

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

on: **Wednesday 12<sup>th</sup> March 2014**

at: **4.00pm – 6.00pm**

in: **Breast Screening Conference Room York Hospital, York  
YO31 8HE**

Time	Meeting	Attendees
3.00pm – 3.55pm	Private meeting of the Council of Governors	Governors with Trust Chairman
<b>4.00pm – 6.00pm</b>	<b>Council of Governors meeting</b>	<b>Governors, Members and the Public</b>

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](mailto:anna.pridmore@york.nhs.uk) or telephone: 01904 721418

**A G E N D A**

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

No'	Item	Lead	Paper	Page
<b>Part three: Governor Information</b> 4.50pm – 5.10pm				
8.	<b><u>Lead Governor and other Governor Reports</u></b>  To receive a report from the Lead Governor and any other reports from Governors involved in ongoing activities related to the Trust.	Lead Governor and other Governors	<a href="#">C</a>	19
<b>Part four: Presentation</b> 5.10pm – 5.50pm				
9.	<b><u>Assurance from and about NEDs – Michael Sweet</u></b>  To receive an update on the activities of the Finance and Performance Committee.	Chairman of the Board Finance & Performance Committee	Verbal	
10.	<b><u>PLACE presentation</u></b>  To receive a presentation on the PLACE system.	Director of Estates and Facilities	Verbal	
<b>Part Five: Information</b> 5.50pm – 6.00pm				
11.	<b><u>Election process for the Council of Governors</u></b>  To be advised of the outline timeline for the forthcoming Governor elections.	Foundation Trust Secretary	<a href="#">D</a>	27
12.	<b><u>Governor Membership of Groups</u></b>  To request membership of the Quality Report Group and the appointment of External Auditor Group.	Foundation Trust Secretary	<a href="#">E</a>	31
13.	<b><u>Any other business</u></b>  To consider any other items of business.			
14.	<b><u>Time and date of next meeting</u></b>  The next Council of Governors meeting (in public) will be held on 11 <sup>th</sup> June 2014 at the Lecture Theatre St Catherine's Hospice, Scarborough.			

### **Additional information for Governors**

- QUESTT paper

### **Future special briefing sessions for Governors for information:**

- Estates & Facilities – 31 March, 2014 -- York Hospital Boardroom 1100-1200hrs.
- Nursing - 24 April, 2014 -- location/timing to be advised.

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Register of Governors' interests  
February 2014

New: Andrew Butler—Manager at LRB

Amendments:

Deletions: John Roberts Staff Governor for York

**A**

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
<b>Jeanette Anness</b> <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Nil	<b>Member</b> —Derwent Practice Representative Group <b>Member</b> —NY Health watch	Nil
<b>Terry Atherton</b> <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Paul Baines</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr Michael Beckett</b> <i>(Appointed: North Yorkshire and York Forum)</i>	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
<b>Ann Bolland</b> <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Andrew Butler</b> <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Manager—LRB	Member—Fund Raising Committee York MIND
<b>James Carder</b> <i>(Public: Bridlington)</i>	TBA	TBA	TBA	TBA	TBA	TBA

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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
<b>Dr Jane Dalton</b> (Public: Hambleton District)	Nil	Nil	Nil	Nil	Nil	<b>Researcher</b> —Health and Social Care, University of York
<b>Stephen Hinchliffe</b> (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Margaret Jackson</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Rowena Jacobs</b> (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Helen Mackman</b> (Public: City of York)	Nil	Nil	Nil	Nil	<b>Member</b> —Vale of York Clinical Commissioning group's Public Engagement Steering Group	Nil
<b>Sheila Miller</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	<b>Member</b> —Derwent and SRCCG Patients Groups <b>Inspector</b> — CQC at Age Concern	Nil	Nil
<b>Helen Noble</b> (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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



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<b>Dee Sharpe</b> (Partner East Riding of Yorkshire Council )	TBA	TBA	TBA	TBA	TBA	TBA
<b>Jenny Moreton</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	<b>Member</b> – Patient Forum Ampleforth/ Hovingham Practice; Scarborough Ryedale CCG Patient Group <b>Member</b> — Healthwatch North Yorkshire <b>Member</b> —online consultation group of the CQC.	Nil

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**Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, held in Public on 11 December 2013 in the Social Club, White Cross Road, York.**

**Present at the meeting**

**Chairman of the meeting:**

Mr Alan Rose, Chairman

**Public Governors:**

Mrs Jeanette Anness, Ryedale & East Yorkshire  
Mr Paul Baines, City of York  
Mrs Ann Bolland, Selby  
Mr Andrew Butler, Selby  
Dr Jane Dalton, Hambleton District  
Mrs Helen Mackman, City of York  
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 David Wheeler, Scarborough  
Mrs Penelope Worsley, City of York  
Mrs Sue Wellington, Scarborough

**Appointed Governors:**

Councillor Michael Beckett, North Yorkshire & York Forum  
Dr Rowena Jacobs, University of York  
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 Philip Ashton, Non-executive Director  
Mrs Kay Gamble, Lead for public engagement  
Mrs Beverley Geary, Director of Nursing  
Mrs Anna Pridmore, Foundation Trust Secretary  
Mr Mike Proctor, Chief Nurse, Deputy Chief Executive and Chief Operating Officer

Mrs Libby Raper, Non-executive Director  
Mr Michael Sweet, Non-executive Director  
Professor Dianne Willcocks, Non-executive Director

**Apologies for absence:**

Apologies were received from the following governors:

Mr Terry Atherton, Bridlington  
Ms Dee Sharpe, East Riding of York Council  
Mr James Carder, Bridlington  
Councillor Joseph Riches, City of York Council

**13/30 Chairman's introduction**

The Chairman welcomed members of the public and the Non-executive Directors and staff to the Council of Governors meeting

**13/31 Declarations of Interest**

There were no amendments to the declarations of interests. The Council of Governors noted the document.

**13/32 Minutes of Council of Governors Private Meeting –18 September 2013**

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

**13/32 Matters Arising from the Minutes**

There were no matters arising from the minutes.

**13/33 Update from the private meeting**

The Chairman advised that the Council of Governors had discussed the appraisal of Mr Michael Sweet, Non-executive Director. The Council of Governors had been satisfied with the outcome of the appraisal and thanked Mr Sweet for another good year.

Mr Rose added that next year is an important year, as the Trust has three Non-executive Directors terms of office finishing during the summer, as well as preparation for the reappointment of a new Chair.

## 13/34 Chief Executive Report

Mr Rose welcomed Mr Proctor to the meeting. Mr Proctor explained that he would like to talk primarily to the Governors about the performance of the 4-hour Emergency Department (ED) wait target. He explained that, as Governors are aware, there is a national issue on the delivery of this target. The target is that 95% of patients should be seen, booked, assessed, treated and moved out of the department(s) within 4 hours. Mr Proctor stressed that this is not a single department issue and affects the whole Trust, it is a whole system issue that is affected by the number of beds the Trust has available to put patients into at each acute hospital. As an Operations Director, Mr Proctor expects there to be an increase in the attendances during the winter period and at present the Trust is making sure it has the capacity available to be able to satisfy demand.

Mr Proctor explained that one of the key issues that has caused a problem over a number of years was the decision that any activity over the 2008/09 “threshold” (level) should only be paid at 30% of tariff (the amount paid by the commissioners for each patient seen in ED). This, in theory, allowed the commissioners to invest the 70% in projects that would reduce ED demand. The local Clinical Commissioning Groups (CCGs), and the Primary Care Trusts (PCTs) before that, have never been in a position in which they were able to use the money that way, because of their own financial position. The impact of the 30% payment is that the Trust has to develop a resilience plan that is affordable. The CCG has received additional funding for the system (local healthcare economy) of £2m and this money is being used to introduce a number of measures which are designed to help ensure patients are treated within the appropriate time. The current measures being put in place are only short-term; the long-term solution is the introduction of a completely different model of care, where more patients are treated and sent home and then treated again in the community wherever possible.

The Scarborough issues are around the size of the bed base that is available; this is linked to length of stay. The plan put in place last year worked very well in Scarborough and so has been repeated with some additional measures included this year. Mr Proctor was confident that the plan in Scarborough would work well.

The issues in York are more complicated, although there is an element of capacity around the bed base. At present the Trust does not have the staff on duty throughout the night, but patients keep arriving. There is an issue around recruitment in that there are fewer doctors that would like to work in emergency medicine. The Trust is working on developing a more radical staffing model.

Mr Wheeler asked what the current performance is of the Trust around the 4 hour wait target. Mr Proctor advised that it is about 92%, where as it should be 95% or better.

The Governors asked Mr Proctor to comment on the Mental Health issues in ED. Mr Proctor explained that the issues are being escalated to the Mental Health Trust; at present 30% of mental health patients breach the 4 hour wait target, due in part because of the difficulty of finding a bed for them. There are teams in the community that support patients and aim to prevent a patient coming to hospital but, when a patient does come in to the ED, the ED is seen a “place of

safety”, so the team does not prioritise that patient. If the Trust receives a patient that has taken an overdose, then the Trust will need to address the clinical needs before the psychiatric needs can be assessed. The Trust needs a system by which there is rapid attendance or presence in the ED department from the Mental Health Trust. Mrs Geary explained that she is working with the Chief Nurse at the Mental Health Trust; she described some of the current work she is doing to ensure patients with mental health conditions receive better care from a mental health perspective. Mrs Geary added that the “136” suite (at Bootham Park Hospital) will be open in February 2014, as an official “place of safety” for the city of York to use.

Mr Proctor advised that the Trust has been approached to be part of a Channel 4 “Dispatches” programme, in which the cameras will be in the Emergency Department for 24 hours. Mr Proctor advised that considerable work has been undertaken to ensure patients are protected, while making sure the programme demonstrates the problems that exist in the system. It will also give Mr Crowley and Mr Proctor an opportunity to talk about the funding issues that exist locally. The filming will just take place in York. The Governors discussed the programme (expected to be broadcast in February) and were supportive of the approach being taken – albeit recognising the reputational risk involved.

Mr Proctor next referred to Community Services. He advised that the current commissioning contracts are coming to an end and the three commissioning groups are taking three different approaches to the future of the services. The Whitby CCG has ambitious plans which the Trust would struggle to resource and the CCG may choose a different provider. Over the next 18 months, we will continue to have discussions with them as their plans develop.

VOYCCG is now starting to put its ideas out about what services it might like to tender. A number of Directors are meeting with the CCG in the near future to discuss what their plans are and there will be a discussion at the Board of Directors about what tenders the Trust would like to respond to.

Scarborough and Ryedale CCG is keener to work with the Trust to deliver the changes it is seeking and the Trust is working hard to ensure these are accommodated. At the moment, the suggestion is that the CCG will still need to go out to tender, but that is being discussed.

Mrs Miller asked about the use of community beds when the Trust beds are full and if it is possible for patients to be moved to community hospitals. Mr Proctor advised that it is for some patients, but there issues around having the appropriate staff at the sites. The Trust often struggles to fill the beds at Selby, Whitby and Bridlington; Malton on the other hand is usually full. There is some work to be done around thinking about the use of the beds in the community hospitals. Mrs Noble commented that the transfer of patients to other units does happen as soon as possible; there is a system in place.

Mr Hinchliffe asked if it was clear when the CCG would put out the tenders. Mr Proctor said it was not clear at this stage.

Mr Proctor referred next to the infection issues the Trust has currently. The Trust has 3 areas closed at present: 1 in Malton and 2 at York because of Norovirus, which, as Governors are aware, is a community-acquired infection. The Trust

has also been experiencing some problems with C-diff. The Trust has exceeded the threshold for C-diff for the year and has advised Monitor. Dr Turnbull is the Infection Prevention Control Lead for the Trust and has, with his colleagues, put in place a number of measures that are designated to reduce the incidence of cases.

Mr Rose thanked Mr Proctor for his reports and comments.

### **13/35 Lead Governor and other Governor Reports**

The Governors' reports had been included in the papers. Two additional reports were circulated, one relating to the Equality and Diversity Committee and the other related to the Community Services Group.

The Lead Governor report was circulated to Governors, but had been emailed to Governors in advance of the meeting.

Mrs Miller commented that the Transport Group was changing its approach and it would become one Group for the whole organisation, instead of there being one in York and one in Scarborough.

Mrs Mackman advised that she and Mrs Fields had been invited to be part of the Clinical Excellence Awards this year. Mr Rose asked Mr Proctor to explain what the Clinical Excellence Awards are. Mr Proctor advised that they are part of the contractual obligation on the Trust for Consultants. Consultants can apply for an award that recognises the contribution the individual has made over and above the expected level of work. The value of the award is up to a maximum of £75k per year and is linked to their pension. Ms Raper added that she had been involved in previous years and it was a very interesting and rewarding piece of work to be involved with. The panel includes a number of consultants who are not seeking an Excellence Award and the Director of HR along with a Non-executive Director and, for the first year this year, two Governors.

Mrs Miller mentioned that the Anne Wright Ward deserved recognition for their excellent work. Mr Proctor explained that he would ensure the message was received by the ward, but there was a further formal system for recognition through the star awards which Mrs Miller was able to use as a Governor.

Mrs Miller also advised that she had visited the newly refurbished Springwood Unit (in Malton) run by the Tees, Esk and Wear Valleys (mental health) Trust. She was delighted with the facilities and explained how well they had refurbished it. The unit is now open to all GPs to refer to it from the whole of North Yorkshire.

The Governors noted the reports that had been submitted.

### **13/36 Presentation from the Director of Nursing**

Mr Rose welcomed Mrs Geary to the meeting and asked her to give her presentation.

Mrs Geary introduced herself to the Council of Governors and described a little

about what she had done in the past.

Mrs Geary gave a presentation that includes a description of the new team and their priorities around the Nursing and Midwifery Strategy. She described to the Council the work that had been undertaken to respond to the recommendations included in the Francis Report and talked about the National Cancer Patient Experience Survey 2012-13. (Note that this summary of the Trust's response to the Francis Report is our formal way of publicising this response to the public and will be made available on the website).

The Governors asked about the Serious Incident (SI) system and what was a serious incident. Mrs Geary explained that it is where a patient has been harmed and it could have been avoided; she gave the example of a category 3 or 4 pressure ulcer, where a root cause analysis (RCA) would be undertaken to look at what happened and how the Trust could avoid that happening again.

Mrs Geary also talked about the changes that were being made to the Patient Experience Strategy Group (PESG) on which the Governors are represented currently by Mrs Mackman and Mrs Wellington.

Mrs Worsley asked if Mrs Geary would comment on the Neurological services provided by the Trust and what the Trust was doing to address the issues. Mr Proctor explained that the Trust only needs 8 or 9 inpatient Neurological beds in the hospital, as it is largely an outpatient specialty. Currently the Trust is reviewing the general configuration of services and looking to see where Neurology patients fit in best, because they do not warrant a whole ward. There are crossover skills with the stroke ward, which could be an area where neurological patient would fit well.

Mr North commented that it was very confusing for the nursing staff to have so many different uniforms; he asked if the Trust was addressing this issue. Mr Proctor confirmed it was being looked at.

The presentation is attached to these minutes.

The Chairman thanked Mrs Geary for her presentation. It was agreed that a further session would be arranged for Mrs Geary to present more information to the Governors around the work she is doing.

### **13/37 Audit Committee Annual Report**

Mr Ashton was invited to present the Audit Committee Annual Report. Mr Ashton presented the report and described the work undertaken by the Committee in the last year.

Mrs Field asked how the relationship between external and internal audit worked. Mr Ashton explained that each has their clear area of responsibility and work to a programme of work. The opportunities for changing external audit's work programme do not really occur, but internal audit modify their work programme as the service requires, which includes if there is any work that external audit require additionally, internal audit can complete the work and external audit will rely on it. Internal audit also spend a considerable amount of time on the non-financial systems.



Dr Jacobs asked how the clinical audit systems feed into the system. Mr Ashton explained that it is an area the Audit Committee have been looking at in some detail. There is a clinical audit programme that is prepared on an annual basis which then links through other governance systems, but the Audit Committee is concerned about being clear about the gains that are made from clinical audit and how those gains are seen through the organisation as processes of improvement. He added that the clinical audits are not on a normal annual cycle as some of them do take an extended length of time to finish.

It was agreed that this would be part of a separate discussion either at a Council of Governors meeting or at a separate session.

**13/38 Times and Dates for the meetings in 2014**

The Council of Governors was asked to note the dates and times of the meetings for 2014. It was agreed that locations would be agreed in the new year.

**13/39 Patient Led Assessment of the Care Environment (PLACE)**

Mr Rose commented that the paper had been included for information, and a presentation would be arranged in the new year.

**13/40 Any Other Business**

There was no other business

**13/41 Time and date of next meeting**

The next meeting will be held on 12<sup>th</sup> March 2014 at the Social Club, White Cross Road, York. The private meeting will start at 3.15 and the public meeting will start at 4pm.

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## **Council of Governors meeting – 12 March 2014**

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

#### **Lead Governor report to Council of Governors**

Since our last meeting on 11 December, we've continued to take an interest in the results of the Friends and Family Test and we're kept in touch with these by the Patient Experience Team, through Kay Gamble. The Trust has recognised that Governors have made a significant impact on the response rates for this Test in the Emergency Department by volunteering their time to support the staff.

Sue Wellington and I attended the Trust's Patient Experience Steering Group on 22 January. At the previous meeting we had had discussions as to how patients are given reassurance on what happens after they've been discharged. This time we asked if systems are in place to ensure that patients' notes accompany them if they are discharged into a nursing home or other community setting. This issue had been raised by governors on several occasions at our Governors' Patient Focus meetings.

Our January focus meeting included a discussion about this year's Governors' Award for the Trust's Celebration of Achievement event. It has been agreed that we will present our award to *The Team or Individual within Community Services who has proactively involved the community in making a difference to patient services*. I'm arranging to talk with Wendy Scott to discuss this award and it is hoped that she will request each of her managers to submit nominations. We'll have a panel of Governors to judge the nominations and agree the winner. Nominations will close on 29 April.

A small group of Governors met with Lucy Brown last month to discuss a way forward for us to communicate more effectively with the Trust membership. Our proposal is to be put to the Council of Governors in our private meeting on 12 March.

The Trust continues to inform Governors about a range of activities across the organisation and recently we received a comprehensive presentation about the Trust's Fundraising activities and the Trust's Charity by the Fundraising Manager, Lucy Lowthian, and Jenny Adams, non-executive director and Chair of the Charitable Funds Committee. A further presentation has been arranged with the Director of Nursing on 24 April.

Governors continue to maintain a presence at the Trust Board meetings in public. This broadens our knowledge of how strategic decisions are made. The debates that lead to these decisions can give us an insight as to whether the non-executive directors are challenging effectively and gaining sufficient assurance.

Helen Fields and I attended the NHS Consultants' Clinical Excellence Awards Committee meeting last month as lay members, having studied 65 submissions in close detail and provided scores within five domains for each consultant. The scores were validated at the start of the meeting and then used to put the doctors in rank order before agreeing the awards allocation. Although there was a set framework, there was plenty of opportunity to ask for discussion about individuals before final decisions were made. The results of this committee meeting were presented to last month's Board meeting for ratification in private session.

I continue to attend the City of York's Overview and Scrutiny Committee meetings and the Healthwatch Assembly. This is particularly relevant for me as a Public Governor for the City of York in picking up health issues that are important for York citizens, but both these meetings also provide excellent networking opportunities and keep the Council of Governors' profile in the public eye.

I attended York Hospital Radio's 50<sup>th</sup> Anniversary dinner last month. Our Trust Board was represented and the Civic Party was in attendance, along with a good cross-section of the community, which demonstrated the value and importance that this service for patients has built up in the City of York.

My Annual Report will pull together the key issues that have exercised Governors over the last year and the impact we have made within various groups and projects.

I hope, as your Lead Governor, that, latterly, I have been able to facilitate some clarity around the role of Staff Governors and be assured that the future process for the nomination and election of new Staff Governors is open, inclusive and dynamic. The staff constituency is an important sector of the Council of Governors which, in my seven years as a Governor, may not have been properly valued. This may have stemmed from a culture of wariness when our Trust first achieved Foundation Trust status and suddenly had a body of lay people in evidence around the hospital. It has been a slow process over the last seven years to demonstrate, to the staff we have had contact with that we are here to support the hospitals to achieve the best and safest care for patients and not to monitor the day to day care that they provide.

I also hope that I have been able to demonstrate, by example, the importance of understanding the boundaries that Governors should respect. We are incredibly fortunate in working with a Chief Executive and Chairman who share a huge amount of information with us that they don't necessarily have to do and it is only by using this information appropriately that we have developed such a good working relationship with the Senior Team.

I'm working closely with Margaret Jackson who is to take over from me on 1 April. And although I'm describing in some detail for Margaret as to how I have interpreted the role, I hope that she will develop her own style and ideas with your feedback and suggestions. It is good that our constitution demands a change of 'post-holder' so that the role can be refreshed and invigorated and I give Margaret my very best wishes and hope that she enjoys the challenge as much as I have.

**Helen Mackman, Lead Governor**

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### **Equality and Diversity Group -Tuesday 21<sup>st</sup> January 2014**

The group received a work streams update from members of the group:

#### Chaplaincy.

We received feedback on the Trusts interfaith week. The Chaplaincy and the E& D group set up, Display Boards as a joint venture, in Scarborough and York. The week was supported by representatives from the local Sikh community and a Canadian Buddhist Monk.

It was felt that the week was not well supported and it was hoped that next year could be improved ensuring that it was trust wide.

A leaflet introducing patient to the Chaplaincy has been produced and was distributed for consultation.

#### Human Resources.

After Discussion with the RNIB it had been agreed that Yellow leaflets were not effective in Ophthalmology.

Discussion took place about patients who were visually impaired and/or suffering hearing loss' not noticing when they are being called for treatment.

#### Elderly services.

SEQUIN targets need to be based around training, local SEQUIN need to have a meaning. The 'Forget Me Not' is to be used as a symbol in Dementia paperwork. Discussion takes place monthly to support careers.

#### Patient Experience.

There had been 124 complaints overall. Two of the complaints were from patients who were deaf. I had been asked by a fellow Governor to raise concerns of Access Control, how do we help people who are deaf to use systems effectively? This is being addressed.

Concerns were raised about patients who were deaf missing their turn and Partially sighted being unable to see the boards. The Chair suggested piloting a Bell system. WB is in the process of writing an Accessing Dogs policy, (Hearing and Blind).

Discussion took place about Patient Data and the need to develop systems where patients are not asked the same question repeatedly. How do we share information across the board, GP to Hospital.

MM. (Feedback from NHS England and ED Practitioner Group) spoke about promoting Equality, NHS obligations which documentation for would be distributed to the group. (Action Group set up to address).

At a recent 'Moving Forward Together' group meeting concerns had been raised relating to the Gypsy community. We are not addressing their needs and they are not being included in policy making decisions.

Language phones are to be used in Selby and Malton Hospitals.

The chair wants to re-name the ED group.

**Ann Bolland, public governor for Selby**

\* \* \* \*

### **Arts Strategy Steering Group Meeting on 15 January 2014**

Kat Hetherington [Art and Design Project Co-ordinator] and her team continue their work of providing excellent and varied art work around our hospitals.

Last year they were very involved in the refurbishment of ward 37 where the aim was to provide a dementia friendly environment for the patients. Each bay has a particular flower design theme and colour, with attractive vinyls on the windows and each bed has a board behind it for personal reminders such as photographs.

An interesting project has taken place using ipads with some of the patients and staff noted that patients were engaged and calmer and more lucid when working with the project leader. The ward would love to have some more pads now! In November Van Nong, the artist on the Renal Unit gave a presentation to the Board of Directors – he also uses an ipad with patients. The Arts team also presented to the Trust Charity Committee which is the major source of their funding. The team were involved in the design of the Cancer Care Garden project which is I understand is a much appreciated tranquil area for patients and their families. Priorities for next year will be the Children's waiting areas and wards 17/18 and one corner of the resuscitation room to make a more child friendly environment.

At Scarborough hospital two pieces of art work using thumb prints are in place in the reception area and the main corridor. There is also a large panel made of stones from the east coast of Yorkshire.

The Trust has entered into a Creative Partnership Agreement with York St John University whereby Art and Design students will be able to be involved with the

hospital art work under a clear protocol. To acknowledge our cultural diversity the team are planning a small display with the theme of a `Festival of India`. The request for knitted strips at Christmas to make linked chains resulted in a total of 1,800 strip one from as far away as Australia!

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

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**Bridlington Hospital Orthopaedic Steering Group**

Since the end of 2013 many things seem to have changed and appear to be so much more focused on the development of the Hospital.

It is clear since Peter Bowker was appointed Hospital Manager and latterly Deputy Director of the steering group that developments of orthopaedics at the Hospital have moved forward following my return in the early part of February from holiday.

Firstly it has been decided to start Prosthetic operations from 28th April 2014. thus helping to removing the strain on Scarborough. In the meantime there is to be a mobile Operating Theatre unit placed at in Bridlington Hospital grounds for operations which do not have the same tight infection rules that apply to Prosthetic ones, so this will be available for use for less serious cases where operations are needed.

This unit is hoped to be in situ by early March when all staff will have time to familiarise themselves with the Unit. A number of the group have visited other sites to see these in operation and there is another visit due shortly, obviously this is to see if there are any glitches not foreseen.

There is to be a new Theatre installed at the Hospital in the coming months and the programme of strategies covering the Hospital is very exciting. Lucy Brown produced a newsletter at the beginning of February which helped enormously in bring the local community round into a more positive attitude as they could see the progress being made.

There is a three year strategy in place and following this it is hoped that Bridlington will become a centre of excellence.

**Terry Atherton, Public Governor for Bridlington**

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**Eye Department Patient Partnership Group**

A lot of effort is going into surveys amongst patients receiving injections for age related macular degeneration, to ensure that our reported pain levels during intra-vitreous injections compare favourably with published research data. Various means of minimising stress and anxiety levels of patients are also under constant review and development.

Where appropriate, a move to the use of Eylea for injections, instead of Lucentis, halves the frequency of injections, with obvious benefits to both patients and the clinic.

It is disappointing that only two new consultants have been secured, out of the five for whom we had financial approval, but the directorate management team are looking at interim solutions including possible different models of care/treatment until further recruitment can take place

**Paul Baines, Public Governor for York**

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### **Report on the York Transport Group Meeting- 7/2/14**

There are still some outstanding issues on the concessions information on wards, there appears to have been some misuse of these concessions. All members asked to go on to the York Trust web site and read the information on Travel so that this can be discussed and updated, if necessary, at the next meeting. It was agreed that we (SM/SH) ask the council of Govenors for the views and any comments they may have on the concessions issue.

The pool car scheme is nearly up and running, Rv explained how this would work where staff approved to use the scheme could book in one line and collect the pool car at a designated car park. The cars were provided from a fleet company who would do the servicing etc.

Talks with the public bus companies is moving very slowly, staff trying hard to get them to agree that pensioners could travel before 9am for appointments by showing a letter from the Trust, the bus companies not keen on that; work is continuing on this matter; passes are available for collection by patients before their appointments.

A great deal of work is being done to encourage more cyclists to travel to the hospital; the new safe bicycle stands are being well used. York City Council is running a training scheme to encourage people to cycle in groups, there is also a Cycle Bells group to help ladies use their bicycles more, mainly a question of confidence; there are many cycle routes in and around York. There is to be a fund raising cycle ride from York to Scarborough hospital on the 13<sup>th</sup> July and volunteers would be needed to man the route. SM said she would let the two other Ryedale governors know of this to see if they could assist.

**Shelia Miller, Public Governor for Ryedale and East Yorkshire**  
**Steve Hinchcliffe, Public Governor for Whitby**

\* \* \* \*

### **Snowdrop Appeal Ball**

The snowdrop appeal ball committee has now been disbanded as the ball is due to take place on Saturday night and I will provide a verbal update at the council of governors meeting.



**Sue Wellington, Public Governor for Scarborough**

\* \* \* \*

**15 steps process**

The 15 steps process has now been completed as the it's my ward programme is due to finish and there is sufficient filmed information that can be used to support the remainder of the programme

**Sue Wellington, Public Governor for Scarborough**

\* \* \* \*

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

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**Council of Governors – 12 March 2014**

**Election process for Governors**

Action requested/recommendation

To note the report.

Summary

There are a number of governors whose current term of office will terminate on 30<sup>th</sup> September 2014. The attached document shows the outline timetable for the elections. The proposed timetable will ensure the results are known by Wednesday 24<sup>th</sup> September 2014.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

The Trust employs an independent organisation to run the election and to act as the returning officer. The elections are open to all members of the public that live within the catchment area of the constituency they are standing for and that are over the age of 16 (this is defined in legislation).

Reference to CQC outcomes

There is no reference to CQC.

Progress of report	Prepared for the Council of Governors
Risk	No risk.
Resource implications	This is an information report and does not identify any resource implications
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	February 2014
Version number	Version 1

## Council of Governors – 12 March 2014

### Election process for Governors

#### 1. Background

The last election for the Council of Governors was held in September 2012 following the conclusion of the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. At that election some governors receive two year terms and some received three year terms. These elections are the timetabled elections as required by the Constitution.

#### 2. Elections being held

For the election this year the following constituencies will have seats available for nominations to be made:

York 1 seat  
Selby 1 seat  
Ryedale 1 seat  
Scarborough 1 seat  
Bridlington 1 seat  
Staff constituency 1 seat (Scarborough)  
Vacant seats – Staff constituency (2 York, 1 Scarborough)

In advance of any process we will be putting together some election material that can be used with members of the public who show an interest in being elected as a Governor.

Between 9 July and 6 August there will be a number of sessions arranged that will be open to members of the public or staff who are considering becoming a Governor. The sessions will provide an opportunity for people to find out more information about being a Governor. Historically, when the Trust has held these sessions some Governors have attended the sessions and supported the Trust in providing relevant information.

The outline plan for the sessions is as follows:

Each session will be 2 hours and there will be at least one session held in each location that is having an election. These sessions will be published as part of the information provided in the nomination pack.

The provisional dates and locations are:

York – Monday 14 July 2014 at 4-6pm  
Malton – Wednesday 16 July 2014 at 4-6pm  
Bridlington – Wednesday 23 July 2014 at 4-6pm  
Selby - 29 July 2014 at 4-6pm  
York – Thursday 31 July 2014 at 9-11am  
Scarborough – Monday 4 August 2014 at 9-11am

### 3. Timetable

<i>ELECTION STAGE</i>	<i>OPTION 1</i>
Trust to send nomination material and data to ERS	Wednesday, 25 Jun 2014
Notice of Election / nomination open	Wednesday, 9 Jul 2014
Nominations deadline	Wednesday, 6 Aug 2014
Summary of valid nominated candidates published	Thursday, 7 Aug 2014
Final date for candidate withdrawal	Monday, 11 Aug 2014
Electoral data to be provided by Trust	Thursday, 14 Aug 2014
Notice of Poll published	Thursday, 28 Aug 2014
Voting packs despatched	Friday, 29 Aug 2014
Close of election	Tuesday, 23 Sep 2014
Declaration of results	<b>Wednesday, 24 Sep 2014</b>

### 4. Recommendation

To note the information

<b>Author</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Owner</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Date</b>	<b>February 2014</b>

**Council of Governors – 12 March 2014**

**Membership of Groups**

Action requested/recommendation

To note the report.

Summary

There are a number of groups over the recent months that governors have been asked to members of.

**Strategic Aims**

**Please cross as appropriate**

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

Implications for equality and diversity

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

It is anticipated that there is no impact upon the requirements of the Equality Act.

Reference to CQC outcomes

There is no reference to CQC

Progress of report                      Prepared for the Council of Governors

Risk    No risk.

Resource implications	This is an information report and does not identify any resource implications
Owner	Anna Pridmore, Foundation Trust Secretary
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	February 2014
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<b>Council of Governors – 12 March 2014</b>	
<b>Membership of Groups</b>	
<b>1. Background</b>	
At the last couple of meeting Governors have been asked to put their name forward to a number of task and finish groups. This paper does not take in to account the extended list of groups maintained by the Lead Governors.	
<b>2. List of groups</b>	
The groups included in this list are as follows:	
<p><b>Constitutional review group</b> – this includes membership from Andrew Butler, Ann Bolland, Michael Beckett and Jeanette Anness. If other governors wish to join the group they would be very welcome. The group is working through a programme of work that includes key aspects of compliance with the Health and Social Care Act 2012. The meetings are held four or five times a year.</p> <p><b>Annual Planning Group</b> – this includes membership from Andrew Butler, Stephen Hinchliffe and Sheila Miller. This is a task and finish group and will be disbanded following the completion of the annual plan in June 2014. Governors will next year be asked again to put their names forward if they would like to become involved.</p> <p><b>Quality Report Group</b>- this group does not have any membership at present as it is a task and finish group. Last year Margaret Jackson and Sheila Miller were the two Governors on the group. I would request that those Governors interested in the group should put their names forward. I am looking for three or four Governor to put their names forward.</p> <p><b>Appointment of External Audit</b> – this group does not have any members as it is a task and finish group that has not been set up for a number of years. The Trust is due to appoint new auditors later on this year; their contract would be from the start of the financial year 2015/16. The membership of this group will work with a number of managers and directors including at least one Non-executive Director to work on the background information prior to any appointment process. I am looking for a maximum of 4 public Governors to put their names forward.</p>	
<b>3. Recommendation</b>	
To note the information	
<b>Author</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Owner</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Date</b>	<b>February 2014</b>