

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

On **16 December 2009**

At **Skell 7, Skell Building, York St John's University, Lord Mayors Walk, York.**

Time	Meeting	Attendees
3.30pm - 4.00pm	Pre meeting for Governors	Governors (private meeting)
4.00pm - 4.15pm	Private meeting	Governors and Chairman (private meeting)
4.15pm - 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 16 December 2009**

at: **4.15pm – 6.00pm**

in: **Skell 7, Skell Building, York St John's University, Lord Mayors Walk, York.**

COUNCIL OF GOVERNORS AGENDA			
<i>Item</i>		<i>Lead</i>	<i>Paper</i>
PART ONE: 4.15pm - 4.30pm			
1.	<u>Chairman's introduction</u> 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.	<u>Oral questions from the public</u> To receive any oral questions from members of the public in attendance at the meeting.	Chairman	
3.	<u>Apologies for absence</u> To receive any apologies for absence.	Foundation Trust Secretary	
4.	<u>Declaration of interests</u> To receive the updated register of governors' interests and confirm the accuracy of this, and to receive any further declarations of interests.	Chairman	A

<i>Item</i>		<i>Lead</i>	<i>Paper</i>
5.	<p><u>Minutes of the meeting held on 2nd September 2009</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 2nd September 2009.</p>	Chairman	B
6.	<p><u>Matters arising from the minutes</u></p> <p>To consider any matters arising from the minutes.</p>	Chairman	
PART TWO: General business 4.30pm – 6.00pm			
7.	<p><u>Summary of the Board of Directors minutes</u></p> <p>To receive summary minutes from the Board of Directors meetings held.</p>	Chairman	C
8.	<p><u>Feedback from Governor subgroups</u></p> <ul style="list-style-type: none"> - Patient forum group - Membership engagement group 	Stephen Lewis Helen Mackman	Verbal D
9.	<p><u>Performance and Finance report</u></p> <p>To receive the performance and finance report.</p>	Director of Finance & Chief Operating Officer	Verbal
10.	<p><u>CQC presentation</u></p> <p>To receive a presentation from CQC outlining the duties of the Governors</p>	Alan Swain – CQC Jenny Moreton	E
11.	<p><u>Annual report from the Audit Committee</u></p> <p>To receive the annual report from the Audit Committee</p>	Philip Ashton – Chairman of the Audit Committee	F

<i>Item</i>		<i>Lead</i>
12.	<p><u>Any other business</u></p> <p>To consider any other items of business.</p>	Chairman
13.	<p><u>Next meetings</u></p> <p>To note the date, time and venue for the next general meeting:</p> <p>13th January 2009 in Skell 7 Lord Mayors Walk</p>	Chairman
14.	<p><u>Collation of written questions from members of the public</u></p> <p>To collate any written questions from any members of the public present.</p>	

Alan Maynard
Chairman

9 December 2009

Changes to the Register of Governors' interests:

Mrs Jennifer Moreton—Member of the CQC Registration Involvement Group and Researcher for the Health & Social Care, University of York
Mr Patrick McGowan—Resigned from being a Governor

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
Mr Paul Baines (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Winfred Blackburn (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Dr Lee Bond (Staff: Consultant)	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Gill Cashmore (PCT)	Nil	Nil	Nil	Chief Officer—Selby District AVS	Chief Officer—Selby District AVS	Nil
Ms Elizabeth Casling (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Nil	Nil
Dr Jane Dalton (Public: Hambleton District)	Nil	Nil	Nil	Nil	Nil	Researcher—Health and Social Care, University of York
Ms Jane Farquharson (Patient: Carer)	Nil	Nil	Nil	Chief Executive—Age Concern, Knaresborough	Chief Executive—Age Concern, Knaresborough	Nil

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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
Mrs Linda Hatton (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Madeleine Kirk (City of York Council)	Trustee —York Theatre Trust	Nil	Nil	Nil	Nil	Nil
Mr Stephen Lewis (Public: City of York)	Journalist with the Press, York and member of the National Union of Journalists	Nil	Nil	Nil	Nil	Nil
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

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Mrs Jennifer Moreton <i>(Patients/Carer)</i>	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 <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 Ann Penny <i>(Staff: Nursing)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mr James Porteous <i>(Public: City of York)</i>	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 <i>(Patient: Carer)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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

Minutes of the meeting of the York Hospitals NHS Foundation Trust Members' Council held on 2 September 2009, in Skell 7, Foss and Skell Building, York St John's University, Lord Mayors Walk, York.

- Present:** Chairman of the meeting, Professor Alan Maynard OBE
- Public:** Dr J Dalton, Public Governor, Hambleton
Mrs L Hatton, Public Governor, City of York
Mrs H Mackman, Public Governor, City of York
Mr J Porteous, Public Governor, City of York
Mr S Ruff, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York
Mr S Lewis, 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
Mr M Moran, Partner Governor, York CVS
Mrs C Patmore, Partner Governor, North Yorkshire County Council
Mr M Sweet, Partner Governor, North Yorkshire & York Primary Care Trust
- Staff:** Mr L Bond, Staff Governor, Medical
Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional
- Apologies:** Mrs W Blackburn, Public Governor, City of York
Mrs G Cashmore, Partner Governor, North Yorkshire & York Primary Care Trust
Jane Farquharson, Patient/Carer Governor
Mrs M Kirk, Partner Governor, City of York Council
Mrs A McGale, Staff Governor, non-clinical
Mr P McGowan, Public Governor, Selby District
Mr N Parkinson, Public Governor, Selby District
Mrs P Turpin, Public Governor, Hambleton
Councillor S Wiseman, Partner Governor, City of York Council
- Attendance:** Andrew Bertram, Director of Finance
Lucy Brown, Communications Manager
Gillian Fleming, Non-Executive Director
Cheryl Gaynor, Secretary/Board Administrator

Penny Goff, Member Development Manager
Brian Golding, Deputy Director of Estates and Capital Planning
Peta Hayward, Director of Human Resources
Professor John Hutton, Non-Executive Director
Linda Palazzo, Non-Executive Director
Anna Pridmore, Foundation Trust Secretary
Mike Proctor, Deputy Chief Executive
Alan Rose, Non-Executive Director
Dr Ian Woods, Medical Director
Libby Raper, Non-Executive Director

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

09/71 Chairman's Introduction

The Vice Chairman of the Council of Governors welcomed the public members to the meeting.

09/72 Oral questions from the public

Mr Yates, a member of the general public, enquired what the Trust's perception of a member or an active group member of the Trust was. He queried the possibility of producing a survey for members and how they see their role and to find out why people decide to join.

Mr Proctor referred to the Membership report further along the agenda and responded that there are a number of reasons why people decide to become a member. One particular thing that the Trust is clear about when recruiting members is that they can be as active or as passive as they like. If members want to get involved with certain areas they are more than welcome to do so. This could stem from handing out leaflets to simply requesting information.

Mrs Goff expressed that the Trust currently has a number of active members and offers a range of activities. Members are surveyed about their interests and the feedback received is generally good.

Governors were reminded that the elections were being held at the beginning of 2010 and as a result a number of documents would be updated and published which detailed the Governor and member roles.

Mr Baines commented that the York Talk presentations are useful and a successful way of communicating with members but was disappointed to report that they were poorly attended.

09/73 Apologies for absence

Council of Governors noted the apologies.

09/74 Declaration of interest

Council of Governors noted the declarations of interest.

09/75 Minutes of the meeting held on 1 July 2009

The minutes were approved as an accurate record of the meeting subject to:

- the amendment of 09/56 – Membership Engagement Committee second paragraph as follows:

‘She requested clarification as to which Code of **Conduct** (not Governors).’

- the amendment of 09/68 – Any other business fifth paragraph as follows:

‘Mrs Palazzo requested Governors to consider being a volunteer for the open day to assist with the setting up and being available for members of the Trust and members of the public to **answer** (not ask) any questions anyone may have.’

09/76 Matters arising from the minutes

09/61 – Chairman’s Appraisal

Mr Rennie reported that results from the Chairman’s appraisal had been sent to the Nominations Committee and a final report would be presented to a private meeting of the Council of Governors.

09/64 – Summary of the minutes of the Board of Directors meetings

Mrs Moreton enquired as to what the current position was with regard to the pharmacy outsourcing business case. Mr Bertram reported that the fine detail of the case had not been finalised. The current position was that the case was at the contract negotiation stage. He advised that he anticipated the case would be completed and finalised in the near future.

09/77 Summary of the Board of Directors minutes

The report provided a summary of the discussions held at the Board of Directors along with key discussions from the meeting.

09/130 – Governance Structures

Mr Ashton clarified that the Audit Committee had considered creating a small committee (Assurance Committee) but after lengthy discussions, it was agreed that an alternative route would be adopted.

09/138 – Trust Constitution

Governors noted the debates held at the Board meeting and enquired further about the role of the Vice Chairman. Mrs Pridmore advised that she had sought guidance from Monitor around the Vice Chairman and had been referred to A 3.3 of the Code of Governance. The Governors noted and approved the decision of the Board.

Governors discussed the constitution in general terms and agreed they had discussed all the changes in the Constitution and had agreed those changes at a meeting earlier in the year.

09/134 – Carbon Reduction Commitment

Mr Ruff quoted that the Trust was in the process of appointing an Energy Manager and requested clarification of where the funding was coming from as he was under the impression that the Trust was cutting back. Mr Golding confirmed that the funding would all be accumulated from savings that the post will bring.

The Council of Governors noted the summary.

09/78

Financial Planning – downside Scenarios

Mr Bertram gave a detailed presentation (copy attached to these minutes) which provided an update on the financial planning work currently being undertaken within the Trust in response to the economic downturn and potential health sector impact. Mr Bertram reported that from the last meeting it was noted that Monitor required the development of downside financial scenarios and consideration of potential mitigating actions.

The Trust has three potential future financial scenarios which were being developed in preparation for submission to Monitor by the end of September:

- Scenario 1 – (downside scenario) influenced by Monitor's comments on the health economic climate
- Scenario 2 – (mid-range scenario) a second iteration based on further deteriorating financial assumptions for 2011/12 and 2012/13
- Scenario 3 – (downside scenario) a third iteration based on significantly adverse financial assumptions for 2011/12 and 2012/13

A detailed discussion took place around a number of issues that Governors brought forward to consider, these included:

- A full analysis of demand for services and continuous referral growth
- Charging for aspects of service
- Pay issues
- Sharing information with the public to raise awareness
- Considering the costs associated with agency staff and managing sickness absence

Governors raised concerns of how the Trusts response to the economic downturn and potential health sector impact was being addressed to the members of the public and how, in managing expectations, the management of this message was crucial.

The Council of Governors congratulated and thanked Mr Bertram for his detailed presentation and noted the contents.

09/79

Performance and Finance Report

Mr Bertram and Mr Proctor gave a detailed presentation which outlined the financial position of the Trust for July 2009, performance and activity for June to July 2009 (copy of presentation is attached).

Mr Bertram reported that:

- Since the last meeting the Trust has submitted its quarter 1 return to Monitor.
- Income was in line with plan for the 3-month period and the planned financial risk rating of 3 was delivered.
- The Trust is now reporting on its position 4 months into the financial year (as at July 2009).
- The position is actual income running behind plan with activity below planned levels in July. This has placed the Trust in an overspend position.
- Action is being implemented by the Trust's clinical directorates to recover this lost activity as this compromises both income and 18-week performance.
- The strong message within the Trust is continued focus on expenditure management and delivery of the planned £1m surplus of income over expenditure at the end of the year. This surplus being key to providing cash for the Trust's capital programme.

Mr Proctor reported that:

- 18 week performance – admitted was 90.56% against a target of 90% and non-admitted was 96.95% against a target of 95%
- 4-hour reached a target of 98.47% against a national target of 98%
- 14 Day cancer was 94.5% against a target of 93%
- 31 day cancer was 97.8% against a target of 96%
- 62 Day cancer was 90.1% against a target of 88%
- MRSA – 0 to report
- C.Diff – 1 (YTD 9)
- Thrombolysis – no eligible patients
- Ordinary elective -502 (-16.72%)
- Day case +107 (1.13%)
- Non-elective short stay +710 (+16.63%)
- Non-elective long stay +432 (+6.18%)

Mr Proctor requested that all Governors formulate their questions into a letter/email and submit them to him where he will proceed to respond accurately.

The Council of Governors noted the report and thanked Mr Bertram and Mr Proctor for their detailed report.

09/80 Swine Flu Update

Mr Proctor presented the report in order to formally publish the Trust's Statement of Readiness against the Department of Health Surge and HR Guidance related to Swine Flu.

Mr Proctor updated the Governors with the Trust's current position regarding preparation for a pandemic. He reported that the Pandemic Operational Management Group's plan remained to be prepared for the worst case scenario whilst having as little effect on the hospital as possible. He believed that the second outbreak was potentially within the next month as children return to school etc.

Mr Towner expressed his concerns that he had been given the impression that a number of members of staff were not as enthusiastic to have the vaccination provided to them. Mr Proctor assured Governors that there was an efficient amount of vaccinations to cover the pandemic and that there had been a suggestion made of having vaccinators walking around the Hospital, in the hope to make it easier for individuals to have it done.

The Council of Governors noted the Statement of Readiness.

09/81 Constitution

The Board of Directors confirmed its approval for all the recommended changes made by the Members' Council and in addition adopted the option to retain a second NYCC representative as discussed at the Members Council in May 2009. The Council of Governors noted and agreed with the decision of the Board of Directors.

09/82 Appointment Process for the Chairman

Mr Rennie presented the report which provided Governors with details and a timetable of the process being adopted for the appointment of the Chairman.

Mrs Pridmore reported that an advert would be prepared in August for publication in September/ October. The advert would be included in local and national papers such as the Yorkshire Post and the Sunday Times as well as on appropriate websites.

The Council of Governors noted the report and were in support of the process for the appointment of the Chairman.

Membership report

Mrs Goff presented the report which provided details of public, patient and staff membership for the period April to the end of June 2009. She reported that the profiles provided information on the number, type, catchment area, gender, age range and ethnicity of the Trust membership and a summary of leavers and joiners. A brief summary of membership recruitment and engagement activities undertaken and planned was also included.

Mrs Goff expressed her concerns that currently the Trust is losing over 100 members per month due to death or relocation of the member therefore, this was a disappointing quarter to report. It was felt that there might be some revitalisation of the membership at the annual general meeting.

In terms of recruitment of new members, the Trust was planning to include information on membership and application forms in 500 copies of the Huby Parish Council magazine. This was undertaken by the public Governors for the Hambleton area. It was hoped that this initiative would be repeated by other Governors with other local publications, particularly in the Selby area where membership was particularly low. Mrs Goff had recently met with both the Hambleton and Selby public Governors to discuss recruitment.

Governors were reminded that the next lunchtime YorkTalk presentation was scheduled to be held on Wednesday 16th September 2009, venue to be confirmed. The topic of the presentation was 'Maternity Services'.

In the next three months the Trust would be focussing on the planning of the Trust's Open Event on 30th September (see 09/84). One area of particular importance over the next few months is to pursue with payroll the issue of transferring the staff membership database to the ESR in order to have accurate data and a robust process in place before the next elections for Staff Governors at the end of 2009. Each member of staff will have a note attached to their payslips detailing the membership.

Mrs Mackman quoted the event on improvements to bereavement services for bereaved families. She reported that 80 members attended the event to enquire about the project and it was intended that there would be an exclusive tour of the new facilities in the Autumn. Mrs Mackman advised that this had since been postponed as the scheme had unfortunately been delayed. Mrs Goff confirmed that she would be notifying all that were expecting to attend.

Mrs Goff assured the Governors that she would ensure that posters that describe membership etc are published. Mrs Hayward proposed that the Careers centre at the Hospital be used to advertise membership. It was suggested that it would be useful for Governors to a period within the careers office.

The Council of Governors noted the report.

09/84 Open Day event

Mrs Goff reported that the AGM was taking place on 30th September 2009 at 2.00pm in the Chapel off the main corridor of the Hospital. She informed that there may need to be a repeat of the AGM at 5.00pm but she was in anticipation of Governors returning their activity sheets. Verification will be circulated once all activity sheets have been returned.

It was confirmed that all Governors will receive a briefing pack prior to the meeting. This will include floor-plans, agendas etc for the event.

09/85 Membership Engagement Committee

Mrs Mackman presented the Membership Engagement Committee minutes for its meetings held on 16th June and 21st July 2009. She reported that she was looking for ways to engage existing and potential members. A number of suggestions had been proposed one in particular was that either a Governor or a professional voice records a message for the York Hospital Radio. Harry Gratton had agreed to be the voice of the message.

The Council of Governors noted the minutes.

09/86 Governors Visit Around the Hospital

Following Governors interest in visiting the hospital to be taken through an elective pathway of care, a pathway visit has been developed for governors to attend.

The aim of the visit is to give Governors an overview of the activities in various areas and an understanding of the relationship of the various departments and how a patient's journey can smoothly run in the hospital.

Mrs Pridmore advised that the Knee Replacement pathway was scheduled to take place on Wednesday 23rd September 2009, a visit in the morning and run again in the afternoon. Those Governors interested in undertaking the walk round were asked to contact Mrs Pridmore.

09/87 Any other business

There was no other business.

09/88 Next meeting

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

- Joint meeting of the Board of Directors and Council of Governors – Monday 19th October 2009 at 2.00pm, White Cross Social Club, Haxby Road, York.

- General Council of Governors – Wednesday 16th December 2009 at 4.00pm and there will be a pre meeting at 3.30pm, Skell 7, Foss and Skell Building, York St John's University, Lord Mayors Walk, York

09/89

Collation of written questions from members of the public

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

CLG

11/09/2009

Council of Governors – 16th December 2009

Summary of Board of Directors minutes

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

Board meeting held on 29th July 2009 in Boardroom, York Hospital.

Rebranding of the Trust

The Board discussed the progress of the rebranding of the Trust. Mr Crowley reported that he had now collected all the comments received about the rebranding and was in the process of reviewing the comments. He added that he felt the new Non-executive Director (Ms Raper) who has a background in marketing would be able to provide some support.

Patient Safety and Quality Account Report

This report is a quarterly report designed to provide detail about the Patient Safety and Quality Report and provide the Board of Directors with assurance about the safety and quality agenda. The report was presented by Ms McManus.

The report demonstrated any variations that occurred during the quarter and data consistency is managed through support provided by the quality and safety team working across the hospital.

The Board enquired how the report would be used in the organisation. Ms McManus explained that the report was reviewed by the clinical directorates and action would be taken where necessary and appropriate. Additionally, regular analysis of the data and feedback to staff is given and information is also shared with the wards. Part of the development of SIGNAL will be to include safety measures to enable directorates to monitor and manage their own performance.

Ms McManus added that there were two areas where the Trust was recognised as leading what can be perceived as world class developments. These are in the Trust's reduction in variation of VTE prophylaxis and medicines reconciliation. The Trust has been asked to provide support and information to other organisations both in the UK and abroad.

The Board of Directors approved the dashboard and thanked Ms McManus for her report.

Director of Infection Prevention and Control report

The Board received the quarterly report. Mrs Palazzo enquired about the training and education and the level of uptake. Ms McManus advised that all staff were required to undertake mandatory training which included infection control on an annual basis. When staff who are booked on to the mandatory training do not attend then their absence was followed up.

The Board discussed Hygiene Code duty 3 (action to reduce or control the risks of HCAI) and noted the reduction in the number of cases during 09/10. The targets set for the next 12 months by the PCT and Monitor are the Trust's current threshold figures. The threshold figures are:

- MRSA 12 cases
- Clostridium Difficile 117

The Board enquired why the AHPs and nurses have a better hand hygiene score than doctors. Ms McManus advised that all staff had demonstrated significant improvement in compliance and that there continues to be work done to educate staff with regard to its importance.

Report of the Chief Executive

The Board agreed that it should hold a strategy session in October to re-assess the Trust's overall strategy and consider the depth the various elements that comprise the Trust's short, medium, and long term ambitions and aspirations.

Mr Crowley advised that following discussions with the Executive Board it was proposed that the staff survey would be a sample of staff rather than a survey of all staff. Ms Hayward added that the Trust would be able to add questions to the survey and the Executive Board was discussing what questions to include. A second issue being considered was how the Trust could get a better return rate for the survey. Ms Hayward advised that consideration was being given to providing the survey in other languages.

The introduction of the European Working Time Directive (EWTD) compliance came into force on 1st August 2009. Ms Hayward reported that the Trust had developed fully compliant rotas by design.

Assurance Framework and Corporate Risk Register

The Board noted that the Corporate Risk Register and Assurance Framework had been discussed by the Risk and Assurance Committee and was recommended by the committee for approval by the Board of Directors.

The Board considered the Assurance Framework and noted the changes.

The Board approved the Corporate Risk Register (subject to the changes identified) and the Assurance Framework.

Membership report

Professor Maynard was concerned that the report showed a net loss in membership despite the Trust visiting all ward meetings. It was agreed that it was a disappointing quarter, but noted that there might be some revitalisation of the membership at the annual general meeting.

The Board noted the content of the report.

HYMS annual report

Dr Woods presented the annual report. He advised that HYMS had had another good year. The highlight of the year was the first year of final clinical examinations held in May 2008 followed by the successful graduation of the first cohort of HYMS doctors many of whom are now working as FY1 doctors in York Hospital.

Mr Rose enquired if there was now going to be the development of alumni. Dr Woods confirmed that an alumni was being developed.

Performance report

Mr Crowley presented the corporate dashboard for the period covering to 30 June 2009. It was the first time the Board had received the information presented in SIGNAL format.

Mr Crowley brought to the attention of the Board that there were some continuing issues in cystoscopy and endoscopy relating to six week diagnostic performance. The issues were related to administration and should be resolved with any backlog addressed by early August. Non -elective short and long stay was over plan along with day case and GP referrals.

The Board noted the content of the report.

Corporate finance report

Mrs Palazzo asked why there was a difference between the annual plan budget agreed with Monitor and the Trust's year to date budget. Mr Bertram responded by confirming that it was normal practice to maintain an agreed fixed plan for monitoring purposes but also to maintain an operational budget reflecting in-year agreed changes to plans.

The Board noted that whilst actual income and expenditure performance was slightly ahead of the Monitor plan, it was disappointing to note that the Trust had fallen marginally behind its revised operational budget.

Monitor Quarterly return

Mr Crowley proposed that the Trust should report a 'green' governance rating to Monitor for quarter.

Within the supporting letter that is to be submitted to Monitor the Trust will include information about the appointment of Ms Raper as the new Non-executive Director, an update on the 18 weeks pathway and successful achievement of the A&E performance, information about mixed sex accommodation and the usual financial commentary.

The Board was advised that the submission of the quarterly return was due Friday 31st July 2009.

The Board approved the submission as described by Mr Crowley.

Capital programme report

Mr Bertram presented the report. He referred to schedules which listed the detail of current major and minor projects. The Board enquired how the Executive Directors would address the over commitment in the programme. Mr Bertram explained that the Executive Directors had oversight of the approach particularly with regard to commencement and planning of schemes and that any necessary slippage on the programme would be managed to match the programme to available resources.

The Board noted the overall position in respect of the capital programme.

Seasonal influenza immunisation programme for NHS staff

Ms Hayward presented the report. The paper identified an approach to be taken by the Centre for Occupational Health and Well Being to increase the number of Trust staff being immunised against the seasonal influenza virus.

The Board considered the proposed approach and understood that there would be increased nursing resources required and the number of vaccinations available to support the programme would also be increased. The publicity surrounding the programme would be supported as part of the infection prevention and control information. Ms Hayward added that the Board must also note that ultimately staff are entitled to choose if they wish to be immunised or not.

The Board approved the prioritisation of influenza vaccine delivery to staff directly involved in patient care for the first month of the flu programme.

The Board agreed to fund the additional costs associated with the extra vaccines and nursing time to deliver the target update for both the seasonal and pandemic flu immunisation.

The Board approved and supported the efforts to develop flu champions within existing clinical teams to help deliver the highest levels of uptake.

The Board agreed to help to support and promote the campaign across the Trust.

Business cases

The Board of Directors approved the following business cases:

- 2009/31 Occupational Health Business Plan 2009-2013
- 2009/30 Capacity shortfall in Paediatric Ophthalmology
- 2009/34 Appointment of three Consultant Anaesthetists on a 10 PA contract
- 2009/29 Provision and management of GUM services in Scarborough serving the Scarborough, Whitby & Ryedale areas of North Yorkshire
- 2009/32 Business case to support the development of Oncology services in York
- 2009/37 Delivering Service Line Reporting and Patient Level Costing

Board resolutions

The Board of Directors was asked to approve the following resolutions.

Board statement – restated accounts for the year ending 31 March 2009

The Board was asked to give authority to the Chairman of the Audit Committee and Finance Director to sign the certificate for the redrafted accounts on behalf of the Board.

The Board understood that Monitor required a restatement of the accounts for the year ending 31 March 2009 to be submitted by 4 September 2009, which is before the Board of Directors meets again.

The Board agreed the Chairman of the Audit Committee and the Finance Director should sign the certificate on behalf of the Board.

Car Park - [single currently term loan facility agreement]

The NHSFT Finance Unit has agreed the Trust's application for a loan to fund the proposed multi storey car park. The loan contract is ready for signature and requires a board resolution authorising the Chairman and Chief Executive to sign the document on their behalf, and specifying the staff that can draw down the loan.

The Board agreed that the Chairman and Chief Executive could sign the NHSFT Finance Unit loan contract and approved the resolution in full.

Board meeting held on 30th September 2009 in Boardroom, York Hospital

Safeguarding children and the Care Quality Commission Review – declaration

Mrs Slaughter Associate Director for Safeguarding Children presented the SHA template and asked the Board to discuss its completion. She asked the Board to ensure it considered the information in the report as part of the completion of the template. Mrs Slaughter outlined the Monitor requirements with regard to the declaration.

The Board of Directors considered the assurance requirements in the declaration. The Board was affirmative on all assurance requirements.

Chairman's items

CQUIN maternity – Professor Maynard asked when the Board would have an opportunity to review the performance of the Trust. Ms McManus advised that this would form part of the safety and quality strategy quarterly report. The next report was due to be discussed at the October Board.

ICU capacity – Mr Proctor explained that there is a plan to have the capacity to ventilate up to 34 patients in the event of pandemic flu using the existing ICU area. Currently the space has 17 beds in it.

Reduction in length of stay – Mr Proctor advised that the Trust has experienced some delays in discharge to care homes, but the Trust is working with the care homes to resolve the problems. There are about 12 patients affected by the delays. Social services and the PCT are aware of the issues.

Report of the Chief Executive

Mr Crowley presented his report. He highlighted the key points around patients, patient experience and quality.

Risk and Assurance Committee

Mr Crowley referred to the work of the Risk and Assurance Committee.

Mr Ashton asked if the assurance framework was reviewed by the Risk and Assurance Committee. Mr Crowley confirmed that it was reviewed when the Committee considered the Corporate Risk Register.

Presentation on the Estate development

Mr Golding gave a presentation on the proposed development of the future of

the estate. The Board discussed the proposals in general terms and noted the presentation would be given to the Council of Governors on Monday 19th October 2009.

Performance report

Mr Proctor advised on the progress of achieving 18 weeks by speciality. At the end of September there were three specialties that had failed to reach the 18 week target.

The three specialties were, Maxfax, gynaecology and ophthalmology. The issues causing difficulties in gynaecology were related to staff and were unique to York. He explained that plans were in place to ensure that gynaecology did not continue to fail the target and the staffing issues were resolved.

Ophthalmology had experienced problems related to the high level sub-specialisation and changes in NICE guidance. He explained that if an optician now identifies an ocular pressure change NICE guidance requires the patient to be referred to the hospital for further investigation, this has resulted in a higher demand for outpatient appointments. The Board noted the comments and asked if this was a unique problem to York. Mr Proctor confirmed that York was not the only Trust experiencing this problem. He added that by the end of quarter four the Trust would be required to be fully compliant with 18 weeks in all specialties, so any outstanding issues would need to be resolved by then.

General surgery has been undertaking additional work, and as a result its position was improving. Mr Proctor was confident that the systems being put in place would resolve the issues.

Corporate finance report

Mr Bertram presented the finance report highlighting that there was an income and expenditure deficit of £0.23 against a planned deficit for the period of £0.29 and an actual cash balance of £6.1m. This places the Trust ahead of the Annual Plan submitted to Monitor and on target for delivery of a FRR of 3. The report also detailed actual performance against the in-year operational budget and highlighted reasons for variances between the fixed annual plan and the in-year operational budget.

Multi-story car park

The Board enquired where the repayments for the car park would fit in with the Trust's reporting. Mr Bertram advised that it would be included in the Annual Plan and monthly reporting.

Monitor Q1 return

The Board discussed the information in the report and suggested that the return on asset ratio (ROA) could be included in the board finance report.

HR quarterly report

Ms Hayward reported that appraisal activity currently indicates that the organisation is not going to be compliant with the expectation it set out in April 2009 of all eligible staff having received an annual appraisal by October 2009. She reported that detailed plans were in place to ensure more satisfactory levels would be achieved a sustainable way.

Professor Maynard commented he understood that there were Trusts that were considering moving away from some elements of Agenda for Change. The Board discussed the point and Mr Crowley added that the CE community were discussing the issue and generally were in agreement that if Trusts were going to do anything it would need to be undertaken collectively.

Ms Hayward asked the Board to note the continued improvement in sickness absence rates.

The Board noted the report.

Applied learning and research directorate

Mrs Holden gave a presentation on the new Applied Learning and Research Directorate. The presentation is attached to the minutes. She explained that the strategy provided the Trust with a framework for learning, development and research. The new Directorate brings all aspects together and ensures a co-ordinated approach is maintained.

Mr Rose enquired where Mrs Holden would place the Trust with peer organisations. Mrs Holden advised that the Trust's leadership activities are leading edge. The Strategic Health Authority (SHA) have asked the Trust to share how it introduced assessment centres for consultant appointments.

Mrs Fleming enquired how the board was being involved in the value work being undertaken. Mrs Holden advised that this would be followed up at the time out.

Professor Maynard thanked Mrs Holden for her presentation and suggested that stronger links should be made with York University Heslington site. Mrs Holden commented that she had been working on building those relationships but both parties needed to be committed to this.

Business cases

The Board of Directors approved the following business cases:

- 2009/55 – Respiratory care consultant
- 2009/36 – Percutaneous coronary intervention service (PCI)
- 2009/56 Radiology Department –Expansion of the North Yorkshire Breast

Screening Service

- 2009/35 – Consultant anaesthetist
- 2009/59 – Creation of a bereavement suite
- 2009/52 – Refurbishment of the electrical infrastructure of pathology and pharmacy

Financial Planning for a worsening economic climate

The Board has received a number of presentations and reports on the work demonstrating the planning being undertaken for a worsening economic climate. This report was required by Monitor and would, following approval by the Board, be submitted to Monitor.

Mr Bertram advised that Monitor had not released a standard model, but had asked Trusts to evidence that the current financial climate was being planned for. He added that the main change in this report to the one shown to the Board at the meeting in July was the removal of scenario 3 (worst case). The two scenarios included in the final report are flat cash and 0.7% gain.

Board meeting held on 28th October 2009 in Boardroom, York Hospital

Quality and Safety Dashboard

Ms McManus explained that the data included in the report was from the directorates and was designed to provide assurance. She added that in terms of the patient complaints the Board needed to understand not only the number of complaints, but also what the patients were saying and she would be including this information in the next quarters report.

Mrs Fleming enquired about the number of midwives required for CQUIN. Ms McManus explained that the numbers are not significant this year and are only collected as information.

Mr Bertram explained that this year the numbers do not have an impact on the contract. The Trust will have to address the standards required by the Maternity Matters document. The Trust has prepared plans that cover a 2 year period and these plans have been submitted to the PCT as part of the Q2 CQUIN submission. Of note is that the plan has internal implications for the Trust's planning related to hospital midwifery services but also has external implications for the PCT related to community midwifery services.

Professor Maynard asked about the UTI target. Ms McManus advised that she anticipated the Chief Nursing Officer (CNO) would announce further targets and measures such as UTI as part of the Operating Framework. Ms McManus added that once the measures are announced it will be important to ensure the collection of base level data is part of the Quality and Safety Strategy.

Quarterly Director of Infection and Prevention Control Report

Ms McManus explained that as the Director of Infection and Prevention Control she was obliged to present a quarterly report that assured the Board of the Trust's compliance with the Hygiene Code. She explained that the report is made up of a number of elements including the saving lives initiative which provides the Board with assurance about the key clinical aspects.

Professor Hutton added that the main problem seemed to be that the outbreaks of such infections as Norovirus were not reported in this report. Ms McManus confirmed that Norovirus outbreaks were not included in the report, but she would be happy to include if the Board wished to have that information.

Mr Proctor added that as Norovirus is not considered to be a hospital acquired infection the Trust can only manage the consequences when it arrives. The impact on the operational activity is significant and can cause considerable disruption. Nationally and locally it is not deemed to be in the control of hospitals. He added that it is about maintaining good practice and limiting the exposure when a case does arrive.

Chairman's items

HINI

Professor Maynard enquired what the developments were. Mr Proctor advised that the 2nd wave of infection was slow and not increasing as quickly as had been expected. Currently there were 6 patients on the cohort ward and the vaccination programme was about to begin. A group of senior nurses would be administering the seasonal flu vaccine and occupational health would be administering the swine flu vaccine.

Report of the Chief Executive

Mr Crowley reported that the Trust had received the Health Care Standards rating for this year. The Trust had been awarded excellent for use of resources and good for the quality of services. The Board noted that the Council of Governors had had been advised of the rating at the joint meeting held during October.

Mr Crowley added that the Chief Executive of the Care Quality Commission had commented nationally that there was very little difference between excellent and good.

Membership

Mr Crowley reminded the Board that there was a discussion at the joint meeting with the Council of Governors where it was agreed that the membership strategy should be about quality of care provided for patients rather than numbers of members. However, it was acknowledged that numbers were important and there would need to be a more systematic approach to

recruitment of members, especially in relation to patients being cared for in this hospital.

The Board went on to discuss the use and development of the website.

Professor Maynard asked for a report to be presented to the Board on the communication strategy including the development of the website.

Performance report

The performance report details the activity and performance against target delivery for the period 1-30 September 2009. Mr Ashton enquired why there was a variance of -13.49% against ordinary elective activity. Mr Proctor advised that work was being carried out to ensure performance was brought back into balance by the end of the year. Mr Proctor added that there is no one reason for the performance, it is a multitude of issues that are causing the level of performance.

Mr Ashton noted that the GP referrals were also down, he enquired if this was symptomatic of anything. Mr Proctor explained the Trust has considered if the PCT has instigated anything that would cause the reduction and there is no evidence of this. In terms of non elective long stay the Trust is seeing more activity compared to plan, but there is no one single cause of this, the view is that it is more of just the same.

Mr Proctor reported on the progress of achieving the 18 week target. He advised that there were three areas that have failed to achieve 18 weeks at quarter 2. Those areas are maxfax, general surgery and ophthalmology.

General surgery was 1/300 of a percentage point away from achieving the target.

Ophthalmology was still receiving the additional work as a result of the NICE guidance. The Trust has been using additional resources to help reduce the backlog and the PCT is putting in place from 1st December a new triage system, which should ease the problem. The department will be required to achieve the 18 week target by quarter 4.

Gynaecology has progressed well during the quarter and has held additional sessions to treat the backlog of patients. It is expected that they will fail in quarter 3 but not in quarter 4.

Diagnostics have improved their position. Patients are now offered appointments within 6 weeks, but patients are still cancelling those appointments on occasions.

Corporate finance report

The report covers the financial performance of the Trust as at 30th September 2009.

Mr Rose enquired if the business cases approved by the Trust which have an impact on the contract are added to the budget and amended in the PCT contract and whether that usually occurred. Mr Bertam confirmed that changes were made to the contract during the year, for example the newly awarded Scarborough GUM contract. In the case of other income changes, e.g. R&D, these were obviously managed separately.

Mrs Fleming enquired if delivery of the capital programme was at risk. Mr Bertram advised that it was not at this stage and there were a number of schemes that could slip if there was additional pressure on the capital scheme.

Volunteer update

Ms Hayward advised that the role description of the volunteer had been revised to make the duties of a volunteer clearer. The developments have been undertaken in conjunction with the directorates. She explained that the plan is to develop a volunteer database and to ensure there are links between the volunteers and external organisations.

Mrs Palazzo enquired if the database being developed could be co-ordinated with the charitable funds database that is also being developed.

Ms Raper commented that she felt this all tied into the debate held earlier in the meeting about the membership engagement. She added that she felt there were links with the community and engagement with the governors and the groups the governors belong to outside the organisation that could be included. She also felt that a steady development of the strategy increasing growth and focusing on what the Trust wants rather than what people want to do was the right approach.

The Board supported the policy on the reimbursement of expenses to all volunteer groups across the organisation and supported the approach being taken to progress the volunteer agenda.

Promoting Wellbeing and Managing Sickness Absence Policy and Procedure

The Board considered and approved the policy.

Revalidation update

Dr Woods explained the revalidation system. He advised that a considerable amount of work does need to be completed to respond to the readiness statement required by the SHA. He added that it is unclear at this stage how the responsible officer would ensure the Board obtained assurance about a clinician's practice at a national level. Every doctor will have a responsible officer available to them, but the responsible officer would be required to ensure evidence was provided for all areas in which a doctor practiced. Dr Woods gave an example of a consultant who had his NHS work, private work, teaching commitments and undertook R&D work. The responsible officer would

require evidence from each area of practice.

Dr Woods explained he was working with Mrs Holden to add more rigour and structure in the system.

Ms Palazzo enquired about the early pilot schemes that have been running. Dr Woods advised that the early pilot schemes were both PCT and Trust together, but this has now been changed to two separate pilot schemes and the intention is to be part of the Trust pilot but clarification is needed before the Trust finally agrees to participate.

Submission of the restated accounts

The Board noted the restated accounts and the requirement to submit the restated accounts to Monitor.

The Board approved the assurance statement.

Monitor Q2 submission

The Board considered the proposed submission to monitor and approved the letter and accompanying documents.

Feedback from the open event

Mrs Palazzo provided feedback on the open event. She advised that generally the feedback had been positive. Mrs Palazzo raised a number of questions that she required the Board to consider about the event in the future.

Should the open event be held every year?
Should it be held at the same time as the AGM?
Should more 'talks' be held at the open day event?
Should the Trust seek sponsorship?

The Board discussed the event and agreed it had been a very positive afternoon. It was agreed that the event should be held next year with the AGM, but the AGM meeting should be held later in the afternoon. It was agreed that consideration should be given to holding the event in the post graduate centre and more local dignitaries should be invited. For the AGM it was suggested that more time be allowed for question and answers.

The Board agreed that the event should be held to coincide with the Clinical Audit Programme.

Council of Governors – 16 December 2009

Membership Engagement Committee

The attached paper details feedback on the following areas relating to the Membership Engagement Committee:

- York Talk Newsletter
- Guidelines for Handling the Media
- Committee meeting on 18th August 2009
- Committee meeting on 15th September 2009 Board to Board meeting on 19th October 2009
- Committee meeting on 27th October 2009

Recommendation

The Council of Governors is asked to note the report.

Assurance
and related
objective

Governance

Owner Helen Mackman
 Public Governor for City of York

Date of December 2009
paper

Version V.1
number

Number of 5
pages

Membership Engagement Committee (the MEC)

1. YorkTalk newsletter

The committee continues to suggest and discuss various topics for inclusion in YorkTalk. It has been suggested that positive messages from Team Brief could be included in future editions of this newsletter.

2. Guidelines for handling the media

The committee recommends that these guidelines be accepted by the Council of Governors.

3. Committee meeting 18 August 2009

York Hospital Radio

Ian Clennan, Chairman of York Hospital Radio (YHR), attended our August meeting to describe how the station may help in the recruitment of more patient members and in supporting the Governors to connect with patients.

The radio's shows are pre-recorded, transmitting to hospital patients via the Patientline personal entertainment system. Patientline/Experia provide monthly listening figures which Ian reported as 5.5 to 6000 listening hours per month (only BBC Radio 2 is ahead by about 500 hours). This presents a potential for Governors to connect with a great number of people.

"Celebrities" are used for voice-overs (eg Zoe Ball, Alan Dedicoat), and every 30 minutes a Health Service Information message is broadcast (eg. info on PALs, the Chaplaincy, WRVS).

The next development is to find a way to give staff access to YHR, perhaps via the intranet. They could then have promotions geared to staff and Staff Governors could use it as a communications tool.

Ian agreed to work with Governors and have further discussions on ...

- Including a message on membership during one of the regular information slots. This could be up to 2 minutes long.
- Recording a discussion session with Governors.
- Including a membership flyer in the YHR booklet
- Featuring a Governor column in their magazine
- Governors recording a message or using a professional.

Since this meeting, the committee, via Ian Clennan, has approached Harry Gration, the charity's patron, to provide a voice-over for a recruitment message to patients. We have written the script, approved by Lucy Brown, and Harry has agreed to record it. Because the Trust is awaiting a new supply of membership forms, the recording cannot be broadcast as yet.

4. Committee meeting 15 September 2009

Patrick Crowley, Chief Executive, asked to attend this meeting to give his perspective on the draft version of the Membership Development strategy and how it should be taken forward in the organisation.

Key points from the discussion included:

- The MEC should set the tone, style and emphasis of the strategy
- The strategy should show how the Trust will support Governors to become conduits to and from members
- The strategy should be as general as possible but Governors need to own the action plan
- Resources to support the strategy need to be built in and although there is no recurring non-staff budget allocated to membership, there is the availability of non-recurring finance to support membership recruitment campaigns and engagement events
- Patrick suggested that the draft should be discussed with all Governors and Trust Board members at the Board to Board meeting on 19 October, after a presentation by the MEC Chair in partnership with a Non-Executive Director

5. Board to Board meeting 19 October 2009

Helen Mackman and Alan Rose presented on the relationship between the Trust, the membership and the community the Trust serves and facilitated a discussion on how we should be engaging with the public, using the draft strategy as a background document.

The key points to have come out of the discussion were:

- An agreement that although members of the MEC had worked on the draft strategy in some detail, this would be a Trust strategy, supported by governors

- Membership and community engagement should be consistent with and part of the Trust's communications strategy
- We need more focus on engaging effectively with the whole community (as well as patients and future patients) and to have less focus on the recruitment of new members.
- There is a need to know and understand our population better and how our membership may or may not reflect this
- We should be giving information to the community so that people will have that information when they need it
- The Trust should build on its existing mechanisms
- Clarity is needed on the objectives of the strategy
- Specific engagement with community groups was encouraged in order to provide information and for the community to highlight issues as they arise. It was recognised that the nominated governors could have a key role in this
- Focus is needed on the development of the Trust's website with appropriate interactive links. The setting up of Facebook and Twitter sites were recommended as a vehicle to engage particularly with young people
- Engagement is needed with students, even if many are a transient part of the hospital's population
- Staff need to know their staff governors and Horizon can be an effective way to enable this

6. Committee meeting 27 October 2009

Becci Lord, Capital Planning Manager, presented the Trust's Wayfinding project to the committee in order to seek a volunteer from the Governors to participate in the project team. The role of a Governor will be to bring the community and membership viewpoint to the project. Geoff Rennie has agreed to join the project with Martin Skelton deputising if necessary. Both these Governors are members of the Patient Focus Group so it was agreed that they would report on the Wayfinding presentation to the group when it meets on 9 December.

It was agreed at the same meeting that the approach to community/membership engagement should be more robust and professional and that it would benefit the committee to work with the new NED, Libby Raper. Libby has agreed to join the committee and we will begin working with her at our next meeting on Tuesday 5 January 2010.

York Hospitals NHS Foundation Trust Guidelines for governors when dealing with the media

In dealings with the media, as in other aspects of the performance of their duties, Governors are bound by the Trust's Governors' Code of Conduct.

The Trust has a positive relationship with local media and it is important that this continues. The Trust's communications service manager is the point of contact for all media enquiries, and coordinates the Trust's response as well as identifying opportunities for proactive, positive media coverage.

Having a single point of contact to deal with queries enables the Trust to give an informed, accurate response. This can help to correct inaccuracies, inform and reassure the public, and present coherent arguments across a range of issues.

The Trust's communications service manager is the only person who can issue statements on behalf of the Trust. For this reason, the Trust's position is that governors refrain from speaking to the media about issues relating to the Trust. The role of the governor is not to act as a spokesperson for the hospital, however the Trust recognises that no-one can be prevented from commenting in the media, nor can it prevent journalists from directly approaching governors. In recognition of this, the following guidelines should be adhered to:

1. In line with the code of conduct, governors should make every effort to contact the Communications Service Manager before giving a response to a question from the media. If unable to do this before responding, the governor must advise the CSM as soon as possible with details of the response.
2. If governors do comment in the media they do so as an individual and not as a governor or on behalf of the Trust.
2. Governors must not regard contacting the media as a first resort if there are aspects of the Trust's management or operation, or issues to do with patient care, with which they are unhappy. They are required to discuss the issue internally with the chairman, SID, appropriate director, or the Foundation Trust Secretary for the matter to be resolved. Failure to do so may result in Governors being in breach of the Code of Conduct.
3. Governors are required to respect the confidentiality of the information they are made privy to as a result of their membership of the Council of Governors. Disclosing confidential information could result in dismissal from the Council of Governors.
4. No patient or staff details will be released at any point by a governor.
5. As the view you express to the media will be your own personal view you must make that clear – especially if the views you are expressing are at odds with those of other Governors, the Governing body as a whole, or the Trust itself. Governors will be in breach of the code of conduct if they make a comment that brings the trust into disrepute and affects the trust's reputation. Governors should give careful consideration as to the potential impact of their actions and the effect it could have them as a governor and the Trust.

8. The communications service manager is available to offer advice and guidance to any Governor who is contacted by the media. Should you find yourself in the position of being required to make a comment, listed below are some dos and don'ts which might help you.

Media handling dos and don'ts:

- When approached by a journalist, ask for some time to marshal your thoughts. Say you will call them back so you can think through what you will say and make some notes. Contact the communications service manager and confirm your facts. Put what you want to say in writing and either email it to them or read it over the phone.
- Answer the question that you want to answer, not necessarily the question the journalist asks. You can simply keep repeating your message in a slightly different format.
- Always gets back to journalists in the time you have promised, even if it's just with a holding statement. The journalist will almost certainly have tight deadlines. Failure to respond within the agreed time will mean that your point of view goes unreported. It will also make the journalist less likely to approach you for a comment in the future.
- Don't speculate or be drawn into saying more than you are comfortable with, and if you don't know then it's fine to say so.
- Don't go off the record – assume everything you say is on the record, this way there is no confusion and your comments won't come back to haunt you.
- Remember patient confidentiality – just because the patient or their relative has chosen to go to the media it does not mean we can discuss details of their case.
- Don't comment on other organisations (e.g. the PCT), the journalist will need to contact them for further information.
- If you are approached by the media but would prefer not to comment, you have every right not to do so. The way in which you decline is important. Do NOT say, when speaking to a journalist, "I'm not prepared to comment", as this could be turned into a "Governors refused to comment" story, which is negative. Instead, be friendly but explain that this is an area about which you know very little. This gives you a reason for not saying anything.

Council of Governors meeting – 16 December 2009

CQC consultation event on new registration standards 16 July 2009

Presentations by: Sue McMillan, Yorkshire and Humber Regional Director
Ericka Moon, Policy & Practice Manager – IHC, CQC
Maureen Campbell, Provider Registration Manager, CQC

Presentations covered:

What is the Care Quality Commission and its aims?

- The CQC will register all providers of health and adult social care with a single set of registration requirements for all settings.
- Enforcement will be strengthened and extended with a range of enforcement powers for providers from all sectors.
- Legally: the Government has passed the Health and Social Care Act 2008, Registration Requirements Regulations and Regulated Activities Regulations. The CQC will produce Guidance about compliance (with legal status) and Further advice for implementation (with no legal status)

Guidance about compliance with the Health and Social Care Act 2008

Divided into 3 parts:

- Part A: the Guidance
- Part B: Schedule of Applicable Guidance (generic guidance about compliance)
- Part C: Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 (Draft)

Consultation activity

The CQC has consulted with people who are users of the services, provider, commissioners and other regulators and professional bodies in order to produce the draft guidance with a 12 week public consultation from 1 June to 24 August 2009 including these national and regional stakeholder and involvement events in June and July, newsletters, press, web, including letters to all providers.

The purpose of the day was for the CQC to inform and the attendees to give feedback on the draft guidance and the proposed strategy/process with no restriction on any comments. The CQC are asking for feedback to ensure that the Guidance is inclusive.

The final version of the Guidance will be produced by beginning of December 2009.

Registration time table

- NHS trusts apply to be registered by January 2010
- NHS trusts registered April 2010
- Care Standards Act registered adult social care and independent healthcare providers apply to be registered by summer 2010
- Adult social care and independent healthcare providers registered October 2010

Details of the process for registration, how it will slot in to the present system and just who is registered were given. The checks to be carried out by the CQC were also described and how registration will be updated. Service providers will need to be registered for the activity they carry out rather than the locations in which they are carried out.

Questions, Answers and Discussions.

At least half the time at the conference was set aside for questions and discussions. The delegates were asked numerous questions with immediate electronic feedback and were encouraged to record any comments. There were also small group discussions including discussion of selected parts of the draft guidance, which varied across the delegates, where again any comments were electronically recorded. Each small group included a representative of the CQC. All the recorded comments are to be collated in a report to be produced later this year (September 2009?). A common concern was the short time allowed for the registration of NHS trusts.

Jenny Moreton

Council of Governors – 16 December 2009

Annual Report of the Audit Committee 2008/2009

Summary of Paper:

Details a summary of the activity of the Audit Committee for 2008/2009.

Recommendation:

Members are asked to agree the attached report.

Assurance and related objective	Internal Audit's work provides assurance and evidence across a wide range of corporate objectives.
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Governance	Audit Committee - 9 September 2009
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Owner	Mr Philip Ashton, Chairman of the Audit Committee
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Date of paper	24 August 2009
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Version number	V.1
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Number of pages	6 (including cover)
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York Hospitals NHS Foundation Trust

Annual Report of the Audit Committee 2008/2009

INTRODUCTION

It has been my privilege to chair the Trust's Audit Committee since November 2008. I am indebted to my fellow non-executive director, John Hutton, for his excellent work as interim chair in the first part of the year, and 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 2008/09 and how it has discharged its responsibilities.

OVERVIEW OF 2008/09

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

During the year the Committee comprised the following non-executive directors:

- Philip Ashton (appointed 1 September 2008, Audit Committee Chairman from November)
- John Hutton (who was also Acting Audit Committee Chairman until October)
- Linda Palazzo

The Board of Directors was informed at its meeting in April 2008 that the composition of the Audit Committee would temporarily fall short of the requirements of Monitor's *Code of Governance*, which states that it should comprise at least three non-executive directors at least one of whom should have "recent and relevant financial experience". The Audit Committee lacked a third non-executive director with appropriate financial experience until Philip Ashton's appointment to the Trust on 1 September 2008.

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:

	14 May 2008	6 June 2008	9 July 2008	17 Sept 2008	17 Nov 2008	14 Jan 2009	4 Mar 2009
Philip Ashton (Chairman from November)	n/a	n/a	n/a	✓	✓	✓	✓
John Hutton (Member and Acting Chairman April – October)	✓	✓	✓	✓	✓	✓	✓
Linda Palazzo (Member)	✓	✓	✓	x	✓	✓	✓

The Committee did not carry out a formal and documented self-assessment of its effectiveness during the year, but training and update issues identified in previous self-assessment exercises were used to inform an Audit Committee Members' Workshop in February 2009, organised in conjunction with the Head of Internal Audit. The workshop concentrated on governance and audit 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.
- Monitored all single tender approvals on behalf of the Board, and all risk and control related disclosure statements, i.e. the Statement on Internal Control, declarations of compliance with the Standards for Better Health, the Head of Internal Audit Opinion and External Audit's opinions.
- 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*.

Additional items added to the Audit Committee's work programme from January 2009 have been:

- Receipt and review of documents signed under the Trust seal, the assurance framework document and associated action plan, and quarterly returns to Monitor.

Throughout the year, direct links between the Audit Committee and the Governance Committee were provided by Linda Palazzo (Non-Executive Director and Member of the Audit Committee who attended Governance Committee meetings) and, from September onwards, by the Foundation Trust Secretary who attended and administered both committees. Additionally, John Hutton, as well as being a Member of the Audit Committee, was Chairman of the Resource Management Committee.

A revised corporate governance structure is in the course of being introduced at the Trust. Some aspects of the Audit Committee's role in providing assurance to the Board still need to be clarified, and Members will be looking for this to be addressed as new arrangements embed during 2009/10.

(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 first two Audit Committee meetings of the year were attended by PricewaterhouseCoopers LLP as part of the process of completing the 2007/07 statutory audit. The auditors for 2008/09 were Grant Thornton LLP who attended Audit Committee meetings from October onwards.

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.
- Reviewed, on behalf of the Board, the External Auditor's ISA260 report, and the Trust's response.

(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.
- 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 Chairs of the Audit Committee also chaired the Internal Audit Alliance Board, which is a body of Audit Committee Chairs and Finance Directors from each of the NHS organisations serviced by the Trust's internal audit service provider. The Alliance Board's main functions are to oversee the strategic direction of internal audit and to develop Audit Committee best practice.

CONCLUSION

The Committee has been able to fulfil 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 Committee does not consider that there are any areas of significant duplication or omission in that have come to the Committee's attention and not been adequately resolved.

Philip Ashton
Audit Committee Chairman
June 2009