

Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 13 October 2010, in the White Cross Social Club, White Cross Court, York.

Present: Chairman of the meeting, Alan Rose

Public: Mr P Baines, Public Governor, City of York
Mr S Ruff, 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, Public Governor, City of York
Mrs D Rhodes, Public Governor, Selby District
Mr D Robson, Public Governor, City of York
Councillor S Wiseman, Partner Governor, City of York Council
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York

Patient/Carer: Mr P Chapman, Patient/Carer Governor
Mrs J Moreton, Patient/Carer Governor
Mr G Rennie, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor

Partner: Mrs C Patmore, Partner Governor, North Yorkshire County Council
Councillor S Fraser, Partner Governor, City of York Council

Staff: Mr L Bond, Staff Governor, Medical
Mr M Skelton, Staff Governor, Clinical Professional
Mrs A McGale, Staff Governor, non-clinical

Apologies: Mr D Blaney, Partner Governor, Hull York Medical School
Mrs H Butterworth, Public Governor, City of York
Mrs M Kirk, Partner Governor, City of York Council
Mrs A MacDonald, Staff Governor, Nursing and Midwifery
Mrs A Moreton-Roberts, Partner Governor, North Yorkshire & York Primary Care Trust
Mrs A Penny, Staff Governor, Nursing
Anna Pridmore, Foundation Trust Secretary
Councillor J Savage, Partner Governor, North Yorkshire County Council
Mrs C Surtees, Partner Governor, York CVS

Attendance: Philip Ashton, Non-Executive Director
Andrew Bertram, Director of Finance
Lucy Brown, Communications Manager
Patrick Crowley, Chief Executive
Cheryl Gaynor, Secretary/Board Administrator
Penny Goff, Member Development Manager

Brian Golding, Associate Director, Estates and Facilities (for item 10/60)
Libby McManus, Chief Nurse
Michael Proctor, Deputy Chief Executive
Libby Raper, Non-Executive Director
Michael Sweet, Non-Executive Director
Alastair Turnbull, Medical Director

Members of the public: Three members of the public attended the meeting.

10/51 Chairman's Introduction

The Chairman welcomed all attendees to the meeting.

10/52 Apologies for Absence

The Council of Governors noted the apologies.

10/53 Oral Questions from the Public

A member of the public (John Yates) referred to the minutes of the Patient Focus Group (item 10/57) and the note detailing the aim of the membership strategy was not the recruitment of many more members but to concentrate on engaging existing members and refresh their interests. About 1000 members are lost annually due to deaths, people moving out of the area or people losing interest in membership. Mr Yates commented that if there is a need for more members then the potential ones need to understand why members of the public are to be involved.

Mr Rose thanked Mr Yates for his observation. The Trust is reviewing its membership strategy in the light of potential East Coast partnership and this will be implemented in the new year.

10/54 Declaration of Interests

The Council of Governors noted the Declarations of Interest and were advised that constitutionally they are required to receive a full copy of the Governors declarations at each meeting.

10/55 Minutes of the Meeting held on 9th June 2010

The minutes were approved as an accurate record.

10/56 Matters Arising from the Minutes

10/39 Summary of the Board of Directors minutes

Mr Towner commented that there is currently an Older Peoples Hospital Liaison Committee (OPHLC) within the Trust which had recently discussed the current Stroke Services provided at York Hospital. He advised that there

was a copy of the minutes available of the recent OPHLC which detailed the work which was ongoing to improve services with regard to direct admissions to a stroke service and the percentage of time spent on a stroke ward. Mr Rose thanked Mr Towner for highlighting this and confirmed that there were copies of the notes and stroke paper available for collection at the end of the meeting.

10/37 Matters arising from the minutes (10/22 matters arising (skills audit))

Dr Dalton requested an update on the comment relating to using the NED linkages document as a framework and creating a Governors linkage. Ms Goff advised that she had sent an email to the Governors requesting their comments by 22nd September and that she had received eight responses. Mr Rose reminded Dr Dalton that she was to continue to take the lead and requested that the document be resent to the Governors to expedite the filling of missing information.

10/57

Sub-committee meetings

Patient Focus Group (PFG)

Mr Baines reported that it had emerged that topics came to the PFG in two main ways:

1. Chanced upon in the course of general discussion at the hospital.
Two recent examples were:
 - A YorkTalk presentation on Nutrition revealed apparent consequences in the format in which menus were presented to patients. This apparent anomaly is now flagged for investigation and is work-in-progress on the PFG agenda
 - A discussion with Patient Advice and Liaison Service (PALS) revealed that, when ward closures occur, visitors often seek information from PALS who are aware of the closure but don't have individual patient information. Infection control has now agreed to adopt the PFG proposal that closure notices should contain the ward phone number to make it easier for visitors to enquire about their relatives.
2. A topic may be raised directly with one of the group's members by a patient and provided it is not an individual complaint, but appears to have broader implications for systems and strategy, this is welcomed and may result in improvement to patient and carer experience.
Examples were:
 - Improved waiting times and communication in the Day Eye Surgery Clinic. In this instance the patient and PFG member were one and the same i.e. Jenny Moreton, but the benefits have accrued to all who use the facility. Katrina Swires, Matron for Ophthalmology continues to update Jenny on developments in the Lucentis clinics
 - Lack of follow-up to patients' requests for chaplaincy visits. This is PFG work-in-progress

- X-ray garments which bariatric patients find embarrassing. This too is a work-in-progress

Mr Baines reported that where the PFG find that the topic is already under discussion or development by hospital staff, the group does not simply walk away but, logs the topic for follow-up and satisfactory resolution at its quarterly meetings.

Future topics under development by the group included:

- Governor Ward Visits
- Outpatient Questionnaire

Mr Baines welcomed suggestions in which the group could gainfully be involved.

Community and Membership Engagement Group (CMEG)

Dr Dalton expressed that the group name has recently been changed to reflect the wider community. She advised that the group is strengthening in numbers and has recently welcomed Non-Executive Director (NED) Libby Raper to the group. As a member on both the PFG and CMEG Dr Dalton provides the link between the two groups.

Dr Dalton advised that the CMEG has recently approved its terms of reference and are now developing a work plan to focus on. The CMEG welcomed any ideas from the Governors.

Nominations and Remuneration Committee

Mr Rose referred to the Service Contract for Non-Executive Directors, Terms and Conditions for the Nominations/Remuneration Committee and appraisals for Non-Executive Directors and reported that these had previously been discussed at the private meeting of the Council of Governors prior to this meeting.

Mr Rose reminded the Governors that in 2009 the Council of Governors approved a process for the annual increase in the remuneration for the Chairman and Non-executive directors, but when the Nomination/Remuneration Committee met on 28 September 2010 it reviewed the remuneration and resolved that:

'Due to the current economic climate, the Chairman and NEDs will not receive a pay increase in 2010/11.'

Service Contract

Mrs Mackman reported that the Nomination/Remuneration Committee had noted the Chair/NEDs service contract, which is in line with other Foundation Trusts and legislation, is available for anyone to inspect.

Mr Crowley referred to the 'Terms and Conditions for NEDs' (service contract) and the condition relating to 'time commitment'. He was of the opinion that there appeared to be a tangible increase in the days devoted by NEDs per month and if this proved to be the case he was concerned that this changed the basis on which the current level of remuneration had been agreed. He also suggested this might affect the Trust ability to recruit suitable NEDs in the future. Mr Rose clarified that Mr Crowley was correct, as previously the NEDs (prior to Foundation Trust status) were required to devote 2 to 3 days, but practice has now shown that this has now increased. Mr Crowley made it clear that the remuneration had previously been based on 2 to 3 days and requested that this be considered.

Mr Porteous suggested that, within the same paragraph relating to time commitment, the words 'in addition' be removed from the last sentence as this would appear to cause confusion.

Action: Remove the words 'In addition' from the Terms and Conditions for NEDs. The Chairman to clarify NED time commitment expectations.

10/58 Membership Report

Mrs Goff presented the report which provided details of public, patient and staff membership for the period April to the end of September 2010. She reported that the profiles provided information on the numbers, gender, age range and ethnicity of the Trust membership and a summary of leavers and joiners and a comparison of membership based on other Foundation Trusts.

It was noted again that the membership strategy would need to be reviewed in the light of potential changes to the Trust.

The Council of Governors noted the report.

10/59 Governor Expenses Claim Procedure

Mr Rose presented the report which provided an understanding of the expenses that can be claimed by Governors. Governors queried the comment relating to expenses being claimed preferably the month after they have been incurred at the latest. Further into the report it also details that the maximum period for claims to be submitted is three months after the date the expense was incurred. Mr Bertram clarified that the paper was in line with standard policy, but the finance department are able to be flexible with deadlines on some occasions.

The Council of Governors noted the report.

10/60 Sustainability

Mr Golding attending the meeting and gave a detailed presentation on the Trust's approach to sustainability, including energy management. Copies of

the slides are in appendix (1) to these minutes.

Action: Governors to express an interest in joining the sustainability committee.

10/61

Equality and Diversity

Mr Golding gave a detailed presentation which updated the Governors on the Trust's approach to Equality and Diversity. A number of areas that Mr Golding covered were:

- The Social Model of Disability
- Telephone Interpreting Service
- Reasonable Adjustments
- Disability Act 2010
- Equality and Diversity Committee

Action: Governors to express an interest in joining the Equality and Diversity Committee.

10/62

Quality and Safety Report

This is the standalone Quality & Safety (Q&S) dashboard which is presented monthly to Executive Board and Board of Directors. Each quarter there is an additional Q&S report. It provides both assurance against the Q&S Strategy revised and re-approved earlier in August and evidence in support of our Quality Account.

Dr Turnbull reported that the Hospital Standardised Mortality Rate (HSMR) taken from the Dr Foster report compares the actual number of deaths in a Trust against the expected number. He advised that the Dr Foster Annual Report this year will have different systems for measures of safety and explained that he was not entirely certain at this stage how the new system was working, but the key component was coding and not the number of deaths. HSMR does change due to the changing in coding and this is common to all organisations. The target of 80 will be removed from the dashboard, as it is not appropriate given the changes in the coding methodology, etc. The objective would be to reduce the ratio by 10 points it is currently at 100.

Ms McManus reported in terms of infection control, the Trusts' C.Diff rates were the lowest in the country and we are very proud of this achievement. She thanked staff for their efforts. She also reported that work on pressure sores and falls was moving forward rapidly, new procedures have been implemented and since the implementation, results have shown significant improvement.

The Council of Governors noted the report.

10/63

Finance Report

Mr Bertram presented the corporate finance report which detailed the financial position as at 31 August 2010. He reported that at the end of August there was an income and expenditure surplus of £0.6m against a planned surplus of £1m for the period. The cash level was below plan at £3.5m.

Mr Bertram was happy to receive feedback from the Governors on the financial paper.

The Council of Governors noted the report.

10/64

Operational Performance Report

Mr Proctor presented the performance report, which detailed activity and performance against target delivery as follows:

Performance (national access targets)

- 18 week performance – admitted 93.66% (target 90%)
- 18 week performance – non-admitted 98.02% (target 95%)
- 4 hour – 97.87% (target 95%)
- 14 Day Cancer – 95.6% (target 93%)
- 31 Day Cancer – 98.7% (target 96%)
- 62 Day Cancer – 88.2% (target 85%)
- MRSA – 1 case (YTD 1 against a trajectory of 2)
- C.Diff – 2 cases (YTD 18 against a trajectory of 112)

Activity (local targets)

- 18 week admitted, median treatment time – 59 days (target 78 days)
- 18 week non-admitted, median wait time – 39 days (target 48 days)
- Day case – 18 days (24 days)
- Percentage of ambulance turnarounds (less than 25 minutes) – 55.74% (target 80%)

Mr Towner reminded the Governors that at the previous meeting Mr Proctor had agreed to submit a more detail on Accident and Emergency (A&E) showing further statistical/data information. Mr Proctor apologised for having not submitted the report as agreed and assured that it will be completed ready to be included on the next agenda.

In relation to the A&E, Mr Proctor reported that he was currently working with staff to introduce an integrated service where patients will sit with a triage nurse alongside a GP. The GP will establish where the patient will go for further treatment (if necessary) and the triage nurse will make the necessary appointments for the patient there and then. He also referred to the Walk-in

Centre, Monkgate, York and commented that he would prefer for this to be relocated to be situated nearer to the A&E department at the Hospital but because of the number of patients already coming through, there just isn't the space.

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

10/65 Summary of the Board of Directors Minutes

Mr Rose presented the minutes of the Board of Directors from 26 May, 30 June and 28 July 2010.

The Council of Governors noted the minutes.

10/66 Overview from the Chief Executive

Mr Crowley reported that there were currently no additional issues to discuss.

10/67 Audit Committee Annual Report

Mr Ashton presented the Governors with the Audit Committee Annual Report, which summarised the Audit Committee's work in the financial year 2009/10 and how it has discharged its responsibilities. He reported that the scope of the work continues to change and develop and that the remit includes all manner of topics, clinical and non-clinical.

During the year there had been a review of the committee structures; the Trust disbanded the Governance Committee and Resources Committee and constituted the Risk and Assurance Committee, which the Audit Committee is committed to monitoring. Two sub groups have been established; the Compliance Group and the Data Quality and Performance Group. Both groups are chaired by members of the Audit Committee and report directly to it.

Mr Towner commented that a lot of the report appeared to be about process and was of the opinion that details should be more forthcoming of what the committee has been involved in and where it has created change. Mr Ashton clarified that the 'Assurance Framework' was an existing live document that finely details work that the committee is involved in and what has been achieved. The Audit Committee currently has sight of and discusses approximately 10 to 15 audit reports per meeting.

The Council of Governors noted the report.

10/68 Time and Dates of Future meetings of the Council of Governors

The Chairman presented for information the draft times and dates for the


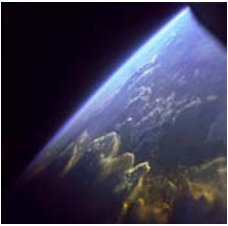

Council of Governors meetings for 2011 and reported that these were subject to change.

The Council of Governors noted the report.

CLG
14/10/2010

Appendix 1

<p>1.</p>	<p>2.</p>
<p>3.</p>	<p>4.</p>
<p>5.</p>	<p>6.</p>
<p>7.</p>	<p>8.</p>

<p style="text-align: right;">York Teaching Hospital NHS NHS Foundation Trust</p> <p>The what: Progress to date</p> <ul style="list-style-type: none"> • Appointed energy manager 11 months ago • Review of energy purchasing - savings of £105k • Better use of resources – savings of £131k <p>Future Plans</p> <ul style="list-style-type: none"> • 7 developed schemes – estimated savings £173k • Over 25 ideas in development  <p>9.</p>	<p style="text-align: right;">York Teaching Hospital NHS NHS Foundation Trust</p> <p>How to get involved?</p> <p>Sustainable Development Committee Bright Ideas The BGs</p>  <p>10.</p>
<p style="text-align: right;">York Teaching Hospital NHS NHS Foundation Trust</p> <p>“...our children and grandchildren will ask not what our generation said, but what it did.”</p>  <p>Prince Charles, Copenhagen December 2009</p> <p>11.</p>	