

Agenda

Council of Governors (Meeting held in Public)

Wednesday 11 June 2025

Malton Rugby Club, YO17 7EY
at 10.00am



COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: Wednesday 11 June 2025

Venue: Malton Rugby Club, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
09.15 – 10.00	Governors meet General Public	Malton Rugby Club	Council of Governors Members of the Public
10.00 – 13.00	Council of Governors meeting held in public	Malton Rugby Club	Council of Governors Non-executive Directors Executive Directors Members of the Public
13.30 – 14.30	Private Council of Governors	Malton Rugby Club	Council of Governors Non-executive Directors



Council of Governors (Public) Agenda (11.06.25)

	SUBJECT	LEAD	PAPER	PAGE	TIME
1.	Introduction, apologies for absence and quorum To receive any apologies for absence	Chair	Verbal	-	10.00 – 10.05
2.	Declaration of Interests To receive any changes to the register of declarations of interest	Chair	Enclosed	5	
3.	Minutes of the meeting held on 13 March 2025 To receive and approve the minutes from the above meeting	Chair	Enclosed	10	
4.	Matters arising from the minutes and any outstanding actions To discuss any matters or actions arising from the minutes	Chair	Enclosed	24	
5	Chief Executive's Update To receive a report from the Chief Executive, including a report from the Anti-racism Steering Group	Chief Executive	Enclosed	25	10.05 – 10.25
6	Chair's Report To receive a report from the Chair	Chair	Enclosed	32	10.25 – 10.30
7	WRES & WDES Action Plans To receive an update on the progress of the action plans	Director of Workforce	Enclosed	35	10.30 – 10.50

	SUBJECT	LEAD	PAPER	PAGE	TIME
8	Performance Report	Chief Operating Officer	Enclosed	<u>42</u>	10.50
	To receive the latest Performance Report				– 11.15
BREAK 11.15 – 11.30					
9	Bridlington Surgical Hub	Sarah Crossland General Manager Surgery CG	Verbal		11.30
	To receive an update on action plans and progress				– 11.55
10	Reports from Board Committee Chairs	Chairs of the Committees	Enclosed	<u>51</u>	11.55
	10.1 Quality Committee				–
	10.2 Resources Committee				12.30
	10.3 Audit Committee				
11	Governors Activities Report	Governors	Enclosed	<u>61</u>	12.30
	To receive a report from the governors on their activities including an update re Patient Experience Group				– 12.45
12	Items to Note	Chair			12.45
	12.1 CoG Attendance Register		Enclosed	<u>66</u>	– 12.50
	12.2 NED Attendance Register (action log)		Enclosed	<u>67</u>	
13	Any Other Business	Chair	Verbal		12.50
					– 13.00
14	Time and Date of Next Meeting				13.00
	The next Council of Governors meeting will be held on Wednesday 10 September 2025				

Register of Governors' interests
June 2025



York and Scarborough
Teaching Hospitals
NHS Foundation Trust

Additions: Graham Lake, Bernard Chalk, Elaine McNicoll

Deletions: Cllr Jonathan Bibb

Modifications: Catherine Thompson

Item 2

Register of Governors' interests

2025/26



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Governors	Relevant and material interests						Other
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks.	Any connection with other organisations.
Rukmal Abeysekera (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York
Vacancy (Appointed: East Riding Council)							
Rebecca Bradley (Staff: Community)	Nil	Nil	Nil	Nil	Nil	Nil	Temporary secondment alongside current post as Matron with NHS England
Bernard Chalk (Public: Scarborough & Bridlington)							
Mary Clark (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Cllr Liz Colling (Appointed: NYCC)	Nil	Nil	Nil	Councillor - NYCC	Councillor - NYCC	Councillor - NYCC	Trustee: CAB NY Governor & VC: Childhaven Nursery School Scarborough Chair: NY Constituency Cttee Scarborough & Whitby VC: NYCC Scrutiny of Health Committee Member: Scarborough Town Deal Board
Beth Dale (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil	Member of the York Sight Loss Council
Abbi Denyer (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Adnan Faraj (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Paul Gibson (Public: East Coast)	Nil	Nil	Nil	Chair for Humber Primary Care PPG	Nil	Nil	Member Bridlington Health Forum
James Hayward (Public: East Coast)	NED Government Facilities Services Ltd Engineering	James D Hayward Building Services	Yes	Nil	Nil	Nil	Nil
Graham Healey (Staff: Scarborough & Bridlington)							
Gary Kitching (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Graham Lake (Public: Ryedale & EY)	Nil	Nil	Nil	Education Lead: RCN NY Branch Member: TEWV NHS Member: Derwent PPG	Nil	Nil	Member: European Lung Fd PAG

Wendy Loveday (Public: Selby)	Nil	Shareholder in Fleetways Taxis which is on the Trust's procurement system.	Nil	Nil	Nil	Nil	Nil
Elaine McNicoll (Public: East Coast)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Elizabeth McPherson (Appointed: CarersPlus)	CEO - CarersPlus	Nil	Nil	CEO - CarersPlus	CEO - CarersPlus	Nil	Nil
Jill Quinn (Appointed: Dementia Forward)	CEO – Dementia Forward	Nil	Nil	CEO – Dementia Forward Trustee – The Place in Settle	CEO – Dementia Forward	Nil	As stated
Gerry Richardson (Appointed: University of York)	Nil	Nil	Nil	Nil	Nil	Nil	Employee of University of York
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	Member - Patient feedback panel of the Priory Medical GP Practice (Friends of Priory). Member - Patient and Public Involvement at the University of York, researching Health Inequality. Lay Member – Trust's Research & Development Panel
Cllr Jason Rose (Appointed: CYC)	Nil	Nil	Nil	Councillor – NYC	Councillor – NYC	Councillor - NYC	Nil
Ros Shaw (Public: York)	Director of Conbrio Ltd	Nil	Nil	Nil	Nil	Nil	Nil
Julie Southwell (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Catherine Thompson (Public: Hambleton)	Nil	Director of Catherine Thompson Consulting Ltd.	Nil	Nil	Nil	Employed by West Yorkshire & Harrogate Health Partnership	Member: NICE Technology Appraisal Committee.
Franco Villani (Staff: Scarborough & Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Linda Wild (Public: East Coast of Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil	Councillor: Whitby Town. Chair of Finance, Policy & General-Purpose Committee (WTC) Chair of Human Resources Committee (WTC) Chair of Pannett Art Gallery Committee (WTC) Chair of Trustees Whitby Lobster Hatchery Trustee of United Charities, Board Member - Whitby Town Deal Board, Member of Esk Valley Medical Practice Patient Participation Group RNLI volunteer



Minutes

Public Council of Governors Meeting 13 March 2025

Chair: Martin Barkley

Public Governors:

Rukmal Abeysekera, City of York; Mary Clark, City of York; Ros Shaw, City of York; Michael Reakes, City of York; Wendy Loveday, Selby; Beth Dale, City of York; Linda Wild, East Coast of Yorkshire; James Hayward, East Coast of Yorkshire

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

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

Attendance: Andrew Bertram, Finance Director; Dawn Parkes, Chief Nurse; Lucy Brown, Director of Communications; Lydia Larcum, Deputy Director of Workforce; Jim Dillon, NED; Helen Grantham, NED; Mike Taylor, Assoc. Director of Corporate Governance

Presenters: Dan Braidley and Kevin Richardson (item 8)

Public: 8 members of the public attended

Apologies: Paul Gibson, East Coast of Yorkshire; Catherine Thompson, Public Governor Hambleton; Gary Kitching, Staff Governor York; Rebecca Bradley, Staff Governor Community; Cllr Jonathan Bibb, Appointed Governor ERYC; Jill Quinn, Appointed Governor Dementia Forward; Graham Healey, Staff Governor Scarborough/Bridlington; Simon Morritt, Chief Executive; Claire Hansen, Chief Operating Officer; Jenny McAleese, NED; Steve Holmberg, NED; Matt Morgan, NED; Julie Charge, NED; Lorraine Boyd, NED; Tracy Astley, Governor & Membership Manager

25/01 Chair's Introduction and Welcome

Mr Barkley welcomed everybody and declared the meeting quorate.

25/02 Declarations of Interest (DOI)

The Council acknowledged the no changes to the Declarations of Interest.

25/03 Minutes of the meeting held on the 11 December 2024

The minutes of the meeting held on the 11 December 2024 were agreed as a correct record.

25/04 Matters arising from the Minutes

Action Log

The Council acknowledged that all actions have been completed.

25/05 Chief Executive's Report

On behalf of Mr Morritt, Mr Bertram gave an overview of the CE report which had previously been circulated with the agenda and highlighted the following.

- The revised Trust Strategy has now been launched.
- Winter pressures have been extreme, and the Board offered its sincere gratitude to the staff for their resilience during such a busy period.
- The Trust is taking ownership of Scarborough UECC building a week on Monday. It will be fully operational by the end of April.
- A new Anti-racism Steering group has been set up which Mr Morritt will be chairing. This will help tackle racism where it exists in the organisation.

The Council discussed the NHS England's Operational Priorities and Planning Guidance for 2025/26, in particular the explicit reference to the potential need for difficult decisions to be made in relation to reducing or stopping activity in order to live within our means as a system, and asked if this would affect patient care and services. Mr Bertram replied that the Secretary of State has asked each trust to decide which services are non-core. Discussions have started at a national level, and our organisation will start talks in the near future in order to produce a list. Any decisions to be made will have to go through the normal consultation processes.

The Council referred to racism from patients to staff and asked if this had risen during the past few years. Mrs Larcum replied that it has become more transparent and therefore there has been an increase in reported cases and possibly actual cases. Initiatives to eradicate racism in the organisation includes, the Anti-racism Steering Group, increase training for staff, and working with staff to ascertain if any other initiatives could be implemented to ensure a safe environment for both staff and patients. It was asked that a report be provided by the Anti-racism Steering Group for the next CoG meeting.

The Committee raised the issue of patients waiting in corridors and patients that cannot be discharged because of lack of community care and asked if processes have been put in place in the new Scarborough UECC to improve this. Mr Bertram replied that improved pathways have been implemented, assessment centres have been moved to within the vicinity of UECC so patients can be seen quicker, and all the improvements should reduce waiting times for patients.

The Council discussed the measures put in place to help with operational pressures over winter and asked how the organisation measured the effects of the individual measures. Mr Barkley replied that the Board receives a briefing from the Chief Operating Officer at the private Board meeting each month. The latest report stated that the effects of the individual measures put in place to help with operational pressures will not be known until the end of April. There are not enough beds, wards and staff, and added that 50% of non-discharges are due to external factors regarding care in the community and talks are taking place with partners to agree the way forward. He will keep the Council updated.

Mr Bertram then gave a presentation on the Trust finances in relation to NHS England's Operational Priorities and Planning Guidance. He explained how the Trust was achieving on those objectives. Finances are required to continue to improve on those objectives and hard decisions will have to be made within the system as to where finances are best placed. Draft plans have been submitted to the ICB with final plans expected to be submitted in mid-March. It is expected that the Trust finances will not balance at year end and talks are ongoing to mitigate the situation.

The Council:

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

Actions: Mr Morritt to provide a report from the Anti-racism Steering Group for the next CoG meeting in June.

25/06 Chair's Report

Mr Barkley gave an overview of his report which had previously been circulated with the agenda. He also referred to his report from the CoG/BoD joint workshop on 16 October 2024 around local services for local people, preventing inequalities and tackling existing ones.

The Council asked what factors would prevent out-patient and diagnostic services being at a local level. Mr Barkley replied that it could be cost, staff availability or suitable space.

The Council also discussed DNAs and why it happens. Cllr Colling stated that she had attended a council meeting where this was discussed, and it was highlighted that transport was a major issue. A piece of work is now ongoing to deep dive into this, and she will keep the Council updated.

Mr Barkley said that now the Council have agreed the Joint Workshop report, the Executive Team will form an action plan to implement for the future.

The Council:

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

25/07 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 on the Trust website.

A member of the public asked for her Q&A be written in the minutes around dialysis provision in Ryedale.

Q: I am writing to you re dialysis provision for both locals and visitors to Ryedale. I approached Simon Morritt regarding this at a Governors meeting back in 2023 and Alastair Falconer continued to bring this matter to the fore during his time as a governor. I understand there is no governor representing Ryedale at present hence I am contacting you to ask about an update to the situation.

As I mentioned in my e mail to Simon Morritt in November 2023 my interest in this is due to how no provision impacts my family directly. My son-in-law who lives near Newcastle needs dialysis and has only been able to visit (we live in Slingsby) along with our daughter and family for very short periods (approx 48hrs) before returning home for dialysis. Up to a few

years ago he was able to have dialysis at the Easingwold Unit which was very convenient, but demand locally has been so great, and the population of our market towns is increasing rapidly that the sessions are now fully booked. Sadly, York hospital has not been able to offer any sessions either. Back in 2023 he was able to dialyse at the dialysis room at Selby Hospital, but this does require a 60+ mile round trip from our home.

It seems clear that the demand for this service has been increasing beyond provision provided by the trust. Could some provision of a unit or a dialysis room similar to that in Selby be considered for Malton Hospital? Ryedale is a very popular tourist destination, and the availability of holiday dialysis would allow others suffering from kidney failure to visit and enjoy a holiday. I would be grateful for this matter to receive serious consideration.

A: I am really sorry to read that your family have been impacted by our renal dialysis capacity across Easingwold, York and Selby. The renal dialysis service and capacity is currently an area of priority which we are reviewing. We are currently developing our clinical strategies for all of our specialties including for renal medicine. This will include demand and capacity, and population need analysis to ensure we can model the demand for services. This will then support decisions regarding service expansions and investment, to support the delivery of the Trust Strategic Objectives.

The Council:

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

25/08 Trust Travel Plan

A presentation was given by Mr Braidley on the revised Trust Travel Plan. He gave an overview of the projects and targets within the plan, and highlighted the work that is currently ongoing. He discussed partnership working with local authorities and funding initiatives to implement the plan. He spoke about the travel and transport initiatives, including the Park and Ride contract. Mr Richardson updated the Council on access to Trust sites. He spoke about relocating the pool cars away from sites to gain extra staff parking.

A question was asked about the traffic congestion on Wigginton Road to which Mr Richardson replied that Mr Braidley works closely with York Council, and the Trust has put proposals forward to the Council for an additional filter lane on the inbound road into York. From a Trust point of view, the Trust has put significant funding into car parking for staff and visitors. A piece of work is currently ongoing looking at whether it would be cost effective to provide a shuttle bus, taxis, hired cars to reduce traffic flow and car parking issues. It is very much in the planning stage and the Council will be kept up to date.

The Council asked for the following to be considered:

- Signage directing cars to the overflow car park at Neurosciences.
- Change the entrance to the blue badge car park area to the top end near the entrance to the hospital site.

Mr Braidley will provide the presentation to the governors after the meeting.

Mr Braidley spoke about initiatives in other areas of the Trust. He was in consultation with East Riding Council about a 12 month staff engagement program. This is the same with Scarborough. Mr Richardson added that concessions are widely advertised around the Trust for both the public and staff. Car sharing is also an option.

The Council:

- Received the report and noted its contents.

Action: Mrs Astley to email the Travel presentation to all governors.

25/09 Performance Report

Mr Barkley gave a summary of his report which had previously been circulated with the agenda and asked the Council for any questions.

He was asked for the reason behind the poor performance of Urodynamics diagnostic tests to which he replied that there are temporary staffing issues that are being addressed and once this has been rectified there should be an improvement.

Complaints Report

Mrs Parkes gave a summary of her report which had previously been circulated with the agenda. She highlighted that in Q1 and Q2 of last year there had been an increase in complaints, mainly around ED and patients waiting for appointments. Themes were around staff attitude, communication, and expectation of procedures.

Each Care Group now has a Patient Experience Improvement Group which looks at initiatives to implement within their wards/areas. Other improvements include the hand over walkaround which involves talking to patients and discussing their concerns, which should reduce complaints. Also, the Complaints Process is being reviewed to ensure a streamlined service and improvement on national targets.

Referring to maternity, the Council asked if there was any follow up contact with patients once discharged as they tend not to complain at the time of treatment. Mrs Parkes replied that, if required, patients are referred to other services, and they can also contact Maternity Voices Partnership if they wish to talk about a concern rather than make an official complaint.

A question was asked about the poor attitudes of staff to which Mrs Parkes replied that they have introduced a Skills Matrix for each role in the Trust to clarify what is expected of staff doing that role. The highest levels of complaints are in the Emergency Department and Maternity which is recognised as a very pressurised environment for staff. The issue is multi-faceted.

Regarding poor/unsafe discharges, the Council queried why this was happening. Mrs Parkes replied that it was a number of things around medicines, transport, home care, etc. A piece of work is being undertaken with the ICB on the quality of discharge and working with stakeholders regarding community care, and also looking at the Trust's discharge process.

The Council asked what the percentage was of Contacts v Complaints. Mrs Parkes replied that it was 0.1% across care groups, but the majority of complaints are for Medicine because that includes the Emergency Department where a lot of complaints come from and of course ED receive thousands of patients each week.

Friends & Family Test Report (FFT)

Mrs Parkes gave a summary of her report which had previously been circulated with the agenda. She highlighted the improvements made with FFT and added there was more to do on response rates.

The Council welcomed the move towards an electronic system on FFT. Mrs Parkes informed that they were at the procurement stage and will have a system in place by the middle of Sept/Oct.

The Council:

- **Received the reports and noted their contents.**

25/10 CQC Visit

Mrs Parkes gave a summary of her report which had previously been circulated with the agenda and highlighted the following:

- Feedback has been received from the CQC and responses from the Trust have been to Board
- Evidence requests completed and sent to the CQC
- Any gaps will be integrated into the improvement programme
- Work on the previous action plan will continue to ensure all have been embedded
- CQC will be attending the March Board of Directors meeting

The Council:

- **Received the reports and noted their contents.**

25/11 NED Assurance Questions

Mr Barkley stated that he had tabled the Q&A report for the meeting as, apart from questions 1 and 2, the type of questions asked of the NEDs were not reasonable or appropriate for NEDs to know the answers to. However, all questions have been answered by the appropriate executive and will be circulated with the minutes.

He had also received one more question regarding the cessation of the Nurse led fortnightly Urology Clinic in Bridlington hospital. He explained that the Nurse had retired in December so there were no clinics in January or February because of the vacancy, which will be filled by the end of March. The clinic will commence on 21 March and various members of the team will rotate to the hospital to deliver the service. The demand will be assessed and may move to weekly clinics from June onwards.

25/12 Reports from Board Committee Chairs

Quality Committee

No questions were asked.

Resources Committee

Mr Dillon gave a summary of the report that had previously been circulated as part of the agenda pack and highlighted areas of focus and challenges. Improvements are continuing to be made under challenging circumstances.

The Council asked the purpose of the Engagement room in ED. Mr Parkes replied that it is a room where staff can go and share ideas on a notice board and Executives visit on a rota so staff can ask for updates or share directly with the senior leadership team.

Audit Committee

Mr Bertram gave an update on behalf of Mrs McAleese regarding the report that had previously been circulated as part of the agenda pack. He highlighted the following:

- Internal Audit recommended actions were still ongoing.
- Internal Audit Opinion is well on track to be delivered at year end.
- A new Managing Director of YTHFM is starting at the Trust on 1 April.

No questions were asked.

The Council:

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

25/13 Mid-Year Governor Elections

Mr Taylor gave a summary of the report that had previously been circulated as part of the agenda pack and asked for questions.

No questions were asked.

The Council:

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

25/14 Governors Activities Report

Ms Abeysekera gave a summary of her report which had previously been circulated with the agenda. She was delighted to join the Anti-racism steering group with the first meeting attended. A key action from that meeting was to gather data to make informative decisions going forward. Ms Abeysekera will contact Mr Morritt to ask for an actions list to be produced and circulated within 7-10 working days following each meeting to effectively act on the actions.

No questions were asked.

The Council:

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

25/15 Public CoG Work Program

Mr Taylor discussed the draft strategy which had previously been circulated with the agenda pack.

The Council:

- **Approved the work program for the year 2025/26.**

25/15 Any Other Business

East Coast Constituency Meeting

Ms Abeysekera gave a summary of the meeting held at Scarborough Hospital on 6 March. It was well attended, with over 30 members of the public and a number of governors joining the discussion. It was a really productive meeting, and feedback has been extremely positive. It is proposed that the meetings will continue in each constituency and will be modified accordingly:

- A 6.30pm start will continue
- The format of the meetings will continue
- All constituency meetings are to be held in British summer time
- A meeting to be held in Malton rather than Easingwold

These proposals were supported.

25/16 Items to Note

The Council noted the following items:

- CoG Attendance Register

It was asked that a NED attendance register also be added.

Action: Mrs Astley to add NED attendance register to Public agenda under Items to Note

25/17 Time and Date of the next meeting

The next meeting is on Wednesday 11 June at Malton Rugby Club

Appendix - NED Assurance Questions from Governors

WAITING LISTS
<p>Q1: What assurance can the NEDs provide regarding how patients confirm if they are on a waiting list, and the estimated time before being seen?</p> <p>A1: We are completing the roll out using outpatient waiting lists for new patient appointments where the wait time is longer. In practice this means that when the referral has been clinically triaged, the patient is added to a waiting list and a letter is sent to the patient to explain that they are on an outpatient waiting list and will be contacted when an appointment is available. This letter also gives an indication of the wait time to the first outpatient appointment. The roll out of this across the acute specialties is due to be complete by the end of August 2025.</p>
<p>Q2: What assurance can the NEDs provide about patient entitlement to switch to other NHS providers to reduce their waiting times? If and how can patients switch?</p> <p>A2: The referral to treatment policy affirms that patients have the right to start consultant-led treatment within 18 weeks from referral and wait no longer than 6 weeks for a diagnostic test. In terms of information provided to patients we don't currently routinely publish this right, although it is stated in the NHS constitution. Patients who are referred via e-RS do have visibility of referral to treatment times for the providers in their shortlist. The wait times that are shown in e-RS are the average referral to treatment wait times and such 50% of patients will wait longer than the wait times stated.</p> <p>If patients wish to switch to another provider, and the referral has not yet been clinically triaged and accepted, patients can cancel their appointment in e-RS and rebook with another shortlisted provider. If the referral has been accepted by the Trust we will need to complete an inter-provider transfer to another trust so that the clock is transferred. When patients do transfer, they will transfer all of their care to the new provider including any diagnostics and follow up appointments.</p> <p>Waiting times are published on the My planned care platform and on e-RS but they are average wait times to treatment by specialty so they may be misleading. All patients are clinically prioritised by our doctors according to their clinical urgency, therefore wait times can vary.</p>
STAFF
<p>Q3: I have read that with regard to recruiting staff from other continents that fraudulent applicants are being employed in Britain. This being for example, people having successful remote interviews with employers in Britain but the person being interviewed is not the person who turns up for work, but instead someone who may be being trafficked against their will or even willingly coming to the UK to do a job they are not qualified to do, facilitated by an established gang set up to do this for large payment.</p> <p>Since the Trust does recruit from other continents, how sure are you that the successful applicant is the person that was interviewed? Also, when this person arrives to work at the Trust how do the people in the assigned work area know that this is the person who applied for the job?</p>

A3: The Trust has a robust recruitment process which ensures every individual appointed has the appropriate right to work within the organisation. A recruiting manager is identified for every position advertised and they have ultimate responsibility for the recruitment process. It is common practice to find that the recruiting manager is usually the line manager for the role being recruited to. It is a recruiting managers responsibility to arrange to interview every candidate, and if a virtual interview is offered, they would have responsibility to ensure that the identity of the person they are interviewing is verified at that time, in line with the process for in-person interviews. Interviews are undertaken by a panel of at least 2 people, who are usually in a role that would work with the person being appointed.

Once an offer is made, the recruitment team would undertake pre-employment checks, including verifying an individual's right to work. If it is not possible to check documents in person prior to starting, this would be undertaken on commencement. When the new member of staff commences in post, the recruiting manager or member of the interview panel should have made arrangements for their induction, and having already verified the individual's identity at interview, they should be able to identify if there are any concerns about the person who has presented to work.

It is worth noting, that in response to challenges the Trust is experiencing as a result of the emergence of AI within the recruitment process, nursing colleagues have taken the recent decision to default to face-to-face interviews for all nursing and support worker posts. Virtual interviews will still be available for hard to fill posts or where a reasonable adjustment as per the Equality Act is requested, but it is anticipated that this will be by exception and as a result, in person interviews will support in mitigating risks related to identity.

Q4: Ref the awaited outcome in July 2025 of the court case at Fife on the single sex access to changing spaces, involving a claim of unlawful harassment under the Equality Act 2010, and in light of the fact that that the verdict could potentially set precedence in other Trusts, does this Trust's policy currently in place, cover what is being challenged in the Fife case? And in the event of the outcome being upheld on behalf of the complainant, will this Trust's policy have any consequences requiring any changes? Also, boundaries around single sex toilets?

A4: Fife case "At the time the incident took place, it was NHS policy to allow transgender people to use changing rooms that align with their gender identity." Y&S policy states "Facilities such as toilets and changing rooms should be accessed according to the full-time presentation of the employee."

The Transgender and Gender Diverse Communities policy will be updated in line with guidance from NHSE, the ICB and case law. Below is an extract from the current policy :

4.8.9 Advice for all staff

Facilities such as toilets and changing rooms should be accessed according to the full-time presentation of the employee.

Ensure that access to the relevant facilities is available to all employees as far as is practical. Transgender people are not to be regarded as disabled.

Where sex specific facilities do not afford reasonable levels of privacy for male and female staff (shared changing areas etc.) reasonable measures should be taken to upgrade facilities to meet this need. This is not a consideration to 'protect' transgender or non-transgender staff, but rather to ensure that all members of staff, irrespective of their age, disability, sex, trans status, race/ethnicity, religion/belief, or sexual orientation is afforded the right to privacy.

Employers may consider changing the labelling on some facilities so that they are gender neutral. Greater privacy may be provided by having more cubicles, and by having partitions and doors that extend from floor to ceiling. Remember, a person does not need a Gender Recognition Certificate to use the facility appropriate to their gender identity.

The use of changing/showering facilities and toilets will be part of the discussion process with the member of staff who is transitioning, with a view to agreeing the point at which the use of facilities should change from one gender to another. An appropriate stage for using the facilities of the new gender is likely to be the change of social gender. Should there be any objections to this; the objections will be dealt with by a manager in a sensitive and understanding way while not denying the transgender person access to facilities appropriate to their lived gender.

It would not be acceptable to expect trans and non-binary people to use facilities designated for use by those of their biological sex. Following transition, whether or not this has involved surgical procedures, the individual should be fully supported in using all facilities appropriate to their acquired gender.

If it is genuinely impossible to adapt such changing/shower facilities to accommodate this, then this is one very limited example of an instance where the law permits an employer to make separate arrangements. Such special arrangements must be time limited unless the trans person has a non-binary gender identity and wishes to keep the separate arrangements in place indefinitely.

If there is difficulty implementing the above, speak to your line manager, Head of Service, Patient Equality, Diversity and Inclusion Lead or Head of Equality, Diversity and Inclusion.

Address intersectionality - recognise the intersectionality of identities and experiences. Transgender, gender diverse, and non-binary individuals may face additional discrimination or marginalisation based on factors such as race, ethnicity, disability, or socioeconomic status. Take proactive steps to address these intersecting forms of discrimination.

CAR PARKING – YORK SITE

Q5: Several consultant colleagues raised concerns on an e-mail forum about damage to their cars whilst parked in the multistorey car park (over a few years, but many quite recently) in which they struggled to secure any CCTV footage to support any claims for damages. A response was posted on the forum from Kevin Richardson, the Head of Resources Support Services, but this was obviously limited in its distribution. It's likely that Trust colleagues from non-medical backgrounds and members of the public have been / are being similarly affected.

I would appreciate if this issue could be raised at the CoG meeting and assurances sought about how the issues will be addressed and how all staff members can be signposted to the help they may need in relation to any future car damage.

A5: The team are aware of the concerns raised in relation to potential RTCs within our public MSCP, and are supporting and giving advice to consultants around accessing CCTV in relation to potential damage to vehicles. For the public there is clear signage (attached) displayed within the car park on each floor directing to the security team, who would then give support and advice around CCTV.

Unfortunately, due to data protection legislation (GDPR) we are not permitted to give out other users 'personal identifiable data' (information) in relation to damage caused, as this would only be allowed to be handled by the Police or the registered keeper of the vehicles insurance company.

This information can be found on the Trust website, and is also on staffroom in relation to CCTV and the purpose of the system at the Trust for more detail.

<https://www.yorkhospitals.nhs.uk/about-us/information-governance/privacy-notices/cctv-and-body-worn-camera-privacy-notice/>

Vehicles parked within our public and staff car parking areas, and as with any other car park the vehicle is left at the owners own risk however we will support and assist in reducing where we can incidents and supporting in the event they occur.

Off the back of these concerns raised, I have asked the team to review the current CCTV coverage within the MSCP, and the CCTV Manager has advised that it is above adequate for the car park in line with British Parking Association (BPA) standards.

The Car Parking team have also undertaken an assessment of how many incidents in relation to RTCs over the past 3 years have occurred compared to the volume of vehicles entering / exiting the car park each day, which is above 35,000 vehicles per month, with on average less than one incident reported monthly over the course of a year.

The Car Parking and Security Team can be contacted by Trust staff on the below (which is on the staff intranet or via switchboard)

- Security 01904 725636 or 01904 721241
- Car Parking Team 01904 721591
- Kevin Richardson, Head of Car Parking & Security 01904 724762

The general public there is a contact number as attached on every level of the MSCP, Trust website and via switchboard.

SERVICES

Q6: If a patient is admitted to a service and that service has been deemed 'Inadequate' by the CQC is the patient advised of this when being admitted to that service? If yes, and they are admitted if something happens and a claim is made against the Trust, will the claim be dismissed because the patient was advised that it had been deemed 'inadequate' by the CQC upon admission? What is the risk to the Trust of a service deemed 'inadequate' in terms of claims from patients?

A6: Information posters regarding our CQC rating are in place within the main entrances to our sites and on our website. The CQC actually mandate how we do that, they have a 'widget' we have to embed on our site that shows the rating and takes you to the report if

you click on it. They ask that it's prominently displayed, ideally on the homepage, which we've done. We don't automatically tell anyone of the CQC rating on arrival, as first and foremost we want to establish trust and confidence with them that we can meet their needs. We would respond honestly to questions from patients and their families if they asked for information about the rating of the service.

If a claim is made against the Trust, then an investigation would be taken into the concern/issue raised, to understand root cause and contributing factors. The CQC is only one of a number of ways we're regulated for the services we provide. Having an inadequate rating doesn't absolve a service from providing care to the standards we expect; there's no formal link between the two from a legal perspective. In terms of claims, advising a patient of our inadequate rating would not act as a "disclaimer" for any claim. A claim is indefensible when acts or omissions in the care have fallen below a reasonable standard and led to harm.

PATIENT CARE

Q7: Maintaining oversight of medical inpatients including outlier patients

Concerns were raised by a Renal Consultant colleague (note – the renal team deliver a 'consultant of the week model') in relation to trying to safely maintain oversight of all the patients under the renal team.

On this day, 11 outlier patients were under renal team, a further 5 on Ward 23 and 10 more around the hospital that needed renal expertise. The base renal ward (W 33) numbers had increased to between 33 and 35, meaning there were around 60 patients to be seen. This is quite common.

It's well recognised that the renal patients tend to have the most complex needs of all inpatients and that they can deteriorate rapidly in terms of their renal function resulting in potentially serious life-threatening electrolyte derangements.

A Coroners' inquest was recently held in relation to a patient who died due to very high potassium levels that had been missed that should have been spotted and managed more appropriately.

Another potential near miss has been attributed to the patient not being reviewed by senior renal clinicians due to the sheer volume of inpatient work they are currently trying to deliver.

In addition to the inpatient work, the renal team also need to deal with GP referrals, referrals from Harrogate and Scarborough and requests for reviews and advice from the dialysis units.

Internal discussions have failed to find sustainable solutions to addressing this workload despite attempts to secure efficiencies by cutting handovers down to essential staff and sharing oversight of outliers as efficiently as possible.

Further Datixes are being submitted in relation to the number and complexity of medical outlying patients with renal needs who remain at risk of succumbing to further suboptimal care outcomes, that may include preventable deaths.

I would like to raise this ongoing concern on behalf of my renal colleagues to discuss at the CoG to seek assurances about how these issues will be explored and what mitigations can be put in place pending a definitive solution being found.

A7: Thank you for raising these concerns on behalf of our renal colleagues. We fully acknowledge the significant challenges currently faced by the renal service, particularly regarding inpatient demand, the complexity of patient needs, and the associated patient safety risks.

As part of our Medicine Service Review, we are undertaking a comprehensive assessment of Renal Medicine across all sites to address the misalignment between demand and capacity. The review will have been undertaken by end of June 2025, and includes:

- An in-depth analysis of inpatient numbers and workforce capacity, including consultant cover for both base ward patients and outliers.
- A review of referral pathways, including GP and inter-hospital referrals, to identify opportunities to streamline workload.
- Assessment of risk associated with current models of care, ensuring patient safety remains the highest priority.

We also recognise the immediate need for mitigations to ensure safe oversight of renal patients while the review is ongoing. To that end, we are:

1. Exploring additional consultant support and workforce solutions to alleviate pressures on the existing team.
2. Reviewing options for enhanced clinical prioritisation and triage of referrals to ensure that the most acutely unwell patients receive timely senior review.
3. Strengthening governance and escalation pathways for at-risk renal inpatients, ensuring that deteriorating patients are identified and managed promptly.
4. Engaging with operational and clinical leaders to assess how outliers can be better supported through targeted interventions.

We take the concerns raised very seriously, particularly given the recent Coroner's inquest and ongoing Datix reports, and are committed to working with the renal team to find both immediate and sustainable solutions.

We welcome the opportunity to provide further assurance at the upcoming Council of Governors meeting, where we can outline both the short-term actions being taken and the longer-term strategy for renal services.

Thank you again for bringing this to our attention, and please be assured that this remains a priority area for review and intervention.

Action Log

BRAG ratings:		= Action is Complete
		= Action is not on Track
		= Action in jeopardy of missing due date
		= Action is on Target

Committee / Group	Ref No.	Date of Meeting	Action	Responsible Officer	Due Date	Updates
Public CoG	25/05	13.03.25	Provide a report from the Anti-racism Steering Group for the next CoG meeting in June.	Simon Morritt	11.06.25	On agenda. Action closed.
Public CoG	25/08	13.03.25	Email Travel Presentation to all governors.	Tracy Astley	11.06.25	Emailed to Gobs 16.04.25. Action closed.

Report to:	Council of Governors
Date of Meeting:	11 June 2025
Subject:	Chief Executive's Report
Director Sponsor:	Simon Morritt, Chief Executive
Author:	Simon Morritt, Chief Executive

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☐ Regulatory Requirement ☐

Trust Objectives

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☐ To be well led with effective governance and sound finance.

<p>Board Assurance Framework</p> <p><input type="checkbox"/> Effective Clinical Pathways</p> <p><input type="checkbox"/> Trust Culture</p> <p><input type="checkbox"/> Partnerships</p> <p><input type="checkbox"/> Transformative Services</p> <p><input type="checkbox"/> Sustainability Green Plan</p> <p><input type="checkbox"/> Financial Balance</p> <p><input type="checkbox"/> Effective Governance</p>	<p>Implications for Equality, Diversity and Inclusion (EDI) (please document in report)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p>
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Executive Summary:

The report provides an update from the Chief Executive to the Council of Governors in relation to the Trust's priorities. Topics covered include: an update on the opening of the Urgent and Emergency Care Centre in Scarborough, Bridlington Elective Surgical Hub accreditation, national and regional NHS system reform, readiness assessment for embedding continuous improvement and an update on the Anti-racism Steering Group.

Recommendation:

For the Council of Governors to note the report.

Report History (Where the paper has previously been reported to date, if applicable)		
Meeting/Engagement	Date	Outcome/Recommendation

Chief Executive's Report

1. Scarborough Urgent and Emergency Care Centre opens its doors

As I am sure everyone is aware, Scarborough's Urgent and Emergency Care Centre is now fully open for business.

As a Trust, we have invested £47 million to build the new flagship Urgent and Emergency Care Centre. Commonly referred to as the UECC, the centre includes a two-storey new build, combining and expanding the current emergency department, same-day emergency care, and the acute medical unit, along with critical care and other services to care for the most critically ill patients.

Services moved across to the UECC in a phased approach at the end of April, ending with the new emergency department accepting patients from Thursday 1 May.

There are far too many people to thank everyone individually in this report, so many people from every team in the trust have been involved in getting us to this point. It genuinely has been a collective effort, and the approach to solving the challenges and delays we encountered is an example of teamwork at its absolute best. Moving a complex range of 24/7 services is no mean feat, and it is testament to the dedication and focus of the teams when planning these moves and preparing staff in advance that this was a slick operation.

I firmly believe that the new facility will be a genuine healthcare innovation for the people of Scarborough and surrounding areas and will completely transform the experience for our patients and colleagues. My thanks and congratulations go to everyone involved.

2. Accreditation success for Bridlington Surgical Hub

Further good news for the East Coast as we have received confirmation that Bridlington Hospital's elective surgical hub has been accredited by the Getting It Right First Time (GIRFT) programme. This is the outcome of a rigorous assessment process culminating in a visit from the GIRFT team on 11 April.

GIRFT's focus is on facilitating the development of surgical hubs, with the aim of improving patient flow and utilisation. This is a tremendous achievement for the team and a real boost for our Bridlington-based services.

Professor Tim Briggs, Chair of GIRFT and NHS England's National Director for Clinical Improvement and Elective Recovery, wrote in his confirmation letter that "the team who visited your hub were impressed with the professionalism and enthusiasm of your staff and it was obvious that they were keen to take advantage of the benefits that the accreditation scheme offers."

As with the UECC moves, the planning, teamwork and attention to detail demonstrated by the team throughout the accreditation process was exemplary, and everyone involved should be justly proud of this achievement.

3. National and regional NHS system reform

Since my last report to the Council of Governors in March, there has been a series of recent announcements relating to a major reshaping of how the NHS operates, amounting to the most significant national and regional system reforms in over a decade.

NHS England (NHSE), the organisation that oversees the NHS in England, is being abolished and integrated into the Department of Health and Social Care. There will also be changes to Integrated Care Boards (ICBs), who will be required to cut their running costs by 50% by Quarter 3 of 2025/26.

NHS England has shared a draft Model ICB Blueprint to help ICBs develop their plans to achieve the reduction requirement. There will be further refinement to the document and wider engagement will take place with stakeholders over the coming weeks, however the draft was intended to be used to inform the plans that ICBs are in the process of developing to meet the cost-reduction ask.

The document sets out the purpose of ICBs and what their core functions should be to deliver that purpose, the enablers and capabilities required for success, and the support and guidance that will be available for ICBs to manage the transition locally. It lists all current functions provided by ICBs and groups them by the required change that needs to be considered as part of this process, i.e. functions that need to grow to deliver the purpose and objectives, functions that could be selectively retained or adapted, and functions to review for transfer, for example to regional teams or to providers.

The revised running cost envelope has been set at £18.76 per head of population, and plans were due to be submitted by the end of May outlining how each ICB intends to achieve this. The plans will then go through national moderation (involving a confirm and challenge process) to support consistency of approach and sharing of opportunities. The reduction in ICB costs to meet this target must be delivered by the end of Q3 2025/26 and recurrently into 2026/27.

We are also expecting the publication of a Model Region Blueprint in the coming weeks.

Sir Jim Mackay has now replaced Amanda Pritchard as NHSE's Chief Executive, and wrote to chairs and chief executives of all providers and ICBs to set out some further detail about what these announcements mean in the short-to-medium term.

The letter, *Working together in 2025/26 to lay the foundations for reform*, outlines the strategic priorities and collaborative actions required across the NHS for the 2025/26 financial year.

These priorities focus on stabilising NHS finances, embedding a more transparent and collaborative leadership culture, and preparing for long-term service reform.

Wes Streeting, Secretary of State for Health and Care, has said that the aim of these reforms is to remove bureaucracy and duplication and better hold to account providers for reducing waiting times and managing finances responsibly.

The key areas of the letter are summarised below.

Strengthening 2025/26 financial planning:

Sir Jim thanks all leaders for their work in delivering significant progress in refining the 2025/26 financial plans, with the collective efforts of all teams resulting in a planned

headline deficit reduction. He describes the need to go further with these plans, and the ongoing engagement that will be taking place with the regional teams to finalise these and to build delivery confidence.

Evolving NHS leadership and planning practices:

The forthcoming 10 Year Health Plan, together with the outcome of the Spending Review, will underpin a shift toward a medium-term planning approach. A structured engagement process will be initiated between June and September 2025 to define planning parameters for 2026/27 and reduce reliance on annual Planning Guidance, enabling a more streamlined planning process in the future.

A return to a 'fair-shares' allocation policy is one of Sir Jim's commitments. An indicative schedule has been shared to show what this would have looked like for this year, whilst an affordable 'pace of change' policy is developed to enable a move to new funding arrangements over time.

Cost reduction in Integrated Care Boards (ICBs) and future strategic role:

ICBs will be central to delivering future NHS strategy as strategic commissioners. As part of this transition, ICBs are expected to reduce their operating costs by 50% while retaining key staff and enhancing strategic capabilities in areas such as analytics, market management, and contracting.

Areas to look at where duplication may exist (for example in providers, regional teams, and/or local authorities) include assurance and regulatory functions, wider performance management roles, and communications and engagement.

ICBs are required to produce cost-reduced plans by the end of May, with implementation expected during Quarter 3.

Reducing corporate cost growth in NHS providers:

Since 2018/19, corporate costs in NHS providers have increased by 40% (excluding pay and pensions). All providers are now expected to deliver a 50% reduction in this growth from October this year. Regional benchmarking data has been provided to Trusts to support this process, and we are working to produce a plan by the end of May describing how we will deliver this ask in our Trust.

NHS Standard Contract and payment reform:

New contractual arrangements for 2025/26 will introduce greater flexibility in elective activity planning. The removal of the elective payment limit and strengthened activity management provisions are designed to support collaborative planning between providers and commissioners.

Streamlining NHS central functions:

Work is progressing to unify NHS England and the Department of Health and Social Care into a single, aligned centre, with this work being sponsored by Penny Dash (NHSE's new chair) and Alan Milburn. The new NHS Performance Assessment Framework for 2025/26 will be published following consultation and testing during Quarter 1.

Preparations are also being finalised for the publication of the Urgent and Emergency Care (UEC) Delivery Plan, which will be a critical tool for improving system preparedness ahead of winter 2025/26.

4. Readiness Assessment for Embedding Continuous Improvement

Our Board is considering a long-term transformation programme to embed continuous improvement in our Trust.

We know that this is something colleagues feel is a significant barrier to them engaging in their place of work. This was most recently reported in the staff survey but has been a recurring theme for some time.

Key to the successful delivery of our new EPR is having a framework for continuous improvement and a systematic way of doing things, and this is a fundamental enabler to the successful delivery of all major transformation programmes.

Organisations that have a track record of doing this well have several things in common:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Embedding improvement into management systems and processes

Our new strategy gives us the framework to do this, and to deliver our ambition to provide an excellent patient experience every time, however we have agreed that we need the support of a strategic partner to support us to develop our management system.

As a starting point, we are currently undertaking a 'readiness assessment' to better understand our current position regarding continuous improvement and our ability to undergo such a large programme. This includes gathering insights into our Trust's strategy and transformation capability, as well as the willingness within our organisation to undertake such a large-scale change programme.

The readiness assessment is a rapid, time-limited piece of work to assess our organisation's capability through one-to-one interviews, reviewing key documents, directly observing meetings, and holding focus groups with colleagues.

This will be used to provide an assessment of how best to move forward in embedding a culture of continuous improvement and will inform the Board's decisions as to the next steps in our improvement journey.

5. Anti-racism steering group

As I reported at the last meeting of the Council of Governors, an Anti-racism Steering Group has been established for our Trust, with wide-ranging membership including our Lead Governor.

This group, which I chair, has been established to prioritise anti-racism and give a focus to the Trust's work on eradicating racism in our workplace, whether that comes from colleagues or patients. The purpose of the Group is to develop strategies to address individual, cultural and structural racism across our organisation.

The group has met three times and has been looking at data (for example, the Workforce Race Equality Standard (WRES), employee relations cases, and issues raised through the

Freedom to Speak Up process) to identify themes and develop actions to address them. We have also discussed the Trust's processes around recruitment and induction, particularly for internationally-educated staff, and whether there is scope for this to be improved.

The group has also developed an Anti-racism Statement for the Trust, which will be approved and formally adopted at the next meeting at the end of June.

If we are to deliver on our priority of creating a workplace where everyone feels safe and welcome, then it is absolutely critical that we take meaningful action to tackle racism and deal with concerns appropriately. This group offers a formal mechanism for identifying issues so that such action can be taken.

Date: 11 June 2025

Report to:	Council of Governors
Date of Meeting:	11 June 2025
Subject:	Chair's Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

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- ☐ Timely, responsive, accessible care
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- ☐ Deliver healthcare today without compromising the health of future generations
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Board

Framework

- ☐ Quality Standards
- ☐ Workforce
- ☐ Safety Standards
- ☐ Financial
- ☐ Performance Targets
- ☐ DIS Service Standards
- ☐ Integrated Care System
- ☐ Sustainability

Assurance

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The council of Governors is asked to note the report.

Chair's Report June 2025 Council of Governors

1. Since the previous meeting of the Council of Governors I have had the pleasure of attending and giving an introductory talk at the Maternity/Neo-natal Engagement event held in March at Malton. This was the 3rd such annual event that has been introduced by our Director of Midwifery. Its purpose was to give an update on the progress that has been made to improve the service addressing the concerns raised by the CQC and implementing national recommendations made in the light of the learning from significant high profile inquiries, as well as describing future plans when an increase in funding is secured.
2. I also had the pleasure of attending the official launch of SHARC (Scarborough Coastal Health & Care Research Collaborative) held in Scarborough on 1st April. There is a strong collaborative partnership, and east coast will be an active participant in a national research project "The Elevate Study: Innovating Urgent & Emergency Care in Rural Coastal Communities".
3. Three non-executive Directors will be leaving the Trust before the next meeting of the Council of Governors: Dr Steve Holmberg leaves at the end of May, Jim Dillon leaves at the end of June, and Dr Matt Morgan is leaving at the end of July. Noel Scanlon has been appointed as a Steve's Successor and Helen Grantham as Jim's successor. I will liaise with the University of York to secure a nomination to succeed Matt.
4. A meeting of the Board's Nomination & Remuneration Committee will take place on 12th June to agree the recruitment process of a new Chief Executive to succeed Simon who recently announced his intention to retire in September. I am aiming that the interviews of shortlisted candidates will take place in the second week of September. The June meeting of the Council of Governors will therefore be his penultimate meeting with Governors.
5. With Simon, I attended ,indeed Chaired a meeting of the Acute Collaborative Committee in Common of acute Trusts who work in the area covered by the Humber & North Yorkshire Integrated Care Board.
6. I attended two Thank You events organised by the Trust to thank Donors who have supported the Trust through our Charitable Funds. The events were held at Scarborough and York Hospitals respectively. There were 3 presentations giving examples of how donations have benefitted patients including a very powerful, moving talk by a daughter of an end of life patient explaining the benefits of the Autumn project which is primarily funded though the Trust's Charitable Funds.

7. Rukmal and I have now completed the appraisals of the majority of NEDs, with the remaining two in the diary, along with my own which will take place straight after the Council of Governors meeting!

Martin Barkley
Trust Chair

Report to:	Council of Govenors
Date of Meeting:	11 June 2025
Subject:	Workforce Race and Disability Equality Standards Action Plans 2023-2025 - update
Director Sponsor:	Polly McMeekin, Director of Workforce and Organisational Development
Author:	Virginia Golding, Head of Equality, Diversity and Inclusion (EDI)

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☒ Information ☐ Regulatory Requirement ☒

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<p>Board Assurance Framework</p> <p><input type="checkbox"/> Effective Clinical Pathways</p> <p><input checked="" type="checkbox"/> Trust Culture</p> <p><input type="checkbox"/> Partnerships</p> <p><input type="checkbox"/> Transformative Services</p> <p><input type="checkbox"/> Sustainability Green Plan</p> <p><input type="checkbox"/> Financial Balance</p> <p><input type="checkbox"/> Effective Governance</p>	<p>Implications for Equality, Diversity and Inclusion (EDI) (please document in report)</p> <p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not Applicable</p>
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Executive Summary:

This report provides an update on the progress made with the 2023-2025 action plans prior to the co-production of the new action plans covering the period, 2025-2027. The new action plans will be shared with the Resources Committee and the Trust's Board of Directors in October 2025 after the 2025 data analysis has been completed and colleague engagement

A RAG rating was used to keep track of progress, Green: Complete, Amber: Begun but not complete, Red: Not yet begun and Blue: a new action.

Appendix 1 – WRES, 2023-2025 Action Plan

Appendix 2 – WDES, 2023-2025 Action Plan

Recommendation:

To assure the Council of Governors that the 2023-2025 action plans were implemented as planned.

Report History

(Where the paper has previously been reported to date, if applicable)

Meeting/Engagement	Date	Outcome/Recommendation
Resources Committee	15/04/25	Noted
Board of Directors	21/05/25	Noted

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Objective	Analysis	WRES Action	Executive Director Lead	Operational Lead	Date	RAG Rating
WRES Indicator 1 BME representation in the workforce by pay band WRES Indicator 2 Relative Likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointment from shortlisting across all posts						
WRES Indicator 2 Relative Likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointment from shortlisting across all posts						
Indicator 1 has not seen any improvement in the number of BME staff employed in the Trust under Agenda for Change. Therefore, the Trust needs to Increase support and opportunities for career progression	<p>Race Disparity Ratios</p> <p>High priority areas for improvement suggested by NHSE WRES Team:</p> <p>Career progression in clinical roles (lower to middle levels,)</p> <p>Career progression in clinical roles (lower to upper levels)</p> <ul style="list-style-type: none">Bands 1-4 = 0.8%Bands 5-7 = 7.3%Bands 8-9 = 0.07%VSM = 0% <p>Career progression in non-clinical roles middle to upper levels)</p> <ul style="list-style-type: none">Bands 5-7 = 0.5%Bands 8-9 = 0.1%VSM = 0.01% <p>Lower: band 5 and under Middle: bands 5 & 7 Upper: bands 8a and above</p>	Use positive action in targeting BME staff within the race disparity ratios levels to attend the internal development courses to support them with career progression	Director of Workforce and Organisational Development	Head of Organisational Development	Commence in Q4 2024	
Bank WRES Indicator 1 Percentage of active workers by ethnic group and gender across key grades and staff groups						
Increase BME appointments to clinical and non-clinical A4C posts. Increase this by 0.6% for each race disparity ratio level	On examining the Bank data there could be an improvement in the number of BME staff on Bank.	BME staff invited to attend Bank recruitment events. (This should include existing staff)	Director of Workforce and Organisational Development	Bank Recruitment	Commence in Q3 2025	
WRES, BWRES & MWRES	Qualitive engagement data states that more visible diversity in the Trust's communications is required. This would encourage BME staff to see themselves in different job roles and see others as role models	Continue to ensure there is visible diversity in the Trust's Communications Dedicated equality, diversity and inclusion page in Staff Matters	Director of Communications	Head of Communications and Head of EDI	Commence in Q3 2023	
WRES Indicator 2 Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts						

Improve the relative likelihood of being appointed from shortlisting from 2.5 to 1 for the organisation	Y&S has seen no statistical improvement A figure of 1 would mean there is equity	All recruiting managers/panels to attend Inclusive Recruitment Training (whilst this wouldn't be mandatory training, this should be a recruitment requirement)	All Directors	Head of EDI, Medical & Bank Recruitment & HR Recruitment Manager	Q4 2024	
		BME representation on recruitment panels. Bands 6+ for AfC and Consultant posts (may need to include colleagues from HNY)	Director of Workforce and Organisational Development	Medical Recruitment Manager, Bank Recruitment & HR Recruitment Manager	Q2 2024	
		Continue to deliver Conscious Inclusion training	Director of Workforce and Organisational Development	Head of EDI	2023-2024	
		Workforce Leads to work with CG and Directorates on developing local action plans addressing local data	Polly McMeekin, Director of Workforce and Organisational Development	Workforce Leads	October 2023 onwards	
		Implement interview skills training to support staff pre-interview	Director of Workforce and Organisational Development	Head of EDI	Q3 2024	
		Encourage recruiting panel to offer all BME job applicants the opportunity of receiving improvement feedback after interview	Director of Workforce and Organisational Development	EDI Workstream supported by Workforce Leads	Q2 2024	
		Advertise jobs using a variety of recruitment platforms	Director of Workforce and Organisational Development	HR Recruitment Manager, Band and Medical Recruitment	Q2 2024	
WRES Indicator 5 Percentage of staff experiencing harassment, bullying, or abuse from patients, relatives or the public in the last 12 months						
See a year on year decrease in the number of staff experiencing this behaviour. To reach 30.8% by 2025	There has been a significant deterioration over the last two years with the number of BME staff experiencing unwanted behaviour from those who use our services, this figure is high and is above the Staff Survey benchmark group average of 30.8%.	Review of the Trust's Exclusion Policy	Chief Nurse		2023	
		Implement training for ward staff on how to deal with unwanted behaviour in line with the Exclusion Policy	Chief Nurse	TBA	After implementation of the policy	
		Procedure developed on how to support staff including access to psychological support	Chief Nurse		2024	
		Communications campaign to inform all services users and visitors to the Trust regarding approach to bullying, harassment and violence to staff	Chief Nurse	Head of Communications, Patient EDI Lead and EDI Workstream	2024	
Indicator 8 In the last 12 months have you personally experienced discrimination at work from any of the following: Manager/team leaders or colleagues?						
For the Trust to see a reduction in people's experiences and the reporting in the Staff Survey by 2.5% by March 2024	After seeing a steep deterioration in 2022 compared to 2021, there has been little statistical improvement in 2023. The Trust's data is currently above the Staff Survey benchmark group average of 17.3%.	Improve mandatory Equality, diversity and human rights training compliance. Target 85%.	All Directors	EDI Workstream supported by Workforce Leads	Q1 2024	

		Implement NHS England's Culture and Leadership Programme. Included within this will be the Behavioural Framework implementation, launch of the Civility, Respect and Resolution Policy, the importance of raising concerns and the FTSU remit	Chief Nurse	Head of Employee Relations and Engagement	May 2024-Sep 2025	
		Examine data collected with ER to determine trends in specific departments, roles or pay bandings • monitor exit interview data to identify any particular trends and issues relating to staff leaving for these reasons. Create local action plans to address the findings	Chief Nurse	EDI Workstream supported by Workforce Leads	Q1 2024	
Metric 9: BME Board members – Percentage difference between the organisation's Board voting membership and its overall workforce						
Increase the number of BME Board members by to be more reflective of the organisation	Metric 9 has seen no statistical improvement in the number of BME staff on the Trust's Board of Directors and as voting board members. The difference in comparison to the rest of the organisation is -4.9%	Associate Director of Governance to engage with staff networks to review Chair and NED recruitment documentation for any barriers	The Trust's Chair	Associate Director of Governance	Oct-23	
		The Trust to continue to engage with Gatenby Sanderson's Inspiring Leaders Programme to aid diverse recruitment	The Trust's Chair	Associate Director of Governance	Nov-23	
		Head of EDI to review Chair's JD & PS for any potential barriers	Director of Workforce and Organisational Development	Head of EDI	Jul-23	
		Career conversation/coaching and mentoring (action also applicable metrics 1, 2 and 4)	Director of Workforce and Organisational Development	OD Facilitator	Mar-24	
		Applications for Non-Executive Director appointments encouraged from a visibly diverse background	Associate Director of Corporate Governance	Associate Director of Corporate Governance	Sep-25	
		Review nomination process for governors to encourage diversity.	Associate Director of Corporate Governance	Associate Director of Corporate Governance	Sep-25	

Author: Head of Equality, Diversity and Inclusion

Senior Responsible Officer: Director of Workforce and Organisation Development

Publish and Submission Date: 31 October 2023

Note: BME staff were engaged with via a joint staff network meeting and a survey monkey to obtain their suggestions on the actions required. These actions are designed to address the Workforce, Medical and Bank Race Equality Standards.

Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Red	Not yet begun
Amber	Begun but not complete
Green	Complete
Blue	New

Objective	Analysis	WDES Action	Executive Lead	Operational Lead	Date	RAG Rating
WDES Indicator 1 Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the % of staff in the overall workforce						
Encourage staff to update their equality monitoring information to help determine who is in the workforce	Indicator 1 has seen various statistical changes in 2023 with five being positive, four statistically static and one deterioration	Last year’s action was partly completed and has been updated. The Sharing Personal Diversity Guide will be launched along with a targeted campaign to update information on ESR.	Director of Workforce and Organisational Development	Head of EDI, Workforce Data Analyst and EDI Workstream	Commence in Q2 2024	
		Maintain current Disability Confident level 2 and promote the benefits of this charter to managers	Director of Workforce and Organisational Development	Deputy Head of resourcing	Commence in Q3 2024	
WDES Indicator 5 Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion.						
Increase awareness of the support available within the Trust to support Disabled staff in their careers	This has seen a slight negative decrease in 2023 but is equal to the Staff Survey benchmark group average, which has remained the same since 2021. Staff Survey results 2022 52.1%, 2023 51.4%.	Career conversation/coaching and mentoring	Director of Workforce and Organisational Development	OD Facilitator	Commence in Q3 2024	
		Use positive action in targeting Disabled staff to attend the internal development courses to support them with career progression	Director of Workforce and Organisational Development	Head of Organisational Development	Commence in Q4 2024	
		Promote the changes in Flexible Working and the Trust’s Flexible Working Policy	Director of Workforce and Organisational Development	Workforce Leads and EDI Workstream	Commence in Q3 2024	
WDES Indicator 9 The staff engagement score for Disabled staff, compared to non-Disabled staff						
To engage, listen and support Disabled staff so they feel engaged with and that their needs are taken into consideration and acted upon.	The staff engagement score for the Trust’s is 6.5 and the score for Disabled colleagues is below this at 6.1. The Staff Survey benchmark group average for Disabled people is 6.4 and the Trust’s is also slightly below this.	Improve mandatory equality, diversity and human rights training compliance. Target 85%	All Directors	EDI Workstream supported by Workforce Leads	Commence in Q1 2024	

		NHS England's Culture and Leadership Programme will continue. Included within this will be the Behavioural Framework implementation, launch of the Civility, Respect and Resolution Policy, the importance of raising concerns and the FTSU remit	Director of Workforce and Organisational Development	Head of Employee Relations and Engagement	Commence in Q1 2024-Q2 2025	
		Extend the remit of the Enable Staff Network to include Neurodiversity	Director of Finance	Enable Staff Network Chair	Q2 2023	
		Continue to implement the Neurodiversity at Work workshop	Polly McMeekin, Director of Workforce and Organisational Development	Head of EDI	Q2 2023	
		Feature Disabled staff (along with other colleagues with protected characteristics) in the new EDI section of Staff Matters, raising awareness promoting good practice and role models.	Director of Communications	Head of EDI and Communications Team	Commence in 2025	
Indicator 10 Disabled Board members – Percentage difference between the organisation's Board voting membership and its overall workforce						
Increase the number of Disabled Board members to be more reflective of the organisation	This has seen a decrease in the number of staff who identify as Disabled, this is due to an increase in the number of Board members and how they identify. One out of 17 Board Members identify as Disabled	Associate Director of Governance to engage with staff networks to review Chair and NED recruitment documentation for any barriers	The Trust's Chair	Associate Director of Governance	Q3 2023	
		The Trust to continue engagement with Gatenby Sanderson's Inspiring Leaders Programme to aid diverse recruitment	The Trust's Chair	Associate Director of Governance	Commence in Q3 2023	
		Head of EDI to review Chair's JD & PS for any potential barriers	Director of Workforce and Organisational Development	Head of EDI	Jul-23	
		Cohort 3 of the Reverse Mentoring Programme targeted at Disabled staff	Director of Workforce and Organisational Development	OD Facilitator	Commence in Q4 2024	
		Executive Director Sponsor of Enable to Lead the campaign via a blog to update Personal Diversity Information as in Indicator 1	Director of Finance	Executive Director Sponsor of Enable and Head of EDI	Commence in Q2 2024	
		Review nomination process for governors to encourage diversity.	Associate Director of Corporate Governance	Associate Director of Corporate Governance	Sep-25	

Author: Head of Equality, Diversity and Inclusion

Senior Responsible Officer: Director of Workforce and Organisation Development

Publish Date: 31 October 2023

Note: Disabled staff were engaged with via a joint staff network meeting and a survey monkey to obtain their suggestions on the actions required. These actions are designed to address the Workforce Disability Equality Standard.

Where an action has been given a Green RAG rating to indicate complete, the action, where necessary, will be continuously implemented.

Report to:	Council of Governors
Date of Meeting:	11 June 2025
Subject:	Performance Report
Director Sponsor:	Martin Barkley, Chair
Author:	Martin Barkley, Chair

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

Trust Objectives

- ☒ Timely, responsive, accessible care
- ☐ Great place to work, learn and thrive
- ☐ Work together with partners
- ☐ Research, innovation and transformation
- ☒ Deliver healthcare today without compromising the health of future generations
- ☐ Effective governance and sound finance

Board Assurance Framework

- ☒ Quality Standards
- ☒ Workforce
- ☒ Safety Standards
- ☐ Financial
- ☒ Performance Targets
- ☐ DIS Service Standards
- ☐ Integrated Care System
- ☐ Sustainability

Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

The Council of Governors is asked to note the current positions.

Performance Report key metrics

June 2025 Council of Governors meeting

Diagnostic 6 week standard

- In April achieved 63% against a standard of 83% compared to 76% in October and 69% January.
- 14 types of diagnostic work are in the statistics with levels of attainment ranging from 30% re Urodynamics, to 96% for neurophysiology.

Acute Flow

- Number of 12+ hour trolley waits in April was 628 compared to 949 compared in January .
- Proportion of ambulance handovers waiting more than 60 minutes was 21.3% in January. We now measure the proportion waiting more than 45 minutes which was 16.6% in April.
- Proportion of patients seen and treated in ED waiting less than 4 hours was 63.8% in April compared to 63.1% in January.
- Lost bed days for patients with no criteria to reside was 1130 in April compared to 1225 in January. This is 12.4% of our general and acute beds.

Cancer

- Proportion of patients who had their first treatment within 62 days was 70.6% (compared to 66.4% last time) against a standard of 85% and a year end target of 70%.
- Cancer faster diagnosis standard was 70.6 in March compared to 72.3% in January compared to 67.2% in October, against a standard of 77%.

Referral to Treatment (RTT)

- Number of people waiting is 49,621 compared to 42,554 in January, an increase of 7,087. This is due to transferring patients from the Non-RTT list to the RTT list following a data quality check.
- 38 patients waiting more than 65 weeks mainly due to a key colleague being on sick leave in one speciality, against a target of zero.
- 1,149 patients waiting more than 52 weeks which is 21 patients more than in January.
- The mean waiting time for incomplete pathways is 17.9 weeks, a decrease of 1.1 weeks from previous report.

Children scorecard

- 32 children waiting over 52 weeks in January a reduction of 8 compared to January against a target of zero.
- On the non RTT list the number of children waiting more than 52 weeks reduced by 18 to 699.

Workforce

- In March staff sick leave rate was 4.9% reduced from 5.9% in December with a year-to-date rate of 4.9%
- Rolling 12-month staff turnover rate is 8.3%, better than plan of 10% but a reduction of 0.3% from December rolling rate
- Overall vacancy rate of 6.5% a decrease from 7.5%
- HCSW vacancy rate in adult in-patient wards 9.8% (9.3%)
- RN vacancy rate 6.3% (6.5%)
- Midwifery vacancies 1.1%
- Medical & Dental vacancies 7.7% (7.1%)

Patient experience

- The number of complaints received in 95 in April compared to January with 79.

Report to:	Council of Governors
Date of Meeting:	11 June 2025
Subject:	Reports from Board Sub-Committees
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☒ Assurance ☒ Information ☒ A Regulatory Requirement ☐

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Timely, responsive, accessible care <input checked="" type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input checked="" type="checkbox"/> Research, innovation and transformation <input checked="" type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input checked="" type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Performance Targets <input checked="" type="checkbox"/> DIS Service Standards <input checked="" type="checkbox"/> Integrated Care System <input checked="" type="checkbox"/> Sustainability
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Recommendation:

This paper provides the escalation logs from each sub-Board committee. The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Reports from Board Sub-Committees

Quality Committee Reports

Date of meeting:	20 May 2025
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
Never Events – 3 in month. Unrelated causes. 2 with low harm, the other is still under investigation
ASSURE
SGH Blood Bank – Received accreditation
Gastroenterology – JAG accreditation restored after brief suspension due to problems with systems to access data
ADVISE
CQC – Draft inspection report received undergoing checks for factual accuracy
Maternity – Committee approved Section 31 submission. Committee noted a second consecutive low in-month number of PPH cases and progress on work to strengthen risk assessment. MIS projected to be compliant with 6/10 domains (improvement of 2 from current situation). Concern in relation to compliance with 'fresh eyes' assessment of foetal monitoring. Improvement work in progress
UEC – Committee updated on progress and received assurance of positive change. Super-stranded patient numbers are currently a major challenge. Committee heard of positive change relating to staff engagement while acknowledging that this will be a gradual process. Committee also received assurance on improvement work to reduce length of time to be seen by a doctor
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>CSCS CG – Dermatology: Withdrawal of GP Dermatoscopy Services is a continuing concern. This may add to pressure on urgent waiting times and cases of harm have been identified relating to disease progression with basal cell carcinomas</p> <p>Radiology: Equipment failure has been a major concern especially CT. New investment is projected to make major improvement in medium term</p> <p>Haematology/Oncology: Estates work in progress to reduce sepsis risks associated with Ward 31. Clinical improvement work also in progress</p> <p>Bridlington: DVT service withdrawn due to clinical pathway concerns. Patients will be seen at SGH (as at present for OOH cases)</p> <p>Diabetic Eye Screening: Focussed project to manage DNA rates by 'finding' patients attending hospital for other appointments. Opportunity for wider roll-out for different services</p> <p>Mental Health/Complex Needs: Committee received 'Niche' report into patient death. Gap analysis in progress. This will be expanded to include national recommendations, and Chief Nurse has established and will chair a new Complex Needs Assurance Meeting.</p>

Date of meeting:	15 April 2025
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
ASSURE
Internal Audit – Significant assurance from all recent investigations. Results reflective of strengthened relationship between audit and service teams
ADVISE
<p>Maternity – Committee approved Section 31 submission. Committee noted low in-month number of PPH cases and progress on work to strengthen risk assessment. Committee discussed reasons underlying high rate of non-elective LSCS (notably at SGH). Further data requested but Committee noted that some elective procedures become non-elective due to pressure on theatre time. Trust noted to be an outlier in terms of MIS compliance. Potentially, £1M could be refunded to the Trust but this would require that staffing shortfall was funded</p> <p>Nurse Workforce & Fundamentals of Care – Committee received report and received assurance about progress on care standards</p> <p>Care Strategy – Committee received and approved latest draft</p> <p>Patient Experience – Committee received latest report and noted on-going progress</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>Medicine CG – UEC: Progress against 4 hour EC standard remains disappointing but Trust plans have been supported by ICS and Region. Metrics being tracked are:</p> <ul style="list-style-type: none"> Average Ambulance Handover Time 10 hour 'stay' in ED No criteria to reside Length of stay <p>Concern that major metric improvements are timed for last 2 months of Q4</p> <p>Challenges to services – Gastroenterology medical staffing issues</p> <p style="padding-left: 40px;">Cardiology medical staffing and clinical pathway issues particularly affecting RACP</p> <p>Palliative Care – New consultant appointed at SGH to support 7 day service</p>

Date of meeting:	18 March 2025
Chair:	Steve Holmberg

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
IPC – MSSA line infections remain a concern on Ward 31. Rapid work to address is underway

ASSURE
<p>IPC – CG meetings continue to be key part of improvement work across Trust</p> <p>Clinical Policies – Committee noted continued improvement in this matter</p>
ADVISE
<p>Maternity – Committee approved Section 31 submission. Committee discussed staffing shortfall that extends to neonatal team as well as midwifery. Committee advised that efficiency work lead by Chief Nurse was advancing and could potentially allow funding of up to 20 midwifery posts if approved following QIA and consultation processes. Committee discussed potentially high proportion of emergency LSCS (particularly at SGH) and will receive more detailed update at future meeting. Service risks discussed and Committee requested additional clarity on those that are safety risks vs those that are risks to delivery of improvement</p> <p>UEC – Committee noted improvement in ambulance handover due to improvement screening of conveyancing and modification to ways of working in ED to provide increased focus on this area</p> <p>Sepsis Report – Committee received assurance that many metrics around identification in ED were improving but that time to be seen by doctor remained unacceptably long. Chief Nurse advised that work was on-going to look at PGD as mechanism to reduce risk. Committee also requested to be updated on sepsis identification for in-patients</p> <p>CQC – Committee received update on work relating to full inspection and recent focussed visit</p> <p>Nurse Staffing – Committee received report noting high priority attached to supernumerary role of nurse managers</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>Surgery CG – Outlying Medical Patients: Committee received an update on this risk. Surgical juniors continue to provide first tier medical cover which is key safety mitigation. However, this results in medical team input being attenuated with typically 2-3 weekly review from senior medical team. Consideration being given to reducing surgical bed-base to provide single area to accommodate outlying medical patients but concern remains about senior medical capacity</p> <p>Virtual Fracture Clinics: Concern, particularly at SGH, that booking procedures may risk some patients not receiving appropriate follow-up. COO to investigate urgently and provide update</p> <p>ENT: Concern that safety-netting of referrals may not be sufficiently robust. MD to investigate and provide update</p> <p>Complaints: Metrics in relation to both number of complaints and timeliness around responses remain a concern. Committee advised that Chief Nurse had scheduled a Trust-wide Rapid Improvement Event</p> <p>IPC: Committee received strong assurance that CG-level IPC meetings are positively impacting improvement work. Concerns around estate on Ward 16</p> <p>Major Trauma – Committee received Inspection Report. Positive progress noted along with some continuing and some new concerns. Principal issues – Weekend theatre access, Co-ordinator role and rehabilitation provision. Committee to receive and discuss Trust response and action plan at future meeting</p> <p>Learning from Deaths – Mental Capacity Act training remains a concern</p>

Resources Committee Reports

Date of meeting:	20 May 2025
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> ▪ April Emergency Care Standard was 63.8% against a target of 68.7% ▪ Cancer 28 day faster diagnosis was 70.6% against a trajectory of 77% ▪ 62 day waits for treatment was 68% in March compared to 66.8% 5he previous month with the 70% trajectory not achieved. ▪ Norovirus had a significant impact across UEC particularly in York with the number of 12 hour trolley waits deteriorating ▪ The number of patients with NCTR continues to cause concern with 16.74% against trajectory of 14.7%. Again, Norovirus has impacted this issue. ▪ Committee concerned that the continued deterioration of CT scanning equipment is significantly impacting diagnostics. This issue requires immediate addressing. ▪ Diagnostic performance stands at 62.7%, a deterioration for the second month running
ASSURE
<ul style="list-style-type: none"> ▪ Average Ambulance handover times continue to improve with York at 23 minutes 12 seconds. Much of the improvement due to the introduction of the W45 initiatives. This is to be introduced at Scarborough on 24th May. ▪ Expectation that the Trust will receive the £10m funding in recognition of Scarborough being an unavoidably small hospital. ▪ Committee acknowledged achievements to date in nursing workforce efficiencies and in particular the application of eRostering ▪ Significant progress has been made in 2024-25 in developing the Trusts readiness to respond to emergency and business continuity incidents
ADVISE
<ul style="list-style-type: none"> ▪ Resident Doctors to be balloted on strike action ▪ The Staff Survey response draft plan to be amended to include more defined actions and written in a simpler format. ▪ Month 1 efficiency target behind plan and work to be carried out to get on track. ▪ The opening of the CDC in Scarborough delayed due to issues with the electricity supply. ▪ Committee suggest a Board Strategy session should be planned on Medium Term Financial Planning and the allocation of CIP targets.
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
No new significant risks identified

Date of meeting:	15 April 2025
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
<ul style="list-style-type: none"> ▪ March Emergency Care Standard position was 65.1% against a target of 78%. ▪ March Type 1 attendances risen to 350 compared to December to February average of 338. ▪ Type 1 attendances comparatively low but type 3 attendances increased by 1,000 ▪ 12 hour plus trolley waits up to 539 from 433 In February. ▪ Cancer 62 day waits for 1st treatment was 68.8% a deterioration from 70.6% in January however monthly trajectory of 65.1% was achieved. ▪ Backlogs in Cardiac care due to recurring faults in CT equipment ▪ Health Care Worker recruitment being hindered by changes introduced to the threshold for approving Visa applications ▪ £35m efficiency savings to be delivered however only around 40% of these expected to be recurring
ASSURE
<ul style="list-style-type: none"> ▪ Average Ambulance handover in March reduced significantly to 30 minutes 8 seconds ▪ W45 went live on 5th March positively impacting performance ▪ Proportion of type1 attendances spending 12+ hours in ED improved to 15.6% which is the best performance since July 2023 ▪ Improvement in the 28 day Faster Diagnosis Standard for Cancer to 72.1% compared to 62.2% in January. ▪ Reduction in overall Agency spend to £14.8m. This is below the Cap of £17.4m for the first time.
ADVISE
<ul style="list-style-type: none"> ▪ North Yorkshire and York Coordination Hub to be discontinued at the end of April as too costly due to GP expenses. ▪ Acute Assessment as part of a number of Task and Finish groups set up to improve patient flow ▪ Lost beds due to NCTR continues to increase despite reduction in proportion of patients not meeting the criteria ▪ Medical and Dental recruitment challenging due to national situation where not enough consultants to meet demand ▪ Action plan to respond to disappointing and concerning staff survey results progressing and to be presented at the next resources committee ▪ Trust no longer under a Direct Support Programme for non registered nursing staff.

RISKS DISCUSSED AND NEW RISKS IDENTIFIED	
No new significant risks identified	

Date of meeting:	18 March 2025
Chair:	Jim Dillon

Key discussion points and matters to be escalated from the discussion at the meeting:

ALERT
IPC – MSSA line infections remain a concern on Ward 31. Rapid work to address is underway
ASSURE
IPC – CG meetings continue to be key part of improvement work across Trust
Clinical Policies – Committee noted continued improvement in this matter
ADVISE
<p>Maternity – Committee approved Section 31 submission. Committee discussed staffing shortfall that extends to neonatal team as well as midwifery. Committee advised that efficiency work lead by Chief Nurse was advancing and could potentially allow funding of up to 20 midwifery posts if approved following QIA and consultation processes. Committee discussed potentially high proportion of emergency LSCS (particularly at SGH) and will receive more detailed update at future meeting. Service risks discussed and Committee requested additional clarity on those that are safety risks vs those that are risks to delivery of improvement</p> <p>UEC – Committee noted improvement in ambulance handover due to improvement screening of conveyancing and modification to ways of working in ED to provide increased focus on this area</p> <p>Sepsis Report – Committee received assurance that many metrics around identification in ED were improving but that time to be seen by doctor remained unacceptably long. Chief Nurse advised that work was on-going to look at PGD as mechanism to reduce risk. Committee also requested to be updated on sepsis identification for in-patients</p> <p>CQC – Committee received update on work relating to full inspection and recent focussed visit</p> <p>Nurse Staffing – Committee received report noting high priority attached to supernumerary role of nurse managers</p>
RISKS DISCUSSED AND NEW RISKS IDENTIFIED
<p>Surgery CG – Outlying Medical Patients: Committee received an update on this risk. Surgical juniors continue to provide first tier medical cover which is key safety mitigation. However, this results in medical team input being attenuated with typically 2-3 weekly review from senior medical team. Consideration being given to reducing surgical bed-base to provide single area to accommodate outlying medical patients but concern remains about senior medical capacity</p> <p>Virtual Fracture Clinics: Concern, particularly at SGH, that booking procedures may risk some patients not receiving appropriate follow-up. COO to investigate urgently and provide update</p> <p>ENT: Concern that safety-netting of referrals may not be sufficiently robust. MD to investigate and provide update</p>

Complaints: Metrics in relation to both number of complaints and timeliness around responses remain a concern. Committee advised that Chief Nurse had scheduled a Trust-wide Rapid Improvement Event

IPC: Committee received strong assurance that CG-level IPC meetings are positively impacting improvement work. Concerns around estate on Ward 16

Major Trauma – Committee received Inspection Report. Positive progress noted along with some continuing and some new concerns. Principal issues – Weekend theatre access, Co-ordinator role and rehabilitation provision. Committee to receive and discuss Trust response and action plan at future meeting

Learning from Deaths – Mental Capacity Act training remains a concern

Group Audit Committee Report

Date of meeting:	4 March 2025
Chair:	Jenny McAleese

The Audit Committee met on 4 March 2025.

The meeting was quorate. In accordance with the plan for an Executive to attend each meeting by rotation, Karen Stone attended in order to provide assurance in relation to limited assurance internal audit reports for which she is sponsor, BAF risks under her responsibility and any outstanding actions resulting from internal audits.

Prior to the formal meeting, the Non-Executive Director members of the Committee held a private meeting with Internal Audit. There was nothing new of concern they wished to draw to our attention, and everything is on track for the end of the year. I had also had an email exchange with External Audit, who confirmed there was nothing they wished to raise.

The Committee wishes to draw the following matters to the attention of the Board.

Items for Assurance

Internal Audit

Internal Audit are on track with their plans and envisage being able to complete all their work by the year-end.

We approved the Internal Audit Plan and Counter Fraud Plan for 2025/26, noting that the total days had decreased from 660 days to 652 days. We acknowledged that this 8 day reduction was less than the 50 days requested by the Chair of the Board and supported the view that it was important to prepare a plan based on organisational priorities and the need to bring about organisational learning and improvement.

As part of our review of the Counter Fraud Plan, we noted the new legislation coming into effect on 1 September 2025, requiring the organisation to prevent fraud and introducing a new offence of failing to do so. The Counter Fraud team is working through the implications of this for our organisation.

We conducted our annual review of internal audit and there were no issues of concern. We noted that Audit Yorkshire had received a clean bill of health from the External Quality Assessment conducted by CIPFA in the autumn of 2024. This confirmed that they complied fully with the Public Sector Internal Audit Standards.

External Audit

We reviewed the External Audit Strategy Memorandum for the forthcoming audit. After careful consideration and having received assurance from the Director of Finance that this represented value for money, we approved an audit fee of £125k, an increase of £30k on last year. This increase is comprised of two elements: the additional work associated with

the revised ISA 600 on group accounts and the alignment of the fee with the market for NHS external audits.

Item for Consideration and Action by the Board

Cover Sheets

We noted the relatively recent change, whereby cover sheets simply refer to EDI and sustainability and very rarely include a summary of the key points of the paper, as they used to do. We were concerned by this and request that this summary be re-instated.

Broader Use of Internal Audit

We wondered whether we could in future use Internal Audit, given their independence, to monitor the implementation and success of any staff engagement plans.

Report to:	Council of Governors
Date of Meeting:	11 June 2025
Subject:	Governors Activities Report
Director Sponsor:	Martin Barkley, Chair
Author:	Tracy Astley, Governor & Membership Manager

Status of the Report (please click on the appropriate box)

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

<p>Trust Objectives</p> <ul style="list-style-type: none"> <input type="checkbox"/> Timely, responsive, accessible care <input type="checkbox"/> Great place to work, learn and thrive <input checked="" type="checkbox"/> Work together with partners <input type="checkbox"/> Research, innovation and transformation <input type="checkbox"/> Deliver healthcare today without compromising the health of future generations <input checked="" type="checkbox"/> Effective governance and sound finance 	<p>Board Assurance Framework</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Quality Standards <input type="checkbox"/> Workforce <input checked="" type="checkbox"/> Safety Standards <input type="checkbox"/> Financial <input type="checkbox"/> Performance Targets <input type="checkbox"/> DIS Service Standards <input type="checkbox"/> Integrated Care System <input type="checkbox"/> Sustainability
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Equality, Diversity and Inclusion requirements

This report has been considered by the director sponsor, with a view to ensuring that any service provision and work practices tackle health inequalities and promote equality, diversity, inclusion and human rights with the highest possible standards of care and outcomes for patients and colleagues.

Sustainability

This report has been considered against the Trust Green Plan and reports on how this work will help to meet the Green Plan targets under one or more of the workstream areas that can be found in the Green Plan. If required a consultation will have taken place with the Trust's Head of Sustainability where comments and direction from this consultation will be noted in this report and how this work will meet that direction. This report also advises where it impacts on the broader aspects of sustainability - economic, environmental and social.

Recommendation:

This paper provides an overview of Governor Activities. Reports are provided on the following: Lead Governor, Membership Development Group, Constitution Review Group, Constituency Activities.

The Council of Governors is asked to note the report, and the authors will respond to any questions or comments, as appropriate.

Governors Activities Report

1. Lead Governor Report

I have summarised below some of the activities I have undertaken since my last report to the CoG (Council of Governors) meeting held on 13th March 2025.

Appointment of new Non-Executive Directors

I was delighted to be part of the recruitment process for the appointment of 2 NEDs.

Using the rigorous governance process involving the CoG, 4 candidates were shortlisted and interviewed. The following 2 candidates were unanimously approved for appointment by the Nominations and Remuneration Committee and the CoG:

- Noel Scanlon: Deputise for the current Quality Committee Chair, Lorraine Boyd, in readiness to become Chair of the Quality Committee at the end of Lorraine Boyd's term in 2026.
- Richard Reece: As an associate Non-Executive Director for 12 months.

Appraisal of Non-Executive Directors

I also participated with the appraisals of the NEDs during this period. I would like to thank the 11 Governors who provided valuable feedback. At the time of writing this report, appraisal of 6 NEDs were completed jointly with Martin Barkley. Appraisal of Martin Barkley will be undertaken jointly with Lorraine Boyd (the Senior Independent Director) on 11th of June.

I am delighted to say that the NEDs are working effectively together and as a unitary board with the executive directors.

Scarborough Constituency meeting

A meeting for the members of the Trust constituency, Scarborough, was held at the Scarborough Hospital on 6th March by Martin Barkley, where highly productive discussions on patient care were held. Two East Coast Governors, Linda Wild, Paul Gibson and I also attended this meeting.

New Governor induction

An induction session was held in May for the 3 newly elected Governors. Two of these Governors, Graham Lake (Ryedale) and Elaine McNichol (East Coast), are new to the CoG and were also introduced with a 'buddy governor'. I would also like to welcome back the returning Governor, Bernard Chalk (East coast). I am looking forward to working with you all.

One-to-one meetings with the Chair and SID

I hold monthly meetings with Martin Barkley and Lorraine Boyd, where Governor concerns, Trust progress and governance matters are discussed and actions agreed.

I would like to thank Martin Barkley and all the NEDs for their continued efforts to work with the CoG to improve patient care. I would also like to thank Tracy Astley for all her support over the last four months.

Rukmal Abeysekera
Lead Governor

2. Membership Development Group (09.04.25)

Governors on the Membership Development Group have changed the emphasis to Membership Engagement. Governors have developed a Membership Engagement Strategy and Membership Engagement Action Plan with three goals: 1) increase the size of the membership; 2) increase the diversity of the membership; and 3) improve engagement and communication with members.

Governors on the Membership Group have developed a variety of surveys to seek inputs and priorities of our members and the public, and responses are reviewed at each Group meeting.

Michael Reakes
MDG Chair

3. Constitution Review Group (09.04.25)

Governors on the Constitution Review Group have developed an amendment that requires the Trust to cooperate with health and social care bodies and work in collaboration with the Integrated Care Board which funds our Trust [New paragraph 4.5].

Governors have also added a paragraph [4.6] that requires the Trust to provide information to members and conduct its affairs in an open and accessible way and comply with the NHS Constitution.

Governors have also added wording to address that any concerns about the performance of the Chair or Non-Executive Directors are handled more quickly (not left to the next annual review) and more appropriately - via the Lead Governor and Nominations and Remuneration Committee in the case of concerns with the Chair.

Governors on the Constitution Review Group have also reviewed how many Public Governors are needed in each constituency, and reviewed the constituency boundaries. Governors on this Committee have also re-introduced an appointed Governor to represent the City of York Council to help coordinate important issues such as traffic, buses and parking between the York Hospital and the Council.

Michael Reakes
CRG Chair

4. Constituency Activities

Beth Dale – Public Governor York

Ever since becoming a Governor, I've made use of every opportunity to be seen getting involved with all things within the Trust.

I believe that by getting involved we change the idea of Governors sitting down doing nothing and getting paid a "shed load of money" (actually said by a nurse)

I do very regular access audits across the Trust and use those times to talk to staff and patients about what we are doing and why.

I'm very involved with patient experience across various Trusts using the opportunities to talk to people I come in contact with to show that governors are doing a great job and that they could too by becoming members of the Trust

Another recent way to be seen doing great things is by becoming an active member of the Cancer Alliance along with many other groups and conferences.

I am also part of my GP practice Patient participation panel.

One of the biggest things I've found over the last few years is that by talking to anyone and everyone is that anyone with any disabilities or background can do good things across the Trust by becoming a Governor.

Michael Reakes – Public Governor York

I am the Chair of the Membership Development Group and the Constitution Review Group and have given an update above.

I have also worked with the Patient Experience Steering Group and been actively engaged in improving the accessibility and response rates for the "Friends and Family Test"; this feedback mechanism is mandated by the NHS, but our Trust's response rate used to be lower than the national average.

I, and other Governors, have also been actively involved in selecting the best candidates for new Non-Executive Directors and have recently recruited two to ensure continued NED succession.

Ros Shaw – Public Governor York

I absolutely make sure that whenever anyone mentions an interaction with York Hospital or affiliated services that I ask much more detailed questions so that I am more informed of public experience than I was previously. Even just a tiny percentage of patient experience, it's informative and insightful, nonetheless.

CoG Attendance Record

Item 12.1

Name	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	02.12.24 CoG	11.12.24 CoG	06.03.25 CoG	02.05.25 XCoG
Martin Barkley (Chair)					√	√	√	√	√	√	√	√
Rukmal Abeysekera (Public Governor – York)	√	√	√	√	√	√	√	√	√	√	√	√
Cllr Jonathan Bibb Stakeholder Governor - East Riding CC								√	Ap	√	Ap	Ap
Rebecca Bradley (Staff Governor - Community)					√	Ap	√	Ap	Ap	√	Ap	Ap
John Brian (Public Governor - Ryedale & EY)					√	Ap	Ap	Ap				
Mary Clark (Public Governor - York)	Ap	√	√	Ap	√	√	√	Ap	Ap	√	√	Ap
Cllr Liz Colling (Stakeholder Governor - NYC)	Ap	√	√	√	√	√	Ap	Ap	Ap	√	√	Ap
Beth Dale (Public Governor - York)	√	√	√	√	Ap	√	√	√	√	Ap	√	√
Abbi Denyer (Staff Governor - York)	√	√	√	√	√	√	√	√	Ap	√	√	Ap
Adnan Faraj (Staff Governor - Scarborough/Bridlington)					√	Ap	√	√	Ap	Ap	√	Ap
Paul Gibson (Public Governor - East Coast)									Ap	√	√	Ap
James Hayward (Public Governor - East Coast)									Ap	Ap	√	√
Graham Healey (Staff Governor - Scarborough/Bridlington)									Ap	Ap	Ap	Ap

CoG Attendance Record

Item 12.1

Name	12.05.23 XCoG	15.06.23 CoG	14.09.23 CoG	20.09.23 XCoG	14.12.23 CoG	14.03.24 CoG	12.06.24 CoG	11.09.24 CoG	02.12.24 CoG	11.12.24 CoG	06.03.25 CoG	02.05.25 XCoG
Gary Kitching (Staff Governor - York)									√	√	Ap	√
Wendy Loveday (Public Governor - Selby)	√	Ap	√	√	Ap	√	√	Ap	Ap	√	√	Ap
Elizabeth McPherson (Stakeholder Governor - Social Care)		√	√	√	√	√	√	Ap	√	√	√	Ap
Jill Quinn (Stakeholder Governor - Dementia Forward)						Ap	Ap	Ap	Ap	Ap	Ap	Ap
Michael Reakes (Public Governor – York)	Ap	√	√	√	√	√	Ap	√	√	√	√	√
Gerry Richardson (Stakeholder Governor – York University)	√	Ap	√	√	√	√	√	√	Ap	√	√	Ap
Cllr Jason Rose (Stakeholder Governor - CYC)		√			√	√	√	√	Ap	√	√	Ap
Ros Shaw (Public Governor - York)									√	√	√	√
Julie Southwell (Staff Governor - York)	√	√	√	√	√	√	√	√	√	√	√	√
Catherine Thompson (Public Governor- Hambleton)	Ap	Ap	√	√	√	√	Ap	√	√	Ap	Ap	√
Franco Villani (Staff Governor - Scarborough/Bridlington)	√	√	√	√	√	√	√	√	√	√	√	Ap
Linda Wild (Public Governor - East Coast of Yorkshire)	√	√	√	√	√	Ap	√	Ap	√	Ap	√	√

NED Attendance at CoG 2024/5

Item 12.2

Attendees	12.06.24	11.09.24	11.12.24	13.03.25	Total meetings attended
Simon Morritt	✓	✓	✓	✓	4/4
Andrew Bertram	✓	✓	✓	✓	4/4
Karen Stone					0/0
Dawn Parkes	✓	✓	Ap	✓	3/4
Claire Hansen	Ap	✓	✓	Ap	2/4
Polly McMeekin					0/0
James Hawkins		✓	✓		2/2
Lucy Brown	Ap	✓	✓	✓	3/4
Jenny McAleese	✓	✓	Ap	Ap	2/4
Lynne Mellor	✓	✓	✓		3/3
Lorraine Boyd	Ap	✓	✓	Ap	2/4
Jim Dillon	Ap	✓	✓	✓	3/4
Steven Holmberg	Ap	Ap	Ap	Ap	0/4
Matt Morgan	Ap	Ap	Ap	Ap	0/4
Julie Charge	Ap	✓	✓	Ap	3/4
Helen Grantham	Ap	✓	✓	✓	3/4