

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

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

**11/01 Chairman's Introduction**

The Chairman, Alan Rose welcomed all to the meeting.

**11/02 Apologies for Absence**

The Council of Governors noted the apologies.

**11/03 Questions from the public**

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

**11/04 Declaration of Interest**

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

The Council of Governors noted the declarations of interests.

**11/05 Minutes of the Meeting held on 8<sup>th</sup> December 2010**

The minutes were approved as an accurate record.

**11/06 Matters arising from the minutes**

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

**11/07 Sub-Committees and other Governor Reports**

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

**11/08 Summary of the Board of Directors minutes**

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

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

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

11/09

## **Chief Executive Report**

### Transforming Community Services (TCS)

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

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

### Scarborough

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

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

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

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

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

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

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

#### **11/10 Musculo Skeletal Services**

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

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

#### **11/11 Finance Report**

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

which is below plan.

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

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

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

The Council of Governors noted the report.

#### Progress update on Annual Plan 2011/12

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

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

**11/12**

### **Operational Performance Report**

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

#### Performance national access targets)

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

#### Activity (local targets)

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

The governors noted the report.

11/13

### **Quality Report**

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

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

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

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

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

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

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

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

11/14

### **Car Parking at York Hospital**

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

- 0-1 hrs £1.80

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

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

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

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

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

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

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

**11/15**

### **Any Other Business**

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

CLG  
27/03/2010



York Teaching Hospital  
NHS Foundation Trust

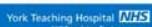


## York Musculoskeletal Clinical Assessment, Triage & Treatment (MSK CATT) Service

Melanie Liley  
Directorate Manager,  
Therapy Services

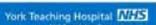
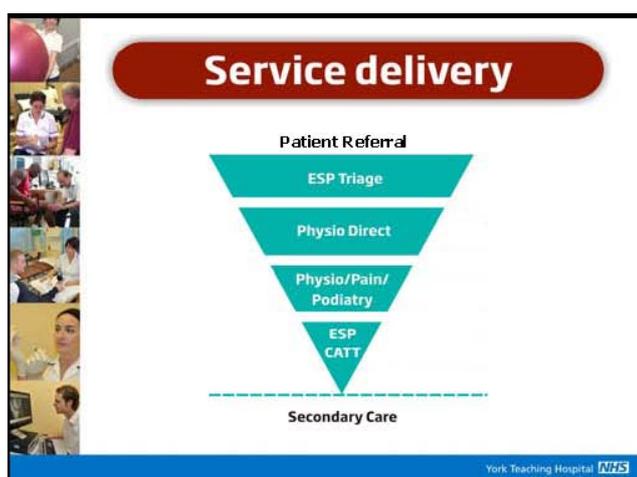
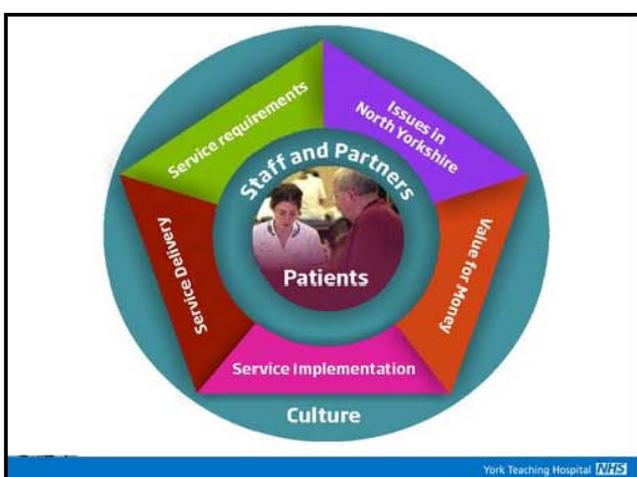
## Context

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



## Aims of the new service

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

## Summary

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