

The next general meeting of the **Trust's Council of Governors** meeting will take place

on: **Thursday 10 March 2016**

at: **4.00pm – 6.00pm**

at: **Malton Rugby Club, The Gannock, Malton YO17 7EY**

Time	Meeting	Attendees
3.00pm – 3.45pm	Private meeting of the Council of Governors	Governors with Trust Chair
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the Public
<p>The Trust Values are:</p> <ul style="list-style-type: none"> • Caring about what we do • Respecting and valuing each other • Listening in order to improve • Always doing what we can do be helpful with patients at the centre of everything we do <p>We will strive to reflect these during our discussions in the meeting</p>		

If you are a Governor, Member of our Trust or member of the public and would like to ask a question, please contact the Foundation Trust Secretary, Anna Pridmore:

Email: Lynda.provins@york.nhs.uk Telephone: 01904 725076

A G E N D A

No	Time	Item	Lead	Paper	Page
1.	4.00-4.10	<p>Chair's Introduction and welcome</p> <p>The Chair will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.</p>	Chair	Verbal	
2.		<p>Apologies for absence</p> <p>To receive any apologies for absence:</p> <ul style="list-style-type: none"> • Patrick Crowley • Andrew Bennett 	Chair	Verbal	
3.		<p>Declaration of Interests</p> <p>To receive the draft declarations of interests.</p>	Chair	A	05
4.		<p>Minutes and Action Log from the meeting held in public on 9 December 2015</p> <p>To approve the minutes of the meeting held on 9 December 2015</p>	Chair	B	07
5.		<p>Matters arising from the minutes</p> <p>To consider any other matters arising from the minutes.</p>	Chair	Verbal	
6.		<p>Update from the Private Meeting held earlier</p> <p>To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.</p>	Chair	Verbal	
7.	4.10 – 4.40	<p>The role of the Health & Wellbeing Board</p> <p>To receive a talk from Cllr Runciman, the Chair of the York Health & Wellbeing Board</p>	Cllr Runciman	Verbal	

8.	4.40 - 5.00	Governors' Reports To receive the reports from governors on their activities from: <ul style="list-style-type: none"> • Lead Governor Report (Margaret Jackson) • Transport Group (Sheila Miller) • Fairness Forum (Jenny Moreton) • Community Services Group meeting (Steve Reed) 	Governors	C	17
9.	5.00 - 5.20	Chief Executive's Report To receive a report from the Chief Executive including	Director of Finance	D	23
10.	5.20 - 5.30	Update on Membership To receive an update on membership	Governor & Membership Manager	E	29
11.	5.30 - 5.40	Operational Plan and Sustainability & Transformation Plan (STP) To receive a paper outlining the timetable and process involved with the Operational Plan and the Sustainability & Transformation Plan	Governor & Membership Manager	E	41
12.	5.40 - 5.45	Any other business To consider any other items of business			
13.	Time and date of next meeting The next Council of Governors meeting (in public) will be held on 16 June 2016 at White Cross Court Social Club, White Cross Road, York YO31 8JR at 4.00pm				

Blank page

New:

Cllr Lane — 'East Riding Yorkshire Council' 'Member of East Riding Health& Wellbeing Overview & Scrutiny Committee'
Cllr Pearson— 'North Yorkshire County Council'
Cllr Galvin—'City of York Council'
Mrs Stovell— 'Public, Bridlington'
Mr Cooke— 'Public, York'
Mrs Rose—'Public, Scarborough'

A

Amendments:

Mr Beckett — 'Parliamentary Spokesperson' to replace 'Prospective Parliamentary Candidate Scarborough & Whitby Constituency'
Mrs Miller — 'Member of Health Watch North Yorkshire (non-voting)'

Deletions:

Mr Butler — Remove 'Manager LRB'
Dr Moreton – Remove 'Member online consultation group of the CQC'

Blank page

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 9th December 2015, in Breast Unit Conference Room, York Hospital, Wigginton Road, York.

Present at the meeting

Chairman of the meeting:

Ms Sue Symington, Chair

Public Governors:

Mr Paul Baines, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Mr John Cooke, City of York
Dr Jane Dalton, Hambleton District
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Dr Jenny Moreton, Ryedale and East Yorkshire
Mr Clive Neale, Bridlington
Mrs Penelope Worsley, City of York
Mr Robert Wright, City of York

Appointed Governors:

Mr Michael Beckett, North Yorkshire & York Forum
Dr Rowena Jacobs, University of York
Cllr Steve Lane, East Riding of Yorkshire Council
Cllr Chris Pearson, North Yorkshire County Council

Staff Governors:

Mr Mick Lee, York
Miss E Jackson, York
Dr Andrew Bennett, Scarborough/Bridlington

Attendance:

Mrs Anna Pridmore, Foundation Trust Secretary
Mrs Lynda Provins, Governor and Membership Manager
Mr Patrick Crowley, Chief Executive

Ms Libby Raper, Non-executive Director, York Teaching Hospital
Mr Mike Sweet, Non-executive Director, York Teaching Hospital
Prof Dianne Willcocks, Non-executive Director, York Teaching Hospital

15/39 Chairman's Introduction and Welcome

Ms Symington welcomed everyone to the meeting.

15/40 Apologies for absence

Apologies were received from the following governors:

Mrs Jeanette Anness, Ryedale & East Yorkshire
Mr John Galvin, City of York Council
M Mr Stephen Hinchcliffe, Whitby
Mrs Sharon Hurst, Community
Mrs Helen Noble, Scarborough/Bridlington
Prof Diane Rose, Scarborough
Mrs Pat Stovell, Bridlington
Mr David Wheeler, Scarborough

15/41 Declaration of Interests

Dr Moreton stated that the Care Quality Commission (CQC) online consultation group no longer exists.

Mr Butler is no longer a manager at LRB.

Mr Beckett is a Parliamentary Spokesperson, which should replace his entry as a prospective parliamentary candidate.

Mrs Miller is a non-voting member of Health Watch.

Cllr Lane is a member of the East Riding Health & Wellbeing Overview and Scrutiny Committee.

15/42 Minutes of Council of Governors Public Meeting – 16th September 2015

The minutes were agreed as a correct record of the meeting held on the 16th September 2015 subject to the following amendment:

Minute No: 15/28 Mr Crowley referred to the recent resignation of a Chief Executive, this should read 'the Chief Executive of Addenbrooks in Cambridge'.

15/43 Matters Arising from the Minutes

Minute No: 15/28 – The CQC did not allow Governor representation at the Quality Summit and Mr Butler stated that he would like to write to the CQC on this issue. The Council of Governors were happy with this approach. Mrs Jackson noted that Governor representation at CQC meetings had also been brought up at the recent regional meeting as other Governors had expressed concern that this did not happen in practice.

15/44 Update from the Private Meeting held earlier

Ms Symington reported that the Non-executive review process had been discussed. She was also pleased to note that Mr Sweet's request to stand for a further term as a Non-executive Director was approved.

15/45 Governor Reports

Mrs Jackson noted that Vale of York Clinical Commissioning Group (CCG) is piloting a minor ailment service, which will encourage people to use their pharmacy as the first point of contact for advice. She noted the planned Membership drop in sessions on 14th January 2016 were in each locality and asked Governors to let Mrs Brown, Head of Communications, have details of the times and where the sessions was to be held. Mrs Jackson had posters that would be available.

Action: Governors to let Mrs Brown, the Head of Communications have details of sessions on the 14th January 2016.

Mrs Miller noted that one of the Transport Group dates clashed with the Board to Board and asked if it was possible to get it changed.

Action: Mrs Provins will discuss this with Mr Golding, Director of Facilities.

In relation to the Community Services Group, it was noted that a lot of work had taken place since Mr Reed had taken up the Chair position. Members had received useful updates about the Hubs and it was good to see that Social Services were now working with the Community Team

15/46 Chief Executive's Report

Mr Crowley gave a brief overview of issues facing the Trust and the national context. He noted that the Trust's financial position had deteriorated recently due in part to the displacement of elective activity by the admission of acute patients. Mr Crowley stated that there has been an improved different approach to the 2015/16 Winter Plan, which has produced a more sophisticated model. Due to the pressures in the Emergency Department, Mrs McGale has been brought across to York and a 'command and control system' has been introduced, which reflects the system introduced at Scarborough following Perfect Week. Discharge Liaison Officers are also being trialled at York by using non-clinical staff at no extra cost to the Trust. The Medical Director and Mrs Rushbrook have also been working on improving clinical pathways. The metrics so far are showing a greater degree of stability and the position is continuing to improve.

Mr Crowley attended a Monitor and NHS England briefing last Friday, which looked at the next 12 to 24 months. There was a focus on two factors, which were (1) getting the provider sector into balance and (2) a cross country focus on

Emergency Departments. There was a push to get the 'front door' right, which should have a ripple effect and enhance performance. The efficiency gain was to be halved from 4% to 2% together with a move to hold any growth in costs down. The aim was to create stability and in return Trusts were being asked to look at the Lord Carter procurement initiatives. These genuine shifts in the system would hopefully allow the Trust to deliver organisational stability.

Mr Crowley stated that the Trust is proud to have been one of the first Trust's to ensure the living wage was paid to its staff. The rate for 2016/17 has been set nationally and could cost the Trust up to £1 mil in the year ahead. The Board have not yet made a decision about whether this is or is not affordable. However, paying the living wage to our staff is central to the values of the Trust and the Board will consider possible payment options with great care before making a decision in February 2016. Staff and staff side had been well briefed on this and it should be remembered that the Trust is already paying above average. There was a discussion about recent press coverage and the Trust's response.

Mrs Miller asked whether the inpatient stroke service would be going back to Scarborough. Mr Crowley responded that the current model had been precipitated by the inability to recruit at Scarborough. This model had now received external validation and was seen as extremely successful. This model is likely to be proposed as a national model for Trusts with similar geography. Dr Jacobs noted that following recent discussions with a stroke physician, patients and their families were very happy with the new service.

The Council discussed the recent tender around MSK services. Mr Crowley stated that there had been robust discussions with the CCG following the disruption to the service, which had impacted heavily on patients and staff. Concern regarding the process was expressed, especially that an organisation can make a bid, win the tender and then just walk away with no consequences. Mr Crowley informed the Council that Humber Foundation Trust had signed a contract with Hambleton, Richmondshire and Whitby CCG and would take over the service at Whitby Hospital in March 2016.

Mr Wright asked for more information on the £1 mil shortfall from the displaced elective activity. Mr Crowley stated that this had been multifactorial, but in the main was due to an outbreak of Norovirus and an early growth in acute admissions.

Mr Wright asked about lessons learnt from the trip to Alaska. Mr Crowley stated that these had been discussed at the Board to Board, but would be recirculated.

Action: Mrs Provins to circulate the lessons learnt information from the visit to Alaska.

Mr Butler asked if there would be any impact on the Trust from Vale of York CCG going into turnaround. Mr Crowley stated that the Trust continues to work closely with the CCG, but in essence the whole system was causing issues and

would continue to be a factor. However, there was clearer leadership emerging at the CCG, which was changing principles and values and helping to make the relationship between the two organisations much stronger. Hopefully this would provide both organisations with greater stability.

Mr Crowley stated that as part of a government training and development initiative he was due to visit China shortly. The visit had the potential to provide both financial and staffing benefits. Mr Crowley agreed to provide feedback to the Council on the visit.

Action: Mr Crowley to provide feedback on the China visit.

15/47 Update on Membership

Mrs Pridmore highlighted a number of key points from the report including the breakdown of the number of members and where the Trust was positioned in relation to other Trusts. Work needed to be done to understand why members were coming off the system and to increase membership in some areas such as Hambleton. The membership group would continue to look at increasing membership and how the Trust can ensure membership reflects the constituencies covered. One issue for the Governors was being able to identify who the members are in their area. It was agreed this needed to be looked at, but was mainly due to members not wanting to share information with third parties. It was also noted that it would be useful to know what members interests were.

Dr Dalton asked about the number of members within constituencies and Mrs Pridmore explained that there was a minimum number of members for each constituency, which was described in the constitution (Hambleton and Whitby needed a minimum of 100 members each). There was a discussion about sharing data with other NHS organisations such as mental health and Mrs Pridmore stated that she had had some very tentative initial discussions about the Ambulance Trust serving as a segmental database host with one central portal and each Trust having their own section. Mrs Pridmore noted that different Trusts also have different constituents so it is difficult to share members especially if members do not wish to share their information with third parties.

15/48 Internal Elections

Mrs Pridmore highlighted the election summary provided at page 46 and that election to internal groups would now take place. Mrs Pridmore asked that Governors provide a statement including which group they would like to put their name forward for by the 8th January 2016. Ballot papers will be circulated the week commencing the 11th January 2016 and votes need to be returned by the 29th January 2016. Mrs Pridmore stated that if nominations matched seats a vote would not be required. Mrs Worsley asked about the Fairness Forum, but Mrs Pridmore stated that this group was not part of this framework. Mr Neale asked whether the Nomination and Remuneration Committee reflected geography and Mrs Pridmore explained that the requirement for this was to have

five public Governors, but there was no stipulation as to geographical diversity.

Clinical Excellence representation was discussed and Mrs Pridmore asked that members just drop a note to her detailing their interest. Mrs Pridmore will find out whether the Clinical Excellence Awards Group will finish their work before the end of March, when Mrs Fields is due to relinquish her role as Governor.

Mrs Worsley noted that she was not included in the election summary.

Actions: Mrs Pridmore will find out when the Clinical Excellence Awards Group will finish their role for 2016.

Mrs Provins to amend the election summary to include Mrs Worsley.

15/49 Governor working groups to support the development of the Quality Report and the Annual Plan

Mrs Pridmore stated that volunteers are asked every year to sit on the Quality Report and Annual Plan Task and Finish Groups. Both groups will sit in the first half of next year depending on dates received from the centre. Mrs Pridmore asked for expressions of interest for each of these groups. Mr Butler stated that he was unable to sit on the Annual Plan Group this year, but stressed it was very informative. He also asked that when the plan is presented to the Board, it would be useful for the presenter to note how the views of the Governors had been taken into account.

Action: Mrs Provins will discuss the Annual Report presentation to the Board with Mr Bertram.

15/50 Electronic Prescribing and Medicines Administration (EPMA) Report

Caroline Mulholland, Project Manager for EPMA and Sally Gordon, EPMA Project Nurse gave a short overview of developments on the project following up on a presentation earlier in the year. EPMA is a facet of the electronic patient record and sits alongside other elements of IT in the Trust. A couple of benefits of the project will be about cutting down on staff time that is lost. Examples were the loss of one whole time equivalent in nurse time looking for lost drug charts and 600 junior doctor hours putting in electronic discharge notifications (EDNs), much of which will be eliminated.

Mr Baines asked whether it will impact on discharge times. The likely benefits are that nurses will be able to order medications directly, which will even out peaks and should speed up the response from Pharmacy. Dr Dalton asked whether this would be a shared development with GPs and community pharmacies. The service would not interface with the community pharmacies, but primary care should be able to send requests although not actually access the system. This full extent of this development was likely to take a further one and a half to two years.

15/51 Policy on using the External Auditors for non-audit services

Mrs Pridmore noted that Mr Ashton had made reference to the use of External Auditors for non-audit services in his presentation of the Audit Committee Annual Report at the last meeting. Mrs Pridmore highlighted that two pieces of work have been carried out by Grant Thornton recently, a finance department review and the Well Led review. The draft policy was not in place at the time and the work was approved by the Audit Committee and was being brought to the Council for their information.

15/52 Quality and Safety Committee Annual Report

Ms Raper provided the Council with an overview of the Quality and Safety Committee Annual Report. She noted the committee had been observed during the year from third parties including Grant Thornton as part of the Well Led Review, the CQC and the University of Leeds and reports are awaited. She highlighted the pre-theatre safety checklist that the Governors had been involved with and noted that this continues to be referenced.

Ms Raper stated that the Committee looks at performance month by month in relation to trends, targets and bench marking good practice and the Committee are able to request further information or work if there are any adverse trends or the information does not stack up.

The Committee has covered a lot of ground and continues to focus on a number of areas including C Difficile, mortality, Friends & Family, VT incidence, learning from serious incidents, sign up to safety and safeguarding and information is triangulated with risk registers and various executive reports. In relation to safer staffing, correlation of different data has required meetings to be held out with the Committee in order to address concerns.

Mr Baines asked about nurse staffing especially losses of staff due to pensions and revalidation. Ms Raper stated that this had been discussed at the Workforce Strategy Committee and work was being done to make revalidation as simple as possible. There were also moves to make other, lower graded, but very valuable roles available to nurses who did not want to undertake the revalidate process.

Mr Wright was concerned about the inability to get standard data on staffing, which Ms Raper stated was due to individual directorates having significant autonomy in the past, but measures were being put in place to tackle this such as centralised recruitment. Ms Raper stated that work is being done with the executives to ensure the provision of clear data. She also noted that the staffing ratios are complicated and that currently the Trust bed stock is full with constantly changing demands on acuity, which adds to the complexity. There is an acuity model being looked at from New Zealand and Australia, which is part of Lord Carter's efficiency reviews that people seem confident will improve things.

Mrs Fields asked about roles for nurses who are not revalidating and Ms Raper stated that this would be a Band 4 role.

Mr Butler asked about follow up of the patient safety walk rounds and rounds scheduled at night. Ms Raper stated that there had been a number of debates with the previous Medical Director on follow up. Miss Jackson noted that walk rounds are arranged annually and details of the previous round's report are given out. Mr Lee stated that he received details of any fire safety actions following walk rounds. The Council discussed rounds at night and Ms Raper noted that Mr Keaney had stated that these were one of the most interesting things Non-executives could do. Ms Raper will raise walk rounds at the next Quality & Safety Committee.

Action: Ms Raper to raise walk rounds at the next Quality & Safety Committee.

15/53 Any Other Business

Mrs Bolland expressed her concerns about the Patient Experience Team in light of recent changes in staffing. She also noted that volunteer numbers may not be as previously reported and that the process needs sorting out. Ms Symington noted that the Non-executives Directors were also concerned and that it was a difficult time for the team. Ms Symington will talk to the Director of Nursing regarding this issue and come back to the Governors with the first 10 days of January.

Action: Ms Symington to report back to the Governors regarding the Patient Experience Team and Volunteer numbers in early January.

There was a discussion about volunteer interviews, which were due to take place next week, but may have been cancelled. Ms Symington stated that she would follow this up. It was agreed that Governor time needed to be protected and used appropriately.

Action: Ms Symington will check the status of the volunteer interviews.

Ms Symington thanked people for attending and wished everyone a Happy Christmas.

15/54 Time and date of the next meeting

The next meeting will be held on 10th March 2016 at Malton Rugby Club, The Gannock, Malton YO17 7EY.

Council of Governors Action Log

Date of Meeting	Private/ Public	Action	Owner	Due Date	Open / Closed	Comment
09.12.15	Private	Mrs Provins to be main point of contact	All Governors	Immediate	Closed	
09.12.15	Private	Circulate the Lincolnshire notes & Harrogate Outputs from AMM	Mrs Provins	31.12.15	Closed	Emailed 23.12.15
09.12.15	Private	Check whether DBS checks are required for place assessments	Mrs Pridmore	31.12.15	Closed	
09.12.15	Public	Governors to let Mrs Brown, the Head of Communications have details of the sessions on the 14th January 2016.	All Governors	31.12.15	Closed	
09.12.15	Public	Discuss with Mr Golding the clash between Transport Group and Board to Board meeting dates.	Mrs Provins	31.12.15		Contacted Zara Ridge who is looking at all future dates.
09.12.15	Public	Circulate the lessons learnt information from the Chief Executive's visit to Alaska			Closed	Emailed 23.12.15
09.12.15	Public	Council of Governors to received an update on the visit to China	Mr Crowley	10.03.16		
09.12.15	Public	Find out when the Clinical Excellence Awards Group will finish their work.	Mrs Pridmore	31.12.15	Closed	
09.12.15	Public	Discuss Annual Report presentation with Mr Bertram (presenter to note Governors views)	Mrs Provins	31.12.15	Closed	
09.12.15	Public	Raise walkrounds at the next Quality & Safety Committee	Ms Raper	Next Q&S		Discussed at BoD on 24.02.16.
09.12.15	Public	Report back to the Governors regarding the Patient Experience Team and Volunteer numbers in early January.	Ms Symington	11.01.16		Volunteer paper circulated.
09.12.15	Public	Check the status of the volunteer interviews	Ms Symington	31.12.15	Closed	Mrs Provins contacted relevant individuals

Blank page

Council of Governors – 10 March 2016

Governor Reports

Action requested/recommendation

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

Summary

This paper provides an overview from Governor activities.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input checked="" type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	This report is only written for the Council of Governors – Public Meeting.
--------------------	--

Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lynda Provins, Governor & Membership Manager
Authors	Margaret Jackson, Lead Governor Sheila Miller, Public Governor Ryedale & East Yorks Jeanette Anness, Public Governor Ryedale & East Yorks Jenny Moreton, Public Governor Ryedale & East Yorks Steve Reed, Head of Strategy for Out of Hospital Services
Date of paper	March 2016
Version number	Version 1

Council of Governors Meeting – 10 March 2016

Governor Reports

1. Lead Governor Report

Work continues to develop a membership strategy for consideration by the Council of Governors. The open session for prospective and current members to meet their local governors was designed so that the basic information is the same in all localities. The membership group has evaluated the events and a proposal for the future will come to the Council of Governors. Lynda Provins, Governor & Membership Manager has been asked to chair the group as this supports the view that membership is a trust issue, but it will have the support of Governors.

The annual NHS Carol Concert will take place this year on Wednesday, 7th December at York Minster starting at 7.30pm. Please add this to your diary as it is a lovely event which continues to receive lots of support from across the Region. If anyone wishes to put their name forward as a potential reader on the night please let Helen Greenley know. Helen is a member of the events team at York Trust. The event is open to all with no ticket required. Wrap up warm as although the Minster is usually full, it does get cold.

PLACE assessments have started again with Archways being the first unit assessed. The Facilities team leading on this has had a number of staff changes and are going through a restructure at the moment so the organisation isn't as clear as normal. Please watch out for the e-mails and check if your offer to be part of the assessment team is accepted. Your support is very much appreciated.

We have had 2 excellent presentations at Board meetings in the last few months, one on end of life care (presentation sent out to you all) and the last one on the IT systems put in place to assist clinical teams caring for patients throughout the hospital. This presentation is coming out to everyone. If you can attend a Board meeting it is well worth it, both to increase your understanding of what's happening in the Trust and to see the Executive team and NEDs in action.

Can I ask everyone to read their e-mails if possible before attending meetings so that you are fully aware before attending of the items on the agenda and come prepared to ask questions rather than the whole meeting being spent on going through everything. Can I also remind everyone about our conduct at meetings which is firstly to indicate that you have an issue you would like to raise and wait to be asked to speak, not talk over each other and to wait before speaking for the previous speaker to finish. Also please do not hold another conversation with your neighbour whilst an issue is being discussed. Please do not take offence at my reminder but colleagues have asked me to raise this on their behalf. Thank you for taking this into account at any future meetings.

Finally, can I thank Anna Pridmore for her support, advice and guidance given to us all and to welcome Lynda Provins as Governor & Membership Manager. We look forward to working with Lynda, continuing to develop the role of Governors and the Council ensuring that our contribution is valued by the organisation and that the voice of the patients, members and the community are heard and considered at all times. On behalf of everyone can I also thank Paul, Jenny and Jane for their contribution as Governors as they finish in the role of a Governor at the end of March and to wish them well for the future in whatever they do. Their departure does mean that there will be a reduced number of Governors until the selection process starts in July with the newly elected Governors to take up their role start in October

this year.

Margaret Jackson - Lead Governor and Public Governor York

2. Transport Group – 18th February 2016

A discussion took place to enable progress on opening the station behind York Hospital; it was agreed that information is to be gathered via Outpatient/Inpatient appointments to try and get some idea of numbers from Scarborough/Ryedale who would use this service; there is an unmanned station in rural Norfolk which operates very successfully.

There are still issues about the Multi storey car park – cleanliness and signage are still not right. SM confirmed the work had started at Malton Hospital on access to the hospital, whilst the work on the new Urology department was taking place and changes are to be made to the car park.

The Travel plan for Scarborough will take place over 3 days in March. Advice on other ways of getting to work including cycling, walking, car sharing etc. There is a great interest in electric cars and further research is to be carried out regarding the use of Pool Cars/Hire car scheme etc to make it more helpful. Consultants do not get a chance to attend the Open days on Transport so work is being done to try and see how this could be improved.

JMP presented an interesting series of maps showing where staff live in both York/Scarborough, to aid easier advice for staff to be able to access their place of work.

The specification is now ready to go out to tender for the Taxi services and more information will be available at the next meeting. Following the circulation of a draft parking information sheet, this will now be amended to include people's comments and issued shortly.

A review of dates of meetings to be undertaken and members advised.

Sheila Miller, Public Governor Ryedale and East Yorkshire

3. Report from Fairness Forum Meeting 4th November 2015 2-4 pm

Report from Fairness Forum Meeting 4th February 2016 2-4 pm

We watched a 3 minute video about EDS2, the new Equality Deliverance System which will be used throughout the NHS. There is a relevant meeting 4th March 2016, which includes four CCGS and other Trusts.

The **Patient's story** described the experience of a deaf patient requesting an interpreter in the Emergency Department and the staff knew nothing about the service provided by PEARL. The patient has received an apology. The staff and patient had managed to resolve the problem by using Twitter. A Road Show for patients and staff is being organised for both York and Scarborough Hospitals and will cover the interpretation and translation system.

The **Interpretation and Translation system** PEARL has not been sufficiently effective with providing translators compared to the system used previously. Their contract is for 2 years and will be cancelled. Hopefully the previous provider, which was much better, will still be available.

Accessible Information Standard – work continues on highlighting the needs of patients within their IT records. Sue Rushbrook is the lead for IT involvement. By the end of July 2016 the Trust must be fully compliant with the Accessible Information Standard with the system

developed to collect information on patients' needs. Supporting actions required by July include: writing a relevant policy; establishing links with primary care; collating processes for different data systems; reviewing and commissioning services to provide information in different formats and appropriate professional advocates and interpreters; training and awareness within the Trust; engaging with voluntary organisations in order to record patients' communication needs. More collaborative work is required.

Equality Analysis – work continues on developing suitable IT

EDS2 will be trialled before it is released throughout the Trust. Ann includes more details in her EDS2 report. The road show is being organised in both Scarborough and York Hospitals, which will help to inform and involve both staff and patients in EDS2.

5 minute Workstream Updates

- **The ritual washing capital scheme** has been deferred in order to save money.
- **Chaplaincy (Martin Doe) National interfaith week** was celebrated in both York and Scarborough hospitals. The Chaplaincy team were involved in the NHS Regional Carol Service in the Minster and carol services in both hospitals. They continue to provide training in Spiritual care for HCA induction and the End of Life Care course. Work is ongoing to produce a calendar of major religious festivals for 2016.
- **Elderly Services and Dementia (Sue Hendry)** Winter resilience plans are in place to try to prevent unnecessary admissions and facilitate safe discharge. Cross site workshops have been held to help with updating the dementia strategy and work is on-going on identifying patients with low AMTS (Abbreviated Mental Test Scores). Dementia training continues with the one hour Dementia Friends session and also at a higher level. By the end of March Dementia champions will have been recruited and a carers survey will be completed.
- **Human Resources (Anna Smith)** Centralised recruitment will ensure a consistent approach to recording BME data (Black Minority Ethnic) including advertising and promoting vacancies. Similarly HR is working to develop consistent job descriptions/job specifications. ESR (Electronic staff records) have a high level of completeness. They aim to investigate Equal Pay this year.
- **Patient Experience Team (Hester Rowell)** The complaints system has now changed and is using a set of national codes but there is still some duplication. Reports can now cover more than one issue e.g. interpretation, discrimination. PALS are reviewing their effectiveness. A new supplier will now review the results of Friends and Family Tests and will be able to summarise comments and triangulate complaints.
- **Safeguarding Adults & Learning Difficulties (Nicola Cowley)** More data relevant to learning disability needs to be recorded. Data on death rates and outcomes for people with learning disabilities are to be produced. Patrick Crowley reported that workplaces in sterile services and catering are to be provided for young people with learning disabilities. A staff health and wellbeing audit funded by NHS England identified specific problems including: suicidal feelings, musculoskeletal and mental health problems; and sickness absence.
- **Visual Impairment (Vanessa Camp)** VC is working with YBPSS (York Blind and Partially Sighted Society) and the sisters and consultants of the Stroke/Elderly care wards to improve the availability of appropriate equipment and the awareness, training and support of staff. Funding is available via stroke funds.
- **Fairness Champions (Margaret Milburn)** Terms of reference are yet to be approved by the Fairness Forum. A priority is to focus on bullying and harassment.
- **LGBT Staff Network (Margaret Milburn)** Awareness raising exercises have taken place in both main hospitals. February 2016 is LGBT History Month.

Jenny Moreton, Public Governor Ryedale & East Yorks

4. Community Services Group meeting 12 February 2016

Summary of topics discussed

- Procurement of community services
- Terms of reference for the group
- Community discharge liaison team
- Community response team evaluations
- Discharge to Assess.

Actions Agreed

- Ask comms teams to include community services group update in Staff Matters (SR)
- Ask Marie to find a new date for the August meeting (SR)
- Re-send Lindsay Springall's contact details regarding the equipment procurement (SR)
- Governors to influence through patient engagement forums to share positive impact of community hubs (All)
- Update Terms of Reference (SR)
- Share Selby evaluation report with group (SR)
- Explore telecare options in discharge to assess project (SR)

Future Meetings

The group will meet on 13 May 2016. The agenda will include:

- Provider Alliance Update – including a discussion of 'Primary Care Home' and the proposed out of hospital model (MS/SR)
- Discharge to Assess – including a discussion on the comms with the public and those using services (SR).

Steve Reed, Chair of the Group

5. Note from the Chair:

We will take additional verbal emphasis from the author, questions and/or comments on any of the above, at the Council of Governors; We will also be happy to receive any additional reports verbally. We will experiment with this approach, designed to ensure there is a good written record of Governor activity, as appropriate, and to help any person who is unable to attend the meeting to learn of these activities through the papers. Please aim to make your reports less than 250 words and send to Anna at any time prior to one week before Council of Governor meetings. Thank you.

Sue Symington, Chair

Authors	Margaret Jackson, Lead Governor Sheila Miller, Public Governor Ryedale & East Yorks Jeanette Anness, Public Governor Ryedale & East Yorks Jenny Moreton, Public Governor Ryedale & East Yorks Steve Reed, Head of Strategy for Out of Hospital Services
Owner	Lynda Provins, Governor & Membership Manager
Date	March 2016

Council of Governors – 10 March 2016

Chief Executive’s Report

Action requested/recommendation

The Council of Governors are asked to note the report.

Summary

The report aims to provide information on the following subjects:

- Long Term Planning
- China Visit
- Junior Doctors Strike

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report This paper is solely written for the Council of

Governors

Risk	No risk.
Resource implications	No resource implications
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	March 2016
Version number	Version 1

Council of Governors – 10 March 2016

Chief Executive's Report

1. Overview

There have been several significant announcements since the start of 2016, following the Comprehensive Spending Review in December 2015. The headline for the NHS in relation to the CSR was a confirmed extra £10bn by 2020/21, with the focus being on delivery of seven-day services and increased access to GPs in the evenings and at weekends.

Jim Mackey, Chief Executive-designate of NHS Improvement, and Professor Sir Mike Richards, CQC's Chief Inspector of Hospitals, have written to all Trusts, asking us to equally consider quality and finance in our planning and decision making. A key point in this letter is that Monitor, CQC and NHS England, will jointly be publishing revised staffing guidance and a new metric looking at care hours per patient day, as part of CQC's new assessment on the use of resources.

At a national level, there has been a recognition that the pressures placed on hospitals have been too great, and this has been reflected in changes to tariff and business rules which will improve the overall financial landscape for 2016/17.

Returning providers to financial balance is a key priority, and sustainability funding is being released to provider organisations dependent on their meeting specific criteria. We now know what our share of the fund will be, and the conditions attached to it. The finance team is currently assessing the implications of this, however, we have confirmed our agreement in principle to this funding, with a number of caveats, and the Finance Director will be able to talk about this in more detail as part of this meeting.

Despite this additional funding, we cannot become complacent, as the recommendations of the Carter review into NHS efficiency, our own savings targets, and the conditions that we must meet in order to receive sustainability funding, mean we will still face our largest efficiency challenge ever.

2. Long-term planning

NHS England has mandated that every health and care system will work together to produce a Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years, ultimately delivering the Five Year Forward View.

To do this, local health and care systems will come together in STP 'footprints'. The health and care organisations within these geographic footprints will work together to narrow the gaps in the quality of care, their population's health and wellbeing, and in NHS finances. Work is underway to develop our plan, and progress is being made in terms of the form of this plan and how we will work together across organisations to develop it.

Work is also continuing on Ambition for Health, a five-year programme across Scarborough, Bridlington, Filey and Ryedale that is designed to drive innovation across health and social care through collaboration.

All eight partner organisations across health and social care have committed to supporting the Ambition for Health Programme and to promoting better health and the future sustainability of services in our communities.

We will talk further about this work as it develops, however I want to use this overview to highlight the importance of this in the wider context of our integration between and York and Scarborough Hospitals and community services.

We are all familiar with the drivers behind the Five Year Forward View, and the emergence of STPs and Ambition for Health Changing demographics (in particular an ageing population), pressure on our finances, lack of integration between services, and an extremely difficult jobs market where we are struggling to recruit nurses, doctors, and other key specialists have been causing pressure for a number of years.

Whilst these are issues that would be recognised in most parts of the country, they are of particular significance on the East Coast, and are the same issues that shaped our ambitions at the time of the merger between York and Scarborough Hospitals.

When planning the merger, we set out our aims for a safe and sustainable future for Scarborough and Bridlington Hospitals, in particular our commitment to maintaining core services.

There have already been successes. We have maintained part of our stroke pathway in Scarborough at a time when many hospitals are losing theirs in line with the national trend towards centralisation. We are now delivering the eye injection service on the East Coast, when patients previously had to travel to York, and we have also successfully established our elective orthopaedic surgery at Bridlington Hospital.

Ambition for Health is the next step, and a key objective of these plans is that we develop services that have a sustainable future.

Partnership working will be essential if we are to make real change and deliver services differently across organisational boundaries, however we must of course continue to meet our own obligations in terms of our performance and our finances.

A key part of this is the continuation of our Turnaround Avoidance Programme into 2016/17. Progress to date includes the alignment of the Corporate Improvement Team with the delivery of Trust priorities, the design and introduction of a new business case process and approach to ensuring return on investment, a revamped vacancy control process, and the introduction of a new performance assurance framework.

The principles that have been embedded and reinforced through the Turnaround Avoidance Programme will continue, and will help us to achieve and sustain financial balance and improved performance.

3. China visit

In December I undertook a short visit to the Chinese Hospital Association conference, where I spoke about the Trust to 400 senior delegates with a view to encouraging interest in mutual support and collaboration with Chinese health services. We are now actively exploring a small number of opportunities, and are working with the International Hospitals Group and a potential consortium of Yorkshire and Humber Trusts on our approach. We are planning to host a Chinese delegation in late April as part of the follow up.

4. Junior doctor strike

As has been covered extensively in the national media, several days of industrial action by junior doctors have taken place in protest at the terms of their proposed new contract. Secretary of State for Health Jeremy Hunt has subsequently announced that the latest version of the contract will now be imposed.

Meanwhile, further strike dates have been released for March and April, and the BMA is set to launch a judicial review on the imposition of the contract, claiming it failed to follow due process.

We are considering the implications of the new contract and how we will implement it, on the assumption that ultimately it will be imposed, whilst being mindful of the need to support our medical workforce following what has been a contentious and emotive process.

5. Recommendation

The Council of Governors is asked to note the report.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley, Chief Executive
Date	March 2016

Blank page

Council of Governors – 10 March 2016

Membership Development Group Report

Action requested/recommendation

The Council of Governors is asked to note the report from the Membership Development Group and approve the attached documents.

Summary

This paper provides an overview of the work of the Membership Development Group.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report This report is only written for the Council of Governors – Public Meeting.

Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lynda Provins, Governor & Membership Manager
Author	Lynda Provins, Governor & Membership Manager
Date of paper	March 2016
Version number	Version 1

Council of Governors Meeting – 10 March 2016
Membership Development Group Report
1. Introduction and background
<p>The Membership Development Group review, monitor and support the development of plans for membership recruitment, engagement and involvement on behalf of the Council of Governors.</p> <p>The group has been meeting since July 2015 and has recently refocused in order to ensure progress is made and monitored.</p>
2. Group Meeting Dated 22nd February 2016
<p>The group wish to bring the following items to the Council of Governors attention:</p> <p>Lessons learnt from the ‘Meet your Governor’ sessions on the 14th January 2016 – On the 14th January 2016 simultaneous ‘meet your governor’ sessions were held in Scarborough, Bridlington, Whitby, Ryedale, Selby and York. The group reviewed the sessions and the following lessons learnt were discussed.</p> <ul style="list-style-type: none"> • Agreed understanding of the purpose of the event and the outcomes required • More consideration given to locations • Availability of furniture, banners, posters, leaflets • Time of year to be considered especially in Winter • More timely communication and publicity around events • Whether to hold single events or multiple simultaneous events • It was agreed that ‘drop in’ session had not proved useful • An agreed way to signpost complainants <p>These lessons learnt will be used when planning any future events.</p> <p>Membership Development Strategy and Action Plan – The group discussed and refined the proposed strategy and action plan, which will be used to focus the group’s attention and resources. The strategy and plan were agreed by the group.</p> <p>The strategy and action plan are attached to this report and the Council of Governors are asked to agree the proposed strategy and plan.</p> <p>Membership Development Group Terms of Reference – The group discussed and amended the terms of reference, which are attached to this report. The Council of Governors are asked to approve the terms of reference as presented.</p>
3. Recommendation
<p>The Council of Governors are asked to note the report and approve the following documents:</p> <ul style="list-style-type: none"> • Membership Development Strategy and Action Plan • Membership Development Group Terms of Reference

Author	Lynda Provins, Governor & Membership Manager
Owner	Lynda Provins, Governor & Membership Manager
Date	March 2016

Membership Development Strategy 2016-17

Introduction - York Teaching Hospital became a Foundation Trust in April 2007 and merged with Scarborough and North East Yorkshire Healthcare NHS Trust in July 2012. The trust now services a population of approximately 800,000 people.

This membership development strategy sets out the aim, vision and a series of objectives for the trust to continue to maintain, grow and engage its membership, including the actions that it will take to meet these objectives. It also describes how the trust will evaluate the delivery of the strategy.

The trust is committed to building a representative membership base to support public accountability and local engagement. It is recognised that a well-informed, motivated and engaged membership help organisations to be more responsive with an improved understanding of the needs of its patients and local communities. Therefore it is vital to create a membership that matches the demographic mix of our catchment area and to create a vibrant membership programme to support successful long term engagement with members.

Aim - To deliver representative, meaningful membership and create opportunities to recruit new members.

Vision - The vision for our membership strategy is based around three key areas:

Meaningful Membership – developing a better relationship with existing members who can become more actively engaged with the trust if they so wish;

Representative Membership – to ensure our membership reflects, where possible, our socio-demographic geography and the communities which we serve; and

Innovative Membership – that looks to new ways of recruiting members and reaches out to local communities, younger members and pockets of very low membership coverage.

Objectives - The trust will achieve this through providing regular information and creating opportunities for members to engage with the trust. Members can be involved as little or as much as they want with the understanding that all involvement helps make a difference.

1. Build on our existing membership base and ensure that it reflects the diversity of our local communities according to socio-demographic geography. In particular we will want to approach patient groups and charitable supporters who are interested in our services.
2. Ensure that individuals who have expressed an interest in becoming members receive a welcome pack within two weeks.
3. Deliver a range of engagement events and activities and focus on increasing membership attendance to these events.
4. Increase understanding amongst members of the trust's strategy and the range of services offered, including current changes in health services and the challenges being faced.

5. Develop a thriving and influential Council of Governors which is embedded in the local community, is responsive to the aspirations and concerns of members, and works effectively with the trust's Board.
6. Ensure all communication is clear, easily understood and delivered in an appropriate format.

Benefits - The benefits to the trust in developing an effective membership and providing active engagement are:

- access to the views of the population that it serves;
- a better understanding of patient and service users' views in identifying particular service needs, any gaps in service requirements and valuable feedback on how well services are meeting the requirements of the local population;
- continuing to build good relationships;
- to inform people of the work of the trust including service developments and helping to raise awareness of health related issues.

Membership is an expression of public support for the trust, so it is important to present tangible benefits valued by members and to provide a role that supports the organisation in improving the services it offers. It is intended that members have a number of opportunities available to them:-

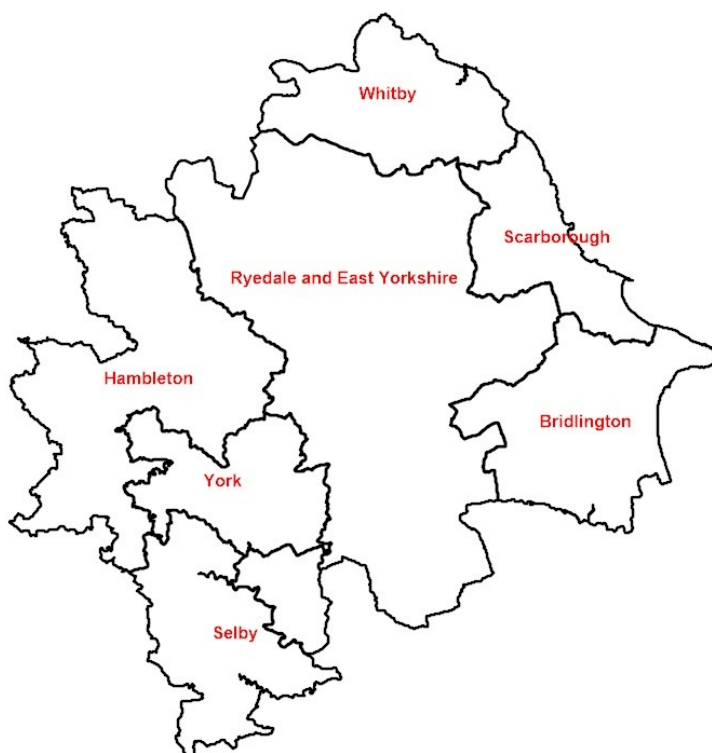
- A key benefit for members will be the ability to stand for election to the Council of Governors and/or elect others to it. This ability to hold the organisation to account and influence the strategic direction of the trust is vitally important;
- Keep up-to-date with developments at the hospitals via the trust's publications and website, contribute to publications, the website and attend the Annual General Meeting;
- To be an invaluable source of feedback and opinion on trust services and plans.
- Comment on the hospitals' services and plans for future development e.g. consultations, surveys, focus groups;
- Being available to comment on hospital literature e.g. patient information leaflets, trust reports and the website;
- Becoming a hospital volunteer.

Membership & Constituencies - The legal form of the trust is a Public Benefit Corporation. This means, in terms of membership, that the trust must have a membership that is representative of the local population.

The information below outlines the current catchment area and constituencies.

Catchment area -

There are seven public constituency areas: Selby, York, Hambleton, Ryedale and East Yorkshire, Whitby, Scarborough and Bridlington. For staff there are three areas: York, Scarborough and Bridlington and Community. A full membership report will be taken to the Council of Governors annually.



Record-keeping and administration - Members are asked to provide personal information at registration. The trust will maintain an accurate and informative database of members. It currently has a contract with Membership Engagement Services (MES) to supply database management services. This allows data to be held securely and data will be cleansed regularly to ensure accurate information. Contact details will not be passed to other organisations unless with regard to membership mailings and elections.

Communication & Engagement - This strategy reflects and should be read in conjunction with the trust's Corporate Communication and Engagement Strategy.

Resourcing - A Governor and Membership Manager position has been created by the trust to provide a focal point for communication and learning and development of the Council of Governors and Membership. As part of the Corporate Communications and Engagement Strategy, the Communications Team will work with the Governor and Membership Manager to further develop engagement with the trust's membership. A budget is being allocated to help resource the activities in connection with this strategy.

Evaluation - The membership group will be asked to review this membership development strategy annually with specific reference to the following;

- Changes in membership numbers, age, diversity and constituency representation
- Attendance levels at events
- Quality of communication and engagement with members.

Appendices

Membership group Terms of Reference
Action Plan

Governors & Membership Development Plan

1. Establish a Programme of Events for Members

No	Objs Link	Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date
1.1	3 & 6	Communications & Engagement Strategy	Develop an annual programme of events with interesting and varied topics for members (3 clinically focused events for members).	LP	31.03.16			
1.2	3 & 6	Communications & Engagement Strategy	Plan events	LP	30.04.16			
1.3	3 & 6	Communications & Engagement Strategy	Implement first event	LP	30.06.16			
1.4	3 & 6	Communications & Engagement Strategy	Evaluate first event	LP	31.07.16			
1.5	3 & 6	Communications & Engagement Strategy	Implement second event	LP	tbc		Dependent on event plan 30.04.16	
1.6	3 & 6	Communications & Engagement Strategy	Evaluate second event	LP	tbc		Dependent on event plan 30.04.16	
1.7	3 & 6		Discuss provision of further events at the membership group	LP	30.08.16			

2. Membership Recruitment

No	Objs Link	Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date
----	-----------	-------------------	--------	-------	----------	-----------	----------	--------------

2.1	1	Communications & Engagement Strategy	Review under-represented demographic and geographic membership areas and discuss a target area with the Head of Communications	LP	31.03.16			
2.2	1	Communications & Engagement Strategy	Review under-represented demographic and geographic membership areas - discuss ideas at the Membership Group - agree a target area	LP	31.03.16			
2.3	1	Communications & Engagement Strategy	Plan a recruitment campaign	LP	30.04.16			
2.4	1	Communications & Engagement Strategy	Implement a recruitment campaign	LP	31.07.16			
2.5	2		Review welcome packs, letter etc and ensure these are sent out within 2 weeks	LP	20.04.16			

3. Membership Public & Patient Involvement

No		Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date
3.1	1 & 6	Communications & Engagement Strategy, Patient Experience	Work with the Patient Experience Lead & Head of Communications to develop membership involvement in patient and public involvement.	LP	30.06.16			

4. Link with the Volunteer Service

No		Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date

4.1	1	Patient Experience	Work with the Patient Experience Lead to ensure links between membership and volunteering	LP	31.03.16			
4.2	1	Patient Experience	Work towards all volunteers being members	LP	30.06.16			
4.3	1		Establish a list of agencies/groups to visit who already have links to the trust.	LP	30.04.16			
4.4	1		Plan visit schedule	LP	31.05.16			
4.5	1		Carry out visits	LP	30.10.16			
4.6	1		Evaluate visits	LP	30.11.16			

5. Membership Matters Review

No		Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date
5.1	4	Communications	Review membership matters with a view to this moving to electronic format	LP	31.05.16			
5.2	4	Communications	Review content of next membership matters with a view to changing the format and content	LP	31.05.16			
5.3	4		Evaluate first edition	LP	30.06.16			

6. Membership Engagement

No		Interdependencies	Action	Owner	Due Date	Completed	Comments	Revised Date
6.1	4&6	Information Governance	Work with the Bridlington Governor (CN) to establish an email connection with members	LP/CN	31.03.16			
6.2	4&6	Information Governance	Review information sharing guidance on third parties and discuss with CN.	LP/CN	31.03.16			

Terms of Reference

Membership Development Group

Title: Membership Development Group

Date established: July 2015

Status: Sub-group of the Council of Governors

Responsible Individual: Governor & Membership Manager

All contact with the committee should be made via this post holder

Role and functions

- 1 On behalf of the Council of Governors, the group will review, monitor and support the development of plans for membership recruitment, engagement and involvement.
- 2 The functions of the group are:
 - To review and analyse the Trust's membership – recommending an annual work programme to support membership recruitment, retention and development.
 - To engage with local forums, groups and organisations to actively promote membership and the work of the Council of Governors.
 - To develop and encourage two-way communication and involvement between the Council of Governors and its constituency members.
 - To suggest content for the Trust's newsletter for members.
- 3 The group will make recommendations for approval to the Council of Governors.
- 4 The terms of reference will be reviewed annually, or before, if any changes in governance procedures demand it.
- 5 The group will strive to achieve membership that is representative of each constituency

Membership

- 6 The group will be quorate if three members are present (which must include one public governor).
- 7 Membership is not static and interested governors can be considered for membership at any point in time.

Meetings

- 8 The group will meet a minimum of four times a year.
- 9 Notes of all meetings will be produced and reports will be produced for the Council of Governors on its recommendations.
- 10 The Governor & Membership Manager will support the group's meetings. Notes and actions will normally be produced and circulated within ten working days of each meeting.
- 11 Individual group members do not have a right to call a special meeting. Should a group member feel there is a need to do this, he/she should bring it to the attention of the chair, who will call the special meeting (if he/she feels it is necessary).

Council of Governors – 10 March 2016

Operational Plan and Sustainability & Transformation Plan (STP)

Action requested/recommendation

The Council of Governors is asked to note the requirements of the process and the next steps.

Summary

This paper summarises the key points and sets out the timetable for development and submission of both the Operational Plan and STP.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve quality and safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

Implications for equality and diversity

The Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people from different groups. In relation to the issues set out in this paper, consideration has been given to the impact that the recommendations might have on these requirements and on the nine protected groups identified by the Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, gender and sexual orientation).

It is anticipated that the recommendations of this paper are not likely to have any particular impact upon the requirements of or the protected groups identified by the Equality Act.

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report This report is only written for the Council of Governors – Public Meeting.

Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lynda Provins, Governor & Membership Manager
Author	Lynda Provins, Governor & Membership Manager
Date of paper	March 2016
Version number	Version 1

Council of Governors Meeting – 10 March 2016
Operational Plan and Sustainability & Transformation Plan (STP)
1. Introduction and background
<p>The aim of this paper is to update the Council of Governors on the planning guidance issued in late 2015 and early 2016.</p> <p>This paper summarises the key points and sets out the timetable for development and submission of both the Operational Plan and STP.</p> <p>The Council of Governors is asked to note the requirements of the process and the next steps.</p>
2. Planning Guidance
<p>Monitor released the shared planning guidance and timetable for submission on the 22nd December 2015, which requires Providers to produce the following related plans:</p> <ul style="list-style-type: none"> • A local health and care system sustainability and transformation plan, which will cover the period October 2016 to March 2021 • A plan by organisation for 2016/17 – this will need to reflect the emerging sustainability and transformation plan
3. Operational Plan 2015/16
<p>Details of the required content for the operational plan narrative document was released on the 18th January 2016. The timeline for submission of the operational plan for 2016/17 was incredibly tight with a draft due to Monitor on the 8th February 2016 and the final version due on the 11th April 2016.</p> <p>A working draft was submitted to Monitor within the timeframe, but with the understanding that this would change due to financial information and consultation with the Board and Governors, which would take place in March, before the final version is submitted to the Board on the 30th March 2016 for approval.</p> <p><u>Next Steps</u></p> <p>It is proposed to send a copy of the draft operational plan to the Board and Governor sub-group for comments on the 1st March 2016 with comments due back by the 11th March 2016. The plan will then be finalised for submission to the Board.</p>
3. Sustainability Transformation Plan (STP)
<p>The STP will require development of place based plans bringing together a shared vision with the local community and will include all Clinical Commissioning Group and NHS England commissioned activity. The plans are due for submission in June 2016 and will be assessed and reviewed in July 2016.</p>

The STP will include a number of specific plans covering different parts of the footprint although all will remain interdependent on each other and will be required to deliver the overall sustainability and transformation challenge.

Discussions are on-going with partners from across the six Clinical Commissioning Group overarching footprint that the Trust will be a partner of. The East Riding Clinical Commissioning Group Chief Executive will be the overall Chief Executive lead for the footprint. The Trust has started working with Scarborough & Ryedale Clinical Commissioning Group and Vale of York Clinical Commissioning Group to deliver its local element of the plan, which will become a part of the larger overarching STP.

Next Steps

1. Engagement and support on the gap analysis and STP Development – week commencing 29th February.
2. Gap analysis – during March
3. Board to Board – 7th April
4. Short return from each footprint setting our priorities, gap analysis and governance arrangements – 11th April
5. Outline STPs presented – week commencing 22nd April (regional events)
6. Develop STP during April/May/early June
7. Engagement and support from national teams – on-going during April and May
8. Submit STP – 30 June
9. Regional conversations between national teams and footprints – throughout July

4. Recommendation

The Council of Governors is asked to note the requirements of the process and the next steps.

5. References and further reading

Delivering the Forward View: NHS planning guidance 2016/17 to 2020/21 – Annual Plan review template and guidance for NHS foundations trusts.
Developing Sustainability and Transformation Plans.

Author	Lynda Provins, Governor & Membership Manager
Owner	Lynda Provins, Governor & Membership Manager
Date	March 2016