York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 15th June 2011**

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

Time	Meeting	Attendees
3.15pm – 3.30pm	Pre-meeting for Governors	Governors with Chairman
3.30pm – 4.00m	Private meeting of the Council of Governors	Governors with Chairman and Foundation Trust Secretary
4.00pm – 6.00pm	**Council of Governors meeting**	**Governors and public**

York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 15th June 2010**

at: **4.00pm – 6.00pm**

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

A G E N D A				
No'	*Item*	*Lead*	*Paper*	*Page*
Part One: 4.00pm - 4.10pm				
1.	**Chairman's introduction** The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.	Chairman		
2.	**Apologies for absence** To receive any apologies for absence.	Foundation Trust Secretary		
3.	**Questions from the public** To receive any oral questions from members of the public in attendance at the meeting.	Chairman		
4.	**Declaration of interests** To receive confirmation of any amendments to the declaration of interests.	Chairman	A	5
5.	**Minutes of the meeting held on 23rd March 2011** To receive and approve the minutes of the meeting of the Council held on 23rd June 2011.	Chairman	B	11
6.	**Matters arising from the minutes** To consider any matters arising from the minutes.	Chairman		

No'	*Item*	*Lead*	*Paper*	*Page*
Part Two: 4.10pm – 6.00pm General Business				
7.	**Sub-committees and other Governor Reports** To receive a report from the chairs of the Governor Sub Committees: • Patient Focus Group • Community & Membership Engagement Group – including comment on new staff membership as part of Community Services acquisition • Nominations & Remuneration Committee • Other information	Chairs of the Sub Committees and others	 Verbal Verbal Verbal Verbal	
8.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meeting held from February to April 2011.	Chairman	C	19
9.	**Chief Executive Report** Update on 2010/11 Trust performance and outlook for this year.	Chief Executive	D	51
10.	**Stroke Services** To receive a presentation from the Clinical Director for Stroke Services.	John Coyle	Presentation	
11.	**York Teaching Hospital Charity** To receive a presentation on the work of the charity.	Linda Palazzo and Lucy Watson	Presentation	
12.	**Any other business** To consider any other items of business.			

Proposed topics for discussion at a later meeting

- Children's' services
- Community Services
- Potential acquisition of Scarborough
- Proposed structure of the Council of Governors – post the potential SNEY acquisition

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Register of Governors' interests
May 2011

York Teaching Hospital NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

A

New declarations
Councillor Joseph Richies appointed as Governor for the City of York constituency

Removal from declaration
Stephan Ruff resigned
Cllr Madeleine Kirk, no longer a nominated Governor for the City of York Council

Amendment to an existing declaration
No amendments

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
Cllr John Batt *(Partner: NYCC)*	TBA	TBA	TBA	TBA	TBA	TBA
Dr Lee Bond *(Staff: Consultant)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Helen Butterworth *(Public: York)*	TBA	TBA	TBA	TBA	TBA	TBA
Mr Phil Chapman *(Patient/Carer)*	Nil	Nil	Nil	Nil	Nil	TNil
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	Nil

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Mrs Alison MacDonald *(Staff: Nursing & Midwifery Class)*	TBA	TBA	TBA	TBA	TBA	TBA
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
Dr Jennifer Moreton *(Patients/Carer)*	Nil	Nil	Nil	Nil	**Member—**CQC Registration Involvement Group	**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
Cllr Caroline Patmore *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council	**Councillor—**North Yorkshire County Council
Mrs Anne Penny *(Staff: Nursing)*	Nil	Nil	Nil	Nil	Nil	Nil

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Mr James Porteous *(Public: York)*	**Trustee—**Notions Business and Marketing Consultants	Nil	Nil	**President—**British Polio Fellowship - Yorkshire Region, Leeds and North Yorkshire Region British Polio Fellowship	Nil	Nil
Mr Geoff Rennie *(Patient: Carer)*	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Joseph Richies *(City of York Council)*						
Mr David Robson *(Public: York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Martin Skelton *(Staff: Clinical Professional)*	Nil	Nil	Nil	Nil	Nil	Nil
Ms Catherine Surtees *(York CVS)*			Nil	Partnership Manager—York CVS	Partnership Manager—York CVS	Nil
Mr Robert Thomas *(Public: Selby District)*	Nil	Nil	Nil	Nil	Nil	Nil

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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 **Member**—York Health Group Public and Patient Forum	Nil
Cllr Sian Wiseman *(Public: City of York)*	Nil	Nil	Nil	Nil	**Vice Chairman—**CYC Health Overview and Scrutiny Committee	Nil

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 23 March 2011, in the White Cross Social Club, White Cross Court, York.

Present:	Chairman of the meeting, Alan Rose
Public:	Mr P Baines, Public Governor, City of York Mrs H Butterworth, Public Governor, City of York Dr J Dalton, Public Governor, Hambleton Mrs H Mackman, Public Governor, City of York Mr N Parkinson, Public Governor, Selby District Mr J Porteous, Public Governor, City of York Mrs D Rhodes, Public Governor, Selby District Mr D Robson, 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
Patient/Carer:	Mr P Chapman, Patient/Carer Governor Mrs J Moreton, Patient/Carer Governor Mr G Rennie, Patient/Carer Governor Mr B Thompson, Patient/Carer Governor
Partner:	Councillor J Batt, Partner Governor, North Yorkshire County Council Councillor S Fraser, Partner Governor, City of York Council Mrs C Surtees, Partner Governor, York CVS Councillor S Wiseman, Partner Governor, City of York Council
Staff:	Mrs A McGale, Staff Governor, non-clinical Mrs A Penny, Staff Governor, Nursing Mr M Skelton, Staff Governor, Clinical Professional
Apologies:	Mr L Bond, Staff Governor, Medical Mrs C Patmore, Partner Governor, North Yorkshire County Council
Attendance:	Andrew Bertram, Director of Finance Lucy Brown, Communications Manager Patrick Crowley, Chief Executive Cheryl Gaynor, Head of Chairman & Chief Executive's Office Penny Goff, Member Development Manager Brian Golding, Associate Director Estates and Facilities Anna Pridmore, Foundation Trust Secretary
Members of the public:	Three members of the public attended the meeting.

11/01 Chairman's Introduction

The Chairman, Alan Rose welcomed all to the meeting.

11/02 Apologies for Absence

The Council of Governors noted the apologies.

11/03 Questions from the public

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

11/04 Declaration of Interest

Mrs Rhodes, Public Governor for the Selby District, reported that she was omitted from the declarations. This was an administration mistake that would be corrected immediately.

The Council of Governors noted the declarations of interests.

11/05 Minutes of the Meeting held on 8th December 2010

The minutes were approved as an accurate record.

11/06 Matters arising from the minutes

Public Governor, City of York, Mr Towner referred to minute 10/81 (Emergency Department Report) and expressed that the Triage area, detailed in the Emergency Department response section of the 'Major Incident Response Plan', had been a tremendous success to date and enquired as to what barriers there may be of getting this to be a permanent fixture. Staff Governor, Mrs McGale agreed that the triage area that is set up in the Ambulance area of the Emergency Department had been a success and helped GP's and Commissioners to deliver optimum care and assistance to the patients and minimise consequential disruption. She reported that the timeframe for completion of the scheme was July/August 2011.

11/07 Sub-Committees and other Governor Reports

This item was deferred to the Council of Governors private Board to Board meeting on 13th April 2011.

11/08 Summary of the Board of Directors minutes

Mr Robson, Public Governor for the City of York, referred to the rise in mortality levels and enquired whether the Trust had prepared a provisional response to the levels recorded. Medical Director, Dr Turnbull each week reviews every death from the previous week. The reason for this is to provide assurance and ensure the number of deaths is not increasing. The

latest measure would present the Trust as above normal. The Trust is working with Dr Foster and CHKS (providers).

Public Governor Stefan Ruff referred to admissions and queried when a GP neglects a patient who is not admitted, does the Trust have to pay for this? The Director of Finance, Mr Bertram advised that it is the responsibility of the PCT and subsequent GP's. The Trust will discuss if they feel anything hasn't been right, not least for financial reasons.

11/09 Chief Executive Report

Transforming Community Services (TCS)

The Finance Director, Mr Bertram, has conducted a "business transfer agreement" and all staff have received their transfer of employment letters. Chief Executive, Mr Crowley, advised that discussions are currently taking place in relation to how the Trust will receive staff and transform how services are played out. Gordon Cooney, Director of Operations and Mandy McGale, Associate Director of Operations will oversee this area.

Bernard Chalk, Finance Director (Scarborough) will work with Michael Proctor, Acting Chief Executive (Scarborough) on Scarborough, Whitby, Ryedale and Bridlington. There are still a number of issues that need addressing but, in terms of the transfer, it was important that staff were comfortable with it. Beginning to liaise on how we integrate our services and theirs and also reorganising our own transformation agenda. We have created five new board meetings (Clinical Services Steering Board, NY&Y Locality Board, Emergency and Urgent Care Board, Integrated Unscheduled Care Redesign Project Group and the Emergency Redesign Group)

Scarborough

Michael Proctor has now held the role of Acting Chief Executive of Scarborough for a couple of weeks and has already begun to engage staff, GP's and Commissioners, etc.

Mr Crowley confirmed that two important Boards had been created, the 'Integration Board' (IB) and the 'Acquisition Assurance Board' (AAB). The IB will be used to formalise the changes on how the two organisations will work together. The IB has already looked at two areas in particular:

1. The deployment of human resources – as soon as possible roles will be defined to provide some level of consistency. Sue Holden (York) will focus on learning and development, Peta Hayward (York) will focus directly on contractual HR and Jayne Adamson (Scarborough) will focus on integration, provide senior HR guidance and look after staff.
2. Communications – it is important that we engage this as soon as possible. The Trust's current in-house team is a real asset. The agreed proposal was to appoint the existing Communications

Manager (York) to the post of Head of Communications, which will then act as a single point of contact for all issues relating to partnership and integration work. The new post will have responsibility for a new Band 5 post at York who would be appointed on a fixed term one year contract to undertake day to day media relations and internal communications support. The intention with Scarborough is to mirror the York arrangements and appoint a similar Media and Communications Officer. Anything to do with integration will be dealt with by the CEO and Scarborough will deal with local issues.

The AAB have already met once and agreed the terms of reference and the scale and scope of the due diligence exercise to start on 1st April 2011 and in by June 2011 to make presentation to Monitor in early Autumn. The Trust endeavours to keep the Governors informed.

Mr Crowley advised that there is a Clinical Workstream meeting on Friday 25th March, the purpose of the workshop being to set a plan on integration.

Mr Towner enquired about the capital investment at Scarborough hospital and what resources were being made available. Mr Crowley advised that it was early days to address this area. Scarborough have their own development plan which was believed to include the kitchens, but Mr Crowley confirmed that he would confirm that after having clarified this with MR Proctor (Acting Chief Executive – Scarborough). It was recognised that the Scarborough theatres were in need of development and was to play a key part in the integration plan. Overall there were some areas of Scarborough hospital that were better than York and a wide disparity of work. Mr Crowley confirmed the Associate Director, Estates and Facilities was to accompany him to present the development plans to the City of York Council on Thursday 24th March 2011.

11/10 Musculo Skeletal Services

Melanie Liley, Directorate Manager – Therapy Services gave a detailed presentation on the York Musculoskeletal clinical assessment, triage and treatment (MSK CATT) service, recently redesigned and successfully defended against competitive bids.

The presentation was well received and the Council of Governors thanked Mrs Liley and her directorate for their hard work and commitment.

11/11 Finance Report

Mr Bertram presented the finance report, which detailed the financial position as at 31st January 2011. He reported that there was an income and expenditure surplus of £0.94m against a planned surplus for the period of £3.18mand an actual cash balance of £3.6m. This income and expenditure position places the trust behind the Annual plan submitted to Monitor. The assessed Monitor Risk Rating at the end of January is an overall rating of 3,

which is below plan.

The strong message was that the organisation is managing, not as well as originally set out, but reasonably comfortably.

The delivery of efficiency was excellent and continuing to progress, although it does spill into the next year.

Mr Towner referred to the efficiency savings and commented that he had not seen any reductions in numbers advertised relating to staff reductions, etc. Mr Bertram advised that staffing has gone up but the Trust has taken on some new service.

The Council of Governors noted the report.

Progress update on Annual Plan 2011/12

Mr Bertram reported that over recent months work had been ongoing to develop the financial plan 2011/12 and beyond through a process of consultation and discussion with directorates, the Executive Board, the Board of Directors and the Council of Governors. There will be an opportunity to discuss the plan at the Board to Board meeting on 13th April 2011.

Mr Rose thanked the governors involved in the annual planning group.

11/12 Operational Performance Report

Mr Bertram presented the operational performance report which detailed activity and performance against target deliver as follows:

Performance national access targets)

- 18 week performance – admitted 93.03% (target 90%)
- 18 week performance – non-admitted 97.65% (target 95%)
- 4 hour – 95.92% (target 95%)
- 14 Day Cancer – 95.20% (target 93%)
- 31 Day Cancer – 97.80% (target 96%)
- 62 Day Cancer – 80.90% (target 85%)
- MRSA – 5 case (YTD against a trajectory of 2)
- C.Diff – 52 cases (YTD against a trajectory of 112)

Activity (local targets)

- 18 week admitted, median treatment time – 62 days (target 78 days)
- 18 week non-admitted, median wait time – 30 days (target 48 days)
- Elective Operations cancelled – 9 days (25 days)
- Percentage of ambulance turnarounds (less than 25 minute) – 53.73% (target 80%)

The governors noted the report.

11/13 Quality Report

Ms McManus advised that the main headline of the National Cancer Survey was that it was a real positive report and the Trust and its Governors should be proud. It was expected to receive very good press.

Ms McManus referred to the quality report and advised that there was nothing to show at this stage. She advised that the report will be sent to Trust stakeholders like Overview and Scrutiny, Local LINks and the PCT for feedback.

Lead Governor, Mrs Mackman reported that the Quality Account Group had worked hard at reviewing the development of the quality account for 201/11 and the report detailed only a portion of the work carried out by the group.

Mrs Mackman advised that it was important to note that Monitor did require the Trust to have the quality account audited annually and the audit is undertaken by the External Auditors. Monitor had mandated three performance indicators to be tested:

1. Maximum waiting times of 62 days from urgent GP referral to first treatment for all cancers
2. The Board of Directors can choose between MRSA and Clostridium Difficile
3. VTE assessment

Regarding the third indicator, the group had considered and formulated a recommendation to the Governors following a presentation from the Foundation Trust Secretary, Anna Pridmore (prepared by the Chief Nurse) which helped consider and understand priorities within the quality and safety strategy.

The Council of Governors agreed that the external audit look at VTE assessment as the third performance indicator.

The Chairman thanked the governors for their hard work and being involved with the group discussions.

11/14 Car Parking at York Hospital

Mr Golding, Associate Director - Estates and Facilities advised that the new multi-storey car park has increased the number of parking spaces to about 500. He had recently sent out a voting email to the Council of Governors which requested each of them to vote about aspects of the pricing policy. Mr Golding confirmed that the results of the vote showed that the majority of Governors felt that the charges should follow that of the Council, as follows:

- 0-1 hrs £1.80

- 1-2 hrs £3.60
- 2-3 hrs £5.40
- 3-4 hrs £7.20
- 4-5 hrs £9.00
- 5 hrs+ £10.00

The Governors enquired whether there was a 'grace period' for the charges to which Mr Golding advised that he was confident that the grace period was 20 minutes, but would clarify this after the meeting.

The governors referred to the concession charges. In line with national guidance, there are a large number of concessions available for people who are visiting regularly or for long periods of time. Lead Governor, Mrs Mackman enquired whether particular illnesses were being picked out for the concessions. Mr Towner agreed with Mrs Mackman and also commented himself that the Travel and Transport Group should consider ways of notifying those that need to know about their concessions.

Mr Golding advised that the 'pay on exit' scheme meant that an activity report could be produced for the Governors to see. This should be available in approximately three months time.

Public Governor for the City of York, Mrs Butterworth, commented on the lights being on in the multi-storey car park throughout the night. She felt that this was certainly a waste of energy and suggested the possibility of a dimmer mechanism. Mr Golding was keen on the idea and advised that he would liaise with the Energy Manager (also known as Brian Golding).

Mr Porteous, Public Governor for the City of York, queried the whether the number of staff parking spaces will be increased and he then moved onto the query of whether the Blue Badges (one of which he is himself) should remain free. He felt that there should still be a charge for these holders and that he would be one of many that may volunteer to pay. Mr Golding clarified that the number of staff parking spaces would not be able to be increased. At present there were approximately 20 contractual spaces and they are ordinarily staff.

Mr Rose requested that any further questions regarding the car park be referred to the relevant group (Travel and Transport Group)

11/15 Any Other Business

Mr Rose advised that the Nominations Committee had now completed appraisals of four of the Non-executive Directors.

CLG
27/03/2010

York Teaching Hospital NHS
NHS Foundation Trust

York Musculoskeletal Clinical Assessment, Triage & Treatment (MSK CATT) Service

Melanie Liley
Directorate Manager,
Therapy Services

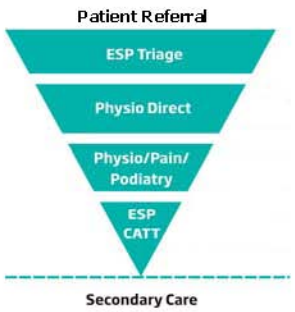
Context

- Procurement process led by NHS North Yorkshire & York, York Health Group and Selby PBC consortium
- Contract awarded - Feb 2011
- Relates to orthopaedic and musculoskeletal conditions
- New service will provide:
  - An alternative to current provision
  - A single point of access

Aims of the new service

- Develop new pathways
- Improve access
- Reduce waiting times
- Improve patient experience and outcomes
- Manage demand for secondary care services
- Maximise value for money

Service delivery



Summary

- Integrated model
- Patient centred
- High quality
- Understand local needs
- Patient and referrer experience
- Cost effective

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 along with the key decisions and actions from the meeting.

Summary of the minutes of the Board meeting held on 23rd February 2011

Patient Experience- National Cancer Patient Experience Programme 2010 National Survey

Ms McManus provided some background to the item to remind the Board of the purpose of discussing patient experience.

Ms McManus commented that the Trust were very proud of the achievements demonstrated in the report. There had been a high response to the survey and the results show that the Trust is 'getting it right'. The evidence from the report would suggest that the delivery of service is right and the Clinical Nurse Specialists are valued. Ms McManus added that it was recognised that there were some improvements that would need to be made. Ms McManus referred to the areas highlighted in the report and added that action plans had been developed and the teams were committed to delivering the action plans.

Mr Ashton asked if the resources available to the cancer services were more generous than elsewhere. Ms McManus confirmed that the skill mix was very different to those found on a general wards. Dr Turnbull added that the targets associated with the service have resulted in improvement and the expectations are to perform at a very high level.

Mr Rose commented that he had the impression that the Cancer Care Centre was slightly detached from the rest of the hospital. Mr Crowley advised that two or three years ago the Trust had created a directorate for cancer services; this was then moved into specialist medicine. Now the Trust is creating a Cancer Board which will provide a more connected service.

Mr Rose asked for the Cancer Team to be congratulated on their work. Ms McManus advised that David Alexander as the lead clinician, Tracey Goldsborough as the Lead Nurse and Mike Harvey as the Directorate Manager.

The Board thanked Ms McManus for her report and noted the excellent work being carried out. The Board asked Ms McManus to thank those involved in the service.

Medical Director Report

Human Tissue Authority (HTA) – The Trust underwent an inspection on 2 February 2011, and had its license reissued. Dr Turnbull added that the HTA were very complimentary about the mortality and post mortem facilities in the Trust.

"Look back" exercise – Dr Turnbull reminded the Board of Directors that the look back exercise addressed the issue of a health care worker being HIV positive. The Trusts involved in the exercise were Hull and East Yorkshire NHS Trust (HEY), Scarborough and North East Yorkshire NHS Trust (SNEY) and York Teaching Hospital NHS Foundation Trust (YTH). The exercise looked at 552 patients, across the three Trusts; all tests undertaken on the 552 patients were negative. The total cost of the exercise was £228,817.A media injunction was taken out by HEY which added to the costs. The exercise cost YTH about £50,000 of which about ¼ were sunk costs.

Dr Foster – Dr Turnbull described the past week in the organization, which had been fairly typical. He explained that during the week he had reviewed:

- 13 deaths – 3 in the emergency department (one patient arrived in the department dead)
- 79 clinical incidents on Airs forms
- 7 patients complaints – 2 of which were about attitude
- 2 serious untoward incidents floated and 1 was declared
- 1 claim was settled for £4000
- 1 NPSA alert was settled
- Dealt with a number of infection control issues.

He went on to explain that the Trust receives, through the Strategic Health Authority (SHA), a report from Dr Foster on the Hospital Standardised Mortality Ratio (HSMR) figure, which is published on a quarterly basis. Historically, the position of the Trust has been to be below the national average. Consequently the Trust, within the Quality and Safety Strategy set a low target. As other Trusts have dropped their HSMR, Dr Foster have reviewed the index and rebased it. The Trust is now showing as having an above average HSMR. Dr Turnbull advised that he has discussed the results with Dr Foster and Dr Foster has confirmed that the Trust does not seem to have a problem in any particular area.

Dr Turnbull added that the concern related to coding, particularly around palliative care and coding on "signs and symptoms" rather than "diagnosis".

Mr Crowley added that the coders in the Trust do code to the letter of the law. In common with all Trusts, our coders are required to code very quickly because of the contractual responsibilities and at present the Trust's coders only code palliative care if that has been part of the treatment. If coded as palliative care, the patient is expected to die, and hence this serves to lower the HSMR.

One key aspect to this issue is the engagement between the clinicians and the coders; the Trust is working on developing some additional guidance for the coders and working with the clinicians. Dr Turnbull added that he is continuing the dialogue with Dr Foster to identify if there is any further review work to be undertaken.

Dr Turnbull confirmed that the Trust would be looking at how coders in other organisations behave and where appropriate ask our coders to behave in a similar way.

Ms Raper added that her concern was around reputation. She enquired what impact this report could have on the Trust. Dr Turnbull agreed that it was an issue and added that it is possible that the next quarterly report would also show the Trust as an outlier.

The Board thanked Dr Turnbull for his report and asked for a further update to be included in his Board report for the next few months.

Chief Nurse Report

Infection control – Ms McManus advised that the Trust had experience an outbreak of c-diff 027 in February. This involved 5 cases. The ward has been treated with Bioquel and a meeting has been arranged between infection control and the directorate to ensure nothing is missed. Each case will go through a root cause analysis. The Trust had also had an outbreak of Norovirus confirmed and action has been taken very quickly to close wards and publicise, so patient and visitors know what to do.

Mixed sex accommodation – Ms McManus referred to the policy attached to her report and advised that it had been updated as is required on an annual basis. She added that there is a declaration within the policy that does require approval by the Board of Directors.

The declaration of compliance states:

"York Teaching Hospital NHS Foundation Trust is please to confirm that we are compliant with the Government's requirement to eliminate mixed-sex accommodation, except when it is the patient's overall best interest, or reflects their personal choice. We have the necessary facilities, resources and culture to ensure that patients who are admitted to our hospital will only share the room where they sleep with members of the same sex, and same-sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will only happen when clinically necessary (for example where patients need specialist equipment such as in our Intensive Care Unit) or when patients actively choose to share (for instance our Renal Dialysis Unit).

If our care falls short of the required standard, we will report it and take action to prevent re-occurrence. We will also set up an audit mechanism to make sure that our processes and our staff continues to comply with eliminating mixed sex accommodation. We will publish the results of that audit on our

website."

The Board **approved** the compliance statement.

Commissioning for quality and innovations (CQUIN) – Ms McManus advised that CQUIN was progressing well, both nationally and locally. She advised that some of the changes would be part of the Quality and Safety Strategy.

Nursing Care indicators – Ms McManus advised that work is being undertaken to reduce variability in the priorities. The results have been strong in the three key areas concentrated on in the past months.

Report on elderly – Ms McManus referred to the recently published report which focused on the care of the elderly in hospital. She commented that the report has been discussed with her nursing colleagues. A plan is being prepared to focus on the compassion elements of care. Dr Turnbull added that the complaints received by the Trust would suggest that there are times when the behavior of staff is not as professional as it should be. Ms McManus agreed and added that there are some excellent training aids that the Trust will use. She also added that it is National dignity action day at the end of February. She advised that this year the Trust will be asking patients for their views on dignity in the hospital.

Professor Willcocks added that diversity is a very holistic subject that includes how we manage dignity. Mr Crowley added that the report applies to everything the Trust does; it is not just one part of the Trust.

The Board thanked Ms McManus for her report. The Board **noted** the comments in her report

Chairman's Report

Strategy – Mr Rose drew the Board's attention to the comments made in his report about the working with Hull on the cancer network and being innovative in considering how to capture the health services potential of Bridlington Hospital. He advised that he had visited Bridlington Hospital for a second time and there are some very positive ideas about how to use the facility being suggested.

Governance and Governors – Mr Rose reported that a vision is being developed for the development of the membership strategy and governors. The execution of the increased membership would start over the next few months. The communities the Trust will be working with will increase and the amount of communication will increase with an increase in the number of public meetings.

Mr Sturdy (York Outer MP) is a member of the Parliamentary Committee reviewing the Health and Social Care Bill. The Trust will continue to work with Mr Sturdy to keep him well informed.

Mr Rose added that the requirement for increased governance may result in some frustration around the increased number of processes, but that we need this discipline to ensure we can manage the multiplicity of challenges faced this year.

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

Chief Executive Report

Mr Crowley asked Ms Hayward to comment on the arrangements for the Royal Wedding. Ms Hayward commented that the unions had now agreed that the Royal Wedding would be a normal working day, and staff would get an extra day within their holiday entitlement. Mr Crowley added that there had been a detailed consultation exercise with the staff side representation and the Consultant body around the terms and conditions. The discussions had been difficult around the broader briefing with the consultants, but the consultant body had approved and recognized the impact on the organisation that an additional bank holiday would have on the operation of the Trust.

Ms McManus added that work is underway to ensure those who wish to celebrate can do.

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

Operational performance report

Mr Proctor presented the performance report. He drew the Board's attention to 14-day breast symptomatic. The requirement is to report on a quarterly basis. This month the Trust has failed to achieve the target, but it is expected that the Trust will achieve the quarterly requirements. The reason for not achieving this month is that it has proved difficult to ensure patients are available within the 14 days. Through patient choice, patients are able to choose when they come for treatment.

With regard to Trust, there has been a significant increase in the number of cancelled operations for non-clinical reasons. January was a poor month, due to the amount of emergency activity. Mr Proctor added that so far in February there have been 8 cancelled operations.

Mr Proctor drew the Board's attention to the 18-week admitted and non-admitted targets. He advised that the targets shown in the report are not correct. The compliance framework coming into force in April 2011 will require:

95th% patient waiting times

	Target	**Currently**
Admitted	23 weeks	21 weeks
Non-admitted	18.3 weeks	15.77 weeks

Mr Proctor advised that the targets would be changed in the report.

The Board **noted** the performance of the Trust in the last month.

Finance Report

Mr Bertram asked the Board to confirm authority for a mandate in favour of the Bank of Scotland to be signed by Mr Bertram and Mr Crowley. Following the planned merger of the Bank of Scotland and Lloyd's Bank, the Trust had been asked to confirm its current banking arrangement with the Bank of Scotland for the investment of temporary cash surpluses. The Board is asked to approve the following resolution:

The Board resolved to confirm that the Trust's banking arrangement with the Bank of Scotland, be continued.

Mr Bertram advised that the net Income and Expenditure (I&E) surplus should be much higher. Expenditure was very high and higher than it had been expected. The Directorates are working very hard to achieve their efficiency plans and the additional measures imposed are beginning to have an effect.

Mr Rose enquired if reliance on the external providers would be reduced during the next financial year. Mr Bertram advised that it was a declining rate in the plan, but would clearly be influenced by prevailing demand levels, our ability to recruit to planned service capacity levels and the pressure level maintained on the organisation in terms of compliance with access times. Mrs Palazzo added that the increased estate the Trust may inherit would provide additional facilities to be able to undertake more work. Mr Crowley explained that the size of the estate will depend on what is available, but the Trust would always try and negotiate for the provision of services in the most appropriate locations.

Dr Turnbull added that the Board should move away from thinking in terms of "waiting list initiatives", the activity is "extra contractual activity".

The Board discussed the comments and **understood** the reason for the variation in the activity.

Efficiency report

Referring to the efficiency report, Mr Bertram drew the Board's attention to the level of non-recurrent cost improvement programme (CIP) being carried forward.

Mrs Palazzo referred to the 'regular under achievers' and asked if it was a lack of attention on the Directorates' behalf or was the target unrealistic? Mr Bertram confirmed that there are some Directorates that struggle more than others in the engagement of achieving the targets. He added that the Corporate Efficiency Team is continually seeking new ways to keep the impetus going and the emphasis on the agenda alive. Mr Crowley added that there is a continual reinforcement of the message; the Executive Board is very engaged in the agenda, as is the staff side, and there are signals that

the consultant body are becoming more engaged, the example being the acceptance of the decision on the Royal Wedding.

Mr Rose commented that he would expect that some economies of scale should be achieved from the integration work being undertaken, but these may not materially impact during the coming financial year very much.

Mr Crowley confirmed that was an objective of the integrations. He advised that an example of this was the exploration with SNEY around the reduction in the reliance of locums.

Professor Willcocks commented that she had noted reading the business case included in the pack that there was no reference to CIP, yet the Directorate were in the highest risk category for the delivery of their CIP. She asked if CIP was embedded into the Directorate.

Mr Crowley explained that the Directorate has been attempting to manage the demand without asking for more resources. The production of this business case is after the Directorate has introduced a number of other measures to save money.

Ms Hayward advised that NHS Employers are writing a separate supplement in the HSJ which will feature the Trust about the efficiency programme and particularly its engagement with staff side on taking this agenda forward.

Mr Ashton commented that last year the Board had received presentations from all the Directorates about their approach to CIP. Each approach was different. He suggested that the message of being more consistent with the approach to CIP should be reinforced. Mr Crowley commented that the presentations were a vehicle of the Directorates to receive support on their plans. For example, the Elderly Directorate has high staff numbers and has spent this year reducing the reliance on beds. There is limited opportunity to reduce cash.

The Board **noted** the discussion and the efficiency report.

Financial Plan 2011/12- interim report

Mr Bertram advised that the tariff for 2011/12 had been published and the finance department were currently working through the implications of the report.

The biggest risk to the organisation was the 30-day readmission rule. The guidance within the tariff document is helpful as it seeks to explain how the rule will apply. There is a targeted intention to gain 25% improvement in inappropriate discharges. He added that there is a useful phrase included in the guidance; it states: “where (the readmission) is not related to a previous admission the commissioner can pay for the activity.” Mr Bertram advised that he would be working through the implications with the PCT and would be seeking a common approach to the application of this principle through the SME.

Mr Bertram referred the Board to the planned assumptions and the proposed net surplus. He explained that there was an anticipated £1m impairment built into the plan, as there continued to be a downward pressure on the valuation of the assets.

Mr Sweet asked if the plan was acceptable, or should the Trust be looking at an alternative which delivers a higher net surplus. Mr Bertram advised that the plan is based on the tariff structure and operating framework, it has been built in the most appropriate way. The PCT are aware of the draft assumptions.

The Board noted that there were no staffing level reductions explicitly included in the plan and asked if it should be something that was included in the plan. Mr Bertram advised that work was going on to analyse this and a discussion was timetabled to be held in the Corporate Directors' meeting. This area would be a continual theme through the coming years and Mr Bertram confirmed the continuation of WTE information provision to the Board through the monthly efficiency report.

Ms McManus added that the assumptions around palliative care are being checked.

A discussion took place around the impact of the MSK bid and Mr Bertram advised that the Trust stood to lose substantial income and activity on the back of the successful deployment of this service, in terms of direct access physio, orthopaedics and the pain service. Mr Bertram explained that this loss would be realised whoever won the tender. York's bid provided substantial mitigation against this loss and Mr Bertram explained the financial impact of the transactions.

The Board **considered** the draft income and expenditure plan and recognized the information remains draft.

Clinical Excellence Awards

Ms Raper outlined the process, explaining how it was agreed who would receive an award. Ms Hayward added that the allocation available this year has been reduced, but this did not change the debates. Dr Turnbull commented that there was some money left from last year to allocate. There were 171 eligible consultants; of these 64 applications were received, 32 consultants received awards and 32 consultants were not considered to have demonstrated sufficiently above average contributions.

Dr Turnbull left the room. The Board considered the list of recommendations for the Clinical Excellence Awards. The Board **ratified** the list and noted the action for the unsuccessful candidates.

Human Resources quarterly report

Ms Hayward drew the Board's attention to the sickness absence figures. She

reported that the regional benchmarking has shown that the Trust is the 2nd best in the region on the sickness levels.

Referring to the temporary workforce Ms Hayward drew to the Board's attention that between the end of September and December 2010 the spend on temporary workforce had increased. She advised that the Elderly Directorate were trying to understand better why there has been an increase. The HR department is working with the Directorate. The other department Estates and Facilities has not met with the HR department to understand the increase.

Mr Rose asked about the intention around the use of agency staff and the Directorates budgets if vacancies arise.

Mr Crowley commented that the Trust budgets for premium cost working and some overtime, but otherwise any costs for agency working would be agreed through the vacancy control process.

Professor Willcocks commented that the report showed a year on year improvement

The Board **noted** the report.

Business Case

The Board was asked to consider and approve the following business case.

2010/90 – 2 new consultant anesthetists

Professor Willcocks commented that this was a very strong business case providing an enhancement to services and a positive financial contribution. She suggested that the business case was not as strong as it might have been, as there was no mention of CIP.

Mr Proctor added that the Board should not underestimate the pressure the department has been under. He added that there is a fine balance in the service

The Board **noted** the comments and approved the business case.

Proposed transfer of community services (Selby and York Community Services)

Mr Proctor explained that the benefits case looks at the opportunities that might be brought about by the integration, although it should be noted that it is expected that not all benefits will be realized, and not all immediately.

The Transfer stage will be from 1st April; once that stage is complete, it will move into the transformation stage. The organizational intentions are to create one Community Directorate initially and then look and see which areas might be incorporated into existing services. Mr Proctor added that he

believed that about half way through the next financial year there would be a significant change in the management structures, but currently the vast majority of people will stay with their current reporting lines.

Mr Proctor added that the Directorate management has been identified, but decisions need to be taken about the Clinical Director. The leadership around the transformation will be managed by Mr G Cooney, Associate Director of Operations.

Mr Proctor described a model in use by a large general practice in the area – Priory Med. He described that the staff were paid by the PCT, but managed by Priory Med. YTH will inherit the people and pay them instead of the PCT, but the management arrangements will stay in place. The intention is to examine the model and see if it could be used across the service, which would allow GPs to be closely involved in community services.

The Board discussed the benefits case and Ms Raper commented that it was useful to have some balance. Mr Proctor commented that realization of the benefits would be better understood when the Trust was clearer about the services. The fundamental issue is how the Trust manages care in the community. Mr Proctor asked the Board to confirm that that they approved the general acceptance about progressing with the integration of the Selby and York community services.

The Board enquired about the business transfer agreement (BTA) and the progress made in completing the document – the acquisition of services could not be agreed until this was in place.

Mr Bertram advised that he expected it would be completed over the next two or three weeks. The work being undertaken is in the shadow of the work being undertaken by Harrogate, leading due to the material nature of their transaction and Monitor's approval requirements. There are a number of risks that have not been fully mitigated, but have been included in the BTA, these include access to capital, performance delivery holidays and specific guarantees and warranties around material issues.

Mr Sweet enquired if the estate assets would be transferring to the Trust. Mr Bertram advised that he was of the opinion that all the assets would remain with the PCT at this stage.

Mr Bertram added that the Trust would be working closely with GPs to ensure the community service satisfies the needs of the community. Mr Bertram confirmed that this was an area constantly under discussion at DH level but at this stage no clarity on the likely ultimate outcome was available.

Mr Rose enquired about the management changes of the working of the committee responsible for the development of the BTA. Mr Bertram confirmed that he or Mr Cooney would chair the operational integration meeting with Mr Bertram confirming that he was leading the BTA discussions. He confirmed he would be presenting a summary to the Board of Directors in March of the key aspects to the BTA. Mr Bertram advised that as part of the details around

the implementation, he has asked Miss Alison Bryden, a project manager in the Trust, to develop the action plan for transferring community

The Board **noted** the comments received and the changes to management.

The Board meeting broke for lunch, Mr Deri did not return to the Board meeting for the afternoon session. He was given a tour of the hospital. The Board resumed after the lunch break. All members of the Board were present.

Proposed transfer of Community Services (Hosting Scarborough/ Whitby/ Ryedale)

Mr Bertram advised that the due diligence had not been completed in time of this Board meeting but was expected shortly from the SNEY Team. This delay could mean that there might be a delay in commencing the hosting the service. However, it was still the intention to try to deliver an April live date and Mr Bertram advised the Board that they may receive the due diligence on SWR CS at the same time as the BTA summary in March for rapid turnaround. Mr Bertram advised that the hosting contract is for 1 year, and the contract will be concluded should the integration with SNEY not be completed.

Ms Hayward enquired how the Trust would manage the changes to staff if YTH chose not to proceed with the acquisition. Mr Bertram explained that the vast majority of the costs are staff costs and are directly attributable costs and easy to identify, there exists a clear TUPE and TUPE-like list of staff. Mr Bertram confirmed that he would not expect any difficultly in subsequently handing back the SWR CS contract should this be necessary in 12 months time. It was agreed that there should be clearer information later in the year, once the due diligence of SNEY has been completed.

Mr Bertram advised that at the March Board he would expect the due diligence and the BTA to be presented together.

Summary of the minutes of the Board meeting held on 30th March 2011

Patient Experience- Letter of complaint and letter of compliment

Ms McManus outlined the purpose of the item and asked Professor Hutton to read his letter of complaint. She then asked Ms Hayward to read her letter of compliment.

Medical Director Report

Mr Rose asked Mr Ashton to lead the debate on the Medical Director report. Mr Ashton commented that he felt the report was a very interesting and well written report. He added that he was pleased to see the list of never events. Mr Ashton added that it was assuring to see the initial thoughts Dr Turnbull had shared with the Board earlier in the year about the Hospital Standardised

Mortality Ratio (HSMR) were confirmed by this report. Dr Turnbull thanked Mr Ashton for his comments and added that he has also been seeking further independent review using the risk adjusted morality index (RAMI). This is a similar measure which is calculated in a different way to HSMR. Dr Turnbull tabled a graph showing the RAMI and asked the Board to note the graph. Dr Turnbull added that additional changes would be made when Trust changed to the Summary Hospital-level Mortality Indicator (SHMI) and at present there are some outstanding concerns about how this might affect the calculation of hospital mortality.

Mr Ashton asked if Dr Turnbull would comment on the relationship between HSMR data, crash calls, and patient at risk (PAR) data. Dr Turnbull confirmed that the assessment was quite right; there was a relationship between the three sets of data. Crash calls are a surrogate marker for detecting the deteriorating patient; HSMR is obviously affected by the crash call rate should that result in a death. The crash call rate has gone up recently, which could suggest that the ability to detect a deteriorating patient is not as good as it should be or that the staff is not doing anything if a patient is detected. The nurse will watch for deterioration in the patient and the medical team will do something about the deterioration. Scarborough has introduced a system that measures the vital signs and records the measures and will alert the medical team as appropriate.

Dr Turnbull reported that following discussions with Dr Foster they had agreed to rebase the HSMR on the basis of the additional information submitted. Mr Rose asked what approach Dr Foster would take to deaths in the community setting. Dr Turnbull explained that Dr Foster would only measure acute deaths, not community, so the Trust's score should not be affected. The new measure SHMI will measure deaths in the community when they are 30-days post discharge. Dr Turnbull added that the Trust has met with the community nursing team and there are some significant implications for the Trust to address relating to non-medical prescribing. Ms McManus added that a baseline assessment is being undertaken for each location and will be included in the risk profile, which will form a separate section of the Board reports. Mr Crowley added that the emphasis is on exposing issues that can then be addressed rather than damning performance. The Board **agreed** with the comments made.

Mr Sweet asked Dr Turnbull to comment on the safety briefings. Dr Turnbull commented that some good work had been undertaken in theatres. There are two checks, one before the patient arrives in theatre to make sure the right list and the right people are in theatre and the second is a stop moment when the team confirms they have the right patient and that it is agreed what operation is being performed and that the right site on the patient has been identified. Dr Turnbull added that as the graphs show, compliance is not full. It does vary in quality and the figures are not entirely reliable. Mr Crowley added that aspect of data capture is tested at performance management meetings (PMMs) and practice does need to change to improve the data capture. Mrs Palazzo enquired who was responsible for the safety briefings. Dr Turnbull advised that it was the consultant.

The Board **noted** the comments and the work that is being undertaken.

Ms Raper commented on the Woodland Centre and asked about the current discussions. Dr Turnbull explained that Christchurch Court's preferred bidder status will be known by midsummer. The opportunities that could come to the Trust, should Christchurch Court be successful and continue with their plans to open up the service would be that the Trust could expand the neurology service.

The Board **noted** the comments and added their support.

Chief Nurse Report

Professor Hutton asked if Ms McManus would comment on the impression from the charts included in her report, despite the interventions and hard work done by staff to reduce pressure ulcers, there does not seem to be much change in the numbers, although it is agreed that the grade of the pressure ulcers has been lower. He also asked her to comment on the spike in falls shown in the graphs.

Ms McManus agreed that the graphs gave that impression and confirmed that she would look for a better way of demonstrating the difference. It was noted that both falls and pressure ulcers were covered in both the Medical Director report and the Chief Nurse report.

Ms McManus added that she shared the concerns that the Board had with regard to falls; there had been seven falls last month resulting in significant harm. Ms McManus was currently reviewing the way nurses organise their care and was intending to introduce a method called 'intentional rounding'. Intentional rounding is where a nurse will, when visiting a patient, make sure the patient has everything they need until the next time the nurse attends the patient. The Board **agreed** that it was a good approach and understood that there is evidence that if nursing staff work in that way there is a reduction in the number of falls. Ms McManus confirmed that she would be introducing it to the Elderly Directorate initially and then initiating a rapid spread of the system across the Trust.

Professor Hutton asked about the CQUIN framework that appears in the report. Ms McManus explained that last year the CQUIN development was driven entirely by the PCT with little or no input from GPs or the Trust. This year both the Trust and GPs have been able to significantly influence the framework and the PCT have responded well to the comments they have received.

Last year the Trust did discover an error in the collection of the data around Venous Thromboembolism (VTE), which was rectified quickly and did not impact on the framework.

With regard to the poor design referred to in the report, the Trust responded very quickly to the CQUIN framework and had little time to develop robust systems and processes. This coming year the Trust has already been more

involved in the development of the framework and so better equipped to ensure the systems and processes are more robust.

The Board noted the report and the assurances and comments made.

Chairman's Report

Mr Rose drew the attention of the Board to the second item in his report. He commented that people were beginning to feel the stresses and strains of all the work that was going on and the level of complexity that it was creating. He counseled tolerance from people during this time. Mr Crowley endorsed the comments and added that he did expect everyone to continue to manage themselves as they have been doing.

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

The Chairman advised that he had used Chairman's actions in line with the Reservations of Powers and Standing Orders to approve the letting of the contract with Ernst & Young for the due diligence exercise at SNEY. He confirmed that he had received full assurances from the Chief Executive and Director of Finance on the requirements to undertake a full tender exercise and the funding available. He had also been advised that the members of the Acquisition Assurance Board had confirmed their approval for the letting of the contract.

The Board **noted** the comments and **ratified** the Chairman's action.

Mr Rose referred to his paper on membership development. He commented that at present the Trust has maintained a membership of approximately 5% of the eligible population and he would suggest that the Trust continues to maintain that level. This would mean a further 10,000 to 11,000 more members. At the public meeting a couple of weeks ago the Trust gained a number of new members and there are already a number of members in the patient/carer constituency who will become public members of the Ryedale constituency.

Ms Raper enquired if there had been any discussion about the name of the expanded Trust. Mr Rose advised that there had been some early discussions but that no set proposal was ready to put forward. Mr Crowley added that it was his inclination to leave the name of the Trust as it was and reflect on the locations of the Hospitals as the important point, not the name of the Trust. He added that when leaflets had been provided to the public event there were no questions about what the Trust would be named.

The Board **agreed** that keeping the identity of the locations was important. Sir Michael added that from his perspective the individual identify of each hospital was important but re-branding would be a distinct advantage to SNEY.

The Board **agreed** that a further review should be arranged for the autumn time out.

Open day event

Mrs Palazzo presented her report and asked the Board to consider the points raised by it.

Following a Board discussion of the options proposed it was **agreed** that the Open day event should be one event held at the Trust and that it should remain clinically focused. During the debate it was noted that each of the other hospital locations (within the York and Scarborough localities) holds open day events and those should be maintained. It was **agreed** that a list of dates of when the other events are held should be collated.

The Board also **agreed** that the planning group should be reformed to include more groups of staff and Mr Crowley **agreed** to join the group.

Chief Executive Report

Mr Rose welcomed Mr Proctor to the meeting.

Mr Crowley referred to his report and highlighted the key messages around the reward and recognition system, the fundraising work that Ms Watson is developing, and the Transition Board that he attended recently.

Mr Crowley advised of the developing approach for dealing with cross hospital issues. He reminded the Board about the Acute Board and Surgical Board and advised that he had introduced the Integrated Urgent Care Board and the Cancer Board.

Mr Crowley also advised that he had attended a meeting with Mr Golding at the Council to present the estates strategy.

Mr Crowley went on to comment on the activities of the Integration Board and the Acquisition Assurance Board. He highlighted that cross working had now been agreed within the HR leadership and Communications. In the Acquisition Board he drew the Board's attention to the discussion it had about the due diligence and reminded the Board, as they had heard from the Chairman, the contract for the due diligence had been let to Ernst & Young.

Sir Michael commented that although both Trusts do need to maintain their independent identify, as issues move forward there will be much more sharing of information and activity.

Mr Rose invited Mr Proctor to add his comments from SNEY. Mr Proctor advised that he had met with a number of people both within the Trust and external, including GPs and Commissioners. He advised that he had been universally made to feel very welcome in Scarborough and he understood that the belief in Scarborough that becoming one organisation was a good thing, in part due to the desire to have some stability. Mr Proctor added that the discussions in Bridlington have also been good and the Commissioning Group is very supportive.

Mr Proctor added that the Board in SNEY had agreed that the Bridlington theatre should be developed to ensure there is a reduction in the number of cancelled operations in the Trust and ensure there is sufficient elective capacity to provide the level of service required.

Mr Sweet asked Mr Crowley to comment on the NY review being undertaken by Professor Mascie-Taylor. Mr Crowley reminded the Board that the review had been commissioned by the SHA for the PCT and was due to be completed by the end of June 2011. Professor Mascie-Taylor had set up a number of reference groups of which the Trust was members and they were just undertaking the review work at present. Professor Mascie-Taylor had given assurance to Mr Crowley and Mr Ord (Chief Executive, Harrogate) that the review would not impact on the organisational form. Professor Mascie-Taylor had also decided to meet with Mr Crowley and Mr Ord again prior to his report being published.

The Board **noted** the comments.

Mr Crowley asked the Board to consider the draft terms of reference for the Acquisition Assurance Board.

The Board considered and **approved** the terms of reference for the Acquisition Assurance Board.

Operational performance report

Ms Raper asked Ms McManus to comment on the MRSA performance. Ms McManus explained that the threshold agreed with the PCT for 2010/11 was 2 post 48 hour MRSA cases; Monitor has a de-minimus of 6 cases. The Trust had 5 cases. The Trust is not in breach of the standard. Each MRSA case does undergo a root cause analysis (RCA) and all the cases this year show that they were unavoidable due to the level of illness of the patient. Ms McManus added that the RCA did provide assurance that the Trust was doing the right things. The target for the Trust next year is 2 MRSA cases and 27 C-diff cases.

Mr Bertram added that the difficult target is the C-diff target as that also attracts a significant fine of approximately £200,000 per case above the allowable number of cases, although the PCT have the option to not charge the fine if they do not believe it is the best interest of the community. The contract threshold will be set at 2 cases more than the 2010/11 outturn, given the current performance level at York.

Ms Raper asked for some further information about the Emergency Department median wait times, which seemed to be getting worse. Mr Crowley advised that the department is struggling with performance. There has been a consistently high level of attendance at the Emergency Department. The Trust is now receiving between 230-240 patients a day, whereas last year it was 180. Additionally there have been some difficulties with workforce around maternity leave and there are some gaps in the middle

grade rota that are compounding the issues. A further element adding to this is the single sex accommodation has meant that there have been occasions when patients have stayed in the Emergency Department because they could not be transferred to AMU. Work is underway to try to elevate the problems. A side entrance is being developed so all GP admissions by-pass the department and a review similar to the review undertaken in theatres a couple of years ago is being undertaken.

It was **agreed** that Mr Crowley or Mr Cooney would give a further presentation at a future Board meeting on the Emergency Department.

Action: Presentation to the Board on the Emergency Department.

The Board **noted** the performance of the Trust in the last month.

Finance Report

Mr Sweet commented that the report was consistent but he would like Mr Bertram to explain why there is an adverse variance against operational expenditure when waiting list initiatives and use of private providers are ahead of plan. Mr Bertram advised that this was due to the bulk of the activity being driven by elective activity as opposed to non-elective.

Mr Sweet asked if he believed the PCT would pay the £3.8m 'overtrading' currently occurring this financial year. Mr Bertram confirmed that he did believe it would be paid. He said that it was possible that the PCT may seek to challenge the Trust in some areas (possibly around £1m) and it was also possible that those would move to a dispute situation, but our accounts at the end of the year will be based on what is expected to be paid by the PCT. He added that the Audit Committee had asked the same question and he had confirmed that there were no issues with the financial accounts and that the Trust was simply managing the usual year end PCT income reconciliation process.

Mr Sweet enquired about the delay in the capital spend. Mr Bertram advised that he expects the year end chart to show a capital programme outturn in line with plan. At present the capital programme has been supplemented by the capital for the car park.

Efficiency report

Mr Sweet asked if Mr Bertram could advise if Monitor would be interested in the achievement of our efficiency programme. Mr Bertram explained that he did believe Monitor was interested but it was worth noting that not one of the measurements in the financial risk rating (FRR) was related to efficiencies. Having gone through Monitor's stage 2 reviews last year, it would lead him to believe it was important to Monitor.

Mr Sweet added that the Directorates had done very well but he felt that the Trust needs to be clearer about setting targets. He agreed that the Directorates had been asked for the first time last year to look at 3-year plans

with a saving of £30m and the organisation has spent time looking at macro schemes to see how money could be taken out of the system. He added that work has been undertaken as a backstop, should it become necessary, to assess the extent of a reduction programme of whole time equivalents (WTE). Currently the Trust is receiving regular FOI requests for details of the Trust's redundancy programme and is responding by stating that we have no mass compulsory redundancy programme at present. This absolutely remains the case as the Trust places reliance on delivery of the programme through agreed directorate schemes and corporate initiatives managed by the Corporate Efficiency Team. He added that Mr Sweet has identified that the Trust does look from a macro perspective and there are a number plans where savings have been able to be made on a wide corporate basis.

The Directorate targets are a shared view and it would send the wrong message to the Directorate to alter a target because they were not achieving. The practice has been to reward achievement. As has been discussed at Board before, where a Directorate displays efficient behaviours, even if this does not release cash in the moment, the corporate team have sought to recognise this action in terms of CIP performance.

The Board **noted** the discussion and the efficiency report.

Community Services

Mr Bertram advised that the Board had received all the paperwork before the meeting and he had received a number of questions that he intended to answer at the Board.

Mrs Palazzo had noted that the reports were very similar to those reviewed around the Selby &York Community Services (S&YCS) but she was concerned that the Board had received satisfactory information to approve the transactions. Mr Bertram commented that there are a number of protections in the Business Transfer Agreement (BTA) and the Trust has been protected to the best of the Trusts and Ward Hadaways abilities. Mr Bertram summarised the various key elements of the protections secured.

Mrs Palazzo enquired if there would need to be a further due diligence around community services if the transaction with SNEY does happen. Mr Bertram advised that he did not expect there to be a need for further community service due diligence.

Mrs Palazzo asked why mental health services seemed to be included. Mr Bertram advised that they were not included.

Mrs Palazzo enquired about the financial modeling that had been undertaken. Mr Bertram advised that the modeling of the best and worst case scenarios had been undertaken and shared with the Board as part of the Selby and York due diligence exercise. At this stage scenario modeling was not necessary as clarity over tariff impact and the contract position was now clear. The modeling showed the clear impact on the Trust's efficiency programme.

Mrs Palazzo enquired why the Trust was not transferring the staff on to the payroll. Mr Bertram advised that neither groups of staff is being transferred onto the Trust's payroll at this stage and they will stay with Shared Business Services. Mckesson, the organisation that runs the national payroll, is simply not able to cope with transferring all community services nationally on 1 April, therefore transfer will be on a staged basis across the country and staff will transfer later in the year. This is simply an accounting matter and reflects in no way on the TCS transfer.

Mrs Palazzo enquired who will pick up the liabilities once the PCT has disappeared. Mr Bertram advised that it is not clear who retains responsibility once the PCTs have gone. He added that he was not overly concerned about the issue as he expected that any material problems will have been resolved over the next 2 years whilst the PCT remains in existence.

Mrs Palazzo enquired about the walk-in centre. Mr Bertram confirmed that it was within the Harrogate services but the intention is that Harrogate and York will work together to address it.

Mr Bertram added that the Trust had built in additional protection against any retrospective service risks. Mr Bertram referred to his report and advised that under the ongoing obligations items 5 and 7 would be merged with the PCT providing a 1.5% contingency payment to the Trust in lieu of the identified shortfall in community CIP plans.

The Board congratulated the team involved in completing this work and the work undertaken by Ward Hadaway.

Mr Bertram referred to one further complication that required resolution before the contract could be signed. The lot value for the SWRCS was £2.3m short of the value the Trust expected. Mr Bertram has reconciled the difference with the PCT and has received assurances that the gap will be resolved prior to transfer. The Board approved the signing of the contract subject to the resolution of the financial gap.

Annual financial plan 11/12

Mr Bertram advised that the documents presented to the Board for approval at this meeting had not materially changed since the last iteration.

Ms Hayward enquired about the narrative in section 3 and 4 of the report related to the appendix C and D. Mr Bertram advised that the narrative tried to tell the new year story and appendix D covered the key financial points. All matters in the report fully reconciled to the ledger position.
The CIP programme of £16.1m for this year is the baseline target required by the Department of Health, plus unachieved CIP carried forward of £5.7M. Of that £5.7m it has been assessed that a guaranteed £2m will become recurrent savings and therefore the target for this year reduces to £14.1m. Mr Bertram added that there has been considerable work already carried out on identifying the savings as the Board has been made aware of through the

monthly efficiency report. The Directorates and the Trust does understand that it is a challenging target. Work will be undertaken with the Directorates that are in deficit to address the issues.

The Board **noted** the comments made and **approved** the plan. It was agreed that the plan would be presented again to the Board of Directors prior to submission to Monitor.

Corporate Risk Register and Assurance Framework

The Board of Directors received the Corporate Risk Register and Assurance Framework. They **noted** that the Risk and Assurance Committee had not had an opportunity to meet but the Corporate Directors had considered and agreed the changes reflected in the papers. The Board **noted** the comments made and that the documents would be reviewed by the Risk and Assurance Committee early in April and the Board would receive confirmation of the documents at the April Board meeting.

Action: Provide the Board of Directors with confirmation of the decision of the Risk and Assurance Committee.

Fire Policy

The Board received assurance that the policy had been reviewed and that only minor amendments were required. The Board understood that the Executive Board had supported the approval of the document.

The Board **approved** the policy.

Summary of the minutes of the Board meeting held on 27th April 2011

Patient Experience – Feedback from presentation to the Board to Board

Ms McManus updated the Board following the discussion at the Board to Board meeting held with the Council of Governors. She reminded Board members that the Dispatches programme, that was shown some weeks ago about another hospital elsewhere in the country, had provided some very difficult evidence of staff not caring for patients in the way they should. Ms McManus had, as a result of the programme, worked with the Matrons to actively seek patient feedback and with senior nurses on issues of care, dignity and staff attitude. The vast majority of the direct feedback was very positive with patients reporting supportive and caring staff. The results also showed that there were examples where staff had not treated a patient as well as they might have done, along with evidence of some systems having the potential to cause some distress. At the Board to Board Ms McManus and colleagues from complaints gave a presentation on the work that had been undertaken and the work completed with the Patient Focus Group (a Governor lead group).

The Board discussed the presentation and comments received from Governors. It was agreed that the Governor's source of information apart

from information they receive from the Trust, is often from what they are told by their friends and relatives and members who contact them about their experiences and from their own experiences. The developing trust between the Governors and the Trust is a continuing process and it is understandable that the Governors will challenge the Trust when they hear information from other avenues that does not correlate with what they understand.

Mr Crowley commented that he had recently received some feedback from other organisations about York and was delighted that he was told that people smile and are welcoming at York.

Ms Raper added that working together with the Governors is very valuable. The patient experience issues would be explored further at the next meeting of the Patient Focus Group.

The Board **agreed** with all the comments made.

Chief Nurse Report

The Chief Nurse report provides both assurance about the implementation of the approved Quality & Safety Strategy and evidence in support of our Quality Account.

Mrs Palazzo asked Ms McManus to advise why a complaint had been referred to the ombudsman. Ms McManus explained that the complaint concerned had been a very complex case and she was not concerned by its referral; currently the Trust was awaiting the judgement.

Ms Raper enquired if the savings made from the pressure ulcer initiative would count towards the cost improvement programme (CIP). Mr Bertram advised that where the Directorates could measure the savings, then those savings would become part of their CIP. The Board discussed the balance of maintaining quality and savings and concluded that there were opportunities to make savings and continue improving quality and safety.

Mrs Palazzo noted that there was considerable variation in the nursing care indicators. Ms McManus advised that there have been some staff changes within the audit department and this has resulted in some variation. It was also identified that there were some leadership issues on a ward; this has been addressed. The Board asked if the variation was in part due to the way the Trust measures the indicators or differences in practice. Ms McManus advised that it was due to differences in practice.

Mr Rose asked what the position was with the community hospitals. Ms McManus advised that at this stage it was difficult to be clear. Work was going on with the community hospital staff to determine the level of compliance.

The Board discussed the achievement and agreed that considerable effort and work had been carried out in the wards. The Board **agreed** that the message is getting out in to the organisation that the Trust expects certain

standards and it is not acceptable if those standards are not maintained.

Ms Hayward suggested that through Ms McManus the Board would like to demonstrate their appreciation for the hard work carried out in the wards. The Board **agreed.**

Inpatient survey

The Board discussed the survey and noted that the Trust did not have any of the metrics in the bottom 20%. It was **agreed** that the Council of Governors should be provided with the summary.

Action: The Inpatient survey should be presented to a future Council of Governors meeting.

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

Compliance Unit – quarterly report

The paper seeks to provide an update on Trust compliance with CQC regulations and outcomes. It identifies the progress made on the issues previously identified as requiring work, flags some emerging issues and reports on the issues identified by the CQC at local review meetings.

Ms McManus advised the Board that CQC had visited the Trust recently to undertake a spot check on patient experience and nutrition. CQC visited ward 26 and 29 and the initial feedback has been very positive, although the Trust is awaiting the final report.

The Board **noted** the detail in the report and the very good quality and risk profile.

Quality Report

Ms McManus advised that the document presented was an early draft of the Quality Report, which would be included in the Annual Report and published on the Trust's website and Choices website.

The Board discussed the changes made to the report and confirmed that they thought the report had improved. Mr Sweet suggested that using absolute numbers as well as percentages might improve the understanding of the figures included. Ms McManus agreed she would consider if that was possible during the final stages of development.

Action: consider using absolute numbers as well as percentages in the report (where appropriate).

Director of Infection Prevention Control – quarterly report

The report summarises compliance and outcome against key, high level infection prevention performance indicators and the annual plan 2010/11.

Mr Sweet congratulated the Trust on its achievements and the excellent performance with MRSA and C-diff and asked if there was any pattern to the infections. Ms McManus advised that there was no pattern to MRSA; it often occurs where patients have complex medical needs and co-morbidities. He asked if the Trust would be expected to ensure it does not breach a trajectory on Methicillin-Sensitive Staphylococcus Aureus (MSSA) infection. Ms McManus explained that the Trust had always recorded the number of cases of MSSA and does use the information to improve practice; in future, however, there will be financial penalties.

Mr Sweet enquired how the Trust screened non-elective patients. Ms McManus advised that the screening happens through the Emergency Department and the AMU. She added that Monitor had now dropped this from the compliance framework for this next financial year. Mr Rose enquired how quickly the results were available. Ms McManus explained that it did depend on the test used.

Mr Bertram advised that the Trust could be liable for fines for C-diff if there were more than 55 cases during this next financial year. The fine for each case above 55 cases would be in the order of £200,000 per case. The discretion for applying the fines lies with the PCT who have the right to waive any financial penalty if they believe this not to be in the best interests of the service.

The Board went on to discuss C-diff. Dr Turnbull explained the different tests that can be used and the key factors relating to C-diff. He reminded the Board that there was a rise in October and February. The February outbreak was more significant because 027 strain.

Mr Sweet asked Ms McManus to comment on the environment. She advised that it was very clear that the Environment Steering Committee worked across the organisation to monitor and identify strategies and develop systems for sustained improvement. The level of compliance was very high. Mr Sweet asked Ms McManus to comment on the isolation facilities. Ms McManus explained that the Trust has reviewed the available isolation facilities and recognises that it could always use more isolation facilities but it was not feasible to develop them at this stage. The Trust relies on staff using the available facilities sensibly on the basis of clinical decisions.

The Board discussed the impact on the integration with Scarborough and community services and understood that there were no additional resource implications and work was underway to change the management and aligning the assurance processes. Ms McManus confirmed that there was an additional risk with the community hospitals because Harrogate was awarded infection control management for the whole of the region covered by the PCT as a pan NY service.

Mr Bertram confirmed that discussions were being held with the PCT to change the decision and provide the Trust with the resources to manage the infection control within the community hospitals the Trust is responsible for.

The Board **noted** the report and thanked the team for their work.

Medical Director Report

The Medical Director report updates the Board of Directors on the high level aims of the organisation and the specific measures that are being monitored and attained.
Ms Raper asked Dr Turnbull to advise when the revised Quality and Safety Strategy would be available. Dr Turnbull explained that it had been updated and would be available next month.

Ms Raper asked Dr Turnbull if he could provide an update on crash calls. Dr Turnbull reminded the Board that crash calls are a marker for a deteriorating patient. The Trust had noted that they were going up as part of the recording. There are two factors involved: either more patients were experiencing genuine crash calls or the type of patient being received had changed and there was a higher co-morbidity.

Dr Turnbull explained the audit that had been undertaken and drew attention to the results and advised that the audit will be repeated again soon. Dr Turnbull described the actions being put in place. He explained that it had been noted that there were more concerns overnight and at weekends so, as a result, 24/7 care was being brought in, which includes better hand-over systems for deteriorating patients and better understanding of accountability.

'Do not resuscitate' orders are also being reviewed. Patients who have decided that they do not want to be resuscitated should be able to die with dignity. Work has been started with the ward rounds to ensure that consultants are aware whether an order has been signed.

Ms Raper asked Dr Turnbull to comment on the reason why anaesthetics would have patients being re-admitted. Dr Turnbull advised that they are responsible for chronic pain.

Ms Raper commented that she felt the update on Woodlands was very useful. Dr Turnbull agreed and explained that it could become a significant development of for the Trust.

The Board thanked Dr Turnbull for his report and **noted** the comments.

School Framework

The Trust has developed further links with local schools and colleges for a number of reasons. This report provides an update and asks the Board to support the key principles.

Mr Ashton noted the activity that has been undertaken and asked Ms Hayward to advise where it fitted with the priorities of the Trust and how the membership of the Foundation Trust fitted with the initiative.

Ms Hayward explained that the idea had originated from the recruitment strategy. The recruitment team had become aware of the need to have one central contact point from the discussions following comments being made by the schools and colleges.

Ms Raper suggested that the framework was part of a larger strategy about how the Trust engaged with the community on a larger basis. There were a number of aspects of communication that should be brought under a wider strategy.

Ms Hayward agreed that the framework was currently about bringing a consistent approach within existing resources, but that this covered several agendas and was about selling the Trust story across the whole of the community the Trust serves.

The Board agreed that there should be a bigger coherent strategy that pulled all the elements of community engagement into one.

Mrs Palazzo asked for an adjustment to the paper to be made that does not refer to the as the 'Fund Raising Officer' but makes reference to the fundraising role within the charitable organisation.

The Board **approved** the framework and **agreed** that Mr Rose and Mr Crowley should take responsibility for the development of a 'big picture' strategy which would be developed over the next few months, during the development of the vision of the Trust.

Action: Mr Rose and Mr Crowley to take joint lead on the development of a fuller strategy to be presented to the Board of Directors by November 2011.

Staff Survey report

The results of the national staff survey were recently published. This report provided the Board with the results from that survey. Mr Ashton commented that it was pleasing to see that some progress had been made since last year and to see that the Trust was not within the bottom 20% for any of the areas covered by the survey. Mr Ashton asked what needs to be done to continue the good work.

Ms Hayward commented that last year they explained that for this year's survey they did not expect to see further progress but also no declining of results, so it was pleasing to see the improvements.

The Board discussed the appraisal comment and Mr Ashton commented that making managers and staff see the benefit of appraisals and not seeing them as a burden is a challenge. The positive attitude is excellent. Ms Hayward added that the focus to date had been on increasing the numbers of appraisals rather than the quality.

Mr Rose enquired if the Trust had received the PCT report on Community

Services. Ms Hayward confirmed the Trust has but the report was for the whole area covered by the old provider arm and was not broken down into locations. Ms Hayward had two new staff in HR from the community and would use them to help identify any issues.

Mr Crowley added that the Board should not underestimate the result of the appraisal as nationally there is a backwards trend being shown. He was pleased to see staff felt engaged and he felt the responses were very genuine.

Mr Sweet asked if there was a paper that could provide an analysis of the all the results. Ms Hayward advised that it was being prepared and would be included in the Board agenda for next month.

Action: Ms Hayward to present an analysis on the staff survey at the next Board meeting.

Child Protection and Safeguarding

The report provided the Board of Directors with information regarding two serious case reviews (SCR) undertaken by the City of York Safeguarding Children's Board and which York Teaching Hospital NHS Foundation Trust was involved with.
Mr Bertram asked Mr Crowley to comment if the Trust has learnt lessons from the Individual Management Review's (IMR) first review. Mr Crowley advised that SCR LO has a broader remit and the IRM had not been signed off as yet, partially as a result of the criticism received from the earlier review around duplication and lack of contact between the agencies.

Mr Crowley added that the City of York Safeguarding Children's Board had additionally agreed to undertake a thematic review to develop greater understanding of why neglect occurs and is often difficult for professionals to understand.

Mr Sweet, as a member of the Safeguarding Governance Board, had requested that he be shown evidence that the recommended actions had been implemented but to date he has not received anything. Mr Crowley agreed to follow up.

Action: Mr Crowley to follow up with Ms Slaughter, the lead for safeguarding, outside the meeting.

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

Chairman's Report

Mr Rose congratulated Mr Bertram and his team on the achievements with the cost improvement programme (CIP) this year.

Mr Rose asked Mr Crowley to update the Board on the progress of the North

Yorkshire Review. Mr Crowley advised that the reference group had met recently and Dr Turnbull had attended. Dr Turnbull explained that the meeting had been very specific about its purpose. It had been arranged as an information gathering meeting. No date was set for a further meeting.

Sir Michael commented that at the Scarborough Board they had debated the duplication of facilities available in the region and felt that there was considerable saving that could be made. Dr Turnbull confirmed that it was one of the domains discussed that did attract some interest. Mr Crowley explained that the first draft of the report is due at the end of June 2011 and both Mr Ord (CE for Harrogate Trust) and Mr Crowley would have a meeting with Professor Mascie-Taylor to discuss his findings and add their perspective of the report.

Sir Michael added that he was aware of the under-investment the PCTs had made in the community hospitals and both York and Scarborough needed to be fully aware of the extent.

Mr Crowley explained that he believed that it was clear where accountability and responsibility for the fabric of the community hospitals stands. The SHA are supporting the proposed transaction between Scarborough and York.

Mr Rose asked about the QIPP proposals for the Trust. Mr Bertram advised that the Trust will be required to deliver £7m.

Mr Rose commented about the acquisition work and explained that he felt the stages the Trust was going in to fell into three categories:

- Due diligence (July 2011)
- Collection of the finding to develop the Integrated Business Plan for Monitor (by October 2011)
- Making the Board presentation to Monitor (December 2011)

The intention would be to complete all this work by April 2012. Additionally, within those headlines would be the work around governance, the Board and the Council of Governors.

Mr Rose reported to the Board that the traditional name for the Selby War Memorial Hospital had been maintained after the public outcry over the PCT's initial proposals. Mrs Brown (Communications Manager) was arranging for 50 local members to have a preview of the hospital. The Non-executive Directors asked if they could also be invited to a preview. Mr Rose confirmed he would ensure their names were put forward.

Action: Mr Rose to let Mrs Brown know the NEDs would like to be part of the preview visit for the hospital.

The Board of Directors **noted** the report and the discussion.

Membership Report

The report provided an update to the Board on the movement of the membership during the year.

Professor Hutton suggested that it would have helped the Board to understand which event the new members had been at when they joined. He commented that it would be helpful if, as discussed earlier in the Board meeting, this could be included in a wider strategy of engagement with the community. The Commissioning Boards and others are going to be looking for representation from the Community and if the Trust has the expertise and existing database it could be effective to share back office services.

The Board **agreed** with the comments made and noted that it was disappointing to see the membership had reduced during the year.

Mr Crowley advised that the public meeting held at Bridlington during the month had gone very well and been well attended. Dr Turnbull and Ms McManus with Mr Proctor (Acting Chief Executive of SNEY) had attended the meeting. Ms McManus advised that the meeting had a very honest and open debate about what might and will happen. She added that they had met some of the GPs and established some trust through the meeting and had arranged to meet again in September 2011.

Sir Michael added that the operating theatre in Bridlington was excellent and that the hospital is an excellent facility currently underused and work was ongoing thinking through who else the facility can be used for. Mr Crowley added that he had had a very positive meeting with the Member of Parliament (MP) Mr Knight and he was very supportive. He is clear that he would like the facility at Bridlington to be fully used but was not concerned about the nature of its use.

Mr Rose advised that Ms Goff (Membership Manager) has obtained seven membership stands that will be unmanned but placed in strategic locations across the locations to be covered by the enlarged Trust as part of the ongoing recruitment campaign.

The Board **noted** the report.

Chief Executive Report

Mr Crowley advised that the Integration Board had met and confirmed the changes in management arrangements included in the report. The Integration Board had also discussed the appointment of Ernst and Young to undertake the due diligence work. Mr Crowley added that Mr Ashton, as chairman of the Acquisition Assurance Board, would be able to comment on the meeting that the Board had held.

Mr Ashton advised that the Board had discussed the due diligence and agreed that Ernst and Young would present to the next meeting in May, following the completion for stage one of the work. Mr Ashton added that the meeting had discussed the legal aspects of work required and Mrs Pridmore

was to take the work forward. The Board also discussed the need for public consultation and agreed that in the near future some additional advice may need to be sought.

The Board enquired if they would receive a presentation from Ernst and Young. Mr Ashton advised that he felt it would be appropriate at some stage but probably towards the end of the due diligence exercise.

The Board **agreed** that it would be appropriate to receive a presentation from Ernst and Young at the July Board meeting.

Mr Crowley referred to the Risk and Assurance Committee and advised that he had asked at the meeting for two papers to be prepared for discussion at the Board of Directors. The first related to the discussion held at the Risk and Assurance Committee about the applying for level 1 or 2 at the next assessment. The second paper will be developed to allow the Board to consider the arguments for changing to commercial insurance or remaining with the NHSLA.

The Board **noted** the comments. Mr Crowley asked the Board to note that the Risk and Assurance Committee had agreed the amendments to the Assurance Framework and Corporate Risk Register.

Mr Crowley advised that the Global Corporate Challenge had been launched this year and he was impressed that over 50 teams had applied. Referring to Occupational Health, Mr Crowley advised that the Trust had now appointed a new Occupational Health Manager. Mr Crowley also asked the Board to note that the long service and retirement award event would be held on 12th May, he asked Board members if they could respond to the invitation promptly to ensure the catering can be arranged.

Operational performance report

Mr Sweet commented that he felt it was a very good report, and showing excellent performance. However, he had noted that the performance in the emergency department was deteriorating.

Mr Cooney commented that Monitor, within the new compliance framework, had introduced some new measures but they were not required to be in place until quarter 2. The new indicators are a challenge for the Trust to achieve but a number of strands of work are ongoing in the department to ensure they can be achieved. The work is being managed through the Urgent and Emergency Care Board and the two most important work streams are the redesign of the major and minor patient pathways. Mr Cooney described a further listening exercise as an additional piece of work that has been lead by the Director of Corporate Development (Associate) (Mrs S Holden). He explained that the results of the exercise are not available at present but **agreed** he would bring information about the results to a future Board as part of a fuller presentation on the developments within the Emergency Department.

Mr Cooney added that the PCT had also started a piece of work encouraging people to go and see their GPs rather than attending the emergency department. It is, at this stage, unclear of the impact that will have.

The Board discussed the logistics of the physical moves within the Trust to accommodate some of the developments and agreed that they would like to have more information included in the presentation that Mr Cooney will give the Board in the near future.

Mr Rose asked Mr Cooney if there was any development on the patient transport service. Mr Cooney advised that the short comings of the service have been raised with the Contract Management Board. The PCT are responsible for the service and it has been agreed that the Trust will have the opportunity to have better engagement with the PCT over the requirements.

It was **agreed** that Mr Cooney would give a presentation to the Board of Directors on the Emergency Department at the June meeting.

The Board **noted** the performance of the Trust in the last month.

Finance Report

The report showed that at the end of March there was an income and expenditure deficit of £0.79m against a planned surplus for the period of £1.98m and an actual cash balance of £4.7m. The income and expenditure position places the Trust behind the Annual Plan submitted to Monitor.

Ms Raper asked Mr Bertram to comment on the adverse variance against operational expenditure budgets. Mr Bertram advised that most of the £2m drug cost variance related to drugs that were outside of tariff and that this was the cause of the high expenditure. This was matched in reality with additional income from the PCT. Ms Raper enquired if there was any lesson that could be learnt for the next financial year in terms of more transparent matching of this income and expenditure. Mr Bertram **agreed** that there should be a method of presenting the information better and that this would be considered for the new year reporting.

Mr Bertram advised that the Trust had satisfactorily managed the capital programme during the year and asked the Board to note that cash was ahead of plan and the efficiency programme was ahead of plan. Mr Bertram advised that every aspect of flexibility that existed in the system has been utilized. The risk sharing arrangement with the PCT has also meant that the Trust has been paid for activity done, although Mr Bertram added that he had received a challenge from the PCT of £1.3m which was now being managed through the appropriate processes. Mr Bertram confirmed to the Board that the reported income figure in the accounts is the Trust's best estimate of what will be the final settlement following due reconciliation and any dispute processes.

Mr Rose enquired of Mr Bertram as to available sources of cash for the organization going forward. Mr Bertram confirmed that in addition to regular

income streams the only real additional cash options were cash reserved for capital projects and the Trust's working capital facility.

Mr Bertram reported that with regard to capital projects this financial year the same process of quarterly review and fund release was being adopted. The Programme Board has met and finance for the first four schemes expected in Q1 has been released.

Mr Bertram asked the Board to authorise an increase in the working capital facility.

He advised the Board of Directors that the current working capital facility should be increased under Monitor's compliance framework to ensure the value of the facility was restored to the recommended 30 days trading spend, which has increased due to Community Services. This would require the Trust to increase its facility from the current £19.3m to £22.8m based on 2011/12 planned expenditure.

The Board **approved** the uplift to the facility to maintain 30 days trading cover.

The Board **noted** the comments made and information included in the finance report.

Efficiency Report – The report provided a detailed overview of progress to date regarding the delivery of the Trust's Efficiency Programme.

Ms Raper congratulated Mr Bertram and all the staff on the stunning result at the end of the year on the cost improvement programme. She asked Mr Bertram to confirm that the data would be refreshed and would include community services for the new financial year. Mr Bertram thanked the Board for their remarks and confirmed the data would be refreshed.

Ms Raper asked Mr Bertram to comment on the move towards needing to attract new business and commented that such a move would require an additional set of competencies. She asked if the skills that existed in the Trust currently were sufficient.

Mr Bertram advised that he has a great deal of experience at his disposal within the finance department but where the Trust did not have the expertise there was a track record of recruiting appropriate help. An example of this would be through using our membership of NHS Elect. Ms Raper enquired as to whether help in the past has been on a traditional consultancy basis or whether this had been to train up key individuals in the Trust. Mr Bertram confirmed that the team had adopted both positions, using help for specific projects where appropriate but also providing key training events for Trust staff.

The Board of Directors **congratulated** the Directorates and teams involved on their achievements and **noted** the final result.

Senior Information Risk Officer Report

The paper provided an overview of information governance activity over the past year, including the draft outcome of the Information Governance Toolkit.

Dr Turnbull commented that he also had a vested interest in the report as he held to responsibility of Caldicott Guardian. He was reassured to note that there had been fewer episodes of loss of data over the last year.

Dr Turnbull asked Mr Bertram to comment on the increasing number of Freedom of Information (FOI) requests the Trust is receiving and to comment on what his view is on the biggest risk to patient confidentiality.

Mr Bertram advised that the Trust was now receiving on average one FOI request a day, which is both burdensome and expensive.

Mr Bertram felt the biggest information risk related to the newly acquired community services. Currently there is a thorough review being undertaken and this is likely to result in a concentrated effort for a period of time in bringing up community services to the Trust's IG standards. For a period this may result in the Trust's acute IG work standing still.

The Board **noted** the report.

Monitor Quarter 4 return

The Board considered the presented draft return and approved the document for submission to Monitor.

York Teaching Hospital NHS Foundation Trust

Council of Governors – 15 June 2011

Chief Executive's Report

Action requested/recommendation

The Council of Governors is asked to note the report.

Summary

This paper incorporates an overview of performance for 2010/11, as set out in the Annual Report, and outlines the Trust's high level priorities and context for this year.

Strategic Aims	**Please cross as appropriate**
1. Improve Quality	☒
2. Improve our effectiveness, capacity and capability	☒
3. Develop stronger citizenship through our working with partners	☒
4. Improve our facilities and protect the environment	☒

Implications for equality and diversity

There are no implications for equality and diversity.

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	This paper is only written for the Council of Governors
Risk	No risks.
Resource implications	No resource implications.
Owner	Patrick Crowley, Chief Executive
Author	Patrick Crowley, Chief Executive
Date of paper	June 2011
Version number	Version 1

Council of Governors Pre-meeting – 23 March 2011 (3.15pm)

Chief Executive's Report

1. The past year

In the 2009/10 Annual Report I described the challenges we would be facing during 2010/11. The pressure during the year did not ease, so that makes it all the more pleasing to report that, despite the economic environment, our performance has continued to grow in strength and we have yet again achieved the best performance 'scorecard' ever seen in this Trust.

On aggregate through the year all cancer targets were met, and we saw 97.14% of patients in the emergency department and minor injuries units within four hours, against a target of 95%. The 18 week targets were met, with the Trust achieving 93.23% against a target of 90% for admitted patients and 97.86% against a target of 95% for non-admitted patients.

The latest Dr Foster Hospital Guide shows that we are continuing to perform well, demonstrating the strong patient safety culture that exists within the hospital. We have deliberately set ourselves demanding targets for improving safety, with initiatives across the hospital to support this work.

Infection rates have fallen steadily over the last three years following a focussed campaign across all clinical areas to reduce the number of cases, and our performance is amongst the best in the country.

Falls and pressure ulcers are an issue for all hospitals. Working closely with the Department of Health, we were the first hospital in the country to adopt a new programme to dramatically reduce falls and ulcers. This has resulted in an excellent reduction of our worst-grade pressure ulcers and in the increased assessment and management of patients at risk of falling.

The multi-storey car park, the important first step in redeveloping our site, opened in March 2011. This will unlock the potential to begin our long-term development to provide facilities to modern standards that are integrated more effectively with the surroundings.

Our financial performance has been good in light of the financial constraints we have faced. As you will see from the accounts included in this report, the underlying reported financial position for the Trust is a small surplus of £0.8m. This places the Trust among the majority of Foundation Trusts in terms of financial performance, demonstrating that we have managed our in-year finances satisfactorily, returning a financial risk rating of 3.

The financial situation has reinforced the importance of partnership working. The trust's main commissioner remains financially challenged and is under significant pressure. Tackling this will require a continued collaborative approach to create a mutually supportive environment to ensure a level of service that is affordable to the wider health community.

2. This next year

This next year is likely to be one of significant change and challenge for the Trust. We are continuing our discussions about future management arrangements for Scarborough with the

view of a potential acquisition being completed by April 2012. As from 6 April 2011 we took on hosting the community services for Scarborough, Whitby and Ryedale and were awarded community services for York and Selby. This presents us with an opportunity for better integration of services and as result we are forming ever-stronger links with other Trusts like Scarborough. This will be key to providing care close to patients' homes and will improve the standard of care we can provide within the hospital, with more people being treated in the most appropriate place.

These exciting times for the Trust provide an opportunity to influence how services are provided not only in York and the surrounding area but across North Yorkshire. However, it is vital that we do not lose sight of what is happening within the Trust. We will continue to focus on improving standards in York and Selby, continue to strengthen our core services and plan with ambition for the future.

We will continue to reinforce our clinical alliance with Harrogate and District NHS Foundation Trust and establish these arrangements more fully as "core business". We will also seek to build on our partnership agreement with the tertiary centre in Hull whilst maintaining, where appropriate, current working patterns with other centres, in particular with Leeds.

We will work with our local authority and other strategic partners including, GP commissioners, voluntary services, on our infrastructure and the surrounding environment. Following the completion of the multi-storey car park, we will work to unlock the potential of the site and begin in earnest the long term development to provide facilities to modern standards that are integrated more effectively.

Central policy for the NHS places an explicit focus on competition, particularly within the private sector. We will have to compete to provide services which at one time would have automatically come to us.

We will continue to ensure that as an organisation our values drive our decision making and that we are truly placing the patient at the centre of everything we do. Focusing on the basics will still be our priority, making our environment cleaner and safer to instil confidence in our patients, staff and visitors.

3. Recommendation

The Council of Governors is asked to note the report.

Author	**Patrick Crowley, Chief Executive**
Owner	**Patrick Crowley, Chief Executive**
Date	**June 2011**