

Minutes of the meeting of the York Hospitals NHS Foundation Trust Council of Governors held on 9 June 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 D Robson, 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 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  
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  
Councillor M Kirk, Partner Governor, City of York Council  
Mrs C Patmore, Partner Governor, North Yorkshire County Council

**Staff:** Mrs A McGale, Staff Governor, non-clinical  
Mrs A Penny, Staff Governor, Nursing

**Apologies:** Dr L Bond, Staff Governor, Medical  
Mrs A MacDonald, Staff Governor, Nursing and Midwifery  
Mr M Moran, Partner Governor, York CVS  
Mrs A Moreton-Roberts, Partner Governor, North Yorkshire & York Primary Care Trust  
Dr S Ruff, Public Governor, City of York  
Mr M Skelton, Staff Governor, Clinical Professional

**Attendance:** Andrew Bertram, Director of Finance  
Lucy Brown, Communications Manager  
Patrick Crowley, Chief Executive  
Cheryl Gaynor, Secretary/Board Administrator  
Mike Proctor, Deputy Chief Executive

**Members of the public:** No members of the public present.

**10/32** Chairman's introductions

The Chairman introduced Mr David Robson as the new Public Governor for the City of York in place of the recently resigned Eddie Benson. The Chairman wished Eddie all the best and welcomed Mr Robson to his first meeting.

**10/33 Apologies for absence**

Council of Governors noted the apologies.

**10/34 Oral questions from the Public**

There were no members of the public present at the meeting therefore, no oral questions were received.

**10/35 Declaration of interest**

The Council of Governors noted the declarations of interest.

**10/36 Minutes of the meeting held on 21 April 2010**

The minutes were approved as an accurate record.

**10/37 Matters arising from the minutes**

10/21 Minutes of the meeting of 16<sup>th</sup> March 2010 (Car parking concessions)

Mr Crowley reported that the general preference was to continue with the concessions as they currently stand and review them when the new multi-storey car park is built.

Councillor Patmore commented that from an outsider's point of view, she often uses the Park and Ride (P&R) system as the fares are too large for normal buses, but the issue is that the P&R buses do not stop outside or near the hospital site. Mr Crowley commented that the report reflected the Trust's current position and stressed to the Governors that reducing the cost of concessions will cost the hospital and there are no additional resources to cover this.

Councillor Wiseman reported, as a current member of the Travel and Transport Group, that she had raised the issue a number of times regarding the P&R having a stop near the hospital site but to no avail. The Wigginton Road P & R project is planned, but no firm date is in place.

Mr Crowley commented that the Governors can help give the Trust some future direction and we want the Trust to be a hospital of choice and appreciate the issue of charges. Mr Rose requested that Councillor Wiseman liaise with the Patient Focus Group and provide responses through there.

Mr Towner commented that the major concern was with regard to the concession and making sure the patients are aware of it. He suggested that a comment be inserted into patient appointment letters, etc. Mr Crowley

confirmed that this procedure was already in place and will ensure that it continues to be clearly publicised to the public/patients

10/22 matters arising (skills audit)

Dr Dalton reiterated her previous comment that the Skills Audit was not currently fit for purpose. She reported that she had met with Sue Holden (Associate Director, Learning and Resources) regarding the revamp of the skills audit to which Sue appeared receptive but did comment that it had been tried previously. After receiving the NED linkages document, Dr Dalton advised that she will use this document as a framework and was happy to receive any comments from the Governors. Dr Dalton enquired what actions she would need to take in order to create a live skills audit document and assured the Governors that she would take her proposal back to the Associate Director, Learning and Resources and report back to the Governors at the next meeting.

**10/38**

**Open day event**

Mrs Wiseman reported that she had a good meeting with the open event group and that they had discussed a number of areas. At last years AGM there were Governors meeting and greeting members of the public but the group agreed that this was not the most appropriate area for the Governors to be on the day. There will be a membership stall and it was proposed that the Governors cover this area instead. Mrs Wiseman advised that the group was still in the early stages, but assured Governors that she will liaise with Lucy Brown (Communications Manager) in the run up to the event.

Mrs Wiseman confirmed that she will email the Governors and request their help on the day of the event which is confirmed as 14th September 2010.

Mrs Brown advised that the Trust had now received confirmation of sponsorship for the event from the company 'Kier', the Trust's major construction project partner.

**10/39**

**Summary of the Board of Directors minutes**

Mr Rose presented the minutes of the Board of Directors for 31 March and 28 April 2010. Mr Towner referred to the Quarterly Quality and Safety report noted in the summary of minutes for 28 April 2010. Falls had been identified as a priority as it had been noted that there were a lot of patient falls. The Elderly Directorate had picked the issue up and the Trust was about to be involved in the 'hip hop' initiative. Ms McManus reported that the Healthcare Commission were due to visit the Trust the following day to work with them on this area. She also explained that the 'hip hop' initiation was national trial which researches typed of flooring. There will be a dedicated bay in the Elderly ward for the trial.

Mr Towner referred to the CQC expressing minor concerns around stroke care (this being the percentage of patients admitted to the stroke care unit and the achievement of the standard that patients should spend 90% of their time in the unit). Mr Crowley clarified that this was specifically related to the

year before last, during a period of extreme pressure on hospital beds, including the impact of Norovirus that resulted in the Trust failing against that standard. However, it was acknowledged that the approach adopted at that time by clinicians was appropriate and temporary. He reported that the CQC were assured that this was resolved as quickly as possible and does not reflect the Trust's underlying performance.

**10/40 Update on the By-elections for Selby**

Mr Rose reminded the Governors that the by-election for Selby was still ongoing with 10 applicants to date and thanked Mr Thomas and Mr Parkinson for their hard work in publicising the Trust within their Selby constituency. Mr Rose confirmed that the results will be submitted to the next meeting.

**Action: Mr Rose to submit the Selby by-election results to the next meeting of the Council of Governors.**

**10/41 Performance Report**

Mr Proctor presented the performance report, which detailed activity and performance against target delivery for the period 1 to 30 April 2010. Mr Proctor reported a good mark in terms of overall performance, but it was too early in the year to make any real judgement. Mr Proctor expressed his concern that the ambulance turnaround target of 25 minutes being a really tough target to meet. There are also some operational difficulties in terms of the transport ambulances (limited drivers) and confirmed that discussions were currently taking pace with the ambulance service to resolve this issue as soon as possible.

Mr Proctor also detailed the following:

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 1 against a trajectory of 2)
- C.Diff – 4 cases (YTD 4 against a trajectory of 112)

Activity

- Ordinary elective +0 (+0.00%)
- Day case +25 (+1.08%)
- Non-Elective short stay -85 (-6.94%)
- Non-Elective long stay +234 (+13.95%)

Mrs Moreton referred to the Infection and Prevention and enquired whether

the target is to screen all elective patients. Mr Proctor clarified that this was correct and what the Trust is required to do with the implementation of also screening non elective patients at some point in 2011.

Councillor Patmore requested that there be more detail on Accident and Emergency showing further statistical/data information. Mr Proctor agreed that a separate report can be brought to the next meeting which will detail the information as requested.

**Action: Mr Proctor to present an additional paper with the performance report which details further statistics and data for the accident and emergency department.**

10/42

### Finance Report

Mr Bertram presented the finance report which detailed the financial position for the period 1 to 30 April 2010. He referred to the contract position of the Trust and reported that the baseline activity with all PCT's had been agreed and signed for 2010/11 and summarised as follows:

- North Yorkshire and York PCT (£182,363,000)
- East Riding PCT (£14,261,000)
- Leeds PCT (£2,092,000)
- Wakefield PCT (£652,000)

The cash balance at the end of April 2010 was £8.6m, which was £1.2m higher than plan, mainly due to the timings of claims from other local NHS organisations for their share of CLRN funding.

Key financial risks were:

- The Trust has a significant challenge in delivering its efficiency programme. The issue presents the biggest single financial risk for the organisation this year and will be subject to intense scrutiny through the Performance Management Meeting (PMM) process going forward with each Directorate.
- PCT contract are now signed. Work continues with 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 arrangement 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.

Mr Bertram reported that the GP referrals are 11% up. The PCT cannot afford the level of GP referrals, therefore the Trust will have to keep a careful eye on. Mr Baines enquired where the 11% came from and Mr Proctor confirmed that it is difficult to identify from the Trust, but the PCT have some

analysis of which practices the referrals come from and there will be an investigation if the percentage persists. The key focus is clinical engagement.

Mr Bertram confirmed that Grant Thornton, the Trust External Auditors, have just completed their audit work on the Trust accounts for 2009/10 and have issued a clean and unqualified audit opinion. The Trust's final accounts have now also been signed off.

**10/43**

### **Governor reports**

Mr Rose referred to the tabled report from Staff Governor Martin Skelton regarding his visit to the Governors event on 20<sup>th</sup> May 2010 at St Catherine's Hospital, Rotherham Doncaster and South Humber Mental Health NHS Foundation Trust. Mr Rose asked the Governors to note the report.

Dr Dalton reported that she had attended the 'Regional Governor event' on 28th May 2010. She expressed that she felt this was an interesting, well-organised and focussed event. The presenters acted out some of the scenarios they use in workshops to get staff to see things from the patient's point of view, to create some of the experience and raise awareness of the vulnerability of the patient and the carer in the hospital setting. The scenes were simple but effective and made the good and bad points clearly. Dr Dalton had concerns though that the event did not present any workplace culture/stress in the workplace, therefore at times did not reflect the real world.

Mrs Mackman mentioned that she had arranged a meeting between the Public Governors, City of York prior to the Council of Governors. She advised that a number of comments were aired with a lot of conflicting views. One agreement that came from the meeting was that the group would like to have a 'group email' set up through the website where anyone, may it be the public or even a governor, would like to contact the City of York constituency governors, then they can with this. Mr Rose requested that the group feedback to the Governors with any future meetings and that Mrs Mackman liaise with the Communications Manager with regards to setting up an email group or address.

**Action: Mrs Mackman to brief the Governors following any future meetings of the Public Governor, City of York Group and to liaise with the Communications Manager to set up a group email/link with the public through the website.**

**10/44**

### **Sub-committee meetings**

Mr Rose reported that following his submission of the Governors Engagement Opportunities paper at the last meeting of the Council of Governors, he has since received a number of comments and which resulted in this report of refreshed roles and working groups. Mr Rose requested that Governors are expected to submit their nominations to the Foundation Trust Secretary by no later than Friday 25<sup>th</sup> June 2010.

**Action: Governors to submit their nominations to the Foundation Trust Secretary by Friday 25<sup>th</sup> June 2010.**

**10/45 Senior independent Director**

Professor Hutton, Vice Chairman, Non-executive Director and Senior Independent Director, gave a detailed presentation on The Role and Appointment of the Senior Independent Director. A copy of the slides are attached in annex A to these minutes

**10/46 Medical Director presentation**

Dr Turnbull gave a detailed presentation on his current role as Medical Director for the Trust.

**10/47 Staff and patient surveys**

This item was deferred to the next meeting.

**10/48 Any other business**

There was no other business.

**10/49 Next meeting**

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

- Board to Board (with Council of Governors and Board of Directors) – Wednesday 14<sup>th</sup> July 2010 at 4.00pm, White Cross Social Club, White Cross, York. (Private pre-meeting with Chairman, 1515 hours)

**10/50 Collation of written questions from members of the public**

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

CLG  
09/06/2010

## Role

There are two aspects to the role of the Senior Independent Director (SID):

- to undertake, with the Lead Governor, the annual appraisal of the Chairman
- to be available for confidential consultation by other Board Members and Governors on issues which, for personal or other reasons, the individual does not wish to raise directly with the Chairman or Chief Executive.

## Appraisal of Chairman

- Formal procedure involving consultation with Governors, Non-executive Directors and Executive Directors
- Appraisal document sent to Chairman
- Interview with Chairman to discuss responses and agree future development objectives
- Report for Council of Governors

## Confidential Consultation

Intended for issues which are of importance:

- to the individual in performing his or her role at the Trust - e.g. non-cooperation and other inappropriate behaviours by colleagues
- to the Trust itself - e.g. actions which affect the external reputation of the Trust or undermine its success

## Possible Actions After Consultation

The Senior Independent Director will:

- Advise on action by the individual
- With the agreement of the individual concerned, raise the matter at the appropriate level within the Trust
- With the agreement of the individual concerned, raise the matter with the appropriate authorities outside the Trust

## Appointment

- The guidance from Monitor is that the SID should be a Non-Executive Director, usually the Vice Chair
- The SID is appointed by the Board of Directors in consultation with the Governors

## Appointment Procedure

- Recommendation by the Board of Directors
- Discussion at Governors Meeting and comment to Board of Directors
- Confirmation of appointment by Board of Directors