

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

on: **Wednesday 11 March 2015**

at: **3.00pm – 5.00pm**

at: **St Catherine's Hospice, Scarborough**

Time	Meeting	Attendees
2.15pm – 2.55pm	Private meeting of the Council of Governors	Governors with Trust Chairman
<b>3.00pm – 5.00pm</b>	<b>Council of Governors meeting</b>	<b>Governors, Members and the Public</b>
<p>The Trust Values are:</p> <ul style="list-style-type: none"> <li>• Caring about what we do</li> <li>• Respecting and valuing each other</li> <li>• Listening in order to improve</li> <li>• Always doing what we can do be helpful</li> <li>• ... with patients at the centre of everything we do</li> </ul> <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](mailto:anna.pridmore@york.nhs.uk) or telephone: 01904 721418

**A G E N D A**

No	Item	Lead	Paper	Page
<b>Part One: Introduction</b> <b>3.00-3.10</b>				
1.	<b><u>Chairman's Introduction and welcome</u></b>  The Chairman will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chairman		
2.	<b><u>Apologies for absence</u></b>  To receive any apologies for absence. <ul style="list-style-type: none"> <li>• David Wheeler</li> <li>• Robert Wright</li> <li>• Les North</li> <li>• Stephen Hinchliffe</li> <li>• Helen Fields</li> <li>• Andrew Bennett</li> <li>• Libby Raper</li> </ul>	Chairman		
3.	<b><u>Declaration of Interests</u></b>  To receive the draft declarations of interests.	Chairman	<a href="#">A</a>	5
4.	<b><u>Minutes from the meeting held in public on 10<sup>th</sup> December 2014</u></b>  To approve the minutes of the meeting held on 10 December 2014	Chairman	<a href="#">B</a>	11
5.	<b><u>Matters arising from the minutes</u></b>  To consider any other matters arising from the minutes.	Chairman	Verbal	
6.	<b><u>Update from the Private Meeting held earlier</u></b>  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.	Chairman	Verbal	
7.	<b><u>Updated Trust Values Leaflet</u></b>  Introduction and any comments on the new document	Chairman	Separate paper	

No	Item	Lead	Paper	Page
<b>Part Two: Chief Executive Report 3.10-3.45</b>				
8.	<b><u>Chief Executive Report</u></b>  Discussion by the Chief Executive on current matters and an opportunity for Governors to ask questions.	Chief Executive	Verbal	
<b>Part Three: Governor information 3.45-4.10</b>				
9.	<b><u>Lead Governor and other Governor Reports</u></b>  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	<a href="#">C</a>	19
10.	<b><u>Governor protocols</u></b>  To consider and approve the protocol for approaching Monitor's Independent Panel  To consider and approve the protocol to hold the Board of Directors to account	Andrew Butler	<a href="#">D</a>  <a href="#">E</a>	25  31
11.	<b><u>Skills Audit</u></b>  To discuss and consider the use of the skills audit	Ann Bolland	<a href="#">E</a>	35
<b>Part Four: Presentations 4.10-4.55</b>				
12.	<b><u>Dianne Willcocks – Non-executive Director and Vice-Chair</u></b>  Presentation from Dianne Willcocks on the work she is involved with as a Non-executive Director for the Trust	Dianne Willcocks	Verbal	
13.	<b><u>“Sign up to Safety”</u></b>  Presentation of the “Sign up to Safety” principles	Diane Palmer	Verbal	
<b>Part Five: Information 4.55-5.00</b>				
14.	<b><u>Dates of meetings 2015-1016</u></b>  To receive the dates for the Council of Governors meetings, 2015-2016		<a href="#">G</a>	39
15.	<b><u>Any other business</u></b>  To consider any other items of business.			

**16. Time and date of next meeting**

The next Council of Governors meeting (in public) will be held on 10 June 2015 at Malton Rugby Club.

**New:**

Dee Sharpe—Councillor East Riding of Yorkshire Council

**Amendments:**

Andrew Butler —ceased being a Member—Fund Raising Committee York MIND

Clive Neale—**Member** of Healthwatch East Riding.

**Deletions:**

Cllr Mike Beckett is no longer a Director of Caring for Business Ltd

Cllr Mike Beckett is no longer a Trustee of Next steps Health Resource Centre

Cllr Mike Beckett is no longer a Trustee of Specialist Advisor—Magnetic Arts CIC

**Parliamentary Candidates:**

Michael Beckett, has declared that he is a parliamentary candidate for the Scarborough and Whitby area.

We understand that Jo Riches is also a parliamentary candidate for the York (Atla) area.

**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
<b>Jeanette Anness</b> <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Nil	<b>Member</b> —Derwent Practice Representative Group <b>Member</b> —NY Health watch	Nil
<b>Terry Atherton</b> <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Paul Baines</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr Michael Beckett</b> <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
<b>Ann Bolland</b> <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Andrew Butler</b> <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Manager—LRB	Nil
<b>Clive Neale</b> <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Member of Health-watch East Riding.	Nil	Nil

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<b>Dr Jane Dalton</b> <i>(Public: Hambleton District)</i>	Nil	Nil	Nil	Nil	<b>Researcher</b> —Health and Social Care, University of York	<b>Researcher</b> —Health and Social Care, University of York
<b>Stephen Hinchliffe</b> <i>(Public: Whitby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Margaret Jackson</b> <i>(Public: York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Rowena Jacobs</b> <i>(Partner: University of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Robert Wright</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	Volunteer for York Healthwatch	NHS Leadership Academy	Nil
<b>Sheila Miller</b> <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	<b>Member</b> —Derwent and SRCCG Patients Groups	Nil	Nil
<b>Helen Noble</b> <i>(Staff: Scarborough)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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



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<b>Dee Sharpe</b> (Partner East Riding of Yorkshire Council )	Nil	Nil	Nil	Nil	Nil	<b>Councillor</b> –East Riding of Yorkshire Council
<b>Jenny Moreton</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	<b>Member</b> – Patient Forum Ampleforth/Hovingham Practice; Scarborough Ryedale CCG Patient Group <b>Member</b> —Healthwatch North Yorkshire <b>Member</b> —online consultation group of the CQC.	Nil
<b>Mick Lee</b> Staff York	Nil	Nil	Nil	Nil	Nil	Nil
<b>Andrew Bennett</b> Staff Scarborough and Bridlington	Nil	Nil	Nil	Nil	Nil	Nil
<b>Liz Jackson</b> 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 10<sup>th</sup> December 2014 at White Cross Road Social Club, York.**

**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 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  
Mrs Sue Wellington, Scarborough  
Mrs Penelope Worsley, City of York

**Appointed Governors:**

Councillor Caroline Patmore, North Yorkshire County Council  
Councillor Michael Beckett, North Yorkshire & York Forum  
Dr Rowena Jacobs, University of York  
Councillor Joseph Riches, City of York Council joined the meeting at 4.50pm

**Staff Governors:**

Dr Andrew Bennett, Scarborough/ Bridlington  
Mr Les North, Community Staff  
Miss Elizabeth Jackson, York  
Mr Mick Lee, York

**Attendance:**

Mrs Anna Pridmore Foundation Trust Secretary  
Ms Libby Raper, Non-executive Director  
Mr Michael Sweet, Non-executive Director  
Mrs Lucy Brown, Head of Communications  
Mrs Kay Gamble, Head of Patient Experience

Professor Diane Willcocks, Non-executive Director  
Mr Philip Ashton, Non-executive Director  
Mr Graham Nunns, Partner Grant Thornton

### **Apologies for absence:**

Apologies were received from the following governors:  
Mrs Jeannette Anness, Public Governor -Ryedale and East Yorkshire  
Mrs Helen Noble, Staff Governor – Scarborough/Bridlington  
Ms Dee Sharp, East Riding of York Council did not attend the meeting or send apologies.

### **14/35 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.

### **14/36 Minutes of Council of Governors Public Meeting – 9<sup>th</sup> October 2014**

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

### **14/37 Matters Arising from the Minutes**

There were no matters arising from the meeting.

### **14/38 Update from the Private Meeting held earlier**

Mr Rose advised that the private meeting had discussed the following topics:

An increase in the boundaries covered by the Constitution for the Hambleton area. The increase was approved by the Council of Governors.

The appraisal of two Non-executive Directors – Professor Willcocks and Ms Raper. Both were very positive appraisals and the Governors agreed with the objectives that had been set for the next 12 months.

The appointment of external audit had been discussed and agreed. The decision would be publicised in due course.

The appointment of a new Chairman from 1/4/15 – Mrs Sue Symington -- had been discussed and agreed by the Council of Governors.

### **14/39 Lead Governor and other Governor reports**

Mr Rose invited the Lead Governor, Margaret Jackson to summarise her report. She thanked all Governors for their support during the recent work around the appointment of the External Auditors and the Chairman.

Mrs Jackson reminded the Council of Governors about the two special sessions that had been arranged for Governors. One is Scarborough given by Mandy McGale on 12<sup>th</sup> January and one in York given by Brian Golding on 19<sup>th</sup> January 2015.

Mr Rose welcomed comments from other Governors.

Mr Hinchliffe commented that he would like the decision around First York Buses to be noted. Mr Rose explained that this was the decision of the bus company to allow people to use bus passes before 9am, as long as they can demonstrate they have a hospital appointment. Mrs Brown commented that a press release would be sent out before the end of the week. It was recognised that this just related to the bus company in York (First York), at least for now.

It was noted that the number of volunteers used by the Trust was increasing; for example, there will be 100% more dining companions. It was noted that Aintree Trust was an example of best practice with 700 volunteers. The Trust currently has approximately 200.

Dr Moreton commented that she had included the summary of the criteria for dementia friendly standards, this links to the PLACE inspections. The Committee discussed the link with the Fairness Forum and the work being undertaken by City without Walls. The Governors were advised that a briefing would be given to the Board of Directors in the near future. Mrs Miller commented that in the past it had been a slow process for volunteers to be able to start working with the Trust. She asked if this was changing. It was confirmed that the process was not normally slow. Dr Bennett asked if the Trust takes account of what the Friends of the Hospital do; they provide a parallel resource and is there a degree of alignment? Mr Rose confirmed that the Trust always takes into account the opportunities the Friends provide and values their support highly.

Mr Butler commented that he thought the Governors should recognise the excellent work done on the Snowdrop Appeal. The Governors agreed and congratulated Mrs Wellington.

Mr Atherton commented about the Steering Group at Bridlington Hospital. He advised that there had now been 384 elective surgery patients treated in Bridlington. He added, however, that he had a growing concern that there had been 8 managers in Bridlington in 10 years.

Mr Baines commented that he had not submitted a report around Ophthalmology because there was nothing further to report at present. He advised that there were issues around Avastin, but they could be picked up with Mr Golding when the estates session is held in January.

Mrs Worsley asked about the Lord Mayor's charity this year. She reported that he has chosen the renal unit in York as one of his charities (part of the York Teaching Hospital Charity) – along with York Against Cancer.

Ms Raper summarised the position. She was clear that decisions had been held with the Lord Mayor's office and a date has been set for the Lord Mayor to visit the unit.

Mr Crowley added that lessons had been learnt when working with a third party charity and the engagement between the two organisations is now working much better.

## Chief Executive's Report

**Monitor** – Mr Crowley updated the Council of Governors on the outcome of the meeting held with Monitor. He advised that the Trust had provided commitments which were now being addressed. He referred to the winter pressures that exist in the system and the investment being made in the Scarborough site. He commented about workforces pressures and explained that the Trust is strengthening capacity to ensure it can engage with partners. He also referred to the CQC visit to the Trust in March 2015.

**Finance** - Mr Butler asked if Mr Crowley could update the Governors on the discussions being held with the CCG around the marginal tariff. Mr Crowley updated the Governors on the financial position of the Trust. He explained that the emphasis in the Trust is around efficiency and improvement, the organisation does not have the luxury of cutting services and cannot reconfigure services without engagement with stakeholders. Significant progress has been made and £15m of £24m target has been achieved. There are some underlying concerns against some schemes and the balance between non-recurrent schemes and recurrent schemes meant that next year the base 4% saving would be about £15m, which would be increased by the non-recurrent portion of savings carried-forward from this year, so the cost improvement target for the next financial year would be in the region of £25m. Mr Wright asked if Mr Crowley could describe where the bulk of the savings come from. Mr Crowley explained that it is a mix of capital spend and how the organisation uses its resources, including procurement. He added that the Trust continues to seek to broaden the base of the services provided and work with the commissioners where the commissioner is paying another provider which will improve the ratio of income against spend if we can repatriate that service. He explained that the Trust does not seek to achieve the efficiencies from a top down approach, but the Trust uses an efficiency team that supports the directorates. There are three key indicators the Trust uses to support the programme - the "Better Care Better Value" indicator, Service Line Reporting information and workforce.

Mr Butler asked what would happen if the Trust ended the year with a deficit – would the hospital have to close? Mr Crowley explained that the Trust would not close. A deficit at the year-end would add to the financial pressures experienced by the Trust. He explained that there is no safety net for the Trust and it would have to deal with any deficit. The Trust would have to manage the situation carefully and would impact on areas such as the size of the capital programme the Trust could invest in. Eventually Monitor would become interested in the Trust's position and intervene in the Trust, removing members of the Board and it would be likely that a turnaround team from Monitor would be introduced to the Trust.

In terms of the Continuity of Services, the Trust feels reasonably secure at present. At Month 7 there is a deficit of £900K and the Trust has secured £15m of a £24m cost improvement programme and there is a capital programme of £24m that has been put in place for this year. At present the marginal tariff for non-elective demand is paid at 30% and this has been raised as an issue by the Trust. In the next financial year it is expected that the marginal tariff will rise to 50% next year. The commissioners are demonstrating how they have used the income from the marginal tariff from the first quarter. The Trust is continuing to

discuss the issue with the commissioners.

**Performance** – Mr Crowley advised that the performance is fragile in some areas, for example – 18 week backlog. He advised that addressing the backlog has been compromised by the continued escalation in demand of acute services. In terms of the regulators, at this stage the Trust, in common with all organisations, is being allowed to fail this target.

(Mr Riches, Governor from City of York, joined the meeting.)

In terms of Monitor targets, the two key areas of concern are 4 hour target and the breast symptomatic target. In terms of breast symptomatic, the actions taken were not the preference of the Trust, but the performance has improved. The Trust would prefer to be able to provide a full service on the East Coast; the intention is that the service is reinstated as soon as possible.

In terms of the 4 hour target, the Trust is putting systems and processes in place; as Governors are aware, the community is challenged around finance and as such has received some money to invest in the services. Mr Crowley reminded the Governors that additional funding was in place this time last year, but at the end of March 2014 the funding was removed; the Trust consequently started to fail the ED target. Mr Crowley added that the position is becoming increasingly more fragile, which reflects the increasing demand and lack of growth in bed capacity. The Trust has just opened a ward in Scarborough and will be able to open Lilac (the new ward) in Scarborough in the near future. The Governors noted a ward had been closed in Bridlington; they asked, once the additional ward space is opened in Scarborough, would the ward in Bridlington open again? Mr Crowley explained that it would be kept under review, but the intention would be to reopen the beds as long as it was safe.

Mr Atherton asked about the development of the new theatre at Bridlington. Mr Crowley advised that the Trust is considering the option. Ophthalmology has moved to Bridlington and the majority of the patients are happy with the service now provided; the next step would be the provision of a new theatre. The Governors asked if the development of the orthopaedic services has generated some more income for the Trust. Mr Crowley explained that moving the service to Bridlington did provide some security to the income. The Trust is looking at developing a private patient unit in Bridlington and creating a centre of excellence. It has been recognised that there is a lack of private patient facilities in the area and this does attract higher income. He added that all specialities would be asked what aspirations they might have for Bridlington and at the end of the financial year the Trust can review and see what developments might be feasible. He added that at present the CCG is showing some resistance around the speed of any developments. Mr Crowley reminded Governors that the Trust cannot provide every service in every area, some people will have to travel and the Trust needs to make that as equitable as possible.

Mr Wheeler commented that at first he was disappointed that he had to come from Scarborough to York for treatment, but the treatment he received was excellent; he added that he thought it was important to get the right balance between access and appropriate care.

Mrs Fields asked if the Governors would receive a briefing on the CQC. It was

confirmed that Governors would receive a briefing. Mr Crowley advised that a mock-up will be undertaken on 6 January 2015 and from that there will be more clarity about what should be briefed to people. It was agreed that both performance and CQC update would be provided at the next meeting of the Council of Governors.

**Action: To include an item on performance and CQC at the next Council of Governors meeting.**

Mr Crowley mentioned that the new Chief Operating Officer would be joining the Trust in the New Year. Mrs Walters is currently the Chief Operating Officer at Morecombe Bay. She has also been involved in CQC inspections while at Morecombe Bay.

**Urgent Care** – Mr Crowley was asked what difference the (Scarborough & Ryedale) urgent care contract would have on the Emergency Department. He explained that it would make it quicker. Northern Doctors were awarded the contract and the Trust will be working with Northern Doctors. The Governors asked if staff would lose their jobs as a result of the Northern Doctors contract. Mr Crowley confirmed that there was no prospect of people losing their jobs, Northern Doctors are taking over some of the work and some staff might transfer to Northern Doctors, but if staff do not want to move they will be retained in the Trust.

Mr Hinchliffe asked if there were any developments in Whitby. Mr Crowley advised that there were no real developments to report, but the names of a number of final “bidders” will shortly be announced by the local commissioners.

**14/41 Non-executive brief – Mr Michael Sweet**

Mr Sweet was welcomed to the meeting and invited to give his presentation. Mr Sweet outlined his background and detailed his current role in the Trust. He outlined the committees he is involved with and the extent of his involvement across the whole organisation.

The Council of Governors noted his report.

**14/42 Annual Report of the Audit Committee**

Mr Ashton was welcomed to the Council of Governors by Mr Rose. He was invited to present the report. Mr Ashton explained the role of the Audit Committee in the organisation and the type of work the Audit Committee looks at. Mr Ashton referred to the report and highlighted the key meetings held during the year around the annual report and accounts. Mr Ashton also commented on the additional role the Audit Committee fulfils around data quality. The Governors enquired if Mrs Rushbrook would provide support to the Committee. Mr Ashton confirmed that all Directors could be asked to provide support to the Committee and attend a meeting to answer questions.

Mr North asked if the Committee would review any areas of concern that may become apparent, such as errors. Mr Ashton confirmed that they would review with the support of the External and Internal Auditors, systems across the Trust.



Mrs Fields asked about collaborative working between Internal and External Audit. Mr Ashton confirmed there was collaborative working between Internal and External Audit, but this is undertaken within a framework.

Mr Lee asked if there was an audit plan that is used by Internal Audit. Mr Ashton confirmed that was the case.

The Council of Governors noted the report.

**14/43 Presentation from External Audit**

Mr Rose welcomed Mr Nunns to the meeting and asked him to give his presentation. Mr Nunns gave a presentation that outlined the work of External Audit and the key messages from the last audit. The presentation is attached to these minutes.

The Council of Governors noted the comments made.

**14/44 Any Other Business**

No further business was discussed.

**14/45 Time and date of the next meeting**

The next meeting will be held on the 11 March 2015 the location is to be confirmed. (note the earlier item about a potential additional meeting in March to accommodate the CQC inspection visit.)

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**Council of Governors meeting –11 March 2015**

**Reports from Governors on activities and meetings they have attended**

**Lead Governor Report**

Governors continue to be involved in a variety of ways across the organisation and I would like to thank everyone for their on-going commitment to ensure that the Governor role and the responsibilities of this role are actioned appropriately.

PLACE assessment training has taken place and dates are coming out inviting Governors to be involved where possible. This is a good opportunity to visit departments/units across the Trust, learn about what happens there and speak with patients and their visitors.

The second Governor Forum has taken place and feed-back as to how these are addressing concerns of Governors are welcomed. We discussed the pending CQC visit and what will be expected of governors. Alan has already circulated the self-assessment document completed by the trust for your information. There is no news yet about the public meetings discussed but the information about the Governor Focus group has been sent out to everyone. It is to be held on 18th March at 3 - 4pm in the Ophthalmology Seminar Room, York Hospital.

The two particular developments that I would like to give you information about following:

1. A Psychiatric Liaison Service based in the Emergency Department at York Hospital. This is a pilot scheme to run for a year has been developed by York Trust and Leeds and York Partnership. A Psychiatric Liaison Specialist Nurse is available 24 hours a day, 7 days a week with Consultant support. The initial feed-back is very good. This service has been seen by the Governors as an essential part of the service provided to patients in ED and the development is welcomed. More information will be coming to you about this service but the lead Consultant has offered to come to talk to Governors about this service. I understand a similar service is being developed for Scarborough but York is working with a different provider for this so no detail is available as yet.

2. The change of emphasis made by the Patient Experience team in looking at the patient experience as a whole and not focusing on one element, complaints or concerns. A new leaflet is being produced which has been widely consulted on and should be available shortly. It is entitled "Your Experience Matters". Please do encourage patients and their families to let the trust know about their experiences. Copies of the leaflet is available for Governors

Governors are very aware of the challenges the Trust faces and are grateful to the commitment shown by **all** staff to ensure that patients receive the best care possible. In attending the Trust "Celebration of Achievement Award" Ceremony this year it was

a privilege to see the efforts individuals and teams were making to ensure this happens. Andrew has raised about providing more information to Governors on the financial picture. Andy Bertram has offered to come to brief Governors.

Can I take the opportunity of behalf of the Council of Governors of thanking Alan Rose for his very valued advice, support and guidance and wish him well in his role in Colchester and welcome Sue Symington to York as the new trust Chair. We look forward to working with Sue and taking issues forward with her in the future.

**Margaret Jackson - Lead Governor and Public Governor York**

\* \* \* \*

## **Community Services Group**

### Meetings

Following the Community Governors meeting on 25 November 2014 it was agreed to revise the group's work plan. This would allow the group to focus on providing a lay reference group for developments in community services, specifically relating to the pilots of Care Hubs in Ryedale and Selby. It was agreed this group would include wider public representation.

The group met, as agreed, on the 17 December 2014. In attendance were Ann Bolland, Margaret Jackson, Steve Hinchcliffe, Les North, Sheila Miller and Steve Reed as chair.

### Activity

The focus of the meeting was on the proposed service model for two Community Response Teams, one covering Selby and District and one covering Ryedale. The group reviewed a document (circulated to governors for reference) that provided a narrative overview of how the new teams would operate. The group were able to make clarifications and amendments to ensure the document was accurate and accessible.

The group went through the service model in detail making links to existing community organisations and ensuring that it was fit for purpose. Their feedback was shared with the project's Implementation Group via the chair on 19 December 2014.

The group also reviewed other care hub developments, namely:

- Care Home in-reach visits
- Frailty Clinic pilot.

The group reviewed the current York Intermediate Care team patient information leaflet to determine the changes required to inform those using the new services. This covered format and accessibility, use of language, key information and the potential development of a version to meet the needs of those with learning difficulties or dementia.

### Actions Agreed

- Update the service model document in line with discussion (SR)
- Produce a draft information leaflet for the group to review virtually (SR)
- Circulate the service model to governors (MJ)
- Develop a service 'mission statement' through team development work (SR)
- Circulate draft terms of reference for the group (SR)

### Future Meetings

The group will meet in February and May 2015 (avoiding other governor meetings).

**Steve Reed on behalf of the Group**

\* \* \* \*

### Fairness Forum – 22<sup>nd</sup> January 2015

As usual there was a very long agenda to work through with many varied points for discussion.

National Policy Drivers were discussed. In 2012 the NHS National Quality Board (NQB) published the NHS Patient experience framework. This framework outlines those elements that are critical to the patient experience who use NHS services. The framework contains eight points regarding patients, cares and families.

Sue Holden led discussion on Workforce Race Equality and Standard framework which has commenced and will support the Access to Services action plan. Sue also introduced information from NHS England about targeting Obesity, Alcohol abuse and Smoking related illnesses.

It was shared with group that Patrick now does a monthly Brief to staff as a means of sharing information.

At a previous meeting discussion took place regarding access for assistance Dogs. Guidelines are to be written that include outpatient attendance. It was agreed that the trust have to create designated areas where dogs could be toileted and exercised. Information for patients on this matter will be shared with RNIB and the Action for hearing loss group.

The group received five minute updates from, Capital Planning, Chaplaincy, Martin Doe was introduced as the replacement for Stuart Petty who had now left the trust, Elderly Services, Human resources, Visual impairment Visual Impairment and the LQBT network.

Debora Wheeler was in attendance from the York Blind and Partially sighted and it was agreed that if Vanessa Camp was unavailable for these meeting then Debora would represent her.

Monitor Equality Objectives; Equality Analysis and the role of the Fairness Forum in approving policies was discussed. Equality Objectives will be reviewed as part of

EDS2. A paper in relation to Equality Delivery System (EDS 2) is enclosed in Governors papers.

Margaret Milburn tabled the following items:

- Access to Services update,
- EDS2.
- Dress and Appearance policy.

After a lot of discussion it was agreed that the Uniform Policy required further work and therefore would be deferred until our next meeting.

The meeting closed at 4pm.

**Ann Bolland, Governor Selby**  
**Jenny Moreton, Governor Ryedale and East Yorkshire**

\* \* \* \*

### **Arts Strategy Steering Group**

I attended a meeting in January. Recent work by the arts team has included helping the Catering Department with their new Word Cloud and other designs for the super new Ellerby's Restaurant. An old office in the Head and Neck Department has been changed to a quiet room for patients and staff and art work was provided here. Following a survey of both patients and staff about the environment in the York Endoscopy Unit [initiated by Mr Chintipatia a surgeon at York] new decorations and pictures have been put in place using a theme of pictures relating to the city of York. The pre-op assessment and admissions unit on Ward 27 is very short of space and small self-contained pods will be used in the ward and the Arts team have worked with a surface pattern designer to produce vinyls to decorate the pods. The Trust Values window manifestations are now displayed in the entrance areas of all six hospitals. Recent exhibitions in the long street have included work by nine textile artists. The small area which has changing displays has been used to celebrate Chinese New Year.

A Signage Committee is being formed and Kat Hetherington [Arts Officer] will join it. In view of recent criticism by North Yorkshire Healthwatch following their 'enter and view visit' at Scarborough I checked that this would be a priority area. Jo Davies [Arts Officer at Scarborough] is involved also. She has commissioned an Artist to create a tree sculpture for the Staff Memorial garden. She has also been involved in the placement of art in the newly build Lilac ward. She organised a successful programme of music for patients, visitors and staff at Scarborough over the Christmas period. The Scarborough Donation Point is now in place. Priorities for the coming year will be:

1. The Radiology Department at York which is currently undergoing a major re-vamp. Art work has been commissioned from a retired surgeon now an artist who has produced some excellent work based on old xray boxes and plates and hopes to

base some on patients and staff to bring an element of humanity to a department which can seem very clinical at times.

2. Malton – work on the One Stop Urology Out-Patient Unit will start soon and Arts Team will be involved.

3. Outpatient department in York Hospital.

4. Improvement of sign age.

**Jeanette Anness, Governor Ryedale and East Yorkshire**

\* \* \* \*

### **Comments from Andrew Butler, Governor Selby**

At this meeting I would like to draw Governors attention to the financial performance of the Trust. I have discussed this matter with the Governors (and the Trust's Chair) who attended the Governor Forum and we agreed it was an issue which merits further attention.

Ordinarily, the finance of the Trust are something firmly in the remit of the Board of Directors, however we have a statutory duty to hold the Board to account. It is important that we are satisfied that the board is rising to meet this significant challenge.

In the January and February board papers show that the Trust is now adrift from the planned position at the beginning of the financial year. At the end of January the Trust had a deficit of £2.8 million when it planned to have a surplus of £3.4 million.

Against an income of approximately £380 million, a deficit of ~1% is not the end of the world in the short term. It is clear from the minutes of the Finance and Performance Committee and the Board of Directors papers that this deficit is being given considered attention and discussion.

However, with the above in mind, I am particularly concerned that in two years time the Trust will no longer receive the transitional funding (~£8 million per year), which comes centrally as a result of the SNEY acquisition.

This cliff edge, when combined with any deficit going forward will significantly impact the Trust as a going concern if it is not remedied. It is not something any other trust has to face and I think it is wholly reasonable that we should seek firm assurances from the Directors on this matter and agree how we as Governors should monitor this risk.

It would be entirely remiss of me not to use this opportunity to warmly thank Alan for his leadership and to wish him well in his new role. Thank you Alan, you've done us

proud here at YTHFT and the Governors at Colchester have done a great job in picking you to lead their trust forward.

**Andrew Butler, Selby Governor.**

\* \* \* \*

### **Comments from Jane Dalton, Governor Hambleton**

#### **Appointment of the new Chair**

As a member of the Nominations and Remuneration Committee, I was pleased to take part in the recruitment process for the new Chair of our Trust in December 2014. I would like to congratulate Sue Symington on her appointment. At the same time, I would like to give personal thanks to our outgoing Chair Alan Rose for his dedication and support for the Council of Governors during his term of office.

#### **St Monica's Hospital Easingwold**

I attended a meeting on 3<sup>rd</sup> February at the Galtres Centre in Easingwold where discussions focused on future opportunities for development at St Monica's Hospital. Among the various attendees were representatives from York Teaching Hospital NHS Foundation Trust (including staff from St Monica's), the League of Friends of St Monica's, Vale of York Clinical Commissioning Group, and local GPs.

At the meeting, Mike Proctor (Deputy Chief Executive at the Trust) explained that the Trust wishes to build on the excellent reputation of St Monica's to help bring about some necessary changes to the way care is currently delivered from this site. In order to maximise the benefits this hospital can bring to a larger number of people, on the table for discussion is increased focus on the delivery of high quality community-based services.

The meeting provided an initial opportunity for attendees to discuss and feedback thoughts on what these future services might look like, together with any challenges and risks. As the elected Governor for this area, I will press for follow up on the next steps in this process.

**Jane Dalton, Governor Hambleton**

\* \* \* \*

*(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.)*



## Council of Governors – 11 March 2015

### Governors protocol for approaching Monitor's Independent Panel

#### Action requested/recommendation

The Constitutional Review Group recommends approval by the Council of Governors of the proposed protocol.

#### Summary

The 2012 Health and Social Care Act gave the Council of Governors a number of additional powers. The Constitutional Review Group has been working through those additional powers and considering what protocols should be put in place outside the constitution.

The attached protocol builds on the legislation and the discussions held in the Constitutional Review Group.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

## Reference to CQC

This proposal fits with the well led section of the CQC assessment.

Progress of report	The paper has been developed by the Constitutional Review Group for presentation to the Council of Governors.
Risk	There are no risks from the paper.
Resource implications	There are no resource implications in the paper.
Owner	Constitutional Review Group
Author	Andrew Butler, Public Governor Selby
Date of paper	March 15
Version number	Version 1

## **Governors protocol for approaching Monitor's Independent Panel.**

### **Introduction**

The Health and Social Care Act 2012 gave Governors of Foundation Trusts the right to refer questions to an independent panel when the Council of Governors believes that a Foundation Trust is failing to act in accordance with its constitution, or legislation.

This panel has now been established by Monitor, and is known as "The Panel for Advising Governors" (The Panel).

The Panel operates independently of Monitor. It is not a regulator and has no power to compel change to a Foundation Trust. The Panel is only there to give a considered, expert assessment to the Council of Governors on questions posed; it is then for The Council of Governors to use this information to act as they see fit.

No Monitor staff are members of The Panel and The Panel will not share information on any questions raised, other than in circumstances where the Panel assesses that there is a significant risk of breach of regulatory standards (those of Monitor or the Care Quality Commission) by a Trust.

It is the purpose of this protocol to show the agreed process the Council of Governors should follow in the event there is a need to ask a question of The Panel.

Both Monitor and The Panel are very clear that internal procedures should be undertaken before putting a question to The Panel. They should be considered a penultimate resort if Governors are not able to obtain a satisfactory answer through internal discussion with a Foundation Trust; the final resort being a formal referral to Monitor.

The Constitution of York Teaching Hospital FT states in section 19 that:

- 1) The Board of Directors shall promote effective communication and have regard for the views of the Council of Governors.
- 2) The Council of Governors and the Board of Directors shall each use their best endeavours to resolve any difference of view through discussion.

This, therefore, will be the starting point of this protocol.

This protocol is non-exhaustive and intended for guidance, it is not intended to constrain the Council of Governors. Urgency may allow for the skipping of one or more of the steps, while commonsense may require you revisit some steps again. Steps marked in blue indicate steps that an individual or group of Governors could take while steps marked in green are those that should be undertaken by the collective Council of Governors.

**IMPORTANT: Nothing in this protocol shall be construed as guidance or a limit on Governors' right or duty to raise concerns or whistle-blow to the appropriate authority on the matters of financial irregularity, safety or standards of patient care.**

## **1 The Protocol**

- a) Ordinarily, any arising issue can be solved by informally contacting an appropriate Board member or Trust Officer in the normal way. Discuss this issue informally with other Governors to assess if the issue is considered a matter of collective concern. You may wish to raise the matter with the Foundation Trust Secretary to establish facts, the duties of the Trust, to discuss concerns and seek avenues of resolution. It is normally good practice to include the Lead Governor in your discussions.
- b) Discuss the matter formally with the Chair, request the matter is looked into and for them to reply to you in a reasonable amount of time. It may be suitable to discuss the matter with the Chief Executive, Vice-Chair, Senior Independent Director or other Directors, if the Chairman has a conflict of interest.
- c) Return to other Governors and discuss what you have learned. Consider approaching the Senior Independent Director informally to try and reach a resolution to the issue.

**Reasonable steps should be taken to address an issue informally before proceeding.**

- d) If not satisfied, use Council of Governors Standing Orders to have the issue placed on the next agenda. If the matter is urgent, consider using Council of Governors Standing Orders (11-19) to call an extraordinary meeting.

The Health and Social Care Act (2012) gave Governors the power to require the attendance of one or more of the Directors of the Trust to a Governors' meeting to obtain information about the performance of the Trust. Consider using these procedures to ensure the correct Directors are in attendance to provide information.

- e) Discuss the issue frankly and openly at the Council of Governors. Conclude if the Council of Governors is assured or not assured on the issue, based on the information given. If not assured, use Council of Governors Standing Orders (27-33) to propose a motion requesting that the Board of Directors formally responds to the issue in a reasonable timeframe, i.e.: by the next Council of Governors meeting, or sooner. Consider, if the matter is urgent, using Council of Governors Standing Orders (11-19) to set a date for a further extraordinary meeting.

The Council of Governors should agree with the Chairman to have consideration of the formal Board of Directors' reply as an agenda item on the next Council of Governors meeting.

- e) The Council of Governors should consider the reply of the Board of Directors at the next meeting.

**All reasonable steps, included repeated formal discussions, should be taken to resolve the matter internally before proceeding further.**

- f) If no agreeable resolution is found, the Council of Governors should vote to refer the matter to The Panel for their opinion. The Panel require that 50%+1 of the Council of Governors vote in favour of the referral. If a vote is in favour of a referral, the Council of Governors should agree to appoint a person to write the referral form AP1 (See Monitor's website) using the guidance notes AP1(N) (See Monitor's website) **Remember:** The Panel can only advise if the Trust is not acting in accordance with its Constitution or Legislation. It is good practice, but not

required, for the draft form AP1 to be shared with all other Governors for input before sending it to The Panel.

g) Await the Panel's reply. Then discuss The Panel's opinion at the next Governors' meeting to consider what, if any, further action should be taken; i.e. a formal complaint to Monitor.

March 2015

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## Council of Governors – 11 March 2015

### Governor's protocol to hold the Board of Directors to account through NEDS

#### Action requested/recommendation

The Constitutional Review Group recommends approval by the Council of Governors of the proposed protocol.

#### Summary

The 2012 Health and Social Care Act gave the Council of Governors a number of additional powers. The Constitutional Review Group has been working through those additional powers and considering what protocols should be put in place outside the constitution.

The attached protocol builds on the legislation and the discussions held in the Constitutional Review Group.

#### **Strategic Aims**

**Please cross as appropriate**

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

#### Implications for equality and diversity

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

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

## Reference to CQC

This proposal fits with the well led section of the CQC assessment.

Progress of report	The paper has been developed by the Constitutional Review Group for presentation to the Council of Governors.
Risk	There are no risks from the paper.
Resource implications	There are no resource implications in the paper.
Owner	Constitutional Review Group
Author	Andrew Butler, Public Governor Selby
Date of paper	March 15
Version number	Version 1



## **Governors' Protocol to hold the Board of Directors to account through NEDS.**

### **Introduction**

The Health and Social Care Act 2012 gave the Council of Governors at Foundation Trusts the power to: "Require one or more of the Directors to attend a Governors' meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors' performance of their duties".

It is the purpose of this document to define the appropriate procedure for The Council of Governors to exercise this power.

**IMPORTANT: Nothing in this protocol shall be construed as guidance or a limit on Governors' right or duty to raise concerns or whistle-blow to the appropriate authority on the matters of financial irregularity, quality and safety or standards of patient care.**

The Constitution of York Teaching Hospital NHS Foundation Trust provides a provision in section 19 that:

- 1) The Board of Directors shall promote effective communication and have regard for the views of the Council of Governors.
- 2) The Council of Governors and the Board of Directors shall each use their best endeavours to resolve any difference of view through discussion.

This, therefore, will be the starting point of this protocol.

This protocol is non exhaustive and intended for guidance, it is not intended to constrain the Council of Governors. Urgency may allow for the skipping of one or more of the steps, while commonsense may require you revisit some steps again.

The Nolan Principles, combined with the statement in the Commitment Document on information exchange between the Governors and the Trust, means that Governors should be able to ask for and receive almost any pertinent information about the Trust in order to aid Governors in holding the Board of Directors to account.

Ordinarily, most information will be provided in the Council of Governors' papers, the Board of Directors' papers or during meetings and sub-committees which Governors attend. Where further information is required, a Governor would usually make a request through the Chair or Foundation Trust Secretary and, if the information is not reasonably forthcoming, discuss the request with the Senior Independent Director.

If it is felt by Governors that the Trust needs to justify their position to the Council of Governors, the following procedure should be used:

1) If a Governor feels that there is a situation that requires information or justification, they should first put the issue to the Foundation Trust Secretary to seek guidance on the appropriate person to approach for an answer. In most cases this will be the Chair, who will co-ordinate with the Trust to give an answer. Governors should seek to repeat this step if the answer is unsatisfactory. A private briefing from the Trust may be in order.

2) If it is felt that further action is required, the issue should be put to discussion to the Council of Governors through the usual channels. It would normally be expected for the Lead Governor to co-ordinate this, but Governors may choose a Chairperson for this discussion. Governors should take steps to ensure all views are heard in a timely fashion and must not deliberately (or through inaction) exclude differing views.

3) At the conclusion of the discussion, Governors should have reached a consensus regarding a way forward. On any issue where there is not consensus, a vote shall decide the way forward. A decision then has to be made as to the urgency of the matter.

4a) If the matter is considered urgent, then the procedure for calling an extra-ordinary meeting of the Council of Governors should be followed. Governors should inform the Trust that a Director will be required to attend the meeting to account for the issue (see note i).

4b) If the issue is not considered urgent, the Lead Governor should inform the Foundation Trust Secretary and Chair that a Director is required to attend the next scheduled Council of Governors' meeting to account for the issue and that the issue needs to be on the agenda (see note i).

NB: It would be good practice for Directors and Governors to consider a private briefing on the issue to fully explore the issue, but where a vote has taken place to call a Director, they will be required to attend (see note i).

#### NOTES:

- i) It may not always be possible for a specific Director to attend a meeting; it would generally be considered reasonable for the Trust to offer a Deputy or alternate Director in this case. Governors should take a judgement as to if this is satisfactory and take a view if the meeting should proceed or be delayed. If the reason for non-attendance is not thought satisfactory by the Council of Governors, the Trust could be in breach of legislation. Governors may then wish to consider a vote of confidence in the Board of Directors or a referral to the Regulator.
- ii) It must be noted that the legislation makes it clear Governors may summon both Executive and Non-executive Directors.

In the extremely unlikely event that the Trust refuses to abide by the Council of Governors' decision to proceed with their statutory right to summon a Director, and the Senior Independent Director is unable to help, then it should be considered that relations between the Council of Governors and the Board of Directors have irrevocably broken down. The Lead Governor should contact the Regulator.

March 2015

**Council of Governors – 11 March 2015**

**Skills Audit for Governors**

Action requested/recommendation

The Constitutional Review Group recommends that the Council of Governors agree to using the audit.

Summary

The 2012 Health and Social Care Act gave the Council of Governors a number of additional powers. The Constitutional Review Group has been working through those additional powers and considering what protocols should be put in place outside the constitution.

The attached skills audit will help support the delivery of the requirement of the Trust to ensure the Governors are appropriately trained to be able to undertake their role.

**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

This proposal fits with the well led section of the CQC assessment.

Progress of report	The paper has been developed by the Constitutional Review Group for presentation to the Council of Governors.
Risk	There are no risks from the paper.
Resource implications	There are no resource implications in the paper.
Owner	Constitutional Review Group
Author	Ann Bolland, Selby Public Governor
Date of paper	March 15
Version number	Version 1

### Skills Audit for Trust Governors

This is designed to help us to decide where the Trust would benefit by individual's specific expertise and is not meant to be in any way intrusive. Please fill in areas you feel comfortable with.

Areas of experience	Key Skills	Tick	Experience examples
Strategic Planning	Leadership and Management		
	Management change		
	Prioritising		
Financial	Understanding, managing and preparing budgets		
	Analysing financial data		
	NHS funding framework		
Legal	Understanding Foundation Trust status		
	Hospital Charity funding		
	Government NHS changes		
Communication	Teamwork		
	Shared values		
	Supporting others		
	Negotiation		
	Teamwork		
Management	Appraisals		
	Chairing and running meetings		
	Motivating others		
	Discipline and grievances		
	Volunteer management and development		
	Recruitment and selection		
	Equality of opportunity		
	Performance management		

Areas of experience	Key Skills	Tick	Experience examples
Management (cont.)	Setting agendas		
	Taking minutes		
	Active listening		
Fundraising	Sourcing		
	Bids and Grants		
	Charity returns		
	Tenders		
	Sponsorship		
	Legalities		
Specialist Skills	Equality and Diversity		
	Health and Safety		
	IT		
Other skills	Please specify		

**Dates for the Council of Governor meeting from March 2015 to March 2016 associated committees (Nomination/Remuneration Committee, Constitutional Review Group, Governors Forum meeting)**

Council of Governors meeting date			For information only		
Month	Date	Room	Nomination/ Remuneration Committee	Constitutional Review Group	Governors' forum
<b>2015</b>					
<b>February</b>					18 <sup>th</sup>
<b>March</b>	11 <sup>th</sup>	St Catherine's Scarborough	2 <sup>nd</sup>	24 <sup>th</sup>	
<b>April</b>					
<b>May</b>					26 <sup>th</sup>
<b>June</b>	10 <sup>th</sup>	Malton Rugby Club	2 <sup>nd</sup>	18 <sup>th</sup>	
<b>July</b>					
<b>August</b>			18 <sup>th</sup>		25 <sup>th</sup>
<b>September</b>	9 <sup>th</sup>	Breast Unit Conference Room, York Hospital		16 <sup>th</sup>	
<b>October</b>					
<b>November</b>			24 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>
<b>December</b>	9 <sup>th</sup>	TBC			
<b>2016</b>					
<b>January</b>				20 <sup>th</sup>	
<b>February</b>					23 <sup>rd</sup>
<b>March</b>	9 <sup>th</sup>	TBC	1 <sup>st</sup>	15 <sup>th</sup>	

Please note that dates/venues may change during the year