

Agenda

Council of Governors (Meeting held in Public)

Thursday 14 December 2023
Malton Rugby Club at 10.30



COUNCIL OF GOVERNORS MEETING

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

On: Thursday 14 December 2023

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 – 12.45	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30 – 14.30	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (14.12.23)

SUBJECT	LEAD	PAPER	PAGE	TIME
1. Introduction, 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	Enclosed	5	
3. Minutes of the meeting held on 14 September 2023 To receive and approve the minutes from the above meeting	Chair	Enclosed	10	
4. Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	18	
5. Chief Executive's Update To receive a report from the Chief Executive	Chief Executive	Enclosed	23	10.35 – 10.50
6. Chair's Report To receive a report from the Chair	Chair	Enclosed	27	10.50 – 11.05
7. Questions received from the public To discuss and answer the questions received from the public	Chair	Enclosed	29	11.05 – 11.15

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	CQC To receive an update on CQC action plan progress	Chief Nurse	Enclosed	38	11.15 – 11.30
9	EDI Update To receive an update on WRES and WDES progress	Head of EDI	Enclosed	47	11.30 – 11.45
10	Performance Report (TPR) To receive the latest Trust Priorities Report	Chief Operating Officer, Chief Nurse	Enclosed	68	11.45 – 12.00
11	Finance Report To receive an update on the latest financial position	Finance Director	Enclosed	89	12.00 – 12.15
12	Governors Activities Report To receive a report from the governors on their activities	Governors	Enclosed	106	12.15 – 12.25
13	Governance Update To receive an update on governance issues	Assoc. Director of Corporate Governance	Enclosed	121	12.25 – 12.35
14	Items to Note 14.1 CoG Attendance Register		Enclosed	123	12.35 – 12.45
15	Time and Date of next meeting The next Council of Governors meeting will be held on Thursday 14 March 2024, timings and venue TBA.				

Register of Governors' interests

December 2023



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Item 2

Additions: **Cllr Denise Howard** – Appointed Ryedale CC

Deletions: **Colin Hill** – resigned September 2023

Sharon Hurst – end of Term September 2023

Paul Johnson – end of Term September 2023

Maya Liversidge – left the Trust September 2023

Cllr Jonathan Owen – resigned September 2023

Modifications: **Linda Wild** - Whitby Town Councillor, Chair of Finance, Policy & General-Purpose Committee -WTC (Whitby Town Council), Chair of Human Resources Committee (WTC), Chair of Pannett Art Gallery Committee WTC, Chair of Trustees Whitby Lobster Hatchery, Trustee of United Charities, Board Member - Whitby Town Deal Board, Member of Esk Valley Medical Practice Patient Participation Group RNLI volunteer

Register of Governors' interests 2023/24



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
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
John Brian (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Bernard Chalk (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	Nil

Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member of the York Sight Loss Council
Abbi Denyer (Staff: 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
Adnan Faraj (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Denise Howard (Appointed: Ryedale DC)	Nil	Nil	Nil	Councillor - RDC	Councillor - RDC	Councillor - RDC	Nil
Maria Ibbotson (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Trustee – Bridlington Health Forum			Member of Conservative Party
Sally Light (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Wendy Loveday (Public: Selby)	Nil	Shareholder in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil
Elizabeth McPherson (Appointed: CarersPlus)	CEO - CarersPlus	Nil	Nil	Nil	Nil	Nil	Nil
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>
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	Councillor – NYC	Councillor – NYC	Councillor - NYC	Nil
Sue Smith (Public: Ryedale & EY)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Stephenson (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil	Trustee of Sherburn -In-Elmet Minibus Assoc.
Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Nil
Franco Villani (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

<p>Linda Wild (Public: East Coast of Yorkshire)</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Nil</p>	<p>Whitby Town Councillor; Chair of Finance, Policy & General-Purpose Committee (WTC); Chair of Human Resources Committee (WTC), Chair of Pannett Art Gallery Committee WTC, Chair of Trustees Whitby Lobster Hatchery, Trustee of United Charities, Board Member - Whitby Town Deal Board, Member of Esk Valley Medical Practice Patient Participation Group RNL volunteer</p>
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Minutes

Public Council of Governors meeting

14 September 2023

Chair: Mark Chamberlain

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Keith Dobbie, East Coast of Yorkshire; Linda Wild, East Coast of Yorkshire; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY

Appointed Governors: Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Gerry Richardson, University of York

Staff Governors: Paul Johnson, York; Abbi Denyer, York; Julie Southwell, York; Franco Villani, Scarborough/Bridlington; Sharon Hurst, Community

Attendance: Jim Dillon, NED; Denise McConnell, NED; Lorraine Boyd, NED; Simon Morritt, CEO; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: Bernard Chalk, East Coast of Yorkshire; Colin Hill, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Sue Smith, Ryedale & EY; Wendy Loveday, Selby; Andrew Stephenson, Selby; Beth Dale, City of York; Mary Clark, City of York; Maya Liversidge, Scarborough/Bridlington; Cllr Liz Colling, NYCC; Jenny McAleese, NED; Lynne Mellor, NED; Matt Morgan, NED; Stephen Holmberg, NED

Presenters: Claire Hansen, Chief Operating Officer, Dawn Parkes, Chief Nurse; Virginia Golding, Head of Equality Diversity Inclusion & Participation

Public: 4 members of the public attended

23/29 Chair's Introduction and Welcome

Mark Chamberlain welcomed everybody and declared the meeting quorate.

23/30 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

23/31 Minutes of the meeting held on the 15 June 2023

The minutes of the meeting held on the 15 June 2023 were agreed as a correct record.

23/32 Matters arising from the Minutes

East Coast - Sally Light stated that she and Jenny McAleese have spent some time in Bridlington and there were a number of actions raised from conversations with the local community which needs picking up. It was important to follow up on this. Claire Hansen agreed and will speak with Jenny on this.

Trust Strategy – The Council asked when they can see a draft strategy. Claire Hansen replied that they were in the process of developing the strategy for the whole Trust and will be doing an in-depth piece of work during next year to discuss a 3 year strategy. One meeting with the governors has already taken place and two further meetings will be arranged for October and after Christmas. She also has monthly meetings with the PLACE directors for the patch.

Recovery Plan – The Council asked when they will see a significant improvement in the Recovery Plan. Claire Hansen replied that as part of elective recovery planning and winter planning for emergency care it is crucial to optimise areas as much as possible on the Trust footprint. They are looking at all areas, including Bridlington, to ensure winter pressures can be distributed fairly across the patch.

Action Log

21/70 – Night Owl Project – ongoing. Alastair Falconer will ask for an update at the next Patient Experience Steering Group meeting.

22/62 – East Coast Strategy – ongoing. Jenny McAleese will speak with Simon Cox and give an update at next meeting. Claire Hansen will speak to the PLACE Directors responsible for the East Coast.

23/21 – Ophthalmology issue – ongoing. Simon advised that some progress had been made in the Admin Team which is helping in terms of clinical bookings. Clinical Teams are continuing to hold additional clinics. Medisight technology will start roll out in October. Linda Wild commented that there is still a waiting time of 7-8 weeks for a 4-weekly treatment and a delay this long could possibly cause further deterioration of patients' eyesight.

23/33 Chair's Report

Mark Chamberlain gave an overview of his report and added the following points:

- A meeting has taken place with NHSE on action plans against Trust challenges and whether the Trust is being run appropriately. The outcome was that with the current team in place the Trust received the confidence of NHSE.
- At the recent NHSE National Leadership meeting the discussion was around understanding the national picture. It was fair to say that the focus will remain on elective recovery and reducing waiting lists. However, finances are tight.

The Council raised no questions.

The Council:

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

23/34 Questions received from the Public

Mark Chamberlain stated that he did not intend to read out all the Q&As but will discuss the themes derived from the questions.

- Chair's resignation – the questions on this topic were bordering on breach of confidentiality, so it was not appropriate to comment.
- Recruitment process for the next Chair - Rukmal Abeysekera explained the Chair recruitment process and gave a synopsis of the meetings that have taken place so far. This will culminate in a two day event, one for Focus Groups on 18 September, and the interview day on 19 September. Once the appointment has been ratified by the Council then the successful candidate will be informed, and a start date will be arranged.
- Strategy and Planning – Mark Chamberlain stated that the Trust had sought to answer the questions and the Trust Strategy is under development and the governors are involved in this process.
- Patient Experience – Krishna De leads on this. She has been to this meeting and has engaged extensively with members of the public. It remains a vital part of what we do.

The Council raised the following points: -

- Can you give assurance to the public, without breaching confidentiality, that the Council have robustly challenged the issues around the exit of the previous chair and the process of seeking a new chair is being followed. Mark Chamberlain replied that the amount of challenge around the process and the circumstances in which the previous chair left the Trust has been robust and extensively discussed at some length. The recruitment process for a new chair is led by the governors. Rukmal Abeysekera, Lead Governor, has chaired the majority of the meetings and there is no suggestion other than it is led by the governors. Sally Light added that the Interview Panel's recommendation has to be approved by the Council.

The members of the public raised the additional points: -

Q: Waiting times for patients are getting very long and when you are in pain it is very difficult. What are you doing about reducing the wait?

A: Claire Hansen advised that waiting lists are a real concern for everybody. It is a national problem. The Trust has been able to reduce waiting times, with a small number of patients waiting over 78 weeks but this will be resolved by Christmas. The Trust is making use of technology, having different ways of working, working with other provider colleagues across Humber and working with a number of private providers to reduce waiting lists. Longer term, the Trust is working on its patient pathways.

Comments were also made around communication issues on patient letters. More information is required, and the wording needs revising. Claire replied that she will look into it.

Q: Referring to Prof. Chris Whitty's report on health inequalities in coastal communities, when is the government and health service going to invest in services for the people of coastal communities?

A: Mark Chamberlain replied that it is absolutely clear that coastal deprivation has been acknowledged nationally. One of the main areas of focus for the ICB is population health and recognition that there are areas of significant deprivation, which has a very negative impact on health and outcomes, that require intervention. If we do not invest in those areas then the situation will not improve. As Claire stated earlier, they are looking at underutilised areas, like Bridlington Hospital, to ascertain if local services can be provided to local people to improve health and wellbeing.

Catherine Thompson stated that only 10% of healthcare outcomes are attributable to health care interventions. It is about other economic factors such as education, employment, appropriate housing and travel & transport. Although the Trust does have a role to play in improving health outcomes it is the wider system, ICB, GP surgeries, community care and local authorities who can all make an impact by working together for a better outcome.

Dawn Parkes said she was passionate about stamping out health inequalities and every decision made is challenged to make sure that patient care is equal throughout the Trust. The Health Inequalities Agenda can be frustrating because the initiatives implemented now will not see an improvement in population health until the next 10 – 20 years. There are lots of small things that can be done to improve local health and she and Claire are working through these.

Q: On the Trust website it states that the governors overarching responsibilities are to represent the interest of members and the public. To become a governor, you must be a member of the Trust. When aligned with the Trust constitution, paragraph 7.9.1 (iv) states that if a governor or a member brings the Trust into disrepute then they will be disqualified from being a member. This raises a conflict of interest between the duty of being a Governor and potential disqualification for "bringing the Trust into disrepute". Can you give assurance that being a Governor and representing the interests of members, the public and patients would have priority?

A: Catherine provided assurance that as a Governor she has never had a situation that has caused such a conflict. Mark Chamberlain replied that any NHS organisation where people have concerns about dangers to patients, members of the public should speak up and it is the absolute responsibility of the NHS and that organisation to support that speak up in an appropriate way and investigate it, and not act in a way to protect the Trust at the disadvantage of the patient. This Trust is absolutely focussed on that. Our focus is on providing safe, patient services and not looking after ourselves as an organisation and making ourselves look good. He believes there is no dichotomy in those statements. He agreed that Michael Reakes, as Chair of the Constitution Review Group, would look at this as part of the review process.

Q: Can I suggest that you read the updated NHS Constitution when reviewing the Trust Constitution to bring them in line with each other.

A: Michael Reakes replied that he would take this on board when reviewing the Trust Constitution.

Actions: Claire Hansen to look at the wording/information on the patient letters around communicating waiting times, further information is needed.

23/35 CQC Update

Dawn Parkes gave an update on the CQC report. She advised that a CQC action plan had been submitted in July 2023. There were 73 actions to deliver. These are set within 8 work streams: Maternity Services, Corporate/Clinical Governance, Staff & Public Engagement, Urgent Care, Leadership & Culture, Safe Staffing, Fundamentals of Care, Elective Recovery. The delivery will take place over a 12 month period and the Executive Leads will be held to account by the Executive Committee, which is chaired by the Chief Executive.

It was acknowledged that the action plan is enormous, but improvements are moving at a pace. A quality assurance framework has been put in place and the senior nursing team visit wards once a week to look at areas of practice to gain assurance that things are working as they should be, and improvements have been implemented where needed.

The Council raised the following points: -

- The action plan gave little reference to staffing other than the review which will take place. Why is that? Dawn gave assurance that there is a whole workstream on nurse staffing around recruitment, retention, efficiency/quality of rosters, working patterns, etc. There is lots of work to do.
- Looking at maternity, was the CQC inadequate result related to lack of patient care or lack of staff? Dawn replied that it was through lack of governance, being able to demonstrate our learning from incidents, and the leadership styles of individuals at the time. It is improving and having the new Director of Midwifery in post will see changes at a pace.
- Will the Council be getting regular updates on the progress being made? Dawn replied that they will be reporting into the Quality & Safety Assurance Committee and the NEDs on that committee will then be able to give an update to the Council.

23/36 Chief Executive Update

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

- Industrial action - for the medical workforce continues across the NHS, with action planned for consultants on 19 September, junior doctors on 21 and 22 September, and both juniors and consultants on 20 September and 2-4 October. This obviously delays the elective recovery and operations will be cancelled.
- Covid - cases are on the increase. The staff vaccination campaign for flu and COVID-19 will begin next month.
- Lucy Letby case – The Trust has commissioned some work internally following a letter from Amanda Pritchard, NHSE Chief Executive, in which she recommends each Trust review their processes and procedures in place to be assured that nothing like this can happen in their organisation.
- York ED is now open. The old ED space is currently being converted.
- Free bus travel has been extended for a further 2 months.

- Financial position – The Trust and the wider system is very financially strained at the moment. Month Four in the Trust has a figure of just under £17m deficit. There is a lot of talk in the system about what the NHS can do in the second half of the year to address that position as much as possible.
- NHS Carol Concert at York Minster 29 November – save the date. No tickets required, just turn up.

The Council raised the following points: -

- How confident are you that your clinical risk management is right with respect to people who are on the waiting list waiting to be diagnosed compared to those that have come in on a cancer pathway, have been diagnosed as not having cancer, but are in the system to be referred on? Dawn replied that she will take that back to discuss with the medical director and feedback in due course.

Claire Hansen gave an overview of the work that is ongoing, particularly one that is being led by the ICB called “Waiting Well” which looks for any inequalities, those that are vulnerable, and those that have been waiting a long time on the waiting list, to be contacted to discuss with the patient whether there has been any deterioration. This has been piloted in some areas and they are looking to roll it out across the Trust’s patch.

Actions: Dawn Parkes to discuss with the Medical Director the clinical risk management of those patients on the waiting list waiting to be diagnosed compared with those patients that come in on a cancer pathway.

The Council:

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

23/37 EDI Update

Virginia Golding gave an overview of her report and discussed race equality, race disparity, and the introduction of an EDI workstream across all areas of the Trust. She advised that action plans have been produced and will go to the People & Culture Committee for approval and then on to the Board. She highlighted the following points: -

- With regard to disabilities, the Trust is making good improvement.
- Need to progress on people declaring equality or diversity information.
- Staff engagement has improved, and further work is ongoing.
- Improvement has been made on race equality, but further work is needed.

Whilst the annual action plans change each year, the results of any actions put in place will have to be monitored over a longer period to assess the results.

For this year, the focus will be on race disparity ratios, two on clinical staff and one on non-clinical staff. Another area is appointment from shortlisting where BME candidates are getting shortlisted, have the interview, but are not being appointed at a reasonable rate. There is also an issue around harassment and abuse from patients, discrimination, and representation on the Board.

In terms of assurance, Virginia has spent time with the Chief Executive to ensure equality and diversity around senior leadership appointments.

The Council raised the following points:

- What is your policy on a patient who refuses to be treated by a BME doctor or nurse? Virginia replied that there is an exclusion policy, and they are looking at reasons why a patient would dictate why they want to be cared for by a certain person. Other things to take into consideration is the condition of the patient who might have dementia or some other mental incapacity. Actions from this might be to speak to the patient, write a letter to the patient, etc., to ascertain what their concerns are.
- Has the recruitment of international nurses produced an opportunity for diversity within the workforce? Virginia replied that it has but further support is required to help them to integrate their cultural beliefs in the country they have moved to, support within the community in which they live, and support within the workplace.
- With regard to improving disability status, 2022/23 stands at 3%. Has this improved at all over the past year. Virginia replied that it has and now stands at 4.2%. It is an action on the new plan to improve it further. A number of initiatives will be implemented to aid this.
- From 2022/23 the Trust has lost 223 BME staff. Is there a specific reason for that? Virginia replied that employees leave through a natural process, i.e., retiring, promotion, etc., and there are those who leave for other reasons. Unfortunately, the leavers form does not record this, so it is difficult for her to give a definitive answer. Mark added that this will need further scrutiny and it may be that the leavers questionnaire be amended. Dawn explained that some of the staff will have been promoted within the organisation, but this will be reflected in the figures as a leaver.

The Council:

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

Actions: Virginia Golding to discuss leavers questionnaire with the Director of Workforce.

Actions: Virginia Golding to attend December CoG.

23/38 Governors Activities Report

Rukmal Abeysekera gave an overview of her Lead Governor report and highlighted the following: -

- Governor Workshop – 69% of CoG responded to the questionnaire from NHSP. On the day only 50% of the governors attended. This was very disappointing given that the CoG had asked for this, and the cost incurred.
- Trust Strategy – the first meeting has taken place via Teams. Two more meetings will be arranged in due course. She asked the governors to think how they would like to become engaged in the coming months and email her with their thoughts.
- Q&A Process - this needs to be revised because public email addresses are now published on the Trust website and governors can be contacted individually. We need to find an effective way of communicating with members of the public.

The Council:

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

23/39 Governance Update

Mike Taylor gave an overview of his report and highlighted the following: -

- Governor Elections – the voting is currently taking place and will be closed at 5pm on Wednesday 27 September. All vacancies are expected to be filled.
- Buddy System - a buddy system was requested at the recent Governor Forum and agreed to be investigated for new governors at the Trust in order to provide an ongoing understanding in the first year of being a governor about how the role operates and support any new governors to the Trust – public, staff and stakeholder. The plan is to introduce it as part of the new governor induction process following the September 2023 elections. Mike asked that anybody wishing to be a buddy please contact him or Tracy.
- CoG Internal Communication & Escalation Routes – Mike laid out the various routes in his report.

No points were raised by the Council.

23/40 Items to Note

The Council noted the following items:

- CoG Attendance Register
- Trust Priorities Report

23/41 Any Other Business

No other business was discussed.

23/42 Time and Date of the next meeting

The next meeting will be held on Thursday 14 December 2023, timings TBA, Malton Rugby Club.

Governor Membership
Central Action Log

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	21/70	08/12/2021	Night Owl Project: Presentation cancelled at last PESG meeting until next meeting. CoG to receive update.	Alastair Falconer Beth Dale	Dec'22 June'23	<p>The project has been narrowed into a QI project working with one of the admission wards – Hannah Gray is coordinating this work. The plan was to identify some solutions in one ward and then share good ideas/practice when we have tested some elements out. – update provided by Tara Filby, Deputy Chief Nurse.</p> <p>14/09 - Alastair Falconer will ask for an update at the next Patient Experience Steering Group meeting.</p> <p>05/12 - Update received in Governor Activities Report. Action closed.</p>

**Governor Membership
Central Action Log**

Public CoG	22/62	01/12/2022	Speak to Simon Cox, ICS, around timescale for creating a strategy for the East Coast.	Alan Downey	March'23 June'23 Sept'23	AD met with Simon Cox on 26/01 and asked him about progress on producing a strategy for Bridlington (it's Brid specifically rather than the whole East Coast). He indicated that we should see at least an outline strategy by Easter. C/F to June CoG for update. 14/09 - Jenny McAleese will speak with Simon Cox and give an update at next meeting. Claire Hansen will speak to the PLACE Directors responsible for the East Coast. Jenny to attend meeting on 18/12. 28/11 - Meeting arranged with Simon Cox 15/12. Action closed.
Public CoG	23/21	15/06/2023	Give update at next meeting on the progress of Ophthalmology Clinic issues.	Simon Morritt	Sept'23	Update to be given at Sept CoG. 14/09 - SM gave progress to date. Action closed.

**Governor Membership
Central Action Log**

Public CoG	23/34	14/09/2023	Look at the wording/information on the patient letters around communicating waiting times, further information is needed.	Claire Hansen	Dec'23	Patients understanding their potential waiting time to be seen when referred into hospital is acknowledged as a really important factor not just for the patient to feel informed and have clarity of expectation, but also for them to be able to choose their provider. This is why we also share our waiting times with GP's so patients can be informed at the point of referral. In addition, most specialties have now introduced partial booking, which means we acknowledge receipt of their referral, and give patients an indication of the potential wait time. The letter attached is an example of a letter that is sent (Appendix A). Action closed.
Public CoG	23/36	14/09/2023	Discuss with the Medical Director the clinical risk management of those patients on the waiting list waiting to be diagnosed compared with those patients that come in on a cancer pathway.	Dawn Parkes	Dec'23	Verbal update to be given at Dec CoG. Action closed.

**Governor Membership
Central Action Log**

Public CoG	23/37	14/09/2023	Virginia Golding to discuss leavers questionnaire with the Director of Workforce to capture reasons for leaving, specifically BME Staff.	Virginia Golding	Dec'23	<p>The response rate is low. There is potential to analyse this further alongside other work on leavers questionnaire/ interviews.</p> <p>Update 22/11 - HR will be setting up a monitoring system to provide information on why people leave the Trust per protected characteristic, this can then feed into our data analysis. The team will be looking at this next time we pull the quarterly statistics, however it would require testing as the data should not allude to who the person is. Refining down this far may allow some to identify the person. Virginia will monitor this and report back to CoG when next WRES WDES reports are due. Action closed.</p>
Public CoG	23/37	14/09/2023	Virginia Golding to attend December CoG.	Tracy Astley	Dec'23	Virginia to attend. Action closed.

Appendix A

NHS Number: «NHS_NUMBER»
«LETTER_DATE»

Private & Confidential

«TITLE» «FORENAME» «SURNAME»
«ADDRESS_LINE_1»
«ADDRESS_LINE_2»
«ADDRESS_LINE_3»
«ADDRESS_LINE_4»
«TOWN»
«POSTCODE»

York Hospital
Wigginton Road
York
YO31 8HE
**Outpatient Enquiries Open 8am – 5pm
Monday to Friday
Telephone (01904) 726400**

Dear «TITLE» «SURNAME»

We have received a referral from «PERSON_REFERRED_BY» for you to be seen in the «SPECIALTY» Clinic at York Hospital.

Unfortunately, there are currently long wait times for some outpatient appointments. Patients are prioritised by our doctors, according to their clinical urgency and therefore waiting times can vary depending on each patient's clinical condition.

Currently some non-urgent patients are waiting up to «LETTER_COMMENT» for their «SPECIALTY» appointment; from the date that they were referred by their doctor. We understand that your condition may be distressing or uncomfortable and the Trust is working hard to reduce wait times.

To make sure we have the correct contact details for you, please let us know of any changes to your address and/or telephone number(s).

Please also let us know of any dates when you will not be available to attend an appointment. This is to help us – so we don't give you an appointment date you cannot make.

You can let us know any changes or dates you are unavailable by calling the Outpatient Enquiries Line. Monday to Friday 08:00 – 5.00pm **(01904) 726400**.

We will contact you with the appointment details approximately 6 weeks before the appointment date.

Yours sincerely

Appointment Clerk
Outpatient Department

Report to:	Council of Governors
Date of Meeting:	14 December 2023
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> <ul style="list-style-type: none"> <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>Board Assurance Framework</p> <ul style="list-style-type: none"> <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 checked="" type="checkbox"/> Integrated Care System
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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: Welcome to our new Chair, new Care Group structure, refreshing our strategy, Our Voice Our Future, Fairness Champions, Collaboration of Acute Providers update and Celebration of Achievement awards.

Recommendation:
 To note and discuss the report.

Report History Council of Governors only.		
Meeting	Date	Outcome/Recommendation
Council of Governors	14 December 2023	

Chief Executive's Update

1. Welcome to our new Chair

As this is his first Council of Governors meeting, I would like to formally welcome our new Chair Martin Barkley, who joined us on 1 November.

Martin is a hugely experienced and highly regarded NHS leader with significant knowledge and experience of healthcare organisations and the challenges we face. Most recently, Martin was Chief Executive of Mid Yorkshire Hospitals NHS Trust from 2016 until his retirement in 2021. This followed eight years as Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust.

I must also take the opportunity to publicly thank Mark Chamberlain, our Interim Chair, for his leadership and support during his time with us. Mark has returned to his role as a Non-Executive Director on the Integrated Care Board of Humber and North Yorkshire Health and Care Partnership.

2. New Care Group structure

Since my last update we have completed the transition to our new organisational structure, moving from six clinical care groups to four. The four care groups are Medicine; Surgery; Family Health; and Cancer, Specialist and Clinical Support Services.

The new structure will help to strengthen how we deliver the principle of being a clinically-led organisation, which remains fundamental to how we manage our services. This is alongside the need to have effective senior leadership teams, cross-site integration and a 'one service delivered on multiple sites' ethos.

To support the embedding of the new structure a leadership development and training programme is underway to support the senior leadership teams both as individuals in their roles and as collective groups of leaders in each care group. This sits alongside the review of our governance arrangements to ensure we are better able to manage risk and performance in relation to our key challenges and priorities without increasing the burden for teams within each care group.

3. Refreshing our strategy

At the end of October we held a Strategy Development Session. Attended by the full Board, a number of partner organisations, and the senior leadership teams of the newly-created care groups, we worked collaboratively to start the process of reviewing and refreshing our current strategy 'Building Better Care Together'. It was an opportunity to revisit what our vision, mission, and strategic goals should be for the next period, as well as to agree the strategic themes and programmes of work to inform a review of our strategy with our staff and wider stakeholders.

A number of Governors were involved in early discussions about this work, and shared their views on where our strategic focus should be in the months and years ahead. These views were fed into the discussions on the day.

It was a constructive and productive session, and the feedback has been positive, most notably around the wide range of contributions and ideas and the opportunity to work together as a wider leadership team.

I will continue to provide updates on this work as it develops.

4. Our Voice, Our Future

As briefed in my last update to the Council of Governors, our Culture and Leadership Programme, Our Voice, Our Future, is now underway. The programme follows an evidence-based approach for continuous improvement to develop compassionate leadership and an inclusive culture.

I am pleased to report we received a positive response to our campaign to recruit Change Makers. Due to the quality of applications and the level of interest, we have recruited 52 Change Makers, which is more than originally intended. These individuals are from roles across the Trust, from a range of professions, sites, and levels of seniority.

Stage two of the Our Voice, Our Future programme, the 'Discovery' phase, launched on 6 December, when we held an event with our new Change Makers to introduce them to the role and the tools available to support them.

Change Makers will gather feedback from colleagues over a six-month period and put forward suggestions for improvements we can make to help us develop a compassionate culture and a place where people want to come to work.

5. Fairness Champions

October was Speak Up Month and we took the opportunity to raise awareness of the importance of speaking up and raising concerns, and to have a drive to recruit more Fairness Champions.

Fairness Champions are members of staff that have been recruited by the Trust in a voluntary capacity to support the work of the Freedom to Speak Up Guardian, to uphold the Trust's values and to promote equality, diversity and human rights.

As a result we have shortlisted 24 new champions from a range of roles and sites, which is good news and will provide greater scope for staff to have important conversations about issues and concerns.

6. Collaboration of Acute Providers update

To provide focussed leadership at a system level, the three Chief Executives of the three acute provider organisations in the Humber and North Yorkshire Integrated Care Partnership have each taken a lead role for one of the Collaboration's key priority areas.

Jonathan Lofthouse, Joint Chief Executive for Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust is the lead for elective care, Jonathan Coulter, Chief Executive of Harrogate and District NHS Foundation Trust, is the lead for diagnostics and I will be the lead for cancer.

As a result of this I am pleased to share that I have been appointed as the new Chair of the Humber and North Yorkshire Cancer Alliance.

As Chair, I will oversee the work of the Cancer Alliance and provide leadership on the key issues affecting cancer services in the Humber and North Yorkshire area. I will also chair the Cancer Alliance's monthly System Board meetings.

I am looking forward to working with a wide variety of people across the Cancer Alliance to improve outcomes for cancer patients and their families. There is plenty of work to do to address the issues affecting cancer services in our area, and the Cancer Alliance will continue to work in partnership to find innovative ways to overcome these issues.

7. Celebration of Achievement awards

Finally, we held our annual Celebration of Achievement awards at Scarborough Spa on 9 November.

Always the highlight of the year, the fully sponsored event recognises the exceptional achievements of individuals and teams working for our Trust.

Hundreds of nominations were received from colleagues and patients, recognising the fantastic work that has been happening across the organisation over the past year.

This year I chose to give two Chief Executive's awards. My first went to Liz Alinaitwe, who has been instrumental in leading and developing the cultural awareness programme, initially on the Scarborough site where she works as a deputy sister, then supporting the York teams to develop their own special events. Liz had a wide range of help and support from staff to make these events successful, but there is no doubt that the enthusiasm, creativity, and vision lies with Liz.

My second award went to the Nucleus Project Team. This small team has been instrumental in ensuring we embed the use of digital technology to promote patient safety and the flow of information as patients move through their hospital journey.

In Autumn 2022, Nucleus digital documentation was successfully deployed in all 39 adult in-patient areas across all sites within six weeks, successfully delivering a quality product, on time and within budget. The difference Nucleus has made to our staff is tangible, and nurses now spend more time delivering patient care than recording it.

It is so important that we take the time out to celebrate and recognise all the positive work that is happening in the organisation, more so than ever when we are under pressure and circumstances are particularly challenging. Thank you to everyone who took the time to nominate, to the judging panels, who had a difficult job on their hands, and congratulations to all our winners and finalists.

Date: 14 December 2023

Report to:	Council of Governors
Date of Meeting:	14 th December 2023
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Authors:	Martin Barkley, Chair

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 Trust developments and the Chair's activities since the last Council of Governors Meeting.

Recommendation

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

Trust Chair's Report

I want to start my report by thanking the Council of Governors for sanctioning my appointment as Chair of the Trust and your Chair.

In my first month I have concentrated my time on having initial one to one listening meetings with all members of the Board (except one is not very well at the present time), Governors (at the time of writing this report I have met 8), and some of the senior Clinical leaders in the Trust in order to start to develop a good working relationship, to learn about the Trust and their concerns and to receive their advice on what I can help improve.. By the end of January, I plan to continue to have one to one meetings with Governors that I have not yet met who want to meet with me, and to have visited all of the hospital and community team bases that are the responsibility of the Trust.

My other priorities are to build trust and confidence between the Council of Governors and the Trust Board, to fully understand the improvement work that Directors are leading to address the issues identified by the CQC, and the very significant operational and financial challenges the Trust is addressing, to start to improve governance arrangements, to contribute to the development of a new 5 year Trust strategy, and to support the Chief Executive and through him the Executive team.

In my second week, I had the pleasure of attending the Trust's annual awards evening. It was a brilliant evening, learning about the excellent work that had led to the individuals and teams that had been shortlisted for an Award. It is really important that achievements are recognised and appreciated as it helps staff to feel valued. I know though that what I learnt and saw at that evening is only the tip of the iceberg of the good work undertaken every day, which for example was evidenced by reading the citations of Staff nominated for a Star Award, (these were an annexe to the Chief Executive's report in the 29 November Trust Board agenda papers).

I look forward to working with you, working together with the Board, to secure the improvements that I know we are all ambitious to achieve.

Martin Barkley



Report
Council of Governors
14 Dec 2023
Questions from the Public

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

The purpose of the report is to give the Council the opportunity to view the questions received from the members of the public.

Executive Summary – Key Points

The report details the questions received from the public and the answers given by the Governors and the Executives.

Recommendation

Governors are asked to note the content of the report and give appropriate feedback.

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Martin Barkley, Chair

Date: December 2023

John Wane (Save Our Scarborough Hospital)

Question 1: Do the Governors believe that it is worth the public, who they purport to represent and have statutory obligations to represent, bothering to submit questions, until you are allowed to answer them honestly and openly?

Answer: The Governors' role is to represent the interests of members and the public and hold the Non-Executive Directors to account for the performance of the Board.

We continue to invite public and member comments and questions, take these views forward as appropriate, and to respond openly and honestly. However, Governors must also act in the best interests of the Trust and should adhere to its values and code of conduct.

Governors are not responsible for making representations on behalf of individuals or groups of members and going back to them with a result in the same way that a local politician does. Governors do have a general duty to represent the interests of members and the public as set out in 'Your statutory duties A reference guide for NHS foundation trust governors' and associated documentation.

The questions that come into governors are often about the operational working of the Trust. Governors do not have knowledge of detailed aspects of the Trust operations, as that is not our role and when we are unable to answer a specific question of assurance, we will have to approach a relevant NED or task the Governor Manager or the Trust Secretary to approach Trust staff who would be able to respond separately to that question.

Question 2: Obviously all the questions submitted to the previous Governors meeting in September and the completely inadequate responses, have now been submitted to the CQC, do the governors believe that may be a more expedient route in the future?

Answer: The Governors' role is to provide assurance to the public and members of the Trust. We continue to invite comments in person in the dedicated 30-minute networking slot for this at the CoG meetings.

It is unclear which responses are inadequate. A large number of the questions asked for the September CoG related to operational and confidential HR matters. The CoG is satisfied and assured that the questions were answered appropriately. With the arrival of the new Chair, the Q&A process is being reviewed and confirmation of the process will be made available to the public in due course.

Question 3: Governors are aware, that I discovered and exposed with irrefutable proof, prior to the last CQC inspection, that York Trust had removed all the Q&As from the public over the previous 5 years, from their website. The subsequent 'investigation' following my exposure of it, finding that it was some sort of "error" defies credibility, so I can only conclude that the aim was to hide them from the CQC. In view of that should we in future routinely copy all questions to the CQC as well, in case of further "errors"?

Answer: The Governors are assured that the Trust did not and will not on purpose remove information to shape a CQC decision. The questions received, and the answers provided, are published with the minutes of the Council of Governors meetings. The Trust's approach to this has not changed, and no Q&As have been removed from the website. This question was answered in March 2022.

Question 4: The York Trust proclivity towards 'repercussions' for any failure to be controlled is well known, do the Governors believe that emails sent to them by members of the public and their replies, are still 'monitored' by the Trust?

Answer: The Governors are assured and satisfied that the private Governor NHS emails are not monitored by the Trust. However, many questions sent in by the public are beyond the reasonable scope of knowledge of the governors and so are shared with members of the Trust so that they can be answered.

Question 5: Do the Governors feel able to request that members of the public pursue any concerns which Governors have, that they would wish to have taken up with other bodies, on their behalf?

Answer: The Governors' role is to hold the NEDs to account for the performance of the Board on any relevant issues. This is done by obtaining assurances from the NEDs. The Trust also has a Freedom to Speak Up Guardian who will accelerate and deal with any Governor concerns of the Trust. Further, the Lead Governor acts as the direct contact between NHSE and Governors in exceptional circumstances. The Governors are satisfied that the above steps are adequate to address any concerns that the Governors may have. The Governor role does not involve approaching the public to pursue with other bodies any concerns they have.

Question 6: Do the Governors have any plans to publish, with dates, time and places, any initiatives where they will engage with the public, without any Trust management presence?

Answer: A half-hour public engagement slot is built into every Public CoG meeting. Private conversations can occur with Governors in these sessions. The Governors are more than happy to advertise additional public engagement events, but we reserve the right to include certain Trust representatives, as appropriate.

Question 7: Can Governors obtain assurances from Trust Management, that they plan to begin to ensure compliance with their statutory obligations under the Freedom of Information legislation, especially as it is suggested on the Governors page on the website, especially as an alternative way to raise a question!?

Answer: The Information Governance Executive Group (IGEG) receive reports on Freedom of Information (Fol) activity, which in turn provides assurance to the Digital, Performance and Finance Assurance Committee reporting to the Board of Directors. NEDs are members of the Digital, Performance and Finance Assurance Committee and the Board of Directors, which in turn enables Governors to be informed and to challenge or receive assurance.

Gordon Hayes (Save Our Scarborough Hospital)

Question 8: Given the absence of Standardised Mortality Ratio data, how is the Trust objectively measuring and evaluating whether the transfer of acute stroke patients from the East Coast to York Hospital is producing any better patient outcomes compared with previous local acute stroke care at Scarborough Hospital?

Answer: The stroke service changes occurred in 2015, and therefore comparisons are not currently reported due to the length of time since the change. The review of the implementation of changes which was undertaken by the national and regional clinical leads for stroke described improved outcomes. There are nationally published measures for the quality of stroke care provided by all hospitals. With the national sentinel audit (SSNAP) carried out on a quarterly basis. We submit information on all stroke patients across a range of measures, and data from the subsequent audit results is then published quarterly.

Question 9: What do the Trust's evaluation methods show when comparing the outcomes for East Coast acute stroke patients before and after the policy of transferring them to York for treatment?

Answer: SSNAP data is the key performance measure for stroke care across a range of outcomes. Stroke patients who would previously have been treated in Scarborough Hospital have been transferred to the hyperacute stroke unit in York for their treatment (or the nearest other provider) since 2015. The overall acute rating given by SSNAP improved following this change, and there was a marked improvement in the overall rating compared with the previous rating for the Scarborough unit. The service was also independently reviewed by the national and regional clinical leads for stroke, who were supportive of the current direct admission model.

Question 10: Why are FOI requests to the Trust repeatedly not answered within the timescale of the Freedom of Information Act (all three of my requests have failed to comply with this timescale, and other agencies have reported to me similar difficulties)?

Answer: The FOI team has received two Freedom of Information requests this year from Dr Hayes, with references 2023-610 and 2023-705.

2023-610 was responded to in 21 working days and 2023-705 in 22 days. We are sorry that this was longer than the 20 working days stipulated in Act.

The first request took longer as the team was looking into all avenues in order to provide the requested data, unfortunately as per the final response this was not possible. For the second request, the FOI team regret that the due date was missed and for this they apologise. They have had discussions to reduce the likelihood of any repeat going forward.

Question 11: Following recent multiple complaints passed to me by Scarborough residents who have experienced local accessibility problems and significant lengthy

local delays for a variety of core secondary care services - including rheumatology, dermatology, MRI scanning and echocardiograms - how can the Trust justify expecting sick, elderly and vulnerable patients to travel lengthy distances at unsociable hours to access both basic and sooner healthcare which has previously been available in a timely manner at Scarborough Hospital and on the East Coast?

Answer: The aim of the merger between York and Scarborough Trusts in 2012, and all of the subsequent work to date including the Scarborough acute service review, has been about ensuring that there is access to services for people living on the East Coast. These services have to be sustainable, whether it is in terms of staffing, or the numbers of patients accessing those services, and they have to be safe. Sometimes, decisions about services will be influenced by changes in national guidance, and we are obliged to respond to this. We provide many core medical services at Scarborough Hospital, and we have a range of clinical staff who travel between sites to see patients.

Unfortunately, the Covid-19 pandemic caused significant backlogs for certain treatments and appointments. In order to ensure patients can be seen sooner, we may offer appointments at alternative locations.

With regard to transport, We recognise that travel is a real concern, and we are working with partner organisations to look at ways we can improve this. We are active participants in a multi-agency Transport Group for the East Riding and North Yorkshire area which is assessing and attempting to address the current issues and challenges affecting patient and service user transport provision across the Scarborough and Bridlington localities from a statutory, voluntary sector and patient access perspective.

The group is contributing to the development of the East Riding and North Yorkshire Council Bus Service Improvement Plans and Enhanced Partnerships as part of the National Bus Strategy to be in the best position to access future development funding from the Department for Transport.

Working with Community Transport providers from East Riding and North Yorkshire, the Trust has also been trialling the operation of supported provision for day-case patients who have to travel between its hospitals for treatment but who fall outside the Yorkshire Ambulance Service patient transport eligibility criteria.

Environmental impact is a consideration when looking at where and how services are provided, however there are other factors that are also considered. Many of our staff travel between sites to provide clinics, operations, and procedures, however it is not always possible to provide all elements of all of our services at all of our sites, for well-documented reasons. An increasing number of specialty outpatient consultations are conducted on a virtual basis to avoid unnecessary travel.

Anthony Clarke (Bridlington Health Forum)

Question 12: How might the public be reassured that moving urology services away from the coast has not resulted in a decline in urological cancer outcomes and mortality?

Answer: Since 2017 all patients referred to York and Scarborough Teaching Hospitals NHS Foundation Trust requiring a first urology outpatient appointment and diagnostics are invited to the one stop diagnostic clinic in Malton, and patients who are subsequently diagnosed with a urological cancer receive further care and treatment locally wherever possible. This is the case for patients in York, Scarborough, Bridlington, Selby and other localities served by the Trust, and includes patients referred via the two week pathway for suspected cancer. The trust monitors all services through its governance framework and does not currently have concerns regarding the service and its location impacting negatively in regard to outcomes or mortality. Patient feedback from those using the one-stop diagnostic service has been consistently high.

Question 13: I have been aware by the public that Rheumatology appointments are no longer being offered at Bridlington or Scarborough hospitals. Coastal residents now either receive a telephone appointment or are expected to travel to Malton, which can be exceptionally difficult for Bridlington residents, or York Hospital, which is also a challenge, especially for people without the ability to drive.

Please would the Board of Governors explain why the Trust has not acted upon the concerns expressed by the Bridlington and Scarborough public regarding the continuing centralisation of outpatient services, considering Professor Sir Chris Whitty has highlighted the need for improved services for ageing coastal populations and areas of health inequality? I must say that I am feeling increasingly angry, on behalf of patients I know and have heard about, concerning the ongoing and managed reduction in local secondary care services for the coastal population.

Answer: We continue to provide rheumatology clinics at Bridlington and Scarborough.

- Dr Al-Safar left the Trust and the Rheumatology Doctors have validated all his patients. A vast number were discharged or placed on patient-initiated follow up (PIFU) pathways
- Dr Quinn ran a number of additional clinics at Bridlington to review patients who they could not validate through our patient database and again discharged and moved a number to patients to PIFU
- All of Dr Al-Safar's patients have been allocated another consultant either based at Scarborough or York. Many patients are happy to be seen at Malton, Scarborough, and York
- Dr Westlake still conducts outpatient clinics at Bridlington
- The service is reviewing referrals at postcode level and looking at demand and capacity on an ongoing basis
- There is a plan to job plan consultants to work cross sites if this is required following the capacity and demand review.

- We have been unable to recruit to an East Coast post having advertised and tried to encourage applicants and trainees to take a coast post. We therefore recruited a York based cost and increased presence at Malton
- Two Consultants are based in Scarborough and are part-time and provide clinic appointments at Scarborough.

The Trust welcomes Professor Whitty's report as it reflects many of the issues we have sought to raise nationally over a number of years regarding the unique challenges of small coastal and rural hospitals. We hope that this report will further raise the profile of the issues relating to funding and support. The issues described in the report require national policy changes in order for them to be addressed, in relation to ill health prevention and the wider determinants of ill health and health inequalities that are often experienced in coastal communities. We remain committed to providing services for the local population, and offer services in a local setting where possible, which may be the hospital, other community settings, or virtually if appropriate.

Alastair Falconer, Public Governor for Ryedale & East Yorkshire

Question 14: What plans does the Trust have to meet increasing dialysis need for both local and visiting populations? Is demand for dialysis outstripping provision for Ryedale residents at York and Easingwold? Alternative provision at Selby involves a 60 mile round trip for Ryedale and visiting patients. Will the Trust assess the use of Malton Hospital as a site for dialysis provision? There would be a potential source of charitable funds for equipment from the Malton League of Friends.

Answer: The renal service has capacity challenges in terms of facilities (equipment and estates) and also workforce. The future trust strategy will consider equity of access and population health needs to inform service configuration moving forward. Governors and other stakeholders will be engaged in its development.

A renal service business case was developed prior to covid, but unfortunately was unable to be supported due to pressures elsewhere in the system. The renal team are dedicated to their patient population and try to accommodate visitors to the areas if they can, although sometimes this is not always possible. In addition to ensure that people can receive timely treatment, this may sometimes not be at the location closest to them, although this is something the team try to avoid as much as possible recognising the intensive nature of the treatments provided. A further review will be undertaken within the next financial year.

Simon Tory (Bridlington Health Forum)

Question 15: Topic 1 - Working in Partnership with People and Communities – Guidance for NHS Trusts. New (B1762) guidance sets NHSE's ambition and expectations for how NHS foundation trusts should work in partnership with people and communities in a new collaborative environment. NHS trusts must consciously consider the guidance and have regard to it and new requirements.

- a) Is the Board and CoG aware of the new guidance and increased responsibilities?
- b) Is an action plan in place to ensure delivery of the Trust's compliance?
- c) How will CoG meeting agendas and focus be refreshed to better support Governors in their roles of amplifying the voice of the communities they represent at CoG meetings?

Answer:

- a) The Trust and COG is aware of the new guidance, which was developed to support the Health and Care Act 2022, which put Integrated Care Systems on a statutory footing and outlined roles and responsibilities for ICBs and NHS Trusts in relation to engagement and collaboration. Many of the previous responsibilities for trusts and other organisations remain in place in the revised Act.
- b) There are many ways the Trust already works in partnership and involves its communities in developing the services we provide, for example through patient and carer groups, through our patient experience team, and through our Governors. To strengthen this we are developing an engagement framework to support engagement and involvement with staff, patients and other stakeholders. As a partner in the Humber and North Yorkshire Integrated Care Partnership we also work with other organisations to support delivery of the Humber and North Yorkshire ICB's engagement strategy, 'Working with People and Communities'.
- c) The CoG led by the new Chair is currently undergoing a governance review and proposals will be discussed with the Governors in due course to provide further opportunity to fulfil their roles including future CoG meeting agendas.

Question 16: Topic 2 - Livestreaming of Public Board of Directors meetings - The November edition of "Membership Matters" encouraged members to view Trust Board meetings on-line. However, the stream was unavailable to those disadvantaged members who were unable to personally attend on 29 November. (e.g., Travel / Transport / Cost / Illness)

- a) Has the Livestreaming facility now been withdrawn? If so, for what reason(s)?
- b) How does its withdrawal support an improved collaborative environment?
- c) How does the Trust reconcile this with its value of "Kindness" and "treating others fairly" especially for those many members and members of the public physically unable to attend Board meetings in person?

Answer: The Board of Directors meetings will not now be streamed. The Trust supports public attendance in person at its Board of Directors meetings. The Trust Board meetings are held in public and are not public meetings designed for public collaboration. The Board of Directors meeting papers, including minutes, are provided on the website for public scrutiny.

Question 17: Topic 3 - Trust Member and Public questions to the Council of Governors - I have been advised that any question to CoG from now must be posed in writing, in advance, without exception. To many this seems to be an unwelcome and retrograde decision, especially if, during the CoG meeting, some items may not be fully clear or reflect "lived experience".

- a) Is it true that “live” questions (intended to promote mutual understanding) will no longer be allowed at the December 2023 and future CoG meetings? If so,
- b) How will preventing “live” questions at CoG (to better understand how services and teams connect to deliver the best possible outcomes) support an improved collaborative environment between the Trust, its patients, and the public it serves?
- c) How does the Trust reconcile this decision with its values underpinning “Openness”?

Answer: Questions for the public are requested to be provided in advance. Questions received in advance of the meeting (by the timescales published) will be answered prior to the meeting, sent to the requestor, and published in the CoG papers. This will provide answers that cannot necessarily be provided in full when asked in the CoG meeting.

These are meetings held in public, which people are welcome to observe. They are not public meetings and therefore don't allow observers to contribute to the meeting itself.

Question 18: Topic 4 - Trust Members / Public contributions to Council of Governors Meetings - I'm further advised no Trust member or member of the public will be allowed to speak, seek clarification, or to contribute / add value to CoG meetings from December 2023 onwards.

- a) Is it true that additional contributions to CoG meetings are now forbidden ? If so,
- b) How does this empower members to say what they know is right for staff and patients?
- c) How does it support others to speak up, especially if something stated isn't right?
- d) How does the Trust reconcile this with its value of “Excellence”, enhanced collaboration to “help inform CoG's thoughts, words, and actions”?

Answer: Please see the answer to Question 17. In addition, further channels of communication are available as provided on the Trust website.

Report to:	Council of Governors
Date of Meeting:	14 December 2023
Subject:	CQC Update Report - November 2023
Director Sponsor:	Dawn Parkes, Interim Chief Nurse
Author:	Emma Shippey, Head of Compliance and Assurance

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

Approve Discuss Assurance Information A Regulatory Requirement

<p>Trust Priorities</p> <p><input type="checkbox"/> Our People <input checked="" type="checkbox"/> Quality and Safety <input 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 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:

The CQC Update paper has been presented through Trust governance in November 2023, culminating at the Board of Directors on 29 November 2023.

Progress with delivery of actions within the Trust CQC Improvement Plan is being overseen through the fortnightly Journey to Excellence meeting.

The monthly section 31 maternity submission was last made on 20 October 2023.

There are 16 open enquiries with the CQC.

Recommendations:
The Council of Governors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC cases.

Report History		
Meeting	Date	Outcome/Recommendation
Quality Oversight Group	8 November 2023	Presented and accepted
Quality Committee	21 November 2023	Presented and accepted
Board of Directors	29 November 2023	Presented and accepted

1. CQC Inspection Update

The Board of Directors has agreed eight improvement workstreams providing a framework for the Trust's 12-month quality recovery programme; Journey to Excellence. Each of the workstreams will include actions to deliver each of the CQC Must and Should actions.

The workstreams are as follows:

- Maternity Services
- Governance; Corporate / Quality
- Staff and Public Engagement
- Urgent Care
- Elective Care
- Leadership and Culture
- Safe Staffing
- Fundamentals of Care

The Trust CQC Improvement Dashboard is held in **Appendix A**. Narrative updates and evidence to support the progress made with actions has continued to be logged in the improvement plan.

There is one action (with two sub-actions) which was not completed by the original target date of 31 October 2023. The detail is below:

Ref	Action	Outcome metric	Target Date to Complete	BRAG rating
▼ BRAG rating Off track				
72	The trust must ensure that in Maternity, the assessment of risk, preventing, detecting, and controlling the spread of, infections, including those that are health care associated is managed in line with trust and national guidance	<ul style="list-style-type: none"> • Up to date policies and guidelines. • Evidence of monthly IPC walk rounds, with outcomes, consecutively for three months • 85% of substantive staff in Maternity to have completed face-to-face Infection Prevention and Control training. 	31/10/23	Off track
72.2	Regular monthly Infection Prevention and Control walk rounds will be undertaken in Maternity with the link Infection Prevention and Control Nurse.	Evidence of weekly IPC walk rounds, with outcomes, consecutively for three months	31/10/23	Off track
72.3	A programme of Face to face Infection Prevention and Control training will be developed and delivered to Maternity staff.	All substantive staff in Maternity to have completed face-to-face IPC training.	31/10/23	Off track

A schedule of infection prevention and control walkarounds is in development, led by the matrons, and the clinical skills midwives are focussed on improving compliance with the aseptic non touch technique (ANTT) training in November 2023.

There are also two actions which delivery by the original target date is at risk. **See Appendix B**.

If an action is considered 'complete', and sustained impact of the action is evident, then a proposal can be made to close the action. Closure of the action must be supported by the Executive Lead and approved through the Journey to Excellence meeting.

Two actions have been approved for closure at the Journey to Excellence meeting in October 2023 and two actions are showing as complete. These can be seen in **Appendix C**. The action closure forms are being drafted for completed actions.

2. Maternity Section 31 Submission

A monthly submission is made to the CQC providing an updated position on progressing in addressing the issues highlighted in the Section 31 notice. The submission is due on the 23rd of each month. The monthly section 31 maternity submission was last made on 20 October 2023.

3. Mental Health Risk Assessment Section 31

In January 2020 CQC imposed a Section 31 as they were not assured that patients who presented to the York and Scarborough emergency departments with mental health needs were being risk assessed and cared for safely.

The CQC have asked to be updated when the new Mental Health Risk Assessment form has been transferred onto Nucleus, when staff have received training on use of the form and monthly audit results to be provided once launched.

At the time of writing this report, the content of the Mental Health Risk Assessment has been approved and the electronic assessment is currently in system testing.

4. CQC Cases / Enquiries

The CQC receive information from a variety of sources in relation to the quality of care provided at the Trust. This information can be related to known events, for example serious incidents (SI's), formal complaints and Datix incidents, or unknown events, such as concerns submitted directly to the CQC from either patients, staff, members of the public, or other organisations. Following receipt of such information, the CQC share the concerns with the Trust for review, investigation, and response.

The CQC monitor themes and trends of enquiries received, and these can inform inspection and other regulatory activity.

The Trust has received three CQC cases in October 2023. Of these cases:

- One related to care within the new Emergency Department at York. The Chief Nurse initiated an on-site CQC Engagement Meeting focusing on the Emergency Department for 11 January 2024.
- One was regarding a complaint relating to an inpatient admission on ward 34. To note, four enquiries have been received from the CQC for ward 34 since January 2023.
- One requested further assurance on the fundamentals of care given to patients on ward 28.

At the time of writing (25 October 2023) the Trust had 16 open cases / enquiries. The majority of these remain open for the submission of finalised Serious Incident Reports.

The enquiry dashboard can be viewed in **Appendix D**.

5. CQC Updates

The State of Care Report 2022/23

The CQC annual assessment of the state of health care and adult social care in England has been published.

The State of Care Report looks at the trends, shares examples of good and outstanding care and highlights where care needs to improve. [Click here](#) to view the report.

New Regulatory Approach

From 21 November 2023, the CQC will start using our new single assessment framework in our South region.

Between 21 November 2023 and 4 December 2023, the CQC will undertake a small number of planned assessments with 14 early adopter providers. The new assessment approach will then be expanded to all providers based on a risk-informed schedule.

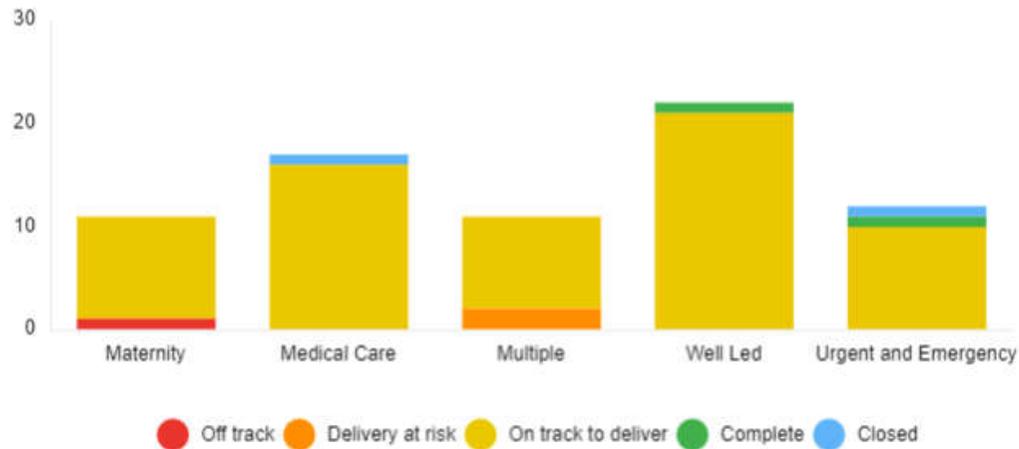
6. Recommendations

The Council of Governors is asked to:

- Note the current position regarding the recent CQC inspection activity.
- Note the current position of the open CQC enquiries.

Appendix A Trust CQC Improvement Plan Dashboard

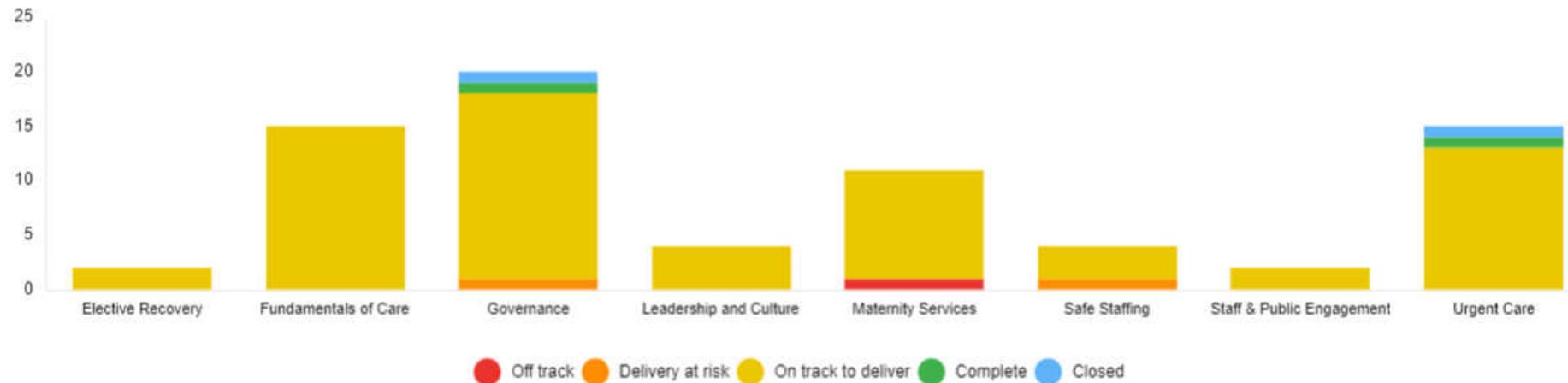
Progress Rating by Service



Number of Actions per Workstream



Progress Rating by Workstream



Appendix B Delivery at Risk

Ref	Action	Outcome metric	Target Date to Complete	BRAG rating
▼ BRAG rating Delivery at risk				
23	The trust must ensure that in Maternity and Medical Care, all staff are aware of and consistently follow the trust policy to safely store medicines including controlled drugs and controlled substances hazardous to health (COSHH). The trust must also ensure adequate action is taken following audits which identify medication storage issues.	<ul style="list-style-type: none"> • Maternity services and medical care will achieve 85% (or above) compliance in the Tendable ward audits for questions relating to the storage of medicines for three months consecutively. • Comprehensive COSHH portfolio of substances in each area. • Audit of COSHH compliance to be completed by the Trust Health and Safety Team. 	29/12/23	Delivery at risk
23.1	Ensure that all staff in Maternity and Medical Care have a clear understanding (and relevant training) on the appropriate storage of medicines.		29/12/23	Delivery at risk
25	The trust must ensure that all staff groups in Medical Care, Maternity and Urgent and Emergency Services complete designated mandatory training sessions. Including: <ul style="list-style-type: none"> - Safeguarding, PREVENT, Adult Life Support and Advanced Life Support (MC York and Scarborough) - Theatre recovery training, practical obstetric multi-professional training and saving babies lives version 2 (Mat York and Scarborough) - ED Medical Staff, esp. Safeguarding, learning disabilities and dementia (Scarborough) 	<ul style="list-style-type: none"> • Three months sustained compliance at 85% for: <ul style="list-style-type: none"> - Safeguarding, PREVENT, Adult Life Support and Advanced Life Support (Medical Care York and Scarborough) - Theatre recovery training, practical obstetric multi-professional training and saving babies lives version 3 and core competencies framework v2(Maternity York and Scarborough) • - ED Medical Staff, Safeguarding, learning disabilities and dementia (Scarborough) 	31/01/24	Delivery at risk
25.1	Devise and implement a training plan (including a trajectory) to achieve and sustain compliance for mandatory training.		31/01/24	Delivery at risk

Action 23

Discussions are taking place between Director of Midwifery, the Medicines Management Lead Nurse and Chief Pharmacist to plan for cross site standardisation and back to basics medicines management training for all staff. This will require 3 months scoping before mobilisation and we are likely to need to include this as a separate e-learning module and/or deliver as part of PROMPT training for all staff.

Appendix B Delivery at Risk

Action 25

Mandatory Training compliance has increased month-on-month since March 2023 - now 1% above organisation target (86% v 85%).

A group has been established to deep-dive areas highlighted by CQC. Across subjects highlighted for ED Scarborough (medical staff) and Medicine (all staff), Oliver McGowan training (ED - 19 completions short of 85%) and Adult Life Support (Medicine - 158 completions short of 85%) are off-track. The group is co-ordinating a push on these. Dementia training not currently a requirement - being reviewed. Maternity baseline being reviewed.

Dashboard

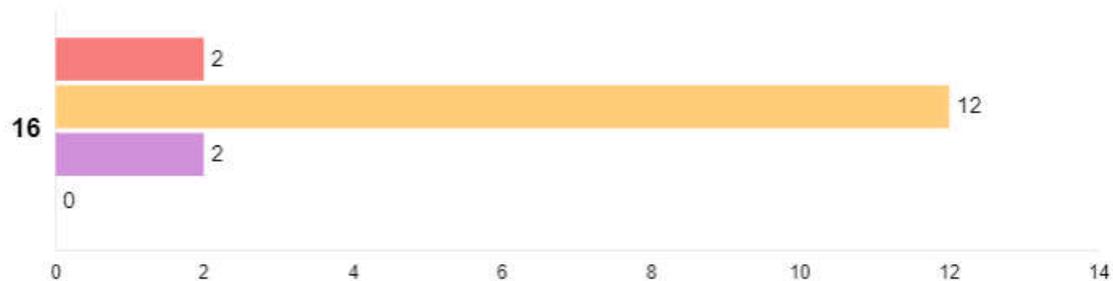


Appendix C
Closed and Completed CQC Actions

Ref	Action	Outcome metric	Target Date to Complete	BRAG rating	Latest Comment
16	The trust should ensure that it follows the recommended period for repeating and recording Disclosure and Barring Service checks for directors.	<ul style="list-style-type: none"> Compliant DBS checks for all Directors. Evidence of a robust process for undertaking DBS checks if they fall due. 	31/10/23	Complete	Emma Shippey - Extension Request Form approved at J2E 02.10.23. Amended from 31.08.23 to 31.10.23
41	The trust must ensure all patients in ED at York are wearing wristbands at all times for improved safeguarding, security and easier identification when prescribing and administering medications.	<ul style="list-style-type: none"> Monthly wristband audits show 100% compliance monthly since the visit. Three months compliance will be evidenced for the action. 	31/08/23	Complete	Emma Shippey - Action Closure form is being drafted. Awaiting audit evidence.
44	The service should review pharmacy CD inspection policy to ensure it is clear how often inspection should take place.	<ul style="list-style-type: none"> Clarity on the frequency of Controlled Drug inspections to be included in the Controlled Drug Inspection Policy. 	29/09/23	Closed	Sharon Jones - Action closure approved at the Journey to Excellence meeting 16/10/23
49	The trust must ensure the Care Group 2 risk register identifies all the current risks including none compliance to referral to treatment targets, consultant, and nursing staffing shortfalls.	<ul style="list-style-type: none"> Copy of the risk register including the risks identified in the CQC improvement action. 	31/08/23	Closed	Sharon Jones - Action closure approved at the Journey to Excellence meeting 16/10/23

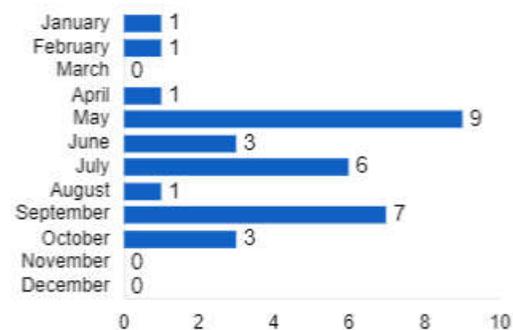
Appendix D CQC Cases / Enquiries

Number of Open CQC Enquiries / Cases

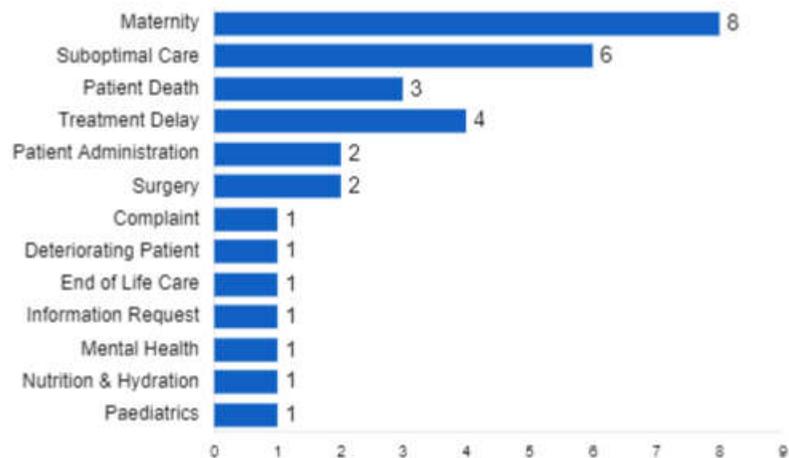


● Preparing Response
 ● Response sent to the CQC
 ● Ongoing updates required
 ● Trust concern raised with the CQC

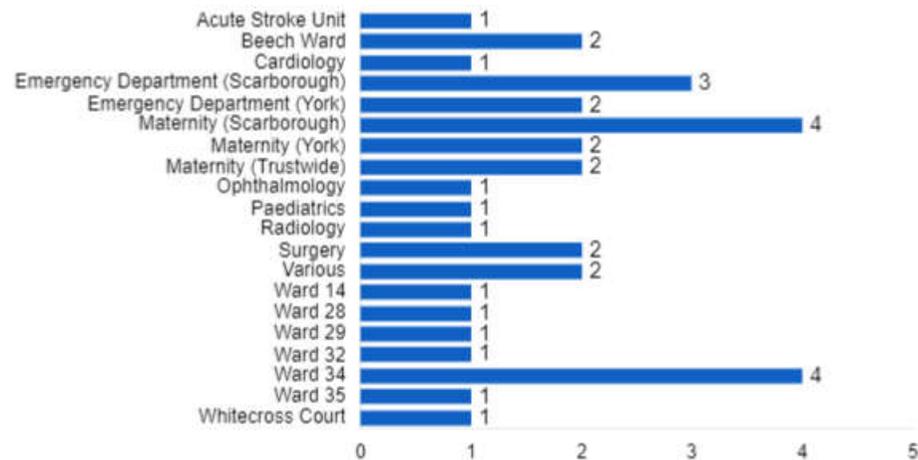
Number of Enquiries Received by Month



Number of CQC Enquiries by Theme



Number of CQC Enquiries by Ward / Dept



Report to:	Council of Governors
Date of Meeting:	14 December 2023
Subject:	Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Updates
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion and WRES Expert

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 type="checkbox"/> Elective Recovery <input type="checkbox"/> Acute Flow</p>	<p>Board Assurance Framework</p> <p><input type="checkbox"/> Quality Standards <input checked="" 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:

This report is a summary of the WRES and WDES Annual Reports and Action Plans that were previously presented to the People and Culture Committee (PACC) and the Trust’s Board of Directors. It was agreed at the September Council of Governors meeting that a simplified summary report of the Annual Reports and Action Plans would be presented.

The Trust has a requirement to analyse its data against the metrics of the WRES and WDES on an annual basis, discuss its progress and submit the data to NHS England (NHSE) and publish it on the Trust’s website on an annual basis. The Trust’s data was submitted by 31 May 2023 and action plans co-created and approved/submitted by 31 October 2023.

This year NHSE introduced the Bank WRES (BWRES) and Medical WRES (MWRES). The submission dates for this data were slightly different than the

WRES. They were initially 30 June then changed to July 2023. Reporting on this was not mandatory this year but the Trust still submitted its data.

Separate BWRES and MWRES reports were not published this year but questions regarding areas of improvement were included in the Survey Monkey sent out to staff regarding action planning.

Progress:

The Trust is making good improvement with Disability equality and has made good improvement in relation to harassment, bullying and abuse.

Race equality is not improving at the same pace as Disability equality there are several metrics that have either deteriorated or not made any statistical improvement.

There has been a slight statistical improvement with harassment, bullying and abuse, belief that the Trust provides equal opportunities for career progression or promotion and appointment from shortlisting.

NHSE has suggested that the Trust focuses on its race disparity ratios for clinical and non-clinical staff and have set this as high priority.

Any actions that were still to be implemented from the 2022 action plans were transferred over to this year.

This report is provided to update the Council of Governors with the Trust's progress with Disability and Racial equality in line with the National Standards.

Report History

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

Meeting	Date	Outcome/Recommendation
PACC	20 September 2023	Approved
The Trust's Board of Directors	27 September 2023	Approved

Workforce Disability Equality Standard (WDES)

For the WDES the Trust ranks at 91/212 Trusts nationally and is in the top 10% nationally for all metrics.

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

Metric 1 has seen various statistical changes in 2023 with five being positive, four statistically static and one deterioration. The action plan includes actions to increase staff knowledge in relation to equality monitoring and for local action plans to analyse their data and create plans to address it.

There has been an increase in Disability declaration with 4.6% of staff stating they are Disabled. 18.7% have not stated and 76.7% have stated they are non-disabled. The total Trust staff headcount on 31 March 2023 was 9,314%. The national average declaration rate is 4.9%.

Metric 2. Relative likelihood of Disabled staff being appointed from shortlisting compared to non-Disabled staff

Metric 2 has seen a vast improvement in 2023 and the data shows that there is no inequality in the relative likelihood of disabled staff being appointed from shortlisting compared to non-Disabled staff.

Metric 3. Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure

Metric 3 has seen a positive decrease and means that they are treated with equity within the Capability process.

Metric 4a. Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives, or other members of the public in the last 12 months

Metric 4a has seen a positive decrease of 4.1% and is below the Staff Survey benchmark group average of 33.0%.

Metric 4b. Percentage of staff experiencing harassment, bullying or abuse from managers in the last 12 months

Metric 4b has seen a positive decrease of 4.4% and is below the Staff Survey benchmark group average of 17.1%.

Metric 4c. Percentage of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months

Metric 4c has seen a positive decrease and is below the Staff Survey benchmark group average of 26.9%.

Metric 4d. Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months

Metric 4d has seen a positive increase in reporting and is just below the Staff Survey benchmark group average of 48.4%.

Metric 5. Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.

Metric 5 has seen a slight negative decrease in 2023 but is equal to the Staff Survey benchmark group average, which has remained the same since 2021. An action has been set to address this metric which focuses on career conversations, coaching and mentoring.

Metric 6. Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

Metric 6 has seen a positive decrease and is below the Staff Survey benchmark group average of 30%.

Metric 7. Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.

Metric 7 has seen a positive increase but is below the Staff Survey benchmark group average of 32.5%.

Metric 8. Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

The 2023 Staff Survey report for Metric 8 does not provide a comparison with previous years. Looking at the 2022 Staff Survey report, the only difference within the Metric description is the word 'adequate'. Regardless of this, the 2021 and 2022 results were analysed and showed a positive increase.

Metric 8 has seen a positive increase and the Trust's results are above the Staff Survey benchmark group average of 71.8%.

Metric 9a. The staff engagement score for Disabled staff, compared to non-Disabled staff

The staff engagement score for the Trust is 6.5 and the score for Disabled colleagues is below this. The Staff Survey benchmark group average for Disabled people is 6.4 and the Trust's is also slightly below this. Actions include training, the Culture and Leadership programme, remit of the Enable Staff Network and staff stories to Board.

Metric 9b. – information about Disability engagement

This metric asked for qualitative information, this was submitted regarding the disability engagement work and action plan progress.

Metric 10. Disabled Board Members

Percentage difference between the organisations' Board voting membership and its overall workforce

Metric 10 has seen a decrease in the number of staff who identify as Disabled, this is due to an increase in the number of Board members and how they identify.

Actions include Staff Network engagement, the Inspiring Leaders programme, review of the Trust's Chair job description and person specification, Reverse Mentoring, senior leader blog and inclusive recruitment of the Council of Governors.

Workforce Race Equality Standard (WRES)

This report does not include the data and analysis for Bank and medical due to inaccuracies in information received. Reporting was not mandatory this year, but data was submitted separately and analysed for the workforce teams to address. The data will be included in the report for 2024. This report is unable to state the national comparisons as it is embargoed until 2024 when the National WRES report is published.

The total White staff headcount and percentage is 7099, 85.9%, total BME Staff Headcount & Percentage 893, 10.8% the total headcount and percentage of staff who have not stated their ethnicity is 270, 3.3%.

Metric 1. Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Metric 1 has not seen any improvement in the number of BME staff employed in the Trust under Agenda for Change. Whilst there has been international recruitment, this has not impacted on numbers. Action: the use of positive action in development courses. Also applies to Metric 2.

Metric 2. Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts

The relative likelihood focuses on a figure of 1 being equity. The figure has reduced slightly, but the Trust has seen little significant statistical change this year. Actions: inclusive recruitment training, diverse recruitment panels, training, local action plans, interview skills training, quality interview feedback, diverse recruitment platforms.

Metric 3. Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process

There has been a slight negative statistical increase in the relative likelihood of BME staff entering the disciplinary process compared to white staff.

Metric 4. Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff

It has not been possible to provide a statistical analysis for Metric 4 as the Learning Hub System has been unavailable.

Metric 5 Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months

There has been a significant deterioration over the last two years with the number of BME staff experiencing unwanted behaviour from those who use our services, this figure is high and is above the Staff Survey benchmark group average of 30.8%. Action focusing on the implementation of a Trust's policy, training, communication and psychological support.

Metric 6 Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

Metric 6 has seen a positive decrease in the 2023 data, which is also slightly below the Staff Survey benchmark group average of 28.8%.

Metric 7 Percentage believing that the Trust provides equal opportunities for career progression or promotion

After seeing a negative decrease in 2022, there has been a positive increase in 2023, this needs to continue to improve to be above the Staff Survey benchmark group average of 47.0%.

Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleague

After seeing a steep deterioration in 2022 compared to 2021, there has been little statistical improvement in 2023. The Trust's data is currently above the Staff Survey benchmark group average of 17.3%. Actions include improving mandatory training compliance, Culture and Leadership and programme, examination of data and create local action plans.

Metric 9. BME Board Members

Percentage difference between the organisations' Board voting membership and its overall workforce

Metric 9 has seen no statistical improvement in the number of BME staff on the Trust's Board of Directors and as voting board members. Actions as per the WDES and to include coaching and mentoring.

Workforce Disability Equality Standard Action Plan 2023-2025

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Author: Head of Equality, Diversity and Inclusion

Senior Responsible Officer: Director of Workforce and Organisation Development

Publish Date: 31 October 2023

Note: Disabled staff were engaged with via a joint staff network meeting and a survey monkey to obtain their suggestions on the actions required. These actions are designed to address the Workforce Disability Equality Standard.

Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Objective	Analysis	WRES Action	Executive Lead	Operational Lead	Date	RAG Rating
WDES Indicator 1 Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce						
Encourage staff to update their equality monitoring information to help determine	Indicator 1 has seen various statistical changes in 2023 with five being positive,	Last year's action was partly completed and has been updated. The Sharing Personal Diversity Guide will be	Director of Workforce and Organisational Development	Head of EDI, Workforce Data Analyst and EDI Workstream	Commence in Q2 2024	

who is in the workforce	four statistically static and one deterioration	launched along with a targeted campaign to update information on ESR.				
		Maintain current Disability Confident level 2 and promote the benefits of this charter to managers	Director of Workforce and Organisational Development	Deputy Head of resourcing	Commence in Q3 2024	
WDES Indicator 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.						
Increase awareness of the support available within the Trust to support Disabled staff in their careers	This has seen a slight negative decrease in 2023 but is equal to the Staff Survey benchmark group average, which has remained the same since 2021. Staff Survey results 2022 52.1%, 2023 51.4%.	Career conversation/coaching and mentoring	Director of Workforce and Organisational Development	OD Facilitator	Commence in Q3 2024	
		Use positive action in targeting Disabled staff to attend the	Director of Workforce and	Head of Organisational Development	Commence in Q4 2024	

		internal development courses to support them with career progression	Organisational Development			
		Promote the changes in Flexible Working and the Trust's Flexible Working Policy	Director of Workforce and Organisational Development	Workforce Leads and EDI Workstream	Commence in Q3 2024	
WDES Indicator 9 The staff engagement score for Disabled staff, compared to non-Disabled staff						
To engage, listen and support Disabled staff so they feel engaged with and that their needs are taken into consideration and acted upon.	The staff engagement score for the Trust's is 6.5 and the score for Disabled colleagues is below this at 6.1. The Staff Survey benchmark group average for Disabled people is 6.4 and the Trust's is also slightly below this.	Improve mandatory equality, diversity and human rights training compliance. Target 85%	All Directors	EDI Workstream supported by Workforce Leads	Commence in Q1 2024	

		NHS England's Culture and Leadership Programme will continue. Included within this will be the Behavioural Framework implementation, launch of the Civility, Respect and Resolution Policy, the importance of raising concerns and the FTSU remit	Director of Workforce and Organisational Development	Head of Employee Relations and Engagement	Commence in Q1 2024-Q2 2025	
		Extend the remit of the Enable Staff Network to include Neurodiversity	Director of Finance	Enable Staff Network Chair	Q2 2023	
		Continue to implement the Neurodiversity at Work workshop	Polly McMeekin, Director of Workforce and Organisational Development	Head of EDI	Q2 2023	
		As well as continuing to include Disabled staff in Staff Stories to the Trust's Board of Directors, feature Disabled staff in the new EDI section of Staff Matters, raising	Director of Communications	Head of EDI and Communications Team	Commence in 2024	

		awareness promoting good practice and role models				
Indicator 10 Disabled Board members – Percentage difference between the organisation’s Board voting membership and its overall workforce						
Increase the number of Disabled Board members to be more reflective of the organisation	This has seen a decrease in the number of staff who identify as Disabled, this is due to an increase in the number of Board members and how they identify. One out of 17 Board Members identify as Disabled	Associate Director of Governance to engage with staff networks to review Chair and NED recruitment documentation for any barriers	The Trust’s Chair	Associate Director of Governance	Q3 2023	
		The Trust to continue engagement with Gatenby Sanderson’s Inspiring Leaders Programme to aid diverse recruitment	The Trust’s Chair	Associate Director of Governance	Commence in Q3 2023	

		Head of EDI to review Chair's JD & PS for any potential barriers	Director of Workforce and Organisational Development	Head of EDI	July 2023	
		Cohort 3 of the Reverse Mentoring Programme targeted at Disabled staff	Director of Workforce and Organisational Development	OD Facilitator	Commence in Q4 2024	
		Executive Director Sponsor of Enable to Lead the campaign via a blog to update Personal Diversity Information as in Indicator 1	Director of Finance	Executive Director Sponsor of Enable and Head of EDI	Commence in Q2 2024	
		Ensure the Council of Governors is diverse	The Trust's Chair	Governor and Membership Manager	September 2024	

Workforce Race Equality Standard Action Plan 2023-2025

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Author: Head of Equality, Diversity and Inclusion

Senior Responsible Officer: Director of Workforce and Organisation Development

Publish and Submission Date: 31 October 2023

Note: BME staff were engaged with via a joint staff network meeting and a survey monkey to obtain their suggestions on the actions required. These actions are designed to address the Workforce, Medical and Bank Race Equality Standards.

Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Objective	Analysis	WRES Action	Executive Director Lead	Operational Lead	Date	RAG Rating
WRES Indicator 1 BME representation in the workforce by pay band						
WRES Indicator 2 Relative Likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointment from shortlisting across all posts						
Indicator 1 has not seen any improvement in the number of BME staff employed in the Trust under Agenda for Change.	Race Disparity Ratios High priority areas for improvement suggested by NHSE WRES Team:	Use positive action in targeting BME staff within the race disparity ratios levels to attend the internal development courses to support them with career progression	Director of Workforce and Organisational Development	Head of Organisational Development	Commence in Q4 2024	

<p>Therefore, the Trust needs to increase support and opportunities for career progression</p>	<p>Career progression in clinical roles (lower to middle levels,)</p> <p>Career progression in clinical roles (lower to upper levels)</p> <ul style="list-style-type: none"> • Bands 1-4 = 0.8% • Bands 5-7 = 7.3% • Bands 8-9 = 0.07% • VSM = 0% <p>Career progression in non-clinical roles (middle to upper levels)</p> <ul style="list-style-type: none"> • Bands 5-7 = 0.5% • Bands 8-9 = 0.1% • VSM = 0.01% <p>Lower: band 5 and under</p>					
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	Middle: bands 5 & 7 Upper: bands 8a and above					
Bank WRES Indicator 1 Percentage of active workers by ethnic group and gender across key grades and staff groups						
Increase BME appointments to clinical and non-clinical A4C posts. Increase this by 0.6% for each race disparity ratio level	On examining the Bank data there could be an improvement in the number of BME staff on Bank.	BME staff invited to attend Bank recruitment events. (This should include existing staff)	Director of Workforce and Organisational Development	Bank Recruitment	Commence in Q3 2023	
WRES, BWRES & MWRES	Qualitative engagement data states that more visible diversity in the Trust's communications is required. This would encourage BME staff to see themselves in different job roles and see others as role models	Continue to ensure there is visible diversity in the Trust's Communications Dedicated equality, diversity and inclusion page in Staff Matters	Director of Communications	Head of Communications and Head of EDI	Commence in Q3 2023	
WRES Indicator 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts						

Improve the relative likelihood of being appointed from shortlisting from 2.5 to 1 for the organisation	Y&S has seen no statistical improvement. A figure of 1 would mean there is equity	All recruiting managers/panels to attend Inclusive Recruitment Training (whilst this wouldn't be mandatory training, this should be a recruitment requirement)	All Directors	Head of EDI, Medical & Bank Recruitment & HR Recruitment Manager	Q4 2024	
		BME representation on recruitment panels. Bands 6+ for AfC and Consultant posts (may need to include colleagues from HNY)	Director of Workforce and Organisational Development	Medical Recruitment Manager, Bank Recruitment & HR Recruitment Manager	Q2 2024	
		Continue to deliver Conscious Inclusion training	Director of Workforce and Organisational Development	Head of EDI	2023-2024	
		Workforce Leads to work with CG and Directorates on developing local action plans addressing local data	Polly McMeekin, Director of Workforce and Organisational Development	Workforce Leads	October 2023 onwards	
		Implement interview skills training to support staff pre-interview	Director of Workforce and Organisational Development	Head of EDI	Q3 2024	
		Offer all BME job applicants the opportunity of receiving improvement	Director of Workforce and Organisational Development	EDI Workstream supported by Workforce Leads	Q2 2024	

		feedback after interview				
		Advertise jobs using a variety of recruitment platforms	Director of Workforce and Organisational Development	HR Recruitment Manager, Band and Medical Recruitment	Q2 2024	
MWRES Indicator 1b Percentage of staff by ethnicity in pay bands which cover all non-medical staff and Very Senior Managers						
Encourage BME consultants to apply for the Local Clinical Excellence Awards (LCEA)	The number of staff eligible for and were awarded clinical excellence awards funds in 2022 round, disaggregated by ethnicity = White colleagues 252, BME colleagues 88 (<i>please note:</i> The Trust did not run an application process through the 2022 LCEA round. These figures are reflective of equal distribution of available awards funds amongst all consultants who would have been eligible to apply had an application process taken place. Moving	Ensure any future LCEA process is inclusive of BME consultants to encourage an increase in the number of applications	Medical Director	Medical Director & Medical Workforce Manager	Next round of awards 2024	

	forward the Trust plans to revert to an application and reward scheme).					
WRES Indicator 5 Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the last 12 months						
See a year on year decrease in the number of staff experiencing this behaviour. To reach 30.8% by 2025	There has been a significant deterioration over the last two years with the number of BME staff experiencing unwanted behaviour from those who use our services, this figure is high and is above the Staff Survey benchmark group average of 30.8%.	Review of the Trust's Exclusion (Challenging Behaviours) Policy	Chief Nurse	Learning Disabilities	2023	
		Implement training for ward staff on how to deal with unwanted behaviour in line with the Challenging Behaviours Policy	Chief Nurse	TBA	After implementation of the policy	
		Procedure developed on how to support staff including access to psychological support	Chief Nurse	Learning Disabilities	2024	

		Communications campaign to inform all services users and visitors to the Trust regarding approach to bullying, harassment and violence to staff	Chief Nurse	Head of Communications, Patient EDI Lead and EDI Workstream	2024	
Metric 8 In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leaders or colleagues?						
For the Trust to see a reduction in people's experiences and the reporting in the Staff Survey by 2.5% by March 2024	After seeing a steep deterioration in 2022 compared to 2021, there has been little statistical improvement in 2023. The Trust's data is currently above the Staff Survey benchmark group average of 17.3%.	Improve mandatory Equality, diversity and human rights training compliance. Target 85%.	All Directors	EDI Workstream supported by Workforce Leads	Q1 2024	
		Implement NHS England's Culture and Leadership Programme. Included within this will be the Behavioural Framework implementation, launch of the Civility, Respect and Resolution Policy, the	Chief Nurse	Head of Employee Relations and Engagement	May 2024-Sep 2025	

		importance of raising concerns and the FTSU remit				
		Examine data collected with ER to determine trends in specific departments, roles or pay bandings • monitor exit interview data to identify any particular trends and issues relating to staff leaving for these reasons. Create local action plans to address the findings	Chief Nurse	EDI Workstream supported by Workforce Leads	Q1 2024	
Metric 9: BME Board members – Percentage difference between the organisation’s Board voting membership and its overall workforce						
Increase the number of BME Board members by to be more reflective of the organisation	Metric 9 has seen no statistical improvement in the number of BME staff on the Trust’s Board of Directors and as voting board members. The difference in comparison to the rest of the organisation is- 4.9%	Associate Director of Governance to engage with staff networks to review Chair and NED recruitment documentation for any barriers	The Trust’s Chair	Associate Director of Governance	October 2023	

		The Trust to continue to engage with Gatenby Sanderson's Inspiring Leaders Programme to aid diverse recruitment	The Trust's Chair	Associate Director of Governance	November 2023	
		Head of EDI to review Chair's JD & PS for any potential barriers	Director of Workforce and Organisational Development	Head of EDI	July 2023	
		Career conversation/coaching and mentoring (action also applicable metrics 1, 2 and 4)	Director of Workforce and Organisational Development	OD Facilitator	March 2024	
		Positive action in recruitment allowed under the Equality Act 2010 – state in advertisements looking for someone from a visibly diverse background	The Trust's Chair	Council of Governors	September 2024	
		Ensure the Council of Governors is diverse	The Trust's Chair	Governor and Membership Manager	September 2024	

Report to:	Council of Governors
Date of Meeting:	14 December 2023
Subject:	Trust Priorities Report
Director Sponsor:	Martin Barkley, Trust Chair
Author:	Martin Barkley, Trust Chair

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:

The Trust Priorities Report (TPR) including:

- Issues of concern
- Positive issues
- Forecast position as at 31 March 2024

Recommendation:

The Council of Governors is asked to receive the report.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting	Date	Outcome/Recommendation
Trust Board	29 November 2023	Noted

Trust Performance Report

1. Introduction

The attached charts and statistics are an extract from the report the Board considered at its meeting held on 29th November 2023. They are intended to cover the most significant issues that the Trust is addressing. The full report considered by the Board is available via the Trust's website.

2. Issues of concern

From the information attached it can be seen that the key priorities are to reduce the delays that too many patients experience when attending the Emergency Dept, especially at York where the number of patients waiting more than 12 hours is much too high. This is usually caused by the lack of an available bed for patients who need to be admitted. It is expected that when the remainder of the new extension at York Hospital opens in the next few weeks, there will be reduction in 12 hour breaches.

Another critically important area is reducing the number of patients waiting for diagnostic tests. This in turn will reduce the number of patients exceeding the 62 day cancer standard, which is another critically important standard to achieve.

The other key priority is reducing elective waiting times and the number of very long waits.

3. Positive issues

The workforce statistics are largely favourable, with an ongoing key priority recruiting to the vacancies the Trust has for Healthcare Assistants, and retaining those the Trust currently employs as well as new recruits.

4. Forecast position as at 31st March 2024

The Trust Board approved a new submission to NHS England in which the Trust committed to strive to achieve :

- 4 hour ED level of attainment of 76.0%
- No more than 143 patients exceeding the 62 day cancer standard
- Cancer faster diagnosis attainment to be 75.0%
- Elective activity being 102% of 2019/20 level achieved.
- No more than 350 patients waiting more than 65 weeks

Martin Barkley
Chair

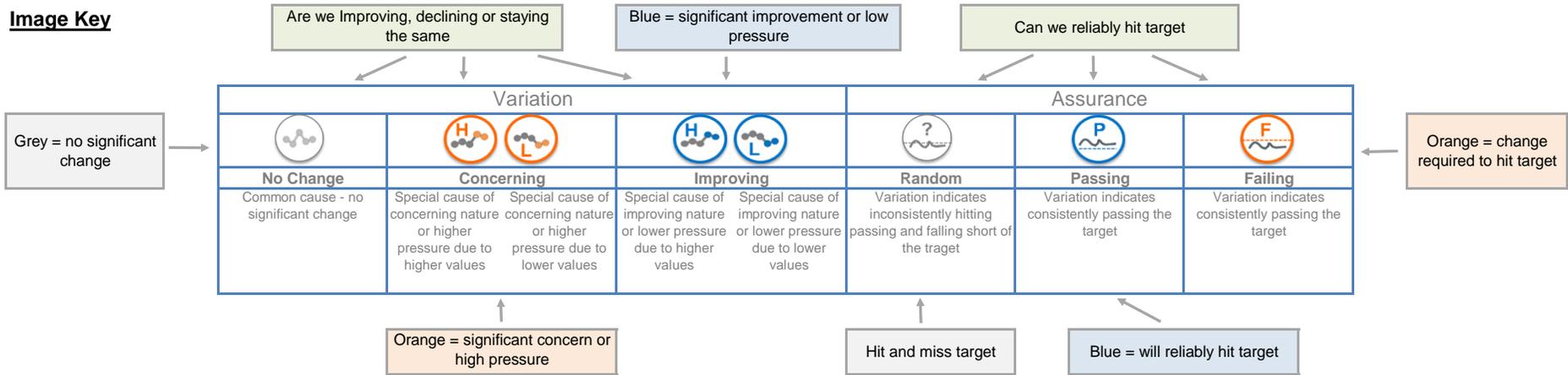


York and Scarborough
Teaching Hospitals
NHS Foundation Trust

TRUST PERFORMANCE REPORT

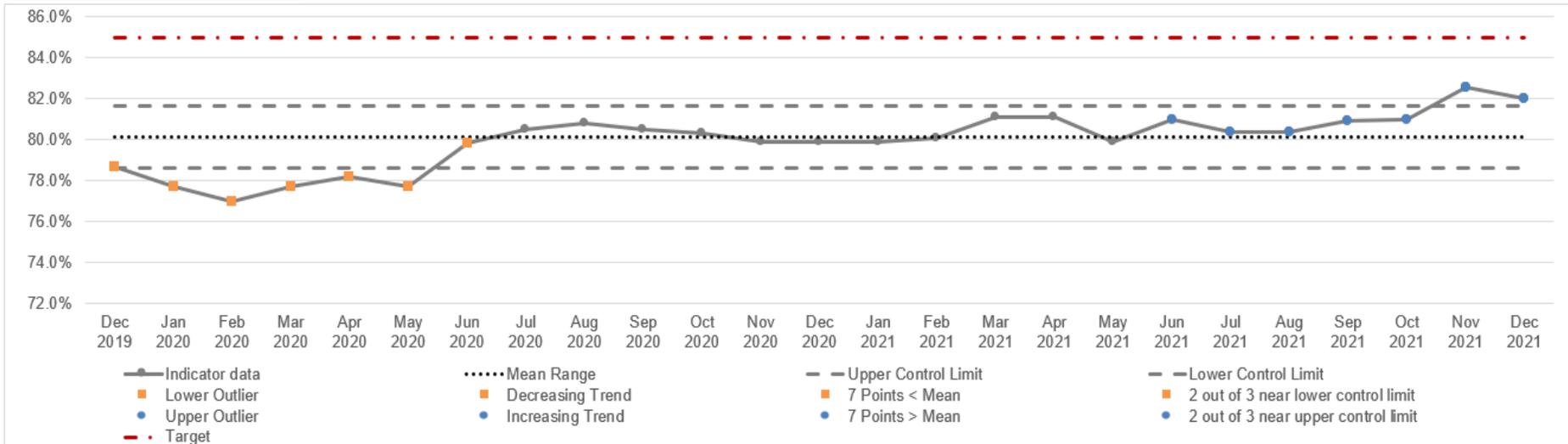
November 2023

Image Key



Note: 'Action Required' is stated on the Scorecard when either the Variation is showing special cause concern or the Assurance is indicating failing the target (where applicable). This is only applicable where there is sufficient data to present as a Statistical Process Control Chart (SPC).

SPC Key - example SPC chart



Orange Squares = significant concern or high pressure

Blue Circles = significant improvement or low pressure

TPR: Icon Summary Matrix - Acute Flow

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement	2			2
	1			1
	1			1
Common Cause	1	4	9	14
	1	4	9	14
Concern	1	1	1	3
	1	1		2
			1	1
Neither				
Empty				
Total	2	7	10	19

MetricName	Date	Variation	Assurance	Target	Latest Value
% ED attendances streamed to SDEC Within 60 mins	2023-10			18.0	22.3
% of SDEC admissions transferred to downstream acute wards	2023-10			20.0	20.4
Daily discharges as % of patients who no longer meet the criteria to reside in hospital (S005a) (Trust total)	2023-10			33.4	30.6
ED - 12 hour trolley waits	2023-10			0.0	883.0
ED - Emergency Care Attendances	2023-10			18907.0	20588.0
ED - Emergency Care Standard (Trust level)	2023-10			73.6	68.3
ED - Emergency Care Standard (Type 1 level)	2023-10			73.6	41.7
ED - Median Time to Initial Assessment (Minutes)	2023-10			18.0	19.0
ED - Proportion of all attendances having an initial assessment within 15 mins	2023-10			66.0	40.5
ED - Proportion of all attendances seen by a Doctor within 60 mins	2023-10			55.0	23.1
ED - Proportion of Ambulance handovers waiting > 30 mins	2023-10			5.0	51.0
ED - Proportion of Ambulance handovers waiting > 60 mins	2023-10			10.0	26.1
ED - Proportion of Ambulance handovers within 15 mins	2023-10			65.0	22.4
ED - Total waiting 12+ hours - Actual number of all Type 1 attendances	2023-10			150.0	2063.0
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2023-10			7.5	19.7
Inpatients - Proportion of patients discharged before 5pm	2023-10			70.0	64.8
Lost bed days for patients with no criteria to reside (monthly count) (>=7 LOS for Acute sites only)	2023-10			1883.7	2341.0
Non Elective Admissions (excl Paediatrics & Maternity) - based on date of admission	2023-10			5473.0	5218.0
Non Elective Admissions (Paediatrics) - based on date of admission	2023-10			988.0	827.0

TPR: Icon Summary Matrix (Priority)

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon	P	?	F	Total
Improvement			3	3
			3	3
Common Cause	2	3		5
	2	3		5
Concern	3			3
	2			2
	1			1
Neither				
Empty				
Total	5	6	11	

MetricName	Date	Variation	Assurance	Target	Latest Value
ED - Proportion of Ambulance handovers waiting > 60 mins	2023-10			10.0	26.1
ED - Proportion of all attendances having an initial assessment within 15 ...	2023-10			66.0	40.5
ED - Total waiting 12+ hours - Proportion of all Type 1 attendances	2023-10			7.5	19.7
ED - Median Time to Initial Assessment (Minutes)	2023-10			18.0	19.0
ED - Emergency Care Standard (Trust level)	2023-10			73.6	68.3
Cancer - Faster Diagnosis Standard	2023-09			70.7	48.3
Cancer - Number of patients waiting 63 or more days after referral from C...	2023-10			152.0	405.0
RTT - Total Waiting List	2023-10			48146.0	51670.0
RTT - Waits over 104 weeks for incomplete pathways	2023-10			0.0	0.0
RTT - Waits over 78 weeks for incomplete pathways	2023-10			0.0	86.0
RTT - Waits over 65 weeks for Incomplete Pathways	2023-10			610.0	949.0

Challenges & Risks	Actions & Mitigations
<p>Challenges:</p> <p>High number of patients without a 'Right to Reside' (232 on 10th of November 2023) in acute inpatient beds affecting flow and ability to admit patients from ED in a timely manner. The Trust is expected to have less than 10% of beds occupied by NCTR patients, the current position is 28%.</p> <p>Increased levels of COVID+ patients; 80-100 in our inpatient bed base throughout October.</p> <p>Staffing constraints (sickness, vacancies, use of agency and bank staff).</p> <p>Reduced workforce levels in the EDs (Christmas Day staffing levels) during industrial action periods.</p>	<p>Actions:</p> <p>1. UEC Programme</p> <p>1.1 Virtual Hospital Project</p> <p>Virtual Hospital patient figures are on trajectory to meet the ICB requirements i.e.15 patients in October. With regards to the plans to go further with this project there is an issue regarding the pace of mobilising new pathways and converting mapped-out ideas into reality. This is in part due to operational pressures and the time investment required to progress plans, and in part due to a lack of resources to fund and support new ways of working. Specialty level working groups continue to meet and report to the Virtual Hospital Delivery Group. The group is identifying and addressing key barriers and will present to the committee a deep dive in December. In October a bid for £350k to introduce a technology / remote-monitoring element which will increase potential for early discharges and admission avoidance across several specialties was submitted to NHSE.</p> <p>The project is expected to deliver 28 virtual beds by 31st March 2024; however the project delivery group are working to achieve beyond this and within a sooner timescale. With patients being admitted directly to virtual wards within the virtual hospital this will reduce ED attendances as well as inpatient bed days and therefore contributing to improvement in the emergency care standard and ambulance handover times by reducing the number of attendances at ED.</p> <p>1.2 Integrated Urgent Care Project</p> <p>Integrated Urgent Care work remains on track with the tender closing in November for the Primary Care Out of Hours Service and design work underway in preparation for the transfer of the full Scarborough, York and Malton UTCs to the organisation as prime provider from 1st April 2024. Selby UTC successfully transferred in October to the organisation from Harrogate and District Foundation Trust with positive feedback from the Selby team and work is ongoing regarding improving the session and integration with primary care.</p> <p>The overarching aim of the IUC is to deliver a clinically safe, streamlined, and integrated urgent care service to ensure that service users are seen in the right place, at the right time by the most appropriate health professional. This is expected to reduce pressure on the Emergency Departments through improved streaming and access to Urgent Care Services, both Urgent Treatment Centres and out of hours services.</p>



Narrative for Acute Flow Priority Metrics

Challenges & Risks	Actions & Mitigations
	<p>The performance measure for the project is the Proportion of type 3 attendances in York and Scarborough ED from all ECS activity. The baseline was at 31% with a planned improvement to 40% upon full implementation of the IUC service. The project is on track for commencement from 1st April 2024.</p> <p>1.3 Internal Professional Standards Project</p> <p>The month of October focused on a QI approach to support ward and specialty teams to develop into their ward routines and provide the required escalation support to ensure the standards are delivered daily. The Internal Professional Standards have been discussed with a wide range of frontline staff, through ward engagement exercises. There is a risk of poor medical engagement preventing the required behaviour changes, however, Clinical Director support has been gained and clinical governance meetings have been identified as a route to gain more support. Good practice against these standards should result in earlier discharges from our hospitals; proportion of discharges before 5pm have been very stable for over a year at ~63% but in October they were up to 65%. Achievement of these will contribute to delivery of the required improvement trajectory of ECS to 76% by March 2024.</p> <p>1.4 SDEC project</p> <p>The focus on SDEC direct continues, however a key issue reducing ability to improve SDEC performance is the workforce limitations for medicine SDEC in York, key actions are being progressed with the senior team to mitigate and address this and the proportion of patients being streamed from ED to SDEC within 60 minutes has improved and is at 22%, the highest in over a year.</p> <p>Direct access to York SAU for YAS is established but the proportion of unsuccessful referrals has led the to the withdrawal of support for a rollout in Scarborough. The programme team is working with YAS and SAU to carry out PDSA / improvement actions. Capability to take higher acuity patients from ED into SAU is hampered by a lack of facilities such as oxygen and suction on SAU. Until this is resolved, SAU’s ability to increase risk tolerance and carry out more SDEC activity is limited. A working group has been established and the programme team will support progression at pace.</p> <p>The plans to develop the trusted assessor model for medicine in York in relation to the new build pathways continue and will be tested in an improvement week at the start of December.</p> <p>The project is expected to deliver reduced ED attendances as patients will be attending SDEC directly which will contribute to delivery of the required improvement trajectory of ECS to 76% by March 2024.</p>



Narrative for Acute Flow Priority Metrics

Challenges & Risks	Actions & Mitigations
	<p>1.5 Integrated Intermediate Care</p> <p>The original aim of the Integrated Intermediate Care Project (IIC) was to scope the development of a long term 24/7 domiciliary care service for York. This scoping led to a decision not to develop a new service but work with local partners to develop Intermediate Care with a focus on Integration.</p> <p>The York crisis Frailty Hub is on track to open from November as a key part of stage one actions. The hub has a Duty Social Worker, a CRT/UCR therapy triage worker, a Social Prescriber with protected voluntary care capacity for the Frailty hub to support and a GPwSI in Frailty. The team work together in a live MDT approach to keep vulnerable frail residents safe at home whenever possible, we want to prevent clinicians from having to call 999 if they feel they have no other options available due to concerns about patients not being safe at home. In addition, the team have options to step up into the Virtual Frailty Ward, nursing home short-term step-up beds and the new Frailty Unit in ED (when it opens).</p> <p>There is a risk of the full IIC service specification not reaching potential due to a single reablement specification being developed by CYC. A priority meeting has been scheduled in November for all partners to revisit aims and joint-working principles.</p> <p>Plans are also in place for a Multi-Agency Discharge Event (MaDE) to take place in early November with all partners to facilitate prompt discharge of patients and identify key themes to be addressed to improve timely discharge for patients. This will also inform actions in the rapid improvement plan in relation to bank holiday resilience as the Christmas period approaches.</p> <p>The project is expected to deliver a reduction in the number of patients who do not meet the criteria to reside down to 155 and therefore contribute to delivery of the required improvement trajectory of ECS to 76% by March 2024.</p> <p>2. Rapid UEC Improvement Plan</p> <p>In addition to the UEC Programme a focused rapid improvement UEC plan has been developed in partnership with front line teams and built up from listening exercises with these teams. The plan covers key themes of capacity, processes, pathways and people and concentrates on immediate actions which will impact on the Emergency Care Standard and Ambulance Handover times which will support achievement of the requirements to Category 2 response times. Within this plan there is specific focus on the ambulance handover process and how this can be streamlined with operational and tactical meetings now routinely in place between the Trust and YAS to enable this work.</p>



Narrative for Acute Flow Priority Metrics

Challenges & Risks	Actions & Mitigations
<p>Risks:</p> <p>Inability to achieve Ambulance Handover targets due to patient flow within the hospital although implementation of CIPHER has seen improvements. A Rapid Improvement Plan has been developed which includes key actions on focussed management support in our Emergency Departments, review of operational site management, improved discharge processes and a specific focus on the ambulance handover process and how this can be streamlined with operational and tactical meetings now routinely in place between the Trust and YAS.</p> <p>Inability to meet patient waiting times in ED due to flow constraints at both sites.</p> <p>Staff fatigue.</p> <p>Industrial action by BMA Junior Doctors and Senior Clinicians.</p>	<p>Mitigations:</p> <p>Ongoing daily review of medical and nursing staffing to ensure appropriate skill mix.</p> <p>Weekly meeting to progress the Rapid Quality Review Action Plan.</p> <p>Urgent Care System Programme Board established across the Integrated Care System.</p> <p>Ambulance Handover Plan in place and updated SOP for escalations, cohorting and diversion requests.</p> <p>Plans in place to mitigate impact of industrial action.</p>

TPR: Icon Summary Matrix - Elective Recovery (iii)

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement	3			3
	3			3
Common Cause	2			2
	2			2
Concern	1	4	3	8
	1	2	2	5
	2		1	3
Neither				
Empty				
Total	1	6	6	13

MetricName	Date	Variation	Assurance	Target	Latest Value
Number of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways at end of month*	2023-10			944.1	1099.0
Percentage of all "Priority 2 - Surgery that can be deferred for up to 4 weeks" pathways under 4 weeks at end of m...	2023-10			54.7	54.2
Proportion of BAME pathways on RTT PTL (S056a)	2023-10			1.8	1.8
Proportion of most deprived quintile pathways on RTT PTL (S056a)	2023-10			12.0	12.0
Proportion of pathways with an ethnicity code on RTT PTL (S058a)	2023-10			68.5	67.7
RTT - 92nd centile RTT weeks wait	2023-10			18.0	50.0
RTT - Mean Week Waiting Time - Incomplete Pathways	2023-10			9.0	21.4
RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-10			92.0	50.7
RTT - Total Waiting List	2023-10			48146.0	51670.0
RTT - Waits over 104 weeks for incomplete pathways	2023-10			0.0	0.0
RTT - Waits over 52 weeks for Incomplete Pathways	2023-10			3529.0	3606.0
RTT - Waits over 65 weeks for Incomplete Pathways	2023-10			610.0	949.0
RTT - Waits over 78 weeks for incomplete pathways	2023-10			0.0	86.0

Challenges & Risks	Actions & Mitigations
<p>Challenges:</p> <p>The Trust is in Tier 1 Elective Recovery and Cancer support (National intervention).</p> <p>Insufficient established workforce in MRI to meet demands on service.</p> <p>National mandate to reduce outpatient follow up activity by 25% compared to 2019/20 outturn and convert to new patient capacity to support elective recovery.</p>	<p>Actions:</p> <ol style="list-style-type: none"> 1. The Intensive Support Team (IST) work with the Trust has now concluded. The IST has supported the Trust on a range of issues including governance, speciality recovery planning, skills and development of the teams and data to support operational teams. The IST continue to support the Trust moving forward on ad-hoc workstreams. 2. The Tier 1 regime has moved to fortnightly meetings which will alternate between a system meeting one fortnight and then individual meetings on the alternative fortnight with HUTH and York and Scarborough. The intention is that this will enable the cycle to undertake detailed oversight of both the actions required at Trust and system level. The Trust had 86 RTT 78-week waiters remaining at the end of October. 3. Waiting List Harms Task and Finish Group established. Requirement for CPD changes identified. 4. Electronic platform for patients to access guidance on keeping 'fit for surgery'; 'My Planned Care' platform live with patient specific information ongoing. 5. Agreed SLAs with cancer alliance for funding to target improvements associated with faster diagnosis, earlier diagnosis and treatment and pathways.
<p>Risks:</p> <p>Ongoing management of high levels of acute activity and delayed discharge impacting ordinary elective work.</p> <p>Theatre staffing vacancy, retention, and high sickness rates.</p> <p>Industrial action by BMA Junior Doctors and Senior Clinicians.</p>	<p>Mitigations:</p> <p>Tier 1 meetings with National Team on elective recovery.</p> <p>Trust continues to utilise the nationally provided Digital Mutual Aid System (DMAS) to offer long waiting patients who are willing to travel an alternative provider. DMAS live for diagnostic patients, the Trust continues to explore the opportunities this presents as well as insourcing options. Conversations continue with partner providers within the ICB around provision of mutual aid.</p> <p>On the 31st of October NHS England launched the Patient Initiated Digital Mutual Aid System (PIDMAS) to offer RTT patients the ability to opt-in to move provider when they had been waiting over 40 weeks for care. There were two cohorts of RTT patients who were given the option to move provider, those who were:</p> <ol style="list-style-type: none"> 1. On an admitted pathway who didn't have a booked TCI in the following eight weeks. 2. Non-admitted pathway patients who had not had their first outpatient appointment and did not have a booked appointment in the following eight weeks.



Narrative for Elective Recovery Priority Metrics

Challenges & Risks	Actions & Mitigations
	<p>Prisoners, under eighteen-year-olds and those who have already been referred to our Trust by a secondary care provider were excluded.</p> <p>The Trust utilised text messaging and letters to contact circa 3,300 patients in these two cohorts on the 31st of October. The text message and letter provided patients with a link to the NHSE PIDMAS system and a national telephone number that patients can utilise if they require assistance in registering themselves onto PIDMAS. A link to further guidance on the Trust’s website was also included.</p> <p>As of the 9th of November, 109 of our patients had registered on PIDMAS, we are now working through the validation stage and with HNY ICB colleagues to identify alternative providers.</p> <p>Cohort two (patients waiting over 32 weeks) was previously scheduled for the 1st of December however NHS England have delayed this timetable and will “communicate a decision on future cohorts and inclusions in February 2024”.</p> <p>Weekly Elective Recovery Meetings in place for long wait RTT patients.</p> <p>Use of IS capacity to support delivery of diagnostic activity (currently MRI and CT).</p> <p>Additional Endoscopy insourcing sessions started on the 30th of October 2023, 18 additional lists per week allowing Trust clinicians to concentrate on FT patients. Nurse endoscopists job plans are being reviewed; additional weekend lists are in place for November. NLAG mutual aid, discussions ongoing around NLAG clinicians travelling to York to provide endoscopy lists.</p> <p>Radiology: The Trust has also agreed that MRI capacity delivered through the Independent Sector mobile will continue for the rest of this financial year with additional NOUS and DEXA capacity in the CDC spokes at Askham Bar and Selby.</p> <p>Plans in place to mitigate impact of industrial action.</p> <p>Diagnostic Services are utilising the IST diagnostic services sustainability assessment tool to aid with identifying themes which either support or hold-back successful diagnostic delivery, which consequently may impact upon diagnostic performance. The tool has been completed for Radiology, Endoscopy, Neurophysiology, Urodynamics and a submission has been provided representing diagnostics at the East Coast (Echocardiography, Electrophysiology and Sleep Studies). Tools are expected for Audiology, Echocardiography (York), Electrophysiology (York) and Sleep Studies (York) by early December 2023.</p>

RTT PTL by Ethnic Group

At end of October 2023

Ethnic Group	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
White	22	34,017	98.20%	94.34%
Black, Black British, Caribbean or African	22	67	0.19%	0.94%
Mixed or multiple ethnic groups	21	144	0.42%	1.26%
Asian or Asian British	23	280	0.81%	2.97%
Other ethnic group	24	131	0.38%	0.49%
Unknown	21	13,235	-	-
Not Stated	21	3,403	-	-
Grand Total	22	51,277	-	-

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.

*Proportion on waiting list excluding not stated and unknown.

RTT PTL by Indices of Multiple Deprivation (IMD) Quintile

At end of October 2023

IMD Quintile	Average RTT Weeks Waiting	Number of Clocks	Proportion on RTT PTL*	Trust Catchment
1	22	5,965	11.96%	8.88%
2	21	7,036	14.10%	13.59%
3	22	10,622	21.29%	20.94%
4	22	10,786	21.62%	20.68%
5	22	15,486	31.04%	35.90%
Unknown	16	1,382	-	-
Grand Total	22	51,277	-	-

Data source for trust catchment area: Public Health England NHS Acute Catchment Areas.

*Proportion on waiting list excluding unknown.

Highlights For Board To Note:

As per the 2022-23 national planning mandate, RTT Waiting List data has, in order to identify any potential health inequalities, been split to view Ethnic Groups and IMD Quintile.

The Index of Multiple Deprivation (IMD) is the official measure of relative deprivation. IMD is a combined measure of deprivation based on a total of thirty seven separate indicators that are grouped into seven domains, each of which reflects a different aspect of deprivation experienced by individuals living in an area.

IMD quintiles range from one to five, where one is the most deprived. Please note that IMD quintiles are not available where we have no record of a patient postcode, the postcode is not an English postcode or is an unmatched postcode.

Ethnic codes have been grouped as per the 2021 census. Any patient where Ethnic Group is either 'Unknown' or 'Not Stated' is excluded from the PTL proportions. Areas to take into consideration when interpreting the data include the lack of available site split for Trust Catchment, and the variation that Clinical Prioritisation can bring to weeks waiting.

The next steps for this work will be to understand any differentials between the population base and the waiting list. Further analysis will be undertaken in coming months, and this piece of work will also be expanded to include Urgent Care, Cancer, Learning Disabilities and Military Veterans.

TPR: Icon Summary Matrix - Community and Children and Young persons

Filters:

METRIC ▼

All ▼

METRIC GROUP ▼

All ▼

VariationIcon				Total
Improvement		1		1
		1		1
Common Cause	1	9	1	11
	1	9	1	11
Concern	2	2	1	5
	1	1		2
	1	1	1	3
Neither				
Empty				
Total	3	11	3	17

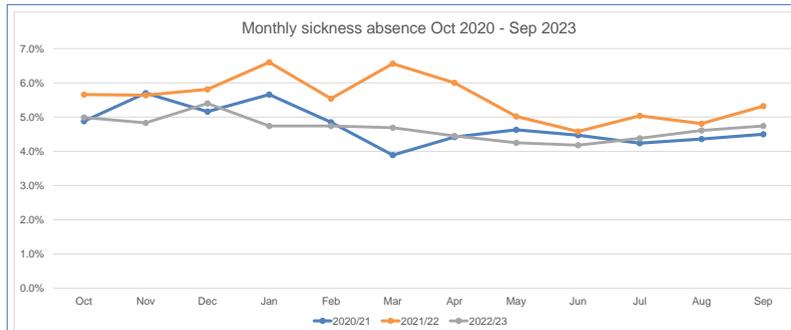
MetricName	Date	Variation	Assurance	Target	Latest Value
% Community Therapy Team Patients Seen within 6 weeks of Referral	2023-10			66.6	66.9
% of End of Life Patients Dying in Preferred Place of Death	2023-10			79.6	76.9
2-hour Urgent Community Response (UCR) care Referrals	2023-10			75.3	73.0
2-hour Urgent Community Response (UCR) Compliancy %	2023-10			70.0	90.1
Children & Young Persons: Cancer 2 week wait (all cancers)	2023-09			93.1	100.0
Children & Young Persons: Diagnostics - Proportion of patients waiting <6 weeks from referral	2023-10			95.0	45.4
Children & Young Persons: ED - Emergency Care Standard (Type 1 only)	2023-10			73.6	76.4
Children & Young Persons: ED - Patients waiting over 12 hours in department	2023-10			0.0	9.0
Children & Young Persons: RTT - Proportion of incomplete pathways waiting less than 18 weeks	2023-10			92.0	58.4
Children & Young Persons: RTT - Total Waiting List	2023-10			4533.8	4281.0
Children & Young Persons: RTT Waits over 65 weeks for incomplete pathways	2023-10			0.0	48.0
Community Inpatient Units Average Length of Stay (Days)	2023-10			24.3	20.0
Number of Adults (18+ years) on community waiting lists per system	2023-10			873.0	836.0
Number of District Nursing Contacts	2023-10			21235.6	20880.0
Number of Selby CRT Contacts	2023-10			2241.2	2756.0
Number of York CRT Contacts	2023-10			4792.0	5341.0
Referrals to District Nursing Team	2023-10			2127.2	2254.0

OUR PEOPLE - Sickness Absence and Staff Survey

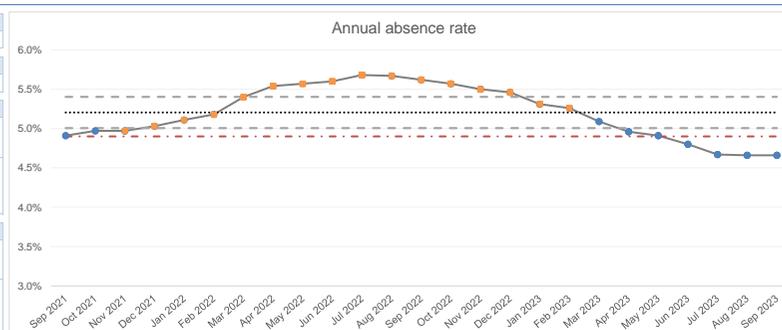


York and Scarborough
Teaching Hospitals
NHS Foundation Trust

REPORTING MONTH : OCTOBER 2023



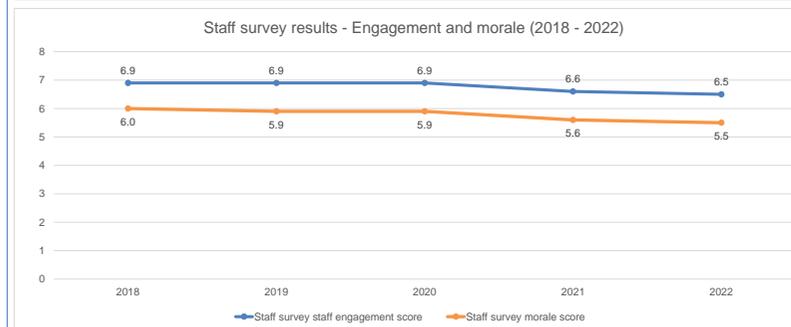
Sep 2023	4.74%
Target	No Target
Variance	
Assurance	



Sep 2023	4.66%
Target	4.90%
Variance	
Assurance	

Special cause of improving nature or lower pressure due to lower values

Variation indicates consistently falling short of the target



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Data Analysis:

Monthly sickness absence rate: This indicator is not presented as a statistical process control chart (SPC) so that the comparison of monthly sickness can be seen month on month for the past 3 years, and to allow for seasonal variation. The sickness rate for Sep 2023 (4.74%) is lower than that seen last year (5.32%).
Annual absence rate: The indicator was showing special cause concern from November 2021 to February 2023, being above the upper control limit from April to November 2022. Recent months are showing improvement below the lower control limit. The target is slightly below the lower control limit, so is consistently failing target.
Staff Survey Results: The staff engagement and staff morale scores are showing a gradual decreasing trend compared to previous years (6.5 and 5.5 respectively, against scores of 6.9 and 6.0 for the 2018 staff survey)

Operational Update

The staff survey remains open until the 24th November and there is further communication going out within the organisation, along with regular email reminders, to try and encourage an increase in response rates. As of 9th November 31.8% had completed the survey.

The Change Makers will be launched in the organisation for a 6 month period from 6th December. 52 Change Makers have been appointed to help us discover what it is like to work for the Group and to put forward recommendations for improvements.

In 2022, the covid vaccination campaign launched earlier than the 2023 campaign. Only covid booster vaccinations were given for the first three weeks of the campaign (beginning 12th September), with flu vaccinations also being given from the beginning of week four (3rd October).

This years frontline uptake (up to 31st October 2023) saw a total of 2104 flu vaccines administered and 1904 covid vaccines administered in comparison to last years (up to 4/11/22) 1767 flu and 2588 covid vaccines administered. Last year we started the campaign on 12th September 2022 compared to this year which started on 2nd October 2023.

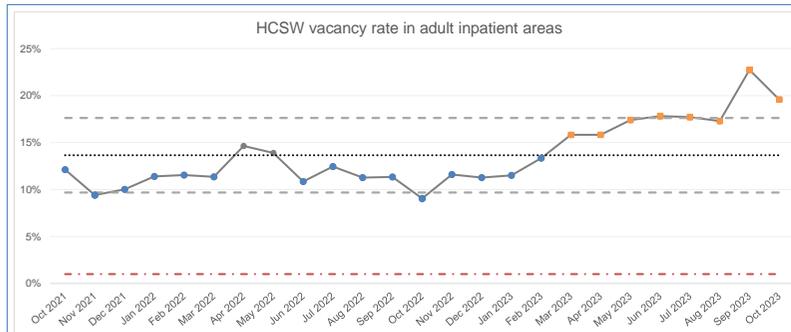
22.56% of all frontline staff have received their flu vaccination and 20.41% received their covid vaccination. At this stage in 2022 we were at 20.25% for flu vaccinations and 29.65% for covid vaccinations.

This year's overall uptake (up to 31st October 2023) saw a total of 2850 flu vaccines administered and 2631 covid vaccines administered in comparison to last years (up to 4/11/22) 2431 flu and 3524 covid vaccines administered.

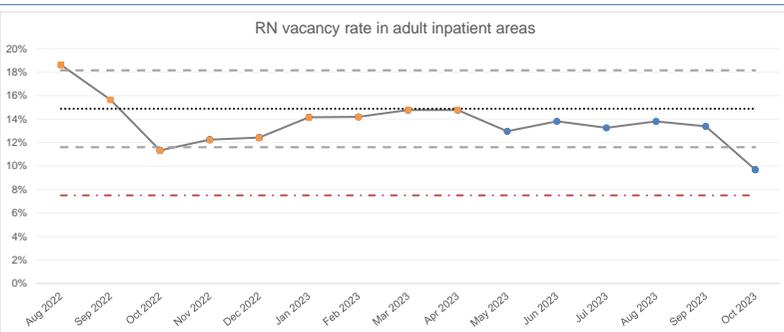
24.83% of all frontline staff have received their flu vaccination and 22.92% received their covid vaccination. At this stage in 2022 we were at 22.67% for flu vaccinations and 32.87% for covid vaccinations

OUR PEOPLE - Vacancy Rate

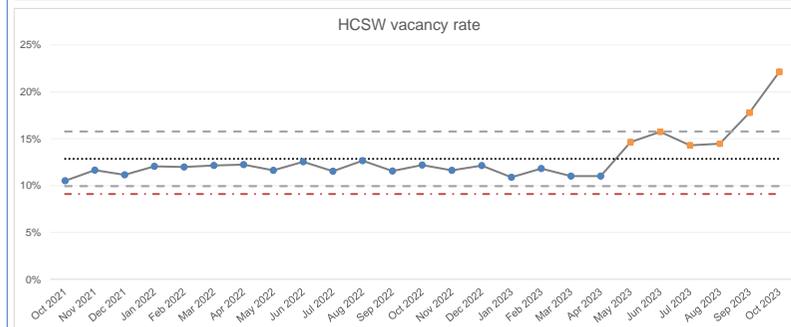
REPORTING MONTH : OCTOBER 2023



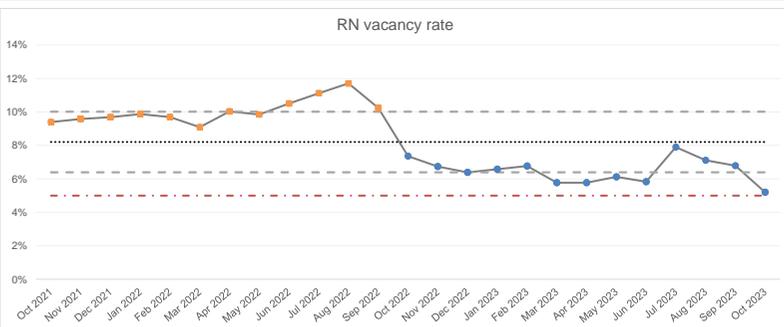
Oct 2023	19.58%
Target	1%
Variance	18.58%
Assurance	F
Special cause of concerning nature or higher pressure due to higher values	
Variation indicates consistently falling short of the target	



Oct 2023	9.70%
Target	7.5%
Variance	2.20%
Assurance	B
Special cause of improving nature or lower pressure due to lower values	
Variation indicates consistently falling short of the target	



Oct 2023	22.13%
Target	9.10%
Variance	13.03%
Assurance	F
Special cause of concerning nature or higher pressure due to higher values	
Variation indicates consistently falling short of the target	



Oct 2023	5.20%
Target	5%
Variance	0.20%
Assurance	B
Special cause of improving nature or lower pressure due to lower values	
Variation indicates consistently falling short of the target	

Data Analysis: (Please note that the Apr 2023 vacancy figures are unavailable as the operational budgets were not finalised, the data points on the charts for Apr 2023 are the same as Mar 2023)

HCSW vacancy rate in adult inpatient areas: The indicator is currently showing special cause concern above the mean from Mar 2023 with points from May 2023 above or around the upper control limit. The target is consistently not being met.

RN vacancy rate in adult inpatient areas: The indicator is currently showing special cause improvement with Oct 2022 being below the lower control limit and then a series of points below the mean. The target is consistently not being met.

HCSW vacancy rate: The indicator is showing special cause concern above or around the upper control limit from May 2023. The target is slightly below the lower control limit and has not been met since Sep 2021.

RN vacancy rate: The indicator is showing special cause improvement, below the mean from Oct 2022. The months from Jun to Sep 2022 were above the upper control limit. The target is consistently not being met.

Operational Update

The increase in establishments for HCSWs in September's budgets means the vacancy rate remains high. The first HCSW Academy commenced on 30 October. The Academy will support our newly recruited HCSWs with a full induction to their role and the organisation, providing valuable support which the Trust hopes will help to reduce the turnover within the role. A recruitment event was held on the 2 October at the Community Stadium, resulting in the appointment of 20 HCSWs, 5 PSO's and 5 Nurses. NHSE continue to provide support the to Trust in relation to our HCSW vacancy position.

The Trust has sent a small team of staff to Kerala, India, to participate in the latest Recruitment Fair, organised by the ICB. The Trust will be supporting the recruitment of staff for the Trust and region, along with continuing efforts to build relationships with schools of nursing in the area to support our future pipeline of international recruits. The Trust is due to welcome 23 nurses for our November cohort and continues to make preparations for cohorts in January and February.

The RN vacancy rate shown in the graphs above doesn't include our International Nurses who have not yet sat OCSEs or are awaiting their PIN. When these staff are taken into account, the vacancy rate in adult inpatient areas is reduced to 4.17%.

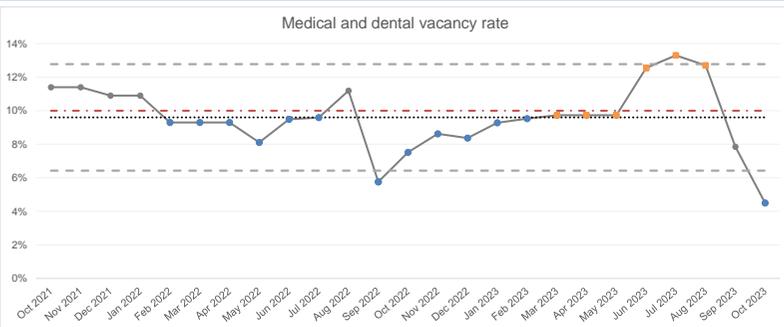
OUR PEOPLE - Vacancy Rate and Turnover Rate



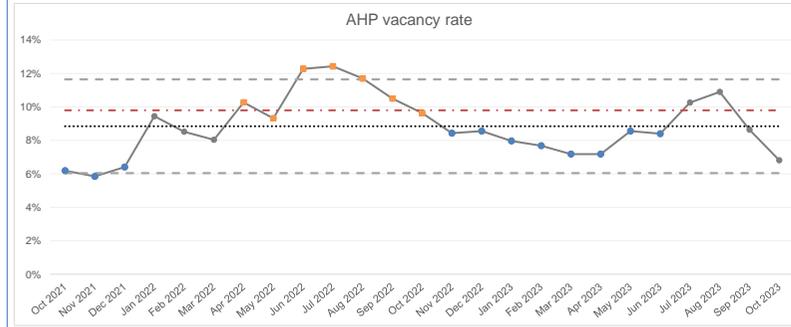
REPORTING MONTH : OCTOBER 2023



Oct 2023	7.00%
Target	3.67%
Variance	
Common cause - no significant change	
Assurance	
Variation indicates consistently falling short of the target	



Oct 2023	4.5%
Target	10.00%
Variance	
Special cause of improving nature or lower pressure due to lower values	
Assurance	
Variation indicates inconsistently hitting passing and falling short of the target	



Oct 2023	6.8%
Target	9.80%
Variance	
Common cause - no significant change	
Assurance	
Variation indicates inconsistently hitting passing and falling short of the target	



Oct 2023	9.10%
Target	10%
Variance	
Special cause of improving nature or lower pressure due to lower values	
Assurance	
Variation indicates inconsistently hitting passing and falling short of the target	

Data Analysis: (Please note that the Apr 2023 vacancy figures are unavailable as the operational budgets were not finalised, the data points on the charts for Apr 2023 are the same as Mar 2023)

Overall vacancy rate: The indicator is now showing common cause variation. The indicator is consistently failing target.
Medical and dental vacancy rate: The indicator is showing special cause concern in Jun, Jul and Aug 2023 around the upper control limit. The target line is slightly above the mean. Please note that both Apr & May 2023 are showing the same as Mar 2023 due to the reason given above.
AHP vacancy rate: The indicator was showing special cause concern with a period above the upper control limit in Jun-Aug 2022. The indicator has returned back towards the mean and is no longer showing concern. The target is showing under the upper control limit.
12 month rolling turnover rate - Trust (FTE): The indicator was showing special cause concern from Nov 2021 to Feb 2023. The data points were also above the upper control limit from Apr 2022 but are now showing a trend back below the mean and special cause improvement. The target is currently just below the mean.

Operational Update
 Starting in next month's TPR we will look to include the vacancy rate for midwives. Currently the vacancy rate for midwives is at 2.02%.

Report to Trust Board from Quality & Safety Assurance Committee

The maternity and neonatal services are working to deliver a range of safety and quality improvements which are supported through a dedicated improvement programme. The progress with the individual workstreams and specific safety actions are monitored monthly with the impact on core maternity and neonatal quality and safety metrics reported to both Maternity Assurance Group and Quality and Safety Assurance Committee.

Annex 1 provides the current delivery position for the service against the core national safety metrics. There are no escalations to Quality and Safety Assurance Committee in relation to these metrics.

The Maternity Improvement Programme

The maternity improvement programme has been in place since January 2023 to support the delivery of the immediate actions, urgent must do actions and improvement projects which address the:

- Concerns identified by the CQC in their Section 31 notice (Nov 2022)
- Must do actions identified by the CQC in their final report (June 2023)
- Recommendations from the national Maternity Safety Support Programme (MSSP) diagnostics report (July 2023)
- Compliance requirements of Ockenden, MIS Year 5 and SBLV3
- Themes and issues identified through incident reporting and identification of harm
- Concerns and feedback from maternity staff captured in the CQC final report, staff surveys, informal and formal escalations and the NHSE health and well-being report (June 2023)
- Concerns and feedback from birthing individuals (complaints/ investigations) and via forums and MNVP partners
- Delivery of the three year single Maternity Delivery Plan (2023 – 2026)

The key areas to note progress in relation to critical service development and improvement work include:

- Completion of the desk top midwifery workforce review as a pre-cursor to the Birthrate Plus review which will report in full in March 2024 and the confirmation of a shortfall in core and integrated and specialist midwifery staff across both sites which will require investment. In the meantime this shortfall is being mitigated by the deployment of agency staff
- Mobilisation of the obstetric medical workforce review in order to prepare the workforce plan for medical staff as indicated in the bi-annual workforce planning report received in September
- On-going development of the business case to support the expansion of the ante-natal scanning capacity to ensure the delivery of all scanning required in line with Saving Babies Lives Care Bundle Version 3
- On-going progress with the theatre demand and capacity review to support development of a business case to expand theatre capacity to meet the increasing need and demand for planned C-sections
- On-going progress with the refresh of the Induction of Labour standard operating procedure
- Completion of the refresh of the maternity escalation policy and opel framework
- Development of maternity and neonatal communication strategy in collaboration with MNVP
- £62,400 secured recurrently to support Neonatal Medical staffing compliance. Internal business case in development to support implementation (Safety action 4)
- Training Guideline for core maternity training requirements to meet all Core Competency Assessment for Saving Babies Lives V3 across the multi-disciplinary teams

B.4.1.2 Project Updates Scarborough

Upgrades to the security system have been planned to align with York. The new Director of Midwifery and the Neonatal and Maternity teams have reviewed the programme to ensure all security concerns identified by both CQC and subsequent MSSP diagnostic programme are addressed.

Any issue with security or estates are escalated at the daily bronze meetings with the Trust estates and facilities programme lead for maternity in attendance. There is also a single oversight and assurance meeting with the facilities management senior leadership team in place with the Care Group Associate Chief Nurse to ensure coordination and delivery assurance across all Care Group works and facilities contracts including all maternity priorities.

Installation of X-tag systems has been delayed due to the work required following flooding from adverse weather in October 2023. The start date for installation will be agreed based around the plans for room utilisation while installation goes ahead. The timelines for completion are four weeks from start date.

B.4.2 Scrub and Recovery Roles

Our recruitment advert for experienced band 5 for the maternity theatre was first published in May. Since then, the advert has been live and as at the end of October 2023,

- X1 Band 5 full time in Scarborough (already in post).
- X1 Band 5 full time in York (already in post).

Alongside this, via internal transfer we have recruited:

- X1 Band 5 18 hours/week in Scarborough (already in post).
- X1 Band 5 full time in York (already in post).
- X1 Band 5 11 hours/week in York (starting 1st January 2024).

In August 2023, we advertised for band 6, two in York and two in Scarborough, and we have recruited:

- X1 Band 6 full time in Scarborough (starting 11th December 2023).
- X1 Band 6 30 hours/week in Scarborough (starting 4th December 2023)
- X1 Band 6 full time in York (already in post).
- X1 Band 6 33 hours/week in York (already in post).

On 8th November 2023 we appointed another full time Band 5 who will be based at either York or Scarborough.

There are two agency nurses working at York five days a week. Unfortunately, we have not been able to attract agency theatre nurses for Scarborough yet, however, recruitment is ongoing.

Since June 2023, York and Scarborough have followed a support programme for current theatre staff to promote overtime in maternity. Overtime is offered 24/7 to theatre staff as well as midwives. There is an online system including a spreadsheet accessible to everyone and a mailbox for staff to email their requests. This system has proven very successful as everyone has access from any available computer.

The pay rate offered for overtime is x 1.5 hourly rate up to 37.5 hours/week and x2 from 37.5 hours/week and above.

For the future:

- We will maintain the advert targeting experienced staff via the advert. This will be reviewed in six months' time and consider if we can support less experienced theatre staff.
- Maternity is included as part of the rotation theatre programme. This means that theatre staff on rotation in main theatres will have the opportunity to work in maternity after having had 4-6 months experience in each of these specialities: General Surgery, Vascular, Urology and Gynae.
- We will consider supporting international nurses when main theatres have the capacity to provide adequate training.
- We will continue to offer shifts 24/7 as overtime.

In order to provide adequate support and training to meet the service needs, a workshop day is planned for 5 December 2023 with Clinical Educators from York and Scarborough, Family Health and Surgery Care Group.

The aim of this workshop is to identify the skills required to provide the theatre service in maternity, design a competency pack for theatre staff and midwives and plan how to provide the support and training required. The role of the HCA in theatre will also be discussed.

Report to:	Council of Governors
Date of Meeting:	29 November 2023
Subject:	Financial Position – October 2023 (Month 7)
Director Sponsor:	Andrew Bertram, Finance Director
Author:	Graham Lamb, Deputy Finance Director

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 type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System

Summary of Report and Key Points to highlight:

The Trust is reporting an adjusted deficit of £31.0m against a planned deficit of £13.3m for the period to October 2023 (month 7). The Trust is £17.7m adversely adrift of plan.

Recommendation:

The Council of Governors is asked to discuss and note the October 2023 financial position.

Report Exempt from Public Disclosure (remove this box entirely if not for the Board meeting)

No Yes

(If yes, please detail the specific grounds for exemption)

Report History

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

Meeting	Date	Outcome/Recommendation
Digital, Performance & Finance Assurance Committee	21 November 2023	The report was discussed, and the financial position of the Trust was noted.

Financial Position – October 2023 (Month 7)

1. Summary Dashboard

Key Indicator	Previous Month (YTD)	Current Month (YTD)	Trend
I&E Variance to Plan	£15.7m adverse	£17.7m adverse	↓ Deteriorating
Forecast Outturn I&E Variance to Plan	£0.0m	£0.0m	Static
Core CIP Delivery Variance to Plan	£0.4m Adverse	£0.9m Adverse	↓ Deteriorating
Core CIP Planning (£21.4m Target) Value Identified	£19.0m identified	£19.1m identified	↑ Improving
ICB Cost Reduction Ask (£17.5m target) Value Identified	£10.1m Identified	£10.1m Identified	Static
Variance to NHSE Agency Cap (3.7% of pay)	£3.1m Above	£3.7m Above	↓ Deteriorating
Month End Cash Position	£8.5m	£11.4m	↑ Improving
Capital Programme Variance to Plan	£2.7m behind plan	£0.6m behind plan	↑ Improving

2. Income and Expenditure Position

Summary Position

The I&E table confirms an actual adjusted deficit of £31.0m against a planned deficit of £13.3m for October. The Trust is £17.7m adversely adrift of plan.

TRUST PRIORITIES REPORT : October-2023

SUMMARY INCOME AND EXPENDITURE POSITION

STRATEGIC OBJECTIVE : TO ENSURE FINANCIAL STABILITY

Income and Expenditure Account

	Annual Plan £000's	YTD Plan £000's	YTD Actual £000's	YTD Variance £000's	FOT £000's
NHS England	81,538	47,564	50,734	3,170	85,668
Integrated Care Boards	556,134	325,169	328,013	2,843	556,425
Local authorities	4,821	2,812	2,795	-18	4,851
Non-NHS: private patients	344	200	509	309	939
Other Operating Income from Patient Care	1,466	855	1,042	187	1,746
Operating Income from Patient Care Activities	644,303	376,601	383,093	6,492	649,629
Research and development	1,614	941	1,621	680	2,874
Education and training	20,738	12,287	12,915	628	20,925
Other income	37,135	21,708	26,983	5,275	43,120
Other Operating Income	59,486	34,937	41,520	6,583	66,919
Employee Expenses	-488,267	-284,622	-294,548	-9,926	-488,322
Drugs Costs	-59,997	-35,134	-43,274	-8,141	-68,776
Supplies and Services - Clinical	-67,712	-39,922	-47,991	-8,069	-73,113
Depreciation	-20,281	-11,831	-11,831	0	-20,281
Amortisation	-1,641	-957	-957	0	-1,641
CIP	12,698	858	0	-858	12,698
Other Costs	-83,056	-47,176	-51,842	-4,667	-82,939
Total Operating Expenditure	-708,256	-418,782	-450,444	-31,661	-722,374
OPERATING SURPLUS/(DEFICIT)	-4,467	-7,245	-25,832	-18,587	-5,826
Finance income	830	484	1,157	673	2,250
Finance expense	-956	-272	-561	-288	-956
PDC dividends payable/refundable	-10,800	-6,300	-5,740	560	-10,800
NET FINANCE COSTS	-15,393	-13,333	-30,975	-17,642	-15,332
Other gains/(losses) including disposal of assets	0	0	-61	-61	-61
Share of profit/ (loss) of associates/ joint ventures	0	0	0	0	0
Gains/(losses) from transfers by absorption	0	0	0	0	0
Movements in fair value of investments and liabilities	0	0	0	0	0
Corporation tax expense	0	0	0	0	0
Surplus/(Deficit) for the Period	-15,393	-13,333	-31,036	-17,703	-15,393
Remove Donated Asset Income	-800	-469	-467	2	-800
Remove Donated Asset Depreciation	740	432	431	0	740
Remove Donated Asset Amortisation	28	16	16	0	28
Remove Peppercorn Depreciation	11	6	7	0	11
Remove net impact of DHSC centrally procured inventories	0	0	0	0	0
Remove Impairments	0	0	0	0	0
Remove Gains/(losses) from transfers by absorption	0	0	0	0	0
NHSI Adjusted Financial Performance Surplus/(Deficit)	-15,414	-13,347	-31,048	-17,701	-15,414

Corporate Overview of Key Drivers

Variance	Favourable/ (adverse) £000	Commentary
Strike Impact – lost income	-2,256	Assessed reduced elective activity against plan due to cancellation of operations and outpatient appointments due to strike action, but for which the costs are in the system.
Strike Impact – additional net costs	-1,010	Assessed net increase in costs to ensure adequate and safe staffing levels during strike action, offset by reduced pay for those staff taking part in the strikes, is £2.50m. The decision by NHSE to reduce the national ERF target by 2% to acknowledge the cost of the April strikes has been assessed to increase ERF income to the Trust by £1.49m, thereby leaving a net pressure of £1.01m.
ERF ahead of plan	607	Elective activity has significantly increased in October representing a £1.5m favourable swing in month and is now back ahead of plan. The assessed increased ERF payable to the Trust at M7 is £2.09m of which £1.49m is linked to the 2% reduction in the ERF target and offset against the strike costs incurred above.
CIP Shortfall	-858	Included in the reported position. See section 4 below.
Stretch Target Shortfall	-3,309	Included within the reported position. Current full year shortfall is £7.4m.
Short funding of 2023/24 Agenda for Change and Medical pay awards	-1,142	Equates to £2.0m annual shortfall (£1.2m A4C; £0.8m Medical) for full establishment. Although the pressure for staff in post for the period is £0.27m, the cost of bank and agency to cover vacant posts have also risen thereby contributing to the underlying pressure caused by the pay award shortfall.
Agency and Bank covering vacancies	-2,837	Relates to covering vacancies. Total agency overspending is £3.7m, with minimal levels relating to the cost of covering strike action included above. £0.9m of the pressure is linked to the pay award shortfalls referred to above.
Covid test costs more than allocation	-306	Formerly a pass-through cost to NHSE, but now transferred to the ICB with a fixed allocation.
Drugs, devices, unbundled OP Radiology, and Pathology direct access 'in tariff' ahead of plan	-5,639	These were previously contracted with commissioners on a pass-through cost basis but are now fixed within the block contract. Activity on these is significantly exceeding the assessed notional value in the block contract for which no further income is due thereby resulting in a cost pressure. This is further analysed below. Of this sum, £4.4m is an increase over the M6 22/23 outturn spend levels.

Treatment area	£	Drug or Device	Comment	
Drugs				
Wet AMD	-381,790	Aflibercept, Ranibizumab, Faricimab	Following further analysis, the key driver for these increases in cost have been established as volume driven, with minimal price impact.	
Crohn's Disease or Ulcerative Colitis (IBD)	-980,726	Ustekinumab, Vedolizumab, Infliximab, Certolizumab Pegol		
Rheumatoid Arthritis	-342,221	Baricitinib, Abatacept, Tofacitinib		
Plaque Psoriasis, Psoriatic Arthritis, and Ankylosing Spondylitis	-725,739	Risankizumab, SECUKINUMAB		
Auto Immune, Rhumatoid Arthritis	-217,767	Etanercept, adalimumab		
Other	-1,066,863			
	-3,715,107			
Devices				
Sleep Apnoea	-178,596	CPAP machines		
Diabetic Pumps	-563,140	Insulin Pumps and Consumables, Continuous Glucose Monitoring Systems, Insulin I-Ports		
Other	72,878			
	-668,859			
Unbundled Radiology				
	-846,911			
Pathology Direct Access				
	-408,000			
	-5,638,877			

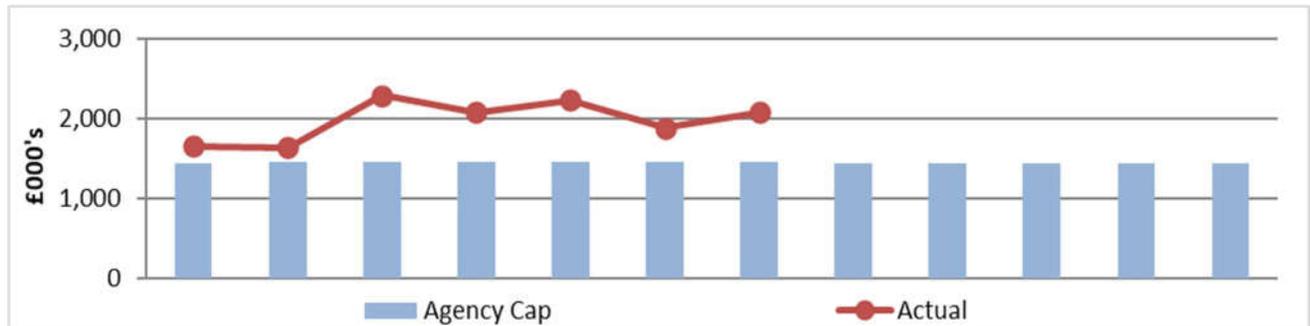
Key Subjective Variances

Variance	Favourable/ (adverse) £000	Main Driver(s)	Mitigations and Actions
NHS England income	3,170	Increased usage of high-cost drugs and devices for which income is earned on a pass-through basis and matched by increased expenditure, ERF behind plan.	Reasons for, and corrective action to address the reduced ERF are being explored.
ICB Income	2,843	Predominantly linked to ERF being ahead of plan boosted by NHSEs 2% reduction in the ERF baseline to compensate for the April strikes.	No mitigation or action required
Other income	5,275	Primarily relates to the sale and leaseback of mattresses and endoscopes, which is offset by increased costs under clinical supplies and services; and income for hosting the Collaboration of Acute Providers.	No mitigation or action required
Employee Expenses	-9,926	Agency, bank and WLI spending is ahead of plan to cover vacancies and in part to cover during strike action. There is a funding shortfall on both the 23/24 A4C and Medical pay award. Part of the unachieved pay related stretch target is also causing pressure here. These are offset by vacancies, and by planned investments in nursing and response to the CQC progressing behind plan.	To control agency spend within the cap. Work being led by HR Team to apply NHSE agency best practice controls, Care Group reduction programme for off-framework agency usage, continued recruitment programmes (including overseas recruitment). This work is not time limited but is ongoing. To continue to work on meeting the stretch target.
Drug expenses	-8,141	Relates to high-cost drugs and devices (£3.1m), offset by increased income; with the balance primarily relating to an increase of in-tariff drug and device costs which were previously contracted on a pass-through basis, but now included in the block contract; and increased homecare drug costs.	To discuss the prospect of additional income with the ICB in recognition of the constraints that the block contract is placing on the Trust.
Clinical Supplies & Services	-8,069	Relates to sale and leaseback of mattresses and endoscopes and covid testing ahead of plan, both offset by increased income. Also includes overspending on pathology direct access due to increased levels of activity, which was previously covered by a variable tariff, but is now included in the block contract with the ICB. Increased spending on blood products, reagents, disposables.	To discuss the prospect of additional income with the ICB in recognition of the constraints that the block contract is placing on the Trust, plus explore the opportunities to reduce spending.
CIP	-858	CIP behind plan.	Continued focus on delivery of the CIP. CET have developed a matrix of opportunity for sharing with Care Groups to progress ideas. We are supporting an ICS-wide group looking at system savings opportunities and we are participating in NHSE initiatives in relation to

			efficiency work. Also of note is continued work to reduce covid related expenditure and release of activity related investments are being scrutinised to check for prior work on productivity opportunities and resource transfer through follow up outpatient reduction. This work is ongoing.
Other Costs	-4,667	Primarily driven by the non-pay related unachieved stretch target, non-pay strike costs, and the Ramsey contracted activity being ahead of plan.	To continue to work on meeting the stretch target.

Agency Controls

2023/24 has seen the reintroduction of controls around agency spending, which had been suspended since the Covid-19 pandemic. The Trust's agency spend is capped at 3.7% of its overall pay spend, and this has been factored into the plan. At the end of October expenditure on agency staffing was £3.7m ahead of the cap.



Workforce

This table presents a breakdown by staff group of the planned and actual workforce establishment in whole time equivalents (WTE) and spend for the year to date. The reserves primarily relate to agreed but as yet undrawn CQC and nursing investments.

The table illustrates that a key driver for the pay position is spend against Medical and Dental staff, although establishment is under plan. The key drivers for the residual adverse variance include the cost of strike cover, and agency cover for vacant posts across the Care Groups.

	Establishment			Year to Date Expenditure		
	Budget WTE	Actual WTE	Variance WTE	Budget £000	Actual £000	Variance £000
Registered Nurses	2,434.65	2,300.79	133.86	75,301	76,016	-715
Scientific, Therapeutic and Technical	1,237.29	1,178.14	59.15	37,557	36,693	864
Support To Clinical Staff	1,871.11	1,626.83	244.28	35,045	35,538	-493
Medical and Dental	1,026.40	979.70	46.70	75,614	84,569	-8,955
Non-Medical - Non-Clinical	3,047.44	2,838.24	209.20	59,947	60,683	-737
Reserves				156	0	156
Other				1,002	1,049	-46
TOTAL	9,616.89	8,923.70	693.19	284,622	294,548	-9,926

3. Elective Activity: Variable Element of the Clinical Contract

To give an early indication of ERF performance, we have developed an early 'heads-up' approach using partially coded actual elective activity data and extrapolating this for the year to date before applying average tariff income to the activity. Whilst acknowledging the limitations of using partially coded activity and estimates, the indications are that activity is up against plan and potentially presents a £2.1m surplus for the period to M7.

This position includes the 2% reduction on the Trust's elective target confirmed by NHSE as acknowledgement of the impact the strikes have had on elective activity and represents a £1.5m improvement on the prospective surplus reported last month. ICB activity continues to be ahead of the revised 102% target value, whereas NHSE Specialist Commissioned activity continues to remain behind plan.

Trust Performance Summary vs ERF Target Performance

	23-24 Target % vs 19/20	ERF Target Weighted Value at 23/24 prices (Inc Pay Award CUF) v7 baseline inc strike	ERF Month 7 Phase (Av 58.385%)	Activity to Month 7 Actual	Variance - (Clawback Risk)	% Compliance Vs 19/20
Commissioner						
Humber and North Yorks	101.63%	£122,845,481	£71,723,334	£74,087,484	£2,364,150	105.0%
West Yorkshire	101.00%	£1,292,492	£754,622	£624,157	-£130,465	83.5%
Cumbria and North East	113.00%	£162,882	£95,099	£102,406	£7,307	121.7%
South Yorkshire	119.00%	£144,649	£84,453	£77,334	-£7,119	109.0%
Other ICBs - LVA / NCA	-	£581,389	£339,444	£318,761	-£20,683	-
All ICBs	102.00%	£125,026,893	£72,996,952	£75,210,142	£2,213,191	105.09%
NHSE Specialist						
Commissioning	113.00%	£4,489,000	£2,620,903	£2,523,387	-£97,515	108.8%
Other NHSE	101.00%	£269,196	£157,170	£134,313	-£22,857	86.3%
All Commissioners Total	102.00%	£129,785,089	£75,775,024	£77,867,842	£2,092,818	104.8%

4. Cost Improvement programme

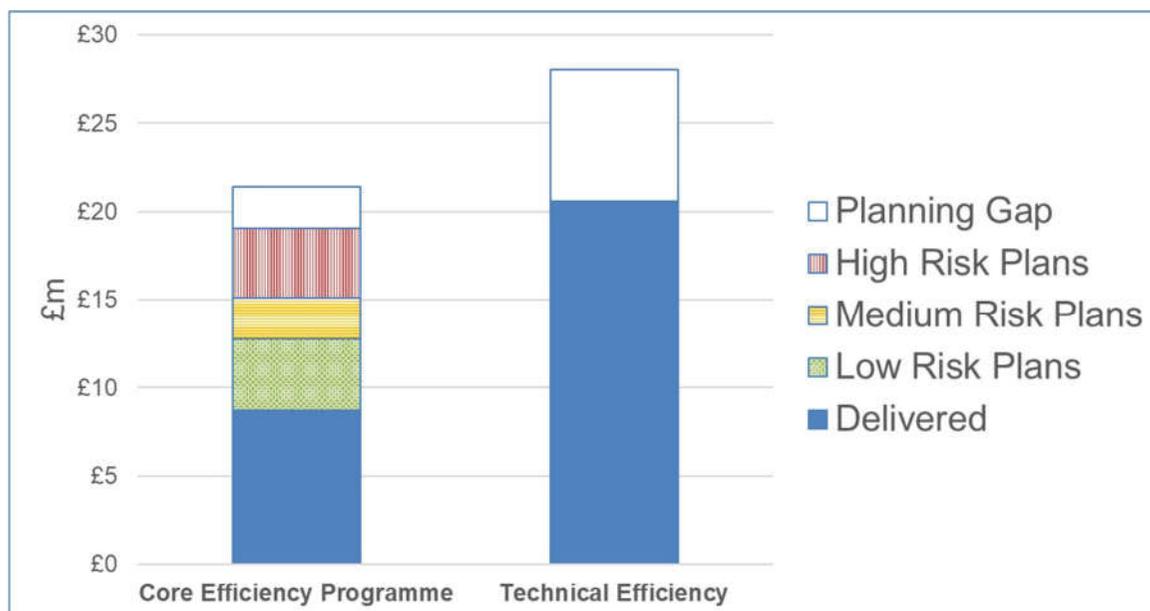
Summary Position

	Full Year CIP Target	October Position			Planning Position		Planning Risk		
		Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High
		£000	£000	£000	£000	£000	£000	£000	£000
Core Efficiency Programme	£21,389	£6,853	£5,994	£858	£19,055	£2,334	£12,763	£2,361	£3,931
Technical Efficiency	£28,059	£15,076	£11,767	£3,309	£20,613	£7,446	£20,613	£0	£0
Total Efficiency Programme	£49,448	£21,929	£17,761	£4,167	£39,668	£9,780	£33,376	£2,361	£3,931

The core efficiency programme requirement for 2023/24 is £21.4m. This is the core value to be removed from operational budgets as we progress through the financial year and deliver cash releasing savings.

Through the financial plan presentations NHSE required technical efficiencies, covid spend reductions, estimated productivity gains, and the stretch target to be expressed as CIPs. These total a further £28.1m and are shown separately within this report as technical efficiencies.

This gives a combined total efficiency target of £49.5m

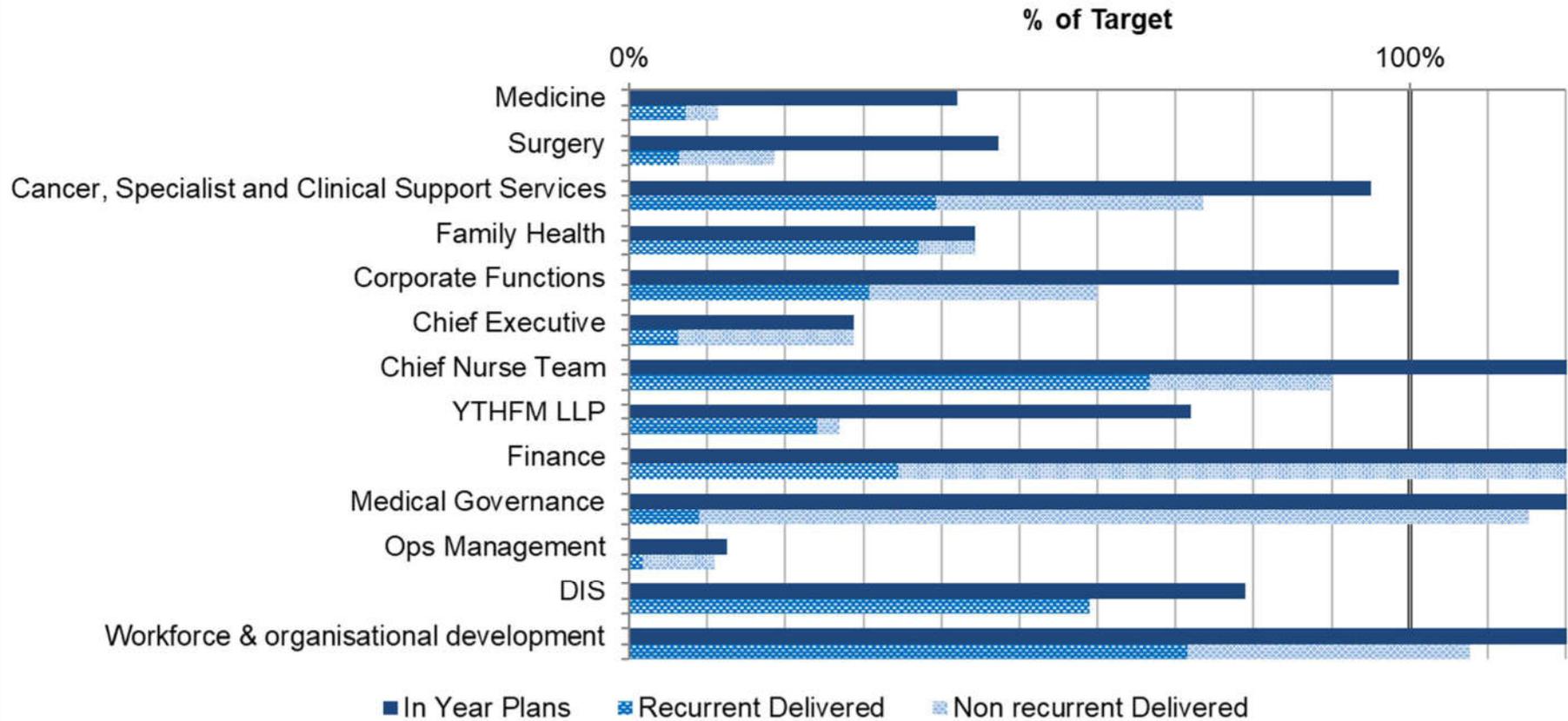


In-Year Performance by Care Group, Directorate and YTHFM LLP.

2023/24 Cost Improvement Programme - October										
2023/24 Cost Improvement Programme - Technical CIP - October										
		October Position			Planning Position		Planning Risk			
	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High	
Technical CIP	£28,059	£15,076	£11,767	£3,309	£20,613	£7,446	£20,613	£0	£0	
2023/24 Cost Improvement Programme - Core CIP - October										
		October Position			Planning Position		Planning Risk			
Care Group	Full Year CIP Target	Target	Delivery	Variance	Total Plans	Planning Gap	Low	Medium	High	
	£000	£000	£000	£000	£000	£000	£000	£000	£000	
Medicine	£7,164	£2,295	£580	£1,715	£3,013	£4,150	£2,225	£749	£40	
Surgery	£5,475	£1,754	£744	£1,010	£2,590	£2,884	£2,270	£320	£0	
Cancer, Specialist and Clinical Support Services	£3,995	£1,280	£2,080	£800	£3,795	£200	£3,708	£0	£87	
Family Health	£2,073	£664	£533	£131	£920	£1,153	£920	£0	£0	
Corporate Functions										
Chief Exec	£130	£42	£34	£8	£37	£93	£37	£0	£0	
Chief Nurse Team	£270	£86	£168	£81	£358	£88	£358	£0	£0	
Finance	£92	£30	£502	£473	£653	£560	£653	£0	£0	
Medical Governance	£83	£27	£82	£56	£141	£58	£141	£0	£0	
Ops Management	£303	£97	£31	£66	£38	£265	£38	£0	£0	
Corporate CIP	£0	£0	£813	£813	£6,093	£6,093	£1,618	£894	£3,581	
DIS	£260	£83	£89	£6	£205	£55	£205	£0	£0	
Workforce & OD	£145	£46	£109	£63	£205	£60	£205	£0	£0	
Sub total	£19,988	£6,404	£5,765	£639	£18,047	£1,941	£12,377	£1,963	£3,707	
YTHFM LLP	£1,400	£449	£229	£219	£1,008	£392	£386	£399	£224	
Core Programme - Group Total	£21,389	£6,853	£5,994	£858	£19,055	£2,334	£12,763	£2,361	£3,931	
CIP PROGRAMME TOTAL	£49,448	£21,929	£17,761	£4,167	£39,668	£9,780	£33,376	£2,361	£3,931	

The graph below summarises the Core programme in year planning position vs target, and the split of actual recurrent and non-recurrent delivery by Care Group, Directorate and YTHFM LLP.

Care Group/Directorate CIP Performance - 2023/24 October Position



Key points to note are:

- £670k of savings were actioned during October, 80% of which was non recurrent schemes.
- Four care groups/directorates are currently fully planned; Finance, Medical Governance, DIS, and Workforce & Organisational Development.

- Finance, Medical Governance and Workforce & Organisational Development have delivered their CIP targets in full, albeit with a significant proportion non-recurrently.

Long Term Planning

The current 4-year planning position for the Core CIP Programme shows a gap of £23.5m against the target of £54.9m.

Work is ongoing with Care Groups, Directorates, and YTHFM LLP to reduce this figure by identifying both in year savings schemes and medium to long term schemes.

2023/24 Cost Improvement Programme - Core CIP 4 Year Planning Position					
Care Group		4 Year Target		4 Year Plans	Gap in Plans
		£000		£000	£000
Medicine		£16,968		£3,416	£13,552
Surgery		£12,508		£7,029	£5,479
Cancer, Specialist and Clinical Support Services		£12,425		£4,987	£7,438
Family Health		£5,145		£1,712	£3,433
Corporate Functions					
Chief Exec		£237		£37	£199
Chief Nurse Team		£610		£418	£193
Finance		£617		£672	-£54
Medical Governance		£106		£141	-£35
Ops Management		£521		£38	£483
Corporate CIP		£0		£10,368	-£10,368
DIS		£798		£205	£593
Workforce & OD		£696		£331	£366
Sub total		£50,632		£29,354	£21,278
YTHFM LLP		£4,235		£1,969	£2,266
Core Programme - Group Total		£54,868		£31,324	£23,544

Key Risks

- **Planning Risk 2023/2024** - as part of the overall planning guidance there is an expectation that we plan and identify how we will deliver recurrent savings by the end of Q3 to compensate for any non-recurrent delivery in the year. The planning gap of £2.3m and the value of the High and Medium Risk plans (£6.3m combined) highlight the significant challenge faced by the Trust to meet this.

We also need to factor into this the requirements of meeting the targets for Elective Recovery which will be the CG's focus and which in the main will provide productivity gains but not necessarily cash releasing efficiencies.

It should be noted that the recent Care Group re-structure may present a further risk to the delivery of the programme if momentum is temporarily lost.

- **Planning for future years** - the current 4-year planning gap represents a big risk to future years' CIP delivery. Work continues to identify plans which will help to close this gap and ensure work begins now to ensure delivery in those future years.
- **Cash releasing efficiencies** - a real challenge exists to realise cash releasing savings. The work ongoing through the deep dives will have an element of cash releasing, however, we are finding that most opportunities are non-cash releasing (improving productivity being the main theme). Opportunities remain around Procurement however these are not as great as previous years due to the economy at present. Collaboration across the Integrated Care System (ICS) may produce some real system opportunities. This will be discussed with the Procurement Lead.

The majority of workstreams within the Elective Recovery Programme relate to the recovery of elective activity and as such will not realise cash releasing savings.

- **Recurrent delivery** - at Month 7, recurrent delivery is £2.9m (£5.4m FYE) which is 43% of the Core Programme YTD target (25% FYE). Care Groups, Directorates and YTHFM LLP have reviewed non-recurrent delivery from 22/23 and converted these to recurrent, where feasible, in 2023/24. These savings are included in the above figures.

5. Current Cash Position

The Group's cash plan for 2023/24 is for the cash balance to reduce from £50.3m at the end of March 2023 to £40.6m at the end of March 2024, with the planned I&E deficit being a key driver in the reduced balance.

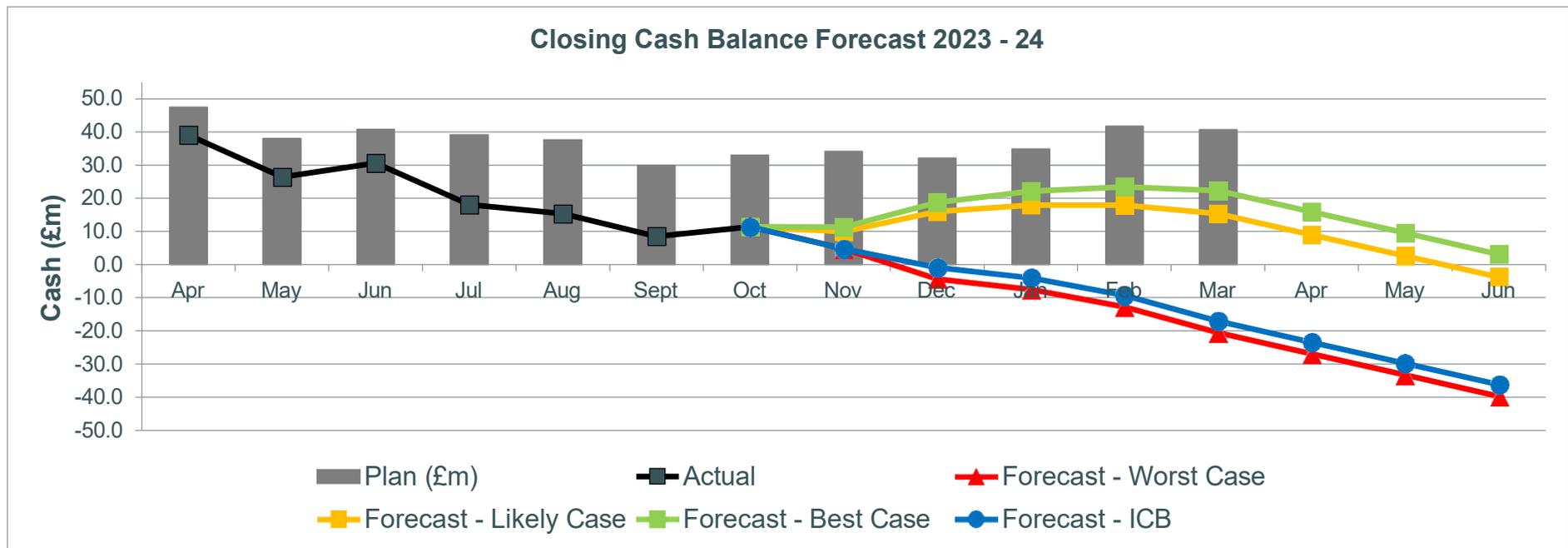
October's cash balance showed a £21.5m adverse variance to plan, which is mainly due to the creditors and accrued expenditure being below plan (£4.8m) and the I&E position behind plan (£17.7m). These negative impacts are offset by the positive impact of the debtors and accrued income position being below plan (£1.7m). The table below shows our current planned month end cash balances.

Month	Mth 1 £000s	Mth 2 £000s	Mth 3 £000s	Mth 4 £000s	Mth 5 £000s	Mth 6 £000s	Mth 7 £000s	Mth 8 £000s	Mth 9 £000s	Mth10 £000s	Mth11 £000s	Mth12 £000s
Plan	47,455	37,960	40,729	39,099	37,524	29,841	32,947	34,072	32,068	34,842	41,691	40,625
Actual	39,054	26,392	30,644	18,082	15,382	8,523	11,426					

An application to NHSE for cash support was made during September to access £15m of cash support during Q3. £5m of support has been approved to draw in November. We are awaiting approval of the December application. Discussions are ongoing with the ICB to identify any opportunities where the ICB can support the Trust from a cash perspective.

The cash scenario graph below shows the cash position based on the actual cash balance at the end of October with income and expenditure in line with current run rates so in effect the worst-case scenario. This has been adjusted to model the latest scenarios of best and likely cases emerging from the recovery plan actions. The cash support anticipated for December is included within the best and likely cases but is not within the worst case due to pending approval. An additional forecast has been included to model the ICB actions outlined above.

Each scenario has been extended in to the first quarter of 2024/25 to provide illustrations of the potential cash trajectories. In the absence of clarity around funding allocations, high level assumptions have been made using the current cash run rates of income and expenditure.



The Trust has managed supplier payments closely through October to prioritise cash availability for the payment of monthly salaries. This has impacted on the Better Payments Practice Code (BPPC) in section 7 below. We will continue to manage supplier payments closely through November.

6. Current Capital Position

The total capital programme for 2023/24 is £45.9m; this includes £7.3m of lease budget that has transferred to capital under the IFRS16 accounting standard and £19.4m of external funding that the Trust has secured via Public Dividend Capital funding (nationally funded schemes) and charitable funding.

Capital Plan 2023-24 £000s	Capital FOT 2023-24 £000s	Mth 7 Planned Spend £000s	Mth 7 Actual Spend £000s	Variance £000s
45,852	61,863	19,438	18,795	-643

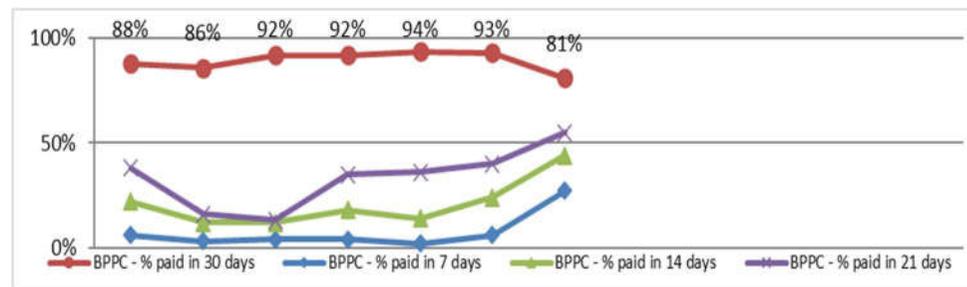
The capital programme at month 7 is £643k behind plan. This is a significant improvement on previous months. Of this, £324k relates to IFRS 16 leases. Several equipment leases went live in October which positively influenced the expenditure position.

If we remove the impact of IFRS 16 figures the capital programme is £319k (2%) behind plan. This is due to the Scarborough UEC scheme (£1m) running behind the planned expenditure profile offset by other schemes running ahead of plan.

Most of the capital programme allocation has now been approved, this leaves £0.9m discretionary expenditure to be allocated, which is currently under review by Care Group teams.

7. Better Payment Practice Code (BPPC)

The BPPC is a nationally prescribed target focussed on ensuring the timely payment by NHS organisations to the suppliers of services and products to the NHS. The target threshold is that 95% of suppliers should be paid within 30 days of the receipt of an invoice. Although this target has been around for several years, its delivery has recently regained increased focus by NHSE, with Julian Kelly (NHSE Finance Director) frequently referring to its delivery.



The table illustrates that in October the Trust managed to pay 81% of its suppliers within 30 days.

8. Income and Expenditure Forecast

As the financial year progresses, we continue to review and update our I&E forecast tool to assess our likely year end outcome. The tool takes current trends, adjusted for non-recurrent issues and new expected issues, and extrapolates forward to March 2024.

For this report we are reporting that we will still meet our plan at the year-end by agreement with the ICB and as required by NHSE for M7; however there is a growing risk to this, which is currently being assessed and actively being discussed with the ICB's Executive Director of Finance and Investment.

Each of the Trust's Care Groups, along with YTHFM, have been formally asked to prepare a financial recovery plan considering all action that can be taken to reduce our current run rate expenditure trend. Further controls have been implemented along the lines of those prescribed by NHSE. Prospective recovery plans have recently been received from the Care Groups and are in the process of being reviewed. Where there are non-contentious proposals Care Groups have been asked to proceed with these immediately, but for other more contentious proposals Quality Impact Assessments will be required. These plans are necessary to understand the extent to which we can mitigate the current position. The table below summarises the potential impact of the recovery plan to date.

YORK & SCARBOROUGH TEACHING HOSPITALS NHS FOUNDATION TRUST			
FINANCIAL RECOVERY PROGRAMME 2023/24			
Summary of Recovery Programme			
	Worst Case Scenario	Most Likely Scenario	Best Case Scenario
	£	£	£
Current Forecast			
Forecast outturn at M6 before any recovery actions	-43,449,000	-43,449,000	-43,449,000
2023/24 Plan	-15,414,000	-15,414,000	-15,414,000
Distance from plan	-28,035,000	-28,035,000	-28,035,000
Recovery Actions			
(a) Potential additional income	5,775,138	8,275,138	11,120,138
(b) Internal recovery to stop/reduce spending	3,975,904	8,189,132	10,608,549
(c) Resolution of pressures on the Block contract from previously pass-through costs	0	5,743,834	6,306,313
Revised Forecast	-33,697,958	-21,240,896	-15,414,000
Revised Distance from Plan	-18,283,958	-5,826,896	-0

Following the finalisation of the month 7 financial position, NHSE briefed out to the wider NHS that a series of additional allocations would be made in time for month 8 reporting. These would primarily address the strike pressures being experienced by the Providers.

Report to:	Council of Governors
Date of Meeting:	14 December 2023
Subject:	Governors Activity Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

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)
- Patient Experience Steering Group (PESG)
- Travel & Transport Group (minutes)
- Constituency Activities

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

I am delighted to be re-elected as the Lead Governor for the York and Scarborough Teaching Hospitals NHS Foundations Trust (Trust) and I would like to thank whole heartedly all those who voted for me. I am very much looking forward to working with you all over the coming months.

I have summarised below some of the activities I have undertaken since the last CoG meeting in September.

Appointment of Martin Barkley: Governors were involved in the recruitment of the new Chair for the Trust. Constitutional procedure to recruit and appoint the new chair was followed where, as the Lead Governor, I chaired the interview panel with the tireless support of a number of Governors, the SID, The Deputy Chair, Governor Manager, the Associate Director of Corporate Governance, the Nominations and the Remuneration Committee and ultimately the CoG. I would like to welcome Martin and to wish him very best wishes over the coming years.

Trust Annual General Meeting: The Trust's Annual General Meeting was held on 26th October, and I gave a presentation about the governor perspective.

Trust Strategy: Two meetings were arranged with Claire Hansen (the Trust COO) and the CoG to discuss the one-year (2023-24) interim Trust plan and the forward Strategy. Health & Care Strategy for Bridlington: A meeting for the CoG with Simon Cox, NHS Place Director East Riding of Yorkshire, East Riding of Yorkshire Health and Care Partnership (ICB) was arranged for 15th December.

Board meeting paper notification to CoG: The process of notification of Trust Board papers to the CoG was improved.

Review of public Q&A: The review of the public Q&A process is continuing and an improved and more effective process is expected to be implemented shortly.

New Governors: I would like to welcome the four new Governors (Adnan Faraj – Staff East Coast; Cllr Denise Howard – appointed East Riding; John Brian – public Ryedale & East Yorkshire; Rebecca Bradley – Staff, York South, SHAR, Community Overnight Team and Community Clinical Education) to the CoG. I attended the induction meeting and separately met with all four new Governors.

Working with the Chair and the SID: I have set up monthly meetings with Martin Barkley and Lorraine Boyd to discuss current activities, address any issues and discuss how to improve CoG processes, communications and assurances. I also meet one-to-one with individual Governors when needed.

Working with the NEDs: I will be working with Martin and Lorraine to establish a collaborative working relationship with the NEDs. To that effect, a process for providing assurance questions to the NEDs prior to a CoG meeting is now established.

Reducing the volume of email traffic: The email volume is difficult to manage, and I had a number of Governors who contacted me about this. All Governors are asked to reflect on the effectiveness of an all Governor response before replying, to support the effort to reduce the email volume.

Patient safety walk about (PSWA): I participated in a patient walk about at the CCU (coronary care unit) with Lorraine Boyd, James Hawkins, Jenni Lee, Philippa Strachan and Carey Williams on 28th September. The PSWA was very insightful and amongst the agreed actions was to set up a Task & finish group to explore options and implement an electronic referral system.

Season’s greetings and very best wishes for 2024.

Rukmal Abeysekera
Lead Governor

2. Governor Forum (08.11.23)

Action on track

Action missing deadline

Action completed

Attendance: Rukmal Abeysekera (RA) (Chair), Alastair Falconer (AF), Beth Dale (BD), Michael Reakes (MR), Linda Wild (LW), Andrew Stephenson (AS), Keith Dobbie (KD), Sally Light (SL), Wendy Loveday (WL), Mary Clark (MCK), Rebecca Bradley (RB), Dr Adnan Faraj (AFJ), John Brian (JB), Cllr Jason Rose (JR), Cllr Denise Howard (DH), Gerry Richardson (GR), Tracy Astley (TA), Mike Taylor (MT)

Apologies: Bernard Chalk (BC), Catherine Thompson (CT), Sue Smith (SS), Julie Southwell (JS), Abbi Denyer (AD), Maria Ibbotson (MI), Cllr Liz Colling (LC), Franco Villani (FV), Elizabeth McPherson (EMc)

Outstanding actions from previous meetings

Agenda Item: 7	Development of the Trust Priorities Report (TPR) (07/11/22)
Actions agreed	TA to arrange Statistical Process Control (SPC) for CoG March 2023.
Outcome	09.08.23 MT informed that this is taking some time to develop and therefore the action is ongoing. 08.11.23 MT informed that he is in consultation with the Chair and plans for training to take place in the new year. Ongoing.
Agenda Item: 2	Discussion on recent events (23.05.23)
Actions agreed	MC/MT to look at ways governors can have more contact with the NEDs.

Outcome	08.11.23 MT will discuss with the Chair. 29.11.23 On Dec CoG agenda. Action completed.
Agenda Item: 3	Trust Constitution (09.08.23)
Actions agreed	Board sub-committees – are governors being allowed to still sit on them?
Outcome	08.11.23 A discussion was held and reflecting on the NHS Provider guidelines and feedback from Board Sub-Committee members, the CoG agreed to accept the proposal for Governors to discontinue attendance of Board Sub-Committee meetings. Closed

Actions from today's meeting

Agenda Item: 2	Feedback arising from last action notes 09 08 23
Actions agreed	RA/TA to discuss outside of meeting the GF arrangements (online, in person, hybrid)
Outcome	Ongoing
Actions agreed	TA to send out NHSP Training Courses information to all governors.
Outcome	Email sent 14/11. Action closed.
Actions agreed	RA to look into forming a group of buddies to support new governors.
Outcome	Ongoing
Agenda Item: 3	CoG Annual Work Plan
Actions agreed	MB/MT/TA to discuss CoG Work Plan to standardise CoG meetings.
Outcome	Ongoing
Actions agreed	Governors to compile a list of assurance questions to ask the NEDs at the 14 th December CoG meeting by 7 th December (5 working days before the meeting) and forward to TA to send to NEDs.
Outcome	Received and logged. Action closed.

Agenda Item: 5	Issues arising from Constituencies
Actions agreed	SL to send email re issue with direct contact from constituents.
Outcome	SL sent email 14/11/23. Action closed.
Agenda Item: 6	NHS Providers Summary of Actions
Actions agreed	RA to set up a separate meeting with governors to discuss.
Outcome	

Date of Next Meeting: Wednesday 7 February 2023, 10.30 – 12.00, via Teams

3. **PESG**

Night Owl Project update

In November 2023 the Patient Experience Team began work to relaunch the Night Owl Project across the Trust. The Night Owl Project was implemented across York and Scarborough Trust in 2019 to help patients get a better night sleep on inpatient wards. This initiative will be implemented across the Trust and builds on the programme that was in place prior to the pandemic and the electronic SoundEar noise activated warning sign which has been implemented in a couple of wards in York hospital funded by the charity where the electronic ear lights up when noise levels are too high as a visual reminder to people to take care with the level of noise on wards at night.

So far in 2023, the Trust have received an average of 4,363 Friends and Family Test responses a month. Each month we receive a small number of comments relating to issues with sleep. Some of the most common themes include noise, from machines, staff and other patients, and light on the ward. Some of these issues can be improved by staff actions and others are unavoidable due to clinical need.

The Night Owl project aims to make improvements for patients. It will be formally launched in Q4. The first stage of the project asks staff to make a pledge of what will be done on the ward to improve sleeping conditions for patients at night. These pledges will then be visible on each ward on a pledge certificate.

To alleviate the unavoidable disturbances, related to patient care, Night Owl packs will also be available for patients. The pack includes an eye mask to wear when lights may be on during the night for clinical purposes. They also support patients to sleep during the day, should they wish to. Earplugs are also included to minimise noise disruption from equipment, staff movements and other patients. In addition, the pack contains a patient information card will include hints and tips on how patients can sleep better and how they can support other patients to sleep well.

So far, we have:

- Identified the position of the project prior to the covid pandemic, within the Trust.
- Compared and identified a suitable supplier for the 'Night Owl Pack'.

- Notified the Associate Chief Nurses to begin communication and awareness with Matrons.
- Developed a guidance for staff to support the completion of the 'Night Owl Project Pledge', including ideas that wards may wish to consider implementing.

Next steps:

- Submit funding request to the hospital charities.
- Prepare information for internal communications relating to the project relaunch.
- Develop the Pledge Certificate and patient information poster to be displayed on the ward.

Each ward will be provided with their pledge certificate and a supply of Night Owl packs at the launch of the project hopefully funded by our hospital charities with ongoing supplies post the launch being organised by each Care Group.

Nicola Stewart (She/Her)

Patient Experience Facilitator

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GOVERNORS' LOG: Alastair Falconer

Committee/Group	Patient Experience Steering Group	Date:	20 th November 2023
Agenda Item	Summary	Actions/Assurance to the CoG	
<p>Urgent and Emergency Care (UEC) Survey 2022 National Results</p>	<p>Response rate 29% (down from 41% 2020). Decline shared nationally. CQC -No explanation for this. None of results worse than majority of national results. 5 better; about the same On 32 questions.</p> <p>Performed best: Discussion further health and social care needs on discharge; Food and drink availability; Waiting-kept updated on how long wait to examination will be; Information sharing with other health and social care staff.</p> <p>Improvements needed: Privacy: Explanation of medication; Length of waits; Advice re who to contact if worried on discharge</p>	<p>Patient experience team to facilitate session with Patient Perspective for the Medicine Care Group to examine survey results and report improvement plans in January 2024</p>	
<p>National Inpatient Survey 2022 (published September 2023)</p>	<p>Response Rate 44% (39% 2021).</p> <p>Comparison with 2021 survey: 2 questions worse than expected: Insufficient privacy on examination; Food offered to meet dietary requirements.</p> <p>2 questions significant improvement: Overall experience in hospital; Enough help to wash and keep clean.</p> <p>Patient experience best in following areas: Who to contact after leaving hospital; Food outside set mealtimes; Feedback on care; Explanation of procedures and operations; Quality of food.</p> <p>Improvements needed: Consideration of home situation on discharge; Time on waiting list; Access to home medications as inpatient; Dietary needs; Delay in admissions to hospital beds.</p>	<p>Further analysis with Patient Perspective for the Medicine Care Group. Update improvement plans for January 2024.</p>	

<p>New Complaints and Concerns</p>	<p>In Q2 Trust received 167 complaints compared to 152 in Q1. Total of 192 concerns. Majority of complaints and concerns in Emergency Departments, Obstetrics and Trauma and Orthopaedics. In ED attitudes of nursing and medical staff were an important cause and in obstetrics communication with patients.</p>	<p>Given the complaints themes I have suggested that an important area for the Trust is feedback to staff at the time of a complaint combined with mentoring and ongoing appraisal.</p>
<p>Friends and Family Test</p>	<p>In September 2023 there were 3270 responses. 3036 (92.8%) recorded good/very good service; 2972 (90.9%) recorded treated with kindness. Currently, following the new build in York ED there are no posters for the FFT. They are awaiting clipboard delivery to display these.</p>	<p>The York ED issue is on action log of the PESG.</p>
<p>Mixed Sex Accomodation</p>	<p>Satisfactory progress made in Q2. Main cause of mixed sex accommodation is operational flow particularly when stepping down from critical care. Areas have had to be closed down to enable “deep cleaning” resulting in delays in placing patients appropriately</p>	<p>This is kept under regular review by the PESG.</p>

4. Travel & Transport Group (13.10.23)

Present:	Dan Braidley (Chair)	Travel Planning Coordinator, Transport & Partnerships Manager, YTHFM LLP
	Christian Malcolm	Transport Administrator, YTHFM LLP
	Kevin Richardson	Car Parking & Security Manager
	Phil Bland	Transport Manager
	Vicky Pursey	Staff Side Rep, Physio
	Guy Wallbanks	iTravel, City of York Council
	Andy Johnston	Road Safety Officer (Sustainable Transport), ERC
	Tunde Oyeledun	Energy Manager, YTHFM LLP
	Franco Villani	Staff Governor/Trade Union Rep
	Kim Last	Consultant Rep
	Graham Titchener	City of York Council
	Linda Wild	Public Governor
	Louise Neal	North Yorkshire County Council
	Brian Tomlinson	HR
	Angela Blackwood	City of York Council
Apologies:	Robert Peacock	North Yorkshire Healthwatch
	John Mensah	Consultant Side Rep
	Helen Hardwick	Staff Benefits
	Lorna Fenton	Workforce Lead
	Storm Baines	Enterprise
	Ed Pearson	Finance
	Wendy Loveday	Public Governor

1	<p><u>Apologies</u></p> <p>Apologies for absences were received. Introductions were made by all attendees. Brian Tomlinson was standing in for Lorna Fenton (HR)</p>	
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2	<p><u>Minutes of the Previous Meeting and Matters Arising</u></p> <p>The minutes of the previous meeting held 14/0/23 were agreed to be a true and accurate record.</p> <p>Matters Arising:</p> <p><u>Cyclist Signage</u> Regarding additional signage on cyclists dismounting around the north entrance of YDH, nothing has been arranged due to recent instructions to stop all spending due to our current financial position. For the time being, everything is on hold until we are asked otherwise.</p> <p><u>Community Stadium Car Parking</u> DB noted that this is not an area he's had time to look into recently and will book in a catch-up with VP in the next few weeks to discuss any issues that remain.</p> <p><u>Cycle Storage at Park House</u> DB confirmed that following VPs comments at the last meeting, he has publicised the new cycle storage shelter at Park House further and also added some additional signage.</p> <p><u>Taxis at South Entrance</u> Taxi companies were unaware they could drop-off directly outside the ED after it was initially re-opened, still using the south entrance. KR asked WL to update the taxi firms so that they knew the ED could be used again. Issue resolved.</p> <p><u>Bridlington Car Parking – Give Way Sign</u> KR confirmed that a 'Give Way' sign for the car park has been ordered and they are now awaiting delivery of this before installation.</p> <p><u>Customer Travel Advice on Patient/Outpatients Letters</u> Ongoing query in T&T meetings on the viability of adding customer travel advice to patient and outpatient letters, as it would be beneficial for them. DB has spoken to Kim Hinton (Deputy Chief Operating Officer), which he has received a response for and will circulate this to the group alongside the</p>	<p>DB / VP</p> <p>DB</p>
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	<p>minutes. Technically, this could be achieved, but there are thousands of letters and each one would need updating and amending individually, for which there's no central resource. However, we are moving onto new systems soon, and one possibility with this would be to include inserts with our letters or using QR codes to link to relevant travel information, which would be better than nothing. DB to keep following up this potential avenue of QR codes with KH, although it may could well be a long term goal.</p> <p><u>White Cross Court Parking Issues</u> Part of the access to the site where parking issues are occurring belongs to highways while part of it is also private land. It is the highways part that has tended to get blocked up with people parking on the kerbs. GT has been waiting for a map of the planning application to review and see what regulations the council could put in there. KR apologised for missing this and has asked Tony Burns for the planning application to be sent to GT already, so he should receive this soon. GT to review map and see what assistance could be put in place on the highways stretch of land. KR did note that White Cross Court has been re-lined to help identify where staff and visitor parking locations are. Some enforcement signage added and potential for some mobile enforcement provision.</p> <p><u>Site Congestion Due to Patient Travelling</u> RP previously queried the impact of the inequity in the waiting times for services, in particular diagnostic tests, at different sites on travel decisions. For example, an endoscopy might have a 3 week wait in York compared to 11 weeks at SGH, causing patients to opt for the longer journey and shorter waiting times, generating unnecessary journeys, travel costs and congestion. RP had said the Trust should consider using their resources in terms of clinical staff to rebalance the waiting times evenly across the sites, so that patients aren't making the decision to travel all the way to York for a diagnostic test. DB had previously passed on RPs comments to Andrew Hurren, (Deputy Head of Operational Performance), and has now received a response, which will be issued alongside the minutes.</p> <p><u>Previous Bridlington to Malton Transport Trial</u> FV had been aware that Neil Wilson (Head of Partnerships) had been doing a piece of work for patients a few months ago based on transport between Bridlington to Malton. This was to involve some sort of trial working with community transport providers. FV requested an update on this. DB contacted Neil Wilson who confirmed that the trial didn't actually happen. The voluntary sector groups couldn't guarantee that there would be sufficient volunteers to make the trial work, so it unfortunately came to nothing. FV asked if there was any alternative being looked at? He is concerned about the impact of services being taken from Bridlington to Malton financially on patients (a train return ticket is over £100). The ophthalmology service has been taken, so while some patients may be able to drive to Malton, they then have eye drops put in and are unable to drive back, making this option redundant. DB will approach Neil Wilson again with these concerns and see if any alternative is being looked at.</p> <p><u>Walking Festival, York</u> Walking festival from 16-24th September was promoted by the Trust. GW confirmed the campaign was successful and was also promoted elsewhere. They had some of their best numbers so far. AB wanted to add that it was brilliant to have the opportunity of using the hospital comms board (due to a cancellation). The Walking festival being promoted in such a key place as people go through the corridor down to Ellerby's was fantastic and she would really recommend going down this route again. While she knows that being able to use the comms board has a long leading time and is sought out, it is something the council would like to use again and would be worth putting some dates in the comms diary for using that table for future transport events.</p>	<p>DB</p> <p>GT</p> <p>DB</p> <p>DB</p>
<p>3.</p>	<p><u>Staff, Patients & Visitors</u></p> <p><u>Staff Benefits</u> No rep from Staff Benefits present and no issues from group raised.</p> <p><u>Buses</u> DB referred to the free staff bus trial that had been taking place since June and noted that the trial phase had now been extended to the end of October since the previous meeting. DB shared some data on the trial covering the last 4-5 weeks in York, showing that the numbers continued to increase (probably more than anticipated) and were reaching a good level of consistency. At SGH, the story is similar, although the figures for the last few weeks were currently unavailable. The trial overall has been considered a success.</p>	

DB was hoping to be able to tell us what happens next at the end of October but is currently unable to share the information in this forum. The terms only agreed with First yesterday, but Andy Bertram needs to take this to the Directors to approve on Monday morning. Off the back of that, we should be able to start communicating the next phase to staff.

UPDATE (post meeting): As of 30th October the Trust has entered into a new 12 month agreements with both First and EYB to continue a staff bus offer on the same services as before. For the duration of the agreement staff will be able to travel on a £1 per journey basis, a 50% reduction on a full price fare.

The trial was due to end in August initially. One of the reasons that it was only extended for the months of September and October was due to the current price cap of £2 fare, which was then anticipated to rise to £2.50 in November. However, the fare cap is now going to remain in place until the end of 2024 which works well for us, otherwise it would have made it more expensive to sustain a long-term offer and we only have a limited budget.

DB

DB has been having similar conversations with other bus service providers, but the outcome is dependent on the budget we have available to us.

KR commented that usage of the number 10 in SGH showed good improvements, doubling in effect. Are East Coast buses going to expand the number 10 to other bus routes? Or will other bus routes increase because of the financial backing we're providing them? DB said there was potential for this and it is under discussion. He couldn't provide further details until certain things were locked in. There is also the potential for branding some of the buses (like previously with the park and ride bus at York).

Cycling

GW confirmed that the work going on Tadcaster Road to be completed soon. There will be some work to promote this near to the route to promote usage of it, though this is probably 2-3 months down the line. The demolition of the Queen Street Bridge by the railway station is due to start its initial stages next week. The removal of the bridge and improving the station frontage will create new cycle routes passing the station and a pedestrian open area, offering better and safer cycling/walking routes.

GW also noted that the Council is going to finalise a new local transport plan fairly early next year. He thinks that the intention is to have it completed sometime in March and that early in the new year there'll be lots of public consultation on the proposed plans. As soon as he has the information on when these will be, he'll pass this on so that we can have the opportunity to comment, suggest improvements or highlight anything we think is missing.

Taxis

KR has started up a taxi working group, an offshoot of the switchboard team who manage taxis for the Trust. There appears to be a lot of taxi usage for moving items / equipment across sites, which the group will look at ways to minimise as both a cost efficiency and CO2 reduction benefit. **KR would like to invite someone from that steering group to join T&T next meeting to provide feedback on this.** DB fine with the proposal.

KR

KR also noted that this group will also expand its' remit to look at how we transfer staff across sites. At the moment a lot of the nursing, domestics and facilities staff are being sent over from Scarborough to Bridlington. This is likely due to redirecting patients over between those sites and is probably something that will escalate further in the future. We need an alternative solution to sending across staff individually in taxis.

FV recalled that there was a shuttle bus service in past, running between SGH and Bridlington, which he thinks stopped due to licencing and insurance issues around the transportation of staff. PB commented that the service stopped due to the CCG pulling the funding for it due to a lack of usage and not being cost efficient. **FV thought there was some licencing issue at play that contributed to the service ending. He will try to find out information on this, as it was from several years ago.**

FV

UPDATE (post meeting): Email to group on 15/10/23, FV confirmed that a much earlier shuttle bus service was suspended in March 2010 pending a police investigation into an operator's licence. In 2017, a different shuttlebus service was cancelled due to funding being removed.

Pool Cars

VP raised the issue that when returning back to base with a pool car in York, the reserved bays are filled with other vehicles. There is not enough room at the back of multi-storey car park and so other people are leaving their vehicles in those spaces. KR informed the group that his Customer Service Manager, Laura Blisset, now has a deputy working for her at the East Coast. Laura has tasked him with liaising with Enterprise on some comms to clarify rules around pool cars and parking. The comms will also issue updates to all car parking permit users regarding pool cars - clear instructions and guidance that should hopefully have some impact ahead of the winter months.

Car Parking

KR stated that car parking in general is in a good place. The ANPR system is now fully embedded across the Trust.

Accessibility

Accessibility remains an ongoing issue (e.g. parking on curbs), but has especially come to the forefront recently. KR is speaking to the Trust now regarding the enforcement of this with staff in the impacted locations. In the past, parking notices have been issued and would then often be revoked by the Trust, so staff would carry on parking on curbs and blocking accessibility. Union colleagues will be linked in to make sure they're happy with that side of things as well, so something solid is put in place to tackle the issue.

KR's team is also doing a site survey of accessible parking across the Trust with Dave Biggins, looking to ensure that we've got enough accessible parking for both our patients, visitors and our staff members, following a lot of functions within in the Trust have moved locations (e.g. Physio moved to Park House). A lot of work has been done on the North end already which is almost complete. The South entrance will need looking at next, and Park House potentially need some further white lining and readjustment to the accessible user base.

ANPR Tailgating Issue

KR has realised there is an issue with the ANPR system and car counting in York, where some instances of tailgating out of the car park are not being picked up on. The ANPR system is only picking up 98% of registration entrances/exits, so the car park may be showing as full, when after several hours there actually be something like 20 spaces available. It's a little blip in the ANPR system that we didn't realise was there until a few weeks ago, but we're starting to get on top of it, working with both GT's team on this, while the security team is also making visual checks around the car park. We want to ensure that the car park only shows being at full capacity, when it is actually at full capacity.

Number of Vehicles Registered Against Blue Badges

VP raised an issue in trying to register a disabled badge for patient against both his wife's and his own car. The system doesn't allow registering multiple vehicles against a single blue badge, which is causing difficulties for patients. KR confirmed that the agreement in place is to only register 1 vehicle against each blue badge permit. He appreciates that sometimes a relative might bring a patient with a blue badge. We didn't want to give out of hand after speaking to other Trusts, who noted that sometimes there were 5-6 people to a single blue badge, who were not potentially not using this compliant and using it to park for free at the hospital. If someone else or a relative brings a blue badge holder on a separate day, they can go to the car parking office (or the relevant department) and have that parking session validated. VP pointed out that this was an issue, as not every department has the iPads to validate that parking for their patients. It's the practicality for the patient she's concerned about. The patient has to know and remember that they have only got 1 vehicle registered which they can come in (many households have two vehicles). If that vehicle is not always an option, we also have to remember that someone disabled may not want to have to take the extra diversion to the car parking office. VP would personally advocate for patients being allowed 2 vehicles as a limit. **VP asked if this could be revaluated to make life easier for our patients. KR will speak to Laura and team and come back to VP on this.**

KR

LW agreed the issue is a really difficult subject, nor is it one unique to the NHS. LW lives in Whitby across from an area where there are eight blue badge parking spaces, where she's witnessed many members of the family all using that same disabled parking pass as free car parking. LW can understand why there has to be a hard and fast rule because of this and thinks it should be limited to one vehicle per blue badge. If you start extending that then how do you monitor it not being abused? And where would the justification stop for adding yet another vehicle (e.g. occasionally a different relative with a vehicle might wasn't to being them)? It is a contentious issue, but it does need a set rule in place.

	<p>KR agrees with LW on this but also wanted to take PVs comments into consideration here. Physio may potentially need a tablet on site so that they can validate an additional vehicle on those occasions. Crucially, when a blue badge patient needs a separate vehicle validating for a single session, this will need to be done manually, either by visiting ID and car parking office or to someone like VP in the department they are being seen by. That way, we can ensure compliance by seeing that the blue badge holder is present with the relative/friend who brought them. By registering multiple vehicles, there can't be any assurance of compliance which is why the rule has been put into place. KR thinks that they can work with VP and her area more closely, reviewing how many accessible users they have and see if there is any further ways to support this.</p> <p>VP understands the reasoning behind this and agrees, although she believes the rule in place should be a maximum of 2 vehicles. We should also be mindful not to penalise the majority for the abuse and bad behaviour of the minorities.</p> <p>Able-bodied Staff Car Parking KL referred to previous discussions on trying to encourage or enforcing the able-bodied staff to park on the top floor, to allow for less able-bodied, patients or those less familiar with the multistorey car park to use the ground floor. It seems to remain however that it's often always the staff that continue to park on the ground floor. KR will prepare further comms highlighting the issue and providing guidance. It's something we can politely ask staff to abide by, but not something we can enforce. He will speak to Andy Bertram later next week, see if this can then be distributed to consultants and those on the authorised users list them users.</p> <p>Team Of The Year Nominee KR noted that his team had been nominated (out of 30 finalists) for Team of the Year in the Trust's Celebration of Achievement awards. KR wanted to recognise those in the group and their teams who've contributed to all their ongoing work over the last year.</p> <p><u>Car Share</u> DB provided the same update to the previous meeting. Within the new travel plan (under development), one of aims will be to reintroduce some kind of car sharing scheme. KR and DB to pick up again, but this will have to be further down the line as other priorities.</p> <p><u>Community Travel</u> No updates or issues raised.</p> <p><u>Sustainability</u> DB confirmed that the Sustainability team is undergoing some personnel changes. TO is now part of that team, whilst Andrew Smith has been appointed to replace Tom Hearfield as Net Zero Carbon Data Analyst. A new Head of Sustainability will be recruited soon. Sustainability work hasn't halted in any respect, but there will be a 'fresh start' on Sustainability in the Trust / LLP once the new Sustainability team is assembled.</p>	<p>KR</p> <p>KR / DB</p>
5	<p><u>PALS</u></p> <p>Nothing transport related to report.</p>	
6.	<p><u>Items for highlighting to Sustainable Development Group</u></p> <p>The group had no updates or concerns to raise.</p>	
7.	<p><u>Any Other Business</u></p> <p><u>Transport Policy review</u> KR has been working on a draft of an internal Transport Policy for the Trust. This has been passed around to others for comments previously, which KR has addressed. He would now like to pass this around to the T&T group to review and sign off electronically. KR to send the Transport Policy draft to CM to distribute to the group.</p> <p><u>Bootham Hospital Driveway Lighting</u> VP's colleague had asked to raise the issue of the lighting around the Bootham Hospital driveway, stating that it is too dark, not just for them but also pedestrians. Although the property is not owned by us, with the darker nights drawing in, is there anything that could be done about the inadequate lighting? DB</p>	<p>KR / CM</p>

confirmed its NHS Property Services who are responsible, so we will raise it with them see what they come back with.

DB

Coach Park Sign Issue - Bridlington

FV highlighted an issue to AJ about a sign just before Bridlington Hospital when approaching from town, stating 'Coach Park' and showing a right turn. **The sign refers to a right turn at the next junction, but 3 times over the last summer large coaches have ended up taking the next right turn directly into the hospital grounds instead. AJ to take a look at the sign and its placement, when next in Bridlington.**

AJ

Bridlington – Active Travel Planning

DB is starting some active travel work at Bridlington Hospital. This type work usually comes down to who we can work with in terms of local authority, resources etc. Up until now, DB has never had the opportunity to do much at this location, but with AJ joining the group, they've now got several projects lined up over the long-term. This work will inevitably bring some new benefits and offers to staff based while synching nicely with the new travel plan work.

AJ works as part of the Road Safety team at East Riding Council, with a focus on sustainable and active travel planning. Over the last couple of years, they've done a lot of work with the Hull Royal and Castle Hill hospitals. They have been nominated for a national award this year with the Mode Shift platform they use, having achieved a very good silver level travel plan. The Hull Teaching Hospital is also likely to get a gold level travel plan next year due to the work being done there. On the back of the success, ERC have been looking for other sites to work with and will now be looking at Bridlington, including:

- A short travel survey specifically for Bridlington staff
- Post code analysis on where staff live and where they travel from to the hospital
- Reviewing site plotting and walking/cycling routes
- Travel workshop where staff can come and talk to us about how what might be the best way to get to work, see if they want to consider active travel for all or part of the journey.
- Run a couple of bike dr sessions, where staff will be able to bring their bikes for safety checks and minor repairs.
- Deploy a bike library, providing up to 30 bikes for free for 12 months, which staff can borrow. We've got a small fleet of e-bikes, so if any staff members think it's too far for them to cycle, they can borrow one of these for a week/fortnight/month to see if an e-bike is a viable option.

The programme will be rolled out over a period of 12 months. Following this we would redo the travel survey to see what impact these initiatives and staff engagement have had. The result of this will hopefully show that the encouragement to be more active in travel to work will have had a positive impact, while also highlighting further opportunities to improve or make changes.

FV asked if DB could cascade a short e-mail/newsletter to every ward and department about these related. DB is planning on completing the Trust-wide travel survey in the next few weeks, while AJ wants to do a survey specifically for Bridlington. DB and AJ will work together so their specific surveys don't clash and are not far off the stage where they will need to start communicating to people and raising some awareness.

Step Up A Gear Programme

DB has managed to get the Trust involved as part of the NHS England Step Up A Gear programme, which is being run by Andrew Bradley (NHS England Lead for Active Transport). Andrew has set up programme and is working with about 32 trusts across the country with a view to achieving, if not standardising, a better approach to travel planning in the NHS. One benefit of being involved is that we will get free use of Modeshift platform (online travel planning tool), which AJ referred to earlier was also discussed in the previous meeting. The Mode Shift platform will be heavily utilised for the new Trust travel plan, effectively acting as a dashboard to record everything on. Individual site pages for all our main sites will be made so individual monitoring can be done.

Better Points Travel App

DB will start promoting the Better Points travel app, which City of York Council bought a licence for and have generously asked if we wanted to be part of. Better Points is a travel app where staff can earn reward points every time they do anything involving active travel, such as walking, cycling or using the bus. You can then convert those points into various things like charitable donations, reward cards etc. One thing which DB is confident we'll be able to arrange is that points could be exchanged for drinks at the Ellerby's coffee bar, so for example, if you've travelled by bus for 10 days you might have enough points to buy a coffee there. DB is also working on it so that that you could potentially donate towards the Trust charity. This is something new that will be promoted in the next week (post meeting) alongside the bus updates or later with the travel survey comms.

<p><u>Greener NHS T&T Group</u> DB has been invited to participate in and Chair another travel and transport group for Greener NHS, which sits between the Trust and NHS England. This will be a quarterly regional group for the North. There will be around over 20 representatives from other Trusts and will be a great opportunity to share good practise and explore potential partnership opportunities. The first meeting is scheduled for Friday 20th October</p> <p><u>Staff Travel Plan</u> DB stated that everything he's just talked about will feed into a new trust-wide travel plan he's working on. The current travel plan from 2019 is about 160 pages long and is too long and not particularly accessible. DB wants to take a fresh new start on the travel plan, to simplify it, expand on it and improve its overall accessibility:</p> <ul style="list-style-type: none"> • There will be an initial staff travel survey by the end of the month (followed by a patient survey later in the year). The data from this will inform the aims and targets going in the travel plan and the various projects undertaken (e.g. bus, travel, cycling, walking etc.). DB is planning to do an annual travel survey every Oct/Nov and update the travel plan accordingly with the results. • New elements will be introduced, such as EVs, EV infrastructure and shower and changing facilities. The new travel plan will effectively provide a framework for DB to work against. • There will be individual analysis of the 5 main Trust sites included in the appendices. DB would value the input of certain members of the group to look over these sections and provide some more detailed local knowledge and improve the accuracy of it. Once this has been reviewed into a finished draft, DB can then share the document with the group. 	
<p><u>Next Meetings</u></p> <ul style="list-style-type: none"> • Friday 19th January 2024, 10:00 – 11:30 (Microsoft Teams) 	

5. Constituency Activities

Staff – Scarborough & Bridlington:

Franco Villani - During the last 3 months he has attended the Travel and Transport group as a governor. He has carried out a number of site walk arounds with governors, Claire Hansen, Chief Operating Officer, and also Dawn Parks, Director of Nursing, and Jenny McAleese. He has also made representation on the removal of the night managers role out of Bridlington Hospital.

Report to:	Council of Governors
Date of Meeting:	14 December 2023
Subject:	Governance Update
Director Sponsor:	Martin Barkley, Trust 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

<p>Trust Priorities</p> <ul style="list-style-type: none"> <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>Board Assurance Framework</p> <ul style="list-style-type: none"> <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 <input checked="" type="checkbox"/> Sustainability
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Summary of Report and Key Points to highlight:
To present several governance updates.

Specifically to note and discuss:

- Governor Elections
- Governor Positions
- Governor Resignations

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

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

Meeting	Date	Outcome/Recommendation

Governance Update

1. Introduction

The paper provides an update on governance issues regarding the Council of Governors.

2. Governor Elections

The governor elections closed on Wednesday 27 September 2023 with the following results declared:

Public

- City of York x 1 vacancy (Rukmal Abeysekera elected)
- Ryedale & East Yorkshire x 1 vacancy (John Brian elected)

Staff

- York x 1 vacancy (Emma Deans elected)
- Scarborough & Bridlington x 2 vacancies (Adnan Faraj and Chris McFarlane elected)
- Community x 1 vacancy (Rebecca Bradley elected)

No nominations were received for the out of area vacancy and subsequently this will remain a vacancy throughout 2023/24.

3. Governor Positions

The following position was appointed following expressions of interest received by all governors:

- Patient Experience Steering Group (John Brian appointed)

The following positions therefore remain vacant:

Forum	Vacancy
Nominations and Remuneration Committee	1 x Public Governor
Constitution Review Group	1 x Public/Staff/Appointed Governor
Inclusion Forum	1 x Public Governor
Out of Hospital Care Group	1 x Staff Governor
Membership Development Group	2 x Public/Staff/Appointed Governors

Please contact the Governor and Member Manager if any governors wish to join these groups.

4. Governor Resignations

The following governors have resigned their roles since the September meeting:

- Colin Hill, East Coast Governor
- Emma Deans, York Staff Governor
- Maya Liversidge, Scarborough Staff Governor
- Cllr Jonathan Owen, Ryedale District Council (Cllr Denise Howard replaced)

CoG Attendance Record

Item 14

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Martin Barkley (Chair)											
Alan Downey (Chair)	√	√	Ap								
Mark Chamberlain (Interim Chair)				√	√	√					
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√					
Rebecca Bradley (Staff Governor - Community)											
John Brian (Public Governor - Ryedale & EY)											
Bernard Chalk (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	Ap					
Mary Clark (Public Governor - York)	Ap	√	Ap	√	√	Ap					
Dawn Clements (Stakeholder Governor – Hospices)	Ap	√	√	√	√	√					
Cllr Liz Colling (Stakeholder Governor - NYCC)	Ap	√	Ap	√	√	√					
Beth Dale (Public Governor - York)	Ap	√	√	√	√	√					
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√					
Keith Dobbie (Public Governor - East Coast of Yorkshire)	√	√	Ap	√	√	√					

CoG Attendance Record

Item 14

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Alistair Falconer (Public Governor - Ryedale & EY)	√	√	Ap	√	√	Ap					
Adnan Faraj (Staff Governor - Scarborough/Bridlington)											
Colin Hill (Public Governor - East Coast of Yorkshire)	√	Ap	√	√	√	√					
Cllr Denise Howard (Public Governor - East Ryedale CC)											
Sharon Hurst (Staff Governor – Community)	Ap	Ap	Ap	√	√	√					
Maria Ibbotson (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√					
Paul Johnson (Staff Governor – York)	√	√	√	√	√	√					
Sally Light – (Public Governor – York)	√	√	√	√	√	√					
Maya Liversidge (Staff Governor – Scarborough/Bridlington)	√	√	√	Ap	√	√					
Wendy Loveday (Public Governor - Selby)	√	√	√	Ap	√	√					
Elizabeth McPherson (Stakeholder Governor - Social Care)				√	√	√					
Cllr Jonathan Owen (Stakeholder -East Ryedale CC)					√	√					
Michael Reakes (Public Governor – York)	√	√	Ap	√	√	√					

CoG Attendance Record

Item 14

Name	16.03.23 CoG	03.05.23 XCoG	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG				
Gerry Richardson (Stakeholder Governor – York University)	√	√	√	Ap	√	√					
Cllr Jason Rose (Stakeholder Governor - NYCC)				√	√	√					
Sue Smith (Public Governor - Ryedale & EY)	√	√	√	√	√	√					
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√					
Andrew Stephenson (Public Governor - Selby)	√	√	√	√	√	√					
Catherine Thompson (Public Governor- Hambleton)	√	√	Ap	Ap	√	√					
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	√					