York Hospitals NHS
NHS Foundation Trust

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

On: **Tuesday 16th March 2010**

At: **Post Graduate Lecture Theatre, 5th Floor Admin Block, York Hospital.**

Time	Meeting	Attendees
3.15pm - 3.45pm	Pre meeting for Governors	Governors (private meeting)
3.45pm - 4.15pm	Private Council of Governors meeting	Governors and Chairman (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: **Tuesday 16th March 2009**

at: **4.15pm – 6.00pm**

in: **Post graduate centre, 5th floor, York hospital.**

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.	**Oral questions from the public** To receive any oral questions from members of the public in attendance at the meeting.	Chairman	
3.	**Apologies for absence** To receive any apologies for absence.	Foundation Trust Secretary	
4.	**Declaration of interests** To receive the updated register of governors' interests and confirm the accuracy of this, and to receive any further declarations of interests.	Chairman	A

Item		*Lead*	*Paper*
5.	**<u>Minutes of the meeting held on 16th December 2009</u>** To receive and approve the minutes of the meeting of the Council held on 16th December 2009.	Chairman	B
6.	**Matters arising from the minutes** To consider any matters arising from the minutes.	Chairman	
Part Two: General Business 4.30pm – 6.00pm			
7.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meetings held.	Chairman	C
8.	**Feedback from Governor subgroups** • Member engagement committee – to receive the final report from the committee • Patient Forum Group – to receive feedback from the committee on its work	Chairman of the Committee Chairman of the Committee	D Verbal
9.	**Performance and Finance report** To receive the performance and finance report.	Director of Finance & Chief Operating Officer	Verbal
10.	**Draft governor induction and development booklet** To receive for comment.	Membership Development Manager	F

11.	**Constitutional issues** To approve the proposed name change to the constitution following the consultation exercise.	Chief Executive	G
12.	**Car parking issues** To discuss the concessions currently provided for car parking.	Mr B Towner Governor & Associate Director, Estates and Facilities	H
13.	**Quality Accounts 2010/11 Presentation** To receive a presentation from the Chief Nurse on the development of the quality accounts for 2010/11.	Chief Nurse	Verbal
14.	**Any other business** To consider any other items of business.	Chairman	
15.	**Next meetings** To note the date, time and venue for the next general meeting: Wednesday 21st April 2010 at 4.15pm. There will be a pre meeting of the Governors at 3.15pm followed by a private meeting at 4.00pm.	Chairman	
16.	**Collation of written questions from members of the public** To collate any written questions from any members of the public present.		
Alan Maynard Chairman		**9 March 2009**	

Register of Governors' interests
March 2010

York Hospitals NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

A

Gill Cashmore—resigned from being a Governor

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Paul Baines *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Winfred Blackburn *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Lee Bond *(Staff: Consultant)*	Nil	Nil	Nil	Nil	Nil	Nil
Ms Elizabeth Casling *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Jane Dalton *(Public: Hambleton District)*	Nil	Nil	Nil	Nil	Nil	**Researcher—**Health and Social Care, University of York
Cllr Alexander Fraser *(City of York Council)*	Nil	Nil	Nil	**Appointee —**City of York Council , non-voting participating observer on York CVS Trustees	**Appointee —**City of York Council , non-voting participating observer on York CVS Trustees **Member—**CYC Overview and Scrutiny Committee	Nil
Mrs Linda Hatton *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Cllr Madeleine Kirk *(City of York Council)*	**Trustee**—York Theatre Trust	Nil	Nil	Nil	Nil	Nil
Mr Stephen Lewis *(Public: City of York)*	Journalist with the Press, York and member of the National Union of Journalists	Nil	Nil	Nil	Nil	Nil
Mrs Helen Mackman *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Mandy McGale *(Staff: Non-Clinical)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Mike Moran *(York CVS)*	**Trustee—** MyKnowledgeEmap 37 Micklegate, York	**Trustee—** MyKnowledgeEmap 37 Micklegate, York	Nil	**Chairman—**York CVS	Nil	Nil
Mrs Jennifer Moreton *(Patients/Carer)*	Nil	Nil	Nil	Nil	**Systematic Reviewer—** Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE **Member—**CQC Registration Involvement Group	**Systematic Reviewer—** Mother and Infant Unit) MIRU Health Sciences, University of York. Previous 2-3 years carrying out systematic reviews for NICE **Researcher—**Health and Social Care, University of York
Mr Nevil Parkinson *Public: Selby District)*	Nil	Nil	Nil	**Director—**West Riding Masonic Charities Ltd	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Cllr Caroline Patmore *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Mrs Ann Penny *(Staff: Nursing)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr James Porteous ***(Public: City of York)***	**Trustee—**Notions Business and Marketing Consultants	Nil	Nil	**Chairman—**Governors at Applefields School **Chairman—**Hob Moor Oaks School **President—**Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
Mr Geoff Rennie *(Patient: Carer)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Stefan Ruff *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Martin Skelton *(Staff: Clinical Professional)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Michael Sweet *(North Yorkshire and York PCT)*	Nil	Nil	Nil	Nil	**Non-Executive Director—**North Yorkshire and York PCT	**Beneficiary—**The pension fund — Tibbett & Britton Group, now managed by DHL who have the management contract for NHS logistics

Governor	Relevant and material interests					
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Mr Robert Thomas *(Public: Selby District)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Brian Thompson *(Patient: Carer)*	**Trustee—**Thompson's of Helmsley Ltd	Nil	Nil	Nil	Nil	Nil
Mr Bob Towner *(Public: City of York)*	Nil	Nil	Nil	**Vice Chairman—**York Older Peoples Assembly	**Vice Chairman—**York Older Peoples Assembly	Nil
Mrs Pam Turpin *(Public: Hambleton District)*	Nil	Nil	Nil	**Member—**York Pain Management Support Group	**Project Worker—**OVE ARIP	Nil
Cllr Sian Wiseman *(City of York Council)*	Nil	Nil	Nil	Nil	**Vice Chairman—**CYC Health Overview and Scrutiny Committee	Nil

B

York Hospitals NHS
NHS Foundation Trust

Minutes of the meeting of the York Hospitals NHS Foundation Trust Members' Council held on 16 December 2009, in Skell 7, Foss and Skell Building, York St John's University, Lord Mayors Walk, York.

Present:	Chairman of the meeting, Professor Alan Maynard OBE
Public:	Mr P Baines, Public Governor, City of York Mrs W Blackburn, Public Governor, City of York Dr J Dalton, Public Governor, Hambleton Mrs L Hatton, Public Governor, City of York Mr S Lewis, Public Governor, City of York Mrs H Mackman, Public Governor, City of York Mr N Parkinson, Public Governor, Selby District Mr J Porteous, Public Governor, City of York Mr S Ruff, Public Governor, City of York Mr R Thomas, Public Governor, Selby District Mr R Towner, Public Governor, City of York Mrs P Turpin, Public Governor, Hambleton
Patient/Carer:	Mrs J Moreton, Patient/Carer Governor Mr G Rennie MBE, Patient/Carer Governor Mr B Thompson, Patient/Carer Governor
Partner:	Councillor S Fraser, Partner Governor, City of York Council Mrs M Kirk, Partner Governor, City of York Council Mr M Sweet, Partner Governor, North Yorkshire & York Primary Care Trust Councillor S Wiseman, Partner Governor, City of York Council
Staff:	Mr L Bond, Staff Governor, Medical Mrs A McGale, Staff Governor, non-clinical Mrs A Penny, Staff Governor, Nursing Mr M Skelton, Staff Governor, Clinical Professional
Apologies:	Mrs Rachel Johns, Partner Governor, North Yorkshire & York Primary Care Trust Mr M Moran, Partner Governor, York CVS Mrs C Patmore, Partner Governor, North Yorkshire County Council
Attendance:	Andrew Bertram, Director of Finance Lucy Brown, Communications Manager Gillian Fleming, Non-Executive Director Cheryl Gaynor, Secretary/Board Administrator Penny Goff, Member Development Manager

Peta Hayward, Director of Human Resources
Professor John Hutton, Non-Executive Director
Linda Palazzo, Non-Executive Director
Anna Pridmore, Foundation Trust Secretary
Mike Proctor, Deputy Chief Executive
Alan Rose, Non-Executive Director
Dr Ian Woods, Medical Director
Libby Raper, Non-Executive Director
Alan Swain, Assessor for the Care Quality Commission

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

09/90 Chairman's Introduction

The Chairman of the Council of Governors welcomed the public members to the meeting. He advised that the Council of Governors at the private meeting had approved the appointment for Mr Alan Rose as Chairman of the Trust from 1 April 2010 the extension of Mr Rose's tenure as a Non-executive Director from February to the end of March 2010 and the appointment of Mr Michael Sweet as a Non-executive Director for a period of 3 years from 1 February 2010.

Professor Maynard also announced a number of other changes being made to the Board of Directors, he advised of the retirement of Non-Executive Director Mrs Gillian Fleming from 31 January 2010 and that Dr Ian Woods would be stepping down from the role of Medical Director to continue full time in his other role as an Anaesthetist at York Hospital. A new Medical Director would be appointed by the Board of Directors. Governors would be advised of the appointment in due course.

Professor Maynard welcomed Mrs Rachel Johns of North Yorkshire and York PCT (PCT Governor). This appointment followed the retirement of Governor Gill Cashmore. Professor Maynard advised that Mrs Johns had given her apologies to this meeting.

09/91 Oral questions from the public

Mr Yates, a member of the general public, referred to item 09/97.2 (Membership Engagement Committee) and the guidelines for Governors when dealing with the media. He commented on the guidelines approach to the media and advised that he would hope that the Trust would answer a question honestly and with integrity.

09/92 Apologies for absence

Council of Governors noted the apologies.

09/93 **Declaration of interest**

Jenny Moreton reported that she was a researcher 'in' the Health and Social Care and not 'for' the Health and Social Care as printed.
Governors noted the amendment.

09/94 **Minutes of the meeting held on 2 September 2009**

The minutes were approved as an accurate record of the meeting subject to:

- Mr P Baines, Public Governor, City of York was in attendance but omitted from the minutes

09/95 **Matters arising from the minutes**

Mrs Mackman referred to item 09/83 (Membership Report) and commented that she had not yet seen any posters displayed describing membership etc.

Mrs Goff assured Governors that the posters were currently being produced and would be visible in due course.

Professor Maynard asked for an understanding of what was happening with the WRVS shop and coffee shop. He asked what encouragement and support was being given to the volunteers. Ms Hayward advised that meetings and discussions had been held with the volunteers and 35 of the volunteers have said they are interested in continuing as volunteers. Currently discussions are being held to find out what they would be interested in doing. It had been arranged that Mr Crowley would see the staff before the units close to thank them for their hard work.

Mr Crowley explained that WRVS had made a strategic decision to pull out of hospitals. WRVS have assigned their lease to Compass who will provide a shop called Amigo and Costa Coffee will take over the coffee shop. The re-branding of the coffee shop will not happen until January 2010.

Governors were keen that the Trust ensured that the volunteers were supported and able to provide an explanation of the change.

09/96 **Summary of the Board of Directors minutes**

Mr Towner referred to Item 09/64 – and enquired what the current position was with regard to the pharmacy outsourcing business case. The Council of Governors was advised that the current position was that work had begun to take place and it was anticipated that the new pharmacy would open during February 2010. The provider was agreed to be 'Healthcare at Home'.

Mrs Hatton referred to the Chairman's item regarding the ICU capacity and that there was a plan to have the capacity to ventilate up to 34 patients in the event of pandemic flu using the existing ICU area. She was concerned that, as reported, the current space has 17 beds in it and enquired whether there were adequate facilities to cover such an increase in service. Mr Proctor clarified that generally there are facilities for up to 17 patients, currently there are 9 patients occupying the area. All Trusts were required to double the available facilities in ICU as part of the response to pandemic flu.

09/97 Feedback from Governor subgroups

09/97.1 Patient Focus Group

Paul Baines reported on recent developments.

Patient Experience Questionnaire
Questions compiled initially by governors, in consultation with recent patients, have been reviewed with Michelle Carrington, and compared with relevant sections of the National Nursing Care Indicators.

Agreement has been reached on NCI Questions 82 to 96 as matching our requirements, and the Questionnaire is to be launched in January 2010.

- 5 patients (randomly selected) in ever ward, every month, i.e. approx 150 (approx 20% of) patients.
- Each ward will get results within 24 hours.
- A summary of the Patient Questionnaire section of the NCIs, will be issued to the PFG.

Day Eye Surgery Clinic

Jenny Moreton is a member of the Patient Focus Group, and a patient of the Lucentis clinics which treat macular degeneration. Her first-hand patient experience and observations have contributed to achieving shortened waiting times, reduced congestion, improved signs, and better communication between staff and patient carers.

Future topics

Michelle will ask Marilyn Thirlway to give the PFG a brief talk on her current top ten issues for PALS.

09/97.2 Membership Engagement Group

Helen Mackman presented the report which detailed feedback on the following areas relating to the Membership Engagement Committee (MEC):

- York Talk Newsletter
- Guidelines for Handling the Media
- MEC meeting on 18th August 2009
- MEC meeting on 15th September 2009
- Board to Board meeting on 19th October 2009
- MEC meeting on 27th October 2009

Mrs Mackman reported that the MEC had been working with Non-Executive Director Ms Raper.

Mrs Mackman referred to the guidelines for handling the media and explained that they had been developed with Mrs Brown (Communication Manager) and presented to the MEC for consideration. The MEC are now recommending approval of them by the Council of Governors.

The Council of Governors approved the guidelines.

Mr Towner expressed his concern that Governors were not receiving press releases. Mr Proctor assured Governors that he would endeavour to ensure that all Governors receive a copy of any press releases in future with the exception of cases of emergency releases/interviews.

09/98 Performance and Finance Report

Mr Bertram and Mr Proctor gave a detailed presentation which outlined the current financial performance and activity position of the Trust.

Mr Bertram reported that:

- Since the last meeting the Trust has submitted its quarter 2 return to Monitor
- Income and expenditure was in line with plan for the 6-month period and the planned financial risk rating of 3 was delivered
- Position to November (8 months) is a £35k deficit on £150m spend. Remained broadly balanced but not good enough
- The Trust need to be showing progress towards £1m target surplus – capital programme link. Mr Bertram reported that it was disappointing this was not the case

- The Executive Board had agreed a number of actions designed to reduce

expenditure going forward:

    - Non-critical position post vacancy freeze
    - Avoidance of discretionary spend
    - Temporary additional in-house clinical capacity to reduce premium-rate working and use of private/independent sector

- Target £1m surplus is a real challenge and represents a significant risk to the organisation

Mr Proctor reported that:

Activity and Capacity

- Elective and day case activity together were on plan
- Referrals on plan
- Non-elective activity + 6% (+1,300)
- Additional winter capacity (23 beds) have not opened as planned on 14th December 2009 but will now do so on 4th January 2010

Noro Virus

- Significant outbreak late November/Early December
- 7 ward full closed – others partially affected
- 50 empty beds put out of use

Cancer Care Targets

- 14-day fast track – target at 93%
- ***14-day breast symptomatic – target at 93%***
- 31-day rare cancers – target at 85%
- 62-day cancer – target at 85%
- 62-day cancer screening – target at 90%
- 62-day cancer upgrades – target at 85%
- 14-day fast track – target at 93%

New Cancer Target from decision to treat

- 31-day first treatment – target at 96%
- ***31-day subsequent treatment – drug – target 98% (failure of 96% which performance are looking into)***
- 31-day subsequent treatment surgery – target at 94%

Performance Risks

- 18-weeks admitted:
    - Not achieve on 2 sub specialties in Q3
    - Achieve all sub-specialties Q4
- 4-hour:
    - Deterioration in last two weeks
    - Still predicting achieve in Q3 and for the full year

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

09/99 CQC presentation

Governors welcomed Mr Alan Swain from the Care Quality Commission to the meeting. Mr Swain gave a detailed presentation which outlined the duties of the Governors re CQC (copy of presentation is attached).

Mr Swain clarified that the CQC inspections were unannounced.

Governors expressed their concern about the availability of information following a visit to the hospital from the CQC. Mr Swain assured Governors that the collection of data by the CQC is not duplicated and would be available on the website for all to see.

Mrs Mackman enquired about how individual experiences are dealt with. Mr Swain confirmed that the he attends quarterly meetings with the Trust and that if an individual matter was brought to his attention, he would raise it with Mrs Pridmore (Foundation Trust Secretary) at these quarterly meetings. This would then be the opportunity to look into the matter and other evidence too.

Mr Swain reported that 'Monitor' is currently the regulator for Foundation Trusts and the CQC assess the Trusts then provide information to Monitor. At the moment Monitor is the lead but from April 2010 the CQC will be discussing registering regulatory interests therefore, Monitor and CQC will being to both be leads.

The Chairman requested that details of cost of the collection of information by CQC be submitted by Mr Swain to the Council of Governors in the near future.

Mrs Moreton outlined the CQC consultation event on new registration standards on 16th July 2009 and the detailed report presented. She reported that she felt the CQC seemed to take a lot of notice of mistakes that could happen. She also reported that she had recently been discussing what breach of level would be and trying to help put people in a position to report.

09/100 **Annual report from the Audit Committee**

Philip Ashton presented the report which detailed a summary of the activity of the Audit Committee for 2008/2009. He highlighted the key points in the report including the work the committee undertook during 2008/09.

Governors thanked Mr Ashton for his detailed report.

09/101 **Any other business**

The Chairman reminded Governors that Sue Holden, Associate Director - Corporate Development, was holding a 'Values' meeting in the Postgraduate Lecture Theatre at York Hospital at 6.00pm.

The Chairman reported that the Department of Heath had recently published the 'Operating Framework 2010/11' and assured Governors that Mrs Pridmore would submit this document to the Council of Governors in due course.

09/102 **Next meeting**

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

- General Council of Governors – Tuesday 16th March 2010 at 4.15pm and there will be a pre meeting at 3.30pm, Ward 35 Seminar Room, York Hospital.

09/103 **Collation of written questions from members of the public**

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

CLG
21/12/2009

C

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 16th March 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 25 November 2009.

High impact actions for nursing and midwifery

Ms McManus explained that the document was building on work already ongoing and presented a better economic case for such activity. The first three actions are current nursing care indicators and Ms Hayward is reviewing the staff sickness action.

Mr Rose asked if the Trust was already monitoring these actions. Ms McManus confirmed the Trust was monitoring these actions as part of commission for quality and innovation payment framework (CQUIN). She added that toolkits and measurements exist and are used by the Trust. She believed the majority of the measures would be included in the operating framework. They are the right things to include and will have a significant affect on care and throughput of patients.

Mrs Fleming added that there were some PCT aspects included in them such as nourishment. It was also noted that there were aspects of the tariff that did not incentives Trusts to follow the actions such as reducing the number of caesareans. The Board agreed that it was about longer term health gains not just short term goals.

Chairman's items

WRVS

Professor Maynard asked for an understanding of what was happening with the WRVS shop and coffee shop. He asked what encouragement and support was being given to the volunteers. Ms Hayward advised that meetings and discussions had been held with the volunteers and 32 of the volunteers have said they are interested in continuing as volunteers. Currently discussions are being held to find out what they would be interested in doing. It had been arranged that Mr Crowley would see the staff before the units close to thank them for their hard work.

Mr Golding explained that WRVS had made a strategic decision to pull out of hospitals. WRVS have assigned their lease to Compass who will provide a shop called Amigo and Costa Coffee will take over the coffee shop. The re-branding of the coffee shop will not happen until January 2010.

The Board was keen that the Trust ensured that the volunteers were supported and able to provide an explanation of the change.

Pharmacy

Professor Maynard asked if the pharmacy would be open by February 2010. Mr Golding confirmed that it would be.

Report from the Chief Executive

Referring to the quality and safety section Mr Crowley highlighted that the report would ensure the Board understood the Trust's mortality figures. The patient experience section highlights the effect the new requirements have had on the organisation. It has resulted in an increased administrative burden, but complaints are resolved quicker and more efficiently. This is evidenced by the increased number of complainants writing to the Trust expressing how pleased they are with the outcome of the complaint.

Mr Ashton commented about the Risk and Assurance Committee. The Audit Committee had noted that there was not a true relationship between the Assurance Framework and the Corporate Risk Register and noted that the Risk and Assurance Committee was considering these documents together. Mr Crowley advised that he had implemented an informal session to review the document to be held about once every six weeks and the Corporate Directors reviewed the corporate risk register on a monthly basis.

The Board noted the comments and agreed that it was very important that both documents were aligned to each other.

Mr Crowley referred to the informal visit from an NHSLA assessor. The Head of Risk and Legal Services was currently developing an action plan which would demonstrate how significant the challenge could be for the Trust to achieve level two.

The Board noted the report from the Chief Executive.

Assurance framework

Mr Ashton presented the assurance framework as Chairman of the Audit Committee. He outlined that the Audit Committee had considered the document in detail and recommended its approval by the Board of Directors.

The Board discussed the document and noted that some of the accountabilities had changed, but this was not reflected in the document and that as already discussed there was some work to ensure there was proper alignment between the assurance framework and the corporate risk register. It was agreed that it would be picked up in the next iteration due for completion at the end of the year.

The Board approved the Assurance Framework.

Performance report

Dr Foster

Ms McManus tabled the embargoed Dr Foster patient safety banding for the Trust. She explained that the banding was on a continuum 1-5, 5 being good and 1 being poor. The Trust scored 4. Each of the indicators making up that score was patient safety based. Each low score was good and high score was poor. The trust only had one high score in '*daycase over stays'*, this was an issue that was being addressed and the Trust had been asked to submit commentary about it.

The Board thanked Ms McManus and noted the results and asked her to comment on why the over stay in daycase came out so high. Ms McManus explained that the Trust continues to carry out procedures for day cases until quite late into the evening; this can result in patient not leaving the hospital before the midnight cut off time.

Mr Rose commented that the infection control performance was excellent and he noted that screening was improving, but he noted that performance around 18 weeks had slipped again and asked if there was anything to be worried about. Mr Proctor advised with regard to infection control there had been one more MRSA case declared in November not included in the figures in the report. The patient had died and a root cause analysis was to take place and three wards were currently affected by Norovirus. This position was not improved by Scarborough closing its doors and asking York to take its patients on the night of 23 November 2009.

I8-weeks

With regard to 18 weeks Mr Proctor assured the Board that this target would be achieved. There were two specialities that it was known would fail Q3 and work was continuing to ensure they achieved at Q4. Mr Proctor added that activity was higher this year than it had been the previous year. There were two acute physicians working on the short stay ward and this was making a big difference. In terms of winter capacity there would be an additional 21 beds opened on 14 December 2009.

Pandemic flu

Pandemic influenza activity is steady, the Trust had had its first pandemic death, but the patient did have a number of serious medical underlying conditions. The vaccination programme is also going very well. 1000 frontline staff have had the vaccine and more than 90% of staff have had the normal flu vaccine. A 'thank you' goes to the Occupational Health staff for all their hard work. Later this month consideration will be given to closing the pandemic ward.

Emergency Department

Emergency Department targets have been agreed at the Executive Board for the winter resilience plan. The sense is that additional capacity was being established and would be used. There has been a big impact following the changes that have been introduced around the discharge systems and further debates are being held between the clinicians about discharge. The Clinical Directors are very engaged with the debate. Acute Board which has membership from all areas will push the improvements forward.

The Board thanked Mr Proctor and noted the detail in the report.

Corporate finance report

Mrs Fleming enquired if the Trust would be able to maintain its risk rating of 3 by the end of the year. Mr Lamb explained that elective inpatient activity was below plan which was compensated slightly by an increase in non-elective activity. The Trust did need to get more elective activity work through before December. The cost of delivery is beginning to give some concerns and the finance department have put some cost controls in place and the department is also looking at the planned reserves to bring the income and expenditure account back on track.

Cash is down due to the current action being taken by the PCT and so accrued income is growing. The Trust is currently satisfying demand for care which the PCT see as overtrading and as a result the PCT is lodging a considerable number of challenges. These queries do delay the payments from the PCT.

The Trust is in discussions with the PCT about the contract.

Monitor visited the Trust on 24th November and advised that they could see from the metrics changing that cash and EBITDA were both being affected by the action of the PCT.

The Board confirmed their support for the actions being taken.

HR quarterly report

Ms Hayward explained that the focus is now on continued improvements in the levels of short term sickness. Mr Ashton asked Ms Hayward to explain the difference between the budgeted establishment and the actual vacancies. Ms Hayward explained that on occasions some directorates choose to hold vacancies and not recruit to them on a short term basis. At present the Trust has a 5% vacancy rate of which 2% is currently recruited.

Appraisal activity has improved significantly in recent months. The Board asked if Ms Hayward could include a comparison on the next report.

The Board discussed the level of agency spend and agreed that it was difficult to establish from the figures if the spend was large or small. The Board asked for some comparators or a target range to measure against. Ms Hayward agreed she would include in the next report.

Mr Crowley advised the Board that the Trust had received national recognition on the work it had done around long term sickness.

The Board congratulated Ms Hayward on the recognition and thanked her for her report.

Standards for better health declaration

Mr Crowley presented the report and advised that it recommended the Trust declares full compliance with all standards. He asked the Board to consider specifically the areas included in the report for discussion, prior to approving the recommendation.

C2 safeguarding children - The Board discussed the issue and agreed that the standard was compliant.

C4B acquisition and use of medical devices – The Board discussed the issue and agreed that the standard was compliant.

C21 maintained cleanliness level in clinical a non-clinical area – The Board discussed the standard and agreed the Trust was compliant.

The Board approved the declaration for 2009/10 as the Trust being fully compliant with all standards.

Summary of the minutes of the Board meeting held on 16 December 2009.

Dr Foster hospital guide 2009

Ms McManus explained that the Dr Foster report published last week was about patient safety. She referred to the performance scorecard presented with the report and explained that this was the format of the report which would address the quality agenda, operating framework requirements and match to some of the Dr Foster indicators. Ms McManus explained that the scorecard would form a monthly report and part of the quarterly quality and safety report.

The Trust is working with Dr Foster around the principles and benchmarking.

Mr Ashton asked how the red, amber, green (RAG) ratings fit to the quality and safety strategy. Ms McManus advised that further work was being undertaken to develop them and the links with CQUIN.

Ms Raper added that she felt the Trust should congratulate itself for achieving a score of 4 and was pleased to hear that we would be continuing to work with Dr Foster.

Professor Maynard asked Dr Woods to comment on the case note review that was undertaken at the beginning of the year following a peak in HSMR rate. Dr Woods advised that the review had been completed and some issues were identified which have been addressed as part of rolling out the Global Trigger Tool. Dr Woods advised that the results of the review had given him assurance that the issues had been satisfactorily addressed.

The Board noted the report.

Safeguarding adults

Ms McManus introduced the paper and explained that the safeguarding agenda for adults was becoming more significant and the Board was likely to hear more about the issues. The paper provided the Board with assurance that the Trust is putting in place the right processes for safeguarding adults.

Ms Raper noted that this was work in progress. She requested that some additional attention be given to the action plan to ensure that all the boxes were completed.

Mrs Fleming enquired how the governance arrangements would fit with the current structures. Ms McManus explained that the establishment of the committee would firstly be about initiating the work. Terms of Reference and the overall governance arrangements are being planned and will include discussion at the Risk and Assurance Committee.

The Board noted the report.

Chairman's report

Professor Maynard raised a number of points.

PROMs

Professor Maynard asked Mr Crowley to comment on his understanding that the Trust had been underperforming with PROMs. Mr Crowley agreed that the rate had been low. It was at approximately 40%, about half the best rate reported by other Trusts. Mr Bertram and Ms McManus have revised the Trust's approach and are forecasting the reporting rate significantly increasing before the end of the current financial year. Professor Maynard advised that a league table was being published at the end of December which was likely to demonstrate a poor reporting rate for the Trust.

Clinical Audit

Professor Maynard expressed concerns about not undertaking formal clinical audit sessions over the next three months. Mr Bertram and Dr Woods agreed that it was a risk, but an acceptable risk and was supported by Clinical Directors through the Executive Board. This was a significant and genuine attempt to seek to improve performance in the final quarter of the financial year. Dr Woods advised that the sessions would be reinstated at the end of the financial year as soon as possible. Mr Bertram added that postponing the clinical audit sessions for three months would provide significant financial benefits to the organisation and help ensure the organisation can achieve its financial targets.

Dr Woods advised that the plans would be presented to the Board in due course to provide assurance about clinical audit in the Trust.

The Board noted the comments and welcomed the Executive Directors managing the issues.

Phlebotomy

Professor Maynard asked Mr Proctor when the facilities would be improved in the phlebotomy area. Mr Proctor advised that the service has been included in the outpatient review. The review is an 18-month programme and has been running for 6 months; this first period has looked at diagnostics. A report will be prepared during the next three months. As a result of the review some changes that might be put in place could include introducing a satellite service. Currently the service is provided to inpatients, outpatients and GP practices. GP practices are not taking advantage of the blood services and are inclined to send patients to the Trust and as a result there are a number of people waiting.

Analytical capacity of the Trust

Professor Maynard asked Mr Crowley what he believed the analytical needs of the Trust were. Mr Crowley explained that dealing with the queries and challenges from the PCT required the Trust to consider the level of analytical skill available. He considered it an issue that would need further consideration by the Board at the beginning of the next financial year. At present the Trust is looking at the use of the NHS Quality Observatory and considering the other facilities available that could be used including the capacity at the PCT.

Professor Hutton added that he would be in discussion with the Y&H Public Health Observatory (who will have a leading role in the Quality Observatory) in his role at the University. He would pass on any relevant information obtained.

The Board noted the comments.

Website development

The paper was presented following the discussion that was held during the Board time out in October 2009.

Ms Raper felt the report should be taken in context with other papers that will come forward to the Board. The phased approach will allow development to happen at an appropriate pace. Mr Proctor added that the Board should be cognisant that keeping a website up to date can be very resource intensive and it might be appropriate to trim the aspirations to match the resources currently available. Ms Raper agreed that was important but added that she felt the Trust could not ignore e-communications.

The Board supported the plans and proposed that Governors - post elections - should be invited to become involved in the developments.

Performance report

Mrs Palazzo asked Mr Proctor to comment on a number of points.

Local targets – cancelled operations

The high number of cancelled operations - Mr Proctor explained that 13 cancelled operations was not high level of cancellation during the month. The reason the target is 0 is because every cancellation is investigated. The reasons for cancellation of operations are varied, such as the consultant being off sick, or a previous operation overrunning.

Local targets - Additional beds

The report shows that no additional beds had been opened, but Mrs Palazzo was under the impression that some additional beds had opened. She also asked whether the opening of the beds would improve the outliers during December. Mr Proctor advised that the beds had not been opened in November and this was the November report. With regard to the outliers it would depend what and where they were.

Infection prevention and control – MRSA targets

Mrs Palazzo noted that the report shows a 100% eradication target, and asked if it was realistic. Ms McManus advised that 100% is the target given in the Operating Framework so we are required to use 100%.

14 Day breast symptomatic

Mrs Palazzo enquired why the performance against the target was so low? Mr Proctor advised that it was a new target which would not be formally measured until January 2010.

31 day subsequent treatment – anti cancer drug

Mr Proctor added that failure to achieve the target caused the Trust to receive an amber rating. The target is 98% but there is lower threshold of 93% in the DoH framework, which Monitor does not recognise.

The four hour target for A&E

The Trust experienced two very difficult weeks when there was an outbreak of Norovirus. Performance dropped from 98.2% to 97.97%, but these figures do require further validation. Mr Proctor was still confident the Trust would meet Q3 subject to unplanned cuts. If the Trust fails the four hour target this quarter, the Trust has then failed the target at quarter 3 for 3 consecutive years. This could result in the Trust having some more detailed discussions with Monitor.

The Board enquired why Q3 was so hard to achieve. Mr Proctor believed that it was about capacity. It was noted that this year more capacity was available and the Trust's performance is considerably improved on previous years, but the target had still not been met as demand had increased further than expected.

Elective activity

Mr Proctor advised that three directorates would not achieve the 18-week target - those being ophthalmology, orthopaedics and general surgery. Both ophthalmology and general surgery have almost achieved the target, but orthopaedics is still giving some concern.

Mr Rose enquired if Mr Proctor thought the Trust was losing share in relation to surgery. Mr Proctor did not believe that was the case given the day case position. Last year there was incentive to move procedures to day surgery. This year the Trust has arguably been penalised as a result of its success in this respect, but Mr Proctor was expecting to see a consolidated tariff that would address this.

Mr Proctor referred to the ambulance service target. He explained that he believed the current metric was not very useful and intended to change it. He explained that the poor performance was being investigated.

The Board noted the report.

Corporate finance report

Mr Bertram explained that the Trust should now be in a position where it was starting to generate its planned surplus but that this was not the case. Income & expenditure is balanced in actual terms and is improving. At present it is believed that the FRR of 3 will be maintained at the financial year end. Mr Bertram added that the potential for a FRR of 2 at the end of Q3 was evident given the expectation in the plan that Q3 would be a productive month in terms of activity. In the event of this being the case Mr Bertram confirmed the importance of the expenditure controls, vacancy controls and the use of the 3 clinical audit sessions during January, February and March for routine elective activity. Action has been taken and additional expenditure controls have been implemented to improve the position. Clinical colleagues have been very supportive and engaged in improving the financial position.

Cash is lower than planned and Monitor has started to ask if the Trust is intending on using its overdraft facilities. Mr Bertram confirmed at this stage the Trust did not plan to use the facility although the dispute with the PCT coupled with the high additional activity to plan (and associated costs of delivery) was placing the Trust's cash flow under pressure.

The capital programme has been adjusted to match the available resources and will be managed to plan.

Mrs Palazzo enquired about the FRR at the year end and how likely it was that the Trust would be rated with an FRR of 2. Mr Bertram explained that a significant I&E deficit would result in the Trust obtaining an FRR of 2 but given current forecasts, and assuming payment by the PCT for additional work done, an FRR of 3 was still expected. The consequence of reporting an FRR of 2 in Q3 would most likely be to provide an action plan to Monitor showing how the Trust would get back to an FRR 3. In addition the Trust would be subjected to an increased level of scrutiny around financial performance.

The Board noted the report.

Update on sickness project

Mr Bertram noted that this project was approaching the second anniversary and asked Ms Hayward to summarise how it has moved forward and comment on the three areas where some concerns remain.

Ms Hayward reminded the Board that this was started as a pilot and has now been built into a sustainable model through occupational health. There was more concentration on short term sickness and the support that can be given to manage short term sickness.

The Board congratulated Ms Hayward and her team in the work that has been completed during the last two years.

Business cases

The Board approved the following business cases

- Consultant paediatrician with an interest in safeguarding
- Replacement washer disinfectors for the theatre services centre
- Continuing the replacement of lifts at York Hospital

Summary of the minutes of the Board meeting held on 27 January 2010

Quality and safety quarterly report

Mrs Palazzo noted that the Board did not now receive a regular report on patient experience, but that it was included in the quality and safety quarterly report. Ms McManus confirmed that patient experience was now included in the quarterly report to ensure that it was considered as part of the quality agenda. She added that the patient feedback from the questionnaires is important to the Trust because it identifies what patients want, and provides the Trust with evidence that patients are influencing the developments in the Trust along with the governors.

Referring to mixed sex accommodation, Ms McManus advised that there was an issue to consider around the elimination of mixed sex accommodation. The patient questionnaires did ask about mixed sex accommodation. The Board noted that 46% of patients had answered that they had shared sleeping areas with the opposite sex when they were first admitted. Ms McManus did not feel this was an accurate reflection of the arrangements in the wards.

Ms McManus advised that there would be a further report presented to the Board of Directors in February about mixed sex accommodation.

The Board noted the report.

Quality dashboard

Mrs Palazzo noted that the document was a work in progress. Ms McManus agreed and added that the Trust is working with Dr Foster and CHKS to improve the information included in the dashboard. The Board asked for some narrative around the metrics. Ms McManus agreed she would include a summary of definitions and once she has completed the work with Dr Foster and CHKS she would include more detailed information.

Mr Rose enquired about the monthly % unadjusted mortality and what the percentage represented. Ms McManus advised that it was the percentage of occupied bed days for patients who subsequently die. She added that the best figures for the Board to consider are the HMSR and the actual deaths.

The Board noted the relationship between the quality and safety quarterly report and the dashboard. The Board noted that the dashboard was a monthly document and asked for some information to be included on patient reported outcomes.

Director of Infection Prevention and Control quarterly report

Ms McManus advised that of the five cases of MRSA bacteremia reported, three cases were post 48 hours, and two were pre 48 hours. She went on to explain that numbers of MRSA clinical isolates referred to patients who were colonised with MRSA. This is picked up through the screening and does not mean that the person will go on to develop MRSA Bacteraemia. Ms McManus added that the Operating Framework (OF) does require the Trust to screen patients having elective procedures and next year the Trust will be implementing more screening on non-elective patients.

The Board discussed the information included in the report and noted that there were occasions where information had not been included in the report due to administrative difficulties. Ms McManus agreed that there were some areas where further work was needed to build a more accurate picture for the Board and that she would reconsider the information that was included in the report.

The Board of Directors noted the report.

Briefing paper on Quality Accounts consultation

Ms Raper commented that this was a useful overview of the requirements being proposed. It was noted that it was a consultation and that the results of that consultation would not be known for some time.

Mrs Pridmore commented that she had been in touch with the external auditors and understood that they were uncomfortable about the timetable proposed in the consultation document and would be responding to the consultation in those terms.

The Board noted the proposed additional requirements and timetable.

Chairman's report

Professor Hutton explained that he had split Professor Maynard's report into four sections. He specifically wanted to discuss the first two sections – local policy issues and management updates.

Nurse rostering

Ms McManus reminded the Board that the system was rolled out last year and there were now 19 wards using e-rostering with 666 staff included and management of the system is now included in the workforce PMM. Phase 1 of the ESR interface is being rolled out from 1 April 2010 and work is also being undertaken to consider how doctors and the surgical areas could be included.

Management of consultant contracts

Dr Woods advised that he was not able to comment on the suggestion made in the Chairman's paper as it was a contractual issue. Ms Hayward advised that the FTN was looking at the issue and considering if this would be an issue they would take forward. At present Ms Hayward understood the feeling was that it was not likely to be an issue they would take forward.

Dr Woods commented on the second point Professor Maynard raised. He advised that a considerable amount of work on leadership, definitions of clarity and fixed clinical sessions has been undertaken. This was evidenced by individual directorate run charts showing delivery. Mr Crowley added that progress was being made through management methods.

Back office costs

Mr Crowley advised that external benchmarking is being undertaken around IT back office services. The early evidence would suggest that there would be some benefits in sharing such costs. The Trust is looking at reducing back office costs over the next year through genuine rationalisation of back office functions.

Professor Hutton advised that he had discussed with some Harrogate Non-executive Directors the possibility of sharing back office functions and the Harrogate Non-executive Directors had been very interested in the possibility.

Length of stay

Mr Proctor agreed that bed days did appear high, particularly in stroke and fracture neck of femur. The reasons for this are being investigated and discussions have been held with the PCT. It is clear not all patients currently cared for by the Trust need acute hospital services, unfortunately few alternatives were available.

The PCT have commissioned Tribal Consultancy to undertake a bed audit in February to identify the level of need for all patients in the hospital. Mr Proctor believed that this work would be an important piece of analysis and will help the PCT and the Trust commission and provide appropriate levels of care to meet patient needs.

Out patients activity management

Mr Proctor explained that there was a review of the outpatient department currently underway. He described how the outpatient service had worked before the review and explained that the review had another 6/9 months to run. Mr Proctor added that the management of the review was being undertaken by Ms Lucy Lovatt 18 week lead and management lead for outpatients. Ms Lovatt reports through Mr Cooney to the Executive Board and Mr Proctor. Lead clinicians are part of the steering group and monthly reports are now being submitted to the Executive Board.

Mr Proctor agreed that a paper would be presented to the Board of Directors in April 2010.

Patient pathway and vertical integration

Mr Proctor advised that lots of work was being undertaken internally on patient pathways. Vertical integration was proving more difficult to achieve.

HR policy and 'job guarantees'

Ms Hayward advised that national discussions around job guarantees had concluded that there would be no such guarantee. She was working collaboratively with other HR managers in the region to try and support those at risk.

Professor Hutton advised that the non-financial performance issues had already been covered in the Board meeting and the requests for analysis/ information were being addressed by Mr Bertram.

Report of the Chief Executive

Mr Crowley presented his report and raised the issue discussed in October 2009 at the time out about development of organisational values, priorities for 2010/11 and branding.

He explained that the consultation work had been completed and there was a distillation of the six values proposed down to four. He advised that it was his intention that these values were kept under review. He added that there are two presentations of the document, one for staff and one for the public and the language is adjusted to the audience.

The Board of Directors discussed the results and noted the comments made by Mr Crowley.

Mr Crowley asked the Board to consider the proposal in the paper around the branding of the organisation and the proposed name change. The Board noted that consultation had been undertaken with the Governors, the Board of Directors and staff around the name change. The Board discussed the proposed name change and suggested that the name should be York Teaching Hospital NHS Foundation Trust and the hospital should be called The York Hospital.

The Board agreed to the change of name and conclusion of the values work. Mr Crowley proposed that a group be formed to agree a process for establishing the corporate image of the Trust and an associated communication strategy. He proposed that Ms Raper, Lucy Brown and Mr Proctor should be the core of the group. He invited anyone else with an interest to let Mr Proctor know that they would like to be part of the group. He advised that the timescale was quite tight as he would like the work to be incorporated into the Annual Plan and other documents for the new financial year.

Mr Crowley brought the PEAT work to the Board's attention. He advised that there had been an internal PEAT visit which had been an excellent assessment of the estate and had provided a prioritised action plan. He suggested that Ms McManus and Mr Golding would present some of the key themes to the February Board of Directors. Mr Crowley advised the Board that the environmental health inspection had gone well and the Trust had received a 5 star rating for food hygiene which puts the Trust in the top 10% of the 1708 food producing establishments registered with City of York Council.

Mr Crowley reported that the unions through the Joint Management Staff Committee (JMSC) had recommended the GMB should once more be recognised in the Trust. The Board agreed to support the management in implementing this recommendation.

Mr Crowley referred to smoking around the site. Mr Crowley advised that a recent consultation exercise had been undertaken with staff to decide if there should be a re-introduction of smoking shelters on site. He advised that there had been a good response to the exercise with 1849 responses. 77% of the respondents supported the re-introduction of the shelters, with the majority of the respondents indicating they were non-smokers. The introduction of the shelters would mean the Trust would move away from the Department of Health 'gold standard'. Mr Crowley proposed that the Trust should re-introduced the shelters and continue to support staff who wish to stop smoking whilst also being clear on what the Trust expects from employees in complying with the policy.

The Board discussed the location of the shelters and Mrs Palazzo suggested that the Trust might consider taking ownership of Bridge Lane in order to prevent smoking there. It was agreed that south entrance should be treated and presented as a major entrance to the hospital and the whole area upgraded accordingly.

The Board agreed that smoking shelters should be re-introduced on site but not in their previous locations.

Referring to the annual plan, Mr Crowley asked the Board to note the outline timetable.

The Board noted the outline timetable.

Mrs Palazzo raised an issue about serious untoward incidents (SUIs). She advised that she had attended a NED training session where there had been a discussion about the level of information that came to Board around SUIs. She reminded the Board that a report used to be received and would like to propose that the Board received a regular report again. She proposed the report should include information about what the SUI was, who was investigating, when the investigation would be completed and, when completed, what action had been taken to provide assurance that the problem would not recur.

Mr Crowley agreed that the Board of Directors should be aware of any significant risks that exist in the organisation. He explained that the Executive Board was right at the heart of the SUI system and ensures SUIs are addressed. He added that he was aware of new guidance that had been provided by the PCT and some work was being undertaken to re-write the SUI policy. He agreed that he would consider the proposal put forward by Mrs Palazzo.

The Board thanked Mr Crowley for his report.

Membership report

Ms Raper requested that the report should be presented graphically rather than as tables. She noted the key areas of work being undertaken at present, specifically targeting Selby and Tadcaster Grammar School and she supported the idea of a more educational links.
Ms Hayward noted that following a significant push with Tadcaster Grammar School there were only an additional 3 members and asked if more effort should be made with St Johns University. She advised that the appointment of an education liaison officer is not going to be a permanent resource for HR.

The Board noted the point made by Ms Hayward.

The Board discussed the work that Mr Rose and Mrs Mackman (Governor) had undertaken around the development of the Membership Strategy and it was noted that Mr Rose in his new role as Chairman was intent on being very involved in the future of the strategy.

The Board noted the report.

CQC application for registration

Ms Jamieson reported that she would make the submission to the Care Quality Commission (CQC) by the 29 January 2010. Registration would not come into effect until 1 April 2010. Ms Jamieson referred the Board to appendix B and advised that the list of risks had been identified by the CQC and had been red/amber/green (RAG) rated by them. She confirmed that there would be an updated report presented to the March Board of Directors.

Ms Jamieson advised that regular assurance would be sought about the ongoing compliance with the regulations and that would be reported through the Compliance Workgroup to the Audit Committee and Board. Additionally internal audit will be undertaking some work around the processes.

Professor Hutton asked if Ms Jamieson had any other information she would like to bring to the Board's attention. She confirmed that there was no other information to bring to the Board's attention.

Mr Crowley added that CQC following their December risk summit had confirmed to the Trust that there were no significant issues causing concern to CQC.

The Board considered the issues outlined in the report and were assured that the action plans in place would deliver compliance by 1 April 2010.

The Board agreed the proposed submission of compliance with the 16 regulations required for registration.

Finance report

Mr Bertram advised that the amount now disputed by the PCT was £6m. The quarterly return to Monitor had been prepared on the basis of payment being received from the PCT and discussions have been held with Monitor about the position.

The report showed an overall operating expenditure ahead of plan. This was recognised as being mainly due to the cost of waiting list initiatives and the use of private providers, the cost improvement programme being behind plan and an increase in the spending on drugs.

Mr Rose referred to the capital programme and asked if the contingency of £300,000 was being held or was being used. Mr Bertram advised that if it was required it would be used, but as a contingency it was not used unless necessary.

Mr Rose asked if there had been any change to the capital programme such as any other projects being deferred. Mr Bertram advised that there had been no further changes to the programme.

The Board enquired if the overtrading with East Riding PCT is likely to be paid. Mr Bertram confirmed that he expected it to be paid and had received no indication to the contrary.

Mr Bertram referred to cash and explained that the Trust had only been paid at contract value to date and cash could become a much more significant issue at the end of March. The finance department are managing creditors more actively from now until the end of March. Mr Bertram added that he did not expect to use the over draft facility.

Mr Bertram finally asked the Board to note that the Trust had reported a FRR of 3.

The Board **noted** the report.

Performance report

Mr Ashton enquired about the relationship between elective and non-elective activity.

Mr Proctor explained that there is no trade off between day case and non – elective activity, but there is a trade off between day case and elective activity. The Trust does try to undertake as much activity as possible through day case. This year's plan under estimated the level of demand.

Prior to this year there was one tariff for day case. This year there have been two tariffs, which have removed the incentive to use day case. Mr Proctor believed this would be corrected in the new tariff to be released this year.

The Board enquired if it was possible to take out any over capacity in theatres and if that would save cash. Mr Golding explained that closing a theatre would not save any money because the ventilation would still need to run to ensure the balance in the ventilation system.

The Board **noted** the report.

Business cases

The Board approved the following Business Case

- Business case for an additional MRI scanner

D

York Hospitals NHS
NHS Foundation Trust

Minutes of the meeting of the **Membership Engagement Committee (MEC)** of York Hospital NHS Foundation Trust held in the Boardroom, York Hospital on Tuesday 2 March 2010.

Present Helen Mackman (Chair), Win Blackburn, Jane Dalton, Mike Moran, Nevil Parkinson, Martin Skelton

In attendance Lucy Brown, Communications Manager
Libby Raper, Non-Executive Director

1. **Apologies**
Penny Goff, Geoff Rennie.

2. **Minutes of the last meeting**
The minutes of the last meeting, held on 26 January 2010, were approved as an accurate record with the following exception.

HM clarified that the final paragraph, page 2 should have read the 'Trust' Chair Elect.

3. **Matters arising**
It was noted that Libby Raper would now be 'in attendance' at subsequent meetings. It was clarified that as the MEC was a sub-committee only governors should be members.

4. **Discussion on the final report at the end of the current Council of Governors term of office March 2010**
The final report was noted by the group. The report had been previously disseminated by e-mail and the following changes were discussed and agreed.

The group agreed to change the order of the recommendations. Point 2 would be first, then 1, 4 and 3.

It was felt that the wording in point 4 could be changed to be more global and to reflect a more vibrant engagement with the community. WB felt strongly that schools and colleges should be more pro-actively engaged with and that there should be interaction across all age groups. It was agreed that this should be emphasised within this point.

The document would be checked for inconsistencies with titles.

The list of activity included in appendix one was noted to be accurate.

The committee agreed the report was an important signposting document for the future committee who would have an important part to play in implementing the emerging communications strategy. MM commented on how pleased he was that LR would be attending the MEC so that ideas would be fed through to the Board of Directors.

(The amended document is attached at the end of these minutes).

5. Conclusion

HM thanked everyone for their contributions to the committee and wished Win Blackburn well in her future involvement with the hospital.

6. Date of next meeting:

To be arranged.

York Hospitals NHS
NHS Foundation Trust

York Hospitals NHS Foundation Trust
Council of Governors
Membership Engagement Committee

Final report at the end of the current Council of Governors term of office
March 2010

Introduction

This committee supports the building of relationships with communities and the Trust's membership and in making good use of existing networks and governor contacts. We have agreed that governors have a critical role in generating two way conversations between the community networks, the membership and the Trust.

We see it as important to establish how governors will link with the emerging communications strategy, including how governors communicate with their constituents. The importance of working with the Trust to influence and support the emerging strategy is demonstrated through the attendance of a non-executive director and the communications service manager. The inclusion of a non-executive director at our committee meetings provides an active link to the Board of Directors.

The Trust Chair Elect has laid specific emphasis on the need to step up the Trust's approach to community stakeholder engagement and he will be supportive of this area of activity in the future with the Chief Executive backing this approach.

Committee activity

- Regular discussions have taken place to offer topic suggestions to the communications service manager for inclusion in York Talk. This publication is currently seen as the single most important vehicle for communicating with the whole membership.
- The Chief Executive attended a discussion with the committee when it was agreed that the committee should set the tone, style and emphasis of a membership development strategy and be in agreement with any action plan resulting from such a strategy. Members of the committee met informally several times during the summer of 2009 to agree the emphasis, tone and style that they wished to feedback to the Trust. This committee is clear, that strategies are owned by the Trust with the support of governors.

- Members of the committee have raised the issue of the Trust's website and urged its further development with appropriate links to enable full interactive use.
- It has been highlighted that staff governors' profiles, roles and contact information need to be accessible through the Trust's intranet (Horizon) with opportunities for net-working.
- This committee is represented on the Trust's Wayfinding Group. How visitors to the hospital site negotiate their way from Wigginton Road to their destination within the hospital is an important factor in engaging effectively with the community.
- A meeting with the Chair of York Hospital Radio resulted in the recording of a membership message to go out regularly on the network and an article in the radio's new magazine that is distributed widely around the hospital. It has also been agreed that a discussion session will be recorded with governors at a time to be arranged in the future.

Recommendations

1. That the committee be renamed the "Community and Membership Engagement Committee".

2. That this committee focuses on a strategy of engaging and communicating with the whole community as well as looking for opportunities to recruit new members. Recruitment will also happen as a result of engaging and involving people.

3. That there be regular communication between this committee and other governors and that all governors be encouraged to engage more fully with the community and be involved with the implementation of the strategy. Examples of this are suggesting ideas for the York Talk publication and work with schools and colleges.

4. Membership of the committee currently consists of governor representation for each constituency with one non-executive director, the communications service manager and the membership development manager in attendance. It is recommended that this structure be maintained but that other governors be encouraged to attend for items which hold a particular interest for them.

A paper documenting community and member engagement activities during the first three years of this Foundation Trust has been provided by the membership development manager as Appendix 2 and is also available from the membership office as part of this committee's legacy.

Helen Mackman
Chair
Membership Engagement Committee

Appendix 1

The Committee has met monthly over the last three years.

Committee meetings are attended regularly by the membership development manager and the communications service manager and by non-executive director, Libby Raper, from January 2010.

Committee membership 2007 to 2010

From October 2007	**2008**	**Between 2009 and 31 March 2010**
Public Governors: Helen Mackman (York) Linda Hatton (York) Ann Harrison (Hambleton) Pam Turpin (Hambleton	*Public Governors:* Helen Mackman (York) Linda Hatton (York) Win Blackburn (York) Ann Harrison(Hambleton) Pam Turpin (Hambleton)	*Public Governors:* Helen Mackman (York) Linda Hatton (York) Win Blackburn (York) Nevil Parkinson (Selby) Jane Dalton (Hambleton)
Patient/Carer Geoffrey Rennie	*Patient/Carer* Geoffrey Rennie	*Patient/Carer* Geoffrey Rennie
Nominated by York CVS Mike Moran	*Nominated by York CVS* Mike Moran	*Nominated by York CVS* Mike Moran
	Nominated by City of York Council Sian Wiseman	*Nominated by City of York Council* Sian Wiseman
Staff Martin Skelton Anne Penny Lynne Atkinson Lee Bond	*Staff* Martin Skelton Anne Penny Lynne Atkinson Lee Bond Mandy McGale	*Staff* Martin Skelton Anne Penny Lee Bond Mandy McGale

Appendix 2

Legacy document of the committee: membership engagement activity from July 2008 until March 2010 planned and led by the membership development manager

Location	Type of activity	Governor involvement
City of York - all 18 Ward Committees at various locations	Presentation by Chief Exec/Dep Recruitment & engagement stand.	Yes - at 5 of the events
Helmsley Town Council public meeting	As above	Yes – 1 patient governor
Easingwold Community Care Association AGM	Presentation by Finance Director Recruitment & engagement stand	Yes –1 Hambleton governor
Selby – Volunteers Fair	Recruitment & engagement stand	Yes – 2 Selby governors
Selby Town Council public meeting	Presentation by Chief Exec/Dep Recruitment & engagement	Yes – 2 Selby governors
Selby – Funders fair	Recruitment & Engagement	Yes – 2 Selby governors
Tadcaster – International Womens day	Recruitment & Engagement	Yes- 2 governors
Tadcaster Grammar School - Presentation to 6th formers Industry speed dating	Recruitment Recruitment	No No
Older People's Assembly AGM – York	Recruitment & Engagement	Yes – 1 governor
City of York Tenants Fair	Recruitment & Engagement	Yes – 1 governor
York Green Festival	Recruitment & Engagement	Yes – 1 governor
York Hospital – main entrance	Recruitment	Yes – 2 governors
Open Event	Recruitment & Engagement	Yes
Members events at York Hospital – Bereavement Cancer Services Lunchtime presentations	Engagement Engagement Engagement	Yes – 1 governor Yes – 1 governor Yes – usually 3/4
Community Involvement Group (SMILEY)	Engagement	Yes – 2 governors

E

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 16 March 2010

Draft Governor Induction and Development Booklet

Summary of Paper

This paper provides governors with an overview of the induction and training that will be provided to governors during their term of office.

Recommendation
Governors are asked to discuss the paper and consider any additional training they would like included in the document.

Assurance and related objective	Provides the governors with a framework for training during their term of office
Governance	Presented to the Council of Governors
Owner	Penny Goff Membership Development Manager
Date of paper	February 2010
Version number	V.1
Number of pages	18

York Hospitals NHS
NHS Foundation Trust

Council of Governors

INDUCTION and DEVELOPMENT OPPORTUNITIES HANDBOOK

2010/2011

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INTRODUCTION

York Hospitals NHS Foundation Trust is committed to enabling the Council of Governors to contribute effectively in their role. We recognise that Governors bring with them an extensive range of experience, skills and knowledge.

The training and development opportunities within this booklet are intended to refresh, enhance or provide any new skills, knowledge and information that Governors require. The basis for the induction and development programme is to create a relationship with our governors whereby the Trust is embedded in the community and fully responsible to the elected members and Board of Directors for future decision making and strategy.

The programme consists of:-

- The Induction Programme – attendance is recommended at the start of a term of office and a refresher can be delivered in the following years if required.

- The Development programme – attendance is mandatory on some of these sessions.

    - Safety and Confidentiality *
    - An introduction to NHS Finance
    - Criteria for Participation in Sub-Committees*
    - Use of information technology
    - Learning from listening
    - Effective team working
    - Focus groups and facilitation
    - Hospital Walkabout Visits
    - YorkTalk lunchtime presentations
    - Membership Council Development Days*

* Mandatory session

1. COUNCIL OF GOVERNORS INDUCTION PROGRAMME

The induction programme aims to help you understand the NHS and York Hospitals NHS Trust and to introduce you to your new role.

Dates & Times:-

DATE	VENUE	TIME
TBA	TBA	(currently being planned)
TBA	TBA	(currently being planned)
TBA	TBA	(currently being planned)

The 4th module will be an E-learning session.

Aims/Content

- To help develop understanding of the NHS, the local region and York Hospitals NHS Trust and an overview of York FT strategy
- To learn and understand how Governors can contribute effectively to the Trust
- To understand the Trust's vision and values
- To understand the role of Executive and Associate Directors and how performance management is achieved within the Trust
- To understand the roles and responsibilities of the Communication Service Manager and Membership Development Manager, media handling in the Trust and how these roles support governors in membership/community engagement and communications.

COUNCIL OF GOVERNORS INDUCTION PROGRAMME CONTENT

Introduction

The induction programme is split into four modules. The programme is designed to provide governors with a broad base of knowledge about the NHS and the workings of York Hospital NHS Foundation Trust including familiarisation of the Membership Strategy.

Module 1: Chairman and Chief Executive - morning session

The Chairman and Chief Executive will provide an overview of the NHS both on a macro and micro economic basis. They will cover information relating to working with partner organisations such as NYYPCT, Scarborough and Hull NHS Trusts and Harrogate NHS FT.

The Chairman and Chief Executive will discuss the strategies in the Trust and the relationship of the Board of Directors with the Council of Governors.

The session will provide an opportunity for governors to discuss and shape the workings of the Council of Governors

Lunch has been arranged for all governors to meet with board members.

The afternoon session leads into module 2. Libby McManus Chief Nurse will provide an overview of the Quality and Safety agenda in the Trust and explain her role as Chief Nurse in the organisation.

The session is designed to provide governors with an understanding of the complexity of the workings of the Directors and an overview of where specific agenda items fit in the organisation.

Module 2: Roles and responsibilities of the Executive and Associate Directors

Each of the Executive and Associate Directors will give the governors an overview of their area of responsibility and the relationship their area of expertise with other areas and the Council of Governors.

The session is designed to provide governors with an enhanced understanding of the complexities of the workings of the Directors and an understanding of how the various agenda fit together.

Module 3: Communication and community engagement workshop

The Communications Service Manager and Membership Development Manager will outline their roles and responsibilities and how these link in with governors. The session will cover various aspects of communications and engagement, and will give governors an introduction to the activities and projects that they might wish to get involved in.

Specific areas covered include:

- How communications and engagement fit within the trust
- media handling in the Trust
- different ways of communicating with members (e.g. newsletter, website, media, events and presentations)
- how the trust keeps governors up to date with key issues
- community engagement and how governors might work with local people in their constituencies
- recruitment of new members

Module 4: E-learning - Governance

This module will be delivered electronically and can be completed at leisure. The module will provide governors with material and information relating to the governance of a foundation trust and will include detail of the following documents:

- Terms of authorisation
- Constitution
- Council of Governors standing orders
- Code of Governance
- Monitor
- CQC
- Council of Governor subcommittee structure
- Legal responsibilities of Governors.

This module will be available for all governors to access at anytime during their term of office.

2. The Development programme

SAFETY AND CONFIDENTIALITY

The safety of all visitors to York Hospital and the confidentiality of patient and business information are of vital importance to us. This programme helps our governors understand what is expected them. It is expected that all governors will attend this session at least once during their term of office.

Course Length:
3 hours

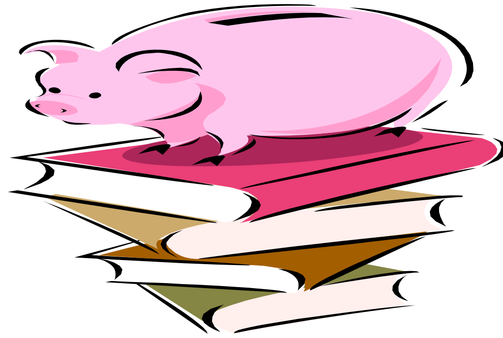
Aim/Content

To understand:

- The principles of infection control and the Hygiene Code
- The importance of public awareness to help control the spread of infection and the governors' role
- How to maintain personal safety when visiting on the hospital site
- The principles of protecting patient and business confidentiality information, the Freedom of Information Act and the governors' role.

AN INTRODUCTION TO NHS FINANCE

This programme aims to help governors begin to understand the complexity of NHS finances.



Course Length:
3 hours

Aim/Content

To understand:

- The structure of the NHS and the role that the finance function has to play
- How the NHS is financed and how funds flow within it
- NHS finance terminology
- The relationship between finance and the service
- Finance in NHS Foundation Trusts
- The role of Finance in Financial Control
- Patient Choice and its financial implications
- Devolution of budgets to wards and departments

CRITERIA FOR PARTICIPATION IN SUB COMMITTEES

This training is aimed at those governors who are interested in participating as members of the Nominations Sub Committee. Only Governors who have attended this training course will be eligible to participate in the recruitment and selection of Non-executive Directors.

Course Length
3 hours

Aim/Content

To understand:

- The Recruitment and Selection and Equality and Diversity processes
- How to participate as a member of the Nominations Sub Committee

USE OF INFORMATION TECHNOLOGY

The Trust recognises that in an ever technological world, Governors may require Information Technology (IT) skills as more and more communications are via email.

Our IT Training team offer a comprehensive range of programmes which can be tailored to individual Governors requirements following a self assessment of training needs. The programmes include an introduction to Outlook and email, Windows from basic to experienced, Microsoft Office, searching the Internet and use of Horizon, the Trust's intranet.

The training may be undertaken as small workshops of 3/4 people, on a one to one basis or as e-learning.

Content length:
Variable according to need

Aims/content:
Variable according to programme

Please contact Penny Goff, Membership Development Manager to discuss individual training needs.

penny.goff@york.nhs.uk
01904 725233

LEARNING FROM LISTENING TO PATIENT EXPERIENCE

This session will provide Governors with an overview of the complaints received in the Trust, broken down by locality areas and themes, how complaints and concerns are dealt with in the Trust, and how service improvements are identified and implemented as a result of feedback from patients.

Course Length:
3 hours

Aim/Content:

To understand:

- An overview of the type of complaints and concerns received in the Trust and how they are responded to.
- Learning from complaints
- Positive patient feedback and how it is used.
- The governors' role in obtaining feedback

EFFECTIVE TEAM WORKING AND COMMUNICATION

Much of our work in the NHS is performed collaboratively with others in groups and teams. Governors need to be able to work effectively with each other and within Trust groups in order to fulfil their role. This programme explains how to maximise the benefits of such collaboration.

Course Length
½ Day

Aim/Content

To understand:

- Group and team dynamics
- Team / group roles
- Making decisions in team / groups
- Why communication goes wrong
- What makes a successful team / group?
- The importance of relationships
- Procedure for formal meetings
- Preparing for meetings

FOCUS GROUPS AND FACILITATION

Governors are expected to seek out and represent the views of the members in their constituencies or representative organisations and networks to inform the Trust's future annual plans.
As part of this engagement activity Governors may be called upon to participate in / and or run focus groups with members and/or community groups. This programme will help to support Governors in this role

Course Length
½ Day

Aim / Content

To understand:

- The role and the essential skills required by the facilitator in managing group sessions
- What is a focus groups and when to use one?
- How to lead the discussion at focus group.
- How to chair YorkTalk presentation events.
- How to behave in challenging situations.
- How to appropriately handle complex group dynamics, enabling all members to have a say at meetings and avoid the over-dominance of members with single issue concerns.
- How to represent the Trust and facilitate a balance debate.

HOSPITAL WALKABOUT VISITS

The clinical directorates invite Governors to take a tour of their areas to better understand the key priorities and challenges faced by that directorate. The visits will be limited to 6 Governors at a time.

- Emergency Department
- Child Health
- Obstetrics and Gynaecology
- Clinical Support Specialties (Radiology, Laboratory Medicine, Pharmacy, Therapies)
- General and Acute Medicine
- Specialist Medicine
- Elderly Medicine
- General Surgery and Urology
- Ophthalmology
- Head & Neck
- Trauma & Orthopaedics
- Anaesthetics, Theatre and Day Unit
- Estates and Facilities

Length
2/3 hours

Aim/Content

- To enable Directorate teams to introduce Governors to the services and departments at York Hospital.
- An opportunity for governors to feedback comments raised by their constituency members.
- A tour.

YORKTALK LUNCHTIME PRESENTATIONS

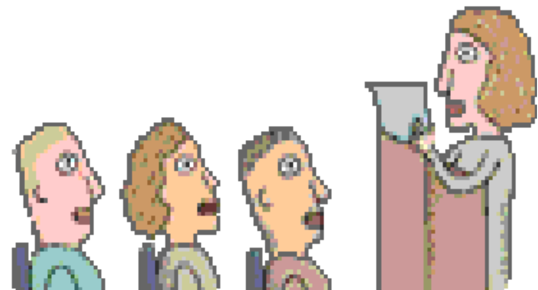
We will be offering more of the popular lunchtime YorkTalk presentations on topics suggested by our members. These are a great way of finding out more about a hospital service as well as providing the opportunity for Governors to meet public, patient and staff members.

In 2010 we are planning to hold 1 hour presentations on the following topics:

- Recent advances in Haematological malignancy
- Role of the matron
- Retinal Screening
- An introduction to NHS Finance
- Nutrition and Dietetics

The dates of the presentations will be briefed in advance to Governors and to members via the YorkTalk newsletter.

At the presentation in 2010 we will ask Governors attending to make themselves known to the audience and on occasions Governors will be asked to introduce the speaker and to chair the question and answer session.



COUNCIL OF GOVERNOR DEVELOPMENT DAYS

The Council of Governors needs time to review its success and talk informally about what can be improved.

Using the services of an Organisational Development facilitator we will hold 2 x ½ day sessions every year for this purpose.

Course Length

½ Day

Aim/Content

- To review progress in Council of Governor Development
- To discuss any emerging issues for the Council of Governors
- To continue the development of roles and responsibilities

GOVERNOR INDUCTION AND DEVELOPMENT BOOKLET

This booklet was developed following a facilitated workshop with Governors on their training and development needs and following a review of Governor induction and development training opportunities in other Foundation Trusts.

Version 1 - Draft

Penny Goff
Membership Development Manager
26 February 2010

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York Hospitals NHS
NHS Foundation Trust

Council of Governors – 16 March 2010

Report on the change of name

Summary of Paper

The attached report is a discussion paper for the Council of Governors to consider and approve as appropriate

Recommendation

The Council of Governors is asked to approve the proposal in the attached paper

Assurance and related objective	The Council of Governors have been fully consulted on the name change
Governance	Board of Directors – January 2010
Owner	Patrick Crowley Chief Executive
Date of paper	9 March 2010

York Hospitals NHS
NHS Foundation Trust

Council of Governors – 16 March 2010

Change of Trust name

Towards the end of last year governors will remember that the Trust began to consult with the governors about the change of name of the Trust as part of the values and branding work being undertaken.

At the joint Council of Governors and Board of Directors meeting held on 22 February 2010, Governors and Board members discussed the most recent drafts of the values work and approved the use of that work.

This paper proposes that Governors consider and approve formally the change of name of the Trust. The Trust's new name would be **York Teaching Hospital NHS Foundation Trust** and the main hospital building would be called **The York Hospital**. The Chief Executive wrote to all Governors on 3rd February 2010 asking for their views on this proposal and he has subsequently received significant support and agreement.

The Council of Governors is asked to approve:

- The change to the name from York Hospitals NHS Foundation Trust to York Teaching Hospital NHS Foundation Trust, and
- The required amendments to the Constitution.

Once the Governors have approved the changes to the Constitution, the amended constitution will be presented to Monitor for consideration. Monitor expects to consider and approve appropriate changes within a month of receiving the information.

Patrick Crowley
Chief Executive **March 2010**

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York Hospitals NHS
NHS Foundation Trust

Council of Governors – 16 March 2010

Car Parking Issues

Summary of Paper

Attached are the concessions currently provided for the car park.

Recommendation

To note the report.

Assurance and related objective	-
Governance	-
Owner	Governor B Towner Brian Golding, Associate Directors of Estates and Facilities
Date of paper	March 2010
Version number	V.1
Number of pages	2

Criteria for Concessionary Parking for Patients and Visitors to York and Bootham Park Hospitals

PERMIT TYPE	CRITERIA FOR ISSUE	PARKING ALLOWANCE
1	**Next of Kin attending dying relative (Bereavement Pathway)**	**Free parking in the A & E or if full the visitors car park. (Maximum stay - three days)**
2	Close relatives called into critically ill patients (ICU / HDU / SCBU / CCU)	Free parking in the A & E or if full the visitors car park. **(Maximum stay - three days)**
3	Patients attending for treatment over a protracted perioc partners of ladies **who are in labour** and resident parents in the childrens' wards	£2.00 **PER DAY** parking permit in the visitors car parl
4	Visitor to a patient who has been in hospital for more than 14 days	£2.00 **PER DAY** parking permit in the visitors car park **1 PERMIT per PATIENT ONLY**
5	Close relative of a patient receiving care under The Mental Health Act 1982	£2.00 **PER DAY** parking permit in the visitors car park **1 PERMIT per PATIENT ONLY**
6	Contractors on site for MORE than 4 hours	Parking for **ONE** (this MAY possible be increased to TWO) vehicle in the vehicle holding area at the rear of Park House. Contractors must purchase a P & D ticket at staff rates which **MUST** be displayed in the vehicle windscreen.
NA	Contractors on site for UNDER 4 hours. **NO CONCESSION**	Contractor / Rep may use the visitors car park paying the **FULL** tariff rate or park **OFF SITE**
NA	Agency Nursing Staff (NHSP) - working shifts	Agency workers may park in valid staff parking areas. They **MUST** leave leave details of their Agency, their Surname and a ward / dept contact number clearly on display in the vehicle. They **MUST** purchase a P & D ticket at the staff rate which is to be displayed in the vehicle windscreen.
7	Volunteers Workers (WRVS)	£2.00 **PER DAY** parking permit in the visitors car park
8	Visitor to a BPC Resident	Each resident will be issued with an "out of hours" of permit allowing the visitor to park after 1700 hours Monday to Friday, and all day Saturday and Sunday. The permit **PLUS** a valid P & D ticket for **EACH** day is to be clearly displayed in the vehicle windscreen. Visitors can only park in N, O, P, R and S car parks.
As given by A Tomkins	Special Concessionary Parking	In exceptional circumstances, additional concessionary parking **may be approved by the Head of Security and Car Parking** Each set of circumstances will be dealt with on their own merit.