

The next general meeting of the **Trust's Members' Council** meeting will take place

on: **Tuesday 6 January 2009;**

at: **4pm – 6pm;**

in: **LaRC Seminar Room 1, York Hospital**

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| MEMBERS COUNCIL AGENDA |
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| <i>Item</i> | <i>Lead</i> | <i>Paper</i> |
|--|------------------------------------|--------------|
| PART ONE: 4.15pm – 4.30pm | | |
| <p>1 <u>Chairman's introduction</u></p> <p>The Chairman will introduce the meeting, welcoming new governors and any members of public who are in attendance and explaining the procedure for the oral questions.</p> | Chairman | |
| <p>2 <u>Oral questions from the public</u></p> <p>To receive any oral questions from members of the public in attendance at the meeting.</p> | Chairman | |
| <p>3 <u>Apologies for absence</u></p> <p>To receive any apologies for absence.</p> | Corporate Governance Manager | |
| <p>4 <u>Declaration of interests</u></p> <p>To receive the updated register of governors' interests and confirm the accuracy of this, and to receive any further declarations of interests.</p> | Corporate Governance Manager | A |
| <p>5 <u>Minutes of the meeting held on 8 October 2008</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 8 October 2008.</p> | Chairman | B |
| <p>6 <u>Matters arising from the minutes</u></p> <p>To consider any matters arising from the minutes.</p> | Chairman | |

PART TWO: General business 4.30pm – 5pm

| <i>Item</i> | | <i>Lead</i> | <i>Paper</i> |
|-------------|---|--------------------------------------|--------------|
| 7 | <u>Space 21</u> To receive a report on the project space 21. | Director of Strategy and Facilities | C |
| 8 | <u>Annual Report – Governor section</u> To receive an early draft version of the Governor's section of the annual report. | Corporate Governance Manager | To follow |
| 9 | <u>Annual plan</u> To receive a verbal report on the development of the annual plan | Director of Strategy and Facilities | Verbal |
| 10 | <u>Review of the Constitution</u> To receive a report on the process and timetable for reviewing the Constitution. | Corporate Governance Manager | Verbal |
| 11 | <u>Finance report</u> To receive the finance report | Acting Finance Director | D |
| 12 | <u>Performance report</u> To receive the performance report. | Chief Operating Officer | E |
| 13 | <u>Infection Control</u> To receive an update on the infection control issues being managed in the Trust | Chief Nurse | Verbal |
| 14 | <u>Communications Group meeting</u> To receive the minutes from the Communications Group for 23 September and 8 November 2008 meetings. | Chairman of the Communications Group | F |
| 15 | <u>Terms of reference for the Communication Group</u> To receive the revised Terms of Reference for the Communications Group. | Chairman of the Communications Group | G |
| 16 | <u>Summary of the minutes of the Board of Directors meetings</u> To receive a summary report of the Board of Directors minutes of the meeting held in October and November 2008 | Chairman | H |

PART THREE: Strategy discussion 5pm - 6pm

| Item | Lead | Paper |
|---|------------------------|--------------|
| 17 <u>End of life care</u> A discussion about the provision of the end of life care services. | Pam Turpin Governor | I |
| 18 <u>Any other business</u> To consider any other items of business | Chairman | |
| 19 <u>Next meeting</u> To note the date, time and venue for the next general meeting: <i>Next General meeting – Wednesday 11 March 2009- location to be confirmed</i> | Chairman | |
| 20 <u>Collation of written questions from members of the public</u> To collate any written questions from any members of the public present. | | |

Alan Maynard
Chairman

January 2008

Changes to the Register of Governors' interests:

A

Mr Bob Curran has resigned as Public: Selby District Governor.

Mrs Lynn Atkinson has resigned as Staff: Nursing Governor.

| Governor | Relevant and material interests | | | | | |
|---|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| Mr Paul Baines <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mrs Winfred Blackburn <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Dr Lee Bond <i>(Staff: Consultant)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mrs Gill Cashmore <i>(PCT)</i> | Nil | Nil | Nil | Chief Officer—Selby District AVS | Chief Officer—Selby District AVS | Nil |
| Ms Elizabeth Casling <i>(North Yorkshire)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Dr Jane Dalton <i>(Patient: Carer)</i> | Nil | Nil | Nil | Nil | Nil | Researcher—Health and Social Care, University of York |
| Ms Jane Farquharson <i>(Patient: Carer)</i> | Nil | Nil | Nil | Chief Executive—Age Concern, Knaresborough | Chief Executive—Age Concern, Knaresborough | Nil |

| Governor | Relevant and material interests | | | | | |
|---|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| Cllr Alexander Fraser <i>(City of York Council)</i> | Nil | Nil | Nil | Appointee —City of York Council , non-voting participating observer on York CVS Trustees | Appointee —City of York Council , non-voting participating observer on York CVS Trustees | Nil |
| Prof Ian Greer <i>(HYMS)</i> | Director —Daisy Appeal | Nil | Nil | Medical Advisor —ITP Association Medical Advisor —APEC (Action on Pre-eclampsia) | Nil | Dean —HYMS |
| Mrs Kate Harper <i>(Staff: Nursing)</i> | TBA | TBA | TBA | TBA | TBA | TBA |
| Mrs Linda Hatton <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Cllr Madeleine Kirk <i>(City of York Council)</i> | Trustee —York Theatre Trust | Nil | Nil | Nil | Nil | Nil |
| Mr Stephen Lewis <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mrs Helen Mackman <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mrs Mandy McGale <i>(Staff: Non-Clinical)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mr Patrick McGowan <i>(Public: Selby District)</i> | Nil | Nil | Nil | Nil | Nil | Nil |

| Governor | Relevant and material interests | | | | | |
|--|---|---|---|--|--|--|
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| Mr Mike Moran (York CVS) | Trustee —MyKnowledgeEmap 37 Micklegate, York | Trustee —MyKnowledgeEmap 37 Micklegate, York | Nil | Chairman —York CVS | Nil | Nil |
| Mrs Jennifer Moreton (Public: Hambleton District) | Nil | Nil | Nil | Nil | Systematic Reviewer —Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE | Systematic Reviewer —Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE |
| Mr Nevil Parkinson (Public: Selby District Council) | Nil | Nil | Nil | Director —West Riding Masonic Charities Ltd | Nil | Nil |
| Cllr Caroline Patmore (North Yorkshire County Council) | Nil | Nil | Nil | Nil | Councillor —North Yorkshire County Council | Councillor —North Yorkshire County Council |
| Mrs Ann Penny (Staff: Nursing) | Nil | Nil | Nil | Nil | Nil | Nil |
| Mr James Porteous (Public: City of York) | Trustee —Notions Business and Marketing Consultants | Nil | Nil | Chairman —Governors at Applefields School Chairman —Hob Moor Oaks School President —Leeds and North Yorkshire Region British Polio Fellowship | Nil | Nil |
| Mr Geoff Rennie (Patient: Carer) | Nil | Nil | Nil | Nil | Nil | Nil |

| Governor | Relevant and material interests | | | | | |
|--|---|---|---|--|--|--|
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| Dr Stefan Ruff <i>(Public: City of York)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mr Martin Skelton <i>(Staff: Clinical Professional)</i> | Nil | Nil | Nil | Nil | Nil | Nil |
| Mr Michael Sweet <i>(North Yorkshire and York PCT)</i> | Nil | Nil | Nil | Nil | Non-Executive Director —North Yorkshire and York PCT | Beneficiary —The pension fund — Tibbett & Britton Group, now managed by DHL who have the management contract for NHS logistics |
| Mr Brian Thompson <i>(Patient: Carer)</i> | Trustee —Thompson's of Helmsley Ltd | Nil | Nil | Nil | Nil | Nil |
| Mr Bob Towner <i>(Public: City of York Council)</i> | Nil | Nil | Nil | Vice Chairman —York Older Peoples Assembly | Vice Chairman —York Older Peoples Assembly | Nil |
| Mrs Pam Turpin <i>(Public: Hambleton District Council)</i> | Nil | Nil | Nil | Member —York Pain Management Support Group | Project Worker —OVE ARIP | Nil |
| Cllr Sian Wiseman <i>(City of York Council)</i> | Nil | Nil | Nil | Nil | Nil | Nil |

Minutes of the meeting of the York Hospitals NHS Foundation Trust Member's Council held on 8 October 2008, Galtres Centre, Easingwold.

| | | |
|--------------------|--|--|
| Present: | Professor A Maynard, Chairman of the Trust | |
| | North Yorkshire & York Primary Care Trust | Michael Sweet Non-Executive Director |
| | City of York Council | Councillor Sandy Fraser Councillor Sian Wiseman |
| | North Yorkshire County Council | Caroline Patmore |
| | Patient/Carer | Geoffrey Rennie MBE Jane Farquharson Brian Thompson Jennifer Moreton |
| | Public City of York | Paul Baines Winfred Blackburn Linda Hatton Helen Mackman James Porteous Stephen Lewis |
| | Public Selby | Bob Curran Patrick McGowan |
| | Public Hambleton | Jane Dalton |
| | Staff Governors | Lee Bond Medical Mandy McGale Non Nursing Anne Penny Nursing |
| Attendance: | Patrick Crowley | Chief Executive |
| | Mike Proctor | Deputy Chief Executive |
| | Libby McMannus | Chief Nurse |
| | Alison Hughes | Director of Strategy and Finance |
| | Peta Hayward | Director of Human Resources and Legal Services |
| | Sue Holden | Associate Director of Corporate Development |
| | Gillian Fleming | Non-Executive Director |
| | Alan Rose | Non-Executive Director |

Penny Goff
Lucy Brown

Membership Development Manager
Communications Manager

1. Chairman's Introduction

The Chairman introduced the four new Governors and welcomed them to their first Members Council.

The Chairman expressed his sadness at the departure of Ann Harrison, previously a public Governor for Hambleton who passed away in September.

2. Oral Questions from the Public

There were no members of the public in attendance.

3. Presentation from the External Auditors – Grant Thornton

Sarah Howard, Engagement Partner and Gareth Mills, Senior Auditor delivered a presentation to introduce their work and relationship with the Members' Council. A hard copy of the powerpoint presentation is attached. They explained that they will attend the Members' Council once a year to provide an opinion on the accounts but emphasised they were happy to support the Governing body at other times if required.

Bob Curran asked if the employee's superannuation figure was in the audit report. It was explained that this is dealt with nationally and the pension scheme is done separately from the NHS. Superannuation contributions are included as a part of the salary cost.

A Governor asked how many of the 75 staff team in the Leeds office are health audit specialists. Sarah Howard explained that the specialist health team worked within a flexible commercial and public sector practice along with performance and technical specialists.

Jane Dalton asked how many days were associated with the external audit contract. Mr Chapman said that the cost for 2008/09 was £50,000. Ms Howard said this equated to approximately 100 days. Mr Chapman stated that the contract was procured under the formal tender process.

A Governor asked why the NHS was moving to the International Financial Reported Standards (IFRS). Mr Chapman responded that it was a central Government policy decision for all Government bodies to move to IFRS for reasons of transparency from 1st April 2009.

Governors asked if Grant Thornton will be involved in the strategic planning for the future. Ms Howard explained that whilst they would be involved in ensuring value for money within strategic plans, in the main their involvement would be to respond to the plan in place.

4. Presentation from the Bereavement Team on the Bereavement suite funded by the Kings Fund

The Trust was participating in the Kings Fund programme Enhancing the Healing Environment at the End of Life and the project team of Marion Khan, Vanessa Bradbury, Helen Mackman, Carol Bardy and Gill Greaves presented their progress to date. The aim of the project is to create a centralised and dedicated service within the hospital for bereaved families. The project was supported by Alan Rose, Non-Executive Director and sponsored by Alison Hughes and Libby McManus.

The five stages of the project are preparation, design, construction, celebration, evaluation. Following a period of research and preparation the team were currently creating the project brief and will be appointing an architect at the end of October to work on the design. The new service will be based off the main corridor between junctions 6 and 7 and will incorporate the existing buildings and courtyard with the addition of a conservatory. Construction is planned to take place between July and October 2009.

Bob Curran asked whether the learning from this project could be applied to improving the facilities at Selby War Memorial Hospital. It was explained that Selby War Memorial was managed by the Primary Care Trust but the skills developed by the team will be utilised in other projects at York Hospital.

The team are presently consulting with local people and those who have used the current bereavement facilities in order to inform the development of the suite. Jane Dalton commented that during the analysis of the questionnaires it would be very useful to understand the comments in the context of the respondent's use of the existing facilities.

Patrick McGowan asked about the process of dying and whether the Trust had designated nurses, and encouraged families to stay with the patient until the end. Anne Penny Staff Governor for Nursing, explained that nurses do sit with patients until the end if no relatives are present and are on hand to comfort relatives.

Mandy McGale asked the project team if there were any plans to extend the bereavement service in the future to cover out of hours. The team responded that this was not within their remit and were constrained by the availability of junior doctors and the Local Registrar.

The Chairman and Governors thanked the team for their enthusiasm and commitment to this project and asked to be kept updated on progress.

Penny Goff reported that Pam Turpin, a public Governor unable to attend the meeting, had asked for her congratulations to be passed to the team for their hard work to date.

5. Apologies for Absence

Apologies for absence were received from:

Lynne Atkinson, Governor - Staff Nursing
Gill Cashmore, North Yorkshire and York Primary Care Trust
Bob Towner, Governor - Public City of York
Stefan Ruff, Governor - Public City of York
Pam Turpin, Governor - Public Hambleton District
Nevil Parkinson, Governor - Public Selby District
Martin Skelton, Governor - Staff Clinical Professional
Mike Moran, York Voluntary Sector
Dr Ian Woods, Medical Director
John Hutton, Non-Executive Director
Anna Pridmore, Corporate Governance Manager

6. Declarations of Interest

The updated register of Governors' interests was discussed. The four new Governors were asked to complete the pro-formas and return them to Anna Pridmore. The Chairman also highlighted the importance of keeping the register up to date.

The updated register was noted.

7. Minutes of the meeting held on 9 July and 14 July 2008

The minutes of the meeting held on 9 July 2008 were agreed as a correct record.

The minutes of the Joint Board of Directors/Members Council held on 14 July 2008 were accepted as a correct record. Mike Sweet noted that the Group notes as indicated on page 3 had not been included in the papers sent out. They will be sent with the minutes.

8. Matters arising from the minutes

8.1. Item 5a Appointment of Governors to the four vacancies

The Chairman reported that all Governors vacancies had now been filled.

9. Minutes from the Board of Directors meeting held 30 July 2008

The minutes were noted.

10. Matters arising from the minutes

Winifred Blackburn referred to item 08/125 on page 88: Implications of the Consultant Eye Surgeons Partnership “CESP”. She said it wasn’t clear whether NHS or private patients take priority. Additionally she asked if the Nuffield Hospital have the same equipment and facilities as York Hospital. Mr Proctor responded that the contract between the Trust and CESP was explicit and clear and met proper Governance requirements.

The Trust relationship with CESP is for NHS patients only working on a sub contractual basis. Similar arrangements exist with the Nuffield Hospital.

10.1. 08/129 Serious Untoward Incidents

In response to a question from a Governor it was explained that when SUIs (Serious Untoward Incidents) occur, an investigation is held to understand what has gone wrong and to learn lessons from them. The Governors asked why the SUIs were not detailed in the Board of Directors minutes. Mr Crowley explained that the reports of the incidents contain very personal and confidential information, therefore further details will not be included.

10.2. 08/127 Corporate Finance and Performance Report

Paul Baines questioned why patients were being referred back to their GP when a referral to another Consultant was required. Mr Proctor reported that this was done at the request of the PCT to enable the GP to decide if a second referral was necessary. This was the practice of all PCTs across the country. He added that waiting times are now so short that referrals back to GPs are not delaying the process for patients. He said that the referral back to the GP happens before a further appointment is scheduled for the patient.

10.3. 08/115 Car Park Development

It was reported that the contract between the Trust and a private finance initiative (PFI) company had now been signed. The company was now in discussion with construction companies to draw up a contract for the building of the car park. This would include financial contingency plans in the event of difficulties. The Trust was currently out to tender on the enabling work required before construction begins on site.

A Governor asked if there were any long term plans for patients to park free of charge. Mrs Hughes explained that this is not possible as it was a condition of the planning decision to keep parity with the local authority car parks.

James Porteous asked at what stage were discussions with the City of York Council on the issue of Park and Ride facilities. Alison Hughes reported that the Council have accepted the need for Park and Ride service along Wigginton Road and were looking at land acquisition. This was unlikely to reach fruition before 2011.

Governors were interested to know about plans for a dedicated bus service to pick up patients and staff from all Park and Ride sites around York to avoid the need to park at York Hospital. Alison Hughes explained that significant costs were involved in this proposal and it was felt to be not the right thing to do. In the long term there will substantially be more parking at the hospital for patients and it was recognised that the situation would be difficult during the construction phase.

Previously a staff bus service was in operation for staff during morning and afternoon peak times Monday to Friday and this had cost in excess of £40,000 per annum; it had become a private bus service for a few individuals and was terminated.

Alison Hughes added that surveys in the past indicated that people preferred to use their cars for convenience and Park and Ride did not always meet their need.

Jennifer Moreton commented that to return to her home on Ampleforth by bus following a 5.00pm appointment at the Hospital is impossible as there is no bus. She also commented that car parking at Nottingham Hospital is free for patients and visitors.

Patrick Crowley proposed that, to assure Governors that all possible measures to alleviate short term pressures are being taken, he will ask Alison Hughes and Mike Silk to review and refresh the cost of funding a bus service and will communicate this to Governors.

Action: Patrick Crowley/Alison Hughes

11. Appointment of Vice Chairman of the Members' Council

Several Governors were opposed to the process set out in the paper by the Corporate Governance Manager to appoint a Vice Chairman. It was agreed that 3 Governors – Helen Mackman, Mandy McGale and Winifred Blackburn would meet within the next 10 days with the Chairman to thrash out an agreement on the role of the vice Chair and whether this role could be undertaken by more than one person. There was support for the idea of a primary vice Chair and sub vice Chairs.

Action: Meeting to be arranged – Penny Goff

12. Process for the appraisal and re-appointment of Non-Executive Directors

The draft process was approved pending the appointment of a Vice Chair to run the Nominations Committee.

13. Review of the Constitution

A report on the process and timetable for reviewing the constitution was endorsed. The Chairman asked that Governors submit their names to Anna Pridmore or Penny Goff by 27 October 2008 if they wish to participate in the review.

It was agreed that meetings of the working group will take place during late afternoons.

Action: Governors to submit names to take part in review by 27 October 2008.

14. Monitor Q1 Report

Patrick Crowley presented the Trust's Q1 monitoring report and reported that the Trust achieved the following:

- financial risk rating of 5,
- governance risk rating of amber and;
- Mandatory services risk rating of green.

The Trust has been assigned an amber governance risk rating due to the failure to meet the A&E 4 hour waiting target in Quarter 1 and the risk of failure to meeting the MRSA and C.Diff targets for 2008/9.

15. Performance and finance report

Mike Proctor gave a verbal report and confirmed that all targets were met in August.

- 18 week performance – admitted 89% (85%)
non-admitted 91.1% (90%)
- 4 hour – 99%
- 31 day cancer – 99% (98%)
- 62 day cancer – 98% (95%)
- Thrombolysis – no eligible patients

He also reported that the HC performance ratings were issued on 15 October. They will be communicated to Governors before being made public.

Robert Chapman gave a verbal report on the financial position at 31 August.

- Income expenditure surplus of £1.0m against plan of £0.4m surplus
- Expenditure above plan by £1.9m due to activity being above plan
- Income above plan by £2.5m due to activity above plan
- Cash balance of £7.1m at 31.8.08 which is broadly planned

Mr Chapman also confirmed that the Trust had not lost any money in the current banking crisis. The banks of Iceland were not used by the Trust. He will however review the banking policy in view of the current situation.

16. Infection control

Libby McManus gave a verbal report on the interventions taken recently to improve Infection Control measures. She confirmed that it remained top priority for her, doctors, sisters and matrons. The work on cannulas, ward hygiene and the 'bare below the elbows' initiative were bringing about significant improvements.

There were no MRSA cases in August and 9 cases of C.Diff (121 per year target)

Jane Farquharson asked the Trust to relay to the general public that the term "hospital acquired infection" is very misleading and infections are being brought into the hospital by patients and the public. The Trust should make it clear doing campaigns that the public have a responsibility to protect the vulnerable in hospital rather than blaming dirty hospital environments or staff.

A Governor asked about plans to increase hand washing facilities/soap and water to reduce cases of C.Diff. Libby McManus explained that there is a plan to de-clutter the wards (linked to the transfer of office accommodation to non ward areas) to allow people to get unimpeded to basins and sinks.

It was suggested that Governors be involved in a hand gel day which would involve greeting visitors at the main entrance with a reminder to use hand gel before and after visiting the hospital. Jennifer Moreton and Helen Mackman volunteered to be involved, any others to contact Penny Goff asap.

Action: Governors to confirm interest involvement in hand hygiene day.

17. Strategy Committee

Alison Hughes asked the Council to consider how Governors can be involved in the development of strategy across the organisation. It was now 5 years since the Trust had written its mission statement/values and it is an appropriate time to review it. She asked for some Governors to work with her on this piece of work.

Action:

Alison Hughes to circulate brief note to Governors proposing a way forward

18. Communication Group Minutes

Minutes from the Communication Group meeting on 7 August were received. As Chairman of the group Helen Mackman confirmed that the group had met since August when the meeting had discussed the editorial content of the next edition of YorkTalk newsletter.

A discussion took place on Governors handling of media enquiries. It was agreed that Governors should firstly notify Lucy Brown the newly appointed Communications Manager, of any contacts with the media. It was agreed that the guidelines for handling media enquiries should be revisited in light of this new post.

It was also noted that some Governors are attending City of York Public Ward Committees along with Penny Goff for recruitment and engagement purposes.

It was noted that the Governors found it useful to receive a copy of the internal TeamTalk document which Penny Goff was now sending to them. Patrick Crowley said he would welcome items from Governors should they wish to promote any issues.

19. Timetable for future meetings

The proposed timetable for the 2009 meetings of the Members' Council was received. The Chairman requested a change of date for the January meeting from Wednesday 7 January 2009 to Tuesday 6 January 2009.

20. Any other business

James Porteous thanked his Governor and Management team colleagues for the support given to him during his term of office of Vice Chairman. He had agreed with the Chairman that he would stand down from 24 October. The Chairman thanked James Porteous for his contribution.

A question was raised regarding plans to change the name of Members' Council to Council of Governors. It was noted that this term was used without consultation or discussion as a footer of the agenda. The Chairman said this would be discussed as part of the review of the Constitution.

Thanks were recorded to Governors for their help and input to the very successful Open Day and AGM held on 15 September 2008.

21. Next meeting

Joint Board of Directors/Members' Council Monday 10 November 2008
4.00pm in the Boardroom at York Hospital.

General Members' Council Tuesday 6 January 2009 4.15pm in the LaRC
Seminar Room at York Hospital.

22. Collation of written questions from members of the public

There were no written questions received.

Members' Council – 6 January 2009

Project: Space 21

Summary of Paper

The paper is a briefing note to update the Members' Council on the current situation regarding in-patient accommodation, and outline the key areas of work required.

Recommendation:

The Members' Council are asked to note the content of the report and the intended developments

Assurance and related objective

The paper provides assurance about work related to the following Trust objectives:

To further develop the culture and organisation in order to be able to continually improve patient safety and experience.

To establish and maintain appropriate capacity to ensure delivery of the contracted levels of activity and improve the management and utilisation of key resources.

To further develop the Trust as a business by developing our marketing and competitive capability in order to be the provider of choice for our local community and beyond.

To ensure the Trust has a well trained, highly motivated workforce and is continues to be seen as an employer of choice both locally and nationally.

To develop a vision for the development of the site to ensure that the hospital environment supports the delivery of excellent healthcare.

Governance: Discussed at Strategy Committee and Capital Programme Management Group.
Discussion at the Board of Directors meeting
November 2008

Owner: **Alison Hughes, Director of Strategy & Facilities**

Date of paper: January 2009

Version number V2

Number of pages 6

Project Space 21

Introduction

This paper seeks to describe the current position with regard to the development of in-patient accommodation on the York Hospital site.

It has been clear for a number of years that current clinical accommodation is cramped and outdated and a number of solutions have been proposed.

Position to date

The last feasibility study following the surgical services business case, identified that £100m would have to be spent to bring the in-patient accommodation up to current standards, in terms of electrical supply, lighting, ventilation, medical gases, nurse call, flooring, bathrooms etc. However, this investment would not increase the available space for beds which by current space standards would require a 70% increase in the footprint of the ward block.

In addition, the decant arrangements would have meant that 4 wards would have needed to be emptied at one time and building work would have taken some five years to complete. The construction would have taken place in an occupied building with all the problems that that entails.

In view of the funding, construction and space issues this proposal was not being pursued.

At this time, the car park, planned for the front to the hospital, was due to be started. However, the developer's contractor went into liquidation and we made the decision to reapply for planning permission to move the car park and recreate a clean development zone at the front of the hospital. This permission was granted and work on the car park is due to start shortly.

The creation of the development zone provides an opportunity for phased incremental development of the site, in that ideally by re-providing ED and Radiology (single storey buildings) in Phase 1 there is the opportunity to demolish and build at least a four storey ward block in Phase 2 which could replace all in-patient accommodation (funding permitted).

The size of development zone could also allow the re-provision of some 200 -250 beds.

The make up of the beds is yet to be determined however, in the first instance, it is proposed that Children's and Maternity services are relocated to the new build because there is no reasonable alternative to ensure that the long overdue refurbishment can be undertaken. Costs for Children's and Maternity services are expected to reach £7m; there is no decant space and the footprint required cannot be achieved within the current buildings.

The remaining space would probably be all single room wards and could be used for a number of specialties, providing maximum flexibility, the best use of which will emerge as part of the planning process.

The extent of the development will be dependent on funding.

Initial scoping work

In assessing the feasibility and deliverability of the project, therefore, we would aim to

- Explore potential funding options
- Develop and cost plans to remodel all clinical accommodation and improve clinical adjacencies and efficiency,
- Ensure the provision of in-patient clinical accommodation to a much higher standard with as many single rooms as possible,
- Identify ongoing decant/contingent facilities,
- Ensure minor upgrade of existing in-patient accommodation where possible.
- Produce a Strategic Outline Case, Outline Business Case and Full Business Case for board consideration.

Project Management

The project will be run using the procedures set out in the NHS Capital Investment Manual.

In brief, the Board of Directors' will be the investment decision makers with the Chief Executive as the responsible officer. The Chief Executive will appoint a project board, made up of sufficient corporate directors and clinical directors to ensure that the project is adequately resourced and managed. There will be Non-Executive Director representation on the project board. Terms of reference are being developed.

The wider stakeholders both internally and externally will be consulted via a number of steering groups, and representatives from the steering groups will be on the project board.

A Project Director will be recruited to undertake the feasibility work and develop the business case. Financial appraisal will be a key part of the project board responsibilities.

The planning for phase 1 is likely to take at least 18 months.

The project will initially focus on the first phase development, but will necessarily need to consider the potential future phases to ensure that we have a live 'Development Control Plan' which identifies future development sites, so that there is always scope to respond to service developments. The finalisation of the development control plan is a concurrent piece of work due for completion in the spring 2009.

Carbon Emissions and Energy Efficiency

The existing hospital is built to outdated energy standards, and is very inefficient. Without a major new build it will become increasingly difficult to meet the expected stringent carbon reduction targets, which will have a significant financial impact.

Board of Directors update

It is proposed that The Board of Directors will be updated on the projects progress each quarter.

**Alison Hughes Director of Strategy and Facilities
December 2008**

Members' Council – 6th January 2009

Corporate Finance Report

Summary of Paper

This report details the financial position as at 30th November 2008, and forecasts the position for the full year.

At the end of November, there is an Income and Expenditure surplus of £1.9m against a planned surplus for the period of £1.5m and an actual cash balance of £5.6m. This places the Trust broadly on the plan submitted to Monitor as part of the Annual Plan and results in a provisional Financial Risk Rating of 4.

The forecast position for the year end is a net deficit (after the planned £3.0m impairment associated with the staff residence) of £1.6m compared with the planned deficit of £1.8m. This would result in achievement of the planned financial risk rating of 4 assuming that the impact of the forecast capital spend of £9.5m on the year end cash balance can be managed.

Recommendation: To note the contents of the report.

| | |
|---------------------------------|---|
| Assurance and related objective | Assurance on the Trust's financial performance. |
| Governance | Board of Directors 16 th December 2008 |
| Owner | Robert Chapman, Acting Director of Finance |
| Date of paper | December 2008 |
| Version number | V.1 |
| Number of pages | 4 |

Introduction

This report details the financial position as at 30th November 2008, and forecasts the position for the full year.

Overview

At the end of November, there is an Income and Expenditure surplus of £1.9m against a planned surplus for the period of £1.5m and an actual cash balance of £5.6m. The Income and Expenditure position places the Trust ahead of the plan submitted to Monitor as part of the Annual Plan, and is an improvement on the trend experienced over September and November.

The forecast position for the year end is a net deficit (after the planned £3.0m impairment associated with the staff residence) of £1.6m compared with the planned deficit of £1.8m. Executive Directors are currently considering actions which may be taken in the final quarter of the year to ensure that the Income and Expenditure plan is achieved. The risk rating may be affected by the impact of the forecast capital spend of £9.5m on the year end liquidity balance, but it is planned that this will be managed.

Income & Expenditure

The position for the year to date is a net Income and Expenditure surplus of £1,864,000 against a planned surplus for the period of £1,522,000, as summarised in the table below, and set out in more detail at **Appendix A**.

| Summary Income and Expenditure for the period 1st April 2008 to 30th November 2008 | | | |
|---|--------------|---------------|-----------------|
| | Plan | Actual | Variance |
| | £000 | £000 | £000 |
| Total Income | 141,030 | 144,582 | 3,552 |
| Total Expenditure | -132,299 | -135,589 | -3,290 |
| EBITDA | 8,731 | 8,993 | 262 |
| Depreciation | -4,693 | -4,693 | 0 |
| Interest Receivable | 300 | 380 | 80 |
| Exceptional Costs | 0 | 0 | 0 |
| Dividend on Public Dividend Capital | -2,816 | -2,816 | 0 |
| Net Surplus/Deficit | 1,522 | 1,864 | 342 |

Clinical income is estimated to be £3,627,000 above plan due to non elective activity being ahead of plan resulting in income being £1,553,000 above plan. Elective activity (inpatients and day cases) is above plan overall by £1,553,000 and outpatients by £890,000. High cost drugs and other non PbR clinical income are below plan by £439,000 mainly due to income from Lucentis being below plan. A&E activity is above plan resulting income being £253,000 above plan.

Non NHS Clinical Income is £241,000 below plan primarily due to income from Private Patients being less than planned.

Other Income is £166,000 ahead of plan.

Expenditure is above plan by £3,290,000, mainly due to increased costs as a result of:

- Waiting list initiatives £1,224,000.
- Activity at Nuffield Hospital and other providers £1,537,000, most of which is matched by additional income.
- Medical and surgical supplies expenditure mainly linked to activity being ahead of plan £601,000.
- Increased use of high cost drugs £369,000, which are excluded from tariff and matched by additional income.
- Additional costs directly associated with other income being above plan £266,000.
- Unachieved CIP in Directorates £299,000.
- Unachieved Corporate CIP £193,000.

These increased costs are being partially mitigated by reduced costs due to staff vacancies, and with certain planned developments not proceeding as soon as planned.

Interest Receivable is £80,000 above plan due to the favourable cash position, earlier in the year.

Cost Improvement Programme

The Trust has set itself a challenging Cost Improvement Programme (CIP) for the year of £3.95m, in addition to meeting the brought forward unachieved target for 2007/08 of £0.63m.

Overall the Trust is £492,000 behind its CIP plan, with £299,000 being attributable to a shortfall on the Directorate element of the plan. The Directorates do have plans that will deliver some further savings in later months and emphasis is still being placed on identifying schemes to meet the current gaps at both a Corporate and Directorate level to ensure that the financial plan is met.

Cash

The cash balance at the end of November was £5.6m, which is £1.4m less than the plan, mainly due to capital expenditure still being ahead of plan.

Financial Risk Rating

The assessed Monitor Risk Rating at the end of November is an overall rating of 4.

Recommendation:

The Board of Directors is asked to note this report.

Author: Graham Lamb, Head of Financial Management & Planning

Owner: Robert Chapman, Acting Director of Finance

Date: December 2008

Members' Council – 6th January 2009

Corporate Performance Scorecard

Summary of Paper

A summary of the performance up to November 2008. Mr Proctor will verbally update the Members' Council on the performance during December 2008.

Recommendation

The Members' Council is asked to note the scorecard.

| | |
|-----------------|--|
| Governance | Board of Directors December 2008 |
| Owner | Fiona Jamieson, Deputy Director of Performance |
| Date of paper | January 2009 |
| Version number | V.3 |
| Number of pages | 2 |

Corporate Scorecard - November 2008

| Area | Metric | Units | Target | Status | Last Month | This Month |
|----------------|---|------------|--------|--------|------------|------------|
| Access Targets | 18 week admitted | Percentage | 85% | Green | 85.0% | 85.2% |
| | 18 week non admitted | Percentage | 90% | Green | 94.1% | 95.1% |
| | 14 day cancer | Percentage | 100% | Green | 100% | 100% |
| | 31 day cancer* | Percentage | 98% | Green | 100% | 100% |
| | 62 day cancer* | Percentage | 95% | Green | 99% | 96% |
| | Diagnostics - 6 week wait | Percentage | 100% | Green | 100% | 100%**** |
| | A&E 4 hour target - all types | Percentage | 98% | Green | 98.5% | 98.4% |
| | GUM - appointment offered within 48 hours** | Percentage | 85% | Green | 100% | 100% |
| | Thrombolysis - call to needle (YTD) | Percentage | 69% | Green | 80% | 80% |

| Area | Metric | Units | Target | Status | YTD | This Month |
|-------------------|----------------|--------|--------|--------|-----|------------|
| Infection Control | MRSA - All | Number | 16 | Red | 11 | 0 |
| | MRSA - >48hrs | Number | 12 | Green | 5 | 0 |
| | CDIFF - >48hrs | Number | 121 | Amber | 87 | 3 |

| Area | Metric | Units | YTD Plan | Status | YTD Act | Var |
|-----------------------|-------------------------|--------|----------|--------|---------|-------|
| Activity Against Plan | Ordinary elective | Spells | 5,582 | Green | 5,749 | 167 |
| | Daycase | Spells | 17,738 | Amber | 18,260 | 522 |
| | Non-elective short stay | Spells | 5,773 | Amber | 6,108 | 335 |
| | Non-elective long stay | Spells | 16,375 | Green | 16,353 | -22 |
| | 1st Outpatients | Atts | 61,447 | Amber | 63,108 | 1,661 |
| | Subs Outpatients | Atts | 137,799 | Amber | 139,782 | 1,983 |
| | GP Referrals | Refs | 36,608 | Red | 42,366 | 5,758 |
| | Other Referrals*** | Refs | 28,866 | Amber | 29,993 | 1,127 |

* For reporting purposes Cancer figures run one month behind, figures above are for October 2008

** Performance at Monkgate Health Centre

*** Total of other referrals and consultant-to-consultant referrals

**** Achieved 100% but figures do include a small number of breaches essentially in urodynamics which are related to capacity probl

Governors' Membership Communications Group

Minutes of a meeting held 5.00 pm to 6.15 pm, Thursday 7 November 2008 in the Board Room

Present

Win Blackburn, Helen Mackman (Chair), Geoff Rennie and Martin Skelton

In attendance

Penny Goff, Membership Manager

Apologies and welcome

Apologies had been received from Lucy Brown

Matters arising from the meeting held on 23 September

Martin Skelton attended the last meeting and needs to be added to the list of those present.

York Talk : we looked forward to the next edition due out early December in which membership cards are to be circulated to all FT members. We continue to agree that this is the best form of communication with members.

A discussion followed about possibly including a summary of the Press Releases that have been issued over the previous 3 months (eg '*this has appeared in the Press*' column).

We were disappointed that, in a response from the Trust on a recent letter to the Press about infection control, there was no mention of the next York Talk on 25 November which has infection control as its topic.

A discussion followed about the lack of interest shown by the membership in attending either the Members' Council meetings or the York Talks. In spite of a publicity campaign in Easingwold for the Members' Council, the only meeting in public, there were no members of the public present. The consensus was that people only attend if there is a current hot issue like car parking or if they want to complain. It was noted that attendance at the Ward Committee meetings is also low.

It was suggested that

- Refreshments could be offered at one or other of these occasions in a 'Meet your Governors' session.
- A piece could be put in York Talk asking for feedback on, for example, 'are you interested in health'
- Use community newsletters to advertise events
- Offer members the opportunity to engage with us on hot topics

Terms of Reference

The draft terms of reference were considered in detail while also referring to our current terms of reference. The results of our discussions, as our new Terms of Reference, are attached to these notes and will be circulated to governors along with the next Members' Council agenda papers.

As part of our discussions, we proposed that in future our minutes be posted on the FT website. Members of the public would be able to direct any enquiries about communicating with the committee via the membership manager's office. Committee membership of 5/6 governors was seen to be ideal to enable the group to work well.

Date of the next meeting: The date of the next meeting of this Sub Committee is Thursday 15 January 2009 from 9 am to 10.30 am in the Seminar Room on the 1st floor of Pathology. Access is restricted so members will have to report to the main Pathology reception on the ground floor (by Pharmacy) and ask for Martin Skelton.



Governors' Membership Communications Group

Notes of a meeting held at 4.30 pm to 5.30 pm, Tuesday 23 September 2008 in the Board Room

Present

Win Blackburn, Linda Hatton, Helen Mackman (Chair), Mandy McGale, Mike Moran, Geoff Rennie, and Sian Wiseman.

In attendance

Penny Goff, Membership Manager and Lucy Brown, Communication Service Manager

1. Terms of Reference

Copies of a new draft Terms of Reference for this group was circulated, having been prepared by Lucy Brown for our consideration. It was agreed that each member of the group would take these away and give their responses to Helen by the end of the week if possible.

After collation, these responses would inform the Terms of Reference to be presented for ratification at a Members Council meeting.

2. York Talk

A discussion was held about the possible content for the next edition of York Talk which is due out next December, with copy needed by early November.

The topics identified by Lucy were:

- The new theatres
- Guardian Angels opening early October
- The AGM and Open Day
- Report of the October members Council meeting
- Infection Control
- The new Eye Clinic
- The Discharge Lounge
- Governor profile

We emphasised the need to illustrate 'good news' and suggested:

- a feature about the new car park with details of how to get to the hospital by public transport and how to park if you are a Blue Badge holder
- an invitation in a future edition for members to give feedback on the style and content of York Talk
- FT visits to the Ward Committees
- An FT membership application form as part of York Talk
- Instead of featuring a profile of one Governor, we suggested that a constituency be featured with photos of the governors representing that constituency

3. LINKs

We raised the issue of how we will work with LINKs and noted that they had had a launch at the Priory St Centre on 15 September.

4. POPPY Guide

Linda and Geoffrey were supplied with copies of this Trust's guide to producing written information for patients which conform to the Disability Discrimination Act. This group discussed the possibility of casting a critical eye over some draft information documents some time in the future.

Date of the next meeting

Thursday 6 November at 5.00 pm in the Boardroom

Governors' Membership Communications Group

Minutes of a meeting held 5.00 pm to 6.15 pm, Thursday 7 November 2008 in the Board Room

Present

Win Blackburn, Helen Mackman (Chair), Geoff Rennie and Martin Skelton

In attendance

Penny Goff, Membership Manager

Apologies and welcome

Apologies had been received from Lucy Brown

Matters arising from the meeting held on 23 September

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Members' Council – 6 January 2009

Terms of Reference of the Membership Engagement Committee

Summary of Paper

The revised terms of reference of the Membership Engagement Committee formally known as the Communications Group.

Recommendation:

The Membership Engagement Committee recommends the approval the revised terms of reference.

Assurance and related objective The approval of the terms of reference ensures the Committee is properly constituted.

Governance: Discussion and recommendation for approval by the Membership Engagement Committee.

Owner: **Helen Mackman, Governor and Chairman of the Membership Engagement Committee**

Date of paper: January 2008

Version number V1

Number of pages 4

Terms of Reference Membership Engagement Committee

Title of committee

Membership Engagement Committee
(formally known as the Membership Communication Working Group)

Date established

November 2008

Status

Sub-committee of the Members' Council

Individual responsible for setting up and supporting the committee on behalf of the Members' Council

Membership development manager
All contact with the committee should be made via this post holder

Role and functions

- 1 On behalf of the Members' Council, the committee will review, monitor and support the development of plans for membership recruitment, engagement and involvement.

- 2 The functions of the committee are:
 - To review and analyse the Trust's membership – recommending an annual work programme for governors to support membership recruitment, retention and development.

 - To engage with local forums, groups and organisations to actively promote membership and the work of governors and the Council.

 - To develop and encourage two-way communication and involvement between the Members' Council and its constituency members.

 - To suggest content for *YorkTalk*, the Trust's newsletter for members.

 - The committee may be asked to review patient information.

- 3 The committee will make recommendations for approval to the Members' Council but will not have decision-making powers.
- 4 The terms of reference will be reviewed annually, or before, if any changes in governance procedures demand it.

Membership

- 5 The committee will strive to achieve membership that is representative of each constituency
- 6 Members of the committee will be appointed for between one and three years (coterminous with their term of office as governors).
- 7 The committee will be quorate if three members are present (which must include one public governor).
- 8 Membership is not static and interested governors can be considered for membership at any point in time.

Meetings

- 9 The committee will meet a minimum of four times a year.
- 10 The committee will appoint its own Chair and this will be reviewed annually.
- 11 Minutes of all meetings will be produced and reports will be produced for the Members' Council on its recommendations.
- 12 The Membership Development Manager will support the committee's meetings. Minutes will normally be produced and circulated within ten working days of each meeting.
- 13 Individual committee members do not have a right to call a special meeting. Should a committee member feel there is a need to do this, he/she should bring it to the attention of the chair, who will call the special meeting (if he/she feels it is necessary).

Summary of Board of Directors minutes

This report provides the Members' Council with a summary of the discussions held at the Board of Directors along with the key decisions and actions from the meeting.

Board meeting held on 27th October 2008 in the Boardroom, York Hospital.

Mike Proctor was absent from the Board members.

Strategy, values, aims and objectives of the organisation

Mr Crowley presented a document which supported the strategy and acted as a starting point for a discussion on strategy, aims, values and objectives.

The document was divided into three sections – the existing Trust documents, the national and regional direction of strategy and the NHS operating framework and PbR developments.

The Board discussed the documents and noted that the Trust would be developing the Annual Plan during the first part of 2009. This would be the Trust's significant output document around the strategies for the next three years. Monitor requires submission by the Trust by the end of May 2009.

Mrs Hughes and Mr Rose provided an overview of strategy developments within the Trust.

Mr Rose explained that Mrs Hughes and her team were looking at the future potential developments of the organisation. This will include a review of the specialty work undertaken in the Trust and consideration of which areas of work that the Trust would wish to continue to provide, alongside the mandatory requirement to provide care for the local population.

It was agreed that a further discussion would be held with Governors at the Joint meeting on 10th November and at the Board time out to be held in December.

Arrange to discuss values, aims, objectives and mission with the Members' Council.

Action: Mr Crowley

Annual Health Check

Mr Crowley reported that the Trust had achieved a double excellent rating in the latest ratings from the Healthcare Commission (HCC).

The Board debated how the success should be celebrated. Mr Crowley reminded the Board that when the Trust achieved 3* rating an extra day's holiday was awarded to all staff, but following the introduction of Agenda for Change such arrangements have become more difficult to implement.

The Board was united in the desire to recognise the achievement. The Board considered a number of other suggestions, but concluded that the issue should be discussed with staff side.

The Board agreed that the issue should be discussed with staff side to establish their views.

To discuss with staff side.

Action: Ms Hayward

Capital programme quarterly update

The Board reviewed the quarterly update and discussed the major works and strategic programme in place for the year.

Mrs Hughes added that there were some concerns about the affordability of the replacement lift business case for this year. The project work was likely to start at the end of the financial year.

The Board raised a query about the delay in theatres. Mrs Hughes explained there has been a two to three week delay which has now been resolved and the work is back on track.

Mr Hutton asked if there was any penalty clause to invoke following

the delay in ward 31. Mrs Hughes explained that there was no explicit penalty clause. The project uses the Procure 21 framework. In Procure 21 if there is a project failure there is a mechanism to resolve the issues.

Hygiene Code

Ms McManus presented the paper and explained the Board's responsibility. She advised that previous Boards had received and approved the Annual Report and Action Plan and subsequently performance against key targets for the incidence of MRSA bacteraemia and C-difficile in particular.

Ms McManus outlined the current position and explained that the Trust has chosen to adopt a national self assessment tool to monitor performance against all the duties contained in the code. Ms McManus referred the Board to the appendix attached to the paper. Ms McManus explained that the tool would be completed through the Infection Control Team working with the Directorates.

Ms McManus asked the Board to note the new infection control assurance framework and agree to sign off quarterly compliance at the end of December 2008, and note the external regulatory requirement for Monitor at end of Q2 and agree to a non-compliant declaration. All future declarations will be approved by the Board of Directors before being sent to Monitor.

Mrs Pridmore outlined the new requirements the Care Quality Commission will place on organisations including the requirement to register by April 2009.

The Board noted the comments and required action.

An update report on infection control to be presented to the November Board.

Action: Ms McManus

Chairman's Items

Professor Maynard extended his appreciation to the staff for all the hard work they have done to achieve the double excellent award.

Professor Maynard referred to business flows and growing market

share and asked if the Trust is taking more patients from Malton and Pickering. Mr Chapman explained that there has been a small growth across the external areas including Leeds and Wakefield of about £500k.

Professor Maynard enquired about the vertical integration with PCT. Dr Woods explained that the provider organisation, EBOR, has been set up by the GPs and we continue to liaise with them. In relation to patient choice the issue is quite difficult. The relationship between primary and secondary care is being tested and initiatives such as Darzi are creating some common areas for debate. Dr Woods added that there were now some competition rules that the Trust needed to take into account when looking at marketing strategies.

Dr Woods advised that with regard to AMI, cardiologists are engaging in the service. Some of the acute work goes direct to Leeds with the sub acute work being undertaken in York.

The issues around the neurology service should be brought to the Board of Directors for a discussion about how the Trust manages demand within the available capacity.

The Board of Directors noted the comments.

Discussion to update the Board of Directors on the neurology service.

Action: Dr Woods

All Monitor declarations must be presented to the Board of Directors before disclosure to Monitor.

Action: Mr Crowley

Report of the Chief Executive

Mr Crowley presented his report and highlighted the key points as follows:

Economic outlook

Mr Crowley outlined the current position and explained the information that had been given to Trusts to date. He advised on the approach and actions being undertaken by the Trust.

Financial Risk Rating

Mr Crowley explained the relationship between the financial rating the Trust receives from Monitor and the Healthcare Commission annual ratings. He felt that as the economic position tightens the Trust may need to consider adjusting its position in a managed way.

Partnerships

Mr Crowley explained the changes that had taken place at the PCT over the last month. He reported that he and Mrs Hughes had met with the Director of Strategy and Systems for the SHA to discuss the regional changes and developments.

With regard to Scarborough, the Trust is working with the management team on a number of fronts.

People

Mr Crowley advised that he had been notified by 'Unite the Union' of an intention to ballot its members for industrial action in protest against the proposed 3-year national pay settlement. This affects mainly ancillary and mortuary staff.

The Trust has been awarded a sponsorship licence which should enhance our recruitment from overseas.

The Board of Directors discussed Mr Crowley's report and congratulated the HR team on achieving the sponsorship licence.

Insurance renewal

Mr Chapman outlined the key points in the paper and asked the Board to approve the proposal to renew the additional insurance cover for property damage and potential associated loss of income, excluding terrorism cover.

The Board of Directors approved the proposal.

Finance report

Mr Chapman presented a briefing note on the Trust's exposure to

the current banking and economic situation. Mr Chapman explained the following key points:

The PCT spends about £1 billion per year paid for by the Government. The Government are considered to be the most secure provider of funding. No PCT has funds in any of the banks that have been affected by the current financial climate.

The CIP programme is currently behind plan, it is projected that the target may be missed by £1 million, and this is being compensated for by the additional income being received.

Mr Longworth enquired how the fall in the value of the assets would affect the balance sheet. Mr Chapman explained that the value of the assets is set either as a result of depreciation in the accounts or once every five years the district valuer visits the Trust and values all land and buildings. His last valuation was as at 31st March 2008. Mr Chapman added that some assets would be re-valued under the changed accounting guidance. This would be reviewed by the Audit Committee.

The Board noted the Finance Report and comments made during the discussion.

Performance report

Mr Crowley presented the new format performance report. He explained that further development was being undertaken and the next version presented to Board would have more information included.

The Board referred to the MRSA trajectory and discussed what the Trust could do to support the PCT in not breaching the threshold. Mr Crowley advised that he and Ms McManus would be meeting with the PCT to discuss the issues and the Trust is part of a joint Drugs and Therapeutics Committee (DTC). Professor Maynard enquired if the Trust was giving the PCT support in nursing homes. Mr Crowley explained that there will be an appointment of a third Microbiologist and this may provide the opportunity to work in the community with the PCT. It was agreed that appropriate action was being taken and that the scope for collaborative work with the PCT and local authorities. This work should be exploited speedily and cost efficiently.

Performance on Cdiff is stabilising and is projected to be below the threshold in the later stages of the year. Ms McManus added that some tough action has been taken in the Directorates; new policy on antibiotic prescribing has been implemented in the Elderly Directorate.

The Board felt there should be some more aggressive publicity around infection control. Ms McManus explained that the intention is to increase the publicity around infection control and some actions were already being taken. An infection control awareness day was being designed.

The Board enquired about the Thrombolysis target 60 minute call to needle. Mr Crowley advised that the ambulance service now understand the issue and the target is being achieved.

18-week performance has slipped by 3% in the percentage profile during the month; this is related to the existing backlog and should be back on track for December.

The Board noted the report and the planned developments to be presented to the next Board of Directors meeting.

Register of Trust Common Seal

Mrs Pridmore reported that there were three occasions when the seal was applied during the period of 1 July 2008 to 8 September 2008.

Space 21

Mrs Hughes presented the report and described the current position with regard to the development of in-patient accommodation on the York Hospital site. She outlined the latest feasibility study and the initial scoping work that has been undertaken.

Mrs Hughes asked the Board to endorse the report and identify a Non-Executive Director to become a member of the steering group.

The Board of Directors discussed the report and the implications for the site and the Trust. Mr Longworth enquired how this element would fit into the strategic planning process. The Board debated the issue of how this project fitted into the strategic planning of the

organisation. It was agreed that there would need to be significant debate with all those involved in the development of the site and careful management of the link between building the strategy and the clinical services.

The Board noted the report and it was agreed that Mr Alan Rose should be the Non-Executive Director appointed as a member of the steering group. The Board asked that the terms of reference for the steering group are presented to the Board of Directors for approval as soon as they are drafted.

Terms of Reference for the steering group to be presented for approval by the Board of Directors.

Action: Steering group

Serious Untoward Incidents

Dr Woods presented the serious untoward incidents (SUIs). The Board discussed the level of SUIs and understood that the PCT believed the number of SUIs was above the numbers that others report, but the suggestion is that other people do not report often enough.

A system is being developed where SUIs would go to the Executive Board. The Executive Board will take responsibility for ensuring the action is completed and signed off by the Executive Board.

The Board asked for Dr Woods to review previous SUI incidents to discover if there are any common themes.

Dr Woods undertook to review the historical SUI incidents; he added that there are occasions when repeat SUIs are not always linked.

Ms McManus explained that the SUI system is designed to be a learning process and a Safety Strategy is currently being developed, the first part of which will be presented to the Board of Directors next year.

Review some historical SUI incidents to establish if there are any common themes.

Action: Dr Woods

Presentation of the Safety Strategy to the Board of Directors

Action: Ms McManus

Business Case

The Board of Directors approved the following business cases:

Gastroenterology

Independent inquiry into access to healthcare for people with learning difficulties

Mrs Hughes explained that the Trust is required to make reasonable adjustments to the facilities and services. To enable this to be achieved the GPs provide some information, but there is also a large education exercise to be undertaken to change people's attitudes.

The Board recognised the issue but was unsure how it would be achieved. Mrs Hughes explained that some of it would be undertaken through IT, but we will never be able to ensure everyone is identified, in part because some people do not wish to have such information included in their notes. Mrs Hughes added that there is also a resource issue to address.

The Board noted the content of the paper and adopted the actions proposed to address the recommendations, but remained concerned about how the Trust would be assured it was recognising all patients with learning difficulties.

Board subcommittees

The Board of Directors received the minutes from the following Board subcommittees

Strategy and Planning Committee

Audit Committee

Executive Board

Board meeting held on 26th November 2008 in the Meeting Room, Occupational Health Building, Clifton Moor.

Mr Ashton was absent from the Board of Directors meeting.

Day Case - Context and opportunity for change - Dr Ian Jackson

Dr Jackson gave a presentation of the working developments in the day case unit. He outlined how the Trust monitors its performance and achievements in the Day case unit. It was confirmed that the definition of a day case patient was someone who left the unit before midnight. This definition is being adjusted and the Trust will adopt the new definition which uses an 8 and 24 hour definition.

The Trust is improving its delivery of services with the intention of reducing the length of stay and maximise the use of day case. The desired position would be that people would be treated in day surgery and be home the same day.

Kings Fund Bereavement Suite – Mrs Marion Khan

Mrs Khan explained the project and the benefits the development will provide. She identified the ways in which the environment would be improved using different materials.

Mrs Mackman a Governor for the Trust and a member of the working group said that from a Governor's perspective the project will make a significant difference to the community.

Mrs Khan outlined the timetable for the development.

The Board agreed that it was very inspirational work with the Kings Fund.

Mrs Khan advised that the team would be meeting with the Kings Fund in January with the scheme and following that meeting and approval from the Kings Fund be able to secure the funding.

Selby Memorial Hospital

Mr Proctor updated the Board on the progress with opening the additional beds at the Selby Memorial Hospital. He advised that

what was now being considered was the opening of 5 beds run by the GPs. He had recently attended a meeting with the PCT and GPs and was awaiting the outcome of that meeting. He added that he had seen some draft minutes that implied that the PCT would not be opening the 5 beds and was trying to get clarification.

Mr Crowley advised that he was due to meet the PCT with Harrogate NHS Foundation Trust and would include this issue in the discussion.

Meeting with the PCT

Action: Mr Crowley

Hygiene Code

Ms McManus reported that there had been significant progress on the work on the self assessment tool during the last month. She advised that the tool now showed the Trust 60% compliant. Work is continuing to implement actions to ensure that the Trust continues to improve the scoring of the self assessment tool.

Ms McManus added that the Trust had added an exception report to the Q2 declaration made to Monitor that at present there were some additional risks the Trust was addressing.

Ms McManus added that there would be a further report presented to the December Board identifying any exception reporting that would be included in Q3 report to Monitor.

Presentation of the self assessment tool to the Board of Directors and continuing reporting of compliance with the Hygiene Code.

Action: Ms McManus

Care Quality Commission

The Board had received a copy of the paper prior to the meeting.

Mrs Fleming enquired how the Trust's declaration to Monitor would affect the Trust's registration with the Care Quality Commission (CQC).

Ms McManus advised that CQC would obviously use all the

information the Trust has submitted to the Healthcare Commission (HCC) and other regulators. The Trust is expecting a visit from the HCC over the next few weeks. The audit they undertake is directly relating to compliance with the Hygiene Code and it can be expected that evidence from the visit will also be used as part of the checking CQC would do in deciding what type of registration would be granted to the Trust.

She added that it is very difficult to gain 100% compliance under the self assessment tool. Over the next year the action plan will be very tough both financially and operationally, particularly in materials management cleaning.

The Board discussed the requirements and supported the recommendations.

Mr Longworth enquired if there were any financial penalties attached to the requirements. Mrs Pridmore advised that the consultation document about the Enforcement Powers outlines the financial penalties that could be incurred under the 2008 Act.

Respond to the consultation document by 16 January 2009
Action: Mrs Pridmore

Presentation of the draft application for registration.
Action: Ms McManus

Chairman's report

The Chairman presented his report and asked for comment on the questions he had raised. He emphasised the need for the Board agenda to address strategic issues more thoroughly particularly in light of the economic crisis.

With regard to length of stay – the Chairman enquired if the Trust was using the data available? Mr Proctor explained that the Trust is developing a dashboard and part of the time out would look at what information the Board would like to see. This will be completed and available for use following the debate at the Board of Directors time out and once there is some clarity about the information the Board requires on the dashboard.

Mr Proctor added that the Trust had signed up with two FTN

benchmarking tools. Professor Maynard expressed a desire for more benchmarking, led by internal initiatives like that discussed earlier for day surgery.

Professor Maynard asked Dr Woods if he could provide the Board with assurance that there were no outliers on CHKS. Dr Woods gave assurance that there were no outliers. The evidence is reviewed through the PMMs and the peer appropriate comparisons.

Further assurance was requested on the efficiency and safety of the junior doctors and staff groups. Dr Woods advised that there are safety induction programmes and all junior medical staff attend regular resuscitation updates and participate in both ALS and ATLS courses. Professor Maynard thanked him for his assurance about junior and staff group doctors.

With regard to 18 weeks, there has been a huge amount of work to ensure the Trust was compliant including increased use of day surgery.

Report from the Chief Executive

Mr Crowley advised that a small hamper was to be sent to all staff, governors and board members with a letter acknowledging their hard work. The order has been placed for the hampers and they will arrive in the Trust on 12 December ready for distribution.

The Occupational Therapy Team has come back under York Hospital management; previously they were part of the PCT with their input to the Trust's services were subject to a Service Level Agreement (SLA).

Ms McManus, Dr Woods and other team members attended the SPI 2nd site visit in Huddersfield where they were joined by colleagues from the IHI faculty and Calderdale and Huddersfield NHS Foundation Trust. Further details will be included at the time out.

Mr Crowley was delighted to announce that Mrs Rushbrook had won the ICT Healthcare Champion of the Year award.

Mr Proctor, Mr Chapman and Mr Crowley attended a meeting with Jayne Brown and Nick Steele from the PCT, together with

colleagues from Harrogate, last week to assess the financial health of the local NHS as the Trust move into the second half of the year. The PCT have significantly overtraded with the both York and Harrogate. Mr Crowley added that neither Harrogate nor York have significant surplus positions which would have supported year end positions.

Mr Crowley reported that he had met Mr Marsden Chief Executive of North Yorkshire County Council, last week in order to explore areas of common interest. He is keen to support our strategic position in the county and this echoed the stance of the North Yorkshire Health Scrutiny Committee at a meeting earlier in the month. Mr Crowley and Mr Marsden have agreed to meet again in the New Year.

Finance report

The Board members had received the paper prior to the meeting and were invited to ask questions.

Mr Longworth asked if there were any areas where the Trust was providing a service that was being subsidised by other services. Mr Chapman confirmed that did occur, but explained that there are some services the Trust is required to provide.

The Board discussed the use of balanced score cards and finance being the biggest challenge.

Mr Crowley advised that at a clinical operational level the directorates were very aware of the need to consider the financial implications of service developments.

Mrs Fleming noted from the report that the Trust was now slightly in deficit and asked what the position was to date in November.

Mr Chapman explained that he would have to look at what has happened in November, and then review what action should be taken to ensure the Trust achieves its financial plan. The reduction in the VAT rate will save approximately £200,000 over the next four months. There are a number of other measures that can be put in place if needed to ensure the Trust reaches the financial targets.

Review actions that might need to be taken following the November results. To be included in a discussion at the next

Board meeting.

Action: Mr Chapman

Performance report

Mr Proctor explained that the performance report presented to the Board continued to be a work in progress. The only concern in the report was the number of GP referrals. The GP referrals are significantly higher than expected. This is raising some concern in the PCT. Some of the increase is due to a reduction in the number of consultant to consultant referrals.

The Board discussed the issues and noted that work was ongoing with the PCT to discuss a resolution to the difficulties.

Provision of additional beds

Mr Proctor advised the Board of Directors on the work that had undertaken to ensure the winter plan was addressed. He advised that 16 beds had been taken out of the system as a result of development delays.

Coronary care service has remained in the Critical Care Service so releasing space on ward 31. Additionally five beds have been added to orthopaedic wards, this puts 18 beds in the system. Mr Proctor added that the Trust is in a better position than it was last year and more prepared to deal with the winter pressures.

Serious Untoward Incidents

Dr Woods updated the Board on the outstanding SUI included in the report.

The Board discussed the SUI process currently used and agreed that a review of the SUI process was needed as part of the safety agenda.

Further discussion about the SUI process at the Board time out with plans for increasing the supply of investigators.

Action: Dr Woods

Business cases

The Board approved the following business cases:

Pharmacy Aseptic unit
Chlamydia screening programme

Memorandum of Intent

Mrs Hughes presented a report outlining the working arrangements that have been developed with St Johns University and asked to Board of Directors to approve the signing of the memorandum of intent.

The Board discussed the relationship and agreed that it was a positive development in working arrangements with St Johns University.

Developing sustainable efficiency savings

Mr Proctor presented the paper and explained that the balance between corporate and directorate savings has changed. The traditional mechanisms for delivering cost improvements need reviewing.

To ensure future delivery of savings Mr Proctor proposed that directorates were supported in a review of their efficiencies. This work would be dovetailed to the Service Line Management (SLM) work. This will ensure that loss making areas can be focused upon.

Mr Hutton added that the paper had been discussed at the Resource Management Committee. He advised that the work would be reported through the Resource Management Committee following the current reporting processes for CIP.

To report on a regular basis on progress to the Resource Management Committee

Action: Mr Proctor



Members' Council – 6th January 2009

End of Life Care

Summary of Paper

Report published by the National Audit Office. Attached is the Executive Summary, the full report can be obtained from http://www.nao.org.uk/publications/0708/end_of_life_care.aspx

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