



Report
Council of Governors
14 September 2023
Questions from the Public

Trust Strategic Goals

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

Recommendation

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

Purpose of the Report

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

Executive Summary – Key Points

The report details the questions received from the public and, in line with the new protocol, will be answered at the meeting.

Recommendation

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

Author: Tracy Astley, Governor & Membership Manager

Director Sponsor: Mark Chamberlain, Interim Chair

Date: September 2023

Jean Spink

Q1: How is the Trust responding to the NHS Long Term Plan to develop the Nursing, Midwifery, Medical, and Allied Health Professional Workforce.

A: The Trust is sighted and supportive of the recently published NHS Long term workforce plan. Specific details for our region are yet to be confirmed and we are mindful this plan is limited to NHS only and not the wider care system on which we are so reliant. It is a long term plan so doesn't effectively commence until the new parliament but efforts are being made internally and across the wider ICS (system) to expand the number of placements so we can support a greater number of students going forward. In line with the NHS Long Term Plan, the Trust is actively working on a number of steps to improve our recruitment into the organisation. This includes plans to reduce our time to hire and steps to support the mobility of staff within our region, making it easier to support the movement of staff between organisations and retain individuals within the healthcare sector. Collaboration within the ICS is a key part of achieving the NHS Long Term Plan, with work underway to explore a number of initiatives including collaborative banks and streamlined recruitment processes to support the development of our workforce. Retaining our workforce is a key priority for the Trust. To support this, the organisation has recently commenced the Culture and Leadership Programme, supported by NHS England, to improve the culture within the Trust and explore opportunities to improve the experiences for our staff. As part of retaining our workforce, we recognise the importance of learning from our leavers, and are actively working to increase the feedback provided by staff when they leave the organisation. A key area of focus for the Trust is the utilisation of our workforce, to ensure we are making best use of our workforce to meet our patients' needs. To support this work, the Trust is embarking on an improvement programme with the support of NHS England, to review our eRostering utilisation and imbed best practice in the Trust. Through this work the organisation will explore greater flexible working opportunities for our clinical staff, a key focus of the NHS Long Term Plan.

Q2: Thank you for the below. An unusually speedy response from the Trust to my question! Some of the response is 'waffle' but there is one important aspect which I think it is important for the Governors on the East Coast to receive more information about and that is 'the efforts being made internally and by the wider ICS system to expand the number of placements.' So, my follow up question for the Trust is : May we see the detailed plans for placement expansion within the Trust and the wider ICS system so that we can determine their disposition (grades, profession, apprenticeships)?

A: The information on this we understand is currently being drafted.

Q3: I have an additional query not raised previously in relation to the sudden departure of the Chair from the Trust and that is in relation to the Chair's Appraisal.

The previous Chair Alan Downey should have had an Annual Appraisal. This of course is the responsibility of the Governors as they are the body who appoint the Chair and other Non Executive Directors.

I wonder did the Governors carry out an Annual Appraisal in Alan's Tenure ?

Were there any concerns arising from this Appraisal about the Chair's Performance in his role ? and if so, was an 'Action Plan' developed to enable him to demonstrate required improvements?

A: Yes, we do undertake an annual appraisal of the Chair and all the NEDs. The previous chair, Alan Downey, resigned prior to the chair appraisal. I hope this clarifies your question.

Thank you for your response which has raised more questions for me about the support and development of Alan Downey in his role and tenure as Chair of the Trust. I would be grateful if you could raise these formally.

Q1. Alan took over as Chair in February 2022, his Annual Appraisal was due by February 2023:
a) was this completed please ?
b) if not, why not ?
c) If it was and concerns were identified, was an 'Action Plan ' in place to enable him to demonstrate to Governors required improvements?

A: It is not appropriate to give out employment information relating to individuals.

Q2. Between Annual Appraisals best practice is that everyone should receive regular performance reviews at least quarterly:

- a) when was Alan's last performance review conducted by Governors?
- b) were any performance issues raised ?
- c) was a 'Career Development Plan ' in place for Alan ?

A: It is not appropriate to give out employment information relating to individuals.

Dr Gordon Hayes

Thank you for the recent answers to the questions I submitted for the June CoG meeting. Please may I ask the following follow-up questions ahead of the next CoG meeting on 14/9/23.

I would like to try and clarify the answers given to my questions regarding the departure of Alan Downey as Chair and the process of appointing an Interim Chair. I am wishing to clarify this further as it seems to be a fundamental matter of key importance in observing the independent and statutory duties of the Governors and of following due process.

Q1. I understand that Alan resigned. However, the underlying Trust based issues which resulted in his resignation still remain unexplained in the public domain. Please can you therefore clarify further the background reasons for Alan's sudden resignation from the Trust's perspective?

A: It is not appropriate to give out employment information relating to individuals.

Q2. The appointment of an Interim Chair is a duty for the Governors and not the NEDs, as described in Chapter 5 of the Reference Guide for NHS Foundation Trust Governors -

The 2006 Act states: "It is for the council of governors at a general meeting to appoint or remove the chairman and the other non-executive directors." This means it is for the council of governors as a whole (rather than, say, a committee or a working group) to appoint or remove the chair and the other non-executive directors.

Appointing the chair and the other non-executive directors requires approval by a majority of the governors attending the relevant general meeting

The procedure for all appointments or reappointments must be formal, rigorous and transparent. The appointment must be awarded on merit and based on objective criteria developed in the best interests of the trust. The process should be described in the NHS foundation trust's annual report.

When appropriate plans are in place, NHS foundation trusts are likely to need temporary arrangements only in exceptional circumstances. However, under such circumstances, such as a sudden vacancy, the governors may need to consider making a temporary appointment while the formal appointment process is running.

The council of governors must then decide on an appointment in accordance with its statutory obligations.

- Why, and with what authority, did the NEDs approach NHS England and take the lead in this process and not the Governors?
- Why and by whom was the ICB involved?
- Why were no Governors (as stated at the last CoG meeting) involved in this appointment process as per statutory guidelines?

A: It is not appropriate to give out employment information relating to individuals. NHS England made an appointment using their powers under the NHS System Oversight Framework.

Q3. I understand the Vice Chair did not wish to step up to become the Interim Chair, although this appears to be a normal and expected role as per Chapter 5 of the Reference Guide -

The deputy chair's role is to stand in for the chair as required, so this appointment should be made on the same basis as the appointment of the chair.

Any new or changed set of terms and conditions for the chair or other non-executive directors will require a decision by the council of governors at a general meeting.

- Is standing in for the Chair an expected role of the position of Vice Chair at the Trust?
- If it isn't, why isn't it?
- If it is, is not fulfilling this role still compatible with the position of Vice Chair?

A: NHS England made an appointment using their regulated powers under the NHS System Oversight Framework and the requirements of a vice-chair in these circumstances were not required.

Dr Anthony Clarke

Q1: The CQC report published on 30th June 2023 contained multiple criticisms of the Trust's management at service, division, and board level. Criticisms included the finding that governors were not always encouraged to actively engage with issues or to visit frontline areas, and governance processes did not operate effectively. Considering these have been long-term concerns of members of the public since 2012,

- a. will these criticisms be resolved by the recent appointments of Medical Director, interim Chief Nurse, Deputy Chief Nurse, and Chief Operating Officer or not? (and if not, why not?), and
- b. will the Trust Board and Governors appoint a chair who values the involvement of governors and who is keen to dialogue with patients and patient representative groups?

A: The Trust has submitted a draft Action Plan to the CQC to respond to the CQC report.

Q2. The CQC report states that engagement with staff and the public is 'not yet robust', and that there is 'no patient and public strategy'. The appointment of a Head of Patient Experience and the new partner safety patient representative roles are to be welcomed, but when can patients expect an East Coast Strategy which tackles health inequalities, and which rebuilds public confidence by being co-produced with patients and governors?

A: The Trust's draft Action Plan in response to the CQC report addresses steps for improvement of staff and Governor engagement. The Governors are also actively working towards improving public engagement through individual efforts and through the efforts of its Membership Group.

Q3: Professor Sir Chris Whitty's 2021 report into 'Health in Coastal Communities' states that 'the health and wellbeing of these populations has been long neglected and overlooked' and 'If we are serious about improving the health of the nation, coastal communities are a good place to start'. Bridlington and other coastal towns have been overlooked. How is the Trust planning to improve local access to secondary healthcare for both residents and visitors at the coast, as we look ahead?

A: The trust is engaging with governors as part of its strategy refresh to ensure their views are fed into the development of the strategy.

Mr John Wane

Q1: 1. Do the Governors have any confidence that the current Trust 'leadership' are inclined, willing or even able, to actually bring about the much needed improvements and will Governors be monitoring progress?

A1: The CoG has confidence that the current Trust leadership under the newly recruited Chair will bring any needed improvements and the Governors will be obtaining assurance from the NEDs under due processes to monitor progress.

Q2: Will the Governors be demanding the honest full facts leading to the removal of Alan Downey as Chair, especially in view of his genuine and honest attempts, to bring about much needed improvements to the long standing culture of arrogance and control of York Trust senior management and previous Chair, especially towards East Coast NHS services, residents and staff?

A2: The Governors have discussed and as a CoG agreed that they are satisfied that the newly recruited chair will be involving the Trust constituencies and their patient needs in the development of the 2023-26 strategy in future.

Q3: Can Governors reassure the public that the previous Chair, Ms Symington, whose time in post oversaw the Trusts decline to the "inadequate" management level it has reached now in the eyes of the CQC, and guarantee that she has played and will play, no part whatsoever in future Governance decisions including Chair selection?

A3: The CoG are responsible for the recruitment of the new chair for the Trust.

Q4: Given York Trust senior management's long standing non-compliance with statutory requirements and obligations in respect of Governance, are Governors prepared to take those failures further, in other quarters, should the present culture persist?

A4: The Governors are satisfied that the newly recruited chair will continue to ensure compliance of all statutory requirements.

Q5: Do Governors have any plans to 'engage' with patients and discuss the patient experiences in a way that is private and not 'supervised' by York Management?

A5: The Governors are continuing to engage with patients to obtain patient feedback individually and as a part of the Governor Membership Group.