

Agenda

Council of Governors (Meeting held in Public)

8 December 2021
Via Webex at 10.00am



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: 8 December 2021

In: via Webex

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 12.30	Council of Governors meeting held in public	Via webex	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.00 – 14.00	Private Council of Governors	Via webex	Council of Governors Non-executive Directors

Role of the Governor

Overarching general duties:

1. Representing the interests of members and the public
2. Holding the Non-Executive Directors to account for the performance of the Board

Statutory duties:

Appointments & remuneration

- appointing / removing chair & NEDs
- remuneration of chair/NEDs
- appointing / removing trust external auditor
- approving / not approving appointment of CEO

Finance & business development

- receiving annual report and accounts
- receiving auditor's report
- approving/not approving increases to non-NHS income of more than 5% of total income a year
- approving/not approving acquisitions, mergers, separations and dissolutions
- approving/not approving significant transactions
- expressing a view on board's forward plans in advance of submission to NHS Improvement
- **Approving changes to the Constitution**
- jointly approving, with the Board, changes to Trust's Constitution



Council of Governors (Public) Agenda

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	Apologies for absence and quorum To receive any apologies for absence.	Chair	Verbal	-	10.00 – 10.10
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	8	
3.	Minutes of the meeting held on 14 September 2021 To receive and approve the minutes from the meeting held on 14 September 2021	Chair	B	13	
4.	Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Verbal	-	
5	Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	To follow		10.10 – 10.30
6	Chair's Report To receive an update from the Chair.	Chair	D	27	10.30 – 10.35

	SUBJECT	LEAD	PAPER	PAGE	TIME
7	Corporate Governance Update To receive an update on various matters in relation to CoG	Associate Director of Corporate Governance	E	29	10.35 – 10.50
8	NED Review Mr Stephen Holmberg to provide an update on his areas of responsibility in the Trust.	Mr S Holmberg	Verbal		10.50 – 11.10
9	NED Introduction To receive an introduction from the new substantive NED.	Mrs D McConnell	Verbal		11.10 – 11.30
10	Assurance Committees Updates To receive updates from the Chairs of the Assurance Committees:	Chairs of the Committees			11.30 – 11.55
	10.1 Audit Committee		F1	31	
	10.2 Resources Committee		F2	33	
	11.3 Quality Committee		F3	38	
11	Governors Reports To receive the reports from governors on their activities from:		G	40	11.55 – 12.05
	11.1 Lead Governor incl. PESG	Ms Light			
	11.2 Governor Forum	Ms Light			
	11.3 Out of Hospital Care	Minutes attached.			
	11.4 PESG	Ms Light			
	11.5 Fairness Forum	Mrs Abeysekera			
12	Items to Note				12.05 –
	12.1 CoG Attendance Register		H1	51	12.10
	12.2 Research & Development Update		H2	53	
13.	Questions received in advance from the public.	Chair	To Follow		12.10 – 12.15

SUBJECT	LEAD	PAPER	PAGE	TIME
14. Any other business	Associate Director of Corporate Governance	Verbal	-	12.15 -
14.1 Membership Matters				12.25
15. Reflections of the meeting	Chair	Verbal	-	12.25 - 12.30
16. Time and Date of next meeting	The next Council of Governors meeting will be held on 15 March 2022, 10.00am, venue TBA.			

Register of Governors' interests

December 2021

Additions: Alistair Falconer (Public: Ryedale & EY)
Sue Smith (Public: Ryedale & EY)
David Wright (Public: Ryedale & EY)
Bernard Chalk (Public: East Coast of Yorkshire)
Keith Dobbie (Public: East Coast of Yorkshire)
Beth Dale (Public: York)
Amit Bhagwat (Public: Out of Area)
Mick Lee (Staff: York)
Byron Stevenson-Wightwick (Staff: Scarborough & Bridlington)

Deletions: Jeanette Anness (Public: Ryedale and EY)
Elizabeth Black (Public: Scarborough)
Andrew Butler (Public: Ryedale and EY)
Stephen Hinchliffe (Public: Whitby)
Jo Holloway-Green (Appointed: York MIND)
Margaret Jackson (Public: York)
Helen Noble (Staff: Scarborough & Bridlington)
Sheila Miller (Public: Ryedale and EY)

Modifications:

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
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Chair – Askham Richard Parish Council	Nil	Nil
Amit Bhagwat (Public: Out of Area)	Consultancy business – Beam SRC	NIL	Nil	Chair - Volunteering Bradford, Myrovlytis Trust.	Nil	Nil
Doug Calvert (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
Bernard Chalk (Public: East Coast of Yorkshire)						
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Income Generation —St Leonards Hospice York	Director of Income Generation —St Leonards Hospice York	Nil
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Keith Dawson (Public: Selby)	Director - KASL (Riccall) Ltd	Nil	Nil	Councillor - of Riccall Parish Council	Nil	Nil
Keith Dobbie (Public: East Coast of Yorkshire)	Director – Woodlands Academy NED – Sandsfield RMC Ltd	Nil	Nil	Nil	Nil	Nil
Alastair Falconer (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil
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
Ian Mackay Holland (Public: Scarborough)	Nil	Nil	Nil	Vice Chairman/Trustee – Bridlington Hospital Friends.	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Paul Johnson (Appointed: YTHFM)	Nil	Nil	Relative is an MD of company on the Trust's procurement system.	Nil	Nil	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.	Nil	MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants
Maya Liversidge (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Vanessa Muna (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (Appointed: North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics

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
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. Lay Member – Trust’s Research & Development Panel	Nil	Nil
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil
Byron Stevenson – Wightwick (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership
Angela Walker (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Josie Walker (Public: Bridlington)	Nil	Nil	Nil	Nil	Spouse is an elected member of East Riding of Yorkshire Council and Bridlington Town Council	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
David Wright (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil



Minutes

Public Council of Governors meeting 14 September 2021

Chair: Ms Susan Symington

Public Governors:

Mr Michael Reakes, City of York; Dr Rukmal Abeysekera, City of York; Mrs Helen Fields, City of York; Ms Sally Light, Public Governor, City of York; Mrs Jeanette Anness, Ryedale and East Yorkshire; Mr Keith Dawson, Selby; Mr Doug Calvert, Selby; Mrs Josie Walker, Bridlington; Mr Andrew Butler, Ryedale & East Yorkshire; Mrs Angela Walker, Bridlington; Mrs Catherine Thompson, Hambleton; Mrs Sheila Miller, Ryedale & East Yorkshire

Appointed Governors

Mr Paul Johnson, YTHFM; Mr Gerry Richardson, University of York; Cllr Chris Pearson, NYCC

Staff Governors

Mrs Maya Liversidge, Scarborough/Bridlington; Mrs Sharon Hurst, Community

Attendance

Mr Jim Dillon; Dr Lorraine Boyd, NED; Mrs Lynne Mellor, NED; Mrs Justine Harle, Patient Experience Team Lead; Mrs Catherine Rhodes, Lead for Patient Experience; Mr Mike Taylor, Assoc. Director of Corporate Governance; Mrs Tracy Astley, Assistant to FT Secretary

Observers

Livestreamed to the public

Apologies for Absence:

Mr Simon Morritt, Chief Executive; Mrs Jenny McAleese, NED; Mr Matt Morgan, NED; Mr Dylan Roberts, Chief Digital Information Officer; Mrs Wendy Scott, Chief Operating Officer; Mrs Heather McNair, Chief Nurse; Ms Polly McMeekin, Director of Workforce; Stephen Holmberg, NED; Mrs Margaret Jackson, Lead Governor; Mr Stephen Hinchliffe, Public Governor - Whitby; Dr Ian Mackay Holland, Public Governor - Scarborough; Ms Dawn Clements, Appointed Governor - Hospices; Mrs Helen Noble, Staff Governor - Scarborough/Bridlington.

21/39 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate.

21/40 Declarations of Interest (DOI)

The Council acknowledged there were no changes to the DOI.

21/41 Minutes of the meeting held on the 9 June 2021

The minutes of the meeting held on the 9 June 2021 were agreed as a correct record.

21/42 Matters arising from the minutes

There were no matters arising from the minutes.

21/43 Chief Executive's Update

In the absence of Mr Morritt, Ms Symington gave an overview of the paper and highlighted the following:

Covid-19: current position

It was more difficult in the trust now than at the peak of the pandemic. During the pandemic all resources were aimed towards dealing with Covid but 18 months on the trust was expected to carry out pre-pandemic levels of activity which was very difficult to do given that Covid-19 restrictions were still in place.

The Trust currently had 54 Covid-19 positive patients. There were 2 Covid wards at York Hospital.

Operational performance and recovery

The Emergency Department was very busy with half of the patients having to wait more than 4 hours from arrival.

It was a difficult time for staffing. Staff absence has been impacted by test and trace / covid-19 isolation requirements and August/school holiday annual leave.

The Trust was down 110 beds overall because of the need to keep social distancing measures. It was working hard to recover the backlog of patients needing planned treatment whilst continuing to treat urgent and acute patients and those with Covid-19.

These issues were coupled with going into winter and the flu season and any Covid mutations, etc. The Trust was currently planning for the months ahead.

Humber Coast & Vale ICS update

Ms Symington commented that this was moving at a fast pace now. The Trust was very much involved in the development of the partnership. She gave a summary of the

objectives of the partnership and advised that the region's ICS will be embedded into legislation from April 2022 subject to approval.

Emergency Departments expansion

York Hospital – challenge was to stay operational whilst trying to build the development.

Scarborough Hospital – this was moving towards a Full Business Case submission in order to progress to the building stage. It was a £47m build and discussions were taking place with construction partner to ensure the build will be delivered within budget. It showed the organisation's commitment to Scarborough to build and develop the hospital for local people and staff.

Working towards a healthy Bridlington

Feedback from local residents, health and social care partners, has now been collated and analysed and will help inform future planning. A walk about has been arranged for the Bridlington governors to visit Bridlington Hospital and meet staff/patients.

Mrs Thompson referred to staffing issues and commented that in her workplace the situation was exactly the same. Sickness absence was starting to rise because staff have been working under pressure for so long that their resilience, mental health and wellbeing were being affected. Staffing issues was probably the driver of other challenges, ie. Drop off by ambulances at Emergency Department, elective procedures, etc. There was a real need to look after staff as they were under enormous pressure from the regulators.

Mrs Hurst agreed with Mrs Thompson and added that this was system wide. Because the Trust was working in a system then the organisation was affected by its partners.

Mrs Anness asked if the children route through ED had been implemented. The Council was informed that this had been put in place and the results will be available after the summer months.

Mr Reakes asked what opportunities had the Trust explored to improve staff morale? Ms Symington replied that there were lots of things happening within the Trust to help improve staff morale. Mrs Mellor gave a number of examples, including taking part in the "Big Thank you". She added that the Resources Committee was sighted on supporting staff morale, resilience, making sure staff workshops were there, opportunities for staff to talk about their experiences, etc. Mr Dillon added that there were a number of measures being put in place to support staff morale but none of these will be enough under the circumstances. However, saying thank you goes a long way and he enjoyed the experience of pushing a trolley around Scarborough Hospital handing out cakes to staff who really appreciated it. It was a simple way of saying thank you. Dr Boyd added that the message to staff would be how the Trust was helping them do their job the best they can, and a lot of time and effort was currently going into this.

Mr Reakes asked whether using bank agencies was helping with staff issues. Mrs Fields commented that she presumed agency staff and bank staff were in the same situation. Ms Symington replied that bank fills were 70% last year compared to the same time this year of only 11%.

Mrs Thompson referred to patient waiting times and the communication with them. She felt it was an important factor because the lack of communication with people who were waiting was making them seek other ways to access treatment in other parts of the system which was putting tremendous pressure on those who were also struggling. She asked what the Trust was doing to communicate and support people who were waiting 52 weeks or longer as they need support to live well otherwise it will lead to long term conditions. Ms Symington replied that the Board have given serious consideration to this at Board and it is on their radar. Dr Boyd added that the Quality Committee were aware of this issue and a business case has been put forward, and approved, to deal with this issue. She gave assurance that Out of Hospital Care was a key part of this and the Board was looking to support that as much as possible.

The Council:

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

21/44 Chair's Report

Ms Symington gave an overview of her report and highlighted the following: -

- Annual Governors 1:1 meetings – these have now been completed and Ms Symington met with 20 out of 26 governors. For a number of reasons not all governors were available. She spoke about the high-level observations and in generally the feedback received from the governors was good. She spoke about areas for development that were highlighted by the governors and Ms Symington gave an update on progress with these.
- NED recruitment – this will be discussed later in the Private CoG where the NomRem Committee will have a recommendation to put to the Committee.
- Governor election process – this was still ongoing. The voting will end on 29 September. The results will be published on the 30 September.
- Goodbyes – this involved the long-standing governors who received a thank you gift and certificate by the Trust to show much appreciation for all their hard work and commitment during their 9 years in tenure.

21/45 Quality Committee update

Dr Boyd gave an overview of the responsibilities of the Quality Committee and commented that the topics discussed at the recent meetings all revolved around patient safety. She also spoke about the cultural change within the organisation and said this was slowly progressing.

The Council:

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

21/46 Resources Committee update

Mrs Mellor gave an overview of the responsibilities of the Resources Committee and summarised the topics discussed at the recent meetings:

- Digital - cyber security, information governance, essential services
- Finance – overall financial status of the Trust
- Workforce – staff fatigue and stress, violence against staff, staff morale
- Risk – risk appetite, strategic context, balance of priorities
- LLP – New Start Programme, KPIs, property disposals, backlog maintenance

Mr Dillon referred to the KPIs and how the LLP had performed during the past 18 months. He spoke about the difficulty in recruitment retention and morale of staff within the LLP. He also spoke about income generation for the LLP.

Mr Richardson referred to cyber security and asked if the Trust was an outlier. Mrs Mellor replied that this problem was endemic across all industries. Some trusts had more sophisticated applications that detected issues with cybersecurity. Discussions were ongoing around this topic.

Mr Reakes referred to the Emergency Capital Application and asked if that was focused on various risks like cybersecurity or could it be used for backlog maintenance. Mrs Mellor replied that Mr Bertram, Finance Director, was looking into how the Trust could apply for the capital and, should the Trust receive it, then they will prioritise funds accordingly.

Mrs Thompson referred to the Trust's reports and the system wide reports which made her reflect on the last 10-15 years and surmised that at times of pressure and change things do go wrong and care falls down. She asked to what extent the Board felt assured that processes were in place to prevent vulnerable people being put at risk as the Trust was coming out of the pandemic. Dr Boyd replied that the Quality Committee was focussed on patient safety. She explained how the Quality Committee was seeking assurance from various sources and how it was ensuring that the cultural change within the organisation was happening.

The Council:

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

21/47 Audit Committee update

In the absence of Mrs McAleese, Ms Symington read out a statement from her.

The focus of the Audit Committee meetings in May and June was the year-end audit and associated reports. It was Mazars' first year as the Trust's External Auditors and she was pleased to report that the audit went extremely well, both from the Trust's perspective and theirs. As last year, the audit was carried out remotely because of the pandemic and she thanked and payed tribute to all involved.

Mazars gave the Trust a clean audit report, with the exception of the limitation of scope in relation to stock as a result of their being unable to attend any year-end stock take: this was expected and was the case for other NHS Foundation Trusts. The Value for Money (VFM) work has recently been completed and, again as expected, Mazars have reported significant weaknesses because of the remaining outstanding CQC conditions covering patients in ED with mental health needs.

Mrs McAleese has requested that Mazars complete their VFM work earlier next year so that the Trust can hold the AGM in September, rather than having to postpone it as has

happened this year. Mazars has confirmed that this will be the case and that this year's timetable was extended because of the pandemic.

The Council:

- **Noted the statement from Mrs McAleese.**

21/48 NED Review

Mrs Mellor gave an overview of her career background and her current role within the Trust. She was passionate about IT and worked closely with the Trust's Chief Digital Information Officer, Dylan Roberts, in moving the Trust's Digital Agenda forward. She also spoke about projects she was involved in the wider community which reflected positively on the Trust.

Mr Richardson referred to the Digital Agenda and asked how these issues were prioritised. Mrs Mellor replied that this was agreed at Board level. Plans were drawn up and progress will be monitored through the Resources/Quality Committees.

Mr Butler asked how the Resources Committee was assured of the Trust's balance of risk given the financial climate and that it was not necessarily being too conservative. Mrs Mellor replied the Board had a risk strategy which they review on a regular basis. Ms Symington added that the Trust was sticking to its budget and was not doing anything that could be described as risk taking.

Mrs Fields asked where the Trust sat compared to other trusts with regard to digital. Mrs Mellor replied that there have been a number of programs which the NHS had set up previously with digital exemplars, around 12, which the Chief Digital Information Officer benchmarks the Trust against. There were some really good pockets of progress being made and there were plans to continue this progress throughout the Trust.

Mrs Thompson questioned how the Trust prioritised its digital issues whilst working with the ICS who may have other priorities which the Trust needed to fit in with. Ms Symington replied that this matter was a Board issue and she will get a reply from the Board and feedback to Mrs Thompson.

Mr Reakes asked if the Trust had technology where consultants from SGH could liaise with YH if needed. Ms Symington replied that there was a system in place for clinicians to liaise with each other in relation to patient care.

The Council:

- **Thanked Mrs Mellor for an informative presentation.**

Action: Ask Board for reply re Mrs Thompson's question on prioritising digital issues with ICS digital agenda and feedback to Mrs Thompson.

21/49 Governors' Reports

- Transport - Mrs Miller highlighted the poor signage at the Community Stadium as patients did not know where the health services were. Mr Johnson commented that signage to the stadium was not the Trust's responsibility. However, internal signage will be updated within the next couple of weeks.

- Fairness Forum – Mrs Abeysekera gave an update on the ablution facilities on the Trust sites. She also spoke about staff training on EDI. Mrs Anness added that the forum had received 3 examples of patients being let down by lack of interpreters and sign language provisions. It was recognised that patients needed to be fully informed of their rights and a discussion took place on how best to do this. She asked if information could be promoted through Membership Matters. Ms Symington replied that these services were widely communicated around the Trust.
- Out of Hospital Care – Mrs Anness commented that the meeting had been given a presentation around frailty at the front door and frailty scoring in ED. She wondered if this could be considered as the governors’ topic for audit next year. Ms Symington replied that this was a good suggestion and she will make a note of it.

The Council:

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

21/50 Patient Experience Feedback

Mrs Rhodes and Mrs Harle gave an overview of how they received patient feedback on their experience at the Trust, both through paper versions and electronic versions. They gave a summary of the routes available to collect feedback and how this feedback was used to improve services through the care groups.



Mrs Anness referred to patients’ complaints around communication. Mrs Harle replied that a lot of work was ongoing around this. However, to put things in perspective, from the 100s of patients that were seen each day only around 10 complaints were received each week.

Mrs Rhodes commented that there were lots of ways patients can give feedback and using those methods made it easier for the Trust to benchmark itself against other organisations. Setting up new ways of receiving feedback would not be helpful. It was about signposting people to the various existing methods of giving feedback.

Mr Reakes asked how the Friends & Family test were conducted. Mrs Rhodes replied that the Friends & Family test was intended to give real time feedback. The results were disseminated through to the care groups. The paper versions were mainly used on wards and the electronic version used for outpatients. Mrs Rhodes explained how the electronic version of the Friends & Family test was used where around 10% of patients were randomly selected to give feedback.

Mr Reakes asked how they captured what was a good experience and what needed improving. Mrs Rhodes replied that they use an external agency to collate the response and they report back to the team on a monthly basis. At ward sister level, they receive a report each month showing percentages and comments. They are encouraged to develop an action plan based on the feedback.

Mrs Abeysekera asked what system was in place to capture the views of people whose English was not their first language. Mrs Rhodes replied that there was a system in place and this was being reviewed regularly to ensure everyone had access to a method of giving feedback.

The Council:

- **Thanked Mrs Rhodes and Mrs Harle for their time and presentation.**

21/51 FT Secretary Report

Mr Taylor gave a verbal update around the governor elections. He commented that voting was now underway and the results will be available from 30 September. It was expected that all vacancies will be filled.

The Council:

- **Noted the update on the governor elections.**

21/52 Governor Skills Register

The Council discussed whether having a Governor Skills Register would be beneficial. The consensus was that it would be a good idea. Ms Symington and Ms Astley will follow this up and feedback in December.

Action: Ms Symington/Mrs Astley to feedback at December CoG re the implementation of a Governor Skills Register.

21/53 Items to Note

The Council noted the following items:

- Attendance Register
- Meeting Dates 2022-2023

No comments were made.

21/54 Questions received in advance from the Public

Ms Symington referred to the report showing the questions received in advance from the public together with their responses.

She read out the Trust's response around Stroke Services.

The Council spoke about the questions received from Mr Wane, in particular the loss of services he listed. The Council was assured that some of these were still fully functional and therefore questioned the validity of his sources. Mr Butler added that any changes to services were made based on a clinical decision and on resources available at that time. He requested that people work with the Trust in order to understand how decisions are made, etc., so that misinformation is not communicated.

21/55 Reflections on the meeting

- Difficulty in hearing some of the speakers due to the acoustics of the room.
- Very interesting meetings, lots of topics
- LLP newsletter was excellent. Good interesting information.

21/56 Any Other Business

No further business was discussed.

21/57 Time and Date of the next meeting

The next meeting will be held on **8 December 2021 at Malton Rugby Club**. Details TBC.

Public CoG – Action Log

No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
21/13	16.03.21	Discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group.	Mrs Astley Ms Hall Mrs Johnson	June 21	Governors are very welcome. Let Mrs Astley know if you wish to attend. Action closed.
21/22	09.06.21	Send the Recovery Plan to the governors.	Mr Morrith	July 21	To be discussed at Board to CoG in October. Action closed.
21/22	09.06.21	Share the latest Stroke data with the governors once validated.	Mr Morrith	Aug 21	Governors updated on Stroke data through C.E. Report and replies to public questions. Action closed.
21/22	09.06.21	Share latest edition of “Designing ICSs in England” with the governors.	Mr Morrith	July 21	Emailed 22.09.21. Action closed.
21/26	09.06.21	Chase up East Coast key messages with Mr Morrith/Comms Team and distribute to the governors.	Ms Symington	Aug 21	We agreed that this ask would be addressed through the inclusion of an East Coast update in Simon’s Chief Executive’s report for the Council of Governors. I think it’s also worth saying that whenever we have an announcement or we are launching anything significant we share any materials (briefings, Q&As, media releases etc) with the governors in advance whenever it’s practical or possible to do so. We’ve also provided dedicated governors briefings on specific issues. These mechanisms, along with the other information that the governors routinely receive through their role, should ensure they are well

					briefed on any significant issues and can gain an understanding of the key messages. Action closed.
21/29	09.06.21	Make the approved amendments to the Membership Development Group ToR and the Constitution Review Group ToR.	Ms Hall	July 21	Completed. Action closed.
21/30	09.06.21	Make the approved changes to the Compliance Manual.	Ms Hall	July 21	Completed Action closed.
21/37	09.06.21	Discuss how NEDs sought assurance from the Board and the process when not receiving sufficient assurance and report back at next meeting.	Ms Symington NEDs	Sep 21	<p><u>How we seek assurance</u> Through primary and secondary information All in a various forms e.g. via Executive Directors or experts within their teams. They hold the responsibility for the delivery of strategic goals, have a great understanding of the detail and are therefore best placed to provide the required assurance. Other sources include staff, patient walk arounds, briefings, online, etc</p> <p>We would always need to have an evidence base to support any assurance and would, wherever possible, look to have such evidence triangulated from multiple sources; the IBR may be useful source of data but there are multiple other reports, both internal and external, that will be of relevance and importance.</p> <p>It would not be unusual for sources of evidence</p>

				<p>to provide a different perspective as far as assurance is concerned and, in this situation, we might request an additional piece of work to be done to provide the full assurance that we were seeking.</p> <p><u>What do we do if we don't receive sufficient assurance</u></p> <p>Ask a question in a different way. If that doesn't work ask for an action to gain assurance at Board level. At committee level, ditto and then escalate for action. We would read further info and then revert to primary if that doesn't work.</p> <p>We might agree with an executive that further work is required - either to obtain further information or indeed to modify an activity where we have agreed that the present situation requires change. Such work would be subject to an agreed timeline for further review.</p> <p>In certain situations, it might not be possible to receive assurance on a particular issue. In this case, we would be prepared to accept assurance of a different nature - that mitigations were in place until the full situation could be retrieved. Where a situation arises that assurance cannot reasonably be received or that mitigations still fell short of the desired position, we would look to escalate the matter to Trust Board so that the concern can be understood and hopefully resolved with a full Board discussion.</p>
--	--	--	--	--

					<p>Audit Committee looks mostly at systems of governance, risk management and accountability and finance to ensure that they are fit for purpose. In doing so it relies on third line assurance from Internal Audit and, in the case of financial systems, fourth line assurance from External Audit. If the Committee is not satisfied it invites the Executive responsible along to the Committee to account for themselves.</p> <p>If the Committee is not assured about a certain area, it has the authority to commission reviews. An example of this is the HPV Incident: the Committee was not assured that the learning from this incident had been captured and acted upon so commissioned the Head of Internal Audit to carry out an investigation.</p> <p>Action closed.</p>
21/37	09.06.21	Create a training package of NHS Providers courses.	Ms Hall Mrs Astley	Sep 21	NHS Provider course list for 2021/22 has been sent to all governors. Courses will be arranged throughout the year. Action closed.
21/48	14.09.21	Ask Board for reply re Mrs Thompson's question on prioritising digital issues with ICS digital agenda and feedback to Mrs Thompson.	Mr Taylor	Oct 2021	Ongoing

21/52	14.09.21	Feedback at December CoG re the implementation of a Governor Skills Register.	Ms Symington / Mrs Astley	Dec 2021	On agenda.
-------	----------	---	---------------------------	----------	------------

D

Chair & Chief Executive's Office

The York Hospital
Wigginton Road
York
YO31 8HE
01904 631313
Susan Symington, Chair
Direct Line: (01904) 721053
Email: sue.symington@york.nhs.uk
lisa.gray@york.nhs.uk

Dear Governors,

Many of you will know that I am leaving our Trust at the end of November to start a new role in the NHS as Chair Designate of Humber Coast and Vale Integrated Care System.

It has been an absolute privilege to be your Chair. As I reflect on the last nearly seven years as Chair of the Trust so much has changed, and so much has improved.

We have become a values-driven organisation - openness, kindness and excellence guide our activities. A strong Board of Directors work tirelessly for the organisation and we have an excellent Council of Governors who support our work. We have a vibrant charity that exists to improve staff and patient experience, and most importantly of all, we have an extraordinary team of 9,000 people across all of our sites who care passionately about our patients. More than this, the Trust has a very clear strategy and direction of travel.

We have real ambitions for our Trust and for those we serve including the numerous capital plans which seek to improve our premises (I will be watching the big Scarborough project very closely!)

The Trust has embarked on a number of journeys which will improve the ways in which we work and the quality of the care we provide - a new approach to digital, a refreshed approach to quality improvement, an energised approach to working with our staff and really caring about their wellbeing. We have become an organisation that really seeks to value diversity, that welcomes partnerships and collaboration.

All of this inspires me. All of this will come. Our Trust is under extreme pressure currently. We all know the reasons - increased demand at the front door, pressures from government to tackle the backlog from the pandemic, the ongoing impact of COVID and challenges in discharging patients safely because of the extreme pressures in social care. All of these issues come together for us in the Trust to create a perfect storm, and collectively we anticipate these challenges continuing for some time. We all feel it - differently in our different roles, but we all feel it.

These are dark days, but they won't last forever and the Trust will be ready to act on these ambitions and make them real, for the benefit of those we serve and for all of our staff. I urge you to feel pride in working for the NHS, proud of the trust you work for and proud of the unique contribution that you personally make.

My final word must, of course, be thank you. Thank you to every one of you who strives every day to make our Trust a better place, for caring about those we serve and for seeking to improve everything we do. Thank you to everyone who has supported me in my role: you have inspired me to give my very best every day. I know that you will provide a warm open welcome to my successor.

I wish this, our Trust, every success in the future.

Yours sincerely



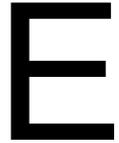
Susan Symington
Chair



Corporate Governance Update

For the Council of Governors

8 December 2021



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
For discussion
For assurance

For approval
A regulatory requirement

Purpose of the Report

To update the Council of Governors on corporate governance relating to the Trust and its governors.

Recommendation

To receive the information and note its contents including ratifying appointments to the Council of Governors' Committees/Working Groups.

Author: Mike Taylor, Associate Director of Corporate Governance

Director Sponsor: Jenny McAlesse, Vice-Chair

Date: November 2021

1. Introduction

This report is intended to provide an update to the Council of Governors on any matters that are of interest to the governors relating to the Trust's corporate governance.

2. Humber Coast and Vale ICS appointments

Sue Symington had been the Chair of York and Scarborough Teaching Hospitals NHS FT since April 2015. In September of this year she applied successfully for the role of Chair of Humber, Coast and Vale Health and Care Partnership (The ICS). Sue Subsequently left the Trust on 30 November 2021 to commence her new role.

It is the role of the Council of Governors to recruit Non Executive members of the Board, and this includes the Chair.

A full job description and specification has been drafted and supported the role going out to advert on 6 November which runs until 9am on 6 December.

Jenny McAleese will take over as Chair of our Trust for the interim period while we work to recruit a new Chair for the Trust, and interviews are due to take place in the New Year.

Jenny will therefore Chair the Council of Governors until a new Chair is appointed.

3. Council of Governors' Committees and Working Groups

Following the concluding of the elections and the requests for expression of interest the Committees and Working Groups for governors have been filled as follows:

Committee/Working Group	Members
Nominations/Remuneration Committee	Mick Lee, Keith Dawson, Beth Dale, Sue Smith, Alistair Falconer
Membership Development Group	Maya Liversidge, Sue Smith
Constitution Review Group	Keith Dobbie
Out of Hospital Care Group	Bernard Chalk, Sue Smith, Beth Dale

The Council of Governors is asked to ratify these appointments in fulfilling the governors' governance requirements. Subsequently, each of these committees/working groups has terms of reference that, in line with its review timetable, will be approved by the Council of Governors.

The committees/working groups will be able to formulate recommendations which must be approved by the Council of Governors.

Tracy Astley will be coordinating the above meetings and/or communicating when meetings are to take place.

4. Recommendation

To receive the information and note its contents including ratifying appointments to the Council of Governors' Committees/Working Groups.

Audit Committee – September 2021

Key Issues Report

Report Date: 23.09.2021	Report of: Audit Committee Chaired by: Jenny McAleese
Date of last meeting: 16.09.2021	Membership Numbers: Quorate
1. Agenda	The Audit Committee met on 16 September 2021. The Committee wishes to draw the following matters to the attention of the Board.
2. Items for Action	Outstanding Actions arising from Internal Audits Audit Committee asks that Executives ensure that their teams deliver actions within the agreed timescales and update the system accordingly. Completion of the Board Assurance Framework The Committee was pleased to see the continuing progress with the BAF and asks that the work to complete it is brought to a swift conclusion.
3. Items for Information	Counter Fraud The Counter Fraud Team is going to be running a Counter Fraud Master Class for the Board and Mike Taylor has been asked to arrange this. Data Security and Protection Toolkit The Committee was concerned that this audit of the organisation's performance against the National Guardian's ten data security standards received low assurance and we have invited Dylan to our next meeting in order to update us on progress in this important area.

		<p>Invitation of Executives to Audit Committee</p> <p>The Committee has agreed to invite Executives in turn along to our meeting so that we can seek assurance of their areas of responsibility and follow up on any outstanding audit actions. This will start with Dylan at our December meeting, followed by Jim at our March meeting.</p> <p>Annual Report from Mazars</p> <p>Mazars presented their Annual Report and this is enclosed in the blue box.</p>
4.	Risks Identified	The Committee identified no new risks.
5.	Report compiled by	Jenny McAleese

CHAIR’S LOG: Resources Assurance Committee Summary

Chair: Lynne Mellor

Date: 19 October 2021			
Agenda Item	Summary	Receiving Body, i.e., Board or Committee	For Recommendation or Assurance to the receiving body
Workforce	<p>Research and Development: The Committee welcomed the report and it noted the good progress made in R&D such as:</p> <ul style="list-style-type: none"> - The establishment of a Research committee. Ask of the Research committee, if more can be done with industry stakeholders? - The Trust and the Medical School have agreed to appoint jointly 5 new clinical academics to support the development of the clinical research agenda. - Several grants for external funding since April submitted - Research Strategy to 2024 – assurance given that the strategy provides focus and commitment. 	BOARD	INFORMATION
Workforce	<p>Gender Pay Gap Report:</p> <ul style="list-style-type: none"> - The Committee noted the Agile working agenda is progressing well when correlated with recent staff feedback e.g., 53.5% of staff saying the Trust is responding to flexible working. 44.8% of staff are working part time. Only 6.9% of staff across the Trust give work life balance a reason for leaving. - The committee did seek assurance around more visibility on the plan to address the gender gap including timescales to resolve the issues e.g., remote working was discussed and how IT can help facilitate that – but more information is needed to provide assurance on volumes, milestones etc., to address and help support this agenda. 	BOARD	INFORMATION

Workforce	<p>Occupational Health:</p> <ul style="list-style-type: none"> - Recognition that this service has come under increasing pressure particularly from pandemic related issues such as sickness and absence. Due to pressures on the service, priority has been given to the care of Trust staff, and less focus has been given to external contracts, thus revenue income has declined (e.g., 64k to date, as opposed to over £100k during the comparative period last fiscal). - The Committee was assured that the number of qualified mental health first aiders is targeted to grow to circa 10% of Trust staff and connections are being made to link up services where appropriate with other champions across the Trust (e.g., Values and Behaviours Champions) to provide a greater support network. 	BOARD	INFORMATION
Workforce	<ul style="list-style-type: none"> - A rise in 'unfilled temporary nurse staffing requests' is a concern at 37% (a level last seen in April 2020). The problem is compounded by staff sickness/absence with 26% of absences due to mental health. However, the Committee was assured that a number of plans are being considered as part of the Workforce Resilience programme. 	BOARD	INFORMATION
Digital	<ul style="list-style-type: none"> - Findings from the 'As IS' discovery exercise highlight multiyear non-compliance against internal and external audits. The Committee was given some assurance that plans to address these issues are being drawn up. - Information Governance report provided – more needed on accuracy and content of the plan to give assurance of progress written at an 'executive level'. 	BOARD	INFORMATION
Finance	<ul style="list-style-type: none"> - A 6-month post implementation review of the Community stadium noted that the Trust is spending £70k less than forecast. Some unforeseen issues against plan have arisen e.g., continued Covid restrictions have prevented full staffing of the stadium training facilities, and at cost, other venues are having to be used such as Malton Rugby club. Overall, it is expected by month 12 that the business case will break even. Further assurance is sought by the Committee to provide a month 12 PIR summary of 'what 	BOARD	INFORMATION

	went well, lessons learnt and even better if'.		
Finance	<ul style="list-style-type: none"> - H1 – balanced position - H2 – Draft income and expenditure plan to be brought to the Board. Expectation is for the Trust to deliver a 2% efficiency challenge. 	BOARD	INFORMATION
LLP	<ul style="list-style-type: none"> - Continued upward trajectory on KPIs turning to Green which is excellent news. The Committee also in discussion was assured that this is in line with verbal staff feedback around the LLP service. - Sickness remains an issue at 9.73% - the Committee was assured that plans are in place to address. It was also assured by the more 'innovative plans' to recruit staff given stiff competition from local industry. - Some assurance was given re the VIU scheme that alternative options are now being considered with a decision imminent. - The Committee has requested the LLP report is consolidated into an executive summary for next quarter. 	BOARD	INFORMATION
Risks	<ul style="list-style-type: none"> - Risks were reviewed at the Committee including developments to the BAF. The Committee was assured that updates will ensure templates are completed by the end of November and actions evidenced 	BOARD	INFORMATION

Date: 18 November 2021

Agenda Item	Summary	Receiving Body, i.e., Board or Committee	Recommendation or Assurance to the receiving body: Information, Action, Decision
Workforce and OD	<ul style="list-style-type: none"> - Nurse staffing – noted an increase in vacancies at 8% however we have an additional 66 FTE RNs in total this year compared to last; plus, there are due another 28 FTE international nurses (not yet accounted for until allocated an area) due to start in December. - The committee did welcome that there will be an increase in HCAs (135 FTE more than last year) to support nursing staff, particularly in the winter months. Stability in headcount has decreased to 89% but the committee was assured that this is not concerning given its just 1% beneath the upper quartile 	BOARD	INFORMATION

	<p>threshold.</p> <ul style="list-style-type: none"> - The committee discussed the continued issue regarding the 'well-being' of staff and noted further support is recognised as needed such as the resilience programme, which is underway. - The committee discussed the vaccination roll out and noted that for the double dosage i.e., Flu and Covid booster (41% for front line and 43% for other staff) numbers could be significantly higher than reported - however the Trust is reliant on staff members informing the Trust of any vaccinations administered locally e.g., by their GPs. Work is underway via communications; local staff registers, to capture this data. 		
Digital	<ul style="list-style-type: none"> - The committee noted the risk to the delivery of the Trust's digital service if funding cannot be provided to secure key staff and skills for next fiscal. The committee was assured steps were in place to mitigate the risks: the CDIO is working with the Trust Finance Director and also subject to external funding, looking to appoint a strategic partner in December to assist with the infrastructure and service management issues. - The committee was concerned with the backlog of work (171%) and the increase in data requests and asked for assurance at the next deep dive on how resultant risks will be mitigated. - The committee noted the key priorities to year end and asked for a fuller report on assurance of how success will be measured including KPIs. 	BOARD	INFORMATION
Digital	<ul style="list-style-type: none"> - The Committee welcomed the Information Governance (IG) update and asked for the root causes of the issues to be reported with the next major update in IG. This is to provide assurance the problems are being addressed and risks are being mitigated. 	BOARD	INFORMATION
Finance	<ul style="list-style-type: none"> - 155k surplus position at month 7 against 59k deficit plan - Emerging risk with the CIP noted as it currently stands at £1.8M delivered against an £8M programme. The committee was assured plans are in place to close the gap. - Capital spend to date is £6M spend against £9M planned – aim is to spend by end of fiscal. - Cash position is £40M - Noted the Trust compliance to the Better Payments programme is averaging at 94% for suppliers being paid within 30 days. 	BOARD	INFORMATION
LLP	<ul style="list-style-type: none"> - The committee welcomed the excellent Green Plan report and the Annual sustainability report, presented by Jane Money. The committee noted the ask for a change to the mission statement and suggested an update to include patients and visitors (given 26% carbon footprint) as well as partners and all key stakeholders who impact the Trust services. The Board is asked to sign off the revised statement. - The committee discussed the significance of this net zero plan for the Trust, and requested linkage is made to the outcomes/plans as appropriate as they emerge from COP 26 for the NHS. - The committee also discussed the Trust exploring further potential avenues of assurance through the NHS registered charity for sustainable healthcare which encourages 'Green Ward' or 'Green surgery' 	BOARD	DECISION

	status https://sustainablehealthcare.org.uk/planetary-emergency-what-it-and-how-take-action		
Risks	<ul style="list-style-type: none"> - - The committee discussed the evolution of the BAF, asked for trends to be added and noted progress. - A key risk update was discussed to the Workforce/OD Corporate risk register. The committee noted the mandatory vaccination enforcement from April 22 next year could present a risk to the Trust at a Corporate level i.e., staff would be unable to work for the Trust unless they have proof of having a double Covid vaccination (does not include booster). For example, this could be problematic for international nurses arriving in the UK who may not have had access to the same free and effective vaccination services as the UK offers. 	BOARD	INFORMATION

CHAIR'S LOG: Quality Assurance Committee Summary

Chair: Steve Holmberg

Date: 19 October 2021			
Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
9	MD – SI reports show evidence of harms associated with failure to deliver basic care. Concern of linkage to medical/nursing staffing levels. Circumstances of a death on Ward 32 escalated to CQC and CCG	Board	Escalation
11	CN – continued high levels of HAI especially outbreaks of C diff. at SGH. External review has highlighted failure/inability to isolate patients as significant contributory factor	Board	Escalation
12	CN – Ockenden Report. Perinatal Clinical Quality Surveillance Report & Continuity of Carer Report. To note specifically harms associated possibly related to insufficient sonographer staffing	Board	Escalation
12	CN – to note progress against CQC action plans. Self-assessment rating continues as RI overall with pockets of 'Good'. Concern that vulnerabilities remain e.g. mental health care in ED, lack of PEMCon	Board	Escalation
6, 18	COO, MD, CN – IBR and other metrics demonstrate increasing evidence that Quality targets are not being met and no realistic prospect of significant improvement over the next 1-2 quarters. Focus of assurance is shifted to patient safety particularly for patients with long ED stays and those with extended waiting times for treatment. Assurance also sought for the safety of care in ward areas given the pressure of increased non-elective demand and concerns over staffing numbers	Board	Escalation

Date: 16th November 2021

Agenda Item	Issue and Lead Officer	Receiving Body, ie. Board or Committee	For Recommendation or Assurance to the receiving body
8	COO – Continued pressure on hospital services resulting in inability to meet performance targets. Specific focus on ambulance handover times and actions to minimise delays	Board	Escalation
10	CN – Continued concern over IPC. C diff levels and other metrics such as MRSA screening remain a problem. Further information from external visit has highlighted a number of areas of concern particularly the impact of backlog maintenance, lack of side-rooms, HPV capacity and elements of staff engagement	Board	Escalation
12	CN – Ockenden Report. Perinatal Clinical Quality Surveillance Report & Continuity of Carer Report. Maternity SIs reviewed and to note themes around inadequate training, failure to adhere to protocols and poor communication.	Board	Escalation
11	CN – to note progress against CQC action plans. Heightened risk of reactive CQC visit due to factors such as high levels of whistleblowing, escalated SIs, levels of HAI and pressure area care. Overall Committee was not able to receive adequate assurance on safety of patient care and the requirement for urgent further action has been agreed to be discussed at Board	Board	Escalation
14	MD – to note compliance of mortuary facilities with new standards	Board	Escalation



Report

Council of Governors

8 December 2021

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
- Governor Forum (action notes)
- Out of Hospital Care Group (minutes)
- PESG (governor’s log)
- Fairness Forum (governor’s log)

Recommendation

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

Authors: Sally Light – Lead Governor
Steve Reed – Head of Strategy for Out of Hospital Services
Rukmal Abysekera – Public Governor for York
Beth Dale – Public Governor for York

Date: December 2021

1. Lead Governor Report

Induction

In the period before and since my re-election I have undertaken an induction programme for my role as Lead Governor – meeting with The Chair, CEO, NEDs and members of the Executive Team. I also visited Scarborough Hospital and had a very useful time there talking to Heather McNair, Chief Nurse. I subsequently met with Tara Filby, who is part of Heather’s team, and leads on patient experience. I am grateful to everyone who has given me their time and to Tracy for helping to arrange the various meetings

Patient Experience Steering Group

For continuity purposes I attended the PESG on 27/10 as the new governor members had not yet taken up their role. The notes are elsewhere on the CoG agenda. I believe there is a lot of opportunity to work more closely with the Patient Experience Team to ensure the work in this area is well coordinated and our role has maximum impact. That is the discussion I had with Tara Filby as part of my induction and she was supportive.

Chair recruitment

The majority of my time so far as Lead Governor has been taken up with recruiting the new Chair. I have worked closely with Sue, Simon, Mike, Tracy and Gatenby Sanderson on the process and ensuring governors are able to play their essential role in the selection process. There will be further information on this at the meeting. I have also met with Jenny McAleese in her role as acting Chair, to ensure continuing when Sue Symington leaves at the end of November. We have agreed to meet regularly until the new Chair is in place.

Sally Light
 Lead Governor

2. Governor Forum

Agenda Item:	Items for CoG meetings	Notes
Actions agreed	Future agenda items suggested as follows: - <ul style="list-style-type: none"> • Update on ICS • Update on Digital Transformation • Update on LLP / Capital Projects • Update on CQC • Update on Covid and effects • Update on Staff Vaccinations & becoming mandatory 	In Chief Execs Report on Public CoG agenda. Completed.
	<ul style="list-style-type: none"> • Update on Chair Recruitment 	On Private CoG Agenda. Completed.
	<ul style="list-style-type: none"> • Discuss Governor Skills Register 	On Private CoG Agenda. Completed.

	<ul style="list-style-type: none"> • NED Presentation 	Steve Holmberg. On Public CoG Agenda. Completed.
	<ul style="list-style-type: none"> • Introduction to new NEDs 	Arranged for Dec CoG & March CoG. Completed
	<ul style="list-style-type: none"> • How governors could help the Patient Experience Team to obtain feedback 	Quarterly reports provided. Governor Reps on PESG – feedback from them. Completed.
Agenda Item:	Chair Recruitment update	
Actions agreed	TA to email governors to ask who would like to take part in the Focus Groups and which NomRem members would like to take part in the Interviews.	Completed 10/11/21
	TA to circulate Chair JD/PS to all governors.	Completed 10/11/21
Agenda Item:	The Governors' Role and Perspective	
Action agreed	MT to contact the Patient Experience Team and ask for information on how patient experience is sought when service changes are made and provide the information to the governors for assurance purposes.	Quarterly patient experience report to be circulated to all governors (not just those on the PESG) once it has been approved at QPAS. This report is quite detailed and includes evidence of learning from feedback. Tara has arranged a meeting with Doug and Alistair next Monday (29/11). Alistair Falconer and Doug Calvert are the new governor reps on the Patient Experience Steering Group (PESG).

Agenda Item:	Board to CoG Feedback	
Actions agreed	TA to circulate Trust Strategy and presentation from the recent Board to CoG meeting.	Completed 10/11/21
Agenda Item:	Good News Stories	
Actions agreed	TA to invite Communications Director (Lucy Brown) to December CoG meeting to discuss media relations.	On March 2022 Private CoG. Completed.

Sally Light
 Lead Governor

3. Out of Hospital Care Group (17.09.21)

Attendees: Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Lorraine Boyd, Catherine Thompson. In attendance for item 1 – Fiona Bell, Lead Officer for Primary Care, Vale of York CCG

Apologies: Sharon Hurst, David Thomas, Keith Dawson.

Summary of topics discussed

Primary Care Networks: Fiona Bell presented an overview of this topic for the group.

Fiona noted that Primary Care Networks (PCN) were established in 2019, covering populations of 30,000-50,000. They have a clinical director and enable practices to work at scale and to focus on a greater provision of proactive, integrated care. There are 8 PCN in the Vale of York split between 5 in the City of York and 3 in the wider Vale.

Fiona described the Additional Role Reimbursement Scheme that is providing national funding to enable PCN to appoint personalised care roles (such as social prescribers) and other clinical practitioners. This equates to around 6-7 posts per PCN and the group discussed some of the recruitment challenges and opportunities associated with this. In particular it was noted that the Trust was working in partnership with individual PCNs to employ some roles, as are TEWV for mental health workers and the voluntary sector for social prescribing roles.

Fiona shared the range of national service requirements that PCN are expected to deliver alongside focussing on local population health needs. These are fitting into wider system developments and are supporting partnership working. The group discussed how to promote the good work taking place and how this might balance some of the current negative coverage of general practice.

Matters arising: The previous minutes were noted as a correct record. All actions were noted to be complete or no longer required.

Wound Care: Steve provided the group with an overview of a partnership initiative with Nimbuscare (representing primary care) to implement the recommendations of the National Wound Care Strategy. This would see the development of joint services between community health and primary care to deliver wound care services that improves early diagnosis, provides consistent and evidence based treatment regimes and enables holistic approaches to care. This is likely to involve bringing patients to a clinic location and those involved in the change are keen to gain more patient engagement in the developments.

The group explored a range of mechanisms to do this including links to voluntary and community organisations, Health Watch, use of local media, organisations such as EDCA and the organisations delivering 'meals on wheels'. These will be shared with the project group to progress.

Business Cases: Steve updated the group on the progress following the June presentation on the Ageing Well programme. He noted the approval of the case to deliver an Urgent Community Response by the August Board of Directors and the pending presentation of a case in October setting out the investment required to deliver the other elements. The group noted the positive direction in funding services based in the community.

Workplan for 2021: The workplan for 2021 was discussed. Forward plan to include items on:

- Palliative care in the community;
- Children's community services;
- Discharge pathways;
- Mental health update.

Actions Agreed

- For Keith to consider providing an update to the Council of Governors on the recent visit to the Scarborough Frailty at the Front Door service;
- Steve to share the recommendations regarding patient engagement in the wound care project
- Catherine and Keith to promote membership of the group with the new intake of governors

Next Meeting - 10 December 2021, 10am-12pm

Steve Reed
Head of Strategy for Out of Hospital Services

4. Patient Experience Steering Group (27.10.21)

Committee/Group	Patient Experience Steering Group	Date:	27/10/21
Agenda Item	Summary	Actions/Assurance to the CoG	
Waiting lists	Work being done on communication with waiting list patients is happening - the issue is driving complaints. Escalated to Silver command discussion	Follow up with NEDs on how they are seeking assurance re length of waits and patient experience	
Contact with wards	Task & Finish group on difficulty in reaching wards by telephone. No short term fix but longer piece of work including more admin support.	F/u at next PESG	
In patient survey	Inpatient survey - not comparable with previous years. Benchmark - middle of the pack vs other trusts. Not at ward/care group level. Positive feedback on staff attitudes. Concerns - staffing levels, communication, discharge arrangements and services at night. Worth of further analysis. Lights and noise at night needs more work.	F/U actions at next PESG. Ask NEDs if they have received the survey/actions	
Discharge	100 patients ready for discharge - care package issues	Ask how trend is being monitored	
Mixed sex accommodation	Mixed sex accommodation - nationally reported and to Board monthly. Amends to the policy. Here for approval. Ave 10 breaches per month. Covid makes it worse. Mainly EAU Scarborough, ITU both sites.	Ask how trend is being monitored	
PLACE assessments	PLACE assessments - about the environment, food, privacy, disability access etc Didn't happen in 2020. Working up a schedule and tool. Some money for accessibility issues. Work underway to improve menu choice and food quality. Governor involvement expected in the future. 10 wards or 25% of wards annually is national requirement. Thinking about how to use the model more flexibly.	Governor involvement?	
External review of patient experience work	Patient experience external review (internally generated) 22 recommendations. All accepted. Action plan is next step. Governor views weren't included - which I expressed disappointment about. Asked to be part of the roadmap.	Governor involvement?	

Quality account	Annual Quality Account: Priorities - 1. Hear the voice of those seldom heard - sensory impairments for eg Input of various pieces of work going on. Doing with, not too. Including carers. 2. Foster a culture of coproduction. Inclusion of patients and carers in quality improvement work. Staff keen to do but delayed by operational pressures. It is a big area and important to make sure people are supported to do it.	Progress report needed
Q2 patient experience report	Q2 Pt experience report Friends and Family Test problematic in ED - so pressurised though. Overall good satisfaction. Good volunteer recruitment. Big surge in volume of calls and complaints through PALS - waiting list queries and concerns. Big and growing area...needs a coordinated approach.	Ask how NEDs are assured
EDI report	Patient equality and diversity report: Improvement in accessible information standard. Limited has changed to significant assurance from an assessment by Audit Yorkshire. Good performance in providing access to interpreters. Fairness forum being reviewed - governors have been involved. Actions from Healthwatch - progress report. No red items.	Monitor through PESG
Perfect ward	Perfect ward: Audit of issues such as Hello my name is...., and questions such as: Do you know why you are in hospital (96%), do you know what is needed to get home (81%) and do you know when you will go home (61%) etc. And to staff: Can you tell me about a recent complaint in this area (75%)	Monitor through PESG
Quality council	Quality council update: Group of staff interested in improving the patients' and staff experience. Meet regularly to create and review projects. Eg meals for parents in SCBU.	Nice initiative – spread to other areas?
AOB	AOB: Issue of the phlebotomy service at Selby raised: Justine Harle going to contact the manager of the	Doug involved

	phlebotomy service and ask them to contact Doug directly to discuss.	
Next meeting	Next meeting 8/12	Doug and Alastair are our members

Sally Light
Lead Governor

5. Fairness Forum (24.11.21)

Committee/ Group	Fairness Forum Chair: Tara Filby, Deputy Chief Nurse Lead: Nichola Greenwood, Lead for Patient Equality & Diversity Members: 40 members totally	Date:	
Agenda Item	Summary	For Recommendation/Assurance to the CoG	
2	<p>A proposal to build a dedicated Friday prayer space for Muslim staff at Scarborough hospital</p> <ul style="list-style-type: none"> - For the past 2 years the hospital has been without a dedicated space for Muslim staff to gather for Friday Prayers <p>Benefits:</p> <ol style="list-style-type: none"> 1. Staff retention 2. Staff recruitment 3. Wellbeing of staff improved 4. Provision for Muslim worship, an obligation of the faith 5. Provide equality for Muslim staff <ul style="list-style-type: none"> - Ablution facility development still ongoing – water quality issues unresolved 		For information/discussion
4	<p>Fairness Forum Review (October/November 2021)</p> <ul style="list-style-type: none"> - <u>Consultation</u> through 3 workshops undertaken by Tara Filby and Nichola Greenwood over October and November – <u>Governors</u> and external stakeholders; staff networks; ED&I (Equality, Diversity and Inclusivity) leads; Care groups and departmental representatives; LLP - What is the Trust's <u>vision on ED&I</u> and the ED&I <u>remit</u>? Current coverage is extensive. - Decision needed on re-launch <u>name</u> – 		For information/discussion

	<ul style="list-style-type: none"> - <u>Equality, Diversity & Inclusion Steering Group (TBC)</u>. New <u>branding</u> developed. - How can ED&I <u>governance</u> be made effective? Currently reporting to Quality Committee. Proposed to report to the Executive committee to obtain top-down buy-in. But for assurance purposes, reporting to the Board may be more effective with NEDs as a route to ensure accountability. - <u>Membership</u> needs to be reviewed. ED&I is everyone's responsibility but key decision makers are not currently part of the Fairness Forum. - <u>Equality Champions</u> remit is reviewed. - A new ED&I <u>strategy</u> is developed. - Presentation by Tara Filby and Nichola Greenwood to the Trust Board held on 25.11.21. - By end of March 2022 all preparations are planned to be completed for re-launch. - <u>April 2022</u>: new ED&I governance structure and strategy launched with annual objectives and work plan. 	
5	<p>Patient Equality & Diversity</p> <ul style="list-style-type: none"> - Completion of the <u>Accessible Information training</u> (interpretation and translation services – language/hearing issues) has stagnated during the pandemic with training of staff being at 11.99% with 911 people out of a potential of 7601 patient facing workforce. - Since April 2021, 6 <u>complaints</u> made on accessibility of information across 5 of the 6 Care Groups. - A poster to raise the awareness of the need to recognise communication needs of patients and carers is developed - <u>Public sector equality duty action plan 2020-2024</u> presented with 3 objectives and <u>47 actions</u> (mostly on Nichola Greenwood): <ul style="list-style-type: none"> - <u>Objective 1</u>: To engage with patients, carers, governors and local stakeholders and organisations (including CCGs, social care, Healthwatch), to listen and understand the needs of our patients. - <u>Objective 2</u>: To engage internally with services to discuss the needs of patients to ensure the reduction in 	For information/discussion

	<p>health inequalities, that discrimination is eliminated, and patients and staff are supported with appropriate tools.</p> <ul style="list-style-type: none"> - <u>Objective 3</u>: To achieve compliance with the Accessible Information Standard 2016. 	
6	<p>Inclusive Built Environment</p> <ul style="list-style-type: none"> - Subject to a business case currently developed, it is understood that up to £49,500 may be available for <u>accessibility improvements</u> between now and March 2022. - The <u>Access guides</u> for York, Selby, Malton & Bridlington Hospitals that have been developed via DisabledGo/AccessAble will be available via the Trust and AccessAble websites. - A bid is developed to improve toilets at Scarborough. - There is positive progress on developing an <u>evacuation plan</u> (means of escape) for disabled patients. - <u>Access audit</u> planned: Hooks on toilet doors and access to waste bins for disabled patients require reviewing. 	For information/discussion
7	<p>Workforce Equality and Diversity</p> <ul style="list-style-type: none"> - A Trust-wide <u>training</u> programme developed. - <u>Carers video</u> developed. - <u>Bullying and harassment policy</u> worked on. - <u>Gender pay gap</u> report prepared. - <u>Staff recruitment</u> information is updated to reflect equality and diversity. New staff induction includes ED&I training. 	For information/discussion
9	<p>Reverse Mentoring (new 9 months programme)</p> <ul style="list-style-type: none"> - To share BAME (Black, Asian and Minority Ethnic) experience on Trust values, kindness and unkindness and feed to the ED&I strategy. - 16 BAME staff and a senior staff member were paired. 	For information/discussion
10	<p>Staff Networks</p> <ul style="list-style-type: none"> - <u>Race equality staff network</u>: No representation. - <u>LGBTQ+ staff network</u>: Online meetings planned rather than face to face meetings. 	For information/discussion

	<ul style="list-style-type: none"> - <u>Enable network</u>: All the network information collated. - <u>Carers' network</u>: Carers' network video developed and disseminated. 	
11	<p>Chaplaincy</p> <ul style="list-style-type: none"> - Recruitment underway to replace the outgoing Chaplain. 	For information/discussion
12	<p>Care Groups</p> <ul style="list-style-type: none"> - <u>Training</u> requirements reviewed e.g. unconscious bias, security service training etc. - Introduction of '<u>Inclusive Employers Standard</u>' accreditation investigated. 	For information/discussion

Rukmal Abeysekera & Beth Dale
 Public Governors for York

CoG Attendance Record

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG
Sue Symington Chair	√	√	√	√	√	√	√	√		
Rukmal Abeysekera (Public Governor – York)					√	√	√	√		
Amit Bhagwit (Public Governor - Out of Area)										
Doug Calvert (Public Governor – Selby)					√	√	√	√		
Bernard Chalk (Public Governor - East Coast of Yorkshire)										
Dawn Clements (Stakeholder Governor – Hospices)	√	√	√	√	√	√	√	Ap		
Beth Dale (Public Governor - York)										
Keith Dawson (Public Governor – Selby)	√	Ap	Ap	Ap	√	√	√	√		
Keith Dobbie (Public Governor - East Coast of Yorkshire)										
Alistair Falconer (Public Governor - Ryedale & EY)										
Helen Fields (Public Governor – York)	√	√	Ap	√	√	√	√	√		
Ian Mackay Holland (Public Governor – East Coast)					√	√	√	√		
Sharon Hurst (Staff Governor – Community)	√	√	Ap	√	√	√	√	√		
Paul Johnson (Stakeholder Governor – YTHFM)					√	√		√		

CoG Attendance Record

Name	10.06.20 Q&A	01.09.20 CoG	28.09.20 XCoG	28.10.20 BoD/CoG	09.12.20 CoG	16.03.21 CoG	09.06.21 CoG	14.09.21 CoG	08.12.21 CoG	15.03.22 CoG
Mick Lee (Staff Governor - York)	√	√	√							
Sally Light – (Public Governor – York)	√	√	√	√	Ap	√	√	√		
Maya Liversidge (Staff Governor – Scarborough/Bridlington)					√	√	√	√		
Vanessa Muna (Staff Governor – York)					√	Ap	Ap	Ap		
Chris Pearson (Stakeholder Governor – NYCC)	√	Ap	√	√	√	Ap	√	√		
Michael Reakes (Public Governor – York)	√	√	√	√	√	√	√	√		
Gerry Richardson (Stakeholder Governor – York University)	√	√	Ap	√	√	√	√	√		
Sue Smith (Public Governor - Ryedale & EY)										
Byron Stevenson-Wightwick (Staff Governor - Scarborough/Bridlington)										
Catherine Thompson (Public Governor- Hambleton)	√	√	√	Ap	√	√	Ap	√		
Angela Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√		
Josie Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√		
David Wright (Public Governor - Ryedale & EY)										

Research and Development

Governors and Members Communications

We have the pleasure of communicating to you today the recent highlights of the Research & Development Department. We are a large department housed at our York and Scarborough sites, and we support research across all our clinical areas.

Currently we have approximately 100 research studies open to recruitment and we recruit over 4000 patients to clinical trials every year.

Here are some of our research activity highlights including our activities on the COVID-19 Clinical trials and our recent research highlights from the last six months

Summary of our COVID19 research

- York and Scarborough Teaching Hospitals NHS Foundation Trust has been at the forefront of patient recruitment into the COVID-19 Recovery Trial, the Trust recruited 221 patients into this trial and remains open to recruitment still. The trial has had two major findings so far; it has demonstrated how dexamethasone was the first drug which could reduce mortality from COVID-19, and also how an anti-inflammatory treatment called tocilizumab reduced the risk of death seen in patients hospitalized with severe COVID-19. The study also highlighted how tocilizumab shortens the required in-patient time and reduces the need for mechanical ventilation so patients can be successfully discharged from hospitals sooner. It is currently the largest global trial of treatments for COVID-19.
- The Trust recruited 29 patients in the COVID-19 REMAP-CAP trial which showed how arthritis drugs helped to reduce mortality and time spent in ICU for those suffering with more severe COVID-19. This study randomized patients into multiple arms with the 'treatment group' receiving the trial drug and standard care and the 'control group' receiving standard care. This is a global initiative with 315 hospital sites taking part and so far the findings have shown tocilizumab, and a second drug called Sarilumab, both medicines used to treat arthritis have significant impact on patient survival rates, reducing mortality by 8.5%. Equally significant, the findings have also highlighted a number

of treatments which have been shown to be ineffective, which is as also helpful and a key part of running a drug trial.

- We have successfully opened and recruited to a commercial COVID-19 Vaccine trial that was investigating a novel plant based vaccine. This trial is still on going
- The R&D department enrolled 361 members of Trust staff into the urgent Public Health England study SIREN which is looking at immunity and reinfection rates within the NHS Staff population. The study has been a huge success and is being used to evidence the effectiveness of the Pfizer vaccine rollout which has supported the UK Government's COVID-19 strategy and England's pathway out of Lockdown.

Summary of our recent research highlights since April 2021

- We have submitted several grants for external funding (some we are still waiting to hear if they have been successful)
 - York Cancer Research £1.5M
 - NHS England is £120K (successful)
 - Macular Society £183K (unsuccessful)
 - NIHR Research for Patient Benefit 250K (unsuccessful)
 - NIHR HTA application (£986K) (unsuccessful)
 - Rehabilitation study with a Canadian Group (£250K)
- The NHS England funding is to undertake a full assessment of the patient view and experience of using colon capsules using a questionnaire and additional qualitative work to assess themes emerging from the questionnaire. This sees our Trust at the forefront of this study as we will yet again be managing an England wide research study.
- Hull York Medical School have offered the Trust 5 Clinical Academic posts of mutual benefit to both organisations research and HR agenda, and the posts are being moved forward (Cardiology, Oncology, Dermatology, Ophthalmology and Peri Operative Medicine)
- Hull York Medical School, in partnership with Health Education England Yorkshire and the Trust, has developed an exciting opportunity for clinical academic training in Anaesthetics and Paediatrics. The posts will develop the next generation of academic clinicians and Academic Clinical Fellowships (ACFs) are 3 year fixed-term national training posts. Trainees undertake 75% clinical and 25% academic training over the term of the post.
- We have secured funding from the Trust and Clinical Research Network to support the opening of a Multimorbidity Research Hub at

Scarborough. We have recruited a Research fellow and a Research Practitioner to open and deliver new clinical trials in this area at Scarborough, offering greater opportunities for our patients.

How to get involved

FOLLOW @YORKRESEARCH

If you are interested in being actively involved in supporting our reach please go to our R&D webpage or follow us on Twitter

[York and Scarborough Teaching Hospitals NHS Foundation Trust Research & Development Unit - How to get involved \(yorkhospitals.nhs.uk\)](https://yorkhospitals.nhs.uk)

We are especially looking for individuals who could represent the East Coast to join our lay panel. The panel meets every two months (virtually) and we discuss up and coming research we wish to undertake as well as any ideas we have on public engagement and involvement and all aspects of our research strategy. If you are interested in finding out more please contact lisa.ballantine@york.nhs.uk

