

Activity Update – Working Groups and Committees

Governors have provided written briefings on the activities and areas of focus from their respective Committee and/or working group (appendix 1).

Name of Committee/group	Governor representatives
Adopt a Courtyard	David Pearson
Appointments and Remuneration Committee	Madi Hoskin Valerie Kimberley Anne Medley Pauline Sharp Peter Jackson
Airedale NHS Charitable Funds Sub Committee	David Child
Audit Committee	David Child
Constitution Task and Finish Group	Peter Jackson Christine Johnson Valerie Kimberley David Pearson Pauline Sharp Pat Taylor Bryan Thompson
Eco-awAire	David Pearson Jerry Stanford
End of Life Care Group	Pat Taylor
Equality Act Working Group	Peter Allen Pat Taylor
Membership Development Group	Margaret Berry John Bootland Linda Dobson Peter Jackson (chair) Anne Medley Pat Thorpe
Patient Environment Action Group	Peter Beaumont Linda Dobson
Patient and Public Engagement and Experience Group	Jerry Stanford
Patient Led Assessment of the Care Environment (annual)	Peter Beaumont
Performance Evaluation Group	Margaret Berry John Bootland Valerie Kimberley John Roberts Pauline Sharp (chair)
Quality Account Steering Group	Chris Johnson Anne Medley
Staff Lottery Committee	Madi Hoskin

Action required: To receive and note the Governor updates.

Adopt a Courtyard

David Pearson

- Having received approval for our plan to create additional raised beds in 'our' courtyard, we are still awaiting a quote for building these. There will be a challenging task ahead to acquire and transport soil/compost to fill them. (The only access is from the corridor between wards 1 and 2.)
- A large number of daffodil bulbs were planted in the existing rose bed at the beginning of December, and we await their appearance in the coming months. Some of the old roses are well past their 'best-before' date, and will need to be replaced at some time.

EcoawAire

David Pearson

- The group has not been able to meet very often, due to conflicting commitments of members.
- There has been discussion about how the STP might impact on the work of the group, and it was felt that Airedale could play a significant part in developing a shared plan for ecological issues within a larger grouping.
- The chairman of ecoawAire will be leaving Airedale in August for a year, and plans are being made for a replacement.

End of Life (EOL) Care Group Nov 2016

Pat Taylor

The use of the End of Life Care Plan is improving across the hospital with some wards making exceptional progress and others needing more encouragement. Ward staff interviewed during a spot inspection highlighted the importance of having a full complement of staff to be able to carry out the EOL properly especially where there was more than one patient in the ward on the EOL plan.

- There is an action plan in place to fully address the concerns of Care Quality Commission. One specific concern was the lack of spiritual or cultural awareness in the plans reviewed and a specific action plan is now in place to address these concerns.
- The committee wanted a stronger relationship with the work being done by the community palliative care service and the work within the hospital
- It was confirmed that only cold food was available for relatives out of hours
- I would also like to highlight to the COG that Dr Helen Livingstone (now based in Manorlands, but formerly the consultant in charge of the excellent work being done in palliative care in Airedale) was awarded an MBE this year for her work in developing Palliative Care in Airedale and in her work developing The Gold Line service. She accepted the award on behalf of the whole team working in Airedale.

Equality and Diversity

Pat Taylor

There haven't been any meetings of this group since I was appointed and was informed before Christmas that the group had been disbanded. I remain committed to this area of work and look forward to hearing what new actions will be taken to fulfil the role of this group.

Evaluation Group 9.1.17

Pauline Sharp

- Results of the survey carried out in December indicated that the changes made to the Council of Governor meetings, Buddy Group meetings and the network meetings were supported by the majority of governors and therefore each meeting would continue using the same format.
- However it was felt that governors would benefit from a re-introduction of a report from governors attending the monthly Board meetings in the form of noting Non Executive Director challenges which in turn would inform the questions to be asked at the Council of Governors meeting.

- It was confirmed that in relation to governor engagement this would be the subject of the Governwell training session for 2017. The action is in response to Question 20 of the survey alongside other initiatives to address that part of the governor role. Pat Taylor had delivered a session on member engagement at the October Network meeting which will be incorporated into the governor induction programme.
- In relation to the actions required to develop governor relationships it was felt that reports from the staff and stakeholder groups alone did not fully address the subject. Therefore sessions at network meetings would be held looking at understanding each other's roles and working more closely together.
- The action plan is now nearly complete, once the proposed plan on reduction of governor numbers has been ratified and a number of actions confirmed, the committee will not meet again. Their final report will be presented to the April Council of Governors meeting.

Membership Development Group 7.11.16

Linda Dobson

Membership Development Group

- Jerry Stanford attends the meeting on behalf of the Patient and Public Engagement and Experience group (PPEE), however, as there was no governor feedback to report he did not attend.
- The theatre open day was cancelled. It is hoped this will be rearranged in the spring of 2017. This event is usually well attended and is an excellent opportunity to gather feedback and enrol new members.
- Feedback received by governors - Similar issues continue to be raised, e.g. parking, food and signage. Negative comments about the new signage system are increasing. We may need to be more specific about questions we ask e.g. What did you think about the food? What changes would you want to make? There have been some comments about issues relating to patients following discharge from hospital, e.g. Arranging district nurse visits.
- Governors need to take every opportunity to collect feedback and pass it on appropriately, although this time of year is relatively quiet re: opportunities for governors to attend events to gather feedback.
- Lindsay Nicholson, PPEE officer, has set up a youth project and is seeking projects for them to undertake. Ideas for involvement were discussed.
- Annual plan and public engagement - We discussed how we feedback to constituents and members re: board meetings. We feedback via newsletter, information on display at open days, staff newsletter, Twitter, staff events and informally in the community.
- Membership representation and recruitment - We need more members in Pendle East and Colne, and Bingley Rural constituencies. Age range which is needed - 30 - 60 years.
- The cost of posting newsletters is high and options were discussed.
- Items for the newsletter - New assessment unit, New lead governor and deputy lead governor, Governors update on annual feedback report, elections, future talks.
- Elections. We will not know what seats will be available until after January 2017 Council of governors meeting when a decision is made about reducing the size of the council.
- Fiona is trying to arrange a talk for members on mental health issues as this was requested by members.
- John Bootland will contact Keighley Market to discuss possibility of governors having a membership/feedback stand at the entrance.

Patient and Public Engagement and Experience Steering Group Meeting 14.11.16

Jerry Stanford

- Chaplaincy Report and survey outcomes showed that current provision of space for reflection and thinking is satisfactory. There was some discussion centred around the need for a room in or near the wards for relatives or patients to withdraw for contemplation and possibly prayer.
- PPEE Implementation Plan is a standing agenda item and the committee was updated on implementation plan progress.
- Implementation of 'John's Campaign' - Staff Leaflet gives them guidance on purpose and implementation of the campaign in the hospital.
- The new Youth Forum has started with a first highly successful meeting aimed at introducing and familiarising the participants to the hospital and to each other. The leaders are now seeking participation projects and ideas would be welcome. The Membership Development Group have already offered some useful ideas about Governor participation.
- Patient Information Review – the entire range of leaflets and other information provision for patient information is being reviewed. Two exercises have been held, one with the Reader Group and the other with invited staff and other Trust members, including your PPEE Governor. There is a need to increase the patient participation in this review and further events will be held. The NHS Accessible Information Standard introduced in July was also mentioned, and that we have only part compliance at the moment. Work is being undertaken to bring this to complete compliance and it was stressed that a Risk Assessment of our current position needs to be made.
- Friends and Family Test – The monthly on-line report was again demonstrated and is a very impressive facility for wards and departments to get immediate feed-back of patient perception and trends.
- Maternity Partnership Engagement - a survey was undertaken by Airedale Wharfedale and Craven Clinical Commissioning Group of maternity performance and the report was discussed at length. There was some slight disappointment that this was not as good as anticipated but it provides a useful source of information for improving and developing the service to everyone's benefit.
- Your Governor representative was asked to lead discussion around the Governor Feedback report to Board Paper. This was well received and it was noted that the positives far outweighed concerns and that much of the latter are currently being addressed.
- Bradford and District Healthwatch Emergency Department Survey – this report was tabled and offers much food for thought. Governors are recommended to read the paper. Discussions were largely positive and welcomed the usefulness of the recommendations within it.
- Warm Homes Campaign was mentioned as a staff event to support discharging patients in the forthcoming winter period.
- Healthwatch Lancashire have withdrawn as a member of PPEE through time demands.
- West Yorkshire and Harrogate Sustainability and Transformation Plan - Your representative asked if there has been any preparation as to the role of the PPEE committee in the envisaged Sustainability and Transformation plan set-up. This was affirmed.

Quality Accounts Steering Group meeting 24.11.16

Christine Johnson and Anne Medley

- The main topic of the meeting was the Terms of Reference. They were changed last year and need to be looked at again.
- Duties and responsibilities. The actual definition of the duties of the Steering Group was discussed at length. A final definition will be circulated later.
- The local priority that was in the hands of the Governors was the next topic for discussion. The local priority is part of the quality dashboard presented to the Board each month. Due to the changes and thinking of Monitor/NHS Improvement last year there was some confusion about this local priority, should there be one or not? Although this might be the same this year, both Helen Kelly and Karl Mainprize wish to avoid this situation arising again and will contact Jane Downes or Fiona Page.
- There was an interesting discussion on changing the local priorities defined by the Trust, in the quality accounts. At the moment they are Patient experience, improving the quality of care for people in the last days of life in Airedale General Hospital; Patient Safety: management of pressure area care; Clinical Effectiveness: the management of Sepsis. These have been rolling through the past few years. The Medical Director wants to see some of these changed and to look at different areas for improvement, but this comes from the clinical teams, and will be fed back to the group later.