York Hospitals NHS
NHS Foundation Trust

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

On: **Wednesday 21st April 2010**

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

Time	Meeting	Attendees
3.15pm - 3.45pm	Pre meeting for Governors	Governors (private meeting)
3.45pm - 4.15pm	Private Council of Governors meeting	Governors and Chairman (private meeting)
4.15pm - 6.00pm	**Council of Governors meeting**	**Governors and public**

York Hospitals NHS
NHS Foundation Trust

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

on: **Wednesday 21st April 2010**

at: **4.15pm – 6.00pm**

in: **Social Club, White Cross Court, York**

Council of Governors AGENDA			
Item		*Lead*	*Paper*
Part One: 4.15pm - 4.30pm			
1.	**Chairman's introduction** The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.	Chairman	
2.	**Apologies for absence** To receive any apologies for absence.	Foundation Trust Secretary	
3.	**Oral Questions from the public** To receive any oral questions from members of the public in attendance at the meeting.	Chairman	
4.	**Declaration of interests** To receive the updated register of governors' interests and confirm the accuracy of this, and to receive any further declarations of interests.	Chairman	A

Item		*Lead*	*Paper*
5.	**Minutes of the meeting held on 16th March 2010** To receive and approve the minutes of the meeting of the Council held on 16th March 2010.	Chairman	B
6.	**Matters arising from the minutes** To consider any matters arising from the minutes.	Chairman	
Part Two: General Business 4.30pm – 6.00pm			
7.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meeting held on 24 February 2010.	Chairman	C
8.	**Governor Engagement Opportunities** To receive a report from the Chairman regarding Governor engagement opportunities.	Chairman	D
9.	**Update on the by-elections for Selby** To receive an update on the by-elections for Selby.	Foundation Trust Secretary	Verbal
10.	**Performance report** To receive the performance report.	Deputy Chief Executive	E
11.	**Finance report** To receive the finance report and an update on the financial annual plan.	Director of Finance	F

12.	**<u>Frequency, times and dates of future Council of Governor meetings</u>** To discuss the frequency, times and dates of future Council of Governor meetings.	Chairman	G
13.	**<u>Any other business</u>** To consider any other items of business.	Chairman	
14.	**<u>Next meetings</u>** To note the date, time and venue for the next general meeting: Wednesday 9th June 2010 – White Cross Social Club at 4.15pm. There will be a pre meeting of the Governors at 3.15pm followed by a private meeting at 4.00pm.	Chairman	
15.	**<u>Collation of written questions from members of the public</u>** To collate any written questions from any members of the public present.		
Alan Rose Chairman		**12 April 2009**	

Register of Governors' interests
April 2010

York Hospitals NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

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 *(Public: Hambleton)*	TBA	TBA	TBA	TBA	TBA	TBA
Mr Paul Baines *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Eddie Benson *(Public: York)*	TBA	TBA	TBA	TBA	TBA	TBA
Dr Lee Bond *(Staff: Consultant)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Helen Butterworth *(Public: York)*	TBA	TBA	TBA	TBA	TBA	TBA
Mr Phil Chapman *(Patient/Carer)*	TBA	TBA	TBA	TBA	TBA	TBA
Ms Elizabeth Casling *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Dr Jane Dalton *(Public: Hambleton District)*	Nil	Nil	Nil	Nil	Nil	**Researcher—**Health and Social Care, University of York
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
Mr Mike Moran *(York CVS)*	**Trustee—** MyKnowledgeEmap 37 Micklegate, York	**Trustee—** MyKnowledgeEmap 37 Micklegate, York	Nil	**Chairman—**York CVS	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mrs Jennifer Moreton *(Patients/Carer)*	Nil	Nil	Nil	Nil	**Systematic Reviewer—** Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE **Member—**CQC Registration Involvement Group	**Systematic Reviewer—** Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE **Researcher—**Health and Social Care, University of York
Mr Nevil Parkinson *Public: Selby District)*	Nil	Nil	Nil	**Director—**West Riding Masonic Charities Ltd	Nil	Nil
Cllr Caroline Patmore *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Mrs Anne Penny *(Staff: Nursing)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr James Porteous ***(Public: City of York)***	**Trustee—**Notions Business and Marketing Consultants	Nil	Nil	**Chairman—**Governors at Applefields School **Chairman—**Hob Moor Oaks School **President—**Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
Mr Geoff Rennie *(Patient: Carer)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Stefan Ruff *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Martin Skelton *(Staff: Clinical Professional)*	Nil	Nil	Nil	Nil	Nil	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

York Hospitals NHS
NHS Foundation Trust

B

Minutes of the meeting of the York Hospitals NHS Foundation Trust Members' Council held on 16 March 2010, in the Lecture Theatre, Postgraduate Medical Centre, 5th Floor Admin Block, York Hospital.

Present: Chairman of the meeting, Professor Alan Maynard

Public:
Mr P Baines, Public Governor, City of York
Mrs W Blackburn, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs L Hatton, Public Governor, City of York
Mrs H Mackman, Public Governor, City of York
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York

Patient/Carer:
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
Mrs M Kirk, Partner Governor, City of York Council
Councillor S Wiseman, Partner Governor, City of York Council
Mr M Moran, Partner Governor, York CVS

Staff:
Mr L Bond, Staff Governor, Medical
Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional

Apologies:
Mrs C Patmore, Partner Governor, North Yorkshire County Council
Mr S Lewis, Public Governor, City of York
Mrs A McGale, Staff Governor, non-clinical
Mr S Ruff, Public Governor, City of York
Mrs P Turpin, Public Governor, Hambleton

Attendance:
Patrick Crowley, Chief Executive
Andrew Bertram, Director of Finance
Michael Sweet, Non-Executive Director
Cheryl Gaynor, Secretary/Board Administrator
Penny Goff, Member Development Manager
Peta Hayward, Director of Human Resources
Linda Palazzo, Non-Executive Director
Mike Proctor, Deputy Chief Executive
Alastair Turnbull, Medical Director
Libby Raper, Non-Executive Director

Members of the public: Three members of the public attended the meeting.

Two of the new Governors (from 1st April) attended the meeting (Philip Chapman and Helen Butterworth).

10/01 Chairman's Introduction

The Chairman welcomed Governors to the meeting.

10/02 Oral questions from the public

There were no questions from the public.

10/03 Apologies for absence

Council of Governors noted the apologies.

10/04 Declaration of interest

Councillor Fraser suggested that there be an additional declaration for Union Members, he reported that a number of Governors were currently members of the Union and therefore would declare an interest in this particular area. Councillor Fraser's request would be considered by Anna Pridmore (Foundation Trust Secretary) and as she was absent from the meeting, she would report, in terms of the constitution, to the next meeting.

10/05 Minutes of the meeting held on 1 July 2009

Mr Towner referred to minute 09/99 (CQC Presentation) and reported that neither he or any of the other Governors had yet received the details of the collection of information by the CQC reported in the minutes and enquired when this information would be submitted. Patrick assured Governors that this he would enquire and ensure that the information is submitted in due course.

The minutes were approved as an accurate record of the meeting.

10/06 Matters arising from the minutes

There were no matters arising from the minutes.

10/07 Summary of the Board of Directors minutes

Councillor Fraser referred to page 14 of the Board minutes summary (HR policy and 'job guarantees') and requested an explanation for the term 'job guarantees'. Ms Hayward clarified that the national discussions around job guarantees had concluded that there would be no such guarantee. Ms Hayward was working with other HR managers in the region to try and support those at risk. Staff need to be given as much assurance as possible without any guarantee.

Mr Porteous brought Governors attention to the issue of smoking at the front of the hospital and main entrance. He suggested that a neon smoking light with a remote button operated by the reception be introduced. The aim of the light is to alarm the smoker when they are in a non smoking area. Each time a person is smoking in the area, the receptionist can turn on the light and remind the smoker that they are in a non-smoking area.

Mr Crowley expressed that his concern was about smoking on the thoroughfares around the hospital and the staff using the public areas. Mr Crowley advised that a recent consultation exercise had been undertaken with staff to decide if there should be a re-introduction of smoking shelters on site. He advised that there had been a good response to the exercise with nearly 2,000 responses. 77% of the respondents supported the re-introduction of the shelters with the majority of the respondents indicating they were non-smokers. Consequences for staff smoking outside the allocated areas will be enforced and with the development of the new car park, there will be staff policing the front of the hospital. It was important to progressively involve staff in order to get a collective decision.

Mr Crowley thanked Mr Porteous for his suggestion of a neon light and assured him that it will certainly be considered in future plans

10/08 Feedback from Governor subgroups

10/08.1 Membership Engagement Group

Mrs Mackman had submitted a final report for the end of the Council of Governors term of office March 2010. The updated report is in Appendix to these minutes (Appendix A).

Mrs Moreton reminded Governors that it had previously been discussed that a new leaflet would be designed to attract new members to the Trust. It was noted that this had not been discussed at the Membership Engagement Committee and would be discussed further at the next meeting of the Council of Governors. The delay was linked to the Trust re-branding exercise.

10/08.2 Patient Focus Group (PFG)

Mr Baines conveyed Stephen Lewis' apologies for absence, and advised that he had agreed to provide this feedback.

Mr Baines reported on two major projects:

Project 1 - Nursing Care Indicators (NCIs), including Governor Patient Experience Questionnaire

15 PFG questions are now items 82 to 96, at the end of the NCI audit. Mr Baines spent a day with the audit clerk on ward visits, and was very

impressed with the rigorous implementation of the NCIs.

Michelle Carrington had reported on the results of the first three months NCIs at the last PFG meeting, and all agreed the information was immensely valuable, providing a very useful tool for improving standards of care on wards. Michelle had reported that wards were already entering into healthy competition to raise standards, and that reaction to the surveys had been positive.

Responses to the PFG's 15 patient experience questions showed that most patients reported they were satisfied on most issues. A particularly interesting finding was the discrepancy between staff and patient perceptions of who was in charge of a ward and of individual patient's care. Staff continually over-rate patients' knowledge both of who is in charge of a ward, and who is looking after their individual care. This is already leading staff to look again at how they ensure patients know who is who on a ward. Michelle will report results of NCI surveys to the PFG on a 6 monthly basis.

<u>Project 2 - Review of lengthy waiting times and communication problems at the Day Eye Surgery clinic</u>

Mrs Moreton reported that the Lucentis Clinic seemed to be maintaining the shortening of appointment times which are now regularly less than 1.5 hours (originally up to 4 hours). Other improvements also maintained:

- The new doctor is now in place so there are now three doctors performing Lucentis injections
- Not necessary to use a second injection room now so everything is running smoothly

Future plans were:

- To visit other Lucentis clinics and benefit from their experience
- Improve and update leaflets
- Extend meetings to the rest of the Ophthalmology Department
- Use a volunteer to improve communication and patient flow

Future topics for the PFG are:

- Marilyn Thirlway (Head of Patient Experience) to give the PFG a brief report on her current top ten PALS issues.
- Governor ward visits. PFG members Jane Dalton and Jenny Moreton will work with Michelle Carrington to draw up a proposal for implementing Governor ward visits, and report to the next PFG meeting.
- The broad remit is to create a system of ward visits co-ordinated by the PFG, but which is open to all Governors. Governors who take part in visits are likely to accompany the audit clerk as she gathers information for the NCI survey, but will be able to ask supplementary questions of patients. There will be a limit on the number of such

visits individual governors can make in any one year.

- Patient Attire -This topic was raised by Paul Baines on behalf of a recent patient who had felt a distinct lack of dignity when moving between imaging equipment areas. Michelle had reported that the topic is currently under review, and she will keep the PFG informed of the outcome.

Paul registered thanks to Stephen Lewis on behalf of all members of the PFG for his leadership and input.

10/09 Performance and Finance Report

Mr Bertram presented the Finance Report at the private meeting of the Council of Governors prior to this meeting.

Mr Proctor gave a detailed presentation which outlined the current performance activity position of the Trust.

Mr Proctor reported that:

Performance

- 18 week performance – admitted 93.1% (target 90%)
- 18 week performance – non-admitted 97.38% (target 95%)
- 4 hour – 99.04%
- 14 Day Cancer – 96.5% (target 93%)
- 31 Day Cancer - 99.1% (target 96%)
- 62 Day Cancer – 91.5% (target 85%)
- MRSA – 4 cases (Year to date (YTD) 9 against a trajectory of 16)
- C.Diff – 0 (YTD 26 against a trajectory of 117)

Activity

- Ordinary Elective – -1110 (-13.55%)
- Day Case – +1924 (+7.47%)
- Non-Elective short stay - +716 (+5.96%)
- Non-Elective long stay - +833 (+4.5%)
- Referral - +2830 (+3%)

The Chairman requested that future performance reports be submitted to the Governors in advance of the meeting rather than presented on the day. Mr Proctor agreed to submit the performance activity with the agenda but was concerned that the figures would then be out of date by the date of meeting therefore, it was agreed that an update would need to be brought on the day of the meeting.

Governors congratulated the Trust on the achievement of the figures.

10/10 Draft Governor Induction and Development Booklet

The report provided Governors with an overview of the induction and training that will be provided to Governors during their term of office with the Trust. Jane Dalton requested that the dates for the induction programme be scheduled as soon as possible to enable Governors to accommodate their diaries.

A Governor referred to the use of information technology within the Trust (ie Horizon) and stressed encouragement to attend a small workshop. Mrs Goff advised that computers are available to use in either the Mallard restaurant or the hospital library.

Councillor Fraser raised concern with regard to the access for a number of Governors. Some Governors may have difficulty in getting to the hospital to use the intranet and enquired whether there were any programmes that would enable access externally. He was advised that such programmes do exist but at a potential cost. Michael Proctor (Communications Manager) will submit a report to the next meeting detailing the implications of external visibility.

Governor Jane Dalton commented that she felt the Skills Audit of Governors needed revamping as it does not give sufficient information on Governors skills and experience. Mrs Goff advised that she will liaise with Sue Holden (Associate Director - Corporate Development).

The Chairman requested that any further comments/amendments be submitted to Penny Goff, Anna Pridmore or Cheryl Gaynor.

10/11 Constitutional Issues

Mr Crowley reminded the Governors that in 2009 the Trust began to consult with the Governors about the change of name of the Trust as part of the values and branding work being undertaken. At the Joint meeting of the Council of Governors and Board of Directors in February, Governors and Board members discussed the most recent drafts of the values work and approved the use of that work.

Mr Crowley proposed that the Governors consider and approve formally the change of name of the Trust to 'York /Teaching Hospital NHS Foundation Trust' with the main hospital building being called 'The York Hospital'.

There was a query with regard to the cost of rebranding the Trust and it was confirmed that the production of paperwork over time will produce some small design costs. It was not proposed that the signage at the front of the hospital would be changed but it was an objective to distinguish what signage needs to change. At the moment there are officers looking at a sister logo.

The Council of Governors approved:

- **The change of the name from 'York Hospitals NHS Foundation Trust' to 'York Teaching Hospital Foundation Trust'**
- **The required amendments to the Constitution**

10/12 Car Parking Issues

Mr Towner presented the Governors with the concessionary parking for patients and visitors currently provided for the car park. He advised that the Secretary of State had requested to see the Trusts' parking charges clearly promoted to follow regulations. Mr Proctor assured Governors that the charges would be advertised onto the Trust website.

Mr Towner also commented that currently there was a disparity between the day and evening charges. Mr Crowley reported that the new Trust car park was designed to be a 'pay on exit' system which was hoped to resolve the disparity and would provide a more accurate charge as individuals will be paying on exit rather than estimating the length of their visiting time.

Action: Lucy Brown (Communications Manager) to advertise the Car Parking charges onto the Trust website.

10/13 Quality Accounts 2010/11 Presentation

Mrs McManus gave a detailed presentation to the Governors regarding the Quality Accounts 2010/11. A copy of the slides is attached to these minutes.

10/14 Any other business

There was no other business.

10/15 Next meeting

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

- General Council of Governors – Wednesday 9 June 2010 at 4.15pm and there will be a pre meeting at 3.15pm, White Cross Social Club, White Cross, York.

10/16 Collation of written questions from members of the public

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

CLG
16/03/2010

Appendix A

York Hospitals NHS Foundation Trust Council of Governors
Membership Engagement Committee

Final report at the end of the current Council of Governors term of office March 2010

Introduction

This committee supports the building of relationships with communities and the Trust's membership and in making good use of existing networks and governor contacts. We have agreed that Governors have a critical role in generating two way conversations between the community networks, the membership and the Trust.

We see it as important to establish how governors will link with the emerging communications strategy, including how governors communicate with their constituents. The importance of working with the Trust to influence and support the emerging strategy is demonstrated through the membership of a non-executive director on this committee and the attendance of the communications service manager. The inclusion of a non-executive director on the committee provides an active link to the Trust Board.

The Trust Chair Elect has laid specific emphasis on the need to step up the Trust's approach to community stakeholder engagement and he will be supportive of this area of activity in the future with the Chief Executive backing this approach.

Committee activity

- Regular discussions have taken place to offer topic suggestions to the communications manager for inclusion in York Talk. This publication is currently seen as the single most important vehicle for communicating with the whole membership.
- The Chief Executive attended a discussion with the committee when it was agreed that the committee should set the tone, style and emphasis of a membership development strategy and be in agreement with any action plan resulting from such a strategy. Members of the committee met informally several times during the summer of 2009 to agree the emphasis, tone and style that they wished to feedback to the Trust. This committee is clear, that strategies are owned by the Trust with the support of Governors.
- Members of the committee have raised the issue of the Trust's website and urged its further development with appropriate links to enable full interactive use.
- It has been highlighted that Staff Governors' profiles, roles and contact information need to be accessible through the Trust's intranet (Horizon) with opportunities for net-working.
- This committee is represented on the Trust's Wayfinding Group. How visitors to the hospital site negotiate their way from Wigginton Road to their destination within the hospital is an important factor in engaging effectively with the community.
- A meeting with the Chair of York Hospital Radio resulted in the recording of a membership message to go out regularly on the network and an article in the radio's new magazine that is distributed widely around the hospital. It has also been agreed that a discussion session will be recorded with Governors at a time to be arranged in the future.

Recommendations

1. **That this committee focuses on a strategy of engaging and communicating with the whole community as well as looking for opportunities to recruit new members. Recruitment will also happen as a result of engaging and involving people.**
2. **That the committee be renamed "The Community and Membership Engagement Committee".**
3. **Membership of the committee currently consists of governor representation for each constituency and one non-executive director.**
   It is recommended that this structure be maintained but that other governors be encouraged to attend for items which hold a particular interest for them.
4. **That there be regular communication between this committee and other governors and that all governors be encouraged to feed ideas into the committee (for example: ideas for the York Talk publication)**

A paper documenting governor, community and member engagement activities during the first three years of this Foundation Trust has been prepared by the Membership Development Manager as Appendix 2.

Helen Mackman
Chair
Membership Engagement Committee

Appendix 1

The Committee has met monthly over the last three years.

Committee meetings are attended regularly by the membership manager and the communications services manager.

Committee membership 2007 to 2010

From October 2007	**2008**	**Between 2009 and 31 March 2010**
Public Governors: Helen Mackman (York) Linda Hatton (York) Ann Harrison (Hambleton) Pam Turpin (Hambleton	*Public Governors:* Helen Mackman (York) Linda Hatton (York) Win Blackburn (York) Ann Harrison(Hambleton) Pam Turpin (Hambleton)	*Public Governors:* Helen Mackman (York) Linda Hatton (York) Win Blackburn (York) Nevil Parkinson (Selby) Jane Dalton (Hambleton)
Patient/Carer Geoffrey Rennie	*Patient/Carer* Geoffrey Rennie	*Patient/Carer* Geoffrey Rennie
Nominated by York CVS Mike Moran	*Nominated by York CVS* Mike Moran	*Nominated by York CVS* Mike Moran
	Nominated by City of York Council Sian Wiseman	*Nominated by City of York Council* Sian Wiseman
Staff Martin Skelton Anne Penny Lynne Atkinson Lee Bond	*Staff* Martin Skelton Anne Penny Lynne Atkinson Lee Bond Mandy McGale	*Staff* Martin Skelton Anne Penny Lee Bond Mandy McGale
		Non-Executive Director Libby Raper (from January 2010)

Appendix 2
Legacy document of the committee: membership recruitment & engagement activity from July 2008 until March 2010.

Location	Type of activity	Governor involvement
City of York: - All 18 Ward Committees at various locations. - Older People's Assembly AGM - City of York Tenants Fair - York Green Festival - York Hospital main ent. - Open Event - Members events at York Hospital – Bereavement & Cancer Services - YorkTalk presentations - Community Involvement Group (SMILEY).	 Presentation by Chief Exec/Dep Recruitment & engagement Recruitment & Engagement Recruitment & Engagement Recruitment & Engagement Recruitment Recruitment & engagement Engagement Engagement Engagement	 Governors at 5 of the events 1 governor 1 Governor 1 Governor 2 Governors Most Governors 1 Governor 4/5 governors 2 governors
Helmsley: Town Council public meeting	Recruitment & engagement	1 governor
Easingwold: Community Care Association AGM. Other activities involving recruiting via local newsletters, GP surgeries	Presentation by Finance Director & recruitment & engagement Recruitment	1 governor "
Selby: Volunteers Fair Funders fair Town Council public meeting	Recruitment & engagement " Presentation by Chief Exec/Dep	2 governors " "
Tadcaster:- -International Womens' day. Tadcaster Grammar School - Presentation to 6th form group - Industry speed dating	Recruitment & Engagement Recruitment Recruitment	2 governors

Council of Governors – 21 April 2010

Summary of Board of Directors minutes

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

Summary of the minutes of the Board meeting held on 24th February 2010.

Quality and safety monthly dashboard

The Board discussed the continued development of the dashboard and the information the Board would like included in the report. Ms McManus agreed she would re consider the content and take on board the comments made and include the requests in the next version.

Ms McManus added that she and Dr Turnbull were working with CHKS and Dr Foster to try and produce a report with some comparator data. She added that the Trust is waiting for key pieces of information to be published by the SHA to use as part of the comparators, for example CQUIN information. Professor Maynard expressed the hope that even before SHA comparators were provided informal contacts with other organisations could provide such data

Independent enquiry into Colin Norris incidents

Ms McManus explained the back ground to the Colin Norris incidents. She advised that the independent enquiry had been undertaken by the SHA. She was preparing a report to come to the next Board which looked at any possible gaps the Trust had following a review of the independent enquiry.

Ms McManus highlighted the local issues included in the report as being medicines management, HR training and clinical practice, and not listening to patients.

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

Chairman's report

The Chairman raised a number of points in his report.

Proms – Mr Bertram confirmed that the Trust was now meeting the targets and has been for the last two months. He added that not achieving the target for 2009/10 did not have any penalty implications, but that this was likely to change for 2010/11.

Professor Maynard asked for the Board to receive a further report at the March Board on the Proms data and a monthly report to be presented to Board there after.

Outliers – Mr Crowley commented that the focus on clinical processes in the hospital had reduced the underlying level of outliers.

Day case activity – The Board agreed that more discussion should be held at Board around the day case activity. Caesarean sections are likely to attract a tariff penalty in the future if Caesarean rates were above 20% of births. It was agreed that the Board does need to think about how to intensively work on this subject to ensure the Trust has the right policies in place to secure financial and quality viability.

Professor Maynard added that the Trust had an excellent hospital with an excellent management team and group of staff who work very hard to achieve the desired goals. However it was frustrating to see that we could be even better with some greater analytical effort which engaged clinicians

Mr Rose asked if the Board could have some further information about the work that goes on in the performance management meetings (PMMs). He asked if it would be possible to occasionally get an insight into the meetings.

Dr Turnbull commented that as someone who has attended the PMMs as a Clinical Director they are very robust and the directorate is very much held to account. He added that they are very demanding, but also very supportive in getting required changes made.

Mr Proctor added that the performance dashboard does give a flavour of the PMMs as does the finance report.

The Board **noted** the report.

Report of the Chief Executive

Mr Crowley presented the key issues in his report.

RMSAT – Mrs Palazzo asked who was leading the informal assessment to be carried out at the end of March. Mr Crowley advised that the assessment being undertaken by an external assessor and would assess the progress the Trust has made in response to the action plan agreed last year.

The Board discussed if the Trust would consider applying for level 2 and Mr Crowley advised that the decision would need to be made on a balance of the risks. The new standards do add some complication to that. It was agreed a further discussion would be held when the results of the informal assessment are known.

The Board **noted** the report.

Assurance framework and matching corporate risk register

Mr Sweet commented on the assurance framework. He made a number of suggestions to enhance the document. He suggested that the action column should include some timeframes and that there were occasions where there was a lack of clarity about the responsibilities. He added that he thought there was good linking with the corporate risk register, but he felt he had some concerns about the corporate risk register including how the risks were scored, the length of time they were included in the register and risks he would expect to see that were not included.

The Board went on to discuss the timing of the assurance framework. The principle of the Audit Committee being responsible for reviewing the assurance framework on behalf of the Board was confirmed. It was agreed that the document needed to be more timely. Mr Crowley advised that he had asked Mrs Pridmore to review the timings to ensure that the Audit Committee receives the document in a more timely manner.

The Board approved the assurance framework and **noted** the comments made by Mr Sweet.

Finance report

The Board discussed the current cash position and noted that this was still causing some concern. The finance department was reviewing the position and managing the cash accordingly.

The Board noted in the HR report that there was a high spend on agency usage and asked if it was the result of the directorates holding vacancies.

Mr Bertram confirmed that was not the case. Vacancy control does review new appointments and the vacancies that are being held. Directorates are also required to confirm that where any vacancies are held, this is not managed inefficiently through agency or premium overtime rates.

The high spend is due to more staff being brought on to address the level of work in the Trust.

The Board **noted** the report.

Performance report

Mr Proctor highlighted the key points in the performance report.

National access targets –

Mr Proctor confirmed that the Trust was achieving the 18-week target.

The Trust is not achieving the 14 day breast symptomatic target and work is ongoing to achieve that target.

Cancer targets have achieved the required standard for the month.

The emergency department is achieving the 4 hour target. The Trust took the decision in consultation with the PCT to by pass the emergency department for GP referrals and this has had a significant effect on the achievement.

Local targets –

To achieve the elderly medicine outliers the directorate look to see how many patients they have on a ward. If they have more than 30 patients the ward is switched from general medicine to elderly medicine.

The ambulance target has been changed to make it a more real target and further work is being undertaken to ensure the target is achieved.

The Board **noted** the report and the assurance that targets would be met.

Debrief on pandemic flu

Mr Proctor reminded the Board about the plans the Trust has put in place for a pandemic outbreak. He explained that the Trust in common with other areas had not had to put the full plan into effect because the number of patients with H1N1 flu had proved to be considerably lower than predicted.

Mr Proctor explained that a decision making group was formed which met on a regular basis and managed the plan. A cohort ward was opened and considerable support was given by other directorates to ensure the ward worked properly. The numbers the Trust received were not significant. There were two deaths of patients with some existing underlying condition and about 5 or 6 patients a week were received with symptoms of N1H1 flu. Dr Turnbull added that he believed that the work was very valuable as it would prove very useful if there was a wave 3 of the virus or it mutated.

Dr Turnbull reminded the Board that the Trust had the highest rate for vaccine take up regionally and added that it was a nationally mandate to continue with the vaccines.

The Board **noted** the report.

Human resources quarterly performance report

Mrs Palazzo commented that the reported continues to show improvements in the sickness figures and she had noted that the long term sickness figures were also down on this time last year. Ms Hayward commented that the department do look at the cases on a weekly basis and are more proactive on the management of sickness cases.

Mrs Palazzo referred to the temporary workforce spend following on from the comments made earlier in the meeting. Ms Hayward confirmed that more work was being undertaken to understand why it was higher. She added that one of the unique issues in the facilities directorate is that the cost of employing more cleaning staff is no more expensive than using agency staff.

The anaesthetics department costs need to be understood, but the figures would include locum doctors.

It was agreed that more detail on agency spend would be brought back to the Board before the next quarter report.

Local clinical excellence awards panel

The Board had received the recommendations in advance of the Board and was asked to ratify the recommendations.

The Board considered the recommended awards and approved the document.

The Board also discussed approaches to improve the system and it was **agreed** that consideration would be given to how other Trusts undertake excellence awards so that York processes could be improved.

Patient Environmental Action Team inspection

Mr Golding described the process undertaken monthly and the more detailed audit carried out annually and then published. The visits cover the environment, food, privacy and dignity.

During the self assessment carried out in February 2010 the teams visited 12 - 13 wards/departments each – a total of 26 areas. The teams then spent a couple of hours going through the scores.

Mr Golding added that last year's assessment showed that the Trust was good for privacy, environment and dignity and excellent for food. Mr Golding confirmed that the self assessment carried out this year would suggest the results would be similar.

The Board **noted** the report.

Annual Fire report

Ms Hayward asked if the fire audits were carried out in all core ward areas. Mr Golding confirmed that they should be rolled across the whole hospital.

Mr Rose enquired about the non compliance of the evacuation drills and asked if the Trust was at risk if they did not carry out evacuation drills. Mr Golding advised that the NY fire service are comfortable with the Trust saying that they are non compliant. The actual conducting of a drill with patients and staff is not very easy to do, so most of the exercises are undertaken as table top exercises.

Fire training has been devolved locally and is undertaken by the fire officer on site with staff rather than only at the annual statutory and mandatory training.

D

York Hospitals NHS
NHS Foundation Trust

Council of Governor – 21st April 2010

Governor Engagement Opportunities

In the first three years of our Foundation Trust, Governors have been engaged with the Trust's activities in a number of ways:

Mandatory Committees/Tasks	- Nominations (of Chair/NEDs) - Remuneration (of Chair/NEDs) - External Auditor Selection - Lead Governor
Governor-instigated and led Committees/Work Groups	- Community & Member Engagement - Patient Focus
Trust-led Standing Committees/Activities	- PEAT (Patient Environment Action teams) Teams - Travel & Transport - Charities Committee - Older Persons' Liaison - Clinical linkages (e.g. Cancer, Opthalmology, Care of the Elderly)
Specific (time-limited) Groups/Events/Projects/Tasks	- Constitution Review - Annual Open Day - Celebration of Achievement Awards - Bereavement Suite - Volunteering Strategy - School Relationships - Recruiting Events (Fairs, Festivals, etc.) - Wayfinding - Epidemic Ethics Planning - Various Other Presentations (e.g. Ward committees, Town Councils, etc.)
Networking/Learning events	- Regional/National Governor events - York Talk Seminars & Member Events (e.g. Cancer, Bereavement Suite) - SHINEY (Social & Healthcare Information Network and Engagement York)

Forgive me if I have missed some of your activities. Of course many of our Governors are affiliated in a number of ways to local organisations that relate to healthcare in our community. For example: the York Older Persons' Assembly, Charity Age, The City of York Council, CVS, PCT, etc. Although you are not formally "representing" the Trust in those activities, this still acts as an important form of engagement, offering the opportunity to share information and enhance our standing with those bodies and in the wider community.

This represents a significant level of engagement and I congratulate the Governor body on what it has achieved so far.

We now have a refreshed Council of Governors and added a new Chairman. This offers us the opportunity to move to the next level in achieving the vision of governor, member and community engagement with your local Foundation Trust. I would like you to consider the above list and think about:

a) Should we be continuing all of the above?
b) What additional initiatives should we consider?
c) How would each of you wish to "get involved" – which in some cases may mean being elected by your fellow CoG members?

In talking to some of you about the experience of our first three years, many of you have told me how it is through specific opportunities to engage (such as through selected activities in the list above) that you have truly felt a sense of involvement with the Trust, and felt you may be "making a difference" – however small that may seem at the time. I would like to build on this momentum by encouraging each of you to be involved in at least one of these activities. You each have different interests, backgrounds, competencies, styles and preferences. We should acknowledge this by creating and having a wide variety of opportunities for you, so that you feel comfortable in a particular type of engagement.

Over the next month or so, talk with each other, come and visit me if you wish and use any other resource you like to progress an idea on what we could do better. One opportunity to discuss this further will be the induction session planned for May 18. At our next CoG meeting (June 9) we will agree the formal groups that we will initially progress (by this, I mean the mandatory roles and any standing work groups, as shown in the first two rows of the existing table). This does not preclude additional groups being formed in the future. With the groups/roles agreed, I will ask governors to put themselves forward for election (where necessary) and otherwise volunteer themselves to get involved in the various activities. The existing committees are all technically disbanded at this point, and will re-form, if agreed, with a refreshed slate of members. Each standing committee will elect its own Chair, and can co-opt members from the Trust to assist its work. I will Chair the Nomination/Remuneration committee(s).

I particularly draw your attention to the role of "Lead Governor". This role has been mandated by Monitor, our Regulator, and replaces the "Vice-Chairman"

(Governor) role that existed in our Trust for the first three years. To assist your understanding of the formal roles requiring election, we will send out a short pack of explanatory papers in the next week or so.

I look forward to any additional comments or requests for clarity today, followed by a more definitive discussion and agreement at our next meeting.

Alan Rose
Chairman April 2010

The role of the nominated lead governor

The lead governor has a role to play in facilitating direct communication between Monitor and the NHS foundation trust's board of governors. This will be in a limited number of circumstances and in particular where it may not be appropriate to communicate through the normal channels, which in most cases will be via the chairman or the trust secretary, if one is appointed.

It is not anticipated that there will be regular direct contact between Monitor and the board of governors in the ordinary course of business. Where this is necessary, it is important that it happens quickly and in an effective manner. To this end a lead governor should be nominated and contact details provided to Monitor, and then updated as required. The lead governor may be any of the governors, including the deputy chairman of the governors.

The main circumstances where Monitor will contact a lead governor are where Monitor has concerns as to board leadership provided to an NHS foundation trust, and those concerns may in time lead to the use by Monitor's Board of its formal powers to remove the chairman or non-executive directors. The board of governors appoints the chairman and non-executive directors, and it will usually be the case that Monitor will wish to understand the views of the governors as to the capacity and capability of these individuals to lead the trust, and to rectify successfully any issues, and also for the governors to understand Monitor's concerns.

Monitor does not, however, envisage direct communication with the governors until such time as there is a real risk that an NHS foundation trust may be in significant breach of its terms of authorisation. Once there is a risk that this may be the case, and the likely issue is one of board leadership, Monitor will often wish to have direct contact with the NHS foundation trust's governors, but at speed and through one established point of contact, the trust's nominated lead governor. The lead governor should take steps to understand Monitor's role, the available guidance and the basis on which Monitor may take regulatory action. The lead governor will then be able to communicate more widely with other governors.

Similarly, where individual governors wish to contact Monitor, this would be expected to be through the lead governor.

The other circumstance where Monitor may wish to contact a lead governor is where, as the regulator, we have been made aware that the process for the appointment of the chairman or other members of the board, or elections for governors, or other material decisions, may not have complied with the NHS foundation trust's constitution, or alternatively, whilst complying with the trust's constitution, may be inappropriate.

In such circumstances, where the chairman, other members of the board of directors or the trust secretary may have been involved in the process by which these appointments or other decisions were made, a lead governor may provide a point of contact for Monitor.

Accordingly, the NHS foundation trust should nominate a lead governor, and to continue to update Monitor with their contact details as and when these change.

York Hospitals NHS
NHS Foundation Trust

SIGNAL

E

National Access Targets

Metric	Target	Status		Jan-10	Feb-10
18 Week Admitted (?)	90%	Green	↑	91.87%	93.10%
18 Week Non-Admitted (?)	95%	Green	↑	97.24%	97.38%
14 Day Fast Track (?)	93%	Green	↑	95.30%	96.50%
14 Day Breast Symptomatic (?)	93%	Amber *	↑	82.30%	91.50%
31 Day 1st Treatment - Cancer (?)	96%	Green	↓	99.30%	99.10%
31 Day Subsequent Treatment - Anti Cancer Drug (?)	98%	Amber *	↓	97.30%	96.10%
31 Day Subsequent Treatment - Surgery (?)	94%	Green	→	100%	100%
31 Day - Rare Cancer (?)	85%	Green	→		100%
62 Day Cancer (?)	85%	Green	↓	91.50%	85.90%
62 Day Cancer - Screening (?)	90%	Green	→	100%	100%
62 Day Cancer - Upgrades (?)	85%	Green	→		
Diagnostics - 6 Week Wait (?)	100%	Amber *	↑	99.20%	99.40%
ED 4 Hour Target - All Types (?)	98%	Green	↑	98.77%	99.04%
GUM - Appointment Offered Within 48 Hours (?)	100%	Green	→	100%	100%

Activity Against Plan

Metric to Feb-10	YTD Plan	YTD Act	Var	% Var	
Ordinary Elective	8194	7084	-1,110	-13.55%	↓
Daycase	25743	27667	+1,924	+7.47%	↑
Non-Elective Short Stay	12014	12730	+716	+5.96%	↑
Non-Elective Long Stay	19629	20512	+883	+4.50%	↑
1st Outpatients	88656	89177	+521	+0.59%	↑
Subs Outpatients	198953	201316	+2,363	+1.19%	↑
GP Referrals	54460	55875	+1,415	+2.60%	↑
Other Referrals (Note)	42473	43885	+1,412	+3.32%	↑

Local Targets

Metric	Target	Status		Jan-10	Feb-10
Elective Operations Cancelled On Day For Non-Clinical Reasons	0	Red	↓	23	12
Elderly Medicine Outliers (?)	12.35%	Green	↓	13.81%	7.11%
General Medicine Outliers (?)	24.19%	Green	↓	19.01%	11.86%
Elective Theatre Sessions Delivered (Main/Day)		Green	↓	461	444
Percentage of Ambulance Turnarounds <25 minutes	80.0%	Red	↑	51.37%	56.43%
Time To See ED Clinician (Minutes)	60:00	Green	↓	64:03	58:15
Number Of Additional Beds Open (?)	0	Red	↓	12	4

Infection Prevention And Control

Metric	Target	Status		YTD	Feb-10
MRSA Bacteraemia	16	Green	↑	10	4
MRSA - Screenings	100.0%	Red	↑	54.76%	82.84%
CDIFF - >72hrs	117	Green	↓	28	0

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

F

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 21 April 2010

Paper Title: Corporate Finance Report

Summary of Paper

This report details the financial position as at 28 February 2010.

At the end of February, there is an Income and Expenditure deficit of £0.31m against a planned deficit for the period of £0.35m and an actual cash balance of £4.8m.

The assessed Monitor Risk Rating at the end of February is 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, Director of Finance
Date of paper	April 2010
Version number	V.1
Number of pages	6

York Hospitals NHS Foundation Trust

Council of Governors Meeting – 21 April 2010

Corporate Finance Report for the period 1 April 2009 to 28 February 2010

Income and Expenditure Overview

The table below provides a summary of the income and expenditure position in relation to the Monitor fixed annual plan.

Monitor Annual Fixed Plan				
	Annual Budget	Plan to Date	Actual	Variance
	£000	£000	£000	£000
Total Income	229,773	208,890	215,826	6,936
Total Expenditure	-219,012	-200,634	-207,528	-6,894
EBITDA	**10,761**	**8,256**	**8,298**	**42**
Profit/Loss on Asset Disposal	0	0	0	0
Fixed Asset Impairments	-500	0	0	0
Depreciation	-5,740	-5,262	-5,262	0
Interest Receivable	100	92	45	-47
Interest Payable	-60	-40	0	40
Public Dividend Capital Dividend	-3,700	-3,392	-3,392	0
Net Surplus/(Deficit)	**861**	**-346**	**-311**	**35**

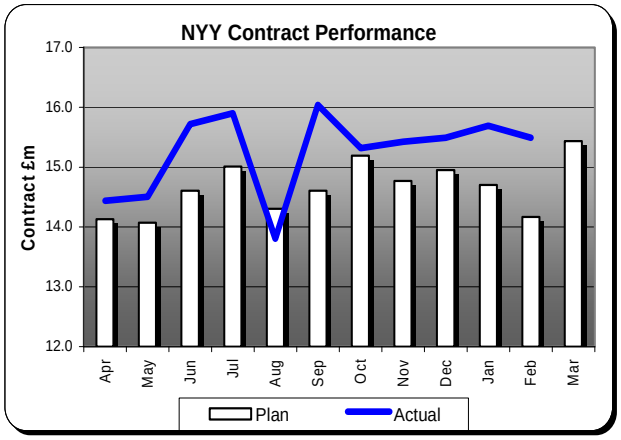
Contract Performance

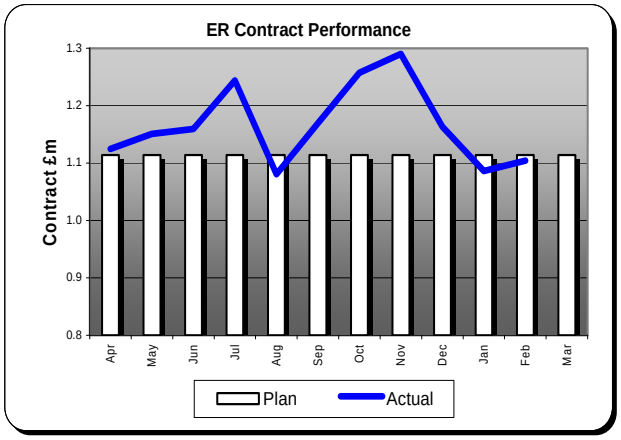
The Trust has a contract with NYY PCT to the value of £176m. This contract is currently over trading on non-elective activity and under trading on elective activity. At current activity rates this contract is forecast to outturn at £182.8m (including in-year contract variation additions of £0.6m).

The Trust has a contract with ER PCT to the value of £13.4m. This contract is currently over trading on non-elective activity and under trading on elective activity. At current activity rates this contract is forecast to outturn at £14.1m.

The Trust has other minor contracts with the Leeds (£2.1m), and Wakefield (£0.5m) PCTs. Both these are currently broadly on plan and are forecast to outturn on plan.

Main clinical contract performance is illustrated in the charts below.





Key Income and Expenditure Variance Analysis

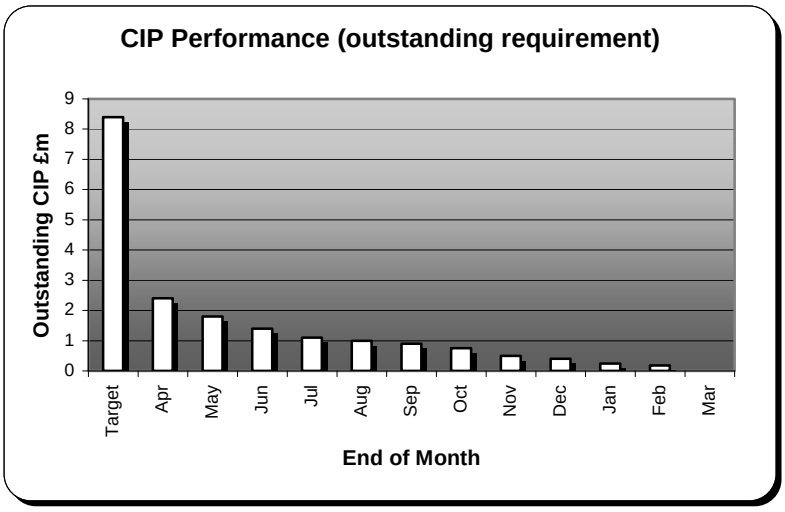
Total income is running £6.9m ahead of the Monitor approved fixed annual plan. The main reasons for this variance include additional income received in respect of Research & Development, Junior Doctors training and from various other miscellaneous income sources. Clinical income is broadly in line with planned expectations, recognising expectations were above contracted levels), although additional emergency activity (emergency admissions and A&E attendances) compared to plan are offset by reduced levels of elective activity compared to plan.

Total expenditure is running £6.9m ahead of plan with the main variances resulting from costs associated with the additional income described above, the cost of premium rate working to supplement underlying capacity, a small CIP shortfall, and other various miscellaneous costs. These additional costs are partially mitigated by managed slippage against planned developments and savings from staff vacancies.

Interest Receivable is below plan by £47k and is a result of poor interest rates available to the Trust on investments given the current economic climate.

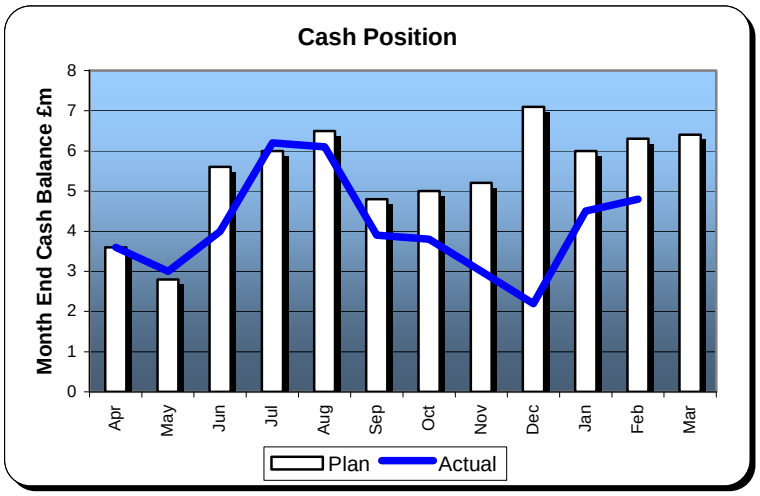
Cost Improvement Programme

The Trust has a challenging overall efficiency and cost improvement programme for the year of £8.4m (4.25%), of which the cost improvement programme (CIP) element is £6.0m. Overall there is an outstanding forecast requirement of £0.2m. This has a detrimental impact on the income and expenditure position for the year to date of £0.1m but is being progressed to full delivery.



Cash

The cash balance at the end of February was £4.8m, which is £1.5m less than plan; mainly due to the ongoing issue around the timing of income associated with the current accrued overtrade position. The chart below summarises performance against plan.



Capital Programme

The table below details this year's major approved capital schemes (Board approved) and summarises the committed minor upgrade and improvement schemes and equipment purchases that make up the balance of the programme, together with details of anticipated available programme funds.

The capital programme in year spend is expected to be contained within available resources.

Approved Schemes	Approved Sum £000	In Year Planned Programme £000	Planned Start Date	Forecast 2009/10 Spend £000
Committed Schemes				
Multi Storey Car Park (MSCP)	6,900	2,700	Oct-09	1,755
Aseptic Pharmacy	3,000	2,670	Apr-09	2,670
Lift Replacement Programme	500	500	Apr-09	500
Bereavement Suite	365	200	Oct-09	50
Electrical Infrastructure Panel	450	450	Dec-09	20
Radiology Digital Reporting Suite	320	320	Mar-10	20
Other Minor Schemes	2,358	2,440		2,000
Equipment & IT Purchases	2,035	1,635		2,200
Programme Management	315	315		315
Contingency		300		
Total	**16,243**	**11,530**		**9,530**

Funding Sources	£000
Retained Depreciation	5,740
Other internal cash resources	1,660
DOH additional capital funding	482
Charitable Funds	106
Car Park Loan	1,755
Total	**9,743**

Key Finance Risks and Associated Action

The key financial risks are summarised as:

- The NYY PCT contract is set to overtrade by £6.2m at the year end. This is unaffordable by the PCT. Financial settlement of this position is in the process of being finalised with payment in the amount of £2.2m.
- The PCT has paid, without precedent to any finally agreed settlement, the £2.2m. This was received by the Trust on 15 March. This has improved the year end cash position. Cash continues to be very closely managed moving towards the year-end.
- Separate confirmation has been received in writing from the SHA that the Trust will receive £4m transition funding in April 2010.
- All previous expenditure controls and restrictions remain in force, both in terms of managing cash flow and in terms of the income and expenditure position.

Forecast Outturn

The current forecast outturn income and expenditure position for the Trust is a deficit of £0.5m. This is based on current activity trends, assessment of the impact of expenditure controls and recognising the benefit of the conversion of the clinical governance sessions. This position will deliver a FRR of 3 overall for the year.

Assuming the Trust's contract for 2009/10 with NYY PCT is settled at £2.2m above plan, this will result in the forecast income and expenditure position deteriorating to a deficit of £4.5m. Discussions progress with Monitor as to the classification of the £4m as exceptional and the Council of Governors should be aware that discussions with Grant Thornton have supported this adjustment as an impairment and, therefore, exceptional.

As per the original annual plan the Trust is still anticipating the posting of a further impairment relating to costs of capital schemes exceeding the final asset valuation on completion and the current downward building replacement cost trend, reducing the Trust's general estate value. Any impairment in these instances will be a non-cash technical adjustment and is explicitly outside of Monitor's FRR assessment. Work is under way with the District Valuer to finalise the impact of the impairment but this is anticipated to be around £1.0m.

Recommendation:

The Council of Governors is asked to note this report.

Andrew Bertram, Finance Director
April 2010

Council of Governors – 21st April 2010

Future meetings of the Council of Governors

Excluding induction sessions, seminars, the AGM and similar special events, the Council of Governors currently meets in two main forms:

1) Council of Governors meetings (statutorily a minimum of 4 times a year)
   - Pre-meeting with Chairman
   - Private meeting with Chairman and FT Secretary
     (private agenda and minutes)
   - Public meeting with Chairman (Executive Directors, Non-Executive Directors and public may attend)
     (public agenda and minutes)

2) Trust Board/Council of Governors "Board-to-Board" (approx. twice a year)
   - In private
   - All Board members to attend
   - Agenda and minutes

The main CoG meetings are designed to conduct the statutory business of the Governors (e.g. performance of the trust) to provide assurance about Trust performance that the Governors request, to review items arising from Trust Board minutes and to update Governors on various Trust matters. There is also the opportunity for the public to observe and question. The minutes from the proceedings are placed on the Trust website.

The Board-to-Board meetings are designed to be a closer engagement of Governors with all Directors, with the agenda focusing on the more strategic and medium-term issues for the Trust.

In consultation with other FTs, I have learned that several have been experimenting with enhanced ways of engaging Governors with the Non-Executive Directors – to better understand their role and interact with them about the assurance the NEDs are achieving that the Trust is running efficiently. I believe we have been poor in the past in giving you this assurance and opportunity. If you are to appoint, appraise and remunerate the NEDs, I feel you should have more of an opportunity to interact with them and share issues and concerns. I am proposing to offer you this opportunity through having two meetings a year at which you would be able to question the NEDs and discuss the Trust. I would probably not attend these sessions, to allow as free a flow as possible. They would be in private, with little agenda planning and no minutes, except perhaps to log specific action items. The Lead Governor would Chair the session, so that it would be Governor-led. This process has proved highly-

effective at several other FTs and I would welcome your thoughts at this stage before we arrange specific dates.

If you are happy to proceed with this experiment, the potential profile of meetings for a typical year would be as follows:

Council of Governors – 4, 5 or 6
Board-to-Board – 2
NED-Governors – 2
AGM – 1

This would make a total of 9-11 meetings a year for Governors to attend (ideally). Following today's discussion, we will confirm a schedule of dates for the year ahead. All meetings are typically scheduled for approximately 2-2.5 hours. If you are unable to attend a meeting, please would you send apologies to Cheryl Gaynor at Cheryl.gaynor@york.nhs.uk or ring her on 01904 725075. My expectation of you would be that you attend as many of these meetings as possible, in order to perform your elected and appointed roles.

To save on resources, we are proposing to hold our meetings at the Hospital and/or White Cross Court – thereby incurring only minor cash outlays for the meetings.

Please bring your thoughts about the meetings schedule and give us feedback.

Alan Rose
Chairman

April 2010