

Council of Governors (Public Meeting)

14 June 2018



COUNCIL OF GOVERNORS MEETING

The programme for the next meeting of the Council of Governors will take place:

On: 14 June 2018

In: Malton Rugby Club, Old Malton Road, Malton, YO17 7EY

TIME	MEETING	LOCATION	ATTENDEES
2.00pm – 2.45pm	Nomination & Remuneration Committee	Malton Rugby Club	Nomination & Remuneration Committee Members Only
3.00pm – 3.50pm	Private Council of Governors	Malton Rugby Club	Council of Governors
4.00pm – 6.00pm	Public Council of Governors	Malton Rugby Club	Council of Governors



Council of Governors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
<p>1. Apologies for absence and quorum</p> <p>To receive any apologies for absence.</p> <ul style="list-style-type: none"> Susan Symington (Dianne Willcocks deputising) Mike Sweet (NED) 	Chair	Verbal	-	4.00 – 4.10
<p>2. Declaration of Interests</p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	A	07	4.00 – 4.10
<p>3. Minutes of the meeting held on 8 March 2018</p> <p>To receive and approve the minutes from the meeting held on 8 March 2018.</p>	Chair	B	11	4.00 – 4.10
<p>4. Matters arising from the minutes and any outstanding actions</p> <p>To discuss any matters or actions arising from the minutes.</p>	Chair	C	19	4.00 – 4.10
<p>5. Update from the Private Meeting held earlier</p> <p>To receive an update from the Chair on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.</p>	Chair	Verbal	-	4.10 – 4.20



SUBJECT	LEAD	PAPER	PAGE	TIME
Our Quality and Safety Ambition: Our patients must trust us to deliver safe and effective healthcare				
6. Governors Reports	Governors	D	25	4.20 – 4.35
To receive the reports from governors on their activities from:				
<ul style="list-style-type: none"> • Lead Governor Report • Arts Strategy Group • Out of Hospital Care Group • Transport Group • Fairness Forum 				
7. Emergency Care Standard	Directorate Manager - ED	Verbal	-	4.35 – 4.55
To receive an ECS update.				
Our Facilities and Environment Ambitions: We must continually strive to ensure that our environment is fit for our future				
8. Utilisation of Community Hospitals	Head of Out of Hospital Strategy	Verbal	-	4.55 – 5.15
To receive an update on the utilization of Community Hospitals.				
Our People and Capability Ambition: The quality of our services is wholly dependent on our teams of staff				
9. Trust Charity Presentation	Fundraising Manager	Verbal	-	5.15 – 5.30
To receive a presentation around the roles within the Charity Team.				
10. Governor Elections	FT Secretary	E	35	5.30 – 5.35
To receive an update paper on the internal election process.				



SUBJECT	LEAD	PAPER	PAGE	TIME
11. Membership Development Group Update To receive an updated from the Membership Development Group.	FT Secretary	E	47	5.35 – 5.40
Governance				
12. Constitutional Review Group Update To receive an update on the work of the Constitutional Review Group.	FT Secretary	G	53	5.40 – 5.45
13. Chief Executive's Update To receive a report from the Chief Executive including: <ul style="list-style-type: none"> Sustainability & Transformation Plan Update 	Chief Executive	H	59	5.45 – 6.00
14. Any other business To consider any other items of business. <ul style="list-style-type: none"> Reflections on the meeting 	Chair	Verbal		6.00
15. Time and Date of next meeting The next Council of Governors meeting will be held on 21 September 2018 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY.				



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Amendments: Remove Diane Rose

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Relevant and material interests						
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Jeanette Anness (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp	Nil
Andrew Bennett (Staff Scarborough and Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
Ann Bolland (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
Andrew Butler (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
Roland Chivers (Public: Selby)	Nil	Nil	Nil	Trustee — Hemingbrough Institute and Playing Fields Association	Councillor — Hemingbrough Parish Council	Councillor — Hemingbrough Parish Council
Dawn Clements (Appointed: Hospices)	Nil	Nil	Nil	Director of Fundraising —St Leonards Hospice York	Director of Fundraising —St Leonards Hospice York	Nil
John Cooke (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Helen Fields (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
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Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
Sharon Hurst (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Mick Lee Staff York	Nil	Nil	Nil	Nil	Nil	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Member—Derwent and SRCCG Patients Groups Member—Health Watch North Yorkshire (non-voting)	Nil	Nil
Clive Neale (Public: Bridlington)	Nil	Nil	Nil	Member of Healthwatch East Riding.	Nil	Nil
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Clir Chris Pearson (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor—North Yorkshire County Council	Councillor—North Yorkshire County Council

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Karen Porter (Project Choice)	Nil	Nil	Nil	Nil	Nil	Nil	
Gerry Richardson (University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics	
Michael Reakes (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	
Patricia Stovell (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	
Jill Sykes (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	
Richard Thompson (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil	
Catherine Thompson (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by NHS England	
Robert Wright (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil	

Council of Governors (Public) Minutes – 8 March 2018

Chair:

Ms Susan Symington

Public Governors:

Mrs Jeanette Anness – Ryedale & East Yorkshire
Mrs Ann Bolland, Selby
Mr Andrew Butler, Ryedale & East Yorkshire
Mr Roland Chilvers, Selby
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Michael Reakes, City of York
Mr Clive Neale, Bridlington
Mr Richard Thompson, Scarborough
Mr Robert Wright, York

Appointed Governors

Cllr Chris Pearson, NYCC

Staff Governors

Dr Andrew Bennett, Scarborough/Bridlington
Mr Mick Lee, York
Mrs Jill Sykes, York
Mrs Helen Noble, Scarborough/Bridlington

Attendance

Mr Patrick Crowley, Chief Executive
Mr Brian Golding, Director of Estates & Facilities
Ms Polly McMeekin, Deputy Director of HR
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Jennie Adams, Non-executive Director, York Teaching Hospital

Apologies for Absence:

Apologies were received from the following:

| Ms Dawn Clements, Appointed Governor, Hospices

Ms Karen Porter, Project Choice

Mrs Sharon Hurst, Community
Ms Libby Raper, Non-executive Director
Mr Mike Sweet, Non-executive Director
Mrs Jenny McAleese, Non-executive Director

17/44 Chair's Introduction and Welcome

Ms Symington welcomed everyone to the meeting.

17/45 Declarations of Interest

There were no changes to the declaration of interests noted.

It was noted that this should read Governors on the agenda and not Directors.

17/46 Minutes of the meeting held on the 7 December 2017

The minutes of the meeting held on the 7 December 2017 were agreed as a correct record subject to the following amendment:

Page 13 – Transport – this should read that the use of minibuses is in discussion.

17/47 Matters arising from the minutes

No matters arising were discussed.

17/48 Update from the Private Meeting held earlier

Ms Symington noted that there had been a discussion around the Chair and NEDs appraisals and objectives.

17/49 Governors Reports

Out of Hospital Care – Mrs Jackson stated that Governors on this group were asked to get involved in how this work could be fed out to localities.

Transport Group - Mrs Miller stated that the Transport Group were doing a wonderful job as the Trust were saving money using pool cars and on CO2.

Fairness Forum – Mrs Bolland stated that Project Choice was still trying to find places for young people. She also mentioned that Project Choice would still like an office in the main building instead of Park House as often they are required to support individuals immediately.

Arts Strategy Group – Mrs Anness stated that work was being done to look at the terms of reference and especially whether the right people were required to attend. Ms McMeekin stated that a number of directors were on the membership list when really the Group should have oversight from the Workforce and OD Committee and this Group was about operational delivery.

17/50 Chief Executive's Report

Mr Crowley highlighted the pressures in the NHS and noted that both main sites continue to be working at full capacity in relation to appointments, admissions and with high levels of acuity. He noted that February had seen the pressures in the system at their highest level in his experience. Mr Crowley also highlighted the financial pressures which the Trust was under and that this could not be disassociated from performance. He noted that the Trust had deficit of just over £20m which included loss of income from cancelled electives. Mr Crowley stated that a huge amount of effort had gone into stabilizing the financial position in the 2nd half of the year and further work was being done to depress spend in March. Ms Symington stated that teams had already been depressing spend and Mr Crowley said that this was more about deferring spend to the next financial year.

Mr Neale asked why you would defer spend and not take the hit within the year. Mr Crowley stated that it was to do with profiling spend and generating a cash resource in a crucial part of the year. Mr Crowley also stated that the message around financial recovery was continually changing as there was a danger that the current position became normalized.

Mr Crowley stated that while the CQC Report was disappointing, it revealed ongoing improvement and that York and the Community were rated as good and Scarborough and Bridlington were in a stable requires improvement position. He noted that recruitment and staffing was a thread throughout the report, which was linked to safety. Mr Crowley did not think the rating was a reflection on services or staff and that it was a fair rating for the context the organisation was working in around financial issues and the pressures faced, especially as levels of activity and patient acuity have never been higher. Mr Crowley stated that if you looked at performance this year it was actually better than last year and that was within a context of even more difficulties with recruitment so he thought staff were doing a superb job.

Mr Reakes noted some innovative solutions in respect of MRI and wondered if the Trust could put this on the wish list. Mr Crowley responded that the Trust always aspires to provide the best service.

Mr Crowley stated that he has taken comfort from how the report has been received and he noted that even the local media are supportive of the trust. Mr Crowley commented that the report had not shown understanding and recognition of the work being done, like orthopaedics and lucentis moving to Bridlington and the one stop urology unit in Malton and the mobile chemotherapy unit. He noted that the Trust did not receive any recognition for early implementation of some of these developments. He also noted that the Trust's recruitment efforts reflect the CQC's list of actions and NHSI have been helping the Trust to improve performance.

Mrs Anness stated she was disappointed that the Trust did not get a good for well led and Mr Crowley agreed as it was difficult to understand how the Community and York could receive a good and Scarborough and Bridlington did not but were part of the same organisation. He noted that even some of the journalists had also asked that. Mr Crowley stated that the Trust will continue to examine the comments to see what could be learnt.

Mrs Anness was concerned about the comments that staff felt undervalued and under supported. Mr Crowley stated that the Trust had 9000 staff working 24/7 and that some of

this could be to do with local issues and culture. Ms Symington stated that culture had been a major thread at the recent Board time out.

Mrs Bolland stated that it was easy to be negative about the report, but that she would rather congratulate staff who having been giving their all especially during the recent bad weather.

Mrs Miller asked if the report could be challenged. Mr Crowley stated that while the Trust had improved, there were flaws in the process especially as some elements were not reviewed this time (so those areas retain a requires improvement rating from 2015). Mr Crowley also thought some areas of innovation should have received an outstanding. Mrs Miller asked who reviewed the CQC and Mr Crowley stated that some of the information was gained through triangulation between NHSI, CQC and other bodies. Mr Crowley stated that a strong challenge had been put into the draft report which had led to changes, but not to the rating. He stated that the Trust had to take the report on the chin, apply the context and look at ways to improve.

Mr Crowley stated that he was also looking at three important areas of staff feedback: the staff survey, a listening exercise and the work by Jupiter with regard to recruitment which would also provide some focus. The Council discussed the inspection team and Mrs Bolland stated that things were the same in education.

Mr Hinchliffe asked about executive/leadership presence at Scarborough and Bridlington and Mr Crowley stated that the executives work across sites and there is senior representation from clinicians and operational staff. He noted that there was still work to be done at Bridlington.

Mr Wright asked about the license investigation and what impact Mr Pleydell had had on the STP. Mr Crowley stated that the root cause of the investigation was the financial position and part of the requirement was about whether the Trust proceeded into the year knowing it could not live within its resources. It was also about what judgements had been made and whether they were fair. Mr Crowley stated that he was comfortable with the decisions made. He noted that the investigation would begin next week with a series of meetings and then attendance at some committees.

Mr Crowley provided the background to the STP and that a number of STPs judged to be doing well were already working together before the instigation of the STPs. He agreed the Humber, Coast and Vale STP was not functioning well, but some of this was to do with geography especially the denial of the North Yorkshire area and leadership. He noted that the name Humber, Coast and Vale appeared to rub North Yorkshire off the map and that many of the areas within the STP had no attachment to North Yorkshire. Mr Pleydell's conclusion had been that the STP should go back to reasserting the place based plans which made up the composite plans. He noted that this conclusion had not been received well in the geography and that there was no sense of why it was not working just a reinforcement of the current mechanics. Mr Crowley noted that the governance for the STP was being simplified and this was a good move.

Mr Crowley stated that a number of processes would be controlled by the STP in future including distribution of capital and he had agreed to lead the group looking at the capital bids.

Mr Crowley also highlighted separate discussions which were going on in the North Yorkshire area.

Mr Butler raised a number of factors that were concerning around the loss of elective income, the Scarborough subsidy and the NHSE's direction to CCGs regarding reverting to payment of the contract in 12ths and asked what Mr Crowley's approach was going to be. Mr Crowley agreed with what Mr Butler was saying, but stressed it was about providing leadership and not creating dissent in the organisation. Mr Crowley stated the licence investigation was an opportunity to get some understanding of the theory and the current environment. However, he did stress that there appeared to be no memory of things like the merger and various understandings made at that time especially as the loss of the Scarborough subsidy was critical. Mr Crowley stated that there was a refusal to look at the Scarborough issues as it was now part of a bigger Trust.

Ms Symington noted that there is little sympathy for financially challenged organizations, with the focus being on transformational change to deliver service and financial improvement. Mr Crowley noted that the Trust has previously had a couple of licence investigations around MRSA and ED performance, but these were slightly different under Monitor as you were called to account and then took action. Currently, it is difficult to correct the situation as the control total continues to move and the Trust performance precludes us from the STF funding.

17/50 Alternative Delivery Model Update

Mr Golding highlighted that the Governors had previously received a briefing note about the ADM. He stated that he had seen approximately 200 out of 900 staff to discuss the changes. Mr Golding stated that the Trust was in significant financial difficulty and the directorate was under increasing pressure to deliver CIPs of 5% year on year and if they could not deliver there would be a knock on pressure to clinical services.

The ADM would be wholly owned by the Trust but have significant commercial benefits similar to a PFI model. The Trust would be able to recover VAT spent on capital projects from 2011 which amounted to approximately £7m and a revenue saving of £4.5m which in itself was equivalent to 3 years CIP.

Mr Golding stated that it was the Trust's intention to keep staff terms and conditions the same if possible and he also stressed it was not privatisation by the back door. However, he was aware that staff were concerned about leaving the NHS, but the company would remain wholly owned by the Trust. Mr Golding was concerned that if the Trust did not make this move then it would have to market test services to make savings, which could lead to someone else providing the services who could also take the opportunity to erode terms and conditions.

Ms Symington stated that the Board had had robust discussions about this and NHSI have been clear that the Trust has to do everything in its power to deliver financial recovery.

Mrs Thompson stated that she was concerned that the DH did not approve of these companies being set up and was the Trust confident that there would be no longer term implications. Mr Golding stated that NHSI were encouraging the Trust to go ahead and if the Trust did not take this step it would be disadvantaged. He noted that if the Government does legislate then the changes would apply to everyone including current PFIs involving schools, prisons etc and everyone would be affected by a 20% increase.

Mrs Fields asked if creating the company would change the way services were delivered. Mr Golding stated that in his opinion the estates and facilities staff do not get a fair hearing

at the Joint Negotiating Committee due to clinical/nursing services dominating the agenda and that creating the company would mean improvements for staff.

Mrs Anness asked if new staff joining the company would do so on the same terms and conditions as she was concerned about a 2 tier system. Mr Golding stated that he did not yet know the full answer as the Trust would be reliant on being able to offer access to the NHS Pension Scheme and the Scheme would need to agree to this. If new staff were not able to join the Pension Scheme then it would be about making their total reward package equal by increasing the hourly rate so in effect this would create a 2 tier system. Ms McMeekin stated that the Trust was not alone in setting up a company and she was aware through her network that the NHS Pension Scheme were trying to accommodate Trusts, however, unions wanted to keep the national terms and conditions the same.

Mrs Miller asked if capital would still come in from the NHS. Mr Golding stated that capital would come in, in exactly the same way, but would go further.

Mr Thompson asked if reclaiming the VAT back to 2011 was a one off and Mr Golding responded that VAT would not be paid on all schemes going forwards which would mean the money would go further.

Mr Reakes stated that the financial argument seemed convincing, but he was concerned that the briefing seemed to imply that staff terms and conditions would be affected. Mr Golding restated that wording which said it was not about eroding terms and conditions.

Mr Neale asked if the new model would be arms length from the Trust. Mr Golding stated that he was currently working through how the company would operate including structure and management and Day 1 of operations should see only minor changes with some modest extra costs like the Company taking on it's own Health & Safety Lead. Mr Neale stated that if the new company was contracted to deliver estates and facilities services then it would be market tested at some point. Mr Golding stated that the contract is likely to be a long one of approximately 25 years in order to provide benefits and protect terms and conditions.

Mr Butler asked if it was classed as a significant transaction and Mrs Provins responded that NHSI did not see it as a significant transaction as it did not fit the criteria.

Mr Lee asked if all staff were moving into the company and Mr Golding indicated that a small number would remain with the Trust.

Mrs Fields asked about any significant risks and Mr Golding stated that the biggest risk was around staff and once the company was established a consultation with staff would commence with the risk being that staff would leave.

Mrs Miller asked if there would be an opportunity to take on outside work and Mr Golding stated that one of the benefits would be to grow the business.

Mr Golding responded to Mrs Thompson's question about extra costs and stated that they were all part of the financial information provided. He noted that the Trust was currently working through issues in relation to his position in the company and the Trust.

17/51 Providing Translation and Interpretation Services

Ms McMeekin gave an overview of the Big Word contract which was awarded in June 2016 with an option taken up to extend for a further year. The contract was due to finish in June this year. She highlighted some of the issues faced including late cancellation and charging if a request was made and then cancelled within 7 days. She noted that the Trust would pick a new provider from the framework and ensure that the service level agreement was reflective of what the Trust had learnt and would include tighter parameters. Ms McMeekin asked if any governors were interested in helping with the procurement exercise. She also noted that the directorates would welcome some virtual interpretation and translation services which could provide a quick turnaround.

Ms McMeekin stated that unscheduled care did provide a challenge as these could not be booked in advance. She also noted that the British sign language service was struggling to meet demand. Mrs Miller suggested using computers and Ms McMeekin responded that computers are used occasionally, but it is more about face to face appointments.

Mr Reakes stated that the virtual system sounded good and Ms McMeekin stated that they were working through issues with IT.

Ms McMeekin stated that some of the issues with the Big Word were around customer service.

Mrs Thompson asked which other providers Trusts in the North use and Ms McMeekin responded that some also use the Big Word.

Mr Wright asked if volunteers from the Governors were required and Mrs Bolland, Mr Reakes and Mrs Miller stated that they would be glad to help out. Some Staff Governors would also be willing to help out.

17/53 Governor Elections Update (Internal)

The report was noted.

17/54 Membership Development Group Update

The report was noted.

17/55 Constitutional Review Group Update

Mrs Provins highlighted that Mr Lee should have been up for election in 2017. This would necessitate Mr Lee having a 4 year term and then going for re-election in 2018 for a 2 year term.

Ms Symington asked the group to review the decision not to include the out of area section as a constituency as this would help recruit NEDs in future. Mr Wright stated that Bournemouth Trust had an out of area constituency and he could provide a link to them. Ms Symington stated that 19 candidates had been ruled out of the recruitment due to be out of area restrictions. Mrs Miller stated that she thought the recruitment had been excellent even after 19 had been ruled out due to the number of candidates.

Mrs Provins will put this back on the agenda for the Group and bring it back to the Council for a vote.

Action: Constitution Review Group to reconsider having an out of area constituency.

17/56 Any Other Business

Mr Butler asked if the Council could receive a further update on the Alternative Delivery model once the model/governance was ready for communication.

Action: ADM to be put on the agenda for the next meeting

It was agreed that the Chief Executive slot would be put at the end of the agenda. Ms Symington hoped the Governors had received a balanced view of the current challenges and the Licence Investigation.

Action: Chief Executive slot to be put at the end of the agenda

Mrs Anness felt the CQC Report did not provide a good reflection of the great work being done by staff.

Mr Neale asked if any other ADMs would be created for other parts of the Trust and Ms Symington replied that this had not been discussed. Ms Symington did raise that the unions were worried that national terms and conditions would be eroded by these companies. She thought NHS contracts were outdated especially for low paid staff as the contracts were loaded with benefits when low paid staff may prefer to get higher wages instead of the benefits. In her view this may be an opportunity to change the way staff receive the money and this may need raising in the future. It was also noted by Mrs Thompson that clinical staff in the NHS had already been TUPE'd out to other companies such as Virgin.

Mrs Noble thought it would be useful for the executive team to do some walkrounds at the East Coast following the publication of the CQC Report as it would help morale. Ms Symington asked if the Scarborough/Bridlington Staff Governors could send an email to the Chief Executive about this.

17/57 Time and Date of the next meeting

The next meeting will be held on 14 June 2018 at Malton Rugby Club, Old Malton Road, Malton YO17 7EY

Council of Governors Action Log

Date of Meeting	Private/ Public	Action	Owner	Due Date	Open / Closed	Comment
06.12.16	Public	Mrs Provins to explore the use of NHS staff discounts for members	Mrs Provins	15.06.17		Following discussions with North Lincs & Goole - looking at NHS Discounts
07.12.17	Public	Mrs Provins to include a TAPE process update on the September 2018 agenda.	Mrs Provins	Sep-18		
08.03.18	Public	Constitution Review Group to reconsider having an out of area constituency	Mrs Provins	May-18	Closed	Discussed at the meeting on the 16 May - same conclusion drawn.
08.03.18	Public	ADM to be put on the next agenda	Mrs Provins	Jun-18		
08.03.18	Public	Chief Executive slot to be put at the end of the agenda	Mrs Provins	Jun-18		

Council of Governors Action Log

Date of Meeting	Private/ Public	Action	Owner	Due Date	Open / Closed	Comment
09.12.15	Public	Governors to let Mrs Brown, the Head of Communications have details of the sessions on the 14th January 2016.	All Governors	31.12.15	Closed	
09.12.15	Public	Discuss with Mr Golding the clash between Transport Group and Board to Board meeting dates.	Mrs Provins	31.12.15		Contacted Zara Ridge who is looking at all future dates.
09.12.15	Public	Circulate the lessons learnt information from the Chief Executive's visit to Alaska			Closed	Emailed 23.12.15
09.12.15	Public	Council of Governors to received an update on the visit to China	Mr Crowley	10.03.16	Closed	
09.12.15	Public	Find out when the Clinical Excellence Awards Group will finish their work.	Mrs Pridmore	31.12.15	Closed	
09.12.15	Public	Discuss Annual Report presentation with Mr Bertram (presenter to note Governors views)	Mrs Provins	31.12.15	Closed	
09.12.15	Public	Check the status of the volunteer interviews	Ms Symington	31.12.15	Closed	Mrs Provins contacted relevant individuals
09.12.15	Public	Raise walkrounds at the next Quality & Safety Committee	Ms Raper	Next Q&S	Closed	BoD 30.03.16 - noted night walk rounds reintroduced
09.12.15	Public	Report back to the Governors regarding the Patient Experience Team and Volunteer numbers in early January.	Ms Symington	11.01.16	Closed	Volunteer paper circulated. Chair's June report met with PALs Team and discussed patient complaints and compliments with the Patient Experience Team Leader.

10.03.16	Public	Mrs Bolland to provide an update on interpretation service in the next Forum Report.	Mrs Bolland	16.06.16	Closed	Contained in Governor Reports paper - Fairness Forum section.
10.03.16	Public	Mrs Provins to amend the Membership Terms of Reference	Mrs Provins	31.03.16	Closed	
10.03.16	Public	Mrs Provins to link with Prof Jacobs around membership and research.	Mrs Provins	31.03.16	Closed	Meetings in progress - linking with University, Trust's Research Dept, Comms & PPI
10.03.16	Public	Mrs Provins agreed to send the headings of the group discussions out in the Friday communication.	Mrs Provins	11.03.16	Closed	
10.03.16	Public	Ms Symington to talk to Mr Golding about using Equality and Diversity as an agenda item for the next meeting.	Ms Symington	31.03.16	Closed	Equality & Diversity Strategy going to the BoD at the end of July. CoG Sept.
16.06.16	Public	Add STP to the September Agenda	Mrs Provins	08.09.16	Closed	Added.
16.06.16	Public	Report on the total number of members in a constituency and that as a percentage of the total population.	Mrs Provins	08.09.16	Closed	Paper to the September meeting
16.06.16	Public	Send the Prospective Governor Information to governors	Mrs Provins	08.09.16	Closed	Sent 04.07.16
08.09.16	Public	Deputy Director of HR to be invited to talk about staff development and work to encourage and support minorities development and applying to the Trust	Mrs Provins	09.03.17	Closed	On agenda 09.03.17
06.12.16	Public	Directorate Manager for ED to be invited to attend to provide the Governors with the presentation provided to the Board	Mrs Provins	09.03.17	Closed	On agenda 09.03.17
06.12.16	Public	Governors News Reports to be placed on the website	Mrs Provins	09.03.17	Closed	Reports placed on the website from 01.02.17
06.12.16	Public	Selby Community Hub slides to be circulated	Mrs Provins	16.12.16	Closed	Sent out in the Friday email

06.12.16	Public	Mrs Provins to provide details of internal election process in her Friday email	Mrs Provins	16.12.16	Closed	Sent out in the Friday email
09.03.17	Public	Mrs Provins to put use of Enterprise on the next agenda.	Mrs Provins	15.06.17	Closed	
09.03.17	Public	Mrs Provins to look at whether the FFT can be used to promote membership	Mrs Provins	15.06.17	Closed	On agenda
09.03.17	Public	Mrs Provins to take the suggestions back to the membership group	Mrs Provins	15.06.17	Closed	
09.03.17	Public	Mrs Provins to put the Associate Nurse role on the December agenda	Mrs Provins	15.06.17	Closed	
09.03.17	Public	Mrs Provins to raise with the IPC Team about the use of eye catching IPC stations like those at St Monicas.	Mrs Provins	15.06.17	Closed	Meeting on 28 June 2017
15.06.17	Public	Mrs Provins to email Ms Porter the Arts Co-ordinator details	Mrs Provins	07.09.17	Closed	
15.06.17	Public	Ms Symington to place an article about the Governor elections in Staff Matters and talk to the NEDs about candidates	Ms Symington	07.09.17	Closed	Comms briefing sent out followed by press release and social media
15.06.17	Public	Mrs Provins to raise holding one election every three years with the Constitutional Review Group	Mrs Provins	07.09.17	Closed	Placed on agenda 24.8.17
15.06.17	Public	Mrs Provins to raise applying for membership with the Membership Development Group	Mrs Provins	07.09.17	Closed	Placed on agenda 21.8.17
15.06.17	Public	Mrs Provins to raise recruiting members from the University with the Membership Development Group	Mrs Provins	07.09.17	Closed	Placed on agenda 21.8.17
15.06.17	Public	Mrs Provins will discuss the use of social media to recruit members with the Membership Development Group	Mrs Provins	07.09.17	Closed	Placed on agenda 21.8.17
15.06.17	Public	Mrs Provins to send out the Out of Hospital Care Strategy Video link with the Friday email	Mrs Provins	07.09.17	Closed	Friday email 16.06.17

15.06.17	Public	Ms Symington to find out more about the Big Word procurement process	Ms Symington - Mrs Provins	07.09.17	Closed	We are currently at the half way point in a 3 year contract with The Big Word (translation services). The contract is managed through the facilities helpdesk; individuals are signposted to book interpretation via the online portal and are encouraged to feedback any complaints / concerns directly to The Big Word. SNS are currently seeking an additional provider to give increased instant access in emergency scenarios but also where provisions have not been made or there has been an interpreter / translator cancellation. The fulfilment rate sits comfortably within the agreed Service Level Agreement- but there are areas which we seek to improve including telephone contact (the call centre can be difficult to contact) and interpreters have fed back that bookings often come late. We have recently started to use
15.06.17	Public	Ms Symington and Mrs Provins to discuss the provision of Patient Experience data to the Council	Ms Symington - Mrs Provins	07.09.17	Closed	Minutes being circulated - other information requests through Margaret Jackson & Pat Stovell who attend the group

15.06.17	Public	Mrs Provins to ask for more data to be included in the Out of Hospital Care Report.	Mrs Provins	07.09.17	Closed	Further report available at December meeting.
07.09.17	Public	Mrs Provins to provide a report to Governors on the issues around the election.	Mrs Provins	07.12.17	Closed	Report provided
07.09.17	Public	Mrs Provins to add the Governor's contact email to the notice boards	Mrs Provins	07.12.17	Closed	Done
07.09.17	Public	Mrs Provins to look at the availability of membership leaflets	Mrs Provins	07.12.17	Closed	Membership leaflets currently on hold due to cost.
07.09.17	Public	Mrs Provins to look at attendance at the members seminars and AGM.	Mrs Provins	07.12.17	Closed	Reported on 07.12.17
07.12.17	Public	Mrs Provins to invite Ms McMeekin to provide an update on the Big Word at the next meeting.	Mrs Provins	08.03.18	Closed	Invited and on agenda
07.12.17	Public	Governors to be provided with the latest finance figures.	Mr Crowley	Dec-17	Closed	Emailed 11.12.17
07.12.17	Public	LP to send out the External Audit Report	Mrs Provins	Dec-17	Closed	Friday email - 08.12.17
07.12.17	Public	Mrs Provins to provide the voting numbers from the recent elections.	Mrs Provins	Dec-17	Closed	Friday email - 22.12.17
07.12.17	Public	Mrs Provins to email HR.	Mrs Provins	Dec-17	Closed	Emailed 08.12.17 - discussions taking place between HR and the Events team

Council of Governors – 14 June 2018 Governor Activity Reports

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input checked="" type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Purpose of report

The Council of Governors is asked to note the report and the authors will respond to any questions or comments, as appropriate.

Key points for discussion

This paper provides an overview from Governor activities.

Trust Ambitions and Board Assurance Framework

(https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust.
How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
- People and Capability** - The quality of our services is wholly dependent on our teams of staff.
- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

(Regulations can be found here: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Version number: 1

Author: Margaret Jackson – Lead Governor
Jeanette Anness - Public Governor (Ryedale & East Yorkshire)
Stephen Reed – Joint Head of Strategy, York Hospital NHS Foundation Trust
Sheila Miller – Public Governor (Ryedale & East Yorkshire)
Ann Bolland – Public Governor (Selby)

Date: June 2018



1. Lead Governor Report

These last few months I have met with a number of people who have expressed an interest in the Governor role and having spoken with Sue Symington, been passed on to meet with me. It is pleasing to know that people are interested in this role and any interest needs to be encouraged. Have asked them to encourage their family and friends to become members so even if they decide the role is not for them it'll possibly help increase membership!

Thank you to colleagues who helped run a Governor stall at the recruitment fair held at York Hospital. The fair wasn't as well attended as normal and I know the event is under review. The membership group chaired by Lynda has met and continues to consider ways in which membership can be increased. Please do encourage family and friends to become members and let them know this can be achieved on-line as well as by filling in a form.

I know a lot of you have raised concerns on behalf of members of staff and others about the impact of the open visiting hours introduced in York as a trial last year and are interested in the outcome of the review being undertaken. Those who attended the public Board meeting (May 2018) heard Helen Hey talk about the review and the possible outcome being a slight reduction in the visiting hours. I am sure that once a final decision is made Governors will be informed of any changes and the date from when these would take place.

The Yorkshire Ambulance Trust has held a public meeting to talk about their services and listen to any issues patients and their families wanted to raise. They do plan to hold further sessions across the patch sometime in the future so look out for these. It ended up being an interesting meeting with the break out groups being very interational and lots of useful information was given and shared.

I attended the Governor Focus conference in London on 24th May which was developed and managed by NHS Providers. One of the best things was the networking that took place. It is very evident that governors work in different ways across the country but are more than happy to share their ideas. NHS Providers have developed a newsletter for governors and are planning more regional meetings. Once the dates for these are available am sure Lynda will be looking for interested governors to attend on behalf of us all. The overheads for the conference in London will be available on the NHS Provider website from 31st May. There is also a very helpful briefing for governors on STPs (sustainable and transformation partnerships) and ICSs (integrated care systems) and highlighted 8 helpful questions for governors to ask. I will share these with everyone if they are not included in the overheads available.

As part of the NHS 70th birthday celebrations, the Governors are holding a tea party on 5th July in the Friends Meeting House at Malton from 2 to 3.30. I have booked the room, 1 to 4pm. Any help or contributions of cake or biscuits will be very welcome. Hope to see you there.

I can't finish without mentioning Patrick. As you know I worked in the Trust until 2011 and Patrick was there initially as Director of Finance and then more recently as Chief Executive. Can I thank Patrick for his years of help and support and wish him all the very

best for the future. As you are aware Mike Proctor is Chief Executive in the interim until a new Chief Executive is recruited and commences in the role. If any of you would like to write to Patrick or contribute to a collection, Lisa and Cheryl in the Chief Executive's office are coordinating this.

Margaret Jackson, Lead Governor

2. Arts Strategy Steering Group

At the meeting held on 18th January 2018, there were more apologies than attendees and we were not actually quorate. Those present discussed the terms of reference at some length and the purpose and future of the group. Some members felt the group was too top heavy, blaming low numbers on those people being regularly unable to attend. Emma Clement felt that the level of staff is not balanced e.g. the Medical Director alongside the Communications Manger [rather than the Head of Communications]. It was decided that Griselda Goldsbrough would discuss the proposed membership of the Group with Teena Wiseman, Polly McMeekin, Lynda Provins and Internal Audit.

Griselda gave an overview of the 2018 work plan and reiterated the value of evaluation. Everyone agreed that arts projects conducted alongside planning and construction allowed for better out comes. Malton Diagnostic Centre was mentioned as an example of this. The Arts team has discussed the possibility of providing Art Boxes for use by patients. Maggie Bulman [Corporate and Trust Fund-raiser] suggested the hospital charity would be interested in supporting, noting similarities with dementia boxes which they recently funded. She mentioned Emma George as valuable contact to discuss ideas from an infection prevention /patient use perspective.

Griselda explained her involvement in the creation of a Hospital Arts Network allowing Arts in Hospital professionals to support one another and share good practice. The first meeting was held in Derby in November 2017. She also referred to Creative Health: the Arts for Health and Wellbeing short report by the All Party Parliamentary Group on Arts Health and Well-being. APPG are writing to all Trusts recommending that they appoint someone at board level to support this, placing the responsibility for Arts in Health on the Chief Executives.

Following further discussion, after the meeting, the following changes have been made:

- the Arts Team will update quarterly to the Staff Benefits Committee
- the Development Group will continue to run with Capital Projects, Estates, the Arts Team Patient Experience and Fund-raising representation.
- The Arts Team will continue to work with HAFNEY
- 6 monthly reports will be sent to the Workforce and OD Committee

Mick Lee [Staff Governor] is a member of the Staff Benefits Committee and Andrew Bennet [Staff Governor] is a member of the development group.

I have always found the Steering Group meetings very interesting and firmly believe that the work of the Arts Team is of great benefit to both patients and staff and shall continue to enjoy walking the long street to view the changing art work. I am sure the Arts team will continue to develop their commitment to the trust.



Jeanette Anness, Public Governor for Ryedale and East Yorkshire

3. Out of Hospital Care Group Report – Meeting Summary 25.5.18

Attendees

Steve Reed (Chair), Jeanette Anness, Margaret Jackson, Richard Thompson.

In attendance: Virginia Russell, Assistant Deputy Chief Nurse, Billie Cameron, Project Manager

Apologies: Andrew Bennett, Mike Sweet, Sharon Lewis, Ann Bolland, Pat Stovell, Vicky Mulvana-Tuohy.

Summary of topics discussed

Matters arising: It was noted that the actions from the previous meeting were completed.

Further detail was provided on the estates developments from the previous meeting with a Strategic Outline Case for the Bootham Park Court development expected in June and a bid being made for national capital funding (through the Sustainability and Transformation Partnership) to support the Easingwold scheme.

It was noted that discussions are ongoing about developing a 24hr ECG monitoring service in Selby and that the Friends have indicated their support. A query has been raised regarding the Malton development and a response is awaited from the medicine directorate management team.

Jeanette noted a positive recent experience with organising the return of equipment to the new provider (Medequip) in contrast to some of the difficulties previously described by the group.

Stranded Patient Review: Steve Reed presented a paper that had been shared with the group summarising the findings from the recent reviews of stranded patients (those in hospital over 7 days) in York and Scarborough Hospitals. He noted the positive progress in some areas and acknowledged the ongoing scale of the challenge (140 medical fit patients in York Hospital, 61 in Scarborough Hospital) to ensure patients can return home as soon as they are able.

The group noted that there had been progress with the recommendation to increase visibility of how long patients have been in hospital at ward level as this is now included in the nursing handover information. They also discussed issues on the day of discharge with patients waiting for medicines to be ready. Progress is being made through the roll-out of electronic prescribing which continues shortly in Scarborough and community hospitals and in developments on Ward 34 to hold a stock of common discharge medications on the ward to reduce delays.

Community Nursing Workforce Redesign: Virginia Russell presented an update on the redesign of the community nursing workforce. She reminded the group that the work had been prompted by two key issues – one was the growing importance of enhancing care in the community as part of the Trust's strategic approach and the second was imminent

workforce challenge with a significant proportion of staff approaching retirement age and a lack of new recruits coming through. The review had identified significant levels of unwarranted variation in practice between teams and an assessment of the work undertaken by registered nurses showed 80% of work fitted into five types of task. Of these around 80% could have been undertaken by unregistered workers. The review also highlighted the need to create additional capacity to manage the predicted growth in demand from an ageing population with increasing numbers of long term conditions.

The recommendation from the review is a fundamental transformation of the workforce. This will include a focus on the key functions that need to be undertaken by registered nurses and a shift in skill mix to increase the proportion of unregistered staff. It will also see a refreshed community 'offer' that is based around providing support to those with long term conditions at home.

Delivery of the recommendations will be led by the Lead Nurse for Community and the group suggested it would be helpful for a presentation of the plans to be made to the Council of Governors.

Mobile working: Billie Cameron presented an update on the mobile working pilot previously shared with the group. She noted that the roll out of mobile working was a key part of the nursing workforce redesign described by Virginia. Billie reminded the group that the previous update had described the roll out of 150 devices and the positive early impact on improved real time recording of clinical activity. She noted that the pilot has seen some of the expected benefits delivered with a reduction in travel time for nursing teams and an associated reduction in travel costs.

However, the pilot has not seen all of the expected benefits realised – especially those relating to efficiencies resulting in additional contacts being made by teams. This has allowed the project team to review the approach being taken and identified some changes that will be required.

These changes predominantly relate to identifying devices that are better suited to the needs of the community teams, improving the electronic patient record for improved speed and work on the cultural aspects with teams to support adoption of the new technology.

General Update: Steve Reed shared the paper recently provided to the Board sub-committees outlining progress in a number of areas including:

- Reducing delayed transfers of care;
- The introduction of Schwartz rounds;
- The transfer of services in Scarborough and Ryedale to Humber FT;
- An update on the CQC Review action plan.

Actions Agreed

- Continue discussions with cardiology about 24hr ECG testing in Selby – Sharon Lewis (Sep 18)
- Consider widening membership of the group to include other community providers – Steve Reed (Sep 18)



- Organise for a presentation on the community nursing workforce project to be brought to Council of Governors – Margaret Jackson (Sep 18)

Future Meetings

The September agenda will include:

- Report on Home First Engagement (Steve Reed/Lucy Brown)
- Update on Deconditioning Steering Group (Vicky Mulvana-Tuohy)
- Schwartz Rounds (Liz Anderson)
- CQC Review Action Plan update (Steve Reed)

Members are asked to let Steve Reed know of any agenda items they would like to discuss in advance of the meeting.

Steve Reed, Head of Strategy for Out of Hospital Services

3. Transport Group Report (18.05.18)

Brian Golding (Chairman) welcomed a new representative from East Yorkshire County Council who wished to work closely with the Trust on various issues, mainly transport for patients and involvement with the STP. Regretfully there were no representatives from PALS as Hester Rowell and Kay Gamble have left the group.

Dan Braidley gave an excellent summary of the Transport plans which includes the problems of parking at York Hospital, working closely with York City Council and other private companies to endeavour to find spaces for staff car parking. The new building work going on at the Trust has added to this problem. More effort is being put into encouraging cycling and with facilities for parking the bicycles and staff changing and shower units. And hopefully York City to provide more cycle ways. A plan is being discussed to be able to use the “Boris” bikes in York, bicycles would be tagged and could be used within a certain radius of York with places to pick up and leave them. There continues to be problems of cycle tracks in Scarborough and Bridlington and work continues with East riding and local councils. The new development at part of the Nestle site will cause more difficulties on Wigginton Road; it is hoped York City Council is working on new plans to widen the road.

The Hire/Pool car continues to do well and making good savings both financially and emissions. It is hoped to install electric charging points at Scarborough and Bridlington. There continue to be some problems with staff who book a car and then fail to cancel; the web page is being revised to make this easier for staff to choose either a Pool or Car Hire vehicle depending on the mileage involved. There are now 800 members of staff using the system. All staff are encouraged to share where possible.

A very lively discussion on the train station ensued and after much discussion it was agreed to have one more go and getting it open, the cost is the main problem and if the Trust can get support from Scarborough and East Yorkshire councils as well as York City to reduce cars coming into York which is now an extremely busy city this would benefit patients and the City as well and reduce car emissions.

Sheila Miller, Governor for Ryedale & East Yorkshire

4. Fairness Forum (13.02.18)

Five Minute Workstreams

Rachel Bailes Chaplaincy - The core Chaplaincy work continues to be: visiting patients on wards, responding to referrals from patients, staff and carers, participating in hospital contract funerals, providing out of hours support on an on call rota for urgent end of life care and providing training in spiritual care for our HCA and nursing staff. A new Sikh volunteer is a recent and welcome addition to the team.

Safeguarding Adults and LD (Jo Blades and Nicola Cowley) - The Safeguarding Adults team is now up to its full staff capacity. Jo and Karen are now able to provide a more effective service across the Trust's hospitals. Jo is based in Scarborough and Karen in York. The Safeguarding Adults team have created four information packs covering the areas of Mental Capacity, Safeguarding, DOLS and Supporting a Patient with LD; these packs are being distributed to all wards on all sites and 'Bite Size' training sessions are being offered to all ward staff.

The LD liaison service has received 50 referrals since the last Fairness Forum meeting in February.

York Blind and Partially Sighted Society, which fulfils the contract for all large print, audio and braille for the Trust, have a new Chief Executive; Ashley Mason. It was requested that Ashley becomes a member of the forum.

There were no reports from Elderly Services and Dementia, Visual Impairment.

Steven Clarke has now taken the lead role on the LGBT network and fed back on the Fairness Champions. I have been invited to attend the Fairness meeting and a steering group meeting is to be arranged as soon as possible.

Sarah Vignaux gave an update on the Accessible Information situation, explaining that progress has been made in each directorate; there are only a small number who do not yet have an action plan in place. Poster and Screensavers have been circulated to committee members for perusal and feedback.

Elaine Vinter advised us that she is working on material to be included in 'Staff Matters' this month with a link back to the guidance.

A gender pay gap report was published on the Trust website on 8th March.

A timescale for the Workforce Disability Equality Standard (WDES) has not yet been released. As a foundation trust we will be in the first tranche of NHS organisations required to fulfil the mandatory obligations.

EDS2 update advised that the Stakeholder event was held in November with the next one scheduled for Spring 2019.



The Equality and Diversity Action Plan has now been updated.

There was an Assistance Dogs policy update. We now have two dogs with passports enabling them to be taken to visit patients within the trust. The research and subsequent provision of the correct legislation in this regard, has been a long and involved task for the trust.

I and fellow Selby Governor; Roland Chilvers, are involved in the setting up of a 70th birthday celebration event at Selby Hospital. This will take place on Saturday 7th July between 1 and 4PM. This is not designed as a fundraiser, but as a celebration of 70 years of the institution for the community to share together. We are most grateful to Sue, who has kindly offered to open the event for us.

Ann Bolland – Public Governor (Selby)



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Council of Governors – 14 June 2018 Utilisation of Community Hospitals

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input checked="" type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Current approval route of report

Presented for the first time to the Council of Governors.

Purpose of report

The purpose of this report is to provide an update to governors on the utilisation of inpatient beds and outpatient clinics in community hospitals and rehabilitation units.

Key points for discussion

This report presents the key findings from a review of bed utilisation and outpatient activity at community hospitals. This was prompted by queries raised by Trust governors following PLACE inspections of community units.

The review highlights a number of inpatient areas with occupancy over 90% and over 10,000 outpatients attending each month.

The report also highlights how the space is utilised across the three largest community hospitals (Bridlington, Malton and Selby) including that rented out to partner organisations.

Trust Ambitions and Board Assurance Framework

(https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.

- People and Capability** - The quality of our services is wholly dependent on our teams of staff.
- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

There are no references to CQC regulations.

Version number: Version 1

Author: Steve Reed, Joint Head of Strategy / Nicky Slater, Head of Information and Patient Access

Executive sponsor: Wendy Scott, Chief Operating Officer

Date: June 2018



1. Introduction

The purpose of this report is to provide an update to governors on the utilisation of inpatient beds and outpatient clinics in community hospitals and rehabilitation units.

This report presents the key findings from a review of bed utilisation and outpatient activity at community hospitals. This was prompted by queries raised by Trust governors following PLACE inspections of community units.

The Trust currently operates four community hospitals and two rehabilitation units:

- Bridlington District Hospital (50 beds);
- Malton Hospital (28 beds – until May 2018 when management transferred to Humber FT);
- Selby War Memorial Hospital (23 beds);
- St Monicas – Easingwold (12 beds);

- St Helens Rehabilitation Unit (20 beds);
- Whitecross Court Rehabilitation Unit (23 beds).

The community hospitals offer a range of inpatient and outpatient services (including diagnostics) and also host a number of services provided by other organisations (such as Minor Injuries Units). The rehabilitation units provide predominantly inpatient facilities although both are co-located in buildings with services provided by other organisations.

2. Community Hospital Utilisation

2.1 Bed Occupancy

Appendix 1 provides a detailed overview of daily bed occupancy in each of the inpatient areas together with details of the number of patients admitted, average length of stay and average bed occupancy for each month over the past year.

Highlights from the report include:

Bridlington

- Between 485 and 605 admissions per month (planned surgery, direct admissions and rehabilitation);
- Average length of stay between 5 and 7 days;
- Average monthly bed occupancy between 61% and 73%.

Malton (April data excluded as admissions restricted due to handover to Humber FT)

- Between 37 and 62 admissions per month (rehabilitation, day case medical procedures and direct admissions by GPs);
- Average length of stay between 13 and 22 days;
- Average monthly bed occupancy between 80% and 97%.



Selby

- Between 47 and 71 admissions per month (rehabilitation, day case medical procedures and direct admissions by GPs);
- Average length of stay between 15 and 23 days;
- Average monthly bed occupancy between 67% and 92% (67% month related to changes in GP medical provision).

St Monicas

- Between 10 and 21 admissions per month (rehabilitation and direct admissions by GPs);
- Average length of stay between 12 and 26 days;
- Average monthly bed occupancy between 66% and 98%.

St Helens

- Between 14 and 32 admissions per month (rehabilitation);
- Average length of stay between 17 and 32 days;
- Average monthly bed occupancy between 90% and 98%.

Whitecross Court

- Between 27 and 39 admissions per month (rehabilitation);
- Average length of stay between 15 and 27 days;
- Average monthly bed occupancy between 93% and 100%.

2.2 Outpatient Activity

Appendix 1 also provides an overview of the number of patients attending (and not attending) outpatient appointments provided by York Teaching Hospitals NHS FT each day in the community hospitals. It provides a monthly breakdown by specialty for each hospital.

Highlights from the report include:

Bridlington

- Up to 300 patients attending each day;
- Between 4,100 and 4,600 patients attending each month.

Malton

- Up to 250 patients attending each day;
- Between 2,800 and 3,200 patients attending each month.

Selby

- Up to 220 patients attending each day;

- Between 3,100 and 3,800 patients attending each month.

St Monicas

- Up to 30 patients attending each day;
- Between 210 and 340 patients attending each month.

3. Space Utilisation

The Estates and Facilities team maintain a detailed record of space utilisation across all Trust properties. The following tables show how the space is used in each of the three largest community hospitals – Bridlington, Malton and Selby. For each it sets out how much space is occupied by the Trust in providing clinical and non-clinical services, how much is rented out to other providers and how much is currently vacant. A list of the other providers (and the space that they occupy) is also provided for reference.

The Bridlington Hospital Space Optimisation Group is currently developing plans to mothball sections of the hospital that are not currently in use. This will include some space that City Health Care Partnership have given notice to vacate.

Bridlington

Total Floor Area (m2)	18883
% Trust Clinical Space	53%
% Rented Space	14%
% Trust Non-Clinical Space	23%
% Vacant Space	10%

Other Tenants	% Occupied
City Health Care Partnership (CHCP)	10%
NHS Property Services / Fresenius	4%
Royal Voluntary Service	<1%
Cruse	<1%

Malton

Total Floor Area (m2)	4181
% Trust Clinical Space	48%
% Rented Space	34%
% Trust Non-Clinical Space	16%
% Vacant Space	2%

Other Tenants	% Occupied
Humber	27%
Harrogate and District FT	2%
Vocare	4%
Bainbridge	<1%
DISK	<1%

Note: Totals may not add up to 100% due to rounding.

Selby

Total Floor Area (m2)	5419
% Trust Clinical Space	83%
% Rented Space	7%
% Trust Non-Clinical Space	9%
% Vacant Space	0%

Other Tenants	% Occupied
Harrogate and District FT	4%
Tees, Esk and Wear Valley	1%
Vocare	1%

4. Recommendation

The Council of Governors are asked to note this report and the appended detail.

5. Appendices

Appendix 1 – Community Hospital Activity May 2017 – Apr 2018

Bridlington

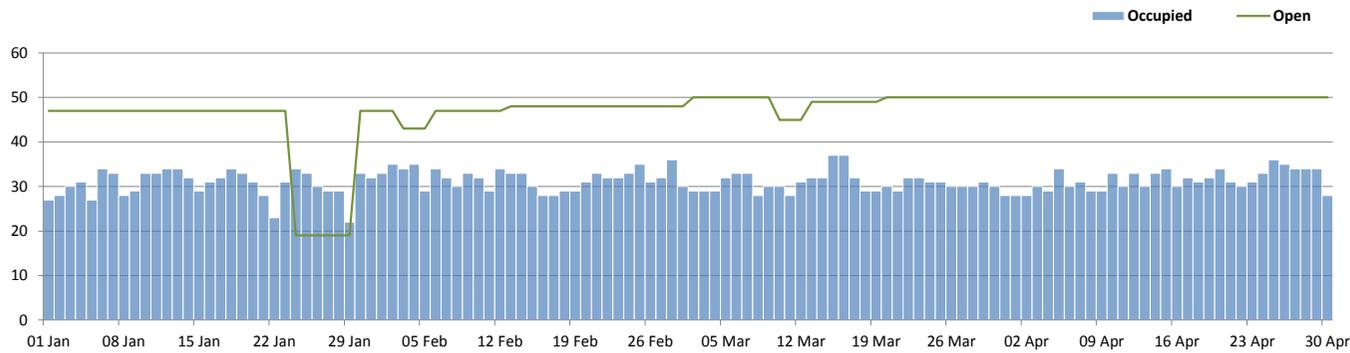
Bed Occupancy excludes Lloyd, Shephard Unit, Lawrence Unit and Thornton

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Admissions (Direct)	95	93	94	91	90	115	120	92	106	100	88	92
Admissions (Daycases)	380	415	381	373	349	384	423	340	441	383	332	342
Admissions (Transfers)	76	76	88	72	74	57	52	66	58	59	65	52
Total Admissions	551	584	563	536	513	556	595	498	605	542	485	486
Average Ward Length of Stay (Days)	7.6	6.5	6.6	5.7	7.5	5.3	5.2	5.7	5.7	5.6	6.1	5.9
Bed Occupancy	68%	72%	65%	61%	67%	67%	63%	62%	73%	68%	63%	63%

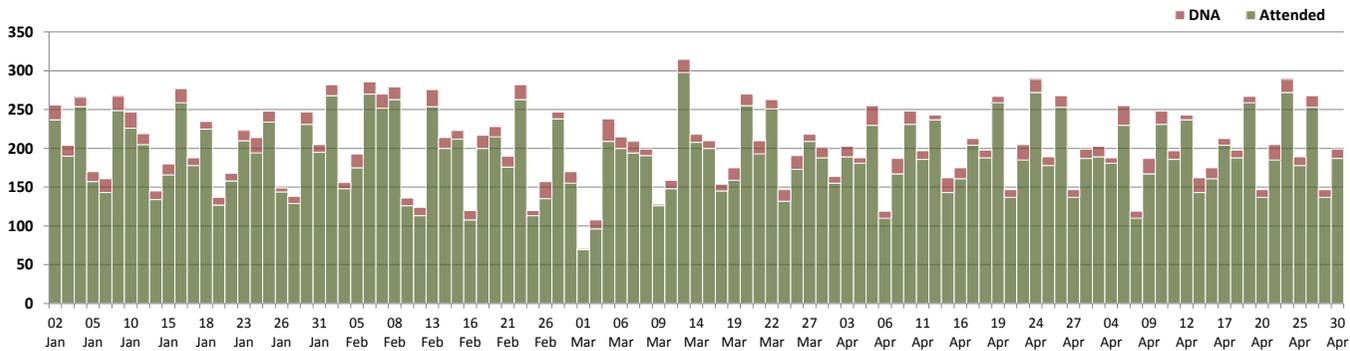
Bed Occupancy by Day

1st January to 30th April 2018



Outpatient Appointments by Day

1st January to 30th April 2018



Outpatient Appointments by Specialty

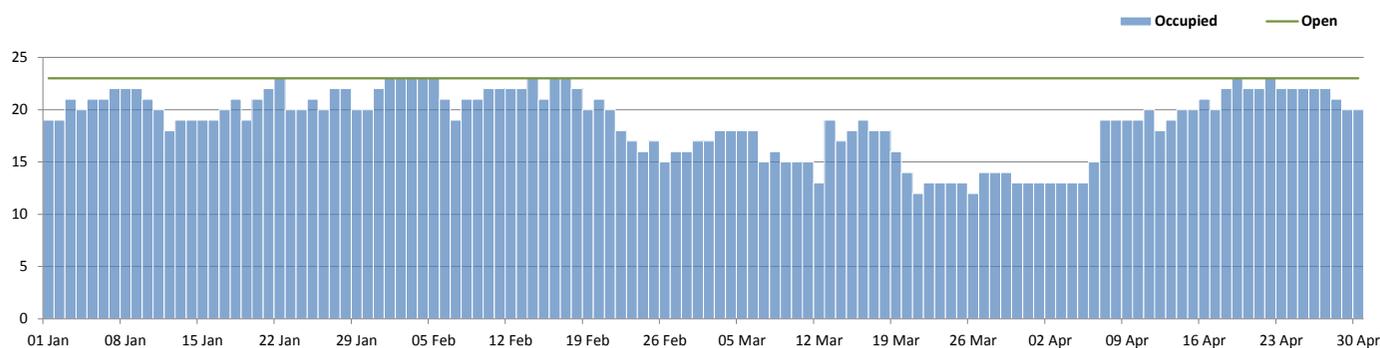
Specialty	Jan	Feb	Mar	Apr
Accident & Emergency	2	1		2
Acute Internal Medicine	42	41	56	55
Anaesthetics	20	22	25	28
Ante-Natal Clinic	270	227	253	251
Audiology	366	269	326	334
Cardiology	539	498	500	475
Ear, Nose And Throat	68	131	149	105
Endocrinology	77	75	60	61
Gastroenterology	79	63	57	56
General Medicine	3	6	7	11
General Surgery	126	118	89	121
Geriatric Medicine	55	77	71	78
Gynaecology	49	48	47	64
Haematology (Clinical)	2			
Maxillofacial Surgery	65	83	51	77
Medical Oncology	52	36	58	50
Midwife Episode	13	8	7	7
Neurology	4	7	5	8
Obstetrics	210	148	134	154
Ophthalmology	1016	862	818	848
Orthotics	82	86	70	73
Paediatrics	76	53	49	58
Plastic Surgery		10	11	
Radiology	506	473	554	493
Respiratory Medicine -Thoracic	94	55	14	3
Rheumatology	213	193	185	156
Slt - Adults	4	7	14	9
SNEY Maternity & Antenatal Admin	2		1	
Trauma And Orthopaedic Surgery	492	522	458	461
Urology	62	70	32	73
Grand Total	4589	4189	4101	4111

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Direct Admission	7	8	9	9	8	8	5	8	12	8	7	8
Admission from Acute	25	22	30	20	20	30	25	27	25	16	18	28
Admission (Day Case)	26	21	21	32	22	25	33	25	34	25	22	15
Total Admissions	58	51	60	61	50	63	63	60	71	49	47	51
Average Length of Stay	23.0	20.0	17.0	16.1	18.9	18.1	19.9	14.6	15.2	22.8	19.7	14.9
Overall Bed occupancy	92.0%	89.1%	84.0%	77.4%	79.4%	87.2%	88.1%	85.0%	89.6%	89.0%	67.0%	83.6%

Bed Occupancy by Day

1st January to 30th April 2018

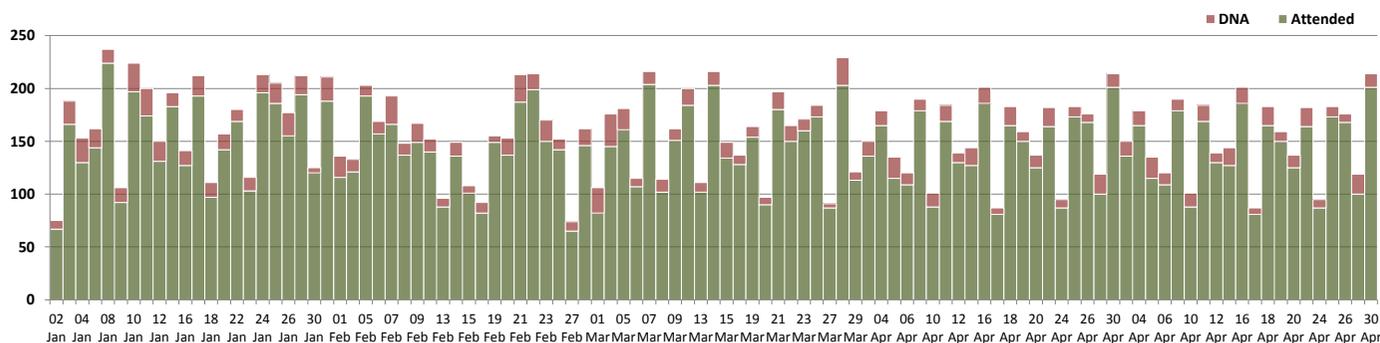


Outpatient Appointments by Specialty

Specialty	Jan	Feb	Mar	Apr
Anaesthetics	21			28
Ante-Natal Clinic	4	9	8	9
Audiology	370	295	355	351
Cardiology	50	49	48	50
Dermatology	237	234	264	228
Dietetics	18	24	14	25
Ear, Nose And Throat	78	58	60	66
Endocrinology	72	53	50	30
Gastroenterology	34	46	56	51
General Surgery	87	63	103	32
Geriatric Medicine	19	23	21	21
Gynaecology	52	17	33	10
Msk Catt Service	1015	779	924	879
Nephrology	41	48	30	37
Neurology	11	11	12	11
Obstetrics	475	390	465	453
Ophthalmology	103	76	85	79
Orthotics	129	112	124	119
Paediatrics	87	79	78	59
Physiotherapy	498	443	325	336
Psychological Medicine	8	5	9	10
Radiology	127	105	109	112
Rheumatology	194	105	147	102
Trauma And Orthopaedic Surgery	15	14	15	15
Urology	36	32	37	28
Grand Total	3781	3070	3357	3141

Outpatient Appointments by Day

1st January to 30th April 2018



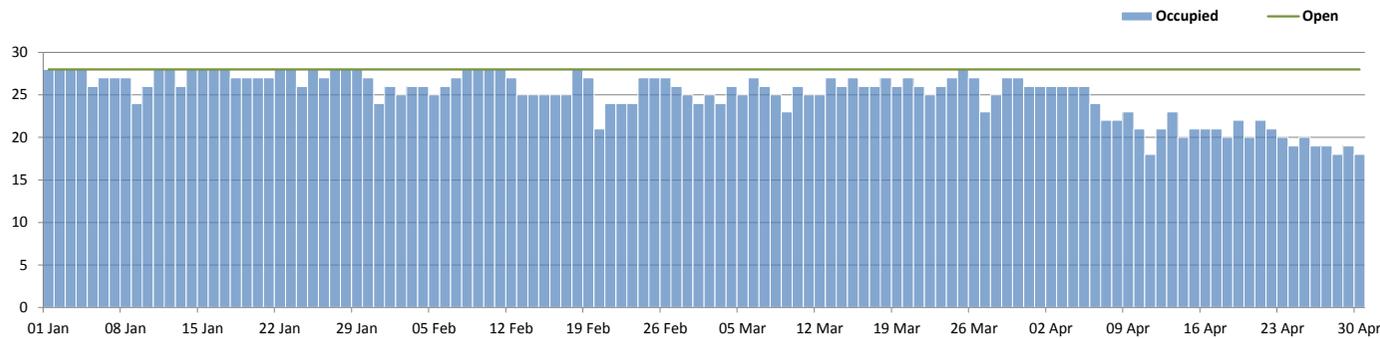
Malton

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Direct Admission	16	11	14	11	8	14	12	14	15	9	16	7
Admission from Acute	41	27	24	22	30	34	26	27	27	27	29	17
Admission (Day Case)	5	4	3	4	5	8	17	21	9	7	9	8
Total Admissions	62	42	41	37	43	56	55	62	51	43	54	32
Average Length of Stay	12.8	19.8	14.9	15.2	21.7	17.0	17.9	19.0	18.7	22.0	16.3	20.7
Overall Bed occupancy	79.7%	84.2%	77.6%	74.5%	83.8%	90.1%	86.8%	85.7%	96.8%	92.5%	92.2%	76.7%

Bed Occupancy by Day

1st January to 30th April 2018

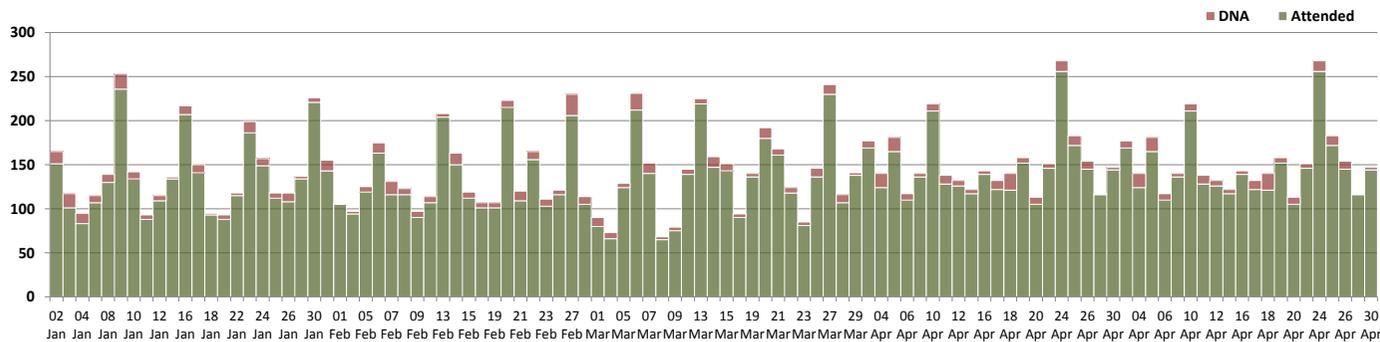


Outpatient Appointments by Specialty

Specialty	Jan	Feb	Mar	Apr
Ante-Natal Clinic	300	295	283	334
Audiology	181	147	171	149
Cardiology	87	87	104	72
Dermatology	209	132	233	231
Dietetics	19	20	9	24
Ear, Nose And Throat	40	43	48	41
Endocrinology	10	7	1	12
Gastroenterology	14	26	26	33
General Surgery	54	47	45	40
Geriatric Medicine	6	6	6	6
Gynaecology	19	24	9	22
Midwife Episode	21	18	21	20
Nephrology	19	18	19	
Obstetrics	31	25	24	21
Ophthalmology	138	83	109	124
Ot Acute Trust	6	9	7	12
Paediatrics	45	78	44	83
Physiotherapy	448	377	398	443
Plastic Surgery	35	27	33	43
Podiatry			15	12
Psychological Medicine	4	7	5	6
Radiology	742	727	722	683
Respiratory Medicine -Thoracic	29	24	17	17
Rheumatology	69	49	49	62
Slt - Adults	24	22	21	4
Swr Msk Catt/Physio Service				1
Trauma And Orthopaedic Surgery	50	45	41	57
Urology	573	464	525	549
Grand Total	3173	2807	2985	3101

Outpatient Appointments by Day

1st January to 30th April 2018



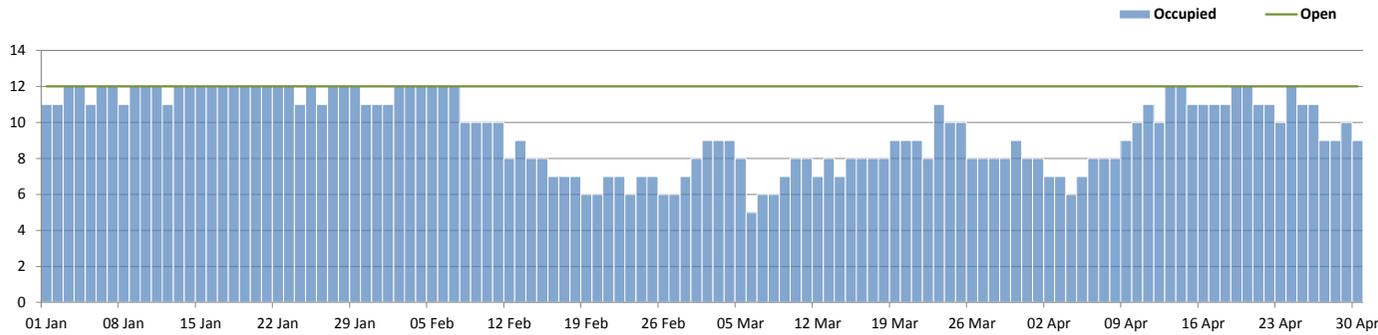
St Monicas

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Direct Admission	6	1	7	6	4	5	6	4	4	1	10	9
Admission from Acute	10	9	5	12	7	10	9	12	9	10	11	10
Total Admissions	16	10	12	18	11	15	15	16	13	11	21	19
Average Length of Stay	23.5	26.1	16.8	15.8	27.3	21.0	17.0	16.9	23.1	26.6	13.6	12.2
Overall Bed occupancy	92.7%	72.8%	65.6%	80.9%	81.7%	73.1%	66.1%	80.9%	97.6%	72.0%	67.7%	81.7%

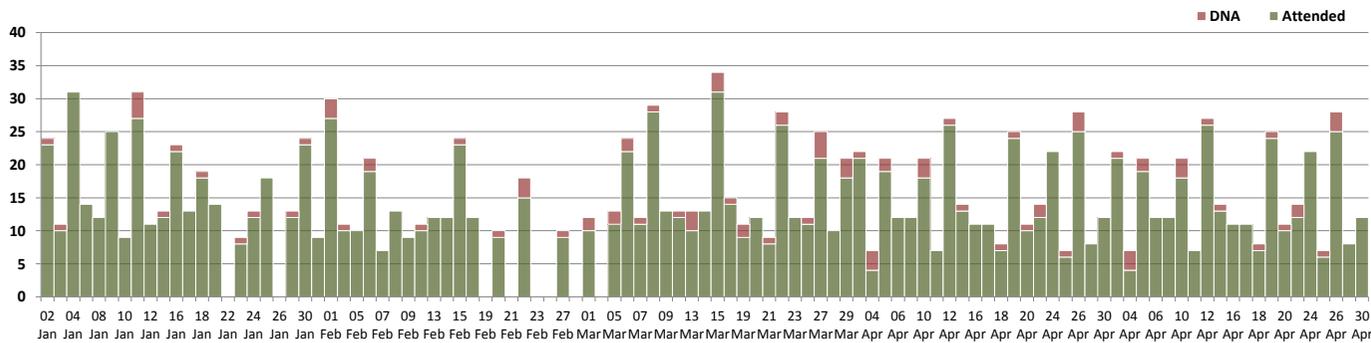
Bed Occupancy by Day

1st January to 30th April 2018



Outpatient Appointments by Day

1st January to 30th April 2018



Outpatient Appointments by Specialty

Specialty	Jan	Feb	Mar	Apr
MSK Catt Service	276	164	273	249
Physiotherapy	60	46	58	51
Grand Total	336	210	331	300

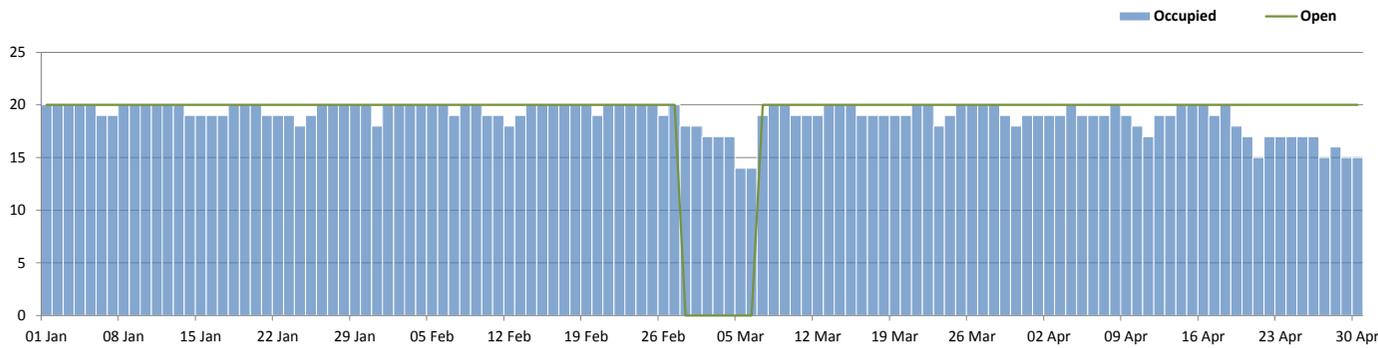
St Helens (Nelson Court)

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Direct Admission	0	0	0	1	0	1	0	1	0	2	0	0
Admission from Acute	23	25	32	21	21	15	24	25	19	12	25	25
Total Admissions	23	25	32	22	21	16	24	26	19	14	25	25
Average Length of Stay	21.9	23.2	16.7	20.5	29.1	32.4	26.6	19.0	30.8	25.3	31.3	25.7
Overall Bed occupancy	94.2%	90.2%	93.9%	97.7%	96.8%	97.7%	94.3%	97.1%	97.7%	98.2%	93.7%	90.2%

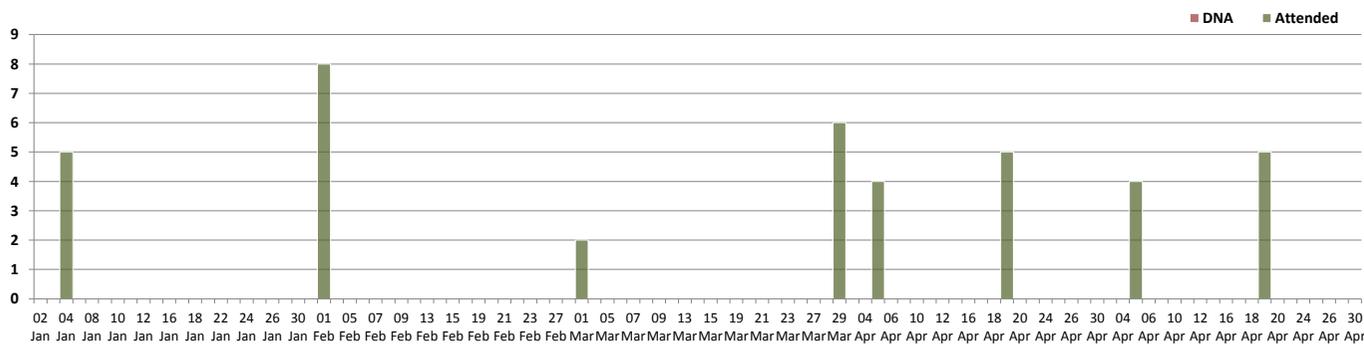
Bed Occupancy by Day

1st January to 30th April 2018



Outpatient Appointments by Day

1st January to 30th April 2018



Outpatient Appointments by Specialty

Specialty	Jan	Feb	Mar	Apr
Geriatric Medicine	5	8	8	9

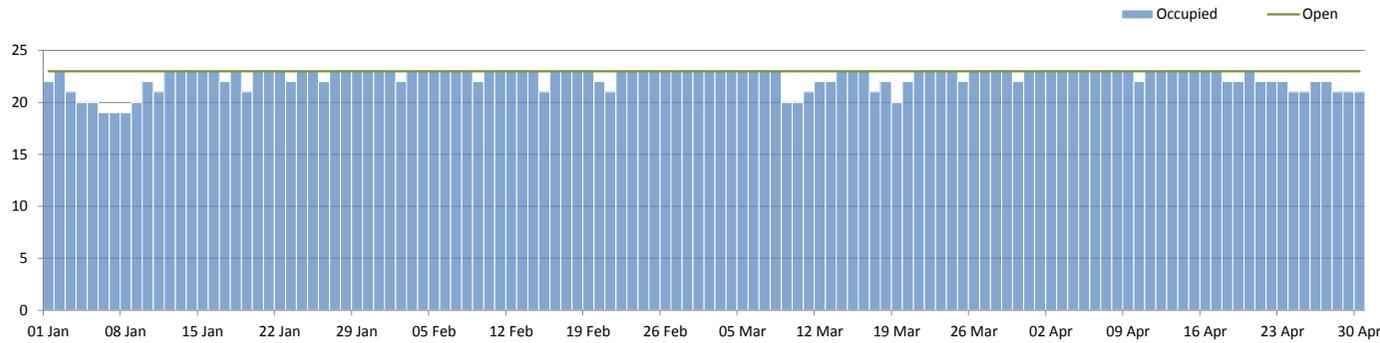
Whitecross Court

Total Monthly Bed Occupancy

Hospital	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018
Direct Admission	0	3	2	1	0	1	2	2	3	1	3	3
Admission from Acute	31	28	30	26	27	33	37	26	29	26	26	26
Total Admissions	31	31	32	27	27	34	39	28	32	27	29	29
Average Length of Stay	22.9	20.7	20.5	17.9	26.6	23.2	14.8	14.9	29.4	22.3	22.6	24.0
Overall Bed occupancy	99.6%	93.1%	93.7%	97.6%	98.6%	97.5%	93.6%	95.7%	95.5%	98.9%	97.3%	97.4%

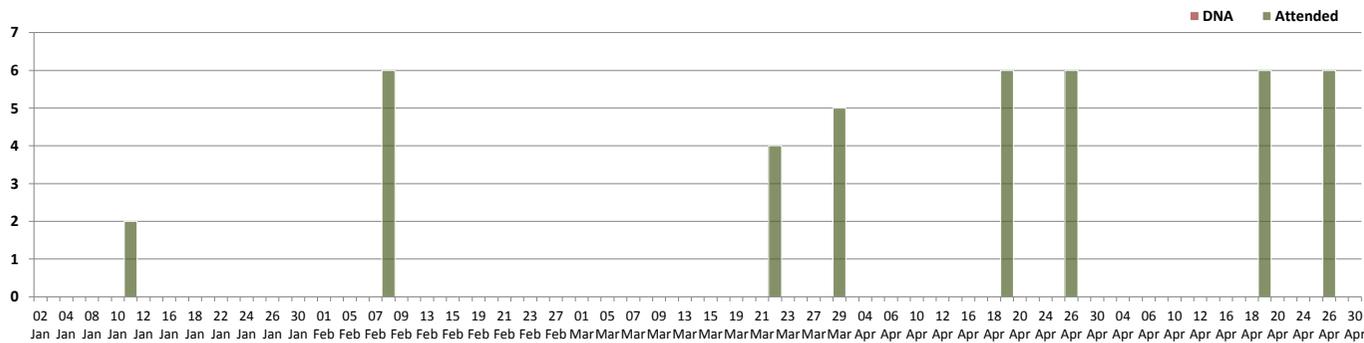
Bed Occupancy by Day

1st January to 30th April 2018



Outpatient Appointments by Day

1st January to 30th April 2018



Outpatient Appointments by Specialty

Specialty	Jan	Feb	Mar	Apr
Geriatric Medicine	5	8	8	9

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Council of Governors (Public) – 14 June 2017 Election Process for Governors

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input checked="" type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Current approval route of report

This report has been written for the Council of Governors only, no prior approval route required.

Purpose of report

Governors are asked to note the content of the report and confirm they will support the election process.

Key points for discussion

The report details the outcome of the 2017 election and the vacancies that have arisen from resignations or will arise from governors reaching the end of their term in 2018. The report also shows the outline timetable for the elections. The proposed timetable will ensure the results are known by Friday 28 September 2018.

Trust Ambitions and Board Assurance Framework

(https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
- People and Capability** - The quality of our services is wholly dependent on our teams of staff.

- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

(Regulations can be found here: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Version number: Version 1

Author: Lynda Provins, Foundation Trust Secretary

Executive sponsor: Mike Proctor, Chief Executive

Date: June 2018



1. Introduction and Background

The last election for the Council of Governors was completed in September 2017. Those elected for a 3 year term were:

Constituency	Name of Person Elected
Scarborough – 1 seat	Richard Thompson - elected
Ryedale and East Yorkshire - 1 seat	Sheila Miller – re-elected
York - 2 seats	Margaret Jackson (Lead Governor) & Robert Wright – re-elected
Bridlington - 1 seat	Clive Neale – re-elected
York Staff – 1 seat	Jill Sykes - elected
Scarborough/ Bridlington Staff – 2 seats	Helen Noble & Andrew Bennett – re-elected

As in past years the Trust has used the Electoral Reform Society (ERS) as the administrator and returning officer for the elections.

2. Elections being held

This year the following constituencies have seats available for election:

- Scarborough 1 seat – Diane Rose (resigned)
- Bridlington 1 seat – Pat Stovell (end of term)
- Ryedale and East Yorkshire 1 seat – Jeanette Anness (end of term)
- Selby 1 seat – Ann Bolland (end of term)
- York 1 seat – John Cooke (end of term)
- Whitby 1 seat – Stephen Hinchliffe (end of term)
- York Staff 1 seat – Mick Lee (end of term)
- Community Staff 1 seat – Sharon Hurst (end of term)

Successful candidates will be appointed to the role of Governor for three years before they are required to stand for election again except Mick Lee who if re-elected will only serve 2 years as he was overlooked last year.

Information will be placed on the website. Individuals who are interested in a governor post will be asked to contact the Foundation Trust Secretary and meetings with prospective governors can be arranged on a one to one basis. Governors from the constituency of the individual considering standing will also be invited to attend if they wish. It is also proposed to do some press releases to try to create further awareness of the public positions available.

Stakeholder Governors

Voluntary Sector: Michael Beckett resigned 1.1.17 (no further appointment as yet)
 NYCC: Chris Pearson (a request will be sent to the NYCC to confirm reappointment)

2.1 Timetable

The timetable for the election is as follows:	
Election stage	Date
Trust to send nomination material and data to ERS	Friday, 29 June 2018
Notice of Election / nomination open	Friday, 13 July 2018
Nominations deadline	Thursday, 9 August 2018
Summary of valid nominated candidates published	Friday, 10 August 2018
Electoral data to be provided by Trust	Friday, 17 August 2018
Notice of Poll published	Friday 31 August 2018
Voting packs despatched	Monday 3 September 2018
Close of election	Thursday 27 September 2018
Declaration of results	Friday 28 September 2018

At the beginning of the process, the Trust is required to send nominations material and data to ERS; the Trust will supply ERS with a letter written by the Chair, and a summary document outlining the role of a Governor. The data will be provided by Membership Engagement Services (MES) the organisation who manages the public database.

Once the letter has been published and sent to all public members, any individual who is interested in standing to be a Governor will be required to contact ERS to receive a nomination form. The nomination form requires candidates to provide a candidate statement of not more than 250 words and a photo.

After the deadline for nominations has passed, validation work is undertaken on the nominations and the notice of poll is published on the Trust website.

Voting packs are dispatched by ERS to all members and the closing date for votes is 27 September 2018.

The results of the election will be available from 28 September and will be published on the website as soon as possible.

Unsuccessful candidates will receive a letter from the Trust thanking them for their interest and encouraging them to stand again. A copy of the election result will be included with the letter.

Successful candidates will be contacted to advise of their success and provide them with any additional detail they may need at that time.

3. Detailed Recommendation

Governors are asked to note the content of the report and confirm they will support the election process.



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Council of Governors (Public) – 14 June 2018 Membership Development Group Report

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input checked="" type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Current approval route of report

Council of Governors only

Purpose of report

The Council of Governors is asked to note the report from the Membership Development Group and approve the terms of reference.

Key points for discussion

This paper provides an overview of the work of the Membership Development Group.

Trust Ambitions and Board Assurance Framework

(https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
- People and Capability** - The quality of our services is wholly dependent on our teams of staff.
- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

(Regulations can be found here: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Version number: v0.01

Author: Lynda Provins, Foundation Trust Secretary

Date: June 2018



1. Introduction and Background

The Membership Development Group review, monitor and support the development of the Trust's Membership Strategy and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in April 2018 and discussed a number of items of matters arising and then moved onto discussing elements of membership and how the Trust can develop and increase membership and would like to highlight the following items from the meeting:

Recruitment Market Place – A stand was planned for the event on the 21 April 2018 and the Group discussed the communication plan for the event. It was agreed it would be a useful event for existing members to meet Governors and so this will be added to the communication feed.

Use of the Website and Social Media – The Head of Communications provided a presentation on the Trust's use of social media. It was agreed to diary in posts of Facebook about becoming a member and to look at if it can be done on other social media that the Trust uses.

Membership Strategy – the strategy was agreed and work will now commence on drafting a new action plan.

Terms of Reference – the terms of reference were agreed. The Council of Governors is asked to approve the attached terms of reference (appendix 1).

Membership Survey – A draft membership survey will be taken to the next meeting for discussion.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Membership Development Group and approve the terms of reference.



Terms of Reference

Membership Development Group

Title: Membership Development Group

Date established: July 2015

Status: Sub-group of the Council of Governors

Responsible Individual: Foundation Trust Secretary

All contact with the committee should be made via this post holder

Role and functions

- 1 On behalf of the Council of Governors, the group will review, monitor and support the development of plans for membership recruitment, engagement and involvement.
- 2 The functions of the group are:
 - To review and analyse the Trust's membership – recommending an annual work programme to support membership recruitment, retention and development.
 - To engage with local forums, groups and organisations to actively promote membership and the work of the Council of Governors.
 - To develop and encourage two-way communication and involvement between the Council of Governors and its constituency members.
 - To suggest content for the Trust's newsletter for members.
- 3 The group will make recommendations for approval to the Council of Governors.
- 4 The terms of reference will be reviewed annually, or before, if any changes in governance procedures demand it.
- 5 The group will strive to achieve membership that is representative of each constituency

Membership

- 6 The group will be quorate if three members are present (which must include one public governor).
- 7 Membership:
 - Foundation Trust Secretary
 - 4 Public Governors
 - 1 Staff or Stakeholder Governor
 - Head of Communications
- 8 The Foundation Trust Secretary will Chair the meeting as an endorsement of the Trust's responsibility for membership development and recruitment.

Meetings

- 9 The group will meet a minimum of four times a year.
- 10 Notes of all meetings will be produced and reports will be produced for the Council of Governors on its recommendations.
- 11 The Foundation Trust Secretary will support the group's meetings. Notes and actions will normally be produced and circulated within ten working days of each meeting.
- 12 Individual group members do not have a right to call a special meeting. Should a group member feel there is a need to do this, he/she should bring it to the attention of the chair, who will call the special meeting (if he/she feels it is necessary).

Author: Lynda Provins, Foundation Trust Secretary

Owner: Susan Symington, Trust Chair

Date of Issue: July 2015

Version: 4

Approved by: Council of Governors

Review Date: DRAFT

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Council of Governors (Public) – 14 June 2018 Constitutional Review Group Report

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input checked="" type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Current approval route of report

Council of Governors only

Purpose of report

The Council of Governors is asked to note the report from the Constitution Review Group.

Key points for discussion

This paper provides an overview of the work of the Constitutional Review Group.

Trust Ambitions and Board Assurance Framework

([https://www.yorkhospitals.nhs.uk/about_us/our values/](https://www.yorkhospitals.nhs.uk/about_us/our_values/))

The Board Assurance Framework is structured around the four ambitions of the Trust.
How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
- People and Capability** - The quality of our services is wholly dependent on our teams of staff.
- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

(Regulations can be found here: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Version number: v0.01

Author: Lynda Provins, Foundation Trust Secretary

Date: June 2018



1. Introduction and Background

The Constitution Review Group review, monitor and support the development of the Trust's Constitution and a number of areas which fall under this umbrella on behalf of the Council of Governors.

2. Detail of Report and Assurance

The Group met in April 2018 and discussed a number of items of matters arising and then moved onto discussing elements of the constitution and would like to highlight the following items from the meeting:

Constitution Review – the following was discussed and agreed:

- Constitution Paragraph for the website – The Group would continue to work on providing an explanation of the constitution for the website.
- Out of Area Constituencies – This was discussed at the last meeting and the outcome reported to the Council of Governors. However, the Chair asked the Group to reconsider the position. The Group discussed this point again and agreed that their reasons for not changing the constitution remained the same; the Trust had a good response to its NED recruitment in 2017-18, they were concerned about people outside the area knowing the Trust and also about the amount of expenses that could be claimed.
- Constitution Amendments – unfortunately due to lack of time the amendments from the last meeting have not been actioned. An action log will be created so that the actions are not lost and all the constitution amendments will be done together.
- Constitution Review (pages 1-29) -The group considered pages 1 to 15 and made a number of amendments.
- Governor Appointments/Reappointments – The group discussed governor appointments and reappointments in light of the forthcoming elections. The Lead Governor stated that she had spoken to a number of possible candidates for York who would be very suitable and contribute to meetings.
- Whitby Governor Position – It was highlighted that the only services remaining at Whitby were Radiology, Maternity Orthoptics and Audiology. In light of this the Foundation Trust Secretary will talk to the Whitby Governor about whether he intends to go for reappointment this year and also ask for his thoughts on keeping the Whitby Governor position. Post-meeting note: The Whitby Governor has noted his intention to go for reappointment.
- Volunteer Governor Position – It was raised that the Stakeholder Volunteer Governor position had remained vacant since the previous Governor had left. The constitution is specific about the Governor being appointed by the North Yorkshire and York Forum, however, despite efforts no appointment had been made. It was agreed to look at this element of the constitution and widen the catchment to



someone involved in the voluntary sector who would agree to represent the voluntary sector.

3. Detailed Recommendation

The Council of Governors is asked to note the report from the Constitution Review Group.



Council of Governors (Public) – 14 June 2018 Chief Executive's Overview

Recommendation

- | | |
|--------------------------|-------------------------------------|
| For information | <input checked="" type="checkbox"/> |
| For discussion | <input checked="" type="checkbox"/> |
| For assurance | <input type="checkbox"/> |
| For approval | <input type="checkbox"/> |
| A regulatory requirement | <input type="checkbox"/> |

Current approval route of report

This report was drafted for the Council of Governors.

Purpose of report

The attached report provide an overview from the Chief Executive for the Council of Governors for information and discussion.

Key points for discussion

There are no specific points to raise.

Trust Ambitions and Board Assurance Framework

(https://www.yorkhospitals.nhs.uk/about_us/our_values/)

The Board Assurance Framework is structured around the four ambitions of the Trust. How does the report relate to the following ambitions:

- Quality and safety** - Our patients must trust us to deliver safe and effective healthcare.
- Finance and performance** - Our sustainable future depends on providing the highest standards of care within our resources.
- People and Capability** - The quality of our services is wholly dependent on our teams of staff.
- Facilities and environment** - We must continually strive to ensure that our environment is fit for our future.

Reference to CQC Regulations

(Regulations can be found here: <http://www.cqc.org.uk/content/regulations-service-providers-and-managers>)

Version number: 1

Author: Mike Proctor, Chief Executive

Executive sponsor: Mike Proctor, Chief Executive

Date: June 2018



1. Chief Executive retirement

As Governors will now be aware, I took on the role of Chief Executive on 1 June following Patrick Crowley's retirement. As has been stated publicly, the organisation owes Patrick a debt of gratitude for his many years of service and for his contribution to the NHS. I want to take the opportunity to acknowledge the help and support that Patrick has given me as his deputy, and I recognise that his will be big shoes to fill. My intention and duty is to provide stability over the coming months and I am grateful for the support of the Board in taking on this role.

2. Finance and performance

The 2017/18 financial year was, without a doubt, the most financially challenging in our history, and we cannot ignore that fact that we ended the year adrift of our original planned deficit of £9m, and therefore missed out on our fair share of sustainability funding. I am however pleased to report that we have delivered in full our efficiency programme, achieving a total of £23.3m, which is £0.5m over our original target.

One of the key pressures on our finances was staffing spend. Agency use remained high, and a number of decisions were made in-year to strengthen staffing numbers in key areas in order to improve the safety of these services.

At the end of August we had a deficit of £20m, and our projections for the remainder of the year were pointing towards a £40m deficit if significant remedial action was not taken. As a result we began working with NHS Improvement on our financial position and on the development and implementation of our Financial Recovery Plan. This resulted in a year-end improvement of £17m against our August projections, and our ability to hold the line and arrest our financial deterioration to this extent has been received positively by NHS Improvement.

Now we are in the new financial year, the outlook has not materially changed. We have agreed a financial plan with NHS Improvement that gives the Trust a deficit target for 2018/19 of £14.3m.

If we can successfully manage to this control total then we will be eligible for Provider Sustainability Funding of £12.5m, therefore giving the Trust an overall year end deficit of £1.8m.

On our £0.5b turnover we should assume that this is essentially a balance budget for the year. NHSI are stretching the Trust to deliver an improved position from that reported at the end of 2017/18 but, given the national economic position for the NHS, they have arguably agreed a realistic plan for the Trust.

Of the £12.5m Provider Sustainability Funding for the Trust 70% of this is conditional on delivering the financial control total and 30% is conditional on delivering the emergency care standard improvement trajectory. Each of these target requirements are assessed at the end of the quarter.



Whilst we have significantly improved our position, it is essential that we hold on to it through what will no doubt be another extremely challenging year for us.

3. Scarborough and Ryedale Community Services

This month, the community services contract for Scarborough and Ryedale transferred to the new provider of these services, Humber Teaching NHS Foundation Trust. This includes the provision of inpatient beds at Malton Hospital.

We have also completed our withdrawal of outpatient clinics at Whitby Hospital, with the exception of midwifery, audiology, and some radiology provision. Whitby-based patients who wish to access our services can be seen in Scarborough.

4. Estates and facilities services update

The York Teaching Hospital Facilities Management Limited Liability Partnership (LLP) has now been formally registered and will become operational from 1 October 2018.

York Teaching Hospital Facilities Management will remain wholly owned by the NHS and any staff moving to the new organisation will be able to keep their current NHS Agenda for Change terms and conditions.

In early May, information packs were posted to all staff who will be transferring from the Trust to York Teaching Hospital Facilities Management and briefing sessions are now firmly underway.

The company will remain wholly owned by the NHS, and we will ensure that any staff moving to the new organisation will be able to keep their current NHS terms and conditions.

We are committed to protecting our estates and facilities services and to safeguarding jobs for the future, keeping these services within the NHS by creating a company under the control of the Trust, rather than outsourcing to a separate private provider.

Brian Golding, Director of Estates and Facilities, will provide a further update.

5. Nursing and Midwifery Education

The Chief Nurse and I attended a dinner hosted by the University of York to hear their plans around nursing and midwifery education. Their plans are ambitious and focus on developing the nursing leaders and researchers of the future. Whilst we applaud this, we did express concern that as a provider there remains a pressing need for them to be providing us with sufficient qualified nurses to enable us to continue to keep our services running safely. The Vice Chancellor and other academic colleagues recognise this and responded positively to our suggestions.



6. Physician Associates

We are making really pleasing progress in recruiting Physician Associates to the Trust. This is an entirely new role, and is the only new workforce to be added to the NHS in decades, representing a significant opportunity to be a major contributor to safe services as we move forward.

Directorates are thinking strategically about the way their workforce will develop and how we maintain safe services over the next few years (as opposed to what we need for the next few months), with a view to this new role being able to offset some of the gaps in our medical workforce which are currently largely met through the use of agency or locum staff.

We attended a careers fair at Hull University which was hugely popular, followed by an open day at York Hospital. These two events have led to significant interest in the roles, and we have had over 40 applicants for the 10-14 posts we are hoping to recruit to.

The first graduates will complete their courses in October of this year, and we are aiming to recruit over the summer to enable them to begin as soon as possible after graduation. We are offering two-year rotational posts where the Physician Associates can work across their choice of specialties before they sub-specialise.

7. STP Update

There a number of recent updates to share with Governors regarding the Humber Coast and Vale Sustainability and Transformation Partnership.

Senior representatives from the Humber Coast and Vale Partnership met with regional directors from NHS England and NHS Improvement to discuss progress to date and next steps. The Partnership will continue to work closely with NHSE and NHSI to strengthen the Partnership and to develop collective plans, including the capital investment plan and overall winter plan.

The six local areas within the STP footprint are working together to produce system-wide plans focusing on more closely integrating health and social care commissioning and provision. The expectation for future NHS planning rounds will be that local areas produce plans on a place-based system-wide basis rather than on an organisational basis.

In addition to local place-based programmes, the Partnership continues to focus its work across the wider Humber Coast and Vale geography on key strategic resourcing areas, which are workforce, finance, digital technology and capital and estates.

The STP also continues to focus its collaborative efforts on six key clinical priority areas. These are mental health, cancer, elective care, urgent and emergency care, maternity services, and primary care.

Further information about the Partnership and its ongoing work can be found on the website: www.humbercoastandvale.org.uk

