York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 23rd March 2011**

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

Time	Meeting	Attendees
3.15pm – 3.45pm	Pre-meeting for Governors	Governors with Chairman
3.45pm – 4.00m	Private meeting of the Council of Governors	Governors with Chairman and Foundation Trust Secretary
4.00pm – 6.00pm	**Council of Governors meeting**	**Governors and public**

York Teaching Hospital NHS
NHS Foundation Trust

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

on: **Wednesday 23rd March 2010**

at: **4.00pm – 6.00pm**

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

A G E N D A				
No'	*Item*	*Lead*	*Paper*	*Page*
Part One: 4.00pm - 4.10pm				
1.	**Chairman's introduction** The Chairman will introduce the meeting, welcoming any members of public who are in attendance and explaining the procedure for the oral questions.	Chairman		
2.	**Apologies for absence** To receive any apologies for absence.	Foundation Trust Secretary		
3.	**Questions from the public** To receive any oral questions from members of the public in attendance at the meeting.	Chairman		
4.	**Declaration of interests** To receive confirmation of any amendments to the declaration of interests.	Chairman	A	5
5.	**Minutes of the meeting held on 8th December 2010** To receive and approve the minutes of the meeting of the Council held on 8th December 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: 4.10pm – 6.00pm **General Business**				
7.	**Sub-committees and other Governor Reports** To receive a report from the chairs of the Governor Sub Committees: • Patient Focus Group • Community & Membership Engagement Group – including comment on new staff membership as part of Community Services acquisition • Nominations & Remuneration Committee	Chairs of the Sub Committees and others	C Verbal Verbal	23
8.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meeting held in January 2011.	Chairman	D	27
9.	**Chief Executive Report** Update on TCS and Scarborough An opportunity for Governors to ask questions about the progress on the integration of Selby and York community services, Scarborough, Whitby and Ryedale due diligence of the community services and the work being undertaken around potential acquisition of Scarborough and North East Yorkshire Healthcare NHS Trust. Including the plans for membership recruitment.	Chief Executive	Verbal	
10.	**Musculo Skeletal Services** To receive a presentation on the recently awarded tender.	M Liley Head of Therapy Services	Verbal	
11.	**Finance report** • To receive the Finance report (January 2011) • Progress update on the 2011/12 Annual Plan	Director of Finance	E Verbal	39
12.	**Operational Performance report** To receive the performance report (January 2011).	Associate Director of Operations	F	43

No	*Item*	*Lead*	*Paper*	*Page*
13.	**Quality Report** • Provide an update on the development of the Quality Report. • Receive a summary of the recently released National Cancer Survey To discuss and agree a Governor measure that will be included in the External Audit of the Quality Report.	Chief Nurse Lead Governor	Verbal G H	 47 55
14.	**Car parking at York Hospital** To discuss responses to the options circulated on further hospital car parking charges.	Associate Director, Estates and Facilities	Verbal	
15.	**Any other business** To consider any other items of business.	Chairman		

Proposed topics for discussion at a later meeting

- Complaints process
- Children's' services
- Fundraising
- Proposed structure of the Council of Governors – post the potential SNEY acquisition

Register of Governors' interests
February 2011

York Teaching Hospital NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

A

New declarations
No new declarations were made

Removal from declaration
No removals from the declarations were made

Amendment to an existing declaration
Mr Bob Towner: **Member**—York Health Group Public and Patient Forum

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

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

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

York Teaching Hospital NHS
NHS Foundation Trust

Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 8 December 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
Mrs H Butterworth, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs H Mackman, Public Governor, City of York
Mrs D Rhodes, Public Governor, Selby District
Mr D Robson, Public Governor, City of York
Mr S Ruff, Public Governor, City of York
Mr R Towner, Public Governor, City of York

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

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

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

Apologies:
Mrs A MacDonald, Staff Governor, Nursing and Midwifery
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mrs C Surtees, Partner Governor, York CVS

Attendance:
Philip Ashton, Non-Executive Director
Andrew Bertram, Director of Finance
Patrick Crowley, Chief Executive
Gordon Cooney, Associate Director of Operations (for Michael Proctor, Deputy Chief Executive)
Kay Gamble, Patient & Public Involvement Specialist
Cheryl Gaynor, Head of Chairman & Chief Executive's Office
Penny Goff, Member Development Manager
Anna Pridmore, Foundation Trust Secretary
Alastair Turnbull, Medical Director

Members of the public: One member of the public attended the meeting.

10/69 Chairman's Introduction

The Chairman welcomed all to the meeting in particular Councillor John Batt, newly appointed partner governor for North Yorkshire County Council.

The Chairman also welcomed observer Kay Gamble, the Trust's new Patient & Public Involvement Specialist to the meeting.

10/70 Apologies for Absence

The Council of Governors noted the apologies.

10/71 Oral Questions from the Public

There were no oral questions received from any member of the public.

10/72 Declaration of Interests

Mr Towner declared an interest as a member of the York Health Group Public and Patient Forum.

The Council of Governors noted the declarations of interest.

10/73 Minutes of the Meeting held on 13th October 2010

The minutes were approved as an accurate record.

10/74 Matters Arising from the Minutes

There were no matters arising from the minutes.

10/75 Sub-committees and other Governor Reports

Patient Focus Group

Mr Baines (Chairman of the Group) advised that there was nothing to report as the last meeting had been cancelled.

Community & Membership Engagement Group

Dr Dalton reported that, at the last meeting, it was hoped to have begun working on a work program for the group but unfortunately this was currently on hold, therefore plans were in place to begin looking at the community strategy and membership for the Trust.

Mr Rose commented that Dr Dalton had recently given an excellent speech at an Easingwold area forum regarding being a hospital governor and making a difference and thanked her for her work.

Nominations & Remuneration Committee

Mrs Mackman advised that there were no updates to report and that the next meeting of the Committee was hoped to be scheduled for January, date to be confirmed. She did, however, report:

1. Particular attention was being paid to how each governor was being given opportunities to be involved in fulfilling our governing role and had done this by being in touch with a number of governors, and particularly with the newer members of the team. Each one of the public and patient/carer governors links with particular work streams or specific community groupings, which is increasingly valuable as community services transfer to our Trust and as we look towards developments across the East Coast.
2. Endeavouring to keep herself informed about the bigger picture, so that she can look for ways that governors could add value to current discussions and developments, and particularly in seeking assurance that all communities and constituencies that may be affected by the East Coast proposals are properly informed and listened to.
3. To this end, Helen has been attending both NYCC and City of York Council Health Overview & Scrutiny meetings and met with the Trust's PPI team to encourage early involvement of governors in processes.

Mrs Moreton separately advised that the Charities Committee were working on publishing a Fundraising Policy with Lucy Watson, the recently appointed Fundraising Manager.

10/76 Summary of the Board of Directors minutes

Mr Rose presented the summary of the minutes from the Board of Directors meetings held on 29th September and 27th October 2010.

Mr Crowley referred to the pressure ulcers and the performance dashboard having appeared to have gone down, following the rapid roll out of the pressure ulcers tools and techniques. Since this roll out 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. He commented that the tools and techniques had been a learning process for the Trust. Ms McManus had "blitzed" the hospital, which did initially cause some problems, particularly in fast turnover wards, but staff appear to have responded well and it was now a case of implementing plans to maintain this performance.

Governors expressed their congratulations across all of the directorates on the figures.

Mrs Moreton referred to the minute regarding 'Nurse Rostering Issues' and queried what these issues were. Ms Penny advised that the Trust had purchased a system which had been implemented over the last year. 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 conversed to the press, who had then published a story. Ms Penny understood, through her involvement in some individual cases with the

system, that family issues looked to be a concern, but since the meeting had taken place (September 2010) they appear to be making headway.

Mr Crowley informed that the Trust has been looking over the introduction of the rostering system for a number of years and are nowhere near the leading edge. Looking objectively, in some areas there was inefficiency; this offers a transparency around the rota. He advised that he had asked for a review 6 months ago and enquired whether or not we could do more. The Trust has currently trialled in four different areas and is slowly ironing-out the issues.

The governors noted the report.

10/77 Update on TCS and Scarborough

Mr Bertram reported on the transfer of community services and the due diligence process. He advised that the Trust was currently 2 weeks away from finishing the final stage of all questions that the trust has asked (staffing, legal, CQC etc). Mr Bertram will be producing a full due diligence paper before Christmas and will present this to the Board of Directors at its extra ordinary meeting scheduled to take place on 5th January 2011. The due diligence report is expected to be agreed at this meeting.

Mr Ruff enquired whether the due diligence process covered finance and if there had been any trade union involvement to date. Mr Bertram advised that the process was covering all aspects and that there had not currently been any trade union involvement, but certainly will after, if appropriate.

Mr Crowley referred to the submission of Mr Ruff's paper to the governors and welcomed his paper on the Scarborough acquisition and his stated concerns.

Mr Crowley clarified that the potential acquisition was not about an increase in geographical area, as stated in the report, but more a consolidation of clinical services to generate economics of scale.

In terms of clinicians travelling between York and Scarborough, Mr Crowley clarified that some clinicians currently travel. However, a particular objective will be to minimise the need for travelling for patients as well as staff.

Dr Turnbull reported that his personal take on the acquisition was of immense enthusiasm along with a number of York clinicians. He has been working with Mark Andrews (Scarborough Medical Director) on developing clinical links.

A governor raised their concern regarding the debt of Scarborough and enquired whether the Trust will acquire this too. Mr Bertram stated that Scarborough currently is on track to meet the repayment of this debt and this would be clear before the acquisition is completed.

Mrs Butterworth referred to Scarborough's current weakness in finance and enquired if it was a particular area that was responsible. Mr Bertram reported that this is yet to be scrutinised in fine detail but having started to build a picture, it is clear that there are three main points:

1. Repayment of historic debt
2. Overheads of operating offsite in Bridlington
3. The premium cost of running services in a small hospital

10/78 Quality and Safety Report

Dr Turnbull gave a detailed presentation of the Dr Foster Hospital Guide 2010. A copy of the slides is in appendix A to these minutes.

The governors thanked Dr Turnbull for his detailed presentation.

10/79 Finance Report

Mr Bertram presented the finance report, which detailed the financial position as at 31 October 2010. At the end of October, there was an income and expenditure surplus of £1.3m against a planned surplus of £2.0m for the period. The cash level at the end of October was above plan at £5.2m.

The governors noted the report.

10/80 Operational Performance Report

Mr Cooney presented the operational performance report which detailed activity and performance against target delivery as follows:

<u>Performance national access targets)</u>

- 18 week performance – admitted 92.46% (target 90%)
- 18 week performance – non-admitted 96.80% (target 95%)
- 4 hour – 96.99% (target 95%)
- 14 Day Cancer – 94.80% (target 93%)
- 31 Day Cancer – 97.70% (target 96%)
- 62 Day Cancer – 91.40% (target 85%)
- MRSA – 1 case (YTD against a trajectory of 2)
- C.Diff – 35 cases (YTD against a trajectory of 112)

<u>Activity (local targets)</u>

- 18 week admitted, median treatment time – 64.5 days (target 78 days)
- 18 week non-admitted, median wait time – 36 days (target 48 days)
- Day case – 11 days (25 days)
- Percentage of ambulance turnarounds (less than 25 minute) – 54.86% (target 80%)

The governors noted the report.

10/81 Emergency Department Report

Mr Cooney presented the Emergency Department report, which provided the emergency department activity from 1st September to 6th October 2010 compared to the same period for 2009. He described that there was a 4.16% increase in attendance compared to 2009, but there had been an

increase in the percentage of those that are subsequent attendances.

Since the change by which GP pending admissions started to be admitted straight to the Ward, there had been a fall of 68.9% in patients attending the emergency department with a referral source of GP inpatient referral. The number of GP pending admissions being admitted via the emergency department has reduced but has not stopped.

Mr Towner queried the number of patients that are seen overnight and requested further information on self referrals. Mr Cooney advised that an estimate would be around 200 overnight patients.

Mrs Mackman enquired whether the GP's that were currently working in A&E have specific training. Dr Turnbull advised that the governance arrangement is of the PCT and not the Trust, although it does hold a level of responsibility; competence does lie with the PCT.

Action: Include details of self referrals in future reports.

The governors noted the report.

10/82 Nurse Education

This item was deferred to a future meeting of the Council of Governors.

10/83 External Audit

Gareth Mills and Sarah Howard of Grant Thornton (External Auditors) gave a detailed presentation on the service they provide for the Trust. A copy of the slides are in appendix B to these minutes.

10/84 Confirmed Time and Dates of 2011 meetings of the Council of Governors

Governors noted the dates and times of 2011 Council of Governors.

CLG
09/12/2010

Dr Foster Hospital Guide 2010

York Data

Alastair Turnbull
December 8th 2010

intelligence

Indicator principles

- Data period is FY 09/10 (unless stated otherwise)
- Indicators are based on the Imperial College August 2010 SUS extract and 09/10 benchmarks
- No league ranking this year
- Some data published nationally last week...
- Hospital deaths overall falling by 7% pa
- Airedale small Trust of Year, Royal Free, Ipswich and East Kent also exemplars

intelligence

2010 Indicators — Mortality

1. HSMR
   - New Imperial College/Dr F methodology (measures conditions causing 80% of deaths and is coding dependent)
   - Outcome of HSMR review 2011 (SHMI – to include 30 day mortality)
2. Mortality SMR for 5 high volume conditions:
   - Stroke
   - Fractured femur
   - Heart attack and heart failure
   - Pneumonia
3. "Failure to Rescue" – separate from HSMR
   - Surgical patients (elective or non elective), who were coded with one of the following and died
     - Pulmonary Embolism and Deep Vein Thrombosis
     - Pneumonia
     - Sepsis
     - Shock or Cardiac Arrest
     - GI Haemorrhage/Acute Ulcer

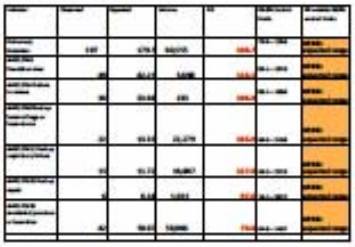
intelligence

Mortality Indicators for York shown in RED

(Scarborough 107, Figures in blue are E Kent)

intelligence

Safety Indicators for York



intelligence

2010 Indicators — Stroke

A basket of indicators following the patient pathway

- % scanned same day
- % given thrombolytic treatment (of those for whom it is appropriate)
- Standardised ratio of pneumonia due to swallowing problems
- Standardised ratio of discharge to usual place of residence within 56 days
- Standardised ratio of readmission within 28 days
- Standardised ratio of in-hospital mortality

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Stroke Indicators

intelligence

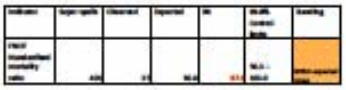
Stroke Indicators

intelligence

Orthopaedic Indicators

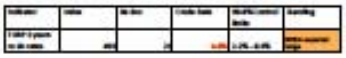
intelligence

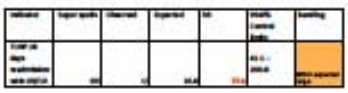
Orthopaedic Indicators



intelligence

Urology Indicators





intelligence

Obstetric Tears

intelligence

Death in low Mortality CCS groups

Indicator	[illegible]	Observed	Expected	RR	99.8% Control Limits	Banding
Death in low mortality CCS group [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible] – [illegible]	Within expected range

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2010 Indicators

Treating and caring for people in a safe environment and protecting them from avoidable harm

- Does the trust have a public Board lead for patient safety? **YES**
- Is patient safety on the monthly agenda for the Trust's board? **YES**
- How many acute inpatients have a track and trigger warning system in place? **MOST**
- Is the trust compliant with the featured NPSA alerts? **2 OUTSTANDING**
- Are all surgical patients fitted with NICE-approved blood clot prevention devices? **MOST WE BELIEVE**
- How many patients are risk assessed for VTE on admission **≥90%**
- Incidents reported to the NPSA (high = good) **HIGH REPORTER**

***A index on the website allowing patients and the public to prioritise variables including cleanliness, comfort, information provided**

intelligence

2010 Indicators York Summary

- Overall a good performance, Nationally and Regionally
- Latest initiatives on infection and pressure ulcers will be reflected next year
- Examining our coding techniques and deaths in low mortality groups
- Mortality rate is falling
- Fall well within expected limits in all metrics examined
- Good culture of reporting and placing safety top of agenda

- ***However, our aspiration is to do better and specific goals have been set to address this***

intelligence

Grant Thornton

York Teaching Hospital NHS Foundation Trust

External audit: presentation to the Council of Governors

8 December 2010

Introducing your key audit contacts

Sarah Howard
Partner

Gareth Mills
Audit Manager

Purpose of the session

- Overview of the role of External Audit
- Summary highlights of work performed in 2009-10:
  - Accounts audit
  - Use of Resources
  - Quality Report review
- Planned work for 2010-11

What is the role of External Audit?

- To provide independent assurance to the Council of Governors by:
  - giving an opinion on the Trust's annual accounts
  - 'true and fair' view of assets and liabilities at 31 March and financial performance in the year
  - proper arrangements for the use of resources
- To consider the use of our special reporting powers if any issues of significant concern:
  - Referral to Monitor
  - Reports in the Public Interest

What is the role of External Audit?

- To perform any work mandated by Monitor or the Care Quality Commission:
  - Monitor mandated review of arrangements for producing Quality Reports
  - Annual publication of Quality Report within the Trust's Annual Report
  - Quality Reports intended to improve accountability of the Trust for quality of care
  - Auditors reviewed FTs' overall arrangements to ensure data quality and a sample of performance indicators

How do we perform our role?

Who considers our work?

Audit Committee	Board	Council of Governors	Monitor
Considers our audit plan and reports	Approves the audited accounts	Appoints / removes us in conjunction with the Audit Committee	Receives our final report and opinion
Considers our performance	Acts on audit recommendations	Communication of significant issues	Receives our report on the Trust's Quality Report
Confirms our independence	Considers non-audit work	Approves non-audit work	Receives referrals and public interest reports

What were our key findings in 2009-10? - Accounts

- ✓ Unqualified opinion
- ✓ The Trust performed well in producing accounts under International Financial Reporting Standards (IFRS) format for the first time this year
- ✓ All deadlines met
- ✓ No major weaknesses in financial systems
- ✓ No errors impacting on the draft reported numbers

The key accounting matters related to revenue recognition and revaluation of assets

What were our key findings in 2009-10? - Use of resources

- ✓ 'clean' value for money conclusion
- ✓ 'clean' CQC registration
- ✓ achieving a 'green' governance risk rating
- ✓ Monitor considered the Trust's scenario planning in the current economic climate was 'above adequate'
- ✓ over-achievement of the Cost Improvement Programme target efficiencies

key recommendation is to use the Trust's new costing system to aid the future required efficiency savings

What were the key findings in 2009-10? - Quality Report review

- There are 'adequate arrangements' for producing quality reports with some minor deficiencies:
  - *need to update the Trust's data quality policy*
  - *need for increased engagement with clinicians*
  - *need for systems in place for sustainability reporting*
- 'Adequate arrangements' from review of a sample of performance indicators. Areas for action:
  - *to perform in-house spot checks on performance information to strengthen data quality*

What work are we planning to perform in 2010-11?

- 2010-11 Audit Plan presented and agreed in September
- regular liaison with the Trust currently ongoing to ensure communication of accounting and governance issues
- interim audit booked for February, key areas of focus:
  - review of controls, eg pharmacy stock
  - contract position with the PCT
  - progress of Transforming Community Services agenda
- final accounts audit in April - May
- extent of external audit review of the Trust's 2010-11 Quality Report - still to be confirmed by Monitor

Questions

C

Minutes of PFG Meeting, 19 Jan 2011

Present:

Members: Paul Baines, Helen Butterworth, Philip Chapman, Jane Dalton, Alison MacDonald, Jenny Moreton, Jim Porteous, Geoffrey Rennie, Martin Skelton, Brian Thompson

Staff: Michelle Carrington, Kay Gamble (PPI Specialist)

Apologies: none received

NB It was decided to continue the meeting for longer than usual in order to cover the long agenda so the meeting did not finish till after 7.30. The Agenda order was changed in order that topics of interest to those that needed to leave at 7 pm were covered earlier.

John Vincent of April Strategy gave a 30 min presentation on the Patient Experience Revolution Project at Whipps Cross Hospital, which was supported by April Strategy

The project contained numerous ideas for improving patients' experience by increasing staff involvement and patient consultation.

Action: The general consensus of the members of the group was to recommend the presentation to Patrick Crowley and also Sue Holden and Libby McManus. Paul and/or Jim to make the recommendation.

Agenda

1 Matters Arising from minutes of meeting 22 Sept 2010

1.1 Lack of transport for terminally-ill patients wishing to die at home.

Jim reported that the army were interested in being involved. Would they use their own ambulances or hospital ambulances? (Apparently hospital ambulances are sometimes available due to a lack of drivers?) Michelle reported that York Wheels had shown an interest but, since there is a high risk of the patient dying en route, they may not be appropriate as they may not have suitable training?

Action: Jim will talk to Patrick Crowley and/or Alan Rose about this topic.

There was further discussion about just who should be involved in any discussion about this topic, which was first brought up by Julie Dale, Palliative Care Macmillan Nurse.

Action: Michelle to check on the significance of the problem, including consulting Gill Sykes.

1.2 Patient requests on admission documents for a visit from a priest.

Michelle reported that the word order of the document had been changed by the chaplaincy and that progress was being made in putting the new system into place.

Action: Michelle to update us on progress at the next meeting.

1.3 New patient gowns under development.

Michelle reported that gowns had been trialled for elective bariatric patents. The patients were very pleased with the gowns. A source of funding had been identified but unfortunately the initiative is no longer being funded by the present government. Helen suggested that we could explore the possibility of suitable gowns being made by prisoners at Askham Bryan Prison.

Action: Helen to approach the Prison Governor at Askham Bryan Prison

1.4 Inconsistent food menu presentation on wards.

Martin has obtained some information, which Paul has tried to combine with information he already had on the function of the wards (Appendix A).

There was insufficient time to discuss this issue.

Action: Discuss at next meeting.

2 Nursing Care Indicators (Governors' Questions)

Michelle presented us with the Chief Nurses Report to the Executive Board on 19th January 2011, which included the Nursing Care Indicators results. The report also contained the results of the Paediatric Inpatient Survey 2010 of York Hospitals NHS Foundation Trust (by Piker). Recently, the hospital has been concentrating on reducing pressure ulcers and falls. Since Rachel left in August a reduced set of indicators have been measured and a reduced number of wards assessed? Assessment of the full set of indicators has recommenced this month, now that Amrita, the new NCI assessor, has been trained.

The results of the 15 questions proposed by the governors and given to both patients and staff are given in Section 3.4. The gaps between the staff and patient responses are getting smaller. Information giving details of the nurse in charge of the ward is going to be put on ward doors. The larger gaps between the perceptions of staff and patients include those for: Who is in charge of the ward; patient privacy; and medication information. (In December extra beds had to be put in bays.) Libby has decided that both the staff and patient questionnaires will only be carried out every 3 months in stead of monthly in future. A suggestion was made that it might be possible for more than five patients to complete the questionnaire. The answer needs to be clarified.

Action: Michelle to update us with the Chief Nurses Report to the Executive Board in sufficient time to allow us to have a relevant discussion before the next PFG meeting. Could she also clarify the proposed time scale for the questionnaires, and the number of wards, patients and staff to be assessed each month.

3 Patient feed-back

What else would we like to see that is within our remit?

Phil requested that the PFG provided greater opportunity for governors to relay patients' and their own opinions on patients' experience. At the moment our remit is too narrow. For example: some patients complain about the poor standard of the hospital food provided for patients, and that they are not helped to sit in an appropriate position to enable them to feed themselves. Other complaints include nurses not responding to requests for assistance, for example to go to the toilet.

Jenny noted that the hospital does not record the content or receipt of Thank you letters from patients. The hospital therefore has no record of what it does well.

Action: The PFG to explore how they can influence specific areas of patients' experience at the hospital. Martin's involvement as a governor related to hospital catering may be useful? The PFG group to encourage the hospital to record and investigate the content of patient Thank you letters.

4 Governor Ward Visits

Jenny and Jane are waiting to try out asking a limited number of specific questions related to 'Who is in charge of the ward?' to patients after patients have completed their NCI questionnaires. They were originally due to trial these questions in January. Amrita is now carrying out the NCI surveys. Michelle noted that these governor visits had not yet taken place.

There was a general discussion and pooling of ideas. An online discussion had established that originally it was proposed that after patients had completed their 15 questions, they would be asked if they would like to make any further comments. This question has not been added to the questionnaire. It was suggested that the question could be asked verbally by governors after patients had completed the questionnaire and the additional specific-topic related questions, during a governor ward visit.

There was some interest in governors having an opportunity to give their own general comments after a ward visit but the format needed to be defined.

Action: Michelle, Jenny and Jane to ensure that the trials for Governor Ward Visits take place in February and explore the addition of a final verbal

question to patients ‘Would you like to make any further comment?’. Jenny to design a simple form for governors to use in order to record their own comments after Ward Visits.

5 Outpatient Questionnaire

This topic was not discussed.

Action: Karen Cowley will brief us on the early results of the Outpatient questionnaire at our next meeting in March.

6 New Staff Dress Code

The New Staff Dress Code is now established – the policy is described on Horizon.

7 Any Other Business

The Infection Control Group requested that members of the PFG might like to give their views on relevant information that is being developed for the hospital. Jenny provided single copies of the relevant information available on the website. To access the web pages and additional three documents that can be downloaded, it is necessary to search the hospital website using the search term ‘Infection Control’. Jenny noted that the font was too small for downloads from the website itself and too large for the associated documents. Jenny is representing the governors by attending the Infection Control group meetings which have been considering updating relevant documentation and how to disseminate relevant information to the public. One item that has not yet been disseminated is that out-patients need to be encouraged not to attend appointments if they have an infectious disease, particularly sickness and diarrhoea, and that if they inform clinics appropriately they will not go to the bottom of the list.

Governors can read the relevant documentation online and send their comments to Jenny, who will inform the other members of the Infection Control group (Lucy Brown, Linda Horton-Fawkes, Susan Manktelow, Anne Tateson, and Becky Hoskins).

Action: Any relevant comments to be sent to Jenny, who will relay them to the Infection Control Group. Jenny will provide relevant feedback to the PFG on progress.

Jenny Moreton 20 January 2011

York Teaching Hospital NHS
NHS Foundation Trust

Summary of Board of Directors minutes

This report provides the Council of Governors with a summary of the discussions held at the Board of Directors along with the key decisions and actions from the meeting.

Summary of the minutes of the Board meeting held on 26th January 2011

MSK services

Mr Proctor confirmed that the Trust has submitted the written tender. The presentation was arranged for 3rd February and it has been arranged that a practice run of the presentation would be held on Tuesday 1st February. The tender award should be known by the end of February.

Patient Experience – Board briefing

Ms McManus tabled a summary document of the comments she had received from Board members about the introduction of the patient experience section of the Board meeting. Ms McManus highlighted that Board members thought that it was important that the right balance was struck with the letters and that the Board members valued hearing the feedback. She added that there was also the natural desire to seek resolutions to the issues raised, but she reminded the Board that there is an excellent robust system in place to seek resolutions.

Ms McManus proposed that the item remained on the agenda, but varied types of presentation were made, some from staff, or letters read by Board members or information from surveys or discussions, for example, with local LINKs/ Healthwatch input.

The Board debated the proposal and the value of the patient experience section of the Board agenda.

The Board **agreed** with the proposal. The Board would review again in a year's time.

National Patient Safety Agency (NPSA) status report

Last year it was identified that the Trust, along with other Trusts nationally, was not responding very effectively to the NPSA guidance alerts. Dr Turnbull was able to report that the Trust has now made significant progress and now has only three outstanding alerts. The first is related to reducing risk of harm from manual bowel cleansing solutions. This will require some investment and a business case is being developed for presentation at the Corporate Director's meeting in the near future. The second is bowel care for people with established spinal cord lesions; this alert is almost complete. A policy has been developed and is awaiting approval. The Third is safer lithium therapy. There is a fourth outstanding alert

related to urology, but this has created some discussion and challenge nationally and as a result is being reviewed nationally.

Professor Willcocks agreed that there had been significant progress since last year. She asked if the NPSA was an agency that would be disappearing. Dr Turnbull confirmed it was disappearing, but he was not aware as yet who would be responsible for the work of the agency in the future.

Mr Crowley added that discussions about the alerts are held in the Risk and Assurance Committee on a regular basis

The Board **noted** the report and the actions being undertaken and were **assured** by the progress made since last year.

Medical Director Report

Dr Turnbull reported on two SUIs that had been declared since the last Board meeting.

He referred to the report and highlighted the following points:

- **Mortality** – A rise in mortality levels has been recorded, the rise is just below the expected limits and slightly higher than the same time last year. At this stage it is unclear why this might have occurred, but it is being investigated and it is possible that it related to an increase in activity. Dr Turnbull advised that 90% of the deaths were from the over 65 age group and 98% were non-elective patients.

  It was also noted that there had been an increase in the number of crash calls during the period. Investigations are underway to determine what has caused the increase.

  Mr Rose asked if the Trust would monitor the mortality rate in the community, as part of taking on the community services. Dr Turnbull explained that the Trust would be and he expected as a result to see a rise in the figures. The presentation of the data may need to be adjusted as we take on the community services, including two community hospitals.

- **Venous thromboembolism (VTE)** – is a condition in which a blood clot (thrombus) forms in a vein. Blood flow through the affected vein can be limited by the clot, and may cause swelling and pain. Venous thrombosis occurs most commonly in the deep veins of the leg or pelvis; this is known as a deep vein thrombosis (DVT). An embolism occurs if all or a part of the clot breaks off from the site where it forms and travels through the venous system. If the clot lodges in the lung, a potentially serious and sometimes fatal condition, pulmonary embolism (PE) occurs. Venous thrombosis can occur in any part of the venous system. However, DVT and PE are the commonest manifestations of venous thrombosis. The term VTE embraces both the acute conditions of DVT and PE. Dr Turnbull advised the Board that due to a calculation error there had been an error in the reporting of percentage of patients who have had an electronic VTE risk assessment. Work has been undertaken on the definition of who should be included and

he is now confident that the figures being reported are accurate.

Professor Willcocks commented that she found the report very useful, but would like to see more careful consideration – in this and other reports - around the equality references. Professor Willcocks asked Dr Turnbull if there was a relationship between the Trust's ability to prescribe VTE prophylaxis and the number of times shown in the table showing the root cause analysis of thromboembolic events included in the report. Dr Turnbull explained there was a relationship. He advised that there were times when the prophylaxis might be given to a patient, but it might still not prevent a thrombosis event from occurring.

- **Readmission** – Dr Turnbull reminded the Board that there had been some discussion at the last Board meeting about the payment for readmission of patients. He advised that at present this remained an issue and the rules were not clear. He will ask Internal Audit to undertake a piece of work and continue to review the debate.

  Dr Turnbull gave an example of how the rules would currently work, resulting in the Trust not being paid for the second attendance at the Trust. He added that an additional complication could be where a patient is admitted following a procedure elsewhere, such as Ramsey.

  Mrs Palazzo enquired if the Trust was being measured on readmission already. Mr Bertram advised that the Trust is already measured on readmissions, but from 1st April it will have a monetary value to the measurement. At present the rules are very confusing, as discussed earlier in the Board. The loss of income could be as high as £6 million, but the rules are not yet agreed.

- **Pharmacy** – Dr Turnbull drew the Board's attention to the intervention audit; he explained the word 'intervention' is used in the context of a pharmacist and it can be seen from the nature of the interventions that they vary, from very serious incidents to the very minor. He advised that the audit would be run on an annual basis and he would advise the Board of any issues that arise out of future audits.

- **Flu update** – The Trust opened a dedicated flu ward earlier in January. Dr Turnbull thanked all those involved in ensuring the ward was opened and functioning very quickly and added that it stands as testament to the skill and ability of the staff to work together. The ward has now been closed because there are no cases at present. He added that, as at mid January, 71% of staff had received the flu vaccine. At present the Trust is unclear how that compares to other Trusts, but the suspicion is that it puts the Trust near the top, if not at the top of the list.

The Board **noted** the comments made by the Medical Director and the issues he had brought to the Board's attention.

Quarter 3 Director of Infection Prevention Control

The report is required each quarter and provides the Board with assurance about the effectiveness of the Infection prevention and control work undertaken in the Trust. It demonstrates the continued priority the Trust places on the importance of maintaining infection control processes.

Ms McManus explained that the report provides significant assurance to the Board on all areas of infection control.

Professor Hutton mentioned that the report did show some evidence that there may be some plateauing on the MRSA screening. Ms McManus advised that some tightening up at directorate level had been undertaken and was part of the performance reporting. She added that the emphasis had changed nationally and it is up to the Trust to decide who it believes to be at risk; therefore the Trust undertakes regular reviews of the policy.

Professor Hutton asked about the recent rise in C-diff cases and if this has now been brought back under control. Ms McManus advised that there were a number of cases on the elderly ward. Root cause analysis has identified some issues around the antibiotic prescribing in the community. She added that three GPs in Selby had introduced the Trust's antibiotic prescribing and are very enthusiastic about improving the position.

Professor Hutton asked how the Trust might improve the isolation facilities in the Trust. Ms McManus advised that everyone is working together to establish improved isolation facilities and staff regularly review the usage of the side rooms.

Professor Hutton asked about the various cleanliness audits and if we are doing sufficiently well. Ms McManus commented that cleaning has definitely improved over the last 18 months. The Environment steering committee holds people to account for their work. Mr Rose added that Governors are involved in some of the Audits and also report improvements.

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

Chief Nurse Report

Ms McManus referred to the rapid adoption and spread to reduce pressure ulcers and falls. She reported that the initiatives continue to demonstrate a reduction in the number of falls and pressure ulcers across the Trust.

Professor Willcocks enquired if rapid adoption and spread was a system that could be used in some circumstances and not in others. Ms McManus advised that it was always necessary to be clear what the intervention is and what improvements to care would be made by implementing a rapid adoption and spread initiative. The Trust supports the system by care bundles, which clearly identify how individual activities should be carried out.

Ms McManus referred to the Paediatric Inpatient Survey included in the papers and asked the Board note that there are signs of improvement in the survey. Professor Hutton asked Ms McManus to discuss the benchmarking. Ms McManus agreed that the benchmarking was poor; this was a national benchmark. She

added that there are areas to work on and the perception at ward level does need some development. An action plan is being developed and will be managed through the Nurse Directorate.

Professor Hutton referred to the Commission for Quality & Innovation (CQUIN) payment framework and asked what developments were being made around the indicators for 2011/12.

Ms McManus explained that CQUIN would be addressed through the System Management Executive (SME). She added that there was a need to integrate some of the data into records and work is underway to agree with the PCT about next year. She added that it was her intention to build on VTE and concentrate on local indicators.

Professor Hutton enquired about the rapid adoption and spread approach and asked if consideration had been given to the strategy being used.

Ms McManus explained that the evidence-based approach and evidenced-based bundles demonstrate quality of care and that rapid spread does work. It is intended to take that approach with nutrition, but time is needed to ensure staff respond appropriately.

Ms McManus added that some significant changes are being undertaken around the signage used in the wards as part of the work to improve the experience of patients and visitors. Mrs Palazzo added that the issue of signage had come up a couple of years ago and changes had been requested then too. Mr Rose commented that he felt that the different uniforms had helped to make it clearer who is who.

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

Chairman's Report

The Chairman introduced his report and referred to the transforming of community services (TCS) and asked if there could be some clarity on what 'hosting' was and what the demands would be. Mr Crowley explained that it would apply the same definition of management in Scarborough as is used in the Trust; hosting was about obligation and tenure.

The Board discussed the principles of 'hosting' and it was agreed that Mr Bertram would be including details about hosting in his report next month.

Ms Palazzo asked if the Trust would be employing more technical solutions to working across the two sites, rather than just physically attending. Mr Crowley confirmed that the Trust would be looking at video conferencing.

Mr Rose reported on the meeting the Non-executive Directors had had with the Governors earlier in the month. He explained that an area about which the Governors were keen to obtain assurance was that our clinical body was largely positively disposed towards the Scarborough opportunity. Mr Rose reported that he had asked the Non-executive Directors to talk to their specific links about the views of the clinicians. Mr Crowley asked Mr Rose to let him have an understanding of the views that were being received by the discussions with the

Non-executive Directors. Mr Rose confirmed he would ensure Mr Crowley knew the comments that were being made.

Mr Rose added that regular updates have already been planned for the Council of Governors, but there remains a feeling amongst the Governors that there could be a “dilution of power” for the current Governors if the Trust enlarges its geographical coverage.

Mr Rose commented that the Governors are now more involved with the Trust than they have ever been before and are getting more into the activities of the organisation. He asked Executive Directors to make him aware of any areas that Governors maybe getting involved with that the Executive Directors do not feel comfortable about, so that the appropriate balance of governance is achieved.

Ms Raper asked if it would be possible to put the key messages that come from the “benefits case” into a paper that can be used with the Governors and others. Mr Crowley explained that the benefits case is a document produced by the Strategic Health Authority (SHA) as part of the requirements of Monitor and the Cooperation and Competition Panel (CCP). He added that the meeting held towards the end of last year with the Governors exploring what the transaction might mean provided the Governors with a lot of information already included in the benefits case. However, a short document is being prepared to assist Governors and others if questioned about the Scarborough situation.

The Board discussed in general terms the activities of the Governors and the recent discussion with the Non-executive Directors. It was agreed that the discussions were productive and it was felt that they did help the Governors’ understanding of the approach being considered. Dr Turnbull added that he felt that it was very important that any transaction with Scarborough is seen as a strategic gain; it is very important to understand why we are considering the transaction.

Mr Rose advised that the current Chairman of Scarborough has been asked by the SHA to remain the Chairman for the time until the dissolution of the Scarborough Trust.

The Board **noted** the report.

Chief Executive Report

Mr Crowley explained to the Board that the North Yorkshire Review, discussed with the Board a couple of months ago, has now been redesigned. The SHA is currently discussing the proposals with other Trusts in the region to gain support and it is planned that Chairs and Chief Executives from all Trusts will be invited to a meeting to discuss and agree the Terms of Reference and timetable. The purpose of the exercise will be to provide a direction of travel and a framework for GPs to work in.

Mr Sweet mentioned that he had been advised that the PCT had held a second “big tent” event for GPs. Mr Crowley confirmed they had held an event, but there were some issues with it, and the GP consortia were not yet fully agreed. Mr Crowley added that he had arranged that the Executive Team for North Yorkshire County Council would meet the Executive Team from the Trust. He added that this

will continue to strengthen our relationship with the community and governing bodies.

The Board **noted** the report.

Review of Board effectiveness

Mrs Pridmore reminded Board members that the review of the Board was an exercise to establish assurance on the Board's effectiveness and functionality. At the November Board the meeting had reviewed the comments made by individual Board members and discussions had been held on the potential priorities coming out of the paper. This paper provided a high level recommendation for the Board to consider and accept. The intention is that below each of the recommendations will be a more detailed action plan.

The Board discussed the document and Mrs Palazzo suggested that there was not sufficient detail within the recommendations. Mr Rose rejected the suggestion and commented that the intention was to keep this high level to provide sufficient ability to plan more appropriately, as more detail about Scarborough became known. Mr Crowley added that the recommendations were a reflection of what information was provided to the author.

Ms Raper asked if the work could lead with the change in name for the new organisation, as all the other work would be built on top of this. For example the work around the development of the membership in the Scarborough, Ryedale and Whitby areas would be more constructive if it was clear what the new name of the Trust would be. Mr Rose advised that the development of the membership would be undertaken so that members would be in a category that would not affect the constitution initially and the choice of a new Trust name should not be rushed and need not hold back the exploration of community interest in membership.

The Board discussed the document and Mr Rose proposed that the Board accepts the recommendations and reviews the progress at the end of the calendar year.

The Board **agreed** to accept the recommendations and to review progress at the end of the year.

Action: Mrs Pridmore and Mr Rose to review progress against the recommendation at the end of the year.

Operational performance report

Mr Proctor advised that the "spark line" graph in the report showed 18 months worth of data, which does reflect how busy the Trust has been over that period. Recently that has not diminished and was made more difficult by the severe weather experienced during December and the beginning of January.

Ms Hayward asked Mr Proctor to comment on the ambulance turn round times, which was missing from the report. Mr Proctor advised that it should not have been taken off the report and will be included next month. Mr Proctor added that although several measures have been developed to improve the turn round time, the achievements are still below 80%.

Ms Hayward asked if the report covered the whole of the time when the weather was bad. Mr Proctor advised that the report did not cover the whole time and more would be shown in the February report, additionally the Trust has been even busier during January.

Ms Hayward asked if the number of patients already cancelled would have an impact for the Trust. Mr Proctor confirmed that there were a number of patients who have already breached the targets, and currently the Directorates are addressing the issues.

Mr Proctor advised that the Trust had failed the in-month 62 day cancer target, but at this stage expected to achieve the quarterly target.

Mr Proctor also advised that there had been an increase in the number of cancelled operations and this will also show in the next report, because the Trust was requested by the SHA to cancel any operations where an ITU care bed may have been required. This was a request received across Yorkshire.

The Board of Directors **noted** the assurances made and discussion.

Finance Report

Mr Bertram advised that the Trust was behind plan and has a challenging 3 months ahead to the end of the year.

Ms McManus asked Mr Bertram if he could describe how far the Trust missed the financial risk rating (FRR) plan. Mr Bertram advised that if the Trust had achieved the plan, the FRR of 4 would have been weak; he added that to achieve that plan, the Trust would have needed an additional £1.5m margin that has not been achieved. The FRR of 3 is a strong 3 rating and places the Trust is in the middle of the pack of FTs in terms of financial performance.

Ms McManus asked Mr Bertram to explain how Monitor will view the Trust not meeting the plan. Mr Bertram explained that he was not sure how they would react, but he would expect them to raise further questions. Mr Bertram advised that in managing the implications of the report, he would prepare a short piece for team brief and increase the scrutiny on expenditure still further as we approach the year end.

The Board asked Mr Bertram to advise on the possible effect to the capital programme given the current position. Mr Bertram advised that he did not expect there to be any problems with the capital programme, the management of the programme has meant that projects have only been started when appropriate. He confirmed that he expected the programme would be spent as planned, as enough cash is likely to be available.

Mr Rose enquired about how confident Mr Bertram was about the income due to the Trust from the PCT. Mr Bertram advised that he was confident that it would be paid. The work the SME has undertaken with the Trusts and the PCT during the year has ensured that the PCT have been clear about the required payments. He added that the Trust is undertaking more activity than was planned, but the gap is significantly smaller than it was in previous years. There has been a recent downward trend of GP referrals and anecdotally the evidence suggests that there

is a downward trend for many organisations. Mr Bertram advised that he expected referrals to pick back up in January and that monitoring of this area remained a key issue within the organisation.

Monitor Quarter 3 self-certification

The Board of Directors considered the submission to be made to Monitor for quarter 3 and understood that the usual letter would be agreed between the Chairman and the Chief Executive.

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

Annual Fire report

Mr Rose welcomed Mr Golding to the Board meeting and asked him to present the annual fire report. Mr Golding advised that the progress in the last 12 months had been very good. He was able to report that there had not been any major fires in the last year and the level of training was excellent.

Mr Sweet commented that he felt the report was an excellent report that provided good assurance about all related processes. Mr Sweet asked how the Trust prepared for evacuation of clinical areas and if there was a forward plan which dealt with fire compartmentalisation across the site.

Mr Golding advised that there was an issue with the integrity of the ½ and 1 hour fire walls, because people had inadvertently breached them by, for example, making holes and pushing cables through. He advised that a survey would be undertaken and an action plan would be developed to rectify the issues.

With regard to evacuation of wards it does remain difficult to undertake this; drill practice with staff is carried out when there is a ward available. Evacuation of wards does occur from time to time when a fire alarm is sounded.

The Board thanked Mr Golding for his report and **noted** the comments made. It was agreed an update would be brought back to the Board later in the year.

Proposed Governance Arrangements for working with Scarborough

Mr Crowley presented the paper and explained the background to its development. Mrs Pridmore added that the paper was designed as a starting point and raised a number of questions that did show that considerable further development was required.

Ms Raper raised a number of points following her discussions with the rest of the Non-executive Team.

Process - the paper did seem to be a start of the process. She suggested that there should be more clarity and consistency about the language used in the governance arrangements.

Mr Crowley commented that the paper was not designed to answer all questions. The two Executive Teams have met on a number of occasions and started to build a strong working relationship and are progressing to a single team. The teams

have started to talk about emerging scenarios and the development of this overarching framework should prevent any inconsistencies in approach being introduced. Mr Crowley added that he has met with Ernst and Young and he is quite keen for them to support us through this transaction as they have previously analysed the Scarborough issues. Their engagement would be paid for by the SHA.

At present work is underway to establish the project brief.

Name of new organisation - it would be beneficial to start working on the name. She referred back to the debate that was held earlier in the meeting. She suggested that the Trust should be proactively managing the discussions and comments.

Mr Crowley advised that the Trust is proactively managing the discussions and comments. Any communications plan would be developed as part of the work being undertaken by the work streams, but in the meantime information was being proactively managed through the communications team both at Scarborough and York.

Construction - why is it necessary to have the three core teams? namely, Joint Delivery Team, Integration Board and Joint Executive Group.

Mr Crowley explained the basic ethos of the construction of the teams and outlined the different roles and responsibilities of each.

Risk register – it would benefit from further detail being added. She recognised that the register only contained the very high level risks at this stage.

It was acknowledged at this stage that the risk register was very high level and would need additional detail to be added.

Board of Directors asked for some idea about how the future of the Board of Directors (post-acquisition) would be considered during the development of the new organisation.

It was agreed that at this stage there was nothing to add about the development of the new Board, which would be later in the process, when it had been confirmed that the Trust would be acquiring Scarborough.

Mrs Palazzo suggested that the Acquisition Assurance Board should be removed and the work around the acquisition taken through the existing Audit Committee. Professor Hutton added that he was unsure why we needed to add to the existing governance arrangements.

The Board had an exchange of views about the proposal suggested by Mrs Palazzo. It was recognised that the Audit Committee would need to be assured about any systems and processes, but there were other aspects of the work undertaken by the Acquisition Assurance Board that would not be conducted by the Audit Committee and would be discussed at the Board of Directors meeting. It was agreed that although the disciplines required by the Audit and Acquisition teams were similar, their tasks were different and should be kept distinct.

The Board of Directors **approved** the overall approach to the governance arrangements, but asked for their comments to be taken into account during the next developments.

Draft Audit Committee minutes from the Audit Committee meeting held on 7 December 2010

Mr Ashton presented the draft minutes from the Audit Committee. He drew the Board's attention to one issue related to mental health liaison. He explained that a question has been asked at the Audit Committee about the progress of the outstanding actions from the internal audit. Dr Turnbull advised that he had met with the clinical leads for mental health and he was looking forward to working closely with them, following the conclusion of the recent tender exercise. He added that he would be happy to submit information to the Board of Directors as it becomes available.

The Board **noted** the draft minutes and the comments made.

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 23 March 2011

Finance Report

Action requested/recommendation

To note the contents of this report.

Summary

This report details the financial position as at 31st January 2011.

At the end of January, there is an Income and Expenditure surplus of £0.94m against a planned surplus for the period of £3.18m and an actual ash balance of £6.3m. The Income and Expenditure position places the Trust behind the Annual plan submitted to Monitor.

The assessed Monitor Risk Rating at the end of January is an overall rating of 3, which is below plan.

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

Implications for equality and diversity

None directly identified.

Reference to CQC outcomes

None.

Progress of report	Prepared for presentation to the Council of Governors.
Risk	There are financial risk implications identified in the report.
Resource implications	There are financial resource implications identified in the report.

Owner	Andrew Bertram, Finance Director
Author	Graham Lamb, Deputy Finance Director
Date of paper	February 2011
Version number and number of pages	Version 1 4 pages

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2010 to 1 January 2011

High Level Overview

Net I&E surplus of £0.9m is below plan.

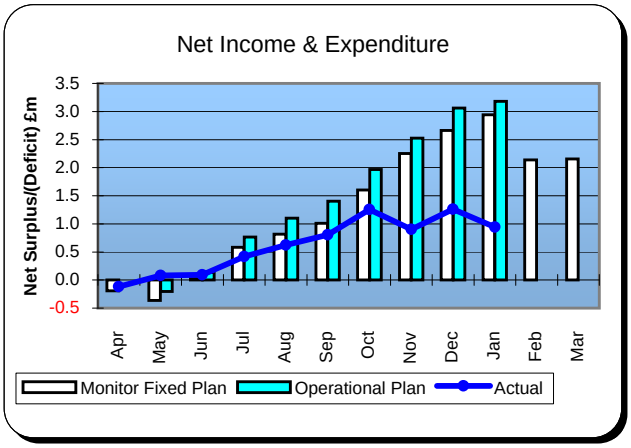
CIPs achieved to date total £10.8m, with assessed residual risk of £0.7m. The CIP position has slightly declined from December and is currently running £0.51m behind plan.

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

Cash at £6.3m is ahead of plan.

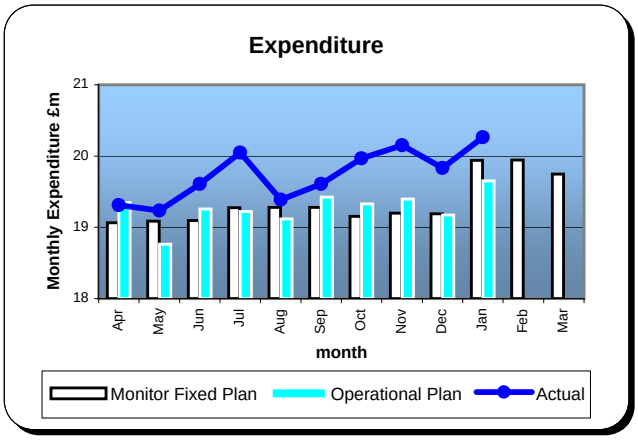
Capital programme is £0.9m less than plan.

Provisional Monitor Financial Risk Rating is 3, which is below the plan of 4 for this stage in the year.



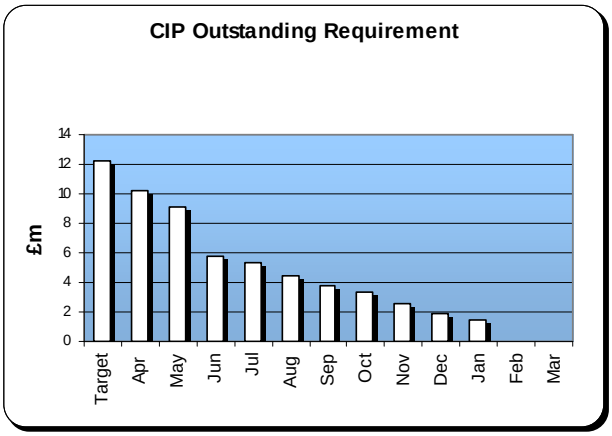
The actual Net I&E surplus is £0.94m for the period, compared to a planned surplus of £3.181m.

Key variances against Operational Budget: Clinical Income +£0.99m, Other income +£1.38m, Expenditure -£4.69m



There is an adverse variance against operational expenditure budgets of £4.689m. This comprises:-

- Extra contractual activity £276k ahead of plan
- Drugs £1.483m, mainly due to high cost drugs that are matched by additional income
- Clinical supplies £1.435m linked mainly to increased activity, and certain devices matched by additional income.
- CIPs behind plan £508k
- Use of private providers £850k
- Other pay and non pay issues £137k, compensated by slippage on investments.

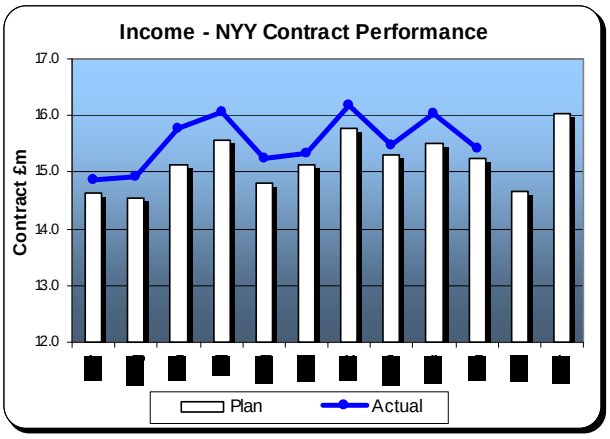


The full year efficiency requirement is £12.2m. With £10.8m cleared at January the outstanding requirement is £1.4m.

Further plans identified of £1.0m (varying risk), and unidentified actions of £0.4m.

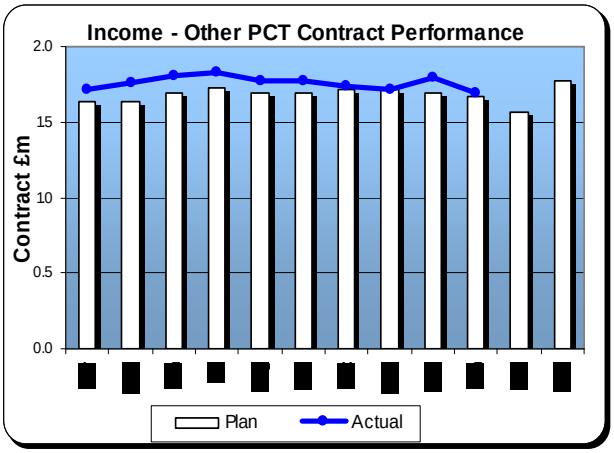
Assessed residual risk including unidentified actions and proportion of higher risk further plans is £0.7m

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2010 to 1 January 2011



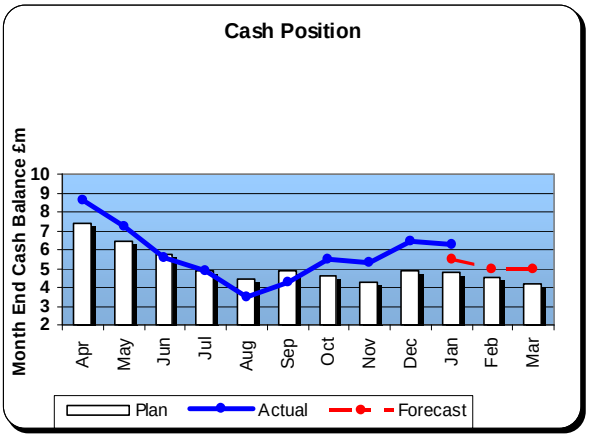
Annual contract value is £182m.

The PCT is over trading with the Trust by £3.7m to the end of January.



Annual contract value is £20m

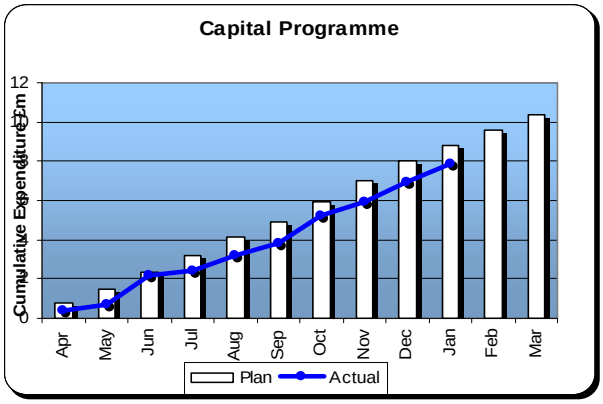
Other contracts are running slightly ahead of plan.



Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		30.3			

The cash balance at the end ofJanuary totalled £6.m, and is £1.5m ahead of plan

Cash balances are forecast to remain above plan over the following three months.



Capital expenditure at the end of January totalled £7.9m and is £0.9m lower than plan. The programme is being managed through a regular review process with release of funds for additional schemes conditional on cash availability. Spend at full scheme level is anticipated for the year end.

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 23 March 2011

Corporate Scorecard February 2011

Action requested/recommendation

The Executive Board is asked to note the current Operational Performance Report.

Summary

The Executive Board is asked to note the current Operational Performance Report.

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

Implications for equality and diversity

There are no 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	Presented to the Executive Board – 16th March 2011.
Risk	Any associated risks are included in the report.
Resource implications	There are no specific resource implications.
Owner	Gordon Cooney, Director of Performance
Author	Andrew Hurren, Assistant Performance Manager
Date of paper	March 2011

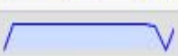
Version number and number of pages	Version 1 3 pages

SIGNAL | Dashboards | Clinical Activity | Finance | Workforce | Quality & Safety

Corporate Dashboard

Targets

National Access Targets

Metric	Target	Status	Sparkline	Jan-11	Feb-11
18 Week Admitted	90%	Green		92.86%	93.03%
18 Week Non-Admitted	95%	Green		97.58%	97.65%
14 Day Fast Track	93%	Green		93.4%	96.7%
14 Day Breast Symptomatic	93%	Green		90%	95.2%
31 Day 1st Treatment - Cancer	96%	Green		100%	97.8%
31 Day Subsequent Treatment - Anti Cancer Drug	98%	Green		97.8%	98.6%
31 Day Subsequent Treatment - Surgery	94%	Green		93.7%	100%
31 Day - Rare Cancer	85%	Green		100%	
62 Day Cancer	85%	Amber		91.8%	80.9%
62 Day Cancer - Screening	90%	Green			90%
62 Day Cancer - Upgrades	85%	Green		100%	100%
Diagnostics - 6 Week Wait	100%	Amber *		98.6%	99.22%
ED 4 Hour Target - All Types	95%	Green		96.24%	95.92%
GUM - Appointment Offered Within 48 Hours	100%	Green		100%	100%

Trust Targets

Metric	Target	Status	Sparkline	Jan-11	Feb-11
MRSA Bacteraemia > 48hrs (YTD)	2	Red		4	5
MRSA Screenings	100%	Green		134.1%	120.3%
CDIFF - >72hrs (YTD)	112	Green		39	52
18 Week Admitted - Median Treatment Time (Days)	78	Green		63	62
18 Week Non-Admitted - Median Wait Time (Days)	48	Green		41	30
Elective Theatre Sessions Delivered (Main/Day)	444	Amber		467	426
Elective Operations Cancelled On Day For Non-Clinical Reasons	25	Green		45	9
Elderly Medicine Outliers	11.93%	Green		7.45%	5.3%
General Medicine Outliers	24.36%	Green		8.41%	7.24%
Number Of Additional Beds Open	22	Green		22	22
ED - Median Wait Time (Minutes)	100:00	Red		106:00	118:00
Time To See ED Clinician (Minutes)	60:00	Green		65:20	60:16
Percentage of Ambulance Turnarounds <25 minutes	80%	Red		52.69%	53.73%

York Teaching Hospital NHS Foundation Trust

Council of Governors – 23 March 2011

National Cancer Patient Experience Programme 2010 National Survey

Action requested/recommendation

The Council of Governors is asked to note the results of the survey.

Summary

This report summarises the key findings of the 2010 National Cancer Patient Experience survey, carried out by Quality Health and funded by the Department of Health. Whilst it was not mandatory, York Teaching Hospital NHS Foundation Trust was keen to participate.

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

Implications for equality and diversity

None identified.

Reference to CQC outcomes

Outcomes 1,4, 9, 16.

Progress of report	Executive Board February 2011 Board of Directors February 2011 Report is being presented by Quality Health to executive directors and key staff involved in cancer care at the earliest opportunity Press Release
Risk	Non Identified
Resource implications	Non Identified
Owner	Elizabeth McManus, Chief Nurse

Author	Kay Gamble, Patient and Public Involvement Specialist
Date of paper	March 2011
Version number and number of pages	Version 2 7 pages

Council of Governors – 23 March 2011

National Cancer Patient Experience Programme
2010 National Survey

1. Executive Summary

This report summarises the key findings of the 2010 National Cancer Patient Experience survey carried out by Quality Health and funded by the Department of Health. Whilst it was not mandatory, York Teaching NHS Foundation Trust was keen to participate.

2. Introduction and background

The Cancer Reform Strategy (CRS) published in 2007 set out a commitment to establish a new NHS Cancer Patient Experience Survey programme. The 2010 National Cancer Patient Experience survey was designed to monitor national progress on cancer care and to help gather vital information on the *Transforming Inpatient Care Programme,* the *National Cancer Survivorship* Initiative and the *National Cancer Equality Initiatives.*

This national survey provides insights into the care experienced by cancer patients across England who were treated as day cases or inpatients. A total of 109,477 patients who had received treatment for cancer during January to March 2010 were included in the national survey. Five hundred and sixty one eligible patients from the Trust were sent a questionnaire, with 375 completed questionnaires returned. This represents a response rate of 71% for the Trust, compared with a 67% response rate nationally (67,713 respondents).

3. Findings

The results show that many patients report very positively on their care and staff should be congratulated on this. Overall responses scored in the highest-scoring 20% of Trusts in relation to 39 questions, with 19 questions scoring within 60% of all Trusts.

Patients' overall responses were positive on many questions in the National Cancer Patient Experience survey. The Trust scores 90% or more on the following aspects of care. An asterisk after a percentage denotes where the Trust is within the highest-scoring 20% of Trusts.

91%* of patients reported that they had been given easy to understand written information about their test

93%* of patients felt that they had received understandable answers to important questions all/most of the time from their Clinical Nurse Specialist

93% of patients felt that the Clinical Nurse Specialist definitely listened carefully the last time they had spoken to them

95% of patients reported, that the last time they had seen their Clinical Nurse Specialist, that they had spent about the right amount of time with them

92%* of patients reported that their admission date had not been changed by the hospital

90%* of respondents reported that staff had given a complete explanation of what would be

done

93%* of patients thought that doctors knew enough about how to treat their cancer

94% of patients felt they were always given enough privacy when being examined or treated

96%* of patients reported that staff told them who to contact if worried post discharge

90%* of patients felt that staff definitely did everything to control side effects of chemotherapy

94% of patients felt that the doctor had spent about the right amount of time with them

94%* of patients reported that the doctor had the right notes and other documentation with them

97%* of patients reported that as far as they knew, their GP had been given enough information about their condition and treatment

3.2 The specific aspects where patients are more critical of their experience of cancer services and where scores were below 70% relate to:

50% of patients reported that hospital staff gave them information on getting financial help

68% of patients reported that hospital staff had told them that they could get free prescriptions

68% of patients reported that they had confidence and trust in all ward nurses

64%* of patients reported that their family had definitely been given all information needed to help care at home

62% of patients reported that they had definitely been given enough care from health or social services

67% * of patients felt that hospital and community staff always worked well together

68% of patients said that hospital staff told them they could get free prescriptions

68% of patients had confidence and trust in all the ward nurses treating them

62% of patients were definitely given enough care from health or social services

3.3 Findings by Tumour group

Whilst 50% of patients reported that hospital staff had given them information on getting financial help, the survey reports significant variations between tumour groups. The figure reduces to 28% for prostate cancers and 31% for haematological cancers, and increases to 71% in patients with colorectal or lower gastrointestinal cancers.

There were significant variations in the proportion of patients saying that staff definitely did everything they could to help control pain. 92% of colorectal or lower gastrointestinal cancer patients reported positively on this, compared with 71% of prostate cancer patients.

The Trust scored significantly higher, in all tumour groups than the national average for patients waiting no longer than 30 minutes for an outpatient appointment to begin, as shown

in the table below.

Cancer Type	YTHNFT	National
Breast	88%	63%
Colorectal/Lower Gastro	**91%**	69%
Prostate	**86%**	74%
Haematological	89%	61%
Urological	89%	76%
All cancers	87%	68%

The Trust scored 100% in colorectal and urological cancer patients reporting that the doctor had the right notes and other documentation with them at their appointment. Again, respondents within all the Trust's cancer groups reported higher than the national average for this question.

Patients feeling that they were always treated with respect and dignity by staff varied from 89% (breast) to 75% (head and neck). The latter falling below the National average of 83%.

3.4 Respondents Comments from the National Cancer Patient Experience Survey Programme 2010

Below is a selection of York Hospital cancer patients' comments from the survey (with original spelling) under the following headings:

1. Was there anything particularly good about your NHS cancer care?
2. Was there anything that could have been improved?
3. Any other comments?

All the comments received can be viewed by tumour group.

Anything Good?

"Sharing of information and continuity along the 'chain'. A very integrated and whole service. Also a personal and friendly treatment. Very considerate and pleasant". (Brain/Central Nervous System)

"Prompt attention, positive attitude from a cancer care team, which helped me through a difficult time and gave me confidence". (Breast)

"The Clinical Nurse Specialist is brilliant! She holds everything together!" (Breast)

"The cancer care nurses at York District Hospital were absolutely amazing. They showed a level of care and compassion which I have rarely encountered in any other section of the NHS". (Breast)

"I feel that I have been treated well with care and consideration. Also the way the specialist and nurses have supported my wife". (Prostate)

"The professionalism of all staff and the easy friendly manner of the consultant who performed the operation. The cancer nurse was excellent and one of the best". (Urological)

Anything that could be improved?

"Patients waiting for discharge kept waiting too long by pharmacy" (Brain/Central Nervous System)

"There is a great need for emotional support through complementary therapies (thank god for the Haven in Leeds). I wish there could be more specific information available on this side of healing therapies from the start of treatment" (Breast)

"Although I was informed of breast cancer support group at the hospital. Discovered Cancer Care Centre by accident and would have liked to have known about The Haven in Leeds much earlier in my treatment. Would have liked a copy of my pathology report". (Breast)

"When I came for my final outpatient appointment with the oncologist he was not there. I saw a registrar who was very helpful, but who was unable to answer all my questions. As I was being discharged back to the surgeon, it was important to me to have a conversation with my oncologist before moving on. So that was disappointing". (Breast)

"Yes, my specialist is 'to the point' and is 'detached' from feeling – simply providing the latest information which fortunately for me at this stage has not been bad but a little more empathy would be better". (Prostate)

"The discharge from hospital was horrendous. It was as if once I was being discharged, everyone lost interesting me. I was kept in limbo for most of the day and having just undergone a major operation, I was left to fend for myself. I was expected to walk out and make my way to the car park – a considerable distance. I had been kept waiting for hours and it was almost 5pm when the day staff went home. No porter, or wheelchair was available and my wife had to go find a wheelchair to transport me in. She is physically unable to push me but an assistant nurse from another ward came to her aid. It was a 35 mile journey home and I was in agony all the way – a very very bad conclusion to an experience which, up to then, had been very good in just about all respects". (Urological)

Other Comments

"I hope we can expect the same quality of excellent care in the future". (Breast)

"My grateful thanks to all the caring staff who looked after me so well"
(Urological)

"The care was fantastic, the staff attentive if busy. I was very uplifted by the positive attitude and supportiveness of both doctors and nurses. Had a very good stay & care overall, am very grateful to my local hospital for that". (Gynaecological)

"Treatment started just before Christmas. The Xmas and new years break seemed a long time to be out of direct contact with the haematology dept. Although it was possible to ring the hospital switchboard and speak to the registrar, this is not the same as being able to speak to a chemo nurse". (Haematological)

"All comments received by the Trust will be reviewed and where appropriate incorporated in the action plan for this survey".

4. Conclusion

The 2010 National Cancer Patient Experience Programme Survey has provided the Trust with excellent results and feedback from patients in relation to cancer care service provision. Staff should be congratulated that the Trust scores within the highest 20% of Trusts on the

majority of questions.

This report reflects the individualised, holistic care that the cancer MDT aims to deliver to patients. The improved quality in care and provision of information delivered by having a clinical nurse specialist acting as the patient's key worker is evident throughout.

Overall the report highlights the high degree of satisfaction of the majority of patients coming into contact with cancer services in York and this is credit to all members of the MDTs.

5. Recommendation

The Council of Governors is asked to note the results of the survey.

Author	**Kay Gamble, Patient and Public Involvement Specialist**
Owner	**Elizabeth McManus, Chief Nurse**
Date	**March 2011**

York Teaching Hospital NHS Foundation Trust

Council of Governors – 23 March 2011

Quality Account Group Report

Action requested/recommendation

The Council of Governors is asked to approve the recommendation that external audit look at VTE assessment as the third performance indicator.

Summary

The Council of Governors asked Helen Mackman as Lead Governor to develop a quality account group looking at the development of the quality account for 2010/11. Attached is a short report outlining the work the group has undertaken since the last Council of Governors.

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

Implications for equality and diversity

There are no implications for equality and diversity.

Reference to CQC outcomes

There is no reference to CQC outcomes.

Progress of report	This report is only written for the Council of Governors.
Risk	No risks.
Resource implications	No resource implications.
Owner	Helen Mackman, Lead Governor
Author	Helen Mackman, Lead Governor
Date of paper	March 2011

Version number and number of pages	Version 1 4 pages

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 23 March 2011

Quality Account Group Report

1. Introduction

Helen Mackman, Paul Baines, Jenny Moreton and Anne Penny.

The group has met on three occasions. We have studied our current quality account, the Foundation Trust Network documentation, the NHS regulations 2010 and the quality accounts of three other Foundation Trusts.

2. Finding on the quality account Overview of the group

1. Our first impressions were governed by the accessibility of the various documents in terms of language and layout and we would recommend that our Trust simplifies and clarifies its final document.
2. We emphasise the importance of engaging with patients, governors, commissioners, staff and other stakeholders in order to capture their feedback, concerns and aspirations, while also responding to these views so that improvements continue to be made and confidence in services maintained.
3. This leads us to recommend that the Patient Experience Team work is given a higher profile within the document, ensuring that the patient remains at the heart of everything the Trust does. We would encourage reference to the lessons learnt from PALS, the complaints system and AIRS reports.
4. We recommend that less than good performance is referenced as well as highlighting best practice.
5. We ask that the questions provided by the Patient Focus group for the nursing care indicator survey be included in the account.

2.1 Monitor requirements of Governors

Monitor requires Foundation Trusts to have the quality account audited annually. This Audit is undertaken by the External Auditors and provides some independent assurance around the quality of the data being used to develop the report. Monitor has mandated three performance indictors to be tested.

- The first, prescribed by Monitor is the maximum waiting times of 62 days from urgent GP referral to first treatment for all cancers

The second is chosen by the Board of Directors. The Board can choose between MRSA and Clostridium difficile - that decision at the next Trust Board

The third performance indicator is chosen by the Council of Governors. With that in mind we were asked to consider and formulate a recommendation to the Council of Governors. We received a presentation from Anna Pridmore, prepared by the Chief Nurse, which helped us to understand priorities within the Quality and Safety Strategy. Based on this presentation we considered:

- the early detection/prevention and management of the deteriorating patient, to be measured by a 20% reduction in the crash call rate by June 2011
- the reduction in variability in clinical care which would be measured by 95% compliance with care pathways by September 2011
- the reduction of venous thrombosis and embolism (VTE) by 90% compliance with VTE assessment within 24 hours of admission by January 2011

With a very clear explanation of the clinical implications and impacts by Anne Penny, the group recommends that VTE assessment be externally audited.

3. Recommendation

The Council of Governors is asked to approve the recommendation that external audit look at VTE assessment as the third performance indicator.

Author	**Helen Mackman, Lead Governor**
Owner	**Helen Mackman, Lead Governor**
Date	**March 2011**