



## Minutes

### Public Council of Governors meeting

15 June 2023

**Chair:** Mark Chamberlain

**Public Governors:** Rukmal Abeysekera, City of York; Michael Reakes, City of York; Sally Light, City of York; Linda Wild, East Coast of Yorkshire; Bernard Chalk, East Coast of Yorkshire; Keith Dobbie, East Coast of Yorkshire; Colin Hill, East Coast of Yorkshire; Maria Ibbotson, East Coast of Yorkshire; Alastair Falconer, Ryedale & EY; Sue Smith, Ryedale & EY; Andrew Stephenson, Selby; Mary Clark, City of York; Beth Dale, City of York

**Appointed Governors:** Cllr Liz Colling, NYCC; Cllr Jason Rose, CYC; Elizabeth McPherson, Carers Plus

**Staff Governors:** Paul Johnson, York; Abbi Denyer, York, Julie Southwell, York; Franco Villani, Scarborough/Bridlington; Sharon Hurst, Community

**Attendance:** Jenny McAleese, NED; Jim Dillon, NED; Lynne Mellor, NED; Denise McConnell, NED; Lorraine Boyd, NED; Simon Morritt, Chief Executive; Mike Taylor, Assoc. Director of Corporate Governance; Tracy Astley, Governor & Membership Manager

**Presenters:** Andy Bertram, Finance Director; Melanie Liley, Interim Chief Operating Officer; Krishna De, Head of Patient Experience & Involvement

**Public:** 5 members of the public attended

**Apologies for Absence:** Wendy Loveday, Selby; Catherine Thompson, Hambleton; Gerry Richardson, University of York; Maya Liversidge, Scarborough/Bridlington; Steve Holmberg, NED; Matt Morgan, NED

#### 23/15 Chair's Introduction and Welcome

Mark Chamberlain welcomed everybody and declared the meeting quorate.

#### 23/16 Declarations of Interest (DOI)

The Council acknowledged the changes to the DOI.

#### 23/17 Minutes of the meeting held on the 16 March 2023

The minutes of the meeting held on the 16 March 2023 were agreed as a correct record

#### 23/18 Matters arising from the minutes

There were no matters arising.

### Action Log

**21/70** – Night Owl Project – ongoing

**22/62** – East Coast Strategy – Jenny McAleese will speak with Simon Cox for an update.

**23/04** – Profile of data – Update will be given as part of the CE Report at June CoG. Action closed.

**23/05** – Arrange finance session – session arranged for 11/04/23. Action closed.

### **23/19 Chief Executive's Update**

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

- BMA Industrial Action – this was started yesterday (14 June). It is going as planned. Cancer patients and long waiters are being prioritised in elective procedures, but there has been some disruption and some operations have been cancelled. Further industrial action is planned for 20/21 July.
- Agenda for Change – NHS Staff Council have accepted the pay offer made by the government for Agenda for Change staff in England. The RCN voted to reject the pay offer and remain in dispute.
- Travel & Transport – The ANPR system have now been installed on all sites, together with the reintroduction of car parking fees. Free bus services have started in York and Scarborough, and early indications are that the take up is really good. The Trust will be evaluating the changes made at the end of the 3 month period.
- CQC – The Trust is yet to receive a final draft of the report.
- Covid 19 – The Trust is no longer at NHS level 3 for Covid 19 incidents and has de-escalated mask wearing for both staff and patients.
- Trust Performance – the statistics supplied in his report is a national comparative against some of the KPIs measured against the Trust performance which shows areas where the Trust is doing well and other areas where there is work to do. The biggest issue is around diagnostics and capability due to workforce issues. Talks are ongoing with the ICB and partner organisations to find a suitable resolution.
- Capital Schemes – Scarborough UECC is on track for completion and occupation towards the end of the year. York ED is now completed and will be operational from 7 July. York VIU/PACU (TIF 2) scheme will start at the end of the year and will allow the Trust to progress with more outpatient procedures and give more clinical capacity.
- Carbon reduction at York Hospital and Scarborough Hospital – fantastic news.
- Care Group Review – reducing Care Groups from 6 to 4. An update will be given to CoG at a later date.

- Board Updates – Claire Hanson joins the Trust as Chief Operating Officer from mid-July, Mel Liley, will continue as part of the senior leadership team in her role as Chief AHP, Dawn Parkes, will join the Trust as Interim Chief Nurse as the current Chief Nurse, Heather McNair, is leaving the Trust to take up a post within the ICS.

### Delayed Transfers of Care & Trust Data – Melanie Liley

Melanie gave a presentation on delayed discharges as well as work that is being undertaken to accelerate the Trust's plans to recovery (Appendix A & B). Highlights include:

- Delayed discharges – this is an improved trajectory for the Trust, specifically at York Hospital but requires further work to improve Scarborough Hospital. Regular meetings take place to assess patients' needs throughout their journey with the Trust.
- Recovery of urgent care - not just the Trust's responsibility, it needs a system approach, including primary care, secondary care, local authority, voluntary services, community services which all contribute to how the Trust improves urgent care.
- Patient pathways – developed to ensure patients are placed in the correct environment for their needs, be it Emergency Department, Same Day Emergency Care, or community services.
- Front Door initiative - working with Yorkshire Ambulance Service to improve handover at the Trust's Emergency Departments which in turn will reduce waiting times.
- RTT 78 weeks waiters – national ambition is to reach zero by the end of June. The Trust will not be able to do this but should have reached the target by end of July.
- RTT 104 weeks waiters – the Trust does not have any patients waiting longer than 104 weeks for treatment.
- RTT 65 weeks waiters – slightly ahead of plan to achieve this by March 2024.

### Financial Plan Update – Andy Bertram

Andy Bertram gave a presentation on the Trust's Financial Plan for 2023/24 (Appendix C). Highlights include:

- National NHS Financial Position post covid – no further covid monies. It will now be absorbed into the parliamentary approved allocations.
- The Trust's Income & Expenditure Plan 2023/24 has a £15m deficit. The ICS has a deficit plan of £30m of which half is the Trust. This is because the Trust has been given leeway to make critical decisions on investment.
- Expenditure reduction asks are:
  - Efficiency Programme £21m
  - Historic covid funding removed, £8m down to £3m
  - ICB has asked the Trust to make a further £17m reduction
- Capital Programme – including the allocation of backlog maintenance and the Scarborough build. Backlog maintenance is a massive issue in the Trust with an allocation of just £4m against a Trust backlog maintenance of £50m. The Scarborough build will overspend by around £3m which the Trust will have to fund.

The Council raised the following questions:

- With regard to Diagnostics, is the issue to do with the machines or staffing? Melanie replied that it is a combination of both. Recruitment of radiographers is nationally challenging. We are part of the international recruitment drive and have had some success with this. We are also working with the elective recovery team to try and get the most out of our machines.
- The total waiting lists continue to increase. Is there a plan to address this so the Trust can meet its targets? Melanie replied that this is part of the elective recovery plan and the Trust will concentrate this year on specific areas to include diagnostics, outpatients' recovery and transformation. By transforming the front end and back end of the pathways, it should improve the trajectory of waiting lists.
- There are lots of areas in Bridlington that are being underutilised. Can these not be used to deliver services to reduce waiting lists. Melanie replied that they are aware of underutilised areas, but they need to be safely staffed and, at the moment, the Trust cannot do that. What they are doing is maximising the use of their existing list to ensure full utilisation.
- Regarding the capital spend at Scarborough Hospital, how many people are going to be dealt with on the day and discharged, rather than what happens now? Simon replied that hopefully it will facilitate the same day discharge of more patients. The existing ED had outlived its usefulness some time ago and the Trust made the decision that a trauma unit was necessary in Scarborough. It is a transformative accommodation that will change the way patients are treated. Melanie referred to the Urgent & Emergency Care (UEC) Programme and the system approach to patient care.
- How will you meet the efficiency requirements? Andy replied that all care groups and corporate areas have saving targets. We can standardise equipment, standardise consumables, use generic medicines. There are lots of things we can do, and everything is being looked at.
- Are there any additional monies that the ICB can make available to the Trust? Andy replied that there is not a lot at the ICB but there is nationally. The Trust would attract additional income if it did more elective work. It is at system level and is very much reliant on other Trusts within the ICS to meet their targets too.
- How much priority is given to the backlog maintenance at Bridlington? Andy replied that they are spending on the priority areas at Bridlington.

**The Council:**

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

### **23/20 Chair's Report**

Mark Chamberlain gave an overview of his report, and no questions were asked.

**The Council:**

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

### **23/21 Questions received from the Public**

Mark read out the questions received from the public in advance of the meeting.

With regard to the Urgent Treatment Centre at Malton, this is provided by Vocare. The Trust has limited ability in terms of actual direct influence on healthcare they provide. It is the ICB's responsibility on services provided. Conversations are ongoing with the ICB on patient care at the front door on all sites apart from Whitby and Bridlington. There is a session later in the month to discuss whether the Trust can deliver these services going forward.

With regard to the Ophthalmology Clinic, the Board is aware of the issues and are currently trying to recruit additional staff. Additional clinics are also being put on. With regard to technology, the rollout of Medisight will help enormously. A date is yet to be confirmed for rollout.

The members of the public raised the additional points: -

Q: We would like to see Bridlington Hospital be used to its full potential.

A: Reasons given above earlier in the meeting.

Q: Can Alan Downey's departure be explained and justified to the public? (ie. Why and how his departure came about)? Why had an Interim Chair been appointed rather than the Vice Chair, and were the Governors involved in this appointment?

A: Mark will reply to Alan Clarke, Gordon Hayes, Andy Walker, outside of the meeting.

Q: Who involved NHS England in appointing an Interim Chair?

A: In the absence of a Chair NHS England have the capability to appoint a Chair on an interim basis whilst the recruitment process to recruit a permanent chair is ongoing. Mark was asked to fill that role for a 3 month period whilst the recruitment process was taking place. The governors were not involved in his appointment on an interim basis but are involved in the recruitment process to appoint a permanent chair.

Q: Will Alan's departure set back any hope of the historic healthcare inequalities suffered by East Coast residents being meaningfully addressed?

A: The Trust provides health care services to all patients within its geography. There are clearly areas of deprivation, and the Trust is working with partners within the ICS to address this within its financial constraints.

Q: The East Coast has lost numerous services over the past decade. Save Scarborough Hospital Group have received 100s of complaints regarding inaccessibility to core medical services which sited elsewhere. In November 2021 at a meeting with Simon Morritt he promised that core medical services will be returned to Scarborough Hospital if safe to do so. What medical services have been, or plan to be, returned to Scarborough Hospital and what steps have been taken to address this issue?

A: Simon will reply to Dr Hayes outside of the meeting.

Q: Dawn Parkes is joining the Trust as Chief Nurse as Heather McNair is going on secondment. Given that the CQC report is due soon, it seems an odd time to leave. Should we read anything into that?

A: Simon replied that the secondment had been discussed for some time prior to the CQC report.

Q: Would the Trust consider installing a Dialysis facility at Malton Hospital? People have difficulty accessing one as York and other sites are full.

A: Paul Johnson replied that he is working with the Dialysis Team to look at a training facility at Malton which will give patients access to facilities.

Simon Morrith advised that the Trust had changed its model for addressing public questions in that the Trust receives the questions in advance of the meeting so a suitable response can be formulated. Some of the governors and members of the public disagreed with the change. Mark Chamberlain added that the process will be made clear prior to the next Council of Governors meeting.

**Actions: Simon to give update at next meeting on the progress of Ophthalmology Clinic issues.**

### 23/22 Patient Experience

Krishna De gave an overview of her role and responsibilities as Head of Patient Experience & Involvement including concerns & complaints, patient and public involvement and Equality, Diversity & Inclusion relating to patient experience. She gave an overview of her Q4 report and asked for any questions.

The Council raised the following questions:

- There was a good response rate to the Friends & Family Test (FFT) which included a number of negative responses. Did any themes come from those? Krishna replied that they were analysing what the trends are and what work needed to be done to mitigate these. Examples given are:
  - Concern around nutrition, in particular, texture, taste, and temperature of food. A lot of work is being done to improve nutrition, working together with various teams in the LLP and the Trust.
  - Piloting of an electronic Friends & Family Test starting in the next year or so. Other alternatives of FFT will still remain to collect information from those patients who did not have smart phones. In addition, work is being undertaken to modify FFT to identify areas which are working well and other areas that need improving. They are working with a company called Patient Perspective to test this.
  - Improving aspects of equality, diversity and inclusion.
  - Improving patient leaflets to ensure they are understandable and accessible.
  - A significant area of concern is how the Trust can be more responsive in dealing with complaints. What can the Trust learn from trends which determines what might change going forward.

The team has had great success in recruiting 167 volunteers over the past year. The support has been phenomenal. Krishna asked the governors to encourage people in their network to become a volunteer.

She would also like to create a plan of priorities in line with the Trust and asked the governors and other stakeholders to work with her team to do this.

- Your department receives a huge amount of data. How do you see your part in responding to them, having a plan to deal with the data and translate it into actions to improve things? Krishna replied that her team can work closely with colleagues to identify trends and discuss what actions can be taken to make improvements.

### **23/23 Governors Activities Report**

The Council noted the report and no questions were asked.

### **23/24 Items to Note**

The Council noted the following items:

- CoG Attendance Register
- Trust Priorities Report
- Board Assurance Framework

### **23/25 Any Other Business**

The CoG asked to have a meeting, bring in external facilitators, before the September CoG. This was also discussed and agreed at the private meeting.

The CoG asked for a meeting to talk about the role of the governor, annual work plan, etc., within the next month.

No other business was discussed.

**Actions: Rukmal Abeysekera to set up a meeting and arrange support with external facilitators.**

**Actions: Tracy Astley to send Public Board dates to the Governors.**

### **23/26 Reflection on the meeting**

- The acoustics was not very good in the room and people cannot hear each other.
- The writing on the presentations was too small and people could not see them.
- Suggest for the CoG public meeting to be viewed on Youtube.

### **23/27 Time and Date of the next meeting**

The next meeting will be held on Thursday 14 September 2023, timings TBA, Malton Rugby Club.