

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

on: **Wednesday 1st July 2009**

at: **4.15pm – 6.00pm**

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

MEMBERS' COUNCIL AGENDA

<i>Item</i>	<i>Lead</i>	<i>Paper</i>
PART ONE: 4.15pm - 4.30pm		
<p>1 <u>Chairman's introduction</u></p> <p>The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.</p>	Chairman	
<p>2 <u>Oral questions from the public</u></p> <p>To receive any oral questions from members of the public in attendance at the meeting.</p>	Chairman	
<p>3 <u>Apologies for absence</u></p> <p>To receive any apologies for absence.</p>	Foundation Trust Secretary	
<p>4 <u>Declaration of interests</u></p> <p>To receive the updated register of governors' interests and confirm the accuracy of this, and to receive any further declarations of interests.</p>	Chairman	A
<p>5 <u>Minutes of the meeting held on 6 May 2009</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 6 May 2009.</p>	Chairman	B
<p>6 <u>Matters arising from the minutes</u></p> <p>To consider any matters arising from the minutes.</p>	Chairman	

PART TWO: General business 4.15pm – 5pm

<i>Item</i>	<i>Lead</i>	<i>Paper</i>
<p>7 <u>Annual review of Chairman and Non-executive Director' remuneration</u></p> <p>To report on the decision of the Members' Council at the private meeting on the remuneration of the Chairman and Non-executive Directors.</p>	Chairman	Verbal
<p>8 <u>Constitution</u></p> <p>To receive an update on the revise constitution</p>	Foundation Trust Secretary	Verbal
<p>9 <u>Chairman appraisal</u></p> <p>To receive an update on the appraisal for the chairman</p>	Vice Chairman of the Members' Council	Verbal
<p>10 <u>Performance and Finance report</u></p> <p>To receive the performance and finance report.</p>	Director of Finance & Chief Operating Officer	C
<p>11 <u>Consultation document – Monitor's Guide for NHS foundation trust governors: meeting your statutory responsibilities</u></p> <p>To discuss the document</p>	Chairman	D
<p>12 <u>Summary of the minutes of the Board of Directors meetings</u></p> <p>To receive a summary report of the Board of Directors minutes of the meeting held in April and May 2009</p>	Chairman	E
<p>13 <u>Minutes of the Patient Focus Group</u></p> <p>To receive for note the minutes of the Patient Focus Group</p>	Chairman of the Group – Mr S Lewis	F
<p>14 <u>Membership Engagement Committee</u></p> <p>To receive for note the minutes of the Membership Engagement Committee</p>	Chairman of the Group – Mrs H Mackman	G

PART THREE: Strategy discussion 5pm - 6pm

Item	Lead	Paper
<p>15 <u>Celebration of achievement award</u></p> <p>To view a video shown at the Celebration of achievement awards.</p>	Chief Executive	Verbal and video
<p>16 <u>Any other business</u></p> <p>To consider any other items of business.</p>	Chairman	
<p>17 <u>Next meetings</u></p> <p>To note the date, time and venue for the next general meeting:</p> <p><i>Next General meeting – Wednesday 2nd September 2009 at 4pm</i></p> <p><i>There will be a pre-meeting of the Member's Council meeting at 3.30pm.</i></p>	Chairman	
<p>17 <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

22 June 2009

Changes to the Register of Governors' interests:

Ian Greer resigned from being a governor April 2009

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

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Cllr Alexander Fraser (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	Nil
Mrs Kate Harper (Staff: Nursing)	Nil	Nil	Nil	Nil	Nil	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 Patrick McGowan (Public: Selby District)	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 Mike Moran (York CVS)	Trustee —MyKnowledgeEmap 37 Micklegate, York	Trustee —MyKnowledgeEmap 37 Micklegate, York	Nil	Chairman —York CVS	Nil	Nil
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	Systematic Reviewer —Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE
Mr Nevil Parkinson <i>Public: Selby District</i>	Nil	Nil	Nil	Director —West Riding Masonic Charities Ltd	Nil	Nil
Cllr Caroline Patmore (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council	Councillor —North Yorkshire County Council
Mrs Ann Penny (Staff: Nursing)	Nil	Nil	Nil	Nil	Nil	Nil
Mr James Porteous (Public: City of York)	Trustee —Notions Business and Marketing Consultants	Nil	Nil	Chairman —Governors at Applefields School Chairman —Hob Moor Oaks School President —Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
Mr Geoff Rennie (Patient: Carer)	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	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 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 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	Nil	Nil

Minutes of the meeting of the York Hospitals NHS Foundation Trust Member's Council held on 6 May 2009, The Boardroom, York Hospital.

Present: **Chairman of the meeting** Mr G Rennie MBE, Patient/Carer Governor

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 S Ruff, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District

Patient/Carer: Mrs J Farquharson, Patient/Carer Governor
Mrs J Moreton, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor

Partner: Mrs G Cashmore, Partner Governor, North Yorkshire & York Primary Care Trust
Councillor S Fraser, Partner Governor, City of York Council

Mrs M Kirk, Partner Governor, City of York Council
Mrs C Patmore, Partner Governor, North Yorkshire County Council
Mr M Sweet, Partner Governor, North Yorkshire & York Primary Care Trust

Staff: Dr L Bond, Staff Governor, Consultants
Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional
Mrs A McGale, Staff Governor, non-clinical

Apologies: Mrs E Casling, Partner Governor, North Yorkshire County Council
Mrs K Harper, Staff Governor, Nursing
Mrs S Lewis, Public Governor, City of York
Prof Maynard, Chairman of the Trust
Mr P McGowan, Public Governor, Selby District
Mr R Towner, Public Governor, City of York
Mrs P Turpin, Public Governor, Hambleton
Mr M Moran, Partner Governor, York CVS
Cllr S Wiseman, Partner Governor, City of York Council

Attendance: Patrick Crowley, Chief Executive
Andrew Bertram, Director of Finance
Lucy Brown, Communications Manager

Gillian Fleming, Non-Executive Director
Cheryl Gaynor, Secretary/Board Administrator
Penny Goff, Membership Development Manager
Peta Hayward, Director of Human Resources and Legal Services
Sue Holden, Associate Director – Corporate Development
John Hutton, Non-executive Director
Libby McManus, Chief Nurse
Linda Palazzo, Non-executive Director
Mike Proctor, Chief Operating Officer
Alan Rose, Non-executive Director

**Members of
the Public:**

Three members of the public attended the meeting

09/43

Constitution

Mrs Pridmore presented the report which outlined a number of key changes that had been made to the constitution as follows:

- 8.13.1 l) –A member of a Local Authority Overview and Scrutiny Committee for Health (Social Affairs and Health Scrutiny Commission). Mrs Pridmore reported that there was an issue with this term as it would affect two existing Governors. The Council discussed the requirements for putting such a term into the constitution and agreed that they would like the issue addressed through the declarations of interest.
- The proposed amendments to the constitution included a review of the size of the Members' Council. It was proposed that the membership was reduced. To ensure there was a balance between the public Governors and the Partner Governors the proposal was to reduce the number of partnering Governor. The Council did not conclude a view, but agreed that the Board of Directors should decide on the make up of the Members' Council.
- It was requested that the name of the Members' Council be amended to the 'Council of Governors'. This had now been agreed.

Mr Rennie assured the Governors that their comments had been taken onboard and reiterated to the Board of Directors as the final decision of the constitution belongs to the Board.

09/44

Chairman's Appraisal

Mrs Pridmore presented the report which outlined the process for the Chairman's appraisal and provided Members' Council with a draft timetable.

Members' Council noted the report.

09/45

Performance and Finance Report

Mrs Bertram and Mr Proctor gave a detailed presentation which outlined the performance targets for the month of March, the draft year-end financial position and a summary of the income and expenditure.

Mr Bertram reported that:

- The Trust had submitted draft accounts to Monitor, External Audit work was now underway
- Excluding impairments the Trust had achieved an underlying surplus of £2.2m compared to a planned surplus of £1.2m. This was a good position, strengthening the cash position and providing resources for reinvestment back to the capital infrastructure. The reported position reflects the £7.8m of impairment charges. This resulted in a technical deficit of £5.6m. This deficit was an accounting presentation and did not represent a cash transaction. The underlying real resource surplus remained. Monitor excludes technical adjustments such as impairments in their underlying performance assessment.
- The provisional Monitor financial risk rating was 4 (from a 1 to 5 scale). A rating of 4 or 5 corresponded to 'Excellent' in the Health Care Commission's use of resources assessment

Mr Proctor reported that:

- 18 week performance – admitted was 90.14% against a target of 90% and non-admitted was 96.6%, the national target is 95%
- 4-hour was 98.4%, the national target is 98%
- 31 day cancer was a target of 98% - the target has not yet been confirmed.
- 62 day cancer was a target of 95% - the target has not yet been confirmed.
- MRSA 15 against the Healthcare Commission target of 16 or 5 against Monitor's target of 12.
- C,Diff was a target of 103 against a target of 121.
- Thrombolysis was a target of 80% against a target of 69%

Dr Dalton expressed her congratulations to Ms McManus and Mr Proctor on their efforts on MRSA and C.Diff targets.

09/46

Discharge of the Elderly at Home

Mrs Blackburn made representation to the Members' Council regarding the policy and procedure for discharge of elderly patients. Mrs Blackburn enquired whether there were hospital based social workers. Mr Proctor advised that the Trust did have hospital based social workers. He reported that discussions with himself and the Head of Patient Flow had taken place and the idea that a seminar around the subject of discharge would be beneficial for the Governors which would cover the discharge of elderly patients. Mr Proctor advised that he would proceed with this to ensure that the seminar will go ahead.

Action: Mr Proctor to liaise with the Head of Patient Flow to arrange a seminar regarding discharge of patients.

09/47 Summary of the minutes of the Board of Directors meetings

The Members' Council received the summary of the Board of Directors' minutes for its meetings held in February and March 2009.

Mrs Moreton requested that the all abbreviations be reported in full for future reports to ensure full clarity of the minutes is obtained.

Members' Council noted the minutes.

09/48 Membership report

Mrs Goff presented the report which provided details of public, patient and staff membership for the period April 2008 to 31 March 2009. She reported that the profiles provided information on numbers, type, catchment area, gender, age range and ethnicity of the Trust membership and a summary of leavers and joiners.

Mrs Goff reported that the Membership Engagement Committee was currently reviewing the analysis of membership profile to determine the engagement strategy and action plan for the year.

Members' Council noted the report.

09/49 Patient Focus Group

Mrs Fleming presented the report which update Members' Council on the progress of the development of the Patient Focus Group.

Mrs Cashmore requested that the service improvement be that of a 'wider perspective'. She expressed her concern that the focus appeared to be that of York and its City and barely that of any other area i.e Easingwold or Selby. Mrs Fleming thanked Mrs Cashmore for her comments.

Mrs Fleming brought the Governors' attention to her submitted report which detailed a number of proposals for the new Governor Patient Focus Committee (GPFC) she had prepared for the Governors to consider. She had proposed and Members' Council agreed that:

- The purpose most appropriate for the GPFG was – to make recommendations to improve the services of the Trust by using the experience of patients, members and Governors and continue the development of Trust's work on Patients and Patient Involvement
- Schedule of meeting be that of three times a year
- Nomination for the membership of the GPFG be as follows:
 - Steven Lewis

- Paul Baines
- Jim Porteous
- Martin Skelton
- Jane Dalton

After a detailed discussion regarding the election of a Chairman for the GPFG, it was agreed, by a vote of 10 for and 8 against, that the Chairman be nominated and elected by the GPFG at its first meeting.

09/50 Any other business

There was no other business to report.

09/51 Next meeting

The date of the next Members' Council will be held on Wednesday 1 July 2009 at 4.00pm at York St John's University, Lord Mayors Walk, York.

09/52 Collation of written questions from members of the public

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

CLG
24/05/2009



Performance and Finance

Members Council 1 July 2009

Mike Proctor

Andrew Bertram

Opening Financial Position

- The Trust is now reporting on its position 2 months into the new financial year.
- For the period to May we expected a small deficit in terms of income & expenditure (£0.23m) but we are reporting a small surplus (£0.16m).
- The resulting position is income and expenditure running slightly ahead of plan by £0.4m.
- If we were reporting to Monitor this month we would be reporting delivery ahead of plan and a financial risk rating of 3 (again as planned).
- Good start to the year in financial terms.

Summary Income & Expenditure

	Plan to May £m	Actual to May £m
Income	37.3	37.2
Expenditure	(36.0)	(35.5)
EBITDA	1.3	1.7
Depreciation	(1.0)	(1.0)
Dividend on PDC	(0.6)	(0.6)
Interest Receivable	0.02	0.00
Net Deficit	(0.2)	0.2

The Financial Outlook

- We talked last time under the annual plan of the challenging financial outlook for the NHS.
- Monitor have now requested detailed financial plans going beyond the 3 years of our annual plan (beyond the final NHS growth of the current CSR). These plans are for submission at the end of September.
- The finance team are now working on these and at the next Members' council I will take you through the working drafts and will seek your input to the final submission documents.

Performance - Month 2

- 18 week performance – admitted 91.1 (90%) non-admitted 97.52 (95%)
- 4-hour – 97.9%
- 31 day cancer – 99.2%
- 62 Day cancer – 95.2%
- No MRSA
- C.Diff – 5 (8 YTD)
- Thrombolysis – no eligible patients

Activity April-May 09

- Elective -15.2% (215 patients)
- Non-elective short stay +18.5% (400)
- Non-elective long stay +4.5% (150)
- GP referrals +8.19% (746)

Members' Council – 1 July 2009

Consultation Document – Monitor's Guide for NHS foundation trust governors:
meeting your statutory responsibilities -Consultation questions

Introduction

Monitor released the guidance on the statutory responsibility of NHS foundation trust governors as a consultation document. The purpose of the guide is to provide governors with clarity about their statutory duties.

The board of directors and the governors have considered the document and made the following observations.

The document is designed to provide overall guidance at present it gives the impression of either seeking to be a 'comply or explain' guidance or mandatory guidelines.

The governance structure within NHS foundation trusts.

1 Does the chapter on governance structures explain in principle the key elements of a foundation trust? If not which elements require further explanation.

Page 4: we suggest that governors *can participate*, rather than be "assigned" to the various committees using a skills and experience audit. This clarifies an element of choice for individual governors.

Page 4: It seems to suggest that having a patient/carer constituency is an option. Is this correct and if so can this be clarified?

Page 6 - The paragraph relating to the test of independence of the non-executive directors is unnecessary and may lead extended debates about determining independence.

Page 7 – Committees – nominations committee and remuneration committee – there is no mention in either the nominations committee nor included in an appropriately modelled remuneration committee section of the responsibility of governors to set the remuneration package and review the performance of non-executive directors including the chairman. There is also no reference to the role of Board of Governors in

Page 8 – The guidance is not clear about whether the vice chair should be elected to take on the role of chairman on occasions when the chairman of the trust is unable

to. The implication from the guidance is that this should only be the case if the deputy chairman is also unable to act as chairman. Previous guidance has suggested that the governors should appoint their own deputy/ vice chairman to act when the chairman of the trust is unable to because non-executive directors are not members of the board of governors. Later in the guidance (page 18 'Deciding on a process' a specific role is identified for a vice chairman, so implying that the governors should appoint a vice chairman.

Page 10 column 2 first bullet point: "requiring the NHS foundation trust, its directors or its governors to do or not do certain things":

More clarity is needed around terms describing Trust Board committees and governor committees

2 Are there other useful committees/roles you feel should be covered in this section? Are the terms used in the guide clear?

The terms used in the guide are clear. A glossary of terms and information on the locations of where the various documents referred to in the section might provide more support to new governors.

The number and nature of sub-committees should remain open for specific issues as they arise.

The role of a governor

3 Are the statutory duties of the board of governors explained clearly? If not, how would you improve this?

The statutory duties are clearly explained. It would have been useful if there were some examples of how these duties are carried out in trusts, along with some suggestions about good practice structures, mechanisms and procedures.

We suggest that expectations and time commitments should be fed into the governor application process, including non-statutory expectations such as committee or working group involvement.

The governors and the chair (and non-executive directors)

4 Do you agree that governors should be involved in performance appraisals for the chair and non-executive directors? If not, what information should governors have when considering issues such as re-appointment or removal?

The trust and governors agree that the governors should be involved in the appraisal of the chairman and the non-executive directors.

Guidance and training should be offered to governors who wish to be involved in the process.

The guidance does appear to be contradictory in that under the legal requirements

the interpretation of the legislation is that the board of governors as a whole (rather than, say a subcommittee or a working group) to appoint or remove the chairman. Later in the guidance under page 18 'Deciding on a process' the suggested approach is to use subcommittees and working groups. The guidance could be clearer that the final decision should be discussed at a full board of governors meeting with the detailed work being undertaken through a work group or subcommittee.

The governors identified that it would be helpful if some guidance and training was given on how governors should carry out this duty and some guidance was given to trusts of how to support governors in carrying out the duties. Some examples of structures, mechanisms or procedures would also provide support.

Under page 14 other duties, there is a short list of working with other people/ organisations, LINks is not mentioned.

5 Was the process for appointing a chair sufficiently clear? If not, what additional elements or clarification would be helpful?

The governors believe the process is clear, but the trust identified some issues and did not believe the process for appointing a chair is sufficiently clear.

It would be useful if the document provided an outline timetable and did advise that each trust should have the flexibility to develop the systems that fit to the culture of the organisation.

Page 17, 'Appointing the deputy chair'. The decision on the appointment of the deputy chairman has been a decision of the board of directors in the past, but this has been done in consultation with the board of governors. The guidance suggests that it should be a decision of the board of governors. As the governors have appointed the non-executive director cohort, it is for the board to manage their internal appointments.

Page 18 'Deciding the process' The guidance says that the process for the appraisal should be focused on the performance as chair of the board of directors. Governors take the lead in determining the process for evaluation of the chair's performance. If Governors take this lead alone they could mean that unpaid volunteer individuals (governors) are given responsibility and accountability for making decisions that affect the requiring the governors to take the lead in determining the process for the evaluation of the chair provides governors with responsibilities and accountabilities that would involve them making board decisions.

6 Does the guide provide clarity over setting terms and conditions for all non-executive directors, including the chair? If not, what further guidance would aid the process?

The guidance does provide clarity over setting terms and conditions.

7 Do you agree with the suggested process for removal?

The governors agreed with the process.

The board of directors would add that the process does not identify that there could be an earlier step where the other non-executive directors including the chairman may be of the opinion that a non-executive director is unfit to continue as a member of the board of directors. It is likely that the chairman would raise the issue with the board of governors rather than the board of governors identifying clearly enough to have a vote of no confidence. The guidance does not encourage close working with the board of directors on the removal of a chairman or a non-executive director and this should be part of the process.

Conclusion

The Governors met to discuss the consultation document and their comments have been collated with the Board of Directors comments.

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 April 2009 in the Boardroom, York Hospital.

As part of satisfying the Board's legal obligations to Health and Safety the Board received from preliminary training Health and Safety.

09/76 Swine flu

Mrs Hughes advised that there had been two cases reported in the UK. Locally the pandemic plan had been tested and the Trust was preparing for the potential cases to appear at the Trust. She added that the clinical pattern seems to be a mild illness and as a result it is expected that the great majority of cases will be managed by the GPs.

To address the media issues, the SHA would provide global press statements and a co-ordinating support to Trusts on local press releases. The PCT would lead on the release of information to the public. The Trust is receiving daily direct briefings from COBRA.

The Board suggested that information should be added to the website. It was agreed that a full briefing would be included in Horizon with extracts included in the main website.

The Board enquired about the availability of suitable vaccines and how much protection the existing vaccine would give. Mrs Hughes explained that as the stocks of vaccine become available they will be offered to staff. She added that the existing vaccine does provide a small amount of protection to those that have it.

Full briefing to be included on the website

Action: Mrs Hughes/Mrs Brown

09/77 Quality and Safety strategy

The Board had received a copy of the strategy in advance of the meeting. Mrs Hughes asked if the reduction in mortality was a specific target. Ms McManus explained that the target would disaggregate to directorate targets and be managed at a directorate level with reporting into the performance

management system. There was some concern about the meaning of the benchmarking figure and how the Trust compares. Ms McManus agreed that some further detail would be introduced to enable the Board to understand where the performance fits with other organisations. It was agreed to include the SMR figures in the monthly performance report.

The Board questioned the difference the strategy would make in relation to slips, trips and falls. Ms McManus explained that it would allow the organisation to understand how it is working from the directorate level up. Monitoring of the strategy would be undertaken through the performance reports presented to Board both on a monthly and quarterly basis and the performance reported through the performance management meetings held with directorates.

Ms McManus explained that she would report the primary drivers as defined in the strategy on a monthly basis as part of the performance report and the remainder of the measures on a quarterly basis to the Board. All other issues would be on an exceptions reporting basis.

Professor Maynard commented on the national picture about quality and safety. Politicians are aware of the urgency to change over the next 15 months. The financial position of the NHS in the future would be much tighter, so it was important that this set of matrices was put in place quickly.

It was suggested by Professor Maynard that the quality measures should be incorporated into the website. Ms McManus advised she would be working with Mrs Brown (Communications Manager) to achieve this.

The Board **approved** the strategy subject to the amendments requested.

09/78 Quality accounts

Monitor requires a quality account report to be included in the annual report for 2008/09, which is retrospective. Monitor also requires prospective comments to be included in the annual plan for 2009/10. Monitor has released as part of the consultation document a proforma explaining the sort of information he would like included in a quality account report.

Ms McManus tabled the quality account report proposed for inclusion in the annual report.

The Board discussed the tabled document and understood the basis of the report. The Board discussed the alignment of the report and the priorities identified during 2008/09. It was **agreed** that the priorities were the same.

The Board **approved** the report subject to the proposed changes.

09/79 Chairman's report

The Board discussed the reporting systems in detail. Mr Proctor commented that performance appeared regularly on the dashboard presented to the Board

on a monthly basis. It had been agreed earlier in the meeting that the primary drivers in the quality and safety strategy would be added to the dashboard along with the CHKS data. Mr Crowley added that there was a delay in adding the CHKS data due to some work underway to establish the best way of including in the report.

The use of the Nuffield Hospital by the Trust has reduced significantly. Activity that cannot be accommodated at the Trust is being sent to other facilities such as Ramsay. Ramsay offers a better financial deal for the Trust than the Nuffield.

The Board **noted** the report.

09/80 Report of the Chief Executive

The report of the Chief Executive was **noted** by the Board.

Mr Crowley raised one issue. He asked Board members to consider their appetite for changing the name of the Trust to incorporate 'teaching'.

Board members **agreed** to consider a change in name.

09/81 Finance Report

Mr Hutton raised a number of points with Mr Bertram including change of impairment, CIP shortfall, Treasury policy, NHS debtors.

Change in impairment

Mr Bertram explained that this was a technical adjustment which produced a technical income and expenditure deficit as a result of an impairment cost of £7.8m associated to the writing down of fixed assets where originally the planned impairment was £3.0m. The change has arisen following discussion with the Trust's current auditors. Excluding the impairment the Trust had an underlying surplus of £2.2m. Monitor has confirmed to the Trust that they would disregard such costs in their calculation of the financial risk rating.

The capital programme spent £2.2m more than was planned due to size and timing of the programme.

Treasury policy

Mr Bertram reported that he had received approval for the use of Abbey National as part of the treasury management policy.

Mr Bertram reported that the Trust was reviewing the demand and efficiency programme with Directorates taking into account the operating framework requirements.

The Board **noted** the report.

09/82 Board statement – IFRS

Mr Bertram explained the statement was presented in line with the requirements of Monitor. The External Auditors had reviewed the statement together with the restated balance sheet.

The Board **noted** the report and **approved** the statement.

09/83 Performance Report

Ms Hayward asked about the development of the dashboard. Mr Proctor explained that there would be more metrics added to the next version presented to Board in May.

Ms Hayward enquired if the new thresholds for cancer targets had been established as they appeared as 'TBA' on the report. Mr Proctor commented that they had not been agreed, the Trust was still awaiting guidance from the Department of Health but the Trust's performance in the area was generally above peers.

The Board noted that Ms McManus and her team had achieved excellent results with MRSA and C.diff. The Board congratulated and thanked Ms McManus and her team.

Ms McManus advised that the targets were being agreed for the next financial year with a threshold of 116 C.diff and 16 MRSA. It is probable that there will also be a stretch target (doing even more and improving performance above and beyond that already agreed) included as part of the agreement.

The Board **noted** the report.

09/83.1 CHKS peer group

The Board **noted** the CHKS data.

09/84 Monitor Q4 return

The Board reviewed the self assessment and extensively discussed the statement relating the Health and Safety core standard C20A.

The Board **agreed** the self assessment and asked Mr Crowley to work with his staff to confirm the wording required to cover C20A level of compliance.

Mr Crowley **agreed** to finalise the wording with his team and Professor Maynard outside the meeting.

Post meeting note:

A letter was finalised and sent to Monitor to support the Q4 return. Copies of

the letter were sent to members of the Board of Directors

09/85 Healthcare Commission – Core standard declaration

The Board had held an extensive discussion considering the level of compliance the Trust could demonstrate under standard C20A. This followed on from the discussion held about the compliance statement to be sent to Monitor. The Board was conscious that the agreed statement must be reflected clearly in the Monitor Q4 return. The Board concluded that Mr Crowley should work with his staff to confirm the wording required to cover C20A level of compliance.

09/85 Serious untoward incidents

Mr Turnbull updated the committee on the SUIs reported during the last month.

The Board **noted** the report.

09/86 Business Case

09/86.1 Replacement of antenatal and EPADS ultrasound equipment.

Mrs Hughes presented the business case. The equipment is being upgraded and it is proposed that it will be replaced on a leasing basis.

The Board considered and **approved** the business case.

09/86.2 Pharmacy outsourcing business case

Mr Philips was welcomed to the meeting. Mr Philips explained the background to the business case and the benefits in the business case. Mr Philips advised that there was a risk that procurement savings would not be realised and if this was the case the scheme would become cost neutral.

It was noted that the service should be open by October 2009.

The Board **approved** the business case

09/87 Workforce plan and reward strategy

This item was deferred until the May Board.

09/88 Results of the NHS staff survey 2008

This item was deferred until the May Board.

09/89 Health and safety annual report

The annual report had been discussed in detail at the beginning of the meeting. It had been agreed that significant work was required by the Trust to address the issues identified in the report.

09/90 Health and safety policy

The policy was discussed in detail at the beginning of the meeting. It was agreed by the Board of Directors that approval of the existing policy should be extended for two months to allow for strategy to be presented to the Board.

Policy to be presented to the Board of Directors in May

Action: Mrs Hughes/ Ms Adams

09/91 Membership profile report

The Board received and noted the quarterly Membership profile report.

Board meeting held on Wednesday 27th May 2009 in the Boardroom, York Hospital.

09/97 Action list and matters arising from the minutes

09/97.1 The Board enquired about the use of the Nuffield. Mr Bertram advised that the Trust is continuing to use the Nuffield at present. The Board requested some further information about the level of usage expected in the future.

Mr Bertram agreed to routinely include details on the level of use within the corporate finance report.

Action: Mr Bertram to include details in the corporate finance report.

09/100 Director of Infection, prevention and control annual report

Mrs Parkin and Dr Anderson were welcomed to the meeting. The Board had received the annual report in advance of the meeting. Professor Maynard enquired how the level of infection experienced could be reduced even lower. Dr Anderson explained that the infection control department would always strive to ensure that infection was minimised.

The Board acknowledged that in the last financial year the department was very successful in reducing infection across the organisation. Dr Anderson advised that through the directorate dashboards the directorates introduced their own targets to reduce infection by 25% which also helped to achieve the excellent results.

Professor Maynard enquired what impact could be made on Norovirus. Dr Anderson explained that the high level of bed occupancy and high work load and times when a ward is closed could and does sometimes lead to more outbreaks.

In the current year the levels experienced have been lower than in the previous year, but the historical trend is for a low incident of Norovirus every other year.

So it is possible that during 2009/10 there maybe an increase in case numbers.

Hand hygiene audits are undertaken by specifically trained members of staff. Unannounced audits and more discrete observations are carried out by staff. All audits are carried on throughout the year.

Professor Maynard enquired about the how the Trust was ensuring that there was a reduction in the use of cannula. Mrs Parkin explained that the high impact interventions address the use of cannula. There is now evidence that there is improvement, but variation across the wards was inevitable.

The Board discussed the general concerns around nursing and direct patient care. Ms McManus explained that there was a strong culture of leadership in the directorates and the senior managers and matrons have a significant impact and hold nursing staff to account. If there is poor compliance evidenced through a directorate dashboard, then infection control will expect the directorate to develop an action plan and deliver the action plan within a short timescale.

Referring to the hygiene code Mrs Fleming noted that the paper asked the Board to consider at what point the Trust would be compliant. The Board had previously agreed that over 80% would be a compliant level. But this would vary dependent on the particular duty of the hygiene code being measured.

Mr Rose enquired about the relationship between a pandemic and infection control. He was advised that a pandemic would have a significant impact and create a huge amount of disruption, but basic standards would be maintained e.g. hand washing.

Mr Ashton noted that the report highlighted that there was an identified risk in using the wards as thoroughfares. Mr Proctor advised that a ward reconfiguration was being undertaken. This would reduce the amount of traffic going through a ward and reduce the risk.

The Board **approved** the report and thanked Mrs Parkin and Dr Anderson for their attendance at Board.

09/101 Serious untoward incidents

Dr Woods updated the Board on the new serious untoward incidents (SUIs) that have occurred since the last report.

The Board **noted** the report

09/102 Chairman's items

The Chairman presented his report and asked the Board to consider the following points:

Staff training

Professor Maynard suggested that there should be a training register. The Board discussed the suggestion and **agreed** they would like to be assured such a register existed. The Board was advised that currently training information is held by the directorates. Mrs Holden (Associate Director - Corporate Development) has more information about training registers and would be the person to discuss the issue with. It was agreed that Ms Hayward would discuss with Mrs Holden and report back to the Board of Directors.

Action: Ms Hayward to discuss with Mrs Holden

NHS Professionals (NHSP)

Professor Maynard noticed a difference in his understanding of the service provided by NHSP and the understanding of the executive directors. Mr Proctor asked Professor Maynard to identify specifically the areas he had concern about. Professor Maynard referred to issues about training and staff not turning up.

Mr Proctor explained that the figures do not support the perception Professor Maynard has. Mr Proctor advised that he would circulate the figures. It was also noted that the issue was discussed regularly at the Executive Board meetings.

Post meeting note: Mr Proctor circulated the 'fill rates' from NHSP to all members of the Board of Directors after the Board meeting.

Consultant interviews

Professor Maynard asked for an update on the progress of the introduction of the new system. Ms Hayward referred to the session held for the Board of Directors after the April meeting. The information and comments from that session have been used to inform a comprehensive paper on the core competences, this paper has been circulated to all involved. The training is being held as outlined in the timetable.

Future finances of the NHS

The Board discussed the future national funding of the NHS and the effect the current political environment could have on the NHS in the future.

The Board discussed the threat to future funding levels and considered the possible impact reduced available funding could have on the operation of the Trust.

It was agreed that a paper would be developed exploring alternative scenarios and the impact of amended funding levels and on the operation of the Trust.

Action: Mr Bertram to develop a paper for presentation to the July Board on the emerging downside scenario.

09/103 Report of the Chief Executive

Mr Crowley asked Mr Proctor to give the Board a presentation on the establishment of the Acute Board.

The Board was advised that the Acute Board is responsible for addressing the reorganisation of services (without new investment) and setting the vision for the future. The Acute Board will ensure better services are provided at the front end of the patient journey and change the culture of the management of patients; the expected results are to have safer system. The Acute Board reports to the Executive Board regularly and the Board of Directors will be updated through the Executive Board.

The Board **noted** the role the Acute Board has and thanked Mr Proctor for his presentation.

09/104 Assurance Framework and Corporate Risk Register

Mr Ashton presented the Assurance Framework and explained that the Audit Committee had considered the document in some detail. He advised that there had been some suggested changes made to the Board action plan. Mr Ashton explained that the Board Action Plan detailed subject that would be addressed during the next quarter.

Mrs Hughes presented the Corporate Risk Register and highlighted the changes made in the register during the last quarter. The Board enquired if the pandemic flu risk should be added to the register. It was agreed that it would be considered but the wording would need to be carefully crafted to ensure the true risk was reflected.

It was suggested that patient ID and prophylaxis should also be included. Mrs Hughes agreed she would review the register accordingly.

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

09/105 Purchasing strategy and review of the benefits of the commercial procurement collaborative (CPC)

The Board noted the recommendation that the Trust retains its membership, subject to annual reviews, of the Commercial Procurement Collaborative (CPC) and the approval of the three year strategy for procurement and supply chain management.

It was viewed that the proposal was sensible and value for money. The Board understood that the Audit Committee was satisfied with the supply chain strategy, but it was **agreed** that the Audit Committee would consider the

contract and processes in place.

The Board **agreed** that the Trust should retain membership, subject to annual reviews, of the CPC and **approved** the three year strategy for procurement and supply chain management.

09/106 Corporate Finance Report

The Board received the finance report in advance of the meeting. At the end of April there was an income and expenditure surplus of £0.33m against a planned surplus for the period of £0.25m and an actual cash balance of £3.6m.

Professor Hutton raised a number of points:

1 He noted that elective activity was below plan while non-elective was above, he enquired if there was a change in demand patterns.

Mr Bertram advised that there was nothing specific but A&E had continued to be very busy during April. Mr Bertram added he would keep it under review.

2 Professor Hutton noted that the CIP target had not been met in the first month.

Mr Bertram confirmed that the target had been missed by £170,000, but he remained cautiously optimistic with the plan. Of the £8.4m CIP for the year, £6m has been identified. Directorates are being required to identify where the gaps are and put plans in place to close the gaps. These are reviewed at the performance management meetings held with the directorates.

3 Professor Hutton raised concerns about the cash balance.

Mr Bertram agreed that cash balance was lower than would be liked. There were some outstanding issues with the PCT to resolve, specifically related to the year end. Mr Bertram explained that work was underway to resolve the issues.

The Board **noted** the report.

09/107 Corporate Performance Report

Mr Bertram enquired why the thrombolysis call to needle year to date target was showing red. Mr Proctor explained that the result was attributable to an issue with two patients. Both patients were on their way to Leeds in ambulances for primary angioplasty, but on the way the drivers were told that Leeds did not have the capacity at that time to take them and they would have to be sent to York for Thrombolysis instead. By the time the patients arrived at York both had breached despite one of the patients receiving thrombolysis on the ambulance.

The Board noted that the local target elective operations cancelled on day for

non-clinical reasons was zero and asked if that was an achievable target. Mr Proctor explained that it will not always be possible to achieve the target. The drive for efficiency in theatres aims for a zero target achievement. As a result of having a zero target means that each of the occasions when the target is breached there will be an investigation to understand what the issues, and learning from the results of the investigation.

The Board **noted** the report

09/107.1 CHKS peer group

The Board **noted** the CHKS data.

09/108 **Quarterly Capital Programme**

Mr Proctor enquired how the over commitment of the plan would be managed. Mrs Hughes explained that this year there are significant demands for capital as there is every year. The programme has been prepared by looking at those demands and ensuring the priorities are included in the plan. Some of the demands can be dealt with by lease and these demands will not affect the available capital programme. She added that there will be additional pressure on the use of capital following the publication of the premises code due later this year.

Monitoring of the capital programme is through a bi-monthly Capital Programme Board. The Board ensures that issues are considered against each other and the potential impact a capital project may have on another area.

Mrs Fleming added that as the depreciation has gone down due to the reduction in the asset value, this makes delivering a surplus even more important. The Board **agreed** with her comments and noted that the capital spend is monitored on a monthly basis as part of the finance report.

The Board **noted** the report

09/109 **Workforce plan and reward strategy**

The paper summarised some of the workforce planning models available to assist the Trust in effective workforce planning. It contains details of the Trusts position against a national report on workforce priorities drawn up by the National Workforce Review Team.

The Board discussed the document and enquired about the reward strategy. Ms Hayward explained that the flexibility of the reward strategy would not be about core pay and would not affect Agenda for Change or consultants pay.

Awareness will continue to be raised about the rewards/recognition systems that exist for staff and the link into staff benefits.

The Board **approved** the plan.

09/110 Results of the NHS staff survey 2008

The Board noted that the negative issues raised in the report were the same as the previous year. Ms Hayward explained that this year's report used a different mechanism for recording and review progress on appraisals. She added that additional training was now being given around appraisals and the results are being used as part of the workforce plan for nursing.

The Board discussed the results and agreed that a further paper updating the Board on progress should be presented to the October Board meeting.

Action: Ms Hayward to prepare an update paper to be presented at the October Board.

09/111 Human Resources strategy performance report 1 April 2008 to 31 March 2009

Ms Hayward presented the report and highlighted the continued improvement in sickness absence rates with a reduction of 0.2% in the annual absence rate and a reduction of 0.41% in the quarterly absence rate, compared to the year ending 31 March 2008. There has also been an increase in temporary workforce expenditure which was largely in response to an increase in activity during the last quarter of the year.

The Board **noted** the report.

09/112 Business Case

09/112.1 Re-presentation of Restorative Dentistry

The business case detailed the options for the provision of a restorative dentistry service for North Yorkshire patients. The two main objectives of the business case were to ensure the York MDT has a restorative dentist as a core member and to provide quality care close to the patient's home.

The Board discussed the business case and agreed that it was not possible to approve the business case in its current form. More information was required by the Board about why the Trust is not compliant with NICE guidance and more reassurance was required about where the patients would come from.

The business case was **not approved** by the Board. The Board requested that some additional information was added to the business case and it was brought back to a future meeting.

09/113 Annual Plan

09/113.1 Receive for approval an update on the financial plan

A revised financial plan for 2009/10 to 2011/12 was presented to the Board. The revisions take into account further operational events that have occurred since the approval of the financial plan at the March 2009 Board meeting.

The revised plan forms the basis of the financial element of the Annual Plan submission to Monitor at the end of May.

Ms McManus asked Mr Bertram if he was confident in the assumptions that had been made. Mr Bertram confirmed he was confident in the assumptions.

The Board discussed and **approved** the revised plan.

09/113.2 Receive for approval the Annual Plan for 2009/10

The Board received the Annual Plan prior to the Board meeting and Mr Ashton asked for confirmation that the revised financial plan just approved was consistent with the content of the Annual Plan. Mr Bertram confirmed that was the case.

Mrs Hughes explained that the document is integral to the Board and would be used during the year to inform Board discussion. The Board discussed the detail in the report and **agreed** that the material in the Plan had all been discussed at Board meetings during the year.

The Board **approved** the Plan and **agreed** that it should return to the document every six months.

09/114 **Trust Constitution**

Discussion and approval of the document was deferred until the next Board meeting.

09/115 **Fire Policy**

The Board received the Annual Fire Safety Report which described the progress made during the year with regard to fire safety and identified areas of residual concern which are currently being addressed.

The Board discussed the report and **noted** the legal requirements the Trust has in relation to fire safety and **noted** that the report confirmed that arrangements are in place.

09/116 **Executive Board minutes of 15 April and 6 May 2009**

The minutes were noted by the Board of Directors. It was agreed that the HYMS annual report would be presented to the Board.

09/117 **Strategy Committee minutes of 6 May 2009**

The Board noted the minutes.

09/118 Governance Committee minutes of 14 May 2009

Mrs Fleming brought a number of issues to the Boards attention.

The backlog on data entry work was causing delay in compiling the quarterly risk review. Mrs Hughes confirmed that more resources had been put in place to address the backlog.

An internal audit follow up report on the Trust's Healthcare Commission declaration was considered at the Governance Committee meeting and it was agreed that there should be a discussion between the Chief Executive and the Non-executive Directors. The meeting was held on 27 May 2009 prior to the Board meeting

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

09/119 Resource Management Committee

The Board **noted** the documents that concluded the business of the Resource Management Committee and the arrangements put in place to address any outstanding work.

Council of Governors – 1st July 2009

Minutes of the Patient Focus Group

Attached are the minutes of the Patient Focus Group held on 16th June 2009.

Recommendation:

The Council of Governors is asked to note the Patient Focus Group minutes.

Assurance and related objective ...

Governance ...

Owner ...

Date of paper June 2009

Version number V.1

Number of pages 3

Notes of the Patient Focus Group meeting held on 16th June 2009 in Pharmacy Seminar room at 6.30pm

Present: Paul Baines
Jane Dalton
Stephen Lewis
Jenny Moreton
Jim Porteous
Geoffrey Rennie
Martin Skelton
Brian Thompson.

Apologies: Jane Farquharson

1. Stephen Lewis was elected chair of the Patient Focus Group.
2. Paul Baines was delegated to work with Michelle Carrington and Libby McManus on a project to get feedback from patients on their hospital experience.

A series of patient experience questions are to be placed on a hand-held Viewpoint machine, which will then be trialled on a hospital ward. An audit clerk will help patients on the ward who wish to take part in the trial to fill in the answers on the machine. A Governor who is a member of the Patient Focus Group will accompany audit clerks when they trial the system, to get feedback from patients.

PB was delegated to press for an early date for the trial to begin.

3 Jenny Moreton reported on lengthy waiting times and communication problems at the Day Eye Surgery clinic, and on a meeting with Jen Slaughter, directorate manager for ophthalmology, and Katrina Swires, matron for ophthalmology, to discuss these issues, which successfully identified possible solutions. Jen and Katrina suggested Jenny had a further meeting with Katrina and an ophthalmology consultant. She was delegated by the Patient Focus Group to have further discussions with senior staff at the clinic, and to report back to the next Patient Focus Group meeting on proposals to address the problems.

4. Geoffrey Rennie was delegated to look into new time limits for patients to get scan results.

5. It was agreed that any Governors on the members' council who have particular concerns they would like to raise about aspects of patient care should be welcome to attend future meetings of the Patient Focus Group to make a report and suggestions for action or investigation.

6. Michelle Carrington is to be invited to address the next meeting of the Patient Focus Group on the new Nursing Care Indicators system.

7. It was agreed the Patient Focus Group will meet four times a year. The next meeting is at 5.30pm on Tuesday, September 22 2009 location to be confirmed.

Members' Council – 1st July 2009

Membership Engagement Committee

Attached are the notes of a meeting of the Membership Engagement Committee held on 19th May 2009

Recommendation:

Members' Council are asked to note the report.

Assurance and related objective

Governance ...

Owner ...

Date of paper June 2009

Version number V.1

Number of pages 5

**York Hospitals NHS Foundation Trust
Membership Engagement Committee**

Notes of a meeting held 4.00 pm Tuesday 19 May 2009

Present: Helen Mackman (Chair), Jane Dalton, Geoff Rennie, Win Blackburn, Nevil Parkinson, Mike Moran.

In attendance (from item 4 onwards):

Penny Goff, Membership Development
Manager

Lucy Brown, Communications Manager

1. **Apologies:** None received. Disappointment was expressed at the absence of staff representation.

2. **Minutes of last meeting**

The minutes of the last meeting, held on 17 March 2009, were approved as an accurate record.

3. **Work programme and contributions from committee members – a discussion**

The Chair encouraged members of the committee each to elaborate on how they saw their commitment to the committee being expressed in terms of real involvement in the work programme and to give suggestions as to how they saw this being taken forward. Our statutory responsibilities were referred to as set out in our Terms of Reference.

MM sees his engagement being focussed on York Council for Voluntary Services and in his membership of the Chapter 10 Group (in future this group will be re-named).

WB wishes to concentrate on older people.

GR would like to see more engagement with the people of Ryedale.

NP would focus on Selby District and also suggested that the trust provides membership information with discharge packs that may be given to patients.

HM has been involved in organising two events for members through the use of the membership database to target members who have expressed an interest in particular areas – bereavement services and cancer services. This is proving to be a very successful strategy and one which HM would like to see being rolled out across other areas of the trust.

4. **Matters arising from the minutes**

4.1 Staff membership issues:

PG reported there was no further progress as yet on the transfer of the staff membership data.

Amendments have been made to the distribution list of the YorkTalk newsletter to ensure even coverage amongst staff. This will be kept under review.

The Chief Executive's presentation at the Corporate Induction day has not yet been amended to include information on membership and action is required to amend new starter welcome packs. **Action: PG to action with CE/HR department and update at next meeting.**

4.2 Guidelines for handling the media:

LB reported that the Governors' guidelines for handling the media contain a code of conduct which needs to be brought in line with the revised Governors' code of conduct. She confirmed that she will redraft and circulate before the next meeting.

The Governors felt that they should refer all media enquiries they receive to LB as stipulated in the revised Governors code of conduct.

4.3 Press releases:

At the last meeting it was agreed that a one line summary of the press releases issued would be included in PG's weekly briefing to Governors. However since April, LB includes a summary of press releases in the Team Brief which is circulated to Governors.

4.4 Engaging with young people:

PG confirmed that she has asked Tadcaster Grammar School (TGS) to amend the action plan as suggested at the last meeting. When received back will be circulated to the full Council of Governors. **Action: PG**

4.5 Recruitment of patient members:

PG reported that the benefits and costs of canvassing patients via appointment letters needs to be considered as part of the overall membership development strategy and 12 month action plan for a focussed recruitment campaign with the associated funding being in place.

5. **York Talk newsletter:**

At the last Members' Council a member of the public raised a query regarding an email alert advising that the YorkTalk newsletter was imminent. LB and PG advised that they were not aware that this used to be sent but following feedback from HM, LB will talk to the Chairman to find out more. **Action: HM & LB**

LB reported that 3 Governor members had responded to her requests for contributions in time for the deadline for ideas/draft items for the May edition of York Talk. A function of the MEC is to suggest content for YorkTalk.

The previous edition featured an article on the 8 public Governors for the City of York. LB thanked GR for pulling together the article on the Patient/Carer Governors for the May edition.

6. **Engaging with Constituents – a guide for Governor members:**
PG had distributed this booklet from South Staffs & Shropshire FT to Governors at the last meeting and asked for their comments/drafts for a York version. HM had requested an on-line version of this to enable comments and drafts to be sent to PG by Governors. It transpired that this version was 'read only'. A short discussion was held when it was agreed that a guide for York FT Governors would be useful if customised appropriately. HM to talk to governors about this outside this meeting. **Action: HM**

7. **Membership analysis/ Membership Development Strategy:**
At the last meeting Penny circulated copies of a recent analysis of membership and asked that Governors read this to enable further discussion. She explained that the analysis will be used to determine the member engagement strategy for the next five years and an action plans for 12 months. She asked that Governors look for particular areas where a focussed recruitment campaign would make the most significant impact on the Trusts' representation within the local communities of York, Selby and Easingwold. It was agreed that a focus was needed on young people but that Governors would need to give more detailed consideration to this issue.

PG also circulated a very first draft of a Membership Development Strategy and asked Governors for their input and contributions in terms of priorities for member engagement and recruitment, given the analysis of our current membership.

HM referred to the earlier discussion about committee members' involvement in contributing to the strategy and to a work programme. She expressed her disappointment that she had been the only governor from York FT to attend the latest Regional Governors' event, held at a Sheffield hospital where there had been five or more representatives from each of the other trusts. This had been very useful event in terms of finding out what is happening in other trusts but especially in the presentations and discussions about involving young people. PG reported that governors, in general, are not giving much support to the engagement and recruitment opportunities that the trust has set up.

It was noted that Anna Pridmore has circulated the Monitor consultation document, *Guide for NHS foundation trust governors: meeting your statutory responsibilities*. Responses to this consultation are due to Monitor by Monday 13 July.

8. **The next Membership Engagement Committee will be held on Tuesday 16 June at 4.00 pm in the Hospital's Boardroom.**

Pjg/MEC/200509

Approved by MEC 170609