

# Council of Governors (Public Meeting)

21 September 2018



# COUNCIL OF GOVERNORS MEETING

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

On: 21 September 2018

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

TIME	MEETING	LOCATION	ATTENDEES
9.00am – 9.45am	Nomination & Remuneration Committee	Malton Rugby Club	Nomination & Remuneration Committee Members Only
10.00am – 10.45am	Private Council of Governors	Malton Rugby Club	Council of Governors
<b>11.00am – 1.00pm</b>	<b>Public Council of Governors</b>	<b>Malton Rugby Club</b>	<b>Council of Governors</b>



# Council of Governors (Public) Agenda

SUBJECT	LEAD	PAPER	PAGE	TIME
<p><b>1. Apologies for absence and quorum</b></p> <p>To receive any apologies for absence.</p>	Chair	Verbal		11.00-11.10
<p><b>2. Declaration of Interests</b></p> <p>To receive any changes to the register of Directors' declarations of interest, pursuant to section 6 of Standing Orders.</p>	Chair	<a href="#">A</a>	7	
<p><b>3. Minutes of the meeting held on 14 June 2018</b></p> <p>To receive and approve the minutes from the meeting held on 14 June 2018</p>	Chair	<a href="#">B</a>	11	
<p><b>4. Matters arising from the minutes and any outstanding actions</b></p> <p>To discuss any matters or actions arising from the minutes.</p>	Chair	Verbal		
<p><b>5. Update from the Private Meeting held earlier</b></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		11.10-11.20

Strategic Goal: To deliver safe and high quality patient care



SUBJECT	LEAD	PAPER	PAGE	TIME
<p><b>6. Governors Reports</b></p> <p>To receive the reports from governors on their activities from:</p> <ul style="list-style-type: none"> <li>• Lead Governor Report</li> <li>• Transport Group</li> <li>• Fairness Forum</li> </ul>	Governors	<a href="#">C</a>	19	11.20– 11.30
<p><b>7. Chief Executive's Update</b></p> <p>To receive a report from the Chief Executive including:</p> <ul style="list-style-type: none"> <li>• HCV Partnership Update</li> </ul>	Deputy Chief Executive	<a href="#">D</a>	25	11.30– 11.35
<p><b>8. Mental Health Provision</b></p> <p>To receive an update on the mental health provision</p>	Director of Estates & Facilities	<a href="#">E</a>	31	11.35– 11.45
<p><b>9. TAPE Process Update</b></p> <p>To receive an update on the TAPE process.</p>	David Biggins	Verbal		11.45– 12.00
Strategic Goal: To ensure financial stability				
<p><b>10. Alternative Delivery Model Update</b></p> <p>To receive an update on the Alternative Delivery Model.</p>	Director of Estates & Facilities	Verbal		12.00– 12.10
<p><b>11. Strategy &amp; Financial Plan</b></p> <p>To receive an overview of the Strategy &amp; Financial Plan</p>	Chief Operating Officer/ Finance Director	<a href="#">E</a>	35	12.10– 12.35
Strategic Goal: To support an engaged, healthy and resilient workforce				



SUBJECT	LEAD	PAPER	PAGE	TIME
<b>12. Community Nursing Workforce Redesign</b>  To provide a presentation on the Community Nursing Workforce Redesign	Ginny Russell	Verbal		12.35–12.50
<b>Governance</b>				
<b>13. Governor Elections</b>  To receive an update paper on the internal election process.	FT Secretary	<a href="#">G</a>	49	12.50–12.55
<b>14. Audit Committee Annual Report</b>  To receive the Audit Committee Annual Report	Audit Committee Chair	<a href="#">H</a>	51	12.55–13.00
<b>15. Any other business</b>  To consider any other items of business. <ul style="list-style-type: none"> <li>Reflections on the meeting</li> </ul>	Chair	Verbal		13.00
<b>16. Time and Date of next meeting</b>  The next Council of Governors meeting will be held on 13 December 2018 at Malton Rugby Club, Old Malton Road, Malton, YO17 7EY				



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Amendments: Catherine Thompson— no longer employed by NHSE, now employed by WY&H Health and Care Partnership (STP)

**A**

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
<b>Jeanette Anness</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Member, Derwent Practice Representative Grp Member, NY Health watch Member, SRCCG Patient Representative Grp	Nil
<b>Andrew Bennett</b> (Staff Scarborough and Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Ann Bolland</b> (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Andrew Butler</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Roland Chivers</b> (Public: Selby)	Nil	Nil	Nil	<b>Trustee</b> — Hemingbrough Institute and Playing Fields Association	<b>Councillor</b> — Hemingbrough Parish Council	<b>Councillor</b> — Hemingbrough Parish Council
<b>Dawn Clements</b> (Appointed: Hospices)	Nil	Nil	Nil	<b>Director of Fundraising</b> —St Leonards Hospice York	<b>Director of Fundraising</b> —St Leonards Hospice York	Nil
<b>John Cooke</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Helen Fields</b> (Public York)	Nil	Nil	Nil	Nil	Nil	Nil



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

Governor	Relevant and material interests						
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<b>Karen Porter</b> (Project Choice)	Nil	Nil	Nil	Nil	Nil	Nil	
<b>Gerry Richardson</b> (University of York)	Nil	Nil	Nil	Nil	Nil	Employed by Uni. of York—Centre for Health Economics	
<b>Michael Reakes</b> (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil	
<b>Patricia Stovell</b> (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil	
<b>Jill Sykes</b> (Staff: York)	Nil	Nil	Nil	Nil	Nil	Nil	
<b>Richard Thompson</b> (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil	
<b>Catherine Thompson</b> (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	Employed by WY&H Health and Care Partnership (STP)	
<b>Robert Wright</b> (Public: City of York)	Nil	Nil	Nil	Volunteer for York Healthwatch	Employee—NHS Leadership Academy	Nil	

## Council of Governors (Public) Minutes – 14 June 2018

### Chair:

Prof. Dianne Willcocks

### Public Governors:

Mrs Jeanette Anness, Ryedale and East Yorkshire  
Mr Andrew Butler, Ryedale & East Yorkshire  
Mrs Helen Fields, City of York  
Mr Stephen Hinchliffe, Whitby  
Mrs Margaret Jackson, City of York  
Mrs Sheila Miller, Ryedale & East Yorkshire  
Mr Michael Reakes, City of York  
Mr Clive Neale, Bridlington  
Mrs Pat Stovell, Bridlington  
Mrs Catherine Thompson, Hambleton  
Mr Robert Wright, York

### Appointed Governors

Ms Dawn Clements, Hospices  
Cllr Chris Pearson, NYCC  
Mr Gerry Richardson, University of York

### Staff Governors

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

### Attendance

Mr Mike Proctor, 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  
Mrs Jenny McAleese, Non-executive Director

### Apologies for Absence:

Apologies were received from the following:

Mrs Ann Bolland, Selby  
Mr Roland Chilvers, Selby  
Mr John Cook, York  
Mrs Helen Noble, Scarborough/Bridlington  
Ms Libby Raper, Non-executive Director  
Mr Mike Sweet, Non-executive Director

### **18/01 Chair's Introduction and Welcome**

Prof. Willcocks welcomed everyone to the meeting.

### **18/02 Declarations of Interest**

There was one change to the declaration of interests noted:

Mrs Thompson no longer works for NHSE; she is employed by West Yorkshire and Harrogate Health and Care Partnership STP.

### **18/03 Chief Executive Update**

Mr Proctor provided his first update as Chief Executive and wished to pay tribute to Mr Crowley and thank him for all his work as Chief Executive. Mr Proctor's role is to provide a smooth transition to the new Chief Executive who is in the process of being recruited. He noted that the Governors will have the opportunity to be included in the recruitment process. Mr Proctor stated that he could not afford to be passive on some things and he is consulting with the Board on some acting appointments. The changes include; Mr Bertram will be deputy Chief Executive, Ms McMeekin will be Acting Director of HR and take on all the workforce and OD portfolios and Mrs Brown who will be Acting Director of Communications to enable communications to become an integral part of the way the Trust works.

Mr Proctor stated that he will also be strengthening the site management at Scarborough Hospital following a listening exercise and there will be some changes to the way the management team is split, but this will be presented to the Board at the end of the month.

Mr Proctor stated that although the financial turnaround plan was successful, the Trust was not able to access the STF monies last year. He noted the outturn position for this year was better and that there was a bit more understanding from NHSI around the provision of services at Scarborough. The agreed control total is £14.3m, which if achieved will deliver £12.5m STF funding. The plan is judged on a quarterly basis and the first 2 months of the year have been good so hopefully the Trust has a chance to achieve quarter 1, but it will get tougher as the year progresses especially if the pressures continue.

The Trust has handed over Scarborough & Ryedale Community Services to Humber and there has also been a reduction in the number of OPD clinics provided at Whitby.

Mr Proctor noted that Mr Golding had provided a detailed update around the ADM in the private session. He stated that the pension arrangements element remains outstanding,

but assured the Governors that the intention is to provide an equivalent total rewards package if new staff cannot access the NHS pension.

Mr Proctor stated that he had recently attended a University of York dinner which was about ambitious plans around creating nursing leaders of the future. However, he raised that the Trust also needs followers as only 5 nurses were taken on from the last output. He noted that Scarborough's nursing turnover is low at 7% (national average is 10 to 11%), but that is still approximately 40 vacancies to fill. Therefore the Trust is working with Coventry University to ensure more nurses are trained in Scarborough.

Mr Proctor also highlighted another new role which the Trust is looking to recruit, which is Physicians Associates. These are biomedical graduates who do a 2 year programme so that they can do some of the tasks junior doctors do. The Trust has plans to recruit 12 to 15.

Mr Proctor stated that the Trust has plans to make better links with the STP through Simon Pleydell although he did stress that he currently chairs the STP Workforce Group. The Digital Group has not met yet and he noted that Mr Golding attends the Capital Group.

Mr Proctor stated that following the NHSI investigation the Trust is developing an action plan.

Mr Wright applauded the efforts to balance the books last year and Mr Proctor confirmed that the CIP level was approximately £23m which was the same as last year. He noted that the Trust is moving to an aligned incentive contract (AIC) with the CCGs which has been debated at Board and will be signed off once a series of risk management arrangements have been agreed. The AIC is about providing an incentive to work in a different way and makes the system work together.

Mr Wright stated that it was a substantial level of CIP required both last year and this year. However, Mr Proctor stated that this is actually the ninth year of CIP delivery and the hope is that without the need to monitor contracts, this will release some staff in the CCGs to assist delivery.

Mr Butler asked if there was any substantive change to the STF and Mr Proctor explained that it was linked to finance 70% and performance 30% the same as last year, however, there is more hope that we can meet it this year.

Mrs Fields asked how existing medical staff were reacting to the Physicians Associates and Mr Proctor stated that they were mostly engaged as the Trust had previously introduced the ACPs which were seen to be a benefit. He also noted the gaps in the junior doctor rotas. Prof. Willcocks stated that it was about a change in culture.

Cllr Pearson asked how much teaching of junior nurses the Trust engaged in and Mr Proctor stated that there is a lot and that the Trust has an in-house education team, but that an apprenticeship programme was also being developed.

Mr Reakes asked about the high level of spend on agency staffing and whether the bank shift app is being used. Mr Thomas confirmed that the app was being trialed in Paediatrics and ED at Scarborough and will be live in a couple of week's time.

Mr Richardson asked about skill mix and how it will be judged whether the Physicians Associates are value for money. Mr Proctor stated that this move was new to the Trust, but the information has been based on skill set and degree of competence and he noted colleagues from the Hull York Medical School were already using the roles. He noted that this will be about safety and that these are not additional roles, but will replace gaps.

Mrs Thompson asked about the salary and whether nurses were concerned. Mr Proctor explained that the ACPs are paid more than the Physicians Associates.

#### **18/04 Minutes of the meeting held on the 8 March 2018**

The minutes of the meeting held on the 8 March 2018 were agreed as a correct record subject to the following amendment:

Page 13, 4<sup>th</sup> paragraph – Mr Reakes stated that this would be clarified if it was changed to read ‘Mr Reakes noted multi-parametric MRI scans for diagnosis in urology per [nhs.uk/news/cancer](http://nhs.uk/news/cancer) dated January 20,2017 and asked if a budget to acquire a suitable scanner could be found at the Malton Urology Centre.

Mrs Thompson noted that she attended the last meeting, but was not on the minutes.

#### **18/05 Matters arising from the minutes**

No matters arising were discussed.

#### **18/06 Update from the Private Meeting held earlier**

Prof. Willcocks provided the following update:

- 2 NEDs are due to leave, Mike Sweet in June and Libby Raper in July;
- Approval was received for Mike Keaney to be Vice Chair, Mike Keaney and Jennie Adams were reappointed for a further year and the 2 Associate NEDs will become substantive from the 1 July 2018;
- The Chair’s appraisal;
- An update on the ADM by Mr Golding.

#### **18/07 Governors Reports**

**Lead Governor Report** - Mrs Jackson stated that the NHS Providers Governor Conference slides can be found on the website and there were some very useful questions for Governors to ask in relation to STPs. She stated that she had asked for Mr Proctor to think about how Governors could be involved in the STP

**Out of Hospital Care** – It was noted that Ginny Russel has been asked to attend the next meeting to provide a presentation on Community Nursing Workforce Redesign. It was noted that work was taking place to reduce the numbers of stranded patients and that this is linked to frailty assessment and SAFER. Mr Reed noted that City of York and NYCC are both looking at discharges, but that there is also now a focus on ‘super’ stranded patients which are those who are in over 21 days.

**Action: Ginny Russell to be asked to attend the next meeting to provide a presentation on Community Nursing Workforce Redesign.**

Mrs Miller noted that care homes were struggling and it was also noted that the visa cap being lifted would help with staffing. Mr Reed noted that both Local Authorities pay above the national average.

Mrs Anness stated that the Trust may be able to learn lessons from Humber who seem to be better developed at mobile working.

**Transport Group** – No questions were raised.

**Fairness Forum** – Dog passports were discussed and it was noted that animals need to have a passport to be able to enter certain parts of the Trust. It was noted the animals are in great demand and do make a difference to patients.

It was confirmed the Selby celebrations on the 7 July were going ahead.

Prof. Willcocks noted the Council's condolences to Mrs Bolland and their appreciation for the work done by Mr Bolland as a volunteer as both Mr and Mrs Bolland had given a lot of their time to the Trust.

**Arts Strategy Group** – No questions were raised.

### **18/08 Emergency Care Standard (ECS)**

Mr Thomas stated that 30% of the STF was based on achieving the ECS target which was staggered for this year but was much more achievable for the Trust. The target required 95% to be achieved in March 2019. Mr Thomas stated that April had been challenging, but that May had been the busiest month for ten years with 8000 attendances across both sites. York was seeing 300 patients most days and usually only saw between 240 to 260. Scarborough was seeing 180 to 190 patients and usually was around the 160 to 180 mark. Mr Thomas also noted challenges with staffing.

In relation to York there are going to be some changes to the Front door, but Scarborough needed a new emergency assessment unit so a bid had gone in for STP capital funds.

Work was being done to look at processes and Mr Thomas stated that it was a really demanding job to keep patients moving through the department. He stated that there was a really positive conversation being held with YAS in terms of what they could bring to the Trust, but also which patients they could divert down another route.

Mr Neale stated that he had heard that there were problems with ambulance handovers. Mr Thomas stated that some of this was to do with the IT system and the issues were being teased out and addressed.

Mrs Anness stated that she had heard an interesting radio programme about a paramedic helping with a cohort of patients who regularly came to ED. Mr Thomas stated that work is being done with frequent attenders and that YAS had one of the highest non-conveyance rates in the country already.

Mrs Anness also raised that some patients in waiting areas did not understand that patients for other areas were sat in the same waiting area. Mr Thomas stated that signage is being looked at.

Mr Wright asked why May was the busiest month and Mr Thomas stated that it was the minor injuries which had increased and that work was ongoing to improve non-admitted breaches.

Prof. Willcocks thanked Mr Thomas for his very positive presentation.

### **18/09 Utilisation of Community Hospitals**

Mr Reed provided an overview of the paper which had been in response to questions from Mrs Bolland following a site visit which highlighted under utilised space. Mr Reed stated that the paper covered 4 hospitals and that each one had space which was rented by other providers. The space data was on the last page and was broken down by total space which was different to some of the other reports in the Trust. It was also noted that the staffing data was reviewed the same as the way it is for acute wards.

Mr Richardson asked whether the LOS figures were as expected and Mr Reed stated that they the figures had gone down a couple of years ago when there were changes to the Community Discharge Teams. He noted that the LOS figures benchmark well.

Prof. Willcocks asked what kept him awake at night and Mr Reed responded that there is nothing that worries him, but it is about continuing to improve care and do more in the patient's own home.

Mrs Jackson stated that Mrs Bolland also asked about the Urology one stop at Malton only being opened 3 days a week and it was explained that dermatology also use it and that other services were fighting for capacity.

Mr Richardson asked about the quality of discharge if LOS was reducing. Mr Reed stated that it was much the same as 2 years ago. It was very much about getting patients back to their base line and safe to be returned home to continue with rehab.

Mr Butler thanked Mr Reed for the exemplar paper. The challenge for the Board was to make the best use of space at Bridlington especially when other services like ED were crying out for space. Prof. Willcocks stated that she would pick this up with the Board.

### **18/10 Trust Charity Presentation**

Mrs Clegg introduced the team and provided a handout. The presentation was to give the Council a better understanding of the Charity which sits alongside the Trust. She provided some examples of fundraising activities. Mrs Clegg noted that all the hospitals are covered by the Charity and they work closely with the Friends Groups which are independent charities.

Mrs Richardson stated that she was community based and focused on supporting groups and individuals fundraising activities. She spent time talking to groups and raising awareness of the Charity. Mrs Richardson stated that she works closely with the Corporate Improvement Team on the Inspire Project and has managed to support 17 out



of the 20 applications this year. She also noted that the Trust holds campaigns and events such as the 3 Peaks challenge.

Ms Bulman provides corporate fundraising support and develops relationships with the Trust's contractors like Kier and Enterprise. She noted that the Trust is currently the Charity of the year for 4 local Co-ops and Marks and Spencers in the city centre. Her work is based on a lot of networking and making presentations to companies.

The team works with departments to upgrade areas including the dementia friendly work, the resurfacing of the helipad in Scarborough and the new sensory room at York.

Mrs Clegg thanked the Governors for the scheduled 70 tea party which would support the Charity.

Ms Clements asked if the Charity has a target and Mrs Clegg stated that the Trust is working on analysing where the money comes from which will inform the target and also what percentage it is of the Trust's running costs. Ms Clements stated that the legacy income element was massively untapped and Mrs Clegg agreed especially as the legacy income had fallen. She noted that the Trust is linking into Will Writing Week and has some proactive plans in place.

Mrs Miller thanked the team for the money given to some of the research projects.

The Council discussed the Inspire and Educational Bursary projects and the team noted that they do approach a number of different organisations for partnership and fundraising opportunities. Mrs Clegg also noted that the back page of Staff Matters is dedicated to the work that the Charity does.

Prof. Willcocks thanked the team for their very informative presentation.

### **18/11 Governor Elections Update (Internal)**

Mrs Provins stated that as yet the election dates in the paper were provisional as she still needed to agree them with the Electoral Reform Society.

### **18/12 Membership Development Group Update**

Mr Reakes noted that a poster format would be discussed at the next meeting and that this would be a useful way of getting new members as it could be posted around the Trust and in GP surgeries.

### **18/13 Constitutional Review Group Update**

Mrs Provins noted that the Group had discussed the following:

- Out of Area Constituencies – decision taken not to change the constitution.
- Constitution review was taking place and the amendments would be brought to the Council once the whole constitution had been reviewed.
- The discussion on the Whitby Governor – she noted that the discussions about having a Whitby Governor would be put on hold as she was pleased to note that Mr Hinchliffe would be reapplying for a further term in the forthcoming elections.

## 18/14 Any Other Business

There was a discussion about mental health provision at York and Mrs Jackson was interested to know what was happening. Mr Golding will check on the information that has been in the press and provide some clarity.

**Action: Mr Golding to provide some clarity around what is happening with Mental Health provision at York.**

## 18/15 Time and Date of the next meeting

The next meeting will be held on 21 September 2018 at Malton Rugby Club, Old Malton Road, Malton YO17 7EY

## ACTION LOG

Date of Meeting	Action	Responsible Officer	Due Date	Comment
06.12.16	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	Mrs Provins to include a TAPE process update on the September 2018 agenda.	Mrs Provins	Sep-18	On agenda
08.03.18	Constitution Review Group to reconsider having an out of area constituency	Mrs Provins	May-18	Discussed at the meeting on the 16 May - same conclusion drawn.
08.03.18	ADM to be put on the next agenda	Mrs Provins	Jun-18	On agenda
08.03.18	Chief Executive slot to be put at the end of the agenda	Mrs Provins	Jun-18	N/A
14.06.18	Ginny Russell to be asked to attend the next meeting to provide presentation on Community Nursing Workforce Redesign.	Mrs Provins	Sept-18	On agenda
14.06.18	Mr Golding to provide some clarity around what is happening with Mental Health provision at York.	Mr Golding	Sept 18	On agenda

## Council of Governors – 21 September 2018 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 from Governor activities.

### Executive Summary – Key Points

Reports are providing on the following:

- Lead Governor
- Transport Group
- Fairness Champions and Forum

### 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)  
Ann Bolland – Public Governor (Selby)

Date: September 2018

## 1. Lead Governor Report

The Trust continues to work hard to meet targets and manage the current financial pressures. There is constant demand at all levels in the organisation with the Executives being regularly challenged by the Non-Executive Directors. Governors attending the Board meetings and committees are very aware of this.

As you know the appointment of a new Chief Executive took place on the 12th and 13th September 2018. The outcome will come to the Council of Governors for ratification.

Welcome to Tracy Astley who is now working with Lynda. We are really delighted that Lynda now has some support and look forward to working with Tracy. (See Lynda's note about Tracy who works Monday to Thursday).

As you all are aware this year is the 70th birthday of the NHS. Thank you to everyone who contributed in any way to the tea party held at the Friends Meeting House in Malton on 5th July. Can I also thank Governors who helped at the Live-Ex held at the Army Medical Centre, on Towthorpe Road, Strensall (see Appendix I for further information).

The "Celebration of Achievement" has changed and this year Governors were asked to review the nominations for volunteer of the year and my thanks go to Sheila, Ann and Jeanette for helping me to shortlist the nominations. The outcome of our deliberations has gone to Helen Greenley and the top 3 announced on the night. You will all be invited to attend and it is a nice night so get it into your diaries. This year's event will be held at York Race Course on 18th October. More information about this event is to follow.

Can I take the opportunity to thank all governors who are stepping down at this time from the role for their contribution to the Council of Governors and to the work of the governors in general. The outcome of the election will be announced at the end of September. We look forward to meeting any colleagues who continue in their role or any newly elected colleagues. An induction programme will take place and current governors are asked if they are willing to act as support to their new colleagues. Please let Lynda and I know if you are available. An updated contact list for governors will be made available once the outcome of the elections is announced.

Lynda has arranged a training event with the governors from Harrogate Trust. This is to be held on Wednesday, 12th December at Boroughbridge. Please confirm with Lynda if you plan to attend.

I have to give my apologies for the Annual General Meeting and Annual Members Meeting to be held at York Hospital in the Chapel on Thursday, 27th September. Helen Fields has very kindly agreed to give the governor update and I am extremely grateful to her for doing this on my/our behalf. Please do attend the event to support Helen.

It is that time of the year again; the NHS Carol Service is to be held at York Minster on Wednesday, 5th December 2018. As this year is a special year being the NHS's 70th Birthday, a small brass ensemble (as well as the NHS Choir) will be supporting the event. The Archbishop of York will be in attendance and will read the first reading. The doors open at 18.30 and the service starts at 19.30. No tickets are required but do come early

and wrap up warm as it gets very cold despite the Minster being usually full. Let me know if you are planning on coming and if you want me to ask for reserved seats.

Margaret Jackson - Lead Governor

## **2. Fairness Champions (24.07.18)**

The Chair of this group is Lisa Smith who is the Freedom to Speak up Guardian and Fran McDonnell who is the service manager for the Child Health directorate. At the moment there are 34 Champions, all have completed their Inductions. There have been 36 Champion cases recorded. I have a breakdown of these if required. There was Fairness Champion activity update and NGO, (National Guardians Office) activity update. Case reviews from Southport & North Lincs and Goole NHS Foundation Trust were discussed. October is national speak up month. To celebrate we are holding a Fairness Champions tea party to thank and acknowledge the contribution all have given in promoting the speaking up agenda and their roles. This will take place on Friday 5th of October, venue yet to be decided.

Ann Bolland – Public Governor (Selby)

## **3. Fairness Forum (15.08.18)**

The ritual washing scheme is still not concluded. Concerns have been raised regarding the length of time that this project has taken.

Work is ongoing in the ED reception area. This work aims to create some new assessment rooms and it is intended to incorporate some dementia friendly design principles.

The Chaplaincy has been working with HCAs and Nurses providing training in spiritual care.

There are now many volunteers working within Chaplaincy giving generously of their time in order to enhance the patient experience. We now have a Sikh volunteer who joined the Trust in June with the remit to review and develop our interfaith links and update resources as needed. Patient leaflets have been updated and will soon be distributed by volunteers across the Trust.

The Safeguarding Adult team have continued to provide training sessions regarding the 4 information packs that they have created. These packs cover the Mental Health capacity, Safe Guarding ,DOLs (Therapy in Dementia)and supporting patients with LD.

There was an accessible information update from York Blind and Partially Sighted Society. An agreed format for patients who need to access various appointments was agreed. There were verbal updates on the Workforce Race Related standard, EDS2, and the Equality and Diversity Action plan.

On the 27th of July there was an Interpretation and Translation Service Stakeholder meeting to discuss the way forward. I fed into this meeting sharing my concerns and issues relating to our present provider The Big Word. Discussion took place around video

and digital services. Leeds General hospital is currently working with in house translation services.

Follow up action points were listed and questions for the tender Identified. Bidding providers will come into the Trust on week commencing 1st October in order to present their services prior to submission of their bids. (How will the Committee/Board be assured that priority actions have been completed and that they are having a desired impact?)

Ann Bolland – Public Governor (Selby)

#### **4. Transport Group Report (17.08.18)**

A lively discussion took place again on the possibilities of re-opening the railway station behind the hospital; this was felt more urgent because of the new development on Wigginton road. York City Council are doing a new report on this and will make it available to the group as soon as it is ready.

Dan Braidley, now a full member of staff, ( Environment and Sustainability Manager) gave his excellent report. York City Council had been talking about road works on Wigginton road (because of the new development), and had suggested that they might get rid of the two mini roundabouts at the entrances of the hospital; Janet Mason head of Security and Transport and Dan asked to meet the City Council and after discussion they have agreed not to change this (everyone felt that would cause great difficulties for everyone trying to get into the Hospital).

Dan is also working on finishing the Travel Plan and hoping to find other areas within York for parking. Concerns about the York marathon which last year closed almost all access for patients to the Hospital and he is to discuss this with the organisers. Also looking at the possibility of “wheels to work” (what Ryedale Community transport offer young people (mopeds at a small charge). There is to be a sustainable transport event in York on the 19th September. Among topics covered will be Get cycling, a Dr Bike scheme (similar to Boris bikes in London)

The Pool and Hire car schemes continue to improve and save CO2 and travel charges, still a few staff who fail to cancel but they are being sent letters. There are now 41 cars, at York, Scarborough, Bridlington and now Selby (2); Malton continues with just 1. Talks are going ahead with Tees/Esk/Wear mental Health Trust and the City Council about the closed mental health hospital on the site where Park house is, hopefully to perhaps use this as somewhere to send patients once they are ready to be discharged from hospital and whilst Social Services are doing as Assessments.

Sheila Miller – Public Governor (Ryedale & East Yorkshire)





## APPENDIX I

### LIVEX EMERGENCY EVENT HELD ON 1ST/2ND JULY AT THE ARMY MEDICAL TRAINING CENTRE NEAR STRENSALL.

The two day event was held, in conjunction with the Army Medical Services, to test the York Hospital emergency response procedure to a major incident occurring in our area. It was repeated on the 4th/5th July for Scarborough Hospital.

Sheila, Roland and myself had all offered to fulfil the role of patients. We all arrived at 8.00am on the first day along with 300 staff participants and 100 facilitators – some of whom were army personnel. After an initial information session for everyone about how the exercise would be organised the volunteers were taken by some wonderful army people who explained our roles and how many would have make-up applied to simulate real injuries. Some of us were asked if we could arrive for 7.00am the next day to play the role of patients who were already in the Emergency Department. Sheila and I both agreed to do this. We left about 4.30pm on what had been a very hot and sunny day.

The set up in the large training building was amazing – it had been presented as close to the lay out of the York Hospital ED Department as possible so it was be familiar to the staff taking part. The volunteer patients were given a new name, birthday and a story to use when we arrived in the ED department. The actual incident occurred at 9.20 am – the army's simulation of a large explosion plus gunfire at an event at one of York's sports clubs was very realistic. Soon after the wounded started to arrive – some with major injuries, such as loss of a limb or fractures came in by ambulance and others were the walking wounded with burns and deep cuts,, The continuous sound of the ambulances was very noisy. The make-up applied to simulate wounds was incredibly realistic. Some of us played the roles of concerned relatives as well as casualties. Some other patients not connected to the major incident continued to arrive including an elderly man who collapsed with a cardiac arrest.

It was another lovely day and between our role play we could sit chatting to other volunteers including a group of, mainly young, army reservists which was very interesting and great fun. Lunch and other refreshments were provided throughout the day. The atmosphere was wonderful - volunteers, staff and the military were all supportive friendly and kind. Sheila, Roland and I felt the care and treatment we received as patients was excellent. Eighty two patients had been through the department in about six hours.

There had been extensive media coverage throughout the exercise. Following the end of the exercise we all went to a debriefing session where the Joint Head of Strategy, the Medical Director for the Emergency Department and the senior army officer all agreed that it had been an exercise well worth doing and much had been learnt from it. Much of the video footage would be used for future staff training.

Jeanette Anness [Governor]  
Sheila Miller [Governor]  
Roland Chivers [Governor]

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## Council of Governors (Public) – 21 September 2018 Chief Executive's Overview

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### 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"/>            |

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### Current approval route of report

This report was drafted for the Council of Governors.

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### Purpose of report

The attached report provides an update on the HCV Partnership for the Council of Governors for information and discussion.

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### Key points for discussion

There are no specific points to raise.

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### 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>)

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Version number: 1

Author: HCV Health & Care Partnership

Executive sponsor: Mike Proctor, Chief Executive

Date: September 2018



# Humber, Coast and Vale Health and Care Partnership

## Update Report

August 2018

The following report highlights recent work of the Humber, Coast and Vale Health and Care Partnership across some of our key priority areas. A full list of our priorities and further information about our work can be found on our website at [www.humbercoastandvale.org.uk](http://www.humbercoastandvale.org.uk).

### **Strategic Resourcing Boards**

In order to support our transformation programmes, a number of strategic boards have been established across the Humber, Coast and Vale Health and Care Partnership working on key resourcing issues: workforce, capital and estates, finance and digital technology.

### **Digital**

NHS England launched the Health System Led Investment Fund on 13<sup>th</sup> August 2018. This means that across Humber, Coast and Vale we will have access to up to £9.977m over the next three years to drive our digital strategy forward at pace. In order to draw down this funding, we will be required to work together through the Partnership to agree our local investment priorities within the framework set out nationally. The HCV Partnership team will work with the North Region NHS England Digital team to confirm that our proposed approach is within the spirit of the national strategy and ensure our local plans are robust, strategically aligned and deliverable. In all cases, national investment will need to be matched locally (either financially or in kind such as with people resources). Over the coming weeks, partners will work together to produce a prioritised schedule of investment programmes over the three year period. This process will be managed through the Strategic Digital Board, which will meet next on 17<sup>th</sup> September.

In addition to its role in managing the allocation of national digital funding, the Strategic Digital Board is also responsible for developing a Digital Strategy for the Partnership. A series of workshops will be held in the autumn to engage with different groups of stakeholders including clinicians, patients and the wider public on the development of this Digital Strategy. Further detail will be made available on our website in due course.

### **Workforce**

Since the last update report was produced in July, a set of draft workforce objectives and priority areas has been discussed and agreed by the Humber, Coast and Vale Executive Group.

The Partnership is working towards a shared ambition for workforce:

“To have a resilient paid and unpaid workforce across Health and Social Care in Humber, Coast and Vale that feels sufficiently motivated, supported, empowered and equipped to deliver safe and effective services, drive sustainable improvements and positively influence the health & wellbeing of the population in the Humber, Coast and Vale area.”

This ambition will be delivered through joint working on a number of key objectives and priority areas, which are currently being worked up into a Partnership-wide workforce plan:

1. Developing the current workforce
  - Retention
  - Skills
  - System leadership
2. Increasing future supply
  - Developing new roles
  - Increasing training places
  - Maximising recruitment
3. Developing the workplace
  - Flexible employment models (making it easier to work in different places / organisations)
  - Good employment practice
  - Efficiency and productivity (thread through all)
4. Building workforce infrastructure and investment decision making
  - Workforce planning and management including intelligence
  - Investment decision making

### **Clinical Priority Programmes – Urgent and Emergency Care**

Across the wider Humber, Coast and Vale geography, our collaborative efforts are also focused upon work in six key clinical priority areas:

- Mental health
- Cancer
- Elective (planned) care
- Urgent and emergency care
- Maternity services
- Primary care

The Urgent and Emergency Care (UEC) Network has been in place since November 2015 and was put in place to implement the national Urgent and Emergency Care route map. When the Humber, Coast and Vale Health and Care Partnership was developed in 2016, the network came under the wider Partnership umbrella and has continued to work on the transformation of the urgent and emergency care agenda in Humber, Coast and Vale. Throughout the past year the Network has worked on a number of programmes to bring about changes to urgent and emergency care across the Partnership. This includes, for example:

- Development and implementation of the Integrated Urgent Care Specification across Humber, Coast and Vale, including:
  - Development of the Clinical Advisory service/NHS 111;
  - NHS 111 online – the Humber CCGs participated in a pilot to test NHS 111 online which was rolled out during winter 2017/18;

- GP Extended access – all 6 CCGs have been working on developing their extended access arrangements which are now being put in place to support the out of hospital system.
- Ambulance Response Programme – Nationally the Ambulance Response Programme was announced with timescales for roll out. We have supported the commissioners to deliver, further work is required with EMAS but YAS are operating the ARP.

The network's priorities for the coming 12 months include:

- Supporting the Yorkshire and Humber-wide procurement of NHS 111 services
- Continue to work on the Humber, Coast and Vale dashboard to enable the network to have an overview on performance and to monitor the impact of the transformational changes being made across the system
- Further implementation of the Integrated Urgent Care strategy
- Hospital to Home – continue to support joint working across health and social care to reduce delayed transfers of care and support discharge from hospital

The work of the network and its priorities for the coming year are explained in greater detail in the Annual Report that has been produced, which you can [read on our website](#). If you would like to find out more about the work of the Urgent and Emergency Care Network, please get in touch with the programme director, [Sue Rogerson](#).

### **Partnership Event**

Our next Partnership Event will take place on **Tuesday 18<sup>th</sup> September, 1-5pm in York**. [Contact the Partnership office](#) for further details about how to register your attendance.

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## Council of Governors Meeting – 21 September 2018 Mental Health Provision in York

### Trust Strategic Goals:

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

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### Recommendation

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

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### Purpose of the Report

The purpose of this report is to provide an update regarding mental health provision in York following discussions at the last Council of Governors meeting.

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### Executive Summary – Key Points

This report will focus on two key areas:

- Tees, Esk and Wear Valleys NHS Foundation Trust's plans for a new-build hospital in York
- The future of the Bootham Park Hospital site

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### Recommendation

It is recommended that the Council of Governors note the information provided in this report.

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Author: Brian Golding, Director of Estates and Facilities

Director Sponsor: Brian Golding, Director of Estates and Facilities

Date: 13 September 2018

## 1. Introduction and Background

Following discussions at the previous meeting of the Council of Governors, this report aims to provide an update regarding mental health provision in York.

It will focus on two key areas; the proposed new-build hospital which will replace Bootham Park Hospital and also the future of the existing Bootham Park Hospital site.

## 2. Mental Health Provision in York

### 2.1 Tees, Esk and Wear Valleys NHS Trust – New-Build Hospital

Tees, Esk and Wear Valleys NHS Trust have recently confirmed that plans for the proposed new-build hospital off Haxby Road have been formally approved by their Board of Directors.

Recent news articles from Tees, Esk and Wear Valleys NHS Trust advise that the 72 bed hospital will provide two adult, single sex wards and two older people's wards; one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety.

It is anticipated that the hospital will open in April 2020; Tees, Esk and Wear Valleys NHS Trust is investing approximately £37m in the build of the new development. Planning permission was granted by City of York Council in December 2017. Construction work will begin in September and the appointed partner for the works has been confirmed as Wates Construction.

The Strategic Project Manager for Tees Esk and Wear Valleys NHS Foundation Trust presented a report to the North Yorkshire County Council's Scrutiny of Health Committee on 14<sup>th</sup> September 2018 which confirms the latest position. The meeting papers are available to view on North Yorkshire County Council's website using the following link; the report is listed as paper 07:

<http://democracy.northyorks.gov.uk/committees.aspx?commid=23&meetid=3873>

### 2.2 Future of the Bootham Park Hospital Site

The owners of Bootham Park Hospital, NHS Property Services, are in the process of disposing of the site on the open market. This is because the site was declared surplus to requirements after the TEWV Trust vacated it.

The Trust and the City of York Council are working together with other stakeholders to seek a pause in the disposal process so that we can prepare a Site Development Brief for the site that will explore what options there might be for re-utilising the site for public sector purposes. The decision to pause, or not, the site disposal process will be made by a Minister for Health imminently.

In the meantime we – the Trust and the City of York Council – have initiated the work to prepare the Site Development Brief, which will be concluded in roughly four months' time.



The Trust's interests are in relation to potential opportunities to create intermediate care facilities, keyworker accommodation, and medical education facilities, amongst other ideas, and the City of York Council's interests are, primarily, in opportunities to create extra care and social care facilities. The Vale of York Clinical Commissioning Group is one of the key stakeholders in the discussions we are having about Bootham Park Hospital and the Site Development Brief.

### 3. Recommendation

It is recommended that the Council of Governors note the updates provided in this report.



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## **Council of Governors**

**21 September 2018**

## **Financial Planning**

**Andrew Bertram, Finance Director  
Wendy Scott, Chief Operating Officer**

York Teaching Hospital  
NHS Foundation Trust





## Topics to Cover

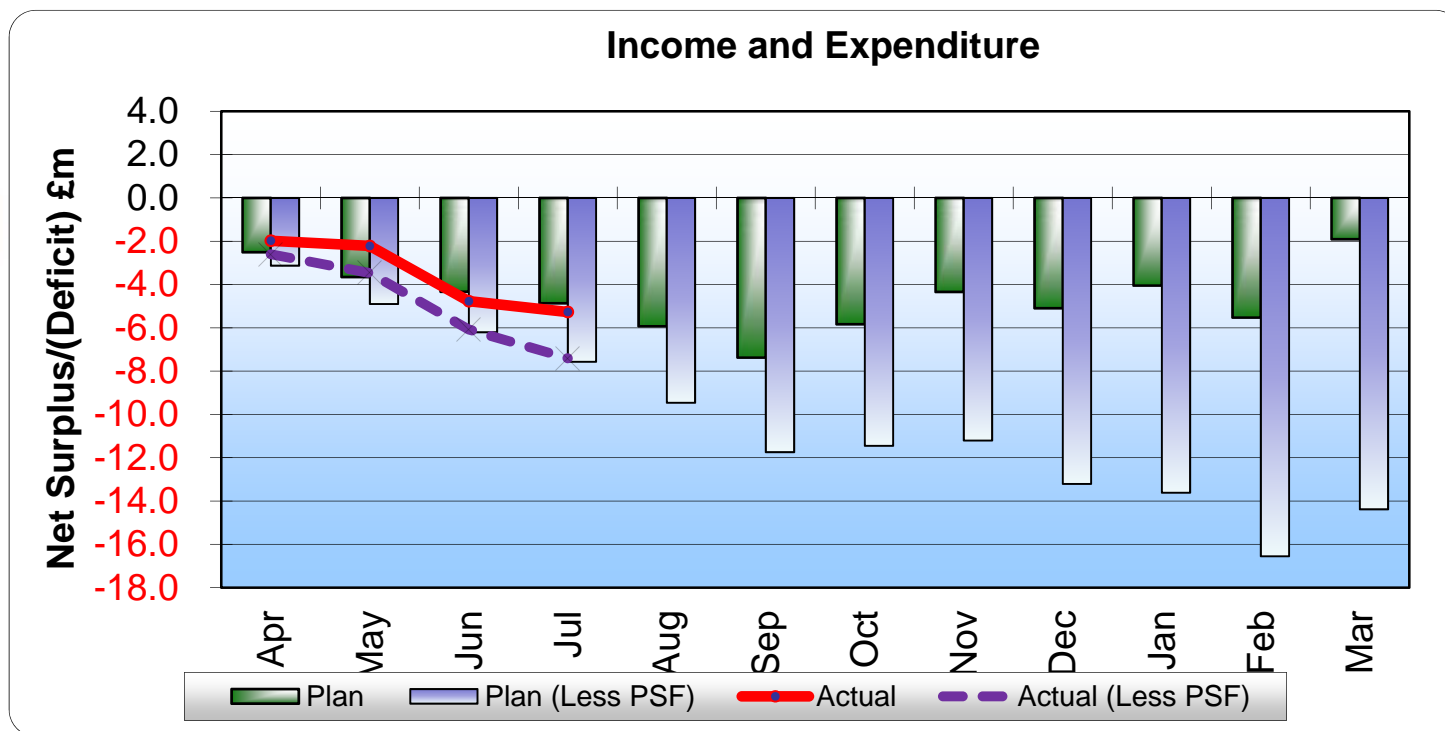
1. 2018/19 Trust Financial Plan Overview
2. 2018/19 Current Financial Performance
3. National Provider Sector Financial Context
4. Future Years Financial Planning
5. Transformation Programme

# Trust 2018/19 Finance Plan Overview

	<b>Final Plan 2018/19</b>
	<b>£m</b>
Income	475.3
PSF	12.5
<b>Total Income</b>	<b>487.8</b>
Expenditure	-490.9
CIP	21.7
<b>EBITDA</b>	<b>18.6</b>
Other Costs	-20.5
<b>Surplus/(Deficit)</b>	<b>-1.9</b>

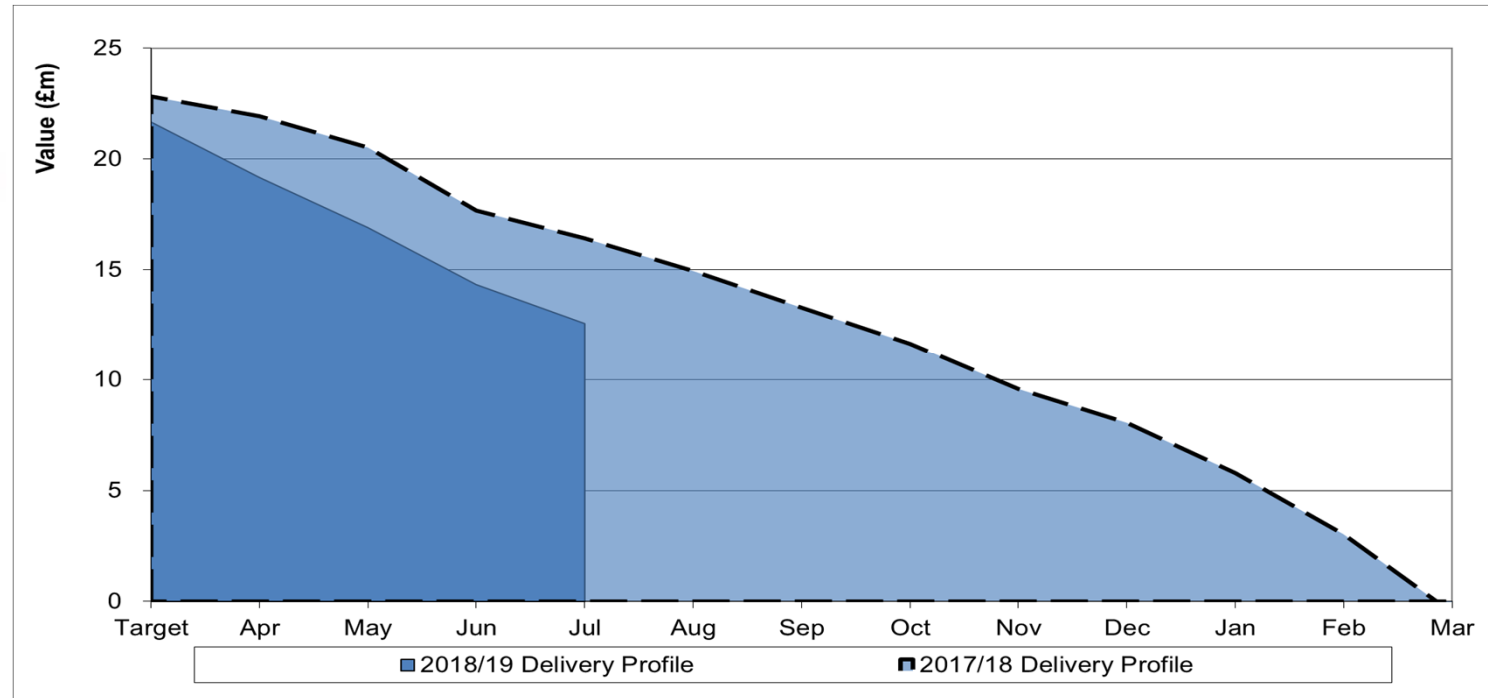
- Plan agreed £14m deficit before Provider Sustainability Funding (PSF)
- £12m PSF potential
- Net deficit £2m
- PSF 70% paid based on finance plan delivery and 30% paid on Emergency Care Standard delivery. Assessed quarterly

# Current Trust Financial Performance



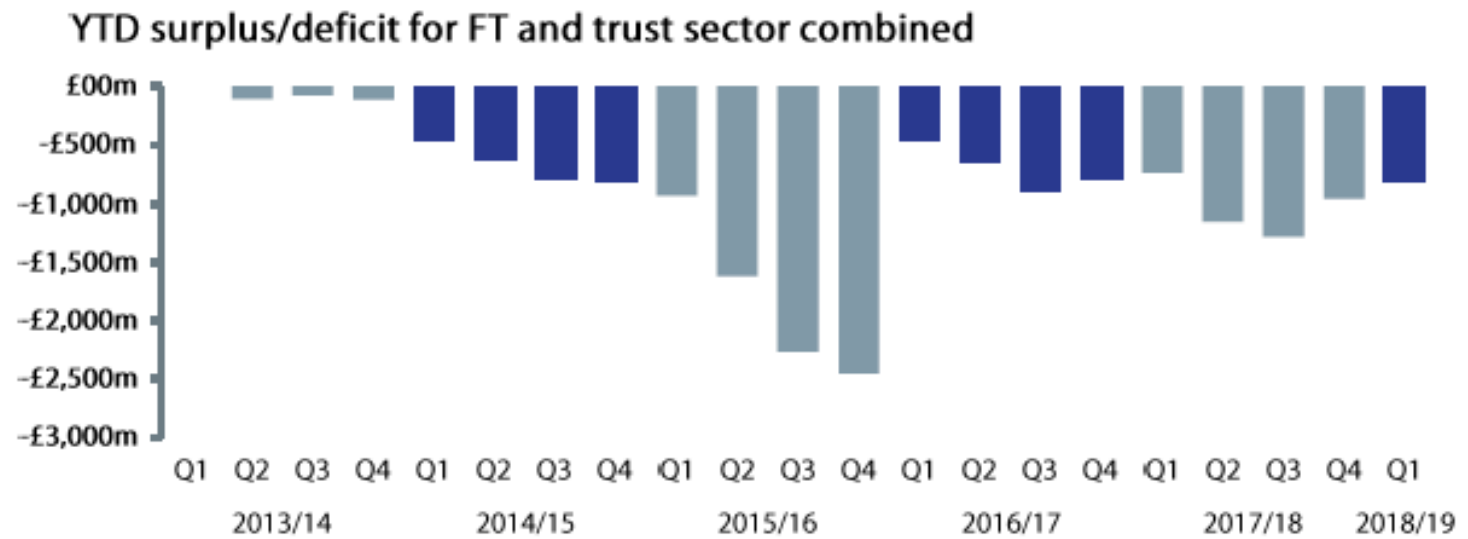
- Month 4 (before PSF) Plan £7.5m deficit and actual £7.4m deficit so secured 70%
- Failed Q1 ECS so lost 30%
- Month 4 (after PSF) Plan £4.8m deficit and actual £5.2m deficit

# Trust Efficiency Delivery



- £22m Cost Improvement Programme (CIP) requirement this year. Nearly 5% of budget.
- Good progress at month 4 with £9.1m delivered

# National Provider Sector Financial Context

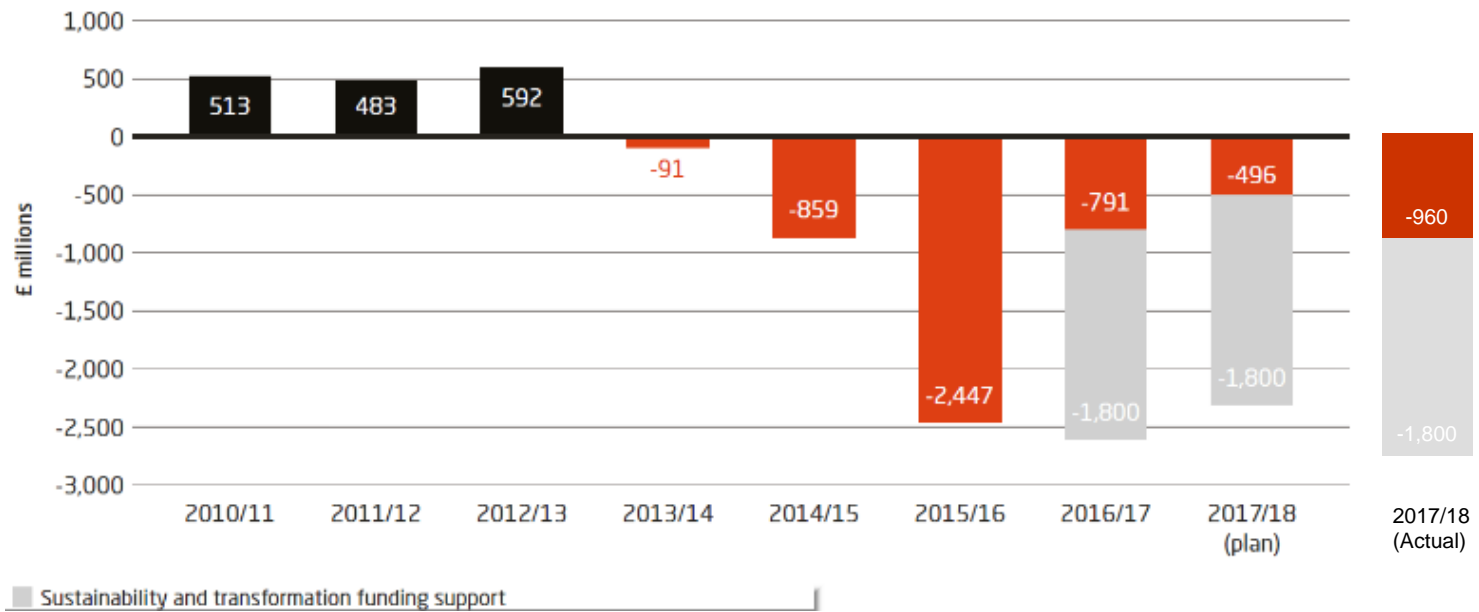


Source: NHS Providers Q1 Briefing





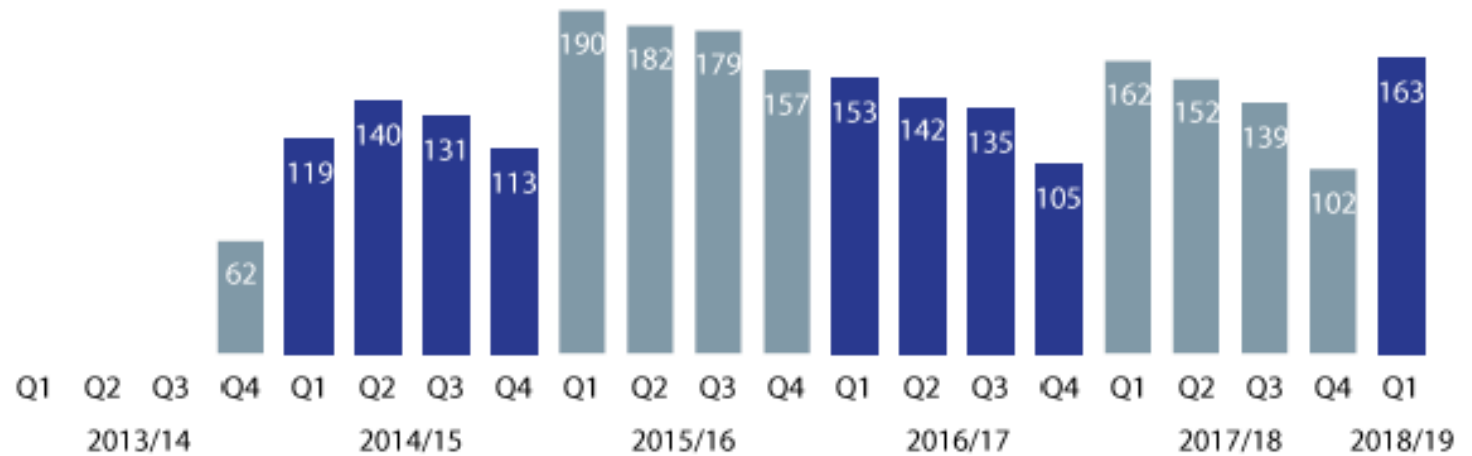
**Figure 1** Aggregate surplus or deficit of NHS trusts and foundation trusts



Source: The King's Fund



### Number of providers in deficit



Source: NHS Providers Q1 Briefing



3 months ended 30 June 2018 by sector	Number of providers	Year to date Month 3 2018/19				Forecast outturn 2018/19			
		Plan	Actual	Variance	Deficit Providers	Plan	Forecast	Variance	Deficit Providers
		£m	£m	£m	No.	£m	£m	£m	No.
Acute	133	(944)	(996)	(42)	123	(1,566)	(1,604)	(38)	88
Ambulance	10	0	2	2	3	3	3	0	5
Community	17	1	2	1	6	22	23	1	4
Mental Health	53	(10)	(3)	7	21	96	97	1	10
Specialist	17	(20)	(14)	6	10	31	31	0	5
<b>Control total basis surplus / (deficit) including PSF <sup>(1)</sup></b>	<b>230</b>	<b>(973)</b>	<b>(999)</b>	<b>(26)</b>	<b>163</b>	<b>(1,414)</b>	<b>(1,450)</b>	<b>(36)</b>	<b>112</b>
Uncommitted Provider Sustainability Fund (PSF) <sup>(2)</sup>		137	185	48		895	931	36	
<b>Reported adjusted financial position surplus / (deficit) including all PSF <sup>(2)</sup></b>		<b>(836)</b>	<b>(814)</b>	<b>22</b>		<b>(519)</b>	<b>(519)</b>	<b>0</b>	



# Future Years Financial Planning

- Work underway with CCGs to develop a medium term financial plan for our health system
  - CCG allocation changes & pressure assessments
  - Trust inflation issues, cost pressures, developments, savings requirements (CIP and QIPP)
  - System finance meeting with regulators planned for October
  - Draft Trust medium-term financial plan to November Board of Directors meeting
- East Coast Review work underway with McKinsey (Report expected December)
- Business & planning rules for 2019/20 expected in January
- February/March work up Trust annual financial plan and update medium-term financial plan
- Approve financial plan and compliance with NHSI business rules (control total?) ready for April 2019

York Teaching Hospital

NHS Foundation Trust





# Transformation Programme

## Planned Care (Jenny Hey / Mark Hindmarsh):

- **Refer for Expert Opinion** – an innovative new model to provide specialist opinion without the need for traditional outpatient appointments.
- **Follow Up Backlog** – a programme to reduce the number of patients who have waited longer for their planned follow up than expected.
- **Outpatient and Theatre Productivity** – programmes of work to radically increase the efficiency of outpatients and theatres to meet demand and deliver cost-savings.

## Unplanned Care (Melanie Liley):

- **York and Scarborough Unplanned Care** – site-specific programmes to implement the transformation priorities recommended by the Ernst Young reviews.
- **SAFER** – implementing the organisation's refreshed approach to the national SAFER initiative reducing avoidable delays for hospital inpatients.
- **Complex Discharge** – a multi-agency programme redesigning discharge pathways based on the principle of 'Why not home? Why not today?'.
- **Hospital Out of Hours** – improving the safety of patients and staff in the hospital overnight through team working, co-ordination and new technology.

## Diagnostics/Other (Jenny Hey):

- **Radiology and Ophthalmology** – programmes to ensure specialties can deliver all diagnostic and waiting time performance targets and meet internal professional standards.



# Transformation Programme - Charters

## Draft Project Charter – Hospital Out of Hours

Overall work stream mission statement and Governance				Top 5 Actions/Deliverables with timescales	
<p><b>Mission statement:</b></p> <p>The purpose of this project is to improve safety for both patients and staff outside of traditional working hours. The actions predominantly focus on the York Hospital site, although some will apply across all sites (such as the technology developments). It addresses the issues facing clinical teams working at night and the impact on patient and staff safety. The issues included:</p> <ul style="list-style-type: none"> <li>• Leadership and coordination of the overnight teams;</li> <li>• Number of gaps on the medical junior doctor overnight rota;</li> <li>• Delays in clerking of newly admitted patients;</li> <li>• Matching clinical expertise with the jobs overnight and clarifying roles and responsibilities of the teams;</li> <li>• Accessing a senior decision maker.</li> </ul> <p>Clinical Lead – Hasan Al-Shakerchi; Ops Lead – Jamie Todd Project Support – TBC</p>				<ul style="list-style-type: none"> <li>• Additional capacity for team overnight – introduce Clinical Support Worker role (proposal to be completed by end of September 2018)</li> <li>• Develop co-ordinator role – identify staff who can undertake the role, how to resource, develop job description/SOP (tbc)</li> <li>• Develop technological solution for task allocation – develop prototype for clinical review (end September 2018), agree preferred hardware solution and develop business case / bid for national funding (tbc)</li> <li>• Team working as one – introduce shared handover process (tbc – to follow deployment of clinical support workers and co-ordinator being in place)</li> <li>• Engagement programme to support cultural change required (tbc)</li> </ul>	
KPI's (inc access, safety and finance / efficiency)				Enablers required	
KPI	Current (YTD)	Target	Improvement Required	Executive leadership and visibility	Leadership from Medical Director, Chief Nurse and Chief Operating Officer required
Time to clerking	140 mins			Escalation and accountability	Progress monitored by York Acute Care Board on behalf of Executive Board
% tasks undertaken by medical staff that could be done by others	30-40%			Ongoing use of data/analytics	Need to define suite of KPIs and mechanism to capture and report
Staff satisfaction	Need to establish baseline			Alignment of team resource	Need to identify project support and operational lead
Patient deterioration	Need to establish proxy/baseline			Risks and issues	Resource implications, cultural change required – especially consultant support

# Transformation Programme – Update Reports

## York Urgent and Emergency Transformation Update Report Date: August 18


### Summary

Transformation structure and programme governance in place across the care group and all directorates now have identified clinical priority areas, clinical, nursing and operational leaders assigned to all transformation work streams.

Progress has been made and funding confirmed for the extension of the AMC environment. Facilities are currently working on an implementation timeline. Additionally the AMC Operational Group have agreed two additional pathways that can be managed via AMC; pneumonia and chest infection. Further pathways are being identified and clinical documentation developed.


Within the ED programme agreement has been reached to implement an enhanced streaming function which will see the inclusion of an additional nurse, HCA and medical doctor supporting the UCC stream. This will allow more minor presentations (such as P4 and some P3) to be managed out with the main ED department. Work is currently ongoing to develop the relevant documentation and agree the clinical presentations that will be streamed in this way.

Overall progress has been seen in the number of non-admitted breaches across August which have supported the delivery of above 95% ECS performance on the York site. Improved bed occupancy has also supported improvement in patient flow.

KPI	Comments
Reduction in Non-admitted Breaches	Baselines being established. Non-admitted breaches consistently remained low through August 2018
Increase total number of patients streamed from ED to AMC	
Increase % discharges utilising discharge lounge from baseline to 50%	Current Baselines being established. <u>Approx</u> 20% utilising discharge lounge.
95% ECS standard	York site delivered this standard Aug 2018. 95.6%.
Number of patients with Zero LoS within main bed stock	Baseline being established. Aim is for a continued reduction of Zero LoS in main acute admitting areas

Initiative	Lead	RAG	Update
Acute Medicine, Ambulatory Care and Assessment	JT	A	Environment extension plans and funding agreed. Two new pathways identified, clinical documentation being put in place for start asap. APIC role commenced – In place every Wednesday SAFER LDP developed for Acute Medicine
Emergency Medicine	JT	A	Annual Plan and Transformation Governance In place Good clinical engagement and leads for all schemes Agreement to put a medic permanently into UCC which will allow P4 and some P3 presentations to be treated out with the main ED department Internal escalation plan being revised for Surge and Over Crowding. 'Fit to Sit' space being identified.
Patient Flow and Site Operations	JT	A	Lead nurse for the Discharge lounge appointed escalation protocol revised, directorate level escalation frameworks in Draft and meetings in place to review with directorate senior teams Ward discharge requirement data is now known and implementation plan for roll out and revision of bed meetings being planned.
Elderly Medicine - Frailty	JT	R	RAFA unit well established, winter plans looking at further frailty support in ED across 7 days Trial of GP calls being screened by RAFA unit TBC

Done last month	Next steps	Support needed
<ul style="list-style-type: none"> <li>Transformation structure and governance in place in all directorates</li> <li>Model for revise streaming and UCC agreed</li> <li>First Draft of Escalation policy and directorate LRF</li> <li>Additional AMC pathways agreed</li> <li>AMC environment extension agreed</li> <li>AMU SAFER LDP developed</li> </ul>	<ul style="list-style-type: none"> <li>APIC to begin Sept 18</li> <li>ED surge and escalation protocol to be revised</li> <li>'Fit to Sit' area to be identified within ED</li> <li>Escalation of list of patient treatments that do not require AMC</li> <li>Transformation programme reporting to be agreed</li> <li>Pilot RAFA unit taking frailty GP calls</li> <li>ED Overcrowding and full capacity protocol – meeting to be arranged with CNT</li> </ul>	<ul style="list-style-type: none"> <li>Executive support for ED overcrowding and full capacity protocol recommendations</li> <li>Support for the transfer of activity from AMC to alternative outpatient services</li> <li>Utilisation of fracture clinic as CDU</li> </ul>



## Transformation Programme – Meeting the financial challenge

Total Trust Cost Improvement Plan	£21.7m
Cost Improvement Plan relating to Transformation	£6.2m
Total Cost Saving Delivered by end August 2018	£1.7m



## Council of Governors (Public) – 21<sup>st</sup> September 2018 Governor Elections Update

### Trust Strategic Goals:

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

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### Recommendation

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

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### Purpose of the Report

To inform the Council of Governors of progress in respect of the 2018 Governor elections.

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### Executive Summary – Key Points

The Report provides a summary of the election process to date. The election closes on the 27 September and results will be available on the 28 September.

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### Recommendation

The Council of Governors is asked to note the information included in the report.

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Executive sponsor: Susan Symington, Chair

Date: August 2018

## 1. Introduction and Background

At the June meeting, the Council of Governors received a report on the election process. The information below updates the Council of Governors on the progress of the elections.

## 2. Elections currently being held

The following areas had seats where the term of office of the current governor comes to an end on 30 September 2018 or the Governor has resigned.

- Bridlington (1 seat)
- Scarborough (1 seat)
- Ryedale and East Yorkshire (1 seat)
- Whitby (1 seat)
- Selby (1 seat)
- York (1 seat)
- York Staff (1 seat)
- Community Staff (1 seat)

The Trust sought nominations in line with the previously published timetable. The nominations closed on 16 August 2018. The Trust has received nominations for all the constituencies except for Community Staff. The Bridlington Public seat, Selby Public seat, Scarborough Public seat, Whitby Public seat and York Staff seat received only one nomination so are therefore uncontested.

Currently, voting is underway. The voting packs for the public areas of Ryedale and East Yorkshire and York seats were released on 7 September and members have until 27 September to vote. The results will be provided to the Trust on the 28 September 2018.

## 3. Detailed Recommendation

The Council of Governors is asked to note the information included in the report.



# Annual Report of the Audit Committee covering the period from 1 April 2017 to 31 March 2018

June 2017

## **Introduction**

In accordance with best practice and the NHS Audit Committee Handbook, this report has been prepared to provide the Council of Governors and the Board of Directors with a summary of the work of the Audit Committee during the period April 2017– March 2018, and in particular how it has discharged its responsibilities as set out in its Terms of Reference.

The Trust has been through the most challenging year to date in respect of both finances and operational performance. The priority has been to consolidate the position and arrest wherever possible any deterioration in financial and operational performance.

## **Overview of the year 2017/18**

Non-executive Directors make up the membership of the Audit Committee as follows:

- Mr Philip Ashton (PA) Chairman until August 2017
- Mr Michael Keaney (MK)
- Mrs Jenny McAleese (JMCA) Chair from September 2017
- Mrs Jennie Adams (JA) from March 2018

**Table 1: Audit Committee Attendance**

	<b>Meeting Dates</b>					
	<b>08/5/17</b>	<b>26/5/17 Year End</b>	<b>04/7/17 Time Out</b>	<b>11/9/17</b>	<b>04/12/17</b>	<b>13/3/18</b>
PA	✓	✓	✓			
MK	✓	✓	✓	✓	✓	✓
JMCA	✓	✓	✓	✓	✓	✓
JA						✓

The Audit Committee met on six occasions during 2017/18 and all meetings were quorate. Members of the Committee also attended relevant Audit Committee training events during the course of the year.

The Committee is supported at all of its meetings by:

- Finance Director
- Head of Corporate Finance and Resource Management
- Foundation Trust Secretary
- External Audit (Engagement Lead and Engagement Manager)
- Internal Audit (Head of Internal Audit and Internal Audit Manager)
- Local Counter Fraud Specialist

Other staff were requested to attend the meeting for specific items:

- Chief Executive (for the Annual Governance Statement)
- Medical Director (for Consent and Duty of Candour)
- Chief Nurse (for Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS))

- Deputy Director of Healthcare Governance (for Clinical Audit Plan/Policy and Clinical Effectiveness)
- Freedom to Speak Up/Safer Working Guardian (to provide a Year 1 Report)

The Committee received secretarial and administrative support from the Foundation Trust Secretary. There was a documented work programme which scheduled the key tasks to be undertaken by the Committee over the year. This is reviewed on an annual basis. Detailed minutes were taken of all Audit Committee meetings and were reported to the Board of Directors. The Committee escalates those matters that it considers should be drawn to the attention of the Board and now does this by means of a short written report.

Separately, private sessions were held with Internal Audit and External Audit prior to the year-end meeting. Internal Audit and External Audit are encouraged to discuss any concerns they may have with the Audit Committee on an ad hoc basis.

## **Duties of the Committee**

Following a review of the Audit Committee's Terms of Reference in September 2017, the key duties of the Audit Committee are as follows:

Governance, Risk Management & Internal Control
<p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal and external control, across the whole of the Trust's activities (both clinical and non-clinical) that supports the achievement of the Trust's objectives. In particular, the Committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> <li>• All risk and control related disclosure statements in particular the Annual Governance Statement, and any declarations of compliance, together with any accompanying Head of Internal Audit Statement, External Audit Opinion or other appropriate independent assurances, prior to endorsement by the Board.</li> <li>• The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.</li> <li>• The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements.</li> <li>• The policies and procedures for all work related to counter fraud and security as required by NHS Protect.</li> <li>• In carrying out this work the committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the use of an effective Assurance Framework.</li> <li>• The Committee will have effective relations with other key committees so that it understands processes and linkages.</li> <li>•</li> </ul>
Financial Reporting
The Committee will:

- Monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance
- Ensure that the systems for financial reporting to the Board of Directors and the Council of Governors including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided
- Review the annual financial statements before submission to the Board, focusing particularly on:
  - the wording in the Annual Governance Statement and other disclosures relevant to these Terms of Reference
  - changes in, and compliance with, accounting policies and practice
  - major judgemental areas
  - Significant adjustments in preparation for the financial statements
  - Significant adjustments resulting from the audit and any material unadjusted mis-statements in the financial statements
  - Letter of representation
  - Explanation for significant variances
- Consider the Trust's in year financial position as appropriate.
- Review the Trust's annual financial plan.
- Approve changes to Accounting policies and practice.

#### Internal Audit & Counter-Fraud Service

The Committee shall ensure there is an effective Internal Audit function established that meets mandatory NHS Internal Audit Standards and provides appropriate assurance to the Committee, Chief Executive and Board of Directors and will also:

- Consider the provision of the Internal Audit service. The Committee should review the performance of the Internal Audit service on an annual basis.
- Review the Internal Audit Strategy, Operational Plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework.
- Consider the major findings of Internal Audit and management response and ensure co-ordination between the Internal and External Auditors.
- Review the annual report of the Internal Auditors.
- Receive the Head of Internal Audit Statement on the effectiveness of Internal Controls.
- Ensure that the Internal Audit function is adequately resourced and has appropriate standing within the organisation.
- Discuss problems and reservations arising from Internal Auditor's work and any matters Internal Audit wishes to discuss (in the absence of Executive Directors and other management where necessary).
- Meet with the Head of Internal Audit at least once a year without the presence of management.
- Monitor and assess the role and effectiveness of the Internal Audit function in the overall context of the Trust's risks management systems.

#### External Audit

The Committee shall review the work and findings of the External Auditor and consider the responses to their work. The Committee will also:

- Consider the appointment of the External Auditors, providing support to the appointment made by the Council of Governors
- Review all External Auditors' reports and any work carried out outside of the annual audit plan including agreement of the annual audit plan.
- Discuss the nature and scope of the External Audit plan with the External Auditor prior to commencement of the audit and agree the extent of reliance to be placed on Internal Audit. Where the timing of the Committee meetings makes this impractical, work may proceed with the approval of the Executive Director of Finance which will be subject to later consideration for approval by the next Committee.
- Discuss with External Auditors their local evaluation of Audit risk and how the Audit plan addresses these risks.
- Discuss issues and reservations arising from External Auditor's work and any matters External Audit wish to discuss (in the absence of Executive Directors, Internal Auditors and other management where necessary).
- Keep the performance of External Audit under regular review and raise any concerns with them in the first place. Any serious concerns should be drawn to the attention of the Council of Governors.

#### Other Assurance Functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the Trust, and consider the implications to the governance of the organisation:

- These will include, but will not be limited to, any reviews by Department of Health Arms Length Bodies or Regulators/Inspectors (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).
- In reviewing the work of the other Committees and work groups, the Audit Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.
- The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns are investigated proportionately and independently.

### **Work of the Committee**

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

The Chair of the Audit Committee attends the Trust's Corporate Risk Committee, where strategic and operational risks are considered by the Chair and Chief Executive, and Executive Directors are asked to attend to discuss corporate risks. This enables the Audit Committee Chair to observe, test and report back to the Audit Committee on the Trust's approach to risk management and the culture around risk in the Trust.

**Data Quality Group** - The Audit Committee has a working group reporting directly to it, formed in 2010. This group consists of some members of the Audit Committee and tests the quality of data used within the organisation.

The Data Quality Group has received presentations on workforce data, including sickness, appraisals and ESR, finance data quality, including the general ledger (recording of spend), the FRAC Team (valuing income to charge commissioners) and the capital asset register. Updates were provided verbally at a number of Audit Committee meetings.

**Internal Audit** - Internal Audit and Counter Fraud Services are provided by Audit Yorkshire. The Chair of the Audit Committee and the Director of Finance sit on the Board of Audit Yorkshire, which meets quarterly.

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

Internal Audit uses an inclusive risk-based approach to building its Internal Audit plans, with senior management identifying areas of risk or concerns which may then be included. Whilst this approach identifies current weaknesses and leads to activities which improve control, it almost invariably leads to an audit report giving an opinion of *“limited assurance”*. All Control Improvement Audits are reported to the Audit Committee. Internal Audit is asked to undertake additional audits and reviews following any concerns raised by senior management. The Audit Committee regularly reviewed the list of outstanding audit recommendations throughout the year and is pleased to report that these continue to fall.

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

The Audit Committee reviewed the Internal Audit Plan for 2018 to 2019 [together with the 3 Year Strategic Plan](#).

Internal Audit Effectiveness was reviewed during 2017/18 and it was agreed that there was a need to share learning and increase visibility.

The Counter Fraud Plan was reviewed and approved by the Audit Committee and the Local Counter-Fraud Specialist (LCFS) presented the Annual Report detailing progress towards achievement of the plan, as well as summaries of investigations undertaken. The Audit Committee also reviewed the Anti-Fraud Bribery and Corruption Policy.

**External Audit** - External Audit services were provided by Grant Thornton for 2017/18. During the 2017/18 financial year the Audit Committee reviewed External Audit's final accounts audit to date, including the Annual Governance Statement Report, Value for Money review and Quality Report review.



Mr Gareth Kelly, Engagement Lead, and Mr Stephen Nixon, Engagement Manager, have attended the Audit Committee and regularly updated the Committee on progress against their agreed plan, on any issues arising from their work and on any issues or publications of general interest to Audit Committee members.

The Audit Committee reviewed and approved the External Audit Quality Report Engagement Letter in May 2017 and also received a benchmarking report on the Annual Report.

**Governance issues** - During 2017/18 the Audit Committee reviewed and, where appropriate, approved the following documents prior to submission to the Board of Directors:

- Assurance Framework and Corporate Risk Register in May, September, December 2017 and March 2018;
- Standing Orders, Standing Financial Instructions and Scheme of Delegation in December 2017;
- Compliance with the Code of Governance in March 2018;
- The Annual Governance Statement and the Head of Internal Audit Opinion prior to submission to the Board in March and May 2018.

The Audit Committee also reviewed the following:

- Declaration of Interest Report and Annual Seal Report in March 2018.

In relation to the governance of the Audit Committee itself, the Committee undertook the following tasks during 2017/18:

- Review and approval of Audit Committee Terms of Reference and work programme at the meeting held in September 2017.
- Ongoing review and revision of the Audit Committee's timetable.
- Support of the work in relation to the appropriate functioning of the Board Committees and ensuring that, where appropriate limited assurance Internal Audit Reports were received, further scrutiny by the appropriate Board Committee took place.
- Review of effectiveness leading to a verbal review at each meeting.

Following its effectiveness review, the Committee agreed the following objectives for 2018/19:

- Obtain a better grip on the assurance around clinical audit;
- Obtain a clear picture of the governance map and identify any gaps or duplication;
- Obtain a clear understanding of risk management processes;
- Obtain assurance around regulatory reporting;
- Increase our confidence that decisions made will be implemented;
- Bring about at least two improvements to the system of internal control as a result of our work. As part of this we have decided to track progress on Duty of Candour, Consent and MHA/DoLS.

**Clinical Audit** – During 2017/18 the Audit Committee received information on the clinical audit plan and process for national clinical audits of patient outcomes. It was confirmed that any risks identified are included on the Directorate Risk Registers and

escalated to the Corporate Risk Register if required. Information around Clinical Audit and Effectiveness is also being triangulated with the Quality and Safety Committee to provide greater assurance. This has been made easier since Jennie Adams, Chair of the Quality & Safety Committee, joined the Audit Committee,

**Financial issues** - The Committee oversees and monitors the production of the Trust's financial statements. During the 2016/17 financial year, this included:

- Draft Accounts and Annual Report for the period 1 April 2017 to 31 March 2018;
- Review of the risks identified in external and internal audit reports;
- Issues regarding end of year accounts;
- A Committee meeting on 25 May 2018 to approve the final accounts, Annual Governance Statement and Annual Report for 2017/18 (including the Quality Account) prior to submission to the Board of Directors and NHSI;
- Confirmation of year-end Commissioner Trading Agreement 2017/18;
- Review and approval of Single Tender Actions at the meeting in September 2017 and December 2017;
- Review of the Going Concern Statement in March 2018 and approval of it in May 2018;
- Receipt of a report on Losses and Special Payments in September 2017;
- Approval of amendments to the Accounting Policies and Treasury Management Policies in XXXX.

**Other Assurance** - In July 2017, the Audit Committee received a summary of the various elements of Clinical Governance which had been reviewed during the year. The Committee also received a paper on assurance mapping in July 2017 to better under the risk landscape and assurance provided.

### **Meetings for the coming year**

The Audit Committee is keen to build on the communication links it has built with other Board Committees and will seek opportunities to link with other Audit Committees outside the Trust and outside the NHS. It will seek ways in which it can influence and improve the links with stakeholders and understand their assurance processes.

The Committee will continue to seek assurance around the development, introduction and maintenance of systems and processes.

### **Conclusion**

The Audit Committee continues to be of significant importance in the context of increasing pressure on the NHS, both in terms of finance and operational performance. The Audit Committee ensures control processes and procedures are fit for purpose and continue to function effectively alongside the drive for ever more cost reductions.

The Committee is conscious of the continuing expansion of audit work and this year continued its focus on Clinical Governance. With this expansion of work the Audit Committee was able to provide an overarching link between the Board Committees to ensure that audit work and risk is covered in the appropriate forum.

All members of the Committee are pleased to note the continued support for audit work from both corporate and clinical directors. This endorsement and support are both extremely important, as is the culture of openness.

I have thoroughly enjoyed my first few months as Chair of the Audit Committee and am grateful to Philip Ashton for being such a fine role model and for leaving the Committee in such good shape. I thank and pay tribute to the finance team, to Internal Audit and to External Audit: their professionalism and hard work have allowed my first year-end, something I approached with a fair amount of trepidation, to run smoothly.

Finally, I thank the Board for the strong support it gives to the work of audit.

**Jenny McAleese, Chair of the Audit Committee**  
**June 2018**