

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

on: **Wednesday 11 March 2009;**

at: **4pm – 6pm;**

in: **Boardroom, York Hospital**

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| MEMBERS COUNCIL AGENDA |
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| <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 new governors and 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> | Foundation Trust Secretary | A |
| <p>5 <u>Minutes of the meeting held on 6 January 2009</u></p> <p>To receive and approve the minutes of the meeting of the Council held on 6 January 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 4.30pm – 5pm

| <i>Item</i> | | <i>Lead</i> | <i>Paper</i> |
|-------------|---|---|--------------|
| 7 | <u>Healthcare Commission – Standards for better health</u> To receive a report on the declaration. | Chief Executive | C |
| 8 | <u>Finance report</u> To receive the finance report. | Director of Finance I | Verbal |
| 9 | <u>Performance report</u> To receive the performance report. | Chief Operating Officer | Verbal |
| 10 | <u>Summary of the minutes of the Board of Directors meetings</u> To receive a summary report of the Board of Directors minutes of the meeting held in December 2008 and January 2009. | Chairman | D |
| 11 | <u>Membership Engagement Committee</u> To receive the minutes from the Membership Engagement Committee for 17 th February 2009 meeting. | Chairman of the Membership Engagement Committee | E |

PART THREE: Strategy discussion 5pm - 6pm

| <i>Item</i> | | <i>Lead</i> | <i>Paper</i> |
|-------------|---|-------------|--------------|
| 12 | <u>Patient experience and Governor monitoring</u> To discuss proposals for Governors to be involved in obtaining knowledge about patient experiences and for a Governors' scrutiny or monitoring committee, and to view a film on patient experience. | Chairman | F & F.1 |
| 13 | <u>Any other business</u> To consider any other items of business. | Chairman | |
| 14 | <u>Next meeting</u> To note the date, time and venue for the next general meeting: <i>Next General meeting – Wednesday 6 May 2009 at 4pm in the PG Centre</i> | Chairman | |

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

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

**Alan Maynard
Chairman**

March 2009

Changes to the Register of Governors' interests:

A

| Governor | Relevant and material interests | | | | | |
|---|---|---|---|--|--|--|
| | Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies). | Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS. | Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS. | A position of authority in a charity or voluntary organisation in the field of health and social care. | Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services | Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks |
| 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)</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 | | | | | |
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| Cllr Alexander Fraser (City of York Council) | Nil | Nil | Nil | Appointee —City of York Council , non-voting participating observer on York CVS Trustees | Appointee —City of York Council , non-voting participating observer on York CVS Trustees | Nil |
| Prof Ian Greer (HYMS) | Director —Daisy Appeal | Nil | Nil | Medical Advisor —ITP Association Medical Advisor —APEC (Action on Pre-eclampsia) | Nil | Dean —HYMS |
| Mrs Kate Harper (Staff: Nursing) | TBA | TBA | TBA | TBA | TBA | TBA |
| 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 | | | | | |
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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 |

| Governor | Relevant and material interests | | | | | |
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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 | 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 January 2009, LaRC Seminar, York Hospital.

- Present:** Professor A Maynard, Chairman of the Trust
- 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 J Porteous, Public Governor, City of York
Mr S Ruff, Public Governor, City of York
Mr B Towner, Public Governor, City of York
Mrs P Turpin, Public Governor, Hambleton
- Patient/Carer:** Mrs J Farquharson, Patient/Carer Governor
Mrs J Moreton, Patient/Carer Governor
Mr G Rennie MBE, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor
- Partner:** Councillor S Fraser, Partner Governor, City of York Council
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:** Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional
- Apologies:** Mr L Bond Staff Governor, Consultants
Mrs G Cashmore Partner Governor, North Yorkshire & York Primary Care Trust
Mrs E Casling Partner Governor, North Yorkshire County Council
Prof I Greer Partner Governor, HYMS
Mrs S Lewis Public Governor, City of York
Mrs A McGale Staff Governor, non-clinical
Mr P McGowan Public Governor, Selby District
Mr N Parkinson Public Governor, Selby District

| | | |
|--------------------|-----------------|-------------------------------------|
| Attendance: | Patrick Crowley | Chief Executive |
| | Mike Proctor | Deputy Chief Executive |
| | Robert Chapman | Acting Finance Director |
| | Alison Hughes | Director of Strategy and Facilities |
| | Dr Ian Woods | Medical Director |
| | Gillian Fleming | Non-Executive Director |
| | John Hutton | Non-Executive Director |
| | Alan Rose | Non-Executive Director |
| | Penny Goff | Membership Development Manager |
| | Anna Pridmore | Corporate Governance Manager |
| | Cheryl Gaynor | Secretary/Board Administrator |

09/01 Chairman's Introductions

The Chairman welcomed Governors to the meeting. He reported that Governors had approved the re-appointment of Mrs Fleming and Mr Hutton as NEDs on an m3-year term

09/02 Oral Questions from the public

There were no questions submitted.

09/03 Apologies for Absence

Members' Council noted the apologies.

09/04 Declarations of interest

Dr Jane Dalton – Public: Hambleton District asked for a correction as she was identified as a Patient/Carer Governor and she was a Public governor.

Mrs Jennifer Moreton – Patient/Carer asked for a correction as she was identified as a Public Governor for the Hambleton District.

09/05 Minutes of the meeting held on 8 October 2008

The minutes of the meeting held on 8 October 2008 were agreed as a correct record.

09/06 Matters arising from the minutes

09/06.1 10.3 – 08/115 Car Park Development

Patrick Crowley, Chief Executive reported that progress was being made with the developments of the car park.

Helen Mackman expressed that she was pleased to know that the Trust now had a Governor on the transport and travel group.

11 - Appointment of Vice Chairman of the Members' Council

The Chairman of the Members' Council referred Governors to the appointment of Vice Chairman's of the council and that 3 Governors (Helen Mackman, Mandy McGale and Winifred Blackburn) had met with him to agree the role of the Vice Chairman and whether this role could be undertaken by more than one person. Following this, nominations were invited and the subsequent election resulted in Geoff Rennie being appointed. The Members' Council formally noted Mr Rennie's appointment.

09/07

Space 21

Alison Hughes Director of Strategy and Facilities outlined the Space 21 paper and update Governors on the current situation regarding in-patient accommodation.

Mrs Hughes distributed a pictorial representation and drawings of the consumerism of the space available used now and after a 75% increase in size.

Mrs Hughes informed Governors that this development would take a number of years to develop and build and would then be able to progress to receive planning permission from the City of York Council.

Mrs Farquharson enquired and was assured that there will be consultations throughout the planning and development.

Governors thanked Mrs Hughes for the detailed paper.

Action: The Members' Council note the content of the report and the intended developments.

09/08

Annual Report

Mrs Pridmore provided Governors with an early copy of the Governors section to the annual report. She asked Governors if they would review the document and let her have any comments by the beginning of March 2009.

09/09

Annual Plan

Mrs Hughes reported that the annual plan was a prescriptive document and assured Governors that she would circulate a draft as soon as it was completed. It was anticipated that the draft will be completed by April 2009.

Mrs Hughes explained that the annual plan was heavily prescribed by Monitor in terms of the information required in it. Monitor required the document to be

submitted by the end of May 2009.

Action: Governors receive a copy of the annual plan before submission to Monitor.

09/10 Review of the Constitution

Mrs Pridmore reported that the sub-committee of the Members' Council had met to review the constitution and work was now being undertaken to rewrite the document. A further meeting of the sub-committee would be held at the beginning of March 2009.

09/11 Finance report

Mr Chapman, Acting Director of Finance outlined the financial position as of 30th November 2008, and forecasted the position for the full year.

At the end of November, there was an Income and Expenditure surplus of £1.9m against a planned surplus for the period of £1.5m and an actual cash balance of £5.6m. This placed the Trust broadly on the plan submitted to Monitor as part of the Annual Plan and results in a provisional Financial Risk Rating of 4.

The forecast position for the year end is a net deficit (after the planned £3.0m impairment associated with the staff residence) of £1.6m compared with the planned deficit of £1.8m.

Mr Moran requested to see the detailed financial report for next year. Mr Chapman informed that the detailed report would be submitted to the Board of Directors for approval and would be circulated to Governors as part of the annual plan.

Action: Members' Council noted the report.

09/12 Performance report

Mr Proctor, Chief Operating Officer outlined the performance up to November 2008 and updated Governors on the performance during December 2008.

Mr Proctor reported that the status for GP referrals was currently read as there had been a recent increase in the number of patients being admitted to surgery. The bed status was currently on red as it was throughout the country largely due to an outbreak of influenza.

Mr Proctor reported that overall the Trusts' performance itself had been excellent over the last 5 months.

Action: Members' Council noted the report.

09/13 Infection control

Mr Proctor reported that there had been fantastic results in recent months, this included no cases of MRSA in the last 6 months and C.Diff cases had also been massively reduced.

09/14 Membership Engagement Committee

The minutes of the Membership Engagement Group held on 23 September and 8 November 2008 were note.

09/15 Terms of reference for the Membership Engagement Committee

The Members' Council received and approved the terms of reference for the Communications Group which was now to be called the Membership Engagement Committee.

09/16 Summary of the minutes of the Board of Directors meetings

The Members' Council received the document and asked Dr Woods to give some further detail on the patient identification issue.

Dr Woods reported that the patient identification was becoming an issue and the changing of patient tagging was a possibility to resolve this. A number of changes were being considered.

The Members' Council noted the minutes

09/17 End of life

Professor Maynard reported that the general thought of the community is that the majority of people would prefer to spend the remainder of their time of life within their own home.

Professor Maynard explained Mrs Turpin's involvement in the recent national report and asked her to explain in more detail to the Members' Council.

Mrs Turpin circulated a summary report. Her study involved her visiting several people in different areas around the country.

Her work covered 6 key areas:

Service provision and integration

Mrs Turpin explained that participants' experiences of hospital services appeared to be largely polarised across her study either being very good or very bad. The positive responses were mainly regarding relationships with

members of the secondary care team. The negative were about quality and consistency of care, equipment and food.

Preferred place of care and to die

The findings demonstrated that the preferred place of care for most people she interviewed was at home. Some people reported concerns that they may be moved to a care facility against their wishes. Relatives and patients were clear that patients' preferred place to die was a very important factor to consider. The decision was influenced by the choice available including past experiences of places such as hospitals and hospices, perceived level of medical or personal supported needed, fear of being a burden to family members. The study found that not everyone preferred to die at home.

Relationships, dignity and respect

Mrs Turpin reported that it was appreciated when staff looked after the carer as well as the patients. The negative experience reported by those involved in the study included the report of the loss of patients' dignity through mixed sex wards, lack of privacy and quiet rooms.

The positive experiences focused on the practical and emotional support offered to individuals. Understanding, empathy and appreciation of the process of end of life were seen as important qualities for end of life care staff and therefore the key was to train the staff on end of life bereavement.

Information and communication

Information was divided into two key areas:

- Medical information, condition and prognosis
- Non-medical information about services, support and financial advice

Mrs Turpin reported that her findings revealed that there appeared to be poor literacy skills which could have limited understanding of written information.

It was found that a single point of contact to talk to would help.

Access to support for carers

It was found that many carers were older people with health concerns of their own. Many carers often neglect their own health needs because of their focus on the person for whom they were caring.

Mrs Turpin reported that the provision of carers' assessments were not a consistent feature amongst carers

Other support needs

Mrs Turpin was of the opinion that emotional support was very important as well as bereavement support. She reported that none of the carers interviewed had been offered help on the organisation of funerals or help to get their finances in order after their loved one had died.

A number of participants had been offered counselling and felt that this support has been helpful.

Mr Porteous expressed that she had evidence that the view of the end of life study was very interesting and should be as widely distributed as possible. He was concerned whether this would fit in with patients who have decided to be DNR (do not resuscitate).

The Members' Council expressed their thanks to Mrs Turpin for her detailed presentation on the end of life study and wished her well with future research and development.

09/18 Any other business

There was no other business.

09/19 Next meeting

Members' Council Wednesday 11 March 2009 4.00pm in the Boardroom at York Hospital.

09/20 Collating of written questions from members of the public

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

CLG
14/01/2009

Members' Council – 11th March 2009

Core Standards For Health

Summary of Paper

This paper provides a summary of the process of the assessment of compliance with the Core Standards for Health.

Recommendation

Members Council is asked to note the content of the paper.

| | |
|---------------------------------|--|
| Assurance and related objective | Assurance of Compliance with the Core Standards for Health |
| Governance | Members' Council – 11 th March 2009 |
| Owner | Michael Proctor, Deputy Chief Executive |
| Date of paper | 2 March 2009 |
| Version number | V.1 |
| Number of pages | 4 |

Declaration of Assessment of Compliance with Core Standards for Health

Introduction

Members will be aware that the organisation is required to undertake an annual assessment of compliance with the Health Care Commissions Core Standards for Health. The assessment has now been undertaken for the third time and is based on the appropriate element of the HCC “Guidance on the Assessment of Core Standards” which advises that Trusts need to consider whether they can provide.

‘Reasonable Assurance’

‘Reasonable assurance, by definition, is not absolute assurance. Conversely, reasonable assurance cannot be based on assumption. Reasonable assurance is based on documentary evidence that can stand up to internal and external challenge. In determining what level of assurance is reasonable, trusts must reflect that the core standards are not optional and describe a level of service which is acceptable and which must be universal. Our expectation is that each trust’s objectives will include compliance with the core standards. This will be managed through the trust’s routine processes for assurance’

‘Significant Lapse’

‘Trust Boards should decide whether a given lapse is significant or not. In making this decision we expect that boards will consider the extent of risk to patients, staff and the public, and the duration and impact of any lapse. There is no simple formula to determine what constitutes a ‘significant lapse’. This is, in part, because our assessment of compliance with core standards is based on a process of self-declaration through which a trust’s board states that it has received ‘reasonable assurance’ of compliance. A simple quantification of risk, such as the loss of more than £1million or the death of a patient, cannot provide a complete answer. Determining what constitutes a significant lapse depends on the standard that is under consideration, the circumstances in which a trust operates (such as the services they provide, their functions and the population they serve), and the extent of the lapse that has been identified (for example, the level of risk for patients, the duration of the lapse and the range of services affected)’

In undertaking the assessment of core standards, Trusts are asked to consider which level of compliance they meet from the following categories

Compliant - a declaration of 'compliant' should be used where a trust's board determines that it has 'reasonable assurance' that it has been meeting standard, without significant lapses, from April 1st 2008 to March 31st 2009

Not met - a declaration of 'not met' should be used where the assurances received by the trust's board make it clear that there have been one or more significant lapses in relation to a standard during the year.

Insufficient assurance - a declaration of 'insufficient assurance' should be used where a lack of assurance leaves the trust's board unclear as to whether there have been one or more significant lapses during the year.

Process

In undertaking the fourth assessment of compliance, a robust and complete review has taken place with the appropriate lead managers for each standard with a particular focus being placed on standards where action plans to improve performance have been identified over the year.

This has included a workshop being run for each domain, with lead managers

- presenting on their standard
- discussing the evidence available
- scoring compliance
- identifying actions necessary to achieve compliance

Subsequently, Directors with specific leads for standards have reviewed assessments and supporting evidence and as in previous years, scores of 80% and over will constitute 'full compliance'.

The assessment has therefore been evidence based, and supporting portfolios of evidence have been collated and updated accordingly.

PPIF/Stakeholder Involvement

The Patient and Public Involvement Forum, Health Scrutiny Committees of City of York Council and North Yorkshire County Council and the SHA have been asked to comment on the Trust's performance against a number of Core Standards. Comments that are received will be included 'verbatim' on the draft declaration. Governors have also been asked to participate in a workshop in order for them to develop an understanding of the process.

The Draft Declaration of compliance with the standards will be tabled to the Board of Directors at its April meeting. Before the meeting, the Board will receive details of the assessment and have the opportunity to view any of the evidence that has been collected.

The declaration must be submitted by close of business on 1 May 2009.

Members will be advised of the content of the formal declaration at the next meeting after the submission date.

Fiona Jamieson
Deputy Director of Performance and Compliance

2 March 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 16th December 2008 in the Boardroom, York Hospital.

Action list and matters arising from the minutes

08/173.1 Day case – Context and opportunity for change

Dr Jackson had referred to an audit tool he had been using which was endorsed by the Healthcare Commission; Professor Maynard was interested in understanding when the department had started to use the tool.

Establish when the audit tool had been introduced to the department.

Action: Dr Woods

Dr Jackson also discussed the financial loading of tariff and that the effect of this had not yet been established. Professor Maynard asked if there were some timings and targets being established.

Mr Crowley explained that the implications of the operating framework were being considered by Mr Chapman. Dr Woods added that part of the discussions that had been held and that would be held in the future would be about how the benchmark baskets would be designed and implemented. It was agreed that more clarity about benchmarking was required and would be provided as the discussed.

08/173.2 Kings Fund Bereavement Suite

The minutes implied that the funding from the Kings Fund was not guaranteed. Professor Maynard asked for more clarity.

Mrs Hughes explained that the application is underpinned by the Trust's capital programme, and the project team have to undertake a number of actions including presentation of the final scheme to the Kings Fund before the funding is released by the Kings Fund.

08/178.1 Selby Memorial Hospital

Mr Proctor advised that there had been no development on the use of Selby Memorial Hospital. Further discussions are being held with the PCT to resolve the ongoing need for additional beds and other support that maybe available. Mr Proctor felt that there would be no additional facilities provided by the PCT for this winter, but the Trust will continue to lobby the PCT for the introduction of the additional facility for next winter.

08/179 Hygiene Code

The Board enquired if the Trust would achieve 100% on the self assessment tool. Ms McManus explained that achieving 100% was very difficult as it required the Trust to be fully compliant with every sub statement in the tool. She felt that at this early stage of using the tool, it was not something she could confirm, but obviously the intention was to achieve 100% and she and her staff were working towards it.

08/182 Report from the Chief Executive

Professor Maynard enquired what progress had been made on the work Mr Crowley was undertaking with Mr Cooper. Mr Crowley explained the work was to illustrate the impact of the operating framework and the economic outlook for the acute sector in general. Mr Crowley reported that the testing of the first cut was being undertaken and would be rolled out across the SHA in due course.

08/184 Performance report

The Board enquired when the development of the performance report would be completed. Mr Proctor explained that it was continually refined. The next version would include some CHKS data. There is a need for a timed programme of development and this should be provided early in 2009.

Timed programme for the development of the performance report.

Action: Mr Proctor

Hygiene Code

HCC visit

Ms McManus reported on the Healthcare Commission (HCC) visit that had taken place earlier in the month. She advised that the visit had lasted two days and the HCC had interviewed a number of staff, asked for number of pieces of evidence and had inspected some clinical areas.

The initial feedback from the assessors was cautiously positive, the Trust had demonstrated a high degree of understanding of the challenge and there was clear evidence of the pace and focus of change. Less positive aspects included that the hot water mixing facilities make it difficult to wash hands efficiently. A letter was expected shortly identifying any escalation activity the HCC maybe recommending in the report due for publication on 9 January 2009.

Ms McManus thanked all the staff involved in ensuring the visitors were provided with everything they required.

Mr Rose added that he had been interviewed by the HCC and he was struck by the level of detail they expected a Non-Executive Director to know about the Hygiene Code.

Hygiene Code

Mr Ashton asked about the timing of the feedback and if there was anything significant from the visit would that be included in the submission to Monitor for Q3. Ms McManus advised that the Trust would have received the final report when the Q3 self-assessment is undertaken so it will be possible to include anything of significant. If however, there is some escalation activity, then the Trust may not have sufficient detail to include it in the Q3.

Mrs Palazzo made the point that the Trust had very low levels of actual hospital acquired infections, but the self assessment score was also quite low, and enquired how that fits with other organisations that have high hospital acquired infection rates.

Ms McManus could not answer specifically for other organisations, but it is evident that it is a very challenging tool and very difficult to achieve 100%.

The Board went on to discuss other factors that might affect the achievement of the Hygiene Code and agreed that a Trust could be doing everything right, but could still have high infection rates, which could be as a result of poor behaviours by both staff and the general public. It was also noted that Norovirus is a community acquired infection that is brought into the hospital and spreads.

Part of the Hygiene Code relates to the Saving Lives initiatives and the introduction of the 7 interventions. The Trust is introducing the interventions and is expecting to see more rigour in the system; other targets are monitored through the Hospital Infection Control Committee (HICC). These performance standards will be reported in to the Board.

Professor Maynard asked what other Trusts the Trust had used as comparators. Ms McManus said she had used a number of Trusts both within the region and on a more national basis.

The Board discussed who the lead Non-Executive Director was for infection control. It was confirmed Professor Maynard was the lead.

Mr Longworth enquired what the latest performance figures showed. Ms McManus advised that the Trust had not experienced any pre 48-hour infection for three months and no post 48-hour infection for five months. With regard to C-diff there had been three cases last month (October) and three cases this month (November).

The Board discussed the compliance statement that should be made to Monitor for Q3. Ms McManus advised that it would demonstrate the level of compliance with the self assessment and the action plans. It would preface this with the achievements to date

Develop the Q3 compliance statement.

Action: Ms McManus

Report to the Board at the end of the next quarter.

Action: Ms McManus

Pandemic flu planning

The Board was asked to note the report on the Pandemic flu planning. The Board took assurance from the work clinical colleagues were undertaking and that the national guidance was being followed. It was noted that a large issue relating to the planning was the difficulty of planning for the unknown.

The Board noted the report and the assurance given.

Finance report

Mrs Fleming enquired what had occurred to improve the financial position. Mr Chapman explained that there had been a slowdown in expenditure during November. In earlier months there was an increase in infection control and maintenance expenditure.

Cost Improvement Programme (CIP)

The Board discussed the CIP achievements. Mr Chapman reported that pressure was being put on directorates to achieve their CIPs and further action would be taken after Christmas including more rigour in a number of systems such as vacancy control.

Lucentis

The Board discussed the issues affecting the income from Lucentis. It was established that there were two main issues, one related to the achievement of the financial target and the other was operational and related to junior doctors, the ability to deal with the Lucnetis and the 18-week target. Mr Proctor advised that the issue mainly related to man power capacity. It was understood that Lucentis would be a key issue in next years' annual plan.

Tracking of the Lucentis.

Action: Resource Management Committee

Waiting list initiatives

Spend was £1.5 million above plan. The Trust had also experienced a 12% increase in referrals despite the contract intentions that the level would be kept at the 2007/08 levels. Mr Proctor added that the majority of the waiting list initiatives were above planned activity.

Car parking

The Board received an update on the position of the car parking project. As a result of the downturn in the finance market this has created some potential issues and difficulties around the financing of the scheme. It was recognised that the delay in work was helpful at this time of year to aid the additional winter pressures.

Mr Crowley added that some people have been moved to Clifton Moor where there is a new purpose built office block and as a result there are a reduced number of cars from staff on site, this is allowing more space to be released for patients. The Board agreed that there would need to be a further debate about the strategic direction of the car parking facilities in the Trust.

Strategic debate about car parking facilities.

Action: Mrs Hughes

Mr Chapman tabled a paper which showed the forecast outturn position for the current year and the projections for 2009/10.

Forecast for the year-end

Mr Chapman reported that the year-end projection shows the Trust broadly achieving the annual plan. Mr Chapman added that he will begin discussion with budget holders about the projections for next year over the next few weeks.

2009/10 projections

Mr Chapman highlighted the key points in the summary projections.

The quality measurements are included in the tariff and account for 0.5%. All the tariffs have changed and become much more granular. It is hoped that this will be the last fundamental change to the tariff and the change should make things easier in the future.

The PCT would like to see a reduction in the level of activity during the next year. Once the contract has been agreed the Trust would be able to develop some assumptions about the income. Professor Maynard suggested the Trust should run a variant case during this development work. Mr Chapman said they would be running variant cases as part of the work.

The Board discussed what had happened under previous PbR regimes and noted that under this regime the Trust could lose money. Mr Hutton added that Monitor looked to the Trust to not miss opportunities to make a surplus, so the Trust would need to have the financial detail sitting behind the detailed capacity plans.

The Board noted the work to be done over the next few months for the development of the annual plan.

To develop the projections for the next financial year.

Action: Mr Chapman

Performance report

Cancer target

Mr Hutton enquired if the reduction in performance against the cancer access target was a reflection of anything that might place achievement overall of the target at risk. Mr Proctor explained that the number of patients involved was very small and there was no indication that the target would not continue to be met.

4 – hour A&E target

The Trust faired poorly in early December and last week's performance was less than 90%. Currently attention is being given to the systems and any problems are being addressed. On analysis of the figures it can be seen that there has been an increase of attendance at A&E of about 10 additional patients a day from the numbers attending this time last year. This additional activity is adding to the stress in the system. The level of Norovirus in the community is also adding to the pressure.

The Trust is likely to declare non achievement of the 4-hour target in Q3 at the end of January.

The Board noted that there was still insufficient understanding of what the traffic light coding means and this should be further developed.

Continued development of the dashboard and the inclusion of CHKS data in the next version.

Action: Mr Proctor

Monitor quarterly return (Q2)

Mr Crowley presented the Q2 returns. The Board noted the report.

Board statement IFRS

Internal Financial Reporting Standards (IFRS) is to be implemented from 1 April 2009, and requires the Trust to restate the balance sheet for comparative purposes as the first stage of the process. The Trust has restated the balance sheet and Mr Chapman presented it to the Board.

Mr Chapman advised that the balance sheet was fundamentally unchanged. There were some slight changes to some definitions and External Audit may wish to discuss some leases which are not on the balance sheet because they are operating leases. External Audit will review the balance sheet and submit their findings to Monitor in February 2009. In the meantime the Trust is required to submit the un-audited balance sheet to Monitor by the end of December 2008.

The Board was asked to sign a statement confirming their satisfaction that the balance sheet is in line with the requirements. The Board confirmed they were satisfied by the assurances provided by Mr Chapman and asked Professor Maynard and Mr Crowley to sign the statement.

Submission of the statement and re-stated balance sheet to Monitor by December 2008.

Action: Mr Chapman

Business cases

The following business cases were submitted for approval.

Electronic rostering system

Mr Longworth enquired how confident the Executive Directors were about the delivery of the savings. Ms McManus explained that they were based on work undertaken earlier in the year and were quite prudent. Some hospitals have achieved implementation of the e-rostering system and have demonstrated savings. She added that the achievement is critical to the CIP for 2009/10.

The Board approved the business case and agreed that the Resource Management Committee would provide assurance to the Board of Directors.

Consultant in Occupational Medicine

Ms Hayward explained the rationale behind the business case. She explained that there would be a further business case that was currently in development to be presented to the Board in the future which would include income generation.

The Board suggested that the business case would have been enhanced by bringing the whole business case together.

Ms Hayward explained that the current need is to shore up the service and ensure the existing commitments can be satisfied. Not having the consultant in place could have an effect on the licence to operate and increase the risk the service has around Health & Safety.

The Board of Directors approved the case and noted that this was a good example of where service line reporting would be beneficial.

Completion of the 2nd business case.

Action: Ms Hayward

Histopathology department – additional resources

Mrs Palazzo enquired what percentage of the additional resources outlined in the business case were to meet current demand and what would meet future demand.

Dr Woods confirmed it was a mixture, currently there was a high use of temporary staff and all areas are being required to meet more standards and undergo more scrutiny than used to be the case. This is creating more work for the department. There has been an increase of some 60% of MDT meetings and the time frames for reporting are tighter. The business case demonstrates the service catching up with the developments over the last few years. He felt there was a 10-20% loading for the anticipated future demand that is expected over the next few years.

The Board approved the business case and asked for it to be monitored by the Resource Management Committee.

Serious untoward incident schedule

Dr Woods presented the report and advised that the Clinical Risk Committee had reviewed eight of the outstanding SUIs. There had been one new SUI since the Board last met. Dr Woods outlined the detail of the SUI.

The Board noted the report.

Governance Committee minutes from 12 November 2008

Mrs Fleming highlighted the key issues in the minutes of the Governance Committee.

The Board noted the minutes.

Any other business

Workforce dashboard

Mrs Hayward asked that board members provide her with any feedback on the dashboard included in the workforce report circulated with the Board papers for information.

Commentary on the Workforce dashboard.

Action: Board members

Board meetings

Professor Maynard referred to an email he had sent to all board members asking for their opinion on adjusting the construction of the Board meeting. He noted that there had been a very positive response on the reduction of the number of meetings and the suggestion of a board day. He asked that this should be implemented in the new year.

Introduce board days from the beginning of the year.

Action: Mrs Pridmore

Mrs Fleming asked if the Board could also see a return to the Clinical Directors giving presentations to the Board. It was agreed that should also be implemented.

Introduction of Clinical Director presentations to the Board of Directors.

Action: Mr Crowley

Professor Maynard noted that it was Mr Chapman's last Board meeting as Acting Finance Director. He thanked him for all his hard work and commitment to the Trust and wished him luck with his next role in the Trust.

Board meeting held on 28th January 2009 in the Boardroom, York Hospital.

John Longworth was absent from the Board members.

Action list and matters arising from the minutes 16th December 2008

08/198.1 Day case – Context and opportunity for change

Dr Wood advised that the audit tool was being refined and revisited as a result of changes made by the DoH. Dr Wood advised he would update the board as soon as there was further information.

Update the board on developments of the audit tool

Action: Dr Woods

08/202 - Performance report

The board had requested more detail to be included in the performance report. Mr Proctor confirmed that CHKS data was included in the performance report and Dr Woods would give more details to the board later in the meeting.

Car parking

Mrs Hughes updated the board on the progress of the car parking. She advised that a finance package had now been secured by the contractors and they were working with their financiers to finalise the contract. Discussions were being held with the contractors to look at the enabling works that need to be completed and a timetable is being developed. A lengthy debate was held at the corporate directors' meeting to consider the decision made about the car park and the corporate directors unanimously agreed to re-confirm the decision to build the car park as planned.

Mrs Hughes added that there are only 15 months left on the planning approval, if that should run out she was not sure the Trust would gain the planning approval again.

The board discussed the progress and requested sight of the business case as it had been approved some time ago and a number of the current Non-Executive Directors have joined the board since the business case was approved.

Provide board members with a copy of the car park business case.

Action: Mrs Hughes

08/201 Finance report (2009/10 projections)

Mr Bertram advised that work was continuing on the development of the projections for the next financial year. The Trust should receive the PCTs first report on the commissioning intention during the first week in February.

Mr Bertram is expecting to bring a report to the next board.

Present 2009/10 projections report.

Action: Mr Bertram

08/208.2 Board meetings

Mrs Palazzo asked when the board would start to receive presentations from the clinical directors.

Mr Crowley explained that they would resume in the new financial year and would go into the planning for the new financial year.

Healthcare commission

HCC visit report

Ms McManus tabled the report received from the HCC. The report raised the issues that had been discussed with the inspectors during their visit. The report summarised that the Trust was compliant with all but two of the duties in the hygiene code.

Ms McManus outlined the work that was being undertaken to address the issues. She added that some significant costs had been identified to ensure compliance. These costs would be included in the annual plan financial projections to be presented to the Board of Directors.

The HCC will undertake a follow up visit in three month time.

Ms McManus added that she would like to add elements of the HCC report to the Monitor Q3 report. The Board **agreed** with that action.

The Board **noted** and **thanked** Ms McManus for her report.

Add elements of the HCC report to Monitor Q3 report.

Action: Ms McManus

Care Quality Commission

Enforcement power consultation exercise

Mrs Pridmore advised that the Trust had submitted the response to the consultation exercise by 16 January to Monitor. She added that the response had also been sent to the FTN to include in their submission.

The board **noted** the report.

Review of the completed application for CQC

Ms McManus presented the completed application. She advised that CQC require the application to be submitted by 6 February 2009.

Professor Maynard added that the meeting with Baroness Young held the previous evening had been very successful. It was clear that CQC would be a significant regulator who would hold the Trust to account.

The board **approved** the application and **noted** the comments.

Monitor Q3 return

The board received the draft statement and supporting appendix. The board discussed the return and agreed that some additional information should be added about infection control.

The board **approved** Monitor Q3 return

Chairman's report

Professor Maynard reported that the Trust had been very busy over the last month with a significant increase in activity. Mr Proctor and his team had overcome enormous difficulties and have been successful. Professor Maynard joined the board in thanking Mr Proctor and his team for all their hard work and dedication. It was recognised that these were exceptional circumstances.

Mr Crowley added that he had attended a CE forum meeting where the recent experiences were discussed from around the region and other hospitals are also experiencing a significant increase in activity and believe that these are not normal circumstances.

The Board was advised that the ambulance service had thanked the Trust for supporting the ambulance service in delivering their targets. The Trust had ensured that ambulances were turned round very quickly from A&E.

The Board **noted** the report.

Report of the Chief Executive

Mr Crowley presented his report and highlighted the key points.

Mr Crowley referred to the 'art in hospital' team and promoted the excellent work they had been doing around the hospital. Mr Crowley added that he had commissioned a visiting artist working with patients to produce a mosaic for display in the Boardroom.

An excellent A&E report was recently published which showed that the Trust's performance was in the top 20% of all organisations in 29 of the 33 performance areas and the top performer in the country in 4 performance areas.

The Trust was top of the league table across the region for the uptake of influenza vaccinations although the numbers were still disappointing. Mr Crowley asked the Board to thank Mr Gilbey and his team for the successful promotion.

Mr Alan Johnson – Secretary of State visited the Occupational Health building at Clifton Moor during the month and officially opened it. The occasion was very successful..

Celebration of achievement awards plans are progressing well. David Nicholson NHS Chief Executive has agreed to present the awards in June.

The appointment of Jane Brown OBE as Chief Executive of the PCT and the retirement of John Wardle OBE OL after 13 years chairing NHS organisations.

The board **noted** the report.

Finance report

The finance report covers the period to 31 December 2008 and the forecast position of the full year.

The forecast position for the year end is a net deficit of £1.8m after the planned impairment of £3m is on plan. This would result in achievement of the planned FRR of 4 assuming that the impact of the forecast.

Performance report

Performance report

The Board enquired if the Trust would be reporting green at Q4 for A&E. Mr Proctor said that he could not answer that with absolute confidence, but did believe that it was going to be possible. Capacity is still difficult, but performance should continue to improve as the measures are implemented.

The Board enquired what the level of referrals from GPs would have on the 18 week target.

Mr Proctor explained that the Trust is exceeding the target for non- admitted pathway on 18 weeks; the admitted pathway is giving more concern. Mr Proctor explained that he was concerned about the 60-70 cancellations that had occurred over the last month. He believed the Trust would be in a better position at the end of January, but there may be a delayed knock on effect where problems are experienced in February or March.

Discussions are being held in the directorates about capacity planning.

Mr Crowley added that the HCC had held their annual meeting with the other regulators and compared evidence supplied by Trusts to review which Trusts are experiencing difficulties. York is not one of the Trusts to be considered to be in difficulties.

The Board discussed the publication of the performance report. It was agreed that the information is presented to the Members' Council which is a public meeting.

The infection control figures showed that the Trust has had 90 C-Diff cases to date and is now on threshold. There has been 1 pre 48 hour case of MRSA reported this month. The Trust has had 5 cases against a threshold of 9 to date under the contract.

The board **noted** the report.

4-hour A&E performance

Mr Proctor presented the report and detailed the work that had been undertaken in the A&E department.

The board discussed the recent experiences and the work being undertaken to resolve the issues and gave their support to Mr Proctor and his team.

Activity analysis – CHKS benchmarking

Dr Woods provided an overview of CHKS data. He explained that the basis of their figures is information provided by Trusts to the DoH. The CHKS system benchmarks the Trust against peer Trusts and the system can be interrogated to clinician level.

Dr Woods asked the board to review the document included in the board papers. He explained that this was the sort of information available and asked the board what sort of information they would like to receive.

The board discussed the information presented and agreed that high level information of the sort presented was the sort of information they required.

It was agreed that Dr Woods would ask CHKS to suggest which Trusts would be top quartile organisations that they should benchmark against.

Ms McManus added that she would like to understand how this will link with the safety strategy she is currently developing. The strategy will be presented to the February or March board.

Discussion with CHKS to identify suitable comparable organisations using CHKS system.

Action: Dr Woods

Job plan appeal report

Dr Woods left the meeting due to a conflict of interest. Mrs Hayward presented the report and outlined the issues that had been discussed at the appeal panel. She outlined the findings of the panel and asked the Board to:

- Note and ratify the recommendation of the job planning appeal panel.
- Note a letter was sent to the two parties involved advising of the outcome.
- Note that the job plan remains under review whilst the recommendations are carried out, so informing any further action.

The board **noted** and **ratified** the actions of the job planning appeal panel.

Serious untoward incident schedule

Dr Woods presented the report and advised that the Clinical Risk Committee had reviewed eight of the outstanding SUIs. There had been two new SUI since the Board last met. Dr Woods outlined the detail of the SUI.

The Board **noted** the report.

Assurance Framework and Corporate Risk Register

Mr Ashton, chairman of the Audit Committee presented the documents included in the pack. He explained the relationship between the Corporate Risk Register and the Assurance Framework. The Audit Committee reviewed the papers and system in some detail at their last meeting. He explained the role of the Audit Committee, Corporate Directors and the role of the Board in relation to the system. Mr Ashton advised that the Audit Committee would review the system and the approach and be responsible for ensuring the processes were operating satisfactorily. The Board of Directors would be responsible for approving the Assurance Framework including the Board Action Plan and agreeing the items on the action plan.

The Board of Directors **noted** the comments and **approved** the Corporate Risk Register and Assurance Framework.

Membership report

Mr Crowley introduced the report and advised that this was a quarterly report to inform the Board of Directors of the movement in the membership.

Mr Crowley added that he had recently received a copy of the SHA media coverage report which showed that the Trust had received considerable significant positive coverage recently with very little negative coverage. The board recognised the excellent work Mrs Brown Communication Services Manager had been doing.

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

Business cases

Additional stroke physician in elderly medicine

The Board of Directors discussed the business case and noted that the risk to the trust was low. The Board understood that this business case followed on from the discussion at the strategy session about the national stroke strategy and the work being progressed.

The Board **approved** the business case.

Capacity shortfall in maxillofacial directorate

The business case was designed to address the capacity shortfall in the maxillofacial directorate. It demonstrates a long standing shortfall in capacity to ensure the directorate can meet the demands. The business case requested the appointment of a consultant and speciality doctor with the supporting infrastructure.

The Board considered the business case and approved it. It was also agreed that the business case should be reviewed by the Resource Management Committee.

Review of business case

Action: Resource Management Committee

Major incident plan

Mr Hughes introduced the policy and asked the Board for their approval. The Board discussed the plan and asked that a further review was made of the document to ensure consistency of use of term and that a non-executive director is invited to observe an exercise.

Mrs Hughes agreed to undertake a final review of the document before it was published on the intranet and to ensure that a Non-Executive Director is invited to the next exercise.

The Board **approved** the policy.

Fire safety policy

Mrs Hughes introduced the policy and asked the Board for their approval. She explained that the Trust had appointed a new fire officer who has started implementing the policy.

The Board **approved** the policy.

Strategy Committee – minutes from 8 January 2009

Mr Rose presented the minutes and highlighted that there had been a debate at the Strategy Committee about the emerging proposals for how strategy should be discussed and progressed through amended processes which would mean closer working with the Executive Board.

It was agreed that more detailed proposals would be presented to the next meeting.

Detailed committee structure proposals to be agreed with the Chairman and Alan Rose.

Action: Mr Crowley

Audit Committee – minutes from 17 November 2009

The minutes were presented to the board by the Chairman of the Audit Committee. There were no specific issues to raise.

The Board **noted** the minutes.

Executive Board – minutes from 19 November 2009 and 7 January 2009

The Board received and **noted** the minutes from the Executive Board.

Space 21

Mrs Hughes presented the terms of reference for approval. Mrs Fleming suggested that before the Board could approve the terms of reference there should be some more detail about the reporting structure and responsibilities of the project board.

Mrs Hughes agreed she would add some more detail to the terms of reference and bring them back to the next meeting of the Board of Directors.

Amend the terms of reference

Action: Mrs Hughes

Members' Council – 11th March 2009

Summary of the minutes for Membership Engagement
Committee

Please note the summary of the minutes from the meeting

| Minute Number Add number from minutes | Summary |
|--|--|
| | Summarise key issue and decisions to be raised |

There were no specific issues to bring to the
attention of the Members' Council

Chairman of the committee: Helen Mackman

York Hospitals NHS Foundation Trust

Membership Engagement Committee

Notes of Meeting held 17 February 2009

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

1. **Apologies:** none received

2. **Minutes of Last Meeting and Matters Arising**

The minutes of the last meeting, held on 15 January 2009, were approved as an accurate record.

Matters arising from the minutes:

- 2.1 Confirmation of MEC membership: Penny confirmed that the following Governors are members of the Membership Engagement Committee
Representing the public of York – Helen Mackman (Chair) and Win Blackburn
Representing the public of Selby – Nevil Parkinson
Representing the public of Easingwold – Jane Dalton
Representing patients & carers – Geoff Rennie
Representing Nominated Governors – Mike Moran
Representing staff – Anne or Mandy - **still to be agreed/notified to Penny**
- 2.2 Data quality of staff membership: Penny reported to the committee that there has been no system in place for advising Computershare (the database management company) of staff leavers and starters since March 2008. Consequently there were now 910 new starter and 693 leaver records to amend. She also reported that instead of paying Computershare to update the staff database, she intends to bring it in-house to be managed via the new Electronic Staff Records (ESR) system for payroll/ and HR. Penny also confirmed that systems need to be put in place to ensure that staff who leave the Trust are offered the opportunity to transfer to public or patient membership if appropriate and also that staff are given the opportunity to opt out of membership if they wish.
Penny will provide further updates as this work progresses.

It was noted by the committee that the staff members do not receive a personal copy of YorkTalk; small batches are sent to individual wards and departments for staff to read.

Action: PG

- 2.3 Car Park DVD: Lucy reported that despite the recent Press headlines suggesting otherwise, the car park scheme is still going ahead. She has taken over the TV/DVD in the main entrance for communication campaigns. This means that the car park DVD will be removed while she shows other DVDs eg. celebration of achievement awards but with this technology she will be able to show this information on more than one TV screen. Penny and Lucy were unable to confirm the start date of the car park construction but Governors will be advised as soon as it is known.

- 2.4 Views expressed in the Press by nominated Governors: Geoff stated that recent Press reports were more balanced and congratulated Lucy on their handling. Lucy said that when approached by the Press she provides the Trust's view on the issue. She cannot prevent the Press from contacting Councillors who are also Governors and asking for their views. Whilst she cannot advise Governors not to give statements to the Press, she would advise them to check issues with her first as it was not right for Governors to be exposed to issues they knew very little about. To provide clarity for all Governors, she has been asked to review the guidelines for media handling and press enquiries previously drawn up by Governors. It was also noted that a session on handling the media was identified as a requirement by Governors for this years' development programme.

Action: LB

3. **YorkTalk newsletter:** Lucy reported that the following items will be included in the next edition of YorkTalk:-

Chairman's OBE, Infection control updates, Occupational Health Department official opening, diary of events including YorkTalk presentations, AGM, Members' Council meetings, 45 years of Hospital Radio, appointment of new Finance Director, long service awards, celebration of achievement, car parking update.

Win asked if it was possible to include information on new consultants as these would be seen as good news stories. Lucy explained that the Trust generally has 50 new starters each month and it would not be appropriate to mention only new consultants. However if there was a feature article on a particular service then the new staff would be mentioned within the context of the article. The next edition would include a feature on the 8 City of York public Governors highlighting what they have achieved and been involved in; a small photo will

also be shown. The specific Governors are asked to send Lucy a few sentences on their involvement by 23 February. Helen will email to those not in attendance.

Action: HM/LB

4. **Engaging with young people:** Win was keen for the Trust to engage with schools and colleges in the area to give the young people an outline of the work of the Trust and to give them work experience or job shadowing. It was noted that a programme for sixth form shadowing is already in place, particularly for young people wanting to go on to Medical School to shadow consultants and their teams.

It was noted that young people relate particularly well with patients suffering dementia and there was plenty of evidence to support this.

Penny explained that the proposed Trust's Youth Engagement strategy will focus on the 16 to 25 age group and will outline ideas and plans to engage with and recruit young people. Penny explained that the strategy would propose the appointment of a Youth Engagement officer in order to give focus to this work.

It was noted that kids listen to kids and so the strategy should include the peer delivery of messages. There are also many organisations in York dealing with young people and youth and it was essential that we tap in to all these resources and existing channels.

In terms of the Governors role in this engagement it was agreed that they needed to pick up on any opportunities that presented.

Penny also reported on the work ongoing with Tadcaster Grammar School.

Action: PG to update on progress at next meeting.

5. **Items for the next agenda:**

- 5.1 Membership analysis and engagement - Penny circulated copies of a recent analysis of membership and asked that Governors look at this before the next meeting so it can be discussed. She explained that she will use this analysis to determine the member engagement strategy and action plans for the next few years. 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.
- 5.2 Engaging with Youth – update
- 5.3 Press releases – Geoff asked if it was possible for Governors to be informed of press releases before reading them in the Press. A discussion will be included on the agenda for the next meeting.

6. **Any Other Business**

Win asked if there was any feedback from the meeting some Governors had held recently with members from the LINKs Steering group. A brief discussion took place on the meeting and Penny reported that there was no further outcome.

- 7. The next Membership Engagement Committee will be held on Tuesday 17 March at 4.00 pm in the Hospital's Boardroom.**

Members' Council – 11 March 2009

Patient Experience

The paper details an outline proposal for Governors to be involved in obtaining knowledge about patient experiences.

Recommendation

The Members' Council is asked to consider the proposal and consider its adoption by the Members' Council from 1 April 2009.

Assurance and related objective

| | |
|-----------------|--|
| Governance | Members' Council – 11 March 2009 |
| Owner | Anna Pridmore, Trust Secretary Steven Lewis, Public Governor for the City of York |
| Date of paper | March 2009 |
| Version number | V.1 |
| Number of pages | 6 |

Members' Council meeting- 11 March 2009

Draft proposal for Governors - Governors Patient Experience Group

1 Introduction

Fellow Governor Stephen Lewis wrote a letter to the Trust outlining his experience as an inpatient at another hospital. In his letter he outlines some key issues and makes some recommendations for the Members' Council to consider.

This paper builds on those ideas and proposes an approach for Governors to become more involved with the experiences of patients, visitors and staff.

2 Current situation

Currently the Members' Council does not have a forum for exploring issues which are raised by members of the community or those they identify themselves.

3 The proposal

This is an outline proposal which would need some development following a detailed debate at the Members' Council meeting in March.

The proposal is as follows:

- The Members' Council will develop a Governors Patient Experience Group. The group will be a sub-committee of the Members' Council. As a sub-committee of the Members' Council it will not be entitled to make decisions, but will be expected to make recommendations which will be considered at the full Members' Council. The membership of the group is proposed as
 - Six Governors representing the public constituencies (one of whom would be the chairman of the group).
 - One Local Authority Governor,
 - One Staff Governor,
 - One Education Governor and
 - One Voluntary Sector Governor
 - One PCT Governor

The committee would have a fully developed work programme which would include subjects for investigation by Governors. The programme would be developed through the support of the

Patient and Public Involvement lead (PPI lead), Patient Advice and Liaison Service (PALS) and the complaints team and taking into account the views of the Governors who would be part of the committee.

A sample work programme is attached to this paper.

The group would be supported by the PPI lead for the Trust and would work very closely with the complaints department and PALS.

Membership to the group would be through an election carried out by the Members' Council.

The group would meet formally four times a year in line with the work programme.

4 Benefits to the Members' Council and the Trust

The Members' Council is a resource for the Trust. The Members' Council has an obligation to work for the benefit of patients through the organisation. The relationship between the Members' Council and Trust would be enhanced by asking Governors to actively review areas and experiences of patients.

5 An example

The group may be asked to review the catering arrangements in the Trust.

This would involve:

- Receiving some training and basic information from head of catering – explaining the background and the processes used in the Trust.
- Receive some information from the dieticians in the Trust, so they can understand why certain menus are developed.
- Visit the kitchen areas to see them in operation (visit would involve 4/5 Governors agreed by the group to undertake some more detailed work).
- Review the menus (involving the smaller working group).
- Seek the opinion of some patients (with the support of the PPI lead – involving the smaller working group)
- Identify any recommendations.
- Prepare and present a report to the Governors Patient Experience Group.
- Present the recommendations to the Members' Council for consideration by the Board of Directors.

6 Recommendation

The Members' Council is asked to consider the proposal and consider its adoption by the Members' Council from 1 April 2009.

Draft work programme for Governors Patient Experience Group

| Quarter | Work | Detail action |
|----------------|-------------|--|
| April –June | Food | <ul style="list-style-type: none">• Receiving some training and basic information from head of catering – explaining the background and the processes used in the Trust.• Training to be given to the whole subcommittee on working with patients (with the support of the PPI lead)• Receive some information from the dieticians in the Trust, so they can understand why certain menus are developed.• Visit the kitchen areas to see them in operation (visit would involve 4/5 Governors agreed by the group to undertake some more detailed work).• Review the menus (involving the smaller working group).• Seek the opinion of some patients (with the support of the PPI lead – involving the smaller working group) |

July -September

Food

- Identify any recommendations.
- Prepare and present a report to the Governors Patient Experience Group.
- Present the recommendations to the Members' Council for consideration by the Board of Directors.

October-December

The environment – signage

TBC

January - March

The environment – signage

Members' Council – 11th March 2009

Proposal for a Governors' Scrutiny/ Monitoring Committee

Summary of Paper

This paper therefore proposes the establishment of a Governors' Scrutiny/ Monitoring Committee, the remit of which would be to 'scrutinise' various procedures and systems operated by York NHS Foundation Trust to see if they could be improved. This paper also first looks at some of the specific problems encountered myself as a patient, then suggests a way a scrutiny/ monitoring committee could work.

Recommendation:

That Members Council approve the establishment of a Scrutiny/ Monitoring Committee of Governors. Subject to such approval, expressions of interest to be sought from Governors who would be interested in sitting on the committee, and a date and topic for a first meeting (possibly patient advocacy) to be set.

Assurance and
related objective

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| Governance | Members' Council |
| Owner | Stephen Lewis, Governor (Public, City of York) |
| Date of paper | March 2009 |
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| Number of pages | 8 |

Proposal for a Governors' Scrutiny/ Monitoring Committee

1. Introduction

1.1 I have recently had first-hand experience of the NHS from a patient's point of view. A condition that went undiagnosed for more than 18 months was eventually diagnosed as a growth on the spine. I was referred to a neurosurgeon at Hull Royal Infirmary who performed a laminectomy (an operation to remove part of a vertebra) so as to ease pressure on the spinal chord.

1.2 The treatment itself was excellent and the outcome good. However, there were a number of issues that arose during diagnosis and during the long wait for subsequent treatment that made me think things could be done better. This in turn got me thinking about established systems and procedures in the NHS. It struck me that some of these, while perhaps widely accepted, could be improved upon. It is sometimes difficult for those working within an organization to take a step back. It struck me, however, that Governors, with their wide range of experience outside the NHS, might have a different way of looking at things that could potentially be beneficial.

1.3 This paper therefore proposes the establishment of a Governors' Scrutiny/ Monitoring Committee, the remit of which would be to 'scrutinise' various procedures and systems operated by York NHS Foundation Trust to see if they could be improved. I would envisage such a committee in due course considering everything from diagnostic pathways and patient advocacy (raised particularly in this report) to financial matters and the best use of outcome data, as increasingly required by the Government.

1.4 This paper first looks at some of the specific problems encountered myself as a patient, then suggests a way a scrutiny/ monitoring committee could work.

2. Specific problems encountered during my own diagnosis and treatment

- 2.1 I first began having problems with my right leg about three years ago. This began as a tingling sensation in the toes, and gradually extended to a general loss of sensation throughout the leg. As I have had cancer in the past, I mentioned this to my cancer consultant during a routine check-up in York. He assured me it was not a return of my cancer, and suggested I contact my GP.
- 2.1.1 I did so. After several months I was referred to a consultant neurosurgeon at York Hospital. She outlined a diagnostic pathway which would be used to find out what was wrong. This involved referral to a number of different experts to rule out a range of possibilities, starting with the most simple. Over the next few months, I was referred, amongst others, to a physiotherapist and for a TENS test to check nerve function. Both found nothing wrong. I was then referred for two MRI scans on the lower part of my back. Neither revealed significant problems. Since no problem had been found, I was then 'discharged', but told that if my condition worsened I should ask to be re-referred.
- 2.1.2 Over the next months my condition got worse. As well as increasing numbness, I began to experience severe pain in the right leg. My GP said that tests had showed nothing wrong, and that he 'did not know what to do with me'. Several times, he suggested that it might all be in my head, and that if I took painkillers to ease the pain and help me relax, I might well recover. This did not work.
- 2.1.3 Eventually, convinced that what I was experiencing was a return of my cancer, I insisted that my GP refer me back to my consultant oncologist. After a series of blood tests, he confirmed that my cancer had not returned. Crucially, however, he then re-referred me to the consultant neurologist. She, about 18 months after my original MRI scans, referred me for a third scan, this time on the upper back. This revealed a very large growth on one of the thoracic vertebrae, which was pressing on the spinal chord and causing the symptoms. I was referred to a spinal surgeon in Hull, who confirmed I needed an operation. He said he was 'amazed' that I could still walk.

- 2.1.4 Several patients in the neurosurgical ward in Hull Royal Infirmary where I was treated had a similar history of missed or wrong diagnosis. One, like me, had had the condition missed for 18 months or so because earlier scans had focused on the wrong area of the back. Another, an elderly woman in her 70s, had had a hip replaced in the belief that this would help. It didn't. Only subsequently was the growth on her spine diagnosed.
- 2.1.5 The problem, it seems to me, is not with the diagnostic pathway itself. The one set out by my consultant neurologist was logical and sensible, seeking to eliminate simple problems first before looking for more serious ones. The problem was that if at any one stage of that diagnostic pathway a mistake was made or the condition was missed, there was no easy way of identifying that or going back. My condition was missed because the MRI scans focused on the wrong area of my back. Once it was missed, I was back in the hands of my GP, who had little idea what to do with me.
- 2.1.6 In the 18 months lost in my case through failure to diagnose, my condition deteriorated markedly, to the point at which I was in constant pain, could not sleep properly or concentrate at work and, towards the end, found even walking difficult. It was clear from speaking to other patients on the neurosurgical ward at Hull Royal Infirmary that I was far from alone in this.
- 2.2 Patient advocacy and bed occupancy rates.
- 2.2.1 My diagnosis was eventually confirmed at the beginning of January this year. At the end of January I saw the consultant neurosurgeon in Hull, who said my case was urgent and if not treated I could spend the rest of my life in a wheelchair. He would seek to operate within 4-8 weeks, he said.
- 2.2.2 For several weeks, I heard nothing. Four weeks after that consultation, I received a letter confirming what he had told me. I then heard nothing again for several more weeks. A few times I rang the consultant's secretary, to see if there was any news, and say that my condition was

getting worse. All she could tell me was that 'he's aware of your case'.

2.2.3 Eventually, after several phone calls and an email, I was given a date of mid-May, more than four months after diagnosis, for my operation. Then, on the day I was due to go into hospital, this was cancelled because no beds were available. Every day for the next week, I rang the consultant's secretary to see if there was any news. Eventually, I was admitted a week later.

2.2.4 There are two points here. Cancelled operations and the desperation they cause for patients are an inevitable consequence of too-high bed occupancy rates. This is an issue that needs full discussion. Secondly, for a patient who is already stressed, ill and worried, constantly having to ring up to press their case is hugely distressing. I myself did not want to upset hospital staff, knowing that they were going to be treating me and would have my life in their hands. On top of that, I was aware that there were other patients in the same position. Trying to push myself at their expense felt wrong.

2.2.5 What was needed, I felt, was an impartial advocate – someone who could dispassionately argue my case for me and ensure that I was not forgotten, without being personally involved. I simply did not know who to turn to.

2.3 Patient choice

2.3.1 Under patient choice I was offered a choice of treatment at either Hull or Leeds (York does not perform neurosurgery of this kind.). My consultant neurosurgeon suggested Hull and I was happy to follow her recommendation. However, I was given no information whatsoever about the number of operations carried out by surgeons at the two centres, or any data on outcomes. Given the lack of information, I essentially took my York consultant's recommendation on Trust. This is not, however, genuine patient choice.

2.4 Post-discharge care

2.4.1 I was taught a few simple exercises to ease tension in my back and neck and exercise my legs while I was in hospital, but was told I would not need physiotherapy. On discharge, five days after my operation, I was given some medication and the number of the ward to call if I had any problems, then told to make an appointment with my GP to have the stitches out ten days later.. That was the extent of post-discharge care. I had not a single visit from a community nurse to check how I was doing, nor a single call from HRI. At one stage, when my back became increasingly stiff and painful and my legs numb, I rang the ward for advice. I was told a registrar would call back, but none did. For ten days or so, I was worried that I might be permanently crippled, and felt I had no-one to discuss my concerns with. Physically getting to my GP was difficult, because I still had trouble walking.

2.4.2 This was Hull Royal Infirmary. Aftercare may be better at York: but systems here might well benefit from some scrutiny.

2.5 Pillows

2.5.1 My treatment on Ward 4 at Hull RI was excellent. There was only one major problem: there were not enough pillows on the ward – this a ward that specialized in patients having brain and spinal surgery. Throughout my stay on the ward, I was allowed only one thin pillow, which left me often extremely uncomfortable.

2.5.2 It reminded me of the army sending soldiers to war with all left boots. Again, it was a problem of system: an arbitrary limit had been set to the number of pillows allowed per ward, without sufficient thought to the consequence.

2.5.3 Again, that was HRI, not here. But I am not so naïve as to think there may not be similar problems here. Systems need to be scrutinized, preferably by someone outside the NHS family itself. Governors, with their wide experience, seem to me the ideal people to do this.

3. A Governors' 'scrutiny/ monitoring committee'

- 3.1 The proposal is to establish a Governors' 'scrutiny/ monitoring committee' to scrutinise hospital systems and procedures and suggest ways in which these could possibly be improved for the benefit of patients. The idea of the committee would be to meet once or twice every six months, with each meeting focusing on one aspect of hospital/ NHS procedure –such as, for example, diagnostic pathways or patient advocacy.
- 3.2 The suggestion is for the committee to meet twice in the same month, two times a year. Both meetings of the committee held in the same month would be devoted to the same topic. In the first, a hospital staff member familiar with procedures in the relevant area would outline how the hospital does things now. In between then and the second meeting, members of the committee would be charged to think about this, and each come up with one or two suggestions about how things could possibly be done differently/ better. At the second meeting, these suggestions would be discussed and debated. If, at the end of this second meeting, there were any proposals the committee as a whole thought had real merit, they could then be passed on as a recommendation to full Governors for discussion and potential referral to the Board of Directors as a recommendation.
- 3.3 It is NOT proposed that the scrutiny/ monitoring committee should scrutinise decisions of the Board – Governors do that anyway. Instead, it would look at existing ways of doing things, and come up with possible ideas about how these could be done differently. The committee would have powers of recommendation only: it would be up to the full Members Council and, ultimately, the Board of Directors to decide whether any recommendations should be adopted.
- 3.4 In order for the committee to work, it would be important that it have the backing of the Board. It would be useful, therefore, if a senior Board member were a member of the committee. A senior member of Members Council (ideally the Chair or Vice-chair) should also ideally be on the committee. Other than that, membership should be restricted to four to six other Governors who may be

interested, who had as wide a range of experience as possible.

4. Recommendation

- 4.1 That Members Council approve the establishment of a Scrutiny/ Monitoring Committee of Governors. Subject to such approval, expressions of interest to be sought from Governors who would be interested in sitting on the committee, and a date and topic for a first meeting (possibly patient advocacy) to be set.

Members' Council – 6 January 2009

Patient Experience

Summary of Paper

This paper proposes the establishment of a Governors' Scrutiny Committee, the remit of which would be to 'scrutinise' various procedures and systems operated by York NHS Foundation Trust to see if they could be improved.

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Assurance and The paper provides assurance about work related objective related to the following Trust objectives

Governance: Members' Council

Owner: **Stephen Lewis**
Governor (Public: City of York)

Date of paper: October 2008

Version number V1

Number of pages 6

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8 Recommendation

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Author: Stephen Lewis, Governor (Public, City of York)
October 2008