

# Council of Governors (Public) Minutes - 12 June 2019

#### Chair:

Ms Susan Symington

#### **Public Governors:**

Mrs Jeanette Anness, Ryedale and East Yorkshire
Mr Andrew Butler, Ryedale & East Yorkshire
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Ms Sally Light, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mrs Liz Black, Public Governor Scarborough
Mr Clive Neale, Public Governor Bridlington
Mr Richard Thompson, Public Governor Scarborough

## **Appointed Governors**

Ms Dawn Clements, Hospices

#### **Staff Governors**

Dr Andrew Bennett, Scarborough/Bridlington Mrs Helen Noble, Scarborough/Bridlington Mrs Sharon Hurst, Community Mr Mick Lee, York Mrs Jill Sykes, York

#### **Attendance**

Mrs Becky Hoskins, Deputy Director of Patient Safety, Medical Governance
Mr Steve Reed, Head of Strategy for Out of Hospital Services
Ms Catherine Rhodes, Lead for Patient Experience
Mr David Thomas, Care Group Manager, A&E and Elderly Medicine, SGH
Mr Neil Wilson, Head of Partnerships & Alliances
Mrs Jenny McAleese, NED
Ms Jennie Adams, NED
Ms Lorraine Boyd, NED
Ms Lynne Mellor, NED
Mrs Lucy Brown, Interim Director of Communications
Mrs Lynda Provins, Foundation Trust Secretary

### Mrs Tracy Astley, Assistant to Foundation Trust Secretary

#### **Observers**

1 member of the public

### **Apologies for Absence:**

Cllr Chris Pearson, NYCC
Mrs Karen Porter, Project Choice
Mr Gerry Richardson, University of York
Mrs Catherine Thompson, Hambleton
Mr Robert Wright, York
Mr Roland Chilvers, Public Governor Selby
Mr Stephen Hinchliffe, Whitby
Mr Mike Keaney, NED

#### 19/14 Chair's Introduction and Welcome

Ms Symington welcomed everybody and declared the meeting quorate. She introduced Mr Reed, Mrs Hoskins, Ms Rhodes, Mr Thomas and Mr Wilson to the Committee. She gave apologies on behalf of the Executive Team as they had a prior engagement with NHSI.

#### 19/15 Declarations of Interest

There were no updates to the declarations of interest.

## 19/16 Minutes of the meeting held on the 13 March 2019

The minutes of the meeting held on the 13 March 2019 were agreed as a correct record subject to the following amendments: -

- Add apologies for Mrs McAleese.
- Add action "Simon Morritt to attend September Council of Governors meeting".
- Page13 19/06 replace medical with nursing.

## 19/17 Matters arising from the minutes

The Committee asked for an update on the Oncology situation. Ms Symington replied that Mrs Scott, Chief Operating Officer, was leading on this work. Mr Wilson added that discussions have been taking place over the past 3 months with 3 other Trusts (Harrogate, Leeds, Hull) to collectively provide a breast oncology service across the region. It was a temporary solution. It will feed into the overall service work plan that has been developed across all Trusts.

Action: Update on Oncology situation required at September meeting.

#### Action Log

There were no matters arising from the action log.

# 19/18 Update from the Private Meeting held earlier

Ms Symington updated the committee on the topics discussed in the private meeting held earlier. These included: -

- The Chair's quarterly report to the Council of Governors.
- NED feedback on the first year at York Trust from Ms Mellor and Dr Boyd.
- The recommendation that Mr Keaney and Mrs Adams serve another year as Non-executive Directors.
- Interim Workforce Plans produced by NHSI.

## **19/19 Governors Reports**

- <u>Lead Governor Report</u> Mrs Jackson gave an overview of her report. She
  explained that she had attended the Patient Experience Steering Group and
  although it was not quorate due to operational pressures, she had some useful
  discussions with colleagues.
- <u>Transport Group</u> Mrs Miller commended the team on transport who had promoted the use of pool cars and hire cars which had saved money for the Trust. She also mentioned the start of the Park & Ride from Rawcliffe to the Hospital and how successful the first week had been.
- <u>Fairness Forum</u> Mrs Anness commented how impressed she was with the work of Stephen Clark on the LGBT project.
- Out of Hospital Care Mr Reed referred to the minutes from the recent meeting and informed that he will ask a representative from Humber City Health Care to attend the next meeting to report on their work. The Committee noted the minutes and no further comments were made.
- <u>Charity Fundraising Committee</u> AB reported that he was impressed with the caring side and in awe of the things members of staff and supporters do to raise funds. It was a genuinely wonderful committee to be on. Ms Symington will be joining them for the next meeting.

### 19/20 Chief Executive's Update

Ms Symington stated that she would give an update on Mr Proctor's behalf and referred to the Chief Executive's report.

- System finance this was an extensive piece of work focused on how the Trust will account for its money as part of a system with Vale of York CCG and Scarborough & Ryedale CCG.
- Moving to a care group structure Ms Symington gave a synopsis of the historical directorate structure and how the Trust will be moving towards having 6 care groups and referred the Committee to page 40 of the report for the configuration of each. A thorough recruitment process had taken place for the posts of Care Group Directors

and Managers. Each care group will be clinically led and will be aligned with a Head of Nursing. The governance was currently being worked through. The care groups will go live at the beginning of 1 August to coincide with the arrival of the new Chief Executive, Simon Morritt.

Scarborough Acute Service Review – Ms Symington advised that the second stage
was now underway and will be completed by end of July. The North West
McKinsey team were working closely with the Trust. They have an engaging and
challenging but inclusive style and have been welcomed by the clinical teams.

Mr Butler asked if there were a range of models the Trust could put out to consultation. Mr Wilson replied that there should not be too much change to the delivery of services. They were working through the impact of some of the models and once that was completed there may be some consultation in one or two areas of service. Mrs Brown added that this was dependent on how soon care groups produced their models.

Mrs Miller asked if there were any major changes planned at Scarborough Hospital and added that she would challenge the Trust if it did not consult on them. Mrs Brown replied that consultation depended on the level of change.

- CQC Inspection Ms Symington advised that the CQC Well Led Review had been arranged for the 16-18 July. Usually three weeks prior to this the CQC visit and therefore it was anticipated that the CQC's visit will be imminent.
- Good news stories Ms Symington referred to page 42 of the report giving an overview of the number of award ceremonies where staff have been recognised. She added that the Executive Directors in the Trust work very hard to celebrate staff and their achievements.

## 19/21 Patient Safety Walkrounds

Mrs Hoskins gave a presentation on the subject which included slides on: -

- Patient Safety Strategy and driving principles
- Terms of Engagement
- Questions for Staff
- · Questions for Patients and their families
- What happens to their feedback

The aim was to make the visits supportive and not an inspection. Mrs Hoskins spoke about the set of questions she would like the Governors to use on their walkrounds. The Governors expressed their opinions of the recent walkrounds that took place across the sites and all felt that these visits were invaluable to triangulate with what was being spoken about at Board.

Mrs Jackson asked if a report could be produced on themes that were coming through. Mrs Hoskins replied that she would do this.

Ms Symington thanked Mrs Hoskins for attending the meeting.

**Action:** Mrs Hoskins to produce a report on themes that come through on Patient Safety Walkrounds for next meeting.

### 19/22 Volunteering

Mrs Rhodes advised that there were almost 300 volunteers. They had just ended another cohort of recruitment and it was expected that another 25 volunteers will join the Trust in the next couple of months. Regarding Helpforce, Mrs Rhodes explained that it was an organisation set up by Sir Tom Hughes-Hallett which encouraged volunteering within the NHS.

Ms Symington enquired about the type of things people volunteer for. Mrs Rhodes replied that currently they were looking for dining companions and volunteers in A&E, to keep patients company, keep them calm, and help in little ways. She added that if a department came to them to ask for help with a service then it would be assessed and volunteers would be recruited for specific roles.

Mrs Anness asked if training was provided. Mrs Rhodes outlined the training given by the Dietetics Team to dining companions and how progress could be made through the training levels to enable volunteers to feed the patients.

Ms Symington thanked Mrs Rhodes for attending the meeting.

## 19/23 Questions received in advance from the public

Two questions were received from the public. See Appendix A and Appendix B.

Ms Symington explained that she was going to read the questions and answers verbatim. After the reading Ms Symington stated that there was an element about this which was really a complaint and not suitable for the Council of Governors but because it was fielded to the Council, she felt it appropriate to share it with them. There will be a formal response to each person from the Trust.

### Stroke Pathway

Mr Thomas gave an overview of the Stroke Pathway at Scarborough Hospital. He emphasised it was an efficient service, was constantly tested and had been given an 'A' rating.

Mrs McAleese referred to the letter and asked whether the patient had seen the Hyper-Acute Stroke Nurse as this would give the letter writer some form of assurance.

Mr Reakes queried the delay and questioned whether the department had enough resources to carry out such assessments in a timely manner. Mr Thomas replied that they needed a second CT scanner, and that was in the plan. They had the capacity to provide an out of hours and weekend service. They did not have enough radiologists to report on the scans at Scarborough but they had an arrangement in place with the York Hospital radiologists. The recruitment of middle grade doctors and consultants coupled with the increasing demand for services at Scarborough was proving a real challenge.

### Children's Behavioural Service

Mr Wilson explained that late last year the Trust informed the CCG that they were no longer able to provide the service and gave six months' notice to enable the CCG to identify alternative arrangements. Mrs Brown added that the Trust had stopped being the provider of the service at the end of May 2019. However, the CCG had not finalised its plans at that point despite identifying a provider and therefore the Trust agreed to continue a service until the CCG and the new provider agreed the terms.

Mrs McAleese expressed concern that this was a high risk patient and from the letter it seemed the parent had been told from staff at the hospital that there was no longer a service available when she phoned up to make an appointment. Mrs Brown reiterated that the service had not changed and patients who were registered would still be seen. Mr Neale asked about the patients whose appointments still had to be made. Would they still be seen?

Mrs Jackson commented that the letter writers needed to know that the Governors had discussed their concerns and will be putting them forward as complaints to the PALS team. Mrs Rhodes highlighted that it was the choice of the patient to write to PALS with a complaint.

Mr Butler emphasised that it was not right inviting people to ask questions and then it be written off as a complaint. He referred to his report around mental health services and expressed concern that there were parents who were looking after children with all sorts of conditions and it appeared that their support had been taken away and they did not know what was happening. He requested that Ms Symington put in her reply how sorry the Governors were that this had happened.

Ms Symington acknowledged the situation but reiterated that this was the responsibility of the CCG who had not sought alternative arrangements within the six months' timeframe.

Following further discussion it was agreed that Ms Symington and Mrs Rhodes would pick up these issues outside of the meeting.

**Action:** Ms Symington/Mrs Rhodes to discuss questions received from public outside of meeting.

## 19/24 Membership Development Group update

Mrs Provins drew the Committee's attention to several actions that had been completed on the Action plan. These were: -

- Publicising dates and times of public Council of Governors meetings in Membership Matters and on social media giving an opportunity for governors to speak to members of the public and encourage membership.
- Publicising Trust membership and benefits via a poster which has been placed in reception of each Trust facility to encourage sign up via the Trust website.
- Using Hospital Radio to encourage Trust membership.
- Producing a press release which has been distributed to the free press. It will also be sent to Patient Groups and Charitable Support Groups.

Ms Rhodes advised that they do email out to all volunteers encouraging membership. It went to around 250 people.

Mrs Provins advised that there was a Member & Public Engagement Seminar on the 19<sup>th</sup> June by NHS Providers. Mrs Jackson had volunteered to attend and will feedback to the rest of the Committee in due course.

### 19/25 Constitutional Review Group update

The Committee noted the report and no further comments were made.

## 19/26 Governor Elections

Mrs Provins referred to the report and advised that these were the proposed election seats coming up this Summer and the proposed timescale. Discussions were still taking place around the detail.

The Committee noted the report and no further comments were made.

## 19/27 Any Other Business

Mr Reakes asked that the Committee be notified of any questions sent in for the Council of Governors prior to the meeting so they can consider the issues. Mrs Symington replied that she will discuss with Mrs Provins and the Non-executive Directors around the protocol of this.

**Action:** Ms Symington/Mrs Provins to discuss protocol around sharing with the Governors questions from the public prior to the Council of Governors meeting.

## 19/28 Time and Date of the next meeting

The next meeting will be held on **3 September 2019**, **1.30pm –3.00pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

# **ACTION LOG**

Date of Meeting	Action	Responsible Officer	Due Date	Comment
12/06/19	Update on Oncology situation required.	Mr Wilson	September 2019	
12/06/19	Produce a report on themes that come through on Patient Safety Walk rounds.	Mrs Hoskins	September 2019	
12/06/19	Discuss questions received from the public to progress.	Ms Symington / Mrs Rhodes	Outside of meeting	
12/06/19	Discuss protocol around sharing with the Governors questions from the public prior to the Council of Governors meeting.	Ms Symington / Mrs Provins	June 2019	

### **Q&As from the Public**

Keith Dawson

Thank you for submitting your question to the Council of Governors in a timely way.

The regulation in relation to patient confidentiality means that we are unable to answer your questions directly in respect of your family members, however we can answer in broader terms. Given the nature of the experience you describe, and your clear concerns that the care your relative received was not of the standard you would expect, I would recommend that you talk to someone in our patient experience team who can listen to your concerns and, if you wish, investigate them further to provide more detailed answers to the questions you raise here. They can be contacted via email: <a href="mailto:pals@york.nhs.uk">pals@york.nhs.uk</a> or by phone: 01904726262.

Q1/ Is a ten and a half hour wait for an elderly person who has had a mild stroke who also has other underlying medical conditions acceptable to the council of governors?

The trust board and the council of governors all recognise that long waits in our emergency department are unacceptable. Currently the trust is making all efforts including with partners to improve emergency department treatment times.

Q2/ Are the council of governors aware of the hard hitting television stroke campaign, FAST, where the T stands for time, 10.5 hours !!!!

The Council of Governors are aware of this hard-hitting television campaign.

Q2/ What actions are the council of governors taking to significantly reduce the waiting time in Scarborough's A & E?

The Council of Governors are not taking any action in relation to our Emergency Departments directly: Their role is to ensure that the Non-Executive Directors of the Board are holding the executive directors to account in respect of performance, including our Emergency Departments. Minutes from the Board of Directors reveal this is taking place.

This trust has a well-established, highly rated Stroke Pathway which is based In York for hyper acute stroke treatment, with reablement after acute treatment in York, in Scarborough.

Q3/ Why couldn't the brief and basic stroke assessment have been carried out earlier, that would have released a trolley for another patient and prevented a very long wait. If you don't have the expertise to deal with the patient why keep them waiting?

As before, for reasons of patients confidentiality and because of their role, The Council of governors are unable to comment on this element of care; to discuss concerns in relation to the care you or a relative has received please contact our patient experience team via the contact details above.

Q4/ Elderly people come to the coast to retire and inevitably as their health deteriorates illnesses such as strokes and other illnesses associated with old age become more prevalent. Are there any plans to have some stroke expertise based at Scarborough hospital?

As above, this trust has a well-established, highly rated Stroke Pathway which is based In York for hyper acute stroke treatment, with reablement after acute treatment in York, in Scarborough.

## Kayleigh Menary-Dykes

I'll begin by giving you a little of our history so you may just understand my frustration, my sadness and my outright anger.

I have an 11 year old Son who was under the care of the Children's clinic in Scarborough. He is diagnosed with ADHD. Recently though his behaviours have changed and he is displaying some concerning traits, one of which is self harm, as well as other traits that are not consistent with ADHD. This is why I phoned the childrens clinic 2 weeks ago to make him an urgent appointment. When I contacted the children's clinic I was informed Harvey was no longer under their care and I was informed accordingly, even directed to a website that was about as much good as a chocolate fire guard. He was at that point over due, last being seen in December of 2018, another urgent appointment made due to his behaviours.

Harvey is medicated with Eqaysum for his ADHD. This medication requires close monitoring due to the side effects it can have on not just his weight but also his blood pressure. I'd like to repeat that Harvey has not been seen in clinic now since December 2018.

Around a month ago I noticed an article online about how some of the services to behaviour had changed and would be being transferred to another service provider. Naturally I figured this didn't apply to my Son as I thought, stupidly, that York Trust would have the decency to contact me directly about the changes that affect my Son. Never in my wildest dreams would I have thought I would have to read about it online.

My questions are as follows;

- Why did nobody have the decency to send out a generic letter to all of the families involved in these changes?
- Who is taking over my Sons care?
- When exactly am I going to receive an appointment with the new care provider to discuss all of the above issues?
- How far will I have to travel to get to this appointment? My Son, as do many children, does not travel very well and the change can be very overwhelming for him.
- Do you admit removing these services was an utter failure on the many families that are directly and indirectly effected by this change?
- What do you propose to do in order to rectify this?

<u>Response</u> - Following extensive clinical and managerial discussions between York Teaching Hospital NHS Foundation Trust and NHS Scarborough and Ryedale Clinical Commissioning Group (CCG) regarding children and young people's behavioural services in Scarborough, the Trust made the decision that it is no longer the appropriate provider for this specialist service, as in many other parts of the country these services are provided by specialist mental health trusts.

In December 2018 the Trust informed the CCG of this decision and supported the CCG in identifying alternative specialist mental health providers for these services.

New providers are being commissioned by NHS Scarborough and Ryedale CCG, and families will be written to with details of the future arrangements for their child once these are confirmed. These services will continue to be provided in Scarborough, and some children will be referred back to their GP to discuss future care options.

The majority of Community Paediatric and Children's Therapy services provided by York Teaching Hospital NHS Foundation Trust are unaffected by these changes and will continue to be provided by the Trust.

We understand that this situation has caused worry for families that use this service, however once we have a clear way forward for each individual we will communicate this to the families concerned.