

Agenda

Council of Governors (Meeting held in Public)

Monday 26 September 2022
Malton Rugby Club at 10.30am



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 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?

COUNCIL OF GOVERNORS MEETING

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

On: Monday 26 September 2022

Venue: Malton Rugby Club

TIME	MEETING	LOCATION	ATTENDEES
10.00 – 10.30	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.30 – 13.30	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
14.00 – 15.00	Private Council of Governors	Malton Rugby Club	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	-	10.30 – 10.35
2. Declaration of Interests To receive any changes to the register of declarations of interest	Chair	A	9	
3. Minutes of the meeting held on 7 July 2022 To receive and approve the minutes from the meeting held on 7 July 2022	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. Bridlington Update To receive an update on Bridlington project	Head of Partnerships & Alliances	C	25	10.35 – 10.55
6. CQC Progress Reporting To discuss the Board response to the CQC and progress made to improving care	Chief Nurse	D – presentation on the day		10.55 – 11.15
7. Scarborough Charity Appeal To receive an update on the appeal	Charity Operations Manager	Verbal		11.15 – 11.30

BREAK 11.30 – 11.45

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	E	43	11.45 – 12.00
9	Outpatient Transformation Work (OTW) To receive a report on the OTW	Associate Chief Operating Officer	F	49	12.00 – 12.20
10	Chair's Report To receive a response to the Chair's letter	Chair	Sent in advance		12.20 – 12.30
11	Assurance Committees Updates To receive updates from the Chairs of the following Assurance Committees: 11.1 Audit 11.2 Digital, Performance & Finance 11.3 Quality & Safety 11.4 People & Culture	Chairs of the Committees	G	61	12.30 – 12.50
12	Changes to the Constitution To discuss and ratify the changes to the Constitution	Assoc. Director of Corporate Governance	H	68	12.50 – 13.00
13	Monitoring Trust Performance/KPIs To discuss the quality of information given to the governors	Assoc. Director of Corporate Governance	I – to follow		13.00 – 13.10
14	Governors Report To receive a report from the governors on their activities	Governors	J	71	13.10 – 13.15

SUBJECT	LEAD	PAPER	PAGE	TIME
15	Items to Note			13.15
15.1	CoG Attendance Register	K1	83	–
15.2	Research & Development Quarterly Update	K2	85	13.20
15.3	Governor Elections update	K3	88	
15.4	Proposed Meeting Dates 2023/24	K4	91	
15.5	Audit Committee Annual Report 2021/22	K5	92	
15	Questions received from the public	Chair	L – to follow	13.20
				–
				13.25
16	Any other business	Chair	Verbal	-
				13.25
				–
				13.30
17	Time and Date of next meeting			
	The next Council of Governors meeting will be held on Thursday 1 December 2022, timings TBA, Malton Rugby Club.			

Register of Governors' interests
September 2022



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Item A

Additions:

Deletions: Cllr Chris Pearson
Vanessa Muna
David Wright

Modifications:

Register of Governors' interests 2022/23



York and Scarborough Teaching Hospitals NHS Foundation Trust

Governors	Relevant and material interests						Other
	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 shareholdings 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.	Any connection with other organisations.
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Chair – Askham Richard Parish Council	Nil	Nil	Employee of University of York
Bernard Chalk (Public: East Coast of Yorkshire)	Director/Trustee - Dial a Ride (Scarborough and District)	Nil	Nil	Nil	Nil	Nil	Nil
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Income Generation - St Leonards Hospice York	Director of Income Generation - St Leonards Hospice York	Nil	Board Director – York Professionals (as of 12.10.21) Private Limited Company by guarantee without share capital use of 'Limited' exemption
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Dobbie (Public: East Coast of Yorkshire)	Director – Woodlands Academy NED – Sandsfield RMC Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Alastair Falconer (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Helen Fields (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	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	Nil
Mick Lee (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Sally Light (Public: York)	Nil	Nil	Nil	CEO - Motor Neurone Disease Association.	MND Assoc. provides funding to NHS organisations & associated universities for provision of care and MND research.	There is no financial or other arrangement between the MND Association and the York & Scarborough Trust.	Nil
Maya Liversidge (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Vanessa Muna (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (Appointed: North Yorkshire County Council)	Nil	Nil	Nil	Nil	Nil	Nil	Councillor – North Yorkshire County Council.
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York

Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	<p>Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory).</p> <p>Member - Patient and Public Involvement at the University of York, researching Health Inequality.</p> <p>Lay Member – Trust’s Research & Development Panel</p>
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Nil
David Wright (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil



Minutes

Public Council of Governors meeting

7 July 2022

Chair: Alan Downey

Public Governors: Michael Reakes, City of York; Rukmal Abeysekera, City of York; Helen Fields, City of York; Sally Light, City of York; Beth Dale, City of York; Bernard Chalk, East Coast; Keith Dobbie, East Coast; Catherine Thompson, Hambleton; Sue Smith, Ryedale & EY; Alistair Falconer, Ryedale & EY.

Appointed Governors: Gerry Richardson, University of York;

Staff Governors: Maya Liversidge, Scarborough/Bridlington; Mick Lee, York; Sharon Hurst, Community

Attendance: Simon Morrith, Chief Executive; Heather McNair, Chief Nurse; Jenny McAleese, NED; Lorraine Boyd, NED; Lynne Mellor, NED; Jim Dillon, NED; Lucy Brown, Director of Communications; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Assistant to FT Secretary

Observers: 1 public

Apologies for Absence: Andy Bertram, Finance Director; Denise McConnell, NED; Matt Morgan, NED; Ashley Clay, ANED; Steve Holmberg, NED; Mel Lilley, Interim Chief Operating Officer; Jim Taylor, Medical Director; Polly McMeekin, Director of Workforce; Dawn Clements, Appointed Governor – Hospices; Paul Johnson, YTHFM; David Wright, Ryedale & EY.

22/18 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

22/19 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI. Amit Bhagwat is no longer a governor due to not being able to provide a DBS certificate.

22/20 Minutes of the meeting held on the 15 March 2022

The minutes of the meeting held on the 15 March 2022 were agreed as a correct record.

22/21 Matters arising from the minutes

There were no matters arising.

Action Log

21/70 08.12.21 – Patient Experience Complaints Report: This will be part of the Patient Experience Quarterly Report which the Council now receives. Action closed.

21/70 08.12.21 – Night Owl Project: Alastair advised that there was supposed to have been a presentation on the subject at the Patient Experience Steering Group meeting but it has been postponed until the next meeting. The action will remain open until the Council receive an update on progress.

21/70 08.12.21 – EDI & Protected Characteristics: This subject is championed by the Equality & Diversity Forum. The action is now closed.

21/72 08.12.21 – Public Q&A Process: The process is now in place and action has been closed.

22/07 15.03.22 – Set up Constituency email groups: The governors are now on Teams and are able to converse amongst themselves.

22/08 15.03.22 – Governors to receive monthly Counter Fraud Newsletter: The governors are now receiving the newsletter. Action closed.

22/08 15.03.22 – Invite Internal Audit to a CoG meeting: Jonathan Hodgson will attend the December CoG. Action closed.

22/13 15.03.22 – CoG attendance register: Alan Downey/Sally Light have made contact with those governors whose attendance is of concern. Action closed.

22/22 Chief Executive's Update

Simon Morrith gave an overview of his report and highlighted the following:

- Covid-19 - There are currently over 130 inpatients with Covid-19, numbers are rising, and therefore the Trust's decision to reintroduce mask wearing in public areas will take place from Monday 11 July 2022.
- ICS – from 1 July the ICS has become a statutory body. The ICS Board to which the Trust belongs, Humber & North Yorkshire Health & Care Partnership, has had its first meeting.
- Strategic direction for Bridlington Hospital – A session took place last Thursday. Simon Cox, appointed Lead for the East Coast review, will take that forward.
- Capital Development Updates – Work has commenced on the Scarborough & Emergency Care Scheme. Work on the York Emergency Department is on track to be completed in March 2023.

- Surgical Robot – this has been funded by local charity York Against Cancer with a generous donation of £680k over the next two years to enable the operation of the robot.
- Staff Recognition Events – these have now started up again. The Celebration of Achievement Awards will be held on 21 September at York Racecourse.
- Board Changes – Jim Taylor, Medical Director, will be retiring in the near future and the recruitment process is underway to find his replacement. Wendy Scott, Chief Operating Officer, is on secondment to the ICS and Deputy Chief Operating Officer, Mel Liley, will take on the role on an interim basis. James Hawkins will join the Trust as the new Chief Digital Information Officer.

The Council raised the following points:-

- With regard to the write up on the surgical robot opening which stated the Trust was catching up with other hospitals, was there any other technology that the Trust would need to catch up on. Simon replied that there was the Electronic Patient Records which he hoped would be nationally recognised and progressed but it will take a few years.
- Was the issue of getting to hospital sites part of the ICS remit? Simon replied that it is on the agenda to discuss how organisations deliver care that makes life easier for patients. Other challenges would be moving clinical teams to locations to treat patients safely in order to tackle the long waiting lists.
- In relation to the Medical Director recruitment process, has the Trust received a decent pool of candidates for Jim's replacement. Simon replied that it was early days yet but he was confident that there would be.
- With regard to the Chief Operating Officer secondment, is the Trust looking to appoint substantively when the secondment comes to an end. Simon replied that the secondment will be advertised as a substantive post. If Wendy is appointed, then the Trust will begin the recruitment process for a new Chief Operating Officer in the summer. However, the role currently carries a significantly large portfolio and the Board would need to consider whether to split this.
- Can the activity levels in orthopaedics at Bridlington be shared with the Council to ensure the levels are increasing? Simon replied that he would share the data with the Council.
- Where is the patient communication and engagement in the ICS? Simon replied that at the meeting on 1 July the ICS Engagement Strategy was shared. It was a work in progress. He will share the link to the Strategy so the Council can view it.
- How many beds are taken up unnecessarily in the hospital? Simon replied that there were 150-200 patients at any one time across both sites. It was a massive challenge and there was a need for conversations with local authorities to put more packages of care in place. The Trust has been looking to expand its own capacity by using beds on the Bridlington site as a "discharge ward" which has proven to be very successful. Plans are underway to expand this ahead of next winter. There is

recognition that local authorities would not significantly accelerate or provide additional capacity so the Trust was looking at other ways to support patients, i.e. expanding the virtual wards, supporting patients in their own homes, and looking to expand the Same Day Assessment Service on both sites in order to prevent people from inappropriately being admitted to hospital.

- With regard to Bridlington Orthopaedics, are GPs tending not to refer in and to what extent is patient choice being acknowledged. The patient choice mechanism needs to be scrutinised and this could be something the ICS could be addressing. Bernard Chalk replied that there is a choice but it does not include Bridlington for certain services. Firstly, it is about capacity and then patients choosing where to go. Simon agreed and said it depends on what services are offered.

Action: Simon Morritt to provide data on orthopaedic activity levels at Bridlington Hospital to the Council.

Action: Simon Morritt to share the link to the ICS Engagement Strategy with the Council.

The Council:

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

22/23 Chair's Report

Alan Downey gave an overview of his report and highlighted the following:

- CQC Inspection Report – this is on the agenda and will be thoroughly discussed with Heather McNair, Chief Nurse, later in the meeting.
- Board Changes - further to the Chief Executive's update on this, Alan added that Steve Holmberg and Jim Dillon have been reappointed as Non-Executive Directors (NED) for a second term by the Council of Governors.
- Governor Meetings with the Chair – Alan apologised for having to cancel a few of the meetings due to personal commitments. They will be rearranged in due course.
- Governor Elections – these will commence on 11 July and results will be available from 29 September.

The Council raised the following points:-

- Reading the CQC report, the underlying issues seem to relate to staffing and retaining staff in the organisation. What is being done about this? Simon replied that the focus will be on making the Trust a happy place to work and is a place where you would want your relatives to be treated. Jim Dillon added that the new People & Culture Committee will help with this of which he is the Chair. The focus will be to identify challenges/issues and find solutions. There was a need to get the basics right, i.e. Celebration of achievements, appraisals, 1:1 meetings, so the Trust becomes a real employer of choice. The intention is to work out a programme of initiatives to achieve that. Alan Downey commented that in his conversations with staff the themes highlighted were staff morale and staffing levels. Feedback

from senior nurses was that they wanted to get back to doing the job they were trained to do instead of covering gaps. At a junior level, staff hate being redeployed.

- Does the Trust capture themes on exit interviews? Alan Downey replied that the themes were similar but there was a need to work on that process and the new Committee will be taking this up.
- Who will be part of the new People & Culture Committee? Jim Dillon replied that he will be the Chair, Lorraine Boyd and Matt Morgan will be the other two NEDs because of their skill set. Polly McMeekin, Director of Workforce & OD, Lucy Brown, Director of Communications, Heather McNair, Chief Nurse, will be members from the Executive team. Other members of staff will attend on an ad hoc basis. Governors were welcome to attend.

The Council was pleased to see the focus on people and staff retention. However, the makeup of the working group should involve staff from the shop floor to get a thorough reflection of what is happening throughout the organisation. Lynne Mellor informed that the Board had already discussed this and focus groups will be set up to capture staff views. Mick Lee thought it would be a good idea to get staff governors involved in this.

The Council:

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

22/24 Chair Appraisal

Sally Light gave an overview of the Chair appraisal that took place on 30 May together with Steve Holmberg, Senior Independent Director. Overall, the feedback was that Alan had made a good start. He had picked up on the critical issues and had a strong commitment to listening to the public and the governors. Looking ahead, he felt it important to have a strong unitary Board and will pick up the issue of internal/external visibility. The paperwork has now been submitted to NHS England. Mike Taylor will review the NED appraisal form to allow for a more free flow narrative rather than tick boxes.

Action: Mike Taylor to review the NED appraisal form to allow for a more free flow narrative instead of tick boxes.

The Council:

- **Received the update and was satisfied with the outcome.**

22/25 NED Appraisals

Alan Downey advised that individual discussions with the NEDs had taken place and feedback given to the Nominations & Remuneration Committee. The NEDs had a highly relevant skill set and there were no major gaps. The NEDs were very much focused on the health and well-being of the patients, safety and quality of services, communication with local people, and making sure the Trust is a place staff feel valued and want to work. There was work to be done in order to develop a high performing unitary Board. This will be a constant work in progress.

The Council:

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

22/26 CQC

Heather McNair gave an overview of the CQC report relating to the visit on 30 March 2022, and highlighted the following.

- The Trust received a Section 29A warning notice.
- Improvements must be made and demonstrated by the end of August 2022.
- A full inspection will take place within three months of August 2022.
- An action plan has been submitted yesterday (06.07.22) and will go to Public Board once it has been accepted, hopefully by the end of this month.
- Immediate actions have been implemented and there are ongoing actions that the Trust is working on.
- When the CQC revisit they will be looking for improvement and will rate the Trust.

It was a challenging time when the CQC visited. At the time, there were around 200 patients with a delayed discharge, there were around 200 Covid patients, staff sickness was at its highest and the Trust was under significant pressure. The Trust asked the CQC to set that context at the beginning of the report and they declined to do so.

Documentation was highlighted as an issue. When the CQC visited 3 years ago, documentation was partially on CPD and partially on paper. They advised to choose just one method. The Trust chose to go back to paper with the aspiration of changing to digital in the future. Three years later the CQC were very critical about paper documentation and felt it was cumbersome. A positive effect of that is that a risk assessment has been carried out and the Trust has secured funds for a digital nursing documentation system which should be in place well before the CQC revisit.

With regard to staffing, recruitment and retention was very important and work is ongoing to recruit further registrants, HCAs, and other key members of staff. Retention will focus on career development for staff.

The Council raised the following points:-

- It is an incredible work burden for the available ward staff. In the short term, how realistic would it be to make enough improvements to satisfy the CQC? Heather replied that a number of improvements have been made including the digitalisation of all risk assessments, installation of at-a-glance boards on wards for high risk patients, and the use of the safe nursing care tool which will be presented to Board in the near future. Investment will be needed.

Lynne Mellor referred to the digitalisation of documentation and informed that she works with the digital team and the nursing team on this project. It is reviewed in detail at the Resources Assurance Committee. It was also presented to Board who gave their full support to the solution. A Chief Nurse Information Officer has been appointed who will accelerate the programme.

- How public is the CQC report and what would be the consequences if the Trust did not receive a positive rating? Heather replied that it was on the Trust's website in

the Board papers. The consequences of not seeing any improvement will give an inadequate rating. She was confident that the CQC will not come in and do that.

- 200 people were receiving care in hospital when care could be delivered in other parts of the system. What is the mechanism between the Trust and the rest of system to work on this collective problem? Simon Morritt replied that the Trust had written to Stephen Eames, Chief Executive of the ICS, and as accountable officer for the care and health of patients who should not be in hospital, he was keen to do that on a bigger footprint. The challenge is that there are specific areas that needed to be addressed.
- In your opinion, would it be useful if the Board spent more time on the wards to see what the situation is? Heather replied that members of the Board were regularly visible on the wards and is aware of the challenges around staffing. Staff are not shy about telling/emailing her with issues. It is about telling staff what is being done about it.
- How does the Trust compare to similar trusts nationally? Simon Morritt replied that many trusts had similar issues. Heather added that the CQC had not done any visits during Covid and at the moment was only doing reactive visits on the back of whistleblowing where trusts had issues so it was difficult to compare at the moment.
- There is a concern that the Trust knew of the issues raised by the CQC, the staff did not feel heard or action taken was inadequate, they felt the need to whistle blow to the CQC. What has the Board learnt from this and will it respond differently in the same situation. The Trust is no different to other trusts and cannot continue to let care deteriorate in that way. Alan Downey replied that the Board knew about some but not all of the issues that the CQC raised. The CQC report should be regarded as a wakeup call. The the Trust had been taking were not adequate, and it had to respond with determination and by taking additional steps that had not previously been contemplated. The simple fact is that levels of performance and levels of care are not satisfactory, and the Trust must take the necessary steps. The patient care given at the time of the visit was not acceptable despite the pressures. Pressure will continue to be intense, and the Board needs to demonstrate that it is doing everything it can to provide safe and effective care despite the pressure.
- Are there any other areas of concern that the Council should know about? Alan Downey replied that short staffing was a persistent problem, even though investment in nurse staffing at Scarborough Hospital had led to positive results.
- How successful has the initiative been to increase volunteers? Heather McNair replied that it had been more successful in York than at Scarborough. They had just received funding which will be used to create an infrastructure of support to make them feel valued.
- What would the Trust have done differently if it was known the CQC was going to visit on that day? Heather McNair replied that there were two areas. Firstly, it would be to find out why staff felt they were not being heard. Much of the whistleblowing came from agency staff who had worked at the hospital and then decided to whistle blow to the CQC. There was definitely some work to do on the freedom to speak up

and discover where the barriers were to access that support. Secondly, it was to have better documentation to show evidence of staffing meetings and to demonstrate why decisions were made on that day at that time.

- With regard to packages of care, why can't Social Services step up and provide more support? Simon Morritt replied that packages of care were not funded like the NHS and these organisations were not allowed to overspend. They also did not have sustainable offers out there to provide packages of care.
- The summary attached to the CQC report did not adequately reflect what was in the report and could not stand without the report. It was also written for the Board and renamed for the Council. This was not acceptable. Alan Downey replied that Mike Taylor was doing some work on this.

Jenny McAleese commented that it was really important to communicate with staff and explain why something cannot be done. We have been brutalised to such an extent that we have normalised unacceptable care and this is something we need to rectify immediately. We rationalise it away and we need to hold the Board to account to ensure these changes happen.

22/27 Ockenden Update

Dr Lorraine Boyd gave an overview of the Trust's position against the Ockenden actions. Overall, the regional team were satisfied with the Trust's response and improvements to date. She gave an overview of the presentation (appendix 1) and the actions taken. She also highlighted the challenges in the Trust and gave an update on progress being made.

The Council raised the following points:-

- The issue around the Multi-Disciplinary Team (MDT) says this has now been addressed. What was the issue? Heather McNair explained that the Ockenden report recommended ward rounds be 12 hours apart, 09.00 and 21.00. The Anaesthetic team at Scarborough Hospital has a handover at 08.30 so sometimes they could not physically be on the labour ward at 09.00. It is work in progress.
- With reference to Listening to Women & Families, how many had provided feedback. Lorraine replied that there were no metrics. Feedback came through the Maternity Voice Partnership who uses a framework on which to report.

22/28 Assurance Committee Updates

The Council raised the following points: -

Audit Committee

- Jenny McAleese was asked about the gaps in assurance around the management of sub-contractors and what this referred to. She replied that it referred to a hydrogen peroxide vapour incident in 2019 where a sub-contractor came on site without going through the correct process. This has not yet been resolved by the LLP. Internal Audit is going to re audit this later in the year and hopefully will provide assurance that this has now been resolved.

Resources Assurance Committee

- Referring to the real living wage, increased mileage rate, postponement of car parking fees for staff, how did the Trust compare with other trusts? Lynne Mellor replied that in terms of the real living wage, there is currently a central review taking place and the NHS is looking to see if current pay scales and agreed pay increase will meet the real living wage. There are areas where this will not be met and the team are looking into that. The ICS has also been asked to become involved but it was not on their agenda at the moment.

The Council asked how tax payers were assured that they were getting value for money from the Trust Board compared to similar trusts. Alan Downey replied that there are benchmarks within the NHS. There are the model hospital statistics available to compare with other trusts spend on services. He would like to compare the organisation against a flagship trust. He offered to bring some of the model hospital data to the next CoG meeting.

Action: Alan Downey to bring some model hospital data to the next CoG meeting.

The Council:

- **Received the updates and noted the contents.**

22/29 Governors' Report

The governors picked out succinct points from their reports and the Council raised the following points:

- Are the NEDs assured from the Friends & Family test response rate whether lessons were being learned and common themes highlighted. Jenny McAleese replied that the Trust is a long way to becoming a learning Trust in respect of delivering tangible solutions to issues that have been around for quite some time, i.e. complaints about staff attitude. Rukmal Abeysekera added that there needed to be a culture change in the organisation. Catherine Thompson added that there was a need to discover why there is such discontent amongst staff. Staff are different when they are happier. It is essential to understand the issues and come up with a solution.
- What are the consequences for staff who have a bad attitude and behaviour, who are the reason for a complaint? Lorraine Boyd replied that it was essential to find out why staff were reacting the way they were to situations. The majority of staff had a good attitude and behaviours and it was essential that those who did not should be challenged and supported to change. Mick Lee commented that raising an issue and seeing nothing being done about it does cause frustration.
- How do you assure yourselves that the actions taken do actually solve a situation? Jenny McAleese replied that the Board spend a lot of time on actions and solutions but it needed to be more robust and reassess if an action needed updating if the issue had not been resolved after a period of time. Alan Downey added that a number of changes were made over the past few months. A session took place on

priorities and four were agreed. The Board then asked the clinical leadership for an action plan to be produced and this is a work in progress.

- Was the action plan produced top down or bottom up? Jenny McAleese replied that they were produced by a cross section of staff and people will be held to account to complete those actions.

The Council:

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

22/30 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Research & Development Quarterly Update
- Governor Elections

No comments were made.

22/31 Questions received in advance from the Public

Alan Downey highlighted a couple of themes that came out of the current set of questions and gave the following update: -

- Deliberately suppressing information on the website – this was not the case. Following the meeting Alan Downey agreed to look in more detail into the allegation by John Wane that information had been removed from the Trust website.
- Scarborough Hospital services lost – the trend within the NHS had been towards greater specialisation and concentration of certain services in specialist centres. That was unlikely to change in the foreseeable future. However, less specialised services should be provided as close to people's homes as reasonably practicable.
- Patient Travel – patients will continue to have to travel to services that can only be provided at specialist centres. However, the Trust should make greater efforts to ensure that more routine services and outpatient appointments can be provided locally.
- Patient safety and staffing levels – it is clear that the Trust has been providing services to patients that are not safe enough. One answer would be to close wards and beds but the consequences of that could be dire for patients. The current situation is not satisfactory, staffing levels are not satisfactory, and the Trust needs to improve that.

Alan confirmed that after the meeting the Q&A document will be posted on the Trust website and askers will receive individual emails with the Q&A document attached.

22/32 Any Other Business

No other business was discussed.

22/33 Time and Date of the next meeting

The next meeting will be held on Thursday 15 September 2022, 10.00am, Malton Rugby Club.

Public CoG – Action Log

Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Comments
22/22	07/07/22	Provide data on orthopaedic activity levels at Bridlington Hospital to the Council.	Simon Morritt	Sept'22	
22/22	07/07/22	Share the link to the ICS Engagement Strategy with the Council.	Simon Morritt	July'22	
22/24	07/07/22	Mike Taylor to review the NED appraisal form to allow for a more free flow narrative instead of tick boxes.	Mike Taylor	Dec'22	
22/28	07/07/22	Bring some model hospital data to the next CoG meeting.	Alan Downey	Sept'22	

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Bridlington Services Update
Director Sponsor:	Mel Liley, Interim Chief Operating Officer
Author:	Lucy Turner, Deputy Chief Operating Officer

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:
 Enclosed is a report on Top to Toe Care at Bridlington Hospital and a presentation on Bridlington Services update.

Recommendation:
 The Council of Governors is asked to note the contents of the report.

Report History
 (Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

Top-to-toe care at Bridlington Hospital

A guide to health and wellbeing clinics
for people of all ages



Bessingby Road
Bridlington
East Yorkshire
YO16 4QP
Tel. 01262 606666

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
AAA Clinic (Outpatient Department)	Monthly	All day	Nurse	Humber NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Anticoagulation Service (Lawrence Unit) For holidaymakers	Monday – Friday (not including bank holidays)	Need to attend between 8:30 - 9:30 due to van times re blood sample	Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Pt self refers by phone
Audiology (hearing clinic)	Monday – Friday	By appointment	Audiologist	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Bereavement Services (chapel)	Monday – Friday	By appointment	Bereavement Officer	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral
Bladder and Bowel Health Clinic	Monday – Friday	By appointment	Bladder and Bowel Team	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Blood Taking Service	Monday – Friday	9:00 – 15:00	Phlebotomist	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Cardiac rehabilitation	Monday – Friday	By appointment	Specialist nurse	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by consultant/ GP / clinician
Cardiology (Outpatient Department)	Monday – Friday	8:00 – 18:00 (by appointment)	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Care of Elderly (Lawrence Unit) Movement Disorder Clinic	Monday Tuesday	Afternoon only All day	Consultant / Registrar Nurse Specialist	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP
Care of Elderly (Lawrence Unit) Falls Clinic	Wednesday	New patients – mornings Follow up clinic – afternoons	Consultant Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Care of Elderly (Lawrence Unit) General Medical Clinic	Thursday	Mornings	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP
Chemotherapy (mobile unit)	Wednesday	All day	Highly trained specialist nurses	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Colposcopy Clinic (Outpatient Department)	Wednesday	All day	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Community Nursing Support	24/7	Daily out of hours team supporting after 18:00 – 08:00	Nursing team	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral number 01482 247111
Day surgery (Lloyd Ward)	Monday – Friday	9:00 – 17:00 (overnight care available)	Nursing team	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Dental (Outpatient Department)	Maxillofacial Tuesday and Thursday	8:00 – 18:00 (by appointment)	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Dental services (Specialist Community Clinic Referrals)	Monday and Tuesday	8:30 – 17:00	Team of experienced dentists including consultants and therapists	City Health Care Partnership CIC	NHS England	Referral
Diabetes and Endocrine (Outpatient Department)	Monday – Friday	8:00 – 18:00 (by appointment)	Consultant / Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Diabetes Podiatry Clinic (foot ulcers, gangrene, wounds, infections)	Monday – Friday	By appointment	Podiatry team & Vascular consultant / Diabetes consultant (where appropriate)	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Specialist advice and direct referral through 01482 675345

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Diabetes Specialist Nursing	Monday – Friday	By appointment	Specialist nurse / consultant (where appropriate)	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Diabetes Structured Education Programmes	Courses as required: Living with diabetes (Type 2) DAFNE (Type 1)	By appointment	Specialist nurse	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Dietetics	Monday – Friday	By appointment	Dietitian	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
DVT Service (Lawrence Unit)	Monday-Friday (not including Bank holidays)	8.30 – 15.00	Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / UTC / OPD
Ear, Nose and Throat (Outpatient and day case surgery)	Monday – Friday	9:00 – 17:00	Consultant / Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Endoscopy (Shepherd day unit and Endoscopy unit)	Monday – Friday	9:00 – 17:00 (overnight care available)	Consultant / Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Epilepsy Nurse (Outpatient Department)	Monthly	Afternoon only	Nurse	Hull University Teaching Hospital NHS Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Family Planning Clinic and Sexual Health	Wednesday	13:00 – 19:00	Male or female clinician	City Health Care Partnership CIC	East Riding of Yorkshire Council	Walk-in service / call 01482 247111
Gastroenterology (Outpatient Department)	Tuesday and Wednesday	By appointment	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
General Medicine (Johnson ward)	Inpatient rehabilitation and stroke ward	24/7	Consultant / Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
General Surgery (Outpatient Department)	Tuesday and Wednesday	Afternoon only	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
GP out of hours service	Monday – Friday Weekends and Bank Holidays	18:00 – 08:00 24/7 (by appointment)	Clinician	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Call NHS 111 for assessment
Gynaecology and antenatal (Outpatient Department)	Monday – Friday	8:00 – 18:00 (by appointment)	Specialists	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Heart failure clinic	Monday and Wednesday	All day (by appointment)	Specialist nurse	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Initial referral by healthcare professional (email form to chcp.247111@nhs.net) Patients can self-refer back if they have previously been known to the service.
Hepatitis Specialist Nurse (Outpatient Department)	Monday	8:00 – 12:00	Specialist nurse	Humber NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Hickman / Picc / P.a.s Port line flushing (Lawrence Unit)	Monday – Friday (not including Bank holidays)	8:30 – 16:30	Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by Chemotherapy Dept
Medical Diagnostics (Cardio-respiratory)	Monday, Tuesday, Wednesday and Thursday	8:30 – 17:00	Clinical team	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Medical Elective Service (Lawrence Unit) - Blood Transfusion - Platelet Infusion - Immunoglobulins - Monoclonal antibodies/ biological therapy - IV Iron - Bone protection medication - Venesections - Steroid infusions - Diagnostic blood testing	Monday – Friday (not including Bank holidays)	8:30 – 16:30	Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by Consultant
Ophthalmology (Eye clinic)	Monday Tuesday Thursday	8:30 – 16:00 8:30 – 16:00 8:30 – 16:00	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust, the RNIB, and York Blind & Partially Sighted Society	East Riding of Yorkshire CCG	Drop-in service / call 01723 236113
Ophthalmology (Outpatient Department)	Wednesday	8:30 – 16:00 (by appointment)	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Oral and Maxillofacial Surgery (outpatient, day surgery and initial acute management)	<u>Outpatient Clinic</u> Alternate Tuesday	8:00 – 18:00 (by appointment)	Consultants and junior staff	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
	<u>Surgery/Theatre</u> Wednesday and Friday	9:00 – 12:00 9:00 – 12:00	Consultant			
Orthopaedics elective surgery (Kent ward)	Monday – Friday Weekends variable	Planned Surgery (24 hours) By appointment	Nurse Physiotherapist Healthcare assistant Consultant surgeon	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Orthopaedics / Fracture Clinic (Outpatient Department)	Monday – Friday Tuesday pm Thursday pm	9:00 – 16:00 13:30 – 18:00 (by appointment)	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Orthotics (Outpatient Department)	Wednesday	By appointment	Orthotist	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Paediatric Clinic	Thursday and Friday	8:00 – 12:00	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Paediatric Clinic	Monthly	8:00 – 12:00	Nurse	Hull University Teaching Hospital NHS Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Pain Management (Outpatient Department)	Tuesday and Friday	By appointment	Initial Nurse Assessment	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP or Community MSK
	Thursday	By appointment	Postural Assessment/ Physical Activity			
		By appointment	Clinical Acupuncture			
	Tuesday	By appointment	TENS			
	Thursday	By appointment	Specialist Pharmacy input			
Pain Management (Outpatient Department)	Monday and Thursday	Morning - clinic Afternoon – Theatre	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Physiotherapy Musculoskeletal (MSK)	Monday – Friday	By appointment	Physiotherapist	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician Self-referral via 01377 208300 or online via www.CHCPMSK.org.uk
Podiatry	Monday – Friday	By appointment	Podiatrist / assistants	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Radiology department (X-Ray and Ultrasound)	Monday – Friday	9:00 – 17:00	Radiographer / Sonographer	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Renal dialysis satellite unit	Monday, Wednesday and Friday Tuesday, Thursday and Saturday	6.30 – 18:00 (by appointment) 6:30 to 12:30 (by appointment)	Specialist	Fresenius Medical Care (UK) Ltd / Hull University Teaching Hospitals NHS Trust	East Riding of Yorkshire CCG	Referral by clinician
Respiratory / Oxygen Clinic	Tuesday	All day By appointment only	Specialist nurse	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Respiratory (Outpatient Department)	Tuesday am Wednesday pm	9:00 – 12:30 14:00 – 18:00 (by appointment)	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Retinal Screening (eye check for people with diabetes) (Outpatient Department)	Monday – Friday	By appointment	Retinal screening photographer	York and Scarborough Teaching Hospital NHS Foundation Trust	Public Health England / NHS England	Referral by GP / clinician
Rheumatology (Outpatient Department)	Tuesdays – all day and Wednesday afternoon	By appointment	Consultant and Specialist Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Speech and Language Therapy	By appointment only	By appointment	Speech and Language Therapist	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician
Stroke Rehabilitation	Home visit only	By appointment only	Healthcare Professional	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Beverley office: 01482 478835 or (if busy/no answer) Hull Community Stroke Admin Team: 01482 303669
Therapy Team (Intermediate Care and Community Rehabilitation)	Monday – Friday	By appointment	Physiotherapist, Occupational therapist and therapy support staff	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral through 01482 247111
Tilt Table Test (Lawrence Unit)	Wednesday	14:00 – 16:30 (by appointment)	Cardiology Associate Specialist / Senior Sister	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by Consultant

Service	What day?	What time?	Who will I see?	Service Provider	Who buys the service?	How do I access the service?
Treatment Room – Wound Assessment and Dressings	Monday – Friday	By appointment	Staff Nurse	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Referral by GP / clinician / self-referral through 01482 247111
Urgent Treatment Centre	7 days	7:00 – 23:00	Nurse Practitioners / GP (where appropriate)	City Health Care Partnership CIC	East Riding of Yorkshire CCG	Walk-in service / Direct Booking via NHS111
Urology (Outpatient Department)	Alternative Tuesday	8:30 – 12:00	Specialist Nurse	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Vascular Surgery (Outpatient Department)	Wednesday	pm only	Consultant	York and Scarborough Teaching Hospital NHS Foundation Trust	East Riding of Yorkshire CCG	Referral by GP / clinician
Wolds View Primary Care Centre (GP Practice)	Monday - Friday Saturday and Sunday*	By appointment	GP / Nurse / other clinician according to need	City Health Care Partnership CIC *Via Yorkshire Health Partners	East Riding of Yorkshire CCG	Call: 01262 425620 Online: NHS App

Please note:

- The accuracy of this information cannot be guaranteed and may be subject to change from time to time due to individual staff or service issues.
- Referrals to local services are based on appropriateness of an individual's clinical need and people may still have to travel to other sites dependant on their clinical condition.
- Bridlington District Hospital is owned by York Teaching NHS Foundation Trust.

Please notify East Riding of Yorkshire Clinical Commissioning Group of any amendments via ERYCCG.ContactUs@nhs.net

How to contact us

The people who look after your health will do whatever they can to make sure you are treated appropriately and on time. Your compliments are always appreciated and help us to share good practice. However, we realise that sometimes things do not go as expected.

If you are unhappy with the treatment or service you have received from NHS services, you have the right to make a complaint, have it looked into and receive a response. You can raise your concerns immediately by speaking with the staff involved who will attempt to resolve your complaint informally. Alternatively, you can contact one of the organisations patient relations service or Healthwatch East Riding of Yorkshire, the independent voice for the people of the East Riding:

City Health Care Partnership CIC 5 Beacon Way, Hull HU3 4AE	Customer Care Services Tel: 01482 347627 Email: chcp.customercare@nhs.net
East Riding of Yorkshire Clinical Commissioning Group Health House, Grange Park Lane, Willerby, HU10 6DT	Patient Relations Tel: 01482 672047 Email: ERYCCG.ComplaintsAndConcerns@nhs.net
East Riding of Yorkshire Council County Hall, Beverley, HU17 9BA	Contact Centre Tel: 01482 393939 https://www.eastriding.gov.uk/council/contact-the-council/contact-us/
Fresenius Medical Care (UK) Ltd Nunn Brook Road, Huthwaite, Nottinghamshire, NG17 2HU	Telephone: 01623 445100 http://www.freseniusmedicalcare.co.uk/contact-us/general-enquiries/
Healthwatch East Riding of Yorkshire Unit 18 Brough Business Centre, Skillings Lane, Brough, HU15 1EN	Tel: 01482 665 684 Email: enquiries@healthwatcheastridingofyorkshire.co.uk http://www.healthwatcheastridingofyorkshire.co.uk/
Hull University Teaching Hospitals NHS Trust Anlaby Road, Hull, HU3 2JZ	Patient Advice and Liaison Tel: 01482 623065 pals@hey.nhs.uk
NHS England NHS England, PO Box 16738, Redditch, B97 9PT	Customer Contact Centre Tel: 0300 311 22 33 Email: england.contactus@nhs.net
Public Health England PHE Yorkshire and the Humber, Blenheim House, West One, Duncombe Street, Leeds, LS1 4PL	Telephone: 0113 386 0300
Yorkshire Health Partners Gilberdyke Health Centre, Thornton Dam Lane, Brough, HU15 2UL	Telephone: 01430 440957 https://yorkshirehealthpartners.co.uk/contact-us
York Teaching Hospitals NHS Foundation Trust Wigginton Road, York, YO31 8HE	Patient Advice and Liaison Service (PALS) Telephone: 01904 726262 Email: pals@york.nhs.uk Opening Hours: 08.30-16.30, Monday-Friday

Version 7 – updated and correct as at September 2021

Review date: September 2022

Bridlington Hospital

Service Update

Neil Wilson – Head of Partnerships & Alliances

David Thomas – Associate Chief Operating Officer (CG2)

Liz Hill – Associate Chief Operating Officer (CG3)

Karen Cowley – Associate Chief Operating Officer (CG6)

What services are provided from Bridlington Hospital? (NW)

- ‘Top to Toe’: sheet provided on your tables - we know there is a desire from the community to do more
- How can we work together with the community in the context of:-
 - Clinical workforce shortages (including Primary Care)
 - Performance Standards (2 wk wait cancer; 18 wk RTT; 6 wk diagnostics)
 - Demand (Elective surgery 60% NY&Y residents currently; historic referral patterns of local GPs)
 - Quality and Safety: NICE guidance; Clinical Senate Recommendations and a context that pushes towards high-volume centralisation
 - “a national strategy to address the repeated problems of health in coastal communities is needed in addition to local action” *Health in Coastal Communities* CMO 2021

Bridlington Surgical Utilisation Working Group: Progress so far (LH)

Orthopaedics

- Increase from operating 42 weeks a year to 50 weeks
- Achieve a minimum of 85% list utilisation
- ❖ Backfill every theatre list during week as a priority
- ❖ Reduce theatre list cancellations
- ❖ Reduce late starts from 33%
- ❖ Introduce weekend WLLs once in-week utilisation at 85%
- Influence referral patterns of ERY GPs
- Scope feasibility of some upper limb ambulatory trauma moving to Bridlington.

Lloyd Ward & Shepherd Theatre

- Increase from operating 42 weeks a year to 50 weeks
- Scope the viability of undertaking out patient procedures on Lloyd
- Extend nursing skills to care for H&N and other speciality OP procedures (including hysteroscopy)
- Retain Day Case work alongside any OP procedures

Gynaecology

- Increase from operating 42 weeks a year to 50 weeks
- Undertake 3 month audited pilot asking York patients to transfer to Bridlington for their surgery
- Achieve a minimum of 85% list utilisation
- Increase list productivity to 92%
- Reduce on day cancellation rate to under 5%

Endoscopy

- Utilise capacity at Bridlington in line with CG4 Clinical Strategy
- ❖ Increase from 4 to 5 day scoping within current footprint
- ❖ Review complexity of procedures that can be offered

This group was established to focus on theatre utilisation. We have made steady progress through the pandemic – current workforce pressure affecting SLA

We want to work with Bridlington Health Forum to decide our next set of priorities and co-create a work plan.

Group will be expanded beyond surgery colleagues to look at emerging priorities from Health and Social care Event 30th June

Medical Service Development (DT)

- **Site Matron appointment:** replaced Site Manager, on feedback from staff. Working with multiple providers who operate from Bridlington Hospital
- **Johnson Ward:** Developed and enhanced the Inpatient Stroke rehabilitation service with dedicated specialist staffing support
- **Bridlington care Unit:** opened Jan 2022 as a response to system social care shortages; treated over 200 patients to date; average LoS of 6 days
- **Frailty at Bridlington:** priority for Bridlington Health Forum

Draft H2 service development workplan for Bridlington 22/23 (NW/KC/LH)

- Monthly operational meeting with Bridlington Health Forum to be re-established following pause around 30th June Event . Last met 11th Sept 22 with multiple trust reps and NED.
- Working towards an collaborative plan for service development:-
 - TIF 2 – outpatient procedures
 - Pre assessment – review of provision and local access
 - One Stop Cataract clinic in Bridlington – charity funded kit
 - Urology – key priority for BHF
 - Transport Audit – Healthwatch, building on transport pilot (see next slide)

Elective Transport Pilot (NW)

- Pilot scheme offering Day Case patients assistance with transportation to and from York, Scarborough and Bridlington Hospitals to their home addresses from February 2022(primarily by car).
- 300 DC per week – in initial six weeks of the pilot, the average uptake was around 8-10 patients per week; from April onwards, the average uptake has dropped to around 2-3 per week
- Possible seasonal trend around relative/friend support for patient transport
- Plan to commission transport survey with Healthwatch to determine needs for YTHFT catchment population accessing appointments and procedures

The wider role of ERY Place (NW)

- We want to work with ER Place to also build a collective vision for the future of Bridlington hospital, which is wider than just hospital provided services. There are also key community priorities such as Palliative care provision, transport eligibility and primary care access.
- This work was started by ER CCG Health and Social Care event on 30th June 2022, follow up and action plan with Simon Cox as Place Director.

Health in Coastal Communities: Recommendations *Chief Medical Officer's Annual Report 2021: Health in Coastal Communities	
1.3	Maintain the current focus on the role of the NHS as an anchor institution
2.1	Take account of the coastal deficit in the location of new medical schools, and actively recruit in coastal communities to existing medical schools
2.3	Increase access of coastal communities to specialist healthcare, including via digital methods
2.4	Build upon learning from the COVID-19 pandemic and HEE's Future Doctor report to strengthen the focus on maintaining generalist skills
2.5	Review whether current funding arrangements are a disincentive to GP, nursing and other NHS and social care workers moving to coastal areas
3.3	Reviewing the actual, versus expected disease prevalence and service provision in coastal and non-coastal communities

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Chief Executive's Update
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:
 To provide an update to the Council of Governors from the Chief Executive in relation to the Trust priorities. Key points include: recruitment, Covid-19 and flu vaccinations, Celebration of Achievement Awards, CQC updates (fundamentals of care and digital documentation rollout), Bridlington Hospital safety award, elective recovery, discharge pathways, same day emergency care, Trust Board appointments and York and North Yorkshire Devolution announcement.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	26 September 2022	

Chief Executive's Update

1. Our People

1.1 Recruitment

We have expedited recruitment to employ more patient services operatives (PSOs) across our medicine and elderly medicine wards in York Hospital. PSOs have a direct role in working closely with healthcare staff to support a number of ward processes and tasks such as preparing bed spaces for admissions, assisting patients with menu completion, and serving patients' drinks.

We held a recruitment day earlier this month, which generated a positive response and were able to make employment offers on the day to 34 PSOs and 70 healthcare support workers. We look forward to welcoming them on the wards.

These are key roles for supporting delivery of the CQC action plan, and in helping ensure that fundamentals of care are consistently delivered.

1.2 Flu and Covid-19 vaccinations

This year's staff vaccination campaign is now up and running and is available to all staff. We are taking delivery of the vaccines at different times, with covid vaccination already underway, and flu vaccination commencing on 3 October.

Where possible co-administration is encouraged, although staff should obtain their vaccinations as soon as possible.

Booking is not required this year; all sessions are walk-in. All sessions are on a walk-in basis, and we are once again offering meal vouchers as an incentive for staff who get vaccinated.

1.3 Celebration of Achievements Awards

At the time of writing we are putting in place the final preparations for our annual staff awards, which have not taken place since 2019 due to the pandemic.

This year we received the highest ever number of nominations, and I have no doubt that the event will shine a light on some of the fantastic work that staff are doing right across the organisation.

It is positive to be able to reintroduce our staff events programme as it is an important part of how we can recognise staff and thank them for all that they do.

2. Quality and Safety

2.1 Care Quality Commission (CQC) update

There is a comprehensive update on our response to the CQC and progress against the action plan elsewhere on the agenda, including the outcomes from the recent system-wide Rapid Quality Review meeting, however there are a couple of other areas I want to highlight.

Fundamentals of Care

We have focussed on improving awareness and understanding of the fundamentals of care, and how we need to improve in response to the CQC's findings in relation to this.

A 'fundamentals of care' poster has been shared widely across the Trust, to ensure we are all aware of how the fundamentals are defined.

The fundamentals of care are the basic elements needed to deliver a safe and person-centred experience for patients. They link to the CQC's key lines of enquiry when they make a visit - safe, effective, well led, caring and responsive. By clearly defining our fundamentals of care and creating a common language that we can all understand, it will help guide us towards the high standards of patient care that we are all striving to achieve.

Digital Documentation rollout

The rollout of our new software for electronic assessment and care planning has begun, with the pilot being successfully completed across a number of areas. It will now be rolled out into adult inpatient areas in York including all inpatient units, Scarborough and Bridlington throughout September and October.

The system has been developed in house in response to feedback from staff regarding the challenges with our current paper system. By focusing on what it feels like to be a nurse and carry round patient information in your head or on your handover, because there is currently no easy way to access the patient record and share the information more widely. The new software can be used on handheld devices, saves time and reduces duplication of work, helping us deliver better care.

This has already proven to be successful in reducing the time taken to complete documentation, whilst also freeing up time to care for patients.

2.2 Bridlington Hospital awarded for commitment to patient safety

Bridlington Hospital has been named as a National Joint Registry (NJR) Quality Data Provider after reaching high quality standards for patient safety.

The NJR monitors the performance of hip, knee, ankle, elbow and shoulder joint replacement operations to improve clinical outcomes primarily for the benefit of patients, but also to support orthopaedic clinicians and industry manufacturers.

The registry collects high quality orthopaedic data in order to provide evidence to support patient safety, standards in quality of care, and overall cost-effectiveness in joint replacement surgery.

In order to achieve the award, hospitals are required to meet a series of six ambitious targets during the audit period 2020/21. One of the targets is to comply with the NJR's mandatory national audit, aimed at assessing data completeness and quality within the registry. The audit ensures that the NJR is collecting and reporting upon the most complete, accurate data possible across all hospitals performing joint replacement operations, including Bridlington Hospital.

3. Elective recovery

Support for tier two providers

In July, NHS England wrote to all providers to confirm the second phase of the elective recovery plan would focus on the dual national priorities of eliminating 62-day cancer backlog by March 2023 and 78-week waits by April 2023.

As part of this, we have been assigned “Tier Two” status which means we will receive managed or facilitated support in relation to the risk to delivery of our 78-week and cancer 62-days back log.

We meet regularly with the regional team and have an agreed action plan which is monitored through these meetings. A regional support offer will also be developed in line with identified priorities.

Linked to this, Sir James Mackey, Chief Executive of Northumbria Healthcare NHS Foundation Trust and the national lead for elective recovery, visited the trust last month with members of his team.

In the meeting we shared our plans to tackle our current elective backlogs at specialty level, with a focus on our main risks and mitigations, as well as our requests for any support that they might offer.

The visiting team were understanding of the specific challenges we are facing, and were assured that we have effective plans in place to deliver what is required of us. Offers of help from the team will be coordinated through the regular tier two meetings.

4. Acute flow

The Trust remains under extreme operational pressure, with sustained OPEL 4 status in August 2022. A Rapid Quality Review by the Integrated Care System and CQC was undertaken in August to review the Trust’s actions to support the emergency care pressures and to agree additional support from the wider system.

4.1 Discharge pathways

Reducing the bed days lost due to patients without the criteria to reside is critical to achieving the Trust’s objective to manage the bed capacity to safe staffing levels, as required by the CQC, without increased delays in patient flow.

Due to sustained levels of pressure and demand across the whole of health and care, we continue to have high numbers of patients without the right to reside across acute and community services. Following the Rapid Quality Review a system action plan has been developed and will be the focus for delivery in the remainder of 2022/23. This includes delivery of virtual wards and pathway 0 discharge improvements. ‘Pathway 0’ describes patients who do not need any additional support or can restart their previous support, and are returning to their usual place of residence. We will also be looking to the extend recently-created York Care Unit, which follows the same model as the successful Bridlington Care Unit for our East Coast patients. We will also be exploring options to develop a Trust Domiciliary Care service.

4.2 Same Day Emergency Care

We are seeking to reduce demands on the in-patient bed base by increasing the number of patients who can be managed on Same Day Emergency Care pathways. A 24/7 Emergency Assessment Unit (EAU) has been established on both acute sites, with a focus on extending the range of pathways and criteria for the EAUs and the range of surgical services that can be managed through the Surgical Assessment Units on both sites.

By providing alternatives to admission, we can support improved flow in the emergency departments and reduced ambulance handover delays.

5. Governance and system updates

5.1 Trust Board appointments

I'm delighted to announce the appointment of our new Medical Director, Karen Stone, who is joining us from the Mid Yorkshire Hospitals NHS Trust, an acute and community multi-site trust, where she is currently the Medical Director, Responsible Officer and a Consultant Paediatrician.

Karen joins us with nearly eight years' experience as a medical director and has wide experience of system leadership.

In her previous role Karen's leadership in relation to patient safety, clinical quality and digital systems implementation have supported significant improvements to patient care and outcomes. She is also passionate about helping multi-disciplinary teams to become highly performing and is an advocate of innovative ways of working, ensuring that all staff have a good experience of work.

Karen will replace James Taylor our current Medical Director when he retires later this year. Jim has been with the Trust since 2001 and has worked in a variety of lead and clinical director posts and was appointed as our medical director in 2015. The NHS has seen many changes in that period and I am truly grateful to Jim for his professional and medical leadership through the years.

I can also confirm that our new Chief Digital Information Officer James Hawkins is now in post. James is a highly experienced digital, technology and business leader who has led some of the highest profile digital programmes, products and services in the public and private sector. James joins us from NHS Digital where he has had several different roles on the executive team and has been central to the delivery of many of the national NHS IT systems and services and commercial frameworks. I know that James is looking forward to building on the great progress made by Dylan Roberts and the team over the last couple of years.

5.2 York and North Yorkshire Devolution Announcement

Last month the Government announced its proposed Devolution Deal for York and North Yorkshire, marking a major milestone towards securing devolution for York and North Yorkshire.

The proposed deal, if agreed by the respective Councils, would be worth £750 million to York and North Yorkshire. It would see an elected mayor for the region, leading a new mayoral combined authority, which would receive devolved funding for transport, education and business support, and could invest upwards of £95m a year in York and North Yorkshire. With such new levels of investment on offer, the 30 year deal could unlock growth and innovation and help tackle local challenges, such as affordable housing and low wages. It could also be used to support an ambitious target to be England's first carbon negative region.

Following the announcement of the proposed deal, residents, businesses and stakeholders will now have the opportunity to review the detail of deal for the first time during the summer. The Councils will also be engaging residents, businesses and stakeholders to communicate what this proposed deal could mean, and what the next steps are.

The proposed deal would then be considered by all Councillors at Full Council, where they will be asked whether to proceed to public consultation on the Deal. If agreed, public

consultation could take place in October and through to December this year. Following the conclusion of that consultation, Councillors would then be asked to consider its feedback and whether to agree the deal at a future meeting of Full Council.

Date: 26 September 2022

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Outpatients Transformation
Director Sponsor:	Mel Liley, Interim Chief Operating Officer
Author:	Karen Cowley, Associate Chief Operating Officer

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow	<input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:
 To provide an update to the Council of Governors on the work being done around outpatients' transformation. The attached is a powerpoint presentation which will be discussed at the meeting.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	26 September 2022	

Three overlapping, semi-transparent blue parallelogram shapes in the top-left corner.

Outpatients Transformation

Karen Cowley
September 2022

Why is Outpatient Care Transformation so important?

Outpatient care represents the **largest proportion of NHS contact** with the public in a hospital setting and is often the first point of contact

Every time there is a routine referral, currently that patient joins a waiting list – they may sit there for months with no support and **waiting lists have grown year on year**

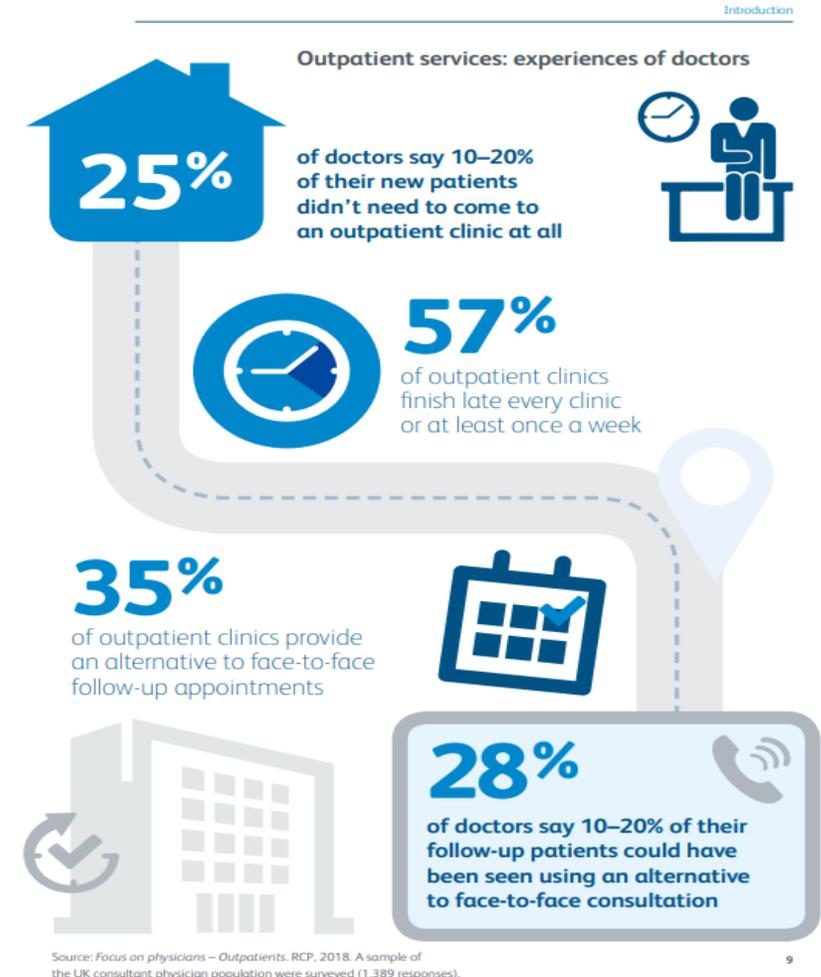
Outpatients clinics are often over-booked, run late and all diagnostics are not ready or available to support the consultation.

A typical outpatient appointment is face to face. This requires patients to take time off work; arrange childcare and travel to a clinic in person to see a clinician, often requiring multiple visits leading to a negative environmental and patient cost impact **(5% of road traffic is NHS related)**

We know that nationally c.10% of all people are discharged after their first appointment and c. 50% of outpatient exploratory work does not result in a diagnosis/ treatment

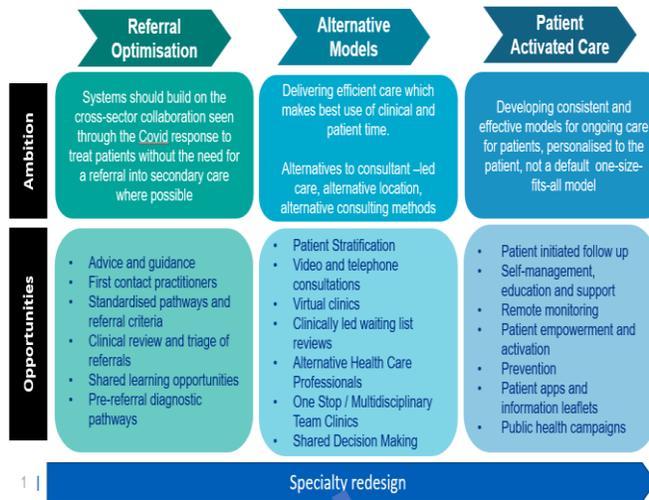
Post COVID:

- remote working and consultations available across every part of the NHS
- clinicians are using advice & guidance more than ever before referring
- need to keep patients safe and away from hot sites and COVID pathways
- both estate and workforce are more stretched than ever
- we need to support our patients to better self manage while they wait and to reduce follow-up attendances



National Outpatient Transformation Programmes & Priority Areas

National Outpatients Programme



Adopt & Adapt blueprint

Outpatients Adopt & Adapt Interventions
1. Procure a Patient Portal that enables patient-initiated follow-up, self-management and monitoring
2. Clinical validation of existing referrals and follow ups
3. Increasing use of Advice and Guidance (A&G), <u>optimising</u> new GP referrals and early use of triage
4. Develop a regional specialty waiting list to manage cohorts of patients more effectively
5. <u>Optimise</u> use of virtual (telephone/video appointments)
6. Patient Initiated Follow Ups (PIFU)
7. <u>Optimise</u> Independent sector and Nightingale capacity
8. <u>Optimise</u> Patient Activation
9. Improve communication with patient to ensure patients receive the care they need by reducing DNAs and preventing cancellations
10. <u>Rationalise</u> use of follow ups

NEY OP Regional priority areas



HCV Outpatients Transformation Board

Outpatient Transformation Programme

Referral Optimisation & New Models of Care

Personalised Care and Digital Initiatives

OBJECTIVES

Drive down waitlists and optimise use of patient and clinician time by maximising the treatment options within the primary sector, without the need for a referral into secondary care

Developing consistent and effective models for ongoing care for patients, personalised to the patient rather than a one-size-fits-all approach

PRIORITIES

- Gateway Advice and Guidance
- Room Planner
- Partial Booking

- PIFU
- Bi-directional text messaging
- Health Care on Your Phone

SPECIALTY REDESIGN IMMEDIATE ACTIONS AND FRAGILE SERVICES

Plan on a Page

Workstream	Aug	Sep	Oct	Nov	Dec	Q4
PIFU	Transition to BAU					
Gateway REI	COMMS		PILOT	Big Bang A&G Roll Out		Define phase 2
Bi Directional Text Messaging		PROCUREMENT	DIS Define and Design		DIS Build and Test	
Room Planner	PILOT		Roll out			
		COMMS & Training				
Partial Booking	PILOT		Roll out Plan	Trust Roll Out for Acute Specialties		
		COMMS & Training				
PKB	Rheumatology leaflets	Lab results published by NHS app				
	Promoting Patient Sign Up to PKB					

Gateway REI

- Key driver - Optimising referrals to secondary clinician providers
- Objectives
 - Maximising treatment available through primary health care providers
 - Improve turnaround times for guidance thus reducing time to treatment for patients
 - Reduce administration burden to allow better management of call handling into the outpatient department
- Key measure:
 - Referral volumes
 - Turnaround times for A&G requests
 - Reduction in abandoned calls
- Current status
 - One month pilot to commence 20/09



Room Planner

- Key driver – Digitisation of resources to enable reduction of waitlist
- Objectives
 - Enable universal visibility of available estate resources
 - Reduce administration burden of room management
 - Highlight and eradicate empty running of clinic rooms
- Key measure:
 - Number of clinics held
 - Number of appointment slots available
- Current status
 - In pilot with a small, well-bounded area to prove the use of the software



Patient Initiated Follow Up

- Key driver – Personalise care pathway, activate patients and reduce waitlists
- Objectives
 - Meet national targets 2% rising to 3% March '23
 - Enable patients to control their own pathway where feasible
 - Free up clinic slots for more urgent cases
- Key measure:
 - Number of patients on the PIFU pathway
- Current status
 - Project has successfully achieved all deliverables and is transitioning into business as usual performance management prior to controlled closure



Bi Directional Text Messaging

- Key driver - Digital engagement with patients to enable them to better manage their clinic attendance
- Objectives
 - Remind patients of their appointments and give them an opportunity to reschedule
 - Reduction in Did Not Attend incidents
 - Reduce wait lists by ensuring all clinic slots are utilised for patient care
- Key measure:
 - DNA rates
 - Volume of text responses
- Current status
 - Procurement phase in flight – expected contract award pre-Christmas 2022



Partial/Direct Booking Project

Key Driver

- To facilitate Booking of New Patients in Chronological Order
- Equalise wait times by priority

Key Objectives

- To implement partial booking for specialties with wait times over 26 weeks. Currently there are 101 published services that have wait times over 26 weeks.
- To revert to direct booking for services with wait times under 26 weeks. There are 223 services which would be suitable for direct booking
- To establish robust patient targeting lists on the outpatient dashboard to enable service teams to manage outpatient wait times and support chronological booking to minimise wait times variation
- To establish clinic management processes and procedures to ensure that clinic utilisation is maximised and wait times are reduced and minimised as a result of proactive management of clinic capacity.

Key Measure

- All services with wait times under 26 weeks moved to Direct Booking
- All services with wait times over 26 weeks to be moved to Partial Booking

Current Status

- Currently in pilot phase with 4 sub specialties. Trust wide roll out plan to be published at the beginning of October.



Healthcare on your Phone

Vision

- Our vision is to enable patients and their carers to be able to receive, store and access hospital information about themselves or those they care for on their phones via the NHS App. This will replace paper copies of documents.
- For our vision to be realised, we first need to get Y&S Trust patients to sign up to Patient Knows Best (PKB) (and for Synertec to be enabled) to allow data to flow seamlessly from the Trust to the NHS App and vice versa instead of as now, in the post.

Selected key objectives

- To establish the NHS App as the go to app for Y&S Trust patients and carers who want to access information.
- To establish three departmental exemplars within the Trust in 22-23. The aim is to show how the key features of PKB can be successfully deployed.
- To deploy Synertec across all patient facing clinical departments so that time critical correspondence not read on the NHS App can be posted to patients and carers.

Current status

- Publication of Rheumatology care plans has gone live: publication of lab results is progressing to plan: Synertec deployment has been slightly delayed due to IT compatibility issues; delivery of the national Wayfinder (NHS App revisions) programme is progressing well; planning for 23-24 has commenced.



Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Assurance Committees Updates
Authors:	Lynne Mellor, Chair of Digital, Performance & Finance Steve Holmberg, Chair of Quality & Safety Jim Dillon, Chair of People & Culture

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:
To provide an update to the Council of Governors on the work being undertaken at each of the sub-Board's Assurance Committees.

Recommendation:
To note and discuss the report.

Report History		
Meeting	Date	Outcome/Recommendation
Council of Governors	26 September 2022	

Chair Brief: Digital, Performance & Finance (DPF) Board Assurance Committee	Chair: Lynne Mellor	Date: 19 July 2022
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2022-3 – Trust Priorities covered by DPF Board Assurance Committee: Acute Flow & Elective Backlog

	Summary	Receiving Body: Board/ Committee	Recommendation/ Assurance to the receiving body: Information, Action, Decision
Digital			
i)	- The Committee noted NDOO (National Data Opt Out) policy and planned training mitigates a key risk e.g., failing to meet national standard deadlines for 31 July.	BOARD	INFORMATION
ii)	- The Committee welcomed the initial Strategic Outline Case (SOC) for the Electronic Patient Record. It commended the significant achievement to date, with the potential of the Trust receiving (subject to approvals) the 3-year funding of £45.7m, (a significant proportion of which is to be capital spend) to be distributed across each year equally, starting this fiscal. It noted the risks associated with the timeline, especially the need to ensure spend is focused on putting in place this fiscal the necessary infrastructure, both IT and network to accommodate a new EPR solution. This increases the significance, focus and timeline for the Essential Services programme delivery. The Committee recommended a short executive summary is provided in the SOC to include the strategic options, the case for change, with revised financials and plan. Key asks included a review of current case benefits and costs (e.g., Infrastructure, migration, transformation). - Action: Revisions to case made and presented to Board for sign off.	BOARD	ACTION
iii)	- The Committee noted the SIRO report and asked for further clarification of the impact/risk of ‘approaching standards’ for the Data Security and Protection Toolkit.	BOARD	INFORMATION
Performance			
i)	- The Committee noted the significant operational pressures and subsequent delays to patient pathways for emergency, elective and cancer care. - In Emergency care whilst admissions have returned to pre-pandemic levels, flow remains a serious challenge with a 165% increase in average bed days for super stranded patients and an increase in stay compared to June 21. Ambulance response times for emergency response continue to miss targets. - Elective recovery And Diagnostics – Trust at risk of not treating all 78-week patients by March 23. Outpatient first appointment waits are increasing which poses issues for specialities such as Ophthalmology due to volume of high-risk patients. Urology and Colorectal specialities are at high risk for 104-week waiters. Action: Quality and Safety Committee to review impact on patients from Performance reporting on an ongoing basis.	Quality and Safety	ACTION

ii)	- The Committee was pleased to note the Trust has met the national ask to offer all patients waiting two years a treatment date by the end of June (8 exceptions addressed).	BOARD	INFORMATION
iii)	- The Committee reviewed the high-level plans to address Acute Flow and Backlog priorities, and asked if the actions could be prioritised given the volume, to determine which ones will have the biggest impact, pinpointing the problem, measurable impact and resultant outcomes. In addition, the Committee requested visibility of the Building Better Care Programme via a dashboard to determine its impact on addressing the relevant in-year and strategic priorities.	BOARD	INFORMATION

Finance

i)	- The Committee discussed the need for clarity around governance of recent decisions on e.g., car parking and material movements in budget allocation between versions of the financial budget plan. Action: Governance discussion at Board on financial decisions and budget movements with agreement of what is considered 'material' to include at Committee and Board.	BOARD	ACTION
ii)	- The Committee noted the modest overspend, and the assumption taken that the ERF allocation will not be clawed back for Q1.	BOARD	INFORMATION
iii)	- The Committee did discuss the CIPHER unfunded revenue scheme (previously raised at Resources) and it was agreed, Operations will review the outcome of the YAS/ICS plans, and determine strategically how the Trust considers its needs for patient admittance to ED as part of the wider Acute Flow plans, with an update in September.	BOARD	INFORMATION

Governance

BAF	- The Committee noted no major changes to the BAF given an overall review.	BOARD	INFORMATION
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Trust strategic goals assured to Committee	1. To deliver safe and high-quality patient care as part of an integrated system	<input type="checkbox"/>	2. To support an engaged, healthy and resilient workforce	<input type="checkbox"/>	3. To ensure financial sustainability	X <input type="checkbox"/>
	PR1 - Quality Standards	<input type="checkbox"/>	PR2 - Safety Standards	<input type="checkbox"/>	PR3 - Performance Targets	X <input type="checkbox"/>
	PR4 - Workforce	<input type="checkbox"/>	PR5 - Inadequate Funding	X <input type="checkbox"/>	PR6 - IT Service Standards	X <input type="checkbox"/>
		X				

	PR7 - Integrated Care System	<input type="checkbox"/>	Comments: PR7 is interrelated across our agenda, and will be noted as discussions arise.	
	Key Agenda Items	RAG	Key Assurance Points	Action
PR6 – IT Service standards	Digital	Yellow	Awaiting LLP cyber desktop completion. Early phase of ERP SOC presented; support given to the case with suggested amendments.	Team still to update the report with LLP aspects and ensure lessons learnt from recent attacks elsewhere to feed into plans. ERP case detail to be enhanced.
PR3 – Performance Targets	Performance Targets	Red	2-year patient wait treatment target met. However significant operational pressures noted.	Focused plans on acute flow and elective backlog to address significant operational pressures.
PR5 – Inadequate Funding	Finance, Deficit risk including CIP	Yellow	CIP – full plan in place ERF currently maintained for Quarter.	Recognised further work needed on CIP to provide contingency Risk of clawback to ERF in future quarters if miss targets.

Quality Committee – Chair’s Assurance Report

Date of Meeting:	19 th July 2022		Quorate (yes/no):	Yes		
Chair:						
Members present:	Stephen Holmberg (Chair), Ash Clay (NED), Jim Taylor (MD), Mike Taylor, Caroline Johnson		Key Members not present:			
Trust strategic goals assured to Committee	1. To deliver safe and high quality patient care as part of an integrated system		2. To support an engaged, healthy and resilient workforce		3. To ensure financial sustainability	
BAF Risks assured to Committee	PR1 - Quality Standards	x	PR2 - Safety Standards	x	PR3 - Performance Targets	x
	PR4 - Workforce		PR5 - Inadequate Funding		PR6 - IT Service Standards	
	PR7 - Integrated Care System		Comments:			

Key Agenda Items	RAG	Key Assurance Points	Action
7 Maternity Services (Ockenden)		Concerns remain regarding some aspects of maternity services and work to achieve Ockenden standards. More assurance sought in relation to scanning responsiveness	Information and escalation
6, 9, 10		High bed occupancy continues to create significant patient safety challenges with regard to staffing levels and HAIs. Delays in discharge for patients no longer requiring an acute hospital bed remains a major concern	Information and escalation

Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

Quality Committee – Chair’s Assurance Report

9 CQC		This remains a primary focus of the Committee. Committee assured that work in progress that should address CQC concerns but some elements continue to flag as risks	Escalation
11 QPaS		Hospital haemodialysis capacity flagged as significant issue. Contingency plans in place but risk of safety compromise and pressure on staffing numbers	Escalation

Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

People and Culture – Chair’s Assurance Report

Date of Meeting:	20 July 2022		Quorate (yes/no):	Yes	
Chair:	Jim Dillon (Chair)				
Members present:	Lorraine Boyd (NED), Matt Morgan (NED), Polly McMeekin, (DW&OD), Heather McNair (CN), Lucy Brown (Dir Comms)		Key Members not present:	Jim Taylor (MD) - apologies	
Trust priorities assured to Committee	1. Our People	X	2. Quality and Safety		3. Elective Recovery
	4. Acute Flow				
BAF Risks assured to Committee	PR1 - Quality Standards		PR2 - Safety Standards		PR3 - Performance Targets
	PR4 - Workforce	X	PR5 - Inadequate Funding		PR6 - IT Service Standards
	PR7 - Integrated Care System		Comments:		

Key Agenda Items	RAG	Key Assurance Points	Action
6. Workforce and OD update		Nursing and Medical Staffing Reports to be escalated at the Quality and Safety Committee in the impact of continuing workforce challenges.	Information and escalation
8. Mandatory training compliance for non-medical bank staff		Statutory and mandatory training non-compliance rates for medical staff.	Information and escalation

Low	Assurance indicates poor effectiveness of controls
Medium	Some assurance in place or controls are still maturing so effectiveness cannot be fully assessed at this moment but should improve
High	Full assurance provided over the effectiveness of controls

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Constitution Amendments
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Mike Taylor, Associate Director of Corporate Governance

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow	<input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:
To request the Council of Governors approve amendments to the constitution including the standing orders.

Specifically to note and discuss:
The amendments recommended for approval including as specified under the following sections:

- Council of Governors; and
- Board of Directors

Recommendation:

The Council of Governors are asked to approve the amendments to the constitution.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Constitution Review Group	8 September 2022	To approve amendments

Constitution Amendments

1. Introduction and Background

Any amendments to the constitution are required to be discussed with the Constitution Review Group for suggested recommendations to then be approved at the Council of Governors and the Board of Directors.

2. Proposed amendments to the Constitution including Standing Orders

The Trust's constitution has been revised as follows:

Area	Section and Amendment
Section 8 Council of Governors	<p>8.1 - To increase the Council of Governors from 27 to 30</p> <p>8.2.2 - 7 Staff Governors elected; increasing 3 for York and 3 for Scarborough and Bridlington staff constituencies</p> <p>8.2.3 - To increase to 3 Local Authorities governors</p> <p>8.2.7 - Remove the position of YTHFM appointed Governor position</p> <p>8.8 - 3 Local Authorities Governors appointed to serve the geographical area of the Trust</p> <p>8.11 - Removal of YTHFM LLP appointed governor</p> <p><i>To increase local authority governor positions from 1 to 3, move the YTHFM LLP appointed representative to an elected staff position (in line with other NHS Foundation Trusts) to include in and to increase York and Scarborough and Bridlington staff constituencies to 3 positions each.</i></p> <p>8.4.5 c - serve no more than six years in office in aggregate (public)</p> <p>8.5.4 c - serve no more than six years in office in aggregate (staff)</p> <p><i>Reduced from 9 years.</i></p> <p>8.12 b - Disqualification from being a governor if the individual is a governor at another NHS Foundation Trust</p>
Section 9 Board of Directors	<p>9.3.1 c - all Non-executive Directors including the Chair, shall be eligible to serve six years. Any further extension will be assessed on a year by year basis subject to performance up until a maximum of a further 3 years.</p> <p>Including Appendix 1 of the Standing Orders</p> <p><i>Reworded to state six years to be reviewed subject to performance on a year by year basis for a further three years.</i></p>
Annex 1 Trust Constituencies and	2.1 Staff Constituency of the Trust

Governors	York increased from 2 to 3 positions Scarborough and Bridlington increased from 2 to 3 positions
	3.1 Partnership Organisations 3 Local Government Governors to be appointed, increased from 1
Annex 2 Election Rules	York and Scarborough Teaching Hospitals NHSFT name correction
Annex 3 Council of Governors: Transitional Provisions	1.1 Elections Amendment of Scarborough, Whitby and Bridlington to East Coast Constituency and elected seats information
Annex 4 Standing Orders for the Practice and Procedure of the Council of Governors	58 Confidentiality Added sentence to ensure a member of a council of governors committee or group can pass information onto other governors not on that group if speaking to the Chair first.
Annex 5 Board of Directors Standing Orders	Introduction – Statutory Framework York and Scarborough Teaching Hospitals NHSFT name correction 5.1 Committees – Appointment of Committees Amended to state Committee amendments from July 2022

The Constitution is provided in the blue box for completeness.

3. Next steps

The Constitution and Standing Orders will take effect following the approval process.

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Governors Activity Report
Director Sponsor:	Alan Downey, Chair
Authors:	Sally Light – Lead Governor Michael Reakes – MDG Chair Alastair Falconer & Beth Dale – PESG Governor Representative Dan Braidley – Travel & Transport Chair Sue Smith, Bernard Chalk, Catherine Thompson – OHC Group

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow	<input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:

This paper provides an overview of Governor Activities.

Reports are provided on the following:

- Lead Governor
- Governor Forum (action notes)
- Membership Development Group (action notes)
- Patient Experience Steering Group (PESG)
- Travel & Transport Group (minutes)
- Out of Hospital Care Group (verbal)

Recommendation

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

1. Lead Governor Report

Introduction

This report provides information about my key activities in my role as Lead Governor since the last Council of Governors (CoG) meeting in July.

Meeting with the Bridlington Forum

As governors are aware Bernard Chalk, Jenny McAleese and I have had a series of meetings with the Bridlington Health Forum and in particular with local residents Simon Tory and Dr Anthony Clarke. We had a further meeting in July and discussed their ongoing concerns about access to services for East Coast residents. Subsequently, through further meetings with Alan and members of the Trust senior team a number of actions have been agreed and I hope progress against these can be monitored at future CoG meetings.

Events on the East Coast

In August I attended two events on the East Coast. One in Sewerby and the other in Skipsea. Although the events were connected to the charity that I work for, they were an opportunity to talk to local people about access to health services. Though the usual themes of a lack of services locally and long journeys to York, Malton and Hull were highlighted, the feedback I received on the quality of services provided (primarily for people living with motor neurone disease) was positive.

Meetings with Alan

I have continued to meet Alan monthly, and we have discussed a range of governor and Trust related issues. As governors would expect progress against the actions arising from the CQC inspection have been a regular agenda item. At the last meeting we also discussed the governor election, including issues relating to partner governor positions – local authority, the third sector and the LLP.

Governor election

I have had several discussions with people considering standing as public or staff governors. These discussions have been an opportunity to explain the role of the governor and encourage people to put themselves forward for election. I have also fielded a question from a member of the public about the rules surrounding the membership cut off date for the current election. I worked with Mike Taylor to resolve their questions and concerns.

Sally Light
Lead Governor

2. Governor Forum (10.08.22)

Action Notes

Attendance: Sally Light (SL), Lead Governor, Beth Dale (BD), Alastair Falconer (AF), Sue Smith (SS), Bernard Chalk (BC), Keith Dobbie (KD), Catherine Thompson (CT), Gerry Richardson (GR), Michael Reakes (MR), Sharon Hurst (SH), Paul Johnson (PJ), Tracy Astley (TA)

Apologies: Mick Lee (MRL), Helen Fields (HF), Rukmal Abeysekera (RA), Dawn Clements (DC), Maya Liversidge (ML), Mike Taylor (MT)

Outstanding actions from previous meetings

Agenda Item:	Chair's Appraisal	
Actions agreed	MT to amend Chair's Appraisal proforma to add a similar note in the second section about not able to comment/haven't seen evidenceas there is in the first section.	Ongoing
Agenda Item:	Public Questions	
Actions agreed	<p>Concern raised over whether Mental Health issues in SGH A&E had been resolved. MT will discuss with Medical Director.</p> <p>The response was considered inadequate and therefore it has been passed back to MT for further clarification.</p>	MT response: Mental health risk assessments have now moved electronic which relates to a concern with the last CQC visit. This is to be reviewed once evidence is compiled over the next few months, with further actions being addressed it is planned with patients being treated at the new ED once opened.

Actions from today's meeting

Agenda Item:	Items for next CoG meeting	Notes
Actions agreed	<ul style="list-style-type: none"> Charity/Partner Governor vacancies CQC Progress report Monitoring Trust Performance/KPIs 	To be added to September CoG agendas.
Agenda Item:	Governor Elections	
Actions agreed	TA advised that submission for nominations had now closed and all vacancies should be filled except the Staff Governor for SGH/Brid.	TA to add update on September CoG agenda.
Agenda	Local Authority Representation at CoG	

Item:		
Actions agreed	Currently no L.A. representation at CoG. Discuss at next CRG regarding change to the constitution to include representation from North Yorks and York local authorities. Also discuss whether to keep same constituency footprint or reassess.	On September CRG agenda.
Agenda Item:	Charity/Partner Governors	
Actions agreed	2 vacancies available. Discuss selection process at next CoG.	On September Private CoG agenda.
Agenda Item:	Governor Resignation	
Actions agreed	David Wright has recently resigned. The Chair, Alan Downey, will contact David to understand his decision to step down.	Correspondence sent to governors. Action closed.
Agenda Item:	Monitoring Trust Performance	
Actions agreed	Lack of data being given to governors hence the surprise at some of the contents of the CQC report. Needs rectifying through regular performance monitoring reports. Governors are aware that MT is on with this and would like an update at CoG.	On September Private CoG agenda.
Agenda Item:	CQC Report – Progress reporting	
Actions agreed	Some governors unhappy with Board response to the CQC. Governors need to feel that there is a realistic approach to improving care and not just get through the CQC inspection. Governors request update at next CoG meeting.	On September Private CoG agenda.
Agenda Item:	Membership Survey	
Actions agreed	The governors agreed that the revised membership survey was suitable and should be trialled.	TA to action. Ongoing.

Agenda Item:	Meet the Governor Sessions	
Actions agreed	It was agreed to do these sessions prior to the public CoG as part of the CoG day. Advertise it in Membership Matters.	TA to action. 30 mins sessions arranged prior to public CoG.
Agenda Item:	Screensaver for Staff Governors	
Actions agreed	It was suggested that a screensaver be produced to highlight the visibility of Staff Governors.	TA to action.
Agenda Item:	Public/Patient Engagement Activities	
Actions agreed	It was agreed that the Governor Walk rounds would be an ideal engagement opportunity. TA asked for suggestions on which hospitals / areas the governors would like to visit.	Governors to email TA with suggestions.
Agenda Item:	PESG	
Actions agreed	Suggestion made that Governors should have the opportunity to “observe” the PESG meeting “firsthand” as it was one of the most important subcommittees for the Governors.	TA to discuss with Chair of the Committee. Email sent, awaiting response.
Actions agreed	Suggestion made that Governors should receive the agenda/reports of each meeting (recognising that they are confidential).	TA to discuss with Chair of the Committee. Email sent, awaiting response.

Date of Next Meeting: 23 November 2022, 10.30 – 12.00, via Teams

Sally Light
Lead Governor

3. Membership Development Group (04 04 22)

Action Notes

Attendance: Michael Reakes (Chair), Keith Dobbie, Sue Smith, Beth Dale, Mick Lee, Sally Light. The meeting was quorate with 3 or more members including at least one Public Governor.

Apologies for Absence: Bernard Chalk, Alastair Falconer, Rukmal Abeysekera, Catherine Thompson, Gerry Richardson

Reference	Subject	Action / Status
Agenda items [2]-[3] on 01 Aug 22	Review of open actions and matters arising from last meeting on 04 April 2022	The Notes from 04 Apr 22 were agreed as accurate. Actions arising and new items are below.
Action [1] from MDG on 04 Apr 22	Over 50's Festival [1] Beth Dale to keep MDG updated on attendance at Over 50's Festival scheduled for Sept/Oct 22.	Drop, due to event being unsuitable for membership development per Beth. Action now Closed.
Agenda [4] on 01 Aug 2022 and Action [2] from MDG 04 Apr 22	Membership Marketing – status of membership banners in York/Scarborough Hospital entrances, and posters in waiting room and back of toilet doors.	All Governors to review whether the banners and posters are visible in their local area and report back at Governor Forum. Action: All Governors
Agenda [5] on 01 Aug 2022	Meet the Governor Sessions. Those at this MDG agreed to trial face-to-face meetings in all areas, starting in York and Scarborough as follows. Hold the events at Ellerby;s Restaurant or equivalent, and temporarily display Membership Banner. Plan dates, pre-announce via membership matters, and (optionally) ask for issues to be passed via the Governor email in advance; caveat that no personal issues should be emailed or discussed in the meetings - rather pass such individual issues via PALS. The approach in meeting would be to: (1) Introduce those attending [Governors, Public Relations, Director of Corp Gov are suggested], (2) Explain the role of Governor, (3) Summarize trust services (area specific, if appropriate) and (4) invite those present (members and the public) to present their views on (a) what services are working well, (b) suggestion for services, and invite (c) any ideas, comments or suggestions. Governors would be in listening mode and would not attempt to answer any questions, or comment on operational issues. These sessions should also be used to sign up new members, and perhaps recruit new volunteers. Consider a rehearsal. Also trial an online meeting.	Lead Governor to Confirm at Governor Forum then pass to Mike Taylor for implementation.
Agenda [6]	Membership Survey. The survey in	Lead Governor to seek

from MDG 01 Aug 22	Attachment 1 was reviewed, edited, and agreed at this MDG. This is to replace the existing survey with a broken link on the website and also to be email to Members.	consensus at the next Governor Forum then pass to Mike Taylor for implementation.
Action [6] from MDG 04 April 22, and Agenda [7] from MDG 01 Aug 22	Membership Unique Selling Points and ways to increase membership. Those at the MDG thought finding out about local Trust services was the main motivator. Beth Dale had found it informative visiting Theatre Staff. Sue Smith said that there was a vast quantity of data online from the Patient Experience Steering Group, but a top-level summary was hard to find. Reference was made to the publicly-available ranking of similar Acute Trusts. Keith Dobbie stated that making a difference as a Governor and exploring the role of Governor was important.	Lead Governor to collect views at the next Governor Forum.
Agenda [6] from MDG 01 Aug 22	Any other business. Due to competing outside time requirements, the current Chair, M Reakes, resigned from the MDG.	Tracy Astley – request replacement Chair for next meeting and confirm date.

**Date of Next Meeting: TBC 10.00 – 11.00, via Webex.
All Governors welcome**

Michael Reakes
MDG Chair

4. PESG (25 05 22)

Agenda Item	Summary	For Recommendation/Assurance to the CoG
Equality, Diversity and Inclusion	<p>Helen Ketcher, EID lead:</p> <ol style="list-style-type: none"> 1. Interpreters contract: being finalised. Plan to increase use of video interface to improve availability. Tablets have been distributed to care groups. To improve booking service with provider. 2. Meeting different communication needs: Patient Records to develop flagging system to identify individual patients communication needs; Clear masks to aid lip reading. 3. Assessment mental capacity: audit current practice; steering group; specialist capacity advisors; use electronic care plans (nucleus project) 4. Developing autism liaison service: Nicola Marshall, autism liaison lead, 	HK has identified important EID issues in the Trust and reported on the work related to these.

	introduced herself, described the service and asked for suggestions for development.	
PLACE update	Daniel Neal. Assessments with PLACE to be restarted and training of assessors commenced. Further training opportunities available. Timescale for assessments 5 th September to 11 th November	TA has already circulated details for assessor training. Encourage governors to put themselves forward for training as a positive role in their constituencies
Visitors Policy revision (draft)	Hannah Grey (Patient and Public Involvement lead). In response to CQC requirement. This provides a visitors code. Post covid there have been changes (eg hand hygiene). It includes reasonable adjustments for particular groups developed after discussion (eg Johns Campaign for dementia, young carers, autism liaison service). There has been an EID assessment. To be submitted to executive board.	This will be reviewed in 3 months
Mixed sex report	Chair: few examples of mixed sex occupation in critical areas and emergency department. Not significant numbers.	Reassured that trust compliant with requirements.
First quarter Q1(1st April to 30th June 2022) Patient Experience Report. Improvement plan.	Justine Harle. (Complaints and Concerns Lead) Q1 report: 172 complaints compared to 164 in Q4. 80% complaints themes same as Q4: <ul style="list-style-type: none"> • Care needs not adequately met. • Communication with patients and carers • Discharge arrangements • Attitudes of nurses/midwives • Delays and failures of treatment or procedures JH commented these are consistent themes in the NHS. The highest number of complaints (72) was in the Emergency Department which is unsurprising given current pressures. (Significantly higher than before pandemic). General medical and surgery were the second highest group (41). The Trust have made work on ED patient flows and patient nutrition and hydration priorities (as was apparent from the allocation of senior staff to these). Individual care groups have weekly complaints meetings. Improvement Plan: An initial draft was presented for discussion. It is a wide-	The PESG discusses and assesses trends in complaints together with the responses of the Trust, nursing management, Complaints/PALS. The Improvement Plan represents a necessary action in addressing these. It was recognised that the draft document does need further work in ensuring it is clear and realistic. I (AF) do believe this is being developed with urgency by the Trust.

	<p>ranging document covering all the important areas of complaints including a particular focus on nurse and HCA staffing. Timescales will apply. Discussion identified a need to measure and record improvement; Document a baseline for staffing; Clear aims for achievement in each area; JH asked for suggestions as to how plan could be improved.</p>	
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Alastair Falconer & Beth Dale
PESG Governor Representative

5. Travel & Transport Group (29 04 22)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Environment and Sustainability Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Anne Penny	Staff Side Rep
	Lorna Fenton	HR Manager
	Vicky Pursey	Staff Side Rep, Physio
	Kevin Richardson	Car Parking & Security Manager
	Franco Villani	Staff Side Rep
	Robert Peacock	North Yorkshire Healthwatch
Apologies:	Delroy Beverley	Managing Director YTHFM LLP
	Phil Bland	Deputy Transport Manager, YTHFM LLP
	Don MacKenzie	Energy Manager
	Guy Wallbanks	City of York Council
	Ed Pearson	Finance
	Storm Baines	Enterprise
	John Mensah	Consultant Side Rep
	Kat Pickles	Transport Development Officer, East Riding of Yorkshire Council
	Helen Hardwick	Staff Benefits
	Jane Money	Head of Sustainability, YTHFM LLP

1	<p><u>Apologies</u></p> <p>Apologies for absence were received.</p> <p>DelB is unable to attend. DB has agreed to step in and chair the meeting in his absence.</p> <p>CM Read out departures (Bernard Chalk, Tony May, Chris Pearson) and also the apologies. Tony May will maintain contact with DB who will relay any updates to the group.</p> <p>Not enough attendees present for the meeting (only 8), however, those present wished to go ahead with a run through of the previous minutes/actions, as many were assigned to those present.</p> <p>RP noted that our rep from East Riding of Yorkshire Council (ERYC) has not attended for some time and there are several issues that would benefit their contribution. Could they be chased or a new rep sourced? FV suggested adding someone from the Bridlington Health Forum and had recently been in a meeting with someone who might be a good rep for ERYC. DB to contact KP to see if she wants to continue participating in the group, or to suggest if there is another ERYC rep who could attend.</p>	
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	<p><u>SGH £100,000 Car Park Investment Project</u> KR confirmed that 96 spaces have been added to the SGH front car park, following the loss of 100 spaces at the rear of the hospital during the ED build. There will be a new tarmac area placed at the back of the hospital and half way through the project this will become a car parking area once again. In addition to the new spaces created at the front, SGH will have approx. 100 new car park spaces overall, compared to at the start of the ED build.</p> <p>The investment project has also planned future proofing for the installation of EV charge points, when these will eventually be required (e.g. for fleets, patients and staff). The main issue in adding the charge points will be power infrastructure/grid capacity being able to support the addition of these. If there are sufficient improvements over time that will enable these projects to go ahead, we have the locations and capability to add the charge points in place.</p> <p><u>Bridlington Transport Scheme</u> Following up on FV's query on the scheme at the last meeting, DB has provided an update to FV, which was also included in DB's notes that circulated the group along with the agenda. FV noted that the scheme seems to consist of offering taxis in circumstances where no other transport options are available for patients. DB said we could ask Neil to attend the group if there are further queries; FV said this wasn't necessary and that ongoing updates would suffice.</p>	
3.	<p><u>Staff, Patients & Visitors</u></p> <p>Due to not enough group members present, this section of the agenda was not held.</p>	
5	<p><u>PALS</u></p> <p>Due to not enough group members present, this section of the agenda was not held.</p>	
6.	<p><u>Items for highlighting to Sustainable Development Group</u></p> <p>Due to not enough group members present, this section of the agenda was not held.</p>	
7.	<p><u>Any Other Business</u></p> <p><u>Healthwatch / York St. John Research</u> RP wanted to make the group aware that Healthwatch and York St. John University are researching issues concerning community travel access to rural populations, compared to urban populations (e.g. transport needs, infrastructure). This is a separate piece of work to other feasibility or research studies previously referred to in this group. DB stated that it will be interesting to see the results of this study, once concluded.</p> <p><u>DB Updates:</u></p> <p>DB briefly ran through his update that was circulated to the group with the agenda:</p> <ul style="list-style-type: none"> • P&R service has seen slight increase in usage, though not pre-COVID levels yet. Upcoming changes to parking permits for staff in York may result in an increased uptake. • There is a business case in progress looking to extend the HSB P&R service to include the Stadium, recommending a trial period. VP asked if the business case could include allowing for staff moving between sites for work being able to travel for free. DB confirmed this has already been mentioned in the draft business case, but with no guarantee it will happen. • Active Travel promotion in June issued to staff via Staff Room, Staff Matters and email bulletin (for further details, see update directly) • DB had a meeting with TIER earlier this week - Scooters and Ebikes scheme going well, 5000 active users / 20,000 rides per month. Bikes can now be parked at any cycle facility, which will mean connectivity with Vanguard and the new stadium. • The Park House cycle store (up to 26 bikes) is going to be demolished due to major electrical works (timescales TBC). A replacement will be installed before this happens to ensure a seamless transition. The new secure staff cycle store will be at the back of Park House and will store over 100 bikes, a big increase in capacity. • Work continues on putting together a business case for changing facilities; this will be a long-term project. 	
	<p><u>Next Meetings</u></p> <ul style="list-style-type: none"> • Friday 14th October 2022, 10:00 – 1130 (Microsoft Teams) • Friday 13th January 2023, 10:00 – 1130 (Microsoft Teams) 	

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Items to Note
Authors:	Jenny McAleese, Chair of the Group Audit Committee Lydia Harris, Head of Research & Development Tracy Astley, Governor & Membership Manager

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:

To provide an update to the Council of Governors on various subjects relating to their role as a governor.

The documents attached are as follows:

- CoG Attendance Register
- Research & Development Quarterly Update
- Governor Elections update
- Proposed Meeting Dates 2023/24
- Audit Committee Annual Report 2021/22

Recommendation:
For the Council of Governors to note the reports.

Report History		
Meeting	Date	Outcome/Recommendation
Council of Governors	26 September 2022	

Council of Governors 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	07.07.22 CoG
Alan Downey (Chair)										√	√
Rukmal Abeysekera (Public Governor – York)					√	√	√	√	√	√	√
Amit Bhagwat (Public Governor - Out of Area)									√	√	
Doug Calvert (Public Governor – Selby)					√	√	√	√	√		
Bernard Chalk (Public Governor - East Coast of Yorkshire)									√	√	√
Dawn Clements (Stakeholder Governor – Hospices)	√	√	√	√	√	√	√	Ap	Ap	Ap	Ap
Beth Dale (Public Governor - York)									√	√	√
Keith Dawson (Public Governor – Selby)	√	Ap	Ap	Ap	√	√	√	√	√		
Keith Dobbie (Public Governor - East Coast of Yorkshire)									√	Ap	√
Alistair Falconer (Public Governor - Ryedale & EY)									Ap	√	√
Helen Fields (Public Governor – York)	√	√	Ap	√	√	√	√	√	√	√	√
Ian Mackay Holland (Public Governor – East Coast)					√	√	√	√	Ap		

Sharon Hurst (Staff Governor – Community)	√	√	Ap	√	√	√	√	√	√	√	√
Paul Johnson (Stakeholder Governor – YTHFM)					√	√		√	√	√	Ap
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	Ap	Ap	
Chris Pearson (Stakeholder Governor – NYCC)	√	Ap	√	√	√	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	√	Ap		
Josie Walker (Public Governor – East Coast of Yorkshire)					√	√	Ap	√	Ap		
David Wright (Public Governor - Ryedale & EY)									√	√	Ap

Research and Development

Governors and Members Communications August 2022

We have the pleasure of communicating to you today the research highlights of the Research & Development Department in the last few months. 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 130 research studies open to recruitment and we recruit over 4000 patients to clinical trials every year.

Summary of our recent research highlights since May 2022

- We have submitted several grants for external funding (some we are still waiting to hear if they have been successful)
 - **Cancer Research UK** £422704 (pending) Extending the evidence base for Colon Capsule Endoscopy (CCE) in symptomatic patients: Dr James Turvill
 - **Wellbeing of Women** £190610 (pending) Intra-operative Calcium to reduce Maternal Haemorrhage during elective caesarean section: A Triple-Blinded Randomised Placebo Control Pilot Trial: Dr Murray Williams
 - **Wellbeing of Women** £131949 (pending) Lifestyle and workplace risk factors for menopausal symptoms among perimenopausal and menopausal NHS shift workers: Dr Sarah Baker
 - **Engineering and Physical Sciences Research Council** £25415 (pending) RariTi: RApid-to-Real-Time cell Tracking in 3D: Dr Neil Todd
 - We have supported Dr Adam Odell (YSJU) for Springboard application to the Springboard scheme for biomedical scientists run by the **Academy of Medical Sciences**. Dr David Yates supported the application that is focusing on analysing immune cell activation and soluble marker levels, before, during pre-hab, and post-surgery/recovery.
 - **National Institute for Health Research** £256000 (pending) A mixed methods study to optimise and explore digital follow up post-vascular surgery: Dr Andy Thompson

- We have had our first small success with **National Institute for Health Research** as we have finally got an application for funding through to Second round! £6K out of £148K will come to the Trust from a grant to NIHR Research for Patient Benefit RfPB Programme: “Living well with chronic breathlessness: Improving the sustained use of supported self-management strategies”. Working with Dr Mark Pearson at HYMS and Mrs Kath Sartain
- Dr James Turvill becomes Regional Clinical Research Network Screening, Prevention and Early Diagnosis role
The National Cancer Research Institute Screening, Prevention and Early Diagnosis Group facilitates and aids the development of protocols for studies involving screening, prevention and/or early diagnosis. The group brings together clinicians, scientists and lay representatives among others to coordinate the development of a strategic portfolio of research with the field of screening prevention and early diagnosis.
- We have had 2 successful applicants that will join **York St John University** on a part time basis to undertake a PhD and Masters by Research in October. The 2 innovative areas of expertise involve Biomedical Science and Midwifery widening the development opportunities involving Trust staff. This significant relationship with our local university will also host 4 more opportunities in February 2023.
- We have held the annual **Elsie May Sykes** award and we have awarded the following funding
 - £8695 ‘Breath biomarker detection in patients with suspected breast cancer: a pilot study’ Dr Jenny Piper and Professor James Turvill
 - We managed to get CPD funding for Nicola Sumpter, AHP, to do an MSc to look at a ‘Scoping review of the use of linseeds and benefits to GI function’
 - There is another study we are considering; we have asked this to be re written to focus on a larger population. So, this may also get the remaining funding if the new application is supported by the R&D Group
- We were recently awarded £86544 from **Innovate UK**, part of Research and Innovation, who is investing up to £25 million in the best game-changing, and world leading ideas, designed for swift, successful commercialisation. The award will support the development of an AI-based software platform ‘BowelSys’ in the Trust. It will interpret the results from faecal immunochemical testing (FIT) which can be used to manage patients presenting in primary care with unexplained lower gastrointestinal (GI) symptoms that may be indicative of bowel cancer.

The study that will aim to reduce endoscopy referrals, protecting patients from unnecessary invasive screening that can cause bowel perforation, a serious adverse event that can be lethal.

- We are pleased to announce Research and Development will be hosting the first **Celebration of Research** event on 21st November at the Principal Hotel, York Please register to reserve a place to attend, for what we anticipate will be a fantastic celebration of the depth and breadth off the research we do across our hospitals, with our collaborators. The day includes many speakers and details to sign up to this free event can be found here

<https://www.eventbrite.co.uk/e/research-annual-celebration-2022-tickets-338802867497>

How to get involved

FOLLOW @YORKRESEARCH

Multiple Long Term Condition Hub – East Coast Research

Research and Development are currently writing a 2 stage grant application for **National Institute for Health Research** to support the building of capacity and capability in liver disease research through the development of research partnerships. If you would like to be involved or hear more about this exciting project and studies being conducted on the East Coast please get in touch lisa.ballantine@york.nhs.uk

If you are interested in being actively involved in supporting our research, 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/research-development-unit-how-to-get-involved)



Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Governor Elections Update
Director Sponsor:	Mike Taylor, Associate Director of Corporate Governance
Author:	Tracy Astley, Governor & Membership Manager

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input checked="" type="checkbox"/> Our People <input type="checkbox"/> Quality and Safety <input type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System</p>
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Summary of Report and Key Points to highlight:

To receive an update on the progress of the Governor Elections 2022.

Specifically, to note and discuss:

Recommendation:

The Council of Governors is asked to note the progress of the elections.

Report History
(Where the paper has previously been reported to date, if applicable)

Meeting	Date	Outcome/Recommendation

Introduction and Background

In this year's governor elections, the following constituencies have seats available for election:

Public

- East Coast of Yorkshire - 3 seats
- Hambleton - 1 seat
- Selby - 2 seats
- York - 2 seats

Staff

- Community Staff – 1 seat
- Scarborough & Bridlington Staff - 1 seat
- York – 2 seats

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

Stakeholder

- Voluntary Sector Organisation – 1 seat
- Healthcare Organisation – 1 seat

Successful candidates will remain within the role until they resign their current position in the organization they represent, or they resign from the governor role.

Marketing

Information has been placed on the website together with an information pack for prospective governors. Sally Light has also taken part in an interview with Hospital Radio and the Comms Team has also marketed the vacancies through media releases to local newspapers, social media, Staff newsletters and Members newsletter. We also ran a Governor Awareness Session on Monday 25 July.

Elections Timetable

The timetable for the elections is as follows:

Election stage	Date
Trust to send nomination material and data to Civica	29 June 2022
Notice of Election / nomination open	11 July 2022
Nominations deadline	8 August 2022, 5.00pm
Summary of valid nominated candidates published	9 August 2022
Final date for candidate withdrawal	11 August 2022
Electoral data to be provided by Trust	15 August 2022
Notice of Poll published	31 August 2022
Voting packs despatched	1 September 2022
Close of election	28 September 2022, 5.00pm
Declaration of results	Thursday 29 September 2022

Nominations

We have received a good response for each of the vacancies below. Due to the number of nominations received, we are running elections for the following constituencies:

Public

- East Coast of Yorkshire - 3 seats
- Hambleton - 1 seat
- Selby - 2 seats
- York - 2 seats

Staff

- York – 2 seats

The Notice of Poll has been published on the Trust website.

Sharon Hurst was the only nomination received for the Staff Community seat and therefore has been appointed uncontested. Discussions are ongoing regarding the Scarborough & Bridlington Staff Governor position.

Voting

In those areas where elections are taking place, voting packs have been dispatched by Civica to all members within constituencies that have vacancies who are eligible to vote (ie. those who were members on/before the nominations deadline of 8 August 5pm).

The results of the election will be available from Thursday 29 September 2022 and will be published on the website as soon as possible.

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

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

Recommendation

Governors are asked to note the content of the report.



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Proposed CoG Meeting Dates for 2023-24

Venue: Malton Rugby Club

Times: Between 10.00 and 15.00

Thursday 16 March 2023

Thursday 15 June 2023

Thursday 14 September 2023

Thursday 14 December 2023

Thursday 14 March 2024

Report to:	Council of Governors
Date of Meeting:	26 September 2022
Subject:	Audit Committee Annual Report 2021/22
Director Sponsor:	Jenny McAleese, Audit Committee Chair
Author:	Mike Taylor, Associate Director of Corporate Governance

Status of the Report (please click on the appropriate box)

Approve Discuss Assurance Information A Regulatory Requirement

Trust Priorities	Board Assurance Framework
<input checked="" type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Elective Recovery <input checked="" type="checkbox"/> Acute Flow	<input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:
To receive the Audit Committee Annual Report 2021/22.

Specifically, to note and discuss:
In line with best practice it is recommended that Audit Committees prepare an annual report to the Board of Directors and Council of Governors that sets out how the Committee has discharged its responsibilities and met its Terms of Reference. The attached report summarises the Committee’s work during the year 2021/22.

Recommendation:
The Council of Governors is asked to receive the report for assurance and information.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Audit Committee	06/09/22	Approved

Audit Committee Annual Report 2021/22

Introduction

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Board of Directors and the Council of Governors with a summary of the work of the Audit Committee during the period April 2021– March 2022, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

The Trust’s Audit Committee meets at least five times per year and representatives from the external auditor, internal auditors and the counter fraud service attend these meetings.

The Trust has been through the most challenging year to date. The COVID 19 pandemic, which hit in March 2020 and continued throughout the year and into 2022, necessitated major changes to the configuration of Trust services and the way it supported delivery of these. Consequently, the audit of the year-end accounts and all associated meetings were conducted remotely.

Overview of the year 2021/22

Non-executive Directors make up the membership of the Audit Committee as follows:

- Jenny McAleese - Chair
- Steve Holmberg - Chair of the Quality Committee
- Denise McConnell (joined December 2021)
- Lynne Mellor – Chair of the Resources Committee (joined September 2021)
- David Watson (resigned May 2021)

Table 1: Audit Committee Attendance

	Meeting Dates					
	11/05/21	10/06/21 Year-end	06/07/21 Time Out (Cancelled)	16/09/21	09/12/21	17/03/22
Jenny McAleese (Chair)	✓	✓		✓	✓	✓
David Watson	✓					
Steve Holmberg	✓	Apols		✓	✓	✓
Lorraine Boyd		✓				
Lynne Mellor				✓	✓ (Chair)	✓
Denise McConnell					✓	✓

The Audit Committee met on five occasions during 2021/22 and all meetings were quorate.

The Committee was supported in its meetings by:

- Finance Director
- Head of Corporate Finance and Resource Management
- Foundation Trust Secretary/Associate Director of Corporate Governance
- External Audit (Engagement Lead and Engagement Manager)
- Internal Audit (Head of Internal Audit, Internal Audit Manager, Senior Internal Auditor)
- Local Counter Fraud (Counter Fraud Manager, Counter Fraud Specialist, Anti-Crime Specialist)

Other staff were requested to attend the meeting for specific items:

- Chief Executive (for the Annual Governance Statement)
- Medical Director (for Medical Staff Continuity, Care Group Governance and Serious Incidents)
- Director of Workforce and Organisational Development (for Medical Staffing)
- Deputy Director of Patient Safety & Quality Improvement (for a Clinical Governance Updates)
- YTHFM Managing Director/Director of Resources (for YTHFM updates)
- Interim Head of Risk (for corporate risk register and risk management framework)

Private sessions were held with Internal Audit (Audit Yorkshire) and External Audit (Mazars) prior to the year-end meeting. Internal Audit and External Audit are encouraged to discuss any concerns they may have with the Audit Committee on an ad hoc basis.

The Audit Committee's duties cover the following areas:

- Monitor the integrity of the activities and performance of the Trust and YTHFM and any formal announcement relating to the Group's financial performance.
- Monitor governance and internal control for the Group.
- Monitor the effectiveness of the internal audit function for the Group.
- Consider the appointment of the external auditors, providing support to the appointment made by the Council of Governors.
- Review and monitor external audit's independence and objectivity and the effectiveness of the audit process for the Group.
- Develop and implement policy on the employment of the external auditors to supply non-audit services.
- Review standing orders, financial instructions, and the scheme of delegation.
- Review the schedule of losses and compensation.
- Review the annual fraud report.
- Provide assurance to the Board of Directors on a regular basis.
- Report annually to the Board of Directors on its work in support of the Annual Governance Statement.

Work of the Committee

The Committee currently organises its work under seven headings: Corporate Committee Work (*Work Groups*), *Internal Audit*, *External Audit*, *Finance Issues and Governance Issues*, *Counter Fraud*, *York Teaching Hospital Facilities Management (YTHFM)*.

Each meeting considers the business that will enable the Committee to provide the assurance to the Board of Directors that the systems and processes in operation within the Trust are functioning effectively.

The Board's sub-committees play a role in managing the Board Assurance Framework (BAF) and the Corporate Risk Register (CRR). The Risk Committee plays a greater part in this and the BAF and CRR went to every Risk Committee and onwards to Resources Assurance Committee and Quality Assurance Committee with the Audit Committee seeking assurance about the processes in place.

The Data Quality Working Group is a sub-group of the Group Audit Committee and reports directly to it. The group consists of some members of the Audit Committee and tests the quality of data used within the organisation. Its role is to examine and understand data quality issues relating to finance, human resources, risk and legal services and patient information systems. During 2021/22 the Group met four times and discussed the robustness of quality data across the Trust and for example where this was processed and regarding quality checks prior to the various submissions to the regulator.

Internal Audit and Counter Fraud Services are provided by Audit Yorkshire. The Chair of the Audit Committee and the Director of Finance sit on the Board of Audit Yorkshire, which meets quarterly.

The conclusions, including the assurance level and the corporate importance and corporate risk ratings, all findings, and recommendations of finalised Internal Audit reports, are reviewed by the Audit Committee. The Committee can, and does, challenge Internal Audit on assurances provided, and requests additional information, clarification or follow-up work if considered necessary. All Internal Audit reports are discussed individually by the Audit Committee.

Internal Audit uses an inclusive risk-based approach to building its Internal Audit plans, with senior management identifying areas of risk or concerns which may then be included. Whilst this approach identifies current weaknesses and leads to activities which improve control, it almost invariably leads to an audit report giving an opinion of "*limited assurance*". All Control Improvement Audits are reported to the Audit Committee. Internal Audit is asked to undertake additional audits and reviews following any concerns raised by senior management. The Audit Committee regularly reviewed the list of outstanding audit recommendations throughout the year and is pleased to report that these continue to fall.

A system whereby all internal audit recommendations are followed-up on a quarterly basis is in place. Progress towards the implementation of agreed recommendations is reported, including full details of all outstanding recommendations, to the Director Team and the Audit Committee on a quarterly basis. The Chief Executive continues to meet with the Audit Sponsor of all limited assurance audit reports.

The Audit Committee reviewed the Internal Audit Plan for 2021/22 and Internal Audit Effectiveness was reviewed by the Committee during 2021/22.

The Counter Fraud Plan was reviewed and approved by the Audit Committee and the Local Counter-Fraud Specialist (LCFS) presented the Annual Report detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

External Audit - Mazars were appointed as the Group's external audit provider at the beginning of August 2020.

During the 2021/22 financial year the Audit Committee reviewed all External Audit's reports arising from their audit work in relation to the final accounts, the Annual Governance Statement and Value for Money review.

The External Auditors have attended the Audit Committee and regularly updated the Committee on progress against their agreed plan, on any issues arising from their work and on any issues or publications of general interest to Audit Committee members.

The Audit Committee reviewed and approved the External Audit Engagement Letter in June 2021.

During 2021/22 the Audit Committee reviewed and, where appropriate, approved the following documents prior to submission to the Board of Directors:

- Board Assurance Framework and Corporate Risk Register in May, September, December 2021, and March 2022.
- Standing Financial Instructions and Reservation of Powers and Scheme of Delegation in December 2021.
- The Annual Governance Statement and the Head of Internal Audit Opinion prior to submission to the Board at the year-end meeting held in June 2022.

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2020/21:

- Review and approval of Audit Committee Terms of Reference and work programme at the meeting held in September 2021.
- Ongoing review and revision of the Audit Committee's timetable.
- Support of the work in relation to the appropriate functioning of the Board Committees and ensuring that, where appropriate limited assurance Internal Audit Reports, further scrutiny by the appropriate Board Committee took place.
- Review of effectiveness leading to a verbal review at each meeting.

Meetings for the coming year

The Audit Committee has been encouraged by the work carried out during 2021/22 to strengthen the Trust's governance systems and to improve the lay-out and functioning of Board Assurance Framework, recognising there are minor aspects to address in refinement. Further areas to address are the identification, recording and escalation of incidents in Datix.

There remains work to do to ensure that strong governance is at the heart of the Care Groups, but the position is improving now that the Governance Facilitators have been established. Equally, whilst we have improved in terms of becoming a learning organisation, we are still not where we want to be. The plan is that the Quality Improvement agenda will help us make significant progress in this area.

The HPV Incident of 2019 had work commissioned for the Internal Auditors to carry out an investigation: that work has now been completed and the Audit Committee updated on its assurance. There remains work around the related management of subcontractors to be concluded in the coming year.

Conclusion

The Audit Committee continues to be of significant importance in the context of increasing pressure on the NHS, both in terms of finance and operational performance. The Audit

Committee ensures control processes and procedures are fit for purpose and continue to function effectively alongside the drive for ever more cost reductions.

The Committee is conscious of the need to give equal prominence to financial and clinical audit and has been pleased with the progress made this year. The Audit Committee continues to provide an overarching link between the Board Committees to ensure that audit work and risk is covered in the appropriate forum.

Members of the Committee are pleased to note the continued support for audit work from the organisation. This endorsement and support are both extremely important, as is the culture of openness and the desire always to learn and to improve.

This year I again pay tribute to the finance, internal and external audit teams and the Chair and Chief Executive's Team support team for their hard work in relation to the preparation and audit of the Annual Accounts and the associated reports.

Finally, I thank the Council of Governors for the strong support it gives to the work of the Audit Committee.

Jenny McAleese, Chair of the Audit Committee
August 2022