York Teaching Hospital NHS
NHS Foundation Trust

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

On: **Wednesday 22nd February 2012**

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

Time	Meeting	Attendees
3.15pm – 4.00pm	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 22nd February 2012**

at: **4.00pm – 6.00pm**

in: **Social Club, White Cross Road, York YO31 8JR**

A G E N D A

No'	*Item*	*Lead*	*Paper*	*Page*
Part One: 4.00pm - 4.20pm **General Business**				
1.	**Chairman's introduction** The Chairman will introduce the meeting, welcoming any members of public and of the Trust who are in attendance.	Chairman		
2.	**Questions or Comments from the Public** An opportunity for members of the public and the Trust to pose a question or make a comment to the Council of Governors.	Chairman		
3.	**Apologies for absence** To receive any apologies for absence.	Foundation Trust Secretary		
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 21st December 2011** To receive and approve the minutes of the meeting of the Council held on 21st December 2011.	Chairman	B	11
6.	**Matters arising from the minutes** To consider any matters arising from the minutes.	Chairman		

No'	Item	Lead	Paper	Page
Part Two: 4.20pm – 6.00pm **Other Business**				
7.	**Update from the private meeting** To receive an update from the Chairman on the decisions of the business discussed in the private meeting.	Chairman	Verbal	
8.	**Chairman's Letter** To receive a letter from the Chairman regarding membership.	Chairman	C	19
9.	**Sub-committees and other Governor Reports** To receive reports from Chairs of the Working Groups and others: • Lead Governor report (including Quality Account recommendation) • Patient Focus Group • Community & Membership Engagement Group • Other	 Lead Governor Phil Chapman Jane Dalton	 D Verbal Verbal	 21
10.	**Summary of the Board of Directors minutes** To receive summary minutes from the Board of Directors meeting held on 14th December 2011.	Chairman	E	25
11.	**Performance information** To receive the performance information for the trust as at the completion of Quarter 3: • Medical Director • Chief Nurse • Quality & Safety 2011 commentary • Finance • Operational performance • Human Resources • Comment from Home Team		 F G H I J K Verbal	 33 43 53 59 65 67
12.	**Acquisition of Scarborough and Other Issues** To receive an update on the planned acquisition and answer questions on any other issues.	Chief Executive	Verbal	

No'	Item	Lead	Paper	Page
13.	**Annual report (2011-2012) – Council of Governors section – draft** To review the first draft of the CoG section of the Trust's Annual Report for 2011-2012 (to be published in May 2012).	Foundation Trust Secretary	L	73
14.	**Elections** To receive a report on the timing of the elections.	Foundation Trust Secretary	M	87
15.	**Times and Dates of next meetings** Monday 12th March 2012, Post-grad Lecture Theatre, York Hospital: Joint meeting with CoYC LINk re Scarborough Acquisition and related matters (6.30pm) Wednesday 23rd May 2012, White Cross Social Club, White Cross Road, York: Council of Governors (3.15PM in private; 4pm in public)			
16.	**Any other business** To consider any other items of business.			

Register of Governors' interests
February 2012

York Teaching Hospital NHS
NHS Foundation Trust

Changes to the Register of Governors' interests:

A

New declarations

Jane Dalton—Trustee and Director of North Yorkshire and York Forum
Jim Porteous— **Chairman** – Wheelchair Users Advisory Panel - Harrogate and District NHS Foundation Trust.
Caroline Patmore—District Councillor on Hambleton District Council
Jenny Moreton— Member of Ryedale LINks and Ampleforth and Hovering Surgeries Patient Reference Group
Geoff Rennie—Member of Ryedale LINks

Removal from declarations

Sian Wiseman **- Vice Chairman—**CYC Health Overview and Scrutiny Committee
Sandy Fraser— no longer representing CYC on York CVS Trustees

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)*	**Director:** Chain Lane Social Enterprise Ltd.	Nil	Nil	Nil	**County Councillor:** North Yorkshire County Council **District Councillor:** Harrogate District Council **Member:** The Grand Charity	**County Councillor:** North Yorkshire County Council
Dr Lee Bond *(Staff: Consultant)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Helen Butterworth *(Public: York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Phil Chapman *(Patient/Carer)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Jane Dalton *(Public: Hambleton*	Nil	Nil	Nil	Trustee and Director North Yorkshire and York Forum	Nil	**Researcher—**Health and Social Care, University of York
Cllr Alexander Fraser *(City of York Council)*	Nil	Nil	Nil	**Councillor —**City of York Council ,	**Councillor —**City of York Council	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
Dr David Geddes	TBA	TBA	TBA	TBA	TBA	TBA
Ms Rowena Jacobs	TBA	TBA	TBA	TBA	TBA	TBA
Mrs Alison MacDonald *(Staff: Nursing & Midwifery Class)*	Director and Company Secretary—Health and Safety Consultancy	Nil	Nil	Nil	Nil	Nil
Mrs Helen Mackman *(Public: City of York)*	Nil	Nil	Nil	Nil	Nil	Nil
Mrs Mandy McGale *(Staff: Non-Clinical)*	Nil	Nil	Nil	Nil	Nil	Nil
Dr Jennifer Moreton *(Patients/Carer)*	Nil	Nil	Nil	Nil	**Member—**CQC Registration Involvement Group Member—Ryedale LINk Ampleforth and Hovering Surgeries Patient Reference 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

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Mr James Porteous *(Public: York)*	**Trustee—**Notions Business and Marketing Consultants	Nil	Nil	**President—**British Polio Fellowship - Yorkshire Region, Leeds and North Yorkshire Region British Polio Fellowship **Chairman—**Wheelchair Users Advisory Panel (Harrogate District Hospital NHS Foundation Trust)	Nil	Nil
Cllr Caroline Patmore *(North Yorkshire County Council)*	Nil	Nil	Nil	Nil	**Councillor—**North Yorkshire County Council District Councillor—Hambleton District Council	**Councillor—**North Yorkshire County Council
Mrs Anne Penny *(Staff: Nursing)*	Nil	Nil	Nil	Nil	Nil	Nil
Mr Geoff Rennie *(Patient: Carer)*	Nil	Nil	Nil	Nil	**Member**—Ryedale LINk	Nil
Mrs Dianne Rhodes *(Public: Selby)*	**Director & Company Secretary—**Health & Safety Consultancy	Nil	Nil	Nil	Nil	Nil
Cllr Joseph Richies *(City of York Council)*	TBA	TBA	TBA	TBA	TBA	TBA
Mr David Robson *(Public: York)*	Nil	Nil	Nil	**Member** - Management Committee for York Blind or Partially Sighted Society	Nil	Nil

Governor	Relevant and material interests					
	Directorships including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies).	Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS.	Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.	A position of authority in a charity or voluntary organisation in the field of health and social care.	Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the NHS foundation trust including but not limited to, lenders or banks
Mr Martin Skelton *(Staff: Clinical Professional)*	Nil	Nil	Nil	Nil	Nil	Nil
Ms Catherine Surtees *(York CVS)*	Nil	Nil	Nil	Partnership Manager—York CVS	**Partnership Manager**—York CVS	Nil
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 *(Public: City of York)*	Nil	Nil	Nil	Nil	**Councillor**—City of York Council	Nil

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York Teaching Hospital NHS

NHS Foundation Trust

Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 21st December 2011, in the Social Club, White Cross Road, York.

Present:	Mr Alan Rose, Chairman of the meeting
Public:	Mr Paul Baines, Public Governor, City of York Mrs Helen Butterworth, Public Governor, City of York Dr Jane Dalton, Public Governor, Hambleton Mr Jim Porteous, Public Governor, City of York Mrs Diane Rhodes, Public Governor, Selby District Mr Bob Thomas, Public Governor, Selby District Mr Bob Towner, Public Governor, City of York Councillor Sian Wiseman, Public Governor, City of York Mrs Helen Mackman, Public Governor, City of York Mr David Robson, Public Governor, City of York
Patient/Carer:	Mr Philip Chapman, Patient/Carer Governor Dr Jenny Moreton, Patient/Carer Governor Mr Geoffrey Rennie, Patient/Carer Governor Mr Brian Thompson, Patient/Carer Governor
Partner:	Councillor Caroline Patmore, Appointed Governor, North Yorkshire CC Councillor Joseph Riches, Appointed Governor, City of York Council Councillor Sandy Fraser, Partner Governor, City of York Council Mrs Catherine Surtees, Appointed Governor, York CVS
Staff:	Dr Lee Bond, Staff Governor, Medical Mrs Mandy McGale, Staff Governor, Non-clinical Mr Martin Skelton, Staff Governor, Clinical Professional Mrs Alison MacDonald, Staff Governor Mrs Anne Penny, Staff Governor, Nursing
Attendance:	Mr Patrick Crowley, Chief Executive Mrs Anna Pridmore, Foundation Trust Secretary Mr Michael Sweet, Non-executive Director Professor Dianne Willcocks, Non-executive Director Dr Alastair Turnbull, Medical Director Ms Elizabeth McManus, Chief Nurse Mr Garth Pickersgill, Board Administrator Miss Lucy Watson, Fundraising Manager
Members of the public:	2 members of the public attended the meeting.

11/51 Chairman's Introduction

Mr Rose welcomed the members of the public to the meeting.

11/52 Apologies for Absence

Apologies were received from:

Councillor John Batt, Appointed Governor, North Yorkshire County Council
Mr Nevil Parkinson, Public Governor, Selby District

11/53 Declaration of Interests

Requests were received from a number of governors that amendments were required for the Governor's interests:

Dr Jane Dalton
Mr Jim Porteus
Dr Jenny Moreton
Councillor Sandy Fraser
Councillor Caroline Patmore

Action: Mr Rose asked the members to confirm the changes to the Trust Secretary/Board Administrator and for the update to be completed prior to the next meeting.

11/54 Minutes of the Meeting held on 12th October 2011

Dr Jane Dalton requested that the content of the report of the Community and Membership Committee be changed to better reflect her report to the meeting:

"Dr Dalton advised that she had been re-appointed as Chair of the Group. She also referred to a list of membership engagement events that had taken place in relation to the proposed new constituencies, and that membership stands had been installed in various community hospitals. Forthcoming York Talk presentations were tabled. Dr Dalton reported on her recent involvement, along with Phil Chapman from the CMEG, in the observation project connected to the Emergency Department redesign."

The remainder of the minutes were approved as a true record of the meeting.

11/55 Matters arising from the minutes

There were no matters arising for this meeting.

11/56 Update from the Private Meeting

Mr Rose highlighted the following areas covered in the private meeting:

- The appraisal of Linda Palazzo and the extension to the tenure of John Hutton, if required by a delay in the acquisition beyond 1 Apr 2012.
- A request for help for the production of the Quality Report and the Annual Plan
- Progress with the Urgent Care Centre, improvements to the Emergency Department and issues concerned with Care in the Community and those patients who would otherwise be having extended stays in the acute hospital.

The Council of Governors considered the proposed amendment to extend the term of office of the Governors with a 2 year office. The reason for the extension was described. It was understood that the extension would cover the period from 1st April 2012 to 30th September 2012. The Council of Governors **agreed** the amendment and requested the Chairman to ensure it was recommended to the Board of Directors.

Action: Chairman to ensure the amendment to the Constitution is discussed at the next Board of Directors

11/57 Sub-Committee and other Governors Reports

Lead Governor Report

Mrs Mackman gave a verbal report and provided a written summary. Her focus was on highlighting the efforts of the Transport and Travel Group, the Cancer Locality Strategy Board and the Arts Strategy Steering Group. She was also delighted to inform the meeting on the success of the Bereavement Suite project and that their efforts had been rewarded by winning the award of the Best Internal Patient Environment Design, a prestigious national Better Building for Health award. This is a real coup for the Trust.

Patient Focus Group

Mr Chapman gave a verbal report. His report focused on the activities of the group and in particular; dealing with the Mobile Equipment Policy, raising some issues in the area of noise nuisance in wards, accessing wifi while in hospital, watching videos and TV using '"smart" devices, and PAT testing of devices; and working closely with the PALS Patient Experience team and looking forward to the benefits coming out of a new database system.

Community and Membership Engagement Group

Dr Dalton gave a verbal report. Her focus was on the future of the group in the context of the proposed enlarged Trust, maintaining membership numbers and quality of engagement opportunities with existing constituencies, the need to consider timings and locations of future meetings and the use of innovative methods of communication and enriched engagement across sectors, for example local networking with other interested parties and membership organisations.

Dr Dalton specifically asked for some feedback from the Governors on ideas for

the York Talk presentations for 2012. Submissions should be forwarded direct to Penny Goff.

Nutrition Project

Mrs Helen Butterworth gave a verbal report. She focused on congratulating Margaret Milburn for her involvement in the project, a short report on the 3 visits to bidder sites and stated that a "blind" presentation had been conducted at the Trust on the 23rd November. The invitation to tender has now gone out to the 3 outside bidders, with returns expected by 5th January 2012 and their evaluation to be conducted in February 2012. The winning outside tender would subsequently be compared to that of the In-house Team.

Mr Skelton mentioned the work of the In House Team by way of recognising the efforts of Gillian Greaves and Cath Hetherington on their efforts towards improvements in the Mallard Restaurant

Barnsley Regional Governors' Event

Dr Moreton gave a verbal report and provided a written summary. The main focus was on the training and information required by governors in order to be effective generally. Discussion groups took place on the New Commissioning System, what the Health and Care Social Care Bill means for Foundation Trusts and Governors, and the Resource Requirements for Governors.

Mr Rose concluded that there may also be a need for governors to be trained on the Business Case process. Mrs Pridmore explained that there were some national initiatives ongoing in this area which would include Business Case training.

Home Team

Mr Sweet was pleased to report that the introduction of the Home Team had been beneficial in providing assurance that operational activity in York remained on target over the year and was pleased to report that there would be a place for their activities, in an amended form, in the future structure.

11/58 Summary of the Board of Directors Minutes

The Council of Governors received the summary of the September, October and November Board of Directors meetings.

There were no questions or observations raised.

11/59 Clinical Quality

Dr Turnbull set the scene for the discussion by explaining his role as Medical Director in providing the governors with assurance on how the Trust deals with critical areas such as clinical quality.

This was followed by the showing of a short film produced by the Trust on the occasions where Trusts nationally have not provided quality care.

Dr Turnbull then went on the highlight a case of premature discharge and provided a detailed analysis on mortality indicators, focusing on the Trust's performance in the Dr Foster report. He described the impact the report has on the Trust. He also recommended that some care should be taken when comparing organisations and looking at the variety of data and risks in order to provide the appropriate balance. He re-assured the meeting that efforts were ongoing continuously to improve the Trust performance.

He concluded by highlighting the recent media coverage on the increased numbers of deaths of patients admitted at weekends, explaining that this did reflect that hospitals did have lighter staffing at weekends.

Ms McManus then provided a summary of the CQC compliance actions and reported that action plans were in place to resolve the main concerns highlighted by the CQC Report in the areas of DNA CPR, Nutrition, Controlled Drugs, Infection Control and Cleanliness and Documentation. The meeting was informed that a re-visit is expected during January 2012. The focus of the visit would be confirming compliance on the specific areas within the action plan.

The Governors were invited to ask questions:

Referring to DNAR, Councillor Wiseman made the point that there was a problem with continuity across all the health providers. Dr Turnbull explained that there should be some improvement in this area on the introduction of a region-wide form which will be used by all the providers.

Mr Towner gave the view that the Trust should be aware of the concern before any external assessors tell us what is wrong.

Dr Dalton added that she expected that as an enlarged Trust we would review the mortality figures in full.

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Mr Porteus was content that in his view the report reflected a satisfactory performance and that we should take care not to overstate the cause for concern.

Mr Baines shared his observation that overall the Trust has a good record and that information was always provided in an open, honest and transparent way, as was demonstrated by Dr Turnbull in his recent BBC interview about weekend mortality.

Mr Rennie welcomed the receipt of the Dr Foster report and said that we must make efforts to publicise its content widely. His concern was that the report was difficult to read in places and asked if it was possible to receive a simple brief. Dr Turnbull agreed to provide a simple brief.

11/60 Local Care Delivery

Mr Crowley explained that the North Yorkshire Review was still ongoing and there was little to report at this stage. Initial meetings had taken place and there had been an agreement on the Terms of Reference. A project management approach was been taken by group, and he looked forward to being able to provide a more detailed report when appropriate.

11/61 The Membership Report

Mr Rose reported that we had recruited 616 new members over recent months and that this was bringing us very close to the figure needed to hold elections in the constituencies. He highlighted the need to engage more with the broader membership and stakeholders.

11/62 Acquisition

Mr Crowley provided a detailed briefing on the status of the Acquisition, confirming that we were still planning on a 1st April 2012 delivery. All required documentation was now with Monitor and negotiations were ongoing with the Department of Health on financial issues. Both Mr Rose and Mr Crowley had recently engaged with Mr Hugh Bayley which, when added to the support from Whitby and Malton areas, further strengthens the belief that we are now getting strong political support across the area for the Acquisition.

Professor Wilcocks informed the meeting that the Assurance Acquisition Board had conducted due diligence on the documentation and also briefed that a team from Ernst and Young were also providing additional scrutiny, in the role of Reporting Accountant, were also currently active in the Trust in an information gathering exercise to inform their task of writing a formal report on the Acquisition activities.

11/63 Half Year Performance

Mr Crowley briefed the meeting on the current status of the Trust's performance and stated that by the end of the year we expect to be balanced financially.

Mr Crowley gave an overview of the Trust's response to 19th December crisis (Ice across York) and although it was an extremely challenging day all departments had managed as well as could have been expected.

There was a short discussion on the Council's stance on gritting and how saving in one area can effect costs in another.

Mr Towner asked if it was possible to have a short written performance and financial summary presented in the papers at future meetings. Mr Rose agreed this would be presented in the future.

11/64 Star Appeal

Miss Watson gave a summary of the current status of the Star Appeal which was

focused on raising some £300,000 for the Stroke Rehabilitation Unit. It was launched in November of this year and was planned to take up to 36 months to reach its target. An appeal leaflet was distributed at the meeting and was one part of a much wider release to publicise the appeal. Miss Watson asked for the governor's help in "spreading the word", displaying leaflets across their areas of influence, and forwarding the contact details of any "potential" donors/sponsors.

A recommendation from the meeting was for a highly visible method of displaying the progress of the appeal (e.g. a "Fundometer"). Miss Watson advised that she was looking at this and other ideas.

11/65 Date of Meetings for 2012

A new handout was provided with the dates of the 2012 meeting schedule.

11/66 Time and Date of next meeting

The next meeting of the Council of Governors will be held (in public) on 22nd February, 2012 (3.15pm – 6.00pm) in the Social Club, White Cross Road, York YO31 8JR.

11/67 Any other business

Mr Towner requested that the Council of Governors received performance data reports on a more consistent basis in the pre-meeting packs. **Mr Rose agreed that this should be done.**
There being no other business, Mr Rose closed the meeting at 1815 hrs

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York Teaching Hospital NHS
NHS Foundation Trust

February 2012

Dear member,

I would like to extend a welcome to all of you, and in particular those of you who have joined in recent months as part of our aim to include more residents from the Ryedale, Whitby, Scarborough and Bridlington areas. As I reported to you in my last update, the integration of the York and Scarborough Hospital Trusts has been under consideration since October 2010, and excellent progress has been made by the teams from each hospital, along with our governors and the relevant regional and national bodies, to clarify that this is a sensible and practical proposition. The associated risks and benefits have been assessed and the plans are now underway to complete this arrangement during 2012. The opportunities for more sustainable and efficient services across the ten hospital sites involved will be considerable, and the outlook is bright.

The link-up with Scarborough, and the development of the healthcare services provided in the community, is fully consistent with the findings of the Independent Review of Healthcare Services in North Yorkshire and York, published last summer. This review supports the gradual shift of emphasis for certain types of care, especially for chronic diseases, from the acute hospital setting to the more local community hospitals and residential settings when safe and appropriate to do so. This will start in the City of York this year and is likely to extend across the area in due course.

The Trust has continued to achieve virtually all of its care and financial targets, after three-quarters of this financial year, including significant cost-saving measures due to the tightening of national funding across the entire NHS. This stringent regime is set to continue for several years ahead, presenting major challenges for the Trust. Staff are doing an exceptional job in examining and redesigning the way they deliver care, so that quality and safety do not suffer as savings are made. The integration with Scarborough is assisting the achievement of savings, due to opportunities in procurement and the amalgamation of corporate activities.

Please continue to give us feedback on our services; we value this as we strive to improve. The recent national survey of outpatient services at York Hospital scored the Trust above average or better on almost every measure, and we continue to receive good results from annual inpatient and staff surveys, which are conducted by independent bodies. Recent months have brought the introduction of redesigned musculoskeletal services, often provided in community settings. This year will see the partial redesign of our Emergency Department in York, with GP and nurse availability alongside the hospital staff, creating a single point for people to access care for minor illness or injury.

The Health and Social Care Bill continues its passage through Westminster, with likely enactment in late spring 2012. This will create new GP-led groups to be responsible, in place of the existing Primary Care Trusts, for commissioning the majority of the services that we provide. All parties, including our local authorities, are working hard behind the scenes to ensure this will be an effective and positive development for healthcare provision in our communities. We are also supporting the mandated creation of Health and Wellbeing Boards in each local authority area and associated HealthWatch organisations. The latter replace the existing LINks. In my next update to you in early summer, I will report more specifically how this is likely to develop.

Our Council of Governors meets at least once a quarter and, as you know, comprises member-elected representatives of the public from your area and a number of stakeholder representatives from the local

authorities, voluntary sector, PCT and others. This Council holds the Board of Directors to account for the running of the Trust and continually seeks assurance that the Trust is being well-run. You have the opportunity to send a question about the Trust at any time to that group (use the governor email address at the end of this letter, or write to me directly and I will pose the question on your behalf). Their quarterly meetings are held in public (details are on our website, or you can call our membership office to find out).

I would like to add a special thank you to the many volunteers and fundraisers who continue to support us. Next time you are at York Hospital, visit the new volunteering and fundraising office on the main corridor. A particular mention and recognition is due to York Against Cancer, which celebrates its 25th anniversary in 2012. Congratulations to this local charity for the huge support it continues to provide the Trust and our patients. They will be holding a number of events to mark this achievement.

The York Teaching Hospital Charity has also recently launched The STAR Appeal in York. The appeal aims to raise £300,000 to refurbish York Hospital's Stroke Rehabilitation unit (ward 39) which is desperately in need of modernisation to meet the specific needs of patients recovering from a stroke. This includes refurbishing the flat on the unit where patients live independently whilst they prepare to return home, installing ceiling track hoists and fitting a new kitchen. Many thanks if you would consider supporting this.

Thank you for continuing to support your local hospitals and the increasingly closely-related community healthcare services. Please get in touch using the details below if you have any comments or questions.

Yours sincerely,

Alan Rose
Chairman

Contact us...
If you have any comments on the contents of this newsletter, please email the Chairman at alan.rose@york.nhs.uk. If your address or any of your other details have changed, or if you have any questions about membership, you can call Penny Goff, Membership Manager, on 01904 725233. You can also contact the governors via this email address: yhs-tr.yorkhospitalgovernors@nhs.net

Find out more...
Visit our website www.york.nhs.uk
Follow us on Twitter: @YorkTeachingNHS

Members' offer
Finally, as a special offer for members, The York Marriott is pleased to offer members 25 per cent off food and beverage at the hotel's Chase Bar and Grill until the end of March 2012.
The bar and restaurant overlook the historic York Racecourse, so whether you choose their signature Marriott Burger for lunch, a romantic dinner for two in the restaurant or afternoon tea in the bar, you are guaranteed great views and great value! The discount is not available on alcohol. Bookings for evening dining in the restaurant must be made in advance, and are subject to availability. This discount cannot be used in conjunction with any other offer. Trust membership ID is required.

York Teaching Hospital NHS Foundation Trust

Council of Governors – 22 February 2012

Lead Governor Report

Action requested/recommendation

The Council of Governors is asked to note the report.

Summary

This report from the Lead Governors explains the Governors' Quality Account Group discussions regarding the consideration of a priority for quality and safety to be put forward by the Council of Governors for external audit.

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 are no references to CQC outcomes.

Progress of report	This report is only written for the Council of Governors.
Risk	No risk.
Resource implications	There are no resource implications.
Owner	Helen Mackman, Lead Governor
Author	Helen Mackman, Lead Governor
Date of paper	February 2012

Version number	Version 1

Council of Governors – 22 February 2012

Lead Governor Report

1. Introduction

The Governors' Quality Account Group (Helen Mackman, Paul Baines, Anne Penny and Catherine Surtees) was charged with the consideration of a priority for quality and safety to be put forward by the Council of Governors for external audit.
We looked at particular patient safety issues, which included

- Preventing patients from acquiring pressure ulcers whilst in hospital
- Keeping acutely ill and deteriorating patients safe
- Keeping patients safe from hospital acquired infections
- Ensuring compliance with the WHO Safer Surgery Checklist

We were supported by the Deputy Chief Nurse and the particular expertise of staff governor, Anne Penny, to enable us to understand the implications of each of these priorities and to have some insight into the progress of the Trust in meeting each of these safety issues.
As a result of our deliberations, we recommend that the Council of Governors puts forward Compliance with the WHO Safer Surgery Checklist for external audit.

2. Note

The World Health Organisation (WHO) Safer Surgery Checklist consists of three separate lists of safety questions. Each list has to be read out loud, the answers recorded and signed by a registered practitioner before moving on to the next stage.

1. Pre-anaesthetic: if there are any discrepancies at this stage everything stops until a discussion is held with the appropriate members of the surgical team.
2. Pre-incision: a further list of safety questions is read out before the start of surgical intervention so that all the team can hear
3. Sign Out: the safety questions are read out loud and answered before any team member leaves the operating room.

The full list of safety questions is available from the Trust.

3. Recommendation

The Council of Governors are asked to note the report.

Author	**Helen Mackman, Lead Governor**
Owner	**Helen Mackman, Lead Governor**

Date	**February 2012**

Summary of Board of Directors minutes

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

Summary of the minutes of the Board meeting held on 14th December 2011

Learning from patient feedback

Dr Turnbull was asked to read the letter of complaint. He read a letter about discharge from the Trust which also included an issue about the 'do not resuscitate' (DNR) documentation. The complaint made reference to the relatives not being involved in a DNR discussion and decision. Dr Turnbull advised the Board that a doctor does not legally have to discuss a DNR decision with a patient or family, although it is generally expected that a doctor would discuss such a decision and our internal systems expect such a discussion to take place. Ms McManus presented a leaflet to Board members on DNR entitled 'What happens if my heart stops?'.

The Board discussed Dr Turnbull's comments and agreed that the public perception was different.

Professor Hutton read the letter of compliment which thanked the Trust for the care given.

The Board **noted** the comments in the letters.

Chief Nurse Report

Ms McManus advised that a number of key members of staff in the surgical directorate had undergone a two day training session; the aim of the session was to reduce risk and improve care. This first session concentrated on the highest clinical risk – managing the acute and deteriorating patient. This was the first of a series of trainings sessions that have been developed in-house and will be implemented across the whole of the organisation.

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

Overview of the Local Supervising Authority Annual Report 2010/11

Ms McManus introduced Mr Hogarth to the Board and welcomed him to the meeting. Ms McManus advised that Mr Hogarth was the Head of midwifery across both Trusts -Scarborough and York.

Ms McManus asked Mr Hogarth to present the annual report. Mr Hogarth presented the annual report highlighting the successes, challenges and development of the service, including the introduction of more midwifery-lead care.

The Board **noted** the presentation and the comments made by Mr Hogarth. The Board congratulated Mr Hogarth on the work undertaken in the past year and the improvements made.

Adult Safeguarding Annual Report

Mr Sweet commented that he felt this was an excellent report and clearly demonstrated the team's commitment. He noted that under the primary client group there was a listing of other vulnerable adults and asked who would be included in that group. Ms McManus advised that it includes a number of different people, including the elderly and frail. She added that it also might include anyone with the following issues: restraint, discharge with unexplained bruising and dignity of care not being satisfied.

With regard to training Mr Sweet asked if the lessons learned here might be equally applicable to Child Safeguarding where training is an issue.

Mr Sweet asked Ms McManus to explain the comment in the report around pressure ulcers and the shortfall in care referred to. Ms McManus advised that a system had been put in place to ensure that the safeguarding team was alerted to any issues. The Board discussed how the alerts were highlighted and **noted** the system used.

Mr Sweet asked about the length of time an investigation takes and asked how quickly the investigations were completed. Ms McManus advised that the investigations were generally completed very quickly, although if the investigation was complex it would take longer.

Mr Sweet noted from the work plan that the work had become more proactive and less reactive and he commended the team for the ambitious, but clearly well thought through, nature of the plan.

The Board discussed the report and the following additional point was made:

Ms McManus advised that adult safeguarding is considered by the Care Quality Commission (CQC) as part of their work.

The Board discussed the different levels of training that are provided to staff.

Professor Willcocks added that the Equality and Diversity Committee ensured the agenda for the committee included safeguarding and its link with equality and diversity, and that the link was through the acute liaison lead nurse.

Professor Hutton added that he noted from the report that there were a number of alerts that had originated from nursing homes and suggested that as the Trust now has responsibility for community services, consideration should be given to who is supplying the care to what premises, to ensure the Trust does not start having alerts.

The Board **agreed** with the point made.

Medical Director Report

Dr Turnbull was asked to comment on the outstanding questions from the November Medical Director report.

Mr Sweet, as a member of the 'Home Team' and in the absence of Ms Raper, raised the outstanding questions. He asked for an update on the CQC actions around DNACPR.

Dr Turnbull advised that a series of initiatives had been put in place, including the Medical Director

and Chief Executive sending a joint letter to all medical staff reminding them of the requirements to follow the Trust policy, a training DVD being launched and changes being made to how the corporate team work with the directorates. The Trust has asked for the ceiling of care (defined as interventions that are likely to be of benefit and appropriate for the patient) to be considered. All initiatives are being extended across to community services too.

The Compliance Unit has been undertaking reviews of the completion of the DNACPR paperwork and has now obtained evidence of significant improvements in the completion of the paperwork.

Dr Turnbull added that a revised policy has been developed and will be in place before the end of the year. By way of assurance, Dr Turnbull added that his understanding was that the CQC had visited other Trusts and had found the same issue, but had dealt with it in a different way and it was likely that they would find our practices are similar to other Trusts and if the CQC were to visit now, they would see significant improvements have been made.

Mr Sweet asked Dr Turnbull to comment on Venous Thromboembolism (VTE) and Commissioning for Quality and Innovation (CQUIN). Dr Turnbull advised that both metrics were going very well and there were no specific issues to bring to the Board's attention.

Mr Sweet asked Dr Turnbull about the delay in the reporting of readmissions as the information in the November report was from 28th August. Dr Turnbull advised that there is a delay in the data for readmissions being available so consequently there is a delay in the information being received by the Board. The Board discussed the rate of readmissions and noted that there were a number that could be avoided that Dr Turnbull was working with colleagues to review. The Board discussed the potential financial penalty for readmissions and noted that it could be significant if it is applied. A paper has been discussed with the directorates and received by the Executive Board to enhance management of readmissions. Mr Bertram added that the potential penalty is a new issue this year and stems from national policy. It is unclear in the new operating framework if it will be applied this next financial year but there is no indication that it relates to emergency admission.

Mr Sweet asked if the Board received the right level of assurance around the serious untoward incidents (SUIs). Dr Turnbull advised that the SUI issues are picked up by the performance management systems and the quality and safety systems. The system is subject to internal audit each year.

Mr Sweet asked if the Board could receive an update on the appointment of the Clinical Director for the Obstetrics and Gynaecology Directorate. Mr Crowley advised that there had been two expressions of interest, one from an Obstetrician and one from a Gynaecologist. The intention is to run the role as a job share between the two candidates as there are slightly different areas of responsibility within the directorate, and both candidates will be interviewed jointly before the Christmas break.

The Board **thanked** Dr Turnbull for his comments.

Chairman's items

Mr Rose congratulated all those involved in ensuring the day of the strike had minimal effect on the running of the Trust.

Mr Rose advised there were a number of activities being carried out in the region that the Board should be aware of:

- Mr Rose advised that Healthwatch was now progressing and the York and North Yorkshire Healthwatch was seeking a host; at present there was no information available about who had come forward

- Mr Rose advised that a similar review to the North Yorkshire Review had been started in the Humber. It was being lead by Professor Hugo Mascie-Taylor and using similar terms of reference

- Mr Rose advised that the 111 service (non-emergency) was currently being tendered on a regional basis and the Yorkshire Ambulance Service (YAS) were submitting a bid

The Board **noted** the report.

Chief Executive Report

Mr Crowley advised that the North Yorkshire review has had its first formal meeting following the setting up of all the governance arrangements described at the meeting in November. There was nothing further to report to the Board.

The Board **noted** the report.

Assurance Framework and Corporate Risk Register

Mr Ashton commented on the process used for the development of the Corporate Risk Register and Assurance Framework. He advised that the Audit Committee had made sufficient enquires to satisfy itself that the revision of the documents had been undertaken appropriately and within the prescribed systems.

Mr Ashton proposed that the Board of Directors should approve the Corporate Risk Register and Assurance Framework for this quarter.

The Board **noted** the comments made by Mr Ashton and **reviewed** the changes made. The Board **approved** the documents and **noted** that they would be revised again at the end of the next quarter.

Monitor quarterly return

The Board **noted** the quarterly return received from Monitor and the comments made in the document.

Operating Framework 2012/13

Mr Bertram presented high level commentary on the newly published Operating Framework for the next financial year. Mr Bertram advised that there was not a great deal of detail in the document at this stage; he expected more to be provided over the next few months.

He advised that the Board should note:

- The PCT allocation was to grow by at least 2.5%
- There would be at least a 1.5% decrease in the tariff, with 4% efficiency requirements

- CQUIN would be up to 2.5% - for the enlarged organisation York that will mean approximately £10m and there will be two further national goals introduced – improving the diagnosis of dementia in hospitals and to incentivise the use of the NHS safety thermometer
- The tariff is to be further developed to incentivise more procedures to be undertaken in a less acute setting and to increase links with quality of care, drive integration of services and incentivise delivery of the Quality, Innovation, Productivity and Prevention (QIPP) challenge
- The introduction of national 'pathway' tariffs for services such as maternity care, cystic fibrosis and paediatric diabetes
- Introduction of tariffs for post discharge care for some procedures, which will be mandatory where acute and community services are integrated into one Trust
- 30% emergency threshold rate and non-payment for emergency readmissions within 30 days will still apply

The Board **noted** the comments made.

Operational Performance Report

Mr Cooney advised that there were no validated figures for November that he could share with the Board but that he was able to state that the performance for November was on target.

Mr Cooney referred to the 18-week backlog. He advised that it seemed at this stage to have stabilized and, following the discussion at the last Board meeting, Mr Cooney had spoken to the PCT who were in support of the proposed management of the backlog.

Mr Cooney also advised that the national framework initiatives include 6 week diagnostics with a new target of 99% as opposed to the current 100%. Last month the Trust achieved 99.85%.

Mr Cooney referred to the cancer performance and advised that there were a small number of delays in treatment for 62 day pathway patients. He explained that the delays are across two Trusts (York and Leeds) where patients receive treatment at both Trusts. York has corrected the delays experienced in York and is currently resolving the delays in Leeds. This should resolve any delays in the system.

Mr Sweet enquired how the reorganisation of the Emergency Department was progressing. Mr Cooney advised that the next stage of the walk-in centre transfer would be completed in January and that opening of the new area was still on target. He added that a presentation was being given to the Overview and Scrutiny Committee.

The Board **noted** the report.

Finance Report

Mr Bertram advised that the formal report was not available for the Board as the meeting had been held so early in the month but he was able to advise that there was a £300,000 surplus for the period to November 2011, although the Trust was about £300,000 behind plan. Cash was strong at £9.2m and if the Trust was reporting to Monitor in November the financial risk rating would be 3. He added that there was nothing to report on the capital programme.

Mr Bertram reported on the cost improvement programme. He advised that the Trust was slightly behind on the CIP plan by £1.2m but overall £10.8m of the £14.2m programme had been secured.

Mr Bertram commented that the Reporting Accountant would most likely be using the November information for their report.

The Board **noted** the report.

Acquisition Assurance Board

Mr Ashton tabled a summary document of the last meeting of the Acquisition Assurance Board.

Mr Ashton confirmed that any submission to Monitor would only be on receipt of a signed Heads of Terms or a letter supporting the proposed fair value calculation. Mr Ashton confirmed that Monitor had accepted the possible delay in submission as long as the submission was completed before Christmas. If the Trust was not able to submit before Christmas this would cause a delay in submission to Monitor's Transaction Board.

The Board **noted** the points raised by Mr Ashton.

Mr Bertram commented on the presentation given to the CCP earlier in the month and reported that the CCP had now confirmed that they should be able to advance their programme to complete their review by the middle of February and provide Monitor with a report at that date.

The Board **noted** the comments in the summary paper provided.

Clinical Quality Integration Plan

Mr Ashton advised the AAB had not reviewed the Clinical Quality Integration Plan. Ms McManus presented the document. She advised that it evidenced the assurance processes that exist across the Trusts and provided a framework for the development of an integrated plan. The document also reflected the processes in place at Scarborough.

The Board considered the document and noted that it was still missing some minor elements of text and the governance structures. The Board **agreed** that the document was **approved** on the understanding that the minor corrections were made and the governance structures were included in the document. It was also **noted** that if at a later stage some further developments were made the document could be amended.

It was **noted** that the document would be submitted as part of the Monitor submission.

Draft Board Statements and Memorandums

Mr Ashton advised that the AAB had reviewed the draft statements and memorandums and noted the significant work that was to be undertaken before they were completed and ready for approval by the Board of Directors meeting in January.

Business Case

11/259.1 *2011/117 8th Histopathologist*

The Board considered the business case and felt that it was a straight forward business case. The Board challenged the need for the appointment as the reason seemed to be a temporary

arrangement to reduce the backlog. Mr Bertram advised that it was not an appointment that would cover a backlog only but was related to a stepped and significant increase in work that was expected to be sustained.

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

Risk Management Strategy

Professor Willcocks commented that she felt the document presented a whole system approach. She added that she felt it showed the Trust has a risk appetite that is well managed.

The Board discussed how risk management is managed in the organisation and **approved** the document. It was **agreed** that post acquisition the current policy alignment work would be completed.

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Medical Directors Report

Recommendation

The Council of Governors is asked to discuss and note the report.

Summary

Our priorities continue to be to reduce our harm rate and mortality as underpinned by our Quality & Safety Strategy.
We are focussing work on:

- Falls – see section 3.
- Pressure ulcers – report in Chief Nurse report
- VTE (venous thromboembolism) – maintain target of 90% for all quarters for CQUIN 2011/12 & in addition appropriate prophylaxis prescribed target of 90% by Q4.
- Deteriorating patient (PAR scoring, SBAR and safety briefings)
- Medication errors
- Ensuring application of pre-operative safety briefings

A full review of the Q&S strategy is underway and will come to Executive Board for consultation in March.

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

No implications for equality and diversity.

Reference to CQC outcomes

Outcomes 4, 5, 8, 9, 16 & 17.

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

Risk	Associated risks have been assessed
Resource implications	None
Owner	Alastair Turnbull, Medical Director
Author	Michelle Carrington, Assistant Chief Nurse
Date of paper	February 2012
Version number	Version 1

Council of Governors – 22 February 2012

Medical Directors Report – Patient Safety January 2012 report

1. Key patient safety priorities

Our priorities continue to be to reduce our harm rate and mortality as underpinned by our Quality & Safety Strategy.
We are focussing work on:

- Falls – see section 3.
- Pressure ulcers – report in Chief Nurse report
- VTE (venous thromboembolism) – maintain target of 90% for all quarters for CQUIN 2011/12 & in addition appropriate prophylaxis prescribed target of 90% by Q4.
- Deteriorating patient (PAR scoring, SBAR and safety briefings)
- Medication errors
- Ensuring application of pre-operative safety briefings

A full review of the Q&S strategy is underway and will come to Executive Board for consultation in March.

2. HSMR / SHMI / Mortality

Our HSMR is currently 102

Our SHMI has been published as 115 and will be updated at the end of January 2012. Following the publication of the Dr. Foster 'Good Hospital Guide' in November 2011 we are conducting a case note review of 55 patients who died in the 'low risk of mortality' group. The results will be presented to Executive Board in due course.

Crash call analysis

October we had 57 calls entered onto the crash call log in switchboard. 8 of these were true crash events.

Work is ongoing to ensure collection of calls at switchboard is more robust.

DNACPR

The task and finish group continue to meet and have recently approved the new DNACPR policy. This policy is attached for information at appendix 1. Training has been provided to senior nurses and will be delivered to doctors in the medicine and medicine for the elderly directorates in January. This training will be rolled out to other directorates in due course. Continued audits by the Compliance Unit show that the standard of documentation around DNACPR is improving but still requires further work to reach the standard expected. The 3 main issues picked up by the audits are demographic details, next of kin and review dates.

The CQC are expected to return to reassess compliance during January 2012.

3. Falls resulting in serious harm – Root cause analysis report

A full RCA is required for any inpatient fall incident that results in severe harm[1] or where death is directly attributable to the fall. A process for carrying out the RCA was developed throughout January and February 2011.

Since implementing the process, there have been 11 inpatient falls that have resulted in severe harm (all fracture neck of femur) and 1 incident where death was directly attributable to the fall;

With the exception of two, an RCA was commenced for each incident and information has been submitted using the electronic RCA tool. Of these 10, only 5 investigations have documented evidence of a RCA meeting taking place to discuss the findings and capture any learning. None of the above cases have been presented to Executive Board as described in the RCA process.

1. Definition of harm; National Patient Safety Agency 2010 Slips trips and falls data update

4. Deteriorating patient (PAR scoring, SBAR and safety briefings)

Measurement of PAR scoring continues via the Nursing Care Indicators (NCIs) – full report in Chief Nurse report.
The 'Deteriorating Patient Group' continues to meet monthly. Actions and recommendations will be through Acute Board and Executive Board. To date training on patient observations and acute illness recognition and management was delivered in December 2011 to senior nurses on wards 11, 14, 16, G1 and 34 and was evaluated very well. Baseline measurement for improvement has been captured and will be continually measured to assess impact. Plans to roll out the observation training to all HCAs and band 5 staff nurses are in development. Other initiatives from Salford are to be piloted on these wards as is the 'safety thermometer' to measure patient harm.

An options appraisal of potential models for 'response teams' will be presented for consultation at the Acute Board and Executive Board in February.

5. Consultant appointments

Consultant appointments made in December 2011:

- Consultant Paediatrician **-** Dr Murray Wheeler

6. Risk and Legal Information

6.1 Adverse Incident Reports

In November 2011 there were 537 clinical AIRS and 356 non-Clinical AIRS
In December 2011 there were 483 clinical AIRS and 337 non-Clinical AIRS

6.2 Serious Untoward Incidents

Since the last Board meeting in November 2011, the Trust has declared two SUIs. One was a mandatory declaration following a CT scan of the wrong patient. The other is a Safeguarding issue.

6.3 Never Events

There have been no Never Events

6.4 Claims & Inquests

In November 2011 the Trust has received 8 Clinical Negligence Claims.

3 Clinical Negligence Claim settled in November.

2 Inquests have been heard in November. Verdicts were death by misadventure in both cases.

In December 2011 the Trust has received 2 Clinical Negligence Claims.

3 Clinical Negligence Claim settled in December.

2 Inquests have been heard in December. Verdicts were accidental death in both cases.

6.5 NPSA Alerts

CAS Alerts

The Trust has 5 outstanding NPSA alerts but they are not passed the deadline date.
There is an action plan for achieving compliance with these, updated weekly.
As requested by Board the following is further detail on the NPSA alerts:

NPSA/2011/PSA001 and NPSA/2009/PSA004B and NPSA/2011/RRR003	Safer Spinal (Intrathecal), Epidural And Regional Devices Part A and part	02/04/2012	Brian Williams (anaesthetist) has taken on the lead for this, which supersedes NPSA/2009/PSA004A.
NPSA 2011/PSA/003	The Adult Patient's Guide to safer use of insulin	31/08/2012	Think Glucose Team (led by Karen Griggs, assistant directorate manager) leading on this alert. 12/9/11 The Think Glucose team is re-convening after a summer break this month. Karen will put this on the agenda and will update afterwards.
NPSA /2011/RRR002	Keeping Newborn Babies With A Family History Of Mcadd Safe In The First Hours And Days Of Life	26/04/2012	Liz Ross (Matron for maternity) is the identified lead for this alert which relates purely to Midwifery.

7. Recommendation

The Board is asked to discuss and note the report.

Author	**Michelle Carrington, Assistant Chief Nurse**

Owner	**Alastair Turnbull, Medical Director**
Date	**January 2012**

Quality & Safety Dashboard

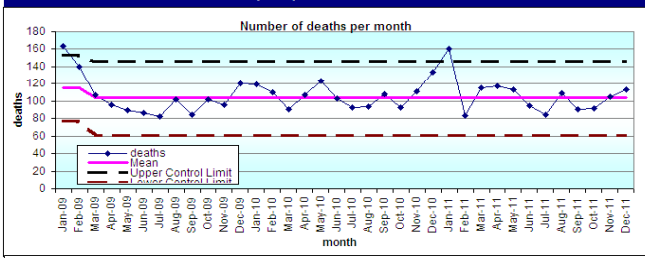
December 2011

Performance Scorecard

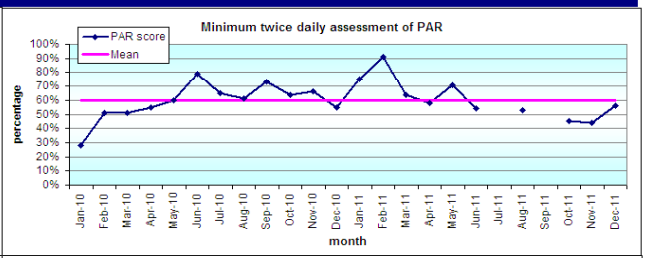
Area	Metric	Units	Dec-11	Target	Status
High Level Aims	1 .Inpatient Mortality	Percentage	2.6		Amber
	2. HSMR - All admissions (Q1 2011/12)	Ratio	102.0	90.0	Red
	3. Never events	Number	0	0	Green
Nursing Care Indicators	4. PAR (Patient at Risk) score	Percentage	56%	95%	Red
Deteriorating patient	5. Monthly Crash Calls Per 1000 Discharges	Rate	2.1		Amber
Falls prevention	6. Falls and found on floor (Nov '11)	Number	187		Amber
High Risk Medications	7. Percentage of Eligible Patients with VTE Prophylaxis or Full Anticoagulation	Percentage	94.6%	90%	Amber
	8. Eligible patients with a VTE risk assessment complete	Percentage	91.7%	90%	Amber
Pressure sores	9. Pressure sores per 1000 bed days - On admission (Nov'11)	Rate	4.1		Amber
	10. Pressure sores per 1000 bed days - Since admission (Nov'11)	Rate	1.9		Amber
EMSA	11. Eliminating mixed sex accommodation breaches- unjustified	Number	0		Green

Status Key - Where there is no definitive target for a measure, the status colour refers to -
- a sustained improvement (using SPC methodology)
- where the outcome is within expected variation (no improvement)
- special cause or sustained drop in performance

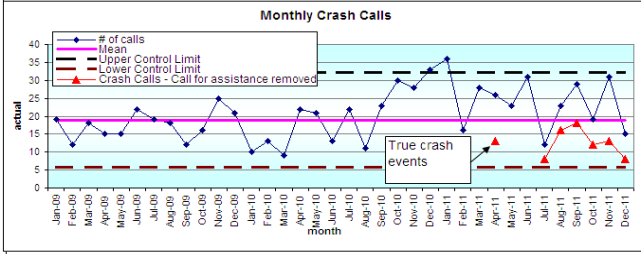
Data in Statistical Process Control (SPC) charts



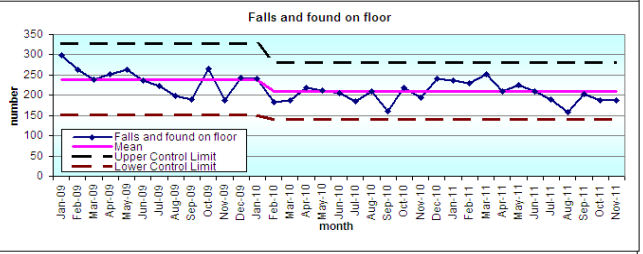
1. figures do not include deaths from community



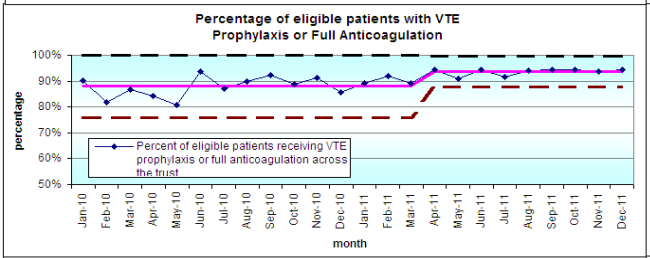
4. No nursing care indicator data collected in July or Sept.



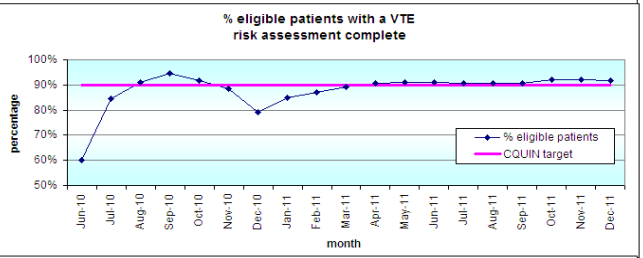
5. From July we are now able to filter out crash calls 'for assistance'. True crash call events are the red triangle.



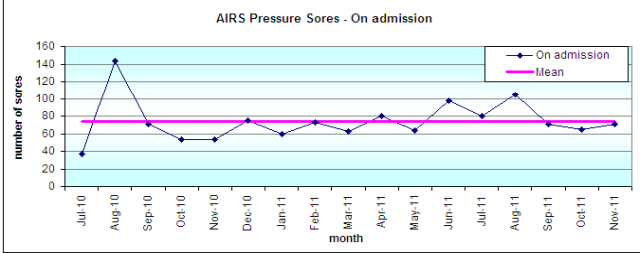
6. These figures do not include incidents from community. Graph shows 6 consecutive points running downward since April 2011. Web based reporting for AIRS from Nov-11.



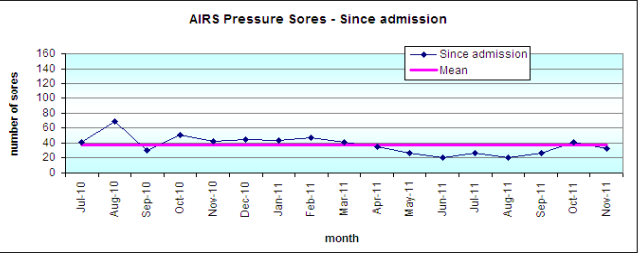
7. These figures include eligible patients. Limits recalculated from April 11.



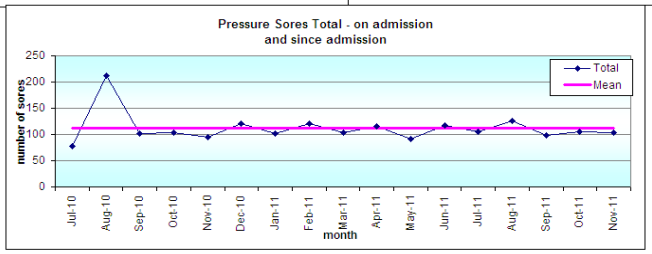
8.



9. This chart details number of pressure ulcers on admission only. Figures do not include community units.



10. This chart details number of pressure ulcers since admission only. Figures do not include community units.



Stroke improvement national audit (SINAP) update:

The December 2011 SINAP report highlighted two key areas of concern where patients:

1. **Did not receive 1 litre of fluid in each 24 hour period up to 72 hours**

2. **Did not see an Occupational Therapist within 72 hours**

20/12/2011 The Effectiveness Manager completed an audit (10 patients) on the ward against the standards:

1. **1 litre fluid in each 24 hour period up to 72 hours -** 1 patient had not been in for 24 hours and 1 litre of fluid for all 24 hour periods was not documented for 9 patients

2.

Seen by OT within 72 hours	No.	%
No	6	60%
N/A not in for 72 hours	2	20%
Yes	2	20%

As the results were poor the Data Entry Clerk was asked to confirm the results. This information was emailed to Directorate Manager and Clinical Director. They have met to dicuss.

The Stroke Specialist nurse and the Effectiveness Manager completed another audit and similar results were found.

Casenotes were requested to check data for Occupational Therapy (OT). 04/01/2012 Senior OT and the Effectiveness Manager completed a casenote audit to check SINAP data.

Results

Seen by OT within 72 hours	No.	%
No	5	63%
Yes (or No but)	3	38%

05/01/2011 The Stroke Project Lead completed a clinical audit on casenotes for 10 patients. All patients met the standard of 1 litre of fluid for each 24 hour period up to 72 hours.

Actions

- Since January, responsibility for fluid charts has been given to a named member of staff for each ward bay and is included in the safety briefing.

- The senior OT will be working on the ward supporting the OT service and will be completing a clinical audit to confirm standards.

- An acting Ward Sister is now in post but the Ward Sister post was vacant for 9 months.

- The Acting Ward Sister has put a Comfort Round system in place where a nurse confirm patients:

    - are comfortable
    - have drinks available
    - have been to the toilet

- Systems & Network creates a monthly report with Quality Performance Indicators; a meeting has been requested to discuss pulling data from the SINAP website to include in this report on a more regular basis.

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Chief Nurse Report

Action requested/recommendation

The Council of Governors is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

Summary

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

Content of the report is as follows:

- Key priorities
- Nursing care indicators
- Patient experience
- CQUIN

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

Consideration is given to the equality and diversity issues during the development of the report including the impact of the care given to patients.

Reference to CQC outcomes

Outcomes 4, 5, 8, 9, 16 & 17.

Progress of report	Executive Board, January 2012.
Risk	Associated risks have been assessed.
Resource implications	Risk regarding CQUIN income.

Owner	Elizabeth McManus, Chief Nurse
Author	Michelle Carrington, Assistant Chief Nurse
Date of paper	January 2012
Version number	Version 14

Council of Governors – 22 February 2012

Chief Nurses Report

1. Key priorities

The High Impact Actions (HIAs) for nursing and midwifery along side the nursing care indicators (NCIs) are the priorities for improving standards of care and the patient experience.

1.2 Summary of changes since last report

1. There has been no grade 3 or 4 pressure ulcers in the months of November and December – A total of 7 pressure ulcers (of grade 3 or 4) since starting the rapid spread initiative in July 2010 and a total of 3 this financial year.
2. There has been one fall resulting in serious harm in the month of December 2011.
3. Our annual point prevalence audit continues to show improvement and the Briefcase is attached at appendix a.

National news:
The Prime Minister has announced that a Quality Forum will be established to develop approaches to improve patient care and will focus on spreading good practice. The proposals he put forward in addition to this forum are:

- All hospitals to implement Productive Ward – Releasing Time to Care by April 2013.
- Forum to secure greater frontline nursing leadership in the future, 'exhibit national leadership' and 'stimulate local action'
- Forum to launch 'red tape challenge' and identify 'pieces of bureaucracy which get in the way of performing jobs properly'
- Forum to encourage the uptake of 'intentional rounding'
- A patient-led inspection regime from April 2013 and
- National surveys to ask 'whether patients, carers and staff would recommend their hospital to family and friends'.

A report detailing action against the above points will be included in the next Chief Nurse report.

2. Nursing Care Indicators (NCIs)

There are improvements in all but one of the indicators. Results are attached at appendix b. As agreed the NCIs will not conducted during the month of February to allow the resource to be directed towards collecting CQUIN data.

2 wards identified as having concerns around the standard of patient care have clear action plans in place being managed by the Matron and Directorate Manager. The NCI results for these wards for December 2011 continue to show an overall improvement.

3. National nutrition and hydration patient safety week

The week of the 23rd January is national nutrition and hydration week. The Quality & Safety Team in collaboration with the Dietetic Department have planned a series of events to raise awareness and improve the nutritional status of patients. These activities include:

- A series of webex presentations by Patient Safety First
- A tool for ward nurses to check compliance with nutritional assessments and fluid charts
- An assessment of nursing staff knowledge of key factors for hydration
- The roll out of a new care plan for patients at risk of poor nutrition
- A trial of 'red jugs' across the elderly wards to raise staff awareness of patients at risk of dehydration
- Improvement in the number of hot drinks rounds on a medical ward
- Poster displays in the main hospital entrance with an invite for visitors and patients to give us ideas on how we might make improvements
- A campaign for volunteers to assist patients at mealtimes and
- A leadership walk round during this week with a particular focus on patient experience.

4. Patient experience

4.1 Complaints

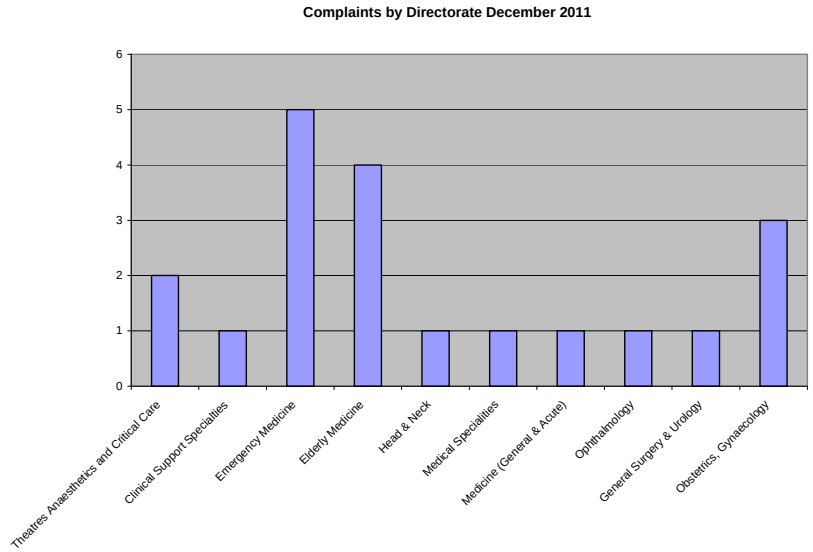
The top three complaint issues recorded via DATIX are:

1. Aspects of clinical care
2. Appointment Delay/Cancellation (Outpatient)
3. Staff attitude.

Complaint issues this month:
56% of complaints were returned late to the PET office

Complaint themes this month:
35% complaints are about staff attitude (7 complaints in total)

Complaints by directorate:



The example of distribution of complaints is taken from the Datix system. It shows the primary ward only where more than one directorate may be affected.

4.2 PALS

227 contacts in December.

PALS issues this month:
Requests for information 35%
Clinical care 14%
OPD appt (Delay/cancellation) 7%
Communication Issues 7%
PALS staff successfully dealt with at least 8 issues that potentially may have become complaints

Marked improvement in problems reported by patients contacting audiology as illustrated by reduction in enquiries:
September: 89 October: 17 November: 12 Dec: 3
Service manager using PALS reports to monitor improvements.

4.3 Patient & Public Involvement (PPI) activity

National survey update
Feedback session from The Picker Institute on 12th January 2012. CQC will publish the results February 2012. The findings are currently under embargo.

Survey device activity update
Dr Henry Paw is carrying out a survey on relatives experience of critical care. The study has been carried out over three months and concludes at the end of December 2011.

York LINk update
Intermediate Care: Part of LINks annual workplan is to review services for older people and following their recent enter and view visits to our elderly wards, LINks are now liaising with the PPI Specialist to visit Archways, St Helen's and Whitecross Court. LINks also plan to meet with the Hospital Discharge Team. It is expected that these visits will take place during February 2012.

Vale of York Clinical Commissioning Group (VoYCCG) has produced its draft Public and Patient Engagement strategy for comment. The strategy is a living document which will develop as VoYCCG develops and will be reviewed annually. The Trust must feedback any comments by 16th January 2012 to the VOYCCG strategy group so that feedback can be incorporated and discussed at the VOYCCG Public & Patient Congress on 7th February.

Operating Framework published December 2011:
Five key indicators within "ensuring that people have a positive experience of care:

1. Patient Experience of hospital care
2. Referral to treatment and diagnostic waits
3. A&E
4. Cancer – 2 week waits
5. Eliminating mixed sex accommodation breaches

5. Care Quality Commission (CQC)

The CQC made a return visit in January to Whitecross Court and assessed standards 8 & 9

(medication and infection control). Verbal feedback was that there was evidence of great improvement and that the CQC found the Unit to be compliant in those areas. We expect the CQC to return to inspect other wards / departments by the end of January.

6. Commissioning for Quality & Innovation (CQUIN) Payment Framework

Improvement trajectories for acute and community CQUIN have now been agreed for Q4 attainment.
Work has started with our commissioners to develop the CQUIN suite of indicators for 2012 / 13.

7. Quality Account

The Board of Directors will be asked to approve the 2 metrics chosen to be assessed by our external auditors, these are MRSA and 62 day cancer targets. A further metric is to be chosen by our Governors for external audit assessment.
Work has begun to develop our Quality Account for next year.

8. Recommendation

The Council of Governors is asked to discuss and note the report and is encouraged to discuss areas of specific interest.

Author	**Michelle Carrington, Assistant Chief Nurse**
Owner	**Elizabeth McManus, Chief Nurse**
Date	**January 2012**

BriefCASE Clinical Audit of Service Effectiveness Brief Report
York Teaching Hospital NHS
NHS Foundation Trust

York Pressure Ulcer Prevalence Audit - Project No. 1768

Introduction -The audit was performed for the purpose of annual prevalence data collection but also to act as a baseline prior to the introduction of the KCI Atmosair 9000 mattress.
This audit was seen as an important precursor to the introduction of new equipment and upcoming work by the Tissue Viability Team to actively promote new policy and guidance for pressure ulcer prevention and management.

Aim and Objectives - To collect Pressure Ulcer Prevalence data for York Hospitals NHS Foundation Trust

- Discover the prevalence of pressure ulcers in different clinical areas
- Understand the number of pressure ulcers by stage
- Understand patient demographics of those with pressure ulcers
- Identify pressure ulcer percentage by location
- Understand the placement of patients on equipment
- Compare this years audit results with previous results
- Formulate a robust action plan from the outcomes for improving practice

Standards Best practice for pressure ulcer prevention and management is measured against NICE (National Institute for Health and Clinical Excellence) guidance 'The prevention and treatment of pressure ulcers', clinical guideline 29 (2005).

Method

- Data was collected via a simple form.
- Questions asked regarding mattress and cushion use, patient weight, pressure ulcer formation risk factors, presence of pressure ulcer- grade and location.
- A resource pack was issued to assist staff in completing the audit form and to standardise pressure ulcer assessment. Terminologies were explained and staff available to support.
- This was a quantitative data collection form only and did not allow for qualitative data collection.
- Staff asked to complete the form at midnight.
- Data was analysed by KCI and results fed back to the Tissue Viability Team.

Summary of Findings

Results.

Prevalence	2008	2009	2010	2011
Patients Assessed	598	599	565	569
Pressure ulcers recorded	94	32	41	29
Prevalence	11%	5%	7%	5%
Approx. hospital acquired	8%	3%	4%	2%
Admitted with pressure ulcer	3%	2%	3%	3%

Incidence Results	2010	2011
Grade 1	0.6 %	0.7 %
Grade 2	0.9 %	1.2 %
Grade 3	nil	nil
Grade 4	nil	nil
Unstageable	nil	nil

Overall prevalence by grade	2010	2011
Grade 1	4.9% ↑	0.36%↓
Grade 2	3.3% ↑	0.92%↓
Grade 3	0.7% ↓	0.10%↓
Grade 4	0.1% ↓	0.10%↓
Unstageable	0.1% ↓	

The sacrum was found to be the most predominant area of pressure ulcer damage as in last years audit.

Incidence data identified common locations for development of pressure ulcers were found to be sacrum, heels and buttocks; all these were grade 1 and 2 pressure ulcers. There were no grade 3 and 4.

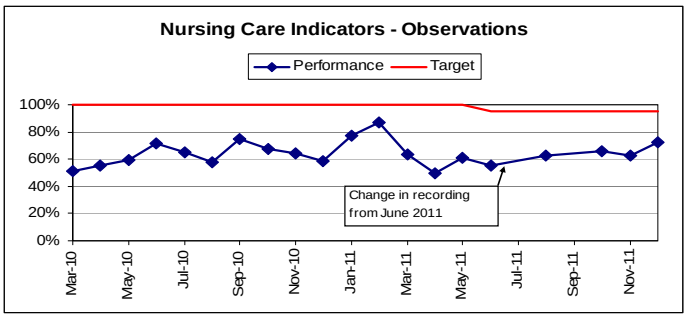
It has been calculated that based on prevalence data from 2010 the Trust spent approximately £4,526,695 on pressure ulcer associated costs. It has been calculated for 2011 the cost is approximately; £3,103 221

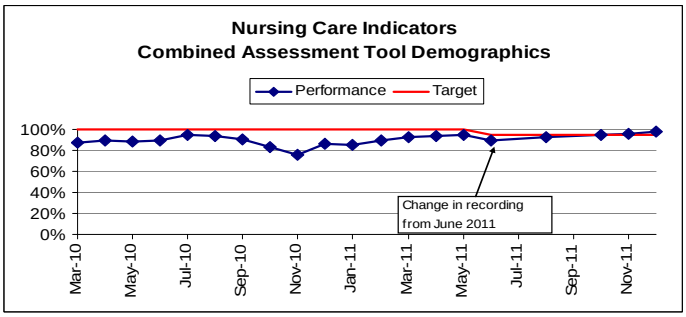
A saving over the past year of £1,423 474

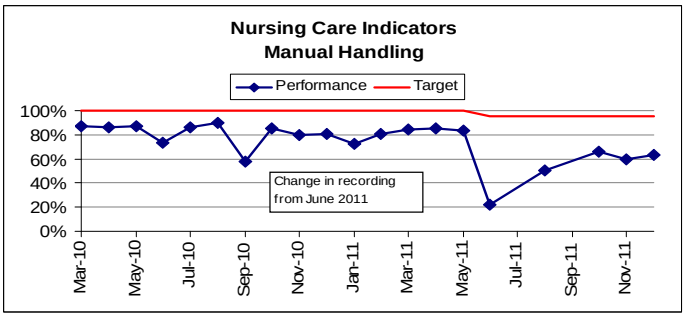
Actions Planned	Responsibility	Timescale
Education Trust wide- focus on key areas highlighted in audit, continue with stat mand training.	Tissue Viability Team	Oct 2012
Collaborative approach to care to continue.	Tissue Viability Team	Oct 2012
Implement electronic root cause analysis tool.	Tissue Viability Team	Oct 2011
Implement electronic Waterlow tool.	Quality & Safety team/ IT dept	Trial Dec 2011
Trial paediatric risk assessment tool	Sarah Fiori/ Nicola Lockwood	Jan 2012
Sustain and increase where possible staff commitment to initial skin assessments and wound care plans	Tissue Viability Team	Ongoing

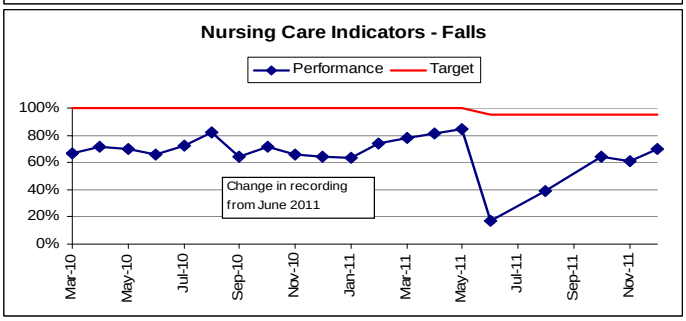
Directorate; Quality& Safety **Person completing project: Sarah Fiori**
Month & Year: Dec 2011 **Supervisor: Michelle Carrington**

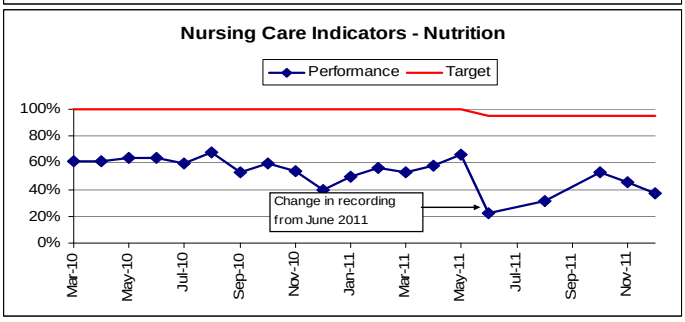
NCI results:

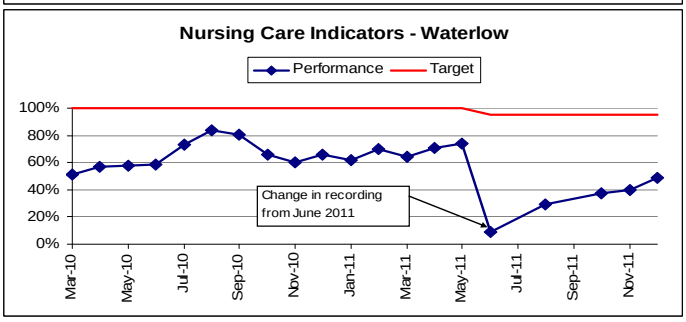

Nursing Care Indicators - Observations
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11

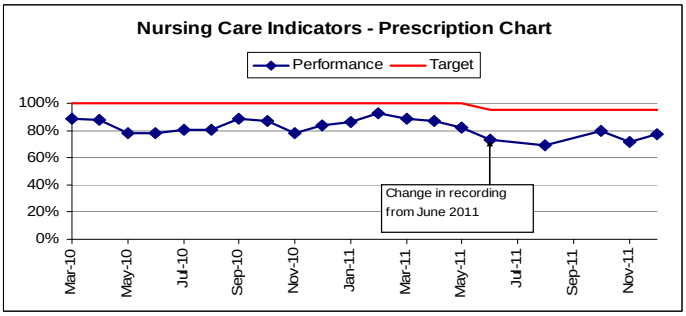

Nursing Care Indicators
Combined Assessment Tool Demographics
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11

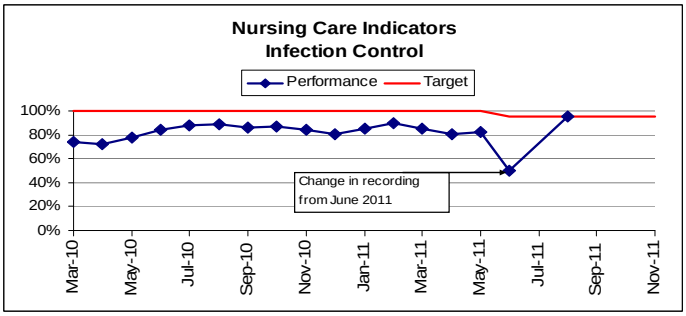

Nursing Care Indicators
Manual Handling
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11

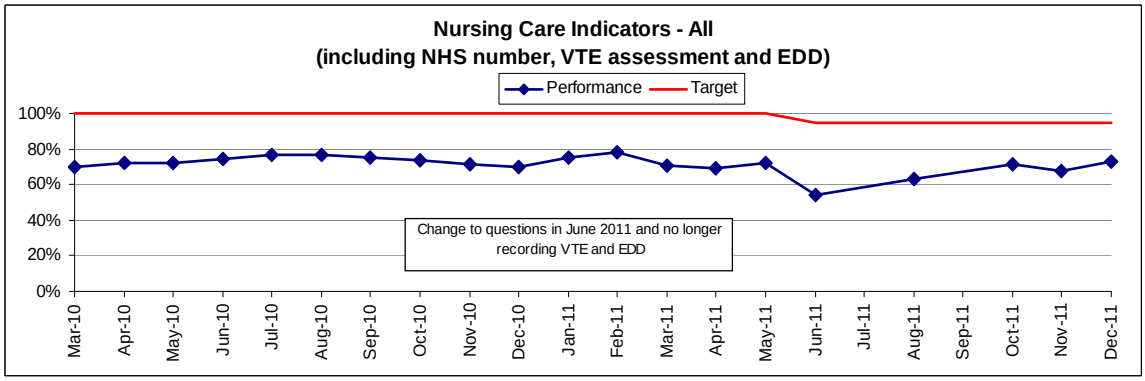

Nursing Care Indicators - Falls
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11

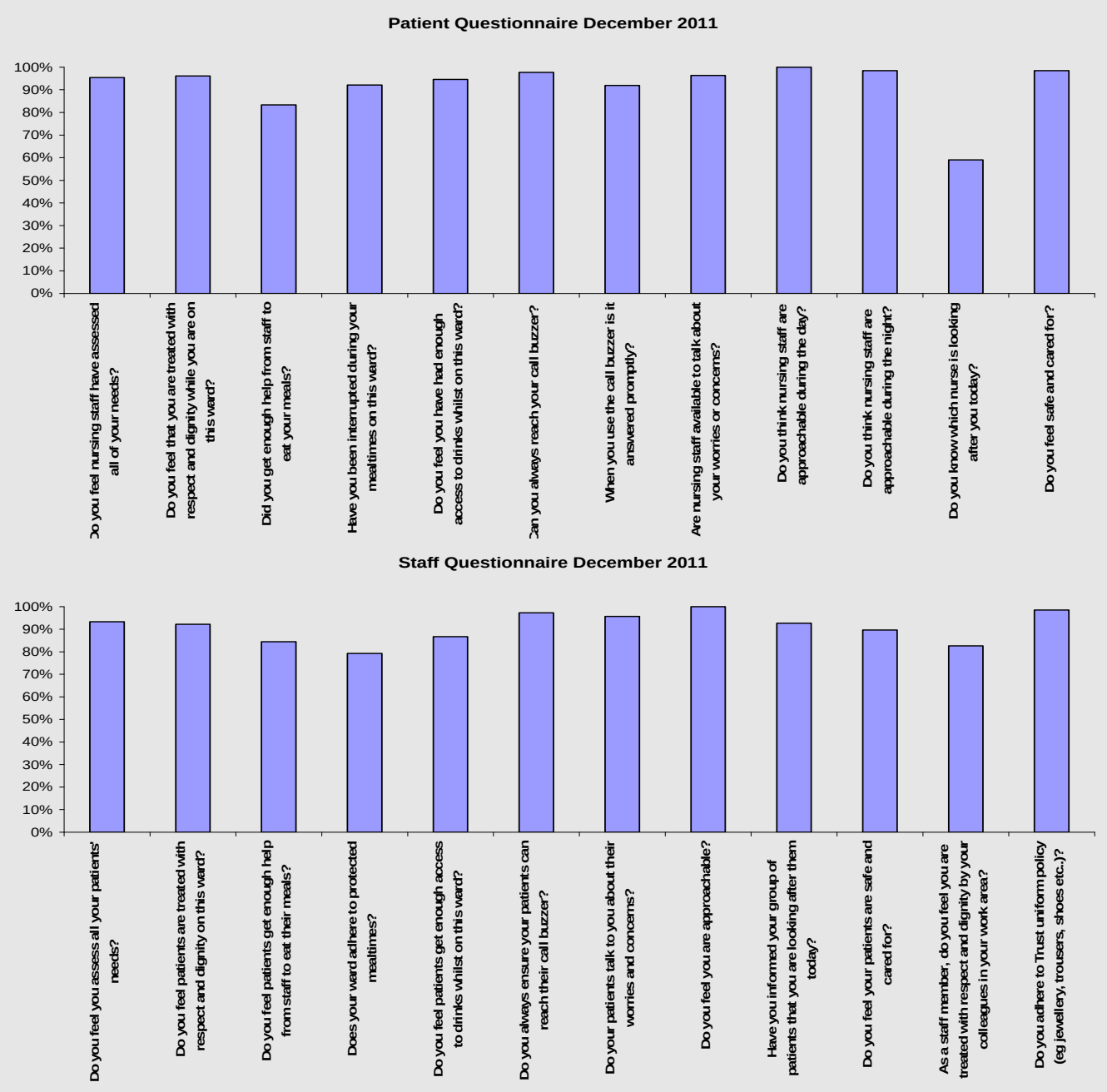

Nursing Care Indicators - Nutrition
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11

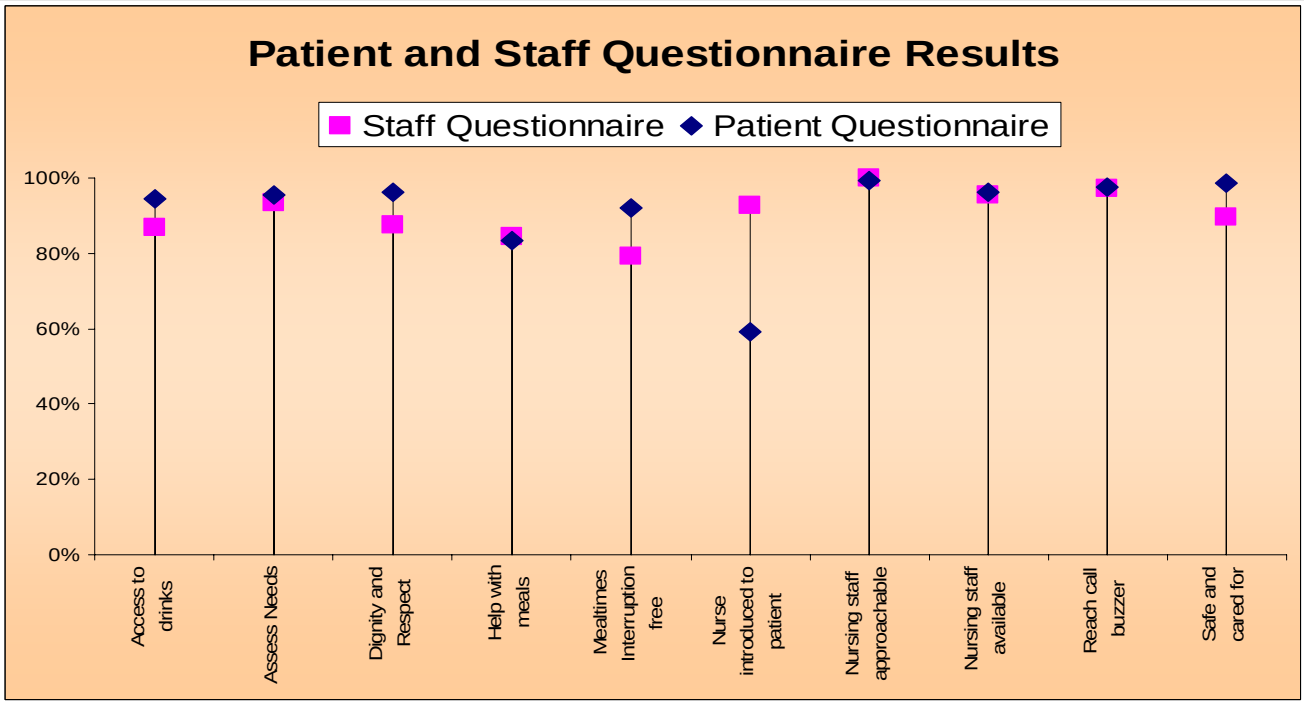

Nursing Care Indicators - Waterlow
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11


Nursing Care Indicators - Prescription Chart
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11


Nursing Care Indicators
Infection Control
Performance
Target
100%
80%
60%
40%
20%
0%
Change in recording from June 2011
Mar-10
May-10
Jul-10
Sep-10
Nov-10
Jan-11
Mar-11
May-11
Jul-11
Sep-11
Nov-11


Nursing Care Indicators - All
(including NHS number, VTE assessment and EDD)
Performance
Target
100%
80%
60%
40%
20%
0%
Change to questions in June 2011 and no longer recording VTE and EDD
Mar-10
Apr-10
May-10
Jun-10
Jul-10
Aug-10
Sep-10
Oct-10
Nov-10
Dec-10
Jan-11
Feb-11
Mar-11
Apr-11
May-11
Jun-11
Jul-11
Aug-11
Sep-11
Oct-11
Nov-11
Dec-11


Patient Questionnaire December 2011
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Do you feel nursing staff have assessed all of your needs?
Do you feel that you are treated with respect and dignity while you are on this ward?
Did you get enough help from staff to eat your meals?
Have you been interrupted during your mealtimes on this ward?
Do you feel you have had enough access to drinks whilst on this ward?
Can you always reach your call buzzer?
When you use the call buzzer is it answered promptly?
Are nursing staff available to talk about your worries or concerns?
Do you think nursing staff are approachable during the day?
Do you think nursing staff are approachable during the night?
Do you know which nurse is looking after you today?
Do you feel safe and cared for?
Staff Questionnaire December 2011
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Do you feel you assess all your patients' needs?
Do you feel patients are treated with respect and dignity on this ward?
Do you feel patients get enough help from staff to eat their meals?
Does your ward adhere to protected mealtimes?
Do you feel patients get enough access to drinks whilst on this ward?
Do you always ensure your patients can reach their call buzzer?
Do your patients talk to you about their worries and concerns?
Do you feel you are approachable?
Have you informed your group of patients that you are looking after them today?
Do you feel your patients are safe and cared for?
As a staff member, do you feel you are treated with respect and dignity by your colleagues in your work area?
Do you adhere to Trust uniform policy (eg jewellery, trousers, shoes etc..)?


Patient and Staff Questionnaire Results
Staff Questionnaire
Patient Questionnaire
100%
80%
60%
40%
20%
0%
Access to drinks
Assess Needs
Dignity and Respect
Help with meals
Mealtimes Interruption free
Nurse introduced to patient
Nursing staff approachable
Nursing staff available
Reach call buzzer
Safe and cared for

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Quality & Safety at York Hospital 2011 – A Challenging Year?

Action requested/recommendation

The Council of Governors is asked to note the report.

Summary

Patient safety is the single highest priority within our hospital and the Board lead for delivering this shared between Chief Nurse and Medical Director. International and national evidence suggests that up to 1 in 10 patients may suffer some form of harm event throughout hospitals and these range from the minor to the much more serious (such as traumatic falls, pressure ulcers, surgical complications) to death due to avoidable mortality. Harm events may be catastrophic for patients and their families but also have significant implications on the practitioners involved and reputationally and medico legally on the Trust. York Hospital has enjoyed a high reputation in respect of its patient safety profile and has a history of early involvement in projects to improve patient safety. However in the past 12 months a number of external influences have raise questions around this. Despite these it is the belief of the Chief Nurse and Medical Director and of the Board that York is a safe hospital with a strong patient safety culture.

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 are no references to CQC outcomes.

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

Risk	No risk.
Resource implications	There are no resource implications.
Owner	Alastair Turnbull, Medical Director Elizabeth McManus, Chief Nurse
Author	Alastair Turnbull, Medical Director Elizabeth McManus, Chief Nurse
Date of paper	February 2012
Version number	Version 1

Council of Governors – 22 February 2012

Quality & Safety at York Hospital 2011 – A Challenging Year?

1. Concerns

In December 2010, as a result of a judgement error by a single clinician a patient was discharged prematurely, probably contributing to their death. This sad event was swiftly investigated, the route cause identified and the bereaved family were an integral part of the extensive investigation process involving independent external reports. Despite this the case has continued to attract adverse external publicity, recently from the Patient's Association but in a manner that is not always informed. Significant learning has arisen for the individual clinician.

2. Mortality Indicators

Mortality indicators are complex statistical ratios, widely used by the Government and others as a marker of a hospital's death rate. A "standard performing hospital" will have a mortality ratio of 100. The ratio is derived from the number of observed deaths divided by the number of expected deaths and several such figures exist – for example HSMR, SHMI (Summary Hospital Mortality Indicator), RAMI and Crude Mortality Rate. Use and calculation of these rations is complex and contentious. They are affected by a hospitals mortality rate but also by other factors – for example the percentage of patients who die in Hospital as opposed to at home, the population, demography, different pathways of care used in different regions, the impact of patients admitted for palliative care (in which dying in hospital is an acceptable outcome) and perhaps above all the quality of data submitted by hospitals. Altering data quality and in particular the depth of coding has a significant impact on mortality indicators.

In March 2011 we became aware that one such indicator (HSMR) had risen to unacceptable levels. This Trust sets itself high ambitions in respect of quality & safety and anticipated an HSMR of around 90 but our figure was 111. On close examination it became evident that we were under users of a code for patients admitted for palliative care, that we over coded signs and symptoms rather than true diagnoses and that we were failing to code the many co-morbidities with which our patients are admitted. Steps have been put in place to begin to rectify this. We were also aware that this raised concerns around quality of care, although other markers of the latter (such as our crude mortality rate) continue to fall year on year. Unfortunately, as a result of a computing error the activity data of our local Hospice, was inadvertently attributed to the Trust. This resulted in a high death rate particularly amongst electively admitted patients. Despite our efforts to have these data expunged this could not be achieved and as a result our second mortality indicator (SHMI) was also high – but spuriously so.

We have worked closely with our data handlers, with our coding department and with clinicians and we know that our HSMR has substantially fallen, subsequently. We are mindful that under some circumstances these mortality indicators are useful particularly for year on year comparisons within hospitals. A significant body of work has been undertaken to look further at the quality of care we offer and to make steps to improve this.

For two years the Chief Nurse, Medical Director and others have examined weekly all deaths occurring within the Trust, they have instituted within Directorates a regular programme of

mortality review using a standardised pro-forma and have initiated projects around better management of the acutely deteriorating patient. This work continues and it is acknowledged that we need to continue throughout the Trust to work with groups of clinicians and others to reduce variability and practice and to make our hospital a safer place in which to be cared for. We are working with a number of external bodies who are exemplars of good practice and have been invited to join NHS Quest, a small group of high performing Trusts with a focus on patient safety. We are undertaking a review of case notes where the immediate cause of death has been uncertain and are also working with external professional bodies to seek examples of good practice. The Board of Directors is regularly appraised of this.

Data arising from external inspections and mortality indicators are generally historic and much if not all of the above work had begun prior to publication of the most recent results. Charles Vincent, Professor of Clinical Safety Research at Imperial College has commented "At the moment I would personally be cautious about comparing organisations (using mortality indicators) because of uncertainty about coding and appropriate denominators. The information nevertheless potentially is useful for any organisation seeking to prove safety over time". Sir Bruce Keogh, Medical Director of the NHS, has advocated use of other markers of quality when assessing a hospitals performance and in particular suggests examining health care associated infection rates. In respect of the latter and in respect of the incidence of decubitus ulcers, York performs extremely well.

3. Dr Foster Report

This useful Document, published annually towards the end of the year, compares hospitals performance and examines a number of specific areas. In this year's report York was highlighted as having two high mortality indicators (see above) but performed well in one other respect (introducing effective new procedures). Our site specific data show that mortality for elective admissions, for surgical admissions, for acute medical admissions and for patients admitted at weekends all lie within expected range. Our performance in respect of the particular areas examined such as orthopaedic care likewise was indicative of a good performance. However we are not complacent and performing averagely is not good enough for York and we seek to improve on these figures. We work closely with Dr Foster and they have provided assurance that the spuriously attributed data for the Hospice will be removed. Two years ago York lay within the top 20 performing organisations when Dr Foster published league tables and we are aware of the importance of maintaining this reputation. This years report featured heavily on excess mortality occurring at weekends. This is a long recognised effect and applies throughout the world. It is probably due to a combination of less reliable access to senior clinicians and investigations out of hours but also to different case mix of patients at weekends. Throughout the Trust we are moving towards improving services to make the organisation a 24-7 Hospital that offers safe care consistently.

On receipt of the report we worked with a number of external organisations but also with the media including the national media (BBC).

4. CQC

The CQC undertakes annual inspections and visited in early July. They had previously visited the Trust earlier in the year and indicated a high performance in specific areas. When their report was published in October they raised concerns in relation to 5 out of 29 domains. Those which are of significance related to poor documentation (rather than poor practice) of DNACPR decisions, concerns were raised in respect of management of controlled drugs, in some areas of nursing documentation and in cleanliness in some areas. Action Plans have

long been in place in respect of these important concerns and most particularly in relating to improving documentation of DNACPR decisions. A regional DNACPR form is now available and used which allows these decisions to travel with patients, a new policy has been introduced in the Trust in alignment with good practice nationally and educational sessions provided for nursing and medical staff. We anticipate another visit from the CQC to the Trust early in the New Year.

5. Media Handling

These events have attracted substantial and often critical attention from the media both local and nationally. The Chief Nurse and Medical Director have worked with both and careful attention has been given to presentation on the radio, on television and preparation of press releases. It needs to be appreciated that in respect of the media there is "an uneven playing field". We are bound by rules of confidentiality not to make comment on individual cases and respect this completely. We seek to assure the media that we take these concerns very seriously and that action plans are in place to address them but equally to present a balanced picture. For example, the CQC have made it clear to us that we are not an organisation about which they are particularly worried although their report does not make this clear, focussing rather on areas for improvement.

6. Summary

1. Provision of health care involves risk. This is quantifiable and is under- reported. We, along with partner organisations are working consistently and single-mindedly to reduce risk and harm within our organisation.

2. Governors are urged to examine several areas of their hospitals performance in respect of assessing its quality and safety, to examine our mortality indicators but to use the latter data in combination with other information.

3. Improving safety and quality is paramount to us. Our most recent survey indicated that patients and staff who have been treated in our organisation would recommend their care to others. We are sure that our mortality indicators (measured by various means) continue to improve and that action plans are in place for managing concerns raised by the CQC.

7. Recommendation

The Council of Governors are asked to note the report.

Author	**Alastair Turnbull, Medical Director** **Elizabeth McManus, Chief Nurse**
Owner	**Alastair Turnbull, Medical Director** **Elizabeth McManus, Chief Nurse**
Date	**February 2012**

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Finance Report

Action requested/recommendation

The Council of Governors is asked to note the contents of the report.

Summary

This report details the financial position.

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

None directly identified.

Reference to CQC outcomes

No reference to CQC outcomes.

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 2012

Version number	Version 1

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2011 to 31 December 2011

High Level Overview

Net I&E surplus of £1.40m, is ahead of plan.

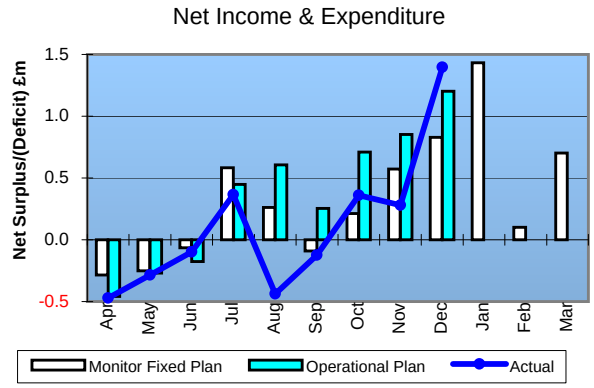
CIPs achieved to date total £12.2m, The CIP position is currently running £0.7m behind plan.

Income for NYY and other PCTs is estimated to be ahead of plan.

Cash at £8.5m is higher than plan.

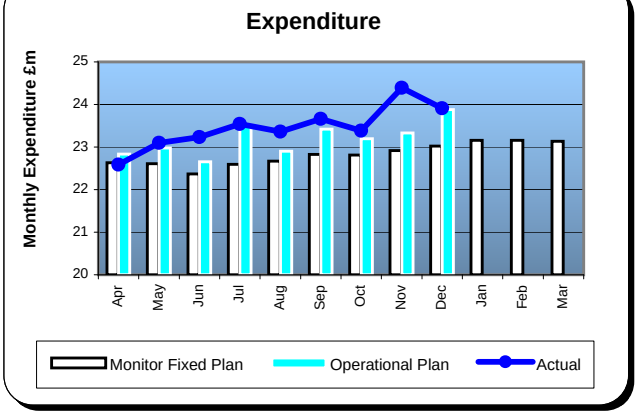
Capital programme is slightly behind plan.

Provisional Monitor Financial Risk Rating is 3, which is on plan.



The actual net I&E surplus is £1.40m for the period, compared to a planned surplus of £1.20m.

Key variances against Operational Budget: Clinical Income +£2.50m, Other income +£0.08m, Expenditure +£2.49m



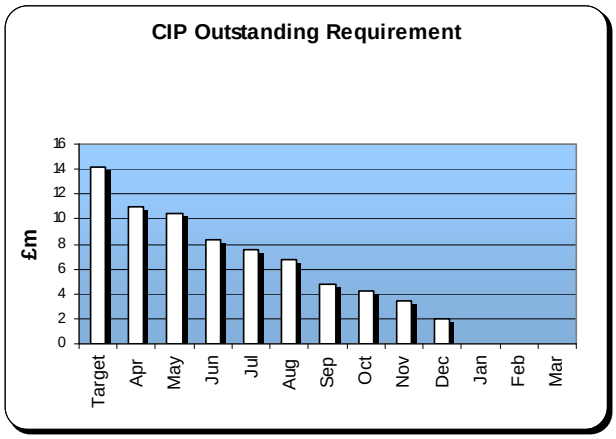
At the end of December there is an adverse variance against operational expenditure budgets of £2.489m. This comprises:-

- Operational pay being £0.541m overspent.

- Drugs £0.176m underspent, mainly due to overspending on high cost excluded drugs more offset by underspending on Lucentis and HIV drugs.

- Clinical supplies £1.052m overspent with continence products in the community and hire of the MRI mobile unit key overspends.

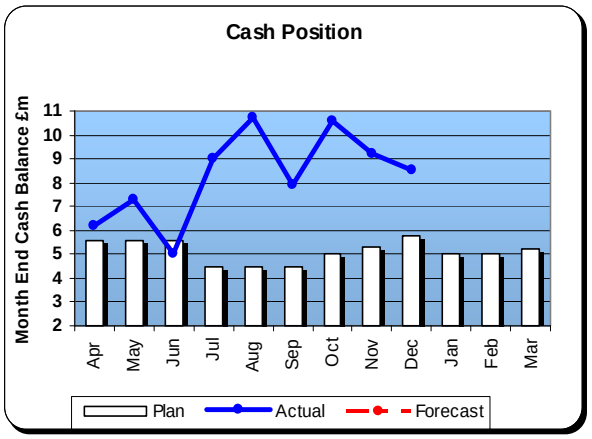
- CIPs are £0.679m behind plan, and there are £0.393m other overspending including planned slippage.



The full year efficiency requirement is £14.2m. With £12.2m cleared at December the outstanding requirement is £2.0m.

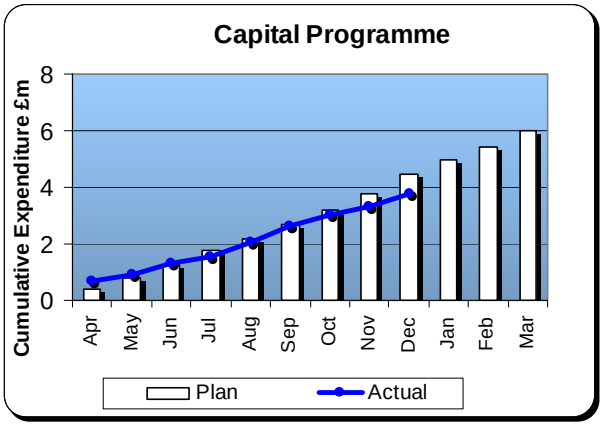
Further plans identified of £1.7m (varying risk), with a residual risk of £0.3m.

YORK TEACHING HOSPITAL NHS FOUNDATION TRUST
Financial Report for the Period 1 April 2011 to 31 December 2011



The cash balance at the end of December totalled £8.5m, and is £2.7m higher than plan due to income received in advance of spend.

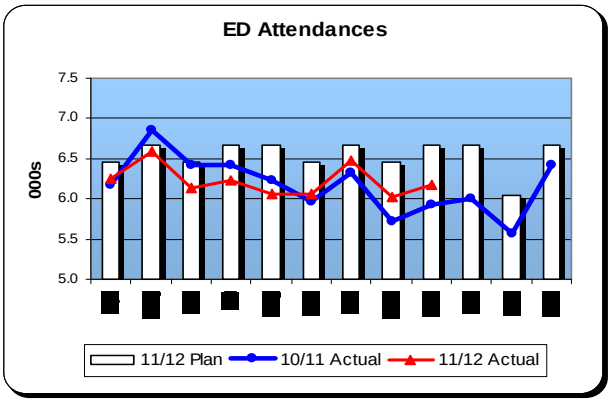
Monitor Liquidity Ratio					
Risk Rating	5	4	3	2	1
Days Cover	60	25	15	10	<10
Trust Actual Days		28			



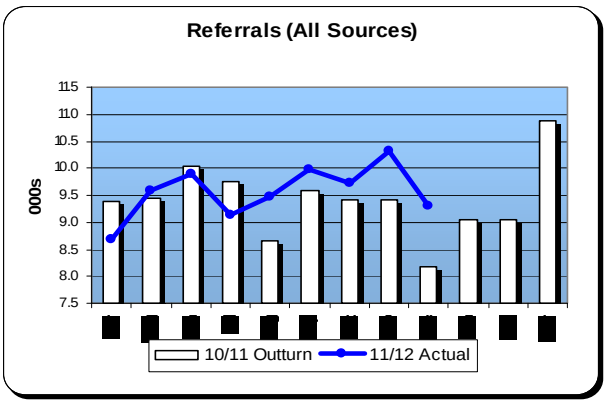
Capital expenditure at the end of December totalled £3.78m and is slightly behind plan.

Q1 main schemes underway: car park road works, ward roofing, dry risers, estates compliance issues.

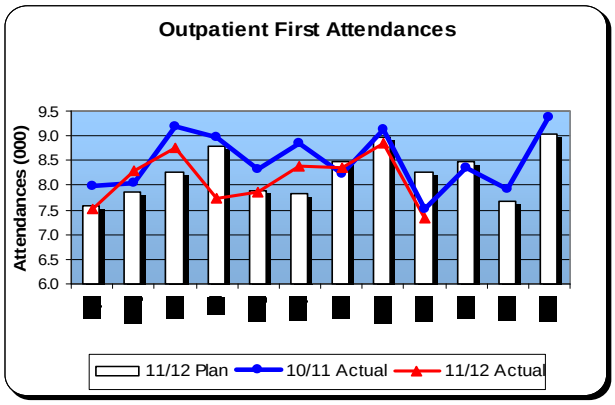
Q2 starting schemes: MRI, pharmacy robot, maternity ventilation, endoscopy environment, linen storage, automated switchboard, lift replacement, radiology reporting and pathology cut up.



Annual Plan (Attendances) 78,471
Variance at end December: -3,124 attendances (-5.3%)



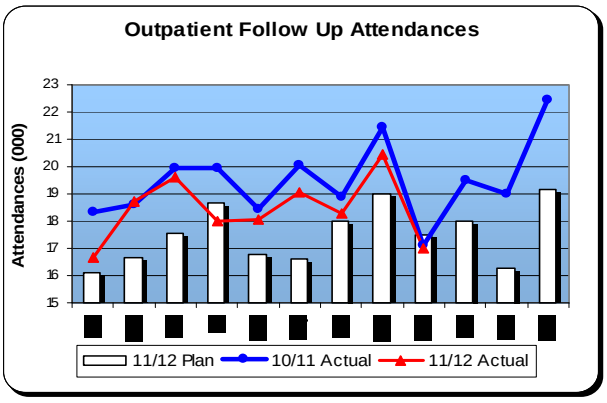
Annual plan 112,876 referrals (based on 2010/11 outturn)
Variance at end of December: +2,183 referrals (+2.2%)



Annual Plan (Attendances) 99,141

Variance at end of December: (Attendances) -824 (-1.1%).
T&O (+28%), Haematology (+9%), GUM (+8%), Urology (+10%) ahead of plan.

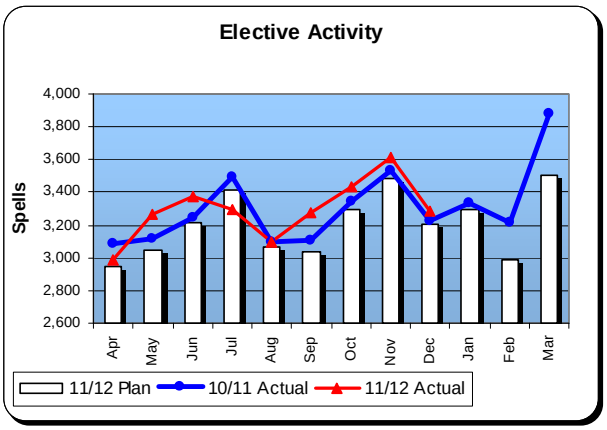
Opthalmology (-11%), Obsterics (-67%), Gynaecology (-14%) behind plan.



Annual Plan (Attendances) 210,336

Variance at end of December: +9,096 attendances (+6.8%)
T&O (+44%), Rheumatology (+9%), Dermatology (+28%), GUM (+10%), Oncology (+23%), ENT (+15%), General Medicine (+2%), Orthodontics (+70%) ahead of plan.

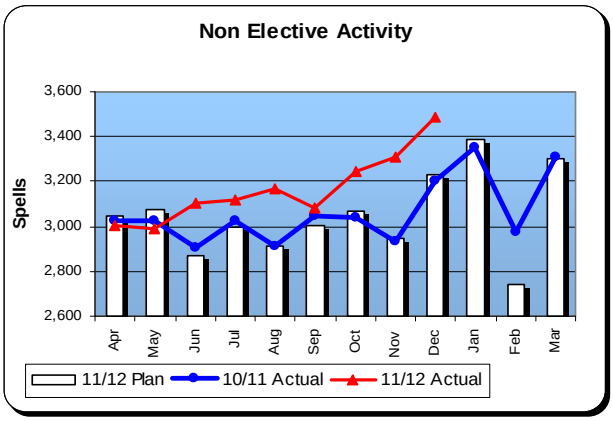
Opthalmology (-4%), Obsterics (-28%) behind plan.



Annual Plan (Spells) 38,476
Variance at end of December: +949 spells (+3.3%): inpatient -735; daycase +1638

General Surgery (+5%), Urology (+6%), Haematology (+26%), Oncology (+113%), MaxFax (+12%), Rheumatology (+9%), Anaesthetics (11%) ahead of plan

Ophthalmology (-14%), Gynaecology (-21%), ENT (-20%) behind plan



Annual Plan (Spells) 36,581
Variance at end of December: +1361 spells (5.0%)

General Medicine (+11%), Elderly Medicine (+4%), Trauma and Orthopaedics (+26%),ENT (+36%), Urology (+26%) MaxFax (59%) ahead of plan

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Performance Report

Action requested/recommendation

The Council of Governors is asked to note the report.

Summary

The attached report shows the Q2 &3 2011/12 performance submissions to Monitor. All indicators were met by the Trust in both quarters.

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

No implications for equality and diversity.

Reference to CQC outcomes

No reference to CQC outcomes.

Progress of report	This report is only produced for the Council of Governors.
Risk	No risk.
Resource implications	No resource implications.
Owner	Gordon Cooney, Director of Performance
Author	Lucy Turner, Deputy Director of Performance
Date of paper	February 2012
Version number	Version 1

Quarterly Dashboard

Safety

Metric	Target	Status	Sparkline	2011-Q2	2011-Q3
CDIFF >72hrs (YTD) (M)	52	Green		17	24
MRSA Bacteraemia >48hrs (YTD) (M)	2	Green		1	1
MSSA >48hrs (YTD)				7	13
E-Coli >48hrs (YTD)				26	46

Quality

Metric	Target	Status	Sparkline	2011-Q2	2011-Q3
Cancer: 14 Day Fast Track (M)	93%	Green		93%	95.5%
Cancer: 14 Day Breast Symptomatic (M)	93%	Green		94.7%	95.7%
Cancer: 31 Day 1st Treatment (M)	96%	Green		98.2%	98.7%
Cancer: 31 Day Subsequent Treatment - Surgery (M)	94%	Green		98.7%	94.1%
Cancer: 31 Day Subsequent Treatment - Anti Cancer Drug (M)	98%	Green		100%	99.5%
Cancer: 62 Day Cancer (M)	85%	Green		88.1%	87.1%
Cancer: 62 Day Cancer - Screening (M)	90%	Green		95.7%	96%
Percentage of Patients spending less than 4 hours in the Emergency Department - All Types (M)	95%	Green		98.19%	96.74%

Patient Experience

Metric	Target	Status	Sparkline	2011-Q2	2011-Q3
18 Week Admitted - 95th Percentile Treatment Time (Weks) (M)	23	Green		21	22
18 Week Non-Admitted - 95th Percentile Treatment Time (Weks) (M)	18.3	Green		14	15

York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Human Resources Strategy Performance Report – Overview

Action requested/recommendation

The Council of Governors are asked to note the report.

Summary

An overview of key workforce metrics are reported to the Board of Directors on a quarterly basis. This is supplemented by a more detailed report presented to the Executive Board, as well as directorate workforce reports that assess in more detail the workforce indicators for each area and are then discussed at workforce performance improvement meetings.

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 are no references to CQC outcomes.

Progress of report	Board of Directors 29 February 2012
Risk	No risk
Resource implications	Resources implication detailed in the report
Owner	Peta Hayward, Director of Human Resources
Author	Sian Longhorne, Workforce Information Manager
Date of paper	February 2012

Version number	Version 1

Council of Governors Meeting – 22 February 2012

Human Resources Strategy Performance Report – Overview

1. Introduction and background

An overview of key workforce metrics are reported to the Board of Directors on a quarterly basis. This is supplemented by a more detailed report presented to the Executive Board, as well as directorate workforce reports that assess in more detail the workforce indicators for each area and are then discussed at workforce performance improvement meetings.

2. Quarterly Report

Sickness absence: We have had a focussed project set up to focus on employee health and wellbeing and reduce sickness absence, which has resulted in the sustained improvements shown on the graph. We see seasonal variations with sickness, and therefore a comparison with the same quarter in the previous year is a better indicator than the previous quarter. Sickness statistics for staff within Community Services are currently monitored and managed separately due to issues impacting absence calculations resulting from having limited historical data for those groups. However, the data for those services will, in time, be incorporated with overall Trust data.

Temporary workforce spend: We would always aim to have some temporary workforce utilisation as a way of most effectively dealing with short term demands. NHS Professionals are our provider of bank staff for nursing and midwifery, and we would look to make use of bank staff before going out to an agency. We would generally aim to keep agency spend to a minimum. Over the winter period temporary workforce spend tends to be higher, so it is pleasing that agency spend this quarter has reduced by almost 45% compared to the same period last year. We have worked to develop an internal medical locum bank as this is better both financially and in general for quality of care, and minimising our external medical locum usage would be our aim.

3. Recommendation

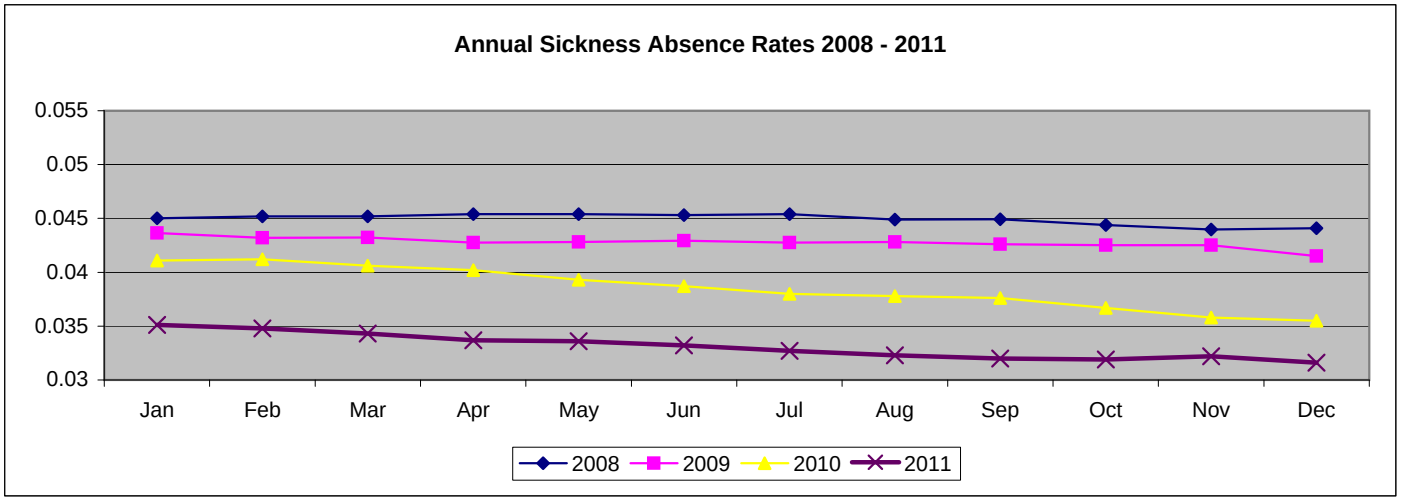
The Council of Governors are asked to note the report.

Author	**Peta Hayward, Director of Human Resources**
Owner	**Sian Longhorne, Workforce Information Manager**
Date	**February 2012**

York Hospitals NHS Foundation Trust
Human Resources Strategy Performance Report
Key Indicators Trust Summary
Covering Period 10/11 - 12/11

Key Indicator	This Quarter (12/11)			Last Quarter (09/11)			Last Year (12/10)			Regional Average	Up/down/no significant change	Status R/A/G
	Quarter average	Annual	LTS	Quarter average	Annual	LTS	Quarter average	Annual	LTS			
Sickness	3.40%	3.07% (See graph below for trends)	29	2.94%	3.19%	29	3.56%	3.55%	42	4.29% (Regional quarterly average at Sept 11 for Acute Trusts in Yorkshire & Humber SHA - most recent figures available). Trust quarterly average at Sept 11 was 2.95% and was ranked first of all acute Trusts in the SHA region.	Annual figure down	
Comments: Sickness absence rates continue to show improvements and are better than the targets set by the managing attendance project group. (***Figures do not incude community services.)***												
Active Vacancies (FTE) Defined as vacancies approved by VC group	Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		Vacancies (average over quarter)	Vacancy rate (No. of vacancies/staff in post+number of vacancies)		The NHS Information Centre no longer publishes these figures	No significant change	
	78.33	1.60%		68.21	1.66%		47.69	1.26%				
Vacancies within budgeted establishment	Budgeted establishment	Actual	Variance	Budgeted establishment	Actual	Variance	Budgeted establishment	Actual	Variance		No significant difference/Down in Community Services	
	4285.9 (927.34)	4087.84 (870.81)	-4.62% (6.10%)	4206.08 (945.38)	4016.43 (865.35)	-4.51% (-8.47%)	4171.67	3943.52	-5.47%	No regional figures available		
Comments:*Figures in brackets are community services*												
Maternity Leave	FTE on Maternity Leave at end of quarter		As % of staff in post	FTE on Maternity Leave at end of quarter		As % of staff in post	FTE on Maternity Leave at end of quarter		As % of staff in post			
	116.59		2.35%	99.31		2.46%	90.76		2.31%	No regional figures available	Down	
Comments: Figures now include Community												
Turnover (FTE)	9.47%			9.40%			11.45%			11.00%	No significant change	
Comments: Turnover rate has reduced again and is at the lowest annual rate for 4 years (figures exclude community)												
	Spend			Spend			Spend					
NHSP Spend	£557,859.00			£522,260.00			£476,271.00					
Bank spend exc. NHSP	£37,361.00			£33,513.00			£4,409.00					
Agency spend	£412,321.00			£282,396.00			£731,601.00					
Internal medical locum	£67,819.00			£224,554.00			Not available					
External medical locum	£17,815.00			£96,426.00			Not available					
Overtime Spend	£235,338.00			£203,945.00			£198,931.00					
Total temporary workforce spend	Total spend	% of paybill		Total spend	% of paybill		Total Agency & NHSP spend	% of paybill		No benchmarking figures currently available	Down	
	£1,328,513	2.77%		£1,363,094	2.89%		£1,207,872	3.06				
Comments: Temporary workforce spend now includes expenditure on medical locums												

LTS = staff on long term sickness absence classed as 29 days or more


Annual Sickness Absence Rates 2008 - 2011
0.055
0.05
0.045
0.04
0.035
0.03
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2008
2009
2010
2011

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York Teaching Hospital NHS
NHS Foundation Trust

Council of Governors – 22 February 2012

Council of Governors input to the 2011 Annual Report

Action requested/recommendation

To review and approve the draft input to the 2011 Annual Report

Summary

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 (replace this text if necessary).

Reference to CQC outcomes

There are no references to CQC outcomes (replace this text if necessary).

Progress of report	First submission
Risk	No risk (replace this text if necessary).
Resource implications	Resources implication detailed in the report (replace this text if necessary).
Owner	Alan Rose, Chairman of the Council of Governors
Author	Garth Pickersgill, Assistant Secretary
Date of paper	February 2012
Version number	Draft

Council of Governors – 22 February 2012

Council of Governors input to the 2011 Annual Report

1. Introduction and background

An initial draft was put together based on last year's annual report, and then reviewed and updated by the Chairman and Trust Secretary. The document is now presented to the Council for review and approval or recommendation for additional input as appropriate.

2. Main body of report (change this title so that it is relevant to your report)

See attached document.

3. Conclusion

The final input should clearly capture the details required by Monitor and be a true reflection of the Council's activities for the 2011-12 reporting period.

4. Recommendation

To review and approve the input or recommend additional input as appropriate.

Author	**Garth Pickersgill, Assistant Secretary**
Owner	**Alan Rose, Chairman of the Council of Governors**
Date	**February, 2012**

COUNCIL OF GOVERNORS

Every NHS Foundation Trust is required to have a body of elected and nominated governors. York Teaching Hospital NHS Foundation Trust has a Council of Governors, which is responsible for representing the interests of NHS Foundation Trust members, patients and carers, staff members and partner organisations in the local health economy.

As a public benefit corporation the Trust is accountable to the local people and staff who have registered for membership and to those elected to seats on the Council of Governors.

The Council of Governors' roles and responsibilities are outlined in law and detailed in the Trust's constitution. The following amendments were made to the constitution during the reporting year:

- There has been 1 amendment to the existing constitution which extended the period of notice for Governors from 2 years to 2 years and 6 months. This was necessary to ensure adequate governance during the transition period immediately following the planned acquisition of Scarborough and North East Yorkshire Healthcare Trust (SNEY). The change was approved by the Council of Governors at their December 2011 meeting and at the Board of Directors at their January 2012 meeting. Monitor approval was received on 7 February 2011.

- In preparation for the proposed acquisition, and in consideration of an enlarged organisation, the constitution was reviewed by a small project team of Governors and then by the whole Council of Governors. The change was approved by the Council of Governors at their 12th October 2011 meeting and at the Board of Directors at their 26th October 2011 meeting. The revised constitution will take effect from the date of the acquisition. The main amendments include:

  - A new Council of Governors membership structure
  - Changes to the definition for staff constituencies
  - Transitional arrangements relatlng to elections
  - Changes to the eligibility and disqualification of Governors
  - Some compliance issues have been addressed by the lawyers; most ensure that the practice adopted by the Trust is reflected properly in line with the legislation
  - A change to the number of governors required to form a quorum
  - Duplications within the document have been removed
  - A sense check on the relationship between the Standing Orders and the Constitution, to ensure common language and that they reflect each other

The Council of Governors' prime role is to represent the local community and other stakeholders in the stewardship of the Trust. It has a right to be consulted on the Trust's strategies and plans and any matter of significance affecting the Trust or the services it provides.

The Council of Governors is specifically responsible for the:

- Appointment and removal of the Chairman and other Non-executive Directors
- Approval of the appointment of the Chief Executive
- Appointment and removal of the External Auditors

The Council of Governors considers and receives:

- The Annual Accounts, Auditors' Report and Annual Report
- Views from the membership on matters of significance affecting the Trust or the services it provides

The governors elected and appointed to the Council act in the best interest of the NHS Foundation Trust and adhere to the values and code of conduct of the Trust.

The Council of Governors holds the Board of Directors to account for the performance of the Trust.

The Council of Governors has regularly received details of significant projects and strategies. Comments from the Council of Governors are included in any decision-making discussion held at the Board of Directors.

The Council of Governors works with the Board of Directors in an advisory capacity, bringing the views of staff and local people forward, and helping to shape the Trust's future. In addition to the formal responsibilities, its role includes:

- Representing the interests and views of local people
- Regularly feeding back information about the Trust, its visions and its performance to the communities they represent
- Attending meetings of the Council of Governors
- Receiving an annual report from the Board of Directors
- Monitoring performance against the Trust's service development strategy and other targets
- Advising the Board of Directors on its strategic plans
- Making sure the strategic direction of the Trust is consistent with its terms of authorisation as agreed by Monitor
- Being consulted on any changes to the Trust's constitution
- Agreeing the Chairman's and Non-executive Directors' remuneration
- Providing representatives to serve on specific groups and committees working in partnership with the Board of Directors
- Informing Monitor if the Trust is at risk of breaching its terms of authorisation, if the concerns cannot be resolved within the Trust

The Council of Governors at York Teaching Hospital NHS Foundation Trust currently has 30 governor seats in the constitution:

Public Governors	Seventeen elected seats (two vacant)
Staff Governors	Five elected seats
Partner Governors: Primary Care Trust (PCT) Local Authorities Local Universities Voluntary groups	Eight appointed: • Two seats (2 vacant) • Four seats • One seat (vacant) • One seat

Elections

The Trust has not held any elections during this reporting period.

The Trust has put in place plans to hold elections for the enlarged Trust in the coming reporting period post the acquisition date of 1st July 2012. The elections will aim to fill any outstanding vacancies and elect governors to the new constituencies being added by acquisition. The table below indicates the new Council of Governors constituencies post-acquisition, and the aim is to have this functioning in its new form from 1st October 2012:

Constituency	Seats
Public:	
York	5
Hambleton	1
Selby	2
Ryedale	3
Whitby	1
Scarborough	2
Bridlington	2
Sub-total of public governors	**16**
Staff:	
York	2
Scarborough	2
Community Services	2
Sub-total of staff governors	**5**
Appointed governors:	
City of York Council	1
North Yorkshire County Council	1
East Riding of Yorkshire Council	1
PCT/GP Commissioning Groups	2
Voluntary Services	1

University of York	1
Sub-total appointed governors	**7**
Total membership of Council of Governors	**28**

The Chairman of the Trust also acts as Chairman of the Council of Governors.

The Governors

Listed below are the Governors, either elected or appointed, currently serving on the Council of Governors:

Forename	Surname	Constituency	Initial Appointment Date	Date Appointed	Term of Office	End Of Term	Member of Sub-Committees
Joseph	Riches	Partner: City of York Council	2011	27.05.11	3 yrs	26.05.13	
Alexander	Fraser	Partner: City of York Council	2006	01.04.10	3 yrs	31.03.13	CMEG
Madeleine	Kirk	Partner: City of York Council	Not re-elected May 2011				
Caroline	Patmore	Partner: North Yorkshire County Council	2005	01.04.10	3 yrs	31.03.13	
John	Batt	Partner: North Yorkshire County Council	2010	01.11.10	3 yrs	31.11.13	
Catherine	Surtees	Partner: York CVS	2010	01.05.10	3 yrs	31.05.13	
Phil	Chapman	Patient/Carer	2010	01.04.10	2 yrs	31.03.12	Chair of PFG CMEG
Jenny	Moreton	Patient/Carer	2006	01.04.10	2 yrs	31.03.12	PFG
Geoffrey	Rennie	Patient/Carer	2006	01.04.10	2 yrs	31.03.12	PFG
Brian	Thompson	Patient/Carer	2006	01.04.10	3 yrs	31.03.13	NRC PFG

Forename	Surname	Constituency	Initial Appointment Date	Date Appointed	Term of Office	End Of Term	Member of Sub-Committees
Jane	Dalton	Public: Hambleton	2008	01.04.10	3 yrs	31.03.13	Chair of CMEG NRC PFG
Nevil	Parkinson	Public: Selby	2006	01.04.10	3 yrs	31.03.13	
Diane	Rhodes	Public: Selby	2010	01.07.10	3 yrs	31.03.13	
Robert	Thomas	Public: Selby	2009	01.04.10	2 yrs	31.03.12	
Paul	Baines	Public: York	2006	01.04.10	3 yrs	31.03.13	NRC
Helen	Butterworth	Public: York	2010	01.04.10	2 yrs	31.03.12	PFG
Helen	Mackman	Public: York	2006	01.04.10	3 yrs	31.03.13	Lead Governor NRC
James	Porteous MBE	Public: York	2006	01.04.10	3 yrs	31.03.13	NRC PFG
David	Robson	Public: York	2010	01.05.10	2 yrs	31.03.12	CMEG
Bob	Towner	Public: York	2006	01.04.10	2 yrs	31.03.12	
Sian	Wiseman	Public: York	2010	01.04.10	2 yrs	31.03.12	CMEG
Stefan	Ruff	Public: York	Resigned May 2011				
Martin	Skelton	Staff: Clinical Staff	2006	01.04.10	3 yrs	31.03.13	PFG
Lee	Bond	Staff: Consultant	2006	01.04.10	2 yrs	31.03.12	
Alison	MacDonald	Staff: Nursing & Midwifery	2010	01.04.10	3 yrs	31.03.13	PFG
Anne	Penny	Staff: Nursing & Midwifery	2006	01.04.10	2 yrs	31.03.12	CMEG

Forename	Surname	Constituency	Initial Appointment Date	Date Appointed	Term of Office	End Of Term	Member of Sub-Committees
Mandy	McGale	Staff: Other Staff Class	2006	01.04.10	2 yrs	31.03.12	NRC

Legend:

NRC – Nominations and Remunerations Committee
PFG – Patient Focus Group
CMEG – Community and Member Engagement Group

Appointment of the Lead Governor

The Council of Governors appointed Helen Mackman as the Lead Governor of the Council of Governors in July 2010. The Governors' Nominations and Remuneration Committee, at their June 2011 meeting, agreed that a review of the role and the Lead Governor appraisal should be undertaken in line with the previous agreement that the appointment would be reviewed on an annual basis.

Lead Governor Annual Report

(Placeholder for the report)

Council of Governors Meetings

The Council of Governors met eight times during this reporting period to discuss and comment on a number of aspects of the functioning of the Trust. Four of those meetings were in public, two were held in private with the Board of Directors and two were held in private with the Non-executive Directors.

Attendees/Dates	13 Apr 11	15 Jun 11	13 Jul 11	2 Sep 11	12 Oct 11	21 Dec 11	22 Feb 11	Total
Legend: ✓ = Attended – A = Apologies Received								
Paul Baines	✓	✓	✓	✓	✓	✓		
John Batt	✓	A	A	A	✓	A		
Lee Bond	✓	✓	✓	✓	✓	✓		
Helen Butterworth	A	✓	✓	✓	✓	✓		
Phil Chapman	✓	✓	✓	✓	✓	✓		
Jane Dalton	A	✓	✓	✓	✓	✓		
Alexander Fraser	✓	✓	✓	✓	A	✓		
Alison MacDonald	✓	A	A	A	✓	✓		
Helen Mackman	✓	✓	✓	✓	A	✓		
Mandy McGale	A	✓	✓	✓	✓	✓		
Jennifer Moreton	A	✓	✓	✓	✓	✓		
Nevil Parkinson	A	✓	A	✓	A	A		
Caroline Patmore	A	✓	✓	✓	✓	✓		
Joseph Riches	A	✓	A	A	✓	✓		
Anne Penny	A	A	✓	A	A	✓		
James Porteous	✓	✓	✓	✓	✓	✓		
Geoffrey Rennie	✓	✓	✓	✓	✓	✓		
Diane Rhodes	✓	A	A	✓	✓	✓		
David Robson	A	✓	✓	✓	A	✓		
Stefan Ruff	A	Resigned May 2011						
Martin Skelton	✓	✓	✓	✓	✓	✓		
Catherine Surtees	✓	A	✓	✓	✓	✓		
Bob Thomas	✓	✓	A	✓	✓	✓		
Brian Thompson	✓	✓	✓	✓	✓	✓		

Attendees/Dates	13 Apr 11	15 Jun 11	13 Jul 11	2 Sep 11	12 Oct 11	21 Dec 11	22 Feb 11	Total
Legend: ✓ = Attended – A = Apologies Received								
Bob Towner	✓	✓	✓	✓	✓	✓		
Sîan Wiseman	✓	✓	A	✓	✓	✓		

Register of governors' interests

The Trust holds a register listing any interests declared by members of the Council of Governors. Governors must disclose details of company directorships or other positions held, particularly if they involve companies or organisations likely to do business, or possibly seeking to do business with the Foundation Trust.

The public can access the register at: www.yorkhospitals.nhs.uk or by making a request in writing to:

The Foundation Trust Secretary
York Teaching Hospital NHS Foundation Trust
Wigginton Road
York
YO31 8HE

or by e-mailing: enquiries@york.nhs.uk

The Council of Governors declared the following interests:

Directorships including non-executive directorships held in private companies or public limited companies (PLCs) with the exception of those of dormant companies*:*

James Porteous - Trustee – Notions Business and Marketing Consultants
Brian Thompson - Trustee – Thompson's of Helmsley Ltd
Dianne Rhodes – Director and Company Secretary – Health and Safety Consultancy
Alison MacDonald – Director and Company Secretary – Health and Safety Consultancy

Ownership part-ownership or directorship of private companies business or consultancies likely or possibly seeking to do business with the NHS:

There were no declarations under this section

Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS:

There were no declarations under this section

A position of authority in a charity or voluntary organisation in the field of

health and social care:

Jane Dalton – Trustee and Director – North Yorkshire and York Forum
Alexander Fraser - Appointee – City of York Council, non-voting participating observer on York CVS Trustees
Nevil Parkinson - Director – West Riding Masonic Charities Ltd
James Porteous:
President – British Polio Fellowship – Yorkshire Region, Leeds and North Yorkshire
Chairman – Wheelchair Users Advisory Panel (Harrogate District Hospital NHS Foundation Trust)
David Robson – Management Committee for York Blind or Partially Sighted Society
Catherine Surtees - Partnership Manager – York CVS
Bob Towner - Vice Chairman – York Older Peoples Assembly

Any connection with a voluntary or other organisation contracting for NHS services or commissioning NHS services:

Alexander Fraser - Appointee – City of York Council, non-voting participating observer on York CVS Trustees
Jennifer Moreton:
Member – CQC Registration Involvement Group
Member – Ryedale LINk Ampleforth and Hovering Surgeries Patient Focus Group
Caroline Patmore:
Councillor – North Yorkshire County Council
District Councillor – Hambleton District Council
Bob Towner:
Vice Chairman – York Older People's Assembly
Member – York Health Group Public and Patient Forum
Geoff Rennie – Member – Ryedale LINk
Sian Wiseman - Vice Chairman – CYC Overview and Scrutiny Committee
Catherine Surtees - Partnership Manager – York CVS

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:

Jane Dalton - Researcher – Health and Social Care, University of York
Jennifer Moreton - Researcher – Health and Social Care, University of York
Caroline Patmore - Councillor – North Yorkshire County Council

Governor expenses

Governors are not remunerated, but are entitled to claim expenses for costs incurred whilst undertaking duties for the Trust as a governor (i.e. travel expenses to attend the Council of Governors' meetings). The total amount of expenses claim during the year from 1 April 2010 to 31 March 2011 by governors was £4244.21 (await return of up to date input – 1st week in April)

Related party transactions

Under International Accounting Standard 24 “Related Party Transactions”, the Trust is required to disclose, in the annual accounts, any material transactions between the NHS Foundation Trust and members of the Council of Governors or parties related to them.

There were no such transactions for the period 1 April 2011 to 31 March 2012.

Membership of the sub-committees and groups

The Council of Governors has delegated authority to a number of sub-committees and groups to address specific responsibilities of the Council of Governors. These are:

Nominations / Remuneration Committee

The Committee met four times during the year to address the appraisals of the Non-executive Directors and the Chairman.

The membership of the Committee is as follows:

James Porteous - Public Governor
Brian Thompson - Public Governor
Mandy McGale - Staff Governor
Geoff Rennie - Patient/Carer Governor
Jane Dalton - Public Governor
Paul Baines - Public Governor
Helen Mackman - Lead Governor
Anna Pridmore - Foundation Trust Secretary
Alan Rose - Chairman of the Trust and the Committee

During the year specific topics included:

- Discussing a paper which proposed a review to how to appraise the effectiveness of the Council of Governors
- Discussing the appointment of the Lead Governor
- Discussing the annual appraisal of the Chairman
- Discussing the annual appraisals of six Non-executive Directors
- Discussing the remuneration of the Non-executive Directors and Chairman
- Discussing the impact of the planned Scarborough Acquisition on the Non-Executive Team
- Discussing the process for the recruitment of Non-Executive Directors
- Conducting an annual review of the Committee’s Terms of Reference

On all of the above topics, recommendations were made to the full Council of Governors, as appropriate.

It was agreed that in the next year, in addition to the annual actions, the Committee will:

- review the role description of the Non-Executive Directors (to improve the recruitment process further);
- review the competency and other profiles of the existing Non-Executive team (to improve the recruitment process further).

Alan Rose, Chairman of the Committee

Community and Member Engagement Group (CMEG)

(Placeholder for the report)

Jane Dalton, Chairman of the group

Patient Focus Group (PFG)

(Placeholder for the report)

Philip Chapman, Chairman of the group

Contact with the Governors

Members wishing to contact governors can do so through the Trust by sending an email to **yhs-tr.yorkhospitalgovernors@nhs.net** or by contacting the Trust's Membership Manager Penny Goff at **penny.goff@york.nhs.uk** or by telephone on 01904 725233.

All emails will be passed on to the governor concerned.

York Teaching Hospital NHS
NHS Foundation Trust

Timetable for the elections for Governors 2012

This timetable outlines the election timetable for the Council of Governors following acquisition. As can be seen from the document the process could start either on 18th June with the Trust providing copy and data material for nominations or a few days later on 21st June. The Council of Governors meeting in September has been arranged for 12th September 2012 at present, so the first meeting the new Council of Governors would formally meet would be on 12th December 2012.

Day	Notes	Option 1	Option 2
-10	Client to supply copy and data material for nomination mailing (if applicable)	Monday, 18 Jun 2012	Thursday, 21 Jun 2012
1	ERS/Trust issue the Notice of Election. Nomination forms to be made available to Trust members.	Monday, 2 Jul 2012	Thursday, 5 Jul 2012
21	Deadline for receipt of nominations.	Monday, 30 Jul 2012	Thursday, 2 Aug 2012
22	ERS & Trust publish summary of nominated candidates upon validation.	Tuesday, 31 Jul 2012	Friday, 3 Aug 2012
24	Final date for candidate withdrawal.	Thursday, 2 Aug 2012	Tuesday, 7 Aug 2012
27	Electoral data to be provided by Trust or their data management supplier. Uncontested report to be provided to Trust by ERS. Pre-press to complete 1st proofread.	Tuesday, 7 Aug 2012	Friday, 10 Aug 2012
36	Notice of Poll published by ERS provided to Trust.	Monday, 20 Aug 2012	Thursday, 23 Aug 2012
37	Voting packs dispatched by ERS to members.	Tuesday, 21 Aug 2012	Friday, 24 Aug 2012
54	Closing date for election.	Friday, 14 Sep 2012	Wednesday, 19 Sep 2012
55	ERS provide results/report to Trust.	Monday, 17 Sep 2012	Thursday, 20 Sep 2012