

Agenda

Council of Governors (Public Meeting)

13 March 2019
Malton Rugby Club at 1.00pm



COUNCIL OF GOVERNORS MEETING

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

On: 13 March 2019

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

| TIME | MEETING | LOCATION | ATTENDEES |
|------------------------|-------------------------------------|--------------------------|--|
| 10.00am – 11.00am | Nomination & Remuneration Committee | Malton Rugby Club | Nomination & Remuneration Committee Members Only |
| 11.00am – 12.30pm | Private Council of Governors | Malton Rugby Club | Council of Governors |
| 1.00pm – 2.30pm | 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> | Chair | Verbal | | 1.00 – 1.10 |
| <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 | 7 | |
| <p>3. Minutes of the meeting held on 13 December 2018</p> <p>To receive and approve the minutes from the meeting held on 13 December 2018</p> | Chair | B | 11 | |
| <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 | |
| <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 | | 1.10 – 1.20 |

Strategic Goal: To deliver safe and high quality patient care



| SUBJECT | LEAD | PAPER | PAGE | TIME |
|--|-----------|-------------------|------|-------------|
| 6. Governors Reports To receive the reports from governors on their activities from: <ul style="list-style-type: none"> • Lead Governor Report • Transport Group | Governors | D | 21 | 1.20 – 1.30 |

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|--|-------------------------|-------------------|----|-------------|
| 7. Chief Executive's Update To receive a report from the Chief Executive | Interim Chief Executive | E | 25 | 1.30 – 1.40 |
|--|-------------------------|-------------------|----|-------------|

Strategic Goal: To ensure financial stability

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|--|--|------------------------------|----|-------------|
| 8. Operational Plan/Strategy To receive an update from the Deputy Chief Executive/Chief Operating Officer <ul style="list-style-type: none"> • Five Year Strategic Objectives (incl. BAF 'at a glance') | Deputy Chief Executive/Chief Operating Officer | Presentation | | 1.40 – 2.10 |
| | | E | 31 | |

Strategic Goal: To support an engaged, healthy and resilient workforce

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|--|--------------|-------------------|----|-------------|
| 9. Governor Elections Update (Internal) To receive an updated paper on the internal elections outcome. | FT Secretary | G | 39 | 2.10 – 2.15 |
|--|--------------|-------------------|----|-------------|

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|--|--------------|-------------------|----|-------------|
| 10. Membership Development Group Update To receive an update from the Membership Development Group | FT Secretary | H | 41 | 2.15 – 2.25 |
|--|--------------|-------------------|----|-------------|

Governance



| SUBJECT | LEAD | PAPER | PAGE | TIME |
|--|--------------|--------|------|-------------|
| 11. Constitution Review Group Update To receive an update on the work of the Constitution Review Group | FT Secretary | ↓ | 47 | 2.25 – 2.35 |
| 12. Any other business To consider any other items of business. <ul style="list-style-type: none"> Reflections on the meeting | Chair | Verbal | | 2.35 |
| 13. Time and Date of next meeting The next Council of Governors meeting will be held on 12 June 2019 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY | | | | |



**Additions: Andrew Bennett, Staff Governor—York (change of status)
Richard Thompson, Public Governor—Scarborough**

A

| Governor | Relevant and material interests | | | | | |
|--|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| Jeanette Anness (Public: Ryedale and East Yorkshire) | Nil | Nil | Nil | Nil | Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp | Nil |
| Andrew Bennett (Appointed: YTHFM LLP) | Nil | Nil | Nil | Nil | Head of Capital Projects for YTHFM LLP. | Head of Capital Projects for YTHFM LLP. |
| Elizabeth Black (Public: Scarborough) | | | | | | |
| Andrew Butler (Public: Ryedale and East Yorkshire) | Nil | Nil | Nil | Nil | Nil | Nil |
| Roland Chilvers (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 |
| Helen Fields (Public York) | Nil | Nil | Nil | Nil | Nil | Nil |

| Governor | Relevant and material interests | | | | | |
|--|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| 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 |
| Sally Light (Public: York) | CEO Motor Neurone Disease Assoc. (reg. Charity) and MND Assoc. Sales Company Director | MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants | Nil | CEO Motor Neurone Disease Assoc. Vice Chair & Trustee —The Neurological Alliance | Nil | MND Assoc. contracts with NHS Care & Research Assocs. To fund MND roles & private research grants |
| 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 |

| Governor | Relevant and material interests | | | | | |
|---|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| Cllr Chris Pearson (North Yorkshire County Council) | Nil | Nil | Nil | Nil | Councillor —North Yorkshire County Council | Councillor —North Yorkshire County Council |
| 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 |
| 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 | Nil |
| Robert Wright (Public: City of York) | Nil | Nil | Nil | Volunteer for York Healthwatch | Employee—NHS Leadership Academy | Nil |

Council of Governors (Public) Minutes – 13 December 2018

Chair:

Ms Susan Symington

Public Governors:

Mrs Jeanette Anness, Ryedale and 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
Mrs Catherine Thompson, Hambleton
Mr Richard Thompson, Scarborough
Mr Robert Wright, York

Appointed Governors

Ms Dawn Clements, Hospices
Cllr Chris Pearson, NYCC
Mrs Karen Porter, Project Choice
Mr Gerry Richardson, University of York

Staff Governors

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

Attendance

Ms Jennie Adams, NED
Mr Mike Keaney, NED
Ms Dianne Willcocks, NED
Mr Andrew Bertram, Deputy Chief Executive
Mr Brian Golding, Director of YTHFM LLP
Mr Jamie Todd, Directorate Manager for Elderly Care
Mrs Lynda Provins, Foundation Trust Secretary
Mrs Tracy Astley, Assistant to Foundation Trust Secretary

Observer

Ms Lisa Smith - aspiring NED
Mr Bill Black - FT member
Ms Jill Gaunt - FT member
Mr Carl Gaughan - BDL

Apologies for Absence:

Mr Andrew Butler, Ryedale & East Yorkshire
Mr Stephen Hinchliffe, Whitby
Mr Clive Neale, Bridlington
Mr Mike Proctor, Chief Executive

18/32 Chair's Introduction and Welcome

Sue Symington welcomed everyone to the meeting.

18/33 Declarations of Interest

There were two declarations of interest.

- Andrew Bennett is now working for the LLP.
- Richard Thompson has been a local councillor since 1985 for Newby/Scalby Parish Council.

18/34 Minutes of the meeting held on the 21 September 2018

The minutes of the meeting held on the 21 September 2018 were agreed as a correct record.

18/35 Matters arising from the minutes

There were no matters arising.

Action Log

Nurse Recruitment – this was discussed at the Board to Board meeting in October.

18/36 Update from the Private Meeting held earlier

Mrs Symington updated the committee on the topics discussed in the private meeting held earlier.

- Chairs Report
- Feedback from the Governors Forum
- Council of Governor's meetings - timings and format
- Chief Executive Appointment
- LLP stakeholder Governor

18/37 Governors Reports

- Lead Governor Report

Mrs Jackson gave an overview of her report. She thanked fellow governors for their understanding when she has not been available due to personal circumstances.

- Out of Hospital Care Group

Margaret Jackson gave an overview of the report. She mentioned in particular the Home IV Antibiotics new model being proposed and felt this was a really positive development for patients.

- Transport Group

Mr Golding gave an update on the park and ride scheme. He has met with First Buses who have brought a proposal and has been discussed with corporate directors who have given their support. It will be launched from Rawcliffe Bar.

- Fairness Forum

Prof. Willcocks stated she was very impressed with the leadership role of the Freedom to Speak Up Guardian (FTSU) and recruiting the Fairness Champions, setting protocols, etc. Andrew Bennett, Margaret Jackson, Karen Porter sit on the Fairness Champions Steering Group. Whilst this system is doing an excellent job it is under stress. Prof. Willcocks recognised that Fairness Champions are an 'extension' of the FTSU Guardian's. And while the FTSU Guardian is currently being supported with administration, this needs to be monitored as more admin support will be needed to keep the work fresh.

Ms Adams stated that a FTSU report had been received and discussed at the recent audit committee. There is no issue with staff knowing how to contact the Guardian. In effect, the increasing workload in relation to this portfolio reflects the success of the role with twice as many speak ups this year as last year and the Trust should be proud of that.

Ms Porter asked if there was any information on what issues the Fairness Champions were dealing with. Ms Adams replied that one of the biggest issues was around bullying and harassment. The FTSU Guardian does report quarterly to the Board.

18/38 Chief Executive's Update

Mr Bertram gave an update on Mr Proctor's behalf.

CQC system visit

This has now taken place and the Trust is awaiting feedback. This will be shared in due course.

East Coast Acute Services Review

The Trust is waiting for the final report which will be shared in due course. Mr Bertram expressed that it had been a fabulous piece of work, especially with the capital investment news.

Workforce models

Mr Bertram spoke about the new APiC role within Acute Medicine. The person will be a medical doctor based in the Emergency Department and is an integral role to patient flow. In addition, the new Physician Associate role has attracted 12 doctors with a further 4 due to join the Trust on a two year rotational programme.

Cllr Chris Pearson asked how the people taking up the APiC and PA roles were being monitored. Mr Bertram replied that there are a set of expectations attached to each role which the recruits are told about at the start position and they are made aware of what the Trust expects them to achieve at their 3, 6, 12 months reviews. He assured the Council of Governors that the staff are well managed and supported in these new roles.

Ms Fields asked whether there was any feedback about the PAs from staff who have worked with them. Mr Bertram replied that the new roles have been welcomed. Mr Todd commented that from the clinical team's point of view who work with them it has been a pleasant surprise. They are very well trained individuals who bring value to the team. Ms Willcocks spoke about the recent Board walkabout at Scarborough through the A&E pathway and she said the breadth of skills of the PA on duty really impressed them and the team wanted to showcase him.

Mr Reakes asked how the APiC role fitted within the A&E pathway. Mr Todd replied that the role brings the decision making and clinical relationship closer to the front door. The patient would still see the Emergency Department doctor who would consult with the APiC and together will make a judgement. It is a real positive step forward as the patient could receive emergency treatment on the day rather than having to be admitted for treatment.

Business continuity

The Black Start power exercise that took place at York Hospital in November went very well with the majority of power being restored. There was no significant disruption and the plans that were in place proved effective.

Sustainability & Transformation Plan update

Mr Bertram was very pleased with the success of the £40m bid capital investment for the Scarborough site and gave praise to his team and Dr Bennett who pulled the bid together. There was a very formal process to go through and the competition was very fierce. He advised that Mr Bennett and Mr Golding will lead this piece of work. They will write business cases on specific projects they want to undertake on the Scarborough site. Regarding the £40m bid, there are three components:-

- £22m will be used for the deliverance of emergency care which means a new Emergency Department incorporating a medical team and surgical team at the front door.
- £18m will be used to upgrade the electrical network on the Scarborough site to support the new technology, machinery, etc.
- £10m will be used to reduce the backlog of maintenance issues.

Ms Anness asked how this news could be publicised to the people of the East Coast. Mr Bertram replied that it has been widely publicised. The news has been in the newspapers, on social media and on the radio.

Mr Thompson asked if the money was absolutely guaranteed and was there a particular time frame that the monies need to be used by. Also, what would happen if the Government decided to divert funds? Mr Bertram replied that the capital fund is guaranteed, and as for time frame he is not aware of one. The government would not be able to divert the funds as there would be uproar.

Brexit

Mr Bertram gave an update of the preparations taking place. Contingency plans are being made with Procurement to reduce the interruption of supplies. Staffing may be an issue with the tenure of European staff which affects retention.

5 Year Strategy booklet

Mr Bertram believed it was a great document that he used with his own financial team. He spoke about the contents of the booklet and the way in which our high-level plans and ambitions have been captured in the booklet.. He informed that both clinical and non-clinical directorates are refreshing their own strategies to come in line with the Trust's strategy.

Ms Miller highlighted that timelines were needed so the Council of Governors can hold Board to account to ensure they are doing it. Mr Bertram replied that the booklet was very high-level and sought to describe how our trust would be in 2023. .Time Lines will be embedded to local plans including the Clinical Strategy.

Financial Update

Mr Bertram reported that at the month 7 position the Trust have done well and were on the right side of the financial plan. The planned position at this point will have reached £12m but the Trust has actually delivered on £11m.

Ms Anness enquired if the Trust is still being supported by a loan from the government. Mr Bertram confirmed that this is correct.

Cllr Pearson asked what the implications were for missing the Quarter 4 trajectory if the Trust does not deliver on plan. Mr Bertram replied there would be ramifications depending on how much.

Cllr Pearson highlighted that it had been reported in the national press that the flu vaccine uptake this year had been very low and asked what financial ramifications were there for the Trust. Mr Bertram replied that if the 70% vaccine rate was not reached then the Trust would not suffer financially as such but there would be consequences if staff absence occurs because of the Trust being hit by sickness.

18/39 Elderly Care Update

Mr Todd gave an overview of his portfolio including his responsibility for older people's health within the York locality.

He said that a number of quite large developments from an older people's point of view are taking place and the Trust aims to be a Centre of Excellence and their plans and

strategic work is built around this. The past year has seen some phenomenal achievements including:-

- The introduction of the Rapid Access Frailty Assessment unit (RAFA) within the ED department. There is a 91% discharge rate with very little returns. This is a very positive improvement to increase patient outcomes.
- Specialist services continue to develop with Stroke services significantly improving due to the Triage & Transfer model where the patient is first stabilised locally and then transferred to York Hospital for further treatment. The outcome for patients is fantastic.
- CIP targets have been achieved for the past 4 years which allows the directorate to make a more compelling case for further improvements.
- Hip fracture treatment is one of the best in the country for outcomes.

Mr Todd said that the priorities for the next year will include improving liaison services for geriatric assessment, reduce stay time in hospitals, reduce falls with harm and reduce pressure ulcers. He praised the work his teams have achieved and highlighted that the Trust now provides top quartile care for older people.

Ms Willcocks congratulated Mr Todd on the achievements to date. She was struck by the fact that this week there was a few stories to relay that shows that the Trust is able to deliver, including an SGH story, an YH story, reduction in length of stays, the frailty pathway at the front door, the new discharge liaison pathway.

Ms Porter asked how much of the community hospitals are utilised where the Trust provide services and should this not be factored in. Mr Todd agreed that people should be cared for in their own area and there has been some advancement in the delivery of care locally, including the "Home First" strategy and the delivery of rehabilitation in the patient's home. He challenged the need for a further rehabilitation base in a community hospital.

Ms Thompson commented that the data is quite stunning but what is missing for her is the feedback from patients that have used the service. She has had feedback from the Hambleton constituents and although they have been safe on discharge, they have been frightened about being at home alone and have stayed with relatives. She highlighted that the patient voice is important within the success of this programme. She would like to see the figures of re-admission after patients have gone through the "Home First" programme.

Ms Fields mentioned that she was part of the Elderly Care Liaison Group that was linked with the elderly stakeholder groups within the community. She knew that Mr Todd had been reviewing that and asked for an update. Mr Todd replied that the intention was that the Older People Assembly and his Directorate form links with them.

Ms Miller noticed that Malton was not included and asked if Mr Todd had any control over that. Mr Todd replied that the beds were not controlled by him but sit within the control of the Out of Hospital Services.

Ms Jackson commented that through the Patient Voice in Selby and Malton she had received positive feedback from those patients that have gone through the "Home First" programme.

Ms Willcocks mentioned that the PESG looks in great detail at patients' views and that the Mortality Review Group has confirmed that there are fewer people being sent in from nursing/care homes to die. This is a really positive step.

18/40 YTHFM LLP Update

Mr Golding gave an update and informed the Committee that they had now successfully transferred all the Estates & Facilities staff into the LLP on the 1st October.

He explained that they were partnering with Northumbria because they had gone through this process several years ago. Mr Golding gave an overview of the partnership between York Teaching Hospitals NHS Foundation Trust and the LLP. He said the focus in the first few months were around governance arrangements and putting processes in place.

One of the key benefits is that it gives the LLP the opportunity to invest and grow the business and they have already got some interesting ideas for the business which they hope to develop in the future. It was a difficult transition with staff concerns around terms and conditions. As part of selling the vision to staff, himself and Andy Betts, Operational Manager, had visited sites. Now staff have been in post for two months he hopes they are more reassured that going down this route was a good idea.

With regard to the E&F Efficiency programme they will hit the £5m target.

Mr Keaney said that the next stage is key to communicate the success of the LLP to the wider community.

Ms Anness was concerned that although it created more business opportunities and generates profits back into the Trust she needed assurance that the priority would still be the Trust's priorities. Mr Golding confirmed that they will not be diluting the services to the Trust.

Mr Reakes mentioned that one aspect of this structure is the fact that VAT was not payable and asked if this was having an impact on the finances. Mr Golding confirmed that this was a benefit.

Mr Golding stated that in relation to capital investment in SGH, one of the things they want to set up is a steering group for stakeholders who have an interest in the Scarborough site. He wanted to offer 3 places to governors. **Action: Mrs Provins to email Governors to ask if any of them wanted to be on the STP Project Stakeholder Group.**

18/41 Governor Elections

Mrs Provins asked if any Governor wished to be considered for a place on a Committee/Group then send in their names with a short paragraph of why they are interested.

18/42 Membership Development Group update

Mrs Provins gave an overview of developments within this group including the production of a membership poster and an application form. She also advised of the phenomenal response to the Membership Survey of over 1000, which she will be working through and developing a work programme for the following year.

18/43 Constitutional Review Group update

Mrs Provins advised that the Group have been working on a simple explanation of what a constitution is for the Trust's website. The group has agreed a paragraph. In addition there have been a lot of constitution amendments that the Council of Governors needs to be made aware of, particular:-

- Voluntary Governor position – the constitution has been amended to widen the area of interest.
- LLP Governor – the constitution will be amended to take into account the new position.

18/44 Any Other Business

National Elf Day 14th December 2018 – Ms Jackson asked the Committee to give generously as it will be given to the Hospital Charity.

Mr Reakes enquired whether the new translation service was having a positive impact. It has only just begun at the beginning of December so this is something to monitor.

Mrs Provins informed that there are 4 places available at the upcoming Governwell Regional Governor Workshop in Leeds. She will send out an email with further details.

18/45 Time and Date of the next meeting

Please note the change of date from the 7th March and change in timings. The next meeting will be held on **13 March 2019, 1.00pm – 2.30pm** at Malton Rugby Club, Old Malton Road, Malton YO17 7EY.

Ms Symington thanked everyone for coming and wished them Happy Christmas and a great New Year. She asked everyone to be generous to staff charity and enjoy the Council of Governor lunch that was available.

Council of Governors (Public)

ACTION LOG

| Date of Meeting | Action | Responsible Officer | Due Date | Comment |
|------------------------|---|----------------------------|-----------------|----------------|
| 13.12.18 | Email Governors to ask if anyone is interested in being on the STP Project Stakeholder Group. | Mrs Provins | Jan'19 | |

Council of Governors – 13 March 2019 Governor Activity Reports

Trust Strategic Goals:

- to deliver safe and high quality patient care
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

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

Purpose of the Report

This paper provides an overview of Governor activities.

Executive Summary – Key Points

Reports are providing on the following:

- Lead Governor
- Transport Group

Recommendation

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

Author: Margaret Jackson – Lead Governor
Sheila Miller – Public Governor (Ryedale & East Yorkshire)

Date: March 2019

1. Lead Governor Report

As you will all be aware the interviews for the NED to replace Dianne Willcocks and the Chief Executive have taken place. I am delighted and relieved to confirm recruitment to both.

Andrew Butler, Stephen Hinchcliffe and I joined Sue Symington on the interview panel for the NED. After much discussion and deliberation two NEDs were appointed and will join their NED colleagues when they have both fully retired from their current posts. My thanks goes to Andrew Butler who explained to governor colleagues why the change took place and the proposal was outlined at the extraordinary meeting before a majority decision was made by those governors present.

On behalf of all governors can I take this opportunity of thanking Dianne for her commitment to the trust and being available to us all to clarify or outline issues. Wishing her all the very best in the future. Her contributions have been greatly appreciated by all.

I joined the panel who appointed the new Chief Executive, Simon Morritt, and look forward to him joining the organisation and all of us getting to know him.

We were very fortunate to have some great candidates for both posts which made the decisions more difficult and generated a lot of discussion. I have met with or spoken with some unsuccessful applicants who although very disappointed not to be successful have been very understanding and accepting of the decisions made.

I have been part of the membership group and a drop in desk was manned by governors in the reception area at York Hospital to meet potential members. Thanks go to Tracy and Lynda for setting this up for us. It will be interesting to see if these sessions help to increase membership. Sue Symington and I have also been to hospital radio to raise the profile of the trust and make the community aware of what we do and to encourage the community to think about becoming a member and contribute too. Please keep an eye open for information about the sessions set up at both York and Scarborough Hospital for members on a variety of topics. This is also an opportunity for governors to meet with members and hear their views.

Sheila and I are attending the patient experience steering group in April so if there are any issues you want to raise on behalf of patients please let either of us know. Please remember that governors do not deal with complaints but we can sign post the complainant to PALS as necessary.

Sally and I will be attending the national governor conference at the beginning of May and will feed back to you all as usual. Colleagues are attending the regional workshop and will feed-back any issues of interest to everyone.

Margaret Jackson - Lead Governor

2. Transport Group Report (15.02.19)

The team is continuing to search for an area where locker rooms and hopefully a shower can be provided for staff who cycle to work.

It was confirmed that NHS England wished to sell the Bootham Park land, though not of course the areas already owned by the Trust; a developer is to purchase and it is hoped that the Trust can negotiate to use some of the land for the benefit of the Trust; negotiations will continue.

The Travel Plan is now complete and this will be presented to the Trust Board soon; it is a large document which is more structured; its aims are to improve health and wellbeing to encourage those who can cycle to work to be more active; to meet the needs of user groups, to improve traffic flow and reduce pollution.

The great news is that the team has been working hard to allow a shuttle bus to and from the Hospital from Park & Ride areas; a trial will be carried out from Rawcliffe P&R, it is the largest P&R and the one nearest the Hospital. It will be a 20 minute shuttle from 8am to 20.25 Monday to Friday, open to staff, patients, visitors and public; a charge of £1.50 for staff and £3.20 for public (staff to show badges), a drop off point is to be installed on site at the Hospital. A campaign is to take place between NHS/First Buses/ City of York over the next few months to inform and influence changes for those travelling and parking at the Hospital. The initial funding for this scheme was from the Trust Charity and all profits will be given back to the Charity.

There were concerns expressed about cycle accessibility at Scarborough because of lack of cycle lanes; staff confirmed they are working hard to remedy this, there is a cycle storage unit and are hoping to try and influence the signage and safe travel for cyclists (hopefully our new NED from Scarborough might be able to help) . It is hoped that working together with NYCC a similar system of park and ride could be carried out in Scarborough to allow cyclists and drivers to park in the P&R and be able to use a shuttle bus.

The Hire and Pool car scheme continues to improve giving the Trust savings not only in CO2 emissions (cleaner cars) but £16,000 savings in paying staff travel. There are still some issues with staff booking and then not cancelling; the team are working on ways to encourage staff to cancel. There is more use of the Hire/Pool cars at Scarborough as they have more cars than those parked in York; most of the Estates vehicles (LLP) are electric and there are charging points around the Hospital; there are now available new 15 minute charging machines for the smaller and newer electric cars (none at York as yet). There was talk of putting ANPR cameras to monitor traffic flow; The Trust has to reduce its CO2 emissions by 20% by 2024. There was talk of possibly putting Solar Panels on the roof of the multi storey car park (not in the very near future due to cost).

I thanked the staff on behalf of the Governors for their very hard work to encourage more cycle use and the P&R scheme.

Sheila Miller – Public Governor (Ryedale & East Yorkshire)

Council of Governors – 13 March 2019 Chief Executive's Overview

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

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

Purpose of the Report

To provide an update to the Council of Governors from the Chief Executive on recent events and current themes.

Executive Summary – Key Points

Recommendation

For the Council of Governors to note the report.

Author: Mike Proctor, Chief Executive

Director Sponsor: Mike Proctor, Chief Executive

Date: 13 March 2019

1. NHS Long Term Plan

As has been widely publicised, the NHS Long Term Plan has now been published. Wide-ranging input was sought from frontline health and care staff, patients and others who attended events and made submissions.

The plan sets out the long terms ambitions for the NHS to develop sustainable services that offer the most value for patients.

The aims of the NHS Long Term Plan include:

- making sure everyone gets the best start in life
- delivering world-class care for major health problems
- supporting people to age well

Delivering these ambitions, and tackling some of the current challenges, will require focus on specific key areas. These are:

Doing things differently – increasing the focus on integration and giving people more control over the services they receive

Preventing illness and tackling health inequalities – paying particular attention to the most significant causes of ill health, such as smoking, alcohol and Type 2 diabetes

Backing our workforce – increase the workforce and making the NHS a better place to work

Making better use of data and digital technology – better access to digital tools, records, services and health information for the benefit of both patients and staff, and improving service planning and delivery based on data analysis.

Getting the most out of taxpayers' investment in the NHS – improving efficiency including procurement, and reducing spend on administration

Next steps:

Sustainability and Transformation Partnerships and Integrated Care Systems now need to develop and implement their own five year strategies. This will offer further opportunity for staff, patients and the public to shape these plans at a local level.

2. Operational review

Following the briefing given at the last Board of Directors meeting, work has been progressing to put in place a new structure for the operational management of the Trust to ensure we are organized in a way that we can best meet the needs of our complex group of hospitals and services.

We have agreed to move from a large number of directorates to six care groups. The new care group structure is attached to this paper, for information.

The consultation with staff concluded on 28 February. Feedback from the consultation is being shared with staff, and the recruitment process will then begin, starting with the Care Group Director roles.

3. Exit from the EU

As the Government continues to debate the terms of our exit from the European Union, all NHS organisations have been asked to consider how we will operate in the event of a 'No Deal' Brexit. Guidance has been issued by the Department of Health and Social Care which asks us to consider seven key areas:

- Supply of medicines and vaccines
- Supply of medical devices and clinical consumables
- Supply of non-clinical consumables, goods and services
- Workforce
- Reciprocal healthcare
- Research and clinical trials
- Data sharing, processing and access

Andrew Bertram, Finance Director, has been nominated as the Board of Director's Senior Responsible Officer for EU Exit Preparedness. A group has been formed comprising the leads for these areas, and they have reviewed the guidance, assessing the potential risks against our business continuity plans.

In terms of public-facing messages, and what we are required to be advising patients and the public, patients should be encouraged not to stockpile their own medication, and staff are being asked not to issue longer prescriptions.

An action plan has been developed, which is being worked through, and we are responding to updates from the Department of Health and Social Care as and when they arise.

4. Changes to oncology services at Scarborough Hospital

Governors have already received a briefing about the changes that have had to be made to oncology outpatient services at Scarborough Hospital, due to Hull withdrawing their support to the service in response to their workforce challenges.

The approach has been agreed between York Teaching Hospital NHS Foundation Trust and Hull and East Yorkshire Hospitals NHS Trust, the current providers of this service, and NHS Scarborough and Ryedale CCG and NHS East Riding of Yorkshire CCG, who are the commissioners. The discussions have also involved Leeds Teaching Hospitals NHS Trust and Harrogate and District NHS Foundation Trust, with further involvement and support from the Humber, Coast and Vale Cancer Alliance.

The Hull oncology team who provide the service at Scarborough are facing a number of serious staffing issues including:

- Existing oncologists changing roles during summer 2019, plus oncologists who will be retiring in the next year or so.

To be a valued and trusted partner within our care system delivering safe effective care to the population we serve.



- Members of their consultant oncologist team expressing concern about the workload and the potential impact on their wellbeing.
- A national shortage of oncologists and also oncology trainees.

Given the current levels of referral and the reduction in available resources, a number of options were considered as to how to deliver breast oncology services in the short to medium term in order to deliver a safe and quality service to patients.

2195 breast oncology patients per year attend York Hospital, and 665 per year attend the service at Scarborough Hospital.

Patients with a current open referral were contacted by phone by York Trust staff and it will be explained to them that their oncologist will no longer be providing clinics in Scarborough. If they wish to stay under the care of this consultant, they will be given the option to transfer their care to Hull and continue with the same consultant. This will however mean that the rest of their care and treatment would also transfer to Hull (including chemotherapy). The alternative is that they will be given an appointment at York Hospital. This would mean that their oncology outpatient appointments would take place in York, however they would be able to have chemotherapy in Scarborough or Bridlington. The initial phone call was followed up with a letter.

For new patients and those referred for appointments from 5 March onwards, the referral pathway remains the same as now. Patients needing a referral into the two week fast track breast cancer pathway can be referred to either York Trust (with diagnostic appointments taking place at York Hospital) or to Hull Trust, as is currently the case, taking into consideration patient choice.

We have agreed with all organisations involved that this is a temporary measure for six months, and will be reviewed.

5. Board appointments

Following a competitive process, I am delighted to confirm that Polly McMeekin has been appointed as Director of Workforce and Organisational Development. Many of you will already know Polly as she joined us in 2015 as Deputy Director of Workforce, and has more recently held the role of Acting Director of Workforce and Organisational Development.

I can also confirm that Heather McNair has been appointed as Chief Nurse, taking over from Beverley Geary. Heather joins us from Barnsley Hospital NHS Foundation Trust; and we anticipate that she will join us at the start of July. Helen Hey, Deputy Chief Nurse, will act up in the role of Chief Nurse in the interim.

Proposed Care Group Structure

CG1: Acute, Emergency and Elderly Medicine: York

Emergency Department
Acute Medicine
Elderly Medicine
Stroke, Cardiology and Cardiorespiratory,
Respiratory, Sleep Service, CF Service, Renal
and Gastroenterology
Community
Flow Teams

CG2: Acute, Emergency and Elderly Medicine Scarborough

Emergency Department
Acute Medicine
Elderly Medicine
Stroke
Cardiology and cardiorespiratory
Gastroenterology
Respiratory
Flow Teams

CG3: Surgery: Across Sites

Theatres, Anaesthetics and Critical Care
General Surgery and Urology, Breast, Vascular
Trauma and Orthopaedics
ENT (including Newborn Hearing and
Audiology)
Plastics
Ophthalmology
Max Fax
Orthodontics and Restorative Dentistry
Pain

CG4: Cancer and Support Services: Across Sites

Cancer, Oncology, Chemo Palliative Care
Radiology
Endoscopy
Pharmacy
Breast Screening
Laboratory Medicine
Clinical Haematology

CG5: Family Health: Across Sites

Obstetrics & Gynaecology
Women's Health
Paediatrics (including community paediatrics)
Sexual Health

CG6: Specialised Medicine: Across Sites

Rheumatology
Dermatology
Neurology/ Neurophysiology
Psychological Medicine
Endocrinology
Continence
MES
Phlebotomy
Outpatients and Patient Access

Five Year Strategic Objectives (including BAF 'at a glance')



Strategic Goals

- To deliver safe and high quality patient care as part of an integrated system
- To support an engaged, healthy and resilient workforce
- To ensure financial stability

| Goal | Strategic Risks | Original Risk Score | Residual Risk Score | Target Risk Score |
|--------------|--|---------------------|---------------------|-------------------|
| Patient Care | 1. Failure to maintain and improve patient safety and quality of care | 16 | 9 ↔ | 3 |
| Patient Care | 2. Failure to maintain and transform services to ensure sustainability | 20 | 12 ↔ | 6 |
| Patient Care | 3. Failure to meet national standards | 25 | 12 ↔ | 1 |
| Patient Care | 4. Failure to maintain and develop the Trust's estate | 25 | 12 ↔ | 4 |
| Patient Care | 5. Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care | 20 | 9 ↔ | 6 |
| Workforce | 6. Failure to ensure the Trust has the required number of staff with the right skills in the right location | 25 | 16 ↔ | 1 |
| Workforce | 7. Failure to ensure a healthy, engaged and resilient workforce | 16 | 9 ↔ | 2 |
| Workforce | 8. Failure to ensure there is engaged leadership and strong, effective succession planning systems in place | 16 | 4 ↔ | 1 |
| Finance | 9. Failure to achieve the Trust's financial plan | 25 | 12 ↔ | 6 |
| Finance | 10. Failure to develop and maintain engagement with partners | 16 | 9 ↔ | 4 |
| Finance | 11. Failure to develop a trust wide environmental sustainability agenda | 20 | 4 ↔ | 1 |

Five Year Strategic Objectives

| Strategic Goal | Sub-domain | SMART Objective | Lead | Timescale | BAF Link |
|--|-------------------|--|---------------------------------|----------------------------|--|
| To deliver safe and high quality patient care as part of an integrated system | High quality care | CQC rating of Outstanding for whole trust All sites have a CQC rating of at least Good – aim to improve safety year on year | Mike Proctor JT/BG/WS | Sept 2023 Sept 2021 | Failure to maintain and improve patient safety and quality of care |
| | Safe Care | To support staff to deliver safe effective, evidence based care base on local and national quality improvement work and in so doing to reduce unwarranted variation Reduce stranded patients to 1/3 occupied beds | James Taylor Wendy Scott | 2024 Sept 2023 | Failure to maintain and improve patient safety and quality of care |
| | Integrated System | Working as part of an Integrated Care Partnership for North Yorkshire & York | Mike Proctor | Sept 2021 | Failure to develop and maintain engagement with partners |
| | Engaged staff | Staff engagement score is in the top 20% of comparator Trusts | Polly McMeekin | Sept 2021 | Failure to ensure a healthy, engaged and resilient workforce |
| To support an engaged, healthy and resilient workforce | Healthy Staff | Staff sickness reduced to below 3.9% | Polly McMeekin | September 2020 | Failure to ensure a healthy, engaged and resilient workforce |
| | Resilient Staff | Staff turnover due to voluntary resignations below 10% (headcount) | Polly McMeekin | September 2019 | Failure to ensure a healthy, engaged and resilient workforce |
| To ensure financial stability | Internal | Delivery of the Trust control total through each year of the strategy | Andrew Bertram | Sept 2023 | Failure to achieve the Trust's financial plan |
| | System | Delivery of wider system back to financial balance | Andrew Bertram | Sept 2023 | Failure to develop and maintain engagement with partners |

| Strategic Theme | Objective | Measurement | Lead | Timescale | BAF Link |
|--|---|--|---|---|---|
| Deliver clinically sustainable services for our patients | Develop our patient-focussed clinical strategy for the East Coast | East Coast clinical strategy in place | Wendy Scott | To be confirmed once support arrangements finalised | Failure to maintain and transform services to ensure sustainability |
| | Accelerate progress in delivering seven day services | Compliant with 7 day audit standards: To continue to support, engage and recruit staff to deliver seven day services. | James Taylor | 2024 | Failure to maintain and transform services to ensure sustainability |
| | Reflect the enabling work required to deliver our vision for services | Board-approved strategies in place for: <ul style="list-style-type: none"> Digital technology Estates Workforce | Mike Proctor Brian Golding Polly McMeekin | Feb 2019 June 2019 Feb 2019 | Failure to maintain and transform services to ensure sustainability |
| | Build on our role in health promotion and ill-health prevention | Patient activation increase referral to smoking cessation and alcohol reduction services | Bev Geary James Taylor | Jan 2020 | Failure to maintain and transform services to ensure sustainability |
| | Develop a digital ready workforce | Secure help from NHSI, Digital and HEE to support a programme for delivery | Mike Proctor | Achieved Jan 19 | Failure to maintain and transform services to ensure sustainability |

Overall Board lead for theme: Mike Proctor

| Strategic Theme | Objective | Measurement | Lead | Timescale | BAF Link |
|--------------------------------|--|---|---|-----------|--|
| Develop people to improve care | Deliver a cultural change programme | Overall staff engagement score in the top 20% of comparator trusts | Polly McMeekin | 2020/2021 | Failure to ensure the Trust has the required number of staff with the right skills in the right location |
| | Develop new roles | Reduction in vacancy rates for priority staff groups (nursing 10% - medical 7%) | Beverley Geary / James Taylor Polly McMeekin | 2020/2022 | Failure to ensure there is engaged leadership and strong, effective succession planning systems in place |
| | Work with training providers to develop the workforce of tomorrow | Full utilisation of apprenticeship levy | Beverley Geary / James Taylor / Polly McMeekin | 2020 | Failure to ensure the Trust has the required number of staff with the right skills in the right location |
| | Bring together our quality improvement, research, innovation, global health and patient safety specialists | Improved staff survey results in this area | Polly McMeekin | 2020/2021 | Failure to maintain and transform services to ensure sustainability |

Overall Board lead for theme: Polly McMeekin

| Strategic Theme | Objective | Measurement | Lead | Timescale | BAF Link |
|-----------------------------|---|--|-------------|-----------|---|
| Adopt a Home First approach | Deliver integrated care closer to patient's homes with partner agencies | All community nursing teams to be aligned to primary care networks | Wendy Scott | Dec 19 | Failure to maintain and transform services to ensure sustainability |
| | Increase awareness amongst staff of harm caused by prolonged hospital stays | 33% of acute admissions to be discharged on the same day | Wendy Scott | Sep 19 | Failure to maintain and improve patient safety and quality of care |
| | Implement SAFER approach across all inpatient areas | 90% areas robustly implemented foundation elements of SAFER house | Wendy Scott | Dec 19 | Failure to maintain and transform services to ensure sustainability |
| | Implement new home-based pathways for treatment traditionally delivered in hospital | Home IV Service in place and supporting at least 30 patients per day | Wendy Scott | Dec 19 | Failure to maintain and transform services to ensure sustainability |

Overall Board lead for theme: Wendy Scott

| Strategic Theme | Objective | Measurement | Lead | Timescale | BAF Link |
|--|--|--|-----------------|--|--|
| Work collaboratively in our partnerships and alliances | Work with our acute trust partners as part of Humber, Coast and Vale to develop collaborations | Collaborations to be in place in: <ul style="list-style-type: none"> • Radiology reporting • Pathology | Wendy Scott | Dec 21 | Failure to develop and maintain engagement with partners |
| | Develop our role in the wider community through volunteering, apprenticeships and community engagement | Increase number of volunteers by 20% | Beverley Geary | Dec 2019 | Failure to develop and maintain engagement with partners |
| | | Increase number of apprentices to fully utilise the levy | Polly McMeekin | 2020 | |
| | Continue to develop mutually beneficial alliances with Harrogate and District NHSFT | Enhance joint services including: <ul style="list-style-type: none"> • Cardiology • Breast Screening • Hepatology | Wendy Scott | Dec 19 | Failure to develop and maintain engagement with partners |
| | Develop meaningful relationships with commissioners, primary care and social care as part of an Integrated Care System | Integrated Care System in place with Trust as a member | Mike Proctor | System Leaders initial meeting Feb 2019. Timescales to be agreed with partners at that meeting | Failure to develop and maintain engagement with partners |
| Draw on national funding to support capital schemes | Secure investment for investment in infrastructure & ED at Scarborough | Mike Proctor | Achieved Dec 18 | Failure to maintain and develop the Trust's estate | |

Overall Board lead for theme: Mike Proctor

| Strategic Theme | Objective | Measurement | Lead | Timescale | BAF Link |
|------------------------------|--|--|----------------|----------------|---|
| Make best use of every pound | Use new technology and automation to support best use of resources | Deliver efficiencies through the use of new technologies | Andrew Bertram | September 2023 | Failure to develop, maintain/replace and secure IT systems impacting on security, functionality and clinical care |
| | Find more innovative ways to deliver services to reduce the cost of service delivery | Deliver 2019-20 CIP | Andrew Bertram | March 2020 | Failure to achieve the Trust's financial plan |
| | Through Aligned Incentive Contract work with commissioners to focus on the most cost-effective care delivery | Delivery of the system financial recovery plan | Andrew Bertram | March 2023 | Failure to develop and maintain engagement with partners |

Overall Board lead for theme: Andrew Bertram

Council of Governors (Public) – 13 March 2019

Governor Internal Elections Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

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

Purpose of report

The Governors are asked to note the results of the recent internal Governor elections.

Executive Summary – Key Points

This paper provides an overview of the recent internal elections and any vacancies within each Group/Committee.

Recommendation

The Governors are asked to discuss whether any would like to join the groups that have vacancies.

Author: Lynda Provins, Foundation Trust Secretary; Tracy Astley, Asst. to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: February 2019

1. Introduction and Background

This paper has been prepared to outline the results of the recent internal elections and to give an overview of the current position.

2. Governor Internal Election Results

- (a) Please note the results following the internal elections:

Nominations/Remuneration Committee:

Stephen Hinchliffe – re-elected
Jeanette Anness – re-elected

Gerry Richardson has also joined the group as a Stakeholder Governor.
Mick Lee will remain on the committee as a Staff Governor.

Constitutional Review Group:

Jeanette Anness – re-elected
Mick Lee – re-elected

Patient Experience Steering Group:

Sheila Miller – elected

- (b) There were also a number of vacancies on the following Committees/Groups which Governors put their names forward to join.

Out of Hospital Care Group: Jeanette Anness has joined the group.

Charity Fundraising Committee: Andrew Butler has joined the group

Fairness Forum: Jeanette Anness has joined the group.

- (c) There are still a number of vacancies on the following Committees/Groups which the Governors are asked to discuss and put their names forward to join.

Out of Hospital Care Group: 2 x public governor vacancies

Constitution Review Group: 2 x public governor vacancies
1 x stakeholder governor vacancy

Membership Development Group: Membership is not static and interested governors can be considered for membership at any point in time.

3. Detailed Recommendation

The Council of Governors is asked to note the results of the recent internal Governor elections and to discuss vacancies.



Council of Governors (Public) – 13 March 2019 Membership Development Group Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

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

Executive Summary – Key Points

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

Recommendation

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

Author: Lynda Provins, Foundation Trust Secretary; Tracy Astley, Asst. to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: March 2019

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 December 2018 and January 2019 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:

Membership of the Group – it was highlighted that more members were needed for the Membership Development Group. An email was circulated to the Governors and there was very little response.

Encouraging Younger Members – this had been brought up on a number of fronts and the group discussed how this could be taken forward. Bearing in mind that membership is 16 years + any promotion would be aimed at sixth form upwards. A member of the Recruitment Team visits schools/colleges on a regular basis and they have agreed to take round membership posters to distribute on their visits.

Membership Survey Results – This has given us lots of ideas for putting on Membership Sessions and producing articles in Membership Matters to inform members about our services, our governance and what benefits there are for being a member. We have announced the first cohort of Membership sessions which are being advertised in Membership Matters.

Membership Stand – a stand was booked in the foyer of the York Hospital main reception for week beginning 11/02/19. The intention was to have governors man it between 11.00am - 3.00pm each day. Governors were asked to volunteer for 2 hour slots. Margaret, Michael and Jeanette volunteered. The Governors reported that they had spoken to lots of visitors to the hospital and was interested to discover if the increase in membership would make it worthwhile to repeat.

Membership Report – this report gave an update on membership numbers and a breakdown of the membership. The report showed that in most areas there had been a further reduction in the level of membership, but the reduction in most areas was very small. A work programme has been produced which includes articles in the monthly members newsletter to encourage membership of family and friends, as well as encouraging younger members to join. An updated report is due in June which will give information on the success of the publicity.

Membership TOR – the Terms of Reference was ratified by the Group in January 2019. The Council of Governors is asked to approve the attached terms of reference (appendix 1).



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 the membership strategy and analyse the Trust's membership – recommending an annual work programme to support membership recruitment, retention and development.
 - To develop representation and engagement opportunities and events for Governors to contact and communication with members.
 - 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 is not static and interested governors can be considered for membership at any point in time.

Meetings

- 8 The group will meet a minimum of four times a year.
- 9 Notes of all meetings will be produced and reports will be produced for the Council of Governors on its recommendations.
- 10 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.
- 11 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).

Council of Governors (Public) – 13 March 2019 Constitution Review Group Report

Trust Strategic Goals:

- to deliver safe and high quality patient care as part of an integrated system
- to support an engaged, healthy and resilient workforce
- to ensure financial sustainability

Recommendation

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

Purpose of report

The purpose of this report is to provide the Council of Governors an update on the work of the Constitution Review Group.

Executive Summary – Key Points

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

Recommendation

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

Author: Lynda Provins, Foundation Trust Secretary; Tracy Astley, Asst. to FT Secretary

Director Sponsor: Susan Symington, Chair

Date: February 2019

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 December 2018 and January 2019 to discuss 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:

- Meeting Etiquette – it was raised that each governor should reply to invitations, either accept or decline. This is to ensure numbers are taken into account when booking rooms and for catering purposes. It was also suggested that at the beginning of each meeting the members are asked to ensure their mobile phones are on silent.
- Constitution & Annex 5 Standing Orders – It was agreed to ask Governors for comments and LP will modify and take to the Extraordinary Council of Governors meeting in January for ratification.
- Code of Conduct – the paper does not cover the situation with the newly elected Bridlington Governor where he has not been in contact at all. The Group agreed that the Code of Conduct should be amended giving information on the process to be taken around none contact of a newly elected governor. In addition, the Group agreed that the paper be amended to include a review/action if a Governor fails to attend 3 consecutive meetings.
- LLP Governor – the Group discussed this and agreed that further discussion was needed at the private Council of Governors meeting.
- NED/Governor Terms of Service – It was agreed that the Governor terms of service should be calculated in years. The matter would be taken to the Council of Governors to discuss the NED Terms of Service.

3. Detailed Recommendation

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

