

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

on: **Wednesday 2nd September 2009**

at: **4.00pm – 6.00pm**

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

COUNCIL OF GOVERNORS DRAFT AGENDA
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<i>Item</i>	<i>Lead</i>	<i>Paper</i>
PART ONE: 4.00pm - 4.20pm		
<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 1st July 2009</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 1st July 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 4.20pm – 6.00pm

<i>Item</i>		<i>Lead</i>	<i>Paper</i>
7	<u>Summary of the Board of Directors minutes</u> To receive summary minutes from the Board of Directors meetings held on June 2009.	Chairman	C
8	<u>Financial planning – downside scenario</u> To receive and discuss a report and presentation on the downside scenarios.	Director of Finance	D
10	<u>Performance and Finance report</u> To receive the performance and finance report.	Director of Finance & Chief Operating Officer	Verbal
11	<u>Swine flu update</u> To receive a report and statement on swine flu.	Chief Operating Officer	E
12	<u>Constitution</u> Follow up from Board of Directors meeting.	Chairman	Verbal
13	<u>Appointment process for the Chairman</u> To receive for information the appointment process being adopted for the appointment of the Chairman.	Vice Chairman	F
14	<u>Membership report</u> To receive the quarterly membership report.	Membership Manager	G
15	<u>Open day event</u> Update on the open day event.	Membership Manager	Verbal
16	<u>Membership Engagement Committee</u> To receive the minutes of the Membership Engagement Committee for its meetings held on 16 th June and 21 st July 2009.	Chairman of the Committee	H
17	<u>Governors visit around the Hospital</u> To receive an update on the arrangements for a Governor visit around the Hospital.	M McGale – Staff Governor	Verbal
18	<u>Any other business</u>	Chairman	

To consider any other items of business.

19 **Next meetings**

Chairman

To note the date, time and venue for the next general meeting:

Joint meeting of the Board of Directors and Council of Governors – Monday 19th October 2009 at 2.00pm.

Next General meeting – Wednesday 16th December 2009 at 4pm and there will be a pre-meeting of the Council of Governors meeting at 3.30pm.

20 **Collation of written questions from members of the public**

To collate any written questions from any members of the public present.

Alan Maynard
Chairman

20 August 2009

Changes to the Register of Governors' interests:

Cllr A Fraser—Member of the CYC Overview and Scrutiny Committee
Cllr S Wiseman—Vice Chairman of the CYC Overview and Scrutiny Committee
Mrs K Harper—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 <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

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Cllr Alexander Fraser <i>(City of York Council)</i>	Nil	Nil	Nil	Appointee —City of York Council , non-voting participating observer on York CVS Trustees	Appointee —City of York Council , non-voting participating observer on York CVS Trustees Member —CYC Overview and Scrutiny Committee	Nil
Mrs Linda Hatton <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Madeleine Kirk <i>(City of York Council)</i>	Trustee —York Theatre Trust	Nil	Nil	Nil	Nil	Nil
Mr Stephen Lewis <i>(Public: City of York)</i>	Journalist with the Press, York and member of the National Union of Journalists	Nil	Nil	Nil	Nil	Nil
Mrs Helen Mackman <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Mandy McGale <i>(Staff: Non-Clinical)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Mr Patrick McGowan <i>(Public: Selby District)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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Mr Mike Moran (York CVS)	Trustee —MyKnowledgeEmap 37 Micklegate, York	Trustee —MyKnowledgeEmap 37 Micklegate, York	Nil	Chairman —York CVS	Nil	Nil
Mrs Jennifer Moreton (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

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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 Council of Governors held on 1 July 2009, in Skell 7, Foss and Skell Building, York St John's University, Lord Mayors Walk, York.

- Present:** Chairman of the meeting Mr G Rennie MBE, Patient/Carer Governor
- Public:** 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 S Ruff, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York
Mrs P Turpin, Public Governor, Hambleton
Mr S Lewis, Public Governor, City of York
- Patient/Carer:** Mrs J Moreton, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor
- Partner:** Councillor S Fraser, Partner Governor, City of York Council
Mrs M Kirk, Partner Governor, City of York Council
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
Councillor S Wiseman, Partner Governor, City of York Council
- Staff:** Mr L Bond, Staff Governor, Medical
Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional
Mrs A McGale, Staff Governor, non-clinical
- Apologies:** Mr P Baines, Public Governor, City of York
Jane Farquharson, Patient/Carer Governor
Mrs K Harper, Staff Governor, Nursing
Professor Alan Maynard, Chairman of the Trust
James Porteous, Public Governor, City of York
Neville Parkinson, Public Governor, Selby District
- 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, Member Development Manager
Peta Hayward, Director of Human Resources
Professor John Hutton, Non-Executive Director
Libby McManus, Chief Nurse
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

Members of the public:

One member of the public attended the meeting.

09/53

Chairman's Introduction

The Vice Chairman of the Council of Governors welcomed the public members to the meeting and advised that the Chairman Professor Maynard was unable to attend the meeting so he would be acting as Chairman of the meeting.

09/54

Oral questions from the public

No questions were received from the public.

09/55

Apologies for absence

Council of Governors noted the apologies.

09/56

Declaration of interest

Council of Governors noted the declarations of interest.

09/57

Minutes of the meeting held on 6 May 2009

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

09/58

Matters arising from the minutes

Swine Flu

Mr Proctor explained the current position of Swine Flu nationally. He advised that there are three clusters, West Midlands, London and Scotland. The Yorkshire area has not been experienced many cases at present.

Locally Mr Crowley is in discussion with the PCT about the arrangements that have been put in place in the Trust.

Mr Proctor advised that more young people are being affected by the Swine Flu rather than the usual situation where it is the elderly that are mainly affected. Mr Proctor advised that the incubation period for the illness is two

to five days.

09/59 Annual Review of Chairman and Non-Executive Director remuneration

Mr Rennie reported that the Governors had at the private meeting discussed the remuneration of the Chairman and Non-executive Directors and had approved an uplift in line with the independent Health Pay Review Bodies recommendation. It was also agreed to do this each year in line with other staff in the organisation without reference to the Remuneration Committee.

09/60 Constitution

Mr Crowley updated the Council of Governors on the Constitution. He advised that following the discussion at the Council of Governors meeting in May the Board of Directors had discussed the proposed changes, but had not concluded the discussion. The Board had agreed that the Constitution would be presented to the next Board of Directors meeting in July for a final discussion and decision on the amendments.

Mr Towner enquired why the Governors were not making the final decision on the amendments to the Constitution. Mrs Pridmore explained that the legislation requires the Board of Directors to make the final decision before the Constitution is sent to Monitor for final approval.

The Council of Governors noted the report.

09/61 Chairman's Appraisal

Mr Rennie updated the Council on the progress of the Chairman's appraisal. He advised that all questionnaires have been returned and the first version of the report used for the appraisal has been developed. Governors were asked at their pre meeting if there were any other comments they would like taken into account. Mr Rennie added that the same question has been asked of the Executive and Non-executive Directors.

The actual appraisal will be held during August and the results will be sent to the Nominations Committee following which the final report will be presented to the full Council of Governors in a private meeting.

09/62 Performance and Finance Report

Mr Bertram and Mr Proctor gave a detailed presentation which outlined the opening financial position, a summary of income and expenditure, the financial outlook, performance for month 2 and activity for April to May 2009.

Mr Bertram reported that:

- The trust was now reporting on its position 2 months into the new financial year
- For the period to May the Trust expected a small deficit in terms of

income and expenditure (£0.23m) but were reporting a small surplus (£0.16m)

- The resulting position was income and expenditure was running slightly ahead of plan by £0.4m
- If reporting to Monitor this month the Trust would be delivery ahead of plan and a financial risk rating of 3 (again as planned)
- Good start to the year in the financial terms
- Since the last meeting of the Members' Council – Monitor has requested detailed financial plans going beyond the 3 years of the annual plan recently produced. These plans are being submitted at the end of September. The Council of Governors will be given an opportunity to review the plans at the meeting in September 2009.
- The Finance team are now working on these and a report will be brought to the next Council of Governors for Governors input to the final submission documents

Mr Proctor reported that:

- 18 week performance – admitted was 91.1% against a target of 90% and non-admitted was 97.52%, the national target is 95%
- 4-hour was 97.9%, the national target is 98%
- 31 day cancer was a target of 99.2% - the national target has not yet been confirmed
- 62 day cancer was a target of 95.2% - the national target has not yet been confirmed
- MRSA was 0
- C.Diff was a target of 5 (8 year to date)
- Thrombolysis – no eligible patients
- Elective Activity 15.2% (215 patients)
- Non-elective short stay activity + 18.5% (400 patients)
- Non-elective long stay activity + 4.5% (150 patients)
- GP referrals +8.19% (746 patients)

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

09/63

Consultation Document – Monitor's Guide for NHS Foundation Trust Governors: Meeting Your Statutory Responsibilities

Mrs Pridmore presented the draft consultation document response. She explained that the Board responses had been incorporated in to the Governors responses to produced one complete response. Mrs Pridmore thanked Mrs Mackman who had been central to ensuring that Governors comments were included in the report. The Governors reviewed the draft response and confirmed there were no further comments they would like to add.

Council of Governors agreed the proposed observations for submission to Monitor by 13th July 2009.

09/64

Summary of the minutes of the Board of Directors meetings

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

Councillor Fraser brought members attention to the Health and Safety Policy (09/90) and enquired if there was anything further to report from the existing policy which was extended from April for two months in order allow for the strategy to be presented to the Board. Mr Crowley responded that an action plan had been submitted to the CQC and the policy was now anticipated to be approved in July 2009.

Mrs Moreton enquired what the pharmacy outsourcing business case included. Ms McManus reported that the Trust had been through a tendering process for pharmacy to provide for outpatients as well as inpatients. The primary focus was for efficiency, accessibility and improved service for patients. The Trust had identified a preferred supplier but nothing was yet finalised.

Mr Towner referred to the minute of the Chairman's report (09/79) which related to activity that cannot be accommodated at the Trust being sent to other facilities such as Ramsay as it offers a better financial deal than the Nuffield. He was concerned about what accommodation would be considered should Ramsay ever not have the capacity to accommodate any further activity. Mr Crowley reported that the Trust would consider other sites and keep this under review. He confirmed that patients have the option of refusing transfer to other sites and this was not a breach patient choice.

09/65

Minutes of the Patient Focus Group

Mr Lewis presented the minutes and inaugural meeting of the group. Council of Governors received and noted the minutes of the Patient Focus Group for its meeting held on 16th June 2009.

09/66

Membership Engagement Committee

Council of Governors received and noted the minutes of the Membership Engagement Committee for its meeting held on 19th May 2009.

A Governor referred to the 'matters arising from the minutes' (4) which detailed guidelines for handling the media (4.2). She requested clarification as to which Code of Governors the minute referred to as the minute details 'the Governors felt that they should refer all media enquiries they receive to LB as stipulated in the revised Governors code of conduct'. Mrs Brown confirmed to Governors that in governance terms there can only be one Code of Governors therefore the current version still stand until the revised version has been approved, which will be submitted to Council of Governors in due course.

09/67

Celebration of Achievement Award

Council of Governors watched with interest, the celebration of achievement award short film which was produced for the Trust. Mr Crowley requested Governors comments and ideas for how they felt the film could be used. The following ideas were proposed:

- Schools
- York Hospitals NHS Foundation Trusts' Open Day on 30th September 2009
- Website – Mrs Brown advised that the film was currently only licensed to be played internally and the Trust is seeking to remove the backing music in order for an external license which would enable the film to then be played on the website and other external sites

09/68

Any other business

Open Day at York Hospitals NHS Foundation Trust – 30th September 2009

Mrs Palazzo reported that a steering group had been formed in order to efficiently organise the fast approaching open day event for the Trust on 30th September 2009.

It was anticipated to be a bigger event than previous as funding of £10,000 had been received from Capita which would help towards considerable areas of advertisement across York.

All departments had been invited to have a stall including a number of demonstrations. There will be membership stand which, it is hoped, will be covered by Governors. There is also a series of presentations on topical areas such as diabetes, healthy eating and nutrition, dermatology on sun and stroke awareness.

Mrs Palazzo reminded Governors that the formal Annual General Meeting (AGM) of the Trust is also taking place on the same day (30th September) and all Governors were invited to attend. The meeting will consist of a management session – a chance for management to answer any questions, followed by a Governors session – an opportunity for Governors to meet members of the Trust.

Mrs Palazzo requested Governors to consider being a volunteer for the day to assist with setting up and to be available for members of the Trust and members of the public to ask any questions anyone may have.

In order to begin the advertisement of the open day – a small text will be produced for Governors to circulate to conveniences within their areas i.e. Parish Councils, Local Council, leisure centres etc.

A programme which will include a plan for the day, will be submitted to Governors prior to the day of the events.

09/69

Next meeting

The date of the next Council of Governors will be held on Wednesday 2 September 2009 at 4.00pm at York St John's University, Lord Mayors Walk, York.

09/70

Collation of written questions from members of the public

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

CLG

13/07/2009

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 24th June 2009 in Boardroom, York Hospital.

09/122 Declaration of Interests

Professor John Hutton declared that he had recently joined the NICE Technology Appraisal Committee.

The Board of Directors noted the declaration of interests.

09/124 Action list and matters arising from the minutes

09/124.1 Mr Crowley reminded the Board that the Trust had declared to Monitor that it was not fully compliant with standard C20A of the Healthcare Commission Standards. The Board of Directors agreed at that point that they would consider approval of the revised Health & Safety Policy at the June Board following authorising an extension to the life of the existing policy. Mr Crowley asked the Board to agree to extend the consideration of approval to the July Board to allow the newly constituted Risk and Assurance Committee to meet for the first time in late July. He asked the Board to agree to a further extension of the existing Health & Safety Policy until the end of July.

The Board of Directors agreed the extension.

09/124.3 09/102 Chairman's items (Future Finances of the NHS)

Mr Bertram informed the Board that the financial assumptions behind the downside scenarios were being developed. He was preparing a draft report for presentation at the next meeting of the Board ready for submission to Monitor in September 2009. Mr Crowley suggested, and the Board were in agreement, that a report also be presented to the Members' Council in September 2009.

09/124.6 Staff Training

Ms Hayward had received an update from Mrs Holden and reported on the management and maintenance of training records. She confirmed that all statutory and mandatory training, in-house training, nominated specialist training, learning leave applications and all e-learning is centrally recorded on

the Electronic Staff Record (ESR).

There were still some areas of risk, particularly where individuals had participated in training and development outside of normal processes, although these risks were considered small.

Ms Hayward confirmed that we were exploring the potential for self-management of the database but at present considered that this would provide a greater risk to the integrity of the records than the current arrangements.

09/125 Safeguarding Patients

Following responses to the Mid Staffordshire report Ms McManus presented how the implementation of the Quality & Safety Strategy will provide assurance to the Board.

09/127 Chairman's Items

The Chairman presented his overview for the month which included a number of "challenges" to the Executive team.

Mr Proctor explained that the recruitment of some specialist roles in theatres remained difficult despite robust efforts from colleagues. He reported that there has been a significant improvement in the Trust's "fill rate" and that Ms Hayward was leading a project to assess the benefits of establishing other roles (across the hospital).

Professor Maynard felt that it was essential that the Board received regular updates from Acute Board and other groups involved in winter planning. Mr Proctor agreed that he would ensure that information was presented to the Board as appropriate.

Ms Hayward reported that the Trust had ordered an additional 1,000 flu vaccinations for this winter.

09/128 Report of the Chief Executive

Mr Crowley reported that he had received good feedback from the Celebration of Achievements Awards which took place on 4th June with over 200 guests made up of finalists from each of the award categories, Board members, Governors, judging panels, friends and family.

Mr Crowley informed the Board that the financial position for the period to the end of March was encouraging with performance slightly ahead of plan.

He also reported that the Trust had commissioned an external review of Safeguarding Adults at York Hospital and Ms McManus agreed to feedback to the Board on the outcome at the September Board.

09/130 Governance Structures

Mr Ashton reported that lengthy discussions had recently taken place with Non - executive Directors to consider the preferred mechanism for seeking assurance of performance issues within the Trust.

It was agreed that a number of views had been put forward to consider the adoption of an Assurance Committee. He advised that, after considering every aspect, it had now been agreed that this would not be the preferred approach to that a properly constituted and specific area of the Audit Committee would suffice. An item for the next Audit Committee was to discuss and agree terms of reference for the Audit Committee and any sub groups that may work with the Audit Committee. Those proposed at present are:

- Data, information, quality and accuracy; and
- Compliance (handling management of compliance schedule)

The Board of Directors will be asked at the July Board to consider and approve the revised terms of reference and any additional authority the Audit Committee may require to ensure the operation of the working groups.

09/131 Corporate Finance Report

The Board received the report which detailed the financial position as at 31st May 2009. At the end of May there was an income and expenditure surplus of £0.6m against a planned surplus for the period of £0.23m and an actual cash balance of £2.88m.

Discussion took place about the reduced level of elective demand and increased level of non-elective demand. The board noted the information provided regarding the use of the private sector and extra contractual payments.

Mrs Fleming was concerned that Orthopaedics was not reaching planned activity levels and queried whether this was due to a particular problem. Mr Proctor reported that capacity had been constrained earlier in the year due to infection and that discussions were underway with the directorate to ensure activity returned to plan.

The Board noted the report.

09/132 Performance Report

Professor Hutton was concerned that the elective activity remained low. Mr Proctor responded that an investigation was taking place and that he was meeting with Directorate Managers in order to understand this. He assured the Board that he would report back to the Board in due course.

Professor Hutton referring to the CHKS data report said he was of the opinion

that the Trust needed to ensure that all peers were appropriate and suggested that mortality was a good place to start. He also suggested that the Trust should understand the data better as at present the data does not present a positive picture for the Trust. The Board were in agreement with Professor Hutton. Mr Crowley advised that the Trust was responding to areas of performance in a number of ways. He also advised that an analysis of the report will be presented to the next meeting of the Board of Directors focused on mortality rates as part of the Quality and Safety report.

Mr Proctor informed the Board that the report was a screen shot from the programme 'Signal' and ensured that he would arrange for members of the Board to have access to this on the system.

09/133 Monitor Quarter 4 Return

The Board received, for information, Monitor's Quarter 4 summary report that confirmed the Trust's ratings as:

- Financial risk rating of 4
- Governance risk rating of 'Green'
- Mandatory services risk rating of 'Green'

The Board noted the report

09/134 Carbon Reduction Commitment

Mr Golding presented the report which illustrated the carbon reduction commitment scheme. He confirmed that the Trust would be a participant organisation in the scheme and that resources would be required to ensure compliance with this.

Mr Golding reported that work had already begun on energy reduction by the establishment of an energy management group within the maintenance department.

The Trust is in the process of appointing an Energy Manager and is progressing business cases for energy conservation schemes.

The Board noted the report.

09/135 Wellbeing Strategy

Ms Hayward presented the Health and Wellbeing Strategy for approval. A broader strategy was to be developed later in the year following the development of recommendations at a national level.

Ms McManus felt that there was still much to do with regards to stress management and enquired what the Trust was doing for staff at York.

Ms Hayward responded that an ongoing stress awareness training programme

aimed at providing guidance and advice to managers who manage stress in the workplace was included in the work plan for the first year. Meanwhile, the Occupational Health Service currently provides services for staff health and wellbeing including:

- Expert occupational health physician and specialist occupational health nurse practitioner advice and guidance on the relationship between health and work
- Staff counselling services
- Physiotherapy services
- Clinical psychological services

The approach to staff health and wellbeing was also championed through Human Resources strategy and policy.

A key to the success of this strategy will be the development of a Health and Wellbeing Steering Group, the aim of which will be to promote, guide, support and act as a focus for the review of new guidance, best practice and staff feedback.

The Board noted and supported the Health and Wellbeing work programme. The Board of Directors approved the Health and Wellbeing Strategy.

09/136 Sickness Project Update

Ms Hayward presented the report which detailed the outcomes of the Trust's Managing Sickness Absence Project and identified the priorities for year 2.

The Board thanked Ms Hayward for the improvements this project had delivered and noted the report.

09/137.1 2009/08 Re-Presentation of Restorative Dentistry

The purpose of the business case was to propose a method of providing a Restorative Dentistry Service for North Yorkshire Patients, the preferred option being that of developing a local service at the Trust.

The Board noted that a Restorative Dentist was an essential part of the Head and Neck Cancer MDT, (NICE Improving Outcomes Guidance (IOG) on head and Neck Cancers (2004) and Peer Review measure 21-104 (2006). It also noted that the Head and Neck Cancer Peer Review of the Trust service in June 2007 reported that the service was not compliant with NICE IOG on Head and Neck and set out the requirement that the Trust takes action to become compliant.

The Board **approved** the business case.

09/137.2 2009/23 Development of the Capacity in Cardiology

Mr Bertram presented the proposed business case which provided an overview

for investment into the cardiology service, to ensure the current shortfall in capacity could be addressed. The case included investment in 11 consultant cardiology PA's and secretarial support, cardiac physiologist and junior medical staffing.

Mr Bertram advised and the Board noted that the expenditure WLI figure of 131 was to be removed from the financial summary. The Board were assured that the net impact was correct.

Mr Bertram confirmed Mr Rose's query of the income and expenditure impact being neutral. Mr Bertram explained that the Trust had provided in full for this business case within the annual plan.

Mr Rose also queried whether this would impact the 'on call rota' and Dr Turnbull advised that there was no impact on the on call rota. On the assumption that the business case was neutral, Mr Rose and other members of the Board were in agreement with the proposed business case.

The Board **approved** the business case.

09/137.3 2009/12 Capital Scheme for the provision of facilities for image reporting by clinical radiology staff and consultant offices

The business case proposed the reconfiguration of recently vacated space within the Radiology Department, in order to centralise the image reporting process on 10 specifically designed and equipped image reporting 'work stations'. The scheme also ensures sufficient space to is available to provide offices for two newly appointed Consultant Radiologists.

The Board **approved** the proposal for the provision of facilities for image reporting by clinical radiology staff and consultant offices.

09/138 Trust Constitution

The board approved a number of changes to the constitution which had been recommended to them by the working group of Governors and the whole Members' Council.

The Board approved the following recommendations:

- The resolution to the issue relating to governors who are members of the Overview and Scrutiny committee. Members of the Overview and Scrutiny committee must declare such membership in the Declarations of Interest.
- Changes to the election timetable and process. Elections will be held every year
- Changes to the name of the Committee. The Committee will be known as the Council of Governors rather than Members' Council

The Board suggested a number of amendments they would like to consider. The following was approved by the Board:

- A change in the identification of those members of the Board of Directors. Instead of naming each of the Executive Directors in the Constitution, only those required by legislation will be listed with two other Executive Directors being listed at the end.
- A debate took place about the Vice Chairman of the Council and if that should be the Vice Chairman of the Board of Directors. Monitor's guidance recently released was contradictory on this point and further guidance was being sought from Monitor.

The board deferred a number of decisions to the next meeting to be held in July.

Council of Governors – 2 September 2009

Financial Planning: Downside Scenario

Summary of Paper

This paper, in conjunction with a presentation at the meeting, seeks to provide the Council of Governors with an update on the financial planning work currently being undertaken within the Trust in response to the economic downturn and potential health sector impact.

The Council of Governors will be aware from its last meeting that Monitor requires the development of downside financial scenarios and consideration of potential mitigating actions.

At York Hospitals NHS Foundation Trust three potential future financial scenarios are being developed in preparation for submission, at the end of September, to Monitor.

Recommendations

The Council of Governors are asked to:

- Note and discuss the assumptions behind the three financial scenarios
- Note, discuss and consider additional mitigating actions the Trust may wish to consider as part of a strategy to mitigate the impact of the economic downturn
- Acknowledge that detailed modelling work will subsequently take place through September using the agreed assumptions
- Acknowledge that the results of this work will be presented to the September Board of Directors meeting for final agreement before submission to Monitor at the end of September

Assurance and related objective	Assurance on the Trust's financial performance.
Governance	Board of Directors
Owner	Andrew Bertram, Director of Finance
Date of paper	August 2009
Version number	V.1
Number of pages	11

York Hospitals NHS Foundation Trust

Council of Governors Meeting – 2 September 2009

Financial Planning – Downside Assumptions

This paper, in conjunction with a presentation at the meeting, seeks to provide the Council of Governors with an update on the financial planning work currently being undertaken within the Trust in response to the economic downturn and potential health sector impact.

The Council of Governors will be aware from its last meeting that Monitor requires the development of downside financial scenarios and consideration of potential mitigating actions.

At York Hospitals NHS Foundation Trust three potential future financial scenarios are being developed in preparation for submission, at the end of September, to Monitor.

The Council of Governors are asked to:

- **Note and discuss the assumptions behind the three financial scenarios**
- **Note, discuss and consider additional mitigating actions the Trust may wish to consider as part of a strategy to mitigate the impact of the economic downturn**
- **Acknowledge that detailed modelling work will subsequently take place through September using the agreed assumptions**
- **Acknowledge that the results of this work will be presented to the September Board of Directors meeting for final agreement before submission to Monitor at the end of September.**

1. Introduction

The budget in April sought largely to preserve the commitment to growth in funding given to the NHS in the last comprehensive spending review. However, it also presented real evidence of the future direction of NHS funding, through announcing a 2% overall reduction of the NHS budget and increased tariff efficiency requirements in 2010/11.

In response to the predicted significant tightening of NHS finances, Monitor is encouraging Foundation Trust Boards to develop and consider potential downside financial scenarios for 2011/12 and 2012/13. Monitor are suggesting that 2009/10 and 2010/11 previously submitted Annual Plans are used as a baseline. Monitor requires Boards to submit evidence of their scenario planning by the end of September.

This paper describes the current annual plan plus 3 further scenarios:

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

2. Summary Assumptions

The financial assumptions adopted for the three scenarios are summarised below.

In summary the Monitor influenced scenario assumes:

- Tariff gain of 0.7% in 2011/12 and 0.7% in 2012/13 (including payments for quality improvements).
- Additional unplanned expenditure of £0.5m is incurred in each year relating to NICE recommendations.
- The Trust continues to target an I&E surplus of £1m to supplement its capital programme
- Additional activity of £4.2m (2%) is assumed in 2011/12 and 2012/13 and cost of delivery is assumed at 100% (no contribution from additional activity).
- Pay inflation is assumed at 2% and local pay rates are assumed to mirror national pay settlements
- Non-pay inflation is assumed at 2%
- No other changes to current annual plan assumptions are made.

In summary the mid-range scenario assumes:

- No change to tariff in each year (including any quality payments). This is described as the flat cash scenario.
- Additional unplanned expenditure of £0.5m is incurred in each year relating to NICE recommendations.

- The Trust continues to target an I&E surplus of £1m to supplement its capital programme
- Additional activity of £4.2m (2%) is assumed in 2011/12 and 2012/13 and cost of delivery is assumed at 75% (contribution of 25% from additional activity).
- Pay inflation is assumed at 2% and local pay rates are assumed to mirror national pay settlements
- Non-pay inflation is assumed at 2%
- No other changes to current annual plan assumptions are made.

In summary the downside scenario assumes:

- Tariff reductions each year are evident and the Trust fails to deliver the required quality measures to secure quality payments. The overall tariff effect assumed here is a 2% reduction in 2011/12 and 2.5% reduction in 2012/13
- Additional unplanned expenditure of £0.5m is incurred in each year relating to NICE recommendations
- The Trust continues to target an I&E surplus of £1m to supplement its capital programme
- Additional activity of £4.2m (2%) is assumed in 2011/12 and 2012/13 and cost of delivery is assumed at 100% (no contribution from additional activity).
- Pay inflation is assumed at 2% and local pay rates are assumed to mirror national pay settlements
- Non-pay inflation is assumed at 2%
- No other changes to current annual plan assumptions are made.

3. Scenario Impact

Years 2011/12 and 2012/13 have been modelled using the current annual plan adjusted for the above assumptions. The following tables provide an indication of income and expenditure impact and assess the size of the likely efficiency programme. The tables below summarise the income and expenditure impact of the original annual plan and the described Monitor influenced, mid-range and downside scenarios, whilst maintaining a £1m surplus I&E position.

Original Annual Plan

	2009/10	2010/11	2011/12
Annual Plan Income	£230m	£239m	£247m
Annual Plan Expenditure	£219m	£227m	£234m
EBITDA	£11m	£12m	£13m
Other	£10m	£11m	£12m
Net I&E Surplus/(Deficit)	£1m	£1m	£1m
Efficiency Programme	3.8% £8.4m	3.4% £7.7m	3.4% £8.0m

Scenario 1 – Monitor Influenced Scenario

	2009/10	2010/11	2011/12	2012/13
Plan Income	£230m	£239m	£246m	£252m
Plan Expenditure	£219m	£227m	£234m	£239m
EBITDA	£11m	£12m	£12m	£13m
Other	£10m	£11m	£11m	£12m
Net I&E Surplus/(Deficit)	£1m	£1m	£1m	£1m
Efficiency Programme		3.4% £7.7m	3.85% £8.8m	3.9% £9.1m

Scenario 2 – Mid-range Scenario

	2009/10	2010/11	2011/12	2012/13
Plan Income	£230m	£239m	£244m	£249m
Plan Expenditure	£219m	£227m	£232m	£236m
EBITDA	£11m	£12m	£12m	£13m
Other	£10m	£11m	£11m	£12m
Net I&E Surplus/(Deficit)	£1m	£1m	£1m	£1m
Efficiency Programme		3.4% £7.7m	4.15% £9.4m	4.15% £9.6m

Scenario 3 – Downside Scenario

	2009/10	2010/11	2011/12	2012/13
Plan Income	£230m	£239m	£239m	£238m
Plan Expenditure	£219m	£227m	£227m	£225m
EBITDA	£11m	£12m	£12m	£13m
Other	£10m	£11m	£11m	£12m
Net I&E Surplus/(Deficit)	£1m	£1m	£1m	£1m
Efficiency Programme		3.4% £7.7m	6.7% £15.2m	7.35% £16.7m

4. Sensitivity Analysis – Activity

At present the three scenarios all assume 2% growth in services at a general level. In addition to this the three scenarios include specific growth in pre-planned and agreed areas such as expansion of the breast screening programme and establishment and expansion of the bowel screening programme.

Activity growth of 2% would have an associated value of around £4.2m. Within the scenarios described above the delivery of this additional activity has been assumed at full cost (i.e. with no contribution) and at 75% marginal cost rates (i.e. with a 25% contribution).

Given pressure on the hospital site, in the short to medium term it is likely that additional activity will be delivered at a high marginal cost, reflecting the cost of out of hours working and the use of the private and independent sector to assist with capacity.

Growth in demand for hospital-based services has been a continued theme and does not necessarily show any signs of reducing. Many reasons for the sustained growth are offered as explanations, including:

- Changing demographics
- Greater health awareness
- Expanding treatments
- More effective treatments
- Patient expectations
- New and expanding health screening programmes

This list is in no way intended to be exhaustive but simply to provide a quick insight to continued and sustained growth in demand for hospital services.

It is likely that pressure will be experienced in the health care sector to further develop and exploit alternatives to hospitalisation. This may in fact lead to growth in demand for secondary care services being managed to a level much smaller than 2% or even to actually reduce demand. Clearly there also exists the possibility that demand continues to grow, with hospital avoidance/alternative schemes potentially failing or proving ineffective.

In terms of understanding the financial impact of variations in demand a high level summary is provided below. Clearly this would impact directly on the required efficiency programme, either reducing the programme in the case of increasing demand and increasing contribution or increasing the programme in the event of reducing demand and reducing contribution.

In the case of reducing activity, marginal cost savings relate commonly to variable costs only. The fixed costs associated with running the hospital largely remain. For the purpose of this analysis it is assumed that marginal cost savings are 50% from any activity reductions.

Activity Change	Value of Activity	Cost of Delivery/Savings from Reduced Activity	Impact on Efficiency Programme
2% Growth	£4.2m	£3.2m (75% cost)	Benefit of £1m
2% Growth	£4.2m	£4.2m (100% cost)	No benefit
4% Growth	£8.4m	£6.3m (75% cost)	Benefit of £2.1m
0% Growth	£0m	£0m	No impact
2% Reduction	£4.2m	£2.1m (50% saving)	Deterioration of £2.1m
4% Reduction	£8.4m	£4.2m (50% saving)	Deterioration of £4.2m

At this stage it is assumed that 2% growth is the most likely scenario and that the costs of delivery can be managed to 75% (i.e. contribution of 25%). However, an awareness of the above scenarios and their associated impact is necessary to understand the potential impact lost or gained contributions from additional activity may have.

5. Sensitivity Analysis – Pay

The scenarios included in this paper all assume pay inflation is set at 2% in each year and that this is reflected in the calculation of the tariff at a national level. It is assumed that should national pay settlements be more or less than 2% then this will be reflected in the tariff setting process i.e. should pay be nationally set at 1% then we would expect to see a proportionate reduction in tariff, with no benefit from the reduced pay rate locally. However, clearly pay

adjustments could be made independently to tariff adjustments on either a national or local basis. The table below illustrates the impact of variations in pay inflation rates and assumes that there is no corresponding reduction to tariff rates.

Pay Inflation Rate	Pay Bill Impact
2%	£3m increase in liability
1%	£1.5m increase in liability
0%	£0m
-2%	£3m reduction in liability
-5%	£7.5m reduction in liability
-10%	£15m reduction in liability

At this stage it is assumed that the Trust will continue to comply with National pay rates and that any national prescribed changes will be managed through tariff adjustments with no net local income or expenditure implication. However, an awareness of the above scenarios and their associated impact is necessary to understand the potential impact adjustments may have.

6. Potential Mitigating Action

In order to address the outcome on the Trust's I&E position from the assumptions above, the following mitigating actions could be considered:

- Clearly, like all organisations, there is a continued need to maintain a robust efficiency programme and an active culture of seeking best value at all times. Specific initiatives underway presently include reviews of operating theatres, outpatient clinics and emergency patient assessment pathways.
- Again, like all successful organisations, the Trust must maintain a robust challenge to all costs, actively seeking to reduce costs and reduce waste at every opportunity. The Trust will continue to improve its procurement practices, maximising cost reductions from collaborative purchasing with other organisations and constantly reviewing the range of products purchased within the Trust.
- Further growth opportunities should be identified (with positive contributions), including; further development of alliance work with Harrogate and Scarborough, further repatriation of tertiary referred work (from Leeds and Hull), further development of York's service portfolio (including potential for further secondary care plus services and vertical integration with community services). This growth should not necessarily be at additional cost to the PCT as growth maybe transfer of existing services to York from other providers.

- All growth assumptions should be reassessed to identify a contribution where this is not present or to increase any contribution where this is present.
- The Trust could consider reducing the planned surplus down from £1m.
- Consideration could be given to a total/partial freeze with regard to new developments (especially investments with no directly associated income stream).
- Pay awards could be considered at rates less than national pay and tariff settlement (i.e. less than 2% in model assumptions).
- Investments could be specifically targeted to ensure any required quality improvement is delivered (note scenario 3 assumes non-delivery of required quality improvements costing the Trust £3m in 2011/12 and £4m in 2012/12).
- Ensure joint working across the wider health community to maximise the quality of care but to ensure value for money. Such initiatives under this heading would include reviews of clinical services crossing primary and secondary care (e.g. chronic condition management and assisted discharge schemes) but also reviews of non-clinical backroom functions to ensure the most efficient use of resources.

The Council of Governors are asked to:

- **Note and discuss the assumptions behind the three financial scenarios**
- **Note, discuss and consider additional mitigating actions the Trust may wish to consider as part of a strategy to mitigate the impact of the economic downturn**
- **Acknowledge that detailed modelling work will subsequently take place through September using the agreed assumptions**
- **Acknowledge that the results of this work will be presented to the September Board of Directors meeting for final agreement before submission to Monitor at the end of September.**

**Andrew Bertram
Finance Director
August 2009**

Council of Governors – 2 September 2009

Swine Flu Update

Summary of Paper

The Department of Health has requested that all NHS Boards at their September meetings publish a Statement of Readiness against the Department of Health surge and HR Guidance related to Swine Flu.

This statement is attached.

Recommendation

The Council of Governors is asked to note the attached document.

Assurance and
related objective

Governance

Owner Mike Proctor (Deputy Chief Executive)

Date of paper August 2009

Version number V.1

Number of pages

York Hospitals NHS Foundation Trust

A) (H1N1) Swine Influenza: Resilience Actions for NHS Boards – Statement of Readiness

1. Introduction

On 2nd July 2009 a letter was received from Ian Dalton, National Director of NHS Flu Resilience, Department of Health, which stated that all NHS Board (including NHS Foundation Trusts) had to formally publish a statement of readiness against DoH Surge and HR Guidance at its September meeting.

2. Assessment

Taking the appropriate points in Mr Dalton's letter in order, the response of the Trust is as follows:

a) Director Level Lead

Mr Michael Proctor, Deputy Chief Executive is the Director Level Lead dedicated to flu preparedness and resilience.

b) Testing of Pandemic Preparedness Plans

The detailed arrangements in the Trust's Pandemic Influenza Contingency Plan are reviewed regularly by the Trust's Pandemic Flu Operational Management Group (consisting of key clinical and managerial representatives) which meets on a weekly basis.

A Scenario Testing exercise for the Plan has been arranged for early September. All the members of the Pandemic Flu Operational Management Group will participate in this exercise.

c) Understanding and Testing Capacity Constraints caused through Increased Demand and Workforce Sickness Absence

An Ethics Sub Group of the Main Operational Management Group (consisting of clinical, managerial and lay representatives) has been formed to provide a framework and criteria for operational clinical decision making before during and after the full onset of a flu outbreak.

Discussions on potential clinical service prioritisation and the process, structure and content of assessment and treatment prioritisation are proceeding.

The Trust's September Clinical Governance session for all front line specialties will concentrate on service and assessment / treatment prioritisation in line with published national guidance. All areas of the Trust have been asked to review and update their service and staffing contingency plans. A staff skills database is being developed by the Human Resources Sub Group of the main Pandemic Operational Management Group.

d) Discussion with Trade Unions – Staff Vaccination Programme / Wider Communications to and support for staff

The work of the main Operational Management Group and Sub Groups is being shared with the Joint Management and Staff Side Committee and the Trust's Occupational Health Department is taking the lead on the implementation of the Staff Vaccination Programme when the vaccine becomes available.

The Occupational Health Department has set up a dedicated help line for staff with Swine Flu queries and information updates for staff and managers are regularly posted on the Trust's intranet Pandemic Flu website page.

e) Build on Existing Relationship with Local Partner agencies

The Trust is represented on the PCT led multi agency Locality Operational Response Management Group and on the Operational Management Group for the PCT wide patch.

f) Sentinel Surveillance System on Patients hospitalised with Swine Flu

Contact has been made with the system coordinator and a named person identified to arrange visits to collect data on such patients.

NW
24/08/09

Council of Governors – 2 September 2009

Appointment Process for the Chairman

Summary of Paper

The paper details the process being adopted for the appointment of the Chairman.

Recommendation

Governors are asked to note and support the process for the appointment of the chairman.

Assurance and related objective	A robust system is in place for the appointment of the Chairman
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Governance

Owner	Anna Pridmore, Foundation Trust Secretary
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Date of paper	August 2009
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Version number	V.1
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Council of Governors – 2 September 2009

Process for the appointment of the chairman of the trust

1 Introduction

Professor Maynard's term of office will finish on 31 March 2010, when he will retire from being chairman of the trust. The trust therefore is required to put in place a process for the appointment of a chairman.

Under s17 (1) Schedule 7 National Health Service Act 2006 the council of governors at a general meeting appoints or removes the chairman and other non-executive directors.

Outlined below is the proposed process and timetable for the appointment.

2 Process

a) The executive directors were asked to consider the required competences of the chairman using the competency tool utilised by the Board of Directors as part of the development programme supported by Sue Holden (associate director – corporate development). The same exercise was conducted with the non-executive directors. Supplementing this a personality psychometric has been used to develop an ideal profile, inputs have been sought from executive directors, non-executive directors and the governor's nominations committee members on 22 September 2009.

b) A broad outline advert will be prepared during August which will be finalised following the meeting on 22 September to ensure the advert and associated paper work reflects the required skills and competencies being sought for the chairman.

It is suggested that the advert is placed in local and national paper such as Yorkshire Post and Sunday Times.

At the beginning of October the advert will be published with a closing date of three weeks later.

c) Training will be provided to the members of the nominations committee as the governors on the appointment panel. The training will be given about the process, short listing and

interview training.

- d) The short listed candidates will be asked to undergo psychometric testing as part of the process against which a 'fit' score will be determined. This will be administered by Sue Holden.
- e) The candidates will be invited to a two day event at the beginning of December.

Day 1 AM will be a number of panel discussions which will relate to specific themed areas of interest for the appointment team. This will be notified to governors nearer the time but are likely to include ie approaches to leadership, management of finance, governance of practice etc. Each panel will be made up of a cross section of staff and a governor representative.

Day 1 PM will be a group session. All candidates will be given a scenario to discuss. Each candidate will be assessed during the session around the competences identified earlier in the process.

Day 2 formal interviews with the panel of governors, additionally for support will be Patrick Crowley, Peta Hayward and Anna Pridmore.

The governors will have received feedback from Sue Holden on the sessions the previous day and information about the results of the psychometric testing.

The timetable appended to this paper gives more detail about the process.

3 **Appointment resulting a non-executive director vacancy**

Should one of the current non-executive directors apply and be successful in appointment as chairman, then the process for the appointment of the replacement non-executive director would need to take place. The format for the appointment of a non-executive director is outlined in the constitution and is custom in the trust.

The governors via the nominations committee will identify the specific skills they would like a replacement non-executive director to have. An advert would be place in the media. Candidates would be asked to complete a psychometric test and an interview with a panel of governors chaired by the Chairman of the Trust would take place.

4 **Recommendations**

Governors are asked to note and support the process for the appointment of the chairman.

Author Anna Pridmore Foundation Trust Secretary

Date 10 August 2009

Timetable for the appointment of the chairman from 1 April 2009

Date	Action	Responsible for action
29 th July 2009	Hold meeting with NEDs re Chairman competencies.	Sue Holden
August	Design the advert and obtain approval on local and national media requirements. Suggestion that advert should be placed in local and national media ie Yorkshire Post and Sunday Times	Nat McMillan
September either 8 th or 22 nd date to be confirmed	Hold meeting with Governors, re Chairman competencies	Sue Holden
September – by 25 th September	Confirm content of advert following discussion with Governors	Nat McMillan/ Sue Holden
1 st October	1 st October advert published. Advert for three weeks (tbc) closing 23 October 2009	Nat McMillan
TBD – between 1 st and 23 rd October	Training with Governors about recruitment process	Nat McMillan
23 rd October	Advert close	Nat McMillan
24 th October	Long listing	Nat McMillan/ Anna Pridmore
TBD – between 23 rd October and 2 November	Training on short listing	Nat McMillan

2 November – 10 November 2009	Short listing process – to include appropriate governors and management.	Nat / Janet to arrange
15 th November 2009	Shortlist letters out to candidates and psychometric testing	Janet
TBD - between 15 th and 30 November	Interview training with Governors	
1 -2 December	2 day assessment centre	Sue Holden/ Anna Pridmore/ Nat McMillan/
1 December	AM panel discussions PM group session	Sue Holden/ Nat McMillan (Janet to arrange)
2 December	Pre meeting with interview panel	Janet to arrange
16 December	Interviews – panel of Governors along with Pat Crowley/Peta Hayward/ Jac Gilby/ Anna Pridmore Discussion of appointment of Chairman in private session of Council of Governors meeting	Vice Chairman of Council of Governors
	Governors to consider and confirm appointment	
1 April 2010	New Chairman starts	

Council of Governors – 2 September 2009

Membership report, Q1 - 01/04/09 to 30/06/09

Summary of Paper

The attached report provides details on the public, patient and staff membership for the period April to the end of June 2009. The profiles show information on numbers, type, catchment area, gender, age range and ethnicity of our membership and provide a summary of leavers and joiners.

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

Recommendation

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

Assurance and related objective	Assures the Board that appropriate and effective membership engagement activities are planned to ensure that the Trust membership is representative of the local community.
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Governance	Board of Directors – 29 th July 2009
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Owner	Patrick Crowley Chief Executive
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Date of paper	22 July 2009
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Version number	V.1
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Number of pages	5
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York Hospitals NHS Foundation Trust Membership report Quarter 1 – April to July 09

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

Membership profile:

The table below shows the membership total by each type of constituent. For this quarter the Trust lost 393 members and gained 26 new members, giving an overall loss of 367 members. The cancelled memberships are in the main, due to the death or relocation of the member.

Public constituency	
As at start (April 1)	10,521
New Members	21
Members leaving	311
At end June	10,231
Staff constituency	
As at start (April 1)	4,151
New Members	3
Members leaving	0
At end June	4,154
Patient constituency	
As at start (April 1)	2,723
New Members	2
Members leaving	82
At end June	2,643
Public constituency	
Number of members	
Age(years):	
0 - 16	0
17 - 21	56
22+	9,773
Ethnicity:	
White	2,839
Mixed	10
Asian	9
Black	3
Other	1
Socio-economic groupings:	
ABC1	8,091
C2	1,412
D	345
E	371
Gender analysis:	
Male	4,488
Female	5,411
Patient constituency	
Number of members	
Age(years):	
0 - 16	0
17 - 21	13
22+	2,608

Membership recruitment and engagement activities since April:

In April & May the membership manager accompanied the Chief Executive/Deputy CE to the remaining four City of York Council Ward Committees. The Trust has now attended all 18 ward Committees and will return to all later this year/ early next year to update the public on progress etc. This quarter, new members were recruited from the Westfield, Fishergate, Rural West and Guildhall ward committees.

In May the membership manager accompanied the Chief Executive to a public meeting of residents in Helmsley. This was organised by the Chair of the Town Council, who is also a patient/carer Governor. Around 20 members of the public attended and 1 new member was recruited during the evening.

In June the membership manager was invited to address 75 sixth form students who attended an event organised by HYMS as an introduction to a career in medicine. A number of students signed up to membership and all the others took away information to read later.

The membership manager attended the public debate on the NHS organised by Clifton Methodist Church as part of their centenary celebrations and distributed application forms for membership to the 100 people who attended.

Three events have been held this quarter specifically for FT members. The first in May was for those members interested in helping the Trust to improve services for bereaved families. 80 attended the PGMC to find out about the project between the Trust and the King's Fund to develop a Bereavement Suite. This will be followed up in the autumn with an exclusive tour of the new facilities for members.

In June, a further event was held for members interested in cancer services. Over 90 people attended on the hottest day of the year for presentations and displays on cancer services.

On both these occasions members expressed great appreciation at being invited to special events as they see this as a tangible and positive benefit of membership.

A lunchtime YorkTalk presentation for members was held in June on the topic of the Care Quality Commission. One public member attended, four Governor members and around 25 staff members.

Membership recruitment and engagement activities planned for the next 3 months:

Most of the next 3 months will be focussed on the planning of the Trusts' Open Event on 30 September. We have obtained £10K in sponsorship from Capita (ex Computershare) to cover most if not all associated costs. On the day we will be offering tours and activities in 5 different clinical departments of the hospital, 4/5 15 minutes presentations on a range of topics and around 55 displays in the main entrance and main corridor. There will be two prize draws as incentives for people to join up as members (under 25 year olds and 25+).

A link has been made with the organiser of the 50 + Festival which takes place in York from 26 September to 4 October. Details of the Trusts' Open Event will be included in the 3000 festival programmes. We will also be promoting the Open Event in the Local Link publication and in local newspapers.

An advance booking system will be available to allow members to pre book places on tours and presentations, details of this will be included in the YorkTalk newsletter due out in early September.

There are a number of other high priority pieces of work relating to membership to undertake in the next few months.

- 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 the year.
- Develop the Membership Strategy further in conjunction with the Governor led Membership Engagement Committee.
- Develop a Members Discount Scheme to provide members with discount at local stores and services.
- Develop a Youth Engagement strategy to enable a planned and targeted campaign to increase the number of 16 to 25 year old members.

In terms of recruitment of new members, we are planning to include information on membership and application forms in 500 copies of the Huby parish council magazine. This is at the instigation of the public governors for the Hambleton area. It is hoped this initiative can be repeated by other Governors with other

local publications, particularly in the Selby area where membership against the eligible population is just 2%.

In order to try and maintain membership numbers at minimal effort, time and cost, it is proposed to request all Governors, Directors and non Executive Directors to recruit 10 new members each in the next 3 months. This will be extended to all staff members once the database is updated and the membership scheme is re-launched within the Trust.

Membership Management:

The working relationship between Capita (ex Computershare) and the Trust continues to improve. Weekly communication takes place between the membership manager and the Bristol office and the team is responsive and prompt to requests for data/information. Discussions relating to the contract will be restarted now that the dust has settled following the Capita takeover.

Author: Penny Goff
Owner: Patrick Crowley
Date: 22 July 2009

Council of Governors – 2 September 2009

Membership Engagement Committee

Attached are the notes of the meetings of the Membership Engagement Committee's held on 16th June and 21st July 2009

Minute Number	Summary
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	There was nothing specific to bring to the attention of the Council of Governors
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Chairman of the committee: Helen Mackman

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

Notes of a meeting held 4.00 pm Tuesday 16 June 2009

Present: Helen Mackman (Chair), Jane Dalton, Geoff Rennie,
In attendance : Penny Goff, Membership Development Manager
Lucy Brown, Communications Manager

1. Apologies:

Win Blackburn, Nevil Parkinson, Mike Moran

The Chair noted the lack of representation or apologies from the Staff Governors.

2. Minutes of last meeting:

The minutes of the last meeting, held on 19 May 2009, were approved as an accurate record.

3. Matters arising from the minutes:

3.1 JD commented that some of the wording in the minutes could be interpreted as criticism that some Governors are not contributing sufficiently to the work of the Trust. She added that only the four statutory duties of Governors were clear within the Monitor guidance, the other duties around membership recruitment and engagement were entirely voluntary and not everyone was able to contribute time and effort to this. She added that when she applied to become a Governor she had little information and understanding of the time commitment necessary.

3.2 Staff membership issues:

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

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 later meeting.

3.3 Guidelines for handling the media:

LB reported that the redraft of the media guidelines would be distributed to the group with the meeting notes and asked for comments to be sent to her.

Action: ALL

3.4 Engaging with Constituents a Guide for Governor members – the booklet from

South Staffs & Shropshire, distributed at the previous meeting, will be discussed by Governors at a future meeting with a view of pulling together a version to support York Governors.

4 Draft Membership Strategy 2009 – 2012:

At the previous meeting PG had circulated a very early draft of a Membership Development Strategy and had asked Governors for their input and contributions in terms of priorities for member engagement and recruitment and in creating a work programme to support the strategy.

HM had reformatted the document and added a table of contents and this was discussed. It was suggested that the front cover photograph should be of people rather than a view of the hospital.

Suggestions and costs from JD had been received proposing ways of engaging and communicating with the residents of the Hambleton community which will be incorporated into the document. No other comments were received.

It was agreed that comments would be sent to HM and a further draft would be discussed at a later meeting.

5 Any other business:

It was noted that the next meeting of the Council of Governors would take place on 1 July.

6. Date and Time of next meeting:

The next Membership Engagement Committee will be held on Tuesday 21 July at 4.00 pm in the Hospital's Boardroom.

Pjg/MEC/280709
Final draft version

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

Notes of a meeting held 4.00 pm Tuesday 21 July 2009

Present: Helen Mackman (Chair), Geoff Rennie, Win Blackburn, Mike Moran

In attendance : Penny Goff, Membership Development Manager
Lucy Brown, Communications Manager

1. **Apologies:**
Jane Dalton, Nevil Parkinson

The Chair noted once again the lack of representation from the Staff Governors and agreed to email all Staff Governors about their continued representation on the group.

Action: HM

2. **Minutes of last meeting:**
Due to PG's recent holiday followed by sick leave, the minutes from the previous meeting were not available.

3. **YorkTalk**
LB reported that the July edition of YorkTalk was now being printed and circulated a draft copy to the committee.

The September edition will be available in early September and will focus entirely on the Open Event with information about the afternoon programme and how members can book onto tours and events.

HM was preparing an article on the courtyard gardens at the hospital and this will appear in an edition later in the year.

It was agreed that the group need to consider future articles for YorkTalk and will submit ideas to Lucy for consideration to aid long term planning.

Action: ALL

- 4 **Draft Membership Strategy 2009 – 2012:**
This item had not been placed on the agenda due to the number of apologies from committee members and therefore the difficulty in carrying the discussions forward effectively. Governors had been working on the Strategy document outside the meeting and as a result, MM reported that he was working on a template for the action plan to accompany the strategy.

The role of volunteers within the hospital was discussed and the potential for their involvement to lead to membership of the trust.

6. Date and Time of next meeting:

The next Membership Engagement Committee will be held on Tuesday 18 August at 4.00 pm in the Hospital's Boardroom.

HM has asked Ian Clennan, the Chair of York Hospital Radio to the next meeting to discuss how the radio could help Governors to fulfil their role in communicating and engaging with members. It was agreed that all governors would be specifically invited to the meeting via PG's next briefing.

Action: PG

Final draft version
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