

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

on: **Wednesday 10th December 2014**

at: **3.55pm – 6.00pm**

in: **Social Club, White Cross Road, York**

Time	Meeting	Attendees
2.45pm – 3.50pm	Private meeting of the Council of Governors	Governors with Trust Chairman
3.55pm – 6.00pm	Council of Governors meeting	Governors, Members and the Public

The core values of the Trust are:

- Improve quality and safety
- Create a culture of continuous improvement
- Develop and enable strong partnerships
- Improve our facilities and protect the environment

These will be reflected during all discussions in the meeting

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	Item	Lead	Paper	Page
Part one: General 3.55pm – 4.10pm				
1.	<u>Chairman's Introduction and welcome</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>Apologies for absence</u> To receive any apologies for absence.	Chairman		
3.	<u>Declaration of Interests</u> To receive the draft declarations of interests.	Chairman	A	5
4.	<u>Minutes from the meeting held in public on 9th October 2014</u> To approve the minutes of the meeting held on 9 th October 2014	Chairman	B	11
5.	<u>Matters arising from the minutes</u> To consider any other matters arising from the minutes.	Chairman	Verbal	
6.	<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 summary of two appraisal reports for two Non-executive Directors To receive an update on the Chairman appointment process	Chairman	Verbal	
Part two: Governor information 4.10pm – 4.25pm				
7.	<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	33

No	Item	Lead	Paper	Page
Part three: Chief Executive presentation 4.25pm – 5.00pm				
8.	<u>Chief Executive Report</u> Discussion by the Chief Executive on current matter and an opportunity for Governors to ask questions		Verbal	
Part Four: Non-executive Director presentations 5.00pm – 5.30pm				
9.	<u>Michael Sweet – Non-executive Director</u> Presentation from Michael Sweet on the work he is involved with as a Non-executive Director for the Trust		Verbal	
10.	<u>Chairman of the Audit Committee</u> To receive the Audit Committee Annual Report		D	39
Part Five: External Audit presentation 5.30pm – 5.50pm				
11.	<u>External Audit</u> To receive the annual presentation from External Audit	Graham Nunns Partner Gareth Mills Audit Manager	Verbal and presentation	
Part five: Information 5.50pm – 6.00pm				
12.	<u>Dates of the meetings 2015 – 2016</u> To receive the dates for the Council of Governors meeting 2015-2016			
13.	<u>Any other business</u> To consider any other items of business.			
14.	<u>Time and date of next meeting</u> The next Council of Governors meeting (in public) will be held on 11 March 2015 venue to be confirmed.			

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Register of Governors' interests

December 2014

New: Robert Wright is a Volunteer for York Healthwatch and employed by NHS Leadership Academy
Clive Neale—no declarations
Mick Lee—no declarations
Andrew Bennett—no declarations
Liz Jackson— no declarations

A

Amendments: Sheila Miller has ceased being an Inspector— CQC at Age Concern

Deletions:

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
Jeanette Anness (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member —Derwent Practice Representative Group Member —NY Health watch	Nil
Terry Atherton (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Paul Baines (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Michael Beckett (Appointed: North Yorkshire and York Forum)	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 (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler (Public: Selby)	Nil	Nil	Nil	Nil	Manager—LRB	Member—Fund Raising Committee York MIND
Clive Neale (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil

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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>	Nil	Nil	Nil	Volunteer for York Healthwatch	NHS Leadership Academy	Nil
Sheila Miller <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups	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	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 October 9, 2014, at Malton Rugby Club.

Present at the meeting:

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mr Terry Atherton, Bridlington
Mr Clive Neale, Bridlington
Mr Paul Baines, City of York
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mr Robert Wright, 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

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Councillor Caroline Patmore, North Yorkshire County Council
Councillor Joseph Riches, City of York Council

Staff Governors:

Dr Andrew Bennett, Scarborough/ Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mr Les North, Community Staff
Miss E Jackson, York
Mr Mick Lee, York

Attendance:

Mrs Jennie Adams, Non-executive Director
Mr Andrew Bertram, Finance Director
Mrs Beverley Geary, Interim Chief Nurse
Mrs Anna Pridmore Foundation Trust Secretary
Mr Mike Proctor, Deputy Chief Executive
Ms Libby Raper, Non-executive Director
Mr Michael Sweet, Non-executive Director

Mrs C Tarren, Head of Facilities

Apologies for absence:

Apologies were received from the following governors:

Dr Rowena Jacobs, University of York

Mrs Sue Wellington, Scarborough

Mrs Penelope Worsley, City of York

Ms Dee Sharp, East Riding of York Council did not attend the meeting or send apologies.

14/25 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:

14/26 Minutes of Council of Governors Public Meeting – 11th June 2014

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

14/27 Matters Arising from the Minutes

There were no matters arising from the meeting.

Post meeting note: It was commented on that again there were no members of the public at the meeting. Mr Rose agreed he would further the debate with the Communications team.

14/28 Update from the Private Meeting held earlier

Mr Rose advised that the private meeting had spent some time exploring the challenges that exist in the system locally and nationally and had agreed that Mr Proctor would lead a debate in the public meeting.

The private meeting discussed and approved the update on the Code of Conduct document which now articulated a process for addressing the rare occasion where a Governor may not be following the Code.

The meeting received an update on the progress of the appointment of the External Auditors and the minutes from the Nominations/ Remuneration Committee. The meeting also discussed the Governors' induction programme.

14/29 Chief Executive's Report (discussion led by Mike Proctor)

Monitor – Mr Proctor explained that Monitor is investigating the Trust around three elements of performance – the Emergency Department 4 hour target, the breast symptomatic target and, more generally, the two week wait cancer targets.

He advised that recently the breast service performance had improved due to (temporary) centralisation of the service in York and the Trust was just short of

achieving the target. In terms of patients waiting 2 weeks for cancer appointments, he explained that there had been an increase in referrals and he was expecting the overall detection rate to fall. An example of the increase is in dermatology, where people become aware of anything new on their skin and will seek out the opinion of the doctor who, if there is any question, will refer the patient to hospital. Mr Proctor was asked if this increase would continue. He advised that it was difficult to say, but the CCG are aware of it and are reviewing which doctors are referring most patients.

Mr Proctor referred to the four hour ED target and reminded the Governors that this was a national problem. He reminded the Governors that the Trust had failed Quarter 2 and although Quarter 3 had only just started and some improvement had been seen he was still concerned that the target may not be achieved. He explained that, typically, if there were just two patients less each day the Trust would be achieving the target. By way of assurance, Mr Proctor added that those patients who are waiting longest have the less serious conditions. He added that the meeting with Monitor later in the Month will include persuading Monitor that improvements have been made and explaining that we expect the Trust to achieve the Target at Quarter 4. (we will need to make specific undertakings to Monitor)

Mr Proctor went on to explain that the breast symptomatic breast service had been centralised in York, this meant that patients from Scarborough would only be seen at the York site. He explained that this change was made with the support of the CCG, to ensure that there was sufficient capacity available for all patients. The Scarborough service had originally only been able to provide this once a week, which meant there was not sufficient clinic time available to see the patients. The Trust has moved the service, on a temporary basis, and does intend that the service will be moved back as soon as possible. The key issue the Trust has is that it has been unable to recruit a Radiographer to be based in Scarborough that specialises in breast work.

In terms of the 18 week referral to treatment target, there is a national backlog that is building of people that have waited longer than 18 weeks. The Government has recognised this, and asked Trusts to put on additional capacity to address the backlog. Unfortunately the capacity cannot be flexed as quickly as was required, which meant that we, in common with other organisations, were not able to take advantage of the additional money provided to pay for the extra work. Introducing the additional capacity in the short time scale given was not possible. He added that there is a particular issue in Ophthalmology and, as a result, the Trust is now asking GPs to refer patients to other providers while the Trust addresses the backlog.

We will report back to Governors on the Monitor visit as soon as possible.

Mr Proctor commented on the workforce issues; he advised that, since the Francis Report, everyone is trying to recruit nursing staff and there are not sufficient trained nurses available. He added that this also extends to some specialities where it is difficult to recruit consultants too. He added that the position has improved, but does remain difficult in some areas. As a result, some job plans for consultants have been adjusted to ensure there is cross-site cover.

The Governors had received information that some staff were unhappy about

being asked to work in different sites from the site they were initially appointed to. Mr Proctor explained that before the acquisition staff had contracts that required them to only work in York. At the point of the acquisition, it was agreed that all recruitment would be clear about the Trust's expectation that staff will work across site and this has been embedded into the organisation. Mr Proctor added that it was quite difficult, but the Trust did try to negotiate with staff they need to work across sites. He added that for consultants not only does the Trust have to pay travel costs, but also travel time.

Mrs Bolland commented that she understood that new legislation regarding Equality and Diversity and the Trust's methods of advertising trust would in 2015 come under scrutiny, and did he feel that the Trust was advertising in the appropriate places. Mr Proctor advised that all recruitment is advertised through NHS Jobs and is very transparent; beyond that, the Trust is looking at what international recruitment is possible. Mr Wright added that he was aware that the USA would be looking for a large quantity of nurses in the near future and he understood that some nurses who do not have English as a first language would be keen to work in the UK to improve their English and clinical skills before moving on to the USA.

It was agreed that Mrs Holden would be requested to host a session on recruitment in the Trust.

Action: Mrs Holden to host an information session for Governors on recruitment.

Post meeting note: this session has been arranged for 4th December 2014.

The Governors asked if Mr Proctor could talk about the relationship between the 4 hour target and the developments in Community Services around the hubs.

Mr Proctor explained that the 4 hour target is effectively a "whole system" target. When the whole system worked together, for example in January to March this year, the target was achieved. Part of this system are the services included which should reduce the number of patient being admitted to hospital. The CCG is cautious about the costs, but they recognise they need to make the investment.

Community Hubs: He noted that the Trust has been working with some GPs (initially in Malton and Selby) to design a new model of service whereby intervention would be provided in the home or locally, for up to six weeks. This service is designed to provide a cushion and help monitor and support patients, to make sure they don't come into hospital. He added that the cuts the social services have experienced mean that there is a blurring of the boundaries and it becomes "delivering care", without any particular distinction. Mr Proctor added that he is hoping that the schemes the Trust is involved with will prove to be the right models and will be rolled-out across the region in due course.

In York, at present, Priory Med is developing a similar model to the Trust, just on a smaller scale. In Scarborough, the GPs have been very clear that they would like to lead the delivery of care and have at present not identified a model. In Whitby, the service is currently out to tender and a shortlist will be published. In Bridlington, Community Services are at present run by the Humber Trust.

The Governors asked Mr Proctor if the Trust is prepared should a case of Ebola appear and is the Trust prepared should there be an outbreak. Mr Proctor confirmed the Trust was prepared. He added that, if there was an outbreak, Sheffield had been designated as the major centre.

Mr Rose thanked Mr Proctor for his presentation. Mr Proctor left the meeting. Councillor Riches, Governor for City of York Council left the meeting and Mr Atherton left the meeting.

The Governors asked what the future performance of Trusts was likely to be, both locally and nationally.

Mr Bertram commented that there are now around 150 Foundation Trusts, of which 100 are acute trusts. 80 of these 150 Trusts are in deficit and a high number are under investigation or subject to enforcement action; our ambition is to be “the last organisation standing”, so to speak.

Mr Rose asked Mr Bertram if he would provide a six month picture of the finance position for the Governors.

Mr Bertram said he would like to cover four key areas – I&E position, the efficiency position, the capital programme and the wider sector performance.

I&E position - The position at month 6 has not been finalised, so the information given to the Governors was based on month 5. He advised that the Trust is £1.1m in deficit, on a turnover of approximately £182m, which equates to around 0.5% deficit and is within tolerances. Monitor uses a 1-4 rating for the ‘continuity of services’ rating (CoSR) -- 4 being the best and 1 being the worst. The Trust is at 4. In terms of the end of year position, the planned position is to have a balanced budget. At present the Trust is £1m adrift from this.

Five years ago, David Nicholson put out the “Nicholson Challenge” to save £20B over 4 years. The expectation was that Trusts were required to develop financial plans that support the delivery of those savings over the 4 years. The challenge is now in year 5; there is still a further 4% efficiency requirement and all indicators would suggest that this will continue. The stress being seen in the system has in part arisen as a result of the continued requirement to make the 4% efficiency gains each year.

Efficiency Programme – This year, the Trust’s programme is £24m; last year the programme was £23.5m and the year before £17m. At month 5, the Trust had found £11m of the £24m target. Mr Bertram explained that there is constant pressure on the Trust and the Directorates to achieve the efficiencies. Nationally there are two agendas which challenge each other. The first is taking the money out of the system, which means that as 80% of our budgets are pay budgets, the pay budgets have to be reduced and the effort is to improve productivity. The second agenda is around quality and safety and all the elements that were being discussed with Mr Proctor.

Capital Programme – The Trust has an ambitious capital programme of £24m This year, which is on plan. An example of the type of expenditure includes Lilac ward in Scarborough that is being built at a cost of £4.5m.

Our cash position means we are able to manage such developments.

Wider sector performance – As has already been stated, 80 Trusts are in deficit. The plan was that the aggregate deficit at Quarter 1 would be £49m; it is in fact £162m. The information for non-FT Trusts is not easily available, so Mr Bertram could not provide it to the Governors. He added that this position is significantly worse than had been planned for.

The Governors enquired why the national deficit was so big. Mr Bertram advised that it was related to the efficiency requirements and the continuation of pay awards. He explained that the health service had never made big profits and these had been whittled away. Trusts are running out of scope to reduce costs and not compromise safety. He added that York does believe that there is a distinction between safety and quality; the Trust cannot compromise on safety, but reluctantly we may be forced to offer lower quality in certain circumstances. The final point is the contractual penalty regime. It is believed by some quarters that a financial penalty regime challenges behaviour. This is being discussed in lots of different parts of the system.

Mr Rose added that, in the circle of Chairs, most Chairs and Board members confirm “they would rather be fired because of not achieving a financial target as opposed to being fired for providing poor quality of care”. These natural responses to the difficulties of the system are causing the finances to be under extreme pressure nationally.

In terms of private patients, Mr Bertram reminded the Governors that this was capped initially and that cap had effectively been removed (subject to Governor approval). The Governors asked about the tender for Ramsey and the private patient work. Mr Bertram advised that the Trust was submitting a bid for the service, but the service was for NHS work, not private work.

Mr Butler referred to the marginal tariff rate and asked if Mr Bertram could explain the difference in the views between the Trust and CCG. Mr Bertram explained that there is a different of opinion around two issues. One is the financial level it will reach this year and the second is the purpose of the reinvestment. The Trust believes that it is clear that there should be timely investment of the 70% resources into schemes that will affect (reduce) hospital activity. He added that Monitor has a role by applying appropriate pressure to ensure the guidance is followed. He added that ultimately there will need to be a collaborative approach.

The Council of Governors thanked Mr Bertram for his comments.

14/30 Lead Governor and Other Governor Reports

The Governors noted the reports that had been submitted. As Lead Governor, Mrs Jackson commented on the Chairman appointment and explained the basis of the planned panels. Mrs Pridmore added that the final panels will be confirmed in the next few weeks and all Governors will be advised as soon as the information is available.

The Governors reviewed the reports and noted the comments made. It was

noted by the Governors that internal elections for places on groups would take place in the next couple of months.

14/31 Assurance from and about NEDs

Mrs Adams gave a presentation on the work she had done as a Non-executive Director. The presentation is attached to these minutes.

14/32 The Patient Led Assessment of the care environment (PLACE) report

Mrs Tarren was welcomed to the meeting by the Chairman and was asked to present the report. Mrs Tarren outlined the key aspects of the process and that the Governors have been involved in undertaking the assessments along with patients and HealthWatch. Mrs Tarren explained that PLACE replaced the previous system -- Patient Environmental Action Team (PEAT). She explained that the process is undertaken on an annual basis. The Trust is given a six week window to undertake all the assessments and the Trust gives each site 24 hours notice of the assessment.

Mrs Tarren explained that the assessment looks at the whole patient journey and for future assessments the Trust is looking to invest in hand-held devices for the system.

Mrs Tarren advised that the Trust had not scored the dementia section of the assessment. The assessors at this stage are not trained. Training is being put in place so the assessment can be completed in future assessments.

Mrs Tarren explained that action plans are put in place following the assessments and there is a robust follow-up system to ensure the actions are completed.

The Council of Governors noted the comments made.

14/33 Any Other Business

No further business was discussed.

14/34 Time and date of the next meeting

The next meeting will be held on the 10th December 2014 at White Cross Road, York.

Background

- First Class degree in Economics from Southampton University
- Worked for several leading financial institutions e.g. Aviva - analysing and investing in companies that are listed on UK stockmarket.



Scarborough



Scarborough



MOTIVATION

- Good experiences and bad experiences of healthcare in the area and want to do my bit to make sure everybody get a good experience every time.



Why become a NED?

- Opportunity to Use my Skills
- A Chance to do something really worthwhile
- Add a little geographical balance to the Board

York NEDs

- All different – skills, backgrounds, styles



- A personal viewpoint.

What Does a NED do?

Seek Assurance

- In Boardroom and at Committees
- On the coal face
- One to ones – individual relationships

Examples of issues raised?

- *Nurse Staffing levels*
- *Falls and Pressure Ulcers*
- *Mental Health Liaison*
- *Hospital Acquired Infections*
- *Cross site differences – e.g.mortality*
- *Maternity Theatre SGH*
- *AMU York*
- *Learning from Sis*
- *Learning from complaints, surveys, F&F*

What next?

- Doctors
- Acute Care
- Drug errors – electronic prescribing
- CIPs and patient safety
- Recruitment challenges
- Resource allocation
- Unfinished business

Strategic Input

ONGOING ISSUES

- Merger benefits
- Strategic Alliances
- Best use of capital spend
- Community Hubs
- Governance review
- Board make-up

3. Day to Day Responsibilities

Things we get up to outside the Boardroom
(the donkey work)

Quality and Safety Committee

Charitable Funds Committee

Safety Walk Rounds

Areas of Special Interest – Acute care

Chairing Staff Appeal Panels

Interview Panels

Doctors in Difficulty – MHPS; External links



Overriding Objective

To ensure that this Trust provides safe and effective care to all of its patients.

To be a constant reminder to put the patient at the centre of everything we do.



Rufus – my Norfolk Terrier



Highs and Lows so far ..

- Elderly Care walk round Scarborough
- Self Dialysis Unit Selby Hospital
- Children's ward walk round Scarborough
- Stillborn memorial service, St Lukes

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Council of Governors meeting – 10 December 2014

Reports from Governors on activities and meetings they have attended

Lead Governor Report

1. Involvement in senior appointments

The Nominations and Remuneration Committee continue to work with Will Thornton from Human Resources and with the support and guidance of two Non-Executive Directors, Dianne Willcocks and Philip Ashton to develop the recruitment package for the new Chair to be appointed. Shortlisting has taken place and the programme for the 2 days, 8th & 9th December circulated. The outcome of the interviews will be discussed at the Council of Governors.

Governors have also been involved in the recruitment of the Chief Nurse and the Chief Operating Officer.

Thank you to everyone for your help, support and involvement in these very important appointments.

2. Support for Governors

I have now held 3 discussion sessions across the patch to meet with Governors and informally discuss issues. I have found them very helpful and hope that these have been beneficial for everyone else. What was agreed was that once the Governor Forum was set up and functioning, consideration would be given to the whether or not these meetings will continue, if so how often and where to meet. Please do give me your feed-back and suggestions for the way forward.

One of the issues that arose at every meeting was about the management of e-mails. Please could Governors think before sending their e-mail to everyone, is that really necessary or should it be directed to one person only?

3. Attending external meetings

Like other Governors I have attended the local CCG meeting (Mine is the Vale of York CCG) and found it really interesting and beneficial to get a better and more comprehensive understanding of the commissioning process. Along with this I have attended my local GP Practice Patient Participation group. This is a really good way of getting to know what patients think of services and what's important to them. Having discussed it with Alan Rose first, a number of us attended the Yorkshire Ambulance Service Board meeting held at the Railway Museum. It was interesting to see how another organisation managed their business meetings and what the issues were for them at the moment.

Finally can I, on behalf of all Governors, give our best wishes to two Governor colleagues, David Wheeler and Jeanette Anness following their surgery and wish them both a speedy recovery.

Dates 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!

Drop-in Carol Service, Chapel, York Hospital, 18th December, 12.30 to 13.30
Dates to be confirmed: The following open sessions are being arranged: Dementia, meeting the new Chief Operating Officer and Chief Nurse (2 separate sessions). Also existing Governors are very welcome to join the new Governors at their induction sessions and at the site visits

Margaret Jackson - Lead Governor and Public Governor York

* * * *

Community Services Group, Governor Led

Our main objective since the last Council of Governors meeting has been looking at the waste and control of equipment used in elective surgery.

Each governor of the group presented a report showing the lack of control over this equipment and how much this must be costing the NHS. It was quite revealing as in each case there appeared to be little or no control and when asking various issuers of the equipment there seemed very little was returned to the source and when it was this resulted in only about a 15 per cent return. It was also shown that a number of staff had no idea of what to do with the returned equipment.

Recently we had Wendy Scott and Steve Reed come and give us an insight on how the pilot schemes of the Community Hubs will work and after much discussion it was decided to put the investigation of equipment on the back burner for the time being and for the group to concentrate on the development of the Hubs.

As a result it was decided that the CSG would now come under the wing of Wendy Scotts management with Steve Reed leading the group. This we all agreed would a major step forward as it is recognised that we would become more focused on what was needed by the Trust. It also means that the Terms of Reference will now have to be reviewed and the next meeting of the Group is 17th December to set the ball in motion.

Terry Atherton – Public Governor Bridlington

* * * *

Travel and Transport Group – 20 November 2014

The Scarborough to Bridlington shuttle bus between hospitals for patients still has issues with the carriage of staff, however the new tender process is due and presently is in preparation which might solve the problem. The Scarborough Hospital park and ride in operation whilst the new car park was built is no longer viable. Parking charges across all sites are being harmonized for patients and staff. Concessions for parking will be discussed at the different sites based upon treatments and frequency of visits required. Presently based upon 6 hours or more a week.

The web site is in the process of being updated and feedback was given on the present site and links that could be included. The staff have the intranet which has detail on travel etc., car sharing, cycling storage etc at York hospital; a survey is about to take place with Scarborough staff as part of the Trust Travel plan 2013 to 2018. the website for patients on travel to hospitals will be updated soon. Links to York travel sites and east coast sites should be included. Signage to hospital was brought up, with Malton being particularly badly signed by NYCC Highways and was it possible for the Trust to request more signage bearing in mind possible future uses of Malton Hospital. It was suggested that perhaps Governors could conduct a simple survey or have a simple survey in the form of a leaflet for patients to complete on their experiences of getting to Hospital. This is going to be done on the back of Family & Friends Cards at York Outpatients very soon. (Sheila Miller agreed to raise at the Council of Governors)

First York busses have agreed to let senior pass holders use buses for Hospital Appointments before 9am and it was hoped to pursue this breakthrough with other transport providers.

Progress with Network Rail on a station at York Hospital on the Scarborough to York line has been slow but phase one (of 5) has been funded by the Trust. This was to be followed up but as a long term aim, it was appreciated as very positive for the Trust and patients.

The car share scheme was saving the Trust significantly in terms of saved expenses of staff moving between sites and was to be expanded. Electric and Hybrid cars were discussed with hopes for fast recharge points on the York site in the future. FAXI was discussed which is a Voluntary transport systems at East Coast system of journeys and allows monitoring of similar journeys that could lead to better pool car sharing.

Voluntary transport systems at East Coast and rural sites need to be linked in the website and be aware of concessions, the Governors present agreed to forward details of the schemes. Transport details in GP surgeries was discussed as many older patients do not have access to the web, the details are there but tend to be out of date in some practices. Cycling in Scarborough and storage of cycles was discussed briefly but this will be part of the survey of staff and travel plans

* * * *

Dementia Friendly Design Principles

These design principles are evidenced to create a physical environment which is supportive and helpful for people with dementia. Research has shown that these principles ease decision-making, reduce agitation and distress, encourage independence and social interaction, promote safety and enable activities of daily living.

1. A range of seating is available including seats with arms. Seating is arranged in clusters to encourage conversation. Seating areas are provided for people to rest along corridors.
2. Comfortable, appropriate, even lighting is provided and the use of natural light is maximised. Lighting or natural light making floors appear wet or slippery is avoided.
3. Matt flooring is used in a colour to contrast with the walls and furniture. Flooring is of a consistent colour without speckles, pebble effects or stripes.
4. Artworks are used in all areas, especially to provide points of interest along the corridors. Strong patterns are avoided in wall coverings, curtains, furnishings and screens.
5. Views of nature are maximised and sheltered seating is provided in outdoor spaces.
6. There is provision to get snacks, hot drinks and water and tables are provided in the seating areas to rest these on.
7. Handrails are provided in the corridors of a colour that contrasts with the walls.
8. Signs use large, easily readable text and are of a good size and contrasting colour so as to be easily seen. Toilet signage is clear and

consistent and uses pictures and text. Colour schemes are used to aid wayfinding.

9. Toilet seats, flush handles and rails are in a colour that contrasts with the walls and floor. The toilet flushes, basins and taps are of a familiar design with hot and cold taps clearly marked.

10. Notices and equipment on display are kept to a minimum to avoid confusion and keep spaces clutter free.

Reference – “Is your hospital dementia friendly?” – The King’s Fund.

Jenny Moreton – Ryedale and East Yorkshire Governor

* * * *

Patient Experience Steering Group

Sheila and I attended the group and several issues were discussed including the review of the complaints process which may cause a few delays in responding to complaints in the required timescale initially but this change will lead to a more comprehensive uniform corporate approach.

There is a new leaflet for patients regarding their experience and this replaces the How to Complain booklet and this is to be circulated to governors for feedback.

The new leaflet for family and friends showed the group new ideas surrounding the How we are Doing and how this will be in the form of a poster which is specific to the ward/area and will be updated on a rolling programme. Again this is to be circulated to governors for feedback.

Health watch provided a brief verbal overview of a recent visit to the York site regarding discharged and stated that their findings were issues that both the trust and health watch were already aware of. A formal written report will be available in the new year.

As governors we raised the issue of noise and disruption regarding patients electronic devices and Lucy Brown has agreed to check that the policy has been reviewed and updated as required.

Ball Committee

As per previous email with the following changes please.

The ball has been deferred to May 2015 and the cause is now to help fund a children's play area within fracture clinic.

The Snowdrop Appeal has now achieved its initial target of £120,000 and the additional money is helping towards providing a softer environment.

Sue Wellington – Scarborough Governor

* * * *

(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.)

Annual Report of the Audit Committee covering the financial year 2013/14

September 2014

Introduction

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Board of Directors with a summary of the work of the Audit Committee during the period April 2013–March 2014, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

This has been another challenging year for the Trust as it continues to integrate the additional sites following the completion of the acquisition process of Scarborough and North East Yorkshire NHS Trust (SNEY). The Trust has spent the last year working to ensure that the subsequent integration workstreams continue to be implemented successfully. The Trust has been working hard to improve the understanding and use of risk registers across the organisation and build on that work to clarify the key assurances used by the Directors to confirm performance across the Trust. The Audit Committee has continued to monitor the impact of integration on key systems through the Internal Audit programme and has supported the development of the risk and assurance systems across the Trust.

Overview of the year 2013/14

The Audit Committee has a membership of four Non-Executive Directors and during the 2013/14 financial year this comprised of:

- Mr Philip Ashton (PA) Chairman
- Mr Michael Sweet (MS)
- Mr Michael Keaney (MK) (Started December 2012)
- Mrs Libby Raper (LR) (Started December 2012)

Table 1: Audit Committee Attendance

	Meeting Dates					
	17/6/13	16/9/13	9/12/13	24/3/14	19/5/14	27/5/14
PA	✓	✓	✓	✓	✓	✓
MS	✓	✓	✓	✓	✓	✓
MK	✓	✓	✓	✓	✓	✓
LR	✓	✓	A*	✓	✓	✓

*A = Apologies

The Audit Committee met formally on six occasions during 2013/14 and all meetings were quorate. Members of the Committee also attended relevant Audit Committee training events during the course of the year.

The Committee is supported at all of its meetings by:

- Director of Finance
- Head of Corporate Finance

- Internal Audit (Head of Internal Audit and Internal Audit Manager)
- External Audit (Partner and Senior Manager)
- Foundation Trust Secretary

Other representatives (e.g. Local Counter Fraud Specialist) attended the Audit Committee as and when required.

The Committee received secretarial and administrative support from the Foundation Trust Secretary. There was a documented Audit Committee timetable which scheduled the key tasks to be undertaken by the Committee over the course of a year and this received an annual review. Detailed minutes were taken of all Audit Committee meetings and were reported to the Board of Directors.

Separate, private sessions were held with Internal Audit and External Audit prior to one Audit Committee meeting (end of year) as required.

Duties of the Committee

Following a review of the Audit Committee's Terms of Reference in March 2013, the key duties of the Audit Committee can be summarised as follows:

Governance, Risk Management & Internal Control
<ul style="list-style-type: none"> • Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives, primarily through the assurances provided by internal and external audit and other assurance functions.
Financial Management & Reporting
<ul style="list-style-type: none"> • Review the Foundation Trust's Financial Statements and Annual Report, including the Annual Governance Statement, before submission to the Board of Directors. • Ensure that systems for financial reporting are subject to review to ensure completeness and accuracy of information and compliance with relevant legislation and requirements. • Review the Trust's Treasury Management Policy, Standing Financial Instructions and systems in place to ensure robust financial management.
Internal Audit & Counter-Fraud Service
<ul style="list-style-type: none"> • Ensure an effective internal audit and counter-fraud service that meets mandatory standards and provides appropriate, independent assurance to management and the Audit Committee. • Review the conclusion and key findings and recommendations from all Internal Audit reports and review of regular reports from the Local Counter Fraud Specialist. • Monitor the implementation of Internal Audit and Counter Fraud

recommendations.
External Audit
<ul style="list-style-type: none"> • Ensure an effective external audit service. • Review the work and findings of external audit and monitor the implementation of any action plans arising.
Clinical & Other Assurance Functions
<ul style="list-style-type: none"> • Review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. • Review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. Specifically, the Corporate Risk Management Group and the Patient Safety Group.

Work of the Committee/Group

The Committee currently organises its work under five headings *Work Groups, Internal Audit, External Audit, Governance Issues* and *Finance Issues*.

Work Groups - The Audit Committee has a work group reporting directly to it formed in 2010. This group reviews the data quality in the organisation.

The Group received a series of presentations on the data security and the impact of integration on a wide range of systems including Finance, IT and HR which provided significant assurance on the systems in place. The Data Quality Group introduced a paper to the Audit Committee which described the three lines of defence model

Updates were provided verbally at each Committee meeting on group / board objectives, activity and achievements.

Internal Audit - Internal Audit and Counter Fraud Services are provided by North Yorkshire NHS Audit Services (NYAS). The Chair of the Audit Committee and the Director of Finance sit on the Alliance Board which oversees NYAS at a strategic level. The Board met on three occasions during 2013/14.

An Internal Audit Charter formally defines the purpose, authority and responsibility of internal audit activity. This was originally approved in 2010 with a revised document reviewed and approved by the Alliance Board in July 2012.

The Audit Committee gave formal approval of the 2013/14 Internal Audit Operational Plan in March 2013.

The conclusions (including the assurance level and the corporate importance and corporate risk ratings) as well as all findings and recommendations of finalised Internal Audit reports are shared with the Audit Committee. The Committee can, and does, challenge Internal Audit on assurances provided, and requests additional information, clarification or follow-up work if considered necessary. All Internal Audit reports are discussed individually with the Audit Committee.

A system whereby all internal audit recommendations are followed-up on a quarterly basis is in place. Progress towards the implementation of agreed recommendations is reported (including full details of all outstanding recommendations) to the Director Team and the Audit Committee on a quarterly basis. The Chief Executive continues to review progress towards implementing recommendations made in limited assurance reports.

The Counter Fraud Plan was reviewed and approved by the Audit Committee and the Local Counter-Fraud Specialist (LCFS) presented bi-annual reports detailing progress towards achievement of the plan, as well as summaries of investigations undertaken.

External Audit - External Audit services were provided by Grant Thornton for 2013/14. During the 2013/14 financial year, the Audit Committee reviewed External Audit's Interim Report, Annual Governance Report and Management Letter in relation to the 2013/14 financial statements for York Teaching Hospital NHS Foundation Trust.

External Audit regularly updates the Committee on progress against their agreed plan, on any issues arising from their work and on any issues or publications of general interest to Audit Committee members.

The Audit Committee reviewed and approved the External Audit Plan in relation to the 2013/14 financial statements and the related audit fee in March 2013.

Governance issues - During 2013/14 the Audit Committee reviewed and, where appropriate, approved the following documents prior to submission to the Board of Directors:

- Assurance Framework and Corporate Risk Register in July, September, December 2013 and March 2014;
- Standing Orders, Standing Financial Instructions and Scheme of Delegation in September 2014;
- A review of compliance with the Code of Governance in May 2014.
- Approval of the procurement strategy and policy in March 2014

Additionally the Staff Registers of Interests and Gifts and Hospitality for the year ended 31 March were reported to the Audit Committee in May 2014.

- The Annual Governance Statement and the Head of Internal Audit Opinion were scrutinised by the Audit Committee prior to submission to

the Board. The Committee also reviewed the Corporate Governance Statement prepared for publication in June 2014.

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2013/14:

- Review and approval of Audit Committee Terms of Reference and work programme at the time out meeting held in July 2014.
- Ongoing review and revision of the Audit Committee's timetable.
- The Audit Committee also reviewed the risk committee structures and supported the work of the revision of the Corporate Risk Register and Assurance Framework.

Financial issues - The Committee oversee and monitor the production of the Trust's financial statements. During the 2013/14 financial year, this included:

- Draft Accounts and Annual Report for the period 1 April 2013 to 30 March 2014
- Review of the risks identified in external and internal audit reports.
- Issues regarding end of year accounts;
- A formal Committee meeting on 27th May 2014 to approve the final accounts, Annual Governance and Annual Report for 2013/14 (including the Quality Account) prior to submission to the Board of Directors and Monitor.

The Audit Committee also reviewed and approved:

- Single Tender Actions
- the Treasury Management Policy in March 2014
- the Losses & Special Payments register in May 2014.

Clinical and other Assurance - The Audit Committee has received verbal updates on the activities of the Patient Safety Group and Compliance Unit. The Committee has had focussed discussion on the role and nature of clinical assurance and sought evidence of how that is derived from current governance systems.

The Internal Audit programme continues to incorporate clinically focussed system reviews and during 2013/14 included topics such as Mortality Review, Controlled Drugs Management and Do Not Resuscitate Order Management.

Assurance around the integration process was provided through verbal feedback on the activities of the Acquisition Assurance Board, presentations to the Audit Committee workgroup and Internal Audit work.

Meetings for the coming year

The Audit Committee is seeking to improve the communication between the other Board Committees and is keen to improve the fluidity of information across the committee structure.

The Committee will continue to seek assurance around the development, introduction and maintenance of systems and processes and will seek assurance around the introduction of the CQC fit and proper person test and the duty of candour requirements. The Committee has also developed a plan to receive regular information about clinical governance and the systems employed by the Trust.

Conclusion

In conclusion, as I reflect back on another year, I conclude that the Committee has had to deal with a workload that continues to increase, not only because of the on-going issues regarding the integration of systems after the acquisition of Scarborough and North East Yorkshire NHS Trust, but also because of the increasing burden of regulatory compliance, and the ever more explicit requirement to gain assurance from the considerable investment in clinical audit projects. In the complex environment in which our Trust operates, we can only expect more of the same in the future. I must therefore express my appreciation to the members of the Committee, to the Foundation Trust Secretary for her constant support, to the internal auditors for their high quality work and their frankness, openness and clarity in all their communications. Thanks also to the finance team for their cooperation with the work of the Committee, and the positive responses to our interventions, which are taken on board with commitment and energy, just the type of reaction we would wish for.

Philip Ashton Chairman of the Audit Committee
October 2014