



Minutes

Public Council of Governors meeting

14 December 2023

Chair: Martin Barkley

Public Governors: Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Linda Wild, East Coast of Yorkshire; Catherine Thompson, Hambleton; Alastair Falconer, Ryedale & EY; Bernard Chalk, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Sue Smith, Ryedale & EY; John Brian, Ryedale & EY; Andrew Stephenson, Selby; Beth Dale, City of York; Mary Clark, City of York

Appointed Governors: Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus; Gerry Richardson, University of York; Cllr Liz Colling, NYCC; Cllr Denise Howard

Staff Governors: Abbi Denyer, York; Julie Southwell, York; Franco Villani, Scarborough/Bridlington; Adnan Faraj, Scarborough/Bridlington; Rebecca Bradley, Community

Attendance: Simon Morritt, Chief Executive; Lucy Brown, Director of Communications; James Hawkins, Chief Digital Information Officer; Jim Dillon, NED; Lorraine Boyd, NED; Jenny McAleese, NED; Matt Morgan, NED; Simon Morritt, CEO; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

Apologies for Absence: Wendy Loveday, Selby; Keith Dobbie, East Coast of Yorkshire; Lynne Mellor, NED; Stephen Holmberg, NED; Denise McConnell, NED

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

Public: 6 members of the public attended

23/43 Chair's Introduction and Welcome

Mr Barkley introduced himself and gave a summary of his career in the NHS to date. He welcomed everybody and declared the meeting quorate.

23/44 Declarations of Interest (DOI)

The Council acknowledged the changes to the Declarations of Interest.

23/45 Minutes of the meeting held on the 14 September 2023

The minutes of the meeting held on the 14 September 2023 were agreed as a correct record.

23/46 Matters arising from the Minutes

Action Log

21/70 Night Owl project – update received in Governors Activities Report. Action closed.

22/62 Strategy for East Coast – a meeting is arranged for 18/12/23 with PLACE directors, Mrs McAleese, and other stakeholders. Feedback to the Council will be given at the next meeting in March. Action will remain open.

23/21 Ophthalmology issues – Mr Morrith gave an update at the last meeting. Action closed.

23/34 Wording on patient letters – response given on action log. Action closed.

23/36 Clinical risk management of patients on waiting list – Mrs Parkes reported that a clinical harm review meeting has been arranged for Q4 with the medical director's deputies working with the clinical directors of each care group to monitor their waiting lists and pick out patients that may be at greater risk of harm. These will be escalated so patients can access the services required. Action closed.

23/37 EDI – Virginia Golding will be giving an update later in the meeting. Action closed.

Action: Mrs McAleese will give update on meeting held with PLACE directors at next meeting.

23/47 Chief Executive's Update

Mr Morrith gave a summary of his report and highlighted the following:

- He would like to thank Mark Chamberlain, interim Chair, for his leadership and support during his time with the Trust.
- The new Care Group structure is now in place. 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.
- Refreshing the Trust Strategy is well underway with future meetings to be arranged next year. He will continue to provide updates as it develops.
- The Trust's 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.

Stage two of the Our Voice, Our Future programme, is the 'Discovery' phase, launched on 6 December, when an event was held with the newly recruited Change Makers to introduce them to the role and the tools available to support them. Due to the quality of applications and the level of interest, 52 Change Makers were recruited. These individuals are from roles across the Trust, from a range of professions, sites, and levels of seniority. The Change Makers are existing staff, who will use some of their time to gather feedback from colleagues over a six-month period and put forward improvements to help develop a compassionate culture and develop workplaces where people want to come to work.

- October was Speak Up month and the Trust 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. As a result, 24 new champions have been shortlisted from a range of roles and sites, which will provide greater scope for staff to have important conversations about issues and concerns.
- The Trust is part of a broader collaborative across Humber and North Yorkshire which is the integrated care system the Trust is part of and which Mr Morrith chairs. To provide focussed leadership at a system level, the 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. Further information can be found in his report previously circulated with the agenda.
- The Trust held its celebration of Staff Achievement Awards at Scarborough Spa. It was a really good night and although focus tends to be on the challenges and issues, of which there are many, it was an opportunity to showcase the fabulous care that is provided to the population within the Trust's footprint.

The Council raised the following points:

- The Care Group changes are very good. However, there is concern around cross site working and whether it is effective. In addition, operational decisions are made in York for the East Coast and not all assets are being maximised to their full potential on the East Coast. Mr Morrith replied that going forward he will ensure that NHS resources are maximised within the Trust, as well as using the independent sector, in order to lower waiting lists. There are challenges around being able to effectively resource them, but the commitment is there to find solutions.
- The introduction of Change Makers sounds like a great initiative with potential for creativity and improvement. Is it across all sites and services, including the LLP? Mr Morrith confirmed that it encompassed all sites and services, including the LLP.

The Council:

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

23/48 Chair's Report

Mr Barkley gave an overview of his report, and the Council raised no questions.

The Council:

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

23/49 Questions received from the Public

Mr Barkley stated that the questions received from the public have been answered in the agenda pack that was published. In addition, there were a couple of further answers that have been given the morning of the meeting and these will be published on the Trust website.

The Council raised the following points:

- With regard to renal services, feedback from a member of staff was that patients currently have no choice at which location they receive their treatment. At least two patients from Scarborough travel to Easingwold because Scarborough Hospital does not have the capacity to accommodate them. Also, Easingwold is not taking any holiday dialysis patients, and have not done so for many years, because there is a shortage of slots for local people. Most concerning is that, as a rule in the past, most patients started dialysis when their kidney function was below 10 but now it has reduced to 5. Mr Morrith replied that renal services were under great pressure at the moment. The equilibrium between demand and supply is being really, really challenged in most NHS organisations and the Trust was no different. As mentioned in the action log, there was a business case that was established some time ago, but the Trust has not been able to secure the capital to take that forward. Renal services are commissioned by NHS England and in our catchment area there are three providers of which the Trust is one.
- Regarding dialysis services, there are two dialysis machines sitting unused at Selby Hospital. We are aware of the staffing issue, but can they not be utilised?

Mrs Thompson commented that there is a challenge nationally on dialysis capacity. The proportion of people in our population needing dialysis has grown. A very high proportion of patients in this country go to hospital sites to have dialysis where they sit in a chair all day and have dialysis. Internationally, far more people have a procedure where fluid is put into the body, go about their daily lives, and have dialysis to remove any excess fluid out of the body. This means it is much easier to add services to provide a huge number of people with care, but it also means support for the person to have a much more normal life that isn't interrupted by three days a week sitting in a chair in a hospital premises. There is a lot of work to do in this country around this form of dialysis. Only a very small amount of organisations currently offers this type of service.

- What are governors doing to engage with the public so we can actually bring public views to these meetings? It will be really interesting to be part of the meeting later on when we talk about how governors engage with the public. Also, I would like to say thank you very much to Mr Barkley for agreeing to visit Bridlington in January, that's a big step forward. Mr Barkley replied that he would like to encourage all the governors to start thinking about how they will engage with the public and suggested having an annual constituency meeting for each constituency. Depending on governor responses later in the informal meeting we will give an update at the next meeting about dates, times, venues.
- In the last Board agenda papers, it states that with Freedom of Information (FOIs) enquiries approximately 50% are answered and the Board of Directors is looking into what can be done to increase the percentage and will be picked up under matters arising at the January meeting of the Board. Does that mean the other 50% don't get answered? Mr Morrith assured the Council that all FOIs are answered. The Board papers showed that approximately 50% were answered in accordance with the FOI Act timeline of within 20 days. The rest were answered outside of that timeframe. The Board is looking at the process in order to increase that percentage and will provide an update at the next meeting.

The Council:

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

Action: Mr Barkley/Mr Taylor to arrange meeting dates, times, venues for the annual constituency meeting for each constituency and give update at next meeting.

Action: Mr Taylor to give update at next meeting around the improvement in reply time of FOIs.

23/50 CQC Update

Mrs Parkes gave an update on the CQC report and highlighted the following: -

- There are 73 actions to deliver from the CQC report which covers all sites, including community. Some actions are specific to certain sites.
- Satisfactory progress is being made in completing the action plan. There are a lot of actions to be delivered by end of December and beginning of January.
- We are very strict on the action closure and ensure that any changes are embedded, evidence made available, and it is sustainable, before the executive directors are confident to sign off on any actions as being complete.
- There are lots of activities ongoing including “Back to Floor” days, to ensure that the actions are working and pick up on any tweaks that are required to guarantee sustainability.
- There is a Section 31 requirement around mental health assessment in the Emergency Departments on both sites. 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 and will be ready to roll out in January.

The Council raised the following points: -

- How confident are you that mandatory training is being done as quickly as possible without disruption to staff duties? Mrs Parkes replied that in the majority of cases it is arranged within the area that staff work. Mandatory training will be monitored to ensure all staff are up to date.
- In regard to the outstanding actions in red, why have they not been signed off? Mrs Parkes replied that each action is monitored for 3 months from implementation to ensure that it is solving the issue and that there is evidence that it is sustainable. After 2 months the action is assessed and those actions in red show that the executives need further evidence before they are confident to sign off.
- Looking through the Board papers and noting the completion of mass training, there was significant variation between the professional groups in completion of mass training, and medical and dental staff was very low. Given what you said about safety and quality of care, what plans are in place to address this issue? Are the NEDs assured that the plans will rectify the situation? Mr Barkley replied that the Medical Director, Dr Karen Stone, is aware of this and is being picked up through job plans and the annual appraisal process. Mrs Boyd added that there is a change in the consultant interview process to ensure that they are up to date with their training and fit to practice. Dr Morgan added that he is in discussions with the Medical Director, Chief Nurse, and the Director of Workforce to understand how the disparity has occurred and to put plans in place to address the issue.

- Regarding the actions that are off track in maternity and infection prevention control (IPC), why is it off track in this area? Mrs Parkes replied that when the IPC team visit to do an assessment they are looking for performance and sustainability and if they are not comfortable that they have not seen what they wanted to see then the action will not be signed off.
- In the CQC report regarding mental health risk assessment, is the date correct of January 2020? Secondly, we have had on the agenda for some time now the issue on mental input in Scarborough A&E. Has this been resolved? Mrs Parkes replied that in Scarborough A&E they have the Inpatient Psychiatric Liaison Team that can go and assess patients if they need to. Much more work is needed, and the Trust has just appointed a Matron for Complex Needs who will lead on this. Staff knowledge also needs improving around mental health. The reason why mental health patients get stuck in A&E is because mostly those patients need admission to a mental health service which takes a long time to access. Mr Morrith added that historically the Trust did not receive the adequate service from the provider. Since the CQC this has changed.
- Looking at all the work ongoing, is the response to the CQC hindered by chronic underfunding of the NHS? Mr Barkley replied that the context of the NHS has been the most difficult in his 49 year working life in the NHS. The impact of austerity on the lower income population has led to increased health problems, the ongoing underfunding of the NHS, and in particular Health Education England, has impacted on the workforce shortages particularly for doctors and nurses. That has been exacerbated by standards in the NHS rising, particularly around staffing levels, etc., in response to the mid-Staffordshire enquiry. There is also the serious impact of patients occupying beds that are fit for discharge but cannot move on because of lack of packages of care. For the Trust we have to focus on those things that are in our control and for people in senior positions to try and influence members of parliament and other stakeholders to do more to address the problems that are outside of the control of the Trust. Mr Barkley will be meeting some of the local politicians in the new year to discuss some of the problems he has highlighted.

The Council:

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

23/51 EDI Update

Mrs Golding gave an overview of her report and highlighted the following:

- the annual reports were approved by Board in May this year and submitted to NHS England.
- Engagement with Staff then took place through the joint Staff networks, through Survey Monkey and with some of the workforce and organisational development leads, to create an action plan to address some of the areas that needed improving. Those action plans were finalised and approved by Board in September and published on the Trust website.
- The advice from the national team around creating action plans is not to create actions to address all of the metrics, of which there are 9 within the race standard and 10 within the disability standard, but to create actions/interventions around those issues that are a priority for the Trust, and that is what has happened. Leads have been identified from the Workforce team, Communications team, staff networks and

the senior leadership team. There is also an established equality, diversity, inclusion work stream.

- With regards to disability equality, some of the actions and interventions are working really well regarding and is improving year on year, which is really to be commended. However, it is imperative that we continue to implement the interventions and monitor progress on a yearly basis.
- With regard to race equality, improvements were not moving as rapidly and so some of the targeted actions have been extended to cover two years to ensure interventions are working and monitor progress more effectively.
- A level of accountability for the actions has also been included and executive director leads have been identified so any actions/interventions that are not progressing well can be escalated to the designated executive director lead.
- Other areas of improvement taking place are:
 - the recruitment of Changemakers
 - the work of the Fairness Champions
 - EDI Improvement Plan published in June
 - Changes in Policies
 - A suite of equality, diversity, and inclusion training for staff

The Council raised the following points:

- How many staff have accessed the training? Ms Golding replied that the training started in March this year and around 333 staff have completed the training. She is working with her admin colleagues to create reports on attendance. The training will continue to be rolled out next year subject to funding.
- Should we not look at the Board and the CoG to become more diverse? Mr Morrill replied that they have had members on the Board of Directors with protected characteristics. They also encourage people with protected characteristics to apply during the recruitment process. This is always considered when recruiting to the Board.

Regarding CoG, the Council discussed and determined that it would be difficult to influence the makeup of the CoG as the public put themselves forward to become a governor and were elected by the local constituency they represent. The Council believed that there was diversity within the CoG but it is not always obvious until you get to know a person. This year, there was a diverse group of staff who applied to become a Staff governor and, again, the staff voted in who they wanted. As long as we encourage that diversity then it is a step in the right direction.

Rukmal added that it is on the membership agenda to increase diversity within the membership of the Trust, and it is something that will be discussed at a future membership meeting.

The Council:

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

23/52 Performance Report (TPR)

Mr Barkley advised that he had picked out the statistics that he thought was most significant for the Council to review from the Board Performance Report.

The Council raised the following points:

- It was useful receiving the information that the Council were sighted on but the commentaries at the end are difficult to understand. Following up on patients who were waiting a long time, around 3000 letters were sent out, any update regarding that? Mr Morrith replied that there were quite a few patients who responded asking for their treatment to be carried out elsewhere. However, many patients do not want to do this and would rather wait for an appointment at their local facility.
- Further to the question above, there are 50,000+ patients on the waiting list, if those patients do not want those appointments elsewhere are you then moving down the list and offering those slots to other patients on the list? Mr Dillon replied that there was a plan to do this but it has currently been paused.

Ms Thompson added that most patients tend to access the care they need if it is time critical and those people waiting a long time have conditions that are less critical time critical or they are unwilling to move because of their personal circumstances. The national initiative was agreed to offer people who had been waiting longer than 40 weeks but it was paused because many people were unwilling to travel and so it is being evaluated to determine what value it is adding. Mr Morrith added that they have tried to work with partner organisations to move patients around the patch but with little success.

23/53 Finance Report

Mr Lamb gave a summary of his report and highlighted the following:

- The summary income & expenditure table confirms an actual adjusted deficit of £31.0m against a planned deficit of £13.3m for October. The Trust is therefore £17.7m adversely adrift of plan. Reasons for this include:
 - The impacts of the strikes that have taken place since April. Additional costs were incurred to backfill those staff who were on strike. Elective income has also been lost even though the infrastructure still needed to be funded, i.e. theatres, ward space, etc.
 - This year, the ICB has fixed the amount of income received by the Trust for drugs and devices which is significantly less than the Trust is spending. Discussions are ongoing with the ICB to try and recoup some of the costs.
 - The Trust has a significant efficiency target of £49.5m this year and the Trust is struggling to hit that target. To date, the Trust is around £4m behind and will possibly be more by the end of the year.
 - The pay awards this year were not fully funded by the centre. The Trust had to make up the shortfall.
 - There is still quite a significant number of vacancies across the organisation. These need to be filled with temporary staff from an agency or locum staff. To date, the Trust has spent about £33m on temporary staff.

Mr Lamb stated that since the report was produced there have been a few developments, mainly:

- The press has reported that the NHS has received additional funding of about £1.1 billion. Only about £300 million of that is new money. £800 million of it is actually NHSE having to re divert funds from various other intended spending streams to help fund the actual cost pressures across the country. The funds will be distributed to the

ICBs who will in turn allocate funds to the various Trusts. Our Trust has been awarded about £9 million and that's primarily to cover the cost of the strikes.

- In addition, around £2.5 million will flow into the organisation via the elective recovery fund as the threshold to deliver has been reduced by 2% which will benefit the Trust and allows it to earn extra money.
- Also, the Trust will receive a generic contribution of about £4.5 million to cover pressures of the type described above.

Mr Lamb advised that they were still finalising the month 8 position and will be presented at Board later this month. Taking into account the information above, the forecast for year end will be a potential £7 million deficit. The Trust is trying to develop further plans to balance that and are also in discussions with the ICB to ascertain if further support can be given.

The Council raised the following points:

- Regarding the £49 million efficiency programme, how is that made up. Mr Lamb replied that of the £49 million we have a cash out target of £21 million; the ICB have requested a further stretch target of £17.5m; and the balance is made up of technical productivity measures. With regard to the £21 million cash out target, although the national efficiency requirement for 2023/24 is only 1.1% we are having to deliver a higher percentage. This is due to prior year cost improvement targets that were achieved only on a non-recurrently basis, which effectively have been rolled forward into 2023/24 and are added to the in-year target.

With regard to the ICB stretch target and the £10 million achieved in the year to date, a lot of reduction was from planned costs avoided rather than cost out. Some of these costs have been slipped to the following year, so from that perspective there is no real direct impact on patient care. When we were developing our financial plans for this year we were under incredible scrutiny from NHSE particularly at one point we had a prospective planned deficit of £50 million. We were under great pressure from both NHSE and ICB to bring those down. We have been constantly reviewing the plans; looking at our prospective developments and re-costing them and looking at how we can provide services in a more productive way.

- As you know, Bridlington Hospital is being underutilised. Are we losing money by not using it efficiently? The Council were advised that the Trust has a contract with the ICB which is not implicit on how well or not it is using hospital sites. Clearly if there is an opportunity to generate income then it should be looked at.
- Why is the Trust paying so much for agency staff? There is a problem with recruiting and retaining staff, especially on the East Coast. What is being done to address this? Mr Lamb advised that it was a national problem across the NHS. There are a lot of initiatives ongoing to try and recruit staff. Locally, there is not sufficient workforce and so the Trust is having to go abroad to recruit. Also, people like working for agencies as it gives them a better work/life balance. Mr Barkley added that there is an issue with staff retention, particularly with healthcare assistants. The Chief Nurse has launched a new initiative of setting up a healthcare assistants academy based at Bridlington Hospital because it was identified that more training at the very start of their appointment is absolutely critically important to help them feel comfortable in their jobs and equipped to do their jobs and not leave.

- Regarding the spend on agency staff, this is not sustainable and the more we use agency the more staff will leave to go to agency on more money. Is there a plan to actually communicate to NHS managers to ensure it is a last resort to use agency staff so that it is not lucrative for people to leave their jobs and become an agency worker? Mrs Parkes replied that there is a lot of work ongoing around recruitment and retention. The healthcare assistants academy is a prime example where the Trust can grow its own workforce by giving them the training to become nurses or whatever else they want to do in the Trust. We need to do that for all our registered posts. We also need to have conversations with staff to ask what their aspirations are and work with them to achieve those.
- Where are you with pass through payments and are you likely to get them from the ICB? Also, agency payments, will there be any support from the ICB? Mr Lamb replied that with pastoral payments he is unsure. With regard to agency payments, he does not think the ICB will support the Trust on this. Discussions are still ongoing. Mr Morritt added that being part of the ICB meant that the Trust and its partners all have to succeed, or all fail. It is not in the ICB's interest to fail and so if there is any flexibility at all then he is sure they will support the Trust.

23/54 Governors Activities Report

Mrs Abeysekera commented that she was working with Mr Barkley and Mrs Boyd to try and improve communication with the NEDs so the Council can seek assurance in a more productive way.

The Council:

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

23/55 Governance Update

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

- Welcomed the new governors to their first meeting of the CoG.
- Governor resignations for the period.
- Reminder that positions for the various governor groups are still available. Anybody who wished to join these groups can contact either Mr Taylor or Mrs Astley.

No points were raised by the Council.

The Council:

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

23/56 Items to Note

The Council noted the following items:

- CoG Attendance Register

23/57 Time and Date of the next meeting

The next meeting will be Thursday 14 March, Malton Rugby Club, timings TBA