York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 8th December 2010**

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

Time	Meeting	Attendees
3.15pm – 4.00pm	Pre-meeting for Governors	Governors with Chairman
4.00pm – 6.00pm	**Council of Governors meeting**	**Governors and public**

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

on: **Wednesday 8th December 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 - 4.15pm				
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.	**Oral 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 13th October 2010** To receive and approve the minutes of the meeting of the Council held on 13th October 2010.	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: 4.15pm – 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 • Nominations & Remuneration Committee	Chairs of the Sub Committees	 Verbal Verbal Verbal	
8.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meetings held on 29th September and 27th October 2010.	Chairman	C	21
9.	**Update on TCS and Scarborough** • An opportunity for Governors to ask questions about the progress on the due diligence of the community services and the work being undertaken around potential Scarborough partnership. • Governor raised issue	 Chief Executive Stefan Ruff	 Verbal D	 43
10.	**Quality and Safety report** To receive a presentation from the Medical Director regarding the Dr Foster Hospital Guide 2010.	Medical Director	Presentation	
11.	**Finance report** To receive the Finance report.	Director of Finance	E	45
12.	**Operational Performance report** To receive the performance report.	Associate Director of Operations	F	49
13.	**Emergency Department Report** To receive a report on the Emergency Department activity from 1st Sept to 6th Oct 2010 compared to same period in 2009.	Associate Director of Operations	G	53

No'	*Item*	*Lead*	*Paper*	*Page*
14.	**Nurse education** To receive a presentation given by Sue Ford, Deputy Head of Department (Professional Education and Training).	Deputy Head of Department	Presentation	
15.	**External Audit** To receive a presentation from Gareth Mills, External Auditor on the service they provide to the Trust.	External Audit Partner and Manager	Presentation	
16.	**Confirmed Time and Dates of 2011 meetings of the Council of Governors**	Chairman	H	57
17.	**Any other business** To consider any other items of business.	Chairman		

Register of Governors' interests
November 2010

York Teaching Hospital NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

A

New declarations
Mr John Batt— new partner governor for NYCC

Removal from declaration
Mr J Savage— resigned from being a governor
Mr D Blaney—resigned from being a governor
Mrs D Appleby—resigned from being a governor
Mrs A Morton-Roberts—resigned from being a governor

Amendment to an existing declaration
No amendments to existing declarations were declared

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)*	TBA	TBA	TBA	TBA	TBA	TBA
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

Governor	Relevant and material interests					
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Cllr Madeleine Kirk *(City of York Council)*	**Trustee**—York Theatre Trust	Nil	Nil	Nil	Nil	Nil
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

Governor	Relevant and material interests					
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Mrs Anne Penny *(Staff: Nursing)*	Nil	Nil	Nil	Nil	Nil	Nil
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
Mr David Robson *(Public: York)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Stefan Ruff *(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

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 Robert Thomas *(Public: Selby District)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Brian Thompson *(Patient: Carer)*	**Trustee—**Thompson's of Helmsley Ltd	Nil	Nil	Nil	Nil	Nil
Mr Bob Towner *(Public: City of York)*	Nil	Nil	Nil	**Vice Chairman—**York Older Peoples Assembly	**Vice Chairman—**York Older Peoples Assembly	Nil
Cllr Sian Wiseman *(City of York Council)*	Nil	Nil	Nil	Nil	**Vice Chairman—**CYC Health Overview and Scrutiny Committee	Nil

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York Teaching Hospital NHS
NHS Foundation Trust

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

Present: Chairman of the meeting, Alan Rose

Public:
Mr P Baines, Public Governor, City of York
Mr S Ruff, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs H Mackman, Public Governor, City of York
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous, Public Governor, City of York
Mrs D Rhodes, Public Governor, Selby District
Mr D Robson, Public Governor, City of York
Councillor S Wiseman, Partner Governor, City of York Council
Mr R Thomas, Public Governor, Selby District
Mr R Towner, Public Governor, City of York

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

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

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

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

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

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

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

10/51 Chairman's Introduction

The Chairman welcomed all attendees to the meeting.

10/52 Apologies for Absence

The Council of Governors noted the apologies.

10/53 Oral Questions from the Public

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

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

10/54 Declaration of Interests

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

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

The minutes were approved as an accurate record.

10/56 Matters Arising from the Minutes

<u>10/39 Summary of the Board of Directors minutes</u>

Mr Towner commented that there is currently an Older Peoples Hospital Liaison Committee (OPHLC) within the Trust which had recently discussed the current Stroke Services provided at York Hospital. He advised that there was a copy of the minutes available of the recent OPHLC which detailed the work which was ongoing to improve services with regard to direct

admissions to a stroke service and the percentage of time spent on a stroke ward. Mr Rose thanked Mr Towner for highlighting this and confirmed that there were copies of the notes and stroke paper available for collection at the end of the meeting.

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

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

10/57 Sub-committee meetings

Patient Focus Group (PFG)

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

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

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

Future topics under development by the group included:

- Governor Ward Visits
- Outpatient Questionnaire

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

Community and Membership Engagement Group (CMEG)

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

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

Nominations and Remuneration Committee

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

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

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

Service Contract

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

Mr Crowley referred to the 'Terms and Conditions for NEDs' (service contract) and the condition relating to 'time commitment'. He was of the opinion that there appeared to be a tangible increase in the days devoted by NEDs per month and if this proved to be the case he was concerned that

this changed the basis on which the current level of remuneration had been agreed. He also suggested this might affect the Trust ability to recruit suitable NEDs in the future. Mr Rose clarified that Mr Crowley was correct, as previously the NEDs (prior to Foundation Trust status) were required to devote 2 to 3 days, but practice has now shown that this has now increased. Mr Crowley made it clear that the remuneration had previously been based on 2 to 3 days and requested that this be considered.

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

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

10/58 Membership Report

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

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

The Council of Governors noted the report.

10/59 Governor Expenses Claim Procedure

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

The Council of Governors noted the report.

10/60 Sustainability

Mr Golding attending the meeting and gave a detailed presentation on the Trust's approach to sustainability, including energy management. Copies of the slides are in appendix (1) to these minutes.

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

10/61 Equality and Diversity

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

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

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

10/62 Quality and Safety Report

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

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

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

10/63 Finance Report

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

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

The Council of Governors noted the report.

10/64 Operational Performance Report

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

Performance (national access targets)

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

Activity (local targets)

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

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

In relation to the A&E, Mr Proctor reported that he was currently working with staff to introduce an integrated service where patients will sit with a triage nurse alongside a GP. The GP will establish where the patient will go for further treatment (if necessary) and the triage nurse will make the necessary appointments for the patient there and then. He also referred to the Walk-in Centre, Monkgate, York and commented that he would prefer for this to be relocated to be situated nearer to the A&E department at the Hospital but because of the number of patients already coming through, there just isn't the space.

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

10/65 Summary of the Board of Directors Minutes

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

The Council of Governors noted the minutes.

10/66 Overview from the Chief Executive

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

10/67 Audit Committee Annual Report

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

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

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

The Council of Governors noted the report.

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

The Chairman presented for information the draft times and dates for the Council of Governors meetings for 2011 and reported that these were subject to change.

The Council of Governors noted the report.

CLG
14/10/2010

Appendix 1

1.

York Teaching Hospital NHS
NHS Foundation Trust

Sustainable Development

A presentation to Council of Governors 13th October 2010

2.

York Teaching Hospital NHS
NHS Foundation Trust

What is Sustainable Development?

"The aim of Sustainable Development is to enable all people to satisfy their basic needs and enjoy a better quality of life, without compromising the quality of life for future generations"

Sustainable Development Commission

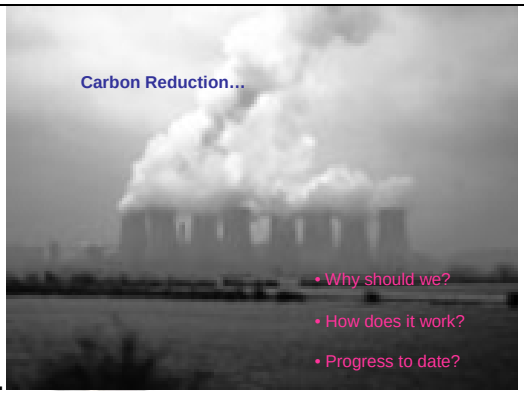
3.

York Teaching Hospital NHS
NHS Foundation Trust

Areas for consideration

- Travel
- Facilities Management
- Procurement
- Workforce
- Community Engagement
- Buildings

4.



5.

York Teaching Hospital NHS
NHS Foundation Trust

The Why? Reducing CO_2 emissions

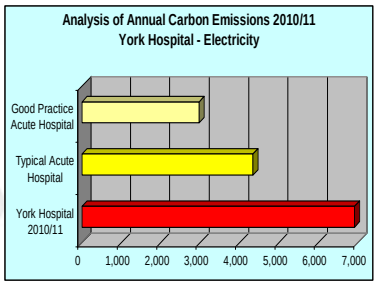
Carbon Reduction Targets
CO_2 down 15% by 2015 NHS nationally
(CO_2 down 18% by 2015 York Hospital)

European Union Emissions Trading Scheme
Annual audit of carbon allowances
(plus 219Te approx £3,600 this year)

Carbon Reduction Commitment
Incentivised audit of carbon emissions
(pre – purchase £100,000 in April 2011)
League Table/ reputational impact

6.

York Teaching Hospital NHS
NHS Foundation Trust



7.

York Teaching Hospital NHS
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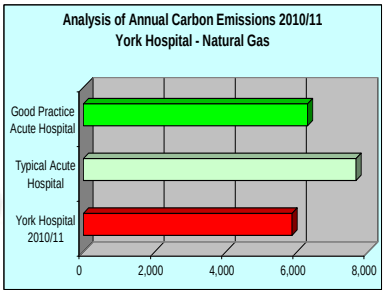

8.

The How: Case Study – Low energy lighting

- 20W low energy gives equivalent of 100W tungsten
- Low energy lamp £2 tungsten 50p
- Low energy life 8,000 hours tungsten 1,000 hours
- Capital cost
  - For 8,000 hours £2 versus £4
- Revenue cost
  - For 8000 hours 160KWh versus 800KWh
    Saving 640KWh
  - Equivalent to £17.60 versus £88.00
    Saving £70.40

9.

York Teaching Hospital NHS
NHS Foundation Trust

The what: Progress to date

- Appointed energy manager 11 months ago
- Review of energy purchasing - savings of £105k
- Better use of resources – savings of £131k

Future Plans

- 7 developed schemes – estimated savings £173k
- Over 25 ideas in development

10.

York Teaching Hospital NHS
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How to get involved?

Sustainable Development Committee

Bright Ideas

The BGs

11.

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"....our children and grandchildren will ask not what our generation said, but what it did."

Prince Charles, Copenhagen December 2009

C

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 8 December 2010

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 29 September 2010

Quarterly Quality and Safety, including monthly dashboard

Ms McManus explained that in the future there would be two reports presented to the Board. One would be on clinical outcomes and safety which would be drafted by Dr Turnbull and include some of the information that is noted in the Chief Executive's overview at present. The other would address more of the issues related to patient care and quality around patients drafted by Ms McManus. The Board noted the comments and it was agreed that the new reports would be available for the October Board.

Mr Ashton asked Dr Turnbull or Ms McManus to explain the comment on the key message in the report around the delivery of single sex accommodation. Ms McManus advised that at present the Trust does measure single sex accommodation in the required format. It is being suggested that further collection of data and measures will be put in place, including being asked to collect clinically justifiable breaches. Discussions are being held within the nursing networks, and the Department of Health (DoH) is advising that guidance will be published in the near future.

Pressure ulcers - Ms McManus referred the Board to the pressure ulcers metrics in the dashboard. She advised that the performance from the dashboard would appear to have gone down, this is following the rapid roll-out of the pressure ulcers tools and techniques. The introduction of the techniques has seen an increase in reporting, which has the affect of showing a drop in performance. The Trust has spoken to the PCT and advised them of what they will see in the performance. Ms McManus added that since the roll-out of the tools and techniques there have been no reports of grade 3 or 4 pressure ulcers and the figures would suggest that there are half the pressure ulcers against this time last year. Ms McManus added that she will be meeting with Dame Christine Beazley (Chief Nursing Officer for the England) to discuss the work that has been done on pressure ulcers and falls.

Infection Control – Ms McManus advised that the Trust now has the lowest rate of Clostridium Difficile (C-Diff) at general hospitals in the UK. She asked the Board to join her in thanking the army of people who have been involved in getting the Trust to this point. The Board of Directors congratulated everyone involved on the achievements and thanked everyone involved for the fantastic effort.

Dr Turnbull added that the results were also down to some excellent management and control of antibiotic prescribing; the rigorous use of the policy has been very successful.

Mr Rose added that at the PCT Board meeting held recently had opened by commending York for their performance in infection control.

Mrs Palazzo noted that the performance of the assessment of the "patient at risk" had deteriorated over August. Ms McManus advised that the collection of the data had not occurred in all areas due to staff absence and the current recruitment of a replacement member of staff. Staff were still consistently taking patient at risk scores (PAR), but but the data was not being collected corporately.

The Board **thanked** Ms McManus for her report.

VTE - Dr Turnbull advised that the DoH expect compliance to cover 95% of the patients and compliance meant patients being assessed. The figures on the graph included in the report are the proportion of patients who receive the medication and our compliance is well in excess of the requirements.

Audit of readmissions – Dr Turnbull advised that work was underway to look at the number of patients that are readmitted within 28 days of discharge. The purpose of reviewing the readmission rate is to understand why readmissions are occurring, with an aim to reduce the number. Part of the information being reviewed will be the Trust's mean length of stay across the hospital broken, down by Directorate. Dr Turnbull advised that he would bring information back to the Board when it was available.

SUI – Dr Turnbull advised that there had been two SUIs since his last report, one related to a delayed diagnosis, the other was a system error.

Dr Turnbull described the system used to ensure learning is gained from the incidents and it was **agreed** that as the learning is discussed at the Executive Board it would be shared with the Board of Directors.

Clinical Quality and Safety Committee –Dr Turnbull referred to revised governance structure and explained its relationship with the other committees. Mr Rose added that it had been agreed at the Non-executive Directors pre-meeting that Mr Ashton would be the Non-executive Director to sit as a member of the Committee. Mr Ashton asked for an additional relationship line to be added to the structure to show the relationship between the Clinical Quality and Safety Committee and the Audit Committee.

National Patient Safety Agency (NPSA) alert status update report

Dr Turnbull advised that the report was presented to update the Board on the status of the outstanding NPSA alerts. He explained that the alerts are published by the NPSA as guidance following their collation of SUI information. Trusts have previously not been required to comply with the guidance where it was deemed unnecessary or inappropriate, as it was guidance only. This has changed recently and Trusts are now being required to demonstrate compliance with the alerts. The Board discussed the change and enquired if CQC collect any data around compliance with NPSA alerts. Ms McManus advised that the CQC do check the level of the Trust's compliance with the alerts. Dr Turnbull added that the difficulty is that although most are highly relevant, there are examples of alerts where the guidance is impracticable to introduce, or is clinically challenged. The Board discussed how compliance of these alerts should be flagged in the organisation.

Dr Turnbull explained that the alerts form part of a wider system called CAS alerts; this system incorporates alerts from the NPSA, NICE guidance, Estates alerts and Medical devices alerts (MDA). At present the Clinical Standards Committee does discuss the compliance with CAS alerts. Oversight of this will be undertaken by the Clinical Quality and Safety Committee as part of the new governance structure.

Dr Turnbull advised that he is now able to assure the Board that all alerts have action plans; most will be implemented within the next six weeks. This does leave one alert which has been has been the subject of significant debate nationally.

Update on external reports

Ms McManus presented the report. She advised that the report included action plans for three reports – the Airedale, Francis and Norris reports. She advised that systems were in place for most areas, and there were some good examples of best practice. The Board noted the quality and safety/capability and effectiveness around record keeping actions and enquired if there was a sense of urgency to get a system in place. Ms McManus explained that work was ongoing to design a system and it was seen as a priority.

The Board discussed if they required a further report. It was **agreed** that any further reports would be presented through the Chief Nurse and Medical Director's monthly reports.

The Board **noted** the report and **approved** the outstanding actions.

Report from the Compliance Unit

Ms McManus presented the report and explained that she would like this included in the Board agenda on a quarterly basis in the future. The Board had the opportunity to review the report before the Board meeting and asked if there were any issues coming forward from the Care Quality Commission (CQC). Ms McManus explained that the issues included in the report were the only issues that had come forward from the registration of the Trust at the beginning of the year. She added that CQC had held quarterly meetings with the Trust; the most recent

was held a couple of weeks ago. Ms McManus was assured at the meeting held with CQC that there were no issues of concern they had identified. She added that the CQC had published their Risk Profile for the Trust and although there were some areas that received amber rating, this was because of a lack of information being available rather than a concern about a service or outcome.

The Board enquired if the Trust had a good relationship with the CQC. Ms McManus confirmed that the Trust does enjoy an excellent relationship with CQC. She advised that at the recent meeting it had been explained that CQC were concentrating on organisations who were perceived as higher risk. This should mean that the Trust should not expect an unannounced visit, but if CQC do decide to audit the Trust they will request a significant amount of information first before they visit the Trust.

The Board enquired if CQC was forming part of the due diligence work that was currently being undertaken. Mr Bertram confirmed that registration with CQC was included in the questions raised with the PCT and would be looked at as part of the due diligence exercises.

The Board **noted** the report and the future reporting arrangements.

Nurse Rostering issues

Mr Rose asked Ms McManus to comment on the recent press story about nurse rostering.

Ms McManus reminded the Board that the Trust had purchased a system which had been implementing over the last year. The Trust had noted that the implementation had allowed some existing practices to continue, which meant that the Trust was not getting the best out of the system. Improvements on the use of the rostering system and some adjusting to working patterns had impacted on staff and as a result some staff had talked to the press, who subsequently published a story. Ms McManus advised that the Executive Team had been in discussion with the unions and the unions have agreed with the changes being implemented, but it had also been agreed that the changes would be implemented after the staff had been given more time to ensure they are able to put personal arrangements in place.

The Board **noted** the report.

Chairman's items

Open Day

Mr Rose thanked everyone for their involvement in such a successful Open Day. He recognised the hard work that had gone into ensuring a professional and successful day. He reminded the Board that last year the Board held a discussion about how often the Open day was held. The decision of the Board had been to hold one this year and then decide again. Members of the Board gave their view on the Open Day and the general view was that event should be held again, but a

final decision would not be made until January.

It was agreed that the event had to be kept fresh and the Trust had to be alert to partnerships and ensure that it was used as a good opportunity to extend a hand of friendship to other organisations. Ms Hayward made the suggestion that there may be the opportunity to link it more closely to the annual Wellbeing event held for staff. The Board agreed that the staff benefit from the Open Day was a very important component of the day, but the aim of the Open Day was different to that of the Wellbeing event.

Mr Rose proposed that towards the end of the year a team should review having another Open Day and bring their findings to the January Board.

Intelligent Board – Patient Experience

The paper (from Dr Foster) published in the last couple of weeks describes methods of the Board engaging with patient experiences. Mr Rose added that he would like the Board to spend time at each Board meeting looking at patient experiences specifically. Mrs Palazzo agreed that this was very important, but added that she thought it was very important that careful thought was given to how it should be presented to the Board.

It was **agreed** that a session, planned by Ms McManus would be included in the next three Board meetings, followed by a review.

Mr Rose advised that he was going to visit the Airedale Trust and Leeds Teaching Hospital and the Ambulance Service and Leeds Partnership are coming to visit York over the next month. Mr Rose would feedback any issues via the usual Chairman's report.

Mr Rose advised that he had attended the NY Health Scrutiny Committee and it had been suggested that the NY Scrutiny and York Scrutiny should hold a joint meeting and invite the Trust to present its approach to Transforming Community Services in January. Mr Proctor felt it was a good idea and would work towards that date.

Mr Rose also mentioned that the PCT had decided to split the Mental Health service into three localities, for bidding purposes in a similar way to the locality arrangements put in place for the acute services.

The Board **noted** the report.

Chief Executive's report

Mr Crowley updated the Board on the impact of the ongoing transition around the patch on the back of the White Paper. He advised that there are some concerns in the system that result from the destabalisiation being experienced. He gave the example of the Commissioning for Quality and Innovation (CQUIN) framework not be delivered as expected. The Board discussed the impact and **noted** the difficulties.

The Board of Directors discussed the achievements of the outpatient review.. Mr Crowley explained that the objective of the project was to improve the service, not to release cash. He described a parallel project - the review of endoscopy service and the different management approach taken to it. He added that the learning from the outpatient review was that it would have been possible to make the changes by management ownership.

Mr Bertram explained that he expected that the changes provide the department with the opportunity to make more savings by improving underlying efficiency in the future.

The Board of Directors asked if the Clinical Director and the Directorate Manager could provide a presentation on the outpatient's service at the beginning of next year.

Mrs Palazzo enquired if the Trust was exposed on the inquest outlined in the report. It was confirmed that the Trust was not exposed on the inquest.

The Board **noted** the report.

HR quarterly report

Ms Hayward advised that currently work is underway reviewing the administration spend across the organisation. This is the next stage of a piece of work that was started when the HR department reviewed the management spend.

Mr Bertram asked Ms Hayward if she could comment on the spike in agency spend over the period. Ms Hayward advised that the majority of the spend was in three areas, anesthetics being the highest; this was as a result of more activity being undertaken, so more staff being needed temporarily to support the work. Within the three areas, this has now been reduced as a result of the departments working differently. For example, Estates and Facilities have recruited to the posts where agency staff were being used.

It was noted by the Board that the rate of sickness were excellent as it was so low. Ms Hayward advised that more interest is being shown by outside organisations in the achievements and consideration is being given to the possibility of attracting income by offering advice on how our Trust has achieved this improvement.
Mr Bertram commented that attention is being focused on head count regionally and it has been noted that the employee numbers in the organisation are not reducing. He explained that as a result of having such a low level of sickness the Trust was able to demonstrate cost efficiencies that allowed for a modest increase in numbers as services increase. He explained that he would develop a regular report for the Board of Directors showing the head count.

Ms Hayward advised that the Global Corporate Challenge had been a great success and the Trust was the top nationally in the NHS. It was **agreed** that the Trust would join the event next year. The Challenge had other benefits in that a number of teams reported weight loss.

Action: Join the Global Corporate Challenge next year. (Ms Hayward)

The Board **noted** the report.

Operational performance report

Mr Proctor presented the report and asked the Board to note the change to the 18 week admitted and non-admitted targets; these had been changed to show the median. The other target that had been adjusted was the elective operations cancelled on the day for non-clinical reasons. 24 represent 0.8% of activity per month, and should be seen as a threshold rather than a target. The four hour target is now shown as 95% and the Trust is achieving the target, the Department of Health is now requesting figures on a weekly basis.

The Board **agreed** that these were the best performance figures that had been seen by the Board and congratulations should go to all those involved.

Finance Report and Efficiency Programme Update

It was agreed to take the Finance report and the Efficiency Programme Update paper together. Mr Bertram explained that the cost improvement programme (CIP) is slightly below plan, although the Board should be encouraged by the achievements made already and continued progress in this area.

The report shows the league table for the Directorates, which the Directorates are responding to well. The Board **noted** the assessed risk of delivery and Mr Bertram outlined the worst case scenario was the failure to close the in-year gap of £2.7m. In years 2 and 3 the Directorates had already been able to identify significant components of their CIPs, leaving £9.3m to be identified of the full £33m 3-year requirement. This places the Trust in a good position, with clear plans for the next 3 years. This level of forward CIP planning has not been achieved before and acknowledgement should be given to the Directorates for their work.

It was noted that £3.7m of the current CIP was non-recurring, the Board enquired what impact that would have going forward. Mr Bertram explained that Directorates will often put forward a CIP for the current year that is non-recurring, but once they have established the saving and tested its viability, it often becomes recurring. A recent analysis suggests that at least £2m of the £3.7m will become recurring into the new financial year. He added that any non-recurring balance does present an additional challenge for the Directorates, as this will be added to next year's targets.

The Board **noted** the report.

Financial Planning

Mr Bertram advised that the paper was an early draft of the planning assessment of the financial position for the complete NHS North Yorkshire and York health community for 2011/12. He summerised the paper and explained that there is a

significant risk that the patch will have an underlying financial problem next year.

The Board **noted** the report.

Stroke Service update paper

Mr Rose welcomed Dr Coyle to the meeting and asked him to present his paper. Dr Coyle explained the work that was being undertaken in the department. He advised that currently the national stroke audit was being undertaken by clinicians; historically the results had shown the Trust was in the middle, Dr Coyle is expecting the Trust to be in the middle this time. With regard to the 24 hour thrombolysis service, he explained the telemedicine service that is being developed that York Hospital is leading on. It is hoped that the Trust will be an early adopter site and start providing telemedicine from April 2011.

Early supported discharge is being now being performed. From 2011, 40% of patients would be included in supported discharge; currently work is underway to make sure the right service is in place.

Dr Coyle explained that the best practice tariff had recently changed and the payment is now approximately £4000 per patient, but additional monies can be earned by performing additional services, as long as they are delivered within the targets.

Rehab facilities – Dr Coyle commented that some areas do not have access to appropriate rehab facilities, but if the Trust has access to St Monica's hospital that would provide better facilities.

Data – The department has been working with IT to develop a system that means you put data in to the system once. There is a system which has been developed nationally, but not many hospitals have adopted it. The Trust is working with Bradford to undertake a project around clerking.

The Board asked Dr Coyle if now he is the Clinical Director for the Elderly Directorate, he has found he has enough time to address the agenda around stroke, as well as everything else. Dr Coyle advised that he did have enough time.

Mr Crowley added that Dr Coyle does represent the Trust externally in a number of forums and is an excellent ambassador for the Trust.

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

Corporate Risk Register and Assurance Framework

Mr Ashton advised that the Audit Committee had spent some considerable time reviewing the changes made to the Corporate Risk Register and Assurance Framework. He advised that he felt the system for aligning the Corporate Risk Register and Assurance Framework was now working well, along with the updating of the two documents. He felt there was still some work to do around a clear system for the inclusion of a risk onto the risk register.

The Board **noted** his report and the changes that had been made in both documents.

The Board **approved** the Assurance Framework and Corporate Risk Register.

Annual Report of the Audit Committee

Mr Ashton presented the report for the Audit Committee and advised that the report would be presented to the Council of Governors at the next meeting. He advised that the report next year would be produced closer to the year end.

Executive Board minutes – 16 June 2010 and 7 July 2010

The minutes were **noted**.

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

Patient Experience – Board Briefing

Ms McManus reminded the Board of Directors that they had agreed at the last meeting that they would hear of patients' experiences at the Trust at each meeting for the next three months and the system would then be reviewed. Ms McManus explained that Mr Proctor and Professor Willcocks had been provided with three complaints and three complimentary letters, and had been asked to choose one of each type to read to the Board.

The felt that this was a useful way to get a strong sense of individuals experience of our Trust, whilst continuing to monitor and track data in the established reports.

The Board asked Ms McManus to remind the Board how many complaints are received during a typical month. Ms McManus advised that the Trust receives one a day on average, but the Trust also receives considerably more thank you and complimentary letters. The Trust does not register all thank you and complimentary letters.

Mr Proctor read a complaint letter and Professor Willcocks read a complimentary letter each of which were anonymised.

Ms McManus asked members of the Board to reflect on what they had heard during the Board meeting.

Medical Director Report

Dr Turnbull advised the Board of Directors that the total cost of the exercise was between £200,000 and £300,000 across the three organisations.

Dr Turnbull advised that the rate of deaths in the organisation was around 25/30 patients per week, with a mean age of 82. He added that he and a small team review every death in the hospital.

There have been no ‘never events’ to report to the Board since the last meeting. Referring to his report Dr Turnbull explained that a new list of never events had been published. The Board discussed the never events list and Mr Proctor questioned the two never events related to opioid and midazolam. He enquired if having these as never events does present a clinical operational difficulty in the management of some patients’ care; for example, care of the dying. Dr Turnbull explained that more detail is required to understand how these never events are applied. He added that the Trust uses the Liverpool care pathway for the management of terminally ill patients, which does provide guidance on the use of opioids. There is also clear guidance on Horizon for palliative care.

Ms McManus explained that the new ‘never events’ are out to consultation and the Trust can give feedback along the lines discussed.

Dr Turnbull asked the Board to note that the he was able to report that there had been no serious untoward incidents (SUI) in September. He asked the Board of Directors to note the ‘Suitcase’ document included in his report, which details the outstanding SUIs. He advised that this report is also presented to the Executive Board. It is designed to offer an improved level of assurance to the Board of Directors than has been felt in the past.

Dr Turnbull advised that he and Ms McManus would be meeting representatives from Dr Foster during the week, to discuss their annual publication later in November.

Dr Turnbull will update the Board at the next meeting.

The Board commented on the completeness of the Medical Director report and the Chief Nurse report and on how well they were laid out. Ms McManus explained that she and Dr Turnbull had to thank Mrs Michelle Carrington for her hard work in developing the two reports.

Ms McManus added that she felt both Dr Turnbull’s Medical Director report and her Chief Nurse report did give a much better sense of accountability and addressed the ‘Ward to Board’ ethos.

The Board discussed the Medical Director’s report and Mrs Palazzo felt that the detail included in the SUI suitcase report was more than was needed. Mr Crowley commented that the suitcase report is used by the Executive Board and does demonstrate support for the SUI system. The detail included is the detail that will ensure the Board of Directors does get assurance about the systems and the completion of the action plans. Dr Turnbull added that the detail included in this report is the abbreviated version of the information collected by a Root Cause Analysis (RCA) investigation. Ms McManus added that the Board of Directors should also remember that the governance structure does provide assurance as well about the management of SUI and there is a well established path for SUIs to follow.

Both Mr Ashton and Ms Raper added that they welcomed the development and found it very informative.

The Board discussed the data around patient reported outcome measures (PROMs). Mr Rose enquired when Dr Turnbull and Ms McManus would be holding their meeting with Professor Hutton. Dr Turnbull advised that it was in the diary for sometime over the next week. Professor Hutton explained that the meeting would be to investigate what is happening to PROMs. Dr Turnbull added that there was just one outcome measure and that others should also be looked at. Work was on going with CHKS to ensure the Trust can be matched against peer Trusts, so some benchmarking work can be undertaken.

Professor Hutton enquired if the 80% achievement referred to sending the questionnaires out or the return of completed questionnaires. Mr Bertram explained that it was the return of completed questionnaires. Mr Bertram explained that the Trust had met the national expert on PROMs and had learnt that many organisations were now giving out the questionnaires at the pre-assessment stage instead of on admission, so that patients have more time to complete the document. Nationally this had initially not been encouraged so as to ensure completion as close to surgery as possible.

It was agreed that some more information would be brought back to the Board of Directors when the research work had been completed.

Referring to the Hospital Standardised Mortality Ratio (HSMR), Dr Turnbull tabled a document entitled 'Dying to know' which would be of interest. He explained that he was not entirely certain at this stage how the new system was working, but the key component was coding and not the number of deaths. HSMR does change due to the changing in coding and this is common to all organisations. The target of 80 will be removed from the dashboard, as it is not appropriate given the changes in the coding methodology, etc. The objective would be to reduce the ratio by 10 points it is currently at 100.

Following the discussion of the content of the report the Board of Directors **noted** the report.

Chief Nurse Report

Ms McManus introduced the new Chief Nurse report and explained that the report provided assurance against the implementation of the Quality and Safety Strategy and evidence to support the Quality Account.

Ms Raper commented that she felt it was an excellent report. She raised a number of points:

Key priorities

Ms Raper enquired which of the key nursing intervention priorities would be rolled out next and what assurance should the Board be seeking. Ms McManus commented that the Trust had concentrated on two standards so far, the next

priority will depend on timing issues and what would be the most appropriate. She added that the successes demonstrated with the two key priorities already rolled out had been reported to Board over the last few months.

Nursing Care Indicators (NCI)

What developments have been made with the indicators? Ms McManus advised that there has been a reduction in the number of indicators being measured, following some staffing issues. The auditing of the reduced number of wards referred to in the report has given the opportunity to refocus the auditing work and ensure that a full set of audits will resume in December 2010.

Commissioning for Quality & Innovation (CQUIN) payment framework

Ms Raper asked Ms McManus to advise on the timeline for the work outlined in the report. Ms McManus explained that we are currently working with the PCT and SHA to develop and influence next year's CQUIN framework.

Compliance data - falls and pressure ulcers

Ms McManus advised that compliance was not set to any timescales, but as a result of the work that has been done there has been a noticeable increase in activity. She added that she could report that the Trust had not reported any grade 3 pressure ulcers for over 70 days and the number of falls reported in the elderly department had dropped by 50%. Staff are rightly very proud of their work and achievements.

Professor Willcocks asked Ms McManus to comment on the complaint section of her report. She commented that complaints fall into three themes and asked how the Trust would take the challenge back to the ward to ensure improvements occur.

Mr Crowley added that the ratio has improved significantly over time and the level of behavioral complaints has fallen. The Trust will always get some complaints about treatment, whether they be around communication, attitude or clinical treatment. Ms McManus advised that there are a number of actions and some focused work being carried out.

Dr Turnbull added that any complaints against consultants are recorded and picked up as part of their appraisal.

Mr Rose commented that at the next Council of Governors meeting Ms McManus had prepared a session about how nurses are educated and trained by the University of York's Department of Health Sciences.

Following the extensive debate about the content of the report, the Board **noted and thanked** Ms McManus.

Quarterly Infection Control report – Quarter 2

Ms McManus reminded the Board of Directors that she is obliged to bring a

quarterly infection control report. She identified that there are some revised performance objectives which have been mandated including MSSA and E Coli from January 2011.

Ms McManus was able to report that the Trust has only had one post 48 hour case of MRSA against a threshold of two for the year. Of more concern is that the Trust has now had 28 cases of C- Diff which was what the Trust had the whole of the last financial year, although this is still well within the threshold. Ms McManus added that work is underway to establish why and address the issues that have been raised.

Dr Turnbull added that he has arranged to meet two GPs practices to try to introduce our prescribing formulae, which have been significant at the hospital in reducing infection rates.

With regard to hand hygiene, work is now underway to ensure peer review occurs on the wards, so the matrons and sisters will swap wards to review other areas.

The discussion concluded with the Board **agreeing** they understood the detail of the report.

Chairman's items

Mr Rose advised that there were three points he would specifically like to bring to the attention of the Board of Directors from his written report:

The Board Review – As Board members will remember, Mrs Pridmore had developed a Board Review questionnaire and she has met with a number of Board members. The first draft of the report has now been completed. In the next few days the other half of the Board will receive the draft report to review and consider if there are any other comments they would like included. The Review will be discussed at the November Board of Directors' time out.

Associate Membership – there are a range of organisations that are not involved with the Trust at present and the intention would be to try and get them involved. We also intend to strengthen the membership in Selby and Hambleton, with the support of the Governors, consistent with the Trust's move into Community Services.

Mr Rose invited Mr Bertram to comment on the Efficiency dashboard – Board members are able to access the detail through Signal, it is the intention to develop the information included in the system. Mr Bertram explained that once the system has been enhanced it should provide more support to the understanding of productivity of the Trust.

The Board discussed the difficulties of measuring productivity and the difficulty of agreeing an appropriate definition. It was suggested that it might form part of future debates at the Board strategy sessions.

No other points were raised from the Chairman' report and the Board of Directors

accepted the report.

Report of the Chief Executive

Mr Crowley presented his report and highlighted the following topics:

Ramsey – an agreement has been reached with Ramsey around the provision of services at Clifton Park. The negotiations were extensive and will ensure that there is improved productivity at both organisations and have resulted in an excellent working relationship. Mr Crowley added that throughout the process the consultants felt that they were full supported by the Trust. Dr Turnbull added that it does also allow for more transparency around job planning.

Electronic prescribing – Mr Crowley advised that a business case around electronic prescribing would be developed over the next few months and brought to the Board of Directors for consideration. The electronic prescribing is very challenging, but full supported by the Executive Board. Mr Ashton enquired how many Trusts had already introduced electronic prescribing. Dr Turnbull advised that very few Trusts had. Doncaster and Bassettlaw NHS Foundation Trust was the nearest and other Trusts are working on it. He added that GPs have of course been using electronic prescribing for many years.

York Stadium – Mr Crowley advised that the Trust had been approached by City of York Council when the development of the stadium was first being suggested. At that stage, the Trust confirmed they would be interested in knowing more about it, but without any commitment. The site has now been selected at Monks Cross and the Trust has reconfirmed that it is interested in the development, but has not made any financial or service commitments at this stage. The stadium is envisaged to house additional facilities, some of which could be health and wellbeing related.

Professor Willcocks added that she felt this was a fabulous opportunity for the Trust to shift perspectives. She advised that St John's University had also expressed an interest in the development. Mr Crowley commented that he would be attending a 'round table' debate with the Chief Executive from City of York Council and others to develop an understanding of the project.

Mutually Agreed Resignation Scheme (MARS) – Ms Hayward explained that this is a nationally agreed system that has been supported by the staff side. The offer is that anyone wishing to leave the Trust would be entitled to a payment rate of 1/2 a month's salary for each full year of service, up to a cap of 12 months' salary, with a minimum payment of three months' salary for 1-5 years' reckonable service. The scheme is open for one month closing on 6 December 2010. The time limited nature of the scheme is a key principle underpinning Monitor's and the Treasury's approval of the Trust to undertake the initiative. Staff have been assured that this is entirely voluntary and is a way for staff who may be interested in leaving with the benefit of a severance payment having this considered. The Trust would only agree to any request if it made good business sense to do so and was in the interests of the organisation, as well as the individual. The decisions would be made through a panel.

Professor Willcocks asked if she could have some more information about the composition and clarity of the criteria for qualifying. It was agreed that Ms Hayward would share the detail with Professor Willcocks outside the meeting.

The Board **noted** the report

Proposed transfer of community services

Mr Proctor reminded the Board of Directors that the transfer of community services represented about 5% of the turnover in York. He outlined the approach that had been taken to the work involved in transferring the services, and explained that there were two sides to the work. The due diligence side, and the significant decisions about the services the Trust would like to run and how they would be run. In comparison, Harrogate is undertaking significant work around their transfer of community services, as it forms 30% of their turnover and has developed a major project around it at present.

Mr Ashton described the two stages of work. First is the due diligence work, which is clearly being managed through the finance department. The second stage is the integration which is very different and potentially much bigger and could be more long term. Mr Proctor agreed with Mr Ashton's assessment and added that a newly proposed committee will support both stages, but will be more active in the second stage.

Mr Proctor tabled the draft terms of reference for the committee and asked the Board to note that this was a time-bounded subcommittee of the Board of Directors. It was noted that Mr Sweet would join the committee as a Non-executive Director representative.

The Board questioned the membership outlined in the terms of reference. Mr Proctor advised that those people would form the core of the membership, but others would be asked to join the committee as and when. There is a standing open initiation for people to attend if they would like to. The Committee will meet fortnightly for the foreseeable future.

Communications strategy

Mr Proctor introduced the draft communications strategy. He outlined the work that had been done to develop the strategy and asked for questions from Board members.

Mr Sweet felt that the strategy was very comprehensive and ambitious, and asked if the Trust had sufficient resources in place to deliver the strategy. He suggested that it might be worth taking a modular approach to the strategy. He went on to ask if team brief was delivered on a face-to-face basis right through the organisation. Mr Sweet felt the rolling calendar was an excellent idea, but he had some concerns about the description of the two subcommittees.

Mr Sweet also suggested that he was not clear how the new visual identity

branding fitted and what it meant.

Mr Crowley explained that the principle of team brief was that it was undertaken on a face-to-face basis across the organisation; indeed email communication of team brief is not encouraged, but it was acknowledged that there are occasions where logistics do not allow for all staff to receive a direct briefing every month, but the majority of the time staff receive their briefing on a face-to-face basis.

Ms Raper added that currently the communications team is very stretched and the organisation does need to look at the roles and resourcing of the team. She explained that those two groups were planned as outlined in the strategy. One is a reference group and that will test out messages and approaches and act as a sounding board. The other group will address the strategic issues and will be established on a needs or project basis.

Ms Hayward commented that she felt the strategy should have more reference to staff side representatives. It was suggested that the Staff Governors would be able to support this. Ms Hayward added that she felt there should be a separate conversation about the resourcing of the communications department.

Mr Proctor added that the communications department at the Trust delivers an excellent service led by Mrs Lucy Brown.

The Board considered how progress against the strategy would be reported to the Board of Directors. It was **agreed** that although the strategy was the responsibility of all Board members, Mr Proctor and Ms Raper would be responsible for updating the Board on progress against the action plan. The Board of Directors **approved** the strategy.

Membership report – Quarter 2

Mr Rose presented the membership report and drew the Board's attention to the deliberately low level of investment in the recruitment of members, which has meant that our emphasis on engagement has been quality of engagement rather than on quantity, and that the focus is on the broader community, rather than just members, who only make up around 5% of our community.

At a recent Council of Governors meeting it was agreed that a benchmarking exercise would be undertaken with other Trusts around both size of membership and age profile. There would be an increase in the engagement of the community in the Hambleton area in support of our integration of St. Monica's (community) Hospital.

The Board members discussed the report and Professor Willcocks suggested that the strategy of engagement should also include looking at the younger age groups. Mr Crowley reminded the Board that membership was an important part of the Trust's governance and Ms Raper felt that focusing on communication engagement and membership was an approach that should be considered.

A membership strategy paper is being prepared and will be shred at a forthcoming

Board meeting.

The debate concluded that the content of the report should be reflected in the membership strategy paper referred to which will be presented to the Board in the future. At this stage to Board **noted** the content of the report.

Operational framework for the Arts Services

Ms Hayward advised that the paper provides more clarity around the priorities the service has and gives more shape to the service.

Professor Willcocks felt that the organisation was not as engaged with the service as it should be and that it felt as if there was some disconnection.

The Board discussed the framework in detail and the following comments were noted:

Mrs Palazzo would like to continue her involvement in the service; she added that she had had an initial meeting with the group where a number of members were from the community organisations.

Ms Hayward added that the Manager of the service, Gill Greaves, has excellent contacts and meets with them regularly. The service does provide a lot of benefits for patients, staff and the hospital environment.

Dr Turnbull supported the comments and added that the environment of the hospital has changed significantly over the last ten years with the hospital becoming more of a showcase for the arts. Mr Rose agreed that it was a very valuable service, and that many visitors commented favorably on this aspect of the environment.

Professor Hutton believed that the service should think broader about its involvement with the wider community.

The Board of Directors **approved** the framework.

Post meeting note: Following the meeting it was **agreed** that Ms Raper would be the NED linkage to the Arts.

Operational Performance Report

The Board of Directors reviewed the performance report and **agreed** the performance was excellent and the Trust should be very proud of its achievements.

Mr Ashton raised a number of points:

14 day breast symptomatic – The performance seems to have dipped during September. Mr Proctor explained that the difficulty with the target is that it is reliant on the availability of patients. If the patients are not available to attend within 14

days, the Trust will not be able to demonstrate achievement of the target.

Diagnostic 6 week waits – The performance seems to have dipped during September. Mr Proctor explained that within the Endoscopy and Urodynamic service a small number of patients were delayed, but none of the patients were urgent. The Trust is in discussions with the PCT and the Contract Board to better understand these delays within the system.

He reminded the Board that the target is 100% so if we fail one patient we fail the target.

Ambulance turn round – The performance for this target seems low. Mr Proctor explained that the target is locally imposed by the SHA, and Mr Proctor would like to see further improvements, including in the patient transport service. He added that a paper will be presented to the Board meeting in November explaining the relationship and interface with the ambulance service.

Dr Turnbull added that there is an interesting dimension to the Emergency Department (ED) activity. It has been noted that patients prefer to come to the ED instead of using other methods, such as their GPs, for a number of different reasons.

The Board noted that the MRSA screening was at 120% and enquired if this was correct. Ms McManus explained that we do sometimes test people more than once. The Trust is measuring the target in the same way as all other Trusts.

Mr Rose summarised the discussion by thanking Mr Proctor and the overall team for all the hard work in delivering such excellent performance results.

Following the discussion the Board **accepted** the report.

Finance Report

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. This would require the Trust to increase its facility from the current £17.5m to £19.3m based on the current year's planned expenditure.

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

The Audit Committee was asked to review the facility at its next meeting.

Monitor Quarterly submission –Quarter 2

Mr Bertram presented the quarter 2 submission and advised that a letter would be finalized outside the Board meeting. He confirmed that the submission would be the second quarter, in which the Trust had achieved a financial risk rating (FRR) of

3. He added that he is expecting Monitor to take the Trust off monthly monitoring, inline with Monitor's rules.

The Board of Directors **approved** the submission.

Governance Structures

Mr Rose presented the revised Governance Structure and highlighted the key developments in the plan. The main change is the setting up of the Clinical Quality and Safety Committee. The **agreed** they had had an opportunity to comment on the document during the development. Mr Rose asked the Board to consider and approve the changes.

The Board **approved** the revised Governance Structure

Executive Board

The Board of Directors **noted** the minutes.

Any other business

Mr Rose asked the Board to formally note that the Trust had received on 26th October an approach, in writing, from Scarborough and North East Yorkshire NHS Trust to consider a partnership between the two hospitals Trust.

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Scarborough Acquisition

I want to express my continuing concern about these proposals. There is the underlying assumption that an increase in the hospital's geographical area of influence will, of necessity, lead to opportunities which will improve the quality and accessibility of services for the electorate of York and of other local area governors.

It is important to state bluntly that concerns about the provision of healthcare for the population of areas fifty miles away should not of interest to governors representing the public in York, Hambleton and Selby.

What governors need from the directorate is a detailed exposition about how the proposed extension of the Trust's responsibilities will impact beneficially on services for current members of the Trust.

Any vision for the future of the Trust and York Hospital must be led by the consensus view of its senior clinicians and not by the aspirations of local and national administrators. At their next meeting on the 8th December governors therefore need a statement from the Medical Director whether there has been formal consultation of the senior clinicians in York Hospital in this context and whether a consensus has been reached..

Personally I should like the Trust to become a centre of creative excellence with a nation-wide reputation in specific areas of medical and surgical research and also in the training of nursing staff. This is likely to be more readily achievable without the distractions of the proposed expansion.

Finally we must also not forget the minor issue that every time a clinician travels from York to Scarborough or Scarborough to York this represents a loss of three man-hours of clinic availability for patients. Clinical resources at either site are not unlimited.

Stefan Ruff

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 8 December 2010

Corporate Finance Report

Action requested/ recommendation

The Governors are asked to note the current financial performance.

Summary of Paper

This report details the financial position as at 31 October 2010. At the end of October, there is an Income and Expenditure surplus of £1.3m against a planed surplus of £2.0m for the period. The cash level at the end of October was above plan at £5.2m.

The assessed Monitor Risk Rating at the end of October remains an overall rating of 3.

Strategic aims	**Please tick as appropriate**
Improve quality	✓
Improve our effectiveness, capacity and capability	✓
Develop stronger citizenship through our working with partners	✓
Improve our facilities and protect the environment	✓

Implications for equality and diversity.

There are no identified implications for equality and diversity.

Reference to CQC Outcomes.

The Finance report has implications across the all outcome standards,

Progress of report	The report has been presented to the Board of Directors – 23rd November 2010
Risk	Any associated risks are included in the report.
Resource implications	There are no specific resource implications from the report

Owner	Andrew Bertram, Director of Finance
Author	Graham Lamb, Deputy Director of Finance
Date of paper	November 2010
Version number and number of pages	V1 4 pages

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2010 to 31 October 2010

High Level Overview

Net I&E surplus of £1.3m is below plan.

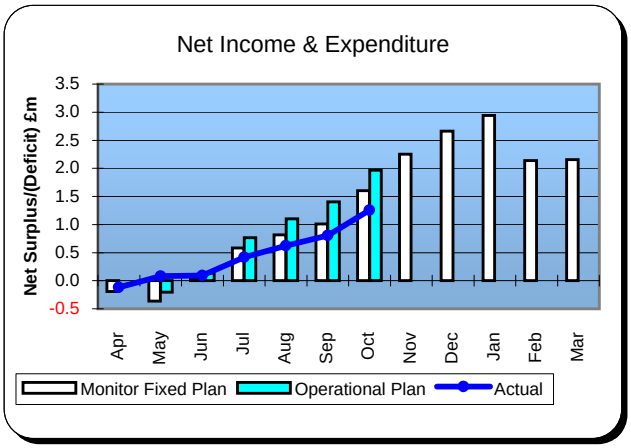
CIPs achieved to date total £8.9m, with assessed residual risk of £2.1m. The CIP position has slightly declined from September and is currently running £0.3m behind plan.

Income is ahead of plan for both NYY, and the other PCTs

Cash at £5.5m is ahead of plan.

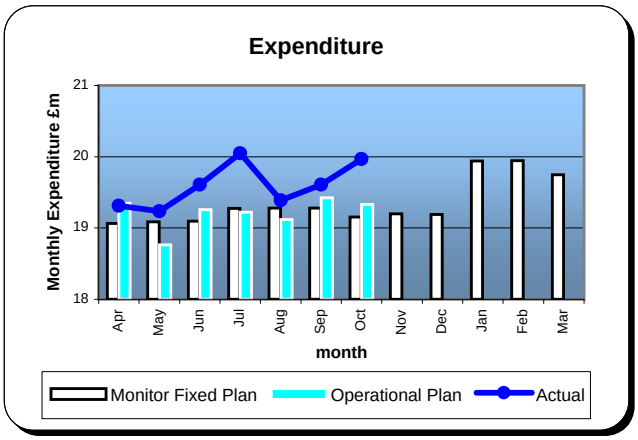
The capital programme is £0.7m behind plan.

Confirmed Monitor Financial Risk Rating is 3, as per plan for this stage in the year.



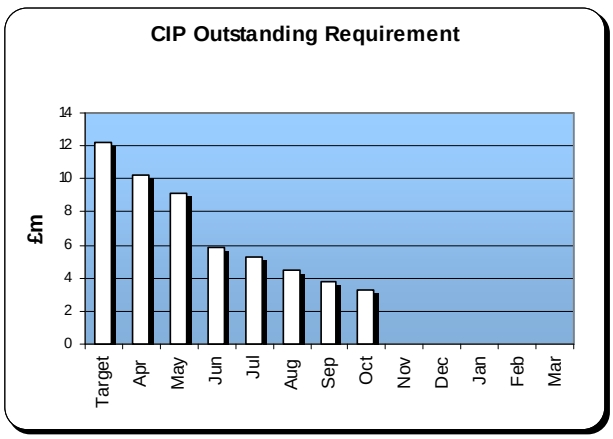
The actual Net I&E surplus is £1.253m for the period, compared to a planned surplus of £1.969m.

Key variances against Operational Budget:- Clinical Income +£0.94m, Other income +£1.01m, Expenditure -£2.70m



There is an adverse variance against operational expenditure budgets of £2.704m. This comprises:-

- Waiting list initiatives £278k ahead of plan
- Drugs £975k, mainly due to high cost drugs that are matched by additional income
- Clinical supplies £740k linked to increased elective activity, and certain devices matched by additional income.
- CIPs behind plan £333k
- Use of private providers £250k
- Other non pay issues £417k, compensated by reserves and slippage on investments.

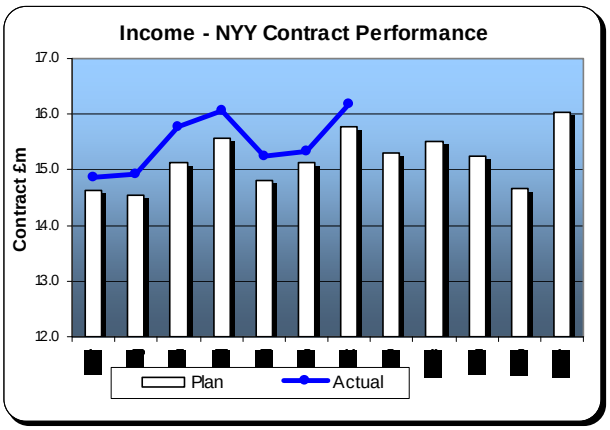


The full year efficiency requirement is £12.2m. With £8.9m cleared at October the outstanding requirement is £3.3m.

Further plans identified of £2.6m (varying risk), and unidentified actions of £0.7m.

Assessed residual risk including unidentified actions and proportion of higher risk further plans is £2.1m

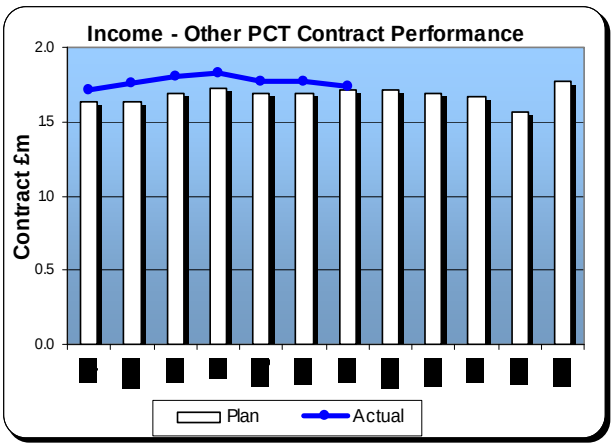
YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2010 to 31 October 2010



Annual contract value is £182m.

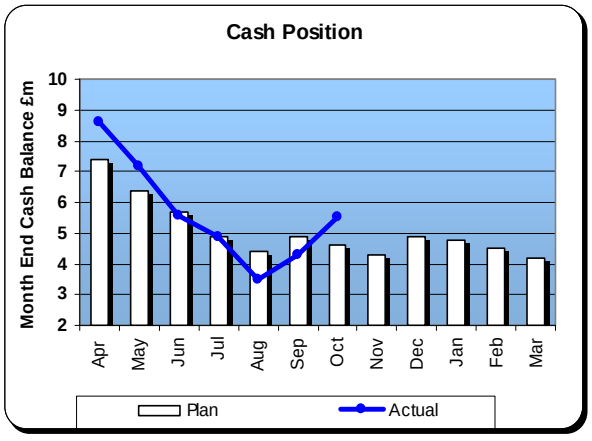
The PCT is over trading with the Trust by £2.7m to the end of October.

Q1 reconcilation is complete, and payments made.



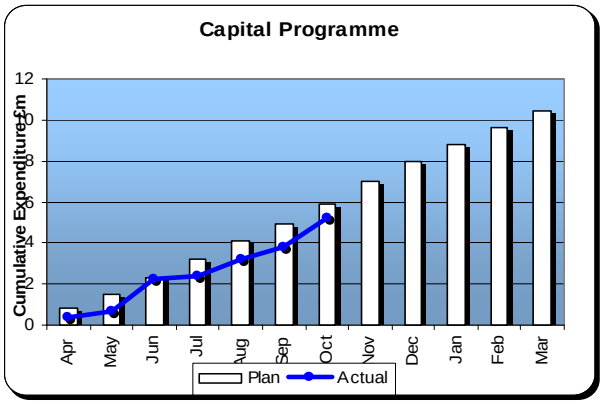
Annual contract value is £20m

Other contracts are running slightly ahead of plan.



Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days			24.8		

Actual cash balance at the end of October totalled £5.2m, and is £0.9m ahead of plan



Capital expenditure at the end of October is totalled £5.2m and is £0.7m lower than plan. The programme is being managed on a quarterly review process with release of funds for additional schemes conditional on cash availability

Council of Governors – 8 December 2010

Operational Performance Report

Action requested/ recommendation

The Governors are asked to note the current Operational performance Report.

Summary of Paper

This report details the Operational performance as at 31 October 2010.

Strategic aims	**Please tick as appropriate**
Improve quality	✓
Improve our effectiveness, capacity and capability	✓
Develop stronger citizenship through our working with partners	✓
Improve our facilities and protect the environment	

Implications for equality and diversity.

There are no identified implications for equality and diversity.

Reference to CQC Outcomes.

The Operational Performance report does have an impact on the CQC outcomes

Progress of report	The report has been presented to the Board of Directors – 23rd November 2010
Risk	Any associated risks are included in the report.
Resource implications	There are no specific resource implications from the report

Owner	Mike Proctor, Deputy Chief Executive
Author	Andrew Hurren, Assistant Performance Manager
Date of paper	November 2010
Version number and number of pages	V1 3 pages

Operational
Corporate
Efficiency
Anaesthetics
Spec. Medicine
Child
Elderly
Gen Med
Gen Surgery
Obs & Gynae
Head And Neck
Ophthalmology
Orthopaedics
Urology
Therapy
Em. Medicine
Lab Medicine
Radiology
Sexual Health
Pharmacy

National Access Targets

Metric	Target	Status		Sep-10	Oct-10
18 Week Admitted (?)	90%	Green	↑	91.70%	92.46%
18 Week Non-Admitted (?)	95%	Green	↓	98.23%	96.80%
14 Day Fast Track (?)	93%	Green	↓	95.00%	94.80%
14 Day Breast Symptomatic (?)	93%	Green	↑	88.20%	94.80%
31 Day 1st Treatment - Cancer (?)	96%	Green	↓	99.20%	97.70%
31 Day Subsequent Treatment - Anti Cancer Drug (?)	98%	Green	→	100%	100%
31 Day Subsequent Treatment - Surgery (?)	94%	Amber	↓	100%	90.90%
31 Day - Rare Cancer (?)	85%	Green	→	100%	
62 Day Cancer (?)	85%	Green	↓	92.10%	91.40%
62 Day Cancer - Screening (?)	90%	Green	→	100%	100%
62 Day Cancer - Upgrades (?)		Green	↓	100%	33.00%
Diagnostics - 6 Week Wait (?)	100%	Amber *	↑	99.10%	99.30%
ED 4 Hour Target - All Types (?)	95%	Green	↓	97.33%	96.99%
GUM - Appointment Offered Within 48 Hours (?)	100%	Green	→	100%	100%

Local Targets

Metric	Target	Status		Sep-10	Oct-10
18 Week Admitted - Median Treatment Time (Days)	78	Green	↑	63	64.5
18 Week Non-Admitted - Median Wait Time (Days)	48	Green	↓	41	36
ED - Median Wait Time (Mins)	1:40	Red	↓	1:49	1:48
Elective Operations Cancelled On Day For Non-Clinical Reasons (?)	25	Green	↑	10	11
Elderly Medicine Outliers (?)	12.7%	Green	↑	4.49%	6.67%
General Medicine Outliers (?)	22.3%	Green	↑	3.25%	7.02%
Elective Theatre Sessions Delivered (Main/Day)		Green	↑	433	457
Percentage of Ambulance Turnarounds <25 minutes	80.0%	Red	↑	53.31%	54.86%
Time To See ED Clinician (Minutes)	60:00	Red	↓	70:37	69:40
Number Of Additional Beds Open (?)	0	Green	→	0	0

Infection Prevention And Control

Metric	Target	Status		YTD	Oct-10
MRSA Bacteraemia (?)	2	Green	→	1	0
MRSA - Screenings	100.0%	Green	↓	115.62%	133.0%
CDIFF - >72hrs	112	Green	↑	35	9

Within 2% Of Target

Within 5% Of Target but not within 2%, except for * which must achieve Target to go Green

Outside 5% Of Target

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 8 December 2010

Emergency Department Report

Action requested/ recommendation

Summary of Paper

This report provides Emergency Department activity from 1st Sept to 6th Oct 2010 compared to same period in 2009.

Strategic aims	**Please tick as appropriate**
Improve quality	
Improve our effectiveness, capacity and capability	
Develop stronger citizenship through our working with partners	✓
Improve our facilities and protect the environment	✓

Implications for equality and diversity

No implications for equality and diversity.

Reference to CQC Outcomes

N/A

Progress of report	This paper is only provided for the Council of Governors.
Risk	No risks.
Resource implications	There are no resource implications.
Owner	Michael Proctor, Deputy Chief Executive
Author	Andrew Hurren, Assistant Performance Manager
Date of paper	November 2010
Version number and number of pages	V1 4 pages

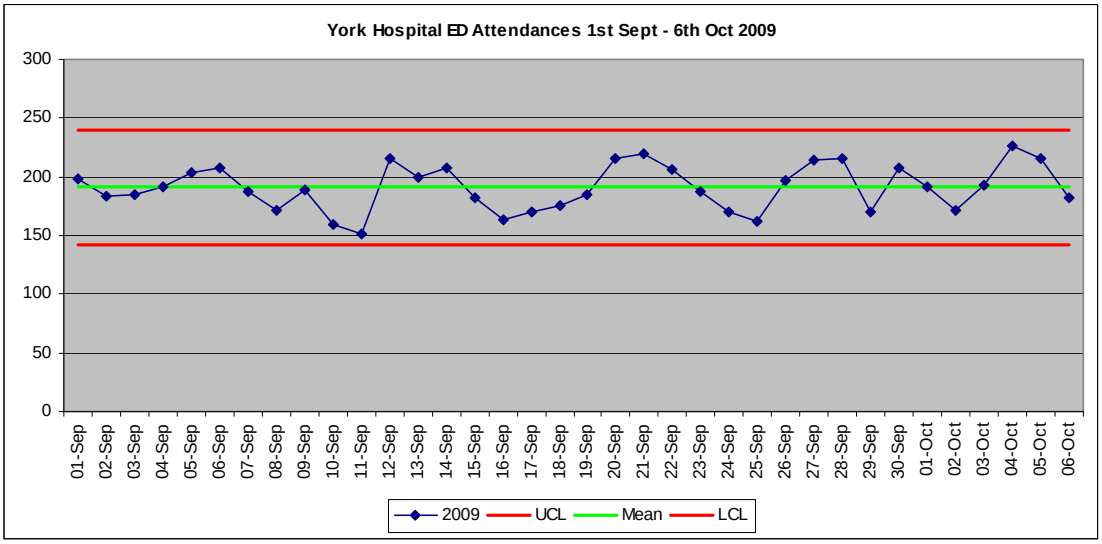
Council of Governors – 8 December 2010

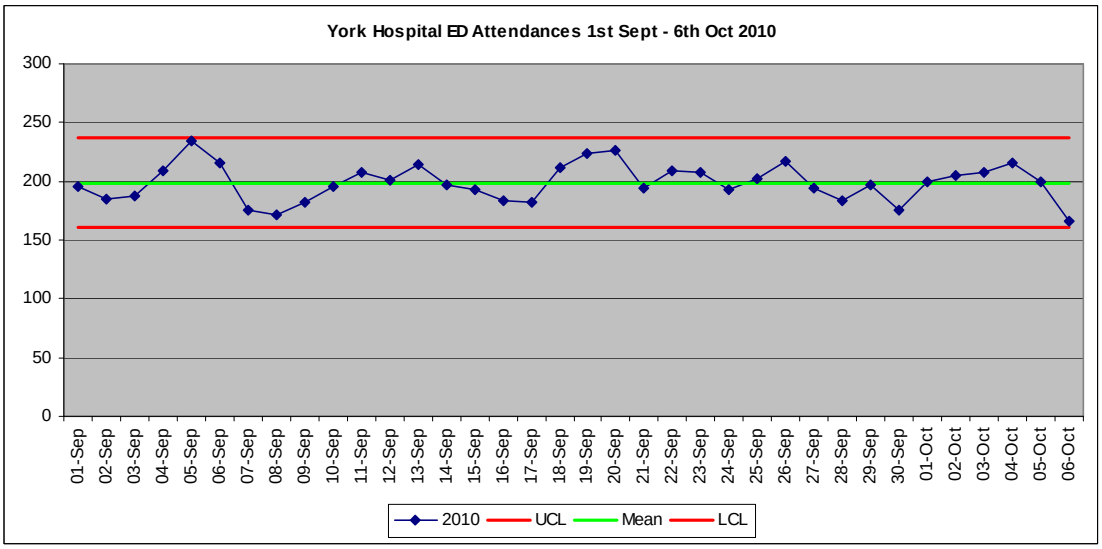
Emergency Department Report

1 Emergency Department Attendances

There has been a 4.16 percent increase in attendances compared to the same period last year (7,157 versus 6,871), but there has been an increase in the percentage of those that are 'subsequent' attendances; 4.6% (328 attendances) in 2010 against 3.4% (230 attendances) in 2009, this equates to an extra 98 patients across the period.

The SPC charts below show the activity for 2009 and 2010.





Perhaps indicative of an increasing workload is how close the control limits are on the 2010 SPC (which are based on a daily moving range) to the mean, the activity figures show that each day has been closer to the average and thus the department has been busier.
The largest increase from 2009 to 2010 has been the number of attendances from patients referred by 'Healthcare Provider' (Residential/Care Homes) which has seen a rise of 43.4% (314 attendances from 219 in 2009). However as a percentage the Trust is admitting less of these patients (18.5% this year compared to 22.4% in 2009).

Referrals from 'EMERGENCY SERVICES' has seen a rise of 166 (8.9%); this increase has resulted in a similar rise in admissions for this cohort of patients, up 8.9% (993 to 1,081).

Since the change whereupon GP Pending admissions started to be admitted straight to the Ward there has been a fall of 68.9% in patients attending ED with a referral source of 'GP INPATIENT REFERRAL' (103 down to 32). However the DVT Assessment Service has replaced this reduction with 72 attendances compared to zero last year. Combining all those Referral Sources that feature 'GP' shows a 14% increase (356 attendances in 2009 compared to 414 in 2010). It is worth noting that the number of GP Pending admissions being admitted via ED has reduced but has not stopped.

Referral Source	2009	2010	Percentage Change
DVT ASSESSMENT (GP)	0	72	7200.00
EDUCATIONAL ESTABLISHMENT	56	79	41.07
EMERGENCY SERVICES	1863	2029	8.91
GP INPATIENT REFERRAL	103	32	-68.93
GP NO LETTER	149	188	26.17
GP WITH LETTER	104	122	17.31
HEALTHCARE PROVIDER	219	314	43.38
NHS DIRECT	48	58	20.83
OTHER	40	39	-2.50
POLICE	31	38	22.58
SELF REFERRAL	4066	3999	-1.65
SOCIAL SERVICES	8	7	-12.50
WALK-IN CENTRE	99	83	-16.16
WORKPLACE	85	97	14.12
Grand Total	6871	7157	4.16

In terms of the casemix for ED, quarter 2 2010/11 has seen a rise across three of the four HRG categories with a significant increase of 5.27% in patients coded to 'Minor' and smaller rises in the 'Standard' (2.81%) and 'High' (1.18%) categories.

cat	Q2 2010/11	Q2 2009/10	Percentage change from last year
Minor Total	8395	7975	5.27
Standard Total	2197	2137	2.81
High Total	6917	6836	1.18
Triage Total	756	786	-3.82
Grand Total	18265	17737	2.98

2 Recommendation	
The Council of Governors are asked to note the report.	
Author	**Andrew Hurren, Assistant Performance Manager**
Owner	**Michael Proctor, Deputy Chief Executive**
Date	**November 2010**

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Council of Governors – Meeting Schedule 2011

Date	Location	Type of meeting	Time
Wednesday 12 January 2011	White Cross Social Club	NED	3.15pm-5.15pm
Wednesday 23 March 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 13 April 2011	White Cross Social Club	Board to Board	4.00pm-6.00pm
Wednesday 15 June 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 13 July 2011	White Cross Social Club	NED	3.15pm-5.15pm
Wednesday 14 September 2011	White Cross Social Club	Board to Board	4.00pm-6.00pm
Wednesday 12 October 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm
Wednesday 21 December 2011	White Cross Social Club	Pre meeting Private Public	3.15pm-3.45pm 3.45pm-4.15pm 4.15pm-6.00pm

Attendee by type of meeting

Pre meeting (un-minuted)	Council of Governors and Chairman of the Trust
Private (minuted)	Council of Governors and Chairman of the Trust
Public	Council of Governors, Chairman of the Trust, Directors as required, public
Board to Board	Council of Governors and Board of Directors (private meeting)
NEDs	Council of Governors, Non-executive Directors (private meeting)
AGM	Public meeting