

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

on: **Wednesday 16 September 2015**

at: **4.00pm – 6.00pm**

at: **St Catherine's Hospice, Throxenby Lane, Scarborough, North Yorkshire
YO12 5RE**

Time	Meeting	Attendees
3.15pm – 3.50pm	Private meeting of the Council of Governors	Governors with Trust Chair
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the Public

The Trust Values are:

- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can do be helpful with patients at the centre of everything we do

We will strive to reflect these during our 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	Time	Item	Lead	Paper	Page
1.	4.00-4.10	Chair's Introduction and welcome The Chair will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chair	Verbal	
2.		Apologies for absence To receive any apologies for absence: <ul style="list-style-type: none"> • Jane Dalton • Mike Keaney • Dianne Willcocks 	Chair	Verbal	
3.		Declaration of Interests To receive the draft declarations of interests.	Chair	A	5
4.		Minutes from the meeting held in public on 10 June 2015 To approve the minutes of the meeting held on 10 June 2015	Chair	B	11
5.		Matters arising from the minutes To consider any other matters arising from the minutes.	Chair	Verbal	
6.		Update from the Private Meeting held earlier To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chair	Verbal	
7.	4.10-4.30	Chief Executive's Report To receive a report from the Chief Executive.	Chief Executive	C	17
8.	4.30-4.50	Turnaround Avoidance Programme – Delivering Success To receive a presentation on the programme.		Verbal	

No	Time	Item	Lead	Paper	Page
9.	4.50-5.20	Governors' Reports To receive the reports from governors on their activities.	Governors	D	23
10.		Membership Engagement To discuss the approach to membership engagement.	Penelope Worsley Sheila Miller Clive Neale	E	33
11.		Governor Elections 2015 – update report To receive a paper on the election process.	Chair	F	43
12.	5.20-5.30	Board to Board meeting To discuss the approach to the Board to Board meetings – Bonfire night (5 November).	Chair	Verbal	
13.	5.30-5.45	Non-executive Director Review An update on the NED review Process.	Chair	G	47
14.	5.45-5.55	Audit Committee Annual Report To receive an Annual report from the Audit Committee.	Chairman of the Audit Committee	H	53
15.	5.55-6.00	Planning ahead Receive a document that includes the key dates of meetings for the Council of Governors for 2016/17. The Friend's Meeting House Malton.	Chair	I	63
16.		Any other business To consider any other items of business			
17.		Time and date of next meeting The next Council of Governors meeting (in public) will be held on 9 December 2015 in the Breast Unit Conference Room at 4.00pm. Reminder the meeting precedes the Xmas Carol Service at York Minster.			

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Register of Governors' interests

September 2015

New: **Cllr John Galvin**—Stakeholder Governor from City of York Council
Cllr Chris Pearson—Stakeholder Governor from North Yorkshire County Council

Amendments: **Michael Beckett**—No longer a Councillor.

Deletions: **Michael Beckett**—remove Councillor Malton Town Council
Penelope Worsley—remove **Trustee**—NGO working overseas
Cllr Joseph Riches— removed no longer a Governor
Cllr Caroline Patmore—removed no longer a Governor

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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
Michael Beckett (Appointed: North Yorkshire and York Forum)	North Yorkshire and York Forum	North Yorkshire and York Forum	Nil	Chair—Ryedale and District Mencap Prospective Parliamentary Candidate - Scarborough and Whitby Constituency Member— North Yorkshire and York Forum	Non-executive Director— North Yorkshire and York Forum 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	Nil
Clive Neale (Public: Bridlington)	Nil	Nil	Nil	Member of Health-watch East Riding.	Nil	Nil

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

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Les North (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Chris Pearson (North Yorkshire County Council)	TBA	TBA	TBA	TBA	TBA	TBA
Cllr John Galvin (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)	Nil	Nil	Nil	Nil	Nil	Nil

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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 10th June 2015, in Dining Room, Malton Hospital

Present at the meeting

Chair of the meeting:

Ms Sue Symington, Chair

Public Governors:

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

Appointed Governors:

Mr Michael Beckett, North Yorkshire & York Forum
Professor Rowena Jacobs, University of York
Councillor Caroline Patmore, North Yorkshire Council

Staff Governors:

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

Attendance:

Mr Michael Proctor, Deputy Chief Executive for item
Mrs Anna Pridmore, Foundation Trust Secretary
Miss Marie Smith, Chief Executive Office Secretary
Miss Jennie Adams, Non-Executive Director

Miss Lydia Larcum, HR Manager for item
Miss Sian Wiseman, Workforce Information Manager for item

Apologies for absence:

Apologies were received from the following Governors/others:

Mr Stephen Hinchliffe, Whitby
Dr Jenny Moreton, Ryedale and East Yorkshire
Prof Dianne Willcocks, Non-Executive Director
Ms Libby Raper, Non-Executive Director

15/15 Declaration of Interests

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

Mr Michael Beckett informed that he is no longer a Councillor.

15/16 Minutes of Council of Governors Public Meeting – 11th March 2015

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

15/17 Matters Arising from the Minutes

There were no matters arising from the minutes.

15/18 Update from the Private Meeting held earlier

Ms Symington reported the Council of Governors in the private session had approved the recommendation from the Nomination/Remuneration Committee of a 1% increase in remuneration for the Non-Executive Directors. She also noted there would be no increase in remuneration for the Chair.

Ms Symington also informed that the Council of Governors it had been agreed to re-appointment Ms Libby Raper for a 3rd term as Non-Executive Director.

15/19 Chief Executive's Report

Mr Proctor presented the Chief Executive's Report to the Council of Governors.

Mr Proctor reflected on the challenges ahead for NHS and Social Care Organisations. He outlined the change of approach that is needed to address the challenges and remain a successful organisation

He reported for the last financial year the Trust posted a deficit for the first time. He added the financial plan for the current financial year (2015/16) is for a deficit to be reported at the end of the year. If the Trust does not take some action, by year end 2017/18 the Trust will be declaring a £20m deficit and will become a

failing organisation. Mr Proctor continued to summarise the report and commented on the problems related to performance. He advised that a meeting with senior manager has been held to discuss the actions the Trust would need to take to ensure the Trust remains in control of its own destiny. He explained the changes include having greater discipline and working smarter and faster. Mr Cooney has been asked to manage the project on behalf of Mr Bertram who is the Director lead for the project.

Mrs Worsley asked Mr Proctor to clarify what the Trust is doing to reduce fines. Mr Proctor advised that last year's fines totalled £7m and the Trust recorded a £2m deficit. He explained the work included in the project and the current initiative being undertaken should address the level of fines in the Trust. Ms Symington added the Board is expecting the fines to decrease with improvement of services.

Mr Proctor summarising his current role explaining he is responsible for taking a wider role in Community Services and building relationships with other stakeholder organisations. He explained he had been at a meeting at St Monica's Hospital Easingwold – the World Café event, discussing with the community what was important to their health and wellbeing. He commented that the general public have excellent ideas, but the Trust is constrained by the lack of new money in the system, which means that choices have to be made about what services are provided.

Mr Proctor reported on the development work around an Alliance Board in the community which will include the Trust and other providers of services.

Mrs Bolland asked Mr Proctor how the event at St Monica's will affect the Hospital future plans. Mr Proctor responded by asking the Governors to consider the cost of a single night stay at St Monica's is the same as day care for twenty patients. The Governors understood the financial challenge and the requirement to use the financial resources as efficiently and effectively as possible.

Mr Baines enquired about the success of the Community Hubs in reducing Hospital admissions. Mr Proctor assured the Council of Governors the Hubs are proving effective and are reducing admissions to Hospital and noted an estimated £1m could be saved if they were rolled out to further areas.

Mrs Worsley asked Mr Proctor to clarify the reason for centralisation of stroke and neurology services. Mr Proctor explained the Trust had been unable to recruit to key posts. As a result the Trust is unable to provide outpatient services in these areas at present.

Mrs Worsley expressed an interest in Orthopaedics and about the expansion of the unit. Mr Proctor explained a business case had been presented to Corporate Directors for comment on and he hoped there would be further to report later in the year.

Mr Wheeler brought to Mr Proctor's attention a political leaflet and Mr Butler asked Mr Proctor how it is appropriate to respond when these items arise.

Mr Proctor clarified that in this instance, a response had been issued and highlighted level of public trust regarding Whitby Hospital and constant half-truths. He noted the importance of communication and how in most cases it proves effective to engage with the press and social media, but to make a judgement for each single occurrence.

Ms Symington thanked Mr Proctor for his presentation. Mr Proctor left the meeting

15/20 Governor Election Process

Mrs Pridmore presented the paper on the Governor election process and timescale.

Mr Wheeler asked Mrs Pridmore what would happen with the Whitby seat once the Hospital transferred to NHS PropCo. Mrs Pridmore advised the Trust will still provide some acute services for Whitby and therefore will still require a Governor in that area.

Mrs Worsley asked for confirmation of the date for nominations to be submitted. Mrs Pridmore stated that as in the report all nominations and attached photographs should be submitted by 11 August 2015.

The Governors noted the report.

Ms Symington also noted that Governors should make Head of Communications Mrs Lucy Brown aware of any nominations for Celebration of Achievement Award by 07 August 2015.

15/21 Presentation – Staff Survey

Ms Symington introduced Miss Sian Longhorne and Miss Lydia Larcum as part of the HR team.

Miss Longhorne presented the results of the staff survey highlighting the key findings. She explained that Capita manage data which enables the survey to be anonymous and staff unidentifiable in the final report.

Professor Jacobs asked Miss Longhorne to clarify how the response rate compares with other Trusts. Miss Longhorne advised there had been a reduction in the number of responses this year when compared to last year at 51% (down from 54%) but above the national average of 47%.

Professor Jacobs asked for details of how staff are encouraged to participate and if incentives have been considered. Miss Longhorne specified that incentives had been used previously but had not proved effective overall.

Mrs Noble suggested working with staff Governors to encourage participation could prove an effective method of increasing the response rate.

Miss Larcum discussed the themes of the staff survey and what actions are needed based on the highlighted results. She explained that this year HR had adopted a new strategy to allow a more localised action plan for each directorate. She noted that when all the data was considered there were three key themes to be actioned;

- Relaunch of staff suggestion scheme
- Revised appraisal and manager training programme
- You said/we did scheme

Ms Symington thanked Miss Longhorn and Miss Larcum and extended the invitation for them to return and update the Council of Governors in six months.

She noted the need for management to become better engaged with staff and will endeavour to promote this.

Action: Miss Longhorn and Miss Larcum to update Council of Governors on progress of action plan in six months.

15/22 Any Other Business

Mrs Bolland provided the Council of Governors with feedback from the Patient Protected Mealtimes meeting and asked all to note this will become "Supported Patient Mealtimes".

Mrs Jackson asked all to note the date and time of the Scarborough Hospital stillborn maternity service taking place on 02 July 2015 at 19.30pm at St Luke's Church, Scarborough and invited all those interested to attend.

15/23 Time and date of the next meeting

The next meeting will be held on 16th September 2015 at St Catherine's Hospice, Scarborough.

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Council of Governors – 16 September 2015

Chief Executive Report

Action requested/recommendation

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

Summary

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

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes

Progress of report Report developed for the Council of Governors.

Risk Any risks are identified in the report.

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

Council of Governors – 16 September 2015

Chief Executive Report

Turnaround Avoidance Programme: delivering success

As governors will recall from the June Council of Governors' meeting, discussions have been taking place regarding our plans to arrest the deterioration of our performance and our financial position. This programme has now been officially launched with a briefing that has been shared within the organisation.

The Turnaround Avoidance Programme: Delivering Success is designed to provide structured support and governance to a number of initiatives intended to restore performance and improve finance. The Programme Director will be Gordon Cooney and the Trust's Corporate Improvement Team will support the work.

The Team will work in a similar way to that of the Corporate Efficiency Team in that responsibility and accountability for delivery of the key turnaround avoidance initiatives are firmly placed with Executives, Senior Managers and Clinical Directorate Management Teams with the Turnaround Avoidance Team ensuring overarching governance, pace, and reporting are in place and will provide additional support to project delivery.

The team will be focussing on the following work streams:

- Performance improvement
- Fine eradication programme
- Expenditure control and discipline (including business case evaluation)
- Staffing and productivity
- Opportunities for income maximisation

As the Trust moves into its Turnaround Avoidance Programme there will be a number of immediate changes to the way we operate. These are all designed to ensure we focus relentlessly on delivering a quality service to our patients, comply fully with the required national and local standards and that we move quickly to once again living within our financial means.

These actions include closer scrutiny of senior vacancies (band 7 or above), increased elective activity delivery, tighter control of discretionary expenditure, post-implementation reviews of business cases, reinforcement of the Trust's scheme of delegation, and a requirement for all improvement initiatives to align their objectives to the Turnaround Avoidance Programme.

Each of these actions is designed to secure performance improvement or to bring our financial position back under control. These actions are representative of those that would feature as part of a formal turnaround process should the Trust find itself in breach of the terms of its operating license and ultimately be placed in special measures.

Every effort will be made to engage all staff in the organisation with the principles of the programme, and open dialogue will be encouraged to enable staff to contribute their ideas for improvement.

I will keep governors informed as to the progress of this important work.

CQC Report

We have now received the first draft reports from the CQC, following their Trust-wide inspection in March. The reports were provided to us for accuracy checking, and, if appropriate, for challenging their content.

We have now submitted our response to the reports and are awaiting further feedback from the CQC.

The final reports are then presented and discussed at a meeting known as a Quality Summit, attended by the CQC and invited representatives from both the Trust and our stakeholder organisations, for example our commissioners and Healthwatch. It is at this stage that the reports are public, and we can share them in full.

What this results in for us is an overall rating for the Trust as a whole of either outstanding, good, requires improvement or inadequate.

As the reports are yet to be published I cannot share much by way of detail, however the early feedback as to their content is that it is broadly consistent with the feedback I shared with you at the end of the inspection.

On first assessment of the reports, what comes across loud and clear is a strong sense of care, compassion, and absolute commitment of our staff to giving our patients the best possible treatment whilst in our care. This was shared in the verbal feedback at the end of the inspection, and comes through strongly as a theme in all of the reports.

They also describe us as open and honest, which is exactly how I would want and expect us to behave as an organisation.

As you would expect, staffing and the ability to recruit to key posts is a recurrent theme, as is some of the challenge we face regarding our access targets and other elements of our performance. These have been well documented previously, and it should therefore be of no surprise that they feature in this report, and as previously mentioned, as part of our turnaround avoidance programme.

In contrast to this, there are also areas where I would judge us to be worthy of greater recognition.

As soon as the reports are finalised and reported to us, I will ensure that we share these with you.

National financial pressures

There was widespread publicity in August as a result of Monitor's letter to all Foundation Trusts, asking us to look again at our 2015/16 plans and identify any further areas or adjustments to plan to contribute to the overall deficit reduction.

In a follow-up letter, Monitor confirmed that they are not taking formal regulatory action at this time.

It is encouraging that we are not considered by Monitor to be in breach of our licence for financial reasons, and there are no direct actions required of us, however they reinforced the original message that given the unaffordable sector-wide deficit forecast for 2015/16, all Trusts should look at their plans again, and specific suggestions were made regarding potential adjustments to our plans.

In response to the Monitor letter, NHS Providers' Chief Executive Chris Hopson has reinforced the importance of recognising the current financial situation as a system-wide problem, and not one caused by individual provider failure.

In a briefing to Trusts, he questioned this more 'interventionist' approach by Monitor and the TDA, as they become more involved in operational issues. He strongly believes that provider boards are best placed to respond to the challenge, and that regulation should be both risk-based and proportionate.

We also had a planned visit from Monitor in August. Paul Chandler, Monitor's Regional Director, visited both Emergency Departments and had chaired the tripartite meeting involving ourselves, both CCGs and our local authorities the previous day. His verbal feedback was that he was encouraged by how focussed we are on the issues facing us, the range of actions being taken and the approach we have adopted. He will be writing to us to set out his expectations and will also be writing to the whole system group to reinforce the importance of all partners playing their part in full to address the performance and operational challenges we face collectively.

Performance April – June 2015 (Quarter 1)

The below table outlines the Trusts high level performance data for the period April – June 2015.

2015/16

Indicator	Target	Q1
ED 4hrs	95%	88.3%
18 wk Admitted	90%	75.6%*
18 wk Non Admitted	95%	95.2%*
18 wk Incomplete	92%	92.8%
Cancer 2 week wait (all)	93%	93.9%
Cancer 2 week wait Breast Symptomatic	93%	91.4%
Cancer 62 day wait for first treatment (urgent GP)	85%	87.8%
Cancer 31 day wait diagnosis to treatment	96%	96.2%
Cancer 62 day wait for first treatment (screening)	90%	98.4%
Cancer 31 days second/subsequent treatment (surg)	94%	94.4%
Cancer 31 days second/subsequent treatment (drug)	98%	99.6%

*No longer a national target

Changes to the Board of Directors

Following the retirement of Dr Alastair Turnbull, Medical Director, the Medical Director Portfolio will be covered by the current Deputy Medical Directors (Mr Jim Taylor and Dr Ed Smith) and Chief Nurse Beverley Geary.

Jim will continue as Responsible Officer and lead on professional standards and revalidation, and Ed will lead on our patient safety agenda. Chief Nurse Beverley Geary will lead on

Infection Prevention as Interim DIPC.

We are currently out to advert for a substantive appointment.

Many of you will also be aware that Sue Holden, Director of Workforce and Organisational Development, has left the Trust to take up a 15 month secondment with the NHS Trust Development Authority.

Sue will be working as Improvement Director for Hinchingbrooke Healthcare NHS Trust, to help them sustain improvements to services and care quality.

Sue's leadership of the Trust's development programme, particularly in relation to our clinical leadership capability and effectiveness, has made a significant impact on this organisation and her appointment into this new role is a high level recognition of the work she has done over many years in the field of organisational development. Her contribution to our Board will be missed.

Celebration of Achievement Awards

Finally, I would like to thank everyone who took the time to submit a nomination for our Celebration of Achievement Awards! This year we received our highest ever number of entries, with over 250 nominations. This is a tremendous achievement in itself and demonstrates the fantastic work that is taking place across the Trust.

Judging panels have taken place, and I appreciate the contribution that many of you make to this process each year.

This event is a highlight of my year and I look forward to celebrating with many of you at the event on 1 October.

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

Council of Governors meeting – 16 September 2015

Reports from Governors on activities and meetings they have attended

Lead Governor Report

As you are aware I was on leave prior to the last Council of Governors this is the first lead Governor report since March 2015.

In April 2015 we welcomed Sue Symington as Chair of the Trust. Sue shared with Governors her programme of work during her induction period and as part of this has been out to the localities within the Trust meeting with the local Governors and finding out about the issues for that particular area of the Organisation. Governors have welcomed the opportunity to meet with Sue and to discuss their ideas / thoughts. Philip Ashton and I met with Sue to review her work to-date and to agree her objectives for the next year. Thank you for your feed-back which I was able to share with Sue and Philip. As part of the discussion we agreed that Sue would share an outline of her programme with colleagues once finalised.

The Governor Seminars and Forums have continued and thanks go to Anna and Marie for organising these for us and to the Directors and Managers who have talked with us about their work and services they and their team deliver.

The Patient Experience Strategy Group has met twice during this time and the main piece of work was shared by Hester Rowell with Governors, the Patient Experience Strategy. This will be officially launched by Bev Geary at the conference to be held this month.

Following feed-back from Governors venues and times of meetings have been reviewed and it is planned to use the Friends Meeting House in Malton from March 2016 and hold meetings between 4 and 7pm. Please give your feed-back about how this works for you as the arrangements will be reviewed.

One of the main issues for Governors to address is the Membership and a group is meeting to develop a strategy and agree how to take this issue forward.

Everyone is aware that Governor elections are being held at the moment. I know it is a difficult time for those Governors standing again and wish everyone the best of luck. Our thanks go to colleagues who have decided not to go for re-election, thank them for their contribution to the work of the Council and to wish them well for the future. Once the elections are completed and the outcome known, Anna and I will review the membership of Trust groups and seek expressions of interest and carry out elections where necessary.

Margaret Jackson - Lead Governor and Public Governor York

* * * *

Community Services Group - 20 May 2015

Activity

The notes from the previous meeting were reviewed and accepted as a correct record (it was noted that Terry Atherton had provided apologies to the meeting and the record was updated to reflect this).

Actions from the previous meeting were reviewed. Those not completed or covered under a separate agenda item included; Steve Reed and Mike Sweet reviewing the presence of community services items on the Trust website (carried over) and Wendy Scott attending Board (Mike Sweet confirmed attendance at Corporate Directors and a fixed item for discussing community services on the Board agenda).

An update was provided on the bid for Vanguard status. It was noted that the Trust was shortlisted (from 200 national applications) and invited to present nationally. Although not ultimately selected as one of the 29 sites in the national programme, as a Fast Follower the Trust will be taking the proposed work forward.

Updated Terms of Reference (v3) were reviewed and approved.

A discussion on how governors can link with their communities and communicate developments took place. It was identified that governors were discussing this issue at another forum and the outcomes of that would be fed back to the group. The Member's Newsletter was discussed and the group agreed to provide a regular update on developments that have been covered.

An update on the Community Response Teams was provided highlighting the ongoing integration with social care services and the voluntary sector. This included the development of a new 'Enabler' role providing a link between the Response Teams and Community and Voluntary Sector organisations. The final version of the user questionnaire (reviewed by the group in March) was shared together with details on how this will be used. The group agreed to review the results of the survey at a future meeting. The need to continue to promote the new services in localities was highlighted. Plans to communicate with primary care and community nursing teams were shared and it was agreed to provide an update for the next Member's Newsletter.

Two new developments were shared with the group. A recently approved business case supported the pilot of a Discharge Liaison Service in community units. The proposed service model was reviewed and supported by the group. It was agreed that the senior nurse for the new service would attend the next group meeting to discuss how best to implement the Trust's Transfer of Care Protocol.

Updates were given on a project to introduce mobile working to community nursing services. Details on the recently held Rapid Improvement Event, attended by teams who will be trialling the new equipment, were shared together with the planned changes. It was agreed that the next meeting would devote some time to discussing the use of laptops whilst in patients' homes.

Details of a CCG event to discuss health services in the Easingwold area were shared.

Actions Agreed

- Investigate if we can add an article to the Trust website regarding the Response Teams and review the 'Community' section of the Trust website (SR/MS)
- Circulate annual report summary to group members (MJ)
- Provide the group with information on the New Models of Care (Vanguard) programme (SR)
- Provide feedback to Lucy Brown on staff member's access to the Member's Newsletter (MJ)
- Do a section for the newsletter on the new Response Teams (SR)
- Provide a report for the Council of Governors and organise a member to present this (SR/MJ)

Future Meetings

The group will meet on 18 September 2015. The agenda will include:

- Update on discussions regarding how governors communicate with the localities they represent (MJ)
- Discharge Liaison Service (SR with new team leader)
- Mobile working and home visits (SR with project lead).

Steve Reed on behalf of the Group

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Fairness Forum – 8th July 2015

The Patient's story was a video, 'Waiting' which was provided by Healthwatch. Following the video, discussion took place as to where improvements could be made across the Trust.

In line with one of our EDS2 objectives: Improving Data collection, Analysis and Monitoring; Sue Rushbrook has been invited to the next Forum meeting to discuss data from Surveys and if feedback is capable of Analysis by protected characteristics.

Zara Ridge, from Interpretation and Translation, verbally updated the group on the fact that a new contract had been re-negotiated through NHS national tender. Pearl Linguistics have been selected who perform Translation and Interpreting services widely within the NHS.

Zara informed the group the Trust was now working closely with York Council, Community and Focus Group, which has received positive feedback, services are working well and care has improved as a result.

A working group has been set up to look at what the Trust is doing about producing

information using large print and Braille, there appears to be a lack of clarity about what is provided. The Chair said that we would be looking to work closer with YBPSS to ensure an integrated package.

The Chair (Sue Holden) provided a verbal briefing on the following: Equality Objectives driving the ED agenda and the fact that it should align to key themes.

It was felt that re-enforcement was needed with "Hello, my name is" included. Staff information cards must be available in different formats to achieve appropriate levels of inclusivity and photograph and name boards should be at Reception and waiting areas, particularly in the Eye clinic. 14 point text should become more widely used.

Work is ongoing on producing a poster explaining the meaning of the colours of nurse's uniforms and a procurement working party is considering whether uniform colours could be rationalised across the

Lydia Larcum gave a verbal report on Staff Engagement Initiatives to which there are three key elements:

- Communication between Staff and Management
- Report Procedures
- Sharing feedback, increasing confidence that it will be acted upon by the use of 'You said we did' and 'SHINE', (Shared ideas and new Efficiencies) Staff suggested scheme.

The Trust needs to build confidence to show that they are listening.

The Chair led a discussion on:

- The Annual Equality and Diversity report.
- WRES
- EDS 2
- Equality Objectives.

There were work stream updates from:

- Capital Planning
- Chaplaincy, including ritual washing project which is going out to tender to start in the autumn.
- Elderly Services: Dementia awareness week was a big success, work is continuing on relevant staff training, a carers survey and care plans to meet new CQUIN requirements. In view of the name change to be made to the Directorate (namely to the directorate of Older Peoples Health). It was noted that the voice recognition system at present does not recognise 'Elderly only 'Geriatric'
- Human Resources, including ongoing equal pay audit.
- Patient Experience. Hester Rowell now in post and changes to be made to patient experience issues reporting system and relevant software.
- Safeguarding Adults. The number of referrals for Learning Disability support had increased due to improved role awareness both internal and external.
 - Visual Impairment ,Eye Health week starts 21/09/15
 - Fairness Champions
 - LGBT Staff network.

Any other business: Procurement, independent representation needed for procurement. Suggested a Governor could be involved.

The meeting closed at 5pm

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

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Arts Strategy Steering Group – 22nd July 2015

The Arts team have worked with Occupational Health to put together two 10 minute walks around York Hospital which act as a guided tour of the various art installations around the Trust as well as promoting health and wellbeing. The maps will be launched at the Trust open day on the 10th September and it is hoped that these will be a benefit for both staff and patients alike. Similar walks are currently being devised for both Scarborough and Selby Hospitals.

The Arts Team are working with the York Museum Trust, in particular the Castle Museum, to create a 'Life in WW1' exhibition for the main corridor at York.

York St John Students continue to collaborate with the Arts Team with three students creating large rainbow rabbits which currently sit in the courtyard outside G2. An illustrated short story about the rabbits has been created by the students and is available outside the courtyard for people to read.

Working alongside the Fundraising Team, the Arts team will be installing a fundraising tree in one of the courtyards visible from the main corridor. People will be able to purchase engraved leaves for the tree, which will be able to hold up to 500 at any one time.

Staff memorial trees have been installed in Scarborough and Bridlington Hospitals and Malton and Selby have wall mounted pieces. All of these installations are complete with explanatory panels.

Many other projects continue including; the renovation of the Head and Neck Children's Room, an activity room on Ward 25, artwork for Ward 27 to compliment the new colour scheme, funding for permanent artworks in Oncology and Haematology, a café area on Ward 37 where memory workshops can take place and framed artwork and signage for St Monica's in Easingwold.

The closing date for 'Your Hospitals got talent' was the 3rd August. The entrants will be exhibited on both acute sites. Winners of the Staff Benefits and Wellbeing calendar competition will be announced at the celebration of achievement event.

Jo Davies the Arts Officer for HAFNEY confirmed that the selected artist Effie Burns has completed and installed glass artwork and vinyl's for the lower windows on Lilac Ward. Due to some breakages of the glasswork the finished installation is smaller

than expected which has opened up the opportunity for further work, Jo is currently looking in to funding for this.

Work is being undertaken in the Chemotherapy Unit to create nature based manifestations for the window which should diffuse the sunlight and create a cooler, more comfortable area for the patients having treatment. £10,000 has been received from 'Awards for all' for artwork and sculptures for the Chemotherapy unit and gardens.

The Artwork in Scarborough Outpatients Department has all been reframed, with the Friends of Scarborough Hospital funding two new art pieces.

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

* * * *

Constitution Review Group – 16 July 2015

The Group continues with its work on bringing the Constitution into line with the Health and Social Care Act 2012. I'm pleased to report that while our work plan stretches to 13 pages, 10 of those pages are filled up with our completions.

Much of our remaining work crosses paths with the Nominations and Remunerations Committee. An example of this is the Appointment of the Chairman and NEDs.

While we at the Constitution Committee need to make sure that the necessary details are in the Constitution for the next time we go out to appointment, it is the 'Chair's Appointment Review' group and Noms which are doing the heavy lifting on that issue. We're working through Anna to make sure that our committees aren't duplicating any tasks.

Our next meeting will be on the 11th of September, before our next Governors meeting but after the papers go out.

At this meeting we'll be looking at some work on Significant Transactions and the requirement for Governors to approve them if they are over a certain level - I'll be leading this, so expect a thrilling paper at a forthcoming CoG meeting.

Also, Ann and Mike talking us through the results of our skills audit and we'll be considering if there are any gaps within the Governors' collective knowledge which need addressing.

I'm sure we'll be happy to give a verbal update on anything which happens in this meeting and respond to any questions colleagues may have.

Andrew Butler, Governor Selby.

* * * *

Comments from Sue Wellington, Governor Scarborough

Over the last 6 months I have been getting more involved with the patient experience team looking at gaining valuable feedback from patients and relatives to help improve services.

The main area I have been assisting with is with patients using the renal services beginning with patients undergoing treatment within the dialysis unit at York Hospital. This took the format of a questionnaire and provided a wealth of positive feedback particularly regarding the staff and the standard of care delivered. The analysis identified four key areas for development which included aspects of care, staffing, patient involvement and transport. This information has led to an agreement with the ambulance service to trial a bespoke transport system to transport patients in smaller groups at different times so that they can begin their treatment without delay. The questionnaire has now been extended to include patients undergoing different types of dialysis and is awaiting analysis.

I have also been involved in gaining patient specific feedback regarding the alteration of visiting hours within the Care of the Elderly wards.

Being part of the team of PLACE team looking at the patients environment including cleanliness and standard of food quality.

My term as a governor is due to finish at the end of September and I have made the difficult decision not to stand for re election due to ill health and wish the successful candidate all the best in this rewarding and fulfilling role and offer my support if they would like it. I would like to thank the trust and my fellow governors for all their help and support. I will continue to be involved with the patient experience team.

Sue Wellington, Governor Scarborough

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Eye Department Patient Partnership Group

Waiting lists for paediatric surgery are improving since the arrival of new Consultant, Mr Moosa.

A long-term IT strategy is being developed to ensure an electronic record for ophthalmology patients. The project will bring together a number of different aspects of data storage so that it is much easier for clinicians to access and view information.

There are national changes to the 18 week target. However, there is still a need to ensure that patients from both the surgical and clinic lists complete their treatment pathways within 18 weeks. Across all sites the directorate has involved other providers of ophthalmic surgery to ensure we become compliant with the required target.

The optimal AMD treatment interval is 4 weeks, whereas our current interval is at 6 weeks. To improve the situation, there is now 1 nurse and 1 Optometrist trained to administer intravitreal injections in Scarborough/Bridlington and 1 nurse in York.

A credit card-size card is being developed with an emergency phone number for use after an injection.

Paul Baines, Governor York

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Infection Control presentation - 3 September 2015

Vicky Parkin Deputy Director for Infection Control

Infection Control is an essential part of patient safety and quality. C. diff. (Clostridium difficile), MRSA (methicillin resistant Staphylococcus aureus) and MSSA (methicillin sensitive Staph. aureus) are life threatening infections for vulnerable patients. A team of eight people covers the whole of the Trust – their role is to set protocol and then give advice and support. It is down to front line clinical staff to follow correct procedures. Vicky outlined their approach to improving infection control.

The Core Patient Database (CPD) has an important role since it provides information on whether a patient has previously had MRSA or has MRSA on admission to hospital therefore allowing extra precautions to be made. CPD also records any patient who has had a cannula inserted as this is a potential source of infection

Our target for C. diff. cases this year is 48 cases up until March 2016. So far we have had 32 cases throughout the Trust in 5 months, which is worrying, but there have been no cases for 72 days - more positive news. There is a multidisciplinary C. Diff Operational Group, who are addressing this problem. Hand cleaning gels are not effective for C. diff since it has resistant spores so use of the correct hand washing technique is essential. Any ward which has a patient with C. Diff is visited daily by a member of the Infection Control team.

The most significant area to consider in reducing infection is the Point of Care. The WHO has outlines for how to use hand rubs and hand wash, which are advocated by the Trust. The WHO defines 5 Moments for Hand Hygiene, namely: 1 Before patient contact; 2 Before aseptic task; 3 After body fluid exposure risk; 4 After patient contact; and 5 After contact with patient surroundings. Hand rubs must contain 70% alcohol to be effective and be given time to work (evaporate).

MRSA infections have been dramatically reduced within the Trust. In fact for one period there were no cases for more than 500 days. Recently we had 6 cases but we have now been MRSA bacteraemia free for 72 days. This is due to good screening and practice and the prudent use of antibiotics. In practice of the 6 cases, 2 were due to contaminated blood and another 2 due to non-compliant patients. The Trust

also monitors MSSA infections aiming for <50 cases, which has been exceeded but it is not an official target so does not incur any fines. Due to this level of infection, a new online learning package (ANTT) has been purchased, which is mandatory for all nursing and medical staff and takes about 20 min to complete. So far 1,427 staff have completed the ANTT (aseptic non touch technique) programme for invasive procedures e.g. cannulisation, insertion of catheters, wound dressing.

Another training scheme has been set up, run by independent trainers to train key staff. So far 250 more senior staff have been trained and the aim is for them to train the rest of our 9,000 staff including level 3 HCAs. Refresher courses are also given.

These two schemes seem to be being effective in reducing infection.

Post case reviews are carried out post case infection in order to learn from them. The CPD gives a useful audit trail. The Trust is trying to reduce the use of cannulas since they can be a source of infection. Fines are not applied if it can be proved that there has been no neglect of care.

Currently the team are emphasising to all areas the essential need for prompt dispatch of specimens to the laboratory and follow up of results.

Jenny Moreton and Jeanette Anness, Governors Ryedale and East Yorkshire

* * * *

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

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Council of Governors – 16 September 2015

Membership Report – July 2015

Action requested/recommendation

The Council of Governors are asked to discuss and note the report

Summary

This report provides information about the profile of the membership currently. This profile changes over time, but the consistent elements to the current profile that have not changed over the last few years are:

- A lack of 16-22 year old members
- More women members than men
- The membership being predominately White British or White other

Any membership campaign should take into account the information being provided by this report and the additional information that can be provided by the database system.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Council of Governors
Risk	Any risks are identified in the report.
Resource implications	Resources implication detailed in the report.
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	September 2015
Version number	Version 1

Council of Governors – 16 September 2015

Membership Report – July 2015

1. Introduction

This report was first prepared in July 2015. The newly created membership group has reviewed the report and used it to start considering what type of membership campaign should be developed to increase the membership of the Trust.

The legal form of the Trust is a Public Benefit Corporation. This means, in terms of membership, that the Trust must have a membership that is representative of the local population. The information below outlines the current membership position.

1 Catchment area



There are seven public constituency areas: Selby, York, Hambleton, Ryedale and East Yorkshire, Whitby, Scarborough and Bridlington. For staff there are three areas: York, Scarborough and Bridlington and Community.

Public Membership: Eligible public membership is defined as residents, aged 16 and over of:

- the **City of York** includes all electoral wards
- **Selby** includes the following electoral wards: Selby, Tadcaster, Sherburn in Elmet and South Milford)
- **Hambleton** includes the following electoral wards: Easingwold, Helperby, Huby and

Sutton, Shipton, Stillington and Tollerton, Northallerton, Bromfield, Northallerton Central, Romanaby, Sowerby, Thirsk, Thorntons, Topcliffe, Whitestone Cliff, Bishop Monkton, Boroughbridge, Carlo, Hookstone, Knaresborough East, Knaresborough King James, Knaresborough Scriven Park, Newby, Pannal, Ribston, Ripon Minster, Ripon Mooreside, Ripon Spa, Spofforth with Lower Wharfedale, Starbeck, Wetherby

- **Scarborough** includes the following electoral wards: Castle, Central, Clayton, Derwent Valley, Eastfield, Falsgrave Park, Filey, Hertford, Lindhead, North Bay, Northstead, Ramshill, Scalby, Hackness and Staintondale, Seamer, Stepney, Weaponess, Woodlands
- **Bridlington** includes the following electoral wards: Bridlington Central & Old Town, Bridlington North, Bridlington South, East Wolds & Coastal, Driffeld & Rural
- **Ryedale and East Yorkshire** includes the following electoral wards: Amotherby, Ampleforth, Cropton, Dales, Derwent, Helmsley, Hovingham, Kirbymoorside, Malton, Norton East, Norton West, Pickering East, Pickering West, Rillington, Ryedale South East, Sherburn, Sheriff Hutton, Sinnington, Thornton Dale, Wolds, Pocklington Provincial, Wolds Weighon, Holme upon Spalding Moor
- **Whitby** includes the following electoral wards: Danby, Esk Valley, Fylingdales, Mayfield, Mulgrave, Streonshalh, Whitby West Cliff

Staff Membership

The staff constituency comprises:

- Permanent, directly employed members of staff
- Temporary members of staff who have been employed in any capacity on a series of short term contracts for 12 months or more

For staff, membership runs on an opt-out basis i.e. all qualifying staff are automatically members unless they seek to opt out. The staff constituency is broken down into three constituencies:

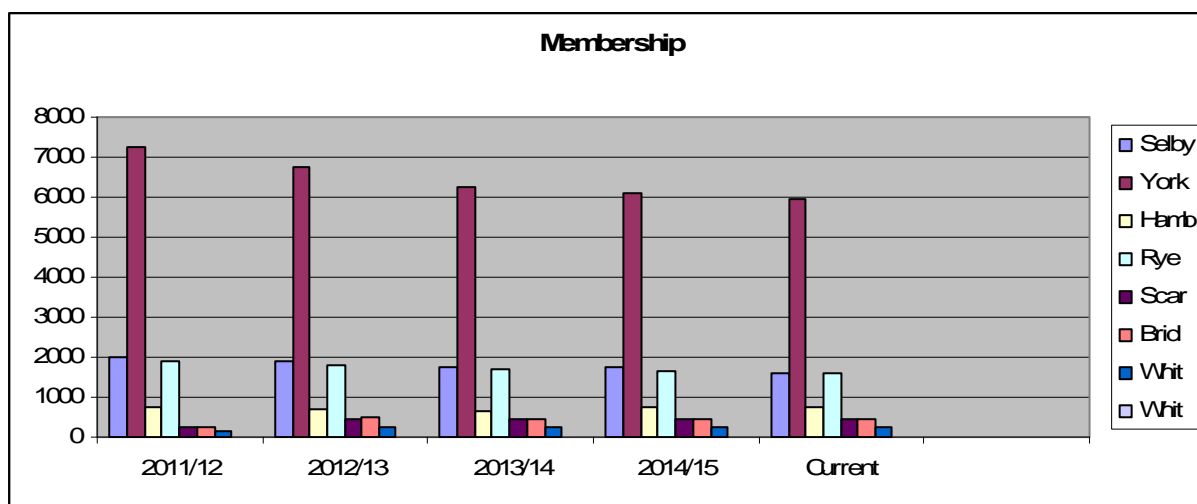
- **York** (All staff whose designated base hospital is York Hospital, White Cross Court Rehabilitation Hospital, St Helens Rehabilitation Hospital, Archways Hospital and any other staff not included in either of the Staff Classes described below)
- **Scarborough and Bridlington** (All staff whose designated base hospital is Scarborough General Hospital or Bridlington and District Hospital).
- **Community** (All staff whose designated base hospital is Malton Community Hospital, Whitby Community Hospital, New Selby Community Hospital (also known as the New War Memorial Hospital), St Monica's Hospital, Easingwold and any other staff who are designated as "Community" staff and therefore do not have a designated base hospital as they work mainly with patients in a non-acute setting, including those members of staff who are engaged in support functions in connection with such services)

2. Membership Profile

The table below shows the membership movement by each type of constituency. The table looks back at the profile of membership over the last four years.

Table 1

Year	Selby	York	Hambleton	Ryedale and East Yorkshire	Scarborough	Bridlington	Whitby	Staff York	Staff Scarborough and Bridlington	Staff Community	Affiliate members
Year ending 2011-12	2021	7274	733	1888	252	245	167	4878	-	1374	833
Year ending 2012 – 13	1903	6736	680	1811	458	481	268		6244		924
Year ending 2013 – 14	1765	6262	633	1700	437	467	260		6343		889
Year ending 2014 – 15	1727	6093	773	1656	434	467	258		9076		718
Current figures July 15	1599	5930	746	1592	428	451	257				695



(The chart above only includes public constituencies)

The baseline has been taken as year ending 2011-12 which was the year the Trust completed the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. The above information demonstrates a general downward trend in the number of Trust members.

In the last four years:

- Selby has seen a fall of just under 400 members (-20%)
- York has seen a reduction of just under 1300 members (-18%)
- Hambleton did see a reduction, but this has increased again as a result of increasing the

- number of wards included in the constituency. A number of Affiliate members became members of the Hambleton constituency (0%)
- Ryedale and East Yorkshire has seen a fall of just under 300 members (-16%)
- Scarborough membership increased from the baseline level, but a small reduction in members has been seen since 2012/13 onwards. This has been diluted by the reduction between 2012/13 and 214/15 of 24 members
- Bridlington also saw an increase in the level of members in the last four years, although there has been a slight slip back
- Whitby also has seen an increase in members since 2011/12. Although like Scarborough there has been some drop off in membership from a high of 268 members in 2012/13. The percentage increase in membership over the last four years is (54.49%). This has been diluted by the reduction between 2012/13 and 2014/15 of 10 members.

Eligible membership levels

Below are summary tables providing further analysis of our public membership as at 31 March 2015 with figures updated on 27 July 2015:

Table 2

Catchment area	Total number of members at 31 March 2015	Total number of members at 27 July 2015	Number eligible for membership (aged 16 & over) in catchment *	Number of members as a % of eligible population
City of York	6,093	5,930	209,041	2.84%
Hambleton	733	746	136,358	0.55%
Selby	1,727	1,686	85,722	1.97%
Scarborough	434	428	83,343	0.51%
Bridlington	467	451	69,294	0.65%
Whitby	258	257	25,075	5.06%
Ryedale and East Yorkshire	1,656	1,594	88,052	1.10%
Total	11368	11092	696885	1.59%

The initial ambition was that the Trust membership would reflect 5% of the population areas. Table 2 shows that the membership level (with the exception of Whitby) is below the level required 5% level.

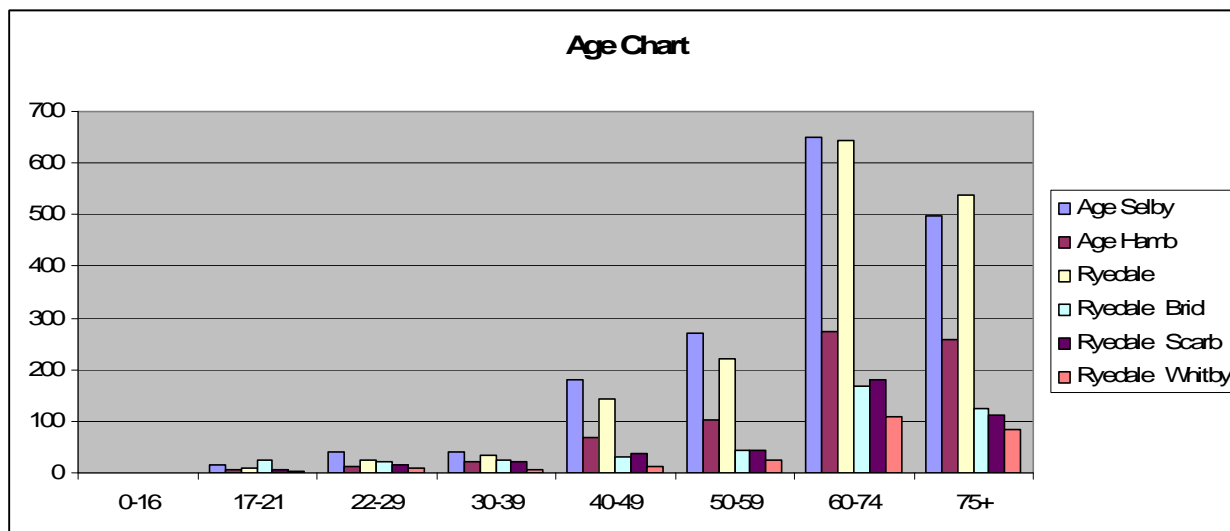
Hambleton is particularly low because the constituency area was increased significantly in December 2014. Scarborough and Bridlington membership is also well below the 5% level.

Eligible population by age in each constituency at 31 March 2015

Table 3

Age	York	Selby	Hambleton	Ryedale & East Yorks	Bridlington	Scarborough	Whitby	Out of Area
0-16	0	0	0	0	1	1	0	0
17-21	42	16	6	9	26	7	3	38
22-29	141	40	11	25	23	16	8	46
30-39	219	41	22	33	24	21	7	45

Age	York	Selby	Hambleton	Ryedale & East Yorks	Bridlington	Scarborough	Whitby	Out of Area
40-49	639	179	68	142	32	38	13	110
50-59	899	271	103	222	44	45	25	135
60-74	2107	651	274	643	167	180	110	243
75+	1827	498	259	538	123	112	83	157



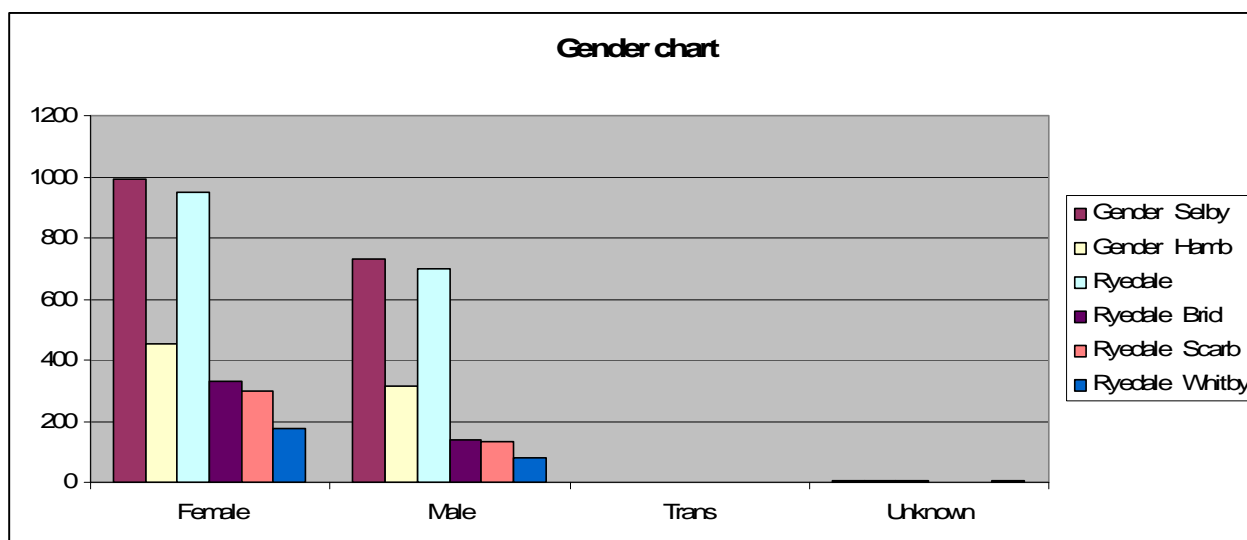
(This chart does not include the out of area figures)

The above table and chart shows the age breakdown of the membership. The figures confirm that the age profile of the membership is concentrated in the age brackets 60 and above.

Gender Report

Table 4

	York	Selby	Hambleton	Ryedale & East Yorks	Bridlington	Scarborough	Whitby	Out of Area
Female	3433	993	454	947	329	301	174	520
Male	2638	731	313	701	138	133	81	325
Transgender	0	0	0	0	0	0	0	0
Unknown	22	3	6	8	0	0	3	44



It can be seen from table 4 that the gender profile is strongly in favour of women. This has been the case with the membership since it was established.

Ethnicity membership

Table 5

	York	Selby	Hambleton	Ryedale & East Yorks	Bridlington	Scarborough	Whitby	Out of Area
White British	2049	558	278	658	404	373	203	351
White Irish	8	2	1	4	1	1	2	4
White Gypsy or Irish Traveller	0	0	0	0	0	0	0	0
White Other	34	3	4	5	2	3	2	3
Asian Indian	4	3	0	0	0	1	0	5
Asian Pakistani	3	0	0	0	0	0	0	3
Asian Bangladeshi	0	1	0	0	0	0	0	0
Asian Chinese	2	0	1	0	0	0	0	1
Asian Other	7	0	1	0	2	1	0	1
Black African	3	0	0	0	0	1	0	
Black Caribbean	2	0	0	0	0	0	0	1
Black Other	0	0	0	0	0	0	0	0
Mixed White and Asian	3	0	1	2	0	2	0	0
Mixed White and Black African	2	0	0	1	0	0	0	0
Mixed White and Black Caribbean	1	0	0	1	0	0	0	1
Mixed Other	2	0	1	0	0	0	0	1
Other Ethnic Group (Arab)	0	0	0	0	0	0	0	0
Other – Not stated	1	0	1	0	1	0	0	0
Unknown	3975	1160	485	985	57	52	51	518

The membership database demonstrates that the majority of members are White British or other White.

3. Membership Group

The membership group was formed in July 2015 and has met twice since its inception. The group includes membership from Penelope Worsley, Clive Neale, Sheila Miller, Andrew Bennett, Anna Pridmore, Lucy Brown and Marie Smith. It has been agreed that Margaret Jackson will join the Committee.

The group has discussed and agreed that three or four key projects to promote with the members and the general public over the next few months. These were promoted at the Annual General Meeting. The group has also made suggestions about how governors can be involved in recruitment. All governors have been provided with copies of the information leaflet and application forms and are encouraged to give the documents out to members of the public. Members of the group also have other ideas about what activities they can undertake in their constituencies to promote membership. The group will continue to oversee the development of the membership over the next few months.

4. Conclusion

This report provides information about the profile of the membership currently. This profile changes over time, but the consistent elements to the current profile that have not changed over the last few years are:

- A lack of 16-22 year old members
- More women members than men
- The membership being predominately White British or White other

Any membership campaign should take into account the information being provided by this report and the additional information that can be provided by the database system.

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

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Council of Governors – 16 September 2015

Governor Election update

Action requested/recommendation

The Council of Governors is asked to note the update.

Summary

The Council of Governors undertakes an election each year with a proportion of the Governors as their term of office comes to an end.

The attached paper updates the Council of Governors on the current election being undertaken.

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 requirements and with the Code of Governance and the Constitution of the Trust.

Progress of report	The paper has been developed by the Nomination/Remuneration Committee for presentation to the Council of Governors.
Risk	There are no risks from the paper. Any immediate risks will be reviewed at the time of recruitment.
Resource implications	There are no resource implications in the paper.
Owner	Susan Symington, Chair
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	August 15
Version number	Version 1

Council of Governors – 16 September 2015
Governor Elections Update
1. Background
At the June meeting the Council of Governors received a report on the election process. The information below updated the Council of Governors on the progress of the elections.
2. Elections being held
<p>The following areas had seats where the term of office of the current governor comes to an end on 30 September 2015.</p> <ul style="list-style-type: none"> • Bridlington • Scarborough • Selby • Ryedale and East Yorkshire • Whitby • York <p>The Trust sought nominations in line with the previous published timetable. The nominations closed on 11 August. We had received nominations from all areas, but a number of seats were uncontested specifically, Selby, Whitby and York; this means that the following governors receive a second term of office of three years without going through an election process.</p> <p>Selby – Ann Bolland Whitby – Steve Hinchliffe York – Penelope Worsley.</p> <p>Paul Baines, who will have been a governor for nine years in March 2016, will step down at that point. As part of the current election the Trust sought a second nomination to stand in York. The nominated candidate is John Cooke who was uncontested and will join the Council of Governors in October and start his term of office from October. Paul's experience and knowledge will be of additional importance during these last few months of his tenure.</p> <p>Currently the voting part of the election process is underway. The voting packs for Bridlington, Scarborough and Ryedale and East Yorkshire were released on 3rd September and members have until 28 September to vote. The results will be provided to the Trust on Tuesday 29th September 2015.</p> <p>In terms of stakeholder governors, following a discussion with Cllr Caroline Patmore, it has been agreed that Cllr Chris Pearson will be representing North Yorkshire County Council. The Trust would like to thank Caroline for her time on the Council of Governors and her input over the years. City of York Council have advised that Cllr John Galvin will be the Council's representative. The seat for East Riding of Yorkshire Council remains vacant at this stage, it is anticipated that the Council will make a decision in the near future.</p>

4 Recommendation	
The Council of Governors is asked to note the information included in the report.	
Owner	Susan Symington, Chair
Author	Anna Pridmore, Foundation Trust Secretary
Date	September 2015

Council of Governors – 16 September 2015

Framework for Non-Executive Director Review

Action requested/recommendation

The Council of Governors is asked to discuss and approve the review process.

Summary

In the Code of Governance under B6c (Effectiveness – Evaluation), it states *'the Council of Governors, which is responsible for the appointment and re-appointment of non-executive directors, should take the lead on agreeing a process for the evaluation of the chairperson and the non-executives with the chairperson and the non-executives.'*

The attached paper outlines the proposed approach provided for the Governors to consider and approve.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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

Reference to CQC outcomes

There are no references to CQC outcomes.

Progress of report	Nomination/Remuneration Committee
Risk	No specific risks have been identified in this document.
Resource implications	The paper does not identify resource implications.
Owner	Susan Symington, Chair
Author	Susan Symington, Chair
Date of paper	August 2015
Version number	Version 1

Council of Governors – 16 September 2015

Framework for Non-Executive Director Review

1. Context and Purpose of Performance Review

Effective individual performance review is the cornerstone of effective people management practice and in the case of directors, organisational leadership.

The mission, values and priorities of the trust are clearly described.

The board leads the trust in this endeavour and is responsible for the overall performance of the trust. It is the role of the board to ensure the delivery of the mission, in line with our values, in a way that is clearly focussed and prioritised.

It is the role of the executive to do the 'work' which is required to deliver the trusts mission and values and strategic plans under the leadership of the Chief Executive.

It is the role of the non-executives to ensure that this 'work' is delivered in a timely way. It is the role of the non-executives to scrutinise this work: they must be sure of the robustness of the information they receive and must challenge where they are not assured. Non-executives must support the 'work' of the trust and recognise success.

It is the role of the Chair to ensure that the Chief Executive and the non-executives understand their roles and their responsibilities and that they are focussed on achieving trust priorities. In turn, it is the responsibility of the Chief Executive to ensure that the executive are focussed in the same direction.

The intention is to create a unitary board which shares the same mission, works to the same values, works to the same strategy and shares an absolute commitment to the same priorities. Collectively the unitary board must set the tone and culture of the organisation by providing clear, focussed, effective leadership.

Our mission

All employees of the trust must share our overall mission

To be trusted to deliver safe, effective and sustainable healthcare within our communities.

Our values

All employees of the trust must demonstrate that their behaviours reflect the values of the trust

- Caring about what we do
- Respecting and valuing each other
- Listening in order to improve
- Always doing what we can to be helpful.

Four strategic frames

The 2014-16 Operational Plan identifies 4 strategic frames

1. To improve quality and safety

By providing the safest care we can, at the same time as improving patients experience of their care.

2.To develop and enable strong partnerships

By being seen as good proactive partner in our communities, demonstrating leadership and engagement in all our localities

3. To create a culture of continuous improvement.

By seeking every opportunity to use our resources more effectively to improve quality safety and productivity, where continuous improvement is our way of doing business.

4. To improve our facilities and protect our environment

By providing a safe environment for staff, patients and visitors ensuring that all resources are used as efficiently as possible.

Four further priorities

The 2014-16 Operational Plan identifies 4 further operational priorities.

1. Continuation and enhancement of **integrated clinical team working** across the acute hospital sites and communities
2. Developing the **separation of acute and elective capacity**
3. Redefinition of **role of community services and hospitals**
4. **Cooperation and partnership** working with other organisations.

Additional and immediate priorities

The current environment and the challenges which face the trust provide 3 further and important priorities.

- 1.Turnaround avoidance plan
2. Succession planning and recruitment
3. Strategic planning for the years ahead

Well led

Collectively, the Unitary Board of the trust have shared responsibility to demonstrate that the trust is well- led. Monitor and the CQC have defined what well -led means.

1. Strategy and Planning

A credible strategy and a robust delivery plan

A board that is aware of risks to the quality and sustainability of current and future services.

2. Capability and structure

A board with the skills and experience to lead the trust

A board that shapes an open transparent and quality focused culture.

A board that supports learning and development across the organisation

3. Process and structures

Clear roles and accountability for board governance

Clear processes for escalation of issues and managing performance
Active engagement with patients staff governors and stakeholders

4. Measurement

Appropriate information on organisational and operational performance is analysed and challenged. Board assured of the robustness of this information.

2. Performance Review and the Non-Executive Directors

All the non-executive directors will have personal reviews in the last 2 weeks of September. Reviews will be consistent and aligned to the trust values and priorities.

My considerations include:

- Non-executives have limited time each month to contribute to the leadership of the trust - up to 40 hours per month.
- In this time the non-executives must undertake all their activities with the overall mission of the trust at the forefront of their minds.
- They must lead by example, through their behaviours and interaction, embodying the trust's values
- They must ensure that all of their work is focussed on the supporting the trusts overall priorities
- They must ensure that the trust is well-led, through their own behaviours, through the behaviours of the unitary board and through their part in the leadership of the entire organisation.

The Proposed Review Process

1. As a rule performance review takes place annually. It is my intention to work with the NEDs to review progress and issues six monthly - in March prior to the start of the new financial year and operational plan, and at the half-way point in the year in September. Generally, the March review will be a lengthier meeting involving 360 degree feedback whereas the September review will be "lighter touch" with limited 360 degree feedback. In all cases I will seek a view from the Lead Governor and the SID.
2. I have allocated 2 hours for each non-executive review.
3. Each review will begin with an overview of the previous 6 months- understanding what has gone well and any challenges faced. I am particularly interested to understand the time commitment of each non-executive and how time is used. It is likely that we will need to 'trim' some activities. I am also keen to learn how each NED has responded to the change of chair and any learning which we can gain from this.
4. Together then we will make an assessment of where we are now, including areas which work well and areas which we would like to see develop, be built upon or changed. This part of our conversation may include areas for personal development. This will set the scene for the third part of our conversation.
5. Finally we will use the information which we have generated to identify planned work and priorities and key areas of activity for each NED between September and the March review date.
6. Once all of these review meetings are complete I will prepare a consolidated analysis of

the outcomes of the meetings, including specific objectives and any changes which may arise as an outcome of the review, for the governing body. This analysis will be designed to provide the governing body reassurance about the work of the NED team and their on-going priorities.

3. Recommendation

The Council of Governors is asked to discuss and approve the review process.

Author	Susan Symington, Chair
Owner	Susan Symington, Chair
Date	August 2015

Council of Governors – 16 September 2015

Annual Report of the Audit Committee

Action requested/recommendation

The Council of Governors is asked to note the information included in the Audit Committee Annual Report.

Summary

Each year the Audit Committee seeks to provide an overview of its work to the Council of Governors.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

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

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 requirements and with the Code of Governance and the Constitution of the Trust.

Progress of report	The paper has been developed by the Nomination/Remuneration Committee for presentation to the Council of Governors.
Risk	There are no risks from the paper. Any immediate risks will be reviewed at the time of recruitment.
Resource implications	There are no resource implications in the paper.
Owner	Nomination/Remuneration Committee
Author	Margaret Jackson, Lead Governor
Date of paper	August 2015
Version number	Version 1

Annual Report of the Audit Committee covering the period from 1 April 2014 to 31 March 2015

September 2015

Introduction

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Council of Governors and the Board of Directors with a summary of the work of the Audit Committee during the period April 2014– March 2015, 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 consolidates the integration work and responds to the national pressures on finance and performance. The Trust has continued to seek benefits from the successful integration of the services across the Trust. Work has continued to develop the risk and assurance systems. The Board of Directors has commissioned a piece of work to review the governance arrangements in the Trust. This work has sought to improve the flow of communication and reduce any occasions where duplication of effort can be identified. The Audit Committee has continued to monitor the impact of the integration on key systems through the Internal Audit programme and has continued to support the development of the risk and assurance systems and influenced the progress of the governance review.

Overview of the year 2014/15

Four Non-executive Directors make up the membership of the Audit Committee as follows:

- Mr Philip Ashton (PA) Chairman
- Mr Michael Sweet (MS)
- Mr Michael Keaney (MK)
- Ms Libby Raper (LR)

Table 1: Audit Committee Attendance

	Meeting Dates					
	19/5/14	27/5/14	28/7/14	15/9/14	1/12/14	26/3/15
PA	✓	✓	✓	✓	✓	✓
MS	✓	✓	✓	✓	✓	✓
MK	✓	✓	✓	✓	✓	✓
LR	✓	✓	✓	✓	✓	✓

The Audit Committee met on six occasions during 2014/15 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
- Foundation Trust Secretary
- External Audit (Partner and Senior Manager)
- Internal Audit (Head of Internal Audit and Internal Audit Manager)

During the year the Internal Audit Manager, Ms I Hall, left the North Yorkshire NHS Audit Services (NYAS) to take up a role with the Care Quality Commission. NYAS appointed a new Internal Audit Manager, Mr J Hodgson, who joined the Audit Committee in March 2015.

Other representatives (e.g. Local Counter Fraud Specialist) attended the Audit Committee at least twice a year.

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

Separately, private sessions were held with Internal Audit and External Audit prior to the year end meeting. Internal Audit and External Audit are encouraged to discuss any concerns they may have with the Audit Committee on an adhoc basis.

Duties of the Committee

Following a review of the Audit Committee's Terms of Reference in September 2014, 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

<p>mandatory standards and provides appropriate, independent assurance to management and the Audit Committee.</p> <ul style="list-style-type: none"> • 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 Audit
<ul style="list-style-type: none"> • Review the audit programme • Understand and review the systems and processes used to undertake clinical audits
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, Clinical Audit* 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 Data Quality Group received presentations from the relevant Trust expert(s) on key systems used to manage the four data streams. These included; financial systems (ledger, asset register, payroll, salary sacrifice), the Trust's Patient Administration System (CPD), the Electronic Staff Record (ESR), the Service Line Reporting System and systems to manage risk incidents within Risk and Legal Services.

The purpose of the presentations was to enhance an understanding of the systems, provide an overview of their operation and to allow the Data Quality Group to question aspects of data quality. The presentations were designed to provide assurance to the Data Quality Group and onwards to the Audit Committee.

The work group has been developing an assurance mapping exercise. This exercise is designed to provide assurance about the accuracy of the information.

Updates were provided verbally at a number of Audit Committee meetings.

In July 2014 the Audit Committee held a time out session where it considered some of the approaches taken to identifying risks in the organisation. As a result of the discussion the Audit Committee introduced a feedback system from other Board Committees - Quality and Safety, Finance and Performance, and Workforce Strategy. The members or chairs of those Committees (who are also members of the Audit Committee) report to the Audit Committee on any key risk areas that have been identified by the Committees. The Audit Committee considers the risk and the appropriateness of requesting Internal Audit to undertake a review or audit of the area.

Internal Audit - Internal Audit and Counter Fraud Services are provided by 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 four occasions during 2014/15.

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 2014/15 Internal Audit Operational Plan in March 2014.

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.

During the year Internal Audit were asked to undertake a number of additional audits and reviews following concerns raised by senior management. As a result an increase in the number of 'limited assurance' opinions was seen. The Audit Committee reviewed the reports and was assured by the increasing number that related to functional or operational responsibility for control compliance, rather than control design.

There were four reports presented to the Audit Committee during the year with low assurance, these were examples where senior management had raised concerns and requested Internal Audit to undertake an audit.

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. The Audit Committee also received the Counter Fraud Annual Report and a copy of the self- assessment action plan.

The Audit Committee commissioned Internal Audit to undertake a piece of work about the possibility for conflicts of interest in the Trust. The work outlined the occasions where a conflict could occur and made recommendations on how those conflicts could be minimised.

External Audit - External Audit services were provided by Grant Thornton for 2014/15. During the 2014/15 financial year, the Audit Committee reviewed External Audit's Interim Report, Annual Governance Report and Management Letter in relation to the 2014/15 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 current term of office for Grant Thornton came to an end on 31 July 2015.

During November and December 2014 a small group of governors on behalf of the Council of Governors and working with the Audit Committee undertook a tender process for the appointment of an external audit service.

The process was extensive. It invited service providers to submit a document outlining the service they offer.

A meeting was arranged for management to meet with the eligible firms. The group of governors and members of the Audit Committee were provided with scores from the submitted documents and the outcome of the meeting with management.

The providers were invited to attend a session with the appointment panel (the appointment panel included the small group of governors, the Chairman of the Audit Committee, the Director of Finance and the Deputy Chief Executive. The Foundation Trust Secretary, Head of Internal Audit and Head of Corporate Finance were present to provide advice). Following the session with all candidates the panel formulated a recommendation which was considered and approved by the Council of Governors at the December 2014 meeting. The appointed firm was Grant Thornton LLP. They will hold the contract for three years at which point there will be an option to extend the appointment for a further two years.

On appointment, Grant Thornton confirmed to the Trust that the audit team working with the Trust would be changed to comply with good governance arrangements. The new manager for the audit will be Mr Gareth Kelly; the partner will currently remain as Mr Graham Nunns. An additional senior member of the team, Mr Mark Fletcher will provide additional strategy and governance advice to the Trust.

The Audit Committee reviewed and approved the External Audit Plan in relation to the 2014/15 financial statements and the related audit fee in March 2014.

Governance issues - During 2014/15 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 2014 and March 2015;
- Standing Orders, Standing Financial Instructions and Scheme of Delegation in September 2014;
- A review of compliance with the Code of Governance in May 2015;
- Additionally the Staff Registers of Interests and Gifts and Hospitality for the year ended 31 March were reported to the Audit Committee in May 2015;
- 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;
- Additional certificates required by Monitor.

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2014/15:

- Review and approval of Audit Committee Terms of Reference and work programme at the time out meeting held in September 2015.
- Ongoing review and revision of the Audit Committee's timetable.
- The Audit Committee supported the work of the revision of the Corporate Risk Register and Assurance Framework.
- The Audit Committee supported the Governance Review being undertaken in the Trust and provided input to the development of the review.

Clinical Audit – During 2014/15 the Audit Committee received information on the national clinical audit programme and discussed the impact on the Trust. The Audit Committee sought further information relating to the local audit programmes and the directorate programmes. The Audit Committee received examples of local audits and a copy of a directorate clinical audit programme. The Audit Committee has continued to seek assurance about the clinical audit work in the Trust to understand the systems employed to ensure recommendations are implemented and re audited.

Financial issues - The Committee oversee and monitor the production of the Trust's financial statements. During the 2014/15 financial year, this included:

- Draft Accounts and Annual Report for the period 1 April 2014 to 30 March 2015
- Review of the risks identified in external and internal audit reports.
- Issues regarding end of year accounts;
- A Committee meeting on 26th May 2015 to approve the final accounts, Annual Governance and Annual Report for 2014/15 (including the Quality Account) prior to submission to the Board of Directors and Monitor.
- Confirmation of year-end Commissioner Trading Agreement 2013/14

In May 2015, the Audit Committee also reviewed and approved:

- Single Tender Actions
- the Losses & Special Payments register.

Other Assurance - The Audit Committee has received verbal updates on the activities of the Patient Safety Group. 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 2014/15 included topics such as Mortality Review, Controlled Drugs Management and Do Not Resuscitate Order Management.

Meetings for the coming year

The Audit Committee is keen to build on the communication links it has built with other Board Committees and will seek opportunities to link with other Audit Committees outside the Trust and outside the NHS. It will seek ways in which it can influence and improve the links with stakeholders and understand their assurance processes.

The Committee will continue to seek assurance around the development, introduction and maintenance of systems and processes.

Conclusion

At a time of unprecedented pressures on all sectors of the health economy, the role of the Audit Committee is of ever greater importance in ensuring that control processes and procedures continue to function effectively along with the drive for cost reductions.

The Committee is also conscious of the need to ensure that the Trust obtains value for money from the audit services it commissions – from internal and external audit providers.

All members of the Committee are pleased to note the support for audit work from corporate and clinical directors. The 'tone from the top' is very positive which is important.

As we look ahead the Audit Committee can already see a number of governance issues that will require the Committee's attention in light of the pressures on the system overall.

Philip Ashton Chairman of the Audit Committee
August 2015

Council of Governors – 16 September 2015

Planning Ahead

Action requested/recommendation

The Council of Governors is asked to note the information in the report.

Summary

It is accepted good practice and governance to ensure the members of groups and committees are aware of the dates and times of meetings well in advance of them being held.

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

No references to CQC.

Progress of report Council of Governors.

Risk There are no risks.

Resource implications There are no resource implications.

Owner Susan Symington, Chair

Author Anna Pridmore, Foundation Trust Secretary

Date of paper September 2015

Version number Version 1

Council of Governors – 16 September 2015	
Planning ahead	
1. Development of a governance diary for 2016/17	
<p>It is accepted good practice and governance to ensure the members of groups and committees are aware of the dates and times of meetings well in advance of them being held.</p> <p>We have developed an extensive document that provides details of the meetings for the next financial year up to March 2017. An A5 document is being prepared and will be printed over the next few days. As soon as it is ready, it will be circulated to all governors and be available on the Trust's website.</p>	
Owner	Susan Symington, Chair
Author	Anna Pridmore, Foundation Trust Secretary
Date	September 2015