; North Yorkshire County Council (NYCC) has accessed a grant of £20,000 to help provide rural bus services.

CYC have approved plans to build 280 houses a year for the next 20 years, with an estimated 50,000 more people in York and an associated increase in traffic. The Rawcliffe Bar P&R scheme must be maintained, and it would be very useful to have a second P&R scheme come online from another side of town, but funding is an issue.

The new Community Stadium is due to open at the Vanguard Shopping Centre at Monks Cross in 7/2020, with some appointments for Physiotherapy, Ophthalmology, and courses via the Learning and Research Centre being relocated to this site. Since parking at this site is limited and restricted in time, problems are anticipated for staff and patients, especially when there are events in progress. A public transport solution is sought.

The 42 Enterprise pool cars and hire cars are well used at all hospitals. The issue of some staff forgetting to cancel their bookings should improve with the introduction of new technology which includes a booking reminder system. Enterprise has now provided cars at Scarborough and Malton; any members of the Enterprise Car Club can use them.

Shower facilities should be provided for cyclists who commute to work. This and other means of easily, quickly and cheaply commuting to work should be considered a high priority to help with staff recruitment and retention.

A recent change to passenger transport services by Yorkshire Ambulance continues to cause problems. For example, 21% more people have joined Ryedale Community Transport so that they can get to hospital appointments. A letter has been sent to YAS but no reply has been received to date.

Sheila Miller
Public Governor (Ryedale & East Yorkshire)

3. Out of Hospital Care Group (13.12.19)

Attendees:

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Catherine Thompson, Lorraine Boyd, Keith Dawson.

In attendance:

Rachel Anderson, AHP Senior Operational Manager

Apologies:

Richard Thompson

Summary of topics discussed

Matters arising:

The summary of the previous meeting was accepted as a correct record. It was noted that the action around relating to the previous PDF format for agendas would be helpful to return to.

Noted successful engagement with national Ageing Well Programme. Discussion about the funding available in current years.

York Older People's Assembly query about bus routes for new mental health hospital – suggested to raise directly with TEWV.

Query about tours of new mental health hospital – to be addressed to Jeff Whiley who attended previous meeting.

Community Services Update:

Steve Reed presented an update on the transformation of community nursing services. This includes a new operating model working as five larger teams aligned to primary care

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networks, introducing a Nurse in Charge role, a move to shift patterns covering 24 hours per day and the introduction of a dedicated administrative service. Technological changes include the introduction of mobile working devices and the development of electronic care plans as well as improved information sharing between organisations. A number of innovations in specialist community nursing, community therapies and the community inpatient units were also discussed.

The group challenges around how the service would measure the outcomes relating to the changes, how to manage the volume of change in a short time period, how to raise the visibility from community teams to board, the potential for governors to consider quality standard around care outside of hospital and adding a discussion on the management of risk onto a future agenda

Community Response Teams:

Intermediate care support patient's independence whether to avoid the need for an admission to hospital or to support their rehabilitation and recovery following a hospital stay. Rachel Anderson provided an overview of developments for the teams providing this in people's own homes across York and Selby. This included the development of a provider alliance in York combining the local authority funded reablement service, a primary care led short term care support service and the Community Response Team working together under a single specification and addressing the governance challenges that this raises. The team are implementing mobile working to increase efficiency and the quality of documentation and communication with primary care.

Additional funding has been secured from the Trust winter funding programme and the local Better Care Fund to expand the capacity of the team and support additional people in their own home. This has included the development of new roles within the team. The team are noting that the success of Home First approaches is increasing the acuity and dependency of patients being supported at home and are adapting to respond to this.

A new pathway is being implemented in December with the Yorkshire Ambulance Service to enable paramedics to be able to refer directly into the Community Response Team as an alternative to conveying patients to hospital. The team continue to expand their 'Discharge to Assess' model supporting patients who require reablement to come straight home from hospital rather than spending weeks in hospital waiting for this to be able to start.

Workplan for 2020 and review of group function:

The group discussed what the purpose of the group is and what it should be going forward. This included the two-way communication between the Trust and the communities served by the governors and the challenge of how to get the engagement with the community. Could governors help with understanding the impact of changes that are being made? It was agreed that when other organisations attend should this be focused on the link with Trust services. For 2020 the group will trial a three part agenda – one on developing Trust services, one from an external partner and one for governors to update on feedback from the community.

Forward plan to include items on:

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- How to manage risk associated with Home First approach;
- Frailty at the front door;
- Ageing Well Programme;
- End of life care – both in people’s homes and inpatient units;
- Paediatric community services.

External partners to include:

- PCN;
- Humber;
- TEWV;
- Hospices.

Actions Agreed

- Explore possibility of return to PDF style agenda and papers (Steve Reed, March 2020)
- Consider the development of a governors quality statement relating to community services (Margaret Jackson, February 2020)
- Discuss with Lynda Provins what opportunities there are for governors to engage with communities (Margaret Jackson, March 2020)
- Review Terms of Reference (Steve Reed/Lorraine Boyd, March 2020)

Future Meetings

To aim for Friday mornings, 10am-12pm at Malton Hospital.

Steve Reed
Head of Strategy for Out of Hospital Services

4. Charity Fundraising Committee (23.01.20)

Mick Lee (Staff Governor – York) attended the meeting held on the 23rd January 2020 at the Malton Hospital Conference Room. The meeting was lively and informative with the chair (SS) encouraging full participation from all those present. Some of the points raised/noted were as follows:

- The Q3 & 4 budget was presented to the group. It was noted and well received that the income to the charity had already passed the target previously set by 7% and now stood at £866,418.00
- £24,297 had been received from the park & ride ticket sales, with an expected total of £35K to come in by year end.
- Friends of Selby hospital have donated £5K to the Butterfly appeal

- Donations from the league of friends groups was significantly up resulting in a year to date total of £213,000.00
- 2019 National Elf Service campaign raised a total of £2,500.00
- The chair (SS) expressed her view/hope that some form of patient transport could be made available for east coast patients to mirror what is available at York

Finally there was a unanimous vote of thanks and appreciation to Brian Golding who had earlier informed the meeting that he would be standing down and retiring from his position with the group and the LLP at the start of the new Financial Year.

Mick Lee
Staff Governor (York)

5. Staff Benefits Committee (04.02.20)

The staff benefit committee is held on a quarterly basis and attended by Mike Lee and Jill Sykes staff Governors at York. It was agreed to provide a summary of future meeting minutes and update the Council of Governors. Points of interest discussed include.

Recognition cards & Appreciation Stations update

Following Clever together work and January team brief an update regarding recognition cards of which there are 10 different types, will be available for all staff to use. The cards which will be located and available from appreciation stations and will be up and running by the end of the week commencing 7th February. 202. Phase 2 which will be emailed versions of the cards will be ready in the next few weeks. It should be noted that the cards had been produced internally at a very low costs via the medical illustrations department a

Staff long service

At present staff are recognised for 25 years and 40 years NHS Service. Discussions are presently ongoing around bringing in a 10 year service award and this would be a letter and a badge for the Chief Executive. The launch of this was planned for the new financial year. A suggestion from Mick Lee was that could it be bronze, silver, and gold (10, 25, and 40) to keep it more cohesive.

Clever Together

General discussion occurred about the comments made on Clever together regarding staff benefits and it was agreed to wait to see what actions came from it.

Dates for 2020 events

Dates for this year's events had been set but some fairs where in question due to resources and that some may be done bi-annually instead of annually. Final decision on these was yet to be made.

- York Summer Fair 1st July
- Scarborough Summer fair 8th July
- Bridlington Hospital summer fair 23rd July TBC
- Malton Summer fair 29th July TBC
- Selby Summer fair 15th July TBC
- York Christmas Fair 18th November

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- Scarborough Christmas Fair 18th November TBC due to room availability
- Children's Christmas Party York - 12th December
- Children's Christmas Party Scarborough - 12th December

Arts Team update

See below

Wellbeing Team update

See below

Travel Up Date

The Hospital Bus Park and ride service has been renewed for another year from April 2020. £20k had been donated by the City of York Council to assist towards the funding stream.

Jill Sykes & Mick Lee
Staff Governors (York)

Arts Team update

Connect:

Renal activities:

- Shandy Hall have funded opportunities for two artists to work in the Renal Units at both Easingwold and York.
- *The available funding comes from The Laurence Sterne Trust at Shandy Hall (which is a registered charity) - in order to promote the writings of Laurence Sterne, the 18th century novelist and vicar of Coxwold who wrote the book *The Life and Opinions of Tristram Shandy which has wellbeing links.**
- The artists will provide art sessions for a 16 week project consisting of 1 x 2 hour sessions per site per week.
- The project will begin in February 2020.

Dementia activities:

- Staff have highlighted their concerns about patient engagement in Ward 37 and are looking for a long term provision which offers ongoing programmes of activity – this may come through funding of an activity co-ordinator and related activities in the future.
- Here we hope to offer a short programme of relevant creative art activity which has a positive impact as a short term plan.
- The artist will provide art sessions for an 8 week project consisting of 1 x 2 hour session per week.
- The project will begin February 2020.

Stroke Project:

- To engage patients in creative activities, in order to promote recovery.
- Research done during 2017 Create Project suggested this kind of activity would be beneficial to patient's recovery.
- Staff benefit from having a set programme of activity in place to link patients into.
- York: Musicians: Brightside Music CIC - Two hour session x 12 weeks

Dance: Ellen Turner, Turn Around Dance Theatre - 2 hour session x 7 weeks
Scarborough:

Artists : Karen Thompson and Sara Semple - 1.5 hour session x 9

Dance Therapist: Julie Marsay - 1 hour session 14 weeks

Evaluation - Karen Merrifield (Innovate Educate Ltd.)

1. Feedback from participants, patients and staff
2. Examples of good practice, data collection, research design
3. Understanding how different internal and external stakeholders benefit from different interventions in the arts programme
4. Feeding back and Report as part of Arts Team evaluation

Well-being Choirs at York and Scarborough:

Delivering Phase 3 of pilot well-being choirs. Excellent offer in terms of benefits to patients, staff and visitors. Now looking at ways in which we can provide a more sustainable model including working with external providers to provide the choir leading role.

Opportunities for the choir have included: Singing at staff Christmas lunches, Ellerby's Restaurant, the Drop-in Carol Service at York Hospital Chapel and singing for Mind Leadership Programme event. We have two volunteers who support this project in York and one over in Scarborough.

Student projects:

Music programme re-starting with both University's – Pop-up programme from students from York St John and a series of engagements from Music Education Group from The University of York.

Arts Review:

All artists from this programme will attend an Arts Review in April, with staff and other practitioners to discuss impact and challenges which will help develop the programme we offer.

Take Notice:

Endoscopy Unit - Designer Dan Savage led on the concept and delivery of Arts for the new Endoscopy Unit at York Hospital. Worked with staff and patients to create new artworks. Recent news article was particularly disappointing but we have been working with Comms team to engage staff on the benefits of the arts in Hospitals through article n staff matters and also interest from Yorkshire Post to come.

Capital projects - We are now working towards an art project in the Community stadium and for the new ED in Scarborough.

Exhibitions programme - We are delivering a full changing exhibition programme at both Scarborough and York including artworks from both staff and external artists. Applications for this opportunity happen once a year in October for a programme rolling out in the year ahead. This last year has included Scott Creative, Katrina Mansfield, York Camera Club, Malcolm Ludvigsen and Peter Baker.

In this next year we are running a themed exhibition programme based on seascapes and we are looking forward to having artworks from Phil Wiseman, Beth Morgan, York Printmakers and Beverly Sentuck over in Scarborough.

Arts, Heritage and Design in Hospitals Network - National Performance Advisory Group (NPAG)

There is a national Networking Group of NHS managers and professional leads who are involved in the leadership and delivery of Arts, Heritage and Design services across hospitals. The purpose of the group is to share best practice, to find solutions and offer support to those working within this field of healthcare.

Griselda attends the NPAG meetings and is on the steering group. The immediate benefits are in terms of raising the profile of the profession, striving to improve and standardise approaches to working. There is also opportunity for members to openly communicate with each other and actively use the [NPAG Network](#) which is very useful in terms of developing the service. There is a funding day coming up in March which will help enable Manager to consider external funding opportunities. The group is also looking to provide guidance nationally on policy and procedure for Arts in Hospitals.

Wellbeing Team update

Health Checks	Clinics in York, Scarborough and Bridlington Hospitals
Mini health checks	20 min health checks available on wards / departments. If interested – managers need to contact wellbeing team and we will organise a time to visit the department to do these.
Know your numbers	Did these at staff benefits event and separately – well received.
Menopause seminar	Facilitated by Miss Kavita Verma (consultant) dates for York and Bridlington on the learning hub. Awaiting a date for

	Scarborough
Workshops	-Healthy living for the menopause -Control your weight -Eat well All available to book on the learning hub
Intranet pages	Occupational health pages have been update. More work to do
Men's health	Looking at putting resources packs together for York and Scarborough libraries and at Selby and Malton and some information on men's health issues on the intranet pages. Work in progress
Bridlington Hospital Wellbeing Space	Yoga classes start again on 5 Feb (free to staff) Looking at getting more classes in Teena looking at finding local massage person to provide massage in this space. In the process of getting some equipment (Bike, treadmill and rower) checked so this can be used in this space.



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Council of Governors – 11 March 2020

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 the following areas:

1. Our Voice, Our Future
2. Scarborough Acute Services Review
3. Humber, Coast and Vale Health and Care Partnership
4. CQC action plan
5. Medical oncology update
6. Director appointments

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 11 March 2020

1. Our Voice, Our Future

At the last Council of Governors I described our new approach to listening to staff and responding to their ideas about how we can make improvements in the Trust.

Before I started in my role, I wrote to a cross-section of 650 staff and asked them to tell me about the key things they feel prevent them from doing their most vital work.

In my first weeks in post I toured all parts of the organisation, listening and learning through a series of drop-in sessions.

The findings from this listening exercise were carefully analysed and shared at an event in November attended by around 150 staff. At the event I shared our analysis of where we are and what we might do next, and invited the audience to challenge and confirm our conclusions.

We then launched our first online workshop, which gave everyone the opportunity to share their views and offer their ideas. There were three broad areas under discussion – fixing the basics, behaviours, and creating a new vision for the Trust.

Collectively, staff shared almost 25,500 ideas and insights, with over 25% of staff taking part.

Every single idea, comment and insight was read and analysed, and a second brief workshop took place to validate the conclusions.

As a result of all of this work, we now have a refreshed set of values for the organisation, and a set of nine behaviours that staff have told us they expect everyone to demonstrate if they are truly living our values. At February's Board of Directors the analysis was shared and subsequently approved by the Board. Work is now underway to share this with staff and embed the new values and behaviours in the organisation.

2. Scarborough Acute Services Review

The detailed analysis part of the second phase of the East Coast Acute Services review has concluded, and the stage two report is available on the Humber, Coast and Vale Health and Care Partnership website: www.humbercoastandvale.org.uk

The second stage of the review involved:

- More detailed development of clinical models
- Further financial modelling work to support the development of these clinical models
- Broadening of scope to include an out of hospital workstream

As detailed in the report, the next stage of the review will focus on the following key areas:

- Implementing some service changes (e.g. to surgery);
- Further engagement with patients, public and other stakeholders on developing further models in other service areas (including maternity, paediatrics, urology);
- Incorporating services outside of the hospital more explicitly into the work of the review, given the critical impact these have on demand for hospital-based services and the need to make improvements in this area.

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

- Undertaking an overarching service review of other speciality areas across the hospital trust.
- Developing the workforce

3. Humber Coast and Vale Health and Care Partnership

The ICS Accelerator Programme formally ended on 31 January, and a further development plan to support our partnership in becoming an ICS is being agreed.

I continue to attend the Humber Coast and Vale Partnership Executive Group. Two recent key developments to note from this group are the agreement to appoint to the partnership a clinical lead and a workforce lead.

Further detail is included in the latest Humber, Coast and Vale Health and Care Partnership update report which is attached to this paper.

4. Care Quality Commission

A great deal of work is underway to deliver the requirements detailed in our CQC action plan, which was produced in response to the inspection in the summer of 2019 and subsequent follow-up visits.

The plan has been updated since it was discussed at the last Council of Governors meeting, following further correspondence with the CQC.

We will bring an update on the plan to the next Council of Governors meeting.

5. Medical oncology update

In January further changes were made to medical oncology services on the East Coast in response to ongoing difficulties in recruiting enough consultants to maintain services across all the sites. Every hospital in the Alliance region has been affected by the changes including Scarborough, Grimsby and Scunthorpe as well as Hull and York.

Oncology services have been provided at Scarborough and Bridlington Hospitals by Hull University Teaching Hospitals NHS Trust (HUTH) for a number of years.

The provision of this service has been under increasing pressure due to workforce pressures and recruitment difficulties. Despite every effort to maintain the current consultant-led service, an alternative way of delivering the service was urgently required.

As a result of these workforce challenges, it is no longer possible for HUTH to maintain a high quality, safe oncology service in all locations.

All first outpatient appointments now take place at the Queen's Centre at Castle Hill Hospital in Cottingham.

Follow-up appointments and chemotherapy continue to be provided locally in the majority of cases, the exceptions to this are:

- If patients require significant treatment decisions or have complications they may be seen at Castle Hill, or by video link up if appropriate.
- Patients with renal or gynaecological cancers will have their chemotherapy at Castle Hill. It has always been the case for all cancer site pathways that patients requiring particularly specialist or complex therapy go to Castle Hill. The low numbers of patients for these two specialties, coupled with the complexity of the treatments and the potential severity and complications mean that these treatments need to be delivered where there is specialist medical support and supervision available.
- The changes that were made for breast oncology in March 2019 remain in place, which means these patients will continue to go to York for their outpatient appointment rather than going to Castle Hill.
- The Bridlington outpatient clinic, which took place once a fortnight, will no longer continue.

Patients have been contacted and new clinic details shared with them. Included with the letters is information about the transport options that are available for patients needing support.

6. Coronavirus

The situation with COVID-19 is rapidly evolving, and we are working hard to ensure we are able to put in place the required actions as directed by NHS England and Public Health England.

The Trust's Pandemic Operational Group is now meeting twice per week and working groups have been established to quickly progress the work we need to do to ensure we are prepared to respond to cases of COVID-19.

In line with national guidance we have set up the 'drive through see and swab' service to make sure people in our community can get safe, convenient and quick checks for coronavirus, as part of NHS efforts to keep everyone safe.

This testing can only be accessed through a referral from NHS 111, and means people worried about the virus can safely and quickly get checked close to home.

The advice to the public remains to contact NHS 111 if they have any concerns or suspect they may have the virus.

7. Director appointments

Finally, I want to update Governors on a number of appointments. Delroy Beverley has been appointed to the role of Managing Director for York Teaching Hospital Facilities Management LLP, and will take up his post in early April. He replaces Brian Golding, who retires at the end of March with almost 18 years' service at this Trust. Brian has been Director of Estates and Facilities as well as heading up the LLP, and I want to thank him for his contribution to the Trust. He will be missed!

Following an external recruitment process we have appointed Lucy Brown as Director of Communications for the Trust. Lucy has been the Trust's communications lead since 2008, most recently as Acting Director of Communications, and will now join the Board substantively.

The process to recruit a Chief Digital Information Officer is underway, with the intention to hold interviews during April. This role will provide leadership and direction across the Trust's digital agenda, which is clearly a priority and an important area of development for us.



Humber, Coast and Vale Health and Care Partnership

Update Report

January 2020

The following report provides an overview of the issues and topics discussed at the January meeting of the Humber, Coast and Vale Health and Care Partnership Executive Group. It also highlights recent work of the Partnership across some of our key priority areas.

A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Executive Group Overview

Zoe's Story

The meeting began by hearing from a local patient about her experiences fighting cancer and the things that had made a difference to her. [Zoe's story](#) provoked a discussion about the importance of supporting patients with their wider wellbeing as well as treating disease.

Independent Chair's Report

The Independent Chair's report highlighted the upcoming Budget in March 2020 and noted the potential opportunity for additional investment in infrastructure, including people, estate and digital. The discussion focused on the Partnership's significant capital investment requirements, particularly at Scunthorpe General Hospital and Hull Royal Infirmary, as highlighted in our Partnership Long Term Plan. Partners agreed that there is a need to continue to keep this on the agenda and ensure the compelling need for investment is well understood amongst key partners and stakeholders.

The Chair also discussed the development of a 'system by default' position. It was noted that the North East and Yorkshire Region had been selected to pilot 'system by default' working arrangements. Work is underway through NHS England and Improvement to define what this will mean in practice for partner organisations and their relationships with regulators.

Partnership Long Term Plan

The Executive Group discussion focussed on the technical elements of the Partnership Long Term Plan. In particular, an update was given on financial performance and plans for 2019/20 and 2020/21, as well as trajectories to meeting various performance targets within our Partnership plans. There continues to be a significant level of financial pressure within the Humber, Coast and Vale health and care system. Partners continue to work together to address these pressures and the Executive Group agreed to work collaboratively in order to maximise the additional recovery funding the system is able to secure.



ICS Accelerator Programme

The Accelerator Programme is an intensive programme of hands-on support, facilitation and shared learning that supports local Partnerships to develop and achieve Integrated Care System (ICS) status. The programme has been ongoing for the last three months and formally ends on 31st January 2020.

An update on the programme was given at the Executive Group meeting, which focused on the outcomes of the facilitated sessions and the commitments made by partners through the process. A continual development plan will be put together following the programme to support us to achieve ICS status and continue to develop our collaboration over the coming months and years.

Partners confirmed the clear ambition of the Partnership to achieve ICS status in Spring 2020. The Partnership's submission for ICS status will be built upon the principles and ways of working that were agreed through the Accelerator Programme. This includes a concerted focus on improving the health and wider wellbeing of local people, which will require the continued and ongoing leadership of our Local Authority partners alongside Health colleagues. The agreed ways of working are built from 'Place' (the areas covered by each Local Council and/or CCG) and this will be reflected in the Partnership's confirmed operating framework.

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Council of Governors (Public) – 11 March 2020 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 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

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

Executive Summary – Key Points

The main points discussed were the continual decline in membership despite extensive efforts to attract new members and the approval of the new Action Plan (appendix A attached).

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: March 2020

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 January 2020 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 Report

The membership report gives an overview of the current status of the Trust's membership. Despite numerous strategies put in place to promote membership of the Trust and its benefits membership has continued to decline. As at January 2020 membership stood at 10,352. Over the past 5 years the Trust has lost almost 1800 members. However, the Trust is not an outlier in this respect and many Trusts are struggling to attract membership.

The age range of members continues to be in the 50 – 75+ bracket, despite strategies to encourage the younger population to become members. The main loss this quarter was due to members asking to be removed from the database due to relocation, or relatives informing that the member had passed away.

After a lengthy discussion the following was agreed:-

- Target sixth form schools and colleges to attract younger members.
- Governors to attend specific events to promote membership.
- Concentrate initially on volunteers and charity membership.
- Promote membership seminars better.
- Create an ongoing survey on the Trust's website asking people what they would like as part of Trust membership.

A discussion took place about the use of the Hospital Radio and Facebook to recruit members. The Group was advised that there were standing membership slots arranged on Hospital Radio and that there were a suite of membership adverts that were rotated on Facebook but produced very limited response.

Membership Development Strategy Review

The Membership Development Strategy was reviewed and it was agreed to add the following to the Benefits section:-

- NHS discounts.
- Option to attend public board meetings.
- Membership seminars.

It was noted that it was also important to stipulate that membership was free.



The old action plan will be replaced by Appendix A (attached).

3. Detailed Recommendation

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



Appendix A

Membership Strategy Action Plan 2020

No.	Action	Responsible Officer	Due Date	Comment
1.	Fix the QR code and update the Membership Poster and increase the number of locations in which it is placed – look at whether the following areas can be used:			QR code fixed. Membership poster updated.
	a. Reception areas of each trust hospital and facility.			
	b. Blood taking areas.			
	c. All outpatient waiting areas.			
	d. Discharge lounge.			
	e. Emergency department waiting areas.			
	f. PALS notice boards and offices.			
	g. Maternity areas.			
	h. Volunteering and charity notice boards and offices.			
2.	Explore adding a link for membership signup on the patient information sheet.			
3.	Explore adding a link for membership signup from the trust's Facebook page https://www.facebook.com/YorkTeachingNHS/ and/or post an article which contains similar text as in the membership poster.			
4.	Consider having several portable banners made (like the one for the Park and Ride) and move around various locations around our hospitals. These banners could also be used when Governors attend events to recruit more members.			
5.	Target talks to 6th Formers at local schools.			
6.	Explore the possibility/cost of having trust membership mentioned periodically on local radio stations (Minster FM, Yorkshire Coast Radio).			
7.	Explore whether the automatic text reminder system for patients can include a link for membership signup.			



8.	Have Governors attend carefully selected events in the community and hand out membership packs.			
9.	Develop information which describes how much time is required and look at how this can cover (member, charity contributor, volunteer, governor).			
10.	Explore offering some type of recognition such as a certificate or lapel badge.			
11.	Explore offering some type of reward for signing up friends or family members to Trust membership.			
12.	Talk to the PALS office about them handing out membership application information to all those who contact them.			
13.	Talk to the charity office and volunteer office about them handing out membership application information to all those who contact them.			
14.	Arrange seminars on the following topics aimed at particular demographics:			
	a. Mental Health			Arranged for April
	b. Baby Care First Aid			
	c. CPR			Arranged for June



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Council of Governors (Public) – 11 March 2020 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

Topics discussed were mainly to clarify the position on the external audit tendering, internal elections and the stakeholder positions and how this would affect the Constitution. The ToR was also discussed and amendments suggested to take into account current membership .

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: March 2020

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 January 2020 to discuss a number of matters arising and then moved on to discuss the following topics:

- External Audit Tendering - the Group was given a progress report by the Finance Director. It was highlighted that a process on external audit tendering had not been created and Mrs Provins will draft one and take to the next meeting in April.
- CoG Effectiveness document – responses had been received. The Group will discuss whether the document was useful or if a short survey may be better and more focused.
- Internal elections – the Group were informed that no interest had been received from the governors to join either the Membership Group or the Constitution Review Group. Members of the Group commented that they felt it to be part of a governor's role to be a member of Groups as well as attending the statutory Council of Governors meetings. It was felt that a discussion should take place at the CoG about governors joining groups.
- Stakeholder Governor – the Group were informed that a representative from MIND was very interested in the position and a meeting was arranged with the Chair to discuss.
- LLP Stakeholder Governor - the Group were informed that the interim LLP stakeholder governor will remain until the LLP had decided on a process of internal election to the post.
- SGH/Bridlington potential governors – the Group were informed that work was ongoing. Getting interest in becoming a governor in various constituencies was proving difficult and there needed to be some marketing carried out to attract more interest prior to the next elections.
- Changes to the Constitution –
 - It was agreed to delete the specific names of healthcare organisations and generalise it in order to give the Trust a wider scope to engage with potential groups.
 - The Group will look at the changes required to reflect the new Stakeholder NED role.
- Constitution Review Group TOR – a discussion took place around quoracy and it was noted that:-



- If the Chair was not available then the meeting should be cancelled and rearranged.
 - Remove the need for a stakeholder governor and have a specific number of governors regardless of status.
 - Discuss membership of the Group at the next CoG meeting.
 - Reduce the number of members for quoracy, if appropriate.
- Work Programme - the following points will be discussed throughout the year:-
 - January – Review Compliance Manual, External Auditors
 - April – Governor Training Programme, AGM/AMM, External Auditors update
 - July – Governor non-attendance at meetings, Code of Conduct, Role of Governor
 - October – Significant transactions, Constitution Review
 - Compliance Manual – the Group were informed that the manual will be updated with the various documentation, including:-
 - The Appointment of External Auditors
 - The Protocol for Governors to hold the Board to account through the NEDs
 - The Governors Code of Conduct, incl. non-attendance at meetings
 - Significant transactions
 - The process for NED appointment

3. Detailed Recommendation

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



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Council of Governors (Public) – 11 March 2020 Governor Internal Elections 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 report

The Governors are asked to note the results of the recent internal Governor elections.

Executive Summary – Key Points

This paper provides an overview of the recent internal elections and any vacancies within each Group/Committee.

Recommendation

The Council of Governors is asked to note the results of the recent internal Governor elections and to discuss vacancies.

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

Director Sponsor: Susan Symington, Chair

Date: February 2020

1. Introduction and Background

This paper has been prepared to outline the results of the recent internal elections and to give an overview of the current position.

2. Governor Internal Election Results

(a) Please note the results following the internal elections:

Nominations/Remuneration Committee:

Catherine Thompson – elected
Helen Fields – re-elected

(b) There are still a number of vacancies on the following Committees/Groups which the Governors are asked to discuss and put their names forward to join.

Constitution Review Group: 3 x vacancies

Membership Development Group: Membership is not static and interested governors can be considered for membership at any point in time.

Fairness Forum: 1 x public governor vacancy

3. Detailed Recommendation

The Council of Governors is asked to note the results of the recent internal Governor elections and to discuss vacancies.

