

Agenda

Council of Governors (Meeting held in Public)

9 December 2020
Via Webex at 1.00pm



Online Meeting Etiquette

The Chair will monitor attendance and try to give everyone a chance to contribute.

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.
-
- Do you understand the purpose of the meeting – please read any associated papers.
 - Really listen to what people say and don't interrupt them or attempt to speak over them.
 - Actively participate ensuring you do not work on other tasks during the virtual meeting.
 - 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 on silent and all notifications turned off?
- Am I in a quiet area free from unnecessary distractions and somewhere where confidential information is not overheard?

COUNCIL OF GOVERNORS MEETING

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

On: 9 December 2020

Via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.45am – 12.30pm	Private Council of Governors	Via Webex	Council of Governors
1.00pm – 3.00pm	Council of Governors meeting held in public	Via Webex	Council of Governors Members of the Public

Council of Governors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
<p>1. Apologies for absence and quorum</p> <p>To receive any apologies for absence.</p>	Chair	Verbal		1.00 – 1.05
<p>2. Declaration of Interests</p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	A	7	
<p>3. Minutes of the meeting held on 1 September 2020</p> <p>To receive and approve the minutes from the meeting held on 1 September 2020</p>	Chair	B	13	
<p>4. Matters arising from the minutes and any outstanding actions</p> <p>To discuss any matters or actions arising from the minutes.</p>	Chair	Verbal		
<p>5. Update from the Private Meeting held earlier</p> <p>To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.</p>	Chair	Verbal		1.05 – 1.15



Strategic Goal: To deliver safe and high quality patient care

Strategic Goal: To ensure financial stability

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

6. Chief Executive's Update	Dep. Chief Executive	C	21	1.15
To receive a report from the Chief Executive				- 1.35

7. Committee Updates	Committee Chair			1.35
7.1 Quality Committee		D1	25	- 2.15
7.2 Resources Committee		D2	27	

8. Governors Reports	Governors	E	29	2.15
To receive the reports from governors on their activities from:				- 2.35
8.1 Lead Governor incl. PESG				
8.2 Governor Forum held 18.11.20				
8.3 Transport Group				
8.4 Out of Hospital Care				
8.5 Charity Fundraising Committee				
8.6 Fairness Forum				

Governance

9. Questions received in advance from the public.	Chair	Appendix A To follow		2.35
				- 2.45



10. Items to note			2.45
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.			–
			2.50

10.1 Membership Development Group	F1	37
10.2 Constitution Review Group	F2	39
10.3 Governor Election Results	F3	41

11. Reflections of the meeting	Chair	Verbal	2.50
			–
			2.55

12. Any other business	Chair	Verbal	2.55
To consider any other items of business.			–
			3.00

13. Time and Date of next meeting

The next Council of Governors meeting will be held on 16 March 2021, via Webex.



Additions: Michael Reakes - participating in the Patient feedback panel of the Priory Medical GP Practice (Friends of Priory) and Member of Patient and Public Involvement at the University of York, researching Health Inequality.

Rukmal Abeysekera – Parish Councillor of Askham Bryan

Paul Johnson – relative is MD of company that is on the Trust's Procurement System

Josie Walker - spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council

Angela Walker – Volunteer Fundraiser of Friends of Bridlington Hospital Charity

**Maya Liversidge
Ian Mackay Holland
Gerry Robins
Vanessa Muna
Doug Calvert**

A

Deletions: Rob Wright, Mick Lee, Jill Sykes, Richard Thompson, Michael Williams

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
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Nil	Parish Councillor – of Askham Bryan	Nil
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
Elizabeth Black (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
Doug Calvert (Public: Selby)						
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
Ian Mackay Holland						
Jo Holloway-Green York MIND	Nil	Nil	Nil	Head of Client Services – receive funding to deliver statutory advocacy	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
Paul Johnson (YTHFM)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	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
Maya Liversidge (Staff: Sarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
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

Vanessa Muna (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Gerry Robins (Staff: York)						
Angela Walker (Public: Bridlington)				Volunteer Fundraiser of Friends of Bridlington Hospital Charity		
Josie Walker (Public Bridlington)					Spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council	
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	Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). Member - Patient and Public Involvement at the University of York, researching Health Inequality.	Nil	Nil
Gerry Robins						

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
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership
Josie Walker (Public: Bridlington)					Spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council	
Angela Walker (Public: Bridlington)						

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Council of Governors (Public) Minutes – 1 September 2020

Chair: Ms Susan Symington

Public Governors:

Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mr Michael Reakes, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Jeanette Anness, Ryedale and East Yorkshire
Mr Richard Thompson, Scarborough
Mrs Catherine Thompson, Hambleton
Ms Sally Light, City of York

Appointed Governors

Mr Michael Williams, YTHFM
Mr Gerry Richardson, University of York
Ms Dawn Clements, Hospices
Ms Jo Holloway-Green, MIND

Staff Governors

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

Attendance

Mr Simon Morritt, Chief Executive
Mr Dylan Roberts, Chief Digital Information Officer
Mrs Jenny McAleese, NED
Mr Jim Dillon, NED
Mr Matt Morgan, NED
Mr Mark Outterside, Senior Manager, Mazars
Mr Delroy Beverley, MD of the LLP
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observers

12 members of the public

Apologies for Absence:

Mrs Sheila Miller, Public Governor, Ryedale & East Yorkshire
Mr Robert Wright, Public Governor, York
Mr Keith Dawson, Public Governor, Selby
Mr Andrew Butler, Public Governor, Ryedale & East Yorkshire
Mrs Liz Black, Public Governor, Scarborough
Cllr Chris Pearson, Appointed Governor, NYCC
Mrs Wendy Scott, Chief Operating Officer
Mrs Heather McNair, Chief Nurse
Mr Andrew Bertram, Deputy Chief Executive & Finance Director
Mrs Lucy Brown, Director of Communications
Dr Lorraine Boyd, NED
Mrs Lynne Mellor, NED

20/15 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

20/16 Declarations of Interest (DOI)

Mr Reakes asked for the DOI to be amended as he has now joined the following: -

- Patient feedback panel of the Priory Medical GP Practice (Friends of Priory),
- Member of Patient and Public Involvement at the University of York, researching Health Inequality.

20/17 Minutes of the meeting held on the 11 March 2020

The minutes of the meeting held on the 11 March 2020 were agreed as a correct record.

20/18 Matters arising from the minutes

There were no matters arising from the minutes.

Action Log

The Committee noted that all actions had been completed.

20/19 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
- NED recruitment update
- NomRem Committee feedback
- Governor Forum
- A brief from Mrs McAleese giving an update on the Audit Committee

- A brief from Mrs Mellor giving update on the Resources Committee
- A brief from Dr Boyd giving an update on the Quality Committee
- Chair's final term discussion

20/20 Chief Executive's Update

Mr Morritt gave an overview of his paper and discussed the following: -

- Covid-19 and the current situation - he spoke about the preparation for the winter months, the elective service restoration, recovery from now until the end of the financial year, and the use of the independent sector. He wanted to give a huge thank you to all staff and partners for the work carried out since March to support the Trust and added that currently there was only one inpatient that had Covid-19 across all sites.
- Our Voice, Our Future – he explained that work had been suspended during the pandemic but he was keen to restart the work during autumn. The feedback from the recent workshop around Covid-19 will be added into this.
- Establishing HCV as an ICS – this was granted in April this year. No final decisions have been made but essentially an increasing focus will be on how resources are being spent and how organisations were held to account. This will be managed through the HCV ICS. Where FTs/Council of Governors fit into this remains a “work in progress”.
- CQC update – he explained that the Trust had received 2 Section 29a's following visits to EDs in SGH and YH earlier in the year. The CQC was not active on site because of the suspension of visits/inspections during the pandemic. However, the Trust has continued to strengthen its communication with the CQC during this period and hopefully these restrictions will be lifted going forward.
- Clinical Strategy development – Emma Fraser has been appointed as Programme Director for Clinical Strategy to support the Trust in taking this forward. She will work with leadership teams within the care groups and the Trust's partners to develop the strategy.
- Director appointments – he explained how a joint appointment had been made between the Trust and North Yorkshire CCG to appoint Simon Cox to take forward the work ongoing on the East Coast. He also welcomed Delroy Beverley, MD of YTHFM, Prof. Matt Morgan, stakeholder NED, and Dylan Roberts, Chief Digital Information Officer. He also wanted to say farewell to Jennie Adams, NED, who left the Trust on 31 August to pursue other interests.

Mrs Jackson wanted to reiterate the excellent work from staff during the pandemic and asked Mr Morritt to thank them on behalf of the Council of Governors. She asked about staff support and how this was being managed for those that have had Covid-19 and those that were supporting patients with Covid-19. Mr Morritt replied that assessments were being carried out on vulnerable staff and that the trust was providing support for staff in multiple ways.

Mrs Jackson asked if there was any feedback on the recent smoking cessation in the Trust. She was concerned that some of the staff/patients were ignoring this. Mr Morrith replied that as yet there was no feedback but he would look into it.

Mrs Anness was pleased with the appointment of Simon Cox as she felt that the Scarborough Review took place but then it looked like nothing had happened from the public's point of view. She felt the Trust needed to demonstrate to the public that there was progress being made. Mr Morrith agreed. He added that from the McKinsey review some of the recommendations had already been implemented. There was a need for someone to take leadership and take those conversations forward with the public. Simon Cox will be attending the next Board meeting.

Ms Light referred to the initiative to bring representation to government about the challenges faced by smaller/remote hospitals and asked if there had been any progress made. Mr Morrith replied that not much progress had been made due to the pandemic. However, he was heartened by the fact that national groups were being set up to discuss issues such as resourcing and services which will hopefully change things significantly.

Mrs Fields referred to the ICS diagram and asked if this was reflective of all ICSs. She asked how the governors fitted into this. Mr Morrith replied that in terms of how the HCV ICS had decided to organise itself was very similar on many levels to that which was happening in other parts of the country. There was no definitive national guidance yet; it had been left to local partners to organise themselves. It remains unclear what the role of governors may be.

Mrs Jackson asked about the restart of patient appointments. Mr Morrith replied that elective work had started as well as outpatients work. However, delivery at the same levels of pre-covid will take time. He advised that the government were financially incentivising hospitals to get back to the same levels of activity as pre-Covid but this would be challenging and believed it would take a while to reach that position.

Ms Symington thanked Mr Morrith for his input and Mr Morrith left the meeting.

Action: Mr Morrith to give update on smoking cessation at next meeting.

20/21 Governors' Reports

- Lead Governor Report

Mrs Jackson informed that the Patient Experience Steering Group were now having meetings every six weeks rather than every 3 months. There was a presentation around the experience of a member of staff who had contracted Covid-19 and the impact this had and the expectation for people to get back to normality.

Mr Reakes referred to the Friends & Family Test (FFT) low response in the report and wanted to know what the response rate should be and what actions/assurances would the NEDs like to see to achieve an improved level of FFT response. Mrs Jackson replied that it was an issue across the board and Catherine Rhodes will be picking this up and looking at ways to improve this.

- Transport Group

The Council received the report and no further comments were made.

- Out of Hospital Care

Mrs Jackson gave a summary of the meeting including the presentations from Kath Sartain (EOL care), Vicky Mulvana-Tuohy (Home First) and Steve Reed (Community Services).

The Council received the report and no further comments were made.

- Charity Fundraising Committee

Ms Symington commented that any fundraising that had been planned has been stopped due to the current pandemic. The Charity exec team has a Time Out planned where it will be looking at what the future might look like. For those governors who work for a charity, the pandemic throws anxiety across all third sector organisations. Ms Clements said there was great local support. They used the anchorage to the NHS in terms of using the term “front line”. She also referred to the events that had taken place and informed that they were doing one in December at Selby Abbey and did not want to clash with anything that the Trust was planning.

Ms Symington asked if the desire to donate to charity was stepping up. Ms Clements replied that there seemed to be donation “fatigue” at the moment. Ms Light agreed and said there had been a 20% drop in their income this year. Her concern was that many organisations started the year perfectly fine and had deteriorated since. What about next year when they don’t have that perfect start? It was a worry for everybody at a time when demand for services had increased.

Ms Holloway-Green commented that a lot of the smaller organisations were at risk of going under and not surviving this period.

Ms Light highlighted that medical research would be affected by the reduction of funds. Many medical research facilities had seen a 40% drop in their income and will not be able to carry on.

- Fairness Forum

Mrs Anness informed that her report was a culmination of two meetings and she had tried to pick out issues that were the most important.

Mrs Holloway-Green referred to the paragraph on Patient Equality and Diversity training where it stated 888 staff had completed this in comparison to 77 who had completed 9 months ago. She asked if there was a long way to go? Mrs Anness replied that she could not answer that as the Trust had 8.5k staff and she did not know how many staff were required to complete the training and whether any staff were exempt from doing it. She would find out and let Mrs Holloway-Green know.

Action: Mrs Anness to find out how many staff were required to complete the Patient Equality and Diversity training and let Mrs Holloway-Green know.

Ms Symington thanked the Governors for their respective reports.

20/22 YTHFM LLP Update

Ms Symington introduced Mr Beverley as the new MD of York Teaching Hospital Facilities Management (YTHFM) and welcomed him to the meeting.

Mr Beverley gave an overview of his initial six months in his role at the Trust and pointed out some positive improvements made within the LLP, including: -

- The introduction of a monthly newsletter
- Undertaking of the backlog maintenance
- Delivering on the MSA
- Tackling of culture issues
- Increase in completion of Annual Appraisals rate
- Reduction in sickness absence rates

He also advised that he had undertaken a listening exercise within the LLP and the recommendations were being combined with a previously commissioned ACAS review.

Ms Symington thanked Mr Beverley for his input and Mr Beverley left the meeting.

20/23 External Audit

Ms Symington introduced Mr Outterside, from the new External Auditors, Mazars. Mr Outterside gave a presentation on Mazars and its role as the Trust's External Auditors. He introduced himself as the Senior Manager for the Trust and explained that he and his colleague, Mark Dalton, Engagement Lead, will be the face of Mazars. SS added that they will be attending the Council of Governors on occasions.

No further discussion took place and Mr Outterside left the meeting.

20/24 Questions received in advance from the public

No questions were received in advance from the public.

20/25 Constitution Review Group (CRG)

Mrs Provins advised that the CRG meeting took place in July and gave an overview of topics discussed. She added that the terms of reference had been revised and needed approval by the Council of Governors.

The Committee:

- **Approved the CRG Terms of Reference**

20/26 Items to note

- Governor Elections update – nominations to close on 14 September. Mrs Provins gave an overview of where the elections had been marketed and informed that she had received quite a few enquiries about Governor positions.
- Membership Development Group (MDG) – Mrs Provins advised that the MDG had met virtually in July. There was currently a survey running on the website and she had received lots of information through this which she and Mrs Astley were sifting through. The idea would be to use this information to arrange seminars on topics of interest, add information to the website, or create articles for Membership Matters.

20/27 Reflections on the meeting

Mr Reakes referred to the presentation given by the External Auditors.

Mr Reakes also asked if there were any plans to reinstate the ½ hour slot where the public can meet governors or any mechanisms to facilitate that. Ms Symington replied that this will be reinstated as soon as it was safe to do so.

Mrs Fields congratulated Mrs Provins and Mrs Astley on the communications and keeping in touch with the governors during the pandemic.

20/28 Any other business

Mrs Anness commented that she and Mrs Miller were delighted that the Haldane Ward in SGH was being used as a surgical day unit in order to resume much-needed urgent planned operations as reported in the Chief Executive's weekly bulletin. However, she would have liked to have been informed about this instead of finding out from the bulletin in case people asked her about it. Ms Symington understood her point but replied that this was the best way to communicate at the moment and is the tool used internally for communication of such matters..

20/29 Time and Date of the next meeting

The next meeting will be held on **9 December 2020**, via Webex. Details TBC.

ACTION LOG

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
1	01.09.20	Give update on smoking cessation at next meeting.	Mr Morrith	Dec 2020	
2	01.09.20	Find out how many staff were required to complete the Patient Equality and Diversity training and let Mrs Holloway-Green know.	Mrs Anness	September 2020	

Council of Governors – 9 December 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. Welcome to our new Governors
2. Covid-19 update
3. System and partnership developments:
 - Next steps for developing integrated care systems (ICS)
 - North Yorkshire and York Devolution
4. A new name for the Trust

Recommendation

For the Council of Governors to note the report.

Author: Simon Morritt, Chief Executive

Director Sponsor: Simon Morritt, Chief Executive

Date: 9 December 2020

1. Welcome to our new Governors

I want to start my report by welcoming our nine newly-elected governors to their first Council of Governors meeting. The Council of Governors plays an important role in supporting the governance of our trust, and I hope that you will find the role interesting and rewarding. I'd also like to thank those governors who have recently left us for their contributions over the course of their terms of office.

2. Covid-19 update

Following a period of relatively low numbers of cases and hospital admissions in the summer, the number of admissions of patients with Covid-19 grew considerably in November, and case numbers in our local communities were rising, ahead of the latest national lockdown. Scarborough in particular saw a steep rise in cases, and trusts in other parts of our ICS have felt the effects of some of the highest infection rates in the country.

At the end of November we had over 130 confirmed positive patients in our care across the Trust, surpassing the number of positive cases at any time in wave one.

In response to the growing pressure, and in anticipation of cases rising further, we enacted the next step in our surge plan which released additional beds and staff to ensure that we have as many beds available as possible to care for these patients during the second peak.

This does mean we have postponed some planned operations, however our teams are working hard to continue to do as many operations as possible within the constraints we are facing. Day case surgery has continued, and we will carry out as many urgent operations, for example for patients with cancer, as we can. Emergency patients will be treated as normal, and outpatient appointments will also continue.

This is, as ever, a fast-moving situation and we will have the opportunity to talk about the up-to-date position during the meeting.

3. System and partnership developments

3.1 Next steps for developing integrated care systems (ICS)

At the end of November NHS England and Improvement published Integrating Care: the next steps to building strong and effective integrated care systems across England. The document builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel. It opens up a discussion with the NHS and its partners about how Integrated Care Systems (ICSs) could be embedded in legislation or guidance.

NHS England and NHS Improvement are inviting views on proposed legislative options from all interested individuals and organisations. You can find the document and further

information on NHS England's website: www.england.nhs.uk/integratedcare/integrated-care-systems

3.2 North Yorkshire and York Devolution

There have been some developments in relation to proposals for devolution in North Yorkshire and York.

The background is that long-running discussions about devolution for the Yorkshire region culminated in proposals for a joined-up deal for One Yorkshire Devolution, put forward to the Government in 2018. The response from the Government suggested it would prefer smaller devolved deals to take place first. These have since been agreed in West Yorkshire and South Yorkshire.

The Government has said any devolution deal requires local government to simplify by removing the current two-tier (County and District) structure in North Yorkshire. York is the only unitary council in the area, and provides all the services within its boundaries, whilst for the rest of North Yorkshire service delivery is split between the County Council and the five district and two borough councils.

Discussions have been taking place between the local authorities in the region, including City of York Council and the various Borough and District Councils within the wider North Yorkshire County Council area, and North Yorkshire County Council itself.

North Yorkshire County Council has submitted its proposal to the Government for a single unitary authority for North Yorkshire based upon the current county footprint, whilst retaining the existing City of York Council. This would be the first step towards devolution for North Yorkshire, with a view to the two unitary authorities of North Yorkshire and York working together under a single Mayor. North Yorkshire County Council and City of York Council both favour this approach.

The proposals are detailed in full in a document called 'A unitary council for North Yorkshire: The case for change' which is on North Yorkshire County Council's website: www.northyorks.gov.uk/proposal

There is also comprehensive information on City of York Council's website: www.york.gov.uk/BackUnitarisation

The district and borough councils have developed an alternative proposal. This model would split the county in half into two unitary authorities – east (including Scarborough, Ryedale, Selby and York) and west (including Hambleton, Richmondshire, Harrogate and Craven).

The government will conduct a formal consultation about the different proposals for local government restructure in North Yorkshire in the new year.

Regional NHS leaders, including the Humber Coast and Vale Integrated Care System and local NHS organisations are supportive of City of York and North Yorkshire County Council's proposals.

4. A new name for the Trust

I have stated in previous reports that, following a pause to respond to the first wave of Covid-19, we will be starting to revisit some of the recommendations from the 'Our Voice, Our Future' workshops that we held in the last few months of 2019.

Throughout this work, and in the many conversations I have had with staff since I joined the Trust, the question of our name has been a constant theme. The need to move forward as a single organisation came across loud and clear in the workshops, and there was a specific recommendation that we should change the name of the organisation to be inclusive of all staff.

We have taken this into account, alongside the suggestions from staff and the rules and obligations around how NHS Trusts can be named, and as a result we are proposing to change our name to 'York and Scarborough Teaching Hospitals NHS Foundation Trust'.

We have sought feedback from our patients, staff, foundation trust members, partner organisations and local people. This feedback will be carefully considered and will help to inform a final recommendation for our Council of Governors and Board of Directors.

I believe that the change will send a strong, inclusive message to all of our staff, help us move forward as a single organisation, and better represent the communities we serve.

Plans are being developed to enable us to introduce the new name as efficiently and cost-effectively as possible.

CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Quality Committee	Date: 17 November 2020	Chair: Stephen Holmberg
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Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	For Recommendation or Assurance to the receiving body
6 – Covid update	Further assurance required around decision making and priorities for treating patients and that all decisions are captured	Board	Further assurance requested
6.	The Committee felt it was positive that the Trust had been reducing the backlog created by the first Covid wave, but noted that this is now being affected by the second wave.	Board	Assurance
6i – Nurse Staffing	CQC has asked the Trust to stop reporting the Scarborough staffing figures and the vacancy rate is coming down.	Board	Assurance
6iv	Concerns were raised about medical staff compliance with statutory and mandatory training	Board	Escalation
6vi – Board Assurance Framework	The Board are asked to consider whether strategic risk 10 – partnership working is still considered a risk in light of the work with the ICS and other partners	Board	Recommendation to remove

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CHAIR'S LOG: Chair's Key Issues and Assurance Model

Committee/Group: Resources Committee	Date:17 November 2020	Chair: David Watson
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Agenda Item	Issue and Lead Officer	Receiving Body, i.e. Board or Committee	For Recommendation or Assurance to the receiving body
	Committee offered its condolences to the family of Linda Foster, the LLP staff member who died, most likely from COVID-related causes, this weekend. Polly McMeekin working to ascertain cause of death and connection, if any, with Scarborough Hospital COVID outbreak	Board	Information
Workforce	Exit interview compliance currently at 6.4%. There are plans to improve this.	Executive	For Action
Workforce	Staff absences due to sickness running at 600 per day, 48% COVID-related. Whilst Centre continue to encourage York/Scarborough to maintain services, it may be necessary to start to think about stepping down certain procedures	Board	Information
Workforce	Annual appraisal rates for current year now at 85%. Great outcome for Workforce team	Board	Information
BAF	Underlying risks on corporate risk register need to be properly reflect on BAF. There is concern about a "disconnect"	Executive	For Action
Workforce	Planning underway for COVID vaccination programme of all Trust staff and students, C.10.5k personnel based on Pfizer vaccine. Logistics will be complex	Board	Information
DIS	Dylan Roberts reported that the biggest concern within IT/Digital is capacity within the team, not least where there is a single point of expertise for key systems. Additional resources most likely required and Andrew Bertram to benchmark our IT spend against the model hospital data	Board Executive	Information For Action

DIS	No DIS report in IBR. Need to develop KPIs	Executive	For Action
DIS	Excellent report from Data Protection Officer highlighting a broad range of data governance and other IT risks. Are these risks properly reflected in Corporate Risk Register and thence the BAF	Board Executive	Information For Action
Finance	Overall I&E performance better than plan, we will be paid for 13 months in financial year, not 12. Centre will develop claw-back mechanism for surplus cash	Board	Information
Finance	Material increase in Capital Expenditure to be completed before year end	Board	Information
Finance	Emergency budgets implemented for each care area. Currently overall performance broadly in-line with plan	Board	Information

Council of Governors – 9 December 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
- Fairness Forum

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
 Jeanette Anness – Public Governor (Ryedale & East Yorkshire)

Date: December 2020

1. Lead Governor Report

Where does time go? It doesn't seem 2 minutes since our last meeting. This has been another interesting and very challenging 3 months particularly with the Covid 19 virus. The numbers of patients diagnosed with Covid has increased again in the second phase and the hospital is extremely busy. It is recognised that staff have worked very hard under extremely difficult circumstances to ensure that patients get the best possible care and are kept in contact with their families. Governors want to express to all staff their thanks for all the dedication and hard work over this particularly difficult time. It has been a tremendous team effort which is very much appreciated.

The election for governors has taken place and I would like to give sincere thanks to those governors who were not re-elected and to welcome our new governor colleagues. At the recent governor forum established governors offered to provide support to their new colleagues. Please can I leave this to be organised between you all.

The Patient Experience Steering Group (PESG) was held on 15th October 2020 by web-ex and was chaired by Tara Filby, Deputy Chief Nurse. I was unable to attend this meeting but Sheila Miller did. The notes of this meeting have just been received and we will ensure that they come out to all Governors for their information. The next PESG meeting is to be held on 25th November 2020 unfortunately at a similar time to the public board meeting. Both are by web-ex. One of the agenda items on the PESG is "Hello my name is" so I will raise the concerns expressed at the Governor Forum.

Michael Reakes and I attended the national governor focus meeting which again was held in sessions on a virtual basis from the 3rd to 5th November. I was able to attend Day 1 and Michael attended Day 3. A discussion was held about my session at the governor forum and Michael and I have provided 2 written reports to be sent out to all. The presentations for the sessions are on the NHS Provider website and are available to read or download.

Governors were involved in the recent Non-Executive Director (NED) recruitment, interviews being held on 24th September. There was a really good number of applicants and I wanted to thank the Human Resources recruitment team for their support with this process. I am delighted to welcome David Watson as our new NED. I spoke with him about the appointment after the last CoG and he was very pleased to accept the post, the appointment being ratified at this CoG meeting. David has arranged to meet with Catherine as he lives in that area and he was very keen to discuss the governor role and any issues particularly about this area. He has already been very involved in the Trust and has taken on the role of a NED very positively.

Sue Symington's 6 monthly informal appraisal review was undertaken by Stephen Holmberg and myself on 14th October. All appears to be going well and Sue continues to meet with her coach and her colleague in Leeds. A report has been written for governors. An excellent governor's development day was held 16th November which was facilitated by Mike Gill. Our thanks go to Lynda and Tracy for organising the day for us all. It was well attended and of interest to both established and new governors.

Margaret Jackson
Lead Governor

2. Travel & Transport Group Report (13.11.20)

A paper was presented as a Transport guide for staff during the pandemic. Staff are asked to use Pool cars or their own cars and to ensure all safety measures were in place, cleaning etc. and only travel if essential. If a taxi service is booked then this will be limited to the driver and 1 passenger. It was very encouraging that there were 326 bookings of the hire cars. The average journey was 186 miles and 54,000 miles completed in daily hires.

NHS needs to deliver zero carbon emissions by reducing Estate and Facilities emissions, and Travel and Transport by electrifying and modal shift. A great deal of work is being carried out to ensure the necessary reduction. There are 52 bicycle storage areas for bicycles and the Trust is applying for a grant from the money raised by the public to provide shower and changing facilities, the problem though is finding the spare to do this.

Travel planning measures are needed as part of the planning permission for any new builds like the VIU and the loss of car parking which this causes. The York Shuttle service was doing really well until the pandemic; it was on a path to recover the costs of the service within 3 years but though still running between Rawcliffe and the Hospital it is being used much less. If this service is to continue after the pandemic more funding will be required. Cycling has increased and more staff working from home so storage of cycles is not currently under pressure.

There are talks about using e-scooters/e-pool bikes together with the City of York and would be a 12 month trial period. The scheme has started at the University of York, with York Hospital, York St John University and the Railway station planned to join in Mid-November together with Rawcliffe Bar P & R and potentially the new stadium pending approval. There are various tariffs offered from £1 unlock fee/15p per minute use to a £5.99 monthly subscription plus 15p per minute for irregular users and £22.99 per month including 300 minutes for regular users for daily commuting and other regular users.

There are now 543 members for Car Sharing/ liftshare scheme and this continues to grow. From 1st April 2019 to 31st March 2020, 302,671 miles saved and £35,381 in cash as well as CO2 savings. For the future it is hoped to fund 8 rapid chargers and 10 fast chargers at the Hospital for electric cars.

A presentation by Professor Tony May who is a Trustee of the York Civic Trust Advisory group with many ideas for the whole of York to reduce car use and encourage cycling, walking and sharing. They are meeting again in December 2020 and it is hoped more ideas will come forward and can be shared with the Trust.

Sheila Miller
Public Governor (Ryedale & East Yorkshire)

3. Out of Hospital Care Group (18.09.20)

Attendees:

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

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

In attendance:

Elizabeth Feetenby, Senior Physiotherapist
Gillian Younger, Senior Operational Manager
Lynda Provins, Foundation Trust Secretary

Apologies:

None

Summary of topics discussed

Matters arising:

The summary of the previous meeting was accepted as a correct record.

The action relating the Quality Statement has been completed for this group and will be discussed at the Governor Forum. The actions relating the Terms of Reference were completed as per the agenda item that follows.

Physiotherapy support to patients in interim beds:

Elizabeth Feetenby, Senior Physiotherapist, attended to discuss the service that she delivers to people who are resident in temporary care home placements. She noted that prior to the service starting, people could wait three weeks to be seen having been accommodated in a residential home whilst awaiting a package of care to start. As these placements were associated with people deconditioning, people who should have been going home often ended up remaining in residential accommodation or requiring a readmission to hospital. Through the work of Elizabeth and colleagues, they increased the number who were able to move home independently by 20%.

As the work to support people to go home first has progressed, the service has adapted. The people moving into temporary placements now have more complex needs and do require a period of 24hr support whilst they recover and assessment of their longer term needs takes place. An occupational therapist has worked alongside Elizabeth and the social work team and they have been able to ensure 50% of these residents have been able to return to their own homes. A funding request to maintain the occupational therapy input has been made.

The group noted the successful development of relationships with social care and care home colleagues. The impact of COVID was discussed, noting the increased deconditioning associated with those that have been shielding, challenges with accessing care homes due to infection control measures but also improved information sharing and relationships. Patient and relative feedback was discussed including a 20% improvement in stress levels being reported by carers.

Discharge Command Centre:

Gillian Younger, Senior Operational Manager for Discharge Liaison attended and shared with the group changes that had been made in response to new discharge guidelines

issued as part of the COVID response. These promoted the existing priorities of taking a 'Discharge to Assess' approach and delivering same day discharge. Gillian described the development of a single trusted assessment form that was then managed through a Command Centre to ensure that the support required for someone to leave hospital was put in place rapidly, removing the need for a number of assessments previously carried out in hospital. New services in the community including rapid response care packages and 24 hour live in support have been developed with local authority colleagues.

Gillian noted that 60-70% of patients referred to the Command Centre were supported in their own homes, with the next highest group receiving inpatient rehabilitation in a community unit. The time taken for even those patients with the most complex needs on discharge had reduced from weeks to days with most leaving on the same or next day that they were medically ready to leave. Work had been undertaken with care providers on improving discharge standards and trusted relationships around assessments that had taken place. Follow up calls after discharge were building confidence and allowing any issues to be quickly resolved.

The group discussed the challenges of maintaining this approach beyond the immediate COVID response period and the role that funding of appropriate resources would play in this. The group also discussed concerns regarding the possible transmission of COVID into the care home environment as patients were discharged. Whilst there were challenges in the initial response period around access to patient testing, Gillian described that all patients discharged to a care provider are tested prior to discharge and a dedicated facility for patients with a COVID infection requiring residential care was established in the City of York. The group also discussed the variation in commissioned services in the community between different localities.

Terms of reference:

The purpose of the group was discussed and three key elements noted:

1. Receiving information on the development of community services;
2. Representing the views of members from each governors' locality;
3. Providing a public reference group in the development of new services.

The group discussed the challenges around local engagement and some strategies to address these – noting that this is being discussed through the membership group. The group also discussed the challenge that for some localities the Trust is the provider of community services and for some it is not. The group were clear that their role is to review the work of this organisation but to strengthen representation from Trust management of East Coast services to be able to discuss pathways for patients in those localities. The group also discussed producing short items from presentation topics to include in Membership Matters.

Workplan for 2020:

Forward plan to include items on:

- Frailty at the front door;
- Ageing Well Programme;

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- Paediatric community services.

Workplan for 2021 to be included on December agenda.

Actions Agreed

- Future meetings to be on WebEx, dates for 2021 to be circulated (Andrea Groom)
- Terms of Reference to be updated in line with discussion (Steve Reed)
- Ideas relating to member engagements to be taken to membership group (Lynda Provins)
- East Coast management representative to be invited (Steve Reed)

Next Meeting

4 December 2020, 2-4pm on WebEx.

Steve Reed
Head of Strategy for Out of Hospital Services

4. Fairness Forum (15.09.20 & 19.11.20)

As at 7th September 2020, 898 staff members had completed the online training for Patient Equality and Diversity. Only staff who have face to face contact with patients are required to do the training and work is ongoing to identify how many staff fit this category.

The trust is moving towards `Patient Knows Best` when patient letters are sent electronically but when this is inappropriate copies will be sent by post. A new paragraph is being added for those who need extra help when attending appointments such as interpreter service or sight impairment.

Information leaflets on the ward have been removed due to infection control in the pandemic but a poster with QR codes for individual leaflets is being produced as it is felt that most people are familiar with QR codes but hard copies will still be available.

Funding has been provided for more tablet devices to enable interpretation services to function across all sites seven day a week. A piece of work has been undertaken on how patient records are handled for those of the transgender community to ensure accurate health record documentation when a patient receives a new identity.

A PLACE steering group has been established to oversee all aspects of PLACE and this will report to the Patient Experience Steering Group and the Fairness Forum when any Equality and Diversity issues have been raised. Dave Biggins expressed concern regarding funding for issues relating to the Inclusive Built Environment. Maggie Bulman from the LLP said that there is around £4m to spend on all backlog maintenance with £50,000 allocated to audit recommendations. Michelle Adeniji is now Chair of the new Race Equality Network and Vice Chair is Hassena Karbani. HR will work with them to develop a Trust wide equality action plan. Michelle has spoken to with colleagues from the BAME network who do not apply to management positions as they feel they have no chance of being successful.

Rachel Baines and Chris Hayes, Chaplains at York and Scarborough, expressed their frustration at the lack of progress on providing a prayer room with ablution facilities at Scarborough. A full discussion was held as this has been on the agenda for a very long time. Rachel said that the Doctors who follow the Muslim faith are beginning to feel undervalued as they have been moved from venue to venue, none of which are satisfactory. She and Chris think that as we aim to recruit more international doctors this needs to be progressed. The group strongly agreed and suggested that it could be taken to one of the Board's two subcommittees. Matt Morgan said he would take up the issue with his fellow NEDS. Funding is available and this includes some from NHS Charities Together.

Jeanette Anness
Public Governor for Ryedale and East Yorkshire



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Council of Governors (Public) – 9 December 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 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 membership report, the feedback from the membership surveys and the membership strategy.

Recommendation

The Council of Governors is asked to note the report.

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

Director Sponsor: Susan Symington, Chair

Date: December 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 October 2020 and discussed 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 30 September 2020, membership stood at 10,178. However, the Trust is not an outlier in this respect and many Trusts are struggling to attract membership.

Various initiatives have been implemented over the past year to increase public membership. These include displaying membership information, continued use of the Trust's Facebook and Twitter, promoting membership for friends and family in the Membership Matters newsletter and adding membership sign up to the "Role of the Governor" information sheets that are distributed by the governors.

In addition, other avenues will be explored to give governors the opportunity to promote membership of the Trust. However, some of these have been postponed due to the current Covid-19 situation. The Group discussed visiting schools and colleges, but this is currently not appropriate due to the pandemic.

Efforts will continue to promote the benefits of membership in order to maintain and increase Trust membership in accordance with the Membership Strategy.

Membership Survey - A You Said We Did article has been produced for the November Membership Matters to let people know what changes have been made as a result of their feedback including Board and CoG meetings now featuring regularly in Membership Matters as well as articles about membership benefits and the role of a governor.

Membership Development Strategy - The Membership Development Strategy is being updated following the discussion and the action log will include a number of actions from the meeting. A consideration will also be given to purchasing banners which promote membership for each hospital.

Surveys – The 2020 survey continues to be reviewed and actions include a look at the timing of the Council of Governors. Topics for seminars from survey suggestions continued to be used and a very well attended virtual seminar on Mental Health was held in October 2020. Actions will continue to be added to the Membership Strategy Action Plan. The Trust will also look at whether site specific surveys can be produced.

3. Detailed Recommendation

The Council of Governors is asked to note the report.



Council of Governors (Public) – 9 December 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 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

The Group discussed the following items:

- NED Out of Area Appointment
- Chair 3 Year Term
- East Coast Governor
- Partnership Organisations

Recommendation

The Council of Governors is asked to note the report.

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

Director Sponsor: Susan Symington, Chair

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

The Group discussed the following items:

NED Out of Area Appointment - The Group discussed the option of having an out of area NED, which may increase diversity on the Board in line with national guidance. It was agreed to recommend having one out of area NED at any one time and that this area should cover Yorkshire and the Humber.

Chair 3 Year Term – Following the agreement of the renewal of the Chair's position by the Council of Governors in September, the Group discussed whether the final term of three years would be agreed on a year on year basis or as a whole 3 year term. Non-executive Directors final terms are currently agreed on a year on year basis, but it was thought that the agreement of a final three year term would allow for stability. The Group agreed to continue to appoint the chair in her third term on a year by year basis in line with current practice.

East Coast Governor - Due to the recent elections which filled all public and staff governor vacant seats, it was not necessary to consider this option.

Partnership Organisations - it was agreed that this issue will be discussed as part of the Constitution Review by the whole Council of Governors.

3. Detailed Recommendation

The Council of Governors is asked to note the report.



Council of Governors – 9 December 2020 Governor Election Results

Trust Strategic Goals:

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

Recommendation

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

Purpose of the Report

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

Executive Summary – Key Points

The Council of Governors has recently completed elections for new Governors.

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: November 2020

1. Introduction and Background

This paper has been prepared to outline the results of the recent Governor Elections.

2. Governor Election Results

This year the following constituencies had seats available for election and the following people were elected:

Constituency	Name of Person Elected
Scarborough – 1 seat	Ian Mackay Holland
York – 1 seat	Rukmal Abeysekera
Bridlington – 2 seats	Angela Walker
	Josie Walker
Selby – 1 seat	Doug Calver
York Staff – 2 seats	Gerry Robins
	Vanessa Muna
Scarborough & Bridlington Staff – 1 seat	Maya Liversidge

We also welcome Paul Johnson as a stakeholder governor representing YTHFM LLP.

The new Governors have all had their inductions and took part in the Governor Development Day held last month where many of you were introduced to them.

All public and staff governor seats have now been filled.

3. Recommendation

The Council of Governors is asked to note the results of the recent Governor Elections and welcome the new Governors to the Council.

