

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

On: **Wednesday 13th October 2010**

At: **Social Club, White Cross Court, York YO31 8JR**

Time	Meeting	Attendees
3.15pm – 3.45pm	Pre-meeting for Governors	Governors with Chairman
3.45pm – 4.00pm	Private meeting of the Council of Governors	Governors with Chairman
4.00pm - 6.00pm	Council of Governors meeting	Governors and public

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

on: **Wednesday 13th October 2010**
 at: **4.00pm – 6.00pm**
 in: **Social Club, White Cross Court, York**

A G E N D A			
<i>Item</i>		<i>Lead</i>	<i>Paper</i>
Part One: 4.00pm - 4.15pm			
1.	<p><u>Chairman's introduction</u></p> <p>The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.</p>	Chairman	
2.	<p><u>Apologies for absence</u></p> <p>To receive any apologies for absence.</p>	Foundation Trust Secretary	
3.	<p><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	
4.	<p><u>Declaration of interests</u></p> <p>To receive confirmation of any amendments to the declaration of interests.</p>	Chairman	A
5.	<p><u>Minutes of the meeting held on 9th June 2010</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 9th June 2010.</p>	Chairman	B

<i>Item</i>		<i>Lead</i>	<i>Paper</i>
6.	<p><u>Matters arising from the minutes</u></p> <p>To consider any matters arising from the minutes.</p>	Chairman	
<p>Part Two: 4.15pm – 6.00pm General Business</p>			
7.	<p><u>Sub-committee meeting</u></p> <p>To receive a report from the chairs of the Governor Sub Committees:</p> <ul style="list-style-type: none"> • Patient Focus Group • Community & Membership Engagement Group • Nominations & Remuneration Committee 	Chairs of the Sub Committees	C D E
8.	<p><u>Membership Report</u></p> <p>To receive the quarterly membership report.</p>	Membership Manager	F
9.	<p><u>Paper on Governor expenses claim procedures</u></p> <p>To receive a report on the Governor expenses.</p>	Foundation Trust Secretary	G
10.	<p><u>Sustainability</u></p> <p>To receive an update on the Trust's approach to sustainability including energy management.</p>	Associate Director of Estates and Facilities	Presentation
11.	<p><u>Report on Equality and Diversity</u></p> <p>To receive a report on Equality and Diversity.</p>	Associate Director of Estates and Facilities	Verbal

<i>Item</i>		<i>Lead</i>	<i>Paper</i>
12.	<u>Quality and Safety report</u> To receive a report on quality and safety.	Medical Director/ Chief Nurse	H
13.	<u>Finance report</u> To receive the Finance report.	Director of Finance	I
14.	<u>Operational Performance report</u> To receive the performance report.	Deputy Chief Executive	J
15.	<u>Summary of the Board of Directors minutes</u> To receive summary minutes from the Board of Directors meetings held on 26 May, 30 June & 28 July 2010.	Chairman	K
16.	<u>Overview from the Chief Executive</u>	Chief Executive	Verbal
17.	<u>Audit Committee Annual Report</u>	Chairman of the Audit Committee	L
18.	<u>Time and Dates of future meetings of the Council of Governors</u>		
19.	<u>Any other business</u> To consider any other items of business.	Chairman	

Changes to the Register of Governors' interests:

New declarations

Mr D Robson—new governor for York replaced Mr Benson

Mrs D Rhodes—new governor for Selby

Mr D Blaney—new partner governor for HYMS

Ms C Surtees—new partner governor for York CVS

Mr J Savage—new partner governor for NYCC

Removal from declaration

Ms Elizabeth Casling—resigned from being a governor

Mr Mike Moran—retired from CVS

Amendment to an existing declaration

No amendments to existing declarations were declared

A

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
Mrs Diana Appleby <i>(Public: Hambleton)</i>	TBA	TBA	TBA	TBA	TBA	TBA
Mr Paul Baines <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mr David Blaney <i>(Partner: HYMS)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Dr Lee Bond <i>(Staff: Consultant)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Helen Butterworth <i>(Public: York)</i>	TBA	TBA	TBA	TBA	TBA	TBA
Mr Phil Chapman <i>(Patient/Carer)</i>	TBA	TBA	TBA	TBA	TBA	TBA
Dr Jane Dalton <i>(Public: Hambleton District)</i>	Nil	Nil	Nil	Nil	Nil	Researcher —Health and Social Care, University of York

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	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 (City of York Council)	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 Member —CYC Overview and Scrutiny Committee	Nil
Cllr Madeleine Kirk (City of York Council)	Trustee —York Theatre Trust	Nil	Nil	Nil	Nil	Nil
Mrs Alison MacDonald (Staff: Nursing & Midwifery Class)	TBA	TBA	TBA	TBA	TBA	TBA
Mrs Helen Mackman (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Mandy McGale (Staff: Non-Clinical)	Nil	Nil	Nil	Nil	Nil	Nil
Dr Jennifer Moreton (Patients/Carer)	Nil	Nil	Nil	Nil	Member —CQC Registration Involvement Group	Researcher —Health and Social Care, University of York

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Mr Nevil Parkinson <i>(Public: Selby District)</i>	Nil	Nil	Nil	Director —West Riding Masonic Charities Ltd	Nil	Nil
Cllr Caroline Patmore <i>(North Yorkshire County Council)</i>	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
Mrs Anne Penny <i>(Staff: Nursing)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mr James Porteous <i>(Public: York)</i>	Trustee —Notions Business and Marketing Consultants	Nil	Nil	President —British Polio Fellowship - Yorkshire Region Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
Mr Geoff Rennie <i>(Patient: Carer)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mr David Robson <i>(Public: York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Dr Stefan Ruff <i>(Public: York)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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<i>Mr John Savage</i> (North Yorkshire County Council)	Nil	Nil	Nil	Cllr—NYCC Member—Valuation Tribunal of England Member - NYCC care and independence O&S Comm Member—Transport and Economic O&S Com Cllr—Harrogate and District Council	Member - SHA community care cost committee	Nil
Mr Martin Skelton (Staff: Clinical Professional)	Nil	Nil	Nil	Nil	Nil	Nil
Ms C Surtees (York CVS)			Nil	Partnership Manager—York CVS	Partnership Manager—York CVS	Nil
Mr Robert Thomas (Public: Selby District)	Nil	Nil	Nil	Nil	Nil	Nil
Mr Brian Thompson (Patient: Carer)	Trustee—Thompson's of Helmsley Ltd	Nil	Nil	Nil	Nil	Nil
Mr Bob Towner (Public: City of York)	Nil	Nil	Nil	Vice Chairman—York Older Peoples Assembly	Vice Chairman—York Older Peoples Assembly	Nil
Cllr Sian Wiseman (City of York Council)	Nil	Nil	Nil	Nil	Vice Chairman—CYC Health Overview and Scrutiny Committee	Nil

Minutes of the meeting of the York Hospitals NHS Foundation Trust Council of Governors held on 9 June 2010, in the White Cross Social Club, White Cross Court, York.

- Present:** Chairman of the meeting, Alan Rose
- Public:** Mrs D Appleby, Public Governor, Hambleton
Mr P Baines, Public Governor, City of York
Mr D Robson, Public Governor, City of York
Mrs H Butterworth, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs H Mackman, Public Governor, City of York
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous MBE, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York
Councillor S Wiseman, Public Governor, City of York
- Patient/Carer:** Mr Phil Chapman, Patient/Carer Governor
Mrs J Moreton, Patient/Carer Governor
Mr G Rennie MBE, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor
- Partner:** Councillor S Fraser, Partner Governor, City of York Council
Councillor M Kirk, Partner Governor, City of York Council
Mrs C Patmore, Partner Governor, North Yorkshire County Council
- Staff:** Mrs A McGale, Staff Governor, non-clinical
Mrs A Penny, Staff Governor, Nursing
- Apologies:** Dr L Bond, Staff Governor, Medical
Mrs A MacDonald, Staff Governor, Nursing and Midwifery
Mr M Moran, Partner Governor, York CVS
Mrs A Moreton-Roberts, Partner Governor, North Yorkshire & York Primary Care Trust
Dr S Ruff, Public Governor, City of York
Mr M Skelton, Staff Governor, Clinical Professional
- Attendance:** Andrew Bertram, Director of Finance
Lucy Brown, Communications Manager
Patrick Crowley, Chief Executive
Cheryl Gaynor, Secretary/Board Administrator
Mike Proctor, Deputy Chief Executive
- Members of the public:** No members of the public present.

10/32 Chairman's introductions

The Chairman introduced Mr David Robson as the new Public Governor for the City of York in place of the recently resigned Eddie Benson. The Chairman wished Eddie all the best and welcomed Mr Robson to his first meeting.

10/33 Apologies for absence

Council of Governors noted the apologies.

10/34 Oral questions from the Public

There were no members of the public present at the meeting therefore, no oral questions were received.

10/35 Declaration of interest

The Council of Governors noted the declarations of interest.

10/36 Minutes of the meeting held on 21 April 2010

The minutes were approved as an accurate record.

10/37 Matters arising from the minutes

10/21 Minutes of the meeting of 16th March 2010 (Car parking concessions)

Mr Crowley reported that the general preference was to continue with the concessions as they currently stand and review them when the new multi-storey car park is built.

Councillor Patmore commented that from an outsider's point of view, she often uses the Park and Ride (P&R) system as the fares are too large for normal buses, but the issue is that the P&R buses do not stop outside or near the hospital site. Mr Crowley commented that the report reflected the Trust's current position and stressed to the Governors that reducing the cost of concessions will cost the hospital and there are no additional resources to cover this.

Councillor Wiseman reported, as a current member of the Travel and Transport Group, that she had raised the issue a number of times regarding the P&R having a stop near the hospital site but to no avail. The Wigginton Road P & R project is planned, but no firm date is in place.

Mr Crowley commented that the Governors can help give the Trust some future direction and we want the Trust to be a hospital of choice and appreciate the issue of charges. Mr Rose requested that Councillor Wiseman liaise with the Patient Focus Group and provide responses through there.

Mr Towner commented that the major concern was with regard to the concession and making sure the patients are aware of it. He suggested that a comment be inserted into patient appointment letters, etc. Mr Crowley confirmed that this procedure was already in place and will ensure that it continues to be clearly publicised to the public/patients

10/22 matters arising (skills audit)

Dr Dalton reiterated her previous comment that the Skills Audit was not currently fit for purpose. She reported that she had met with Sue Holden (Associate Director, Learning and Resources) regarding the revamp of the skills audit to which Sue appeared receptive but did comment that it had been tried previously. After receiving the NED linkages document, Dr Dalton advised that she will use this document as a framework and was happy to receive any comments from the Governors. Dr Dalton enquired what actions she would need to take in order to create a live skills audit document and assured the Governors that she would take her proposal back to the Associate Director, Learning and Resources and report back to the Governors at the next meeting.

10/38

Open day event

Mrs Wiseman reported that she had a good meeting with the open event group and that they had discussed a number of areas. At last years AGM there were Governors meeting and greeting members of the public but the group agreed that this was not the most appropriate area for the Governors to be on the day. There will be a membership stall and it was proposed that the Governors cover this area instead. Mrs Wiseman advised that the group was still in the early stages, but assured Governors that she will liaise with Lucy Brown (Communications Manager) in the run up to the event.

Mrs Wiseman confirmed that she will email the Governors and request their help on the day of the event which is confirmed as 14th September 2010.

Mrs Brown advised that the Trust had now received confirmation of sponsorship for the event from the company 'Kier', the Trust's major construction project partner.

10/39

Summary of the Board of Directors minutes

Mr Rose presented the minutes of the Board of Directors for 31 March and 28 April 2010. Mr Towner referred to the Quarterly Quality and Safety report noted in the summary of minutes for 28 April 2010. Falls had been identified as a priority as it had been noted that there were a lot of patient falls. The Elderly Directorate had picked the issue up and the Trust was about to be involved in the 'hip hop' initiative. Ms McManus reported that the Healthcare Commission were due to visit the Trust the following day to work with them on this area. She also explained that the 'hip hop' initiation was national trial which researches typed of flooring. There will be a dedicated bay in the Elderly ward for the trial.

Mr Towner referred to the CQC expressing minor concerns around stroke care (this being the percentage of patients admitted to the stroke care unit and the achievement of the standard that patients should spend 90% of their time in the unit). Mr Crowley clarified that this was specifically related to the year before last, during a period of extreme pressure on hospital beds, including the impact of Norovirus that resulted in the Trust failing against that standard. However, it was acknowledged that the approach adopted at that time by clinicians was appropriate and temporary. He reported that the CQC were assured that this was resolved as quickly as possible and does not reflect the Trust's underlying performance.

10/40 Update on the By-elections for Selby

Mr Rose reminded the Governors that the by-election for Selby was still ongoing with 10 applicants to date and thanked Mr Thomas and Mr Parkinson for their hard work in publicising the Trust within their Selby constituency. Mr Rose confirmed that the results will be submitted to the next meeting.

Action: Mr Rose to submit the Selby by-election results to the next meeting of the Council of Governors.

10/41 Performance Report

Mr Proctor presented the performance report, which detailed activity and performance against target delivery for the period 1 to 30 April 2010. Mr Proctor reported a good mark in terms of overall performance, but it was too early in the year to make any real judgement. Mr Proctor expressed his concern that the ambulance turnaround target of 25 minutes being a really tough target to meet. There are also some operational difficulties in terms of the transport ambulances (limited drivers) and confirmed that discussions were currently taking pace with the ambulance service to resolve this issue as soon as possible.

Mr Proctor also detailed the following:

Performance

- 18 week performance – admitted 93.4% (target 90%)
- 18 week performance – non-admitted 98.1% (target 95%)
- 4 hour – 98.79% (target 98%)
- 14 Day Cancer – 97.58% (target 93%)
- 31 Day Cancer – 98.5% (target 96%)
- 62 Day Cancer – 90.5% (target 85%)
- MRSA – 1 case (YTD 1 against a trajectory of 2)
- C.Diff – 4 cases (YTD 4 against a trajectory of 112)

Activity

- Ordinary elective +0 (+0.00%)
- Day case +25 (+1.08%)
- Non-Elective short stay -85 (-6.94%)
- Non-Elective long stay +234 (+13.95%)

Mrs Moreton referred to the Infection and Prevention and enquired whether the target is to screen all elective patients. Mr Proctor clarified that this was correct and what the Trust is required to do with the implementation of also screening non elective patients at some point in 2011.

Councillor Patmore requested that there be more detail on Accident and Emergency showing further statistical/data information. Mr Proctor agreed that a separate report can be brought to the next meeting which will detail the information as requested.

Action: Mr Proctor to present an additional paper with the performance report which details further statistics and data for the accident and emergency department.

10/42

Finance Report

Mr Bertram presented the finance report which detailed the financial position for the period 1 to 30 April 2010. He referred to the contract position of the Trust and reported that the baseline activity with all PCT's had been agreed and signed for 2010/11 and summarised as follows:

- North Yorkshire and York PCT (£182,363,000)
- East Riding PCT (£14,261,000)
- Leeds PCT (£2,092,000)
- Wakefield PCT (£652,000)

The cash balance at the end of April 2010 was £8.6m, which was £1.2m higher than plan, mainly due to the timings of claims from other local NHS organisations for their share of CLRN funding.

Key financial risks were:

- The Trust has a significant challenge in delivering its efficiency programme. The issue presents the biggest single financial risk for the organisation this year and will be subject to intense scrutiny through the Performance Management Meeting (PMM) process going forward with each Directorate.
- PCT contract are now signed. Work continues with SME group to define the detail behind proposed risk share arrangements for managing variations in activity in year. This will bring potential risks for the Trust in managing its share of risk going forward, specifically in relation to non-elective care and follow up outpatient work. Risk share arrangement will protect the Trust from elective referral growth but this brings with it commissioner affordability issues if significant additional demand presents.

- All previous expenditure controls and restrictions remain in force, both in terms of managing cash flow and in terms of holding the income and expenditure position.

Mr Bertram reported that the GP referrals are 11% up. The PCT cannot afford the level of GP referrals, therefore the Trust will have to keep a careful eye on. Mr Baines enquired where the 11% came from and Mr Proctor confirmed that it is difficult to identify from the Trust, but the PCT have some analysis of which practices the referrals come from and there will be an investigation if the percentage persists. The key focus is clinical engagement.

Mr Bertram confirmed that Grant Thornton, the Trust External Auditors, have just completed their audit work on the Trust accounts for 2009/10 and have issued a clean and unqualified audit opinion. The Trust's final accounts have now also been signed off.

10/43

Governor reports

Mr Rose referred to the tabled report from Staff Governor Martin Skelton regarding his visit to the Governors event on 20th May 2010 at St Catherine's Hospital, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust. Mr Rose asked the Governors to note the report.

Dr Dalton reported that she had attended the 'Regional Governor event' on 28th May 2010. She expressed that she felt this was an interesting, well-organised and focussed event. The presenters acted out some of the scenarios they use in workshops to get staff to see things from the patient's point of view, to create some of the experience and raise awareness of the vulnerability of the patient and the carer in the hospital setting. The scenes were simple but effective and made the good and bad points clearly. Dr Dalton had concerns though that the event did not present any workplace culture/stress in the workplace, therefore at times did not reflect the real world.

Mrs Mackman mentioned that she had arranged a meeting between the Public Governors, City of York prior to the Council of Governors. She advised that a number of comments were aired with a lot of conflicting views. One agreement that came from the meeting was that the group would like to have a 'group email' set up through the website where anyone, may it be the public or even a governor, would like to contact the City of York constituency governors, then they can with this. Mr Rose requested that the group feedback to the Governors with any future meetings and that Mrs Mackman liaise with the Communications Manager with regards to setting up an email group or address.

Action: Mrs Mackman to brief the Governors following any future meetings of the Public Governor, City of York Group and to liaise with the Communications Manager to set up a group email/link with the public through the website.

10/44 Sub-committee meetings

Mr Rose reported that following his submission of the Governors Engagement Opportunities paper at the last meeting of the Council of Governors, he has since received a number of comments and which resulted in this report of refreshed roles and working groups. Mr Rose requested that Governors are expected to submit their nominations to the Foundation Trust Secretary by no later than Friday 25th June 2010.

Action: Governors to submit their nominations to the Foundation Trust Secretary by Friday 25th June 2010.

10/45 Senior independent Director

Professor Hutton, Vice Chairman, Non-executive Director and Senior Independent Director, gave a detailed presentation on The Role and Appointment of the Senior Independent Director. A copy of the slides are attached in annex A to these minutes

10/46 Medical Director presentation

Dr Turnbull gave a detailed presentation on his current role as Medical Director for the Trust.

10/47 Staff and patient surveys

This item was deferred to the next meeting.

10/48 Any other business

There was no other business.

10/49 Next meeting

The date, time and venue of the next Council of Governors:

- Board to Board (with Council of Governors and Board of Directors) – Wednesday 14th July 2010 at 4.00pm, White Cross Social Club, White Cross, York. (Private pre-meeting with Chairman, 1515 hours)

10/50 Collation of written questions from members of the public

There were no written questions received from members of the public.

CLG
09/06/2010

Role

There are two aspects to the role of the Senior Independent Director (SID):

- to undertake, with the Lead Governor, the annual appraisal of the Chairman
- to be available for confidential consultation by other Board Members and Governors on issues which, for personal or other reasons, the individual does not wish to raise directly with the Chairman or Chief Executive.

Appraisal of Chairman

- Formal procedure involving consultation with Governors, Non-executive Directors and Executive Directors
- Appraisal document sent to Chairman
- Interview with Chairman to discuss responses and agree future development objectives
- Report for Council of Governors

Confidential Consultation

Intended for issues which are of importance:

- to the individual in performing his or her role at the Trust - e.g. non-cooperation and other inappropriate behaviours by colleagues
- to the Trust itself - e.g. actions which affect the external reputation of the Trust or undermine its success

Possible Actions After Consultation

The Senior Independent Director will:

- Advise on action by the individual
- With the agreement of the individual concerned, raise the matter at the appropriate level within the Trust
- With the agreement of the individual concerned, raise the matter with the appropriate authorities outside the Trust

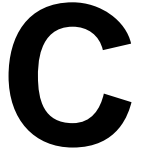
Appointment

- The guidance from Monitor is that the SID should be a Non-Executive Director, usually the Vice Chair
- The SID is appointed by the Board of Directors in consultation with the Governors

Appointment Procedure

- Recommendation by the Board of Directors
- Discussion at Governors Meeting and comment to Board of Directors
- Confirmation of appointment by Board of Directors

Minutes of PFG Meeting, 22 Sept 2010



Present:

Members: Paul Baines, Helen Butterworth, Philip Chapman, Jane Dalton, Alison MacDonald, Jenny Moreton, Jim Porteous, Jeffrey Rennie, Martin Skelton, Brian Thompson

Staff: Julie Dale, Palliative Care Macmillan Nurse (part)

Apologies: Michelle Carrington

Election of Chairman and Vice-Chairman

In the absence of any other nominations, Paul Baines was elected Chairman, and Martin Skelton was elected Vice-Chairman, each for a one-year term.

1 Matters Arising from minutes of meeting 23 June 2010

Item 2.1 Ward phone numbers to appear on "Ward Closure" notices.

When a ward is closed because of infection, visitors can't get information about the patient, so tend to go to PALS, who know which wards are closed, but don't have individual patient information. Michelle reports that the PFG suggestion that ward closure notices should bear the phone number of the ward has been approved by Infection Control, and will be actioned.

Item 2.3 Lack of transport for terminally-ill patients wishing to die at home.

Julie Dale, Palliative Care Macmillan Nurse, provided notes summarising the process for rapidly discharging a patient home for End of Life Care. She explained that difficulties arise at a weekend, as it is not possible to pre-book an ambulance to take a patient home on a Saturday or Sunday.

Jim Porteous has done some initial investigation into possible alternative means of transport, and will communicate his conclusions to the PFG in due course.

Item 7.1 Patient requests on admission documents for a visit from a priest.

Michelle Carrington has sent an email to Paul Baines, reporting that staff have worked with the chaplain to redesign the admitting documentation, which now gives a better prompt to ask the patient if they wish for chaplain input. There is a box to be signed by staff, denoting that they have contacted the chaplain with the patient's consent and left a message. This document is being tested on the Acute Medical Unit and Short Stay Ward, and will then be rolled out. It will also be audited for the chaplain to see if it is working.

Item 7.3 New patient gowns under development.

No update received on this. Carry over to next agenda.

Item 9 Inconsistent food menu presentation on wards.

Information received by Paul Baines indicates that patient menu data is still in a state of flux as he suspected, and there is no adequate explanation as to why this should be. Martin will speak to Peter Mills, and ask him to report to us on where we are with changes.

2 Governor Ward Visits

Jenny and Jane are to liaise with Michelle to report progress with this initiative.

3 Outpatient Waiting Times in Eye Clinics

Jenny Moreton reported some concerns about waiting times, but Paul Baines cautioned that governors are at liberty to make constructive suggestions to Hospital management, but should not venture into procedural issues.

4 Outpatient Questionnaire

All welcomed this initiative, and thanked Martin for his proposals, but there was no time for detailed discussion. Martin will discuss with Matron, Karen Cowley, and report to us further.

5 Suggestions for Future Topics

None were raised.

Any Other Business

Martin was going to comment on new staff dress code, but time ran out, so this is topic is deferred.

“Wayfinding Project” Further development is subject to availability of funding. See Appendix B

It was agreed in March 2010 that Michelle will report to the PFG every six months with results of NCI surveys. This has not happened, and Paul Baines will ask for this information.

Title:	Community and Membership Engagement Committee
Date:	6 August 2010
Time:	9.30am
Location:	Boardroom, York Hospital

Chair:	Jane Dalton	Governor
Attendees:	Libby Raper	Non executive director
	Phil Chapman	Governor
	Sian Wiseman	Governor
	Lucy Brown	Communications service manager
	Penny Goff	Membership development manager
	Bob Thomas	Governor
	David Robson	Governor
	Heather Millard	Minutes
Apologies:	Sandy Fraser	Governor
	Anne Penny	Governor

		Action
1.	Chair	
	The committee were delighted to welcome Jane Dalton as their chair.	
2.	Role of the committee	
	<p>The group discussed the purpose of the committee and plans for the year ahead. It was agreed that the committee should have a wider remit, linked to the communication strategy and membership strategy.</p> <p>The committee had previously used the meetings as a forum to put ideas forward for YorkTalk publications. This was no longer seen to be the appropriate channel for managing the content of these publications.</p> <p>PG felt that the focus of the group should be to look outwards, making linkages with sub-groups and maximising on governors' relationships with their communities. She added that the aim of the membership strategy was not the recruitment of many more</p>	

	<p>members but to concentrate on engaging existing members and refresh and renew their interest.</p> <p>However PG also reported that the Trust loses about 1,000 members annually due to deaths, people moving out of the area or people losing interest in membership, so some recruitment is still required.</p> <p>The Trust must also prove to Monitor that its members are representative of the population it serves. This would need work as some areas and groups remain under represented.</p> <p>DR said he would like to see part of the role of this group to be improving communication between the hospital and its patients. He hoped governors would be seen to be working to facilitate good communication.</p> <p>JD thought it would be useful for LB to circulate where the Trust was at with the communications strategy so that the group could draw ideas and suggestions for the future. LB/PG agreed to also circulate the previous committee's final report which went to the Council of Governors. This could be used to agree a way forward.</p> <p>The committee were keen to get other governors enthusiastic about members' engagement and hoped the chairman would encourage this through the Council of Governors meetings. JD suggested that Helen Mackman would feed through the work of this committee to the Council of Governors.</p>	<p>LB</p> <p>LB/PG</p>
<p>3.</p>	<p>New membership leaflet and roller banner</p>	
	<p>PG asked the group to review the old membership leaflet and roller banner used for the membership stand in order to produce new ones in time for the open day.</p> <p>Some examples of leaflets from other Trusts were passed around and it was agreed that ideas and suggestions would be sent to PG via email. The layout of the A5 three fold leaflet was preferred but with most of the content of our current leaflet and the tear off slip.</p> <p>It was widely agreed that the message on the banner should be attention grabbing, clear and crisp. Also that the message</p>	<p>All</p>

	should be reflected in the leaflet and any other material for consistency. Three simple bullet points and a caption/action was favoured for the wording as suggested by PC.	
4.	Calendar of events	
	PG asked if the group would work on compiling a calendar of different membership events for the year. Some events had already been planned and it was agreed members would give thought to this in advance of the next meeting.	All to note
5.	Future meetings	
	The committee agreed to meet again before the open day to confirm wording and arrangements for the membership leaflets and banners. The next meeting would take place on 1 September and thereafter the group would meet quarterly.	
6.	Any other business	
	BT wondered whether it would be possible to include membership material into patient's discharge packs. This idea had previously been proposed to the Nursing Board who already felt patients received too many papers within the pack. The group would however, give thought as to any other way the information could be given to patients during their time at the hospital as this seemed a valuable way to make contact with members.	All
7.	Date and time of next meeting	
	Wednesday, 1 September 2010, 10.00 – 11.30am in the Boardroom at York Hospital.	

Title:	Community and Membership Engagement Group
Date:	1 September 2010
Time:	10.00am
Location:	Boardroom, York Hospital

Chair:	Jane Dalton	Governor
Attendees:	Libby Raper	Non executive director
	Phil Chapman	Governor
	Sian Wiseman	Governor
	Lucy Brown	Communications service manager
	Penny Goff	Membership development manager
	Bob Thomas	Governor
	David Robson	Governor
	Sandy Fraser	Governor
	Heather Millard	Minutes
Apologies:	Anne Penny	Governor

		Action
1.	Minutes	
	The minutes from the meeting on 6 August were approved as an accurate record.	
2.	Progress on action points	
	<u>Circulation of communications strategy/MEC wrap up document</u>	
	A summary of the communications strategy was sent to governors as part of a summer reading pack.	
	It was agreed that the group needed its own steering document which would link in with wider Trust strategies. PC suggested the group use the relevant points of the communications strategy as a base to work from. The group felt it was also important that their work linked with that of the patient focus group. As JD was a member of	

<p>both groups she agreed to be that link.</p> <p>PG had started talking through the proposed membership strategy with the chairman. She saw that the role of this group should be to implement actions from the overarching policy. PC suggested the group could start looking at objectives once the terms of reference were agreed.</p> <p>It was discussed that the group needed to be in touch with the board of directors who determine their targets and actions. LB would talk to the chairman about keeping the group updated with developments. JD thought it would also be useful if the group kept in touch regularly by email as meetings would be quarterly. LB/PG could keep the group up to speed with the wider picture as to where the Trust wants to go.</p> <p>PG hoped to have the membership strategy developed in draft form to circulate for comment by December's meeting. LB confirmed that the full communications strategy would also be ready then.</p> <p>DR suggested that the group start to make concrete plans in December once these are available.</p>	<p>LB</p> <p>PG LB</p>
<p><u>Membership leaflets/banners etc</u></p>	
<p><i>Banners and leaflets</i></p> <p>The group discussed amendments to be made to the leaflets and banners.</p> <p>LR explained the meaning behind the pebbles on the artwork on the materials. The Trust name change was an opportunity to have one clear visual identity for the Trust. The new look would be achieved on a very controlled budget and would ensure public facing communications have a clean, professional and easily recognised image. The pebbles are placed in different ways for different purposes, one against the other for example to show 'support', all joined to show 'partnership' and so on.</p> <p>The open event was seen as a good way to introduce the new imagery, where some publications such as the annual review and 'our commitment to you' would be available for</p>	

	<p>the first time. It would give people an opportunity to ask about the pebbles and give their ideas as to what they mean.</p> <p>DR suggested that not all governors would be comfortable explaining this to people. JD would nominate some governors who would be happy to chat to people about the new look.</p> <p>Bookmarks The bookmarks had already been ordered due to printing deadlines.</p>	JD
	<p><u>Ideas for engagement events</u></p> <p>See point 3.</p>	
3.	New business	
	<p><u>CMEG terms of reference</u></p> <p>JD was working on the terms of reference with Anna Pridmore, company secretary. These would be completed in the next few weeks.</p>	JD
	<p><u>Open Day</u></p> <p>PG would email governors with a date for a briefing to prepare them for the open day.</p>	PG
	<p><u>Governors activities: hospital website</u></p> <p>The chairman had asked if governors could think about how their work could be represented on the Trust website. LB/PG and JD would think about a mechanism as to how this could be kept updated.</p>	Governors LB/PG/JD
	<p><u>Future fixed agenda items</u></p>	

The group discussed various ideas for events such as ward committee meetings and visiting GP surgeries.

It was agreed that community based events proved more valuable than targeting upper level meetings such as those of parish councils. There was question over whether ward committees were a useful means of engaging members. SF said that some wards were better attended than others. PG thought it would be valuable to still attend these but it might be that some were visited less regularly than others.

DR reported that not all governors were happy with the role of recruiting members. The group felt that all who are willing should be invited to be involved in member recruitment events. It was also highlighted that this role was not solely the responsibility of this group alone and that message should be communicated to all governors. One of the items on the terms of reference was about involving governors and feeding back to them regularly.

One of the roles of this group is to work out the best methods of delivery. PG also said that these events are not just about recruitment but about raising the profile of the Trust and getting to know members and their feedback.

PC thought it was important not to generalise in that one solution cannot fit all. Some events/methods of delivery would suit some wards some wouldn't.

LB agreed that some distinction was necessary between community and membership.

JD also proposed that certain events/methods of contact would need to be different for specialist interest areas; schools, ethnic background, those living with a disability for example. A mapping exercise would be important.

5.	Future meetings	
	HM would circulate some possible dates for future meetings.	HM

6.	Any other business	
	None	
7.	Date and time of next meeting	
	To be confirmed.	



TERMS AND CONDITIONS

NON-EXECUTIVE DIRECTOR OF YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

These are the terms and conditions under which your appointment has been made. It is important that you read these carefully and contact the Director of Human Resources should you have any queries. If you agree to these terms and conditions please sign below and return a copy to the Director of Human Resources

1. **Statutory basis for appointment** – Non-executive directors hold a statutory office under the National Health Service Act 2006 (“the 2006 Act”). The appointment and tenure of office is governed by the Act, consequent statutory instruments including The National Health Service (Membership and Procedure) Regulations 1990 (as amended from time to time) (“the 1990 Regulations”) and by the Trust Constitution. Your appointment is made by the Council of Governors of the NHS Foundation Trust. It does not create any contract of service between you and the NHS Foundation Trust.
2. **Tenure of office** – The length of appointment terms will normally be for a period of three years. The tenure of office is determined by the Council of Governors based on the requirements of the organisation and will be set out in your letter of appointment.
3. **Employment law** – Appointments are not within the jurisdiction of Employment Tribunals. Neither is there any entitlement for compensation for loss of office through employment law.
4. **Reappointments** – Non-executive directors are eligible to be reappointed up to a further two terms of office, but they have no right to be reappointed. The maximum appointment time for a non-executive director is 9 years. (Generally, this would be 3 years of 3 terms).
5. **Removal from office** – The arrangements for the appointment and removal of non-executive directors are stipulated in the Trust Constitution, paragraph 9:
 - a. **Resignation** – You may resign at any time by giving notice in writing to the Chairman.
 - b. **Termination of appointment** – The Trust Constitution sets out in section 9 the grounds on which your appointment may be terminated. They are:
 - i. If you are, or become, disqualified for appointment.
 - ii. If it is considered that it is not in the interests of the Trust that you should continue to hold office, normally based upon an unsatisfactory annual appraisal or sequence of appraisals, which are conducted on behalf of the Nominations Committee and approved by the Council of Governors.
6. **Remuneration** – As a consequence of your appointment, you are entitled under the Act to be remunerated by the NHS Foundation Trust for so long as you continue to hold office as non-executive director. You are entitled to receive remuneration only in relation to the period for which you hold office. Remuneration is determined by the Nominations Committee and approved by the Council of Governors on an annual basis. There is no entitlement to compensation for loss of office.

Current (FY 2010/11) rate of remuneration payable to non-executive directors/Chair of the Audit Committee is £12,288/£14,336 per annum

7. **Tax and National Insurance** – Remuneration is taxable under Schedule E, and subject to Class I National Insurance contributions. Any queries on these arrangements should be taken up with the Inspector of Taxes or the Contributions Agency respectively.

8. **Expenses** – Non-executive directors are also eligible to claim expenses, at rates set by the Trust, for travel and subsistence costs necessarily incurred on NHS Foundation Trust business.

9. **Time commitment** – This may include some time commitment during the working day or in the evening according to the requirements of the Foundation Trust. The time commitment of non-executive directors is to normally devote 5 days a month to their board responsibilities. In addition it is expected that attendance at the Board of Directors will be at least 80% over the course of any year.

10. **Public speaking** – On matters affecting the work of the NHS Foundation Trust, non-executive directors should not normally make political speeches or engage in other political activities. In cases of doubt, the guidance of the Chief Executive should be sought.

11. **Conflict of interest** –The 2006 Act requires board members to declare on appointment any business interests, position of authority in a charity or voluntary body in the field of health and social care, and any connection with bodies contracting for NHS services. These must be entered into a register which is available to the public, and updated if a relevant change occurs during the term of office).

12. **Indemnity** – The NHS Foundation Trust is empowered to indemnify you against personal liability which you may incur in certain circumstances whilst carrying out your duties. The Trust Constitution (paragraph 17) gives details.

I accept the above as terms of my appointment as [non-executive director](Chair of Audit Committee) of York Hospitals NHS Foundation Trust.

Signed **[Insert name]** Date:

Nominations/Remuneration Committee

Terms of Reference

1 Status

- 1.1 The Nominations/Remuneration Committee is a sub committee of the Council of Governors. The notes of the Nominations/Remuneration Committee will be received by the Council of Governors in private.

2 Purpose of the Committee

- 2.1 The Nominations/Remuneration Committee will oversee and co-ordinate on behalf of the Council of Governors the operational arrangements for the discharging of the Council's responsibilities.

3 Authority

- 3.1 The Nominations/Remuneration Committee is a formal sub committee of the Council of Governors and is accountable to the Council of Governors.

4 Roles and functions

The functions of the Nominations/Remuneration Committee will be to:

- Oversee the recruitment of the Chairman and Non-executive Directors and form the Appointment Committee from the membership of the Nominations/Remuneration Committee as and when required.
- Manage the appraisals of the Chairman, Non-executive Directors and Council of Governors.
- Manage the appraisal of the Council of Governors.
- Review and make recommendations to the Council of Governors on the annual review of the remuneration of the Chairman and Non-executive Directors.
- Consider and review the position of the Governors in respect of any concerns relating to attendance, conduct or eligibility.
- Any other functions as maybe determined by the Council of Governors from time to time.

The Committee will not have decision-making powers, but will make recommendations for approval by the Council of Governors.

6 **Membership**

Membership of the Committee is decided through elections held by the Council of Governors. The maximum time without being re-elected to the Committee a member will spend on the Committee is the unspent period of office the Governor has at the election time. Details of the election process are detailed in the Council of Governor Standing Orders.

Any Governor appointed to the Committee will be required as a condition of membership undergo recruitment and selection training given by the HR team.

The membership of the Nominations/Remuneration Committee will be:

Chairman of the Trust (Chair of the meeting)
Lead Governor (as appointed by the Council of Governors)
Foundation Trust Secretary
Five Public and Patient/carer Governors
One Staff Governor
One Stakeholder Governor

7 **Quoracy**

The Committee will be quorate with five members attending and must include the Chairman or the Lead Governor. The Deputy Chairman of the meeting will be the Lead Governor and will preside over a meeting when the Chairman is unavailable or has a conflict of interest.

8 **Meeting arrangements**

The Nominations/Remuneration Committee will meet a minimum of four times per year and all supporting papers will be circulated 7 days in advance of the meeting. Copies of all agendas and supplementary papers will be retained by the Foundation Trust Secretary in accordance with the Trust's requirements for the retention of documents. The Chairman's office will supply the Secretariat service to the meeting.

The chairperson of the Nominations/Remuneration Committee has the right to convene additional meetings should the need arise and in the event of a request being received from at least 2 members of the group will convene an additional meeting.

Where members of the Nominations/Remuneration Committee are unable to attend a scheduled meeting, they should provide their apologies, in a timely manner, to the secretary of the group.

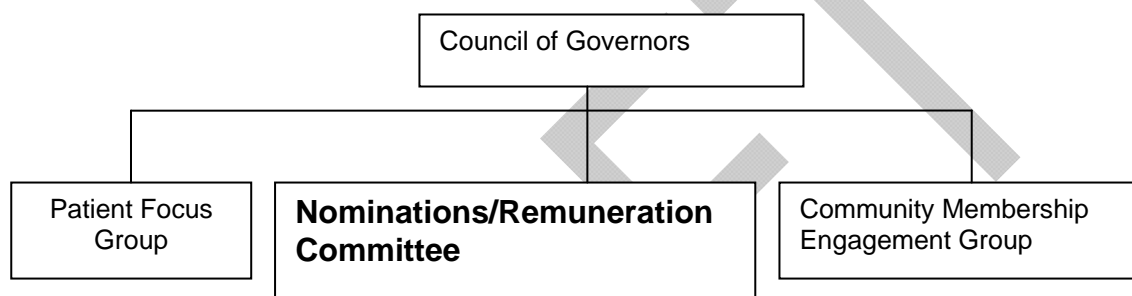
9 **Review and monitoring**

The Nominations/Remuneration Committee will maintain a register of attendance at the meeting. Attendance of less than 50% will be brought to the attention of the Chairman of the Committee to consider the appropriate action to be taken. The attendance record will be reported as part of the annual report. The annual report will be presented to the Council of Governors

The terms of reference will be reviewed every three years.

Author Foundation Trust Secretary
Owner Chairman
Date of Issue October 2010
Version # Draft version #1
Approved by Council of Governor
Review date October 2012

Governance arrangements



Timetable for meetings and programme of work for Governor Nominations/Remuneration Committee 2010/11

Date	Standing Items	Project items
28 th September 2010	Terms of reference Work Programme for 2010/11 Remuneration review (years 10/11)	Appointment process for NEDs/ Chair and related training
December 2010	Appraisal of JH and MS Attendance at CoG Appraisal of LR and PA (should have been undertaken June 2010)	Discuss approach to appraise the Council of Governors
March 2011	Appraisal of AR, DW and LP Review of Appraisal Documentation and process Attendance at CoG Review of NED/Chair remuneration (including benchmarking) (year 11/12)	
June 2011	Appraisal of LR and PA Attendance at CoG	
September 2011	Terms of reference Work Programme for 2011/12 Review of Code of Conduct	
December 2011	Appraisal of JH and MS Attendance at CoG	

Date 13 October 2010

Notes of the Nominations/Remuneration Committee meeting held on 28th September 2010 in Park House meeting room.

Present: Alan Rose- Chairman of the Trust and the Committee
Anna Pridmore – Foundation Trust Secretary
Brian Thompson – Patient/Carer Governor
Helen Mackman – Lead Governor, Public Governor York
Jane Dalton - Public Governor Hambleton
Jim Porteous – Public Governor York
Madeline Kirk – Stakeholder Governor
Mandy McGale – Staff Governor
Paul Baines – Public Governor York

1. Apologies for absence

Apologies were received from Geoff Rennie

2. Terms of Reference and Work Programme

The Committee discussed the draft Terms of Reference and requested a number of changes, all of which are being incorporated into the document.

The Committee agreed that the Committee was not expected to make decisions on behalf of the Council of Governors, but was expected to make recommendations to the Council for consideration and approval.

The Committee specifically agreed that the membership of the Committee would include six Public / Patient/Carer Governors (including the Lead Governor).

The quoracy should specifically include the Chairman or the Lead Governor must be present.

The Committee considered the work programme and agreed the work programme. It was requested that the appraisal of the Council of Governors should be added to the programme.

It was agreed that the Terms of Reference and the Work Programme would be presented to the Council of Governors at the meeting held on 13 October 2010.

Action: Presentation of the Terms of Reference and Work Programme to the Council of Governors on 13 October 2010. (AR)

3. Appointment process for Non-executive Directors

The Committee discussed the role of the external assessor at an interview. It was agreed that the role of the assessor should be clearly defined both to the external assessor and the Committee. It was also agreed that the external assessor would not score at an interview, so following the Code of Governance published by Monitor.

The Committee discussed the process laid out by the Recruitment Team and confirmed they were very satisfied with the process. The Committee asked for some minor adjustments to be made to the text to enhance clarity, these changes have been made.

The Committee will review the final version of the document at their next meeting.

Action: Review final version of the recruitment process. (AP)

The Committee discussed the length and terms of office of the Non-executive Directors. The Committee agreed that there should be three possible options at the end of a term:

- 1 At the end of one terms, following a series of satisfactory appraisals, a Non-executive Director could be reappointed for a second term.
- 2 Should there be evidence of unsatisfactory appraisals, the Non-executive Director may be asked to go through a competitive appointment process or be advised that there would be no further term.
- 3 At the end of a second term the Non-executive Director would be asked to undertake a competitive appointment process.

All these options would be taken on the approval the Committee. All Non-executive Directors are subject to a nine-year maximum period of office.

AR left the meeting while the Committee discussed the Chairman's term of office. The Committee understood that the maximum term the Chairman can be chairman for is five years as he was a Non-executive Director for four years prior to being appointed as Chairman. The Committee understood that this was following the requirements, but asked AP to undertake some research to establish if in principle the Chairman time clock could ignore the time he acted as a Non-executive Director and start from him being Chairman.

Action: AP to undertake some research around the term of office of the Chairman.

The Committee discussed the fact that the Chairman had undergone a very rigorous process for the appointment of Chairman and agreed that as long as the appraisals held over the next three years were satisfactory then the Chairman would not be asked to go through a competitive interview process after his current three year term

4. Appraisal process for Chairman and Non-executive Directors

AR left the meeting during the discussion of the Chairman's appraisal. The Committee agreed that the process was appropriate. The Committee discussed the extent to the external engagement in the Chairman's appraisal and agreed that it should be the decision of the Lead Governor and the Senior Independent Director to agree on the appropriate external input. It was also agreed that the documentation would be amended to include a section where any external commentary gathered can be added to the process.

The commentary would be added anonymously and would be a statement rather than responses to the questions included in the main system.

Action: Amend the paperwork to incorporate an area where external commentary can be added. (AP)

The Chairman joined the meeting to discuss the Non-executive Director appraisal system. The Committee agreed the process.

5. Service Contract and salary for Non-executive Directors and Chairman

The Chairman outlined the detail in the Service Contract and the reasons for its introduction. The Committee noted the terms and agreed they were satisfactory.

The Chairman outlined the recent discussions about the increase in salaries. He reminded the Committee that an agreement was made in 2009 that the Non-executive Director increases would be tied to the Agenda for Change increases. This year this increase was 2.25%. AR explained that the Executive Directors had agreed to not take an increase this year, in line with the Very Senior Managers Pay recommendations and Government expectations. The Non-executive Directors had also discussed if they should not take an increase this year, and had agreed that they would not take an increase during 2010/11.

The Committee discussed the proposal and agreed this was appropriate. The Committee also discussed the principle of tying the Non-executive Director salary to the Agenda for Change increases and understood that the reason for the arrangement was that if it was tied to the Executive pay it would breach governance arrangements, as the Non-executive Directors set the Executive Directors' pay.

Action: A verbal report would be given to the Council of Governors on 13 October in the private session to explain the 0% increase in salary for the Non-executive Directors. This would be followed by a comment to be given in the public session. (HM)

6. Attendance at the Council of Governors meeting and Code of Conduct

The Committee discussed the current Code of Conduct for Governors and the lack of sanctions being included in the document. It was agreed that HM and AP would work together to review the document and bring a further version back to the next meeting.

Action: Development of the Code of Conduct. (HM and AP)

7. Time and date of next meeting

The proposed date of the meeting was 2nd December 2010 at 10.30am, this is to be confirmed.

Council of Governors – 13 October 2010

Membership profile report - 01/04/10 to 30/09/10

Summary of Paper

The attached report provides details on the public, patient and staff membership for the period April 2010 to the end of September 2010. The profiles show information on numbers, gender, age range and ethnicity of our membership and provide a summary of leavers and joiners and a comparison of membership base with other Foundation Trusts.

A summary of membership recruitment and engagement activities undertaken and planned is also included.

Recommendation

The Council of Governors is requested to consider this report and note its contents.

Assurance and related objective Assures the Board that appropriate and effective membership engagement activities are planned to ensure that the Trust membership is representative of the local community.

Governance Code of Governance

Owner Patrick Crowley, Chief Executive

Date of paper 7 October 2010

Version number V.1

Number of pages 5

**York Teaching Hospital NHS Foundation Trust
Membership report – April to end of September 2010**

The Board of Directors should monitor how representative the NHS Foundation Trust membership is and the level and effectiveness of membership engagement. This report provides the Board with the information to allow them to fulfil this responsibility.

Membership profile:

The table below shows the membership movement by each type of constituent.

1 April 2010 to 30 September 2010	
Public constituency	
At start	9,917
New Members	29
Members leaving	269
At end	9,677
Patient constituency	
At start	2,482
New Members	16
Members leaving	77
At end	2,421
Staff constituency	
Headcount at start	4721
Opt outs	24
Headcount at end	4753

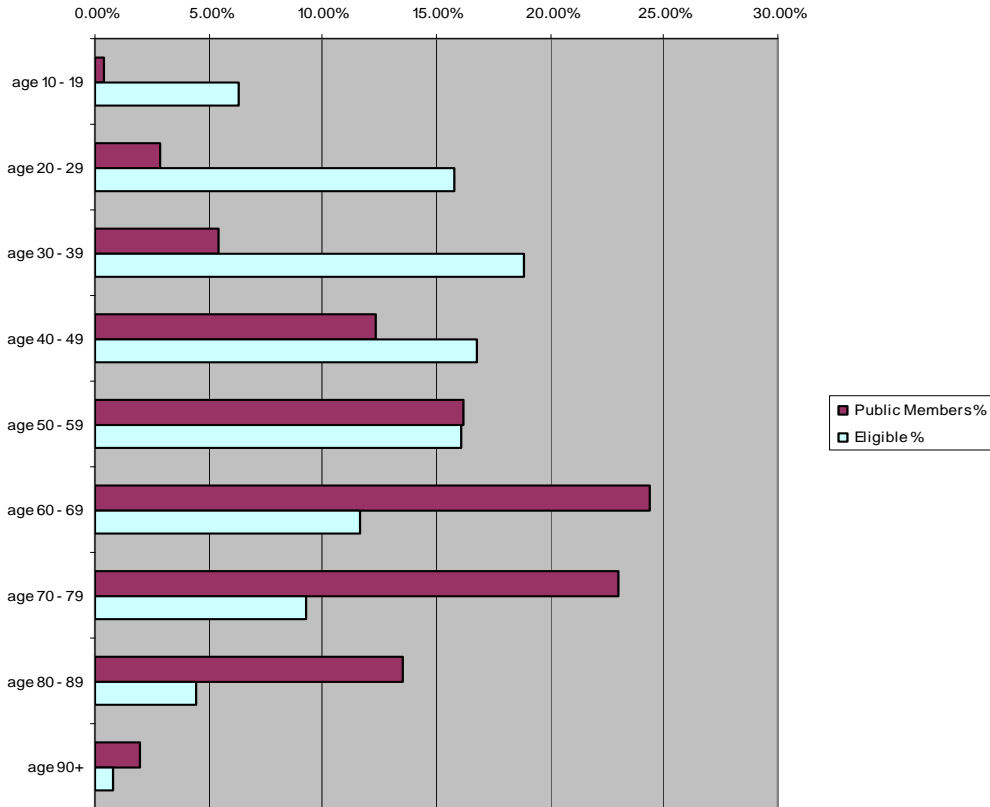
Total membership at 1 April 2010 – 17,120

Total membership at 30 September 2010 – 16, 851

A further analysis of the members of the public constituency follows:

Age:

Age Range	Public Members	Public Members %	Eligible	Eligible %
age 10 - 19	35	0.38%	14,044	6.35%
age 20 - 29	271	2.91%	34,976	15.81%
age 30 - 39	509	5.46%	41,804	18.89%
age 40 - 49	1,149	12.32%	37,033	16.74%
age 50 - 59	1,507	16.16%	35,592	16.09%
age 60 - 69	2,270	24.34%	25,707	11.62%
age 70 - 79	2,140	22.95%	20,500	9.27%
age 80 - 89	1,258	13.49%	9,810	4.43%
age 90+	187	2.01%	1,778	0.80%



Gender:

Female	5,182
Male	4,222
Unknown	273

Ethnicity:

White	2,926
Mixed	9
Asian	15
Black	4
Other	1

Socio-economic groupings:

ABC1	7,672
C2	1,323
D	325
E	333

Public membership base compared with other similar size Foundation Trusts:

Trust Name	Public Members
Aintree University Hospitals	6,003
Avon and Wiltshire Mental Health Partnership	9,659
Bedford Hospital	5,996
Burton Hospitals	6,777
Cambridge University Hospitals	7,509
Countess of Chester Hospital	7,937
Devon Partnership	2,030
Dorset County Hospital	3,407
King's College Hospitals	4,376
Leicestershire Partnership	9,034
North Bristol	593
Royal Bolton Hospital	4,210
Sherwood Forest Hospitals	20,522
South London and Maudsley	4,411
Stockport	12,393
The Royal Marsden Hospital	1,486
The Shrewsbury and Telford Hospital	7,329
The Tavistock and Portman	4,820
University Hospital of South Manchester	5,548
University Hospitals Bristol	5,929
Average	6,498
York Teaching Hospital	9,677

Recruitment activity in the last six months:

During the last six months the Membership Manager and/or the Chairman and various governors have attended a number of events to promote the Trust and recruit new members. These include the Family History Group in Selby, the York LINKs Conference - Combatting Social Exclusion, Selby District Council meeting and the York Teaching Hospital Open Day. In this period a total of 45 new members have joined the Trust.

The recruitment activity carried in the Selby and Tadcaster area with the Governors during the beginning of 2010 has increased the number of members as a percentage of the eligible population from 2 to 3.5%. Although the numbers are not substantial, the raising of our profile in this area attracted 10 candidates for the election in June of the third governor for this constituency whereas in the January election there were none.

Engaging with our members in the last six months:

We have held a number of successful events for members during the last six month period. The first in June was specifically for members with an interest in cancer and oncology services. In August we issued an invitation to members interested in services for the care of the elderly and nearly 100 people attended to listen to a range of presentations and were able to discuss issues with a number of voluntary support organisations. In September we invited the members who had attended an event in 2009 to discuss the bereavement suite plans for a preview tour of the new facilities. Also in September the Trust welcomed over 1000 members at the annual open day/AGM.

The YorkTalk lunchtime presentations continue to be poorly attended by members. The recent topics include the role of the matron, an introduction to NHS Finance and recent advances in haematological malignancy. We need to review the value of these sessions as a means of engaging with members.

Plans for the next six months

The newly reinvigorated Community & Membership Engagement Group has met twice since its formation and has revised terms of reference. The group is undertaking a mapping exercise to identify the existing community based groups, schools and organisations that governors can tap into and network with.

One of the first tasks of the new Community & Membership Engagement Group was to agree the drafts for the revised membership application form, recruitment posters and banners. The publicity material in the new corporate style and logo was available in time for the open day on 14 September and we can now make more strenuous efforts to promote membership within our community.

We will continue to implement the plans with York Hospital Radio to broadcast a message to patients on membership and the role of the governor and we will also complete the plan to develop a membership/governor board in a prominent position in the main entrance.

The timescale for the draft of the membership development strategy has slipped due to other priorities. It is planned to present a draft to the Community Membership Engagement Group at its next meeting in December and to the Board of Directors for approval in the New Year.

Penny Goff
Membership Development Manager
7 October 2010

Council of Governors –13 October 2010
Expenses explanation

This report provides the Council of Governors with an understanding of the expense that can be claimed by Governors.

General rules

Governors are entitled to claim for out of pocket expenses that are incurred while undertaking Trust business as requested by the Trust.

Examples of when Governors can make claims

Claim for petrol and parking (petrol mileage is paid at 40p per mile)
Claim for lunch if involved in an all day event away from the Trust, such as a conference where lunch is not supplied.
Train travel
Claims for lunch when in the Trust will not be accepted.

Process for claiming

Governors should claim out of pocket expenses on a regular basis. Preferably they should be claim the month after they have been incurred at the latest.

Expenses are generally only paid on the production of a receipt. Each claim should be accompanied by receipts for the expenses incurred. If a receipt is not available, please provide detail about the expenditure and bring it to the attention of the person authorising the claim. The maximum time period for claims to be submitted is three months after the date the expense was incurred. This may be waived in exceptional circumstances.

All expenses should be submitted on a claim form (att A) and completed forms should be sent to Anna Pridmore for authorisation. Once authorised they will be sent to accounts for payment through either BACs system or by cheques where bank details are not held and will be paid the month following their submission.

If you have any questions about the process please contact Anna Pridmore on 01904 721418 or by email at anna.pridmore@york.nhs.uk .

Anna Pridmore
Foundation Trust Secretary

October 2010

TRAVEL

Date	Details of Journey	Business Mileage	Passengers		Home to Base Excess Travel	Subsistence/Other Expenses				
			Name	Mileage		Details	From	To	Amount	
									£	P
			TOTAL							

I DECLARE that the travelling and other expenses overleaf were actually and necessarily incurred whilst engaged on business or activities to enable performance of my duties required by my employment within the Trust.

I FURTHER DECLARE that official travel rate is only claimed for journeys where public transport is not available or considered not practical for that journey.

I CERTIFY that a current Policy is in force for the motor vehicle used above and provides cover for the claimed journeys. Also when used on Trust business or activities full third party cover extends to injury or death of passengers and damage to property.

I FURTHER CERTIFY that my claims for "other expenses" were actually and necessarily incurred in the performance of Trust business or activities. Furthermore, any claim for meals was an essential additional cost.

Signature Date

FOR OFFICE USE ONLY

Business Miles	<input type="text"/>	Telephone Rental	<input type="text"/>
Call out miles	<input type="text"/>	Telephone calls	<input type="text"/>
Sat/Rtn Miles	<input type="text"/>	Rail Fares	<input type="text"/>
Total H.O Miles	<input type="text"/>	Parking	<input type="text"/>
Excess Miles	<input type="text"/>	Miscellaneous	<input type="text"/>
PTR Bus Miles	<input type="text"/>		
Passenger Miles	<input type="text"/>		
Subsistence (Business)	<input type="text"/>		
Paid by	<input type="text"/>	Date Paid	<input type="text"/>

CERTIFICATION (TO BE COMPLETED BY MANAGER)

I CERTIFY to the best of my knowledge and belief that the claimant was engaged on the journeys stated on the dates shown.

I APPROVE PAYMENT of the claim, including the payment of mileage rates in excess of public transport rate and other expenses claimed above.

Signature Date:

Name (please print): Title/Position

FORMS NOT SIGNED BY A CLAIMANT AND/OR NOT CERTIFIED WILL BE RETURNED. ALL RECEIPTS MUST BE PROVIDED

Quality & Safety Dashboard

August 2010

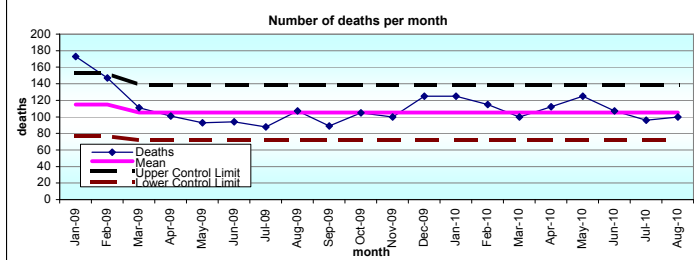
Performance Scorecard

Area	Metric	Units	Aug-10	Target	Status
High Level Aims	1. Inpatient Mortality	Percentage	2.6		↑
	2. HSMR - All admissions (Mar '10)	Rate	89.2	80.0	↓
	3. Never events	Number	0	0	→
Nursing Care Indicators	4. PAR (Patient at Risk) score	Percentage	61%	95%	↓
Deteriorating patient	5. Monthly Crash Calls Per 1000 Discharges	Rate	1.7		↓
Falls prevention	6. Falls and found on floor (Jul '10)	Number	186		↓
High risk Medications	7. Percentage of Patients with VTE Prophylaxis or Full Anticoagulation	Percentage	78%		↑
Pressure sores	8. Pressure sores per 1000 bed days - On admission (Jul '10)	Rate	2.3		↓
	9. Pressure sores per 1000 bed days - Since admission to trust (Jul '10)	Rate	2.6		↓
DSSA	10. Delivering single sex accommodation breaches	Number	0		→

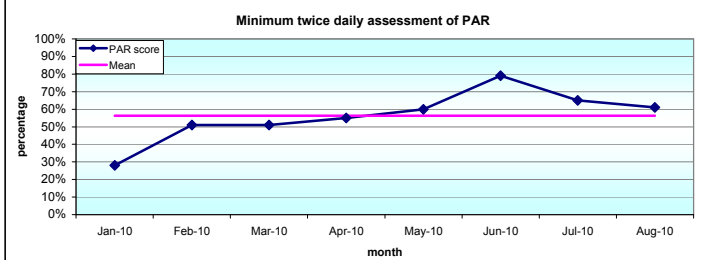
Status Key - Where there is no definitive target for a measure, the status colour refers to -

- █ - a sustained improvement (using SPC methodology)
- █ - where the outcome is within expected variation (no improvement)
- █ - special cause or sustained drop in performance

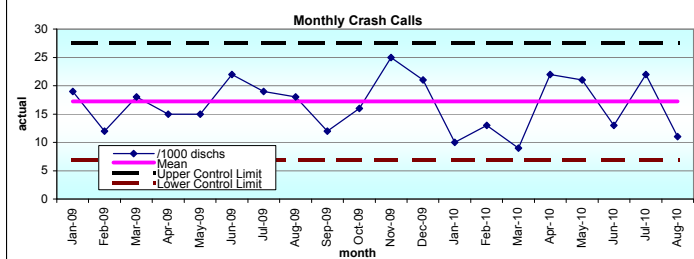
Data in Statistical Process Control (SPC) charts



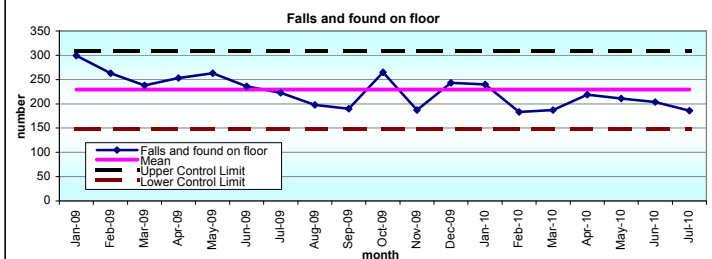
1. Slight increase within control limits.



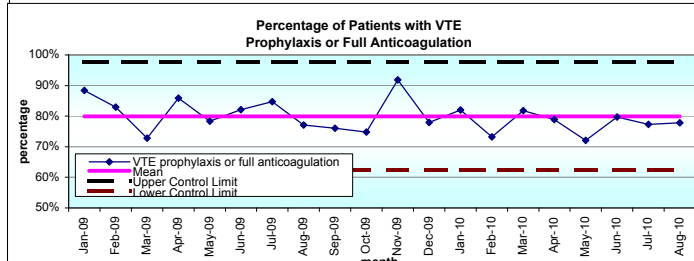
4. Nursing care indicators audit not carried out all wards in August due to vacant post therefore results reflect only those wards included (16 wards in total)



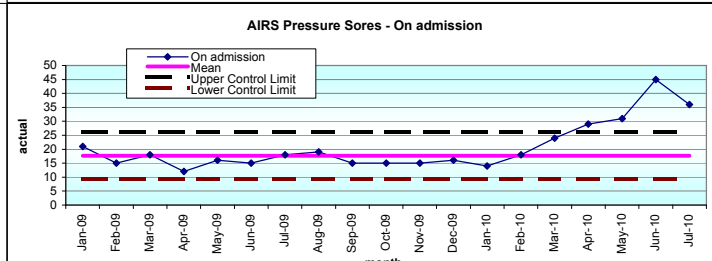
5.



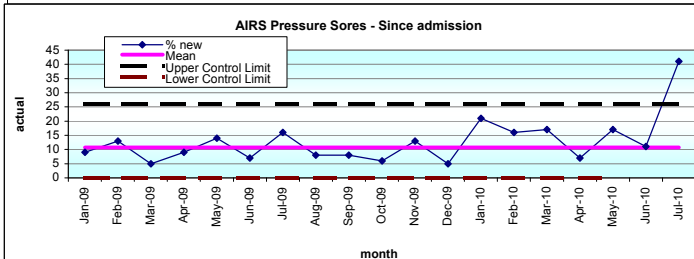
6. Data from datix system - from 28th July rapid spread initiative started on falls reduction, too early to report reliable outcomes. However nursing care indicators show improvement in falls assessment to 84% - highest so far.



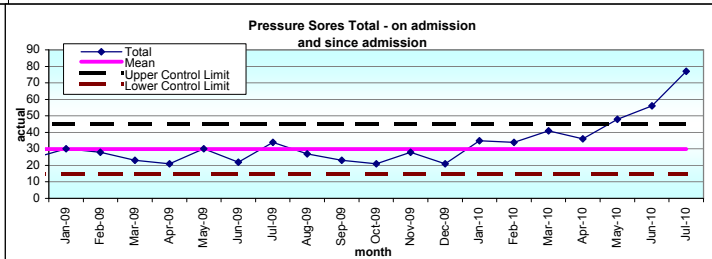
7.



8. Data from datix system - increased incidence of 'on admission' ulcers may be due to improved reporting but has been raised with the PCT as a potential issue for community.



9. Data from datix system -from 28th July rapid spread initiative started on pressure ulcer reduction, too early to report reliable outcomes. Increase in reported pressure ulcers is expected due to improved levels of reporting. However nursing care indicators show improvement in pressure ulcer assessment to 82% - highest so far.



Quality and Safety Dashboard - Definitions

Actual number of deaths	Adverse Event Rate per 1000 bed days	HSMR - All admissions
This figure is the actual number of inpatient deaths within the trust taken from the inpatient mortality measure uploaded to the Patient Safety First website each month. Inpatient mortality percentage is the number of deaths divided by the number of deaths and discharges.	This is the number of adverse events measured using the trigger tool (which detects actual and potential harm) per month divided by the patients LOS multiplied by 1000 (to give 1000 bed days). Training is currently underway to start this recording again.	This measure shows the Hospital Standardised Mortality Rate taken from the Dr Foster report. This compares the actual number of deaths in a trust against the expected number. For a full breakdown of this indicator, please refer to the Dr Foster Hospital Guide 2009. Our high level aim is to reduce our HSMR to 80. We believe this is an achievable target over time.
Never Events	PAR (Patient at Risk) score	Monthly Crash Calls Per 1000 Discharges
Never Events affecting acute services are - 1) wrong site surgery 2) retained instruments post operation 3) wrong route administration of chemotherapy 4) misplaced naso or orogastric tube not detected prior to use 5) inpatient suicide using non collapsible rails 6) in hospital maternal death from post partum haemorrhage after elective caesarean section 7) intravenous administration of mis-selected concentrated potassium chloride	This is minimum twice daily assessment of patient at risk (PAR), maternity early warning system (MEWS) or paediatric advanced warning system (PAWS), taken from the nursing care indicators. This is taken from a sample of patients across various wards each month.	Crash calls rate is the number of crash calls recorded divided by the total number of patient discharges per month, multiplied by 1000 (to give per 1000 discharges). Figures are collected via the resuscitation team.
Falls and found on floor	Percentage of Patients with VTE Prophylaxis or Full Anticoagulation	Pressure sores
These are the monthly figures taken from the Datix system, following reported adverse incidents (AIRs). These include patients who have fallen or were found on the floor.	This figure is the percentage of eligible patients with VTE prophylaxis or full anticoagulation, taken from a sample of patients each month.	This measure is again taken from the Datix system and split by patient who had the sores on admission and those who's sores occurred within the trust. The number of sores per month are divided by occupied inpatient beddays, then multiplied by 1000.
Delivering single sex accommodation breaches		
A breach is defined as occurring when males and females are required to share sleeping accommodation or where they have to pass through an area of opposite sex accommodation to access toilets/bathrooms or their own sleeping accommodation. The number of breaches caused by a particular event will be equal to the total number of patients affected (1 female in a bay with 5 males is 6 breaches).		

Council of Governors – 13 October 2010

Corporate Finance Report

Summary of Paper

This report details the financial position as at 31 August 2010. At the end of August, there is an Income and Expenditure surplus of £0.6m against a planned surplus of £1m for the period. The cash level at the end of August was below plan at £3.5m.

The assessed Monitor Risk Rating at the end of August remains an overall rating of 3.

Recommendation

To note the contents of the report.

Assurance and related objective	Assurance on the Trust's financial performance.
Governance	Council of Governors
Owner	Andrew Bertram, Finance Director
Date of paper	October 2010
Version number	V.1
Number of pages	3

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

Financial Report for the Period 1 April 2010 to 31 August 2010

High Level Overview

Net I&E surplus of £0.6m is slightly below plan.

CIPs achieved to date total £7.8m, with assessed residual risk of £2.6m. The CIP position has improved from August but is currently running £0.3m behind plan.

Income is ahead of plan for NYY PCT, with the overtrade for Q1 due for agreement by the end of September.

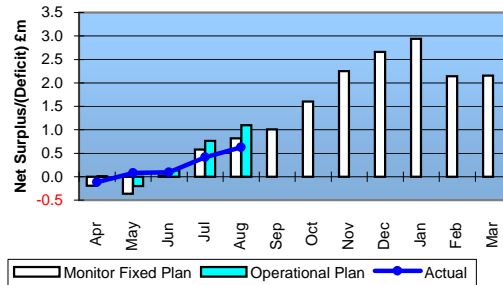
The SME agreement is expected to limit risk of non-payment for additional activity. Clearly receipt of payment due shortly will test this.

Cash at £3.5m is behind plan, mainly due to costs being incurred as a result of additional activity but there being a payment delay.

The capital programme is £0.9m behind plan

Provisional Monitor Financial Risk Rating is 3, as per plan for this stage in the year.

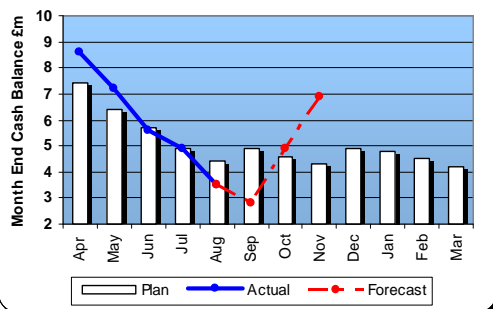
Net Income & Expenditure



The actual Net I&E surplus is £624k for period, compared to a planned surplus of £1.099m.

Key variances against Operational Budget:-
Clinical Income +£0.66m, Other income +£0.72m,
Expenditure -£1.885m

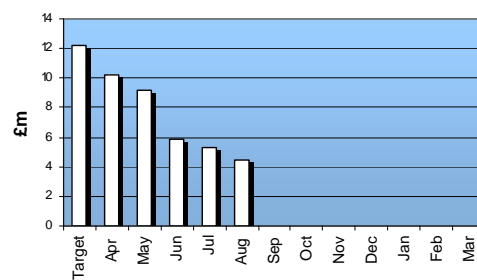
Cash Position



The actual cash balance at the end of August totals £3.5m, and is behind planned levels, mainly due to the increasing level of overtrade with NYYPCT.

As PCT payments are released for additional activity cash balances are expected to improve as per the 3-month forecast on the chart.

CIP Outstanding Requirement



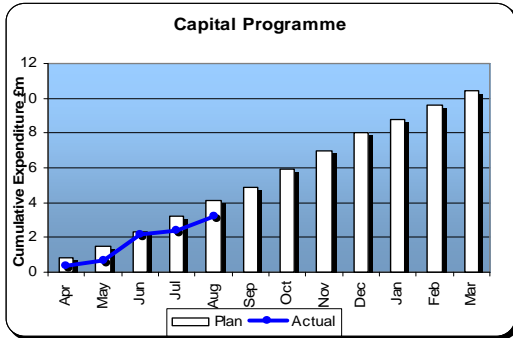
The full year efficiency requirement is £12.2m. With £7.8m cleared at August the outstanding requirement is £4.4m.

Further plans identified of £3.8m (varying risk), and unidentified actions of £0.6m.

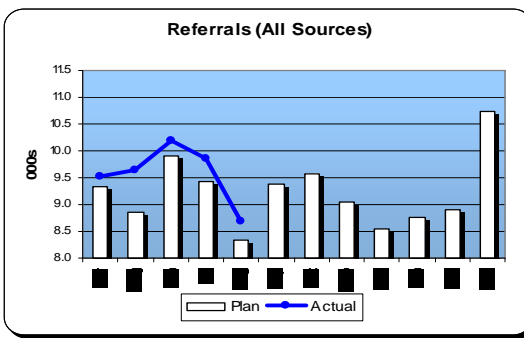
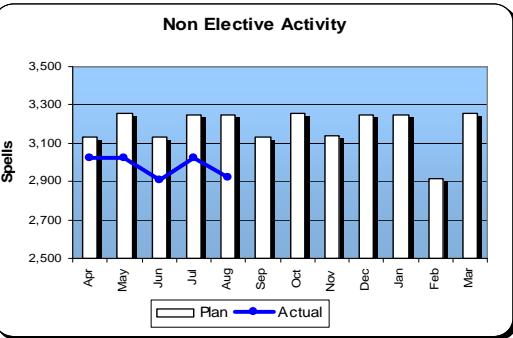
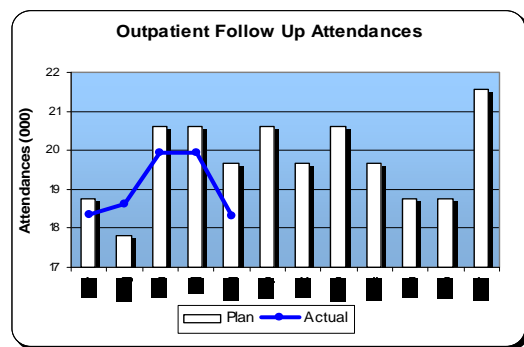
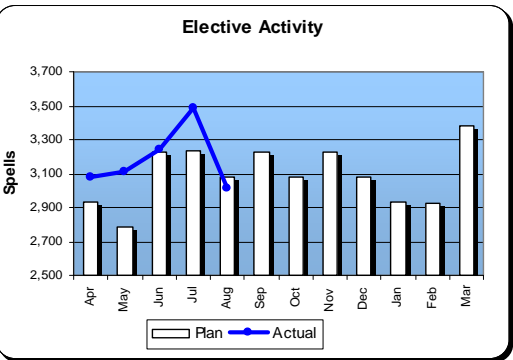
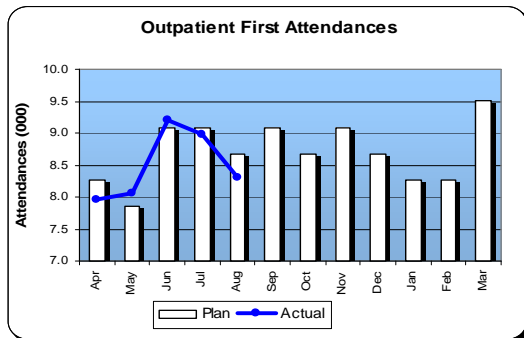
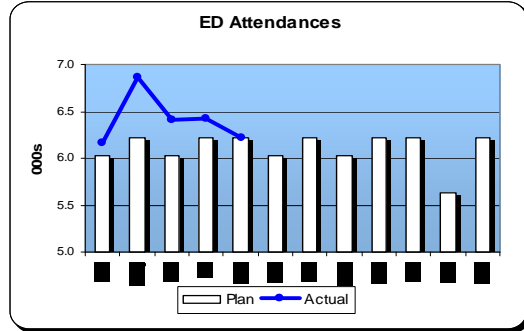
Assessed residual risk including unidentified actions and proportion of higher risk further plans is £2.6m

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST

Financial Report for the Period 1 April 2010 to 31 August 2010



Capital expenditure at the end of August is £3.2m and is £0.9m lower than plan. The programme is being managed on a quarterly review process with release of funds for additional schemes conditional on cash availability.





Dashboards	ED	Bed Occupancy	Theatres	Waiting List	Access Targets	Monitoring	Perf. Indicators
------------	----	---------------	----------	--------------	----------------	------------	------------------

Operational
Corporate
Efficiency
Anaesthetics
Spec. Medicine
Child
Elderly
Gen Med
Gen Surgery
Obs & Gynae
Head And Neck
Ophthalmology
Orthopaedics
Urology
Therapy
Em. Medicine
Lab Medicine
Radiology
Sexual Health
Pharmacy

National Access Targets							
Metric			Target	Status		Jul-10	Aug-10
18 Week Admitted (?)			90%	Green		93.91%	93.66%
18 Week Non-Admitted (?)			95%	Green		97.70%	98.02%
14 Day Fast Track (?)			93%	Green		97.40%	95.60%
14 Day Breast Symptomatic (?)			93%	Green		92.70%	95.10%
31 Day 1st Treatment - Cancer (?)			96%	Green		99.40%	98.70%
31 Day Subsequent Treatment - Anti Cancer Drug (?)			98%	Green		100%	100%
31 Day Subsequent Treatment - Surgery (?)			94%	Green		100%	100%
31 Day - Rare Cancer (?)			85%	Green			
62 Day Cancer (?)			85%	Green		95.00%	88.20%
62 Day Cancer - Screening (?)			90%	Green		100%	98.00%
62 Day Cancer - Upgrades (?)			85%	Green			
Diagnostics - 6 Week Wait (?)			100%	Amber *		99.60%	99.40%
ED 4 Hour Target - All Types (?)			95%	Green		98.63%	97.87%
GUM - Appointment Offered Within 48 Hours (?)			100%	Green		100%	100%

Local Targets							
Metric			Target	Status		Jul-10	Aug-10
18 Week Admitted - Median Treatment Time (Days)			78	Green		63	59
18 Week Non-Admitted - Median Wait Time (Days)			48	Green		36	39
ED - Median Wait Time (Mins)			1:40	Red		1:35	1:47
Elective Operations Cancelled On Day For Non-Clinical Reasons (?)			24	Green		19	18
Elderly Medicine Outliers (?)			13.34%	Green		4.14%	5.16%
General Medicine Outliers (?)			25.95%	Green		3.05%	4.56%
Elective Theatre Sessions Delivered (Main/Day)				Green		448	408
Percentage of Ambulance Turnarounds <25 minutes			80.0%	Red		58.65%	55.74%
Time To See ED Clinician (Minutes)			60:00	Red		61:34	68:16
Number Of Additional Beds Open (?)			0	Green		0	0

Infection Prevention And Control							
Metric			Target	Status		YTD	Aug-10
MRSA Bacteraemia (?)			2	Green		1	0
MRSA - Screenings			100.0%	Green		115.62%	120.0%
CDIFF - >72hrs			112	Green		18	2

Within 2% Of Target
Within 5% Of Target but not within 2%, except for * which must achieve Target to go Green
Outside 5% Of Target

Council of Governors – 13 October 2010

Summary of Board of Directors minutes

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

Summary of the minutes of the Board meeting held on 26th May 2010

Quality and safety monthly dashboard

Dr Turnbull presented the dashboard.

Dr Turnbull identified that there had been an increase in the number of pressure sores on admission, and the summary would be changed to ensure that an absolute number of those patients arriving at the Trust with pressure sores could be identified. This would ensure the Trust is clear if any patient contracts a pressure sore while under the Trust's care.

Venous thromboembolism VTE – excellent work has been undertaken by the IT department in the introduction of a logging process which means the Trust will have the evidence that the Trust is complying with VTE protocols.

Dr Turnbull reported that no SUIs had been declared during the last month and the Trust was in receipt of a claim.

Professor Hutton commented that the report did not raise any alarm bells. He enquired about the VTE programme and how it would help assessment. Dr Turnbull explained that the new programme will tell the Trust if we are missing some people.

Professor Hutton enquired if the dashboard should include a metric relating to commissioning for quality and innovation (CQUIN). The Board discussed the requirements of CQUIN and agreed that the dashboard does set out the clinical data items the Trust is required to meet, some of which include CQUIN measures.

Mr Bertram added that any CQUIN financial risk was being considered as part of the risk sharing arrangements that are being worked towards with the PCT, SHA and other parties.

Ms McManus advised that a CQUIN scorecard would be developed and included in the quarterly report rather than the monthly dashboard.

Professor Hutton asked for an update on the progress of patient reported outcome measures (PROMs). Dr Turnbull and Ms McManus confirmed that they had not heard of anything new occurring with PROMs at present. The Board noted that PROMs data was now being published and the Trust was in the middle of the table. Dr Turnbull agreed that the Trust did need to continue to improve measuring outcomes in areas that are not routinely measured due to a target or trajectory.

The Board discussed the difference between targets and trajectories and what the Trust was benchmarking internally. Mrs Palazzo enquired why the Trust uses crash calls per 1000 people discharged. Dr Turnbull explained that discharges are a proxy for volume and therefore create an index.

The Board **noted** the report.

Draft Quality Report 2009/10

Ms McManus presented the draft report and said that it formed part of the annual report which had recently been audited by the external auditors. She added that the report consisted of the statutory instrument published earlier this year and the additional requirements made by Monitor. She added that the report would be published on the Trust's and Choices websites at end of June.

Professor Hutton raised his concern about the clinical audit performance and how the structures work. He also suggested that there should be more information about research and development activity in the report. Professor Hutton had picked up a number of issues in the report as follows:

- Priority 1 - the text and the chart do not show the same.
- Page 9 - cancer targets – shows the target achievement is to be advised, but later in the report it is shown as achieved.
- Page 11 - the numbers should be checked.

Professor Hutton enquired about the involvement of governors. Ms McManus explained that it had been very useful to have the governors involved because they had provided very good support to the process. She added that the governors are also patients in some cases, so also added additional support to the process as patients.

It was agreed that the report was slightly disjointed, although it was acknowledged that it followed the requirements of the statutory instrument and Monitor's additional requirements.

It was **agreed** the changes would be made prior to publication.

Director of infection prevention and control annual report

Ms McManus presented the annual report. The report related to the Hygiene Code requirements and would be published on the Trust website. Ms McManus

asked the Board for approval for publication of the report.

Professor Hutton congratulated Ms McManus on the report and the achievements. He asked Ms McManus if there were any areas of concern. Ms McManus said that the targets for the next year were very tight.

From a clinical operational perspective, the Trust had experienced a small but significant outbreak of Clostridium Difficile (C-diff) - seven cases, four of which were type 027. As the Trust has good root cause analysis in place, the swift action to address the outbreak and adjust clinical practice ensured that the outbreak was very restricted.

The Board **approved** the report for publication and thanked Ms McManus for her comments.

Chairman's report

The Chairman presented his report and explained that he had designed it so that it referenced the key points of the Chairman's role.

Governance - He referred to the deployment of Non-executive Directors on particular projects which link into strategy issues. Mr Rose asked for comments about the approach to be given to him over the next few weeks.

Governors – He advised that consideration had been given to changing the make-up of the governors and including a representative from the school of nursing. Mr Rose advised he had discussed the idea with Ms McManus and it had been agreed that it was not necessary at present.

Community – Mr Rose commented that he was delighted with the Board's enthusiasm to engage with the community. He gave the example of Mr Proctor becoming a governor of York College. He added that he thought that Professor Willcocks would be able to help the Trust with enhancing the engagement with 3rd party organisations.

The Board **noted** the report.

Report of the Chief Executive

Mr Crowley asked Mr Proctor to update the Board on the recent Chief Executive forums.

Mr Proctor advised that the meeting had discussed the following priorities:

- A patient led NHS – focus on information and choice, increase patient voice and ensure patients are involved in managing their own conditions.
- Outcome measures – process targets will continue until new outcome measures are fully developed and are robust.
- Improved public health – separation of public health and health allocations

- Reform of long term care
- Increase autonomy and greater accountability – SHA will become regional offices of the new National Board.
- Monitor role across all providers
- Local authority nominees will be appointed to PCT Boards.
- Ensure purchaser provider split works
- Focus on commissioning consortia of GPs
- Primary care commission from central London to be stopped.

Legislation is intended to be in place by next year.

The Board discussed the changes and priorities.

NHS Litigation Authority

Mr Crowley explained that the informal assessment had suggested that the Trust should apply for level 1 with a rapid move to level 2 and then on to level 3. The Board agreed that the Trust should submit an application for level 1 this year.

CHKS awards

The Trust received an award from CHKS as one of the top 40 hospitals in 2010. Mr Crowley reported that this was the 9th year out of 10 that the Trust had received the award.

The Board **noted** Mr Crowley's report.

Assurance Framework and Corporate Risk Register

Mr Ashton reported that the Audit Committee continues to review the Corporate Risk Register and Assurance Framework and would recommend approval of the document presented. He added that progress has been made on the reconciliation from top down and bottom up.

Dr Turnbull asked if the Board felt the document gave enough information to be able to be assured about the risks in the organisation. The Board confirmed it did provide that assurance, although it was agreed that further work was required to ensure this was enhanced. Mr Ashton added that the work is already being undertaken.

The Board **approved** the Assurance Framework and Corporate Risk Register.

Quarterly HR report

Ms Hayward presented the report and highlighted that the only area of concern was the level of maternity leave and she added that there was a continued downward trend in sick leave.

Mr Proctor enquired if there was a lower limit that would be considered the right

balance that people were not attending work when they were unwell, but were not taking extra time off. Two main reasons for sickness absence in the Trust are stress and muscular skeletal injuries and any balance on the level of sickness would need to be clear how it was made up and the levels of stress or muscular skeletal sickness. Ms Hayward suggested that about 3% is considered acceptable commercially, but added that she would want to see how consistent and what the balance was.

Professor Willcocks enquired if the Trust monitored stress-related illness separately. Ms Hayward advised that the Trust monitors the top ten reasons for sickness, which includes sickness due to reasons of stress; she added that the only specific monitoring around stress is the monitoring of the counselling service that is undertaken. Ms Hayward advised that a lot of the stress being reported is not related to work.

Referring to the paper on temporary workforce spend, Ms Hayward asked the Board to note the summary included in the report. Mrs Palazzo enquired what the reasons were for the directorates holding vacancies and what impact does vacancy control have on the vacancies. Ms Hayward described the system Directorates use to receive authority to appoint to a vacancy. The vacancy control panel meets on a weekly basis and considers a number of criteria before approval can be given to a vacancy. The sort of criteria used includes the CIP position of the directorate and other alternatives if the vacancy is not recruited to or not approved.

Ms Hayward added that if the vacancy control system does reject a request then the directorate will not be able to appoint from temporary staff either.

The Board discussed the issue and acknowledged the complexities that Ms Hayward had outlined.

The Board **noted** the report.

Consultant Assessment Process

The report was presented for information.

Mr Sweet enquired if there was a checklist for NEDs when they undertake interviews for consultants. Ms Hayward explained that a pre meeting is held prior to each interview where all information should be provided to the NEDs which would include information on a checklist.

The Board **noted** the report.

Finance report

Mr Bertram advised that the start to the year has been satisfactory. At the end of April there is an income and expenditure deficit of £0.1m against plan for the period and an actual cash balance of £8.6m which is ahead of plan.

Cost improvement programme (CIP) for this year is challenging at £11.2m. As at the end of April there is an outstanding requirement of £10.2m. Progress is being made on identifying the other savings.

Mr Sweet asked if the CIP was profiled over the 12 months. Mr Bertram advised that the CIP was not profiled on straight 12 months, but on directorate plans, The outstanding balance is profiled on 12ths.

With regard to the contract, work has been undertaken through the Senior Management Executive (SME) to ensure a risk sharing approach is adopted.

Mr Sweet enquired how the Trust is planning financially for winter. Mr Bertram advised that winter planning costs have been included in the financial planning assumptions.

Mr Bertram advised that the Trust is in the process of renewing its working capital facility of £17.5m with Barclays bank at a reduced fee compared with 2009/10.

The Board **noted** the report.

Operational Performance report

Ms Raper enquired if Mr Proctor had any areas of concern. Mr Proctor advised that he felt activity against plan was not quite right, but work was ongoing to address that, otherwise Mr Proctor had no concerns.

Mr Proctor explained the local targets and their significant.

The Board **noted** the report.

Annual report from estates and facilities

Mr Golding was welcomed to the Board of Directors meeting. Mr Golding explained that this was the first annual report for Estates and Facilities. Mr Golding explained that the report would be developed to include metrics in future years. He asked the Board to advise if they would like any particular metrics they would like included in the report. The Board agreed that Mr Golding should introduced metrics that provide the Board with assurance about the activities of the Estates and Facilities directorate.

The Board went on to discuss the learning and development work that is being undertaken with Mrs Holden (Associate Director of Corporate Development). The work being undertaken is identifying career progression for the staff in the directorate.

The Board congratulated Mr Golding on his first annual report and the way he has developed it.

Early draft of the annual report

Mrs Pridmore presented the draft annual report. She explained that the report had been reviewed by the auditors who had asked for some minor amendments to be made. The final report would be presented to the year-end Board meeting on 4 June. The report is due for submission to Monitor on 8 June. Mrs Pridmore added that a further proof reading exercise would be undertaken before the final version is submitted to Parliament in July.

Board members **agreed** to review the annual report and pass any comments on to Mrs Pridmore.

Risk management strategy

Ms McManus advised that minimal changes have been made to the document. She advised that the changes included amendments to the directorate structures and the document being put into the new layout. The Board reviewed and **noted** the amendments.

The Board **approved** the document on the understanding that the amendments will be made.

Annual plan

Mr Crowley introduced the item and reminded the members of the Board that they had been provided with an early version of the text of the annual plan prior to the Board meeting and Mr Crowley was now finalising the final pieces of the plan with Mr Rose for it to be submitted to Monitor on Friday 28 May. Mr Crowley advised that the document is in three main parts – the annual plan text, the financial plan information and the Board declarations. Mr Crowley asked Mr Bertram to present the financial plan.

Mr Bertram presented the financial plan. He advised that the plan had moved on from the version that was provisionally approved by the Board of Directors at the April meeting and now reflected up to date contract information. Mr Bertram explained the audit trail provided by the report, mapping all changes between the provisional plan approved by the Board in April and the final plan now presented for approval.

Mr Bertram advised that the contract negotiations with PCTs have concluded and the plan does include the assumption that the Trust will win the ISTC bid, with a transfer date of 1 January 2011, but does not include the potential community services work.

Mr Bertram referred the Board to the appendix documents and asked them to note the anticipated impairment for the car park.

The Board **noted** that it was planned that the operational activity would shrink during 2011/12 and 2012/13.

The Board discussed the points noted and **approved** the plan.

Mr Crowley asked Mrs Pridmore to present the governance document.

Mrs Pridmore presented the governance declaration and explained the background to the declaration statements.

The Board noted the declaration and **approved** the statements.

The Board discussed the annual report in full and **approved** the annual report.

Executive Board minutes –7,21 April 2010 and 5 May 2010

The minutes were **noted**.

Audit Committee minutes -12 May 2010

Mr Ashton asked the Board of Directors to note the discussion held at the Audit Committee on the A&E audit report and to note that the Audit Committee discussed the report extensively and concluded that the systems being employed were appropriate. The minutes were **noted**.

Summary of the minutes of the Board meeting held on 30th June 2010

Quality and Safety monthly dashboard

Ms McManus presented the report. She advised that work was going on in all areas, but additional attention was being given to pressure ulcers and falls. A specific rapid roll-out initiative is being launched in July across the hospital. Pressure ulcers are fairly common, and are estimated to occur in between 4% and 10% of patients admitted to hospital. York reported 303 pressure ulcers last year and a proportion of them were hospital acquired. Under high impact actions for nursing and midwifery, and the Quality and Safety Strategy, the intention is to see a 50% reduction in pressure sores within the Trust, which could generate estimated savings of at least £500,000 in a year.

The cost of falls is estimated at £92,000 per year for an average sized acute trust. In York Hospital, the average number of falls per month is 200, including those 'found on the floor'.

The Board of Directors **noted** the report and the comments made and supported the approach being proposed by the Chief Nurse.

Confidential exercise

Dr Turnbull explained the background to the 'look back' exercise and advised that a number of patients had been recalled by three trusts. The exercise was launched on Tuesday 22nd June and so far all tests have been negative. Counseling has been offered to all patients. One patient has taken full advantage of the counseling. The public have been very supportive of the Trusts. One negative article has been published in the local paper which will be

responded to by the Chief Executive and Medical Director. The Medical Director will provide a further report at the next Board of Directors meeting.

Airedale Independent Enquiry

Ms McManus advised that the report recently published highlighted a number of issues around night nurse practitioners acting outside their level of responsibility. Ms McManus is undertaking a review of the standards of practice at night that is currently in place. This work is involving the matrons, sisters and other senior staff working at night. The review is intended to ensure that there is less variation of practice at night when compared to day time practice.

It was agreed that Ms McManus would report back to the Board on this issue as well as providing an update on the Francis report and the Colin Norris report.

Mr Rose added that the SHA had been suggesting to chairs of trusts that they should, along with other Non-executive Directors, be involved in walk rounds at night. The Board discussed the suggestion from the SHA and agreed the Non-executive Directors should continue to occasionally visit the hospital at night. It was recognised by the Board that the hospital was at its most risky outside the core hours of business and there was a need to ensure staff who work at night do feel part of the organisation. The Board **acknowledged** that should the Trust be successful in the ISTC bid then the issues involved in the hospital at night will become more complex.

Chairman's items

Mr Rose presented his report and highlighted the importance of the Board to Board meeting to be held on 14 July with the Council of Governors. He advised that the agenda included some key discussions around the coalition arrangements, the revised Operating Framework and the impact of Government policy. Ros Roughton from the SHA would also be joining the meeting.

The Board of Directors **noted** the report.

Membership report Q4

Mr Rose presented the report and it was noted that there had again been a reduction in the number of members in the Trust. The main reason for the reduction in membership was reported as 'natural wastage'. The Board of Directors discussed the reduction and agreed that at present there were limited resources being applied to the development of membership, but that this was appropriate. The emphasis will remain for now on the quality of engagement with members and the wider community. It was agreed that historically Selby had been weak, but the input recently from the two Selby Governors has started to demonstrate more engagement.

The Board discussed the role of the Governor and **agreed** that they were there

in part to act as advocates for the Trust.

Ms Raper added that Mrs Brown (Communications Manager) has agreed with City of York Council (CYC) that information about the Governors and the Trust will be included in the Councils' free paper which reaches every home.

The Board of Directors **noted** the content of the report.

Chief Executive's report

Mr Crowley congratulated the Human Resources Department on their recent achievements at the national HPMA awards. He asked Ms Hayward to advise the Board of the achievements.

Ms Hayward reported that having been short-listed in three categories in the national HPMA awards, the department were awarded HR 'Team of the Year' and secured the runners-up spot in the health and well-being category. The Board of Directors congratulated her and her team on this excellent achievement.

Mr Crowley advised that he had now received a letter from HYMS confirming that they have approved the Trust using 'Teaching' in its name with the main site being called 'The York Hospital'.

Mr Crowley advised that following the assessment visit from the NHSLA assessor, the Trust had achieved level 1. This would mean that the Trust would not be assessed again for a further two years and would aim to achieve level 2 at the next assessment.

Mr Crowley asked Mr Bertram to explain the implications of the budget, revised Operating Framework and the internal issues and change of emphasis that has created.

Mr Bertram explained that the change in VAT could have a cost implication of over £1m in full year terms and this had not been anticipated in any of the modeling that had been undertaken recently. It is not clear how VAT will impact on the tariff at this stage and therefore to what extent this would impact on the Trust. With regard to National Insurance it is not clear as yet as to how employer's liability may change, but this is being investigated and will be modeled as clarity emerges. Mr Bertram confirmed that annual pay increases had been frozen for two years, and that it is also not clear at present if this will be reflected in the tariff, or retained centrally, in which case, the Trust will not see any benefit from the freeze.

The Operating Framework has required SHA and PCT to reduce their management costs to a cap set at two thirds of the 2008/09 management costs. This has the impact of clawing back 43% of the PCTs management costs from the reported 2009/10 position. Mr Crowley added that he had asked for a review of management costs to be undertaken in the Trust and had discussed the issue with the Executive Board. He reported that work was on

going in the Trust to identify savings across the organisation and everyone was being invited to provide input to that process.

The Board enquired if there was a definition of management costs. Mr Bertram confirmed that there was now a clear definition. The Board asked if management costs could feature in subsequent Board discussions. Mr Bertram agreed.

Mr Rose asked Mr Ashton and Mrs Palazzo if they would like to comment on the NHS Confederation annual conference they attended.

Mr Ashton said that there were about 1500 delegates and the whole event was very well organized. Each session they attended was very well delivered. However, Mr Ashton and Mrs Palazzo were able to attend the session because there were a significant number of empty seats. Mr Ashton made the point that the cost of the conference was significant and he was disappointed to see public money being wasted by people not attending sessions they had been booked into.

Mr Ashton referred to Mr Lansley's speech at the conference. He said there were two themes. The first addressed the apprehension around Practice Based Commissioning (PBC). The Board noted that would have a consequence for the Trust as it could be dealing with four or five consortia. The second theme was about breaking down the barriers between acute and primary care and ensuring better working.

Mrs Palazzo echoed Mr Ashton's comments. She felt that there was a top down restructuring being undertaken and a drive to increase standards and quality of care.

Mr Crowley concluded that the revised Operating Framework would provide some flexibility on 18 weeks, but it should also be noted that 18 weeks is part of the NHS Constitution. He added that the Executive Directors had agreed that despite the A&E target being lifted it was beneficial for the Trust to retain the target.

The Board **noted** the report.

Volunteers paper

Ms Hayward presented the paper and asked the Board to support the expansion plans for the volunteer workforce by adding a further 50 posts each year. She asked the Board to acknowledge the delivery of the plan within the existing staff resources and support the increase in recognition of volunteers. Finally Ms Hayward asked the Board to support the development of the relationship with external and third sector agencies on a limited basis and explore additional support to the Friends of York Hospital.

The Board discussed the points raised in Ms Hayward's report and **supported** the expansion plans. The Board congratulated Ms Hayward's staff on the

achievements and the work of the volunteers. The Board **supported** the proposal that more development work was undertaken to build the relationships with external and third sector agencies and the work with the Friends of York Hospital. It was **noted** that this would be limited as there were limited resources available to undertake the work.

Mrs Palazzo referred to the recently appointed fund raiser and suggested that it would be possible to use some of the volunteers as volunteer fund raisers. The Board discussed the suggestion and it was **agreed** that the fund raiser relationship with the volunteers should be integrated and included in the flow diagram presented as part of the paper. Ms Hayward agreed to amend the flow diagram accordingly.

The Board further discussed the current community unemployment and the arrangements that have been put in place for work experience, particularly with reference to the national initiatives. Ms Hayward advised that work was currently underway in devising a recruitment strategy which would address work experience and interim work streams.

Mr Sweet asked if it was possible to see an age profile of the volunteers. He supported the work that had been undertaken in professionalizing the approach to volunteers.

Ms Hayward confirmed that she could supply an age profile of the volunteers.

Sickness project

Ms Hayward presented the report. She advised that she had recently met the Strategic Health Authority (SHA) NHS Yorkshire and the Humber and discussed the Corporate Challenge the Trust is currently involved with. The SHA agreed that they would like to review the initiative promote it to other Trusts in future years.

Ms Hayward reported that the paper did demonstrate the continued success of the management of sickness and as such did reflect the hard work that had gone into making this a success.

There were still pockets of issues that needed to be resolved which were identified as part of the priorities for year 3. She was able to report that in fact the annual figure for sickness absence rates were now 3.93%, the monthly figure for May was 3.05% and the quarterly figure for the last quarter was 3.37%.

The Board congratulated Ms Hayward on the continuing achievements of the project and noted the comments made. They discussed the hot spot areas for year 2 and noted that within catering there was some further analysis of data being undertaken before additional work is agreed with the department to address the issues.

The Board **noted** the report.

Finance report

Mr Bertram presented the report for month 2. He advised that the Income and Expenditure position showed a small surplus of £0.1m against a planned deficit of £0.2m and an actual cash balance of £7.2m. He added that in reporting to Monitor this month the Trust would be reporting a financial risk rating of 3.

Mr Bertram added that on a macro level the Trust had fallen behind the on the cost improvement programme (CIP) by £0.8m. It was acknowledged that the CIP programme often delivered more later in the year, but he articulated some concern about further slippage.

Ms Raper asked Mr Bertram to advise what the Board should keep in mind when reconciling between the operating budget and the monthly fixed plan. Mr Bertram explained the difference between the budget and the plan. He advised that the operating budget does take into account the known changes and income amendments made during the month and over the year. He advised that he had prepared a paper for the Audit Committee which explained the rules and principles by which the operating budget would be changed. Mr Ashton added that it was a useful document that did clearly outline the rules being applied and the Audit Committee was very satisfied with the approach being taken.

Ms Raper referred to the key financial risks and enquired how the PCT contract reflected the Commissioning for Quality and Innovation (CQUIN) requirements. Mr Bertram explained that it fits in with the system wide agreement being prepared by the System Management Executive (SME). Mr Crowley advised that he expected to be in a position to present a final agreement to the Board in July. He added that reconciliation had been undertaken at the end of month 2, including all parties of the SME, to establish what was owed to whom and to confirm the PCT and SHA's understanding. Mr Crowley added that he did believe that there was a common understanding at present.

Action: Mr Crowley to present the SME agreement to the Board of Directors in July.

Mr Crowley added that CQUIN does represent a risk to the Trust, but the agreement should address any risks around the Trust being penalized financially if the Trust does not deliver CQUIN. He went on to add that the Trust will of course deliver CQUIN because it is important to delivery from a local, regional and national perspective.

Mr Crowley reported to the Board that a formal review was planned to be held at the end of quarter 1. This was brought forward following the financial outturn results for month 2. Mr Crowley explained that he had held a debate with the Executive Board about the sort of actions that should be taken to save more money. Mr Crowley added that he had also put an immediate stop to any recruitment of staff at band 8A or above and a ban on selected minor

expenditure. He also described the process being adopted to ensure all staff are engaged with reducing costs. Mr Bertram added that the Trust needed to depress the paybill by £0.5m per month, but it would require staff to be brought along and motivated to achieving the efficiencies.

The Board thanked Mr Crowley and Mr Bertram for the report. The Board **noted** the details

Service Line Reporting (SLR) – implementation update

Mr Bertram presented the paper and asked the Board to note the detail in the report and support the continuation of the work to improve the quality of the information from the system and to develop the SLR reports to meet the Trust's local reporting requirements. He also asked the Board to continue the support of the rollout of the Service Line Management (SLM) programme of work and consider what information the Board would like to receive as a matter of course.

The Board **noted** from the report that at present there were still some issues with the allocation system and this was having more impact in the department. Mr Bertram agreed and advised that work was on-going to make sure it was corrected to make sure the reports produced did present an accurate position for each directorate.

Professor Hutton added that engagement from the clinicians around SLM had been slow, but the team was starting to see more engagement.

The Board **noted** the report.

Operational performance report

Mr Proctor advised that the revised Operating Framework had implications for the performance regime. He advised the performance report would be revised once the implications of the changes were clearer. The Board discussed the potential for change in the performance report and **agreed** it was appropriate that some changes should be made when clearer.

The MRSA threshold has been set this year as 2. The Trust has challenged this at every level, but has been advised that the threshold will remain as 2. Ms McManus added that the threshold set by Monitor was still 6.

The Board **noted** the report.

Community services

Mr Proctor advised that the bid requires the Trust to submit a completed proforma with no more than 20,000 words. Some work has already been completed and the rest will be completed by the submission date. Mr Proctor outlined the services that were being offered and described what was included in each 'lot'.

The Board discussed the options and the approach the Board would like to take. The Board considered the various lots and the implications of not applying for a particular lot. The Board noted the difference between the locality lots and lot 6, which included services that are county-wide.

The Board **agreed** that the Trust should submit an interest bid in the locality area of Selby and York and lot six which includes a number of services on a county-wide basis. The latter services have something in common with certain existing county-wide services that we successfully co-ordinate and deliver. It was felt that this is consistent with our positioning as a key provider in North Yorkshire, as well as having potential patient benefits.

Sustainability agenda

Mr Golding joined the Board of Directors meeting to present the briefing note on the award of a new clinical waste contract. He described the importance of the contract and the benefits that entering into the contract will give the Trust. Mr Golding added that he would be presenting a detailed paper at the July Board on the sustainability agenda, of which clinical waste management was part. He asked the Board to note that Penny Lawrence had led the consortium discussions that have brought the contract to fruition. The Board congratulated Penny Lawrence on her work and the achievements in the excellent contract she had managed, and which will deliver significant savings to the Trust.

Mr Sweet asked if there was a risk around the site location for the incineration unit. Mr Golding confirmed that there was no risk, because the site had been confirmed.

The Board of Directors thanked Mr Golding and **approved** the contract.

Capital programme 2010/13

Mr Golding presented the paper. He explained that this was the first of the new style of monthly report that had been introduced to manage and monitor the capital programme. Mr Golding explained that the report allows projected and actual cash flow to be tracked and allows projects to be added or deferred in response to variable funding or as circumstances dictate.

Referring to the Gantt chart, Mr Golding advised that the programme is split into nine overall categories.

Mr Golding asked the Board to note the progress of the capital programme and discuss and agree the future reporting the Board would like to receive.

The Board congratulated Mr Golding on the report. The Board of Directors found the report to be very useful and clear about the position of the capital programme.

The Board of Directors **agreed** they would like to see the report on a 6 monthly

basis, given that the Board has understood that the Executive Directors are reviewing the significant start up capital programmes on a quarterly basis.

The Board **noted** the report.

Health and Safety

Mr Proctor advised that the suite of documents presented around the Health and Safety agenda were required annually to be reviewed by the Board of Directors.

Health and Safety Policy

Mr Proctor presented the updated policy. He advised that the review of the policy had resulted in minor changes being made to the policy including updating the reporting structures.

The Board reviewed and **approved** the policy and **agreed** Mr Crowley could sign the document on behalf of the Board of Directors.

Health and Safety Annual Report

Mr Proctor asked the Board to note the detail in the annual report. He specifically drew the Board's attention to the areas which require further attention and the additional priorities for the next twelve months. He advised that the Health and Safety Committee would be considering all the priorities identified.

The Board of Directors **noted** the report.

Health and Safety Audit Report and results

Mr Proctor reminded the Board of the report presented to the Board last year and confirmed that considerable work had been undertaken to improve the Health and Safety across the Trust. He confirmed that the report does reflect the hard work and the improvements being made.

The Board **noted** the report.

Mr Rose raised a question asked by Professor Willcocks. She had proposed that a Non-executive Director should be included in the membership of the Health and Safety Committee. Mr Proctor agreed that if a Non-executive Director would like to attend the Committee he would arrange for the details to be provided.

It was agreed that he would discuss the Committee further with Professor Willcocks when she is next in the Trust.

Executive Board minutes – 2 June 2010

The minutes were **noted**

Audit Committee minutes – 4 June 2010

The minutes were **noted**.

Summary of the minutes of the Board meeting held on 28th July 2010

Quarterly Quality and Safety including monthly dashboard

Dr Turnbull introduced the report and highlighted the key points.

Serious Untoward Incidents (SUI) – Dr Turnbull advised that there had been three SUIs declared since the last Board meeting. He advised that all were currently undergoing Root Cause Analysis (RCA) investigations.

Quality and Safety Strategy – Dr Turnbull asked the Board of Directors to review the driver diagram included in the strategy. He explained how the diagram worked and reflected on the priorities advising that they include the national priorities. He explained that the diagram aids the achievement of consistency of care through the use of care bundles.

Ms McManus added that the Trust had used the care bundle approach to introduce two initiatives – skin/ pressure ulcers and falls prevention. The skin/pressure ulcer bundles had been introduced on to a ward as a pilot where the ward had historically experienced noticeable high levels of pressure sores each month. Following the introduction of the care bundle to the ward earlier this month, the ward had not reported one incident of pressure sores. The initiatives were to be rolled out across the entire hospital this coming month.

Professor Willcocks enquired if during the roll out of care bundles, wards were being asked to stop doing other things. Ms McManus advised that they were being asked to stop, but there was obviously a temporal shift while the change was embedded. Dr Turnbull added that there was a perennial problem with care bundles in making sure they were kept alive.

The Board of Directors discussed the diagram. Mrs Palazzo commented that it was very useful to have the strategy presented in that way.

Professor Willcocks enquired how benchmarking would be included in the strategy. Dr Turnbull explained that some tools are national benchmarks such as Commission for Quality and Innovation payment framework (CQUIN). Other aspects of benchmarking are picked up through the performance mechanism, which generates some internal competition.

Safety events – Dr Turnbull explained that each week a meeting is held to review the clinical accident and incidents reports (AIRs) forms, the number of patient complaints and the clinical claims. By way of example, he advised that six complaints were reported at the last meeting, and three clinical claims had

been settled during the month.

Professor Willcocks thanked Dr Turnbull for outlining the process, she expressed the view that it demonstrated the level of influence and attention that Dr Turnbull as Medical Director, and Ms McManus as Chief Nurse, had on the issues.

Nursing care indicators (NCIs) – Ms McManus referred to the NCIs and advised that they provide assurance of the right standards being used at ward level and show the improvements being made in achieving the indicators. Professor Hutton enquired about the patient reporting outcome measures (PROMs) and if they were being developed properly alongside the Quality and Safety Strategy. Mr Bertram explained that the figures included in the report were the baseline figures. He confirmed that PROMs have been treated in the past as an administrative exercise and the process does not work as well as it should.

It was **agreed** that an outcome report would provide more assurance to Board of Directors and should be included in the Quality and Safety Report.

Mr Crowley added that nationally it is not clear how important PROMs are, but what is clear is that the patients' imagination needs to be captured on the importance of it because of what it represents.

It was **agreed** that Dr Turnbull, Ms McManus and Professor Hutton would investigate how and what might be done to ensure the Trust is ahead of the game on PROMs.

The Board of Directors **noted** the report and the comments made.

Director of infection prevention and control Q1 report

Ms McManus as the Director of Infection Prevention and Control presented the quarter report. She advised that the report provides information on the current performance and compliance with the Health and Social Care Act 2008 – Code of Practice for the NHS for the Prevention and Control of Associated Infections and related guidance, DH 2009 (Hygiene Code).

The Board of Directors reviewed the report and enquired if the actions identified in appendix 2 had been completed. Ms McManus confirmed that all the actions had been completed. She added that if an identified action is required at directorate level, then it is monitored at the performance management meetings (PMM), whereas if it is an action that requires corporate action, Ms McManus will take personal responsibility for it being completed.

Ms McManus drew attention to the results of the elective MRSA screening; she advised that when the report was produced the final validation of the screening had not been completed. Following the validation, Ms McManus was able to report that the Trust was achieving more than 100% of elective screening of patients.

Professor Hutton asked about the Norovirus data and asked Ms McManus to provide assurance that the Trust is not heading for another outbreak. Ms McManus explained that she could not give him that assurance. She added that work was underway in developing a system of monitoring. The Board asked if the report could cover a standard period so that comparisons and if the report could be developed to provide some more transparency, for example, if there was a standard meaning for a lost ward day. Ms McManus explained that it was the number of times the ward was closed.

Dr Turnbull added that the Trust was working with GPs to try and reduce the amount of Norvirus experienced in the community.

Ms McManus advised that the patient environment action team (PEAT) scores had been announced and she was able to advise that the Trust had received the following scores – ‘excellent’ for food, ‘good’ for environment and ‘good’ for privacy and dignity.

The Board of Directors congratulated the team for the results and **noted** the report.

Update on external reports

Ms McManus advised that the report gave a update position statement on the actions being taken to review current practice in the Trust against issues raised within the three reports – Francis, Colin Norris and Airedale. She added she and Dr Turnbull had attended a meeting where a number of actions are being taken nationally were described that will assist in addressing the common issues identified in the reports.

The Board of Directors **noted** the action.

Chief Executive’s report

The Trust had been advised by Monitor that they were progressing through to the second stage review of the Annual Plan. He reminded the Board historically the financial position of the Trust had been difficult, and he welcomed the review as he saw it providing additional assurance to the Trust around the approach the Trust has taken to improve costs, health of the local economy and the financial environment.

Mr Crowley reported on the ‘lock-in’ event and advised that the engagement had resulted in some more formal alliances with Trusts in the local areas. Mr Rose enquired what commitments the Trust had made. Mr Crowley advised that the Microbiology paper being presented to the Board later in the meeting was a good example of the alliance working being set up.

The Board of Directors asked for assurance that the Trust would not be in a position where the alliances would affect other relationships. Mr Crowley explained that any alliance would be underpinned by a formal agreement which

would have considered and addressed any inter-Trust issues that might exist. The Chairs of each Trust involved would be briefed in early August at the SHA meeting.

Mr Crowley advised that the briefing note shared with the Board had been circulated to staff and some additional actions were being reviewed. Mr Crowley reported that he had received lots of feedback on the measures being put in place, particularly on the increase in the car parking charges. He added that he did not want to deter staff from parking on site at night because of staff safety and security and was ensuring that did not happen as a result of these measures.

Referring to the Risk and Assurance Committee, Mr Crowley advised that at its most recent meeting it was agreed to consider more fully at its next discussion and planning meeting the draft action to achieve RMSAT level 2 and the Trust's response to an issue that has emerged with the new version of the Information Governance Toolkit.

The third point Mr Crowley brought to the Board of Directors attention was the progress in the Senior Management Executive (SME) and the important proposal to adopt a common risk sharing arrangement to underpin the national contract that all partners have now signed. This 'memorandum of agreement' has been adopted and sets out key responsibilities and accountabilities of all parties, eg NHS NYY are liable for all aspects of elective demand and providers have agreed to manage short term variations in non-elective admissions.

The Board **noted** the report.

Recruitment strategy

Ms Hayward provided an overview for the paper and asked the Board to endorse and support the strategy.

Mr Sweet applauded the ambition, but found the paper to lack in some clarity around some aspects of the strategy. Mr Rose asked if it was possible to have a little more information provided to the Board of Directors so that clarity could be improved. Ms Hayward explained that the document records a set of intents rather than the foundations for measureable outcomes. Ms Hayward **agreed** she would provide further detail in the quarterly reports and suggested she presented an update on the strategy next year.

The Board **noted** the report.

Operational performance report

The report showed the Trust had not achieved two cancer targets during the month.

31 day subsequent treatment, surgery- the numbers involved were so small

that it was possible to breach the target by the adjustment of one patient. Mr Crowley advised that more validation would be completed before the Q1 would be submitted to Monitor.

14 day breast symptomatic – the breach of this target was due to patient unavailability. It has become apparent that patients do not have a good understanding of the need to make themselves available for appointments.

Ms McManus advised that as she had reported earlier in the meeting the figures for MRSA in the operational performance report had been the pre-validation figures. She added that following validation of the figures she was delighted to be able to report that the Trust had achieved the 100% target.

The Board of Directors discussed the ambulance data. The Board asked if it should be concerned by the figures. Mr Crowley advised that he understood that our performance with the ambulance service was one of the best in the region and that the ambulance service was very satisfied with the results. Dr Turnbull explained that the target related to emergencies, once the ambulance crew have handed management of the patient to the hospital then there is nothing more the Trust can be involved. The Board discussed the point and suggested that the target should be changed to finish at the point when the patient is logged on our system.

The Board of Directors asked if they could receive a short report on the relationship with the ambulance service and on the whole system working and how it is monitored.

Dr Turnbull added that a new development with the ambulance service is to use a common 'do not resuscitate' form which makes the status of patient much clearer.

The Board **noted** the report.

Finance report

Mr Bertram presented his new format report and described each of the charts. The Board discussed the new format and felt the report had been improved, but would like some of the commentary to be added back into the report at this stage.

Mr Rose asked Mr Bertram to comment on the cost improvement programme (CIP). Mr Bertram explained that the Efficiency Committee reports showed that approximately 50% of the programme had been achieved during this first quarter. He felt that there were enough ideas in the system to achieve the rest of the programme; the issue would be how quickly some of the ideas could be implemented. The new central delivery team is being deployed to support directorates to deliver their efficiencies going forward and there is constant dialogue being held.

Mr Bertram referred to the management cost paper attached to the finance

report. He highlighted that the management costs are 6.5% of turnover. The definition Mr Bertram used for management costs was the nationally agreed definition provided for the NHS to use specifically as part of the SHA and PCT targeted management cost reductions. The definition was not designed to be used by acute Trusts but the finance team had been able to adapt the definition. He added that he is currently seeking benchmarking partners to see how the Trust compares to other Trusts but explained that this would be a voluntary exercise with no national acute Trust benchmarking data available. There is currently no national exercise underway to examine acute sector management costs.

The Board thanked Mr Bertram for the report and **noted** the content.

Q1 self assessment

Mr Bertram explained that this was the first combined finance and governance template report Monitor had produced. Monitor was experiencing some technical difficulties with the spreadsheet file that had caused the file to need to be returned and updated. Mr Bertram did not expect any difficulty in the Trust making the Q1 submission though at the end of the month. He explained the reports included in the pack and asked the Board to note the financial risk rating and governance rating being submitted.

The Board of Directors **approved** the content of the report.

Post meeting note: following further validation 31 day subsequent treatment, surgery target was achieved and the Q1 submission for governance was submitted as green with one target not being achieved that being 14 day breast symptomatic.

Equality and diversity

Mr Rose welcomed Mr Golding to the meeting. Mr Golding explained the timetable for the introduction of the Equality and Diversity Act 2010. He outlined the work being carried out to ensure compliance with the act.

Ms McManus asked what the plans were to ensure staff understood their obligations and what should be done differently.

Mr Golding explained the approach being taken should ensure that staff understand their obligations, but added that it will require a lot of work. He gave an example of how it might affect staff with the required changes to the policies and the impact assessments.

Professor Willcocks added that the monitoring of the requirements is also very important. She expressed an interest in being more directly involved in the developments. Mr Golding thanked her for her offer and it was **agreed** that Professor Willcocks and Mr Golding would have further discussions outside the Board meeting.

Mr Golding explained that he would like the Board to have a session on equality and diversity. It was **agreed** that Professor Willcocks would work with Mr Golding to develop a session.

Executive Board minutes – 16 June 2010 and 7 July 2010

The minutes were **noted**.

Audit Committee minutes –28 June 2010

Mr Ashton specifically mentioned the dry run audit recently completed by the external auditors on the Quality Account. He advised that the audit was very successful and the report very positive. Mr Ashton drew the Board attention to the comment on the cover sheet of the minutes referring to the Assurance Framework.

Professor Hutton expressed his concerns about the internal audit received on pharmacy. He asked Mr Crowley to update the Board on the Chief Pharmacist role. Mr Crowley advised that there was a Interim Chief Pharmacist in post at present who would be in post for 12 months, and during this interim period the clinical governance structures were being reviewed which would inform the Chief Pharmacist role in the future.

It was suggested that the position was kept under review.

The Board **noted** the comments and the minutes.



Annual Report of the Audit Committee 2009/10
Presented to the Council of Governors at the
meeting held on 13 October 2010 by Mr Ashton
Chairman of the Audit Committee

Annual Report of the Audit Committee 2009/10

INTRODUCTION

It has been my privilege to chair the Trust's Audit Committee during the year. I am pleased to be able to present this report which, in accordance with the Department of Health's *Audit Committee Handbook*, has been prepared to provide the Board of Directors with a summary of the Audit Committee's work in the financial year 2009/10 and how it has discharged its responsibilities.

OVERVIEW OF 2009/10

The Committee met six times during the year: five times as part of the normal cycle of meetings and an additional meeting in June to consider the Annual Accounts and Annual Report.

During the year the Committee increased its membership by adding an additional non-executive director in November 2009. The membership during the year was as follows:

- Philip Ashton – Chairman of the Committee
- John Hutton
- Linda Palazzo
- Gillian Fleming – joined in November 2009 and resigned from the Trust January 2010
- Mike Sweet – joined the Audit Committee March 2010

The Board of Directors increased the membership of the Audit Committee to enhance the skills already included in the Committee.

Gillian Fleming served for a short period of time before she resigned from the Trust to take up a role outside the NHS. Mike Sweet was asked to join the Committee following Gillian's departure.

Members were supported during the year by the attendance at meetings of the Director of Finance or Deputy Director of Finance, External Audit, Internal Audit and the Foundation Trust Secretary. Other senior officers of the Trust attended by invitation to discuss particular issues.

Members' attendance at meetings is shown in the table below:

	13 May 2009	4 June 2009	8 July 2009	9 Sept 2009	11 Nov 2009	24 March 2010
Philip Ashton (Chairman)	✓	✓	✓	✓	✓	✓
John Hutton (Member)	✓	✓	✓	✓	✓	✓
Gillian Fleming (Member)	n/a	n/a	n/a	✓	✓	n/a
Linda Palazzo (Member)	✓	✓	x	x	✓	✓
Mike Sweet	n/a	n/a	n/a	n/a	n/a	✓

Training

An Audit Committee Members' Workshop organised by North Yorkshire Audit Services was held in February 2010. Members of this committee attended the workshop which concentrated on governance and assurance issues and was attended by Audit Committee Members from across the Yorkshire and Humber area.

DUTIES OF THE AUDIT COMMITTEE

The key duties of the Audit Committee fall into four categories. These are summarised below, along with the main activities involved in their discharge during the year.

(1) Financial management and reporting

The Board of Directors has a duty to receive and approve the Trust's Annual Report and Annual Accounts and the Annual Report and Annual Accounts for funds held on trust. The Audit Committee's role is to assist by carrying out reviews of the key documents and monitoring of the processes on the Board's behalf.

During the year the Committee carried out the following work:

- Consideration of the Annual Accounts timetable to identify and anticipate possible changes in accounting policies and practices, new requirements, and significant judgemental issues.
- Liaison with senior Finance staff and the External Auditor throughout the Annual Report and Annual Accounts process for early notification of issues arising.

- Review of the Trust's audited Annual Accounts and Annual Report (including the Statement on Internal Control) prior to submission to the Board of Directors; review of the Charitable Funds Annual Accounts and Annual Report. These reviews were to ensure compliance with Department of Health and Monitor requirements, relevant legislation and accounting standards applicable to NHS bodies.
- Consideration of Internal Audit reviews of the Trust's financial systems to ensure the completeness and accuracy of financial information reported to the Board of Directors.
- Receipt of updates from the Director of Finance on healthcare contracts, outstanding debtors and creditors, and losses and compensation payments.

(2) Governance, risk management and internal control

The Audit Committee's duties in this area, as set out in the Trust's Scheme of Delegation, are:

- (a) **To review the establishment and maintenance of an effective system of integrated governance, risk management and internal control across the whole of the Trust's activities.**
- (b) **To monitor compliance with Standing Orders and Standing Financial Instructions.**
- (c) **To review details of losses and compensations, including debt write-offs and make recommendations to the Board of Directors.**

During the year the Committee:

- Liaised with the Foundation Trust Secretary and others throughout the course of a review of the Trust's governance and committee structure as well as the development and refinement of the Assurance Framework document. Following a review of the committee structures, the Trust disbanded the Governance Committee and the Resources Management Committee and constituted the Risk and Assurance Committee. The Audit Committee is committed to monitoring the impact of these developments in governance arrangements to inform its own programme of work.
- Established two sub groups of the Audit Committee: the Compliance Group and the Data Quality and Performance Group. Both groups are chaired by members of the Audit Committee and report directly to the Audit Committee.
- Monitored all single tender approvals on behalf of the Board, and reviewed all risk and control related disclosure statements by the Trust, i.e. the Statement on Internal Control and declarations of compliance with the CQC licence application.
- Monitored developments where it believed this necessary to obtain assurance about individual areas of compliance. This happened during the year, for example, in relation to income from private and overseas patients, and reviews of the Trust's constitution and its compliance with Monitor's Code of Governance.

- Receipt and review of documents signed under the Trust seal; the Assurance Framework document and associated action plan and quarterly returns to Monitor.

(3) External audit

Per the Trust's Scheme of Delegation it is the Board of Directors who are responsible for receiving the annual management letter from the External Auditor and agreeing proposed action. The Audit Committee works closely with and discusses findings with the External Auditor and advises the Board on appropriate actions.

The external auditors for 2009/10, Grant Thornton LLP, attended Audit Committee meetings throughout the year.

During the year the Committee:

- Received regular progress updates from the External Auditor.
- Discussed and agreed the programme of audit work based on the External Auditor's presentation of the audit plan.
- Received and reviewed, on behalf of the Board, external audit opinions and the Trust's response. These opinions included the External Auditor's ISA260 report.

(4) Internal audit

Per the Trust's Scheme of Delegation the Audit Committee is charged with receiving an annual report from the Internal Auditor and agreeing action. One of the Committee's key roles, as stated in its Terms of Reference, is "to ensure that there is an effective internal audit function which meets mandatory standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board."

During the year the Committee:

- Reviewed Internal Audit's operational plans and detailed programme of audit work to ensure adequate scope and coverage.
- Reviewed the effectiveness and efficiency of the audit process, resource requirements for the year and the performance of the Internal Audit team.
- Reviewed Internal Audit reports, audit recommendations and management responses.
- Reviewed implementation of these recommendations through follow-up audit reports and through long-term monitoring of developments in particular areas.
- Received and reviewed the Head of Internal Audit opinion for 2008/09.
- Reviewed the work programme, resources and findings of the Trust's Local Counter Fraud Specialist and the Trust's response to those findings, having regard to the Secretary of State Directions and the requirements of the NHS Counter Fraud and Security Management Service.

Throughout the year the Chair of the Audit Committee also chaired the North Yorkshire Audit Services Alliance Board, consisting of Audit Committee Chairs, Finance Directors and the Head of Internal Audit for member organisations of the Internal Audit consortium. The Alliance Board's main functions are to oversee the strategic direction of the shared internal audit services and to develop Audit Committee best practice.

CONCLUSION

The Committee has fulfilled the role expected of it during the year, and would like to thank the Trust and its officers for their co-operation in making this possible.

Issues identified during the year have been communicated to the Board through Members' presence at Board meetings and through the provision of the Committee's minutes.

The work of the Audit Committee is a central part of York Teaching Hospital NHS Foundation Trust's move towards developing its governance functions and improving internal control systems. Through carrying out this work, the Audit Committee has conducted itself in accordance with its Terms of Reference and work plan.

Philip Ashton
Audit Committee Chairman
August 2010

Council of Governors – Meeting Schedule 2011

Date	Location	Type of meeting	Time
Thursday 13 January 2011	White Cross Social Club	NED	3.15pm-5.15pm
Wednesday 9 March 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 13 April 2011	White Cross Social Club	Board to Board	4.00pm-6.00pm
Thursday 16 June 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 13 July 2011	White Cross Social Club	NED	3.15pm-5.15pm
Wednesday 14 September 2011	White Cross Social Club	Board to Board	4.00pm-6.00pm
Wednesday 12 October 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Thursday 15 December 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm

Attendee by type of meeting

Pre meeting (un-minuted)	Council of Governors and Chairman of the Trust
Private (minuted)	Council of Governors and Chairman of the Trust
Public	Council of Governors, Chairman of the Trust, Directors as required, public
Board to Board	Council of Governors and Board of Directors (private meeting)
NEDs	Council of Governors, Non-executive Directors (private meeting)
AGM	Public meeting