

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

On: **Wednesday 12<sup>th</sup> October 2011**

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

<b>Time</b>	<b>Meeting</b>	<b>Attendees</b>
3.15pm – 4.15pm	Private meeting of the Council of Governors	Governors with Chairman and Foundation Trust Secretary
<b>4.15pm – 6.00pm</b>	<b>Council of Governors meeting</b>	<b>Governors and public</b>

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

on: **Wednesday 12<sup>th</sup> October 2011**

at: **4.15pm – 6.00pm**

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

<b>A G E N D A</b>				
<i>No'</i>	<i>Item</i>	<i>Lead</i>	<i>Paper</i>	<i>Page</i>
<b>Part One: 4.00pm - 4.20pm</b>				
<b>1.</b>	<p><b><u>Chairman's introduction</u></b></p> <p>The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.</p>	Chairman		
<b>2.</b>	<p><b><u>Apologies for absence</u></b></p> <p>To receive any apologies for absence: Helen Mackman, Libby Raper</p>	Foundation Trust Secretary		
<b>3.</b>	<p><b><u>Questions from the public</u></b></p> <p>To receive any oral questions from members of the public in attendance at the meeting.</p>	Chairman		
<b>4.</b>	<p><b><u>Declaration of interests</u></b></p> <p>To receive confirmation of any amendments to the declaration of interests.</p>	Chairman	<a href="#">A</a>	5
<b>5.</b>	<p><b><u>Minutes of the meeting held on 2<sup>nd</sup> September 2011</u></b></p> <p>To receive and approve the minutes of the meeting of the Council held on 2<sup>nd</sup> September 2011.</p>	Chairman	<a href="#">B</a>	11
<b>6.</b>	<p><b><u>Matters arising from the minutes</u></b></p> <p>To consider any matters arising from the minutes.</p>	Chairman		

No'	Item	Lead	Paper	Page
<b>Part Two: 4.20pm – 6.00pm General Business</b>				
7.	<b><u>Update from the private meeting</u></b>  To receive an update from the Chairman on the decisions of the business discussed in the private meeting.	Chairman	Verbal	
8.	<b><u>Sub-committees and other Governor Reports</u></b>  To receive a report from the chairs of the Governor Sub Committees: <ul style="list-style-type: none"> <li>• Nominations &amp; Remuneration Committee</li> <li>• Lead Governor report ( incl. AGM text)</li> <li>• Patient Focus Group</li> <li>• Community &amp; Membership Engagement Group</li> <li>• Equality &amp; Diversity</li> <li>• Nutrition project</li> <li>• Home team update</li> <li>• Other</li> </ul>	Chairs of the Sub Committees and others  AR PB JD JP HB LP	Verbal <u>C</u> <u>D</u> Verbal Verbal Verbal Verbal	17 25
9.	<b><u>Summary of the Board of Directors minutes</u></b>  To receive summary minutes from the Board of Directors meeting held from July and August 2011.	Chairman	<u>E</u>	27
10.	<b><u>Chief Executive Report</u></b>  Business update from the Chief Executive, including: <ul style="list-style-type: none"> <li>• North Yorkshire Review - implementation</li> <li>• MSK tender - update</li> <li>• CQC feedback</li> <li>• SNEY acquisition</li> </ul>	Chief Executive	Verbal	
11.	<b><u>Discussion on CoG appraisal</u></b>  To receive an update on the progress of the CoG appraisal process.	Chairman	Verbal	
12.	<b><u>Time and Date of next meeting</u></b>  Wednesday 21 <sup>st</sup> December 2011, White Cross Social Club, White Cross Court, YO31 8JR. 3.15pm			
13.	<b><u>Any other business</u></b>  To consider any other items of business.			

Proposed topics for discussion at a later meeting:

- Half Year Performance Review (for 2011-12) – Dec 2011 meeting
- Update on Urgent Care Review – Dec 2011 meeting
- Proposed locality forums – Dec 2011 meeting
- Children's Services
- Other? (please advise Lead Governor or Chairman of ideas)

**Changes to the Register of Governors' interests:**

**New declarations**

No new declarations

**Removal from declaration**

No removals.

**Amendment to an existing declaration**

Councillor Fraser—membership on the overview and scrutiny committee to be removed; he was no longer a member.  
David Robson—member of the management committee for the York Blind or Partially Sighted Society.

**A**

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies 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
<b>Mr Paul Baines</b> (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr John Batt</b> (Partner: NYCC)	TBA	TBA	TBA	TBA	TBA	TBA
<b>Dr Lee Bond</b> (Staff: Consultant)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Mrs Helen Butterworth</b> (Public: York)	TBA	TBA	TBA	TBA	TBA	TBA
<b>Mr Phil Chapman</b> (Patient/Carer)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Dr Jane Dalton</b> (Public: Hambleton)	Nil	Nil	Nil	Nil	Nil	<b>Researcher</b> —Health and Social Care, University of York
<b>Cllr Alexander Fraser</b> (City of York Council)	Nil	Nil	Nil	<b>Appointee</b> —City of York Council , non-voting participating observer on York CVS Trustees	<b>Appointee</b> —City of York Council , non-voting participating observer on York CVS Trustees	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
<b>Mrs Alison MacDonald</b> <i>(Staff: Nursing &amp; Midwifery Class)</i>	TBA	TBA	TBA	TBA	TBA	TBA
<b>Mrs Helen Mackman</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Mrs Mandy McGale</b> <i>(Staff: Non-Clinical)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Dr Jennifer Moreton</b> <i>(Patients/Carer)</i>	Nil	Nil	Nil	Nil	<b>Member</b> —CQC Registration Involvement Group	<b>Researcher</b> —Health and Social Care, University of York
<b>Mr Nevil Parkinson</b> <i>Public: Selby District)</i>	Nil	Nil	Nil	<b>Director</b> —West Riding Masonic Charities Ltd	Nil	Nil
<b>Cllr Caroline Patmore</b> <i>(North Yorkshire County Council)</i>	Nil	Nil	Nil	Nil	<b>Councillor</b> —North Yorkshire County Council	<b>Councillor</b> —North Yorkshire County Council
<b>Mrs Anne Penny</b> <i>(Staff: Nursing)</i>	Nil	Nil	Nil	Nil	Nil	Nil

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<b>Mr James Porteous</b> (Public: York)	<b>Trustee</b> —Notions Business and Marketing Consultants	Nil	Nil	<b>President</b> —British Polio Fellowship - Yorkshire Region, Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
<b>Mr Geoff Rennie</b> (Patient: Carer)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Mrs Dianne Rhodes</b> (Public: Selby)	TBA	TBA	TBA	TBA	TBA	TBA
<b>Cllr Joseph Richies</b> (City of York Council)	TBA	TBA	TBA	TBA	TBA	TBA
<b>Mr David Robson</b> (Public: York)	Nil	Nil	Nil	<b>Member</b> - Management Committee for York Blind or Partially Sighted Society	Nil	Nil
<b>Mr Martin Skelton</b> (Staff: Clinical Professional)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Ms Catherine Surtees</b> (York CVS)			Nil	Partnership Manager—York CVS	Partnership Manager—York CVS	Nil



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<b>Mr Robert Thomas</b> <i>(Public: Selby District)</i>	Nil	Nil	Nil	Nil	Nil	Nil
<b>Mr Brian Thompson</b> <i>(Patient: Carer)</i>	<b>Trustee</b> —Thompson's of Helmsley Ltd	Nil	Nil	Nil	Nil	Nil
<b>Mr Bob Towner</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	<b>Vice Chairman</b> —York Older Peoples Assembly	<b>Vice Chairman</b> —York Older Peoples Assembly <b>Member</b> —York Health Group Public and Patient Forum	Nil
<b>Cllr Sian Wiseman</b> <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	<b>Vice Chairman</b> —CYC Health Overview and Scrutiny Committee	Nil

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Minutes of the Private meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 2<sup>nd</sup> September 2011, in the White Cross Social Club, White Cross Court, York.

**Present:** Chairman of the meeting, Alan Rose

**Public:** Mr Paul Baines, Public Governor, City of York  
Mrs Helen Butterworth, Public Governor, City of York  
Dr Jane Dalton, Public Governor, Hambleton  
Mrs Helen Mackman, Public Governor, City of York  
Mr Nevil Parkinson, Public Governor, Selby District  
Mr Jim Porteous, Public Governor, City of York  
Mrs Diane Rhodes, Public Governor, Selby District  
Mr David Robson, Public Governor, City of York  
Mrs Catherine Surtees, Partner Governor, York CVS  
Mr Bob Thomas, Public Governor, Selby District  
Mr Bob Towner, Public Governor, City of York  
Councillor Sian Wiseman, Public Governor, City of York Council

**Patient/Carer:** Mr Philip Chapman, Patient/Carer Governor  
Dr Jenny Moreton, Patient/Carer Governor  
Mr Geoffrey Rennie, Patient/Carer Governor  
Mr Brian Thompson, Patient/Carer Governor

**Appointed:** Councillor Sandy Fraser, Partner Governor, City of York Council  
Councillor Caroline Patmore, Partner Governor, North Yorkshire C C

**Staff:** Mr Lee Bond, Staff Governor, Medical  
Mrs Mandy McGale, Staff Governor, Non-clinical  
Mr Martin Skelton, Staff Governor, Clinical Professional

**Apologies:** Mrs Anne Penny, Staff Governor, Nursing  
Councillor John Batt, Appointed Governor, North Yorkshire County Council  
Councillor Joseph Riches, Appointed Governor, City of York Council  
Mrs Alison MacDonald, Staff Governor  
Ms Sue Holden, Director  
Ms Linda Palazzo, Non-executive Director  
Mr Michael Sweet, Non-executive Director  
Mr Gordon Cooney, Director

**Attendance:** Mr Patrick Crowley, Chief Executive  
Mr Andrew Bertram, Director  
Professor John Hutton, Non-executive Director  
Mr Gareth Mills, Grant Thornton  
Ms Libby Raper, Non-executive Director  
Ms Teresa Fenech, Director

**11/29 Chairman's Introduction**

The Chairman welcomed Governors to the meeting and introduced Teresa Fenech – a Director from SNEY working on Integration issues. He apologised to Governors for the problems with mailing of papers for this meeting – this will be investigated and addressed.

**11/30 Apologies for Absence**

The Council of Governors noted the apologies.

**11/31 Minutes of the Meeting held on 15<sup>th</sup> June 2011**

The minutes were approved as an accurate record, except that the Lead Governor submitted a text version of her Lead Governor report, to replace the minuted text.

**11/31 Matters arising from the minutes and from other Board papers and Chairman's letter distributed over the Summer**

Mr Towner asked when the car parking group would convene to assess feedback on car parking arrangements; Action: Brian Golding.

Mr Baines asked about the prospect of a more finely graduated pricing system for the car park; Action: Brian Golding.

Mr Crowley made reference to new visiting times and change in traffic flows, each aimed at reducing congestion at peak times.

Mr Porteous declared an interest as newly-elected Chair of the HDFT wheelchair advisory panel; he asked for clarity on how the revenues and costs of the car park worked; Mr Bertram explained how the approximate £1m/yr revenue from the car park essentially covered costs related to construction and maintenance of the parking building and arrangements, with any small surplus benefiting Trust activities, not an outside partner.

**11/32 Sub-Committees and other Governor Reports**

The Lead Governor reported that the Nominations Committee was supporting a review of the effectiveness of the Council of Governors as a body. This would take place in the Autumn, with the aim of taking learnings into the redesign of the CoG for the proposed enlarged Trust; Action: Lead Governor/Chairman/FT Secretary

The Lead Governor reported that several Governors were currently participating actively in aspects of the redesign of the Emergency Department. Mr Bertram explained the context of these studies across urgent care, including the Walk-in Centre, etc. Action: Mr Bertram to bring an update on this project to the December CoG

The Lead Governor reported that she and Paul Baines had recently visited Scarborough Hospital and had been welcomed and given a tour. They had been impressed by staff attitudes towards prospective integration. She asked for interest in accompanying her on a forthcoming similar visit to Malton Hospital.

Mr Thomas reported some noise and lighting issues raised by neighbours of the new Selby Hospital, but these are being addressed.

Mr Porteous asked for an update on the proposed review by selected Governors of the Trust website; Action: Lucy Brown

### **11/33 Non-Executive “Home Team” Update**

Libby Raper, one of the three Non-executive Directors assigned to form the “Home Team” addressed the Council to explain the nature of the (transitional) role the team are taking. The purpose is to provide additional assurance to the Board of Directors, and indeed Governors, that the Trust’s ongoing current operations are not receiving reduced attention due to the acquisition workload. She described how they are going about this, and referred to examples of specific issues they are currently discussing:

- Cancer access trends and waiting times generally
- Emergency Department performance and changes in metrics and associated targets
- Vacancy control (Mr Bertram elaborated on the issues here, following a question from Mr Porteous about how vacancies will be managed as the Trusts integrate).

As appropriate, a member of the Home Team will continue to give short assurance updates at future Governor meetings

### **11/34 Chief Executive “Question Time”**

Mr Crowley opened-up to the floor to receive questions about the papers that had been circulated, which included The Independent Review of Healthcare in North Yorkshire, the “Benefits Case” for the SNEY acquisition, and our own Trust’s Annual Report and Accounts, which had been circulated so that Governors could see the report before its wider distribution at the AGM (to be held on 14/9/11).

- Mr Towner asked why the Benefits case had been signed-off by the Medical Director and not the Chief Executive and/or Chairman of the Trust; Mr Crowley explained that this particular document was primarily concerned with patient care issues and so it was entirely appropriate. This was also the CCP requirement. Mrs Fenech added further explanation of the purpose of the Case.
- Mr Towner asserted there seemed to be a large number of “negatives” (about the current situation in the Scarborough Trust) highlighted in the Benefits Case – was this not a concern to

management at York? Mr Crowley recognised this, and explained how the due diligence was flushing out these issues, but that a key part of the transaction will be to assess these risks and ensure appropriate compensation for the period of transition required to improve the consistency of care across the enlarged Trust. It was again emphasised that the current operations of York would not suffer due to any short/medium-term “poorer” performance at Scarborough. He noted that as the Trust gradually understood the nature of activities at Scarborough, it was becoming clear that there were also several areas in which York could learn from excellent practice at SNEY – so there were reciprocal benefits.

- Mr Crowley was asked about the future of the extended care teams at Malton, and what effect the NY Review may have on these; he explained how the pilot of these teams had been reversed after significant local community pressure, but that in future there was probably a role for both sensibly planned in-patient beds in community hospitals and appropriate community-based teams – as long as the commissioners could afford to commission these. This is indeed the challenge of the Review.
- Mr Robson asked about the uncertainties that still seem to pervade the progress and content of the Health & Social Care Bill. Mr Crowley acknowledged these, but said the Trust was essentially pragmatic and is preparing for likely changes – especially where these are fully consistent with actions we would be wishing to take anyway to improve patient care.
- A proposal came forward that in ongoing staff surveys, could the Trust probe all levels of staff about their enthusiasm for the expected changes in the Trust. Mr Crowley said we were implicitly and/or explicitly testing for this all the time in a variety of meetings and channels.

11/35

### **Proposed Changes to Trust Constitution and Standing Orders**

Referring to the documents provided, the Chairman focused on the proposed structural changes to the composition of the CoG, and took questions.

- The first area of concern was about Staff Governors; it was felt that the proposed cut from 5 (York) to 3 (across the entire enlarged Trust) was too severe, and left no room for different levels/types of staff at the main sites to be represented; Governors proposed that a fairer model would be 2 (York), 1(Community), 2 (Scarborough). It was noted that this would mean each Governor would be “representing” a similar number of members (approx. 1,500).
- It was pointed out by a Governor that the boundaries of our member constituencies were not exactly the same as the LA boundaries; it was acknowledged that this was the case in some small areas, but this was pragmatic and reflected the reality of patient flows and affiliations.
- The exact nature of the University relationship to Governors was

questioned; the Trust has not yet settled on the “right answer” here, but the Chairman stated that we were required to have a link, as a teaching hospital, to the University sector and that we were committed to identifying a suitable channel. Professor Hutton reminded Governors that the University of York offered many more health-related resources than just HYMS, and we should explore these fully. In general, the Trust is seeking to improve the value of its relationships to the Universities in our area.

- The reduced local authority representation was discussed and Councillor Fraser agreed that one representative from each authority may be sensible, given the time commitments involved.
- The Chairman stated that the proposed Voluntary Sector change in representation was provisional and that discussion had not yet taken place with the North Yorkshire and York Voluntary Forum – a body which we do not currently liaise with, but which does have the brief of representing and coordinating the “CVS-type” organisations throughout the County and York.
- Several Governors supported the aspiration of making the main Council of Governors body more strategic in its discussions, especially if progress was made on locality-level forums that the Trust could be part of -- which could air specific local issues such as parking charges and issues about health services at a more local and cross-system level.

Action: Chairman and FT Secretary to address the feedback and bring any revised constitutional issues to the next CoG

**11/36**

### **Any Other Business**

- The Chairman reminded Governors of the next Regional Governors development event, to be hosted at Barnsley Acute Trust, 29/10/11; Action: approach Penny Goff if interested.
- The Chairman raised the issue of discussions commencing about whether the “patient experience” activities of the Trust can be re-focused, and how one option may be to ask the Patient Focus Group (PFG) of Governors to “converge” with these activities in some manner; Action: PFG to discuss
- The Chairman drew Governors’ attention to the booklet that had been produced for the recent celebration of the life of Stefan Ruff (our late Governor).
- The Chairman reminded Governors of the forthcoming Open Day and AGM of the Trust on 14/9/11 and welcomed their attendance and support.

**11/37**

### **Date and time of next meeting**

The next meeting of the Council of Governors will be held (in public) on 12<sup>th</sup> October, 2011 in the Social Club, White Cross Court, York YO31 8JR.

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**Council of Governors – 12 October 2011**

**Lead Governor Report**

Action requested/recommendation

The Council of Governors are asked to note the report.

Summary

Attached is the written report from the Lead Governor, Helen Mackman.

**Strategic Aims**

**Please cross as appropriate**

- |   |                                     |
|---|-------------------------------------|
| 1. Improve Quality  | <input checked="" type="checkbox"/> |
| 2. Improve our effectiveness, capacity and capability             | <input checked="" type="checkbox"/> |
| 3. Develop stronger citizenship through our working with partners | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment             | <input type="checkbox"/>            |

Implications for equality and diversity

No implications for equality and diversity.

Reference to CQC outcomes

No reference to CQC outcomes.

Progress of report      This report is only written for the Council of Governors.

Risk      No risk.

Resource implications      No resource implications.

Owner      Helen Mackman, Lead Governor

Author      Helen Mackman, Lead Governor

Date of paper      October 2011

Version number      Version 1

## Council of Governors – 12 October 2011

### Lead Governor Report

#### 1. Detailed report

As lead governor and as a member of the Nominations Committee, I've been working with the Chairman to establish a process for the appraisal of the Council of Governors. This should be in place and operational by the end of October.

In my role in supporting and encouraging governor involvement, particularly within Trust groups and committees, I've been liaising with Hospital staff to seek a more effective way for governors to represent constituency voices and to make a difference to outcomes. This is evident in the proposed development of the Patient Focus Group into representation on a Patient Experience Team committee that is to be set up with systems of accountability and clear audit of results.

In an effort to continue to get to know the current East Coast health provision, I've visited Malton Hospital and been given a tour by the dedicated staff there and I have also made a short informal visit to Bridlington Hospital while in the area. I talked to a car park attendant who had come across from Scarborough Hospital who was full of bright ideas as to how to improve that part of the service.

The hospital volunteers and the Friends of the hospital were entertained to tea at the Social Club recently. I was asked to go along and talk to them. This was a good opportunity to learn about the huge variety of tasks undertaken across the hospital by this dedicated group and to tell them about the role of governors. Only two of the group were FT members so I hope that the rest of them will sign up on the membership forms I took along.

I attended the launch event for the new Musculoskeletal Clinical Assessment, Triage and Treatment Centre at the Clifton Park Clinic. This is an impressive centre at what was the old Clifton Hospital Chapel. It is a 'one stop shop' providing early advice and management to help improve and prevent long term problems for people experiencing joint, muscle and other soft tissue symptoms. Staffs from across the Trust, including the directorate manager, clinicians, administrators and capital planning, were congratulated on their significant achievement in reaching this milestone in the Trust's development.

I was responsible for presenting the work of the Council of Governors at the recent Trust AGM. A copy of my speech has been provided for governors with this report.

I take a personal interest in the provision of cancer services at this hospital and attend the York and District Cancer Partnership group which involves patients, carers and staff in an active and productive way. I also attend the York Cancer Locality Group alongside a patient. This group, serviced by the PCT and chaired by a GP, offers an opportunity to question and challenge decision making and our input is welcomed and valued.

It's not all about meetings! The other week I helped at the Cancer Care Centre's Macmillan coffee morning. We raised £1450 in just two hours. Half of this will go to the Centre's funds.

<b>2. Recommendation</b>	
The Council of Governors are asked to note the report.	
<b>Author</b>	<b>Helen Mackman, Lead Governor</b>
<b>Owner</b>	<b>Helen Mackman, Lead Governor</b>
<b>Date</b>	<b>October 2011</b>

## **Lead Governor presentation**

### **Trust AGM**

**Wednesday 14 September 2011**

Good evening

On behalf of the Trust's Council of Governors, I'm very pleased to have this opportunity to demonstrate for you the added value that each of the current 25 governors brings to the patient experience at this hospital .... and in the wider context across the community.

I'm also going to explain briefly about the Lead Governor role, which was introduced one year ago in this Trust.

One of the key responsibilities for the Lead Governor is to act, in extreme situations, as the contact point with Monitor, the Foundation Trusts' regulatory body.

The Council of Governors, as a legal entity, is responsible for appointing the Chairman and one of the roles of the Lead Governor is to work with the senior independent director to conduct the Chairman's appraisal on behalf of the Governors.

The Council of Governors Chairman is Alan Rose, who is also the Foundation Trust's Chairman. As the Trust Board meets in private, Alan is in a unique position to bring essential information to us from the Board and enable an easy flow of dialogue between the Directors, Non-executive Directors, and the Governors.

Given this important relationship, it's reassuring that governors, elected by YOU, and nominated by key stakeholders, have such a key role in ensuring that the Chairman's performance meets with the Trust's vision and values - that the strategic direction meets the needs of the population the Trust serves - and that financial balance is maintained.

It's also the role of the Lead Governor to work with the Chairman and others to plan the Council of Governors' agenda and to help set our objectives and systems of accountability. This helps to ensure that governors' voices are heard and that matters are taken forward effectively.

Over the past year we've seen the Governors' role develop quite considerably

- with involvement in a variety of groups & committees across the Trust
- in the development of positive relationships with senior management
- and in finding new ways of connecting with the community

The eight governors who serve on The Nomination and Remuneration Committee have a key responsibility to make recommendations to the Council of Governors about the effectiveness of the non-executive directors and the chairman, as well as recommending their level of remuneration.

Their personal appraisals come before this committee.

We have a very active Patient Focus Group whose members are committed to ensuring that feedback from patients, on a range of issues, is used to effect change.

Governors who make up the Patient Focus Group have highlighted a number of topics that are important to patients, and they've welcomed the involvement of the Chief Nurse and her team at their meetings and that of a non-executive director. Libby's team gives information about policies and procedures that impact on patient care, and takes back any concerns or recommendations that will make a difference to the patient experience.

For example ....

- It came to the group's attention that if requests were made by a patient on admission that they would like a visit from a member of the chaplaincy team, somewhere along the line, this wasn't being communicated to the team. The Senior Chaplain is now liaising closely with nursing staff to resolve the problem.
- These days, many patients walk to the operating theatre in their theatre gowns, so maintaining one's dignity on that journey is very important – especially for much larger patients. The group has reviewed alternatives to the standard issue gowns and even arranged for an ex-patient to try out a selection at home. The result has been a recommendation from the group that the use of extra large gowns be considered by the appropriate operational team at the hospital.
- Visitors confronted by Ward closure notices when they come to the hospital have had difficulty accessing information about patients who are on those wards. At the group's recommendation, Ward telephone numbers are now displayed on the closure notices which provide a means of reducing anxiety.

The Governors' Community and Membership Engagement Group continues to research ways of reaching out to involve people and to encourage new members. These governors work closely with the Membership Manager and with the Head of Communications and are joined in their discussions by a non-executive director.

The involvement of non-executive directors with this group and with the Patient Focus Group clearly demonstrates the value the Trust and the non-executive team places on working closely with governors to achieve good outcomes for patients.

The group has agreed a new membership leaflet, columns have been placed in community newsletters and newspapers, and contacts have been established with the statutory Local Involvement Networks.

These governors have also agreed a new programme of talks for members and they're trying out a change of timing for these from lunchtime to early evening.

Please let us know if this works for you by contacting the membership office or by using the governor email address

Governors have been invited to join a variety of other active groups and committees across the Trust - and this offers participation beyond our statutory meetings, providing an additional way for the voice of patients to be heard.

We're currently involved in discussions around - nutrition, transport, equality and diversity, sustainability, the cancer strategy, charitable funding, infection control, and the arts strategy.

And we've set up two additional working groups this year:

- one to study the **Trust's Annual Plan** going forward
- and the other to study the **Trust's Quality Account**.

As a result of their deliberations, these groups have made recommendations to the Trust to seek closer partnership working across the community and an increase in channels of communication with our local authorities and with voluntary sector partners and stakeholders.

Foundation Trusts are required to be independently audited each year and governors were asked to choose a quality performance indicator for this audit. We were able to do this as a result of close collaboration with Libby and her team to help us understand the data and implications of the choices.

Since last April, York Hospital has taken over responsibility for community hospitals and services across the patch.

- The 3 Selby governors have been busy recruiting members and involving themselves in the launch of the new hospital in Selby --- not forgetting the controversy about what the name of the new hospital should be! These governors are also involved with the local Community Engagement Forum.
- It's been good to get to know the local people involved with St Monica's Hospital. We joined in their fete this summer and met members of staff, past and present, as well as getting a feel for what's important for the people of Easingwold in terms of local health services.
- We've also been across to Malton to start to get to know the staff and the Friends of the hospital there. People are signing up to join this Trust as members in Malton and we already know that they have clear views about what services they'd like to have at their local hospital.

It's evident to us that people in each of these communities are proud of their local hospital and it's important that these local identities are maintained in the future.

Two substantial pieces of work are currently taking place

- one to review the Emergency Department
- and the other to review the Trust's Constitution.

Governors have had an important role to play within both these projects.

We are at a key transition point for this Foundation Trust with a huge amount of energy being put towards the acquisition of East Coast health services - so reviewing the Constitution has been an exacting process to enable a degree of flexibility and to allow for the evolution of the Council of Governors to include new members and new governors from the East Coast.

We need to remain effective and to continue to receive assurance that, when the proposed much larger Trust is operational, quality and safety are maintained and that capacity and capability continue to improve.

The Trust has been open and transparent with governors throughout the whole process towards acquisition.

We have been privileged to receive on-going reports from the Chief Executive, the Chairman and the Non-Executive Directors over and above what could have been expected and we continue to gain assurance that, while senior management is negotiating with East Coast colleagues, York Hospital is maintaining standards and targets.

Governors have visited Scarborough Hospital and been greatly encouraged by the positive attitude of the staff and the amount of good practice that is being shared across the 2 sites.

We're now looking forward to supporting the Trust in these new communities across the East Coast and to understanding their expectations of their local health services.

We want to be a dynamic and valuable force within the Trust and out in the community, ensuring that we are listening to you the Members and to the community as a whole.

We need to know that we are, in fact, being effective on your behalf ... so we're about to undertake an in-depth appraisal of the Council of Governors.

If you have something to say about your Council of Governors we would welcome your input - by email to the membership office or to the governor email address – both of which have been appearing at the bottom of each slide in this presentation - or you can write to us at the hospital. We'd like to hear from you.

It would be remiss of me not to acknowledge the dedication of governors over the past year. As volunteers we do give many hours of service to this hospital and we do this willingly, receiving great job satisfaction as a result.

I would particularly like to acknowledge the immense contribution made by City of York Public Governor, Stefan Ruff, who died this summer. We do miss him.

Our thanks go to the Chairman, the Chief Executive and the executive team who continue to ensure that we are kept fully informed about the Trust's key strategic developments which it is our statutory duty to monitor.

We appreciate their inclusiveness and their open door policy which enables us to have informal discussions with management around areas of particular interest.

And it's a testament to the effectiveness of your Council of Governors that the Trust listens to and acts positively upon our recommendations for the benefit of those needing the patient care provided by this hospital.

Thank you.



## **PATIENT FOCUS GROUP**

### **REPORT OF MEETING 21 SEPTEMBER 2011**

No official minutes of the meeting were taken, but the key elements were as follows:

#### **Outpatient Questionnaire**

Matron Karen Cowley gave a report on the current state of development of the Outpatient Questionnaire. Her report was impressive and encouraging, and PFG will follow developments with interest.

#### **Noise Nuisance through mobile communication on wards**

Margaret Milburn reported on the current policy which was written in 2008, and is now due for significant revision. The advances in mobile phone technology over the intervening years are immense, and the potential problems are an ever-moving target. PFG felt that WiFi should be available in appropriate areas to encourage this cheap and relatively quiet means of communication, but they appreciate that there are no quick answers, and the incidence of mobile phone cameras and movie cameras adds another dimension to the issue.

#### **Future Development of PFG**

Helen Mackman's summary of discussions on this subject was discussed at length, and was well received.

#### **Election of new Chair**

Paul Baines had reached the end of his term of office, and did not wish to stand for re-election. Phil Chapman was elected by the quorum present, to fill the role.

Paul Baines, Outgoing Chair of PFG

6 October 2011

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## Summary of Board of Directors minutes

This report provides the Council of Governors with a summary of the discussions held at the Board of Directors.

### Summary of the minutes of the Board meeting held on 27<sup>th</sup> July 2011

#### Learning from patient Feedback

The Board practice is to hear a letter of complaint and a letter praising the Trust at every two out of three Boards. The letter of complaint was read by Mr Bertram and the letter praising the Trust read by Ms McManus.

The letter of complaint made reference to a consultant's practice. Dr Turnbull outlined the system in place to address complaints received about the consultant's practice. He advised that additionally to the normal complaint procedure he is made aware of any complaint relating to a consultant and will discuss the complaint with the relevant Clinical Director. Additionally, the complaint will become an aspect of the consultant's appraisal if the consultant receives more than two complaints in a year.

The Board **noted** the letters and the comments made by Dr Turnbull.

#### Chief Nurse Report

The Board **noted** that the 'Home Team' had reviewed the Chief Nurse report in some detail prior to the Board meeting. The 'Home Team' consists of three Non-executive Directors – Mrs Palazzo, Mr Sweet and Ms Raper and has been developed to ensure there is appropriate scrutiny of the organisation's current business while the Trust is also undertaking the work around the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust.

Ms McManus drew the Board's attention to a number of items in her report.

#### PALs activity

The report demonstrated a significant amount of activity being undertaken across the Trust including community. Mr Sweet added that he had been most impressed with the PPI initiatives that have been put in place.

#### High impact intervention

The report highlighted that it is a year since the launch of the rapid spread of the high impact action of 'your skin matters' – no avoidable pressure ulcers. In that time the Trust have only had 4 grade 3 or 4 pressure ulcers, this was an excellent result.

Referring to the other high impact action initiative, falls, it was noted that the assessment tool

'MORSE' was out of date and work was underway to develop a replacement. Mr Rose commented that he felt the NHS should not ask the Trust to launch initiatives across the trust where the research has not been tested properly and subsequently becomes discredited.

Ms McManus explained that what the Trust was testing was rolling out a rapid change activity across the whole of the Trust in one go, instead of gradually rolling out. She advised that a full roll out works well with an activity that is evidence based. This particular roll out did have some significant benefits to the Trust in raising the profile of falls and it did reduce significant harm of falls, even if the tool and evidence has since been discredited. The Trust is seeking alternative falls research to support continued improvements.

Dr Turnbull added that the Trust is often asked to take on initiatives that have no credible research evidence; for example, bare below the elbows, and MRSA screening. Such initiatives may or may not be no the less appropriate to implement. The Trust has limited control over not implementing such initiatives if the instruction is received as a requirement from the Department of Health.

The Board **noted** the report and the comments.

### **Director of Infection Prevention and Control**

Ms McManus advised that this report was the usual quarterly report which provided assurance to the Board that the Trust is complying with the standards outlined in the Health and Social Care Act 2008 – Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Dec 2009).

The risks were identified in the report and the Board understood that plans are in place to address the risks.

The Board reviewed the report and Mr Rose asked for an explanation of the document included concerning the Ward 35 MRSA outbreak summary.

Ms McManus explained that the report was not identifying cases that were reportable against the trajectory. Ms McManus added that patients are tested for MRSA and this report shows that as a result of new routine testing more carrier cases have been identified. The report does not suggest transmission of MRSA between patients, although on Ward 35 there has been previous transmission of C-Diff between patients. Both MRSA and C-Diff maybe carried by patients who are otherwise healthy and have no illness relating to these organisms. Such patients usually do not require treatment.

Mr Crowley added that no change of practice should be carried out because a patient is a carrier of MRSA, because the practice is already best practice. Dr Turnbull added that a patient with HIV or Hepatitis B, which are transmissible viruses, would be treated the same as any other patient because the practice in the Trust is already taking account of best practice.

The Board **noted** the assurances given and the comments made.

### **Compliance quarterly report**

Mr Ashton raised the point that the cover sheet does not provide any assurance from the Risk and Assurance Committee on the discussions and conclusions it came to on the report. His

point was that the Board should be able to receive a summary report providing assurance that compliance was in place.

The Board discussed the point and recognised that the Compliance Group, a sub committee of the Audit Committee, provides additional assurance to the Audit Committee on process rather than level of compliance. The Risk and Assurance Committee reviews the level of compliance.

It was agreed that the timings of the Compliance Group should be reviewed to ensure there is more timely discussion on process by the group that can then be reviewed by the Audit Committee. Secondly a summary of the Risk and Assurance Committee's discussion will be included in the Board paper with a high level dashboard.

The Board **noted** the content of the report and the assurances given by Mr Crowley as Chairman of the Risk and Assurance Committee.

### **Medical Director Report**

Dr Turnbull highlighted the key points in his report. He drew the Board's attention to the Cardiac arrest report, the Adverse Incident Reports (AIRs) and the do not attempt cardiopulmonary resuscitation (DNACPR).

Dr Turnbull explained that the AIRs reporting was more useful if it was seen what the AIRs related to, instead of just the numbers. The Board agreed and asked what the Ulysses reporting system referred to in the report was. Dr Turnbull explained that it was the system used previously by the community staff. All staff should have migrated to using the DATIX system, but there are still a few being logged through Ulysses.

Dr Turnbull advised that regionally the new DNACPR form had been introduced. The excellent development in the system and the new form was the form would move with the patient and not stay with the Trust. So when a patient left hospital the instruction will go with them which should help to prevent patients moving in to nursing homes and inappropriately being brought back to the Trust. He added that the introduction of the form is causing some concerns in the elderly directorate, so a task and finish group has been established to work through the implications of implementing the form. Dr Turnbull added that as Board members could see from the example included in the Board papers, the form was not irrevocable, as it was required that it was reviewed within a set period of time. This document has a very close relationship with the cardiac arrest report. If the form had been in place, three patients would not have been resuscitated. The Board enquired if the relatives of a patient would be advised that the form was in place. Dr Turnbull confirmed that it is considered good practice to ensure the relatives are made aware of the form, but if this did not happen for some reason, it would be recorded in the notes. Dr Turnbull added that the ward round check list does also include a requirement to confirm if the doctor has had a 'Do not attempt resuscitation' (DNAR) conversation with the patient.

Professor Hutton commented that the information in the report does help the Board to understand the crash call indicators. Dr Turnbull agreed with the comment, but added that it must be remembered that crash calls are also an indicator of the deteriorating patient. Where the staff had acted sooner, would the outcome for the patient be different? Professor Hutton asked about the escalation policies being introduced; he noted from the report that all but one directorate had introduced the policy. Dr Turnbull advised that he had asked for evidence from all directorates that the policy had been introduced. He added the implementation of the policies

will not in themselves make a noticeable difference to the deteriorating patient.

Professor Hutton asked Dr Turnbull to comment on the readmissions data. Dr Turnbull confirmed that the figures were still too high and advised that he would be discussing some further support from CHKS Ltd. Mr Sweet asked if the data was misleading. Dr Turnbull advised that the data is validated before it is included in the report and the latest results are not as good, but the Trust has been in discussion with the PCT. Mr Bertram added that readmissions are an explicit part of the income assessment. The readmission issue is part of the discussions being held by the System Management Executive (SME), but those discussions have not yet been concluded. Dr Turnbull added that, of the readmissions shown, only a proportion were readmissions that would attract a penalty, and the Trust will never have zero readmissions due to the nature of the illnesses the patients have. Mr Rose enquired if there was a lower point that the Trust should reach. Mr Bertram advised that data was available to support improvement from the Trust's peer group. He added that there is considerable national discussion on-going at present about the target and its application and, in deed, whether the initiative has a future role in the operating framework.

Referring to the Claims and inquests, Professor Hutton asked about the claims that have been made. Dr Turnbull explained that the claimant who developed haemolysis elevated liver enzymes low platelets (HELLP) was a very rare condition which the Trust sees maybe 2 or 3 times a year. The claimant with burns to the chest during a breast procedure has been logged as an SUI. A patient received burns when the alcohol ignited when it was being used as a skin preparation before the operation. Dr Turnbull advised he had stopped the use of alcohol in skin preparation, except in very few circumstances.

Professor Hutton asked Dr Turnbull to comment on the patient reported outcome measure (PROMs); specifically, is there variation in collection of data by surgeon or by team? Dr Turnbull advised that it was by team. Mr Sweet asked if the orthopaedic data, which is lower than any of the other collections, included the work at Ramsey. Dr Turnbull advised that the work commissioned by the Trust undertaken at Ramsey is included in the PROMs figures, but there will be other work that Ramsey undertakes that is not included in the Trust's figures. Mr Bertram advised that the Trust is consistently reporting between 70 and 80% and the target is 80%. The Trust is no longer being closely reviewed. The questionnaire is completed as part of the pre-assessment. In terms of the completion of the questionnaires, the orthopaedic questionnaire is the longest and if patients say they do not want to complete the questionnaire the Trust cannot do anything about it; recently around half the orthopedic patients have chosen not to complete the questionnaire.

Mr Sweet asked if Dr Turnbull could provide some further trend detail on AIRs and safety briefings. Dr Turnbull advised he would do that.

**Action: include further trend detail on AIRs and safety briefings for the next Medical Director report.**

### **Chairman's items**

Mr Rose reported on the last Council of Governors meeting where the Non-executive Directors reported on the work of the Home Team and the Acquisition Assurance Team. Mr Sweet added that he had agreed that a short report from the Home Team would be included in every Council of Governors meeting, as requested by the Governors, whilst the home team structure was in place.

Mr Rose advised that the Public Health Profiles had been published and made very interesting reading. They were a very helpful aid to learn about Ryedale and Scarborough. The profile for York was very good. There were four areas where York was under performing – Children’s tooth decay, under active children, increasing or higher risk drinking and excess winter deaths. Mr Rose suggested that Dr Turnbull should review the winter death measure as the Trust contributes to the figure.

Dr Turnbull confirmed that he would review the measure; he added that he was not surprised by the alcohol consumption measure; the Trust sees a lot of deaths through alcohol. particularly in the Selby area.

Mr Rose raised a question raised by the Non-executive Directors at the pre-meeting around the ‘whistle-blowing’ policy. He asked following the recent publication on whistle-blowing policies, if senior management had access to the Senior Independent Director (SID). Ms Hayward advised that she would review the policy and advise the Board of the status of the policy. The Board agreed that a discussion should be held at the Audit Committee to develop a proposal. The Board **agreed**.

**Action: Ms Hayward to confirm the current status of the Whistle-blowing Policy.  
Mrs Pridmore to ensure the item is included on the next Audit Committee agenda.**

The items will be discussed at the next Board of Directors meeting.

The Board **noted** the report.

### **Cost of Membership**

Mr Rose introduced the report. He advised that the study had been undertaken so that the Trust understood what the cost of democracy in the Trust was. Mr Rose advised that he had mentioned this work to other chair colleagues, generally they had not undertaken the exercise in their own Trusts, but were interested in the results we had found.

The Board discussed the report and noted the considerable amount of time spent by various officers of the Trust on the membership/governors.

The Board discussed what was included and suggested that there was probably more informal director time taken up by members/governors that was not included.

Ms Hayward asked if it was possible to develop a group of members that might only be interested in receiving information rather than being a member who also votes for governors, so as to reduce the election costs.

It was **agreed** that the suggestion would be considered as part of the development of the membership strategy that would be needed for submission to Monitor.

The Board **noted** the report.

## Operational performance report

Mr Cooney presented the report, highlighting the specific areas of interest. It was noted that the 'Home Team' had reviewed the performance report in detail prior to the Board meeting. Mr Cooney advised that the 18 week target had been challenging to achieve during June, but it had been achieved, although there was some pressure on the back-log. In the Emergency Department the Trust achieved the targets, but moving forward from quarter 2 the Trust would have to achieve the new standards and this was raising some concern. The Trust had changed the tests used (as required nationally) for C-diff; the Trust now uses two tests. This will have an impact on the figures being reported. Monitor has advised that the targets will not be changed, but that if the Trust can demonstrate the increase in the incidents of reported C-diff cases are as a result of the change in the testing, Monitor would not enforce compliance of the trajectory and would accept the Trust's performance. The Trust has a current contract level of 55 cases per annum.

Mr Sweet asked Mr Cooney to comment on the 18 week issue. Mr Cooney explained that under the NHS Constitution patients are entitled to receive treatment within 18 weeks and there are potential financial contractual penalties for not achieving 18 weeks, but at present the Trust is not able to properly identify which patients are breaching the 18 week target. Mr Cooney advised that he had commissioned a validation piece of work to be clear about the backlog patients. This work will be completed by the end of July. It will then be decided how to address the backlog. The issue is to make sure it does not damage the other performance in the Trust. Dr Turnbull added that some of the work will inevitably attract premium rate working to resolve the backlog.

Mr Sweet asked about the timeline for moving the York walk-in centre to the Trust. Mr Cooney advised that the project had been delayed; there were some TUPE issues that need to be resolved with Harrogate Trust and work had to be completed to move Orthopaedics to the Clifton Chapel.

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

## Finance Report

Mr Bertram advised that there had been a detailed conversation with the 'Home Team' on the finance report. Mr Bertram highlighted the key points in his report. He advised that the I&E position was as it was expected to be. The provisional financial risk rating (FRR) is 3. He added that he was now able to confirm that the Trust would not be taken through stage 2 of the annual planning review by Monitor.

Mr Bertram drew the Board's attention to the outstanding invoices that the Trust has raised to the PCT. He advised that the issues had been resolved and he was expecting payment over the next month. He added that as a result of the reduced number of staff in the PCT, payments had not been a priority for them, but he has received assurance that these payments will be made.

Mr Bertram advised that the Capital Programme Board had met recently and reviewed the capital programme. The Capital Programme Board released the capital required for quarter 2 schemes.

Mr Sweet noted the projected significant increase in the I&E in July and asked if Mr Bertram



thought it would be achieved. Mr Bertram advised that based on April, May and June performance he saw no reason why it would not be achieved. It did appear to be a large increase, but in reality, it was only half a day's trading.

Mr Sweet asked Mr Bertram to comment on the expenditure all being under spent. Mr Bertram advised that the budgets are under spent and this is offsetting the CIP which is behind plan.

Mr Sweet asked if Mr Bertram would comment on the elective and non-elective activity. Mr Bertram advised that there was some additional work that had been undertaken above the expected levels. The PCT had managed in April and May to keep demand in line with the projections, but during June the Trust did become very busy, the Trust went on to red alert and managed a considerably higher demand than expected. This has caused some concern to the PCT and has put some operational stress in the system. The additional work amounts to about £900k, which if extrapolated over the year would mean over-trading of about £3.7m. In our negotiations with the PCT we had suggested to the PCT that would be the demand level. Mr Bertram would expect this to be picked up through the SME. The PCT are looking at the increase in demand currently.

The number of emergency department attendances has reduced, but the complexity of the cases being dealt with has increased. The Trust receives payment through a number of different tariffs and as a result it is expected that the level of income will be maintained with the change of case mix.

The Board discussed the earnings before interest, tax, depreciation and amortization (EBITDA) and noted that the graph in the report showed the 'Achievement of plan' as being higher than expected. Mr Bertram explained that the point is taken from the submitted plan. Last year the Trust fell short of the plan, but this year the Trust is slightly ahead and as a result the EBITDA is at a FRR of 5.

The Board **noted** the comments made and the assurances given.

Mr Sweet referred to the efficiency report. He highlighted a concern he had in that there seemed to be more non-recurrent savings being put forward. Mr Bertram advised that 26% were non recurrent savings and at this stage the directorates are trying things out rather than making the commitment immediately. He added that the Trust did roll over a large non-recurrent factor last year and the savings are becoming harder to find.

Mr Ashton asked if reviewing the achievements with the Directorates is being maintained. Mr Bertram confirmed they were and were significantly helped by the support of the supporting staff in the performance meetings. Mr Crowley added that there is a huge amount of ownership in the directorates. Mr Rose asked how the change in management in the two directorates had affected the CIP. Mr Bertram commented that in Medicine this had made a significant positive change and the directorate should be congratulated for the significant achievements they had made.

**Action: The Chairman to write to the Directorates involved.**

The Board **noted** the report

## Scarborough acquisition

Mr Ashton reported the Acquisition Assurance Board met on 25 July 2011 to consider the due diligence reports in relation to the potential acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. The AAB considered both the internal due diligence reports and the externally commissioned report from Ernst & Young. Mr Rose attended the meeting along with representatives from Ernst & Young. Apologies were received from Professor John Hutton, all other members attended.

Significant discussion and questioning took place regarding the content of the reports.

The AAB concluded that it was assured, to the best of its knowledge, that the work undertaken by Ernst & Young had identified the key and material financial, governance and estates risks associated with the acquisition. The AAB were also assured by the identification of issues and risks from the work done to date by the Trust's lead directors/officers.

The AAB debated whether we have, at this stage, a full understanding of all risks identified. Whilst the AAB felt confidently able to acknowledge the breadth and depth of the risk identification from the two due diligence processes, it recognised that further work by Ernst & Young and Trust Directors/Officers is necessary before we have a sufficiently complete understanding of the risks.

To this end the AAB agreed to recommend to the Board of Directors that the due diligence work has identified the key and material risks, but that the due diligence should continue to progress, and should continue to feature in the development of the acquisition process, to ensure ultimately that the Board of Directors has a reasonable understanding of these risks at the final acquisition decision point. For the avoidance of doubt this refers to the meeting of the Board of Directors to be held in March 2012.

Mrs Pridmore advised the AAB that the first formal meeting had taken place with the Trust's appointed legal advisors for the acquisition process. Ernst & Young representatives had also attended this meeting. At the session Beechcroft LLP presented their legal questionnaire for discussion with the Trust team. This further piece of due diligence work will ensure that any specific legal risks from the acquisition are identified, to then be covered off in contractual negotiations with the SHA.

The AAB discussed and noted the timeline for the remaining acquisition work. The Board of Directors can expect updates to be provided to the August and September meetings, culminating with the October Board meeting being used to receive the full business case. This will include:

- The DD work (already reviewed) but with supplementary legal DD and further lead director/officer DD work
- The details of the negotiated financial fair value assessment
- The patient benefit case (prepared for the CCP and already reviewed)
- The full Integrated Business Plan describing the integrated organisation and organisational benefits
- The Monitor Financial Assessment Model - forecast Income & Expenditure, Balance Sheet, and Cash Flow, savings trajectories, risk rating and the impact of the fair value negotiated assessment

- Any other supporting documentation necessary requiring approval prior to submission.

At the October meeting the Board of Directors will be asked to approve the progressing of the acquisition to the next stage. Assuming approval; the full pack, including all necessary supporting documentation, will be submitted to Monitor early in November for risk rating assessment. This process is anticipated to take 3 months and is likely to include a Board-to-Board case review meeting with Monitor January/February 2012.

The Board of Directors noted the report received from the Acquisition Assurance Board and Mr Rose asked the Board if they had any further questions they would like answered before the Board considered the resolution. The Board confirmed there were no further questions.

The Board of Directors resolved that they had received sufficient information to provide assurance that the major and significant risks, associated with the acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust were identified. That the Board of Directors could provide authority to the Executive Directors to engage in discussion and negotiation with the SHA and other stakeholders on the acquisition; and that the Board of Directors could provide authority to the Executive Directors to discuss and develop the financial model and required documents for submission to Monitor in November 2011.

Mr Rose welcomed Ms Fenech (Director of Strategy and Planning) to the Board meeting and invited her to present the Patient Benefit Case (PBC).

Ms Fenech outlined the purpose of the PBC. She advised that it had been written for the Cooperation and Competition Panel (CCP). Ms Fenech built the paper by use of the published guidelines from the CCP and meeting with the CCP to understand what they expected to be included in the PBC. They outlined their requirements which she included in the paper. She added that when she had asked for a sample of a good PBC, the CCP were of the opinion they had not received a good one yet that they could provide as an example.

The Board considered the detail in the paper and noted that the argument put forward in the paper was one of quality improvements as opposed to one trust running both organisations better.

Ms Fenech confirmed that was the case. She added that at this stage there was no requirement to provide financial information, but that would be required at the next stage. Ms Fenech went on to advise that at the Scarborough Board the question had been asked how the CCP would make the assessment. The case would be tested by 'hypothetical monopolistic testing', which would be modified for each organisation's requirements. Mr Rose added that the cost benefit analysis would be carried out by Monitor and asked if there were any consultation requirements that had to be completed. Ms Fenech explained that there were no explicit requirements, but she did require a statement from both Medical Directors confirming their support. She had received that confirmation from the Medical Director at Scarborough and was expecting to have a conversation with Dr Turnbull to obtain his statement.

Mr Bertram asked if the CCP understands what 'choice' means in this geography as opposed to a London Borough. Ms Fenech explained that the test is the same test slightly modified. The CCP will visit the hospital and consult with stakeholders as part of their review work.

Mr Bertram added that CCP will provide an opinion to Monitor, though the opinion in itself will

not stop the acquisition, but a supporting statement would be very helpful.

Mr Rose enquired what needed to happen with the document now. Ms Fenech confirmed that she had some minor modification to make to the paper and will send to the CCP at the end of this week. The CCP may not pick the document up straight away, but have advised that the contact person at York Hospital will be kept busy with their enquires for about four weeks when they do start to consider the document.

The Board of Directors **approved** the content of the PBC and its submission to the CCP.

### **Monitor submission of Q1**

Mrs Pridmore presented the paper. She outlined the new quarterly check list included in the pack. This paper was included to provide additional assurance to the Board of Directors on the proposed submission to Monitor.

The Board noted the comments in the checklist and the proposed submission and approved the documents to be submitted.

The Board discussed the letter that is submitted with the Q1 papers and agreed that the letter should include the approvals made by the Board in the Board meeting.

### **Summary of the minutes of the Board meeting held on 24<sup>th</sup> August 2011**

#### **Learning from patient Feedback**

The Board's practice is to hear a letter of complaint and a letter praising the Trust. Professor Hutton read the letter of complaint and Mr Rose read the letter of praise.

The Board **noted** the issues raised in the letter.

The Board **noted** the letter of praise which made specific reference to the kindness shown by the A&E staff and the PALs Team.

#### **Chief Nurse Report**

Ms McManus presented the report and highlighted that it had been a quieter month, both in terms of activity and for reporting, as the software for data collection was (as previously discussed) out of use. Overall pressure sore management remains excellent. There had been one grade 3 pressure ulcer, and action had been taken, making a total of 5 pressure ulcers since the initiative started around a year ago. The ward 39 team had made significant improvement with performance and celebrated a year without a pressure ulcer. There had been no falls resulting in serious harm in the month of July.

#### **Intentional Rounding**

The Board asked about Intentional Rounding and if the patients would benefit from this. The Board noted that feedback had been positive on the whole and the outcome and process measures would continue to be obtained through AIRS and Nursing Care Indicators.

#### **Trend Data**

The Board noted the data for complaints and PALs and the PPI activity, and agreed that the evidence around PPI activity would be presented on a quarterly basis. The complaints data through PALs would continue to be received on a monthly basis with trend data by nature of complaint.

### Local HealthWatch

The Board noted there was work in hand with the evolution from the local (CoYC) LINK to the HealthWatch and asked if it was envisaged there would be lasting demands and asked for clarification on advocacy. The Board noted that the PPI team had been working on this and that the CVS in York were being encouraged by some to become involved as potential hosts; concerning the new role of advocacy, it was clarified that this meant taking up complaints on a patient's behalf.

### Nursing Care Indicators

The Board had concerns that there were no scores for June and were running at 54% rather than 94%. Ms McManus explained the new way the data was being collated and gave an example on the NCI – Falls. The Board were satisfied with this explanation.

Ms McManus offered to discuss the presentation of NCI data further with Mr Sweet outside the meeting.

The Board **noted** the report and the comments.

### **Medical Director Report**

Dr Turnbull presented a short film which had been produced by Darren Fletcher, Improvement Manager (Quality and Safety) following a course he had attended on patient safety.

The Board **agreed** this was an excellent and useful piece of work but asked if a “rider” could be inserted, to signify that the number of patients involved in the safety incidents was not specifically related to York Hospital and that the incidents themselves were taken from a number of hospitals nationally. The Board also felt it could be used as part of the induction for new staff.

**Action: Dr Turnbull to ask for an appropriate rider to be added to the film for it to be considered for inclusion use in staff induction.**

The Board **noted** there had been 3 new consultant appointments: 2 breast surgeons for York/Scarborough/Harrogate and a Consultant Gastroenterologist for York.

Mrs Raper told the Board she was impressed by the excellent process of selection which has been implemented; she felt the process was very robust; Ms Hayward responded that Mrs Holden was the link in relation to the assessment centres.

### Mortality Reviews

Dr Turnbull highlighted the new data available for community deaths from St Monica's, Archways and Selby.

Work also continued to capture data from Scarborough, Whitby and Ryedale as part of the integration process.

“Dr Foster” had clarified plans for their next round of reporting and it was believed that the SHMI would be a valuable new indicator in understanding hospital mortality.

### RAMI

The Board **noted** that the Risk Adjusted Mortality Data (RAMI) for the 12 months to June 2011, which had been downloaded from CHKS, showed a falling trend.

The Board discussed the temporary handling of the Clinical Director role in Obs / Gynae; Mr Rose felt it was useful to hear the philosophy behind the options.

The Board asked if bullet points could be added in the Medical Director’s report which would advise and direct them to the key points.

**Action:** The Board **noted** the assurances given and the comments made.

### **Quarterly Stroke Report**

The Board welcomed Dr Coyle, Consultant /Clinical Director, for this item.

The paper was aimed to update the Board on services at YHFT delivered to patients who have had a stroke and outlined the current position and actions underway prior to the forthcoming accreditation of stroke services in late 2011.

The impending Peer Review of Stroke services would provide assurances that the Trust is providing a consistent and equitable quality of service.

The Stroke data base service was showing progress in relation to key targets, the target of 80% of patients spending 90% of their time on the stroke unit was achieved; of patients with a confirmed diagnosis of stroke, 91% were admitted directly to the Stroke Unit within 4 hours. Work was underway to improve the number of high risk TIA patients within 24 hours and was demanding.

YHFT has been accredited level 2 by the SHA; Scarborough and Harrogate were working towards a level 2. Mr Rose asked if this was felt to be the correct level for Scarborough. Dr Coyle explained that, based on his existing knowledge of their services, the system at Scarborough was not as robust, which was partly due to staffing levels.

The Board discussed the Sentinel Report and asked if it would be continued; Dr Coyle reported that the Sentinel Improvement National Audit Programme (SINAP) would be used and was a mandatory audit and be effective from 1 August 2011, but pointed-out that SINAP was a more narrowly-focused report and hence less comprehensive than the Sentinel had been.

**Action:** The Board noted the report, and **agreed** for a review in December, or when the accreditation had been received.

### **Chairman’s items**

Mr Rose reported that the Corporate Director team were putting in a huge effort and asked them if they were confident in completing the Monitor Business Plan on time. The general consensus was that it was challenging, especially with time being split between York and Scarborough; the added impact of due diligence work was large; but they all confirmed that the target would be met.

Mr Rose informed the Board that they should have a discussion on the recently published North Yorkshire Review; this would happen at the September meeting when Mr Crowley was present.

The Board noted that at the recent Time Out there was a discussion of the need for some new working committees, in order for the Board to be more strategic, to better reflect the issues facing an enlarged Trust. Mr Rose and Mr Crowley would meet and put forward some proposals for debate. The Board noted that the appointment of a Non-executive Director role, to fairly reflect the existence of the East Coast communities, would most likely be delayed until the new Governors were in place in April 2012.

The Chairman thanked the executives and Home Team NEDs for the additional assurance they were providing to the Board on a number of current activity topics through their pre-meeting.

The Board **noted** the report.

**Action: Discussion to be held on North Yorkshire review at the September Board of Directors meeting.**

### **Corporate Risk Register and Assurance Framework**

Mr Ashton introduced the reports and advised that the Audit Committee had reviewed both documents and was assured that the process for updating the documents was rigorous and appropriate.

The Audit Committee has requested that a report of the deliberations at the Risk and Assurance Committee is received by the Audit Committee to provide full assurance on the process of review by the Executives.

Mr Ashton recommended to the Board of Directors the approval of the Corporate Risk Register and Assurance Framework and recognition of the work undertaken to ensure the documents are appropriate and accurate.

The Board discussed and **approved** the report.

### **Operational Performance Report**

Mr Cooney presented the Operational Performance Report and highlighted the specific areas of interest.

18 weeks backlog remains a concern and Directorates have action plans in place; further feedback to the Board in due course.

Concerning the Cancer dashboard, it was noted that the June figures had been reported; Mr Cooney explained that this was the norm, as the figures were always one month behind.

The Board noted in the 31 day pathway the breaches involving the two patients (Urology and Dermatology). Both were explainable and not related to capacity issues.

Mrs Palazzo had one area of concern which was the total time spent in A&E for admitting patients and asked if it was a capacity problem or waiting for beds. The Board were assured there had been some capacity problems. Mrs Palazzo commented that looking at the financial report, the numbers were down, but on looking at the performance report the time taken for the first assessment was up. Mr Cooney responded that the time taken for the first assessment would not be resolved until changes to the Walk-in Centre were made, but that the indication is that the average level of complexity for ED patients is rising. The Board noted that a report would be presented following the implementation of the urgent care changes towards the end of Q3.

The Board **noted** the report.

### **Finance Report**

Mr Lamb, Deputy Director of Finance presented the report and was pleased to advise that for the period to the end of July the Trust was reporting a net I&E surplus of £0.36m, which was broadly on plan. The Trust's cash position stood at £9.0m, which is higher than plan primarily due to the receipt of income in advance of spending. The overall financial position gives an assessed Financial Risk Rating is 3, which is in line with plan which was submitted to Monitor.

Mr Lamb explained that the key risk underlying the financial position remained achievement of the Trust's efficiency target. Against a full year target of £14.2m, to the end of July £6.6m (47%) in full year terms had been cleared. As the profile of savings achieved was behind the plan submitted to Monitor, a resulting underlying pressure of £1.3m was feeding through to the I&E position, although this was being currently mitigated through under spending on operational budgets and slippage of planned developments. Further efficiency savings have been identified, and work continues with Directorates to identify other opportunities.

Mr Sweet explained that detailed discussion had taken place at the 'Home team' meeting regarding the financial position, at which assurance had been received on the efficiency savings progress.

Mrs Raper told the Board she was thinking towards the next fiscal year and asked if anything was being done with regards to efficiency savings for next year. Mr Rose reported that this had been flagged last time and Mr Bertram and the Corporate Directors had undertaken to bring something back later in the year. Mr Lamb advised the Board that the efficiency programme was a 3 year rolling plan, and that a substantial level of savings plans had already been identified for later years.

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

### **HR Performance Quarterly Report**

Ms Hayward presented the HR Performance Quarterly Report which provided updated information for the quarter April – June 2011 relating to Human Resources indicators, including sickness, recruitment and retention, workforce expenditure and also included information on community staff for the first time.



Ms Hayward highlighted that the Sickness Policy had undergone a major review through focus groups and it was planned to introduce this policy from November.

Mrs Raper informed the Board she felt it was an excellent example of how information was presented through bullet points and a well-designed summary; she compared the regional average in benchmarking and suggested thinking about other benchmark themes including NHS top quartile. Mrs Raper congratulated HR on their strong set of results on reducing sickness and to keep up the good work.

Mrs Raper asked about vacancy control and if there would be an opportunity to be slicker and tighter in relation to it. Ms Hayward advised that vacancy control was a robust system with lots of questions and answers. She suggested that if any member of the Board wished to attend any of the vacancy control meetings to observe and seek assurance she would be happy for this to happen.

Ms Hayward informed the Board that benchmarking was done through a pilot software system, for which we pay a licence fee. In relation to benchmarking, Ms Hayward advised that the department had recently agreed to be part of a pilot within the SHA to use some workforce software developed by the North West called e-win. This may in future provide further benchmarking data. In addition, we have recently received some pay and workforce information reports from the SHA which are currently being considered. The Board felt it would be helpful of have a brief presentation on workforce benchmarking in a future afternoon session.

**Action: It was agreed to schedule a presentation on workforce at the September Board.**

The Board **noted** the report

### **Executive Board minutes**

Mr Rose referred to 2011/06 Organisational Development and Improvement Learning Annual Report June 2011 and felt it would be of interest to the Board, as part of their responsibility was to understand how we were developing the organisation. Ms Hayward responded that she felt sure Mrs Holden would be happy to share the report with the Board.

The Board of Directors **noted** the minutes