York Hospitals NHS
NHS Foundation Trust

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

On: **Wednesday 9th June 2010**

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

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

York Hospitals NHS
NHS Foundation Trust

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

on: **Wednesday 9th June 2010**

at: **4.15pm – 6.00pm**

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

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

Item		*Lead*	*Paper*
5.	**Minutes of the meeting held on 21st April 2010** To receive and approve the minutes of the meeting of the Council held on 21st April 2010	Chairman	B
6.	**Matters arising from the minutes** To consider any matters arising from the minutes.	Chairman	
6.1	*10/21 Minutes of the meeting of 16 March 2010* To receive an update on the car parking concession arrangements in the Trust	Chairman	
6.2	*10/22 matters arising* To receive an update on the skills audit for Governors	Membership Manager	
Part Two: General Business 4.30pm – 6.00pm			
7.	**Open day event** Update on the open day event	Membership Manager	Verbal
8.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meetings held on 31st March and 28th April 2010.	Chairman	C
9.	**Update on the by-elections for Selby** To receive an update on the by-elections for Selby.	Foundation Trust Secretary	Verbal

Item		*Lead*	*Paper*
10.	**Performance report** To receive the performance report.	Deputy Chief Executive	D
11.	**Finance report** To receive the finance report.	Director of Finance	E
12.	**Governor reports** To receive a report from governors on the following conference events: • Staff Governors – Sheffield (feedback from Martin Skelton, Staff Governor) • Regional Governors – Rotherham	 Chairman Jane Dalton	Verbal
13.	**Sub-committee meeting** To receive a proposal about the sub-committees.	Chairman	F
14.	**Senior Independent Director** To receive a report on the role of the Senior Independent Director.	Professor Hutton – Senior Independent Director	
15.	**Medical Director presentation** To receive a presentation from the Medical Director on his role.	Medical Director	
16.	**Staff and patient surveys** To receive a presentation on the staff and patient surveys.	Workforce Information Officer and Chief Nurse	
17.	**Any other business** To consider any other items of business.	Chairman	

18.	**<u>Next meetings</u>** Schedule of meetings paper for clarification of the meeting arrangements for the remainder of the year. To note the date, time and venue for the next general meeting: • Wednesday 14 July – a private meeting of the Governors and the Board of Directors As well as the normal standing items, the following topics are being prepared for future CoG meetings: • Review of Coalition Government proposals • Review of capital spending plans • Complaints procedures • Presentation by the Strategic Health Authority • Presentation by CoY LINk • Presentation by UoY Dept. of Health Sciences (School of Nursing) • Volunteering Strategy The Chairman encourages input and suggestions from Governors on shaping future agenda items	Chairman	G
19.	**<u>Collation of written questions from members of the public</u>** To collate any written questions from any members of the public present.		
Alan Rose Chairman		**3 June 2009**	

Register of Governors' interests
June 2010

York Hospitals NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

There have been no changes to the declarations of interests since the last meeting

A

York Hospitals NHS
NHS Foundation Trust

B

Minutes of the meeting of the York Hospitals NHS Foundation Trust Council of Governors held on 21 April 2010, in the White Cross Social Club, White Cross Court, York.

Present: Chairman of the meeting, Alan Rose

Public:
Mrs D Appleby, Public Governor, Hambleton
Mr P Baines, Public Governor, City of York
Mr E Benson MBE, Public Governor, City of York
Mrs H Butterworth, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs H Mackman, Public Governor, City of York
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous MBE, 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
Councillor S Wiseman, Public Governor, City of York

Patient/Carer:
Mr Phil Chapman, Patient/Carer Governor
Mr G Rennie MBE, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor

Partner:
Councillor M Kirk, Partner Governor, City of York Council
Mrs A Moreton-Roberts, Partner Governor, North Yorkshire & York Primary Care Trust
Mr M Moran, Partner Governor, York CVS

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

Apologies:
Councillor S Fraser, Partner Governor, City of York Council
Mrs J Moreton, Patient/Carer Governor
Mrs C Patmore, Partner Governor, North Yorkshire County Council

Attendance:
Andrew Bertram, Director of Finance
Lucy Brown, Communications Manager
Patrick Crowley, Chief Executive
Cheryl Gaynor, Secretary/Board Administrator
Penny Goff, Member Development Manager
Linda Palazzo, Non-Executive Director
Anna Pridmore, Foundation Trust Secretary
Mike Proctor, Deputy Chief Executive
Michael Sweet, Non-Executive Director

Members of the public: Three representatives of the Pain Management Support Group.

One member of the press.

City of York LINK- Annie Thompson

10/17 Chairman's Introduction

The Chairman welcomed the newly elected and reappointed Governors to the meeting and congratulated them on standing and being elected.

The Chairman announced the appointment of Professor Dianne Willcocks as a new Non-executive Director and the reappointment of Linda Palazzo. The appointments were approved at the private meeting.

10/18 Apologies for absence

Council of Governors noted the apologies.

10/19 Oral questions from the Public

Julie Fleming (a representative of the York Pain Management Support Group) proposed a question in relation to York NHS Foundation Trust being urged to reverse a decision to stop giving spinal injections to some back pain sufferers. She enquired whether the withdrawal of pain relieving spinal injections was because of the financial considerations and if so, did this mean that the pain clinic would be receiving substantially less funding. With extra funding would they be reinstated or will the funding be used for extra treatment for patients of the pain clinic as stated by Dr Geddes (Medical Director of the North Yorkshire and York Primary Care Trust (PCT)).

Mr Proctor advised that the Trust is a provider of the service and does not make decisions about which services to fund. He reported that the commissioner, North Yorkshire and York NHS, have limited resources and have a right to commission services which they believed provided best value for money. The commissioner had withdrawn the injections after guidance issued by National Institute for Clinical and Healthcare Excellence (NICE). Clinical evidence showed that the injections were not an effective treatment for patients with long term chronic pain and negotiations with the Trust and the commissioners were currently taking place to consider alternative treatments.

10/20 Declaration of interest

The Chairman reminded the new governors that they were required to submit their declarations of interest to the Foundation Trust Secretary as soon as possible.

Governors requested not to receive the full declaration of interests at each meeting. It was discussed and noted that it was a Monitor guideline that it should be received. It was agreed that the Council of Governors would

receive an updated report on a change to the declarations being made. Declarations are already published on the website.

Action: The declarations of interest be included on the Trust website and all future Council of Governor agendas receive an update (if necessary) in place of a report.

10/21 Minutes of the meeting held on 16 March 2010

Mr Towner requested an amendment to the minutes:

Mr Towner referred to minute 10/12 (Car Parking Issues) and stressed that it was important that the charges for hospital parking mirrored those of the City Council and that this was not presently the same in the evening.

Mr Towner also expressed his concern that the concessionary charges were not adequately publicised; for example, there are no public signs anywhere to make members of the public/patients aware of potential concessions. He reminded Governors that it was discussed and agreed at the last meeting that the issue of publicising through signage etc. would also be considered and not solely advertised on the Trust website as noted in the minutes. Patrick advised that the Trust currently has a Travel and Transport Group and assured that Mr Towner's comments would be proposed to them to consider. A feedback report would be brought to the Council of Governors in due course.

Mrs Mackman expressed her gratitude to the Capital Planning team and Car Parking staff for their hard work on the current construction of the multi-storey car park at the hospital. She felt that the staff were managing the construction with very little disruption and appreciated their helping of directing patients etc to parking appropriate areas.

Action: Mr Crowley to report Mr Towner's comments to the Travel and Transport Group.

Action: A feedback report to be brought back to the Council of Governors at a later date.

10/22 Matters arising from the minutes

The Chairman referred to item 5 of the agenda (minutes of the last meeting) reference 10/04. He reported that the proposal of a Trade Union membership declaration would not be appropriate, as it would be a personal interest and not of interest to the Trust.

Mrs Dalton referred to item 10/10 (Draft Governor Induction and Development Booklet) and requested an update on her suggestion of revamping the Skills Audit of Governors. Mrs Goff reported that she had discussed it with the Associate Director, Learning and Research and would raise the subject with her again.

Mr Thomas referred to item 10/07 paragraph two (Summary of the Board

Minutes - smoking on site). He expressed that there was also a need for a similar neon 'No Smoking' light to be situated at the South Entrance of the hospital. The Chairman confirmed that this would be considered in the reviewing of the smoking logistics and would report back to the Governors at a later date.

Action: Mrs Goff to liaise with the Associate Director, Learning and Research regarding Skills Audits for Governors.

Action: The Chairman to update the Governors on the logistics on smoking at a later date.

10/23 Summary of the Board of Directors minutes

Mr Ruff referred to the finance report item within the minutes and the paragraph which referred to Human Resources reporting that there was a high spend on agency staff usage and queried whether this was a result in directorates holding vacancies due to the financial situation. He commented that it may be an indication that the Trust might benefit from employing permanent staff.

Mr Proctor reported that the issue around high spend on agency staff would appear to be mainly being due to the unexpected absence of staff. It is impossible to predict the absence of any member of staff therefore it makes financial sense to implement temporary measures. This is an area where there is constant discussion. Mr Proctor stressed that there needs to be a balance between two elements and wouldn't envisage a position where the Trust would not need to rely on some level of temporary staffing.

10/24 Governor Engagement Opportunities

The Chairman reported that in the first three years of the Foundation Trust, Governors had been engaged with activities in a number of ways. As the term of office is refreshed, it is a perfect opportunity to move forward to achieving further governor, member and community engagement. He invited Governors to consider the list of groups, events, committees etc detailed in the report and requested that the Governors judge the following:

- Should all of the activities listed within the report be continuing?
- What additional activities should be considered?
- How would Governors like to 'get involved'?

When the activities have been agreed, each Governor will then be asked to put themselves forward for election where necessary and otherwise volunteer themselves to get involved in the various activities.
The Chairman encouraged Governors to meet with himself, Directors and Non-Executive Directors offline and find ways of engaging.

Mrs Mackman expressed that she felt there appeared to be a lack of reporting from Governors who are/were members of activities and would like to see feedback regularly reported in the future. The Chairman suggested

that the Governors communicate with each other more, with the aim of expressing views, giving feedback etc.

Mr Ruff articulated that it appears that patient care seemed threatened by the fear of funding cuts and proposed that a Finance Scrutiny Committee be introduced, which would consider financial details and formally report back to the Governors (see 10/27 for the Finance Directors' response).

The Chairman requested that any further comments or interests to be reported directly to him.

Action: Governors able communicate with each other individually, using email group details to be circulated.

Action: Governors to submit comments/interests directly to the Chairman.

10/25 Update on the By-Election for Selby (one public member vacant)

Mr Pridmore explained the background to the by-election. She advised that nomination forms to stand for election are to be returned to the Returning Officer at the Electoral Reform Services by 12.00 noon on Monday 17th May 2010. Ballot papers will be distributed to qualifying members on Wednesday 9th June 2010 and completed ballot papers need to be returned by 12.00noon Friday 2 July 2010.

10/26 Performance Report

Mr Proctor reported that:

Performance

- 18 week performance – admitted 93.4% (target 90%)
- 18 week performance – non-admitted 98.1% (target 95%)
- 4 hour – 98.79% (target 98%)
- 14 Day Cancer – 97.58% (target 93%)
- 31 Day Cancer – 98.5% (target 96%)
- 62 Day Cancer – 90.5% (target 85%)
- MRSA – 1 case (YTD 10 against a trajectory of 16 (5 are hospital acquired))
- C.Diff – 2 cases (YTD 28 against a trajectory of 117)

Activity

- Ordinary elective -1231 (-13.61%)
- Day case +2122 (+7.47%)
- Non-Elective short stay +963 (+7.31%)
- Non-Elective long stay +1039 (+4.83%)

The Chairman advised that the Trust was in the top 10% against national targets in terms of infection control. Mr Proctor confirmed this and

expressed his gratitude to the staff for their work. He reported that he would formally be reporting the position to the Board Of Directors at its next meeting on Wednesday 28th April 2010.

The Chairman expressed, and Governors agreed, that this good reporting needs to be spread to the public wherever possible. Mr Baines suggested using the YorkTalk newsletter to publicise performance. Councillor Kirk commented that the toilets were a good place to advertise the good performance of personal hygiene and felt that a small 'Well Done – let's keep it up' poster could be useful.

The Governors appreciated receiving the detailed report prior to the meeting.

10/27 Finance Report

Mr Bertram referred back to Mr Ruff's comment regarding a Finance Scrutiny Committee (10/24) and confirmed that such committees do exist within the Trust and external auditors (Grant Thornton) are appointed to probe.

Mr Bertram advised that the actual Income and Expenditure for the period 1 April 2009 to 31 March 2010 finished with a deficit of £5,554,000.

The Trust finished the year with £6.2m income over and above its contract level, which the PCT could not afford to settle. Exceptional adjustments were made, namely PCT Impaired Debtor of £4m and £1.4m relating to Fixed Asset Impairment. These were explained.

Mr Bertram confirmed that the Trust received £2m from the PCT last year and has now received a further £4m from the SHA this year. The underlying position is now an income and expenditure deficit of £-140,000 compared with a planned surplus of £1m.

The Trust now faces a Monitor Financial Risk Rating of 2 rather than a planned 3. Mr Bertram advised that Monitor were aware that he was reporting to Governors at this meeting and confirmed that he was expecting a final decision on the risk rating shortly.

The Chairman requested feedback from the Governors with views on the financial paper.

Action: Governors to comment to the Chairman on their views of the finance paper.

10/28 **Frequency of Times and Dates of Future Council of Governor Meetings**

The Chairman requested the views of the Governors in relation to the potential profile of meetings for a typical year as follows:

- Council of Governors – 4, 5 or 6?
- Board to Board – 2?
- Non-Executive Directors and Governors – 2?
- Annual General Meeting – 1?

The proposal for a non-executive meeting with Governors is based upon feedback from other Foundation Trusts that this has been a valuable from of assurance for Governors.

Due to time constraints the Chairman requested that Governors submit their views to him direct for consideration.

Action: Governors to submit their comments/suggestions directly to the Chairman.

10/29 **Any other business**

The Chairman referred Governors to the Induction Pack that was distributed at the beginning of the meeting. He encouraged Governors to read through the packs and attend the three scheduled sessions. The sessions are as follows:

- Module 1 – Presentation from the Chairman and the Chief Executive, social lunch with Directors, Associate Directors and Non-Executive Directors, followed by a portfolio presentation of the Chief Nurse
- Module 2 – Presentations of portfolios from each of the Directors
- Module 3 – Communications and Membership details

Post meeting note submitted by Mrs Mackman - *The Foundation Trust Network for the Yorkshire and Humberside Region met in Sheffield 16 April 2010.*
This network works closely with the Foundation Trust Governors Association which produces useful learning materials and exchanges.

Apart from keeping us up to speed with NHS initiatives and developments, these events offer useful networking opportunities and a forum to share ideas and examples of good practice.

About 15 FTs were represented at the event and our Council of Governors was represented by Helen Butterworth, Phil Chapman, Paul Baines and Helen Mackman accompanied by Penny Goff.

The agenda included an overview of the NHS national perspective and a particularly useful session on NHS finance and how funding reaches our trusts.

In smaller groups, we discussed what each of our trusts is achieving six years on from the introduction of Foundation Trusts and how directors and governors are working together.

In particular, we were able to highlight the benefits of the Joint Board meetings that have taken place here over the last 3 years which other governors were enthusiastic about taking back to their own trusts.

Mrs Goff had recently received an email from the Foundation Trust Network which detailed information and copies of presentations from the conference. This email will be forwarded onto the Governors for their information.

The Chairman requested that the Governors should feel free to add any items that they wish to discuss or bring to attention, for future agendas of the Council of Governors. Requests for items should be submitted to either the Chairman (alan.rose@york.nhs.uk 01904 725087) or the Foundation Trust Secretary (anna.pridmore@york.nhs.uk 01904 721418).

10/30 Next meeting

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

- General Council of Governors – Wednesday 9 June 2010 at 4.00pm and there will be a pre meeting at 3.15pm, White Cross Social Club, White Cross, York.

10/31 Collation of written questions from members of the public

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

CLG
21/04/2010

Council of Governors – 9 June 2010

Summary of Board of Directors minutes

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

Summary of the minutes of the Board meeting held on 26th March 2010.

Quality and safety monthly dashboard

Ms Hayward commented on how useful the dashboard was.

Ms McManus advised that the biggest risk area was through the Airs reporting of deteriorating patients. The Trust introduced use of the patient at risk (PAR) score as a risk score of between 1 and 4. About 95% of PAR scores are taken regularly at ward level. The Trust has been using PAR scores for a while and has recently undergone a significant drive in ensuring that PAR scores are taken. The introduction of PAR scores has meant a massive cultural change in the organisation, which is still happening.

Other outcome measures that have been identified are the number of crash calls and the number of times specialist nurses are called out.

Professor Hutton asked about the Venous Thromboembolism (VTE) prophylaxis statistics and the number of people assessed in Commissioning for Quality and Innovation (CQUIN). Ms McManus confirmed that changes were being made to reflect the requirements of CQUIN.

Mr Rose enquired what the hospital standardized mortality ratio (HSMR) rate (target) of 80 meant. Ms McManus explained that the figure is derived from national performance. The average performance nationally is 100. Professor Bruce Keogh has been asked to lead a piece of work to ensure continuity across all trusts.

Professor Maynard asked for an update on CQUIN. Mr Crowley advised that he attended a Chief Executive meeting where a number of options were being explored around how CQUIN would be applied in the region. At present no decision had been made, but he would advise the Board as soon as a decision was made.

Professor Hutton enquired about the measurement of the pressure sores. It

was recognised that the Trust has not distinguished in the past between patients who came into the Trust with pressure sores and those that obtained pressure sores while in the Trust. This information is being recorded more accurately now.

Declaration around mixed sex accommodation

Mrs Palazzo noted that the penalty for not complying with the declaration was quite severe. She added that she had the impression from the paper that the areas of concern were the observation ward and toilet areas in A&E. Ms McManus confirmed that was the case. She was delighted to be able to advise the Board that AMU now provides single sex accommodation which is a superb achievement and thanks goes to all those staff involved.

The Board discussed the definition of what constituted a breach and noted that it was very easy to have a breach. Ms McManus added that there are likely to be occasions where medical circumstances will dictate that a breach could occur. It was agreed that the Trust would need to be vigilant in ensuring that breaches were kept to a minimum.

Ms McManus described the role of the Matrons in ensuring that the single sex accommodation requirements are maintained. Ms McManus advised that she will develop a regular report to present to the Board of Directors demonstrating compliance with the requirements.

The Board enquired if the declaration would be added to the Trust's web site. Ms McManus confirmed that it would be added to the website.

Draft quality account

Mr Sweet commented that the presented report provided an excellent overview of the requirements of the Quality Accounts. He asked if it had been established what measurement was being used to demonstrate the achievements made during 2009/10. The Board made a number of observations around the detail of the report and recognised this was an early draft. Ms McManus explained that the outline report has been developed following the requirements of the statutory instrument and an updated version would be brought back to a future Board of Directors meeting.

Dr Turnbull added that clinical audit is a fundamental part of the education programme provided by the Trust. The Quality Account asks for detail about clinical audits, both national and local, and work is currently underway to ensure the appropriate reporting is included in the Quality Account.

Ms McManus drew the Board's attention to the proposed areas that would be focused on in the 2010/11 Quality Account.

Professor Maynard thanked Ms McManus and Dr Turnbull for their work. Dr Turnbull asked to Board to note that there were a number of other people involved in the production of the report and thanks should also go to them.

Follow up on national reports including Mid Staffs and Colin Norris

Ms McManus had prepared an overarching document which outlined the recommendations from the independent enquiry into the care provided by Mid Staffordshire NHS Foundation Trust. The Board considered the information, noted the recommendations and the proposed actions identified as a result of the review undertaken by York.

It was highlighted that the main thrust of the inquiry related to the lack of knowledge and seeking of assurance by the Board of the activities on the wards along with the reliance of external assurances.

Ms McManus commented that some of the recommendations were very specific to Mid Staffordshire NHS Foundation Trust, but it might be worth revisiting those areas when the initial action work was completed.

Mrs Palazzo suggested that the Audit Committee should take more interest in the clinical governance of the Trust and provide additional assurance to the Board of Directors about the systems and processes being employed.

The Board **agreed** with the high level actions identified in the paper. It was agreed that further discussion would be held at the Board over the next few months to ensure all recommendations are fully considered.

Chairman's report

Professor Maynard raised a number of points:

NHS evidence – Professor Maynard believed that the potential for NHS budgets to be ring fenced was not very high. Professor Maynard advised that he had held a discussion with Ms McManus about the Matron's role and the use of walk rounds both announced and unannounced. Ms McManus explained that the Trust does currently have walk rounds and those are carried out as announced and unannounced and at varying times, including late evening visits.

Professor Maynard referred to the consultant contracts and 'naughty outliers' and suggested that the Board should be seeking further assurance around the job plans and the consultant contracts. Dr Tunbull explained that 'naughty outliers' such as Shipman or Mid Staffs would not be addressed by the consultant contract, but revalidation will pick up such issues.

Dr Turnbull added that there are also many examples of consultants working above their job plans, which the Board should also take into account.

Report of the Chief Executive

Mr Crowley advised that there were three areas he would like to brief the Board on. The first was the SHA assurance review that has recently been undertaken. The second point is the 09/10 financial closedown. The third was the SHA

establishment of a North Yorkshire Systems Management Executive (SME) for 2010/11.

SHA assurance review

The Trust was asked by David Flory Director General of NHS Finance and Performance, to take part in the review of YHSHA performance. This was the eighth review conducted by the Department of Health and provided the opportunity for our team to comment on the SHA as well as issues in this community. Early feedback has been supportive with clear improvements in the leadership by the SHA.

09/10 use of resources

Mr Bertram confirmed that all necessary agreements and processes were in place to complete a financial settlement for 2009/10 on the basis of that previously discussed and agreed with the Board of Directors. Mr Bertram confirmed that work had been undertaken with Grant Thornton with regard to the accounting treatment of the settlement. Mr Bertram confirmed External Audit's agreement and support to the settlement treatment.

Mr Bertram advised that Monitor had been provided with all requested correspondence and information in relation to the Trust's request to consider the settlement adjustment as exceptional for the purpose of the FRR calculation. Mr Bertram reported that Monitor continue to discuss this matter internally and have not yet reached a view on the FRR impact. Mr Bertram confirmed he would share subsequent feedback from Monitor as soon as this became available.

SME and 10/11 Contracting with NHS NYY

Mr Crowley and Mr Bertram reported on the early work of the SHA's North Yorkshire Systems Management Executive (SME). The main purpose of the group was to bring together all health community partners within North Yorkshire for the sole purpose of addressing the need for a financially sustainable local health community.

Through the work of this group one outcome maybe that the final contract between the Trust and NHS NYY for 2010/11 will comprise fixed elements, cost and volume type elements and cost per case clinical income. The idea is to create incentives in the system to find the best compromise that will ensure affordability.

The Board enquired about the status of the £4m being supplied by the SHA in 2010/11. Mr Bertram confirmed the £4m was not included in any of the figures being discussed and was additional to any contract settlement. Mr Rose enquired if Payment by Results (PbR) would continue to run in the background. Mr Bertram confirmed that PbR would continue to run, to enable the Service Line Management (SLM) to continue and to support the contract planning work for 2011/12 and beyond.

Professor Hutton asked what affect the cost and volume contract would have on targets. Mr Bertram explained that the risk for the Trust is around elective work and that there are current discussions around the need to deliver 18-week targets. This requirement will remain under any contract arrangements. It was agreed that the Trust would need to protect itself in this regard. On the non-elective side Mr Crowley added that this type of contract gives the Trust an opportunity to redesign services without short term income penalties.

Finance report

Professor Hutton noted that the planned surplus was not being made; even taking into account the current issue with the PCT. Mr Bertram confirmed that was the case. He commented that the cash flow was significantly below plan and that the pressure of the cash flow would be reduced following the payment of £2.2m from the PCT.

There is a cost improvement plan (CIP) shortfall of £100K. Mr Bertram advised that the annual plan shows £2.9m unachieved recurrent CIP, this is as a result of the savings identified being one-offs rather than recurring initiative. Mr Crowley added that recently there has been considerable sharing of plans between Trusts and it has demonstrated that the Trust's performance on CIP is excellent. The Board expressed the view that they would like to ensure that Directorates have real incentives for good performance. Mr Bertram advised that some guidance had been published showing how the CIP system will be different from this year onwards.

Mr Sweet enquired if in the PCT negotiations Mr Bertram had arranged for regular monthly payments. Mr Bertram confirmed that was the case.

Professor Maynard made the point that efforts had been made to reduce the use of private sector and asked if that would be maintained. Mr Bertram confirmed that it is anticipated the use will be slightly lower than the amount used at year end.

Performance report

Mr Ashton asked about the MRSA cases shown in the report. Ms McManus explained that there was one post 48 hour acquired case, the other three were shown to be pre 48 hour cases, so contracted in the community. On the one post 48 hour case, the root cause analysis had not shown any underlying theme. The Trust has a trajectory of 16 for all cases and has had nine cases during the year, so well below trajectory.

Ms McManus added that the aim of the Department of Health is to make sure any trajectories are set to ensure the Trust does not take its eye off the ball. She added that she was aware that the Quality Board had considered setting a 0 trajectory. The Quality Board had agreed to look at the performance of Trust in the last six months and set the trajectory to that level, so our target is two.

Mr Proctor advised that the ambulance turn round of 56% is the best in the

region.

Mr Crowley added that he genuinely believed that this was the strongest performance report we had achieved for a considerable period. Professor Maynard added that the only downside was the financial report, but when taken as a package overall the outcome was excellent. The Board extended thanks to all the hard work that has been undertaken.

Emergency preparedness – operating framework 2009/10

The Board asked for more detail to be provided on emergency preparedness. Mr Proctor explained that the pandemic had now been stood down officially, except for the vaccination programme. As a result of learning from the pandemic, new procedures would be introduced over the next few months to enhance the current systems. A further table-top exercise would be happening over the next couple of months.

Mr Proctor referred to the draft letter included in the report and explained that the letter had been sent to the SHA as required.

Mr Proctor went on to explain that EMERGO training is conducted every three years and lessons are fed into existing procedures and as a result changes are made.

Business cases

2010/04: 5th ENT Consultant

Professor Hutton commented that the case was very well laid out and detailed, particularly the risk assessment. Following a Board discussion the Board **agreed** to approve the business case.

2010/06: Upper limb consultant

Professor Hutton commented that this case was again very well constructed, but it did have some weaknesses including:

The risk analysis made no mention of the ISTC. There were some outstanding questions with regard to Harrogate patients. It is not clear how much business there is to secure the finances and it would be helpful if there was more information on the stakeholder consultation that had been undertaken.

Mr Bertram explained that the Trust has two upper limb single speciality services, both have a huge demand for their services and they cannot currently cope with the demands which cause problems with the 18-week pathway. The business cases allows for an additional person to support both services. The service is delivered by the Trust on site and at Ramsey, and this is unlikely to change with the ISTC issue and has been built into the plan.

The Board **approved** the business case.

Annual financial plan

Mr Bertram explained that the Trust does need to establish the budgets for the Directorates to use from 1 April onwards. He asked the Board to approve the financial plan for 2010/11 including the approach to review and approve the proposed further investments as the year progresses.

Mr Sweet asked if in the financial version 09/10 figures could be included as a comparison. Mr Bertram agreed.

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

Summary of the minutes of the Board meeting held on 28th April 2010.

Quarterly Quality and Safety Report

Ms McManus advised that she felt the document was now progressing well and was providing the information the Board of Directors needed for assurance.

Ms Raper agreed that that the report was very good. Ms Raper referred to section 2 Nursing Care Indicators (NCI) and asked what the expectation is of the wards as some wards were able to demonstrate 100% compliance in some indicators.

Ms McManus explained that there are 3 months of data available and this is still being refined to ensure the hospital is reviewing the right indicators. The expectation of all nursing staff is 95%.

Ms McManus added that falls have been identified as a priority as it has been noted that there are a lot of patient falls. The Elderly Directorate have picked the issue up and the Trust is about to be involved in the hip hop initiative.

Ms Raper noted that the Trust was significantly better in a number of areas of the Picker survey. The Board discussed the areas where the Trust showed as significantly worse than Picker average.

The Board discussed the Venous Thromboembolism (VTE) and noted that it is seen as high priority nationally in the NHS. Dr Turnbull advised that nationally 25,000 people die each year in the UK from VTE and prophylaxis does reduce the risk of dying. The Trust is currently implementing VTE protocols around the hospital. Part of the work is to implement the national NICE tool. A policy will be in place across the Trust by June 2010.

The Trust has developed a patient information sheet which provides information about VTE.

Dr Turnbull added that the Trust is required to undertake a Root Cause Analysis when there is a VTE death after surgery.

Quarter 4 infection prevention performance and compliance report

Ms McManus drew the Boards attention to appendix 2 where action was being tracked. Ms Raper enquired if the Trust was on track.

Ms McManus explained that there had been some delays in the system, but the joint care due 31st May would be completed on time.

Ms Raper enquired about the issue of MRSA screening. Ms McManus explained that discussions were being held to look at the feasibility of swabbing every patient and the issues that raises are being assessed.

Root cause analysis reports are discussed at the Executive Board and the results are discussed in detail with the Directorates.

The Board enquired about the isolations facilities described in the report. Dr Turnbull advised that the flexible screens trial was about to start.

Chairman's report

The Chairman identified three key strategic issues currently being discussed in the organisation.

Mr Ashton added that it was important that the Trust did not lose sight of what constituted top quartile operational performance.

Mr Crowley commented that the Trust does benchmark through the three key reports presented to the Board, namely the finance, performance and the quality and safety reports.

The Board discussed the targets in the Trust and if they were set nationally or locally. The Board agreed that local targets should be reviewed to ensure the Trust is measuring the right things. The discussions concluded that the local targets are targets by default and are set by other organisations.

Mr Rose informed the Board that he had made arrangements to meet each of the Governors on a one-to-one basis. He advised that he has also arranged that Governors will meet the Non-executive Directors twice a year. There will be four public meetings a year plus the AGM and there will be two joint Board of Director and Council of Governor meetings arranged each year making a total of nine governor meetings annually.

Mr Rose advised that he had developed a document that showed the Non-executive Director linkages with the Directorates, he advised that it would be circulated later in the week.

Mr Rose also advised that he had requested that the Associate Directors should join the Board in the afternoon strategy session on all Trust Board days.

SID and Vice Chairman

Mr Rose asked Professor Hutton to leave the Board room. Mr Rose explained that the Trust is required to ensure the appointment of the Vice Chairman of the Trust and Council of Governors and the Senior Independent Director. Mr Rose added that he had consulted the Governors on the proposal that Professor Hutton should be reappointed as the Vice Chairman and the Senior Independent Director and they were in agreement.

The Board supported the proposal and **approved** Professor Hutton as Vice Chairman and Senior Independent Director until December 2011 when Professor Hutton's term of office terminates.

Mr Rose added that the Governors held a discussion at the Council of Governors meeting about the Lead Governor and agreed that it would be elected by the Council of Governors, but that the role did not include being Vice Chairman.

Report of the Chief Executive

Mr Crowley referred to the key points in his report.

CQC

He asked the Board to note that following a recent a meeting with CQC they were satisfied with our current arrangements around SUIs. Ms McManus added that following the Trust receiving an unconditional licence CQC had expressed minor concerns about two areas, one was SUIs and the other was stroke care. The concerns around stroke care is twofold, firstly, the percentage of patients admitted to the stroke care unit and secondly, achievement of the standard that patients should spend 90% of their time in the unit.

The CQC were very complimentary about the level of AIRs reports raised in the Trust.

CQC advised that they would be following a very intense programme of visits to Trusts with conditions. They would be visiting the Trusts every three months.

HR team

Mr Crowley advised that 19 teams had been pulled together for 'The Global Corporate Challenge'. The Trust had agreed to subsidise the membership costs for each team as a way of encouraging and supporting staff who have volunteered to be involve.

Mr Crowley referred to the improvements that have been put in place around the recruitment of health care assistants (HCA). Ms Hayward added that she had attended a meeting recently where two HCA had spoken about their jobs, she was very impressed and suggested that their names should be put forward for the monthly star performer award.

Mr Crowley advised that Mr A Gilby Assistant Director, Occupational Health has commenced a full time secondment with NHS Plus. Ms Hayward explained that arrangements are being put in place to cover his temporary departure and the department is working through the leadership issues.

The Trust has been short listed for 3 awards and he asked to the Board to congratulate the HR department for the hard work they have put in to get to the standards of being able to be short listed for the awards.

Information Governance Assessment

Mr Bertram as SIRO presented the report. He reminded the Board that the report is presented on an annual basis and is an audit that is mandatory for the Trust.

Mr Sweet noted that the report did not have the appendix attached that was mentioned in the report and that there was no comparison to peer groups.

Mr Bertram explained that the assessment does form part of the annual ratings and the Trust is usually at the top of the list.

The Board discussed the ratings and agreed that the Trust is good at most things, but it is not very good at demonstrating that fact.

The Board discussed the continuing issue of patient information being lost. Dr Turnbull advised that work was underway to enforce uniforms for juniors. Internal Audit is also reviewing the Trust processes and a report will be presented to the Audit Committee in due course.

Results of the National NHS Staff Survey 2009

Ms Hayward reported that the Board had asked for a question to be included in the survey. The question was included, but she suggested that next time it should be not be a question that requires a narrative answer.

The overall results showed that the Trust had improved on the 2008 result. Mr Proctor commented that the results were excellent and the Trust should be very proud. He added that he felt this showed a high watermark, and that we may see a slippage in future due to the challenging times ahead.

Ms Hayward referred the Board to some of the achievements, including the improvements in appraisals and KF21(witnessing potentially harmful errors, near misses or incidents in the last month).

The Board **agreed** the result was excellent and congratulated everyone involved and thanked them for their hard work.

Finance report

Mr Bertram advised that there was a £1.5m impairment adjustment to make in the accounts due to the revaluation of assets, as required under IFRS standards.

The underlying position is balanced and Mr Bertram expressed disappointment that we were unable to deliver the £1m surplus, but given the difficulties and the exceptional level of spend it is not surprising.

Professor Hutton asked about the non-recurrent cost improvement items. He identified that £3m were shown as non-recurrent in 2009/10, and what did this mean to the Trust. Mr Bertram explained that the £3m non-recurrent had been included in 2010/11 cost improvement programme, so there was no additional effect.

The Board discussed the premium rate analysis and noted that £5.4m was the actual spend for the year.

Mr Bertram advised that £1.5m was a pass through payments, subcontract work, a significant proportion was also waiting list initiatives.

The Board agreed that one of the objectives is to turn the premium activity into standard activity.

Mr Bertram added that the lessons that had been learnt over the last financial year would be put into effect around the plans being developed for the next financial year.

The Board discussed the Lucentis business case and agreed that this had been recast to show a contribution of £350,000.

Operational Performance report

Ms McManus commented that it was an excellent performance report and showed the hard work that had been employed in the organisation by all staff.

Mr Proctor advised that the levels of demand that had been experienced in the Trust would be considered an unreasonable baseline on which to forecast on. The growth has been exceptional and is not affordable in the future by the region.

Q4 report to Monitor

As the Q4 report was tabled at the meeting the Board agreed that the Chairman should have discretionary authority to approve the documents prior to submission to Monitor.

Post meeting note

Mr Rose, Mr Crowley and Mr Bertram agreed the letter outside the meeting. No changes were made to the letter presented the Board of Directors meeting.

Business cases

2010/08: Appointment of a 6th Gastroenterologist

Mrs Palazzo said that she felt that the business case had been well written and was well put together. Professor Hutton enquired what would happen when Dr Turnbull returns to the Directorate. Dr Turnbull explained that mitigations were in place to ensure that the appointment would not be temporary and the Directorate would not be overstaffed on Dr Turnbull's return to the Directorate.

Mr Sweet enquired about the inconsistency in the figures in the text section of the document and the financial proforma.

Post meeting note

Mr Bertram advised that £89,000 written in the business plan was one element of the waiting list initiative and did reflect the waiting list initiatives up to September 2009. The financial proforma was written later and the front text was not fully updated.

D

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 9 June 2010

Operational Performance Report 1 - 30 April 2010

Summary of Paper

Attached is the Corporate Performance Scorecard detailing activity and performance against target delivery for the period 1-30 April 2010. Of note, GP referrals are 11.31% up on plan as is non elective long stay activity (13.95%). Non elective short stay activity was below plan at (6.94%).

Day case activity was 1.08% over plan whilst ordinary elective activity was exactly on plan.

During April performance against the 6 week diagnostic target, slipped to 97.70%. This position has been validated and is essentially the result of issues in endoscopy. Performance against the 48 Hour GUM target dipped to 99.42% with 4 breaches at the Mulberry Unit and 1 in York.

The Trust met both the admitted and non admitted 18 week care pathways.

In terms of the new national cancer targets the trust achieved the following targets

- 14 day fast track
- 31 day first treatment
- 31 day subsequent treatment (surgery)
- 31 day rare cancer
- 62 day cancer
- 62 day screening
- 62 day upgrades
- 14 day breast symptomatic
- 31 day subsequent treatment and anti cancer drug

There was 1 MRSA bacteraemia in April and 4 cases of Clostridium Difficile. MRSA screenings were at 85.87%.

Recommendation

That the Council of Governors note the report.

Assurance and related objective	Compliance with national targets
Governance	Board of Directors – 26.05.10
Owner	Michael Proctor, Deputy Chief Executive
Date of paper	April 2010
Version number	V.1
Number of pages	3

York Hospitals NHS
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SIGNAL

Edit
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Navigator

Dashboards | ED | Bed Occupancy | Theatres | Waiting List | Access Targets | Monitoring | Perf. Indicators

- Operational
- Corporate
- Anaesthetics
- Spec. Medicine
- Child
- Elderly
- Gen Med
- Gen Surgery
- Obs & Gynae
- Head And Neck
- Ophthalmology
- Orthopaedics
- Urology
- Therapy
- Em. Medicine
- Lab Medicine
- Radiology
- Sexual Health

National Access Targets

Metric	Target	Status	Mar-10	Apr-10
18 Week Admitted (?)	90%	Green	93.40%	93.28%
18 Week Non-Admitted (?)	95%	Green	98.10%	98.01%
14 Day Fast Track (?)	93%	Green	97.58%	96.50%
14 Day Breast Symptomatic (?)	93%	Green	93.30%	93.10%
31 Day 1st Treatment - Cancer (?)	96%	Green	98.50%	100%
31 Day Subsequent Treatment - Anti Cancer Drug (?)	98%	Green	100%	100%
31 Day Subsequent Treatment - Surgery (?)	94%	Green	100%	100%
31 Day - Rare Cancer (?)	85%	Green	100%	
62 Day Cancer (?)	85%	Green	90.50%	89.80%
62 Day Cancer - Screening (?)	90%	Green	100%	100%
62 Day Cancer - Upgrades (?)	85%	Green	100%	
Diagnostics - 6 Week Wait (?)	100%	Amber	98.80%	97.70%
ED 4 Hour Target - All Types (?)	98%	Green	98.79%	98.50%
GUM - Appointment Offered Within 48 Hours (?)	100%	Amber *	100%	99.42%

Activity Against Plan

Metric to Apr-10	YTD Plan	YTD Act	Var	% Var
Ordinary Elective	602	602	+0	+0.00%
Daycase	2323	2348	+25	+1.08%
Non-Elective Short Stay	1225	1140	-85	-6.94%
Non-Elective Long Stay	1677	1911	+234	+13.95%
1st Outpatients	8230	8023	-207	-2.52%
Subs Outpatients	17105	18201	+1,096	+6.41%
GP Referrals	4909	5464	+555	+11.31%
Other Referrals (Note)	3809	3968	+159	+4.17%

Local Targets

Metric	Target	Status	Mar-10	Apr-10
Elective Operations Cancelled On Day For Non-Clinical Reasons	0	Red	53	25
Elderly Medicine Outliers (?)	11.18%	Green	1.98%	8.57%
General Medicine Outliers (?)	25.15%	Green	4.43%	10.23%
Elective Theatre Sessions Delivered (Main/Day)		Green	485	417
Percentage of Ambulance Turnarounds <25 minutes	80.0%	Red	51.68%	55.55%
Time To See ED Clinician (Minutes)	60:00	Amber	55:22	61:40
Number Of Additional Beds Open (?)	0	Green	0	0

Infection Prevention And Control

Metric	Target	Status	YTD	Apr-10
MRSA Bacteraemia	2	Green	1	1
MRSA - Screenings	100.0%	Red	85.87%	85.87%
CDIFF - >72hrs	112	Green	4	4

Within 2% Of Target

Within 5% Of Target but not within 2%, except for * which must achieve Target to go Green

Outside 5% Of Target

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 9 June 2010

Corporate Finance Report

Summary of Paper

This report details the financial position as at 30th April 2010.

At the end of April, there is an Income and Expenditure deficit of £0.1m against a balanced plan for the period and an actual cash balance of £8.6m.

The assessed Monitor Risk Rating at the end of April is an overall rating of 3.

Recommendation

To note the contents of the report.

Assurance and related objective	Assurance on the Trust's financial performance.
Governance	Council of Governors
Owner	Andrew Bertram, Director of Finance
Date of paper	May 2010
Version number	V.1
Number of pages	4

York Hospitals NHS Foundation Trust

Council of Governors Meeting – 9 June 2010

Corporate Finance Report for the period 1st April 2010 to 30th April 2010

Income and Expenditure Overview

The table below provides a summary of the income and expenditure position in relation to the Annual Plan submitted to Monitor at the end of May.

Operational Budget				
	Operational Budget	Plan to Date	Actual	Variance
	£000	£000	£000	£000
Total Income	244,718	20,086	19,922	-164
Total Expenditure	-232,254	-19,349	-19,313	36
EBITDA	**12,464**	**737**	**609**	**-128**
Profit/Loss on Asset Disposal	0	0	0	0
Fixed Asset Impairments	-1,500	0	0	0
Depreciation	-5,400	-450	-450	0
Interest Receivable	50	4	12	8
Interest Payable	-160	-13	-13	0
Dividend of Public Dividend Capital	-3,300	-275	-275	0
Net Surplus/(Deficit)	**2,154**	**3**	**-117**	**-120**

Key Income and Expenditure Variance Analysis

Overall income is £0.2m behind plan.

Clinical income is estimated to be £0.1m below plan overall. This is primarily due to outpatients being below plan, whereas other activity is broadly on plan.

Non NHS Clinical Income is broadly on plan.

Other Income is £0.1m behind plan.

Operating Expenditure is broadly on plan. The key variances of note are:

- Reduced pay expenditure due to staff vacancies currently running at 6% (235 WTE) of overall establishment (£0.2m).
- The cost of extra to contract activity and the use of private providers being £0.1m behind plan (see premium rate expenditure below).

- Slippage on planned developments £0.2m.

These reduced costs are being partly offset by the Trust's cost improvement programme being £0.4m behind plan.

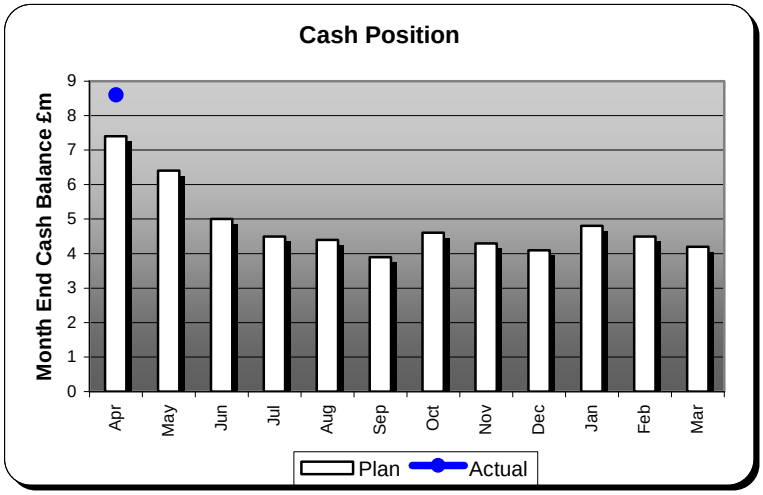
Contract position

Governors should be aware that baseline activity contracts with all PCTs have been agreed and signed for 2010/11. These are summarised a follows:

North Yorkshire & York PCT	£182,363,000
East Riding PCT	£14,261,000
Leeds PCT	£2,092,000
Wakefield PCT	£652,000

Cash

The cash balance at the end of April was £8.6m, which is £1.2m higher than plan; mainly due to the timing of claims from other local NHS organisations for their share of CLRN funding. The chart below summarises performance against plan.



Key Finance Risks and Associated Action

The key financial risks are summarised as:

- The Trust has a significant challenge in delivering its efficiency programme. This issue presents the biggest single financial risk for the organisation this

year and will be subject to intense scrutiny through the PMM process going forward.

- PCT contracts are now signed. Work continues with the SME group to define the detail behind proposed risk share arrangements for managing variations in activity in year. This will bring potential risks for the Trust in managing its share of risk going forward, specifically in relation to non-elective care and follow up outpatient work. Risk share arrangements will protect the Trust from elective referral growth but this brings with it commissioner affordability issues if significant additional demand presents.
- All previous expenditure controls and restrictions remain in force, both in terms of managing cash flow and in terms of holding the income and expenditure position.

Recommendation:

The Council of Governors is asked to note this report.

Author: Graham Lamb, Deputy Finance Director

Owner: Andrew Bertram, Finance Director

Date: May 2010

F

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 9 June 2010

Establishment of Working Groups

Summary of Paper

Following the paper presented at the 21/4/10 Council of Governors meetings, I have received comments and suggestions from many of you. The result is my proposal in this paper for the establishment of refreshed roles and working groups in the coming month or so. The first table (2 pages) indicates the proposed structure and this is followed by a proposed timetable. We can consider any proposed amendments at the meeting and then hopefully launch the process. Going forward, the Chairman or Governors may propose additional or changed activities at any time we will undertake a review of governance arrangements for Council of Governors on September 2011. The Chairman requests that he is informed of all Trust-related Governor initiatives. Thank you.

Recommendation

The Council of Governors are asked to note the report.

Assurance and
related objective

Governance

Owner	Alan Rose, Chairman
Date of paper	June 2010
Version number	V.1
Number of pages	6

Proposed structure of Governor groups (page 1):

Role/Group	Description/Duties	Typical number of meetings	Number of Members	Eligibility	Membership Process	Comments
Lead Governor (LG)	• Occasional meetings with Chairman • Occasional opportunities to speak on behalf of Council of Governors (CoG) • Chair CoG meetings with Non-Executive Directors (NEDs) (twice-yearly) • Chair and/or coordinate other Governor initiatives if required • Liaise directly with Senior Independent Director (SID) and/or Monitor in exceptional circumstances	n/a	1	Public or Patient/ Carer Governors	Elected by all governors	• Election statement will be required

Proposed structure of Governor groups (page 2):

Role/Group	Description/Duties	Typical number of meetings	Number of Members	Eligibility	Membership Process	Comments
Nominations / Remuneration Committee (NRC)	• Participate in setting objectives for Chairman/NEDs (annual) and present to the Council of Governors • Manage the appraisal process of Chairman/NEDs (annual) and present the concluded report to the Council of Governors • Propose remuneration of Chairman/NEDs (annual) and present to the Council of Governors as a recommendation for approval by the Council of Governors • Manage the process of Chairman/NEDs appointment (as necessary) and prepare a recommendation for approval by the Council of Governors • Work with the Audit Committee to consider and prepare a recommendation for the appointment of external auditors (three year contract). Present the recommendation to the Council of Governors for approval • Monitor the attendance of Governors at meetings	As necessary, but likely to be four times a year	10	Trust Chairman & Lead Governor Foundation Trust Secretary (automatic) plus: 4 Public, 1 Patient/ Carer, 1 Staff Governors; 1 Appointed Governor	Elected by all governors	• Chaired by Trust Chairman • Half-day training mandatory for Governors on this Committee • Trust Vice-Chairman to be involved vis-à-vis Chairman issues • A work programme will be produced

Proposed structure of Governor groups (page 3):

Role/Group	Description/Duties	Typical number of meetings	Number of Members	Eligibility	Membership Process	Comments
Patient-Focused Group (PFG)	• A variety of mainly "inward-looking" activities, both Trust-led and Governor-led, including: Patient Environment Assessment Team (PEAT) visits, Survey design and evaluation, Complaints reviews, Arts & the Environment, Quality reviews, Celebration of Achievements, Travel & Transport, Wayfinding project, Bereavement Suite project, etc. • Prepare conclusions of studies including recommendations or suggestions for consideration by the Council of Governors and recommendation to the Board of Directors	As necessary, but at least quarterly	8	Ideally: 5 public or patient carer Governors; 2 appointed Governors; 1 staff Governor	Elected by all governors	• Elect own Chair • Option to co-opt Trust members • Core group to be elected, but any other Governor may be already involved or choose or be asked to get involved in activities launched by this group

Proposed structure of Governor groups (page 4):

Role/Group	Description/Duties	Typical number of meetings	Number of Members	Eligibility	Membership Process	Comments
Community & Member Engagement Group (CMEG)	• A variety of mainly "outward-looking" activities, both Trust-led and Governor-led, including: Seminars programme, York Talk publication, Open Day, Communications strategy, Recruiting efforts/events, Volunteering strategy, , locality teams, links to specific Community charities & Voluntary groups, Fundraising/Charity activities, etc. • Prepare reports for consideration by the Council of Governors. • Lead the engagement of the other governors in communication with the community	As necessary, but at least quarterly	8	Ideally: 5 public or patient carer Governors; 2 appointed Governors; 1 staff Governor	Elected by all governors	• Elect own Chair • Option to co-opt Trust members • Core group to be elected, but any other Governor may be already involved or choose or be asked to get involved in activities launched by this group

Please note that one or two Governors have proposed more specialised activities (e.g. detailed assessment of selected financial issues). It is proposed that this kind of query is handled on a case-by-case basis through appropriate interactions with Directors, as agreed with the Chairman.

Process and programme to establish group membership

Dates	Actions	Comments
June 9	• CoG meeting – agree overall structure and process	• Any agreed changes to be communicated to Governors absent at this meeting
June 9 - 25	• Governors to send self-nominations for any role/group you are eligible for • Lead Governor candidates requested to submit a short statement (up to 100 words) of why you wish to be Lead Governor, which will be included on the ballot paper	• By email or post to Anna Pridmore • Please be very clear about which committee or group you are interested in
June 29	• Ballots papers issues by post	
June 30-July 7	• Completed ballot papers to be posted/given to Anna Pridmore	• Closing date : Noon 7/7
July 8	• Results of elections to be published in the CoG papers for 14/7 meeting	
July 14	• CoG meeting	

Council of Governors – Meeting Schedule

G

Date	Location	Type of meeting	Time
Wednesday 9 June 2010	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 14 July 2010	White Cross Social Club	Board to Board	4.00pm-6.00pm
Wednesday 8 September 2010	White Cross Social Club	NED	3.15pm-5.15pm
Tuesday 14 September 2010	Trust	AGM	Afternoon into the early evening
Wednesday 13 October 2010	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 8 December 2010	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm

<u>Attendee by type of meeting</u>

Pre meeting (un-minuted)	Council of Governors and Chairman of the Trust
Private (minuted)	Council of Governors and Chairman of the Trust
Public	Council of Governors, Chairman of the Trust, Directors as required, public
Board to Board	Council of Governors and Board of Directors (private meeting)
NEDs	Council of Governors, Non-executive Directors (private meeting)
AGM	Public meeting