

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

on: **Thursday 9th October 2014**

at: **4.00pm – 6.00pm**

in: **Malton Rugby Club, Malton**

Time	Meeting	Attendees
3.15pm – 3.55pm	Private meeting of the Council of Governors	Governors with Trust Chairman
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the Public
<p>The core values of the Trust are:</p> <ul style="list-style-type: none"> • Improve quality and safety • Create a culture of continuous improvement • Develop and enable strong partnerships • Improve our facilities and protect the environment <p>These will be reflected during all 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: anna.pridmore@york.nhs.uk or telephone: 01904 721418

A G E N D A

<i>No'</i>	<i>Item</i>	<i>Lead</i>	<i>Paper</i>	<i>Page</i>
Part one: General 4.00pm – 4.15pm				
1.	<u>Chairman's Introduction</u> The Chairman will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chairman		
2.	<u>Welcome to the new Governors</u> The Chairman will welcome the new governors to the Council of Governors	Chairman		
3.	<u>Apologies for absence</u> To receive any apologies for absence. Penelope Worsley Sue Wellington	Chairman		
4.	<u>Declaration of Interests</u> To receive the draft declarations of interests.	Chairman	A	5
5.	<u>Minutes from the meeting held in public on 11th June 2014</u> To approve the minutes of the meeting held on 11 th June 2014	Chairman	B	11
6.	<u>Matters arising from the minutes</u> To consider any other matters arising from the minutes.	Chairman	Verbal	
7.	<u>Update from the Private Meeting held earlier</u> To receive an update from the Chairman on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public including: To receive a copy of the updated NED linkage document To receive an update on the Chairman appointment process	Chairman	Verbal	

No'	Item	Lead	Paper	Page
Part two: Governor information 4.15pm – 4.25pm				
8.	<u>Lead Governor and other Governor Reports</u> To receive a report from the Lead Governor and any other reports from Governors involved in ongoing activities related to the Trust.	Lead Governor and other Governors	C	17
Part three: Non-executive Director presentation 4.25pm – 4.45pm				
9.	<u>Assurance from and about NEDs – Jennie Adams</u> To receive a reflection on 24 months as a Non-executive Director	Non-executive Director Jennie Adams	Verbal	
Part Four: Chief Executive presentation 4.45pm – 5.30pm				
10.	<u>Chief Executive Report</u> Discussion by the Chief Executive on current matter and an opportunity for Governors to ask questions	Deputy Chief Executive	Verbal	
Part Five: Presentation on key matters of interest 5.30pm – 5.50pm				
11.	<u>Presentation on the PLACE Report</u> To receive the PLACE report for 2014	Head of Facilities	D	29
Part five: Information 5.50pm – 6.00pm				
12.	<u>Any other business</u> To consider any other items of business.			
13.	<u>Time and date of next meeting</u> The next Council of Governors meeting (in public) will be held on 10 th December 2014 at White Cross Road York			

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Register of Governors' interests
October 2014

New: Mick Lee—Staff Governor York,
Liz Jackson—Staff Governor York
Andrew Bennett—Staff Governor, Scarborough and Bridlington
Clive Neale—Public Governor Bridlington
Robert Wright—Public Governor York

Amendments:

Deletions:

Helen Mackman

A

Governor	Relevant and material interests					
	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 likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings 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
Jeanette Anness <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Nil	Member —Derwent Practice Representative Group Member —NY Health watch	Nil
Terry Atherton <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Paul Baines <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Michael Beckett <i>(Appointed: North Yorkshire and York Forum)</i>	Caring for Business Ltd Next steps Health Resource Centre North Yorkshire and York Forum	Caring for Business Ltd (50% owner)	Caring for Business Ltd (50% owner)	Chair—Ryedale and District Mencap Specialist Advisor—Magnetic Arts CIC	Non-executive Director—North Yorkshire and York Forum Councillor—Malton Town Council Next Steps Mental Health Resource Centre Ryedale and District Mencap	South Yorkshire Credit Union Yorkshire Building Society Smile Co-Operative Bank
Ann Bolland <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Manager—LRB	Member—Fund Raising Committee York MIND
Clive Neale <i>(Public: Bridlington)</i>	TBA	TBA	TBA	TBA	TBA	TBA

Governor	Relevant and material interests					
	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 share holdings 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
Dr Jane Dalton <i>(Public: Hambleton District)</i>	Nil	Nil	Nil	Nil	Researcher —Health and Social Care, University of York	Researcher —Health and Social Care, University of York
Stephen Hinchliffe <i>(Public: Whitby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson <i>(Public: York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Rowena Jacobs <i>(Partner: University of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Robert Wright <i>(Public: City of York)</i>	TBA	TBA	TBA	TBA	TBA	TBA
Sheila Miller <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups Inspector — CQC at Age Concern	Nil	Nil
Helen Noble <i>(Staff: Scarborough)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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Les North (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Caroline Patmore (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council District Councillor—Hambleton District Council	Councillor —North Yorkshire County Council
Cllr Joseph Richies (Appointed: City of York Council)	TBA	TBA	TBA	TBA	TBA	TBA
Helen Fields (Public York)	Nil	Nil	Nil	Nil	Nil	Nil
Sue Wellington (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
David Wheeler (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Penelope Worsley (Public: York)	Trustee —NGO working overseas	Nil	Nil	Nil	Nil	Nil

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Dee Sharpe (Partner East Riding of Yorkshire Council)	TBA	TBA	TBA	TBA	TBA	TBA
Jenny Moreton (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member – Patient Forum Ampleforth/ Hovingham Practice; Scarborough Ryedale CCG Patient Group Member — Healthwatch North Yorkshire Member —online consultation group of the CQC.	Nil
Mick Lee Staff York	TBA	TBA	TBA	TBA	TBA	TBA
Andrew Bennett Staff Scarborough and Bridlington	TBA	TBA	TBA	TBA	TBA	TBA
Liz Jackson Staff York	TBA	TBA	TBA	TBA	TBA	TBA

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Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 11th June 2014, at St Catherine's Hospice, Scarborough.

Present at the meeting

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mrs Margaret Jackson, City of York
Mr Paul Baines, City of York
Mrs Helen Mackman, City of York
Mrs Penelope Worsley, City of York
Mrs Helen Fields, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Mrs Jeanette Anness, Ryedale & East Yorkshire
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Stephen Hinchliffe, Whitby
Dr Jenny Moreton, Ryedale and East Yorkshire
Dr Jane Dalton, Hambleton District
Mr David Wheeler, Scarborough
Dr Rowena Jacobs, University of York
Mrs Sue Wellington, Scarborough

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Councillor Caroline Patmore, North Yorkshire County Council

Staff Governors:

Mrs Helen Noble, Scarborough/Bridlington
Mr Les North, Community Staff

Attendance:

Mrs Lynda Provins, Head of Business Intelligence Unit
Mr Mike Keaney, NED YTHFT
Mrs Jenny Adams, NED YTHFT
Mr M, Proctor, COO/Chief Nurse/Deputy CE, YTHFT

Apologies for absence:

Apologies were received from the following governors:

Ms Dee Sharp, East Riding of York Council
Councillor Joseph Riches, City of York Council
Mr Terry Atherton, Bridlington

14/14 Declaration of Interests

The Chairman asked members to ensure that their declarations of interest were up to date, as this was an important aspect of governance. The following amendments were received:

Mr Butler is no longer a member of the Fund Raising Committee and his entry should read LRB Trophies.

Mrs Miller is no longer an inspector for CQC and Age Concern.

14/15 Minutes of Council of Governors Public Meeting – 12th March 2014

The minutes were approved as a true record of the meeting.

14/16 Matters Arising from the Minutes

An update was asked for regarding the Patient Experience Steering Group. AR stated that this will be picked up in the Governor's Reports Section.

Mr Wheeler commented that there were no members of public at the meeting. The group discussed ways of advertising the meetings. Mrs Mackman stated that she announced it at the HealthWatch meetings. Mr Rose thought it may be useful to discuss this with the Head of Communications to see if there were any easy ways to alert the public.

14/17 Update from the Private Meeting held earlier

Mr Rose stated that a change to the constitution had been agreed in the private meeting, which would allow for a Non-executive to be reappointed for a third term without testing the market, on a case-by-case basis.

It had been agreed that Philip Ashton, Mike Keaney and Jennie Adams would all be reappointed for a further term.

It was also agreed that Non-executives would receive a 1% increase in salary from 1st April 2014.

14/18 Chief Executive's Report (discussion led by Mike Proctor)

Financial Position – The Trust achieved balance at the end of the year, which included delivery of a £24m cost improvement programme. Monitor will report a number of technical adjustments, which will identify a £3m surplus and these will receive a full explanation in the annual report. This has been a really strong performance, especially as a number of organisations had not achieved a

balanced position this year and this was also despite the challenging operational environment. It is still early in the current year to discuss trends, but there is another target of £24m cost savings to deliver.

Performance – Mr Proctor stated that he would focus on the “lowlights”. He noted that the Emergency Department 4-hour target continues to be a challenge (Scarborough and York) and that the Trust failed the target in both April and May. However, there was some slight comfort that the whole country is struggling with this and that nationally the target failed. Quarter 4 was achieved and the CCG has been asked to consider reinstating the measures that were put in place to achieve Quarter 4, especially in light of the extraordinary pressure in the system.

Mr Proctor stated that the new part of the Emergency Department would open on Monday, but that this had been put in place to alleviate the ambulance turnaround target. Mr North noted the new measures being put in place at the weekend in York city centre to alleviate the pressure from those intoxicated with alcohol, being admitted into the Emergency Department. Mr Proctor explained that this was being run by YAS and although the Trust had not been involved in the set up, it would be helping to evaluate any impact on the Emergency Department.

An external body has reviewed the Trust’s performance in relation to 18 weeks and there are things that can be improved, although it was evident that there are not any glaring omissions. An action plan will be created and the Governors will be kept up to date on progress.

Cancer targets in relation to 14 day waits and symptomatic breast are a concern. The breast service is struggling in Scarborough, due to difficulty in recruitment and it may be that the service will have to be centralised to make it more effective in the short-term. The CCG has made cancer a priority and this has resulted in more referrals from GPs, however, this has not increased the number of diagnoses of cancer. The increased referrals are causing issues and this has been fed back to the CCG.

Mr Proctor noted the progress with liaison psychiatry. The Trust is working in partnership with the Leeds & York Partnership Trust to have a mental health post situated in the Emergency Department to work with staff to help reduce length of stay. The funding for this will be picked up by the CCG in the long term. An inpatient focus will also be provided, which will help to identify patients with dementia. Mr Proctor stated that discussions are ongoing at the Scarborough end of the patch with the CCG and TEWV to see if something similar can be adopted.

Perfect week – Mr Proctor stated that this has been an enormously successful project. Evaluation was continuing and a number of things were being identified that could make a difference in the long-term. The dynamics of the project were discussed, including the use of the major incident structure and the focus on discharges. Patient experience was monitored and the feedback was extremely good. The Governors appreciated the daily reports. Mr Proctor stated that one benefit had been the partnership working with the CCG and Social Services, which had established new working relationships.

Mr Butler noted that this had taken large amounts of planning and staff involvement, which was not sustainable. He stressed that the Trust would need to learn from this, otherwise it would be wasted effort. Mr Proctor stated that the evaluation would provide this learning and would help identify the things that the Trust could take forward to make improvements. These initiatives will also be used in York. IT was key to these developments and it was noted that Mrs Rushbrook had also been at Scarborough during this work. Mr Proctor stated that a full report would be available following the evaluation process.

MB asked if the missed targets would cause any problems and it was noted that nationally there was a failure of the 4 hour target and that C Diff rates had improved.

14/19 Lead Governor and Other Governor Reports

Mr Rose noted that Mrs Bolland's report had been omitted and this was circulated for information.

Lead Governor Report

Mrs Jackson thanked Mrs Mackman for her support and stated that she had been looking at other Trusts and helping with the survey work currently underway.

Mrs Jackson highlighted a number of items, including:

- PLACE assessments,
- presentations attended on Capital Planning and the New Nursing Structure,
- the memorial service for families in Scarborough who have lost a baby,
- the Special Care Baby Unit 30th birthday celebrates in York
- Trust Summer Ball – Saturday 21st June.
- Celebration of Achievement Award Ceremony – 17th July.

All these items can be found on the end of her report.

The group discussed the possibility of using an accessible calendar, which would capture annual leave and meetings that needed to be covered.

Mr Wheeler provided some performance data following the opening of the Bridlington Orthopaedic Centre for the month of May:

- 190 operations
- 93 day cases
- 97 overnight stays
- 45 hip replacements
- 36 knee replacements
- 0 C Diff
- 0 MRSA
- 4 operations cancelled at the request of patients

He stated that this work was unique and that the other significant development

was the use of a “Visitors’ Book” to record comments. Mr Wheeler read one such comment and he said that this was one of many positive entries. Following introduction of the Visitors’ Book, staff morale had increased markedly and the environment came across as a fun and relaxed place to be. He did express concern that the day room was not fit for purpose and that work had not commenced on the private rooms. Mr Proctor remarked that one patient had been fit for discharge just 30 hours after receiving a hip operation. It was agreed that the use of a Visitors’ Book and the positive experience should be raised at the Patient Experience Steering Group.

Mrs Mackman stated that she was a lay member of the CCG Patient Experience Steering Group, which allowed her to feed back to Mr Proctor any issues. It was agreed that this shared intelligence was very useful.

A representative from NHS England has attended the Patient Experience Steering Group at the Trust, and had identified links between PALs and Complaints, which would allow them to work differently. A review of complaints and patient experience had taken place and would look at providing equity in Scarborough and York. A list of recommendations had been made following the review and was now being worked through.

14/20 Presentation/Update on Community Hubs

Mr Proctor provided a presentation on the Community Hub concept. He stated that the intention was to provide partnership working at Selby and Malton to wrap services around primary care. This would ensure that those (elderly) patients most at risk would have individual care plans focused on reducing admissions to secondary care. He stressed that the challenges should not be underestimated and included multiple partners working together, staffing, configuration of beds and mobilising the community.

Councillor Patmore asked whether there was the potential for St Monica’s to be a mini-hub. Mr Proctor stated that there would be potential to roll this out to other locations, but this would be a CCG decision following the initial pilots. Dr Jacobs stated that the predictors for the ‘at risk’ population did not always identify the elderly. Mr Proctor agreed and stated that the GPs would be using risk assessment tools to identify these patients. Mr Proctor agreed to provide regular updates.

Councillor Patmore expressed concerns about transport and the differences between health and social care working. Mr Proctor stated that it was about everyone owning the problem, which gave more chance of delivering a solution. Her other concern was in relation to communication with the public and this initiative being seen as another attempt to cut services.

14/21 Assurance from and about NEDs

Mr Keaney gave a presentation that looked at his work as a Non-executive and how assurance was gained by the Board.

Mr Butler asked if he was frustrated by the time everything took in the public sector to achieve things, especially in relation to staffing and HR. Mr Keaney stated that big organisations take longer to reach decisions, due to the

processes, a lot of which were to do with national terms and conditions.

14/22 Update on progress towards the elections

Mr Rose stated the election is going ahead and the timetable remained the same. The next formal meeting is in September and there would be a new Council of Governors in October.

14/23 Any Other Business

No further business was discussed.

14/24 Time and date of the next meeting

The next meeting will be held on the 10th September 2014 at Malton Rugby Club.

Council of Governors – 9 October 2014

Reports from Governors

Action requested/recommendation

To note the reports provided by the Governors.

Summary

The attached report provides information about the activities of the Governors since the last meeting of the Council of Governors.

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).

There are no implication relating to equality and diversity arising from this report.

Reference to CQC outcomes

There is no reference to CQC.

Progress of report Prepared for the Council of Governors

Risk No risk.

Resource implications	This is an information report and does not identify any resource implications
Owner	Council of Governors
Author	The Governors
Date of paper	October 2014
Version number	Version 1

Council of Governors meeting – 9 October 2014

Reports from Governors on activities and meetings they have attended

Report presented at the AGM by Helen Mackman

Good evening everyone.

It's a pleasure to be reporting to you, on behalf of the Governors, at the first Trust AGM to be held in Scarborough. I shall be talking about the period from April last year to March this year, during which time I was the Lead Governor. The current Lead Governor, Margaret Jackson, is unable to be here today so, as part of my report, I shall also tell you about the very important roles that Governors are playing now and going forward.

Our Foundation Trust's main conduit for public accountability is its Council of Governors.

Over the last year we've been particularly mindful of

- the Clwyd report, which reviewed the NHS hospitals' complaints system
- the parliamentary and health service ombudsman's report on the NHS's governance of complaints handling
- the Keogh Review and the Francis Report - the final report of the Mid Staffordshire Public Inquiry

These each brought into sharp focus for us the importance of a robust and transparent patient experience strategy and how patients and the public are involved across the organization.

But we've been assured through access to Trust Board papers, our attendance at Board meetings and by regular reports to the Council of Governors, that the organization has responded quickly and effectively to these Inquiries by undertaking a review of the key themes underpinning a good patient experience, and by having strategies in place to detect problems and take action quickly.

We've also valued the opportunity to meet in private with the Trust Board in an informal setting to share ideas and discuss some key themes.

We recommended to the Chairman, at the beginning of this reporting period, that the topics and discussions within our Council of Governors' agendas should always

reflect the Trust's values: of improving quality and safety, creating a culture of continuous improvement, developing strong partnerships, protecting the environment and improving facilities.

I'm pleased to report that these core values appear on the agendas for all our meetings in public and they are also now stated on the Trust Board meeting agendas too, providing a constant reminder to maintain a focus on these values in all discussions.

Our Governors' Nomination Committee made recommendations to the Council of Governors about the effectiveness of the Board's non-executive directors and its Chairman – and we've re-appointed two of the non-executive directors this year. It's our duty to ensure that the Chairman's performance meets with the Trust's vision and values and that the organisation's strategic direction meets the needs of the population the Trust serves. So an appraisal of the Chairman's performance was carried out against the previously agreed set of measurable objectives and the results were overwhelmingly positive. And because this is now our Chairman's last year of office, we have asked him specifically to focus on working with the Chief Executive and Senior Independent Director to enhance and clarify the high-level governance arrangements of the Trust. A process is now in place to set out our expectations for Alan Rose's successor.

Governors have a duty to approve and appoint the Trust's external auditors, which we exercised during this year. The Trust is due to appoint new auditors in 2014 with the new contract being operational from the start of the financial year 2015/16. Particular governors are currently working with senior Trust staff on the appointment process and Governors will form part of the External Audit Selection Panel early in December this year.

With two elected representatives from the Council of Governors on the Trust's Patient Experience Steering Group, we continue to identify and explore issues that affect patients across the Trust's areas of responsibility. This Steering Group is a sub-group of the Nursing Board and is headed up by the Chief Nurse. It has a key role in addressing issues relating to the Francis Report, to patient engagement, complaints management and all Trust patient survey results. This is an important area of involvement for governors in monitoring the patient experience strategy across the organisation.

The Francis Report recommended greater involvement of Peer Reviews and one of our Trust's responses to this has been to introduce Patient Led Assessments of the Care Environment – with the handy acronym, PLACE. A number of our governors, as Patient Assessors, have been taking part in PLACE visits. These provide a snapshot of how our organisation is performing across a range of non-clinical activities that patients, the public and professionals have identified as good practice. These include cleanliness, privacy and dignity, the quality and availability of food and drink and the condition, appearance and maintenance of the environment. This data is submitted to the Department of Health which publishes comparative scores on the Health and Social Care Information Centre website.

Our Governors' Community Services Group, working closely with a non-executive director and linking with senior management, has been seeking assurance that strategies and processes are in place for the benefit of the whole community. These governors have been kept informed about North Yorkshire's Joint Strategic Needs

Assessment and held discussions with the Community Services Manager as to ways that governors may support plans for any future service developments to meet the needs identified by the community. The group also formulated a patient survey that was undertaken at Selby and Malton Hospitals. Aligned to this work, we've applied pressure on the Trust to hold more public meetings across the geographical area the Trust serves.

We've continued to be briefed on planned capital improvements and investments. We were assured when York Trust acquired Scarborough Trust that this would offer the new enlarged Trust some innovative estates and service development and we're pleased to see a significant investment in paediatric services and ward upgrades at Scarborough and the increased provision of elective orthopaedic surgery at Bridlington.

At the Trust's annual Celebration of Achievement evening, **the Governors' Award** was presented to the Programme Director for Capital and Infrastructure and his Team Administrator in appreciation of the support given to governors to help us understand the geography of the enlarged Trust and the environments in which patients are cared for.

We've also appreciated the Trust's provision of briefings on a number of selected issues during the year, over and above the presentations that we have at our meetings in public. These offer informal opportunities to ask searching questions and give us a broader perspective with which to understand the progress and developments of strategies that affect patients.

The NHS Consultants' Clinical Excellence Awards Committee invited two governors, as lay members, to join them for the first time this year, to agree the awards allocation. These awards form part of a contractual obligation on the Trust to recognize the contribution that individual consultants make over and above their expected level of work. This involved a huge amount of reading and then submitting our personal scoring before the Committee met to discuss the final decisions. This was a very interesting piece of work and the governors involved appreciated the invitation to be part of the process.

Governors have been welcomed onto a number of groups across the Trust where we can raise issues that have come to our attention from our constituencies. These include The Eye Partnership Group, the Renal Partnership Group and the Cancer Partnership Group. Each of these groups include staff, patients and carers and offer a real opportunity to make a difference to the patient experience. Through our membership of the Equality and Diversity Group all governors have been able to review the Trust's Equality and Diversity draft strategy.

We also continue to maintain our interest in The Arts at each of our hospital sites where the environment can be greatly enhanced for the benefit of patients, visitors and staff. Paintings and installations are not only in the corridors and non-clinical areas but also in clinical areas and high risk spaces. This year we've been involved in the opening of a Cancer Care Centre Garden at the York site, which helps to support the needs of those coping with difficult emotions as a result of illness.

We've attended Healthwatch Assembly meetings across this reporting year. These provide a opportunity to engage with the voluntary sector and with Local

Authority representatives. Our involvement also demonstrates that governors are making connections with the local community and feeding back issues to the Trust. At these assemblies we've been highlighting the need for organizations to issue simple versions of complex reports, particularly when these reports are fundamental to consultation processes.

Public and patient opinion and feedback is important and as governors of our local acute and community hospitals, we need to be particularly attentive to what our local community is telling us about their health needs.

Our organization is participating in pilot schemes with local Clinical Commissioning Groups colleagues to develop **'Community Hubs'**. The aim being, to enable single points of access at neighbourhood level, and liaison with Trust staff for the elderly and for those with long-term conditions.

Again, it is important that we, as local voices within the Trust, use every opportunity to seek out local ideas and opinions about the emerging schemes.

Our attendance at local authority Health Overview and Scrutiny Committees provide us with an additional perspective which takes in the whole 'NHS Family', not only with reports from our own executives, but also from the CCG, the ambulance trust and the mental health trust. These other organizations may each affect the patients who need to come into one of our hospitals.

Governors continue to take the opportunity to talk to members of the public in their constituencies, at this year's open days and road-shows, and to present at various Area and District community and public forums. We've been meeting with the Trust's Communications Manager to formulate a system whereby we can communicate more effectively with the Trust Membership.

To encourage members to put themselves forward for the 2014 Council of Governors elections, established Governors supported the Trust in touring the hospital sites to meet with members, recruit new members and to explain the role of publicly elected governors. And importantly, we hope to see the vacancies for staff governors filled as soon as possible. Staff governors are an important component in our Trust's governance with its strategic challenges and decisions for the Trust which may require governor approval.

And finally ...During my four years as Lead Governor, I've really appreciated the way that our Chief Executive and our Chairman – as well as other members of the Board - have allowed me to knock on their doors at any time, either to quiz them or to float ideas past them, but always to make sure that they know what governors are up to. So a big thank you to you Pat and to you Alan for such a great working relationship.

Thank you

* * * *

Lead Governor Report

Scarborough Open Day and AGM

Governors were involved with the Open Day at Scarborough Hospital and manned an information stall prior to attending the Annual General Meeting. Having spoken to some of the Governors involved it was quite well attended and there was some useful discussion with members of the public on the day.

Support with Family & Friends test in ED in York

Some Governors have been involved in continuing to support ED with the Family & Friends test. It has had limited success and I plan to have with Kay Gamble about the way forward.

Involvement in senior appointments

The Nominations and Remuneration Committee have been working with Will Thornton from Human Resources to develop the recruitment package for the new Chair to be appointed. The group have been grateful for the support, advice and guidance of the two Non-Executive Directors, Dianne Willcocks and Philip Ashton.

Advert out live – 30th September
Closing date – 7th November
Long listing – 10th November
Short-listing – 18th November
Interview takes place - 8th & 9th December.

Governors are also involved in the interviews for the Chief Nurse is 20th October and the Chief Operating Officer is 23rd October.

Thank you to everyone for their involvement in these events.

Support for Governors

In my role as lead Governor I would like to offer support to my Governor colleagues and would like to suggest that I come to meet with groups of you to discuss your issues and any help and support I can give you. This will increase my understanding of local issues and hopefully support you in your role as a Governor. Can you think about how this might be achieved in the most helpful way and let me know. Finally can I, on behalf of all Governors, put on record our thanks to Helen Mackman for all her hard work over the years in supporting Governors and ensuring that the Council of Governors is valued and very involved in the day to day work of the Trust. We wish Helen well in her new home and in everything she does in the future.

Date for your diary

NHS Carol Concert is to be held on Wednesday 10th December at York Minster. Doors open at 6.30pm and the service starts at 7.30pm. Wrap up warm as despite the big congregation it does get cold!

Margaret Jackson, Lead Governor and York Public Governor

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Report on the Transport Group Meeting – 21st August – York Hospital.

No further information on trying to obtain concessions with the Local Bus companies for Pensioners to travel before 9am.

Staff are continuing to be helped with the chance to purchase bus tickets at a discount, these can be purchased in the Hospital shop.

Concerns were raised about the problem some cyclists have in approaching the roundabout outside the Hospital on Wigginton road, traffic cutting in on them; a discussion on how this could be solved with the York city Representative and Hospital.

It was proposed to try to do a survey of patients asking how they come to Outpatients at the Hospital.

York City Council have a system of Pool bicycles, this to be considered for the Hospital staff.

The car pool system is working well and savings have been made. They had 230 bookings for staff to use with a savings of £3,500.

A general discussion on the misuse of blue Badges; suggestions to do an occasional check of drivers; no thought at the present of charging for disabled drivers.

PALS reported 13 car park complaints, 12 were about ambulances, referred to Yorkshire ambulance, others included travel costs, voluntary service drivers.

Sheila Miller, Ryedale and East Yorkshire Public Governor

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Older people's liaison Group

Rapid Process Improvement Week

This took place on ward 35 recently. Commissioned by CCG, this was geared to enhancing the discharge process and pathway. The week proved successful. There is on-going work to produce a new discharge pack and to test the process on other wards in due course.

Falls

Hilary Woodward (Matron in Elderly Medicine) outlined developments in the Directorate. She emphasised monitoring the incidence of falls. All patients over 65 will have a falls risk assessment at admission. A falls prevention policy and action plan has been developed, with associated training, in line with NICE guidance.

Hospital Food

When the catering capital scheme is completed later in the year a new patient menu will be introduced at York and sites supplied by York. Tasting Panels will be held regularly to ensure maintenance of quality alongside patient feedback surveys. It is anticipated that PLACE results will improve in 2015 following these measures.

Helen Fields, York Public Governor

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Arts Strategy Steering Group

The excellent work of the Arts Team continues. Following on from the installation of the Reflections Courtyard In York there are plans to give Scarborough its own memorial garden A metal tree sculpture will be installed onto which engraved names can be added. Staff memorials will also be installed in Bridlington, Malton, Easingwold and Selby. Following the success of the donations wall at York a similar version will be will also be installed at Scarborough. The team have been involved with the decorative design in the Ellerby`s restaurant in York. The two main ideas are a healthy eating word cloud and York themed photographs for the small booths on the back wall which can be used for informal meetings. Two members of the Art team were asked to visit an Art session at Changing Lives, a substance abuse rehabilitation centre in York. It was decided that the group will produce a piece of artwork for display in the hospital main corridor or possibly the ED department. The collection from the York Open studios using the theme of Le Grand Depart has been selling well. Co-operation with the students from York St John University continues to go well and the students produced some very joyful pieces of work for the Friends of York Hospital Courtyard and also table decorations for the Midsummer Night`s Ball. Other areas now under consideration for the placing of art work are the Out Patients corridors and a new quiet room in the Head and Neck Department. Musical performances in the main entrance have included a Norwegian Choir and Bootham School. One patient produced his harmonica and joined in. Lovely! At Scarborough funding has been obtained for Cedar Ward and an application has been submitted for funding for Kent Ward in Bridlington and four reception areas. The Arts Officer at Scarborough is hoping to receive funding for music and arts events in dementia and elderly rehabilitation wards.

The trust values are to be displayed on the windows in the main foyer, the emphasis being placed on the words `Patients at the Centre of Everything we do` with the aim being to embed the Trust values in our consciousness.

I am sorry to loose Helen Mackman as my co-governor on the group.

Jeanette Anness, Ryedale and East Yorkshire Public Governor
Helen Mackman, York Public Governor

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Andrew Butler's Report

I must take this opportunity to thank all the Selby area members of the Trust who voted for me to remain as a YTHFT governor for the next three years. I look forward to doing my bit to help represent our community and getting further involved. Welcome to our new governor members and welcome back to those of us re-appointed. I'm sure we'll all want to wish Helen Mackman a fond farewell at our meeting too.

Can I thank everyone again for their very kind donations towards my Great North Run challenge in aid of the YTHFT charity. My running mate Thom and I will have raised around £900 for the charity. Also many congratulations to our governor colleague Helen Noble who also finished the run and raised £450 for the Snowdrop appeal.

I look forward to you all joining me for the run next year...

Constitution Committee

The Constitution Committee is due to meet on the 6th of October, after the CoG papers are published, I'm sure we'll all be happy to give you a verbal report of any updates.

Auditor Appointment Committee

On the 7th of July the subcommittee met for the first time to run through the timeline and requirements to appoint a new auditor. It is important that to note that this is one of the Council of Governors' statutory duties and that while the process is being managed by Trust staff the final decision on the appointment of the auditors will be made by the Council of Governors' based on the Committee's recommendation. Rather than put the whole matter out to an EU wide tendering process (which would take longer and be more costlier), it was agreed by the committee that the Trust should use a quicker process in which the Trust has approached companies who are already on an NHS England pre-approved list.

Tenders have been received and are currently undergoing analysis by the Trust, this will be reviewed by the committee and then the prospective auditors will be invited to a rigorous meeting of Trust management to further assess the bids.

Monitor investigation

At our meeting, we should be informed as to the progress of the investigation by Monitor regarding the 4 hour A&E target and the two week wait for symptomatic breast cancer patients. As I hope you will recall, we have been well briefed on the A&E and whole system issues over the past two years and I hope Monitor will consider this, and our thoughts at this meeting as a small part of the assurance process.

Selby Hospital and outside bodies

It's great to see that Selby WM Hospital made improvements on its PLACE assessment this year and that it exceeds the national average score in 3 of the 4 areas. I hope we'll see 4 out of 4 next year.

Finally, just a quick note to say that I attended the City of York Council health scrutiny meeting on 10th of September where the Trust presented it's annual report to the Council. Mike Proctor led on the Trust's behalf and Alan Rose was also in attendance. I had been worried that after the Monitor investigation news that the councillors would be critical – especially as we draw closer to the General and local elections, however after some questions and updates, the report was well received.

Andrew Butler, Selby Public Governor

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Community Service Group

Unfortunately there is little to report for this quarter as the Community Service Governor lead are waiting to have a meeting with Wendy Scott which I hope to arrange within the next few days, on how we as a group can assist her and work closer together in future.

At our last meeting we had a presentation by Steve Reed who explained about Community Hubs.

Bridlington Hospital Development group had a meeting on Monday 29th September however I was still on holiday so have nothing to report on that, other than to say that the new floor has been put in on the day room at Kent Ward but are still waiting for several other items which have been promised.

* * * *

(Note from the Chairman: 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 anytime prior to one week before Council of Governor meetings. Thank you.)

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Council of Governors – 9 October 2014

PLACE Results 2014

Action requested/recommendation

The Council of Governors is asked to note and discuss the contents of the published PLACE results in the attached report.

Summary

This paper sets out the process and the results of the Patient Led Assessments of the Care Environment (PLACE) which took place between 26th February and 3rd June this year in all 10 of our properties with inpatient facilities. All the assessments were self assessments with external validators being used and a result is provided against 4 areas: Cleanliness; Food & Hydration; Privacy, Dignity & Wellbeing; and Condition, Appearance & Maintenance. Section 9 of the attached report details the scores for each property against the national averages.

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 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.

Sustainability assessment

Reference to CQC outcomes

Outcome 5 – Nutritional Needs

Outcome 8 – Cleanliness

Outcome 10 – Safety and Suitability of environment

Progress of report	Board of Directors – 24 September 2014
Risk	There may be external interest in local and national scores.
Resource implications	None
Owner	Brian Golding, Director of Estates and Facilities
Author	Carol Tarren, Head of Facilities – Satellite Properties
Date of paper	September 2014
Version number	Version 1

Directorate of Estates and Facilities

PLACE Results 2014



Content

1	Context
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3	Assessment Process
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5	Results
6	National Results
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8	Trust Results
9	Individual Site Results
10	Food Domain
11	Public Access to Results
12	Action Plans
13	Feedback for Patient Assessors and Governors

1 Context

The PLACE results were published on 27th August 2014.

2 Process

The Patient Led Assessments of the Care Environment (PLACE) took place between 26th February and 3rd June 2014 on all of the Trust in-patient sites.

All of the assessments were self-assessments with an external validator being used for seven sites i.e. York Hospital, St Monica's, Archways, Whitby Hospital, Malton Hospital, White Cross Court and St Helen's. The external validators used were Ross Mitchell and Stuart Kelly both from Harrogate District Foundation Trust.

Carol Tarren, Head of Facilities – Satellite Properties was able to reciprocate and attended the assessments at Harrogate Trust.

Members of Trust Board of Governors were eligible to act as `patient assessors` within their Trust since their primary role is to represent the interests of patients/public.

In-house training was delivered by Carol Tarren prior to the assessments to ensure the new assessment process was understood by the patient assessors and Trust staff involved in the assessment process.

3 Assessment Process

PLACE teams consisted of the mandatory 50% patient assessors and leads from Facilities, Matrons and the Infection, Prevention and Control team.

The minimum 25 per cent of wards, departments and non-ward areas with varying age and condition was met which allowed the PLACE teams to make informed judgements about the areas visited.

4 Scoring

The range of scoring approach depended on the area and aspect being assessed.

Cleanliness	Pass/Qualified Pass/Fail Yes/No
Buildings & Facilities	Pass/Qualified Pass/Fail Yes/No An answer from a predetermined list of options
Privacy, dignity & Wellbeing	Yes/No An answer from a predetermined list of options
Food	Yes/No An answer from a predetermined list of options Good, Acceptable or Poor (The food quality Assessment only)

The standard assessment criteria were followed for all sites:

5 Results

At the end of the process, each hospital/ unit which has undertaken an assessment is provided with a result against each of the four areas of the assessment namely Cleanliness; Food and Hydration; Privacy Dignity and Wellbeing and Condition Appearance and Maintenance.

This result is calculated by reference to the score (points) achieved expressed as a percentage of the maximum score (points) which could have been achieved had every aspect of the assessment they undertook achieved the maximum score.

With the exception of the assessment of food, the maximum score for any question is 2.

The food assessment is split into two components – an Organisational component which addresses the catering services provided by the organisation, and an assessment of ward based practice and the quality (taste, texture and temperature) of the food provided. The questions in the Organisational section are scored according to a weighting algorithm which reflects the relative importance of each question. To allow for the fact that different hospital types answer a slightly different number of questions there are three weighting algorithms. All questions in the Ward-based component have a maximum score of 2.

Participating organisations and others who may use these data will be able to benchmark their performance or the performance of particular types of organisations.

For the purposes of comparison, a national average of scores from all participating hospitals/units has been calculated. This average is weighted to take account of the fact that hospitals vary in size and that in larger hospitals not all areas are assessed. The weighting factor used in this calculation is bed numbers. Bed numbers are used since they are common to all organisations, whereas some premises in which assessments are undertaken do not have wards e.g. certain mental health/learning disabilities units and Treatment Centres.

The calculation used to produce the National Average is:-

The sum of [Each site's score (points) multiplied by the number of beds in that site]

The total number of beds in all assessed sites.

Minor changes were made to the Cleanliness and Condition, Appearance and Maintenance sections but these are not considered to have had any significant impact on the comparability between 2013 and 2014.

Due to changes in methodology, comparisons between 2013 and 2014 are not possible for Food and Hydration or Privacy, Dignity and Wellbeing.

6 National Results

The number of assessments undertaken in 2014 was 1,356.

This table details the national highest and lowest scores across the four domains.

DOMAINS	HIGHEST SCORE	LOWEST SCORE	NATIONAL AVERAGE SCORE
Cleanliness	100%	34.6%	97.25%
Condition, Appearance and Maintenance	100%	48.4%	91.97%
Privacy, Dignity and Wellbeing	100%	53.5%	87.73%
Food and Hydration	100%	54.7%	88.79%

7 Regional Comparisons

The table below details the comparisons across the four domains for the four Commissioning Regions.

Region	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food
North of England Commissioning Region	97.9%	92.8%	89.5%	88.4%
South of England Commissioning Region	96.95%	91.6%	86.8%	88.7%
Midlands and East of England Commissioning Region	97.1%	91.7%	87.3%	88.1%
London Commissioning Region	97.0%	91.4%	86.5%	89.0%

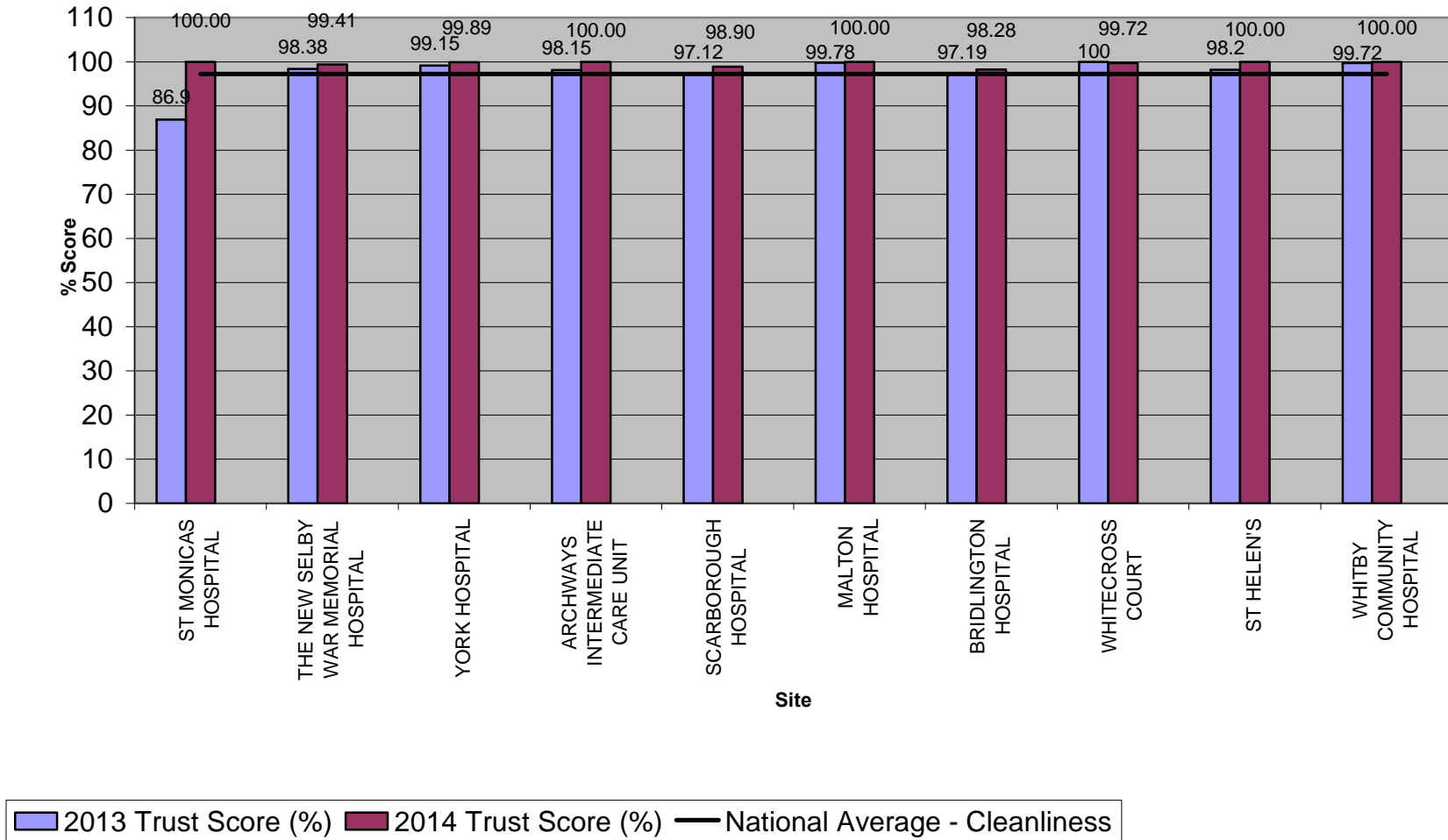
8 York Teaching Hospital NHS Foundation Trust Results

The table below details the final results (%) for York Trust organisation scores against the national averages.

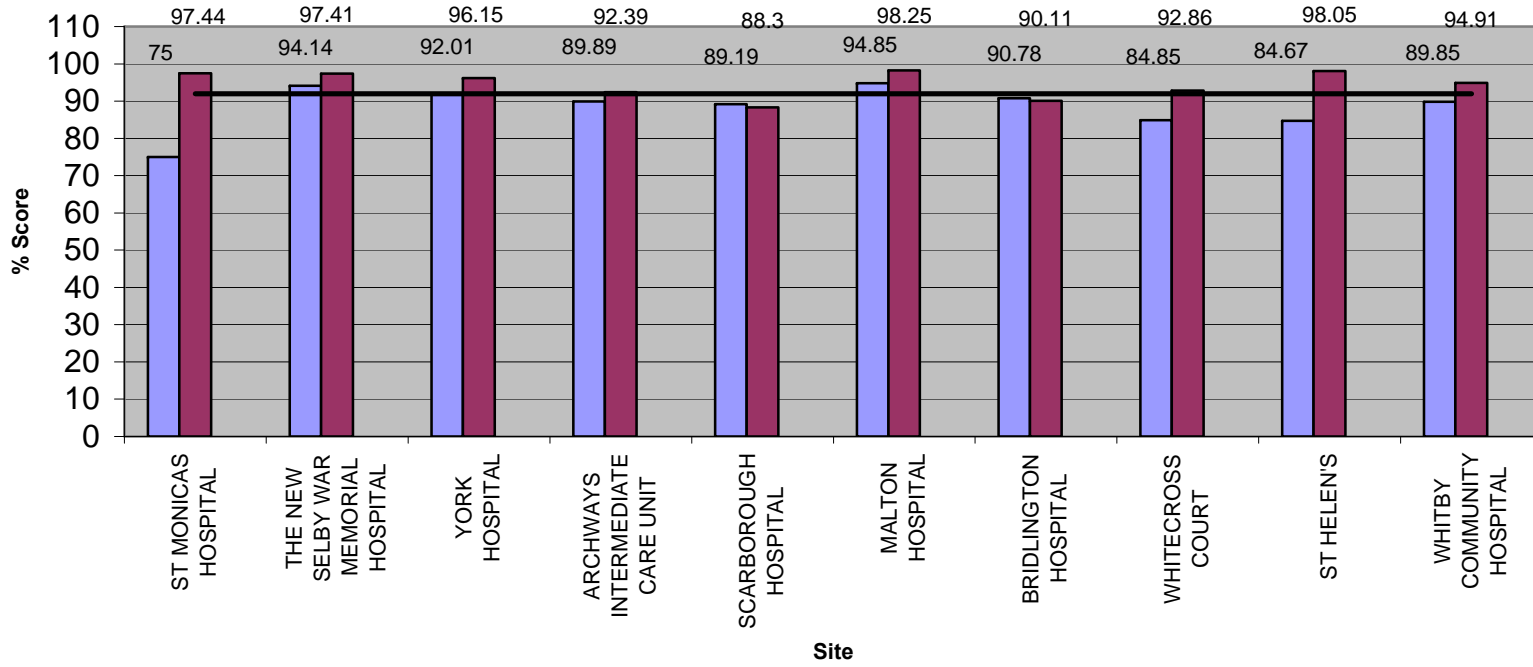
	Cleanliness	Condition, Appearance & Maintenance	Privacy, Dignity & Wellbeing	Food
National Average Score (%)	97.25	91.97	87.73	88.79
York Trust (%)	99.54 ↑	93.83 ↑	82.85 ↓	80.18 ↓

9 Individual Site Results shown as bar charts

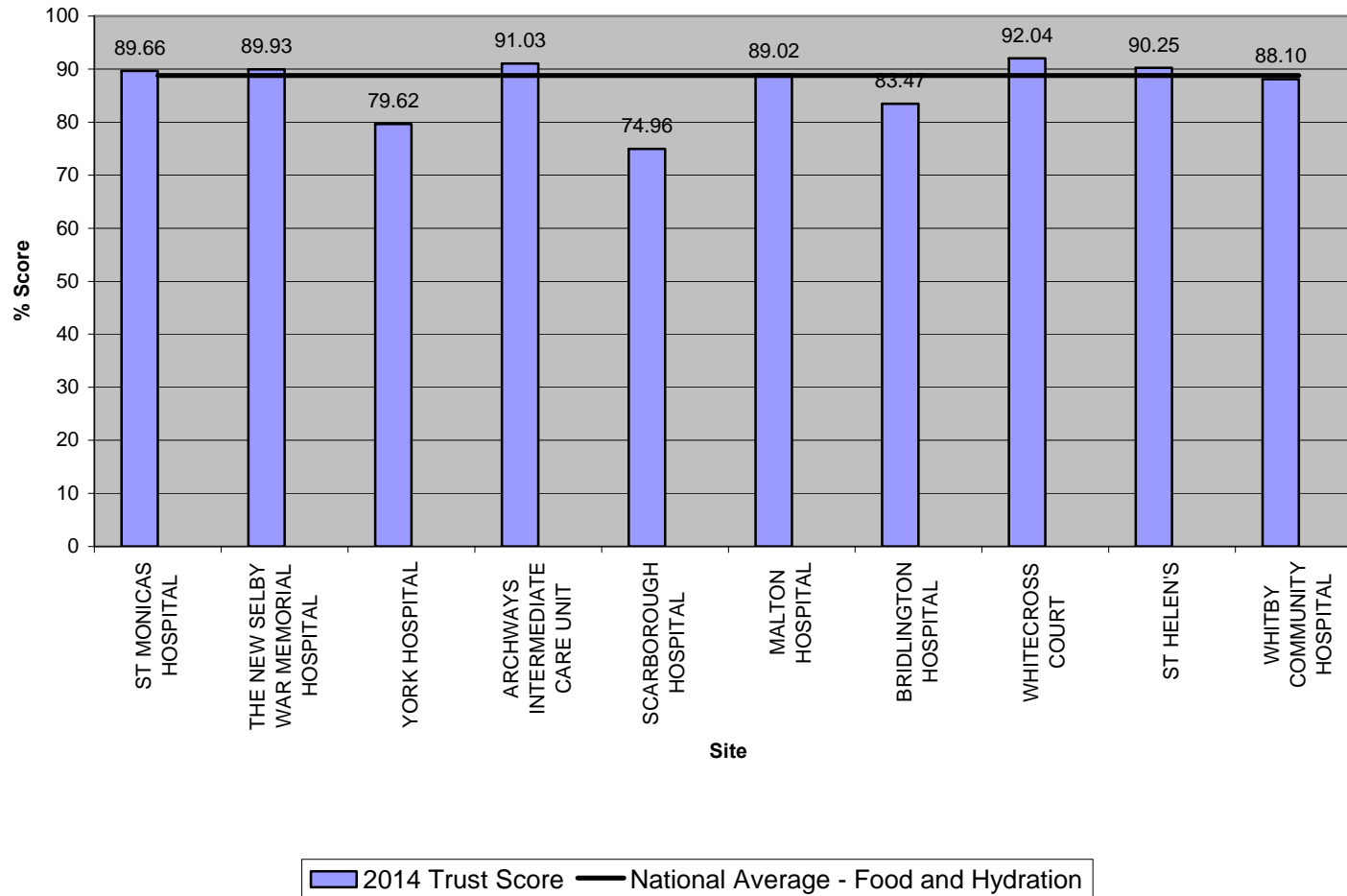
Patient Led Assessment of The Care Environment 2014
Cleanliness



Patient Led Assessment of The Care Environment 2014
Condition, Appearance and Maintanace

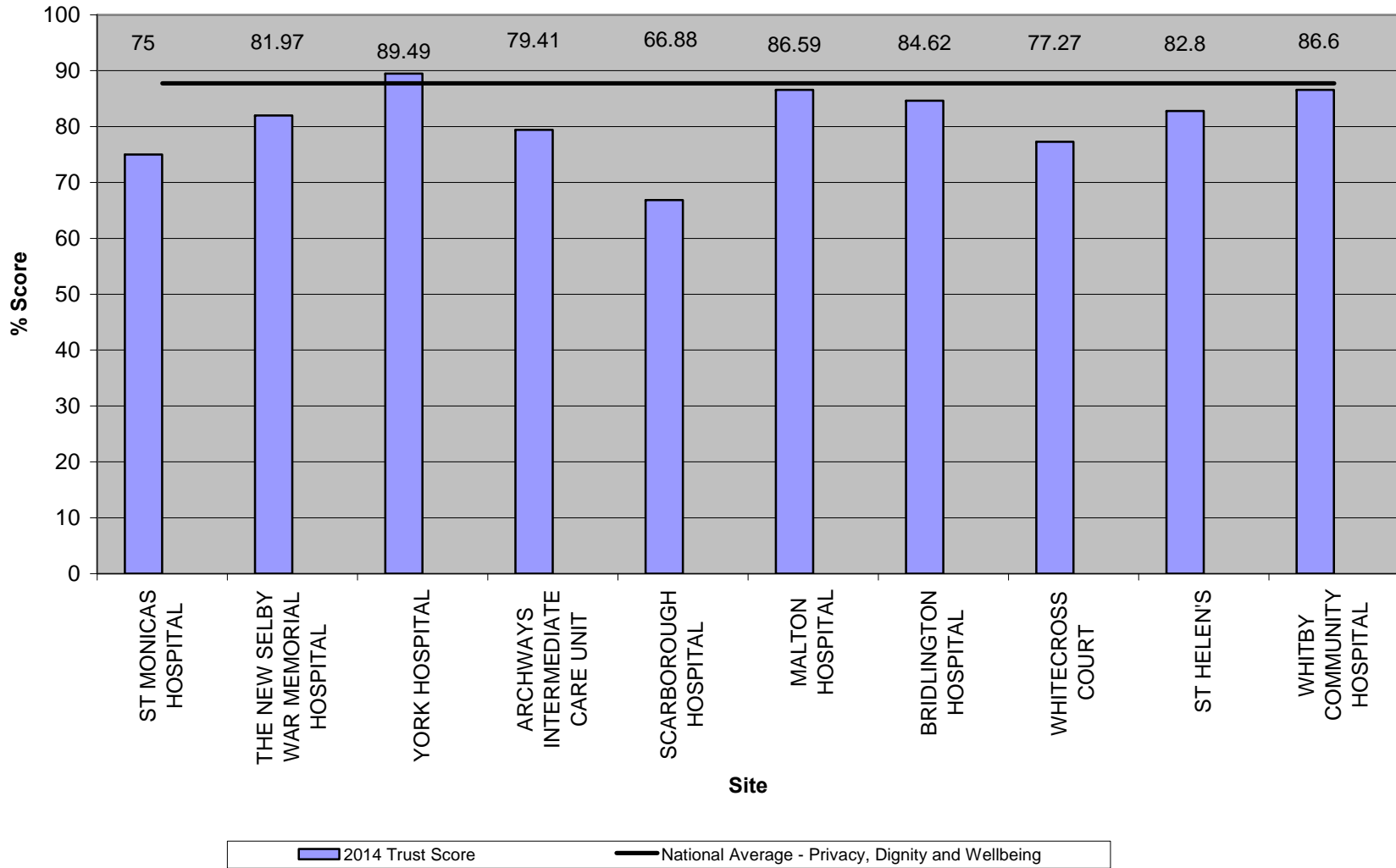


Patient Led Assessment of The Care Environment Results 2014
Food and Hydration



Due to changes in methodology, comparisons between 2013 and 2014 are not possible for Food and Hydration.

Patient Led Assessment of The Care Environment Results 2014
Privacy, Dignity & Wellbeing



Due to changes in methodology, comparisons between 2013 and 2014 are not possible for Privacy, Dignity and Wellbeing.

10 Food Domain

The food scores are reported as an overall Trust % and are then further broken down by site as detailed in the table below.

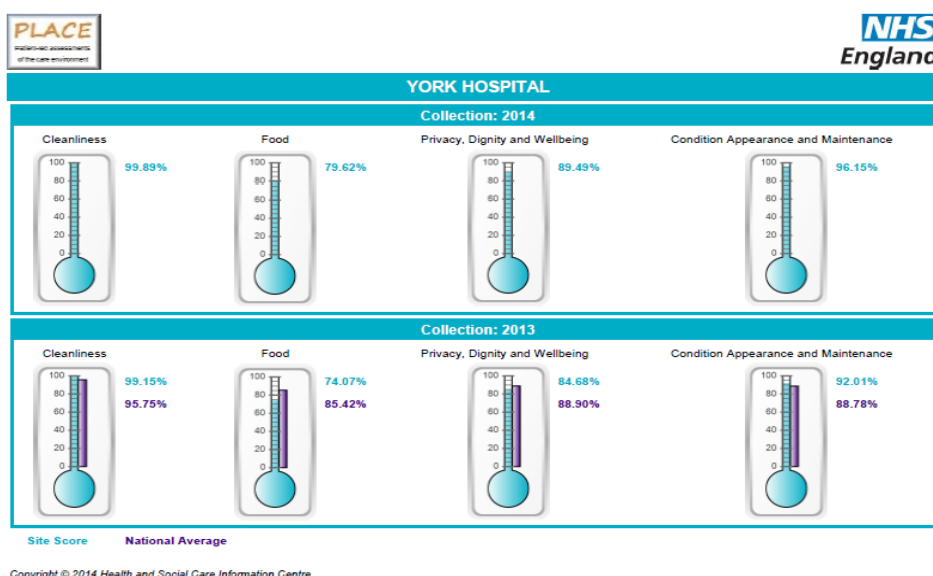
	Food Overall %	Ward Food %	Organisational Food %
York	79.62	79.35	80.93
Scarborough	74.96	74.27	77.23
Bridlington	83.47	87.76	74.17
Selby	89.93	90.94	88.89
Malton	89.02	96.60	80.79
Whitby	88.10	93.21	82.00
St Monica's	89.66	96.90	78.41
Archways	91.03	94.77	86.80
White Cross Court	92.04	93.94	89.73
St Helens	90.25	95.15	84.28

Please note however that due to changes in the assessment methodology and scoring, the 2014 results for Food and Hydration are not considered to be directly comparable with 2013.

11 Public Access to results

The public are able to view York Teaching Hospital Trust's 2014 PLACE results through Health and Social Care Information Centre's (hscic) website in the Thermometer style graphs as detailed below.

However for ease of comparison within this report, bar charts and tables have been used to report the scores.



12 Action Plans

Action plans were completed. These have now been circulated to the individual wards and departments and will be tracked on a monthly basis by Facilities until all actions are closed out.

13 Feedback for Patient Assessors and Governors

The patient assessors and governors are to be invited to attend feedback sessions on 23rd and 25th September which will be facilitated by Carol Tarren. This will allow the 2014 assessment process, scores and action plans to be discussed and identify how any improvements can be made for the annual 2015 assessments.

The future numbers of Patient Assessors and Governors will need to be maintained and reviewed. The Head of Facilities – Satellite Properties and the Trust Public and Patient Involvement Specialist will continue to work together to ensure adequate numbers are available for the 2015 assessment period and that adequate training is delivered.

The Head of Facilities – Satellite Properties will continue to work closely with local Trusts to agree reciprocal arrangements for Peer Review/External Validation.