

Harrogate and District

NHS Foundation Trust

Council of Governors

Minutes of the public Council of Governors' meeting held on 4 November 2015 at 17:45 hrs at St. Aidan's Church of England High School, Oatlands Drive, 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 Cath Clelland, Public Governor
- Mrs Angie Colvin, Corporate Affairs and Membership Manager
- Mr Jonathan Coulter, Director of Finance/Deputy Chief Executive
- Mrs Emma Edgar, Staff Governor
- Mrs Jill Foster, Chief Nurse
- Mrs Jane Hare, Public Governor
- Mr Robert Harrison, Chief Operating Officer
- Mrs Jane Hedley, Public Governor
- Mrs Sally Margerison, Staff Governor
- Mr Peter Pearson, Public Governor
- Prof. Sue Proctor, Non-Executive Director
- Mrs Joyce Purkis, Public Governor
- Dr Daniel Scott, Staff Governor
- Mrs Maureen Taylor, 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: 8 members of the public

1. Apologies for absence and introductions

Apologies were received from Mrs Carol Cheesebrough, Staff Governor, Dr Sarah Crawshaw, Stakeholder Governor, Mrs Liz Dean, Public Governor, Cllr John Ennis, Stakeholder Governor, Mr Andrew Forsyth, Interim Head of Corporate Affairs, Mrs Pat Jones, Public Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development, Mr Neil McLean, Non-Executive Director, Mrs Joanna Parker, Stakeholder Governor, Mr Andy Robertson, Public Governor, Dr David Scullion, Medical Director, Mr Chris Thompson, Non-Executive Director, Dr Ros Tolcher, Chief Executive, Mr Ian Ward, Non-Executive Director and Mr Paul Widdowfield, Communications and Marketing Manager.

Mrs Dodson offered a warm welcome to the members of the public. She welcomed questions for item 9 on the agenda and asked for these to be submitted during the break.

Mrs Dodson commented that some members of staff would be using BoardPad during the meeting; an electronic meeting and document system as opposed to hard copy papers.

2. Minutes of the last meeting, 29 July 2015

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

A minor spelling error on page 2, item 2, fifth paragraph - amend an to and.

Page 8, item 6, seventh paragraph – amend salaried to salaries.

3. Matters arising and review of actions schedule

Mrs Dodson went through the outstanding actions on the schedule at Paper 3.0.

Item 1, Governors continued to be invited to consultant interview presentations.

Items 2 and 3 would be covered during the meeting.

Item 4, Mrs Colvin had circulated a copy of the Non-Executive Directors' updated objectives to all Governors.

Mrs Wilson asked for a further update in relation to the gynaecological oncology service at the Sir Robert Ogden Macmillan Centre. Mr Harrison responded, confirming that the Trust was unsuccessful in recruiting a Consultant Oncologist in Gynaecology and the way forward now was to work in partnership with York Teaching Hospital with the hope that a joint post would prove more attractive. Discussions were currently underway and it was hoped that the post would be advertised as soon as possible.

3.1 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. This was progressing well and meetings were being set up between Non-Executive Directors and key people, including Governors, who would act as responders.

4. Declaration of interests

There were no declarations of interests received.

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 each individual Governor to inform the Trust in writing within seven days of becoming aware of the existence of a relevant or material interest.

5. Chairman's verbal update on key issues

Mrs Dodson confirmed that Mrs Dow, Deputy Director of Corporate Affairs, had elected to retire and had therefore stepped down from her role. On behalf of the Executive Team and the Council of Governors, Mrs Dodson commented that Mrs Dow would be missed and wished her well for the future. Mrs Dow would be attending the annual dinner with Governors in December. An advert for a new Company Secretary would be progressed and a Governor would be asked to participate in the appointment process.

In addition, Mrs Dodson also confirmed that Mrs Jane Farquharson, Stakeholder Governor representing the Voluntary Sector, had stepped down from her role as Governor due to other commitments. Mrs Dodson would now get in touch with Karen Weaver, Chief Executive of Harrogate and Ripon Centres for Voluntary Service to discuss a replacement as soon as possible.

6. Governor sub-committees

Mrs Dodson clarified the role of the two formal sub committees and the Patient and Public Involvement, Learning from Patient Experience Group and thanked Governors for their commitment and involvement.

6.1 Volunteering and Education

The report from the Volunteering and Education Governor Working Group, now chaired by Mrs Jane Hedley, had been circulated prior to the meeting and was taken as read.

Mrs Hedley highlighted the continued commitment of our volunteers and congratulated Mrs Fiona Tomlinson, Volunteer Co-ordinator. She reminded Governors about the Volunteers' Tea Party on Friday 18 December.

Mrs Hedley was delighted to report that the Corporate Secretarial team had made great progress with both the Education Liaison and Work Experience Programmes. Mr Neil McLean, Non-Executive Director, had joined the group and his experience in education would be most welcome.

Finally, Mrs Hedley thanked Rev. Dr Mervyn Willshaw for chairing the group for three years.

Mrs Dodson echoed Mrs Hedley's thanks to Rev. Dr Willshaw for his contribution and commitment to the group and also congratulated two volunteers who had recently won awards at the 2015 Harrogate and District Volunteering Oscars. Ann Burrell, who volunteers with her pat dogs, won the Care Volunteer of the Year and Carolyn Rothwell, who volunteers as a gardener won Wildlife Volunteer of the Year.

There were no questions for Mrs Hedley.

6.2 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 commented that it had been a busy autumn for Governors and members with the Medicine for Members event, Annual Members' Meeting, Open Event and the additional briefing meetings to inform members interested in the Governor Elections.

Ms Allen highlighted the Annual Members' Meeting, from her report, held on 3 September at the Pavilions of Harrogate. She was pleased to report that the event had been a huge success. The change in both format and venue provided the Trust with the opportunity to actively engage with key stakeholders including Harrogate and Rural District Clinical Commissioning Group, members and the general public. Feedback from participants was positive and the 'cabaret-style' seating promoted lively and enthusiastic discussions.

There were no questions for Ms Allen.

6.3 Patient and Public Involvement

The report from Mrs Purkis, on the last two meetings of the Learning from Patient Experience Group, had been circulated prior to the meeting and was taken as read.

Mrs Purkis highlighted the new style Patient Experience and Incident Report (Quarter 1, 2015/16) which had been submitted to the Group. This report included information from the 4C's – compliments, complaints, concerns and comments as well as Friends and Family Test, social media and internal incident data.

Mrs Dodson reiterated the importance of the Learning from Patient Experience Group and how valuable their role was in understanding, monitoring, challenging and seeking to improve the quality of experience of the Trust's service users.

There were no questions for Mrs Purkis.

7. Review of the effectiveness of Quality of Care Teams

Following feedback from a number of Governors on their experience with Quality of Care Teams in a variety of wards and departments, Mrs Foster provided an update on a review of the effectiveness of the Quality of Care Team model.

Mrs Foster confirmed that the results of the review demonstrated variability in the Quality of Care Teams across the organisation with some working extremely well and others not so well. Whilst Mrs Foster was pleased to report that good practice had been identified such as conference call meetings, the review had demonstrated some concerns and these were detailed in her paper.

The review findings had been discussed and actions agreed at Senior Management Team (SMT) on 21 October. A further update, with the results of these actions, would be reported back to SMT in December and brought back to Governors in February 2016.

Action: Mrs Foster

Mrs Hare stated that she had raised a concern previously regarding the fact that the Quality of Care Team she was assigned to had not had medical representation at a meeting in over three years. She asked if the Medical Director had been consulted as part of the review as this was not reflected in the paper.

Mrs Foster confirmed that this was an oversight and Dr Scullion was aware of the expectations of medical representation at the Quality of Care team meetings.

Rev. Dr Willshaw commented that he was assigned to the Quality of Care Team for the Sir Robert Ogden Macmillan Centre and he was pleased to report medical representation at those meetings. It was suggested that the Trust objectives and quality improvement priorities, referred to on page 2 of the paper, could be included in the Quality of Care Team Terms of Reference and agenda templates. Mrs Colvin would pass this information to Dr Wood to consider.

Action: Mrs Colvin

Mrs Purkis was also happy to inform colleagues that she was assigned to the Quality of Care Team for Emergency Department and this meeting was both chaired and represented well by medics.

In Mrs Jones's absence, Mrs Dodson confirmed that the Quality of Care Team for Woodlands Ward was also chaired by a medic.

Dr Blackburn was assigned to the community Health Visitors and School Nursing Quality of Care Team and reported that the team did not have any GP representation but she praised the efficiency of the team.

In response to a comment made by Dr Scott regarding the list of Quality of Care Teams specified in the paper, Mr Coulter confirmed that this list demonstrated where current Governors were assigned; there was in fact many other Quality of Care Teams across the Trust, both in the hospital and in community teams.

Mrs Dodson confirmed that Governors would receive a further update in the New Year.

8. Update from the Chief Executive, including the Integrated Board Report

In Dr Tolcher's absence, Mr Coulter, Deputy Chief Executive presented the following headlines:

Current issues

Mr Coulter highlighted current issues including: the Trust's Vision and Mission and how these linked to the strategic objectives, an update on the work towards new models of care, Ripon developments, ongoing business developments, quality, finance and performance and external reviews.

Vision, Mission and Objectives

Mr Coulter presented the Trust's draft Vision and Mission statements which were still being finalised:

Vision – To provide excellent healthcare every time.

Mission – To be an exceptional provider of healthcare for the benefit of our communities, our staff and our partners.

The Vision and Mission linked to the Trust's three strategic objectives to deliver high quality care, work with partners to deliver integrated care and ensure clinical and financial sustainability.

Once finalised, the Vision and Mission statements would be launched across the organisation and would complement the staff values, objectives and goals.

New Care Model – a reminder

Mr Coulter presented two slides that Dr Tolcher had talked about in July reminding Governors 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.

Progress update

Mr Coulter then went on to provide an update on progress confirming that the 'Value Proposition', setting out the resources required and the outcomes we would deliver in order to access the national transformation fund, had been submitted and approved. Funding had been agreed and this would be broken down over three years in order to implement new ways of working. Pilot schemes in Knaresborough and Boroughbridge were going ahead and recruitment for staff was underway. Work continued on support and infrastructure including IT, organisational development, contracts and pricing.

New Models of Care: key challenges

Partners continued to work together towards New Models of Care and Mr Coulter described some of the key challenges facing the health community in order to become self-sustainable after three years.

Ripon development

Mr Coulter reminded Governors that a number of partners were involved in the Ripon development including Harrogate and Rural District Clinical Commissioning Group, Harrogate and District NHS Foundation Trust, Harrogate Borough Council, North Yorkshire County Council, GPs and the voluntary sector. This project went hand in hand with New Models of Care to include a fit for purpose hospital and enhanced leisure facilities, all of which would aim to provide the best support for local people. A business case would be submitted to NHS England for outline approval in spring 2016 and Governors would continue to receive updates.

Business development

Mr Coulter explained how the business development supported the organisation's strategic objectives: improving quality, working with partners and, clinical and financial sustainability. He provided examples of each including, new alliances with Leeds Teaching Hospitals to support existing alliances with York Teaching Hospital NHS Foundation Trust and Airedale NHS Foundation Trust. The Trust was currently providing services in North and West Leeds and continuing to look at expanding the service catchment area and providing more services near the patient's home. Mr Coulter was pleased to report that the Trust had been awarded the contract to deliver children's services in Middlesbrough, a contract worth £35m over ten years, starting on 1 April 2016. Other bids were underway and Governors would be kept informed. Other news was that the Trust had not retained the Smoking Cessation service and staff were currently being supported in transferring to a different provider.

Quality Finance and Performance

Mr Coulter provided an overview of the Integrated Board Report highlighting data on falls, infection control, finance and performance. There had been a significant improvement over the last year in falls causing harm however, work was ongoing and the data continued to be closely monitored. The Trust's *C. difficile* infection target, set by The Department of Health for 2015/16, was 12 cases and we had recorded 16 cases up to the end of September. We were obliged to carry out a Root Cause Analysis on all our cases and discuss them with Harrogate and Rural District Clinical Commissioning Group. From the cases discussed so far, the CCG had agreed with us that there were only two cases in which a "lapse in care" had caused or contributed to the case.

Moving on to an overview of the financial position at the end of September, Mr Coulter confirmed we were £1.4m behind our plan and key areas of overspend continued to be ward nursing and medical staffing. Teams continued to work hard to maintain quality and safety whilst delivering the cost improvement programme.

Mr Coulter was pleased to report that the Trust was performing well against all the national performance standards however, the Trust's A&E 4 hour standard for September was 94.8%, below the required 95%. This had also been the case for

October and therefore Mr Coulter confirmed that actions were being taken to rectify this. Focus continued on further improvements through the winter period, financial recovery and strengthened staffing levels, in particular on Woodlands Ward (Children's), Emergency Department, Therapists and acute medical wards.

Finally, Mr Coulter presented a slide on the various methods of assurance from the Care Quality Commission (CQC), Monitor, Staff and Patients. He highlighted that the CQC would be inspecting the Trust between 2 and 5 February 2016 and inspectors would be talking to patients, staff and Governors during their visit. Mr Coulter also confirmed that the Board had recently commissioned an outside company, Deloitte, to undertake an independent review of governance arrangements at the Trust against Monitor's Well-led Framework. This would include a review of Board papers and interviews with senior members of staff; Governors would also be asked to take part in the interview process. Deloitte would provide the Trust with a report following their review in mid-December. The Trust continued to receive valuable data from the Friends and Family and Staff Surveys as well as ongoing patient surveys, complaints and compliments.

At this stage in the meeting Mr Coulter invited Governors to ask questions about the Integrated Board Report.

Cllr Bateman stated that North Yorkshire County Council had invested in IT with the police and fire service doing the same and asked for further information regarding IT investment in healthcare. Mr Harrison confirmed there was ongoing IT investment and all partners were involved in the New Models of Care IT project group. The Trust retained its own IT strategy however, this would complement developments made through New Models of Care including appropriate shared access to patient records.

In answer to Cllr Bateman's second question regarding issues of bed blocking and costs related to this, Mr Harrison explained that the issue was often delayed transfer of care as opposed to bed blocking; namely Local Authority delays, patients being transferred within the NHS for continuing care and patient choice. The ability to get care packages in place and a reduction in the provision of home care had an impact on Trust community staff, who were supporting an ever increasing number of patients. New Models of Care and partnership working would aim to improve these issues. Mr Harrison added that a significant number of the delays were patients from Leeds due to ongoing issues with Leeds City Council.

Cllr Bateman commented about discharge communication and Mr Harrison was pleased to report that a significant amount of work was ongoing including a pilot on two wards where the pharmacist would be supporting the junior doctor with the patient discharge documentation.

Mr Ward provided assurance that following the scheduled Governor and Non-Executive Director meetings, any issues raised by Governors were discussed with the Board via a number of committees.

In response to Mrs Edgar's question about nurse vacancies, Mrs Foster confirmed that the Trust continued to actively promote vacancies and another recruitment event was taking place the following week. The last recruitment event, which took place on the same day as the Trust's Open Event on 24 September, had been a huge success with ten job offers to Registered Nurses and ten job offers to Healthcare Workers.

Mrs Hare asked how Non-Executive Directors were receiving assurance regarding the recurrent overspend on medical staffing and delivery of the cost improvement programme and asked, was the Trust setting the cost improvement programme too high to achieve.

Mrs Dodson confirmed that Non-Executive Directors were focussed on the cost improvement programme and asked Mrs Taylor to respond to this question under item 10.1 on the agenda.

Mr Coulter reiterated the ongoing financial challenge and confirmed that recovery actions were in progress however, the cost improvement programme was set as part of the annual planning cycle in order to make the necessary savings required year on year.

Mrs Clelland commented on the ongoing financial challenges and asked how this impacted on capital investments going forward over the next five years.

Mr Coulter confirmed that the Trust had a five year annual planning strategy and Governors were invited to meet on a regular basis with the Deputy Director of Planning and the Deputy Finance Director to discuss the finer detail of the Annual Plan. As part of the strategy, the Trust was looking at new endoscopy unit facilities and a second MRI scanner however, there was a need to deliver the efficiency programme in order to achieve these improvements.

Mrs Dodson moved to the tabled questions submitted during the break and prior to the meeting.

9. Q&A session for members of the public and Governors

Mr Doveston, member of the public, submitted the following question:

“The NHS is renowned for poor standards of IT support, development and delivery. There are so many agencies in the loop; who is responsible for managing the implementation across the NHS?”

Mr Harrison talked about both national and local healthcare IT systems and agreed that not all had been successful. Historically, the Trust had developed IT systems with the best supplier at the time however, going forward, work was underway and systems were being reviewed to work towards a collaborative approach and integrated IT. A site visit would take place in late November in order to work towards providing clinical solutions with appropriate and affordable IT and there was good sign-up from partners to work towards joint primary and secondary care records.

Mrs Edgar, Staff Governor, submitted the following question:

“To what extent are Non-Executive Directors confident that the Trust Board can deliver New Models of care in the context of the current financial, staffing and service delivery pressures facing HDFT and the tight timescale set by NHS England?”

Mrs Dodson commented that it was important to recognise the challenges ahead in order to deliver high quality care within the financial envelope. There was still a lot of work to do, but Mrs Dodson confirmed that she was assured in the Board's ability and the commitment of our partners to drive the project forward.

Mrs Webster reiterated the challenges of an ageing population and the need for change. She felt confident with ongoing discussions, particularly in terms of funding, staffing and IT and acknowledged the attendance of representatives from Harrogate and Rural District Clinical Commissioning Group (HaRD CCG) at the Trust's Annual Members' Meeting.

Prof. Proctor added how much the focus of Board discussions had changed in the last couple of years; the focus was much more on forward thinking with staff and public engagement. She acknowledged the commitment of Executive Directors in driving forward 'tomorrow's issues' and recognising financial risks which needed to be managed effectively.

Mr Coulter also stated that the Vanguard status provided the best opportunity going forward with New Models of Care and how much harder this would be without the support from the CCG and key partners.

Mr Robertson, Public Governor, had submitted the following question:

“There has been recent national press coverage of WHSmith’s charging policy at its hospital sites. Given that WHSmith operates on the Harrogate Hospital site, can Governors please be updated on what action the Trust has taken in relation to the issue and whether there is any feedback from WHSmith to the report.”

Mr Coulter confirmed that the Trust had written a letter to WHSmith following the national press coverage referred to in Mr Robertson's question. A response had been received and WHSmith wanted to reassure us that the vast majority of their products were actually the same price in both hospital and high street stores. This included all newspapers, magazines, books and stationery. For food and drinks, where prices may be different, they were very similar and often slightly cheaper in hospitals, reflecting the different sales mix and the resulting promotional approach which was designed to deliver best value to the customer. Going forward, WHSmith added that any high street stationery promotions would always be available in hospital stores and they would continue to monitor average selling prices across all ranges to ensure they remain aligned. They would also be introducing a new range of value greeting cards into their hospital stores.

Mrs Hedley, Public Governor, submitted the following question:

“On behalf of the Patient Voice Group, having heard of several examples of patient’s welfare being undermined by noisy and disruptive patients on the wards, could the Chief Nurse outline the procedure for dealing with this problem?”

Mrs Foster thanked Mrs Hedley for her question and acknowledged the issues raised in relation to noise on the wards at night. She commented that it would not be possible to eliminate all the noise at night and highlighted a variety of reasons why patients could disturb others on the ward, including:

- Acute delirium;
- Cognitive deficit, eg Alzheimer's/Dementia, patients were in a strange place and were sometimes frightened;
- Patients with learning difficulties; and,
- Patients with a mental illness requiring physical care.

Mrs Foster confirmed that ward staff tried to do their best for everyone concerned with a number of solutions including, and where possible and safe to do so, treating the patient as quickly as possible, having their family, friend or carer present who would be a familiar face, using side rooms, however due to competing priorities for infection control or end of life care, this was not always possible. Ear plugs would also be available on the wards.

Mrs Clelland, Public Governor, submitted the following question:

“How can we, the Governors and the Trust, be assured that Choose and Book is fit for purpose? I would like to request that the system is reviewed by those responsible/involved to ensure that the Choose and Book system is appropriate, efficient and cost effective for patient and the services provided by the Trust.”

Mrs Dodson confirmed that Choose and Book was a national system and not a local system, but asked Mr Harrison to respond.

Mr Harrison confirmed that the NHS e-Referral Service had replaced Choose and Book in June. He confirmed that when a patient sees a GP and is referred for an appointment with a healthcare provider, the patient is able to book their appointment and choose the date and time via this system. The GP may be able to book the appointment there and then with the patient or the patient can book the appointment at a later stage. The patient would be given an appointment request letter which includes a unique booking reference number and a list of hospitals or clinics to choose from. In addition, the patient would be given a password which would allow the booking to be made via the NHS e-Referral Service either by logging into NHS e-Referral Service online or over the phone using the appointment line.

Mr Harrison explained that outpatient slots were available through the system and this worked well where the capacity matched demand however, if demand was high, or where a speciality had a higher waiting time, the booking may not be able to be made online.

The Trust had a high number of patients using the e-Referral Service, a cost effective service which for the vast majority of patients worked well. Mr Harrison acknowledged the frustration that some patients had experienced, but reassured Governors that this was a small number and the Trust continued to work hard to add capacity to the system.

Mr Pearson, Public Governor, submitted the following question:

“I have received expressions of concern about the state of District Nursing in the Ripon area (although it may have wider relevance). I was informed that changes in work patterns have led to nurses being required to make up to twenty visits a day, and in certain cases, work 8am to 8pm; that this is causing

stress and absence through sickness and also that staff are considering resigning.”

Mrs Dodson thanked Mr Pearson for his question stating the importance of staff welfare and asked Mrs Foster to respond.

Mrs Foster acknowledged that teams were under pressure across all areas with an increase in community adult services activity. There had been a change in some shift patterns, working long shifts 8am – 8pm which could involve up to 20 visits per shift however, Mrs Foster assured Governors that these shifts were not compulsory and work patterns were to be determined. This period was unsettling for staff where potentially, through New Models of Care, there could be changes to their service and job role. Staff were kept regularly up to date via their team leaders and there would be no risk to any ones job.

Mrs Dodson reassured Governors that staff turnover was monitored and tracked at Board level.

Dr Scott, Staff Governor, submitted the following question:

“In South Yorkshire an innovative alliance with the Fire Service is underway. The intention is to share skills in supporting vulnerable people in the community. As part of the Vanguard project have we explored partnering with services outside of traditional health and social care providers?”

Mr Harrison confirmed that we were not as advanced as South Yorkshire however he was pleased to report that the voluntary sector was heavily involved as part of the Vanguard project. Discussions were taking place with Harrogate Borough Council, the Police and other agencies regarding support for people to access different services.

Cllr Bateman confirmed he was a member of the Fire Authority and was happy to help if needed.

10. Non-Executive Directors update including time for discussion

10.1 Update on the Finance Committee

Mrs Taylor, Chair of the Finance Committee, provided an overview of the Committee including the key duties which involved scrutinising the Trust's strategic financial plan. The Committee reports to the Board of Directors and Audit Committee and meet quarterly in line with Monitor external reporting requirements. Extra meetings had been scheduled in February and March 2016 in line with the planning timetable. Further to Mrs Hare's question earlier in the meeting, Mrs Taylor assured Governors that the Committee had recently scrutinised the annual Cost Improvement Programme and agreed that an ambitious programme was required in order to deliver the financial plan whilst ensuring that high quality of care continued to be maintained. Mrs Taylor also highlighted other areas of discussion from the last meeting which had focused on financial arrangements for repair or replacement of equipment and an area of concern raised by Governors regarding the condition of community premises. Following this discussion, the Committee

felt a Patient Safety Visit should be carried out to look into the areas of concern.

Mr Coulter reiterated the huge financial challenge for the organisation and Mrs Dodson confirmed that it was both her and Dr Tolcher's view that the organisation would achieve a surplus by the end of the financial year.

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

11. Any other business

11.1 Council of Governor Elections 2015 update

Mrs Colvin provided an update regarding the Council of Governor Elections. The nominations had closed on Monday 2 November and the following number of nominations had been received:

- four nominations for the two Public Governor seats representing Harrogate and surrounding villages;
- one nomination for the Public Governor seat representing Knaresborough and East District;
- two nominations for the Staff Governor representing Medical Practitioners;
- three nominations for the Staff Governor representing Other Clinical; and,
- three nominations for the Staff Governor representing Non-Clinical.

The final date for candidate withdrawal was Thursday 5 November. Voting packs would be despatched on Tuesday 24 November with the close of election on Thursday 17 December. Mrs Colvin was pleased with the number of members interested in the elections and the number of nominations received.

Mrs Dodson thanked the Governors who would be leaving the Council at the end of the year. Mrs Cheesebrough, Staff Governor, Non-Clinical and Mrs Hare, Public Governor, Knaresborough and East District had both come to the end of their first term of office. Rev. Dr Willshaw, Public Governor, Harrogate and surrounding villages and also Deputy Chair and Lead Governor had served six years and Mrs Dodson thanked him for his dedication, hard work and support. Finally, Mrs Dodson thanked Mrs Wilson, Staff Governor, Other Clinical who had served for the maximum of nine years stating that she was a role model for all other Governors.

11.2 Calendar of meetings 2016

Mrs Colvin circulated the meeting dates for 2016.

12. Date and time of next meeting

Mrs Dodson thanked everyone for attending and confirmed the next meeting would take place on Saturday 6 February 2016 at 10.45 am at St. Aidan's High School in Harrogate.

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