

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

on: **Wednesday 10 June 2015**

at: **4.00pm – 6.00pm**

at: **The Dining Room, Malton Hospital**

Time	Meeting	Attendees
3.15pm – 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: anna.pridmore@york.nhs.uk or telephone: 01904 721418

A G E N D A

No	Time	Item	Lead	Paper	Page
1.	4.00-4.05	<u>Chair's Introduction and welcome</u> The Chair will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chair		
2.		<u>Apologies for absence</u> To receive any apologies for absence: <ul style="list-style-type: none"> • Jenny Moreton • Joseph Riches • Stephen Hinchliffe • Shelia Miller 	Chair		
3.		<u>Declaration of Interests</u> To receive the draft declarations of interests.	Chair	A	5
4.	4.05-4.10	<u>Minutes from the meeting held in public on 11 March 2015</u> To approve the minutes of the meeting held on 11 March 2015	Chair	B	11
5.	4.10-4.15	<u>Matters arising from the minutes</u> To consider any other matters arising from the minutes.	Chair	Verbal	
6.	4.15-4.20	<u>Update from the Private Meeting held earlier</u> 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.	Chair	Verbal	
7.	4.20-5.00	<u>Chief Executive's Report</u> To receive a report from the Chief Executive, specifically focusing on the financial deficit in 2014-15, and Trust plans to eliminate deficit in 2015-16.	Chief Executive & Director of Finance	C	19
8.	5.00-5.25	<u>The Staff Survey</u> To receive a report on the Staff Survey	Senior HR Lead & Workforce Information Manager	Verbal	

<i>No</i>	<i>Time</i>	<i>Item</i>	<i>Lead</i>	<i>Paper</i>	<i>Page</i>
9.	5.25-5.40	<u>Governor Elections 2015</u> To receive a paper on the election process	Foundation Trust Secretary	D	25
10.	5.40-5.45	<u>Celebration of Achievement Award</u> Nomination for the Celebration of Achievement Award	Chair	E	31
11.	5.45-5.50	<u>Any other business</u> To consider any other items of business, including receiving any reports from Governors.	Chair	E	35
12.		<u>Time and date of next meeting</u> The next Council of Governors meeting (in public) will be held on 16 September 2015 at St Catherine's Hospice Scarborough.			

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New:

Amendments:

Deletions:

Parliamentary Candidates:

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>	North Yorkshire and York Forum	North Yorkshire and York Forum	Nil	Chair—Ryedale and District Mencap Prospective Parliamentary Candidate - Scarborough and Whitby Constituency	Non-executive Director—North Yorkshire and York Forum Councillor—Malton Town Council 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	Nil
Clive Neale <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Member of Health-watch East Riding.	Nil	Nil

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 (Public: Hambleton District)	Nil	Nil	Nil	Nil	Researcher —Health and Social Care, University of York	Researcher —Health and Social Care, University of York
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Rowena Jacobs (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	NHS Leadership Academy	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups	Nil	Nil
Helen Noble (Staff: Scarborough)	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)	Nil	Nil	Nil	Nil	Nil	Councillor –East Riding of Yorkshire Council
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	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Bennett Staff Scarborough and Bridlington	Nil	Nil	Nil	Nil	Nil	Nil
Liz Jackson Staff York	Nil	Nil	Nil	Nil	Nil	Nil

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Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 11th March 2015, in St Catherine's Hospice, Scarborough.

Present at the meeting

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mrs Jeanette Anness, Ryedale & East Yorkshire
Mr Paul Baines, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Dr Jane Dalton, Hambleton District
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Dr Jenny Moreton, Ryedale and East Yorkshire
Mr Clive Neale, Bridlington
Mrs Sue Wellington, Scarborough
Mrs Penelope Worsley, City of York

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Dr Rowena Jacobs, University of York

Staff Governors:

Mr Mick Lee, York
Miss E Jackson, York
Mrs Helen Noble, Scarborough/Bridlington

Attendance:

Mrs Lynda Provins, Head of Business Intelligence Unit
Mrs Diane Palmer, Deputy Director for Patient Safety
Prof. Dianne Willcocks, NED YTHFT
Mrs Jennie Adams, NED YTHFT
Ms Sue Symington, Trust Chair Elect
Mr Patrick Crowley, Chief Executive
Mr Andrew Bertram, Director of Finance
Ms Kay Gamble, Head of Patient Experience

Apologies for absence:

Apologies were received from the following Governors/others:

Mr David Wheeler, Scarborough
Mr Robert Wright, City of York
Mr Les North, Community Staff
Mr Stephen Hinchliffe, Whitby
Mrs Helen Fields, City of York
Dr Andrew Bennett, Scarborough/Bridlington
Councillor Caroline Patmore, North Yorkshire County Council
Mrs Anna Pridmore, Foundation Trust Secretary

15/01 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 asked for his declaration to include his work as a Mental Health Act Manager for Leeds and York Partnership Trust.

Mrs Miller stated that the CCG Patient Group has been disbanded, however, she is a “silent” member of (NY) HealthWatch.

15/02 Minutes of Council of Governors Public Meeting – 10th December 2014

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

15/03 Matters Arising from the Minutes

The following matter was raised.

Dr Moreton stated that she had recently visited the Lucentis service at Bridlington Hospital and there appeared to be a number of inconsistencies between practice there and at York. Mr Rose asked Ms Gamble to follow this up and liaise with Dr Moreton.

Item 14/39 (page 13) Mr Butler stated that colleagues at City of York Council were looking into the possibility of providing a trial shuttle bus service between the station and the hospital. Mr Rose asked Mrs Miller and Ms Gamble if they would look into this.

15/04 Update from the Private Meeting held earlier

Mr Rose advised that the private meeting had discussed the annual appraisal of Mr Sweet, Non-executive director and the appointment process of the Chair. He noted that there were strong views about amendments to the recruitment process and this would be picked up with Mrs Pridmore and HR, to inform future NED appointments.

15/05 Updated Trust Values Leaflet

The Council discussed the “Values” leaflet and it was noted that the diagram

under 'Patients at the centre of everything we do' is small and consequently difficult to read. It was agreed that any comments would be sent to Mrs Jackson who would feed this back into the HR Department.

Concern was raised regarding the values posters on the windows in (York Hospital) reception and that some of these made it difficult to see the staff memorials.

Action: Mrs Jackson to feed back comments to HR on the values leaflet

15/06 Chief Executive's Report

Finance - Mr Bertram circulated a short finance report. The first graph highlighted the position from April 2014 to the end of January 2015, when a £2.8 mil deficit was reported, which was materially adrift from the predicted £3 mil surplus. He noted that the deficit had been fluctuating all year between £0.5 mil and £2 mil, but the January position had deteriorated to £2.8 mil. At the end of January the CIP position (graph 2) was £3.4 mil short of the £24 mil target set at the beginning of the year. He noted that due to work being done this had been reduced to well below £1 mil and should be achieved by the end of the financial year. However, half of this was down to non-recurrent efficiencies and this would impact on next year's delivery.

The third graph detailed the organisation's cash flow, with the spike in July representing the third year of acquisition support. Mr Bertram stated that the cash position could provide a cushion in the first instance, but this support could not be maintained. Strategic capital was discussed, especially in relation to the acquisition capital received for the upgrade of the Scarborough site and that this will remain ring-fenced. The last chart showed the Trust is slightly behind the planned schedule of capital spend of £25 mil for this year. The £25 mil capital was made up of the strategic capital, bid monies, leasing agreements and loans.

Mrs Miller asked whether the Trust was penalised for balancing financially as other Trusts are receiving funding to cover their big deficits. Mr Bertram responded that the Trust remains in control as long as cash flow is managed. Once the Trust begins to fail, that control is lost and that is when turnaround teams become involved and their main aim would be financial balance, not the long-term view of planning with ambition, which is taken now.

Mr Bertram stated that, if left unchecked, the year-end deficit could be as much as £4 mil to £5 mil. This is due to the following:

- Staffing expenditure
- High emergency activity
- CIP achievement
- Contract penalties

Mr Bertram explained the new tariff (for '15-'16), which would mean an improvement in the non-elective admissions tariff from 30% to 70%, but he did highlight that there would be other "losses" as part of the package offered.

The following actions are being taken:

- Negotiations with the CCGs regarding financial support from slippage to winter resilience monies
- Reinvestment of contract penalties
- Some of the 70% saving (by the CCGs) on tariff redirected back to the Trust

Mr Bertram indicated that the CCGs seem willing to support the Trust.

Internally a number of actions have been taken:

- The operational team are endeavouring to expedite elective work; however, the Trust is still facing high levels of acute demand, which compromises our ability to complete all the scheduled elective work.
- Delivery of the CIP programme.
- A two-month ban has been placed on “discretionary spend”.

As a result of these actions, Mr Bertram is predicting a year-end deficit position of approximately £2 mil. The February position, which is still being analysed, looks like the Trust is starting to see a slight improvement to a deficit of £2.4 mil. The external context to the Trust’s position was explained in relation to the number of Foundation Trusts currently failing to achieve financial balance and requiring support.

Mr Crowley stated that he was confident that this was a realistic assessment of the Trust’s position and that he trusted Mr Bertram’s judgement. His concern was around continuing to ‘plan with ambition’ which would prove much harder in the years to come and consequently this would limit the choices available to the Trust. He stressed that the balance of risk and clinical safety was a constant discussion topic and that established levels of staffing are fit for purpose; however, due to national issues, the Trust was currently challenged in its ability to recruit and retain staff into this establishment. Mr Crowley stated that he expected next year to be a difficult one for these reasons.

CQC – Mr Crowley stated that the Trust has been preparing for sometime. He has been doing a series of briefing sessions to set the tone of the assessment, which is an opportunity for the organisation to learn. He stated that the organisation needs to respond with humility and a positive approach. He has stressed to staff they must talk openly and honestly to assessors. Mr Crowley briefed the Committee that managers and senior staff will be deployed at each site to ensure visibility, but ultimately to provide staff with support and encouragement.

Mr Crowley stated that the self-assessment provided to the CQC rated the Trust as good and this was very much a balanced view of what is working well and the known risks.

Mr Butler asked about the £8 mil subsidy per annum provided for the 5 years following acquisition. Mr Bertram stated that there is two years of the subsidy left, but the original plan (Integrated Business Plan - IBP) had managed the inefficiency out of the system. The first two years following the acquisition had been primarily on track with the IBP and this is the first year that the Trust is

materially adrift. This may be for a number of years, the prime reason being the tariff that the Trust is faced with is materially worse than the “downside scenario” (provided by Monitor) projected in the IBP. Mr Bertram added that the level of funding has also changed significantly.

Mr Bertram stated that there is a massive amount of work to be done over the next two years to go through service-by-service and look at all the options with the commissioners and other stakeholders. This was discussed at the recent Board-to-Board with Scarborough & Ryedale CCG, although not in the depth that will be required going forward.

Mr Crowley provided some context on the external environment and noted that the whole dynamics are going to have to change. Previously, waiting lists provided a form of “release valve”, but the Trust cannot afford to curtail elective activity and this now compounds the problem.

Dr Jacobs asked why the staffing issues were not foreseen. Mr Crowley stated the Trust has put in place a comprehensive set of measures, including values-based recruitment, road shows and the Trust is now even trying to recruit abroad, but difficulties recruiting were a national issue and any flexibility in the system has been eroded. However, he did stress that the Trust has invested approximately £5 mil in more nursing over the last couple of years.

15/07 Lead Governor and Other Governor Reports

Mr Rose asked Governors to raise any highlights from their written reports.

Mrs Wellington stated that she had been involved in the patient experience volunteer renal survey and that discussions were taking place regarding rolling this out to other sites. She is also involved with a patient forum for Specialist Medicine about the provision of mobile chemotherapy.

Dr Dalton wanted to thank the Trust for feeding back notes from the public meeting at St Monica’s Hospital, which were well received. Since the meeting she has received several requests regarding what is happening next. Dr Dalton will work with Wendy Scott to provide answers.

Dr Moreton stated that she had attended a majority of the hospital visits and it provided an opportunity to closely compare sites. She expressed concern regarding staffing levels at White Cross Court, especially in relation to domestics. Mr Rose asked her to liaise with Mrs Adams.

Mrs Miller asked for an update to be provided on the development of the one-stop urology facility at Malton. Mr Rose stated he will ask for a future update.

Mr Butler was very pleased to note the updates on psychiatric liaison, which was first discussed in 2008. He noted how well this is starting to be used. It was agreed to pick up the Scarborough end of the service at a future meeting as this involves a different provider.

Mrs Bolland stated that she had attended a Community Services meeting last week and was pleased to note that the Community Hubs went live at the end of January. She reported that the Hub at Selby had recruited to all the posts, but

unfortunately the Malton Hub was experiencing some difficulties with recruitment. A feedback questionnaire has been adapted for use and will be used to gather patient experience. It was agreed that information on the Hubs needed to be placed on the internet. Mr Rose asked Ms Gamble to pick this up with Mrs Brown, Head of Communications.

Mr Baines noted that Lilac Ward at Scarborough was due to open shortly and that he had renewed his Governor role in respect of involvement in the upcoming developments of the Emergency Department/Paediatric Unit, which were the next major developments at Scarborough.

It was noted that the Patient Experience Steering Group were replacing the 'how to complain' leaflets with ones called 'your experience matters'. These would be distributed Trust-wide. Ms Gamble confirmed that all staff, including those in the community, had access to the leaflets. It was also noted that patient nameboards were being delivered and would allow for the name of the patient and consultant to be above the patient bed (if the patient wished this). Concern was expressed regarding the wrong names remaining above beds, but cleaning the boards has been added to the discharge policy.

The new Deputy Chief Nurse, Helen Hey, has started in the Trust and attended the Patient Experience Steering Group.

Mr Baines asked whether certain eye conditions were applicable for special parking concessions. Mr Rose asked Ms Gamble to look into this.

15/08 Governor Protocols

Mr Butler stated that the protocols had been drawn-up and were in essence a fallback position should they be required.

The Council of Governors **approved** the protocols.

15/09 Skills Audit

Mrs Bolland gave an overview of the purpose and intention behind the skills audit. She stressed that it was about sharing what individuals are good at and especially in relation to "life skills". This would help to identify skills that individuals could contribute to committee and sub-group functioning. It was agreed that Mrs Pridmore would be asked to send out an amended version of the framework, together with a timeline for completion. It was also agreed that this should be updated on a six-monthly basis.

Action: Mrs Pridmore to send out an amended framework together with a timeline for completion.

15/10 Presentation – Dianne Willcocks, Non Executive Director & Vice Chair

Prof. Willcocks gave a presentation on her role as a Non-executive Director. *(This completes the series of six talks by the six NEDs over the last six CoG meetings).*

The Committee discussed how they could encourage more volunteers,

especially by shortening the time the recruitment process takes. There was also concern raised regarding the amount of resource available for the co-ordination of volunteers and where the office was located in York Hospital.

15/11 Presentation - “Sign Up to Safety”

Mrs Palmer provided a presentation around the “Sign Up to Safety” campaign, which the Trust has adopted. Mrs Palmer stated that the Trust is moving away from root cause analysis (of incidents) and moving towards looking at contributory factors, to enable a number of interventions to be made. She noted the governance groups are now up-and-running in the community and that there is more confidence around the measuring that is being performed.

Falls incidents were discussed and Mrs Palmer stated that reporting has increased due to openness and candour, which is good, as this provides a more realistic picture of the challenge, but also useful data in relation to the number of falls and the resulting harm. Dr Dalton asked if staff were worried about the legal implications of reporting incidents. Mrs Palmer responded that staff are being advised to talk to patients and relatives, apologise and talk about the incident; she stressed it is about changing practice and culture. She also noted that an apology is not an indication of liability.

Mrs Palmer stated that there is at times a balance of risk, which requires discussion; her example being a patient at risk of falls with C Diff. You would want to isolate the patient in a side room, but due to the risk of falls this may not be appropriate. Staff are encouraged to discuss issues in order to get a consensus of opinion.

The Council of Governors agreed that Mrs Palmer should provide an update on progress in approximately 12 months at a special briefing session.

Action: Mrs Palmer to attend a special briefing sessions in 12 months.

15/12 Dates of Meetings 2015-16

The future meeting dates were noted.

15/13 Any Other Business

Mr Butler stated that Mrs Pridmore had shared an email, which stated that Monitor was adopting the Trust’s “Governor Business Card” as best practice and this would be circulated to every Trust in the country.

The Patient Steering Group is to hold a listening week (7th to 10th April) which will help to contribute to the strategy implementation plan.

15/14 Time and date of the next meeting

The next meeting will be held on 10th June 2015 at Malton Rugby Club.

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Council of Governors –10 June 2015

Chief Executive Report

Action requested/recommendation

The Council of Governors is asked to note the content of the report.

Summary

This report is designed to provide a summary of some of the major challenges facing our organisation in the coming months, and to provide you with some of the context around these issues.

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 comments in 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 Report developed for the Council of Governors.

Risk Any risks are identified in the report.

Resource implications	Any resource implications are noted in the report.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	June 2015
Version number	Version 1

Council of Governors – 10 June 2015

Chief Executive Report

I want to use this report to share with you some of the major challenges facing our organisation in the coming months, and to provide you with some of the context around these issues.

In April I invited members of the Hospital and Community Boards, alongside other members of the Trust's senior management team, to a time out session where the Executive Directors provided briefings on our main strategic challenges. The purpose of this event was to ensure that those with the highest levels of responsibility within the organisation heard and understood the same message, and importantly, shared the responsibility to support the actions we must take to manage this.

There were a number of key messages from the day, the main one being a consensus that as an organisation we need to take control of our own destiny.

The theme of these discussion was that life is getting more and more complex in terms of regulation, commissioning, the national economy, and the varied demands and expectations across all of our working relationships. There is a strong sense that the system is bearing down on us and becoming more demanding.

The national economy and the expectations on NHS organisations to make significant savings mean that it is not surprising that it is getting more difficult to meet the demands placed on our financial management.

As Governors will be aware, year on year, all NHS organisations are expected to outline plans for how they will make savings and efficiencies. These are referred to as Cost Improvement Plans or CIP.

We have always been a strong performer in terms of our financial management and meeting our efficiency obligations, however, despite continuing to achieve our CIP targets, we are for the first time planning a deficit for this year.

This is highly significant and means that the goalposts are moving in terms of how we need to respond. Whilst this is clearly of concern for the current financial year, the magnitude of the challenge will increase to such an extent that, even if we are to meet our CIP targets, our early draft forecasts suggest a growing deficit over coming years.

You will also recall that we have benefited from financial support to help with bringing York and Scarborough Trusts together. We should make no mistake that this has been positive for us and has helped our financial position, however we must also plan for this support coming to an end during the next financial year. This further compounds the issues I have already described.

The consequences of becoming an organisation in deficit are far reaching. We would run out of cash, impacting on our ability to pay our staff and our suppliers, and we would need to

reduce our capital schemes to protect our cash flow. As a public sector organisation, once in difficulty it is likely that we would face external intervention, and we would lose control of our ability to make choices about our services and our longer term strategy.

These consequences are not inevitable, and it is still within our control to change this, however it is clear that we cannot simply continue to do the same if we are to change our path.

I will, alongside the Director team, be establishing a programme of work to coordinate and performance manage the key aspects of this work to garner a sense of urgency and to provide a focus on the areas that are of most importance to us.

This will be challenging for some, and there is work to be done in terms of how we work with those who choose not to do what is expected of them.

A key element of this is our performance. There are a number of areas where we need to step up our performance, as coupled with our current financial projections, our current position acts as a warning beacon to our regulators.

We continue to incur fines for targets that we have not been able to deliver and other breaches related to national and local standards. These totalled almost four million pounds last year, which when you consider that we finished the year around two million pounds in deficit, tells its own story.

Importantly, it is not the norm in organisations such as ours to be incurring penalties at this level, and we need to regain our control of this as a matter of urgency.

We also continue to incur high costs for temporary and agency staff, and many of you will be aware that this is now high on the political agenda following the Health Secretary's recent announcement regarding a commitment to curb what organisations are spending on this.

Furthermore we lost a significant amount of elective income at 100 percent of tariff and replaced it with non-elective work at 30 percent of tariff. This was due to cancellations that prove unavoidable when acute activity is high. We are committed to a strategy to separate elective and acute activity where possible, but some of this is of course inextricably linked to our ability to fund our capital programme, which is dependent on being a financially stable organisation.

The Board of Directors has made a commitment to a long term strategy which includes a focus on supporting acute and planned care through better use of our estate, the development of plans around what activity can be safely delivered outside of the main hospitals, and the priority areas for capital development in Bridlington, York and Scarborough.

I believe we have always been ambitious in our planning and in our desire to continually improve what we do for the benefit of our patients, and we have already delivered a number of schemes that look better, make people feel better and allow us to provide better services. We need to ensure we retain our ability to make these choices for ourselves.

Current performance position

Our current performance absolutely reinforces the need for us to act quickly and with a sense of urgency. We continue to work with a high volume of acutely ill patients and the pressure on our acute sites remains at an extremely high level providing a huge challenge to both our clinical and operational staff. This sustained level of demand and the closure of

beds to admissions, particularly in Scarborough due to Norovirus, is also impacting on our ability to manage our elective workload effectively. There is a growing concern about the increasing level of cancellations that we are experiencing and the distress this can cause to those waiting for treatment.

With regard to our financial position the Finance Director will report that we have finished the first month of the year slightly behind plan, but it is too early to judge the significance of this at this point in the financial year. However, it is clear that we are continuing to face growing pressure on income and expenditure, particularly on temporary staffing, and with difficulties in aspects of our performance most notably with regard to the 4 hour target, turnaround times and diagnostics the position is being compounded by the risk of performance penalties.

Importantly, following the outcome of the General Election, it is clear that our current assumptions and projections are likely to remain unchanged certainly in the short to medium term and it is therefore vital that we now progress as planned with urgency.

Partnership working

Part of the solution to this is around working more closely with other local organisations and thinking differently about how we deliver services. Scarborough and Ryedale CCG, North Yorkshire County Council and ourselves submitted a 'Vanguard' bid under the 'Sustainable Small Hospitals' section to support our work in determining the future configuration of services. NHS England decided not to support this application but are going to revise the criteria for selection and invite re-applications. We always resolved to continue the work as partners whatever the outcome of the bid and we attended a workshop on 3 June in Scarborough where all partners began to establish a shared vision and set of priorities for well-being, health care and social care for the next five years.

A similar partnership approach is being taken in Easingwold, and a public listening event hosted by Vale of York CCG and other partners is taking place this month to understand what is important to local people in terms of their health and wellbeing.

Developing an out of hospital care provider alliance board

Significantly, representatives from the Trust, NHS Vale of York CCG, local GP Federations, North Yorkshire County Council, and the voluntary sector met recently to start to shape what a Provider Alliance Board would look like and to understand the governance and operating model we might employ. This will I hope prove to be a watershed in our development as a health and social care community of providers and is the result of many months of diligent negotiation, relationship building, mutual support and shared leadership with CCG and local authority colleagues and I have no doubt of the contribution made to this by our Deputy Chief Executive, Mike Proctor, and Community Services Director, Wendy Scott.

Capital Developments

I am pleased to report that we opened two completed capital schemes in the first quarter of the year. The first was Lilac Ward, our new surgical ward at Scarborough Hospital. The second was the self-care renal dialysis unit at Harrogate Hospital. The unit is the first of its kind in the country and enables kidney patients to manage their own dialysis treatment. The development was funded through an appeal by the York Teaching Hospital Charity and a contribution from Trust towards the capital scheme, as well as support from the British Kidney Patients Association.

The high profile of both of these developments helps signal to the public and staff that we continue to invest in services and plan with ambition in the best interest of our patients.

Stroke and neurology services

Governors may have seen the widespread coverage of the Trust's decision to centralise hyper-acute stroke services on the York site. This was a difficult decision but one that we had no choice but to make, albeit on a temporary basis, given the recruitment issues we have faced for stroke consultants. The coverage reported the concerns of some local residents and we will continue to work with local patient groups throughout this change to help them to understand what is happening and to reassure them that safety is the number one priority underpinning such a decision.

For not dissimilar reasons we have also taken the decision to centralise neurology outpatient activity to the York site. The recruitment of neurologists has been a national problem for some time, however our problems locally have been compounded by the departure of three consultants, leaving the remaining staff to deliver a service across multiple site, which is simply not sustainable.

The move is temporary whilst we continue our recruitment efforts, however this was a necessary step in order to ensure the wellbeing of our staff and our patients.

Both of these examples are symptomatic of the wider issues facing the organisation in terms of recruitment and sustainability, and we will need to consider where we are able to provide safe and sustainable services to ensure the organisation's long term future.

Author	Patrick Crowley, Chief Executive
Owner	Patrick Crowley Chief Executive
Date	June 2015

Council of Governors – 10 June 2015

Election process for Governors

Action requested/recommendation

Governors are asked to note the content of the report and confirm they will support the drop in sessions for prospective Governors.

Summary

There are a number of governors whose current terms of office will terminate on 30th September 2015. The attached document shows the outline timetable for the elections. The proposed timetable will ensure the results are known by Wednesday 29th September 2015.

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).

The Trust employs an independent organisation to run the election and to act as the returning officer. The elections are open to all members of the public that live within the catchment area of the constituency they are standing for and that are over the age of 16 (this is defined in legislation).

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	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	June 2015
Version number	Version 1

Council of Governors – 10 June 2015
Election process for Governors
1. Background
<p>The last election for the Council of Governors was completed in September 2014. Those elected for a 3 year term were;</p> <p>York 1 seat (Robert Wright) Selby 1 seat (Andrew Butler re-elected) Ryedale 1 seat (Sheila Miller re-elected) Scarborough 1 seat (David Wheeler re-elected) Bridlington 1 seat (Clive Neal) Staff constituency 1 seat (Scarborough) (Helen Noble re-elected) Andrew Bennett) Vacant seats – Staff constituency (2 York, 1 Scarborough) (Andrew Bennett –Scarborough, Liz Jackson – York and Mick Lee – York)</p> <p>As in past years the Trust has used the Electoral Reform Society (ERS) as the administrator and Returning Officer for the elections.</p>
2. Elections being held
<p>This year the following constituencies have seats available for re-election:</p> <p>Bridlington 1 seat Scarborough 1 seat Selby 1 seat Ryedale and East Yorkshire 1 seat Whitby 1 seat York 2 seats</p> <p>Successful candidates will be appointed to the role of Governor for three years before they are required to stand for election again.</p> <p>For the first time at this election we have one Governor, Paul Baines who will not be able to stand for election again as he has served as a Governor for the maximum 9 years. Paul has made an enormous contribution over the years and for this we are grateful. He will be missed in the future. I am sure the Council of Governors will recognise Paul's contribution at his final meeting on 16th September.</p> <p>There are no staff elections on this occasion. Governors will remember that members of staff cannot be both a member of a public constituency and a member of the staff constituency.</p> <p>As has been practice in the past it is anticipated that “drop in” sessions will be run for individuals considering standing for election. The sessions will be run between 13 July and 11 August 2015 at various sites. The sessions will provide an opportunity for people to find out more information about being a Governor. Historically, when the Trust has held these sessions some Governors have attended the sessions and supported the Trust in providing relevant information. It would be very helpful if some Governors could support the sessions</p>

again. Appropriate material will be provided to share with prospective Governors.

The outline plan for the sessions is as follows:

Each session will be 2 hours and there will be at least one session held in each location that is having an election. These sessions will be published as part of the information provided in the nomination pack.

The provisional dates and locations are:

York – Tuesday 28 July 2015
Wednesday 5 August 2015

Malton – Tuesday 4 August 2015

Bridlington – Thursday 23 July 2015

Selby – Date TBC

Scarborough – Tuesday 11 August 2015

Whitby – Date TBC

The Electoral Reform Society will be the administrator and returning officer for these elections.

3 Timetable

The timetable for the election is as follows:

Election stage	Date
Trust to send nomination material and data to ERS	Tuesday, 30 June 2015
Notice of Election / nomination open	Tuesday, 14 July 2015
Nominations deadline	Tuesday, 11 August 2015
Summary of valid nominated candidates published	Wednesday, 12 August 2015
Electoral data to be provided by Trust	Wednesday, 19 August 2015
Notice of Poll published	Wednesday 2 September 2015
Voting packs despatched	Thursday 3 September 2015
Close of election	Monday 28 September 2015
Declaration of results	Tuesday 29 September 2015

At the beginning of the process, the Trust is required to send nominations material and data to ERS; the Trust will supply ERS with a letter written by the Chairman, and a summary document outlining the role of a Governor. The data will be provided by Membership Engagement Services (MES) the organisation who manages the public database.

Once the letter has been published and sent to all public members, any individual who is interested in standing to be a Governor will be required to contact ERS to receive a nomination form. The nomination form requires candidates to provide a candidate statement of not more than 250 words and a photo.

After the deadline for nominations has passed, validation work is undertaken on the nominations and the notice of poll is published on the Trust website.

Voting packs are despatched by ERS to all members and the closing date for votes is 28 September 2015.

The results of the election will be available from 29 September and will be published on the website as soon as possible.

Unsuccessful candidates will receive a letter from the Trust thanking them for their interest and encouraging them to stand again. A copy of the election result will be included with the letter.

Successful candidates will be contacted to advise of their success and provide them with any additional detail they may need at that time.

4 Recommendation

Governors are asked to note the content of the report and confirm they will support the drop in sessions for prospective Governors.

Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date	June 2015

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Council of Governors – 10 June 2015

Celebration of Achievement 2015: the Governors' Award

Action requested/recommendation

The Governors are asked inform the Events Team by 7 August as to who they have chosen to win this year's Governors' Award.

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	Prepared for the Council of Governors only.
Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Lucy Brown, Head of Communications

Author	Lucy Brown, Head of Communications
Date of paper	June 2015
Version number	Version 1

Council of Governors – 10 June 2015	
Celebration of Achievement 2015: the Governors’ Award	
1. Introduction and background	
<p>As you will be aware, for the past few years an award has been presented by the Governors to a team or individual at the Trust's annual Celebration of Achievement Awards. This year, Governors will once again be given this opportunity. There is no fixed criteria for this award, and nominations are not sought, but rather Governors have the freedom to choose a winner. For example, the award has previously gone to an individual who has gone the extra mile to support Governors in understanding the breadth of services across the patch, or to a staff member who has enhanced patient experience. The method of selection is at the Governors' discretion, although you may choose to put forward suggestions for discussion by a smaller voting group of Governors to choose the winner. Alternatively, suggestions may be put forward for the whole Council of Governors group to vote on. It is entirely your decision, however the events team will need the name of the chosen winner, along with an explanation for why they have been chosen, by 7 August.</p> <p>This year's event will take place on 1 October, in Scarborough. As with previous years, individual Governors may also be invited to participate in the judging panels for the other categories, and you will be contacted directly if this is the case.</p>	
2. Recommendation	
The Governors are asked inform the Events Team by 7 August as to who they have chosen to win this year’s Governors’ Award.	
Author	Lucy Brown, Head of Communications
Owner	Lucy Brown, Head of Communications
Date	June 2015

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Council of Governors meeting –10 June 2015

Reports from Governors on activities and meetings they have attended

Fairness Forum meeting

As a Patient Story we reflected on the Trusts LGBT survey. The idea was to see how the Trust could become more LGBT friendly. Unfortunately there had been many adverse comments received from staff, some holding appalling views on the subject. It was agreed that as a Trust we have a long way to go to improve these views.

Estates have been asked to establish designated areas at all trust sites where assistance dogs can toilet and exercise.

The Chair told the Group that it was now a year since we became the Fairness Forum. With this in mind she tasked the group to consider three questions; what has been achieved? What has not been achieved? And what do we do next?
I have submitted my views.

A contract has now been issued to provide Interpretation and Translation services across all Trust sites.

The group were briefed on The Mindful Employer Initiative. The Charter was circulated, the action plan was covered. The initiative was endorsed by the Forum.

Sue Holden provided an update on the Information Standard and updated the group on EDS2.

Work stream updates were received from;

- . Capital Planning.
- . Chaplaincy
- . Elderly Services and Dementia
- . Human resources
- . Patient Experience
- . Safe Guarding Adults and LD
- . Visual Impairment
- . Fairness Champions.

Margaret Milburn asked if the Hospital could be lit up to support the LGBT network with a five coloured rainbow and if staff could wear Rainbow coloured lanyards. The Chair felt that there should not be a problem with either request.

The meeting closed

Ann Bolland - Governor Selby

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Arts Strategy Steering Group

The collaboration between the Arts Team and York St John University Department of Art continues to develop. Six students are involved - one is working with Van Nong in the Renal Unit. Another works on Wednesdays on all aspects of the Arts team work. Three are working on the Friends of York Hospital's courtyard, building on work done by students last year,. The sixth student is producing 100 stuffed bunnies which are to be put in the 3D exhibition space where 50 can be bid for, predominately by staff, and all monies going to the charitable funds. The other 50 will be given to patients during national adoption week. The team are working on a photo montage design which incorporates beautiful outdoor images from around the Trust to be placed in the Bed Managers new office. The Social Club at White Cross Road is to be re - painted and the team have been involved with the colour choice and purchase of art work when funds are available. The York Hospital's Got Talent is being brought back following the success of last year. It is hoped to include Bridlington in the exhibition of entries this year. Some art maps are to be prepared which give patients and staff opportunities for walks of 10 to 15 minutes duration seeing several of the Hospital's artworks. The team hope to work with York Museums Trust who are planning an exhibition called `Shaping the Body` to be shown at the Castle Museum in 2016. Josephine Bengtsson, a member of staff who entered the Hospital Talent Exhibition last year, was asked to exhibit some of her work in the junction 7 space – well worth a look.

At Scarborough Jo Davies, Arts Officer for HAFNEY, met staff on the new Lilac ward to select an Artist to design visual shields for the lower windows and glass panels for other areas. She has applied for funding for a large work for the entrance stairwell of Lilac ward. Funding from the Awards for All has been received to create sculptural pieces in a garden area for the Chemotherapy Unit. The department may now be moving to new purpose built unit so the work will go ahead for three movable external pieces and internal wall based pieces [also movable]. Jo has been in contact with Bridlington School and East Riding College to investigate the possibility of the students working with the Arts Team to produce a piece of work for Bridlington Hospital. She has applied to Arts Council England for funding for a visual art project for the Breathing Clinic and for sign-age and a new corporate image. This would integrate the HAFNEY corporate image with that of the Arts in York Hospital.

Jeanette Anness - Governor Ryedale and East Yorkshire
Liz Jackson - Staff Governor, York

* * * *

Transport Group – 21 May 2015

Further to previous discussions about the possibility of having the railway station re-opened behind York Hospital, the contract for the Trans-Pennine company is apparently going out to tender so nothing can be done yet; this will be followed up once the contract has been awarded. All agreed it would be of great benefit to patients and probably staff to have this station.

A discussion on Staff benefits and the bus companies that staff use to come to work continues and a complete review is to be carried out.

One Bus Company in York is allowing pensioners to use their cards for early appointments by showing their appointment letter, and work is being done with other companies.

There is a possibility of a shuttle bus between York Station and the Hospital; following the recent elections these discussions will be delayed. A company has offered to do a survey of Outpatients to find out how patients get to the Hospital; it was felt that the help of Governors might be needed if the survey they offered was too complex.

Cycling facilities continue to be well used, and the summer cycle challenge will take place again this year; there is to be a stand run by Emma Anforth of JMP to encourage more staff (and patients) to use bicycles and there is an offer of maintenance classes for staff to ensure their bicycles are safe.

Efforts are being made at Scarborough to have a safe cycle parking area, work in progress. There have been complaints from residents about parking on the road outside the south Entrance; staff saying they cannot park within the car park or do not wish to pay! Negotiations are on-going and it is hoped a sensible resolution will prevail. The Disabled Car Park at Scarborough is to be extended into what is now the Consultants car park, and they will be offered space on the new visitor's car park.

Plans are about to commence to make sure car parking at Malton is improved as the new Urology facilities will be in place by early 2016.

The Car Pool and Car Hire schemes are working well, with really good saving on the hire car scheme just under £30,000. We also save on emissions problems because all the hire cars are new. Discussions are still going on about "electric" cars. A company has surveyed the Multi-storey car park with a view to recommending improvements on signage and clarity. At the request of a Governor colleague I raised the issue of paying for the disabled car park as there are often problems for the attendant; no decision taken on this until other organisation do this but a new contract is about to be awarded to a new security company so this might be helpful.

Sheila Miller - Governor Ryedale and East Yorkshire

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(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 anytime prior to one week before Council of Governor meetings. Thank you.)