

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

on: **Wednesday 11th December 2013**

at: **4.00pm – 6.00pm**

in: **Social Club, White Cross Road, York, YO31 8JR**

Time	Meeting	Attendees
3.00pm – 3.55pm	Private meeting of the Council of Governors	Governors with Trust Chairman
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the public

The core values of the Trust are:

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

These will be reflected during all discussions in the meeting

If you are a Governor, Member of our Trust or member of the public and would like to ask a question, please contact the Foundation Trust Secretary, Anna Pridmore:

Email: anna.pridmore@york.nhs.uk or telephone: 01904 721418

A G E N D A

No'	Item	Lead	Paper	Page
Part one: General 4.00pm – 4.10pm				
1.	<u>Chairman's Introduction</u> The Chairman will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chairman		
2.	<u>Apologies for absence</u> To receive any apologies for absence:			
3.	<u>Declaration of Interests</u> To receive the draft declarations of interests.	Chairman	A	5
4.	<u>Minutes from the meeting held in public on 19th September 2013</u> To approve the minutes of the meeting held on 19 th September 2013.	Chairman	B	11
5.	<u>Matters arising from the minutes</u> To consider any other matters arising from the minutes.	Chairman	Verbal	
6.	<u>Update from the private meeting held earlier</u> To receive an update from the Chairman on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chairman	Verbal	
Part two: Chief Executive Information 4.10pm – 4.50pm				
7.	<u>Chief Executive Report</u> To receive an update from the Chief Executive on current issues at the Trust and response to any questions raised before the meeting.	Chief Executive	Verbal	

No'	Item	Lead	Paper	Page
Part three: Governor Information 4.50pm – 5.10pm				
8.	<u>Lead Governor and other Governor Reports</u> To receive a report from the Lead Governor and any other reports from Governors involved in ongoing activities related to the Trust.	Lead Governor and other Governors	C	19
Part four: Presentation 5.10pm – 5.50pm				
9.	<u>Presentation from the Director of Nursing</u> To receive a presentation from the Director of Nursing – Beverley Geary, including comment on the Patient Experience Cancer Report and the Trust's response to the Francis Report.	Director of Nursing	Verbal	
Part five: Annual Report 5.50pm – 6.00pm				
10.	<u>Audit Committee Annual Report</u> To present the annual report for the Audit Committee.	Chairman of the Audit Committee	D	25
11.	<u>Times and dates for the meeting for 2014</u> To note the times and dates of the meetings for 2014.	Chairman	E	33
12.	<u>Patient Lead Assessment of the Care Environment (PLACE)</u> To receive the paper for information only – a presentation will be arranged at a future meeting.	Chairman	E	35
13.	<u>Any other business</u> To consider any other items of business.			
14.	<u>Time and date of next meeting</u> The next Council of Governors meeting (in public) will be held on 12 th March 2014 at the Trust's Social Club, White Cross Road, York at 4pm.			

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Register of Governors' interests
December 2013

New: .Dee Sharpe Partner Governor East Riding of Yorkshire Council

Amendments:

Deletions: Kay West Partner Governor East Riding of Yorkshire Council

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Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Jeanette Anness <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Nil	Member —Derwent Practice Representative Group Member —NY Health watch	Nil
Terry Atherton <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Paul Baines <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Michael Beckett <i>(Appointed: North Yorkshire and York Forum)</i>	Caring for Business Ltd Next steps Health Resource Centre North Yorkshire and York Forum	Caring for Business Ltd (50% owner)	Caring for Business Ltd (50% owner)	Chair—Ryedale and District Mencap Specialist Advisor—Magnetic Arts CIC	Non-executive Director—North Yorkshire and York Forum Councillor—Malton Town Council Next Steps Mental Health Resource Centre Ryedale and District Mencap	South Yorkshire Credit Union Yorkshire Building Society Smile Co-Operative Bank
Ann Bolland <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Member—Fund Raising Committee York MIND
James Carder <i>(Public: Selby)</i>	TBA	TBA	TBA	TBA	TBA	TBA

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Dr Jane Dalton (Public: Hambleton District)	Nil	Nil	Nil	Nil	Nil	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
Helen Mackman (Public: City of York)	Nil	Nil	Nil	Nil	Member —Vale of York Clinical Commissioning group's Public Engagement Steering Group	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Member —Derwent and SRCCG Patients Groups Inspector — CQC at Age Concern	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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

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Dee Sharpe (Partner East Riding of Yorkshire Council)	TBA	TBA	TBA	TBA	TBA	TBA
John Roberts (Staff York)	TBA	TBA	TBA	TBA	TBA	TBA
Jenny Moreton	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

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Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 18th September 2013, in St Catherine's Hospice, Scarborough.

Present at the meeting

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mr Terry Atherton, Bridlington
Mrs Margaret Jackson, City of York
Mr Paul Baines, City of York
Mrs Helen Mackman, City of York
Mrs Penelope Worsley, City of York
Mrs Helen Fields, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Mrs Jeanette Anness, Ryedale & East Yorkshire
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Stephen Hinchliffe, Whitby
Dr Jenny Moreton, Ryedale and East Yorkshire
Dr Jane Dalton, Hambleton District

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Councillor Caroline Patmore, North Yorkshire County Council

Staff Governors:

Mrs Helen Noble, Scarborough/Bridlington
Mr John Roberts, York
Mr Les North, Community Staff

Attendance:

Mr Patrick Crowley, Chief Executive
Carina Saxby, Palliative Care Consultant
Mrs Lynda Provins, Head of Business Intelligence Unit
Mr Gareth Mills, Grant Thornton
Mr Phillip Hewitson – NED S&RCCG
Mr Mike Keaney, NED YTHFT
Mrs Jennie Adams, NED YTHFT

Apologies for absence:

Apologies were received from the following governors:

Ms Kay West, East Riding of York Council
Mr David Wheeler, Scarborough
Dr Rowena Jacobs, University of York
Mr James Carder, Bridlington
Councillor Joseph Riches, City of York Council
Mrs Sue Wellington, Scarborough

Ms Libby Raper, NED YTHFT
Prof. Dianne Willcocks, NED YTHFT
Mrs Anna Pridmore, FTS YTHFT

13/18 Declaration of Interests

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

13/19 Minutes of Council of Governors Public Meeting – 19th June 2013

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

13/20 Matters Arising from the Minutes

The Chairman stated that the questions raised on the presentation by Mandy McGale at the last meeting were attached to the minutes and had been responded to. He asked that any further information requests on these matters should be sent directly to Mandy McGale at Scarborough Hospital.

13/21 Update from the Private Meeting held earlier

The Chairman briefly stated that the private meeting had covered a review of the Trust's current position and pressures, the approval of the appraisals of two Non-Executives and a discussion of the way to summarise the role of Governors to those who may wish to know it.

13/22 Process associated to the Code of Conduct

The Chairman asked that any comments on the Code of Conduct be sent to Mrs Pridmore.

13/23 Lead Governor Role Description

The Chairman reminded Governors that Mrs Mackman would be completing her term as Lead Governor at the end of March 2014 and he encouraged any Governors who were interested in the role to speak to Mrs Mackman, Mrs Pridmore or him. There would also be the option of looking at creating a deputy role to support the Lead Governor. The election of the new Lead Governor would take place after Christmas.

13/24 Chief Executive's Report

The Chief Executive stated that the current healthcare environment was the most difficult in approximately 20 years, due to the escalating expectations, tightening regulatory framework and emphasis on transparency. 70% of the Trust's budget was in respect of staffing and a year-on-year drop of 6% in finance provides a massive challenge, which many Foundation Trusts were struggling to contend with.

Currently, the Trust is hovering around financial balance, but this was mainly due to "overtrading" (the hospital servicing and being paid for demand that is referred to it, but at a volume level that is higher than the CCG envisaged in its plans), which was compensating for the efficiencies programme, which was slightly behind target. However, he stressed that this overtrading only puts further pressure into the system for the Clinical Commissioning Groups (CCGs).

The primary concern was performance and this has been compounded by the introduction of electronic reporting at Scarborough, which has provided a greater precision to data-capturing. The clarity around data provided a management challenge, but also ensured that the Trust can properly benchmark performance data.

In respect of targets, the Emergency Department 4-hour target is of concern, but is effectively a whole-system symptom and is as much about patient flow, capacity issues and discharge as about the Emergency Department itself. The Trust is currently working in a high pressure environment and this can be debilitating for staff. The Trust has been successful in a bid for monies and will receive approximately £2m this Winter, however, it was not clear how this money would be distributed and discussions were needed with the CCGs. The Chief Executive did state that the £2m did not include the £500k that the Trust is currently investing in nursing staff, following detailed work which has been carried-out to look at recommended staffing levels.

The group discussed wider ranging cuts in the health economy, including those to Social Care. The Chief Executive stated that these cuts will be managed through the new Health & Wellbeing Boards and will inevitably have unintended consequences for other services, but he stressed that these are the financial pressures which are facing the community as a whole and that he is working with other agencies to provide a multi-agency approach.

Mr Baines asked about the condition attached to the £2m in respect of increasing uptake of staff 'flu vaccinations. The Chief Executive stated that extra Winter pressure monies would also be available next year, but that Trusts would have to prove a 75% uptake of 'flu vaccinations by staff. The Trust is currently drafting a plan and will place an emphasis on personal responsibility.

The Chief Executive stated that the organisation had been one of the best in previous years in respect of C Difficile rates, but that now other organisations were catching-up, the Trust's position did not look as reassuring. Concerns had been raised, as the Trust had exceeded its Quarter One trajectory and if this continued, fines would be incurred. A number of actions have been put in place, including the appointment of a Lead Clinician to reinforce values and practice,

probiotic use and a visit had been requested from Public Health England to ensure all possible actions are explored. Quarter Two does appear to be on track. The Chief Executive did stress that risks around penalties were being mitigated. However, he stressed that the targets reflect good practice and the Trust needs to ensure that it is doing the right things, but also capturing the information required and to that end a major communication plan has been instigated involving all clinicians.

Three reports have been received from the Care Quality Commission (CQC), following the visits to the Emergency Department at Scarborough, the Emergency and Maternity Departments at York Hospital and Archways (in York). The reports for York and Archways provide a “clean bill of health”, but unfortunately the visit at Scarborough Hospital coincided with the busiest week of admissions Scarborough has seen in the last 5 years. The senior assessor for the CQC recognised this and has put that in context, but it has also been recognised with hindsight that things could have been done better and escalated faster. It was also noted that when York was visited the context had changed and things were settling-down and that the organisation as a whole was managing to best practices standards. These reports are now in the public domain and a press release has been sent out. The Chief Executive agreed to circulate the press release and report links to the Governors.

Community contracts were discussed and the Chief Executive noted that the initial term was for 3 years, which would mean renewal next April; however, no end-of-contract notice had been received from any of the CCGs. In the meantime, management is being strengthened under the leadership of Wendy Scott, Director of Community Services. The Trust is in talks with partner organisations about how best to provide services at Whitby and what these services may look like going forward.

The group discussed the possible provision of a place in the town centre on a weekend to reduce admissions to the Emergency Department at peak times. A scheme is up and running in Newcastle, which appears to be a successful joint venture. The Chief Executive noted that this debate has begun at the Health & Wellbeing Board in York.

13/25 Lead Governor and Other Governor Reports

Governor Reports

Dr Moreton stated that there was a very interesting presentation at the Equality & Diversity Meeting together with a discussion about the POPPIY policy. (Practicalities Of Producing Patient Information for York Teaching Hospital NHS Foundation Trust). The Chairman noted that Trust policies could be viewed electronically.

Mrs Miller expressed concern about the attendance at the open days and wondered how these had been communicated. It was agreed Mrs Miller would contact Lucy Brown to alert her to the issue.

Mrs Fields attended a very useful day in respect of the accountability module. She thought elements of the day would be of collective benefit and also suggested that it may be useful to video a Governors meeting in order to assess

efficacy.

Dr Moreton raised the inconsistencies with regard to parking permits and it was noted that once the new parking is in place at Scarborough Hospital, plans will be put into place to standardise all charges. In the meantime anyone wishing to find out whether they are eligible for a permit should discuss with the Sister in charge of the ward.

Mr Baines submitted the following report on key topics discussed at the Eye Department meeting held on the 15th August 2013:

Follow-up Appointments - Clinicians often ask for follow up appointments within six to nine months, and it is understandable that patients may get anxious if the expected date is exceeded. PM to discuss with directorate colleagues to determine if any potential improvements associated with relaying information re delays to patients.

Staffing Levels - Across the whole directorate (York/Scarborough), Ophthalmology has a shortfall of 3 Consultants – currently cover is being provided by locum Consultants. Plans are being developed for a joint Consultant post between Harrogate and York with a specialist interest in Glaucoma.

Way Finding - New signage has been completed for the department, with colour scheme specially selected for the partially sighted. Paul Mayor (**PM**) has requested further funds so that the way-finding scheme can be complemented with some additional artwork.

Paul Mayor highlighted a voucher scheme for patients who have to attend an early appointment. The scheme allows patients to use their bus pass during peak times free of charge. At the moment a bus pass can only be used during off peak times. A leaflet is available explaining the procedure, however there is a lack of clarity about obtaining the voucher – patients need to get the voucher from the hospital in advance of the journey. Patient feedback indicates that the system could be improved by simply showing the clinic appointment letter to the bus driver.

Lead Governor (Helen Mackman) report to Council of Governors:

May I say that it's good to have brought the Council of Governors to Scarborough for the first time, and to this very special place. Again, we hope that members of the public across the Trust's patch will be accessing our feedback - from the Trust website or through the two Scarborough public governors, David Wheeler and Sue Wellington or through the local Staff Governor, Helen Noble.

Since our last meeting, I've attended the Trust's Patient Experience Steering Group held on 24 July. Governors met prior to this to focus on issues arising from across our constituencies which then go onto the agenda for the Steering Group meeting - a very valuable opportunity to ensure that things that are important to patients are taken forward to the Trust, and for us to monitor that action has been taken to either resolve difficulties or to embed examples of best practice across the organisation. For example, we've had discussions about the best way for patients to know who is in charge of their ward across the 24 hours

and how patients are given reassurance about what happens after they've been discharged. There are several issues that individual Governors have been able to take direct to groups within the organisation ... particularly the Eye Partnership Group and the Travel and Transport Group.

We're taking a great deal of interest in the early results of the Friends and Family Test and in the progress of the 'It's My Ward' initiative. We keep in close touch with the Patient Experience Team, through Kay Gamble, and Kay continues to involve Governors in a variety of ways that allow us to observe how effectively the Trust's engagement strategy is working across the organisation. Governors are pleased to have been invited to review the Trust's draft Equality and Diversity Strategy this month and either John Roberts or Ann Bolland, our representatives on that group, may wish to expand on this. An invitation is also extended to Governors to attend the re-opening of the refurbished Ward 37 at 1.30pm on Thursday 26 September. This is prior to the patients returning.

As a member of the Trust's Arts Strategy Group I've been exploring the possibility of an oral history project relating to the Bridlington community and its recollections of the provision of healthcare in that area. This has been developing in partnership with non-executive director, Libby Raper, who also sits on the Arts Strategy Group. Sue Wellington has been doing the groundwork in Bridlington to provide information to the Arts Group so that decisions can be made as to how this project can be taken forward.

Last week I attended the Southern Area Public Forum meeting at Eggborough Sports and Leisure Complex, along with our two Selby Governors, to present an overview of what's happening at our Trust and to talk about how listening to patients and members of the public is one of our core values. There were a number of questions from the floor including concerns relating to the pairing down of follow-up appointments. As Governors, I'm sure this issue will keep coming up, so we each need to take note of the updates on the situation provided by Patrick. Our Selby Governors are also looking forward to some community engagement at Barlby High School on 9 October.

Governors have maintained a regular presence at the Trust Board meetings in public and this proves helpful when contributing to the appraisals of the non-executive directors as well as broadening our knowledge of strategic decision making. With the recent departure of Chief Nurse, Libby McManus, we've appreciated the time Patrick has spent with us to share and discuss the rationale behind the decision to appoint Mike Proctor as Chief Nurse on the Board and Bev Geary as Director of Nursing.

The Council of Governors has been represented at the Trust's Open Days and Roadshows across the patch – at Selby in June, Malton in July and Scarborough in August – and we'll be at York Hospital tomorrow to support that Open Day and to attend the Trust's AGM. As Lead Governor, I shall be reporting to the membership on behalf of the Council of Governors.

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The possibility of a joint event with Bridlington Library was discussed. The Librarian, Sarah Hutchinson was interested in a project to take oral histories.

Mr Atherton reported that a Governor-led Community Services Group has been

formed and supported by Wendy Scott, Director of Community Services. The group will look at patient experience in the community setting. Mr Atherton will keep the group apprised of developments and the terms of reference will be brought to the next meeting.

The Chairman stated that this sharing of good practice was very valuable and asked members to continue to let Mrs Pridmore have any reports on attendance at meetings (250 words or less) for inclusion in future meetings. By submitting these reports in writing, Members and others can view what Governors have been involved in.

13/26 Terms of Reference of the Community Engagement Group

Due to time constraints this item was not discussed. The Chairman asked for comments to be sent to him and the topic would be covered at next meeting.

13/27 Liverpool Care Pathway

Dr Carina Saxby, Consultant in Palliative Care and Lead Clinician in Palliative Care at Scarborough Hospital and St.Catherine's Hospice, provided a presentation on the Liverpool Care Pathway and its replacement.

Dr Saxby confirmed that carers would be made aware of the pathway and the new guidance would make this explicit.

The Chairman thanked Dr Saxby for a very information presentation and she agreed to provide a copy of the report and slides (post-meeting note – these have been circulated to Governors).

13/28 External Audit and Quality Report

Mr Mills from Grant Thornton provided context to the report, stating that this was the 4th year that Grant Thornton had audited the Trust's accounts and Quality Account. Three key aspects of the Quality Account are tested; compliance with Monitor guidance, testing of the supporting information and key performance indicators. Mr Mills highlighted that the findings provided a significant level of compliance. A number of recommendations have been made, which are linked to the findings, especially in respect of incidents linked to severe harm and death.

Mr Mills confirmed that these recommendations would be picked up by the audit work planned for this year. An issue with the wording on page 58 was raised and would be discussed with the Audit Team.

It was also noted that Grant Thornton audited the Trust's charity accounts. Mr Mills stated that there was a future requirement to consolidate the charity accounts into those of the Trust.

13/29 Any Other Business

No further business was discussed.

The next Council of Governors meeting will be at the York Hospital Social Club, White Cross Road, York, at 1515hrs (private) and 1600hrs (public) on

Wednesday December 11th 2013. Dates for 2014 meetings will be circulated in the next month or so.

Attendees were given two additional documents:

- The York Teaching Hospital (full) Annual Report and Accounts
- The (latest) Monitor Guidance for Foundation Trust Governors



Reports from Governors on activities and meetings they have attended

Report on the Scarborough Hospital Transport Group – Friday 15th November

There were no matters arising except those on the Agenda

A discussion on how to get more staff and community members on to the Group was held, various ideas suggested and would be followed up. Sheila to let Mandy have the Healthwatch e-mail to invite a representative from HW.

A long discussion on the problems of public transport serving the Hospital; there is only one bus that comes from town up to the Hospital, though there are busses along Scalby Road. The contract for the shuttle bus from Scarborough to Bridlington is due for renewal; this would be taken to the negotiations to see if any improvements can be made, more staff usage perhaps?

There is a contract with one Taxi firm which can be used for those who are eligible for transport home and for those wishing to pay.

There are problems at Whitby Hospital Car Parking for patients because local citizens use the car park. This also happens at Malton to a lesser degree; this would be brought to the attention of the team when new charges are brought in after the new car park at Scarborough is completed.

There are no proper bicycle parking areas, again this will be looked into and staff asked for their views.

The new car park – Work has just commenced and it will be finished by end of March, this will be for 262 car spaces for Patients/visitors; using a similar system to York Hospital's new Car Park – charges will be in line with the local authority. The rest of the car park is to be redesigned with space for disable parking (larger than at present) and for consultants and staff.

The next meeting will be 28th February, venue to be advised.

Sheila Miller
Steve Hinchliffe

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Healthwatch North Yorkshire Launch Event 12 November 2013

Healthwatch North Yorks had two sessions: one for Organisations (am) and another for the Public (pm) in the Malton Rugby Club. Despite the fact that relatively few members of the public attended in the afternoon, both events must have been very

useful for Healthwatch as the aim of the events as described by Duncan Webster, the Chair of Healthwatch N Yorks, was to find out what we all want from the organisation. There were therefore roundtable discussions in both sessions with the aim of each table highlighting the three most important subjects/areas that they thought Healthwatch should address. The public session also had another roundtable discussion highlighting the three most important experiences of good/not so good patient experiences of Health and Social Care Services for each table.

The results of roundtable discussions will be collated and sent to us and we are sure they will provide some very relevant information, which could be used to improve patient care. We will forward this information to governors.

The main purpose of Healthwatch is signposting the public to the correct services. There is a real need in our rural area for information on available services. This might perhaps reduce pressure on Emergency Departments? It was noted that having that information in local newspapers would be expensive and that there is a problem with assuming that everyone has access to the internet, especially the elderly.

We also found out about the Cloverleaf Advocacy, which has replaced ICAS. Their function is to support people who make serious complaints about health and social care, in other words they are a step up from PALS. They do not inspect or regulate or deal with complaints but signpost people to the right place. They are looking for volunteers to give feedback on services. Their North Yorks office is at Tower Court, Oakdale Road, Clifton Moor, and their telephone number is 03000124212.

The event for Organisations also included a talk conveying some very useful information on the Local Commissioning Agenda given by the Lay Member of the Scarborough Ryedale Commissioning Group, Andy Hudson. Despite being members of the SRCCG Patient Group, it was surprising that some new and useful information about how the CCG works and its organisation was conveyed. We will be receiving a copy of his slides, which I would encourage governors to check out.

It was good to meet the Healthwatch N Yorks staff, who are very enthusiastic about the new organisation. (Sheila and I know Jen and Sarah very well due to their previous involvement in Ryedale LINK.)

Jenny Moreton
Sheila Miller
Jeanette Anness

* * * *

Community Service Governor Group

Since the last Governors meeting we have had lengthy discussions on what project we could really help the Trust with. Following a meeting we had with Kay Gamble it was decided that we should help with the friends & Family questionnaires at the A&E departments at both York and Scarborough, thus giving more emphasis to the returns of questionnaires. This is still ongoing.

At another Community Group meeting that we held we invited both Wendy Scott & Kay Gamble and discussed an idea we had as a group which involved producing a Patient led questionnaire. A lengthy debate took place. Both Wendy and Kay left the meeting, we continued with a brain storming session. It was decided that Sue Wellington would work on a draft copy from this and on completion would circulate everybody with it. These actually took four attempts before the final one was presented to Kay for her approval. The idea being she would have the final document printed for use. We hope to have these by the end of December to run a pilot scheme in both Selby and Malton Hospitals starting in January 2014.

The scheme would involve all members of the group circulating these to each patient and collecting these on completion of their stay. The questionnaires were for all members of the family, friends, carers, the patient and anybody who visited the Patient. These forms would be collected by the Group member once a week.

All information would be passed to Kay Gamble for her analysis, thereby giving across the board information and would enable the Hospital to attend to anything which may need a small rectification if needed, also if any congratulations were to be given to staff, and then this would also be given, thus showing we are on the right track.

Unfortunately we cannot show these questionnaires just now as we are waiting for them.

Terry Atherton

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Community Engagement Forum 7th October 2013

Andrew and I attend this meeting along with Kay Gamble, Patient and Public Involvement Specialist.

The meeting was chaired by Mrs Kay McSherry a Selby Local Councillor

We were asked to introduce ourselves and explain about the role the Governors played within the Trust.

Concerns were raised relating to car park concessions, which Kay addressed, explaining that after the meeting she would send a parking concessions leaflet and the web address to the Forum Chair.

Another local councillor became quite angry about the hospital's discharge policy. As this was a personal issue; he was asked to put this complaint in writing so that it could be looked into.

Mrs McSherry raised an issue about the new Dialysis machine at Selby Hospital. Apparently a patient had complained that there was no nurse supporting people using this machine. Kay said that she would look into it.

After the meeting Kay fed back to the forum. The new facility is for Haemodialysis for people who live within the Selby area and who are currently 'self caring'. In the past

these patients have had to travel to York. It is entirely patient not Nurse led. This allows improved access to services and travel time.

This machine has not yet been officially been 'launched' this takes place on the 19th December and Andrew I will be attending.

Ann Bolland

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Selby Healthwatch Launch 13th November 2013

The chair of Healthwatch welcomed all and introduced the other members of Healthwatch present. He then went on to introduce the key speaker Professor Maynard.

Some of the topics raised by Professor Maynard:

Mr Maynard started by saying that there were too many problems with GPs over referring and that this was costing the CCG over 1.5 million pounds. He felt that GPs were having problems with 'decision making'.

Professor Maynard then went on to say that he wondered if we had too many GPs instead of having more 'skilled nurses. Analysing procedures was a must, he said and that we all need to question our treatment and care plans, he also mentioned the end of life services, too many people are rushed to hospital when it was unnecessary and often distressing to those involved!

On a local level Professor Maynard expressed concern that people, living in the Selby area have a shorter life span than others living in the county.

We then had a presentation on the structure of Healthwatch.

Other topics raised during the day:

- Concerns for people in care homes, they are struggling with non attendance of GPs on a weekend.
- Too many clients were being taken into hospital unnecessarily, waste of money and causing a lot of stress.
- Concerns about patients leaving hospital who have Dementia being sent Questionnaires and Discharge notes for care homes.
- There were a lot of inferences throughout the day that PALS was not to be trusted and Cloverleaf was heavily promoted.

Ann Bolland

* * * *

Snowdrop Appeal

A small committee is continuing to oversea the organisation of a fund raising ball which is to take place on the 1st March 2014 at the Royal Hotel. There has been some interest in 14 tables so far and several companies are sponsoring the event.

The committee is tasked with trying to obtain raffle and auction prizes and if you have any contacts that may be interested in supporting this cause please could you let me know.

Sue Wellington

* * * *

Nutritional Steering Group

This multi-disciplinary group meets quarterly and the last meeting discussed the new manner in which training will be delivered in bite size ward based sessions which are being rolled out and will be evaluated for effectiveness to see if it is addressing the difficulties releasing clinical staff to attend training.

I supported the dieticians at SGH to undertake mealtime audits which involved a review of the nutritional screening tool on 5 randomly selected patients on each ward. The remainder of the audit concentrated on the service of the food and protected meal times. There were only provisional results available at the meeting which identified good practise in identifying and supporting patients to eat and drink. The primary areas for improvement are ensuring food is within reach and protected meal times. There are plans for a trust wide multi site group to address the issue of a uniform protected meal time policy and I have volunteered to be involved as a patient rep/governor. During the observation I witnessed an excellent example of protected meal time in practise and believe there are lessons to be learnt from this ward.

Sue Wellington

* * * *

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

Lead governor report

Since our last meeting in public I have had the opportunity to report, on behalf of us all, to the Trust's AGM. I have suggested to our Chairman that my report be sent out to all the Trust members as a record of how they have been represented, through the governors, within the Trust and how we have sought to involve ourselves in a variety of Trust initiatives and patient-centred activities.

As a governor representative on the Trust's Patient Experience Steering Group meeting in November, I shared issues and concerns that had been highlighted by governors at our Patient Focus meeting.

Several governors attended the opening of the newly refurbished Ward 37. We were impressed by the sensitive and creative layout that aims to enhance the environment and care for this particular group of patients who suffer from dementia.

I was involved in the opening of the new Cancer Care Centre Garden in September. This is another special place at York Hospital, which helps to support the needs of those coping with difficult emotions because of illness.

As a City of York governor, I continue to attend the Healthwatch Assembly. This is a good opportunity to maintain contact with a variety of organisations across the City and to listen to people's perceptions of how our Trust is delivering healthcare.

Some useful 'virtual' discussions have taken place between governors over the past couple of months: the issue of patients' use of mobile technology was re-visited with sight of the Trust's current strategy. This will enable us to monitor the Strategy when it comes up for review next year. We have also been discussing our concerns about levels of mental health liaison, particularly within the Emergency Department.

One of our staff governors has been making a study of the numbers of compliments and complaints received by the Trust. There is a lot of good news coming out of this study and we will be looking at this at our next Patient Focus meeting in January.

Finally, our thanks go to our Finance Director for organising a special session for interested governors to explain the wonders of his spreadsheets and pie charts in order that we could better understand the complexities of the Trust's financial balances and targets.

Helen Mackman

Council of Governors – 11 December 2013

Audit Committee Annual Report

Action requested/recommendation

That Governors note the attached paper and the comments made by the Chairman of the Audit Committee.

Summary

This report summarises the activity of the Audit Committee for 2012/13.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

Equality & Diversity principles are an integral element of Internal Audit work.

Reference to CQC outcomes

Where relevant, there are direct and indirect references to CQC Standards of Quality & Safety in Internal Audit reports.

Progress of report	Audit Committee –September 2013
Risk	Internal Audit's work provides assurance on a wide range of risks related to corporate objectives.
Resource implications	There are no direct resource implications; cost savings may be indicated by our findings.
Owner	Philip Ashton, Chairman of the Audit Committee
Author	Imogen Hall, Audit Manager
Date of paper	September 2013
Version number	Version 1

**YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
 AUDIT COMMITTEE ANNUAL REPORT 2012 / 13**

1. INTRODUCTION

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Board of Directors with a summary of the work of the Audit Committee during the period April 2012 – March 2013, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

This has been another challenging year for the Trust as it completed the acquisition process in July 2013 to integrate with Scarborough and North East Yorkshire NHS Trust (SNEY). The Trust has spent the last year working to ensure that the subsequent integration workstreams continue to be implemented successfully. The Acquisition Assurance Board was dissolved upon acquisition being completed. Progress with the integration workstreams has been monitored through the Integration Governance Team led by the Deputy Chief Executive and reported to the Board. The Audit Committee has monitored the impact of integration on key systems through the Internal Audit programme.

2. MEETINGS & ATTENDANCE

The Audit Committee has a membership of four Non-Executive Directors and during the 2012/13 financial year this comprised of:

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

Table 1: Audit Committee Attendance

	Meeting Dates					
	30/7/12	17/09/12	03/12/12	21/03/13	20/05/13	28/05/13
PA	✓	✓	✓	✓	✓	✓
MS	✓	✓	✓	✓	✓	✓
MK	-	-	✓	✓	✓	✓
LR	-	-	✓	A*	✓	✓
LP	✓	✓	-	-	-	-

*A = Apologies

The Audit Committee met formally on six occasions during 2012/13 and all meetings were quorate. Members of the Committee also attended relevant Audit Committee training events during the course of the year.

The Committee is supported at all of its meetings by:

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

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

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

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

3. DUTIES OF THE AUDIT COMMITTEE

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

Governance, Risk Management & Internal Control
<ul style="list-style-type: none"> • Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives, primarily through the assurances provided by internal and external audit and other assurance functions.
Financial Management & Reporting
<ul style="list-style-type: none"> • Review the Foundation Trust's Financial Statements and Annual Report, including the Annual Governance Statement, before submission to the Board of Directors. • Ensure that systems for financial reporting are subject to review to ensure completeness and accuracy of information and compliance with relevant legislation and requirements. • Review the Trust's Treasury Management Policy, Standing Financial Instructions and systems in place to ensure robust financial management.

Internal Audit & Counter-Fraud Service
<ul style="list-style-type: none"> • Ensure an effective internal audit and counter-fraud service that meets mandatory standards and provides appropriate, independent assurance to management and the Audit Committee. • Review the conclusion and key findings and recommendations from all Internal Audit reports and review of regular reports from the Local Counter Fraud Specialist. • Monitor the implementation of Internal Audit and Counter Fraud recommendations.
External Audit
<ul style="list-style-type: none"> • Ensure an effective external audit service. • Review the work and findings of external audit and monitor the implementation of any action plans arising.
Clinical & Other Assurance Functions
<ul style="list-style-type: none"> • Review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation. • Review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work. Specifically, the Corporate Risk Management Group and the Patient Safety Group.

4. WORK PERFORMED

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

4.1 Work Groups

The Audit Committee formed two work groups in 2010; these are the Data Quality and Performance Work Group and the Compliance Work Group. Each is chaired by a member of the Audit Committee. The Data Quality and Performance Work Group had not. In addition, the Audit Committee Chair attended the Patient Safety Group and chaired the Acquisition Assurance Board until it was dissolved following the acquisition of Scarborough and North East Yorkshire NHS Trust in July 2012.

The Data Quality and Performance Work Group met in December 2011 following which the chair retired as a member of the Audit Committee in May 2012. The future of the working groups was discussed after further changes in the Audit Committee membership in September 2012. It was agreed that the Data Quality and Performance Work Group would be re-established and the Compliance Group would be incorporated in to the Data Quality and Performance Work Group.

The Group received a series of presentations on the data security and the impact of integration on a wide range of systems including Finance, IT and HR which provided significant assurance on the systems in place.

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

4.2 Internal Audit & Counter Fraud

Internal Audit and Counter Fraud Services are provided by North Yorkshire NHS Audit Services (NYAS). The Chair of the Audit Committee and the Director of Finance sit on the Alliance Board which oversees NYAS at a strategic level. The Board met on three occasions during 2012/13.

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

The Audit Committee gave formal approval of the 2012/13 Internal Audit Operational Plan in March 2012.

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

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

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

4.3 External Audit

External Audit services were provided by Grant Thornton for 2012/13. During the 2012/13 financial year, the Audit Committee reviewed External Audit's Interim Report, Annual Governance Report and Management Letter in relation to the 2012/13 financial statements for York Teaching Hospital NHS Foundation Trust.

In addition to core work for YTHFT, External Audit provided an opinion on the financial statements, Annual Report and Annual Governance Statement of Scarborough and North East Yorkshire NHS Trust for the period ended 30 June 2012, following the dissolution of the Trust on that date.

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

The Audit Committee reviewed and approved the External Audit Plan in relation to the 2012/13 financial statements and the related audit fee in September 2012.

4.4 Governance Issues

During 2012/13 the Audit Committee reviewed and, where appropriate, approved the following documents prior to submission to the Board of Directors:

- Assurance Framework and Corporate Risk Register in July, September, December 2012 and March 2013;
- Standing Orders, Standing Financial Instructions and Scheme of Delegation in March 2013; A review of compliance with the Code of Governance in May 2013.

Additionally the Staff Registers of Interests and Gifts and Hospitality for the year ended 31 March were reported to the Audit Committee in May 2013.

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

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2012/13:

- Review and approval of Audit Committee Terms of Reference in March 2013.
- Ongoing review and revision of the Audit Committee's timetable.

4.5 Finance Issues

The Committee oversees and monitors the production of the Trust's financial statements. During the 2012/13 financial year, this included:

- Draft Accounts and Annual Report for the period 1 April 2012 to 30 June 2012 for SNEY on 21st March 2013.
- Review of the risks identified in external and internal audit reports related to integration with SNEY;
- Issues regarding end of year accounts on 21st March 2013;

- A formal Committee meeting on 28th May 2012 to approve the final accounts, Annual Governance and Annual Report for 2012/13 (including the Quality Account) prior to submission to the Board of Directors and Monitor.

The Audit Committee also reviewed and approved:

- Single Tender Actions
- the Treasury Management Policy in March 2013
- the Losses & Special Payments register in May 2013.

4.6 Clinical & Other Assurance Functions

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

The Internal Audit programme continues to incorporate clinically focussed system reviews and during 2012/13 included topics such as Mortality Review, Controlled Drugs Management and Do Not Resuscitate Order Management.

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

6. CONCLUSION

The Audit Committee considers that it has conducted itself in accordance with its Terms of Reference and work plan during 2012/13 and considers that this annual report is consistent with the draft Annual Governance Statement and the Head of Internal Audit Opinion.

This draft Audit Committee Annual Report is subject to approval at 16 September 2013 Audit Committee.

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York Teaching Hospital NHS Foundation Trust**Council of Governor Meeting Dates 2014**

Wednesday 12th March, 2014	York
Wednesday 11th June, 2014	To be agreed
Wednesday 10th September, 2014	To be agreed
Wednesday 10th December, 2014	To be agreed

Normal locations at sites:

York: Social Club, White Cross Road, York, YO31 8JR

Normal Timings:

1515 – 1555 hrs: Pre-meeting and Private Business Meeting

1600 – 1800 hrs: Meeting in Public

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Council of Governors – 11 December 2013

Patient Led Assessments of the Care Environment (PLACE) 2013

Action requested/recommendation

To note the report and receive assurance that action plans are in place.

Summary

This report was presented to the Board of Directors at their meeting in November and it was reported that the report would be provided to the Council of Governors with a presentation related to PLACE. It is intended that this presentation will be give to the Council of Governors at a future meeting.

The report is presented to the Council of Governors on this occasion for information only.

Strategic Aims

Please cross as appropriate

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

Implications for equality and diversity

There are no implications for equality and diversity.

Reference to CQC outcomes

Outcomes 4, 5 and 10.

Progress of report	October 2013 – Corporate Directors December 2013 – Council of Governors
Risk	No risk.
Resource implications	Resources implication detailed in the report.
Owner	Brian Golding, Director of Estates and Facilities

Author	Carol Tarren, Head of Facilities
Date of paper	November 2013
Version number	Version 1

Council of Governors – 11 December 2013

Patient Led Assessments of the Care Environment (PLACE) 2013

1. Background and Principles

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care in the following areas:

- Cleanliness;
- Quality and availability of food and drink.
- Privacy and dignity
- Condition, appearance and maintenance

The criteria included in PLACE assessments are not standards, but they do represent both those aspects of care which patients and public have identified as important and good practice as identified by professional organisations whose members are responsible for the delivery of these services.

The assessments undertaken in 2013 were the first under this programme following its replacement of the former Patient Environment Action Team (PEAT).

York Hospital participated in the pilot of the PLACE and had an input into the final process which was of benefit for both Trust staff involved in the process and Patient Assessors and Governors.

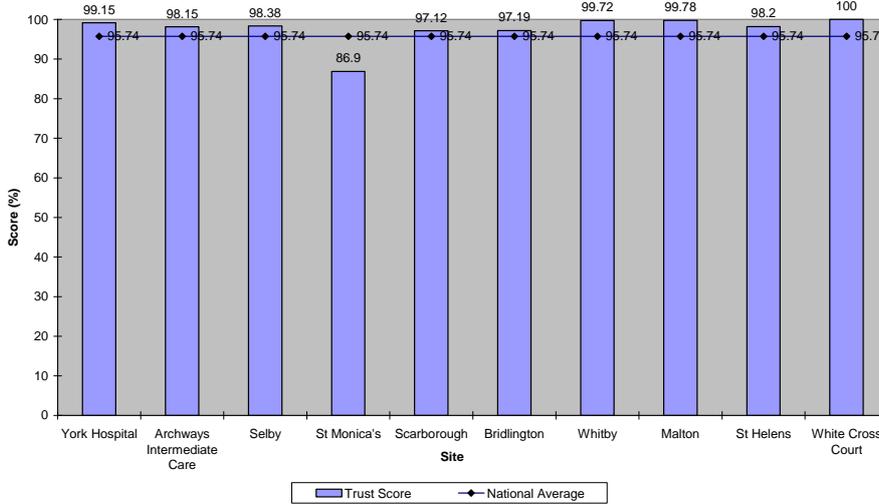
Although not a requirement of the 2013 process, Peer Review (also known as External Validation) is a recommended good practice and in 2013 199 (15%) hospitals, including YTHFT, included this in their assessment. The Francis Review recommended greater involvement of peer review in the (former) PEAT process, further guidance on this is anticipated in time for the 2014 programme.

At the end of the process, each hospital/unit which has undertaken an assessment submits data to the DH and is provided with a comparative result against each of the four areas of the assessment. For the purposes of comparison, a national average of scores from all participating hospitals/units is also published. These are publicly displayed on the Health & Social Care Information Centre website.

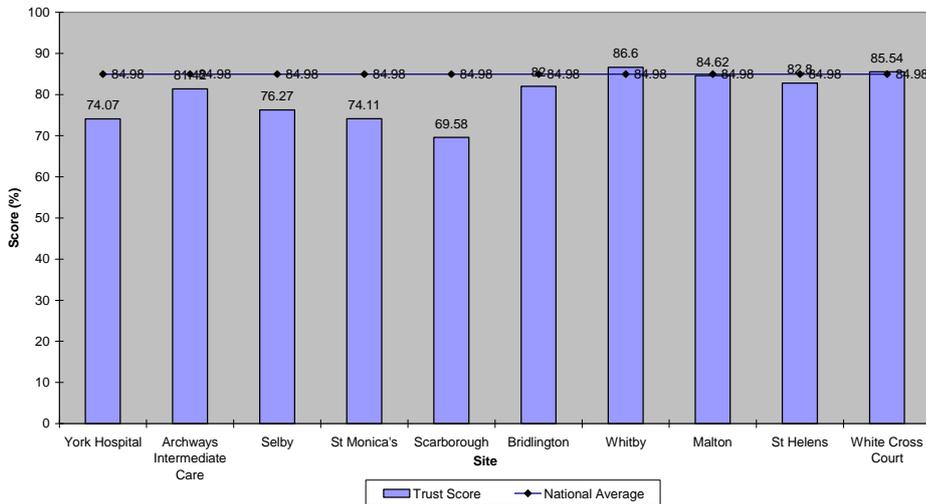
It should be that as this is the first year of this new regime, PEAT results and those from the 2013 PLACE programme are not comparable.

2. Trust Results

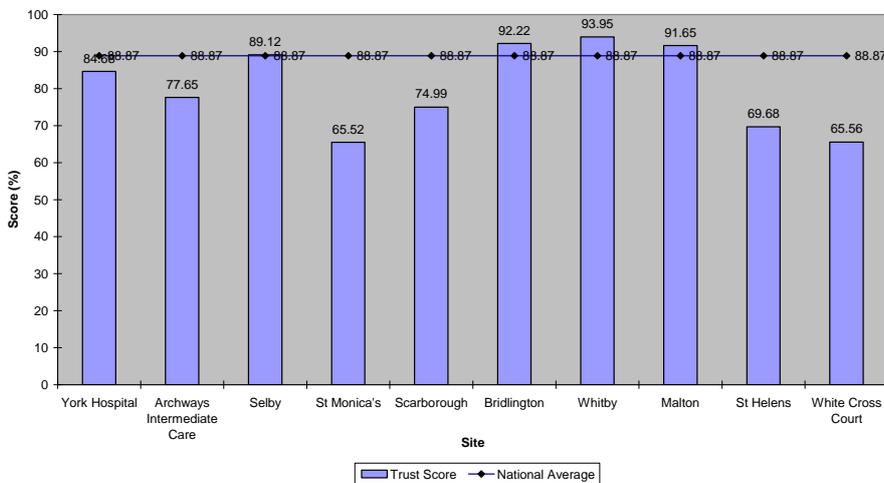
Patient Led Assessment of the Care Environment 2013 Results - Cleanliness



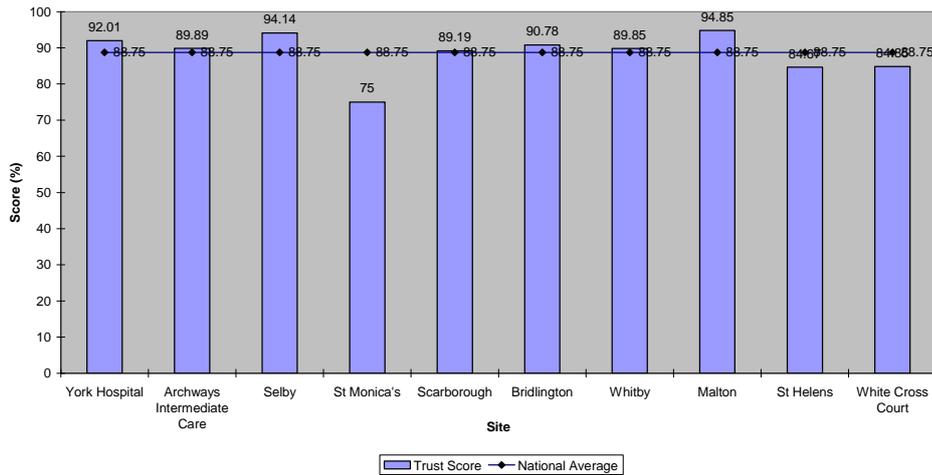
Patient Led Assessment of the Care Environment 2013 Results - Food & Hydration



Patient Led Assessment of the Care Environment 2013 Results - Privacy, Dignity & Wellbeing



Patient Led Assessment of the Care Environment 2013 Results - Condition, Appearance & Maintenance



3. Action Plans

Following the assessments, 63 action plans were circulated to the relevant areas and are tracked via Facilities Management on a monthly basis.

Specific action plans will be developed to address the Privacy, Dignity and Wellbeing at St Monica's, St Helens and White Cross Court together with a Trust wide plan to address food and hydration.

It has been acknowledged that 100% completion may not be achieved immediately as some of the team comments will require capital investment.

Two feedback sessions for Patient Assessors and Governors have taken place to discuss the 2013 assessments, scores, action plans and how any improvements can be made for the annual 2014 assessments.

The feedback was extremely positive and those who attended are willing to take part in internal assessments prior to the next official round of 2014 PLACE. This would ensure that patient assessors and governors are kept fully involved with the process and would allow progress of action plans to be monitored during an actual site visit.

The Governors also requested that Carol Tarren, Head of Facilities – Satellite Properties attend their December meeting to give a brief presentation which will benefit those Governors who were unable to take part in the 2013 process.

4. Future Assessments

The future assessment period will be March to May.

The number of Patient Assessors and Governors will need to be maintained and reviewed now that Healthwatch is fully functional. The Head of Facilities – Satellite Properties and the Trust Public and Patient Involvement Specialist will work together to ensure adequate numbers are available for the assessment period and are adequately trained.

The Head of Facilities – Satellite Properties will continue to work closely with local Trusts to agree reciprocal arrangements for Peer Review/External Validation.

St Monicas, Easingwold, scored below national average in all areas, and this is examined in further detail in appendix 1.

5. Recommendation

To note the report and receive assurance that action plans are in place.

Author	Brian Golding, Director of Estates and Facilities
Owner	Carol Tarren, Head of Facilities
Date	November 2013

Appendix 1

St Monica's Hospital – Easingwold

Domain 1 – Cleanliness

The national average score for cleanliness across all sites is 95.74% with a lowest score of 24.46% and a highest score of 100%. St Monica's Hospital scored 86.90% which is below the national average.

Analysis of the cleanliness scores shows that there were 11 areas within the hospital identified on the site action plan.

10 of the areas received an immediate clean and will be continued to be monitored in line with the frequency of clean as identified on the cleaning schedules.

The one outstanding action is for protective washable strips on light pull cords; these have been requested and will be closed out on the action plan once fitted.

Within the physiotherapy department there were 6 areas identified on the action plan, 5 of the areas received an immediate clean and will be continued to be monitored in line with the frequency of clean as identified on the cleaning schedules.

The one outstanding action is replacement of the fabric chairs which are ordered and will be closed out on the action plan once in place.

Domain 2 – Food & Hydration

The food and hydration section is scored in two sections.

Section 1

Organisational questions which includes how patients choose their meals, dietary requirements, choices at each meal service and choice of drinks.

The majority of the questions within this section are multiple choice.

Section 2

Food tasting on the day of the assessment by the assessment team together with observation of food service and presentation at ward level.

Scoring is broken down into 3 sections, taste, texture and temperature and is scored as follows:

The national average score for food and hydration across all sites is 84.98% with a lowest score of 26.67% and a highest score of 100%. St Monica's scored 74.11% which is below the national average.

A total of 13 food choices were tasted.

Analysis of the scores is:

	Taste	Texture	Temperature
Good	8	8	0
Acceptable	4	3	12
Poor	1	2	1

The assessment team noted that the food service and attention to detail by both nursing and catering staff was good.

The Trust Hygiene Auditor will continue to carry assessments of the catering services and is aware of the results of the PLACE 2013 results for food and will address issues on a site by site basis.

A gap analysis is currently been undertaken for all in-patient sites to establish the necessary actions to ensure that the scores for the PLACE 2014 assessments are an improvement on the 2013 scores.

The Trust wide catering strategy will assist with the improvement of scores particularly in relation to the number of choices available once the a la carte menu is introduced.

Domain 3 – Condition, Appearance and Maintenance

The condition, appearance and maintenance section is scored in two sections.

Section 1

Organisational questions include car parking, window cleaning and safety for visually impaired patients/visitors. The questions require yes/no answers.

Section 2

Condition and appearance on the day of the assessment by the assessment team looks at internal decoration, condition of floors and furnishings, lighting, tidiness and waste management and external areas covering grounds maintenance, grounds safety, building maintenance and appearance and external tidiness.

Scored Pass/Qualified Pass/Fail/Not Applicable

The national average score for condition, appearance and maintenance across all sites is 88.75% with a lowest score of 36.25% and a highest score of 100%.

St Monica's scored 75% which is below the national average.

In summary the areas requiring attention and detailed on the action plan include

- General Decor of hospital and physiotherapy department
- Lighting dim in several areas
- Hospital Reception area cluttered and untidy
- Old notice boards requiring review of information displayed and replacement boards
- External road markings
- Physiotherapy – Generally untidy and inappropriate storage

A decoration programme has commenced in both the hospital and physiotherapy department which should greatly improve the scoring for this section in future assessments.

Domain 4 – Privacy, Dignity and Well-Being

The Privacy and Dignity section is scored in two sections. Confidentiality is also scored with this domain.

Section 1

Organisational questions which include television and radio access, access to computers and telephones, availability of multi-faith/prayer room, overnight stay facilities, areas/rooms designated exclusively for use as family/visiting areas and access to meals within the hospital at all times of the day and night.

The questions require yes/no answers.

Section 2

Privacy, Dignity and Well-Being as observed on the day of the assessment by the assessment team who look at sleeping accommodation, single-sex toilets and appropriate signage, space so that patients are not cramped/overlooked, private rooms where patients can go for conversations, appropriately dressed patients to protect their dignity at all times and privacy curtains in bath/shower rooms.

The questions require yes/no answers.

The national average score for privacy, dignity and wellbeing across all sites is 88.87% with a lowest score of 52.26% and a highest score of 100%. St Monica's scored 65.52% which is below the national average.

The review of bed space has been completed and confirmed that the space is appropriate. The issues in relation to clutter in the bed bays has also been addressed as on the day of the assessment the team felt that this was a contributing factor as to why the space appeared too small.

Privacy curtains and locks on toilet doors have been addressed.

The actual layout of the physiotherapy department and availability of space restricts meeting the standards in relation to single sex toilets and patients having to leave consultation rooms without having to return the general waiting area.

Confidentiality

This section consists of three questions that require Yes/No answers.

It should be noted that on the day of the assessment building work was in progress which made the unit appear untidy and cluttered however the scoring of the assessment is as seen on the day.

The progress of the action plans clearly demonstrates that the unit has been proactive and has taken on board the comments and feedback from the assessment and improvements are visible. The action plan will continue to be monitored until all actions are closed out.