

# Harrogate and District

NHS Foundation Trust

## Council of Governors

Minutes of the public Council of Governors' meeting held on 29 July 2015 at 17:45 hrs at Harrogate College, Hornbeam Park, Harrogate.

**Present:**

Mrs Sandra Dodson, Chairman  
Ms Pamela Allen, Public Governor  
Mr Michael Armitage, Public Governor  
Cllr. Bernard Bateman, Stakeholder Governor  
Dr Sally Blackburn, Public Governor  
Mrs Angie Colvin, Corporate Affairs and Membership Manager  
Dr Sarah Crawshaw, Stakeholder Governor  
Mrs Liz Dean, Public Governor  
Cllr John Ennis, Stakeholder Governor  
Mr Andrew Forsyth, Interim Head of Corporate Affairs  
Mrs Jill Foster, Chief Nurse  
Mrs Jane Hare, Public Governor  
Dr Claire Hall, Deputy Medical Director  
Mr Robert Harrison, Chief Operating Officer  
Mrs Jane Hedley, Public Governor  
Mrs Pat Jones, Public Governor  
Mrs Sally Margerison, Staff Governor  
Mr Phillip Marshall, Director of Workforce and Organisational Development  
Mr Jordan McKie, Deputy Director of Finance  
Mr Neil McLean, Non-Executive Director  
Mrs Joanna Parker, Stakeholder Governor  
Mr Peter Pearson, Public Governor  
Prof. Sue Proctor, Non-Executive Director  
Mrs Joyce Purkis, Public Governor  
Mr Andy Robertson, Public Governor  
Dr Daniel Scott, Staff Governor  
Dr Ros Tolcher, Chief Executive  
Mr Ian Ward, Non-Executive Director  
Mrs Lesley Webster, Non-Executive Director  
Rev. Dr Mervyn Willshaw, Public Governor/Deputy Chair of Council of Governors  
Mrs Fiona Wilson, Staff Governor  
Dr Jim Woods, Stakeholder Governor

**In attendance:**

Mr Andy Smith, Senior Manager, KPMG  
3 members of the public

## **1. Apologies for absence and introductions**

Apologies were received from Mrs Carol Cheesebrough, Staff Governor, Mrs Cath Clelland, Public Governor, Mr Jonathan Coulter, Deputy Chief Executive/Finance Director, Mrs Emma Edgar, Staff Governor, Mrs Jane Farquharson, Stakeholder Governor, Dr David Scullion, Medical Director, Mrs Maureen Taylor, Non-Executive Director and Mr Chris Thompson, Non-Executive Director.

Mrs Dodson offered a warm welcome to the members of the public and thanked Harrogate College for the use of the meeting room. Mrs Dodson introduced Dr Claire Hall, Deputy Medical Director and Mr Jordan McKie, Deputy Finance Director who were attending on behalf of Dr David Scullion, Medical Director and Mr Jonathan Coulter, Deputy Chief Executive and Finance Director. Mrs Dodson also introduced Carolyn Heaney representing the Department of Health's Connecting Programme and Mr Andy Smith, Senior Manager from KPMG.

Mrs Dodson provided an overview of the meeting format and highlighted the introduction of the new integrated Board report.

## **2. Minutes of the last meeting, 16 May 2015**

The minutes of the last meeting were agreed as a true and accurate record subject to the following amendments:

Page 6, item 7, third bullet point, amend local improvement tool to national improvement tool. The amended minutes would now read as:

The Trust's safety thermometer score, a national improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, was consistently above 91% and above 95% in the last five months. The Trust had been focussing on this area as part of the Quality Account which Mr Forsyth referred to earlier in the meeting.

Page 8, item 8, second paragraph, amend Mrs Purkis to Mrs Parker. The amended minutes now read as:

Following the presentation on the Trust's Values and Behaviours Framework, Mrs Parker, Stakeholder Governor asked how the Trust would embed the values and behaviours with the existing workforce and what would happen if these were not being demonstrated.

## **3. Matters arising and review of actions schedule**

The two outstanding items on the actions schedule were ongoing.

With reference to a question submitted at the last meeting in May, regarding a gynaecological oncology service at the Sir Robert Ogden Macmillan Centre and recorded on page 8 and 9 of the minutes, Dr Tolcher provided an update confirming that the Trust did not yet have a Consultant Oncologist in Gynaecology in post. The Trust had not received any applicants in response to a national advert but remained hopeful that another advert would prove successful.

### **3.1 Election of Deputy Chair of Council of Governors/Lead Governor**

Following the last meeting in May, Mrs Dodson confirmed she had received one expression of interest from Ms Allen to take over the role of Deputy Chair of Council of Governors and Lead Governor when Rev. Dr Willshaw stood down on 31 December.

Ms Allen was asked to leave the room at this stage in the meeting.

Mrs Dodson confirmed she had met with Ms Allen to discuss the role and responsibilities of Deputy Chair of Council of Governors and Lead Governor. Following a conversation with Rev. Dr Willshaw it was agreed that Ms Allen would be an excellent replacement to bring a unique perspective to the role; she had previous health care management experience in the United States and had shown dedication to the Trust in her time as a Public Governor. Mrs Dodson asked for comments to which Mrs Purkis highlighted Ms Allen's active commitment to her Public Governor role.

Mrs Dodson therefore recommended to the Council of Governors the appointment of Ms Allen as Deputy Chair of the Council of Governors and Lead Governor from 1 January 2016. The Council of Governors unanimously approved the recommendation, proposed by Mrs Purkis and seconded by Mrs Hedley.

Ms Allen returned to the meeting and was informed of the approval to which she was honoured.

## **4. Declaration of interests**

All Non-Executive Directors present at the meeting declared an interest regarding item 6.0 on the agenda - Paper 6.1, report from the Remuneration Committee.

In addition, Mrs Dodson and Mr Ward expressed a declaration of interest regarding item 6.0 on the agenda in relation to Paper 6.0, report from the Nominations Committee.

### **4.1 Council of Governors' Declaration of Interests**

Mrs Dodson reminded Governors that they would be asked to sign a Declaration of Interest form on an annual basis but that the overall summary would be brought to each quarterly Council of Governor meeting as a standard item on the agenda. Governors were reminded that it was the obligation of the Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

## **5. Governor sub committees**

Mrs Dodson clarified the role of the sub committees and thanked Governors for their commitment and involvement.

## 5.1 Volunteering and Education

The report from the Volunteering and Education Governor Working Group, chaired by Rev. Dr Willshaw, had been circulated prior to the meeting and was taken as read.

Rev. Dr Willshaw confirmed he had provided an overview of the group at the last meeting in May. He highlighted the following areas from the report submitted at appendix 5.1:

### Volunteering

The report provided a good overview of the range of imaginative opportunities for the 587 active volunteers.

### Work Experience

Rev. Dr Willshaw was delighted to report that a total of 174 work experience and medical placements would have taken place between September 2014 and August 2015.

### Education Liaison

The contract with North Yorkshire Business Education Partnership (NYBEP) to provide the education and work experience programmes would cease on 31 July and thanks were given to Claire Healy for her hard work. There would be a transitional period now and both areas of work would continue to be managed by the Corporate Secretarial Team in the Trust and overseen by the Governor Working Group.

Finally, Rev. Dr Willshaw was delighted to confirm that Mrs Hedley, Public Governor would be taking over as Chair of the group as he would be standing down as a Governor at the end of the year.

Mrs Dodson reiterated the importance of the work of the group which provided an important link to the public and supported medical staff to engage with our future workforce. She thanked Rev. Dr Willshaw for his contribution and commitment to the group.

Mrs Colvin confirmed that, under her line management, the Corporate Secretarial Team would be taking over the facilitation of both programmes and they were looking forward to working with the group to drive forward further opportunities.

There were no questions for Rev. Dr Willshaw however, Mr McLean highlighted his experience in education and would be happy to support the work of the group.

## 5.2 Membership Development and Communications

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read.

Ms Allen highlighted the forthcoming Annual Members' Meeting taking place on Thursday, 3 September, 6-8pm at the Pavilions of Harrogate. She was delighted that this year the event would be more interactive in order to encourage active engagement and participation of Trust members and the general public.

Mrs Dodson endorsed Ms Allen's comments and reminded Governors that it was their statutory duty to convene the Annual Members' meeting.

Finally, Ms Allen reminded Governors regarding the annual Trust Open Event taking place on Thursday, 24 September from 3.30-7pm at Harrogate District Hospital.

There were no questions for Ms Allen.

### **5.3 Patient and Public Involvement**

Mrs Purkis provided a verbal update on the Learning from Patient Experience Group, chaired by the Chief Nurse.

The purpose of the group was to understand, monitor, challenge and seek to improve the quality of the experiences of the users of services provided by HDFT, both in hospital and in the community, taking into account the values of the NHS Constitution and the Trust's Values & Behaviours.

Key responsibilities included setting annual objectives and a plan of work, promoting leadership in setting a culture of continuous improvement in delivering high quality care and leading work to ensure compliance with CQC fundamental standards. Additional responsibilities had been added to the Terms of Reference of the group to include empowering staff to make changes to improve patient experience and learning from national and local audits, patient surveys and quality improvement projects.

The group met every month and in addition to key members of staff the membership of the group consisted of two Public Governors, one representative from the Voluntary Sector, two lay representatives and a representative from the Patient Voice Group.

There were no questions for Mrs Purkis.

## **6. Reports from the Nominations Committee and Remuneration Committee**

Mrs Dodson confirmed that both the Nominations Committee and Remuneration Committee were formal sub-committees of the Council of Governors and formed part of their statutory responsibilities. Both committees had met in the previous month regarding the reappointment of Mr Ward, Non-Executive Director to a second term of office, the annual reappointment of Mrs Dodson, Chairman and the remuneration of Non-Executive Directors including the Chairman.

Mrs Dodson passed the Chair to Prof. Proctor at this stage in the meeting and Mr Ward and Mrs Dodson left the room.

Prof. Proctor summarised Paper 6.0 which had been circulated prior to the meeting. The Nominations Committee had met on 22 July and unanimously endorsed Mrs Dodson's recommendation that Mr Ward was reappointed for a second term from 1 October 2015, subject to the approval of the Council of Governors. The Nominations Committee also unanimously recommended the continuation of Mrs Dodson's third term of office from 1 October 2015, again subject to the approval of the Council of Governors and the continued annual reappointment, in accordance with the Trust's Constitution. The minutes of the Nominations Committee had also been circulated with the paper for ratification.

The Council of Governors were in unanimous agreement of both recommendations and the minutes of the Nominations Committee were ratified.

Prof. Proctor passed the Chair to Rev. Dr Willshaw at this stage in the meeting and the remaining Non-Executive Directors present left the room.

Rev. Dr Willshaw summarised Paper 6.1 which had been circulated prior to the meeting.

The Remuneration Committee had also met on 22 July and held a detailed discussion regarding the remuneration for the Chairman and Non-Executive Directors in the coming 2015/16 financial year. Rev. Dr Willshaw asked the Council of Governors to note that Non-Executive Directors had only received one uplift over the last six years, however due to current financial challenges and Department of Health guidance, the recommendation of the Remuneration Committee was not to apply a pay uplift to the salaries of the Chairman and Non-Executive Directors for the financial year 2015/16 in keeping with very senior managers and Executive Directors.

The Governors on the Committee acknowledged the continued hard work and dedication of the Non-Executive Directors and passed on their thanks.

Dr Tolcher commented that she and Mr Coulter attended the Remuneration Committee in an ex officio capacity and reiterated the valuable work of the Non-Executive Directors.

The Council of Governors were all in favour of the recommendation and the Remuneration Committee minutes were ratified.

The Non-Executive Directors and the Chairman returned to the room at this stage in the meeting. Prof. Proctor and Rev. Dr Willshaw clarified the approval of both recommendations and Rev. Dr Willshaw again thanked the Non-Executive Directors for their hard work and enthusiasm. On behalf of the Executive Team, Dr Tolcher endorsed Rev. Dr Willshaw's comments.

## **7. Update from the Deputy Chair of Governors on Non-Executive Director Appraisals**

Rev. Dr Willshaw confirmed the Non-Executive Director appraisals had taken place and went well. Rev. Dr Willshaw and Mrs Dodson had completed Non-Executive

Director appraisals and Rev. Dr Willshaw and Mr Ward had completed the Chairman's appraisal. He expressed his thanks to fellow Governors for their helpful feedback and recognised that it was difficult for new Governors to offer their assessment. In addition feedback had also been received from the Executive Team and fellow Non-Executive Directors and again Rev. Dr Willshaw found this most helpful and passed on his thanks.

Rev. Dr Willshaw summarised the appraisal process which included a robust, lengthy and detailed discussion to look at, and review, annual objectives. Governors would receive a copy of the Non-Executive Directors' updated objectives and be asked to use them for continual assessment.

**Action: Mrs Colvin**

Mrs Dodson thanked Rev. Dr Willshaw for the amount of time he spent undertaking appraisals and to the Council of Governors for their involvement.

There were no questions.

### **7.1 Update on Non-Executive Director 360 degree feedback pilot**

Mrs Dodson provided an update on Non-Executive Director 360 degree feedback, a pilot commissioned by Health Education Yorkshire and the Humber to develop an innovative 360 degree feedback approach to support leadership development for Non-Executive Directors (NEDs). This work, responding to needs initially identified by our Chairman, utilises a feedback framework that reflects the distinct role of Non-Executive Directors and a process to translate feedback into swift and meaningful actions that strengthen governance and inform Non-Executive Director appraisal and development.

Mr Marshall conveyed his thanks to Health Education Yorkshire and the Humber and informed Governors that NHS Providers would be highlighting the pilot at a national conference as best practice.

## **8. External Audit Assurance Report to Council of Governors**

Mrs Dodson welcomed Mr Smith from KPMG to the meeting.

The External Audit Annual Report 2014/15 had been circulated prior to the meeting. Mr Smith highlighted the following key messages from the report:

- Use of resources – KPMG concluded that the Trust had adequate arrangements to secure economy, efficiency and effectiveness in its use of resources;
- Annual report and accounts; and
- Quality report – KPMG provided a clean (limited assurance) opinion on the Trust's quality accounts with one recommendation regarding the 18 weeks indicators.

Mr Smith acknowledged the work of the Trust's Finance Team and thanked them for their support.

Mr Ward asked for a comparison in the performance of the Trust against other Trusts. Mr Smith responded that the Trust had performed very well both in terms of finance and governance. He commented that the vast majority of Trusts found it a challenge to break even and financial pressures often included a significant deficit outcome. He added that the Trust's performance was reflected in both its Monitor ratings and Care Quality Commission reports.

Mrs Dean made an observation that KPMG's findings included a low number of issues to which Mr Smith confirmed these findings were small and had all been amended by the Trust.

Dr Scott commented on the unadjusted audit difference relating to the estimation of income from NHS Leeds North. Mr McKie confirmed there was often a delay in reconciliation month on month however this did not affect business planning. Mr Smith assured Governors that audit often identified a number of relatively low differences between Trusts and Commissioners and the Trust compared very well with just one difference.

Mrs Dodson thanked Mr Smith for his presentation and commented that both Governors and Board colleagues were reassured by the detailed and positive report. On behalf of the Finance Team, Mr McKie passed on thanks to the External Audit team.

## **9. Update from the Chief Executive**

Dr Tolcher informed the Council that her update would take on a different style to previous meetings and proposed a ten minute presentation followed by a break to give Governors the opportunity to ask questions regarding the integrated Board report.

Dr Tolcher presented the following headlines:

### Current issues

Dr Tolcher highlighted current issues centred around the Trust's objectives including focus on implementing new models of care, constantly driving high quality care through fundamental initiatives such as falls and pressure ulcers and growing the business through contracts and new opportunities.

### New Models of Care

Dr Tolcher's provided an update on New Models of Care; a vision to ensure the people of Harrogate and Rural Districts receive high quality affordable healthcare, and play an active role in making decisions about their own health. The aim is to ensure more people stay healthier and independent for longer, have choice and control over their lives and care, and that costs are reduced across the system

Dr Tolcher highlighted a pictorial summary of the formal site visit with NHS England New Models of Care Team on 29 May entitled 'What Matters to Us'. The six partners in the Vanguard site are:

- Harrogate and District NHS Foundation Trust;

- Harrogate and Rural District Clinical Commissioning Group;
- North Yorkshire County Council;
- Tees Esk and Wear Valley NHS Foundation Trust;
- Harrogate Borough Council; and,
- Yorkshire Health Network.

Dr Tolcher talked about the two key strands of the new care model: new models of prevention and care – ‘what we do’ and enabling better care – ‘how we do it’, focussing on people being at the centre of the health and care system

Dr Tolcher then went on to provide an update on progress and in response to Mrs Wilson’s question about project timescales, she confirmed we were required to submit a ‘Value Proposition’ setting out the resources required and the outcomes we would deliver in order to access the national transformation fund. The initial deadline for submission was 30 June however, due to further work required in respect of the clinical model and financial impact, agreement was made with the New Models of Care Team to submit further information by the end of August. All partners were working closely on the bid and contact was made with a number of other Vanguard sites to share information and ideas.

Mrs Margerison was pleased to report positive feedback from community colleagues and asked if there had been any decisions regarding community Hubs.

Dr Tolcher stated that the New Models of Care programme would create integrated care teams in five localities however, the boundaries were still to be determined and there would be no money to spend on additional buildings. The teams would include GPs, community nursing, adult social care, occupational therapy, physiotherapy, mental health and the voluntary sector.

Dr Woods clarified that it was still to be decided where the Hubs would be located however early discussions included Harrogate, Knaresborough, Nidderdale, Boroughbridge and Ripon.

Mr Harrison added that there would be three substantive localities and two smaller ones, the probability that Boroughbridge and Nidderdale would be the latter. Travel time and the size of the population would be a factor in deciding.

In response to Mr Harrison, Mrs Margerison commented that small teams such as the Cardiology team, currently cover a large area and are often required to travel long distances. She asked about team capacity to which Mr Harrison added that the intention would be to ‘up-skill’ teams and improve the use of technology which would reduce the amount of travel time.

Mr Harrison also clarified Dr Tolcher’s earlier comments regarding premises, confirming that the programme would be seeking existing buildings that were fit for purpose as finances would not be used on new buildings.

Mrs Hedley asked how the new system would be monitored. Dr Tolcher commented that, similar to the implementation of any new model, early warning detectors would be a priority and clinical staff would have an important role in pathway design.

Cllr. Bateman asked if the Ripon project was part of the New Models of Care programme. Dr Tolcher clarified that the two projects went hand in hand with plans

for the Ripon project to include a fit for purpose hospital, new care models, and enhanced leisure facilities; all of which would aim to provide the best support for local people.

Dr Woods commented regarding the various communication methods with different groups and different systems. Dr Tolcher agreed that this was a good example that all stakeholders were determined to provide safe, consented, information sharing.

A break took place at this stage in the meeting.

Following the break, Dr Tolcher provided an overview of the financial plan 2015/16. The planned surplus was £1.8m requiring cost savings of £8.8m however, an additional target had been set to save a further £1.4m requiring a total of £10.2m savings. The year to date position at the end of June was a deficit of £134k which was £554 behind our planned surplus. Three key areas of overspend in the plan were: ward nursing, medical staffing and Emergency Department staffing. Budget holders and the Finance Team continued to focus on the delivering the required cost savings.

At this stage in the meeting Dr Tolcher invited Governors to ask questions about the Integrated Performance dashboard.

Mr Pearson highlighted the data regarding pressure ulcers under Quality in the Integrated Performance dashboard. The report showed the number of grade three or grade four pressure ulcers acquired whilst the patient was in receipt of our care. The data included hospital and community teams. The total number reported for June 2015 was eight (all grade three), an increase on the previous month. He also commented on a 'no-blame' culture and asked for assurance that staff were encouraged to report such issues.

In response, Mrs Foster confirmed that in terms of the total number of pressure ulcers to date this year, the trend was in fact down. Work continued on staff education and awareness of both avoidable and unavoidable pressure ulcers and Mrs Foster was pleased to report that improvements continue. Mrs Foster also assured Mr Pearson that staff were encouraged to report pressure ulcers with no element of blame, but to learn from action plans.

Cllr. Ennis asked for a comment on the importance of the Friends and Family test in relation to Outpatients given the Care Quality Commission had identified Outpatients as a higher risk area.

Dr Tolcher confirmed that the Friends and Family test would capture this information. In addition, Mr Harrison confirmed the Trust was receiving good results from the Friends and Family Test survey and 15% of the sample was from the automated call back system.

The Finance and Efficiency dashboard reports the percentage of new outpatient attendances where the patient does not attend their appointment, without notifying the Trust in advance. Rev. Dr Willshaw was disappointed to see that the outpatient Did Not Attend (DNA) rate for first attendances in June 2015 was 4.3%, an increase on the previous month, and enquired about the cost impact of this.

Mr Harrison agreed that 4.3% was a significant number however, he was pleased to report that this figure was low compared to other Trusts and the text and remind service was being used.

Mrs Dean asked if the Trust knew the reasons why patients did not turn up for their appointments. In response, Mr Harrison confirmed people often tried to let us know however we recognised that there were some issues with the outpatient letters and work was underway with the assistance from an external company to make improvements in this area.

Mrs Crawshaw asked if we could try to offer more appointments at short notice. Mr Harrison acknowledged that this was a good suggestion but confirmed that unfortunately this was not always possible in some specialities.

Mrs Parker commented on the Commissioning for Quality and Innovation payment (CQUIN) data referred to in the Operational Performance report noting there was no red, amber, green (RAG) rating. She also noted the dementia screen data and asked about the challenges this posed in the community.

Mr Harrison confirmed that the CQUINs payment framework encouraged care providers to share and continually improve how care was delivered and to achieve transparency and overall improvement in healthcare. This was a challenging national and local scheme with some dependence on partnership working and sharing records. The Trust was utilising the Patientrack system and discharge summary where applicable and staff training continued.

In relation to the CQUIN for dementia screening the data captured was the proportion of emergency admissions aged 75 or over who are screened for dementia within 72 hours of admission (Step1). Of those screened positive, the proportion who went on to have an assessment and onward referral as required (Step 2 and 3). The operational standard is 90% for all 3 steps. Mrs Foster confirmed that the Trust was continuing to work hard to capture the wider community information. In addition to the report, Mr Harrison confirmed that the Trust was on track to deliver the CQUIN requirements for Quarter 1.

Mr Marshall referred to the agency spend shown in the Finance and Efficiency report and explained that there were still issues in both medical and nurse staffing. He commented that the Trust was now making a saving on locum costs by using a neutral vendor model. Comensure (the neutral vendor) had been selected by the Trust as the lead agency for the appointment of all future external locum medical staff. Through this model the Trust had implemented agreed rates of pay with other Trusts across Yorkshire and the Humber.

Mrs Dodson moved to the tabled questions submitted prior to the meeting.

## **10. Q&A session for members of the public and Governors**

**Mr Pearson, Public Governor submitted the following questions:**

**“In light of the draft guidance from NICE reported today concerning care of the dying, in particular that they must be helped to drink:**

1. **What guidance does HDFT give on care for the dying, specifically hydration?**
2. **Has it been possible yet to consider the new guidance from NICE?**
3. **If so, is current HDFT policy/guidance compliant, or will it need to be reviewed?"**

Mrs Foster clarified that when the Liverpool Care Pathway for the dying patient was phased out mid 2014 the Trust replaced this with a 'Care Plan in the Last Days of Life' which had been developed based on local feedback from colleagues. With reference to draft guidance from NICE, Mrs Foster confirmed that discussions would take place with the End of Life Care Steering Group and any Trust policy would comply with national guidance.

**"Is there anything to report on the Healthy Ripon Project? What is the current prospect of real progress being made?"**

Mr Pearson felt that Dr Tolcher had touched on this subject earlier in the meeting but on talking to Ripon residents it was felt that the project was being slowed down.

Cllr Bateman commented that Mrs Probert had been the main driver of the project and stated that a 'lead' was required. He added that the initial group had disappeared and that communication was key going forward.

Dr Tolcher confirmed that stakeholders were still heavily engaged however the project was incredibly challenging and complicated. A meeting had taken place earlier in the week and a developer's feasibility report would be tabled at the Clinical Commissioning Group Governing Body meeting in October. Dr Tolcher confirmed that the Trust had a stake in the project and she attended the meetings where there was a huge amount of activity underway.

**Mrs Hedley, Public Governor stated that she was a member of the Trust's Nutritional Group. There had been a reduction in Nutritional Assistants in the hospital and she expressed concerns regarding the nutritional needs of patients and how this information was being passed on to the right person.**

Mrs Foster confirmed that Nutritional Assistants were instrumental in patient care and there had been an increase in referrals. There were Nutritional Assistants on wards five days a week between 7 am and 3 pm however there was no backfill when staff were on annual leave, off sick, during evenings and at weekends. Mrs Foster clarified that everyone needed to understand how to risk assess patients and make a nutritional referral and work was underway to make progress in this area.

Mrs Hedley stated that the Nutritional Group had highlighted a number of issues and some were being raised on a monthly basis.

Mrs Dodson confirmed that Nutritional Assistants were the spearhead for nutritional support however there was a need for all staff to work together to provide high standards of fundamental care. She suggested that Mrs Foster could provide an update on progress at the next meeting in November.

**Action: Mrs Foster**

## 11. Non-Executive Directors update including time for discussion

### 11.1 Overview of the new Quality Committee

Mrs Webster provided an overview of the newly formed Quality Committee in her role as Chair. The Quality Committee, a committee of the Board of Directors, would act on behalf of the Board to contribute to setting strategy as this relates to quality, oversee arrangements for quality governance and seek assurances on the delivery of high quality care and regulatory compliance. An inaugural meeting of the Quality Committee took place on 1 July and membership included Non-Executive Directors, the Chief Executive, Chief Nurse, Medical Director, Director of Workforce and Organisational Development, Deputy Director of Governance, Head of Risk Management and Clinical Directors. There was a review of the closing minutes of decommissioned groups and objective setting for the year ahead to include overarching strategy, regulatory compliance and the quality dashboard, to include a deep dive into detail when required. The draft agenda was considered and a plan of action with key reports and regular items.

Mrs Colvin agreed to circulate the dates of future Quality Committee meetings for Governors to attend in an observation capacity.

**Action: Mrs Colvin**

There were no more questions for Non-Executive Directors and Mrs Dodson moved on to any other business.

## 12. Any other business

### 12.1 Draft Annual Members' Meeting Minutes

The draft Annual Members' Meeting minutes from 4 September 2014 were presented to Governors to agree prior to the next Annual Members' meeting taking place on 3 September 2015. Mrs Dodson asked for feedback, include any inaccuracies, to be forwarded to Mr Forsyth as soon as possible.

Mr Pearson highlighted his visit to the Open Day on 16 July at The Orchards in Ripon, a specialist in-patient rehabilitation and recovery unit, for the people of North Yorkshire. The new unit contained nine en-suite bedrooms, a single bedsit style apartment and a range of modern facilities to assist with daily living skills, as well as a number of group rooms and visitor accommodation. Both he and Mr Robertson commented that they were impressed with the building.

## 13. Date and time of next meeting

Mrs Dodson thanked everyone for attending and confirmed the next meeting would take place on Wednesday 4 November at 5.45 pm at St. Aidan's High School in Harrogate.