

| **Council of Governors (Public) Minutes – 16 March 2021** |
| --- |

Chair: Ms Susan Symington

**Public Governors:**

 Mrs Margaret Jackson, City of York

 Mr Michael Reakes, City of York

 Dr Rukmal Abeysekera, City of York

Mrs Helen Fields, City of York

Ms Sally Light, Public Governor, City of York

Mrs Angela Walker, Bridlington

Mrs Josie Walker, Bridlington

Mrs Catherine Thompson, Hambleton

 Mrs Jeanette Anness, Ryedale and East Yorkshire

Mrs Sheila Miller, Public Governor, Ryedale & East Yorkshire

Mr Andrew Butler, Ryedale & East Yorkshire

Dr Ian Mackay Holland, Scarborough

Mr Keith Dawson, Selby

Mr Doug Calvert, Selby

Mr Stephen Hinchliffe, Whitby

**Appointed Governors**

Mr Paul Johnson, YTHFM

 Mr Gerry Richardson, University of York

Ms Dawn Clements, Hospices

Ms Jo Holloway-Green, MIND

**Staff Governors**

 Mrs Helen Noble, Scarborough/Bridlington

Mrs Sharon Hurst, Community

Ms Maya Liversidge, Scarborough/Bridlington

**Attendance**

Mr Simon Morritt, Chief Executive (21/05 only)

Mr Andy Bertram, Deputy Chief Executive & Finance Director

 Mr Jim Dillon, Non-executive Director

Dr Lorraine Boyd, Non-executive Director

 Mrs Lynne Mellor, Non-executive Director

 Mr D Watson, Non-executive Director

 Mrs C Johnson, Deputy Director of Patient Safety

Mrs Jill Hall, Interim FT Secretary

 Mrs Tracy Astley, Assistant to Foundation Trust Secretary

**Observers**

4 members of the public

Apologies for Absence:

Cllr Chris Pearson, Appointed Governor, NYCC

Mrs Liz Black, Public Governor, Scarborough

Mrs Vanessa Muna (VM), Staff Governor, York

Dr Gerry Robins (GRo), Staff Governor, York

Mr Dylan Roberts, Chief Digital Information Officer

Mrs Wendy Scott, Chief Operating Officer

Mrs Heather McNair, Chief Nurse

Ms Polly McMeekin, Director of Workforce

Mrs Jenny McAleese, NED

Mr Matt Morgan, NED

Mr S Holmberg, NED

**21/01 Chair’s Introduction and Welcome**

Ms Symington welcomed everybody and declared the meeting quorate.

**21/02 Declarations of Interest (DOI)**

The Council acknowledged the changes to the DOI.

## 21/03 Minutes of the meeting held on the 9 December 2020

The minutes of the meeting held on the 9 December 2020 were agreed as a correct record.

## 21/04 Matters arising from the minutes

Mrs Fields asked if there was an update on when the CQC were likely to visit the Trust. Ms Symington replied that there was no update as yet. Mrs Noble added that it might be a good idea to contact Shaun McKenna, Head of Effectiveness & Compliance, and invite him to the next Council meeting to give an update.

There were no further matters arising from the minutes.

Action Log - the Committee noted that both actions were still ongoing.

**Action: Mrs Astley to invite Shaun McKenna to the next Council meeting to give update on CQC.**

## 21/05 Chief Executive’s Update

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

* Covid-19 update – the Trust’s current position was that there were 39 Covid+ inpatients across both main sites and up to 2 in a community base. Numbers have continued to decline over the last few weeks. There was still pressure in Critical Care with 17 patients but this would be expected with or without Covid 19. The staff vaccination programme was well underway as well as providing vaccinations for partner organisations and local authorities. Within the next week or so, the Trust will be starting to provide the second dose.
* Recovery Plan – the expectation will be for the Trust to work as a single system with its partner organisations to manage the recovery. The Trust was also working through how its staff can recover from the demanding and harrowing experience they have endured over the past 12 months given the expectation that the recovery plan would move quickly.
* ICS – it has been confirmed that there will be an ICS NHS body that will effectively have combined responsibilities of the existing CCGs in the system. The existing CCGs, Vale of York, North Yorkshire and East Riding, will effectively disappear by April 2022 and be replaced with an Integrated Care System (ICS) for Humber Coast & Vale (HCV). HCV have just established an Executive Transitional Team which Mr Morritt was providing support for.

The current legal arrangements for NHS Trusts and NHS FT Trusts remained unchanged so there were no plans to disband the FT model within healthcare and therefore the Council of Governors will continue within that arrangement.

Things will change around the requirements and expectations of provider organisations playing their full part within the system and the broader community. There will be a financial target set for HCV and there will be an accountable officer who will be responsible for making sure that gets delivered. There will be significant pressure on partner organisations within the system to ensure they play their part in meeting that target. From a capital perspective, whilst the Trust is still an FT and free to set its own capital expenditure limits there will be a cap for the system overall and there will be mechanisms in place to force the Trust to change if its plans were higher than the cap across the HCV.

* New Name for the Trust – York & Scarborough Teaching Hospitals Foundation Trust. Mr Morritt advised that the new name has been agreed with NHS England and the new name will be implemented on 1 April 2021. There will not be a significant spend as most changes were digital. The signage needed changing and this will be carried out at a minimal cost.
* East Coast Transformation Review – Mr Morritt agreed to come to the next Governor Forum and update the governors on progress. He informed that the Outlined Business Case had been approved for the £40m development at Scarborough Hospital.
* Bridlington – The Trust and members of the ICS were in discussions with councillors within East Riding, Bridlington Forum and other stakeholders to talk through ideas and opportunities in order to get the best use of the facilities for the community.
* NHS Oversight & Associate Framework – Mr Morritt explained that the Trust had restrictions placed on its licence and was moved to a level 3 status from level 2. He was happy to announce that the restrictions had now been lifted and the Trust had been placed back into level 2 status.

Mrs Anness asked who would be commissioning services in the future. Mr Morritt explained that it would be the responsibility of the ICS who will determine how NHS resources were allocated across the system as a whole.

Mrs Thompson discussed the prime/lead provider model around the Trust becoming more responsible for the allocation of services and asked how did the Trust ensure that the money followed the patient so the distribution of services across the wider patch was equal. Mr Morritt replied that the Trust’s outcomes would be set by the ICS with the intention that they would set a capitation allocation to organisations, including community providers.

Mr Butler enquired about the recent publicity surrounding York A&E and Vocare and asked for clarification. Mr Morritt replied that there was a contract with Vocare to provide a service for minor illnesses at York A&E and this has been the arrangement for the past 6 years. The contract was arranged by the CCG. Over the last two months there has been an update to Urgent Treatment Centre specification nationally. As the Trust is the provider of minor injuries and provider of the streaming services, it will work together with Vocare to create a better streamlined service to meet those specifications.

Mr Reakes asked what the Trust’s policy was about staff unwilling to have the Covid vaccine. Mr Morritt replied that having the Covid vaccine was not mandatory. Conversations were being had with those staff who had yet had the vaccine. Clearly, it was in the best interest for staff and patients if staff were vaccinated.

Mr Bertram referred to the £47m spend at Scarborough Hospital and stated that the Outlined Business Case had been approved. The next stage would be to get the Final Business Case through. He explained the reason for having to go through this process was because of the significant size of the investment which needed to be approved by the Treasury Department.

**The Council:**

* Received the report and thanked Mr Morritt for his time at the meeting.

**Action:**

* Invite Mr Morritt to the next Governor Forum to discuss the East Coast Review.

**21/06 Quality Committee update**

Dr Boyd gave a summary of topics that the Committee had discussed. She added that despite the pandemic the Committee and its members had continued to meet on a monthly basis.

* Growing waiting list – the committee has been given assurance that this was being managed.
* Recovery Plan – the committee was assured that there were plans in place for the Trust’s recovery and all teams were well sighted on it.
* Clinical Governance – the committee has seen evidence that a process has been put in place around Ward to Board assurance and this was working well.
* Quality Improvement – The committee was assured that an initiative had been put in place to develop capability from care group level to Board.
* Staffing – reports have been presented to the committee on a regular basis. The Chief Nurse Team has presented a Nursing Staff Review which indicated a number of challenges, including staff wellbeing and resilience as a result of Covid and best ways to support staff.
* Ockenden Report on Maternity Services – Dr Boyd has been appointed as the Maternity Safety Champion for the Trust.
* Virtual Patient Safety Walkabouts – these have been introduced as a temporary replacement due to Covid restrictions.

Mrs Holloway-Green asked what the virtual patient safety walkabouts entailed. Dr Boyd replied that at her virtual walkabout there were a number of NEDs, Executives and the Care Group Management Team who conveyed issues discussed with the “staff on the ground”. The Council agreed that it was a good temporary measure that covered some aspects of a walkabout but there was the missing interaction with the staff and patients and asked if technology could be better used to facilitate that. Ms Symington replied that the virtual walkabouts had only just begun and the process will be tweaked going forward to give a better experience for everyone involved.

**The Council:**

* Received the report and noted its contents.

**21/07 Resources Committee update**

Mr Watson gave a summary of the topics that the Committee had discussed.

* LLP – a large piece of work was being undertaken to make the LLP a better place to work. The committee took great assurance from the new management team of the LLP that the project and work done in respect of the cultural aspect has been launched and the committee was very confident that there will be a significant change within the next year or two.

* IT – the newly appointed Chief Digital Information Officer, Mr Roberts, had completed the process of identifying the greatest risks within the Trust’s IT structure. A 3-year program has been created, the cost was significant, and discussions were currently ongoing within management to obtain the funds required for the program to be implemented.
* Buildings – a significant amount of money had been spent over the last 12 months on the Maintenance Backlog Program of Work and will continue during 2021/22.
* Capital Expenditure – would like to acknowledge the great success that management have had in securing the capital expenditure for the Trust.

Mr Reakes referred to nurse staffing vacancies and asked if the NEDs were assured that everything was being done to attract staff to the Trust and if they would re-consider using recruitment or retention incentives. Mr Watson replied that it was a constant challenge for the Trust. There was a very focussed workforce team who look at all options available to fill staff vacancies.

Mr Butler stated that the national NHS budget 2021/22 had not yet been set and asked for an opinion on the risk to the Trust if a budget was not in place for the start of Quarter 1. Mr Bertram replied that he was expecting details of the Trust’s allocation for the first quarter of the year. He was aware that it would set at a comparable rate to what the Trust was spending in Quarter 3 of the current financial year.

Ms Light stated that given how stretched the capital budget was, how did the NEDs get assurance that monies available were being spent on the highest priorities and how was this decided. Mr Watson replied that there was no formal system. A dialogue took place with the management team who then make recommendations to the Board. He was confident that the decisions reflected the priorities within the Trust. Dr Boyd added that, from the perspective of the Quality Committee, its role was to ensure that the right information was given to the directors around quality and patient safety to feed those debates.

Mrs Abeysekera referred to the vaccination programme and stated that 76% of staff had been vaccinated, 59% of BAME staff had been vaccinated and 38% of staff were on sick leave with covid related issues. Is there something that can be done education wise in terms of providing information to make those statistics a little more appetising. Mr Watson replied that the Trust’s communication on the vaccine programme was tied due to NHS policy. A lot of communication was through IT in terms of encouraging staff to be vaccinated. One of the issues that has been recognised was that a number of staff within the LLP did not have access to a computer and therefore other ways have been devised to approach the staff and encourage them to be vaccinated.

**The Council:**

* Received the report and noted its contents.

**21/08 Audit Committee update**

Mr Watson gave a summary of the topics that the Committee had discussed.

* LLP – all recommendations from the Internal Audit Report have been put in place barring one. Great progress has been made under the new management team.
* Serious Incident – this was an accident involving a cleaning process which occurred at Scarborough Hospital some time ago. There was an ongoing live investigation. The committee was looking for assurance that the learning from this incident had been captured to avoid a future repetition. A report will be presented at the May meeting.
* Risk – A risk manager has been appointed and a programme of work has commenced that will take 3–6 months to complete and at the end of that time the Trust will have a better set of risk documentation to work with.
* Outstanding Internal Audit Recommendations – Six were currently outstanding. The committee was very pleased with the progress made.
* Length of papers – the papers have been separated into two packs with the main pack containing “must read” papers and the purple pack containing background reading. This gave focus on the areas that were really important.

Mr Reakes referred to the low assurance given in relation to Procurement and Residential Accommodation and asked if this issue related to nursing accommodation. Mr Watson replied that the issue was in relation to the documentation. The LLP management had asked Audit Yorkshire to undertake those audits. The areas will be re-visited again within the next 12 months. Mr Bertram added that the residential accommodation referred to accommodation at Scarborough Hospital that was used as staff accommodation, for both permanent and temporary staff.

Mrs Fields asked if Covid related costs were being separated from general costs. Mr Bertram replied that this was being done.

**The Council:**

* Received the report and noted its contents.

## 21/09 Governors’ Reports

* Lead Governor Report incl. PESG - Mrs Jackson gave an overview of her report including the appointment of Sally Light as the new Lead Governor subject to being re-elected at the upcoming governor elections.
* Governor Forum – Mrs Jackson summarised the discussions that took place at the Governor Forum including the PESG Working Group.

Mr Reakes asked if the Friends and Family Test was discussed at the PESG given the low response rate and was technology being used to increase feedback. Mrs Symington replied that during the pandemic a lot of things have changed in the Trust and the Friends and Family Test was a discussion for the next Council meeting.

* Out of Hospital Care - Mrs Jackson gave a summary of the meeting and requested that the Council ratify the OHC Group Terms of Reference.
* Fairness Forum – Mrs Abeysekera stated that she was meeting with other members of the forum as there was lots of things to be done. She explained that Nichola Greenwood had been championing the vaccination program so had been taken away from the Fairness Forum activities.

**The Council:**

* Received the report and noted its contents.
* Ratified the Out of Hospital Care Group Terms of Reference

**Action: Add Friends & Family Test review to the next Council agenda.**

## 21/10 NED Second Terms

Ms Symington stated that Dr Boyd and Mrs Mellor’s NED terms were coming to an end and the recommendation from the Nominations & Remuneration Committee was that the Council approve a second term for both of them as they had expressed a wish to continue as NEDs within the Trust.

**The Council:**

* Approved a second term for Dr Boyd and Mrs Mellor as NEDs within the Trust.

**21/11 Governors’ Quality Priority for 2021/22**

Mrs Johnson gave an overview of the quality priorities as a result of the recent consultations with some of the governors, members of the public and other stakeholders. She stated that usually the governors’ quality priority featured in the Quality Account but, because of the ongoing Covid situation, the document did not have to be submitted this year to Parliament. Therefore, there was more flexibility in the governor’s choice. She suggested that the governors might want to champion a particular element of the priorities, quality improvement, as this was fundamentally woven into all aspects of the Trust.

Mrs Light asked if any endpoint outcomes, KPIs, had been identified to enable the Council to track progress. Mrs Johnson replied that more work was needed around this and how it was reported but the Quality Committee would be monitoring progress and given regular updates.

**The Council:**

* Agreed that the Governors’ Quality Priority for 2021/22 would be Quality Improvement.
* Asked to be given regular updates on the progress made.

**21/12 Lead Governor Succession**

Ms Symington thanked the three governors who had put their name forward to become the new Lead Governor. She thanked the Council for participating in the election process. She congratulated Mrs Light on her appointment to the Lead Governor role subject to her being re-elected at the upcoming governor elections later this year. There will be a lengthy handover period from now until September when the current Lead Governor’s term ends on 30 September 2021.

At the last meeting, the Council recommended that a Deputy Lead Governor role be created to support the Lead Governor. Mrs Jackson and Mrs Light will discuss and decide on a process of recruiting a Deputy Lead Governor.

**The Council:**

* Recognised the democratic process that had taken place to recruit a new Lead Governor.
* Acknowledged that Mrs Sally Light had been elected to become the new Lead Governor subject to her re-election in the upcoming governor elections in the summer.

**21/13 Clinical Governance Update**

Mrs Johnson gave an overview of her work around governance since starting in post in June 2020. She identified that there was a gap in the Ward to Board assurance which has now been rectified. To embed governance across the organisation a number of new groups have been set up to provide assurance to the Quality Committee. She gave an overview of the groups and their role in the process.

Mr Reakes asked if the governors were able to observe these new groups. Mrs Johnson replied that she will work with Mrs Hall to facilitate this.

**Action: TA/JH/CJ to discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group.**

**21/14 Questions received in advance from the Public**

Ms Symington stated that over 40 questions had been received from the public in advance of the meeting. The Trust had responded to all of those questions and she will be sending formal responses to those people once this meeting had closed.

**21/15 Reflections on the meeting**

* Welcomed the public part of the meeting first and would like to continue with the arrangement.
* Would like the role of governors adding on the public agenda as given on the private agenda.
* It was really useful when Mr Watson gave examples of his assurance in his committee feedback and would like other committee Chairs to do this.

**Action: TA to arrange having public CoG first followed by the private meeting.**

**Action: TA to add the role of the governors to the public agenda.**

**21/16 Any other business**

Ms Symington referred to the upcoming Council to Board meeting and asked the governors to consider issues they were interested in that would form the agenda for the meeting. An email will be sent in the next few days giving further information.

Mrs Miller referred to the blood taking service being relocated to the new Sports Centre at Monks Cross and asked about the parking as there were some concerns raised that there were not very many spaces available. Mr Johnson replied that he was the Project Manager on this and he and other members of the Trust were currently looking into this, as well as public transport availability. There was also 4-hour parking available at the Vanguarde Centre for those who were able to park further away and walk to the Sports Centre.

The Council thanked Mr Butler who wrote an excellent letter to the local MP regarding development at Scarborough Hospital to ask if he could further this as every little helps.

No further business was discussed.

## 21/17 Time and Date of the next meeting

The next meeting will be held on **9 June 2021,** via Webex. Details TBC.

**ACTION LOG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Date of Meeting** | **Action** | **Responsible Officer** | **Due Date** | **Comments** |
| 1 | 09.12.20 | Facilitate an article for Membership Matters on Community Paediatric Services. | TA | Mar 21 | Ongoing |
| 2 | 09.12.20 | Set up a membership event on Community Paediatric Services. | TA | Mar 21 | Arranged for 05/05 |
| 3 | 16.03.21 | Invite Shaun McKenna to the next Council meeting to give update on CQC. | TA | June 21 | On agenda |
| 4 | 16.03.21 | Invite Mr Morritt to the next Governor Forum to discuss the East Coast Review. | TA | May 21 | Completed |
| 4 | 16.03.21 | Add Friends & Family Test review to the next Council agenda. | TA | June 21 | On agenda |
| 5 | 16.03.21 | Discuss attendance of governors to the Mental Health Steering Group and Quality Improvement Group. | TA/JH/CJ | June 21 |  |
| 6 | 16.03.21 | Arrange having public CoG first followed by the private meeting. | TA | June 21 | Completed |
| 7 | 16.03.21 | Add the role of the governors to the public CoG agenda. | TA | June 21 | Completed |