York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 9 December 2015**

at: **4.00pm – 6.00pm**

at: **Breast Unit Conference Room, York Hospital, Wigginton Road York**

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

York Teaching Hospital NHS
NHS Foundation Trust

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: • David Wheeler • Steve Hinchliffe • Jeanette Anness • Pat Stovell • Paul Baines	Chair	Verbal	
3.		**Declaration of Interests** To receive the draft declarations of interests.	Chair	A	05
4.		**Minutes from the meeting held in public on 16 September 2015** To approve the minutes of the meeting held on 16 September 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	**Governors' Reports** To receive the reports from governors on their activities from: • Lead Governor Report (Margaret Jackson) • Ryedale Stakeholder workshop (Sheila Miller and Jeanette Anness) • Transport Group (Sheila Miller) • Fairness Forum (Jenny Moreton) • Community Services Group meeting (Steve Reed)	Governors	C	19
8.	4.30-4.55	**Chief Executive's Report** To receive a report from the Chief Executive including CQC action plan and Winter pressures	Chief Executive	D	27

No	*Time*	*Item*	*Lead*	*Paper*	*Page*
9.	4.55-5.05	**Update on Membership** To receive an update on membership	Lead Governor	E	35
10.	5.05-5.15	**Internal elections** To receive a paper outlining the internal elections for the committees and groups of the Council of Governors	Foundation Trust Secretary	F	43
11.	5.15-5.20	**Governor working groups to support the development of the Quality Report and the Annual Plan** To receive a report requesting the involvement of Governors in the development of the Quality Report and the Annual Plan	Foundation Trust Secretary	G	59
12.	5.20-5.30	**EPMA report** To receive an update on the EPMA	Caroline Mulholland	H	63
13.	5.30-5.40	**Policy on using the External Auditors for non-audit services** To consider and approve the policy	Foundation Trust Secretary	I	69
14.	5.40-5.55	**Quality and Safety Committee Annual Report** To receive the annual report from the Quality and Safety Committee	Chair of the Committee	J	77
15.	5.55-6.00	**Any other business** To consider any other items of business			
16.		**Time and date of next meeting** The next Council of Governors meeting (in public) will be held on 10 March 2016 at Malton Rugby Club, The Gannock, Malton, YO17 7EYat 4pm.			

Register of Governors' interests
December 2015

York Teaching Hospital NHS
NHS Foundation Trust

New:

Amendments:

Deletions:

A

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies 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 Healthwatch East Riding.	Nil	Nil

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	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Dr Jane Dalton *(Public: Hambleton District)*	Nil	Nil	Nil	Nil	**Researcher—**Health and Social Care, University of York	**Researcher—**Health and Social Care, University of York
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Rowena Jacobs (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	NHS Leadership Academy	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	**Member**—Derwent and SRCCG Patients Groups	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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Sharon Hurst (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
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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York Teaching Hospital NHS Foundation Trust

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 16th September 2015, in St Catherine's Hospice, Scarborough.

Present at the meeting

Chairman of the meeting:

Ms Sue Symington, Chair

Public Governors:

Mrs Jeanette Anness, Ryedale & East Yorkshire
Mr Terry Atherton, Bridlington
Mr Paul Baines, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Mrs Helen Fields, City of York
Mr Stephen Hinchliffe, Whitby
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Dr Jenny Moreton, Ryedale and East Yorkshire
Mr Clive Neale, Bridlington
Mrs Sue Wellington, Scarborough
Mr David Wheeler, Scarborough
Mrs Penelope Worsley, City of York
Mr Robert Wright, City of York

Appointed Governors:

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

Staff Governors:

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

Attendance:

Mrs Lynda Provins, Head of Business Intelligence Unit
Cllr Chris Pearson, North Yorkshire County Council (Governor Elect)
Mr Philip Ashton, Non-executive Director, York Teaching Hospital
Mr Mike Sweet, Non-executive Director, York Teaching Hospital

Mrs Jenny Adams, Non-executive Director, York Teaching Hospital
Mr Patrick Crowley, Chief Executive, York Teaching Hospital
Mr Andrew Bertram, Director of Finance, York Teaching Hospital

Apologies for absence:

Apologies were received from the following:

Dr Jane Dalton, Hambleton District
Mr Mike Keaney, Non-executive Director, York Teaching Hospital
Prof Dianne Willcocks, Non-executive Director, York Teaching Hospital

15/24 Declaration of Interests

Ms Symington welcomed everyone to the public section of the Council of Governors.

Mrs Miller noted that she was a non-participating member of Health Watch.

Action: Change to Mrs Miller's declaration of interests

15/25 Minutes of Council of Governors Public Meeting – 10th June 2015

The minutes were approved as a true record of the meeting subject to it being noted that Mrs Miller was not present at the meeting on the 10th June.

It was noted that there were no members of the public present.

15/26 Matters Arising from the Minutes

There were no matters arising from the minutes.

15/27 Update from the Private Meeting held earlier

Ms Symington reported that discussions had predominantly centred around her work plan and objectives.

15/28 Chief Executive's Report

Mr Crowley stressed the importance of the TAP Programme that was being overseen by Mr Bertram and led by Gordon Cooney.

Mr Crowley provided some context stating that this was the first time that the Trust had started the financial year with a deficit, which is being driven by the deterioration of the financial position and performance. However, he did stress that a significant proportion of other trusts are in the same position and the recent resignation of the Chief Executive was an indictment of the current national position. The Trust needed to change this direction of travel and therefore the TAP programme had been set up to demonstrate to the Trust's regulators that this was being taken seriously.

Mr Crowley stated that the Trust had been open and honest about the position and had been aware of the possibility of a deterioration in finances. The

obligation on the Trust is to be accountable for the best possible use of resources and changing the emphasis on how the organisation functions, but with the overarching purpose of getting the best outcomes for patients. He stated the Governor's position was very important as advocates together with their function of oversight.

Mr Crowley stated that the Trust had received the draft CQC report and had provided a response. A Quality Summit was planned for the 2nd October 2015, following which the report would be made public. He noted with pride that staff had embraced the visit and the organisation had been open and honest about the risks facing it, especially in light of the integration of two communities and Scarborough & North East Yorkshire Healthcare NHS Trust. He confirmed that there would be an opportunity for Governor representation at the summit.

Action: Governor Representation to be arranged for CQC Summit

Mr Crowley stated that there has been some intervention nationally on finance, however, some of the things being suggested, the Trust has already been doing for a number of years. There has been guidance on agency spending, which the Trust has chosen to follow. The Trust has implemented some controls on agency spending, but has also been able to recruit a significant number of nurses. The initial recruitment has resulted in a further 80 nurses due to join the Trust and overseas recruitment will hopefully bring in another 60, which he described as a major success that is bucking the national trend. Mr Crowley noted the ageing profile within nursing and that a number of nurses were choosing to retire due to the choices around pensions and the need to engage in revalidation, which was due to come in.

Mr Crowley provided some headlines around performance and the whole system response being taken together with the pressures being brought to bear on CCGs. In relation to 18 weeks the Trust continued to fail as it has chosen to reduce the backlog instead and Mr Crowley was adamant that this was the correct path to take. Some directorates were still facing challenges and there was a continued growth in demand and pressure on cancer targets, however, there were signs of improvement especially in breast symptomatic.

The Medical Director post was out to advert and interviews would take place on the 22nd October. Mr Crowley highlighted that Sue Holden was due to go on secondment and would return in a year's time. He stated her deputies were very capable and that he would oversee HR, with Brian Golding taking Occupational Health and Mike Proctor taking on Organisation Development (OD). 2 senior doctors would also play an enhanced role in OD/Education by providing further clinical leadership. Mr Crowley stressed that there would be accountability to the Board, with a review of arrangements taking place in approximately 6 months.

Mr Crowley thanked the Governors for panel representation on the Celebration of Achievement Awards and was looking forward to a very rewarding evening. The Open Day had received hugely positive feedback and staff were a credit to the Trust providing real passion about their services.

Mr Crowley told the Governors that he was undertaking a trip to a couple of sites of best practice in Alaska and Seattle with Mark Hayes, the Chief Operating Officer of the Vale of York CCG. He hoped to be invited back to this meeting to

provide feedback. The visit was about learning and creating system leadership and looking at systems of best practice.

Action: Mr Crowley to provide an update on the best practice site visits

15/29 Turnaround Avoidance Programme – Delivering Success

Mr Bertram confirmed that he would send out the presentation to the group by email. He stressed that the Trust was not in turnaround, but was actively working to avoid being put in turnaround. The July position was a £4.5 mil deficit, which was £2.5 mil adrift of the planned position and had been driven up by agency spend. The agency spend in July was £1.5 mil, which was high when compared to the £3.9 mil agency spend for the whole of last year. He confirmed that he still thought the position could be turned around, however, August had shown a further deterioration in position and was due to pay, drugs and CIP. The drugs can be recharged so are not an issue, however, the CIP has been relentless in nature and delivery has been tough. The schemes tend to cause a bigger impact at the end of the year and he is confident the programme will deliver. A stark deterioration has been seen in the wider NHS and the current forecast is an overall £2.1 bil deficit across the NHS by the end of the year. Mr Bertram stated that modelling has been done and that the Trust loses transition support in 2017/18, which will create a £20 mil problem.

The TAP programme is set around 3 key principles and has 4 work streams and includes over 500 projects. A mapping exercise has been undertaken to ensure that all projects link back to the principles or are questioned regarding relevance.

Work is being progressed with nursing staff to re-empower Sisters and Matrons around staffing and links to their professional accountability framework. Mr Beckett asked about the use of HCAs and Mr Bertram confirmed that enhanced roles were being created. Mrs Miller asked about Urgent Care Centres at Malton and Scarborough, which have seen approximately 10,000 patients so far, however, Mr Bertram confirmed that this has not had an impact on the numbers coming into the Trust. Mr Bertram confirmed that a number of nurses had been leaving the Trust and this had caused a peak in the number of vacancies and increased the use of agencies.

Mr Bertram stated that a number of factors are requiring the Trust to act more commercially and not take on elements of service unless they are financially viable despite the Trust wanting to take the service on. One such example was the Renal Dialysis Unit at Scarborough.

Mr Bertram agreed with Mr Butler that there was a massive challenge facing the Trust. Mr Bertram confirmed that a revised report had not gone to Monitor as the initiatives requested were already being undertaken so showed no impact. The Governors were assured that this was not having an adverse impact on patients as there were lots of mechanisms in place to monitor the impact of savings including Non-executive Director challenge. Mr Bertram stressed that safety was a redline for the Trust, however, quality was more subjective and that it was inevitable that some aspects of quality may change.

Action: Mr Bertram to circulate the TAP presentation

15/30 Governor Reports

Ms Symington asked that papers were taken as read due to time constraints. Mrs Jackson highlighted that Kath Sartain, the Lead Nurse for End of Life Care, had stated at the Open Day that the mortuary at SGH was due to be developed. Prof Jacobs had raised the issue of meetings being held at Malton together with the timings. Ms Symington had stated that she was trying to look at an equidistant venue and alter timings following feedback received. Mrs Worsley stated that the current turnout was very good. Mrs Bolland stated that she would struggle with later meetings especially in Winter. Ms Symington acknowledged the comments and stated that this will be reviewed.

Action: Review venues and timings of meetings in light of comments.

15/31 Membership Engagement

Mrs Worsley circulated a further paper on membership engagement. Following discussion it was noted that there was concern about the meetings that had been held. A clear action plan was requested and it was noted that Mrs Jackson would now chair the meetings to drive this forward.

Members were being proactive and circulating leaflets and there had been a number of discussions with potential members at the Open Day.

It was noted that this would be part of Mrs Pridmore's role and the Governor's asked that feedback on progress continued to be received. There was a discussion about whether Friends of the hospital could be automatically given membership status and Ms Symington stated that she would get Mrs Pridmore to look into this. It was confirmed that other areas such as Knaresbrough and Harrogate could be targeted for members.

Action: Mrs Pridmore to look at whether Friends of the could be automatically given membership status

Ms Symington also noted comments regarding electronic versions being made available.

Dr Moreton stated that some of the figures in the paper were incorrect, which had been previously highlighted and it was agreed that these needed to be updated.

Action: Figures to be updated in the report.

15/32 Governor's Elections 2015 – update report

The paper was noted and no further questions received.

15/33 Board to Board Meeting

The group discussed the Council of Governors meetings with the Board and Ms Symington stressed that these would be joint meetings, which would be held every six months and minuted. She expected the meetings to cover important current issues and asked for any comments or suggestions for subjects to be

emailed to her.

Action: Members to email any suggests for Board to Board topics for the meeting in November.

15/34 Non-executive Director Review

The process for review is being progressed and members were asked to provide feedback.

15/35 Audit Committee Annual Report

Mr Ashton stated that it was a requirement that the Council of Governors received the Audit Committee Annual Report. Mr Ashton provided an overview of the work done during the year in relation to the duties of the Audit Committee including how the various strands are looked at and the purpose of the Committee.

Mr Ashton highlighted clinical audits, which are carried out by clinical staff and covers Trust, Regional and National priorities. He noted how these audits can improve services, but also how the links to assurance are sought.

Mr Ashton stressed how important the work was especially due to the current pressures in the system. The work would continue to ensure that any modifications to systems and processes are safe and provide assurance around levels of risk the Trust is exposed to.

Prof Jacobs asked whether clinical audits were linked to the TAP programme. Mr Ashton stated that they did not as most are done in the clinician's own time and are approved by the Clinical Standards Committee. However, there was work to be done to ensure that any learning was cascaded within the organisation.

Mr Ashton also stated that the reappointment of Grant Thornton as the Trust's external auditors had been a Governor's appointment, which was a rigorous process. The Grant Thornton team had also materially changed and there were no rules against reappointment as they were entitled to tender. He highlighted that a policy was being developed that would look at using the external auditors for non-audit purposes.

The final discussion was around the use of a 'speak up guardian' which had come out of the investigations into the Mid-Staffordshire Trust. Mr Ashton noted that the Chief Executive had asked him to take on this role for the Trust.

15/36 Planning Ahead

Mrs Anness asked whether the planning document could be sent out in hard copy as it is difficult to print A5.

Action: Planning document to be sent out in hard copy.

15/37 Any Other Business

Mrs Miller raised a couple of transport issues.

The First Bus Group is being written to with regard to the poor service being provided.

North Yorkshire is cutting back on the number of buses being provided in the community, which will seriously affect people being able to get to the hospital. Dr Moreton stated that the cuts are by as much as 90% and thought it would be helpful if a letter of concern was sent from the Trust.

Ms Symington thanked both Sue Wellington and Terry Atherton during the course of the meeting for their valuable input as Governors.

15/38 Time and date of the next meeting

The next meeting will be held on 9th December 2015 at Breast Unit Conference Room.

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors Meeting – 09 December 2015

Governor Reports

1. Lead Governor Report

Governor elections are now completed. Congratulations go to our re-elected governors, Jeanette Anness, Ann Bolland, Steve Hinchcliffe and Penelope Worsley. Newly elected public governors are John Cooke for York, Diane Rose for Scarborough and Pat Stovell for Bridlington. Sharon Hurst was elected by staff as the staff governor, Community. New appointed governors are Chris Pearson for North Yorkshire County Council, John Galvin for the City of York Council and Stephen Lane for East Yorkshire County Council. We look forward to working with our old and new colleagues and taking the work of the Council of Governors forward in a positive and pro-active way. The induction for new governors has started with the first session being held at the Friends Meeting House in Malton. Thank you to the current governors who were able to come and meet with their new colleagues.
The governor seminars and forums have continued with the last governor forum being very well attended. Sue Wellington came to discuss the new draft job role for the patient experience volunteer and comments need to be sent to Hester Rowell. A general discussion took place about the role description and the need for a DBS check (CRB check that was). Catherine Rhodes was going to raise the issue with Hester. Governors were also asked to express their interest in taking part in the recruitment of the volunteers and asked to let me know if they wished to be involved.
Work continues to develop a membership strategy for consideration by the Council of Governors. The open session for prospective and current members to meet their local governors are being designed so that the basic information is the same in all localities.

Grant Thornton, the Trust auditors are undertaking well-led interviews and the final report should be presented to the Board of Directors in the New Year.

Steve, Helen, Ann and I attended the regional Governors meeting held in Doncaster and the presentations have been circulated and the meeting discussed at the last Governor Forum. Thanks go to our colleagues at Harrogate trust who sent spare Governor lanyards for us to use. Anna has made these available to all Governors in York Trust.
The annual NHS Carol Concert takes place after the Council of Governors on the 9th December in York Minster. The event is open to all with no ticket required. The doors open at 6.30pm and the carol service starts at 7.30pm and finishes about 8.30pm. It is a lovely event so do come and support it. Wrap up warm as although the Minster is usually full, it does get cold.

Margaret Jackson - Lead Governor and Public Governor York

2. Report on Ryedale Stakeholders Workshop - Wednesday 14th October 2015.

A short presentation on how the Hub and new way of doing Community services was given by Rachel Anderson including the work of the Community Response Team [C.R.T.] and the

care workers. New staff including Generic Support Workers had been employed and training given. She used the `baton analogy` referring to the fact that sometimes in the past a patient had fallen through the net as they were passed from from one agency to another. The aim of the new service is not to drop the baton. She then invited several members of staff to give short presentations on their experience. Without exception they all said they thought it was working well, there were still some issues of communication but essentially the service was working really well with excellent feedback from patients – 95% positive. Daily hand over and safety meetings are held in addition to a weekly Multi-Disciplinary Team meetings.

There were also some patients at the meeting; their carers gave summaries how they had been helped and all of them added their own experiences, these were complimentary and much appreciated.

Everyone was sitting at different tables and we were asked to discuss two questions:
What can be done to make the service better and then agree the priorities to action these priorities.

There was general consensus that although working well, there were issues of communication; they all shared offices at Malton Hospital so that was useful including Social Services but the START team were at Ryedale House and the computer systems do not talk to each other. There is also a member of CAVCA [Voluntary Agency for Ryedale and the East Coast] based in the office now who can advise on what voluntary help is available. It was also felt that in some cases a patient receives visits from three different teams which is confusing for patients e.g. District nurses, the Community Response Team, the Community Therapies Team and then visits by the Generic Support workers.

Staff also mentioned that the new service made hospital discharge easier providing smoother communication with the ward. The C.R.T. assessment is very robust which is helpful if a patient is handed over to another service. Service improvements are required such as a better out of hours pharmacy service, more efficient delivery of equipment and greater integration between health and social services to avoid duplication.

A list was kept of all the issues raised and will be discussed and the information sent out to us all in due course. Rachel Anderson is taking up a post of Locality manager in north York so is now handing over the running of the Team to Sarah King, who is the Locality Manager of Malton Hospital.

Jeanette Anness, Public Governor Ryedale and East Yorkshire
Sheila Miller, Public Governor Ryedale and East Yorkshire

3. Transport Group – Thursday 19 November 2015

Meetings are to be held in Scarborough by Martin Higgitt (Consultant from JMP) to talk to staff and prepare the East Coast Travel Plan; these meetings to be in March, followed by some in Bridlington. This to encourage staff to use buses, bicycles or share transport.
There are some issues on the Blue Badge Parking at York, a new system is now in place and hopefully there will be more spaces available. Hester Rowel, Patient Experience, is very involved in this as there have been many comments about not being able to park.
The new disabled CP at Scarborough is now the old Consultant Car Park, which is much closer to the Main Entrance.
The Malton development of the car Park and Urology has been slightly delayed; further information to follow.

Brian Golding has agreed to write to NYCC and East Riding CC asking them to be more

aware of difficulties in rural areas when making cuts or changes to buss services. The good news is that York First have agreed to re-instate the No. 6 service (this was brought to my attention and the Trust at the AGM by a group for the Elderly in York.)

There is no further progress on the shuttle Bus from the city centre in York to the Hospital; nor any further progress on opening up the Station behind York Hospital; This is mainly on cost; it remains on the Strategic Plan as this would be of enormous help to Scarborough and Ryedale patients.

A new cycle storage unit is to be provided in Scarborough shortly; and Staff loans to aid the purchase of bicycles is doing well, with more and more staff using this concession.
An open day was held at the Hospital to promote the use of electric vehicles, proved very popular with staff and other companies who were invited to come along. The York Pool Hire car scheme is going from strength to strength, and beginning to be more used in Bridlington; it is hoped to have this facility at Scarborough soon. Total savings so far since April is £3,468.24.

Specification being prepared to go out to Tender for Taxi services is going to be more rigorous, i.e. vehicle no more than 5 years old, emissions tests etc.

The Multi-storey car park is to have some work done; larger No Entry signs, large directional arrows and all to be repainted. It is not possible to widen the spaces due to costs.

A document for consultation has been prepared called "Information for car Parking on Trust Sites" so that all patients and visitors will know exactly who can get concessions, where to park etc. Governors asked to contribute (This discussed at our Governor Forum on the 20th November)

Sadly I cannot attend the next meeting in May as I am on holiday, Steve Hinchcliffe has resigned from the group so no Governor representation; also the next two meetings fall on our Governor Forum dates on 18th August and 17th November 2016; they are at the same time as ours; any chance of our changing the time of ours to the afternoon?

Sheila Miller, Public Governor Ryedale and East Yorkshire

4. Report from Fairness Forum Meeting 4th November 2015 2-4 pm

Brian Golding is taking over as Chair from Sue Holden for a year.

The **Patient's story** described the experience of an experienced patient with very poor vision who had identified weak areas with respect to providing appropriate information to patients in the correct format. Staff were found to have little understanding of the role of the York Blind and Partially Sighted Society (YBPSS) with regard to obtaining material in other formats and sizes to assist patients and some Trust staff were not aware of how patients with sight issues could be helped in effectively. This is despite the fact that YBPSS have worked closely with the Trust on providing suitable formats. There was concern as to whether appropriate information is captured and updated on patient records to assist both staff/patients with effective care. There is currently no mechanism for this being captured at the referral level and this will be looked at by SNS (re standard information stored). There was discussion about how to educate staff appropriately for example by using screensavers or 10 minute 'bite-sized training' sessions.

Amber Lee provided an update on SNS progress with the Information Standard and Access to Services action plans and a one page summary of the standard and timescales is attached. It should be completed by mid-2016. It should include interpretation requirements.

Questions were asked about: religion, being included in Protected Characteristics, the need to engage with CCGs with regard to the eReferral Service, and access to CPD for bank and agency staff.

Work is still ongoing with respect to equality analysis and the position is similar with the Workforce Race Equality Standard (WRES), Equality Objectives and Access to Services Updates.

The Forum did not consider the new Terms of Reference documents for The Fairness Champions and LGBT Staff Network to be ready for approval and recommended a number of changes be made to both documents.

For information some **local and national issues** were described by members of the Forum:

- Dianne Willcocks alerted the Forum that City of York Council will receive up to 63 refugees to be housed in York. There may be impact on health providers.

- Martin Doe asked to recognise the effect of the closure of Bootham Park may have on the Trust.

- Margaret Milburn mentioned the Equality and Human Rights Commission Report "Is Britain Fairer? – The state of Equality and Human Rights 2015", which can be found on the Q Drive in the Fairness Forum folder.

- Trust Staff have recently received some Healthwatch awards.

- A "Free to be Me' in the workplace" pilot - LGBT awareness training session was held in the Trust on 22 Oct 15. The Trust hosted the York LBGT Forum AGM in the Post Grad Education Centre in November 2015.

- Stammer awareness day 22 Oct 15 –an awareness event was held at YH with focus to be at a different hospital next year.

- York Racial Equality Network (YREN) has secured Comic Relief funding to develop a citywide Equalities Network launched November 2015. Margaret Milburn will represent the Trust on the steering group.

- There were Interfaith week 15-21 Nov15 displays in reception at York Hospital and York & Scarborough Chapels

Workstream 5 minute updates included:

Martin Doe will issue the Faith Calendar to members when it is completed and it could also be on Staff Room. Discussions are progressing with respect to providing a ritual washing facility and and segregated areas of prayer in the Chapel area.

Emma George (Assistant Director of Nursing) is leading on the dementia strategy update to include patient experience, training, environment, communication, stakeholders and partnership working. Dementia champions and moving patients across wards are priorities. Ward 25 has been upgraded, including wayfinding aspects.

Nicola Cowley reported that the CQC report was positive with regard to Learning Disability support and Safeguarding Adults Processes. There were 123 referrals for learning disability support from 01/07/2015 to 30/09/2015 requiring 452 reasonable adjustments. Over that

time there were 14 Safeguarding Adults concerns 9 of which were raised against the Trust, 8 of which were still being investigated. A working group is on-going to improve documentation and discharge planning.

Vanessa Camp will discuss providing in house training sessions for Trust staff to meet the needs of Visual Impaired patients with YBPSS.

Margaret Milburn asked for ideas for the LGBT History Month event in Feb 2016.

Any other business
Margaret Milburn suggested receiving feedback from other meetings that relate to the Fairness Forum (e.g. Health and Wellbeing Boards). The chair suggested finding suitable contacts.

For EDS2, Margaret Milburn has met with the Vale of York CCG and is planning to collaboration with other local healthcare organisations though time is short since the next assessment should be in February 2016.

Lesley Pratt from York Healthwatch gave out copies of their new magazine for members and questionnaires for completion.

Martin Doe is investigating whether real flowers could be used in the Chapel.

Jenny Moreton, Public Governor Ryedale & East Yorks

5. Community Services Group meeting 27 November 2015

Summary of topics discussed

- Group membership
- Procurement of community services in Whitby, Scarborough and Ryedale
- CQC inspection
- Governor interaction with their communities
- Communication who provides which services in the community
- Provider Alliance Board
- Community Response team
- Developments in community services.

Actions Agreed

- Provide a care hub update for the proposed community hospital display stands (SR)
- To identify the governors who will attend the Community Services Group (MJ/AP)
- To speak to Healthwatch to confirm their participation (SR)
- To provide an update to 'Members Matters' on the work of the Community Services Group (SR)
- To investigate if information leaflets could be given to patients with community equipment (SR/Bev Proctor)
- To contact the CCG to confirm user involvement in equipment procurement (SR)
- To investigate if a list of services and providers can be displayed in community hospitals (SR/Bev Proctor)
- Produce a message of congratulations and thanks to community staff on behalf of the group following the recent CQC report (SR)

Future Meetings

The group will meet on 12 February 2016. The agenda will include:

- Discharge Liaison Service (SR with new team leader)
- Provider Alliance Update – including a discussion of 'Primary Care Home' and the proposed out of hospital model (MS/SR)
- Discharge to Assess (SR).

Steve Reed, Chair of the Group

6. 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 any time prior to one week before Council of Governor meetings. Thank you.

Sue Symington, Chair

Author	**Margaret Jackson, Lead Governor** **Sheila Miller, Public Governor Ryedale & East Yorks** **Jeanette Anness, Public Governor Ryedale & East Yorks**
Owner	**Anna Pridmore, Foundation Trust Secretary**
Date	**30 November 2015**

Appendix a –Practical one page guide

Overview of the Standard – scope (who, what and where)

SCCI1605 Accessible Information – the Accessible Information Standard – directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents, where those needs relate to a disability, impairment or sensory loss.

It is of particular relevance to individuals who are blind, d/Deaf, deafblind and / or who have a learning disability, although it should support anyone with information or communication needs relating to a disability, impairment or sensory loss, for example people who have aphasia, autism or a mental health condition which affects their ability to communicate.

The Standard will apply to all providers across the NHS and adult social care system.

The Accessible Information Standard – quick guide (how)

There are five basic steps which make up the Accessible Information Standard:

1. **Ask:** identify / find out if an individual has any communication / information needs relating to a disability or sensory loss and if so what they are.
2. **Record**: record those needs in a clear, unambiguous and standardised way in electronic and / or paper based record / administrative systems / documents.
3. **Alert / flag / highlight**: ensure that recorded needs are 'highly visible' whenever the individuals' record is accessed, and prompt for action.
4. **Share**: include information about individuals' information / communication needs as part of existing data sharing processes (and following existing information governance frameworks).
5. **Act**: take steps to ensure that individuals receive information which they can access and understand, and receive communication support if they need it.

Aim of the Standard (why)

The aim of the Standard is to establish a framework and set a clear direction such that patients and service users (and where appropriate carers and parents) who have information or communication needs relating to a disability, impairment or sensory loss receive:

- 'Accessible information' ('information which is able to be read or received and understood by the individual or group for which it is intended'); and
- 'Communication support' ('support which is needed to enable effective, accurate dialogue between a professional and a service user to take place');

So that they can access services appropriately and independently, and make decisions about their health, wellbeing, care and treatment.

Timescales (when)

Organisations may begin to follow the Standard immediately following publication of the Information Standards Notice (ISN). Organisations must comply by 31 July 2016.

More information

16 Timescales

The proposed timetable for implementing the Standard is set out below, this outlines dates when applicable organisations MAY and MUST implement the Accessible Information Standard.

Organisations MAY begin to implement the Accessible Information Standard immediately upon publication of the ISN (Information Standards Notice).

By 01 September 2015 organisations MUST have begun to prepare for implementation of the Standard, including through assessing their current systems and processes, and developing and commencing roll out of a local implementation plan in order to achieve implementation of and compliance with the Accessible Information Standard in line with published deadlines.

By 01 April 2016 organisations MUST have made necessary changes such that they routinely identify and record the information and communication needs of their patients or service users (and where appropriate their carers or parents) at first registration or interaction with their service.

From 01 April 2016 services MUST identify the communication or information support needs of their existing registered or known patients or service users (and where appropriate their carers or parents) during routine appointments or interactions with the service.

By 31 July 2016 organisations MUST be fully compliant with all aspects of the Accessible Information Standard.

Task	Date
Implementation date: organisations MAY begin to implement the Standard.	Immediately upon publication of the ISN.
Organisations MUST have begun to prepare for implementation of the Standard, including developing and commencing rollout of a local implementation plan.	By 01 September 2015.
Organisations MUST identify and record information and communication needs when service users first interact or register with their service.	By 01 April 2016.
Organisations MUST identify and record information and communication needs as part of ongoing / routine interaction with the service by existing service users.	From 01 April 2016.
Date of full conformance: full implementation of the Standard is required.	By 31 July 2016.

D

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 9 December 2015

Chief Executive's 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	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☒

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	December 2015
Version number	Version 1

Council of Governors – 9 December 2015

Chief Executive Report

Once again I would like to use my report to reflect on some of the on-going issues in the wider NHS and to present some of the broader context.

At the NHS Providers conference last month, Secretary of State for Health Jeremy Hunt described the NHS's financial situation as the most difficult in its history. He cited pay restraint, controls on agency spend, procurement and efficiency, and the Five Year Forward View, as ways in which providers are being supported to overcome the financial challenge. My personal view is that, whilst some of these measures may temporarily stop the issues from spiralling in places, this will not solve a problem of this magnitude and will not address the fundamental problem of the mismatch between budget and tariff allocations, and the services we are expected to provide.

It is becoming increasingly apparent that the 'low hanging fruit' in terms of savings and efficiencies have already been exploited over the five or so years we have been embarking on our efficiency regime. Real change such as that outlined in the Five Year Forward View needs a significant shift in thinking and a commitment to whole-system change. One has to question how this can really be achieved given the significant cuts to local government budgets for social care, and there needs to be a recognition of the level of investment and cooperation that would be needed to really deliver this.

Our local financial position remains critical, and whilst we are not yet in special measures or turnaround, this remains a significant risk. Our recent slippage from plan is due in large part to income lost through cancelled elective work as a result of lost capacity during the norovirus outbreak, and high levels of non-elective demand. It is essential that we stop this deterioration, and as such we are focussing on income generation (both recouping lost income and attracting new income) through our turnaround avoidance programme.

Through the Executive Board we are also, as a matter of priority, working through ways that we can better preserve our elective capacity, and, importantly, the income associated with it. I am sure you appreciate that our stated strategy to separate acute and elective capacity at every opportunity is vital, both now and for the future sustainability of our services. This includes the planned development of services at Bridlington Hospital.

It is clear that the national financial context is deteriorating at a pace that many observers had not expected and this impact is being felt locally with all partners in some difficulty. This is having a destabilising effect on the whole system. Commissioners are facing difficult decisions and choices and the role of competition as it was originally envisaged is seemingly no longer tenable. The early signs of a growing pressure on the acute system only serve to focus the mind.

All of this must be the catalyst for closer partnership working as there is no other prospect of a solution to the challenges we face. As a Foundation Trust we must be receptive to this and where necessary and appropriate provide the leadership for it.

Winter and the emergency care standard

We are entering what is historically the busiest time for our hospitals, and we will be under increasing pressure to deliver our services to a high standard, whatever the winter brings.

The winter resilience plan has been approved, and work is now underway to mobilise these plans, and we have been working closely with partners to improve flow across the whole system.

In many respects, it feels as though we have had similar pressures to winter at other times during the year, but nonetheless experience tells us that winter will be particularly busy and there will be no leeway in terms of expectations around our performance.

We have listened to feedback from our staff, and as a result have put in place increased capacity in diagnostics, reallocated surgical wards to accommodate medical and elderly patients, and opened additional capacity in Scarborough, York and Bridlington.

We are under particular scrutiny regarding our performance against the four hour emergency care standard, and will need to deliver real improvements over the coming weeks. I have said before that this target is not and cannot be solely the responsibility of the emergency department, and is dependent on all parts of the system working effectively to ensure patients are not delayed at any point.

We have made several immediate changes to our operational approach on the York site, mirroring to some extent those which are already in place in Scarborough. These include:

<u>Command and control:</u>
We are implementing a command and control structure on the York site until 10pm every day, similar to that which would be implemented in a major incident. This will give clear roles and responsibilities to named individuals, with specific task allocation so that people can be held to account for delivery within agreed timescales. This will remove duplication in the system, as the tasks, and those responsible, are clearly defined. In addition, clear escalation processes will be in place to enable easier resolution of issues that cannot be solved at ward level.

<u>Increased senior management presence:</u>
In order to support the command and control structure, we will also be increasing senior operational management presence on site until 10pm, and at weekends. This will involve our directorate managers volunteering to undertake this role above our normal expectations, and I am grateful for this. They will have authority to act as the site manager and to order changes to work priorities as appropriate.

<u>Introducing Discharge Liaison Officers:</u>
The role of Discharge Liaison Officer, already successfully introduced in Scarborough, is being introduced in York. The individuals undertaking this role will work as part of the command and control structure, based on a ward, supporting the nurse in charge to deliver specific tasks that enable patients to move through the system in a more timely way.

In order to do this quickly, staff who work in non-clinical roles have volunteered to be freed up for six weeks.

These individuals will act as the ward's voice, problem solving and delivering tasks allocated by bronze command or the nurse in charge, and escalating any issues where necessary. This

will ensure capacity is created in the system to allow patients to be placed in the right bed at the right time at the point of admission. By doing this we will reduce overcrowding in the emergency department.

The success of these actions, however, will be wholly dependent on a change in culture regarding delays in the system.

The underpinning principle we need to adopt is to take every opportunity to expedite patient flow and remove delays across pathways.

I recognise that the pressure is particularly high during winter, and I never fail to be proud of all of our staff during this time for the way everyone pulls together and continues to put our patients at the centre of everything they do.

Performance overview

The below table outlines the Trust's high level performance data for the period April – September 2015 (Q1 and Q2).

Indicator	Target	Q1	Q2
A&E Clinical Quality- Total Time in A&E under 4 hours	95.0%	88.3%	91.5%
Referral to treatment time, 18 weeks in aggregate, admitted patients	-	75.6%	76.3%
Referral to treatment time, 18 weeks in aggregate, non-admitted patients	-	95.2%	95.1%
Referral to treatment time, 18 weeks in aggregate, incomplete pathways	92.0%	92.8%	93.8%
Cancer 2 week (all cancers)	93.0%	93.9%	91.9%
Cancer 2 week (breast symptoms)	93.0%	91.4%	94.0%
Cancer 62 Day Waits for first treatment (from urgent GP referral)	85.0%	87.8%	85.1%
Cancer 31 day wait from diagnosis to first treatment	96.0%	96.2%	99.3%
Cancer 62 Day Waits for first treatment (from NHS Cancer Screening Service referral)	90.0%	98.4%	92.0%
Cancer 31 day wait for second or subsequent treatment - surgery	94.0%	94.4%	97.3%
Cancer 31 day wait for second or subsequent treatment - drug treatments	98.0%	99.6%	100.0%

Living Wage

The Living Wage Foundation has announced its recommended rate of increase for the Living Wage. As you will recall, we were the first NHS Trust in the country to adopt the living wage, and its introduction has meant that around 800 of our lowest-paid staff benefit from a higher rate of basic pay than that which is set out in NHS terms and conditions. This is separate to the living wage that was referenced by the Chancellor in his budget speech earlier this year. We have calculated the impact of introducing the recommended increase in the Living Wage, and at the new rate it would apply to 1,100 staff and cost around £0.9m. This is a significant increase and, in our current financial context, one that would be extremely challenging for us to implement.

Given we are only one of a handful of Trusts to do so, we would be seen as committing avoidable discretionary expenditure and would come under the scrutiny of our regulators.

We have a six month period within which to implement any change, and I have written to our staffside colleagues to inform them of the difficulty we would have in providing this uplift. The Living Wage is a personal priority of mine and is aligned with my values and, those of the Board, however we must also ensure that the organisation remains financially sustainable in what are increasingly precarious circumstances.

MSK Contract for Selby and York

The issues surrounding the tender process for MSK services in York and Selby have been complex and fast-moving.

To recap, our Trust was awarded the contract for MSK services in Selby and York in 2010. Vale of York Clinical Commissioning Group retendered the contract in 2015, and, unfortunately, we were not chosen to be the new provider. Healthshare were selected as the provider, with a view to transferring services to them by 1 November 2015.

We were advised by Vale of York CCG in October that Healthshare was unable to start the new service on 1 November as planned, and we were asked to provide an interim service until 1 February 2016.

We agreed to this, however given we had expected not to be running this service, we had lost around 50 per cent of our MSK staff, who had chosen to leave or who had not been successfully appointed into roles within our remaining physiotherapy service.

However, in October the CCG took the decision to abort the procurement process, and notified Healthshare that they are no longer the provider of the new service. This unexpected development led to intensive discussions with the CCG in terms of a way forward, and what this means for the future of the MSK service.

We have agreed with the CCG that we will continue to deliver the existing service for the next 18 months, and are re-mobilising the service as we speak, however it will take us some months to be back up to previous levels, and is dependent on the outcome of our recruitment efforts. We began taking referrals into the service on 1 December.

We are working closely with the CCG as they develop a new service specification, and we are delighted to be continuing to deliver the service.

Stroke external review

As Governors will recall, changes were made to the acute stroke pathway in the summer as a result of our inability to safely staff a consultant-led service on the Scarborough site. Two options had been considered; either a full divert to York Hospital of all suspected strokes, or a triage and transfer model. The latter was chosen and means that patients are assessed and given immediate treatment (including thrombolysis) in Scarborough's Emergency Department before being transferred to York for hyper-acute stroke care. They are then transferred back to Scarborough after a couple of days for rehabilitation.

The pathway was developed in partnership with the CCGs, and its implementation was approved on an interim basis by an expert external review team which included Professor Tony Rudd, the National Clinical Director for Stroke.

It was agreed that the external review team would carry out a face to face review of this pathway in October, following which discussions about the permanent option would commence, with an ambition to reach a decision before February 2016.

The reviewers visited in October to review the clinical data and discuss the pathway with the stroke team. The reviewers endorsed the current pathway, and work is now underway to plan the steps that need to be taken to make this a permanent pathway from February.

Temporary staffing and recruitment

As you will know from previous discussions, there is a need for us to take action to significantly and urgently reduce our agency expenditure.

New rules have been introduced by Monitor, which include a limit on the amount that Trusts can spend on agency nursing staff as a percentage of total nurse staffing spend.

For this Trust, the limits are 4 percent for Quarters 3 and 4 of this financial year and then 3 percent of the annual spend in each of the next three financial years.

Whilst the guidance from Monitor specifically refers to nursing agency expenditure, our spend as a Trust on medical agency staffing is also a concern and we believe that it is only a matter of time before Monitor introduces similar rules for medical agency spend. Therefore we are applying the same rules for nursing and medical agency usage.

The Nurse Bank team has been working with the nursing teams to reduce the use of 'off framework' agencies for temporary nurses. Both the Nurse Bank and the Medical Rota Co-ordinator teams have been briefed regarding the new rules and have been asked not to book any temporary staff through any off framework agency for requests for shifts, without prior discussion with a senior member of the HR Team.

We have been listening to feedback from staff who currently work as part of our nurse bank, and as a result we have made several changes, including a five percent increase in the hourly rate for all bank workers.

Bank only workers will also be able to continue to progress up the payscale to the top point, meaning that pay for bank work reflects experience.

As an additional reward for our substantive staff who work bank shifts during the upcoming winter period, from 1 December through to 31 March 2016, the hourly rate of pay for bank work undertaken will attract an additional payment of 15 percent on top of the basic rate.

Bank Staff have also told us that they would like to be paid weekly for this work. We are testing this in one area and expect to be able to offer this to all bank staff very shortly.

These are some of the steps we are taking to encourage our staff to join the nurse bank and to help reduce our spend on external agencies.

As you will be aware we have been recruiting and have a number of new nurses joining the organisation from local universities. We are also continuing our European recruitment too. In the past few months we have seen our turnover rate increase, mainly due to retirement, which may be an impact of the impending revalidation process. As with any organisation, we will always be operating with a number of vacancies, and this will be the case going into the winter period.

Welcome

Finally, I would like to extend a warm welcome to our newly elected and appointed Governors at their first Council of Governors meeting. I hope you enjoy your time as Governors, and if I can help you with any questions you may have, please do contact me.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley Chief Executive**
Date	**December 2015**

E

York Teaching Hospital NHS
NHS Foundation Trust

Membership Group – 02 December 2015
Council of Governors – 09 December 2015

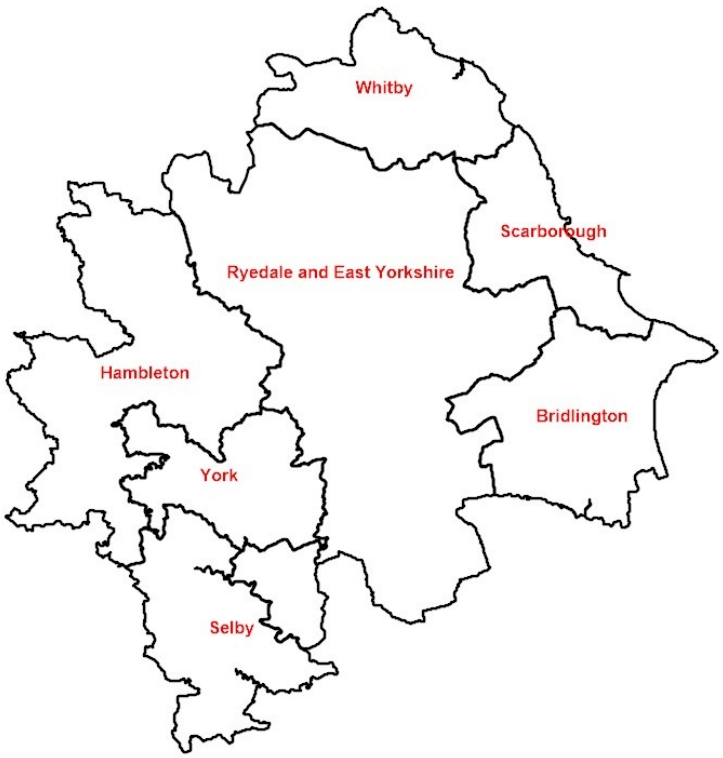
Membership Report – December 2015

1. Introduction

This report is designed to update the Membership Group and the Council of Governors on the membership numbers and breakdown of the membership.

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 Wharfdale, 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, Driffield & Rural

- **Ryedale and East Yorkshire** includes the following electoral wards: Amotherby, Ampleforth, Cropton, Dales, Derwent, Helmsley, Hovingham, Kirbymoreside, Malton, Norton East, Norton West, Pickering East, Pickering West, Rillington, Ryedale South East, Sherburn, Sheriff Hutton, Sinnington, Thornton Dale, Wolds, Pocklington Provincial, Wolds Weighton, 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.

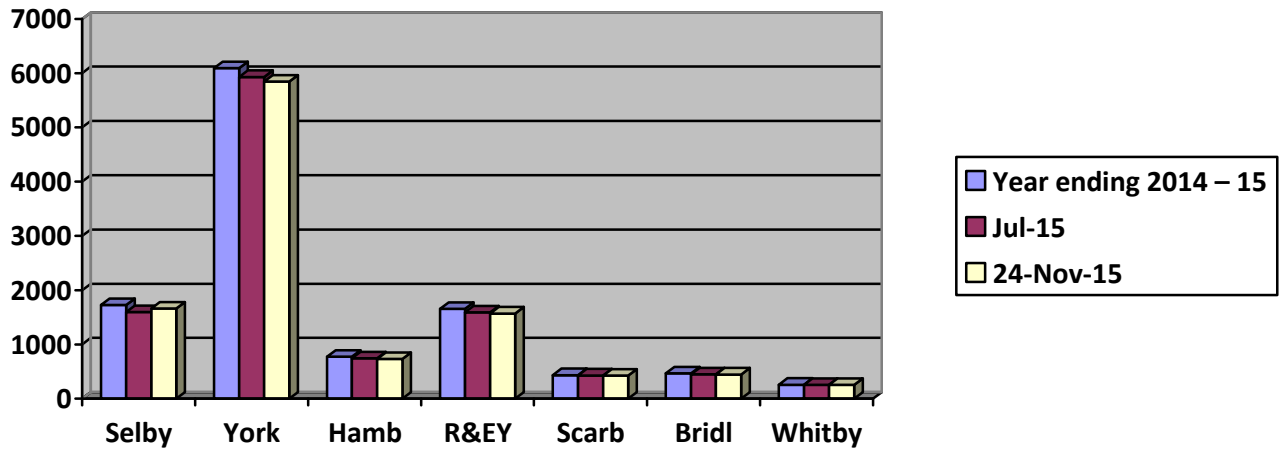
2. Membership Profile

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

Year	Selby	York	Hamb	R&EY	Scarb	Brid	Whitby	Staff York	Staff Scarb & Brid	Staff Com	Affiliate member
Year ending 2014/15	1727	6093	773	1656	434	467	258	9076			718
July 15	1599	5930	746	1592	428	451	257				695
24 Nov 2015	1663	5845	732	1572	427	447	255				690

Affiliate members are individuals who have become a member of the Trust, but do not live in the Trust constituency areas; they will receive information from the Trust, but are not entitled to vote at elections.

The figures show that there has been a further fall in the number of members in the Trust, the biggest fall being seen in York.



the chart above only includes public constituencies)

The Chart shows the movement in membership more clearly. The report shows that in most areas there has been a further reduction in the level of membership, but the reduction in most areas is very small. There is one area, Selby, where the membership has grown overall.

The staff figures will be available at the end of the financial year.

Marie Smith, as requested, has been collecting the information on the number of new members being added to the database.

Between the end of October 2015 and 23 November 2015, 19 members have joined the Trust. The majority are from Ryedale and East Yorkshire.

2.1 Members that have been removed from the database

The current database was introduced to the Trust in 2013. The system retains the information about what members have been deleted from the database and for what reasons. It shows that in 2015 there have been 597 people who have stopped being a member of the organisation. Below is the breakdown by constituency.

Area	Number of deleted members
Selby	74
York	281
Hambleton	46
Rydale and East Yorkshire	113
Scarborough	15
Bridlington	23
Affiliate	41

2.2 Membership in other areas

An assessment of the level of membership in other peer and local trusts has been undertaken.

Trust	**Membership Numbers**	**Eligible population included in the constituency**	**Number of members as a % of eligible population**
York Teaching Hospital NHS Foundation Trust	11,368	696,885	1.63
Harrogate District NHS Foundation Trust	14,027	899,199	1.56
Calderdale and Huddersfield NHS Foundation Trust	9,748	588,088	1.66
Bradford Teaching Hospital NHS Foundation Trust	37,306	531,332	7.02
Frimley Park Hospital NHS Foundation Trust	14,111	917,544	1.54
Mid Cheshire NHS Foundation Trust	4, 014	704,853	0.57
(public constituency figures taken from Annual Reports 2014/15)			

The table above shows that the level of membership the Trust has currently is not inconsistent with other trusts, both in the area and of a similar size to York. Bradford Teaching hospital NHS Foundation Trust being the one obvious exception with a considerably larger percentage membership and Mid Cheshire NHS Foundation Trust having a much smaller percentage membership.

2.3 Eligible membership levels

Below are summary tables providing further analysis of our public membership as at 31 March 2015 with figures updated on 24 November 2015:

Catchment area	Total number of members at 31 March 2015	Total number of members at 24 November 2015	Number eligible for membership (aged 16 and over in catchment areas	Number of members as a % of eligible population
City of York	6,093	5,845	209,041	2.80
Hambleton	733	732	136,358	0.54
Selby	1,727	1,663	85,722	1.94
Scarborough	434	427	83,343	0.51
Bridlington	467	447	69,294	0.65
Whitby	258	255	25,075	1.02
Ryedale and East Yorkshire	1,656	1,572	88,052	1.78
Total	11,368	10,941	696,885	1.57

(Affiliate members have not been included in this table.

It can be seen from the table above that the Scarborough, Bridlington and Whitby areas are the three areas where the percentage of membership is noticeably lower than in other areas.

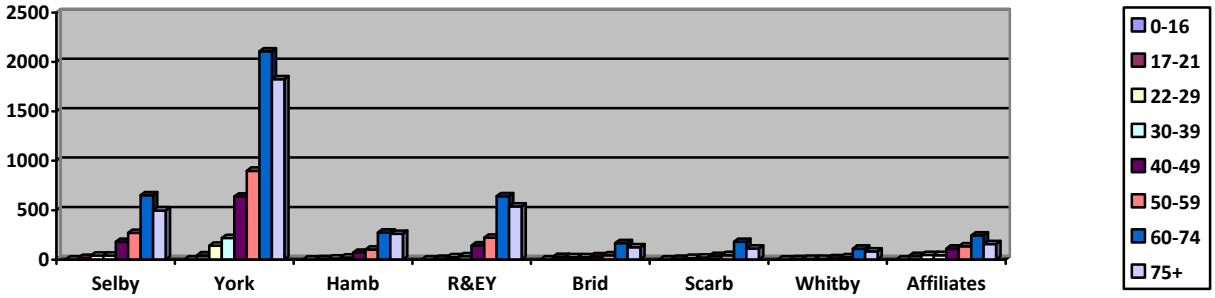
Hambleton is showing a very low percentage of membership as a result of increasing the geographical area noticeably when the last amendments were made to the constitution. At this stage no specific work has been undertaken to increase the membership. Prior to this Hambleton membership levels were not inconsistent with other membership levels.

2.5 Membership population by age in each constituency at 24 November 2015

The table below demonstrates the challenge that exists in terms of gaining a membership that is representative from an age perspective

Age	Selby	York	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
0-16	0	0	0	0	0	0	0	0
17-21	16	42	6	9	26	7	3	38
22-29	40	141	11	25	23	16	8	46
30-39	41	219	22	33	24	21	7	45
40-49	179	639	68	142	32	38	13	110
50-59	271	899	103	222	44	45	25	135
60-74	651	2107	274	643	167	180	110	243
75+	498	1827	259	538	123	112	83	157

Some members prefer not to declare their age, so there is a discrepancy between the figures included in this table and the figures included in the total membership table above.



It should be noted that the concentration of the age profile is in the more senior years as has been discussed before. The loss of members through death, particularly in this upper age bracket, presents a future challenge to the Trust and demonstrates the need to seek a younger membership.

2.6 Gender of the membership as at 24 November 2015

	York	Selby	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
Female	3,284	954	432	907	315	293	172	
Male	2,538	706	294	657	132	134	80	
Transgender								
Unknown	23	3	6	8			3	

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

2.7 Ethnicity of the membership as at 24 November 2015

The table shows the breakdown of membership by ethnicity.

	York	Selby	Hamb	R&EY	Brid	Scarb	Whitby	Affiliates
White British	1,977	544	271	649	387	366	199	
White Irish	7	2	1	4	1	1	2	
White Gypsy or Irish Traveller								
White Other	33	3	4	5	2	3	2	
Asian Indian	4	3						
Asian Pakistani	3					2		
Asian Bangladeshi	1	1						
Asian Chinese	2		1					
Asian Other	6		1		2	1		
Mixed White and Asian	3		1	2		2		
Mixed White and Black African	1			1		1		
Mixed With and Black Caribbean	1			1				
Mixed Other	2		1					
Black African	3							
Black Caribbean	2							
Black Other								
Other Ethnic Group (Arab)								
Other- Not stated	1		1		1			
Unknown	3,799	1,110	451	910	54	51	52	

What can be seen from the table is that a significant proportion of members choose not to

disclose their ethnicity, as a result it does become very difficult to confirm that the Trust is not representative of the current population covered by the Trust. Affiliate members information was not available at the time of writing this report.

3. 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

4. Recommendation

The Membership Committee is asked to discuss the content of the report and use it as the basis for decisions around the development of the membership.

The Council of Governors is asked to note the content of the report, note the comments from the Membership Group and support the work of the Membership Group

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Anna Pridmore, Foundation Trust Secretary**
Date	**November 2015**

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 9 December 2015

Internal Elections

Action requested/recommendation

The Governors are asked to note the timetable for internal elections and the process being adopted.

Summary

The Council of Governors has recently completed the elections for new Governors and the Council has now a full compliment of Governors.

Strategic Aims	**Please cross as appropriate** (double click on the grey box check or uncheck the box)
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☐

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 (replace this text if necessary).

Progress of report (Where has this paper been presented before)

Risk	No risk (replace this text if necessary).
Resource implications	Resources implication detailed in the report (replace this text if necessary).
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	December 2015
Version number	Version 1

Council of Governors – 9 December 2015

Internal Elections

1. Introduction

This paper has been prepared to outline the involvement of Governors in the Trust through committees and groups. The paper describes the type of groups and committees that Governors can be involved with and explains the process for becoming more involved.

2. Membership of Groups

Membership of groups and committees occurs in a number of different ways, dependent on the type of group or committee it is:

The formal committees and groups include the Nominations/Remuneration Committee, Community Services Group, Patient Experience Group and the Constitutional Review Group, for each there is an identified membership.

The informal approach is where the Trust approaches either Margaret Jackson as Lead Governor, or me as Foundation Trust Secretary, asking for Governors to be involved in a particular project or activity (which may be ongoing or "task and finish" activities). Examples would include the Electronic Prescribing & Medicines Administration project. This list is prepared and maintained by Margaret Jackson and updated on a regular basis. There are no elections to these groups. Margaret seeks individuals to be involved when requests are received.

The final approach is more ad hoc and is related to specific time-limited projects such as the Annual Plan or the Quality Report. Specific requests will be made to the Council of Governors for their involvement in the group.

The role of Governors in these groups is vital to ensuring that the Trust understands the desires and wants of the communities we serve and that these are taken into account. In addition, it provides ways in which Governors can feel more involved in how the Trust works, and often affords opportunities for Governors to work alongside Directors and other staff.

2.1 Election process

The process adopted by the Trust in the past has been to review and consider the membership of each formal group and committee following an external election.

- If a Governor has been subject to an external election because their term of office has reached its end, then the Governors time on that group or committee will come to an end.
- If a Governor has not been part of the election process, then their membership of a group continues until they reach the end of their term of office as a Governor.

To stand for membership of a group or committee, Governors are asked to write a short piece explaining why they would like to be involved in the particular group or committee. There is no word limit, but it is suggested that two or three paragraphs are sufficient. That

part of the process will be open until 8 January 2016. A ballot paper will be issued for each group or committee being elected to and each Governor will be entitled to a vote to have one vote for each group or committee. The closing date to cast a vote will be 29th January 2016.

An election will only be held if there are more nominations that seats available in the group

2.2 Summary of the election

The list below details the movement in the membership of the Council of Governors as a result of the elections:

Governor	**Reappointed**	**Membership of formal groups /Committees**
Ann Bolland (Public Selby)	Yes, 3 years	Nominations/Remuneration Committee Constitution Review Group Community Services Group
Sue Wellington (Public Scarborough)	Did not stand	Patient Experience Group Community Services Group
Jeanette Anness (Public Ryedale and East Yorkshire)	Yes, 3 years	Nominations/Remuneration Committee Constitutional Review Group Community Services Group
Steve Hinchliffe (Public Whitby)	Yes, 3 years	Nomination/Remuneration Committee
Terry Atherton (Public Bridlington)	Did not stand	Community Services Group
Les North (Staff Community)	Not re-appointed	Nomination/Remuneration Committee
Rowena Jacobs (Stakeholder University of York)	Confirmed appointment	Nomination/Remuneration Committee
Michael Beckett	Confirmed appointment	Nomination/Remuneration Committee Constitutional Review Group
Joseph Richie (Stakeholder City of York Council)	Stood down	
Caroline Patmore (Stakeholder North Yorkshire County Council)	Completed term	
Pat Stovell (Public Bridlington)	New Governor	N/A
John Cooke (Public York)	New Governor	N/A
Sharon Hurst (Staff Community)	New Governor	N/A
Diane Rose (Public Scarborough)	New Governor	N/A
John Galvin (Stakeholder City of York Council)	New Governor	N/A
Chris Pearson (Stakeholder North Yorkshire County Council)	New Governor	N/A

2.3 Groups to be elected to

There are four formal groups or committees which require an election process.

Nominations/Remuneration Committee - This committee meets on a quarterly basis and is chaired by the Chair of the Trust. It has standing membership from the Chairman, Lead Governor and the Foundation Trust Secretary. The remainder of the membership is elected to and reflects the makeup of the Council of Governors. In addition, we try to have a good mix across our geographical areas. The Committee looks at key aspects such as the appraisal of the Chair and Non-executive Directors, the review of the remuneration for the Chair and the Non-executive and is the Committee responsible for overseeing the appointment of the Chair and Non-executive Directors.

Paul Baines and Jane Dalton's are members of this committee and their term of office will conclude in March 2016. At that point their seats will become available. I have included their seats in the election at this stage, so that the new members of the committee can benefit from both Paul and Jane's wealth of experience.

The following Governors' term of office on the Committee had come to an end as each of them were subject to the external elections:

- Ann Bolland
- Steven Hinchliffe and
- Jeanette Anness
- Rowena Jacobs
- Michael Beckett
- Les North
- Paul Baines (will remain a member of the Committee until the end of March 2016)
- Jane Dalton (will remain a member of the Committee until the end of March 2016)

The membership of the Nomination Committee has been designed to be quite specific so that it reflects the membership of the Council of Governors. The membership is made up as follows:

Chair of the Trust,
Foundation Trust Secretary,
Lead Governor
Five public governors
two stakeholder members,
one member of staff

The intention would be to keep that mix.

Community Services Group - This group undertakes significant business looking at the Community Services aspect of the Trust's work. There have been some challenges during the development of this Group, but recently it was agreed that the Group would follow a similar approach to others, whereby the Group will be led by the Trust and provide an opportunity for Governors on the Group to understand the Community Services work and develop some projects where Governors become more involved.

The membership of this Group does include Governors who stood for election during the recent public elections.

- Ann Bolland,
- Terry Atherton,
- Sue Wellington,
- Steve Hinchliffe and
- Jeanette Anness.

There are four seats to elect to. It is encouraged that the membership of the group is representative of the Council of Governors with membership from across the constituencies.

Patient Experience Group – This is an executive led group with important and valued engagement from Governors. The Committee works with the Patient Experience Team and the Chief Nurse to consider and develop improvements to patient experience. Typically the group will discuss family and friends' test information, complaints, PALs contacts etc. Sue Wellington and Margaret Jackson are the Governor representatives for that group. Margaret automatically holds a seat as the Lead Governor and as Sue Wellington has stepped down from being a Governor; her seat is vacant part of the internal elections.

Constitutional Review Group - This group started life as a time-limited Group to review the constitution after the legislative changes came into being. The Group has become more permanent as the agenda and work has continued to develop. The membership of this Group has in the past been quite small, with only initially five Governors involved.

Ann Bolland, Michael Beckett and Jeanette Anness are part of the membership of the group and their seats are now up for reappointment.

All Governors are encouraged to put their name forward to the groups and Committees. Those that have held seats in those Committees are not barred from standing again for a further term. The length of term a Governor has on a committee or group is equal to the length of their term left as a Governor.

In terms of the informal Groups, these tend not to be elected to formally and Governors tend to be appointed once they show an interest in the topic. The attached schedule includes the list of Groups and who is a member at present. At the time of writing this report, I am not aware of any vacancies in any of the groups.

Governor involvement on the adhoc assignments is important. The two that annual are highlighted to the Council of Governors are involvement with the development of the Annual Plan and the Quality Report.

3. Summary

In summary the seats available in each group that can be elected to are:

- 8 in the Nominations/Remuneration Committee (5 public governors, 2 stakeholder governors and 1 staff governor)
- 5 in the Community Services Group
- 1 in the Patient Experience Group
- 3 in the Constitutional Review Group

It is proposed that Governors provide a statement including which Group they would like to put their name forward to by 8 January 2016. Ballot papers will be circulated to the Council of Governors to vote during the week of 11 January 2016. Voting will remain open until 29th January 2016 and will be electronic. Governors have one vote for each group or committee and the successful candidate(s) will be the Governor with the most votes.

Where seats on groups or committees are uncontested, Governors will automatically become a member of that group or committee.
4. Recommendation
Governors are asked note the process and confirm the timetable.

Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Anna Pridmore, Foundation Trust Secretary**
Date	**December 2015**

Governor involvement in York Teaching Hospital NHS Foundation Trust
Groups and Projects and in outside organisations

In addition to Governors' statutory duties and attendance at Council of Governor meetings, the Lead Governor endeavours to ensure that individual Governors have an equal opportunity to extend their experience and involvement in a variety of ways.

Being active partners in groups and projects offers Governors the ability to influence decision-making that affects a variety of services for patients. It gives another level of assurance and critical examination as well as the chance to liaise with different disciplines across the Trust.

Some groups are "task and finish" groups and others work on a more continuous basis but membership of Trust groups, projects and committees is regularly reviewed and is open to any governor. This is a working document, maintained by the Lead Governor. All Governors will be kept up to date with any additional opportunities that may arise. Please help to keep this information up to date by providing news of any changes or additions that you're aware of.

Thank you in anticipation of your help in maintaining the accuracy of this document.

*Margaret Jackso*n

Lead Governor
1st Dec
2015

TRUST Groups and Committees	Trust Lead or contact and meeting frequency	Governor Membership	Purpose
Patient Experience Steering Group (PESG)	Chair: Bev Geary, Director of Nursing Quarterly	Margaret Jackson **Vacancy**	The Patient Experience Steering Group (PESG) is responsible for setting the strategic direction of Patient Experience across York Teaching Hospital NHS Foundation Trust. The Steering Group provides assurance to the Board of Directors that the Patient Experience agenda is being managed in accordance with all key policy and delivery drivers. Membership includes senior management, a non-executive director and 2 representatives from the Council of Governors. The CoG reps will be expected to gather evidence from Governor colleagues, across each of the constituencies, of issues that are important to users of the Trust's services. Mechanisms agreed between Governors, as to the most effective way of making this happen, include a governor meeting 3 weeks before each quarterly PESG to agree items for the CoG representatives to take forward to the next PESG.
Maternity Services Liaison Committee (MSLC)	Chair: Daniel Blagdon, Patient Experience Lead, NHS Vale of York CCG.	Penelope Worsley	• To identify and report to the Trust Board, the Vale of York GP Clinical Commissioning Group, and other relevant managers on the need for improvements or modifications in the care of expectant and nursing mothers and young children. • To discuss and agree the implementation of national policy and monitor its progress. • To elicit the views of service users on the care provided and facilities available and report to the MSLC and Maternity Unit Managers and staff for action as appropriate.

TRUST Groups and Committees	Trust Lead or contact and meeting frequency	Governor Membership	Purpose
Charitable Funds	Chaired by Dianne Wilcocks(NED)	Penelope Worsley	To review charitable funds, income & expenditure. Agree items to be purchased or projects to be supported.
Hospital Open Days and Events	Arranged through the Events Team which comes under HR	All	All Governors are invited to support the Trust Open Days or Events in their own area
Arts Strategy group	Chair: Dawn Preece, HR Lead Quarterly meetings	Liz Jackson Jeanette Anness	This group was set up to monitor and support the Trust's Art and Design Strategy. It receives regular reports from the Arts Officer and considers the way forward for the Trust in terms of funding, art installations and arts projects which include working with patients and making links between the Trust and the community.
York and District Cancer Partnership and York Cancer Locality Group	Trust contact: Jane Archer, Cancer Care Centre	Clive Neale	These groups provide recognised forums to enable users of cancer services to influence the development, commissioning, delivery and peer review of cancer and palliative care services. They provide a contact point for health professionals who want a link with people affected by cancer and enables direct channels of communication at directorate or Board level to drive the progress of the work plan. Regular reports are received on all targets relating to cancer services across the Trust's locality and peer reviews and operational matters are considered in terms of the most effective and safe delivery of services to this group of patients. The group includes directorate management, clinical and nursing staff and representation from commissioners. **N.B. This group now works with e-mails rather than meet as a group.**
Travel and Transport groups for Scarborough and York	Chair: Brian Golding	Sheila Miller Steve Hinchliffe **Vacancy for reserve**	The Travel and Transport Group considers issues relating to staff and visitor travel, to and from properties owned or operated by York Teaching Hospital NHS Foundation Trust, including the following: Public Transport, Bus, Rail, Cycling, Taxis and Car Parking

TRUST Groups and Committees	**Trust Lead or contact and meeting frequency**	**Governor Membership**	**Purpose**
Equality & Diversity group	Chair and contact: Sue Holden??	Ann Bolland Jenny Moreton (term ends in March 2016)	Future group work plans include: • Equality analysis • Receiving reports and work stream updates • Awareness campaigns, events and training programmes
Eye Clinic Partnership Group	Contact: Paul Mayor	Paul Baines **vacancy**	A forum to enable users of ophthalmology services to influence the development, commissioning, delivery and peer review of the service. It provides a contact point for health professionals who want a link with people affected by eye conditions and enables direct channels of communication at directorate or Board level to drive the progress of the work plan
Strategic Rewards & Recognition Group (SRRG)	Chair: **Director HR**	Mick Lee Margaret Jackson	This group is mainly concerned with staff benefits issues and meets quarterly.
Older People's Liaison Group	Contact: Sue Hendry Quarterly meetings	Helen Fields **(term ends March 2016)** **Vacancy**	• Updates about Trust services affecting older people. • Discussions on issues related to Trust services that concern older people. • A forum that can influence the planning, commissioning and delivery of services provided by the Trust • Comments invited about information provided by the Trust for older people and their carers.
Clinical Excellence Awards Committee February 2014	Chair: Director of HR	Helen Fields **Vacancy as term ends March 2016**	The Clinical Excellence Awards Scheme recognises and rewards NHS Consultants who perform over and above the standard expected of their role. Awards are given for quality, excellence and exceptional personal contributions. Governors provided lay membership of this committee.

Projects	Trust Lead	Governor membership	Project profile
Patient-led Assessment of the Care Environment 'PLACE' (replacement for the Patient Environment Action Team)	On-going, facilitated by Kay Gamble. Led by Carol Tarron from Estates	Paul Baines Sheila Miller Andrew Butler Jenny Moreton Jeanette Anness Steve Hinchliffe Penelope Worsley Ann Bolland Margaret Jackson **Governors to be asked as necessary**	The Department of Health and NHS Commissioning Board recommend that all hospitals, hospices and independent treatment centres providing NHS-funded care undertaken an annual assessment of the quality of non-clinical services and the condition of their buildings. These assessments (PLACE) look at: • How clean the environments are • The condition – inside and outside – of the building(s), fixtures and fittings • How well the building meets the needs of those who use it • The quality and availability of food and drinks • How well the environment supports people's privacy and dignity Assessments are carried out annually by people who use the hospital – relatives, carers, friends, patient advocates, Trust Members and Governors – supported by hospital staff. *The 2014 PLACE assessments have all been completed and the action plans circulated.*
Out-patient and Paediatric Strategic plans for Scarborough	Ref: James Hayward	Paul Baines	Paul provides a governor link to this project by keeping up to date on strategic plans and designs for OPD and the Paediatric Dept
Linking with Bridlington's Orthopaedic strategic proposals	Ref: James Hayward	David Wheeler **Vacancy**	Link to be provided between the Governors and the on-going development of services provided at Bridlington Hospital.

Community Services Special Interest Group, relating to the whole Trust geographical area.	links with a non- executive Director	Chaired by Steve Reed, Governors are, Jeanette Anness, Steve Hinchliffe, Ann Bolland and Margaret Jackson. **Vacancy for Governors from Bridlington & Scarborough**. Health Watch and groups with local interest about patient services attend this meeting.

Governor Conduct review group Patient Food and Drink strategy	Chaired by Anna Pridmore Director lead – Brian Golding	Steve Hinchcliffe, Margaret Jackson, Rowena Jacobs, Paul Baines To update the strategy for food and drink for patients. Governor involvement – Ann Bolland

Governors & their localities:		**Public Governors;** ***York** *Local Governors: Paul Baines, Penelope Worsley, Robert Wright, Margaret Jackson, Helen Fields & John Cooke.* ***East Coast (Scarb, Whitby, Brid)** *Local governors: Steve Hinchliffe, Dianne Rose, David Wheeler, Pat Stovell and Clive Neale* ***Hambleton, Ryedale and East Yorkshire** *Local governors: Sheila Miller, Jeanette Anness, Jane Dalton, Jenny Moreton* ***Selby** *Local governors: Andrew Butler, Ann Bolland* ***Staff Governors** *Sharon Hurst (Community), Helen Noble & Andrew Bennett (for Scarborough & Bridlington), Liz Jackson & Mick Lee for York* ***Appointed Governors** *Mike Beckett (Voluntary Sector), Rowena Jacobs (University of York), Cllr Chris Pearson (North Yorkshire County Council), Cllr John Galvin (City of York Council). Cllr Stephen Lane (East Yorkshire Council)*

Non-Trust 'outside' groups	Chair	Governors involved
Vale of York Clinical Commissioning Group Patient Engagement Steering Group Other CCGs	Alan Maynard	Governor representation under discussion Governors are attending their local CCGs when possible
Patient Participation Groups – various surgeries across the community		Many Governors participate in their local GP Practice Patient Participation Group as a patient registered with the practice but also able to listen to other patient views and to feed-back where appropriate to do so to both the group and back to the organisation

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 9 December 2015

Quality Report and Annual Plan

Action requested/recommendation

The Governors are requested to put their name forward for membership of these two task and finish groups

Summary

Each year the Governors are invited to form annual planning and Quality Report groups. These groups are temporary and their specific duty is to be involved in the development of the documents. The work of the groups concludes once the documents are completed, usually the end of May.

Strategic Aims	**Please cross as appropriate** (double click on the grey box check or uncheck the box)
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☐

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 (replace this text if necessary).

Progress of report	(Where has this paper been presented before)
Risk	No risk (replace this text if necessary).
Resource implications	Resources implication detailed in the report (replace this text if necessary).
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	December 2015
Version number	Version 1

Council of Governors – 9 December 2015

Quality Report and Annual Plan

1. Introduction

One of the duties of a governor is to feedback the views of the community. The development of the Quality Report and the Annual Plan are two occasions when the Trust is seeking that information for formal documentation.

2. Quality Report

This is a statutory report produced as part of the Annual Report and is published both within the Annual Report and as a stand alone document. The Governors have a number of aspects to their role in the development of the report.

- To support the obtaining of assurance through substantive testing Governors are requested to select a local indicator to include in the Quality Report.
- To provide advice and comment to the management on the appearance of the report
- To provide a statement from the Governors on their view of the report.

Generally this work is undertaken over two to three months and the group meet three or four times during that period.

In the past the group has been made up of three or four governors, the Foundation Trust Secretary, the Deputy Director of Healthcare Governance, the Head of Patient Safety and the Chief Nurse.

Governors re encouraged to be part of this important group.

3. Annual Plan

This document is published slightly earlier in the year and is prepared within a tight timescale. The law requires the Board of Directors to have regard to the view of the Council of Governors. To present an informed and representative view, Governors should canvass the views of members and the public and feed back their views to the Board of Directors.

The involvement of the Governors is to fulfil the legal requirement placed on the Trust. The Board will lead the production of the plan with the support of the Governors. There are a number of aspects to the role including:

- Working with the officers preparing the plan
- Reviewing the draft of the plan and providing the Board with any comment or feedback from Governors or members

The membership of the group is normally three or four governors and the Head of Business Intelligence Unit. It meets three or four times over the period that the work is being undertaken.

Again this is an important aspect of the role of the Governor.	
4. Recommendation	
Governors are asked to put their name forward for membership of the two groups.	
Author	**Anna Pridmore, Foundation Trust Secretary**
Owner	**Anna Pridmore, Foundation Trust Secretary**
Date	**December 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 30 November 2015

EPMA Update

Action requested/recommendation

To note the contents of the report.

Summary

Following a presentation in February 2015 to a number of the Trust's Governors this report provides a further progress update on the Electronic Prescribing and Medicines Administration project.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☐
4. Improve our facilities and protect the environment	☐

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 regulations

There are no references to CQC outcomes.

Progress of report	Council of Governors
Risk	No risk.

Resource implications	Resources implication detailed in the report.
Owner	Caroline Mulholland, EPMA Project Manager
Author	Caroline Mulholland, EPMA Project Manager
Date of paper	December 2015
Version number	Version 1

Council of Governors Meeting – 09 December 2015

EPMA Update

1. Background

The Electronic Prescribing & Medicines Administration (EPMA) project will be one of the biggest changes for medicines related clinical practices that the Trust has seen. Replacing the paper inpatient drug chart with electronic functionality in CPD will impact everyone who ever uses or looks at a patient's drug chart.

Our investment in EPMA is critical to improving patient safety and addressing one of the most frequent causes of avoidable harm. Some of the highest reported adverse incidents within the Trust relate to medicines – and research shows that EPMA systems can significantly reduce these errors through increased clinical decision support and clarity of medicines related information.

The Trust was awarded £592k by the 'Safer Hospitals Safer Wards' fund in 2014 and is matching this funding to deliver the EPMA functionality.

2. Scope

The initial phase of the project will see the implementation of electronic functionality within CPD to replace the adult inpatient drug card (and a number of supplementary drug cards). This will take place in a phased manner, starting with all the adult wards at Bridlington, Scarborough and York. Subsequent phases will see the same EPMA functionality extended to the remaining areas within the organisation that undertake medication related activities, alongside technical development to facilitate the remaining drug charts moving to EPMA (e.g. fluids).

The Trust has always recognised that the development and implementation of EPMA would be an iterative process done in partnership with clinical teams and would not be simply about the recording of a prescription and the administration of medication, nor would it be undertaken as a single 'big bang'. The iterative process has meant that there have been many developments undertaken already that will form the bedrock of the ultimate implementation of EPMA. EPMA is not a 'bolt-on' to CPD, it exploits and will exploit fully all the clinical knowledge, engagement and system functionality that is currently in place and is being developed. EPMA is fully embedded within both the technical IT infrastructure and electronic patient record and also within the working practices of clinicians.

The EPMA system is underpinned by First Databank (Europe) drug database. This provides detailed drug level information and the clinical decision support which is integral to the safety element of the system.

3. Project Team

EPMA is very much a multi-disciplinary project involving nursing, prescribers, pharmacy and Systems development (IT). There is an executive level Project Board currently chaired by the Chief Executive and attended by the Medical Director; Director of Systems & Networks; Deputy Chief Nurse and Chief Pharmacist.

The table below details the key members of the team and very briefly outlines their roles:

NURSING	ROLES
Jennie Booth, Lead Nurse Medicines Management Sally Gordon, EPMA Project Nurse	Lead the Nursing staff engagement across the Trust Define nursing requirements (including devices) Influence improved working practices re medicines prior to EPMA introduction
PHARMACY	
Alaya Khatun, EPMA Lead Pharmacist Anna Adjei-Doku, Pharmacist EPMA	Lead the Pharmacy engagement across the Trust Define pharmacy requirements (including devices) Undertake technical testing of data Work with clinical teams to ensure EPMA is as responsive to needs as possible
PRESCRIBERS	
Dr Ian Jackson, Clinical Safety Officer Dr Donald Richardson	Define prescribers requirements Trust wide engagement with prescribers Provide assurance to the Trust that EPMA is safe to use before final sign-off
SYSTEMS DEVELOPMENT	
Kevin Beatson, Systems Development Manager	System development to deliver the requirements defined by Trust staff as well as by the national guidance Trust wide engagement with prescribers Inform discussions re hardware needs
PROJECT MANAGEMENT	
Caroline Mulholland, EPMA Project Manager Dawn Prangnell, Project Support Officer	Project controls and communications Benefits realisation (including formal reports to NHS England) Project support to all team members Coordination of trust wide actions (e.g. drug trolleys, training plans etc.)

4. Project Progress Highlights

- Detailed requirement documents written following wide-scale staff engagement are now informing the IT system development (see below re Development progress)
- Baseline benefits realisation work completed
- Clinical Safety Hazard Log in place to provide assurance to the organisation
- New drug trolleys being rolled out across the Trust (to complete in Dec 2015) – will be able to secure device to these to facilitate electronic recording of drug rounds
- Training approach agreed using innovative new e-learning system
- Communications strategy drafted
- Business Continuity measures being defined for Corporate sign off prior to rollout
- Agreement with community units re transfer of patient information from EPMA to them

5. Development Progress to date

- 70% of the coding (programming) for EPMA is complete
- Formulary management screens development 100% complete
- Identification of Formulary drugs data in FDB Drug database is 98% complete
- Pharmacy technical testing the decision support functionality: High Risk messages; time critical drugs; interactions; duplicate therapies; duplicate ingredients
- Complex scheduling functionality in development

Whilst the IT development will be driven by the functional specifications there will be an iterative nature to it depending on feedback received at each of the demonstration stages.

6. Timescales

The project team have always been clear that the initial rollout of EPMA will be a phased process across the 3 main hospital sites. This will be a significant cultural change in working practices, and we have learnt from other organisations that supporting ward based staff 24/7 for a number of days at their 'go live' is a sensible approach to take. For this reason we anticipate up to six months for the full rollout on adult wards, following initial ward based piloting.

Prior to piloting & rollout there is a significant amount of work to be undertaken to assure the organisation that the system meets the defined safety requirements:

- IT technical testing of each section of development
- Pharmacy technical testing each section of development
- Demonstrations to users including 'sense-testing' clinical data
- Formal classroom based User Acceptance Testing
- Ward based 'shadow' testing: running the EPMA system in test alongside real ward processes
- Sign off of Clinical Safety Hazard log
- Formal ward based piloting/testing: using EPMA live & testing other processes e.g. transcribing from paper to electronic prior to switch to EPMA

In addition the Business Continuity solution will be agreed and signed up to prior to rollout.

The full Pharmacy team (both ward and dispensary based) on both York and Scarborough sites will require training prior to the start of the rollout and will be supported through the early implementation on the wards.

7. Later Phases

Future phases of the project will include (as a minimum): Paediatrics; Maternity, Delivery & SCBU; Ophthalmology; Emergency Departments and Outpatients alongside technical functionality to prescribe and administer both IV fluids and infusions.

8. Further information

Further information can be found on the Trust Intranet under Electronic Prescribing and Medicines Administration. Or contact Project Manager: Caroline.Mulholland@york.nhs.uk

9. Recommendation	
To note the contents of the report.	
Author	**Caroline Mulholland, EPMA Project Manager**
Owner	**Caroline Mulholland, EPMA Project Manager**
Date	**November 2015**

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 9 December 2015

Proposed policy for the engagement of external audit for non-audit work

Action requested/recommendation

The Council of Governors is asked to note the attached policy that has been considered and approved by the Audit Committee.

Summary

The Audit Committee is required to have a policy in place that explains the Trust's approach to approving non-audit services. The Trust has not in the past requested additional non-audit work to be undertaken by external audit.

The Council of Governors receives an annual report from the External Auditors on the work they have undertaken which will include detail of any additional non-audit services.

Strategic Aims	**Please cross as appropriate**
1. Improve quality and safety	☒
2. Create a culture of continuous improvement	☒
3. Develop and enable strong partnerships	☒
4. Improve our facilities and protect the environment	☒

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).

This report is for noting only and contains no recommendations. It is therefore not expected to have any particular impact upon the requirements of, or on the protected groups identified by the Equality Act.

Reference to CQC outcomes

This paper supports the overall principles of good governance as laid out in

the Well-Led Framework and the Code of Governance

Progress of report	Prepared for the Audit Committee
Risk	Associated risks have been assessed and identified.
Resource implications	Any implications are included in the supporting documents
Owner	Audit Committee
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	November 2015
Version number	Version 1

PROPOSED POLICY FOR ENGAGEMENT OF EXTERNAL AUDITORS FOR NON-AUDIT WORK

1. INTRODUCTION AND PURPOSE OF THE POLICY

1.1 It is important that the independence of our external auditors in reporting to Governors, Non-Executive Directors and York Teaching Hospital NHS Foundation Trust does not appear to be compromised but equally the Trust should not be deprived of expertise where it is needed.

1.2 This policy therefore seeks to set out what threats to audit independence theoretically exist and thus provides a definition of non-audit work which can be shared by the Trust and External Auditor. It then seeks to establish the approval processes and corporate reporting mechanisms that will be put in place for any non-audit work that the external auditor is asked to perform.

2. THREATS TO INDEPENDENCE

2.1 The Institute of Chartered Accountants in England and Wales sets out threats to independence as:

SELF INTEREST	Where an interest in the outcome of their work or in a depth of relationship with the Trust may conflict with the auditors objectivity
SELF AUDIT	Where the auditors may be checking their own colleagues work and might feel constrained from identifying risks and shortcomings
ADVOCACY	Which may be present in engagement but could become a threat if an auditor becomes an advocate for an extreme position in an adversarial matter
FAMILIARITY OR TRUST	Where the level of constructive challenge provided by the auditor is diminished as a result of assumed knowledge or relationship that exist

3. DEFINING TYPES OF NON-AUDIT WORK AND THE ASSOCIATED APPROVAL PROCESS

3.1 In Order to provide the Council of Governors a transparent mechanism by which non-audit work can be reviewed and progressed without too great an administrative burden falling on the Trust, the following three categories of work have been agreed as applying to the professional services available from the external auditor:

<u>Statutory and audit related work not requiring Audit Committee approval</u>

There are certain projects where the work is clearly audit related and the external auditors are best placed to do the work (e.g. regulatory work, for example, acting as agents to Monitor or the Care Quality Commission for specified assignments).

It is proposed that such assignments do not require Council of Governors or Audit Committee approval. However, recognising that the level of non-audit fees may also be a threat to independence, a limit of £50,000 is set for individual pieces of work and any cumulative work above £50,000 undertaken in a financial year should be approved by the Audit Committee prior to signing an agreement. The Council of Governors will receive an annual report summarising any non-audit services work that has been commissioned during the financial year.

Audit related and advisory services requiring prior audit committee approval

There are projects and engagement where the auditors are best placed to perform the work:

- Due to their network within and knowledge of the business (e.g. taxation advice, due diligence and accounting advice);
- Due to their previous experience or market leadership.

Prior Audit Committee approval will be sought for projects of this nature.

Projects that are not permitted

There are some projects that are not to be performed by the external auditors. These projects represent a real threat to the independence of the audit team such as where the external auditors would be in a position where they are auditing their own work (for example, systems implementation).

The Audit Committee is responsible for approving all non-audit work undertaken by the external auditors and reporting any instances to the Council of Governors. These proposed categories of non-audit work along with the related approval levels are set out below. For the length of the tender with the current auditors, Grant Thornton, more detail on each type of work is set out in Appendix A.

For the avoidance of doubt, seeking approval from the Audit Committee involves the business sponsor of the proposed work obtained a proposed scope and fee estimate before the work commences. If the fee exceeds the proposed limits or falls into a category of work that requires approval, details of the scope and fee proposal should be submitted to the Audit Committee Chairman and Director of Finance. If approved, the project should be logged by the Foundation Trust Secretary to be raised at the next Audit Committee meeting and the Foundation Trust Secretary will keep a schedule of non-audit fees and the Council of Governors updated.

In cases where it is undecided which category services fall into they will default to the category that required Audit Committee approval and be expected to take that route until such time as this policy is reviewed and updated by the Audit Committee.

4. REVIEWING AND UPDATING THE POLICY

4.1 The Auditors will include within their annual ISA 260 (report to those charged with governance) an appendix that summaries any additional work that they have performed for the Trust and a review of the effectiveness of this policy.

4.2 The Audit Committee will formally agree on an annual basis that it is content with the structure, content and operation of this policy.

APPENDIX A

EXAMPLES OF WORK TYPES

This table below sets out examples of the different work types that could be requested from the external Auditor. The table provides examples of how the implementation of this policy would be approached should the Trust request assistance from the External Auditor.

	STATUTORY AND AUDIT RELATED (Not requiring Audit Committee approval unless in excess of £50,000	**AUDIT AND ASSURANCE REALATED AND NON AUDIT ADVISORY SERVICES** (Sensitive projects requiring referral without de minimis)	**PROJECTS THAT ARE NOT PERMITTED**
Characteristics	Advice on areas core to the financial statement audit	• Requiring independent • objective assessment of • information or procedures • Staff secondments • Other advisory services	Participation in Management
Acquisitions/Disposals	Accountants reports Reporting on financial assistance Audit of carve out financial statements	• Due diligence and related • advice • Completion accounts audit • Agreement of price • adjustments as a result of • completion accounts • Advice on integration • activities • Preparation of forecast of • investment proposals	
Internal Audit and Risk	None	• Management Services • Provision of specialist • skills/training • Advice on methodology and • systems • Co-sourcing • Advice and design of policies, • systems or procedures	
Taxation	None	• Preparation of draft returns • Submission of returns and • correspondence with tax • authorities • Advice on tax matters • Transfer pricing • Valuation for the purposes of • taxation	• Preparation of • accounting • entries for tax • Handling • taxation • payments
General Accounting	None	• Advice on accounts • preparation and application of • accounting standards • Training for accounting and • risk management projects	• Preparation of • accounting • entries • Preparation of • financial

		• Booking keeping services	• information
Well-Led	None	• Independent review of governance adopted by the Trust • Supporting Monitor Well-Led Framework	• Preparation of the self-assessment • Any aspect of the review that would compromise the independence

POLICY FOR APPROVING ADDITIONAL SERVICES TO BE PROVIDED BY THE EXTERNAL AUDITOR

1. INTRODUCTION

1.1 The *Audit Code for NHS Foundation Trusts* (The Code) was revised and reissued by Monitor and became applicable to Foundation Trusts from 1 December 2007 and reviewed in March 2011 and updated again in December 2014.

1.2 The Code prescribes the way in which auditors of NHS Foundation Trusts are to carry out their functions, as set out in the National Health Service Act 2006 (the 2006 Act).

1.3 The Code also allows the auditor, with the approval of the Council of Governors, to provide the Trust with services which are outside of the scope of the audit as defined in the Code (additional services). The Code requires the Trust to adopt and implement a policy for considering and approving any additional services to be provided by the auditors.

1.4 Section 2.14 of the code states that it is the auditors' decision to determine who are "those charged with governance" at an NHS foundation trust. It is expected, however, that this will be the Audit Committee in the first instance and the Council of Governors, if the auditors feel that the issue is significant.

2. ADDITIONAL SERVICES

2.1 The Council of Governors will be presented with the policy to confirm their approval for the external auditors to provide additional services which are outside the scope of the audit.

2.2 The additional services are to be determined by the Audit Committee.

3. POLICY

3.1 The Director of Finance with the external auditors will agree a plan of additional services to be commissioned for consideration by the Audit Committee.

3.2 The Audit Committee will consider the plan, taking account of any potential threats to the objectivity and independence, of the auditors, and will determine whether it is satisfied that the auditors' independence is not jeopardised, taking into account the scope of the audit work to be carried out.

3.3 The Audit Committee will include within their Annual Report to the Board of Directors all additional audit work performed by the Trust's external auditors. This should also include assurances that in authorising additional audit work the auditor's independence has not been compromised.

3.4 The external auditors would also be required as a matter of course, to summarise in their external auditors Letter of engagement any work undertaken as part of additional audit services for the Trust.

3.5 This policy to be reviewed every year and monitored by the Audit Committee and details agreed with the Council of Governors

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York Teaching Hospital NHS
NHS Foundation Trust

Annual Report of the Quality & Safety Committee

Covering the period from April 2014 to November 2015

November 2015

Introduction

The Quality and Safety Committee is a committee of the Board and provides assurance to the Board on the quality and safety aspects of the Trust's performance. The Committee also reviews information in more detail to ensure there is an understanding of the initiatives in place in the organisation and how they help the organisation to delivery its quality and safety objectives and ongoing strategies.

Due to a delay in producing this report the period covered has been extended to be from May 2014 to November 2015. During this period the Committee has met 17 times.

Overview of the period April 14 to November 15

The Committee includes membership from:

Ms L Raper, Chairman of the Committee, Non-executive Director
Mrs J Adams, Non-executive Director
Mr P Ashton, Non-executive Director

There are a number of officers who attend the Committee on a regular basis, they include:

Dr A Turnbull, Medical Director (Retired June 2015)
Dr E Smith, Interim Medical Director (from June 2015 until October 2015)
Mr J Taylor, Medical Director (from November 2015)
Mrs B Geary, Chief Nurse
Mrs A Pridmore, Foundation Trust Secretary
Mr B Golding, Director of Estates and Facilities

Ms D Palmer, Deputy Director of Patient Safety has attended the meetings on some occasions when she has been able to provide additional assurance to the members of the Committee on patient safety aspects.

Attendance at the Committee during the year was as follows:

Name	**Attendance**
Ms Raper	16/17
Mrs Adams	14/17
Mr Ashton	15/17
Mrs Geary	15/17
Mrs Pridmore	12/17
Dr Smith	5/5
Mr Taylor	1/1
Dr Turnbull	12/13 (retired in June 2015)

Mr B Golding attended the Committee on four occasions over the period.

In December 2014 an additional meeting was held to discuss nurse staffing issues.

The Terms of Reference for the Committee requires the Committee to consider a number of reports during the year including performance metrics, Chief Nurse Information and Medical Director Information. The Committee also considers the Quality Report and reviewed progress against the report on a six monthly basis.

University work – During the period the University of Leeds has been undertaking a study into the management of quality and safety in organisations. A member of the study team has been a regular attender at the meetings over recent months.

CQC Inspection – The Trust was subject to a CQC review in March 2015. The CQC report was published in October 2015. The Trust's overall score from the CQC was 'requires improvement'. An action plan has been developed and the actions are currently being addressed by the Trust. The Quality and Safety Committee will continue to oversee compliance with actions related to the quality and safety issues. A number of risks have been highlighted by the report and subsequent action plan, these have been reported in directorate risk registers with an overarching risk identified in the Corporate Risk Register.

Work of the Committee

During the year the Committee has considered the following:

a) Performance information

The Trust has developed an information booklet that provides a concise set of data that the Committee uses to understand the performance of the Trust on a quality and safety basis. Additionally and supporting this information the Chief Nurse and Medical Director provide supplementary information.

During the year the Quality and Safety Committee has raised concerns around C-Diff, CQUIN targets, mortality measure, Serious Incident reporting following the internal Audit Report, Family and Friends, PROMs and VTE assessment.

The Committee introduced the requirement to review the risk registers for the Chief Nurse and Medical Director at each meeting. This helps to ensure the items included in the agenda are reflected by the risks.

During 2015 the Trust introduced the Turnaround Avoidance Programme. This programme has three principles:

- Performance delivery
- Increase income
- Reduce costs

The Quality and Safety Committee reflect these workstreams from a quality perspective as part of their focus.

b) Chief Nurse information

The Chief Nurse reports have provided additional supporting information about quality processes employed in the organisation.

The Committee considered detail on a number of topics during the period. Key topics were as follows:

- ✓ **Nurse restructure –** the Chief Nurse undertook a restructuring of the senior nursing team in the organisation and introduced a new Matron team. The Team have embedded into the organisation over the last few months and assurance has been given to the Committee about the Matron role and their involvement in patient safety and quality.

- ✓ **Patient Safety Strategy –** the Committee received an update on progress. The Committee also received an updated strategy and implementation plan

- ✓ **Safer Staffing levels –** in May 2014 the Government introduced additional reporting requirements around staffing levels. The organisation has identified staffing levels as a key risk for the organisation; this extends to both clinical and nursing levels. The Committee has considered the safer staffing level return at every meeting and has discussed staffing levels more generally at every meeting. The Chief Nurse has provided assurance to the Committee throughout the year.

- ✓ **Acuity report –** the acuity audit is undertaken twice a year. The Chief Nurse provided the Committee with details of the results of the audit and provided assurance about the implementation of the audit.

- ✓ **Nurse staffing review –** a detailed review of nurse staffing across the organisation has been undertaken. This is a key piece of work to ensure the budgets, staff establishments are able to support the acuity and number of in patients in the organisation during the day and night.

- ✓ **Quality Report –** the Committee has received six monthly updates on the achievement of the identified priorities in the report. The Committee will also take the lead in considering the developing Quality Report for 2016/17.

- ✓ **Maternity Service Scarborough –** during the year the Trust undertook a detailed review of the maternity services as Scarborough. The review resulted in a detailed action plan that has been overseen by the Quality and Safety Committee and implemented by the Directorate.

- ✓ **Family and Friends -** during the year the system for recording Family and Friends changed. The Committee received detailed information on how the changes affected the reporting of Family and Friends and the new approach being adopted. The Committee received details of the performance against the Family and Friends test during the year.

✓ **Female Genital mutilation –** the Committee received information on the new legal requirements that came into force at the end of October 2015. The Committee received assurance that the Trust was compliant with the legal requirements.

✓ **Falls –** the Committee received regular updates and information on patient falls. The Committee were updated on the work of the falls group. Assurance was given to the group on the reduction in the number of falls. In addition the Committee received regular information and assurance on the following topics

✓ **Safeguarding (adults and children) –** this area of work is of key importance to the Committee and has become a detailed area for enquiry during the year to ensure the safeguarding agenda is fully implemented.

- ✓ **14 day breast symptomatic**
- ✓ **Pressure ulcer reduction**
- ✓ **End of life care**
- ✓ **Early warning dashboard & early warning trigger tool**
- ✓ **Nursing and Midwifery Strategy**
- ✓ **Patient Experience**
- ✓ **Healthwatch reports**
- ✓ **quality and safety priorities**
- ✓ **PREVENT report**
- ✓ **Nursing Dashboard**
- ✓ **Inpatient surveys**
- ✓ **Comfort boxes**
- ✓ **Nurse revalidation**
- ✓ **Matron review**
- ✓ **CQUIN**
- ✓ **Infection control governance review**
- ✓ **National Learning and Reporting**

c) Medical Director Information

The Medical Director provides additional supporting information about safety processes employed in the organisation including mortality information and Serious Incident information. In June 2015 the Medical Director Dr A Turnbull retired and Dr E Smith and Mr J Taylor both became the Interim Medical Director.

- ✓ **National reporting and learning system –** the Committee was provided with up to date information during the year and details of the improvements that were being made to the internal systems. More recently the Committee has been seeking additional assurance on the system.

- ✓ **12 hour senior review –** the Committee received regular updates on the progress against achieving the target. Since April 2015 this target has not been included in the Commissioning for Quality and Innovation

(CQUIN) targets, but the Trust has continued to seek to improve compliance and has linked it to the work around 7-day working.

- ✓ **Clinical Audit Strategy and Policy –** the Medical Director updated the Committee on the progress and development of the policy and strategy in advance of the documents being considered and approved at the Board of Directors meeting.

- ✓ **Antibiotic and Probiotic Prescribing Audit –** the Committee regularly received an update on the antibiotic prescribing audit which shows the prescribing levels in the organisation and levels of compliance with the Antibiotic Prescribing Formulary.

- ✓ **Patient Reported Outcome Measures (PROMs) –** the Medical Director updated the Board on the progress against the PROMs measures.

- ✓ **DIPC –** the Committee received regular information on performance and the work that was being implemented to improve performance against trajectories. Dr Turnbull (Director of Infection Prevention and Control) retired on 5 June 2015. The Board decided to appoint Mrs Geary as Interim Director of Infection Prevention and Control from 5 June 2015.

- ✓ **Information Governance -** the Medical Director provided a regular update to the Committee during the year on information governance.

- ✓ **Mortality review –** the Committee received a mortality review report which outlined the deaths in the organisation. The report provided assurance to the Committee on a continuous basis

- ✓ **Standard Hospital Mortality Indicator (SHMI) –** the Committee received an update on the Trust's SHMI from the Medical Director on a quarterly basis. Throughout the year the Trust remained within expected limits.

- ✓ **Sign up to Safety –** Sign up to Safety is a national campaign that aims to make the NHS the safest healthcare system in the world; building on the recommendations of the Berwick Advisory Group. The aim is to reduce avoidable harm in the next three years by 50% and as a result save 6,000 lives. The Trust joined the sign up to safety campaign on 24th July 2014. The Committee has since received update information on the Trust's progress against the actions.

- ✓ **Never events –** the Trust reported one never events to the Committee during the year. It related to a dental surgical procedure. The Trust undertook an investigation into the incident and has provided a final report to the parties involved. The Committee has been provided with assurance about the actions that have been undertaken to prevent the situation arising again.

- ✓ **Serious incidents –** the Committee received a regular update on the results of the serious incidents through the Suitcase documents. These documents were provided to the Board of Directors in private session as they contain confidential information that could identify individual patients.

- ✓ **Patient Safety on NHS Choices –** the Committee received a report on the information published by NHS Choices on how hospitals across England perform on a range of patient safety indicators.

- ✓ **Electronic Medicines and Prescribing Administration (EMPA) project –** the Medical Director updated the Committee on the implementation of the system and progress towards implementation.

- ✓ **Patient safety during long wait times in Emergency Department –** During the year the Trust experienced a high level of demand for the Emergency Department services. The Medical Director provided assurance to the Committee that patient safety had not been compromised during this period of time.

- ✓ **CQC Intelligence Monitoring Report –** the Committee received a report on the CQC intelligence monitoring report. The information provided assurance to the Committee on the banding and areas of concern identified by the CQC. The last CQC Intelligence Monitoring Report showed that CQC had placed the Trust is band 5. The Trust was subject to the full inspection in March 2015, the Committee received updates on the preparation programme put in place prior to the inspection.

- ✓ **Nutrition -** the Committee were pleased to receive information on nutrition during the year. The Committee recognised the importance of good nutrition to support the recovery of patients.

- ✓ **Annual report quality standards committee** – the Committee received the annual report as part of the assurance around the quality standards in the Trust.

- ✓ **Clinical Governance proposals –** The Committee received a proposal for the development of clinical governance in the organisation.

- ✓ **Consultant appointments –** the Medical Director updated the Committee on the appointments made during the year and demonstrated the benefits of those additional consultants being in post.

- ✓ **Patient Safety Walk rounds –** the Committee discussed importance of the patient safety walk rounds to staff, patients and directors. The Committee received updates during the period of the findings of the walk rounds that had occurred. The Committee sought assurance about the continuing planning of the walk rounds.

d) Director of Estates and Facilities

- ✓ **Estates and facilities quality –** The Committee received assurance on the work being undertaken to maintain the quality of the estate and facilities used by patients.

Meetings for the coming year

The Committee will continue to meet before the Board meeting and work closely with the other Board Committees. The Committee reviews its work programme at every meeting and requests timetable updates to be provided on a regular basis. The Committee will seek to continue to challenge any areas where there is an actual or perceived lack of quality or safety in the organisation and will continue to require assurance on progress of quality and safety initiatives. The Committee will also continue to share its thinking with the other Board Committees to ensure related agendas are considered from a quality and safety perspective.

Conclusion

The Committee has been successful in supporting the Board through the provision of a more detailed focus on key issues and concerns around both safety and quality. Over the period of this report, the Committee has paid additional attention to patient experience, to the opportunity that walk rounds (both scheduled and unannounced) provide, and to the continued importance of having robust and consistent data.

We welcomed the additional emphasis provided for staff by both the inaugural annual Safety Conference and by the first annual Nursing Conference, and support these initiatives in raising standards across the Trust.

Libby Raper Chairman of the Quality and Safety Committee
November 2015