



Minutes

Public Council of Governors meeting

7 July 2022

Chair: Alan Downey

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

Appointed Governors: Gerry Richardson, University of York;

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

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

Observers: 1 public

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

22/18 Chair's Introduction and Welcome

Alan Downey welcomed everybody and declared the meeting quorate.

22/19 Declarations of Interest (DOI)

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

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

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

22/21 Matters arising from the minutes

There were no matters arising.

Action Log

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

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

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

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

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

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

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

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

22/22 Chief Executive's Update

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

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

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

The Council raised the following points:-

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

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

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

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

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

The Council:

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

22/23 Chair's Report

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

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

The Council raised the following points:-

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

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

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

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

The Council:

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

22/24 Chair Appraisal

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

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

The Council:

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

22/25 NED Appraisals

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

The Council:

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

22/26 CQC

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

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

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

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

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

The Council raised the following points:-

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

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

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

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

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

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

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

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

22/27 Ockenden Update

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

The Council raised the following points:-

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

22/28 Assurance Committee Updates

The Council raised the following points: -

Audit Committee

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

Resources Assurance Committee

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

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

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

The Council:

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

22/29 Governors' Report

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

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

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

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

The Council:

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

22/30 Items to Note

The Council noted the following items:

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

No comments were made.

22/31 Questions received in advance from the Public

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

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

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

22/32 Any Other Business

No other business was discussed.

22/33 Time and Date of the next meeting

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

Public CoG – Action Log

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