

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

on: **Wednesday 20th March 2012**

at: **4.00pm – 6.00pm**

in: **Malton Rugby Club, The Gannock, Old Malton Road , Malton, YO17 7EY**

Time	Meeting	Attendees
3.00pm – 3.55pm	Private meeting of the Council of Governors	Governors with Vice Chairman and Foundation Trust Secretary
4.00pm – 6.00pm	Council of Governors meeting	Governors, Members and the public

The core values of the Trust are:

- Improve Quality and Safety
- Create a culture of continuous improvement
- Develop and enable strong partnerships
- Improve our facilities and protect the environment

These will be reflected during all discussions in the meeting

If you are a Governor, Member of our Trust or member of the public and would like to ask a question, please contact the Foundation Trust Secretary, Anna Pridmore:

Email: anna.pridmore@york.nhs.uk or telephone: 01904 725075

A G E N D A

No'	Item	Lead	Paper	Page
1.	<u>Chairman's Introduction</u> The Chairman will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chairman		
2.	<u>Apologies for absence</u> To receive any apologies for absence.	Foundation Trust Secretary		
3.	<u>Declaration of Interests</u> To receive the draft declarations of interests.	Chairman	A	5
4.	<u>Minutes from the meeting held in public on 12th December 2012</u> To receive the minutes from the meeting held on 12 th December 2012.	Chairman	B	11
5.	<u>Matters arising from the minutes</u> To consider any matters arising from the minutes.	Chairman		
6.	<u>Update from the private meeting held earlier</u> To receive an update from the Chairman on the topics and decisions of the business discussed in the private meeting held prior to the meeting in public.	Chairman	Verbal	
7.	<u>Lead Governor and other Governor Reports</u> To receive a report from the Lead Governor and any other reports from Governors involved in ongoing activities related to the Trust: <ul style="list-style-type: none"> - Quality Group (Margaret Jackson/Sheila Miller) - Constitutional Group (Mike Beckett/Helen Noble/Jeanette Anness) - Annual Planning Group (Steven Hinchliffe/Andy Volans/ Andrew Butler/Sue Wellington) - Family and Friends Communication Group (Helen Noble/Margaret Jackson) - Equality and Diversity Group (Ann Bolland) - Patient Focus Group (Martin Skelton) - Patient Experience Group (Martin Skelton) 	Lead Governor and other Governors	Verbal	

<i>No</i>	<i>Item</i>	<i>Lead</i>	<i>Paper</i>	<i>Page</i>
8.	<p><u>Minutes of Board of Directors</u></p> <p>To receive the most recently available minutes of the Board of Directors - November 2012 to January 2013.</p>	Chairman	C	17
9.	<p><u>Chief Executive Report</u></p> <p>To receive an update from the Chief Executive on current issues at the Trust, including an update on KPMG, update from the Monitor visit, Francis Report and site developments.</p> <p>Respond to comments and questions raised by Governors following the visit to Scarborough, Whitby and Bridlington and issues on ambulance turn round.</p>	Chief Executive	Verbal	
10.	<p><u>Non-executive Directors (NEDs)</u></p> <p>A brief introduction from a Non-executive Director.</p>	Jennifer Adams	Verbal	
11.	<p><u>Any other business</u></p> <p>To consider any other items of business.</p>			
12.	<p><u>Next meeting</u></p> <p>Wednesday 19th June 2013, White Cross Social Club, White Cross Court, York YO31 8JR.</p>			

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Draft declaration of interests

Update: **Andrew Butler—Member of the Fund Raising Committee for York MIND**

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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 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
Jeanette Anness <i>(Public: Ryedale and East Yorkshire)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Terry Atherton <i>(Public: Bridlington)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Paul Baines <i>(Public: City of York)</i>	Nil	Nil	Nil	Nil	Nil	Nil
Cllr Michael Beckett <i>(Appointed: North Yorkshire and York Forum)</i>	Caring for Business Ltd Next steps Health Resource Centre North Yorkshire and York Forum	Caring for Business Ltd (50% owner)	Caring for Business Ltd (50% owner)	Chair—Ryedale and District Mencap Specialist Advisor—Magnetic Arts CIC	Non-executive Director—North Yorkshire and York Forum Councillor—Malton Town Council Next Steps Mental Health Resource Centre Ryedale and District Mencap	North Yorkshire Credit Union Yorkshire Building Society Smile Co-Operative Bank
Ann Bolland <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	TBA
Andrew Butler <i>(Public: Selby)</i>	Nil	Nil	Nil	Nil	Nil	Member—Fund Raising Committee York MIND
James Carder <i>(Public: Selby)</i>	TBA	TBA	TBA	TBA	TBA	TBA

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	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 Jane Dalton (Public: Hambleton District)	Nil	Nil	Nil	Trustee and Director North Yorkshire and York Forum	Nil	Researcher —Health and Social Care, University of York
Dr David Geddes (Partner: NYY PCT)	Director —Medipex Executive Medical Director and Director — Primary Care, NHS North Yorkshire and York.	GP Partner —Clifton Medical Practice	Nil	Trustee —Clarence Gardens association. Medical Advisor —MIND @ Our Celebration	Partner of an employee of York NHS Foundation Trust.(Department of Gynaecology). GP —Harrogate District Foundation Trust OOH services.	Nil
Philip Hewitson (Appointed PCT (SWR))	Director—PCH Consulting Ltd Director—Parabola Ltd	Director—PCH Consulting Ltd Director—Parabola Ltd	PCH Consulting Ltd	Trustee—Research in Specialist and Elderly Care	Lay Member—Scarborough and Ryedale CCG	Nil
Stephen Hinchliffe (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	TBA
Margaret Jackson (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
Rowena Jacobs (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
Alison MacDonald (Staff: Nursing & Midwifery Class)	Director and Company Secretary—Health and Safety Consultancy	Nil	Nil	Nil	Nil	Nil

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Helen Mackman (Public: City of York)	Nil	Nil	Nil	Nil	Member —Vale of York Clinical Commissioning group's Public Engagement Steering Group	Nil
Sheila Miller (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Chairman —Ryedale Link. Member —Derwent and SRCCG Patients Groups	Nil	TBA
Helen Noble (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Les North (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
Nevil Parkinson Public: Selby District)	Nil	Nil	Nil	Director —West Riding Masonic Charities Ltd	Nil	Nil
Cllr Caroline Patmore (North Yorkshire County Council)	Nil	Nil	Nil	Nil	Councillor —North Yorkshire County Council District Councillor—Hambleton District Council	Councillor —North Yorkshire County Council
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

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Cllr Joseph Richies (Appointed: City of York Council)	TBA	TBA	TBA	TBA	TBA	TBA
Martin Skelton (Staff: Clinical Professional)	Nil	Nil	Nil	Nil	Nil	Nil
Brian Thompson (Public: Patient/Carer)	Trustee —Thompson’s of Helmsley Ltd	Nil	Nil	Nil	Nil	Nil
Dr Andrew Volans (Staff: Scarborough)	Nil	Nil	Nil	BMA Rep —LNC Medical Lead —College of Search and Rescue Medicine. Training Rescue Paramedics for Coast Guard Helicopter Service	Nil	TBA
Sue Wellington (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
David Wheeler (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
Penelope Worsley (Public: York)	Trustee —NGO working overseas	Nil	Nil	Nil	Nil	TBA

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Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held in public on 12th December 2012, in the White Cross Road Social Club, York, YO31 8JR.

Present at the meeting

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mr Paul Baines, City of York
Mrs Helen Mackman, City of York
Mr James Porteous, City of York, Public Governor
Mrs Penelope Worsley, City of York
Dr Jane Dalton, Hambleton District
Mrs Anne Bolland, Selby
Mr Andrew Butler, Selby
Mrs Jeanette Anness, Ryedale & East Yorkshire
Mrs Sheila Miller, Ryedale & East Yorkshire
Mr Brian Thompson, Ryedale & East Yorkshire
Mrs Sue Wellington, Scarborough
Mr David Wheeler, Scarborough
Mr Stephen Hinchliffe, Whitby, Public Governor

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Dr Rowena Jacobs, University of York
Councillor Caroline Patmore, North Yorkshire CC
Councillor Joseph Riches, City of York Council

Staff Governors:

Mrs Alison MacDonald, York
Mrs Helen Noble, Scarborough/Bridlington
Mr Les North, Community
Mr Martin Skelton, Clinical Professional,
Dr Andrew Volans, Scarborough/ Bridlington

Attendance:

Mr Philip Ashton, Non-executive Director and Senior Independent Director
Mrs Lucy Brown, Head of Communications
Mr Patrick Crowley, Chief Executive
Mrs Anna Pridmore, Foundation Trust Secretary
Mrs Libby Raper, Non-executive Director
Mr Michael Sweet, Non-executive Director

Apologies for absence:

Apologies were received from the following governors:

Mr Terry Atherton, Bridlington
Mr James Carder, Bridlington
Mr Nevil Parkinson, Selby District, Public Governor
Mr Philip Hewittson, SWR PCT
Mrs Margaret Jackson, City of York

12/44 Declaration of Interests

Mr Rose asked Governors to consider their declarations and let Mrs Pridmore know any additional declarations they may have that have not been recorded.

12/45 Minutes of Council of Governors Meeting held in Public –17th October 2012

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

12/46 Matters Arising from the Minutes

There were no matters arising

12/47 Update from the meeting held in private

Mr Rose advised that the Council of Governors had discussed a number of issues and made a number of decisions as follows:

The Governors reviewed the appraisal of Michael Sweet and approved the reappointment of Michael Sweet.

Mr Rose referred to the review of the role of the Lead Governor and the work being undertaken. He also referred to the agreement that the Lead Governor role following the elections will be open for all Governors to apply, if no Governors does put their name forward, then Mrs Mackman will act as Lead Governor for a final year. This assumes that Mrs Mackman is reappointed as a Governor.

Mr Rose also reported that the Governors had discussed the formulation of a Constitutional Group to address the requirements of the Health and Social Care Act 2012.

Mr Rose advised that the Governors had also discussed the CQC report that had been recently published following the visit at Scarborough.

12/48 Question from a member

Mr Rose referred to a question received from Mr John Yates. Mr Yates asked the Council of Governors and the Trust to comment on the level of communication that exists with the members. Mr Rose commented that it must be remembered that the membership only makes up 5% of the community the Trust serves and as such the Trust should be talking to the members and the wider community. The Trust does this through press releases, of which there are approximately

one a week, the groups the Trust works with such as PAGERS and the OSC updates.

The Trust will continue to keep this under review and think about how the Trust might continue to develop. Mr Rose added that Mrs Brown will continue to review how the Trust communicates and continue to make sure the money spent on communications is effective.

Mr Yates responded by added that he felt the Trust was not sufficiently open and transparent. He also felt the Trust should not expect all members to have computers.

The Governors discussed the point raised and made a number of suggestions all of which will be considered by Mrs Brown.

12/48 Lead Governor and other Governor reports

Mrs Mackman updated the Council of Governors on the meetings the Governors are part of. She outlined the meetings she had had with the new Governors over the last few months and described the preliminary arrangements that the Governors had discussed about the implementation of the locality meetings. Mrs Mackman advised that a number of governors were working on existing groups such as the emergency planning redesign and the rolling programme in surgical wards, older people's liaison group and equality and diversity to name only a few examples.

Mr Skelton added that he had been involved in the catering strategy and the Patient Focus Group (PFG). He outlined the work that was being undertaken in the catering strategy and highlighted that the redevelopment work of the Mallard Restaurant concept drawings had just been received and were being reviewed. Mr Skelton tabled a paper that outlined the work that had been undertaken in the PFG. He referred to the background and advised that the group was now linked with a group lead by the Chief Nurse where Governors are invited to attend. He advised that the executive group had already demonstrated that it would make changes and he believed the relationship between the two groups would work very well.

Mrs Miller added that she and Mrs Anness had met with the patient participation group in Pickering to discuss the Governor role and they had arranged a further meeting in the new year at Kirby Moorside. Mrs Miller added that there will also be an event at Malton during the half terms week in February run by LINKS concentrating on Mental Health issues in young people.

Mrs Dalton added that in her area she now writes a short newsletter which is published as part of the local community publication.

Mrs Patmore advised that she is aware of over 50 forums that exist in Easingwold and the Trust must not forget them.

Mr Beckett advised that locally a review was being undertaken in the charitable sector to try to reduce costs.

12/49 Minutes of the Board of Directors

The Council noted the minutes from the Board meeting and summary minutes provided and raise no questions on the minutes.

12/50 Chief Executive open session

Mr Crowley tabled a paper which provided an update on the progress of the KPMG review. He outlined what had occurred during November and the subsequent action that had been taken. Mr Crowley asked the Governors to refer to the financial table included in the paper. He explained the table and advised that the current assumptions would result in the provider section of the community having a deficit of £116,737,000 by 2016/17, of which a significant proportion would be the responsibility of York Teaching Hospital. At the same time as the commissioners would make a surplus of £23,775,000. This would allow the commissioners to invest in the community as is required by the national strategy.

Mr Crowley added that the KPMG review will only deliver if the services are reconfigured and the Commissioners support the work. The review has demonstrated the need for the Trusts to work closer together. Mr Crowley advised that the level of allocations per capital was £115 per head and North Yorkshire is lowest funded in this region – Barnsley is the highest. The Governors asked if there had been any feedback from the meeting with the MPs and the Secretary of State for Health. Mr Crowley advised that he had not received any feedback, but would keep trying. He added that there was an additional issue in that those close to the centre were not prepared to lobby too hard for the rate to be increased, but the providers will be doing. The review and the strain on the funding will bind all organisations together and require them to have a single strategic directive.

Mr Crowley added that the Commissioning group is looking at re-specifying the community services over the next 6 to 9 months. He added that the Trust needs to find a way of describing the use of the community hospitals working with the acute hospitals so that the strategy follows national drivers.

The Governors asked if the Trust would be putting out an explanation so that there is a clear understanding of what the KPMG review means to services. Mr Crowley confirmed there would be something published at the right time and a number of public meetings would also be held. Mr Crowley advised of the next steps and confirmed that the finalised report would be reviewed at the PCT Board meeting in January.

The Governors thanked Mr Crowley for his report.

12/51 Finance Report

Mr Bertram presented the finance report. He advised that the report provided data up to the end of October. The November information would be discussed at the Board of Directors later in the month. Mr Butler Public Governor for Selby has asked Mr Bertram to explain Lucentis. Mr Bertram advised that Lucentis is the treatment used for patients with a degenerative eye disease. He advised that

the cost of the treatment is very expensive so the line is reflected separately in the Board Report. The drug is every effective, but patients require a number of injections each year and each injection cost £700. The Trust has approximately 1000 patients receiving this treatment. Mr Bertram added that the cost of the drug is on the basis of a pass through contract – the charge the Trust pays for the drug is the same as the income the Trust receives to pay it.

The Governors discussed the use of Lucentis and the alternative Avastin and understood that if Avastin received the correct licences the cost would be reduced significantly which would not directly benefit the Trust, but would benefit the whole health economy.

Mr Bertram advised that there was material additional activity the Trust had completed, this has given the PCT considerable concern and they are reviewing what initiatives they can put in place to try to manage the extra activity.

Mr Bertram referred to the Annual Plan and explained the purpose and the information included in the Annual Plan. Mr Bertram asked Mrs Pridmore to explain the Governors involvement in the Plan. Mrs Pridmore advised that the Board of Directors is required to take the views of the Governors into account when the Annual Plan is being prepared. Mrs Pridmore advised she was seeking a small group of Governors to work with Mrs Pridmore on the Annual Plan. It was agreed that Governors would let Mrs Pridmore know if they would like to be involved.

Action: Governors to put their name forward for the small working group .

12/51 Non-executive Directors introduction

Mr Rose invited Ms Raper and Mr Ashton to each talk a little about themselves and their business and organisational background.

Mrs Raper described her professional background and experience and described her work in the Trust.

Mr Ashton also described his professional background and experience and his work in the Trust.

As Mrs Adams had given her apologies for the meeting she will be asked to introduce herself and give a summary of her background and activities at the next Governor meeting.

12/52 Any other business

There was no other business.

12/53 Next meeting

The next meeting of the Council of Governors will be held on at the Social Club, White Cross Road, York, YO31 8JR. (1515hrs; 1600hrs in public).

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Council of Governors – 20 March 2013

Board minutes

Action requested/recommendation

The Council of Governors is asked to note the Board of Director minutes from the meetings held in November 2012 to January 2013.

Summary

The Board of Directors meets every month to consider the business of the Trust. A formal record of the decisions and discussions is maintained and a summary of those minutes is presented to the Council of Governors.

From 1 April 2013 the Governors will receive a copy of the minutes on a month by month basis.

Strategic Aims

Please cross as appropriate

- | | |
|---|-------------------------------------|
| 1. Improve Quality and Safety | <input checked="" type="checkbox"/> |
| 2. Create a culture of continuous improvement | <input checked="" type="checkbox"/> |
| 3. Develop and enable strong partnerships | <input checked="" type="checkbox"/> |
| 4. Improve our facilities and protect the environment | <input type="checkbox"/> |

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	The minutes are prepared for the Board of Directors. A summary of the minutes is provided.
Risk	Any risks are identified in the minutes.
Resource implications	Resources implication detailed in the minutes.
Owner	Alan Rose, Chairman

Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	March 2013
Version number	Version 1

Council of Governors

Board minutes – November 2012 - January 2013

Board meeting held on 28 November 2012

Mr Rose welcomed Miss Sue Wellington and Mr David Wheeler, Scarborough Public Governors, to the meeting as observers.

Quality and Safety Committee

Mr Rose asked Ms Raper, as Chairman of the Quality and Safety Committee, to give her highlight report on the deliberations of the Committee to the Board.

Ms Raper referred to the summary included in the Board papers and highlighted the key points of the discussions. Mrs Raper particularly drew the Board's attention to the Family and Friends test and the detail of the perception included in the Board report and the attached appendix 2. The appendix 2 paper implied there were some resource implications of putting the system in place. Ms Raper asked Ms McManus if those resource requirements had been quantified. Ms McManus advised that the Group had only just started to meet and had not had an opportunity to quantify the resource implications. She expects to be able to provide some information to the Committee by December/January.

Mr Rose asked if there would be a published national league table of such data. Ms McManus commented that she would expect there to be something, but at this stage it was not clear what it might be.

Ms Raper referred to the safety briefings included in the Medical Director's report. She commented that there had been a reduction in the level of compliance and asked Dr Turnbull to comment. Dr Turnbull advised that it was as a result of the way the fields are completed on the computer. The Trust rate is approximately 80%. The Board was reminded that this information was specific to York. Scarborough data would be included in the near future. Dr Turnbull added that the Directorates have discretion as to what questions are included in checklist so that they are appropriate to the operation being carried out. Mrs Adams enquired if it could be identified who was not complying with the requirement. Dr Turnbull confirmed that the system did have that facility and that the Clinical Directors were responsible for tackling individuals who did not comply. The Board asked if the information included those operating at Ramsey. Dr Turnbull advised that he was not sure if Ramsey collected the information for their patients, but if the Trust was undertaking work using Trust Consultants the use of the checklist would be captured.

Ms Raper asked Dr Turnbull to update the Board on the reducing mortality report including the 'summary hospital-level mortality indicator' (SHMI) and 'hospital standardised mortality ratio' (HSMR). Dr Turnbull updated the Board on the current SHMI and HSMR figures. He advised that the Trust is still coded as two separate Trusts, as this is historic information, so the tables included in the report are shown separately. Dr Turnbull referred to the table that showed the diagnosis-specific SHMI rates and highlighted the SHMI – renal. Dr Turnbull advised he had reviewed this rate in some detail. He had established that both sites, when they were individual Trusts, coded differently. He added that he did not believe there had been sufficient consistency with the coding and the coding is being undertaken more

accurately now.

Dr Turnbull also reported to the Board that there had been two Never Events. The first was a wrong site surgery, a patient had the wrong tooth extracted and the second occurred in October 2011 but has only recently been identified when the patient returned for a routine scan.

Dr Turnbull reported to the Board on the flu immunisation statistics. He advised that for the York site there had been an 8.5% take up as at 26th October 2012. The flu vaccines have only been available in York for one week. At the Scarborough site there has been a 30% uptake. The Scarborough site has had vaccines available for about a month. Across the whole Trust there has been about a 10% uptake. The Department of Health has set a target of around 70% and the Trust is required to submit its figures on a weekly basis. There are roving teams working across the Trust. Dr Turnbull added that he is currently discussing with the Medical School the requirement for medical students to receive the vaccine.

The Board noted the report and thanked Ms Raper for the information.

Director of Infection Prevention and Control quarterly report

Ms McManus advised that the report included Q1 and Q2. There is no significant variance across the organisation, although the risk does increase over the winter months. As the Board is aware, activity has been consistently high throughout the summer and has continued during the autumn. This has meant that extra beds have been put in some areas, which makes it more difficult to maintain excellent cleaning standards and making it easier for infection to spread; in that situation, efforts are redoubled to maintain the standards. Ms McManus added that the level of activity in the Trust also makes it difficult for staff to always comply exactly with the policy. It was **agreed** that the Quality and Safety Committee would discuss this point in more detail.

Action: Mrs Pridmore to include compliance with policy on the work programme for the Quality and Safety Committee.

The Board asked about the c.diff. concern raised by Dr Todd in the Executive Board minutes. Ms McManus commented that Dr Todd flags-up risks as appropriate and provides advice to the Corporate Directors on the level of that risk and how it might be appropriate to mitigate it. The Executive Board does review the systems and consideration is given to additional suggestions that are made. An example of this was the introduction of a re-designed drug chart.

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

Finance and Performance Committee

Mr Rose asked Mr Sweet, as Chairman of the Finance and Performance Committee, to give his report on the deliberations of the Committee to the Board.

Mr Sweet advised that the Committee had reviewed the Operations Report in detail and he would like to bring the following items to the Board's attention:

Operations Report – the cancer targets are being achieved, there just are some pathways that are proving more difficult. In terms of the 62 day target, the requirements that have been put in place require the Trust to refer the patient by day 38. Mr Crowley added that discussions have been held with Hull to agree what the risk-sharing arrangements would be

if the referral is received over 38 days. There is a clear difference between the Yorkshire Cancer Network and the East Yorkshire Cancer Network and how they view the 62 day target.

The patients that have waited 52 weeks will be clear by the end of December 2012 and not October 2012, as stated in the report. The reason for the delay is as a result of patient choice.

Finance Report – as the Board is aware, Lucentis is an expensive drug that is paid for as a pass-through contract. The element that does affect the Trust is the procedures that are undertaken in the consultation before the drug is given. The level of activity within the Trust has been lower than expected.

Mr Sweet asked Mr Bertram to update the Board on the capital monies. Mr Bertram advised that the £20m capital has not as yet been released by the Treasury, but the Trust has received all the revenue and liquidity support expected. The delay is as a result of the need for final conversations to be held between the Department of Health (DH) and the Treasury. The Trust has asked for and received further clarity around the DH commitment. This support has been received from the Strategic Health Authority in the form of a letter, which has been forwarded to Monitor.

Mr Rose enquired when the capital money was required. Mr Bertram advised that the development in Graham Ward (Scarborough) has been started and design teams are commencing other development schemes. This work is at some risk; should the agreed capital be delayed much further there will be an impact on the capital programme and some of the programme will need to be halted. The Board registered its disappointment with the continued delays, given the clear commitment given at the point of acquisition to provide the necessary strategic capital.

Efficiency report – there have been great improvements in the achievements this month and the Trust is now ahead of where it was at this time, last year. In terms of staff, the Committee reviewed the closing gap between the vacancies and numbers of staff in post. The Committee discussed the dynamics of the reduction in use of locum staff in Scarborough and the increase in staff employed by the Trust. It was agreed that the increase growth in employed staff was not necessarily detrimental to the Trust's efficiency programme and expenditure management as it often reduced the overall levels of costs.

Mr Sweet asked the Board to congratulate General Surgery in achieving triple green status. Mr Sweet asked if Mr Rose would write to the Clinical Director on behalf of the Board. It was **agreed** that Mr Rose would send a letter.

Action: Mr Rose to write to the Clinical Director of General Surgery.

Mr Sweet advised that the Efficiency Panel Reviews have been taking place looking at the micro and macro schemes and adding to the challenge already given to the Directorates.

The Board **noted** the report and thanked Mr Sweet for his comments.

Monitor quarterly return

Mr Sweet advised that the Finance and Performance Committee had reviewed the document during the meeting and were assured that the information being submitted to Monitor was consistent with the information reported to the Board.

The Board considered the self certification information and **approved** the return.

Chairman's items

The Chairman referred to his report and highlighted some key points. He referred to the Foundation Trust Network (FTN) conference and the discussions held about the changes in the system. The continuing debate about how Trusts work through this time of change was central to the debate. This matches the debates the Trust is having with the development of the KPMG review. This will be discussed in more detail during the Board time-out.

Mr Ashton asked if these discussions include the Clinical Commissioning Groups (CCGs). Mr Rose confirmed it did. There was a need to develop and change the relationships that currently exist with the PCT and recognise the massive pressure the CCGs are under. Dr Turnbull added that the politicians must also be involved, particularly where there are changes that need to be put in place.

The Board **noted** the comments made on the report prepared by the Chairman.

Report of the Chief Executive

The Open Day programme was included in the Chief Executive's report and outlined the proposed programme for next year. Mr Crowley commented on the programme and asked for those with a personal interest in the development of the programme next year to let him know so that they can be involved.

Mr Crowley referred to the staff survey. He advised that staff were being encouraged to complete the survey. The Trust values the comments and responses it receives and uses the information to improve the working environment for staff.

Mr Crowley referred to the Hillsborough report. He drew the Board's attention to the assurance given in the paper.

Mr Crowley added that he could report that Mr Rose had been formally reappointed as Chairman by the Council of Governors for a further two years at their last meeting. This means the Chairman will be in post until March 2015.

Mr Crowley also advised that Dr Peter Kennedy, the first Chief Executive for the York Hospital Trust, recently died. He left the Trust in 1999, having laid the foundation stones for the organisation, so allowing it to develop into the organisation it is today. Mr Crowley advised that he would attend the funeral along with Mr Proctor and represent the Trust.

Ms Hayward added that a pyramid was being installed in one of the courtyards in the York hospital. The intention is that the names of those staff that die in service are engraved on the pyramid along with the names of other staff that the Trust would like to recognise.

The Board **noted** that the Trust had won an extended Cytology screening contract and suggested that the Board should write to those involved in securing the contract to recognise them for their hard work.

The Board **noted** the comments and the detail in the report and were assured by the information.

Integration Programme Progress Update

Mr Crowley presented the report and highlighted the systematic reviews that have been undertaken across the corporate work streams. He advised that this process will be completed in the near future. Mr Proctor chairs the Performance Management Liaison Group; this group makes the judgements on the additional resources needed to deliver the integration.

The Board discussed the clinical risks identified in the report, specifically Neurology and Rheumatology. Dr Turnbull added that both risks give the Trust an opportunity to change processes and develop other approaches in a suitable way that suits both sites. He added that there are some concerns around recruitment.

The Board discussed the issues identified in the report around Corporate Nursing. Ms McManus explained that the delay relates to finalising the people into the defined posts. The staff is employed by the Trust; there are just some final changes to make with certain roles.

Board meeting held 19th December 2012

Regular reports

Mr Rose reminded the Board that today's meeting was a shortened-form, with no standard performance reports, etc. due to being early in the month, before Christmas. This enables the Board to be somewhat reflective, as well as pick up a few special issues currently on our radar.

Mr Rose asked Ms McManus if she would update the Board on the published CQC report.

Ms McManus advised that she felt the report had made a significant number of positive comments and observations, even though the report does show that some specific aspects at the Scarborough site are not up to standard environmentally; it is important that staff understand and hear the positive messages as well as the criticisms. Ms McManus confirmed that the action relating to staffing levels on the escalation ward has been addressed and Ms McManus wrote to the CQC on 14th December 2012 confirming this.

Mr Ashton commented that he had walked round Scarborough Hospital recently and was concerned to see that the escalation ward was full of beds and being used as a full ward. Ms McManus suggested that it was the Willow ward Mr Ashton had seen. She advised that the CQC had been satisfied with the washing arrangements the ward had put in place for patients when they had visited. The CQC had accepted that the ward was a temporary escalation ward and as such the arrangements were acceptable.

Ms McManus advised that the new escalation ward would be opened on 2nd January 2013.

Mr Rose enquired how the CQC visits would be arranged in the future. Ms McManus explained that all visits would be unannounced and all acute hospital sites will receive a visit during any given year. At present the Trust is not expecting anything.

Mr Rose asked for clarification on what the Trust does internally about preparing for potential visits. Ms McManus advised that the Compliance Unit has a programme of visits across the whole organisation that is being carried out. The purpose of the visits is not only to try to identify any areas of concern but also to develop a culture of staff understanding and accepting the regulations and scrutiny that is required and also being able to identify what level of practice is acceptable in the organisation.

The Board thanked Ms McManus for her presentation and assurance. The Board **noted** the publication of the report and the completion of the actions. Mr Rose noted that Governors had been made aware of the publication of the report and how to access it.

Mr Rose updated the Board of Directors on the Council of Governors meeting held on 12th December 2012.

Mr Rose advised that Mr Sweet had been reappointed by the Council of Governors for a second three-year term as a Non-executive Director following the outcome of a positive and supportive appraisal. Mr Rose offered the Board's congratulations.

The Governors had also started to review the role of the Lead Governor. The aim being to develop some succession planning as the current Lead Governor is due for election this time. The Governors had also agreed that should the current Lead Governor be elected again as a Governor by the constituency and no other Governors put their name forward for Lead Governor then the current holder will be asked to hold the office again for (only) one further year, to allow for the development of approaches that spread the current role amongst a number of Governors and give time for potential new Lead Governor candidates to emerge.

The Board discussed the proposal and added that they felt it was important to keep some consistency about the role and it was very important to keep a Lead Governor. Mr Rose confirmed that it was not the intention to stop having a Lead Governor, indeed it was mandated that the Trust had one.

The Board **noted** the discussions being held by the Governors and the intentions to develop some succession planning. It was agreed that the process would be kept under review.

Mr Rose referred to the "Board of the Year 2012" award won by the Trust earlier in the month, presented by the NHS Leadership Academy. He felt we should be relatively low-key in publicising this award, given the challenging times ahead in the local health economy but the Governors had been informed. He felt it might be useful to reflect on why we had been successful. He hypothesised that there had been five main reasons for the achievement, in the past year or so:

- 1 The Trust had a clear main goal (the acquisition)
- 2 There was strong and stable executive leadership in the Trust
- 3 The Board was experienced together, cohesive and open
- 4 The main commissioners were well known to us and relatively passive, due to their imminent transition to the new structure
- 5 The Trust understood its facilities, resources and staff (i.e. "the York and Selby patch")

He added that looking forward to this current year, however, three to four of those five elements are not as they were. Mr Rose felt the Trust did not now have such a clear goal, the commissioner relationship is changing considerably, the environment and facilities are less fully known as we proceed with integration of new sites, staff, etc. and, finally, the Board has changed as we have new members. He stated that naturally this gives him a slight sense of concern and certainly that we cannot be complacent in this changed environment.

The Board discussed Mr Rose's analysis and concluded that completing the acquisition was the "easy bit". The Trust has to successfully integrate the services and bring the structures into a form so the whole organisation works cohesively. Mr Keaney likened the acquisition to a commercial acquisition and commented that the procurement side is not the difficult part;

the difficult part is the successful integration of the organisation.

Mr Proctor stated that he felt the Chairman had been a little pessimistic in his assessment of the current situation we face – that from his point of view he saw opportunities unfolding and that we need to keep on the "front foot". Mr Crowley added that the objectives are still clear, just more diffuse and offer a different future. Mr Crowley added that post-Christmas the Board would be considering the early thoughts on the site development for York. He added that the other element is how the Trust projects itself and gains influence and respect. The Trust also needs to be clear what it will look like in three to five years time. Mr Ashton added that he felt the importance the Trust had attached to the KPMG review demonstrated the standing the Trust felt it should have in the area. Mr Crowley explained that he had evidence of the how the Trust was viewed externally. He explained that he is now seeing a number of consultants who would like to come and work for the Trust because the Trust is seen as an organisation that is managing its own destination. He added that operationally there is chaos in the system locally and nationally but the Trust does seem to be controlling itself reasonably well.

The Board **agreed** with the comments made and felt that it was important to be definitive about the direction of travel and have a good understanding of the reasons for that direction. It was felt that it was healthy that there was considerable time being spent on looking outwards as an organisation and not inwards. Professor Willcocks felt that there was a lot the Trust needed to learn about the enlarged organisation. She added that it was useful to refresh the Board as it did have the effect of strengthening the Non-executive cohort. The Board asked what does success look like and where does the Trust see itself in five years time?

Ms Hayward summarised by saying that last year had been about scrutiny and responding to external demands. This year is about the Trust satisfying itself about quality and successful integration. Mr Bertram agreed with the comments and added that the Integrated Business Plan is currently being refreshed to support the new understanding gained from integration and helping to answer the questions posed by the Board.

Mr Sweet added that the Board has to see the elements that make up the vision and be provided with the opportunity to make changes. Mr Crowley acknowledged Mr Sweet's comments and added that the Trust will be responsible for determining the use of the sites, for example the use of Bridlington will be determined by the best way the site can be used operationally and the validation from the politicians. The Trust is currently seeking to obtain validation that there can be a disassociation of the delivery of community services from the estate from which they are currently delivered. This will provide some further flexibility for the estate.

Ms Raper commented that she had heard the Board talk about integration, site development and being the employer of choice, but not about mitigating risks and improving consistent clinical practice. Mr Crowley responded by explaining that he felt those items would overlay and be embedded elements of the other agenda items. Mrs Adams added that she felt risk should not be underestimated and the Board should recognise there are still some big pitfalls.

Ms McManus agreed with the comments that had been made and added that the progress on the integration had been rapid and had in some areas moved faster than planned.

Mr Rose thanked everyone for their contribution to this reflection. He wished to emphasise his known and inherent optimism and positivity about our capabilities as a Trust and that he also saw clear opportunities arising from building on the achievements of the past 18 months

and the active engagement with the current review process. In the New Year, we need to begin to build our revised vision of how a successful integration and certain potential reconfigurations in the community and across the acute sites, including a strengthened set of alliances with HDFT, will enable us to succeed in a sustainable way. This will be harder than when we had the acquisition as a “single moment”, tangible goal but potentially can be just as motivating and developmental.

The Board concluded the discussion and **noted** the points made.

Mr Bertram provided an informal update to the Board on the financial position at month 8. He advised that there were no concerns he wished to raise with the Board around cash or capital. However, he did wish to raise the following points:

Following the discussion at the Board last month around the payment from the PCT for the end of the financial year, Mr Bertram advised that he had formally written to the PCT to address their letter and to counter all challenges to payment. Mr Bertram also explained that he had sought confirmation from the PCT that they expected to be in a position to make their cash contract payments during February and March 2013. A letter has been received from the PCT confirming this to be the case. The PCT is still challenging some of the excess demand but Mr Bertram advised he was confident that the challenges will be resolved and he maintained that the reported income position was in line with a best assessment of the most likely out-turn.

Mr Bertram advised that there had been no significant progress on the Trust receiving the £20m of strategic capital but he continues to receive assurances from the SHA that the money will be paid. Mr Bertram also advised that discussions have continued with the PCT and the SHA on the forecast out-turn.

The Board **noted** the comments and **assurances** given by Mr Bertram.

Quality Governance Plan

Ms McManus presented the report and advised that there had been a review of the actions included in the framework. The document presented did show those areas where there had been a change to plan.

The Board **noted** the report and made some suggestions on some additional information they would like to see. It was **agreed** that Mrs Adams and Ms McManus would have a further discussion so that Mrs Adams could understand some of the background to the document.

The Board **noted** the report

Chief Executive Information

Mr Crowley tabled some information about the CYC Health and Wellbeing Strategy produced by the York Shadow Health and Wellbeing Board. He asked members of the Board to read the strategy and provide comment to the Corporate Directors and Neil Wilson before 18th January 2013. The intention is that all partner organisations will submit comment before the next Shadow Health and Wellbeing Board meeting so that the strategy can be adopted.

Mr Crowley also tabled a pack of documents relating to the KPMG Review. He asked the Board to consider the information included in the first draft reports and the appendix. It was emphasised that these are strictly confidential. He referred to the briefing report and advised that it built on the previous briefing note. Mr Crowley suggested that if members of the Board

had any comments or observations they would like to put forward they should email Mr Proctor, Mr Bertram, Mr Crowley, Dr Turnbull and Mr Wilson by 8th January 2013.

Mr Crowley also tabled an email he had sent to KPMG after he had received the report. In the email he had raised his concerns about aspects of the report and a number of inaccuracies. Mr Crowley explained the proposed action he had put forward.

Mr Crowley described that there could be opportunities for additional collaborative working where it would be financially beneficial and appropriate. Mr Crowley added that Harrogate Board has received the same information as York Board and are having the same discussions in parallel.

Mr Crowley commented that he had been a main advocate for the Review and there had been a danger at one stage that Harrogate would distance itself from the report. By working with them and strengthening the alliance, that danger seems to have subsided. Mr Crowley continued to provide assurance to the Board that York and Harrogate are now both committed to making the review a success.

The preparation of Review documents and proposals will continue over the coming weeks and we will have a further opportunity to clarify our understanding of the implications at a special Board Meeting on 8th January 2013. The summary proposals will be made public as part of the next PCT Board papers, due around 15th January 2013. Our meeting on the 8th January 2013 is important, as this Board is implicitly “endorsing” the nature, direction and scope of these proposals and the associated recommendations for the next steps.

The Board **noted** the report and was **assured** by his comments.

Mr Crowley referred to the recent allocation release, where the PCTs had received 2.3% uplift. On discussions with Mr Chris Long, it had been suggested that this was not good news because the current disparity in the system remains in place. Mr Crowley added that the acute Trusts had been lobbying the MPs in the region and the MPs had in turn met with the Secretary of State for Health; it has now been commented by Mr David Nicholson that there would be a review of the allocation formula, as it is recognised that it should reward those with good health outcomes, and it is considered that the current formula fails to do this so a second review may be undertaken.

The Board asked Mr Crowley where the KPMG Review leaves the Trust in the next 2 years. Mr Crowley advised that the £19m deficit at the PCT will be distributed amongst the CCGs. The VOYCC would be responsible for £5.3m and on the Scarborough side it would be £3m. The Trust will need to work with the CCGs to manage the underlying financial issue and support the management of demand. This does not change anything for the Trust, in that it already had planned to continue to deliver a CIP and work in a collaborative manner.

Assurance Framework and Corporate Risk Register

Mr Proctor advised that the Corporate Risk Management Group had reviewed both the Assurance Framework and Corporate Risk Register. The Group had considered the proposal put forward to change the presentation of the documents and agreed that from the Group’s perspective they have sufficient information included in the current reports. He did advise that it had been agreed that the Corporate Risk Register would be ordered in descending residual risk order. Mr Proctor advised that there were 10 new risks included in the risk register, specifically around the estate in Scarborough. He also advised that two risks on the assurance framework had been deleted and a new one had been added.

Mr Ashton added that he and the Audit Committee had received assurance that the process

had been satisfactorily carried out. He added that the link between the Assurance Framework and the Board and Committee agenda would be mapped to ensure there is some triangulation around the documents.

Board meeting held on 30th January 2013

Mr Rose welcomed Mrs Bev Geary, Assistant Chief Nurse and Mr Andrew Butler, Public Governor for Selby, to the meeting as observers.

Patient Experience

A letter of complaint was read by Mr Keaney and a complimentary letter was read by Mr Bertram.

Ms McManus advised that she intended that the Board would continue to hear letters of complaint and compliment at the beginning of Board meetings at present. From April 2013, the Friend and Family Test will be introduced and this will provide information pertinent to “patient experience” that should be reviewed by the Board. Ms McManus described the work that was being undertaken to implement the national initiative and the Board understood that it is expected the system will provide some excellent material to feed back to staff, however, there will be a cost to its introduction and the costs and benefits need to be captured to ensure the approach to introducing the system does maximise the benefits and minimise the cost.

Mr Rose asked if the test was being extended to outpatients and community hospitals. Ms McManus advised that at present the system will not include outpatients and community hospitals but may in due course and indeed we may choose to do this from our own initiative.

Ms Raper supported the position being taken around caution about how the system is implemented because she had identified that there may be some unintended consequences with current existing metrics. Mr Crowley added that there was a need to validate and decide on the priorities from a service perspective.

Action: Ms McManus will report back to the Board when the system has been introduced.

Quality and Safety Committee

Ms Raper advised that the Committee had held an extensive discussion about the Medical Director Report and the Chief Nurse Report and had asked for the reports to be developed to provide more trend data.

Clostridium difficile (C-diff) – Ms Raper raised the concern around C-diff and advised that the committee had discussed the issues in detail. Ms Raper asked Ms McManus to comment on the future expectations on the trajectory of C-diff limits. Ms McManus advised that the trend is going down and the expectation is that there will be a smaller trajectory allowance for the whole organisation.

Pressure ulcers – Ms Raper commented that she was pleased to see the deep dive that had been undertaken and commended it for its professional approach. She noted that the results had led to a shift in focus from treatment to prevention. Ms McManus commented that this fits with the national shift too.

Nursing Care Indicators (NCI) – Ms Raper advised that she was pleased to draw the Board’s

attention to the report included in the Chief Nurse report. She acknowledged that there is still significant work to be completed but was pleased to see the level of data included.

Referring to the Medical Director Report, Ms Raper drew the Board's attention to the Adverse Incident report. She reminded the Board that York had always been a high reporter of adverse incidents and Scarborough had been less so but that culture did seem to be changing. She added that there was some concern in the committee about the backlog in concluding the reports but after a discussion with the Medical Director, the committee had been assured at the speed and judgment of issues. She added that additional meetings have been put in place to ensure the backlog is appropriately reduced.

Mr Rose asked about reporting at Community Hospitals. Dr Turnbull commented that the introduction of the Datix system at Scarborough has improved the level of reporting. Community Hospitals are beginning to change and report more methodically. Significant work has been carried out with the Community Hospitals and they have introduced regular governance meetings at each site. Dr Turnbull referred the Board to his report and the dashboard from Whitby that had been appended. He commented that this was the first patient safety dashboard, and he was intending that each of the Community Hospitals would provide a regular dashboard for review.

Dr Turnbull added in terms of the backlog Serious Incidents (SI), the Trust was being held to account by both the PCT and the SHA. He added that both the PCT and SHA are anxious that the Trust clear this backlog within the next month so that it is clear before those organisations dissolve. The Board asked who would hold the Trust to account following the dissolution of the PCT and SHA. Dr Turnbull advised that it would be the Clinical Commissioning Groups (CCG), although the process has not been finalised as yet. Ms Raper referred to the Venous Thromboembolism (VTE) data and asked Dr Turnbull to comment on the results. Dr Turnbull referred the Board to his Board report and advised that the figures included are assessment of VTE rather than prescription of VTE data. Mr Rose asked Dr Turnbull to remind the Board what the treatment was for. Dr Turnbull advised that it was to prevent blood clotting and [pulmonary embolism](#) from occurring.

World Health Organisation (WHO) theatre checklist – Ms Raper referred to the WHO theatre checklist and expressed disappointment that, despite the target being 100%, compliance and the level of work that has been put into achieving compliance, the Trust was still not achieving it. Dr Turnbull confirmed he shared the concern. He advised that the data at Scarborough is collected in a different way but does show a level of compliance of 85-90%. He advised that the two areas where the checklists are carried out are in medicine and surgical specialities; both areas at York and surgical specialities at Scarborough. Discussions are held with teams and the data will soon capture down to individual level. This will be discussed in the performance improvement meetings that are held on a regular basis.

Mr Crowley added that 80% is substantial performance and the Board should also recognise that by the nature of the individuals involved this may vary. There is the challenge that the Trust is questioning the professionalism of the consultants by asking for the checklist to be completed, although patient safety should never be compromised, which all consultants in the organisation would support.

Mr Crowley added that the Board will remember at the Board time-out in October 2012 there was a discussion about the notion of compliance. He reported that a discussion paper has now been developed and there is a collective view about what would happen to an individual if there is no compliance. It is intended that this paper will come to a future Board meeting.

Mr Rose asked Dr Turnbull if there were any other issues he wished to draw the Board's

attention to.

Dr Turnbull advised that there were a couple of points to raise.

Firstly was the cost of engaging in national clinical audit. It was important that the Trust did engage in these audits but they obviously come with a cost. This cost now needs to be built into the budgets.

The second point was to provide an update to the Board on the uptake of the flu vaccination by staff. He advised that the Trust has this year about a 50% uptake which is noticeably lower than in previous years and will mean that the Trust is likely to fall short of the 70% national target. The campaign does continue. Dr Turnbull added that he is intending to conduct a research study on the reasons why people have not taken up the option to have the vaccine. The Board enquired if there was any sanction for not reaching the national target. It was confirmed that there was no sanction. The Trust's level of uptake is about average in the region. It has been noted that there is a significant amount of influence on the uptake from the leadership of each area within the Trust.

The Board thanked Dr Turnbull and Ms McManus for their comments.

The Board **noted** the Chief Nurse and Medical Director report and took **assurance** from the summary of the discussions from the Quality and Safety Committee and the comments made by Ms Raper, Ms McManus and Dr Turnbull.

Director of Infection Prevention and Control quarterly report

Mr Sweet commended the report for its clarity and the inclusion of plans. He was pleased to see that pressure was being maintained by the department and asked the Board to join him in congratulating the team and the Trust on the MRSA achievements. He added that two concerns do remain. The first the Board has already discussed which is C-diff. The second, however, was related to Scarborough and the comments in the report about Scarborough. Ms McManus advised that she had initially, last July, agreed a structure that was always expected to be reviewed after 6 months. The structure is now being reviewed and amended. Representation will continue across both sites and the restructuring will support the implementation of all systems and policies.

The Board **noted** the comments and found the report provided significant assurance on the infection prevention and control systems in the Trust. The Board thanked Ms McManus for her comments.

Dr Foster

Dr Turnbull gave a presentation to the Board on the Hospital Guide 2012, published by Dr Foster. He highlighted the key performance indicators in the presentation and confirmed that there was nothing in the guide that gave the Trust any specific concern, although we are continuously seeking improvement.

Dr Turnbull drew the Board's attention to the Hospital Standardised Mortality Ratio (HSMR):

Indicator	Ratio
HSMR in the Dr Foster report - York	104
HSMR in the Dr Foster report – Scarborough	109

("Expected" = 100, but both well within control limits)

Dr Turnbull also tabled an additional document that provided details of the mortality indicator Summary Hospital Mortality Indicator (SHMI) which had just been published. He reported as follows:

	SHMI July 2011 – June 2012	SHMI April 2011 – March 2012
York	105	110
Scarborough	117	115
Trust combined figure	108	112

(“Expected” = 100, but both within control limits)

The Board discussed the intention that the Trust will reach the “expected” 100. Mrs Adams asked when the Trust hoped to achieve this. Dr Turnbull advised that recently there had been a rise in mortality across both sites. He had reviewed the age profile to those who had died recently and in one week 11 of the patients were over 80 and three were over 100 years old. The Board discussed the external influences that impact on the Trust’s mortality rate. Mr Crowley reminded the Board that not so very long ago there was a spike in the number of deaths in the Trust because a local hospice was closed for decorating, so we should always be cautious with short-term data. Dr Turnbull added that SHMI levels are part of the mortality programme that is being implemented and the programme is beginning to demonstrate some improvements. Mrs Adams asked if the Board should be reviewing more granular data about mortality. Dr Turnbull reminded her that the Board does from time to time receive granular data, for example at the last Board meeting the Board discussed the Renal department, and assured her that the team was looking at the data in considerable detail. Mr Crowley added that it should be remembered that SHMI is on a rolling 12 month programme and the figures do suggest a downward trajectory, but it is also relative so as other organisations improve the position of the Trust is amended and it is possible to draw the conclusion that an organisation is improving but not at the same rate as the other organisations.

The Board thanked Dr Turnbull for the presentation and the assurance he gave the Board.

Finance and Performance Committee

Mr Sweet presented the summary paper from the Finance and Performance Committee. He highlighted the following points:

4 hour target – Mr Sweet asked Mr Proctor to update the Board on the performance versus target, both locally and nationally.

Mr Proctor reminded the Board that non-delivery of the target is generally as a result of the challenges being experienced elsewhere in the system (e.g. AMU). Nationally there are a number of Trusts that have failed the target for the year at quarter 3. In the region, 37% failed at quarter 3 and that has risen to 51% in quarter 4.

Locally, the issues are mainly in York and an action plan has been put in place. As the Board is aware, this target is a Monitor target. The impact of not achieving the target this quarter results in the Trust having an amber-green governance rating. If the Trust does not achieve the target next month, then the Trust will have been in breach 2 quarters in a row and must then achieve the target for the next four quarters or the Trust will be considered for immediate escalation to a red governance rating. The issues that York is experiencing that is making it difficult to achieve the target are related to an increase in acute admissions, the

age and complexity of cases has increased, delays in the transfer of care have increased significantly and the length of stay has increased. From now until the end of quarter 4, the Trust has to achieve 95.7% to ensure it achieves the target. The Trust has put in place a new Directorate Manager for the Emergency Department to strengthen the way it works. The action plan has resulted in an increase in the management resources and a review of the Acute Board, resulting in a re-launch of that Board.

Mr Keaney asked Mr Proctor if the “external” factors mentioned could be improved. Mr Proctor felt that concerns were being raised with social services and with the out-of-hours service. He did not expect any improvement in the out-of-hours service, however, until a new provider is appointed (see separate discussion of the OOH tender). Mr Proctor added that there is still a lot of internal work that needs to be completed and the development of a single strategy to deal with the issues.

Mrs Adams asked Mr Proctor to ensure the Trust did not drive to “achieve a target at any cost”. She would like to be assured that this achievement of the target would not be at the cost of patient safety. Mr Proctor confirmed that patient safety was the priority of any of the work and would not be compromised.

Mr Sweet referred to the 52 week waiters and noted that there were still some people on the list. Mr Proctor advised that there were 6 patients, all of whom now had dates and he expected them all to be clear by September 2013. The delay is due to the patients’ availability.

Mr Sweet asked Mr Bertram to comment on the accounts. Mr Bertram advised that the I&E position is effectively balanced. He advised that the Trust is behind plan in part due to the unplanned escalation bed costs that have been experienced and the dip in elective work. Mr Bertram reminded the Board that elective work attracts full tariff rates whereas extra non-elective work attracts only 30% (marginal) tariff. The Trust has seen an increase in non-elective work. The Trust has achieved a financial risk rating of 3 this quarter.

Mr Bertram referred to the transitional support and advised that at quarter 3 the Trust had drawn down proportionally more than if it had been drawn down in equal proportions. This issue had been discussed in detail at the Finance and Performance Committee. He added that this is acceptable, as it should be drawn down as required, but nevertheless a notable point for the Board to be aware of. Mr Bertram also added that he has introduced additional expenditure control measures to reduce discretionary expenditure, through to the end of the financial year.

Mr Bertram confirmed that there were no concerns around the Trust’s capital programme, with the exception that the £20m strategic capital support had still not been released. Mr Bertram advised that discussions were continuing with the Department of Health and SHA and that a formal proposal had now been made to release the first £5m instalment. Mr Bertram explained that he would update the Board as more news was received.

Mr Crowley advised that he was keeping Mr Robert Goodwill (Scarborough MP) informed of the position.

Post-meeting note: After the lunchtime break Mr Bertram informed the Board that the Department of Health had just agreed to release the first £5m and the Trust was expecting the money before the end of the financial year.

Mr Bertram confirmed that the PCT had written to the Trust to confirm there would be no issues with receiving payment for their contractual obligations in February and March 2013.

Mr Bertram believed the Trust would, by the end of the year, have undertaken an additional £10m worth of work above the contract. The PCT have submitted an offer to the Trust of £7m to pay for the additional work, as part of the initial negotiations for the year-end. Mr Bertram added that there is an additional complication to the year-end discussions in that the PCT will be dissolved on 1 April 2013 and the CCGs are not the “successor organisations”. Any outstanding debt will be negotiated with the Department of Health. Discussions continue in this regard and the Board will be kept up to date.

Mr Bertram referred to the technical adjustment included in the summary of information from the Finance and Performance report. He advised that the Trust has been required to complete a set of accounts for the first quarter for the financial year for Scarborough and North East Yorkshire Healthcare NHS Trust. As a result of being required to adopt the principles of absorption accounting there is a technical £10m negative impact to the Trust’s income and expenditure account as the historical negative balance sheet reserves come across from Scarborough. Mr Bertram confirmed this adjustment does not have any cash impact and is an accounting technicality. Monitor has confirmed this charge will be excluded from their FRR assessment. This technical adjustment will need to be explained in the annual accounts.

Referring to the efficiency report, Mr Sweet asked the Board to note the significant savings that have been identified during the month and that the efficiency programme delivery is now ahead of plan. He added that at the Finance and Performance Committee it had been established that the plans for Scarborough had changed following a review to ensure the plans were realistic so the level of confidence in those plans is now higher.

The Board **noted** the comments made by Mr Bertram and Mr Proctor and the assurance received from the comments made by Mr Sweet, Mr Bertram and Mr Proctor.

Annual Fire Report

Mr Rose welcomed Mr Golding to the Board meeting and asked Mr Golding to present the Annual Fire Report.

Mr Golding explained that this was the first report that covered the enlarged Trust. He advised that he wished to highlight four points:

- There have been no fires in the Trust or improvement notices issued to the Trust
- Training has increased. Now 50% of staff are trained either on a face-to-face basis or by e-learning
- Two significant risks have been included in the Corporate Risk Register
- Mr Golding would like to defer approval of the Fire Safety Policy by the Board until April 2013

The Board agreed to the deferral. The Board discussed the two risks included in the Corporate Risk Register and expressed concern that the fire alarm system (Scarborough) was not functioning properly. Mr Golding advised that the alarm does work, it just automatically switches itself off after 2 minutes, regardless of the existence of a fire or not. He advised that a business case was being developed to resolve this. The Board of Directors enquired if the Trust would receive any sanction from the fire authority. Mr Golding advised there would not be any sanction.

The Board **noted** the report and thanked Mr Golding for his comments and assurance.

Community Asset Transfer

Mr Golding presented the paper and reminded the Board that at the November 2012 meeting the Board had considered the transaction and agreed a number of caveats. The Trust was now required to submit assurance and confirmation of its due diligence to Monitor as a “material transaction”.

Mr Golding outlined each of the caveats and advised of the progress against these since the last discussion. He advised that the Trust had now received a further transfer order, and, whilst this was still a draft document, assurances had been given that no material changes are expected. With regard to Malton, the Trust has received confirmation from the SHA that NHS Property Services Ltd will have the power to affect the transfer later in the year. The PDC issue had not been resolved. It was now clear that it was not included in the Trust’s community contracts and written assurance around this point had been given. But discussions were being held as to whether it would be included in the allocations being made for the CCGs. This was a national issue facing all provider transfers and Monitor is fully briefed in all cases as to the outstanding nature of this issue.

The Board **noted** the comments and recognised that, although developments had been made, the three caveats were largely still outstanding. The Board agreed it was an unsatisfactory position to be in, given that the Board is being asked to approve the release of information to Monitor. Mr Bertram advised that Monitor does understand the position and that this is work in progress. Monitor has confirmed it is willing to work with these issues and still progress conditional due diligence authorisation. It was **agreed** that the due diligence assurance submission would be made, clearly identifying outstanding issues. This would allow the matter to continue to progress to national timescales. Mr Crowley asked when the final decision to transfer needed to be made by the Board. Mr Bertram suggested that this item should be discussed again at the February 2013 Board, when a final decision can be made. This would allow us to confirm our position early in March well ahead of the planned transfer date of 1 April 2013. The Board acknowledged that if the PDC is not funded, this would create a further £1m pressure on the finances of the Trust.

Action: to discuss the approval of the transaction at the Board of Directors meeting in February 2013.

Report of the Chairman

Mr Rose advised the Board that the publication date for the Francis Report had been published as 6 February 2013. A meeting is being planned for the key Directors to meet the Governors to report on the Francis Report as well as the North Yorkshire Review/KPMG report and the latest CQC visits report. This meeting is arranged for 26 February (14:00-16:00hrs, in the Boardroom at York Hospital). Ms McManus added that the Non-executives have also been invited to the Corporate Directors meeting to discuss our response to the Francis Report. This meeting is on 25 February 2013 (provisionally 13:00hrs, in the Boardroom at York Hospital). Ms McManus added that work was underway with Mrs Brown (Head of Communications) to consider the media response.

Mr Rose asked the Board to join him in congratulating Dr Turnbull in being appointed for a further 3 years as the Medical Director.

Mr Rose reported that the Governors have set up their first “interest group”, in this case regarding Community Services. This Group is due to meet during the next month and will be supported as appropriate by the Trust.

The Board noted the Chairman's report

Report of the Chief Executive

Mr Crowley referred to the award received by the labour ward and congratulated them on their achievement. He added there is disappointment for the bereavement team for not receiving the award. He suggested that some other funding should be found. Mrs Adams suggested that the Charitable Funds provide some funding.

Mr Crowley advised that the Trust had been awarded stage 2 accreditation by the Baby Friendly initiative.

Mr Crowley referred to the recent publication in the press around the CQC comments on "shortage of staff" at Scarborough. He congratulated Mrs Brown and other staff on the excellent response that was given to the media. He added that a response has been developed by the FTN and published to Ministers, the media and CQC.

Mr Crowley added that CPD (Core Patient Database) was being implemented in Scarborough after a huge effort by IT and IT training, under the leadership of Sue Rushbrook.

Mr Crowley congratulated the finance staff on their achievements. He advised that at the regional HFMA awards, Sharron Murray received the Finance Professional of the Year Award, the Corporate Efficiency Team received the Efficiency Award and the Financial Services Team received the Finance Team of the Year Award for their work in integrating the York and Scarborough finance functions. Mr Crowley added that he wanted to congratulate the finance team for their smooth transition from two to one system for payroll.

Mr Crowley commented on the North Yorkshire Review. The document was published on 22 January 2013. He commented on the report and advised that Mr Chris Long (PCT) had advised the Chief Executives that the Chief Executive Group was to be disbanded. Mr Crowley advised that he has written to the Chief Executives to suggest that it would be more effective if the group was maintained so that the objectives of the Review could be completed in a collaborative manner. This would allow for the interdependencies between Trusts being better served through collaboration. The finances of North Yorkshire have improved and it is now even possible that a balanced position will be achieved by financial year-end. Mr Crowley agreed at the next Board meeting he would be able to give information about the collaborative working and the workstreams.

Mr Crowley referred to the attachment included in his Board report and advised that it had been prepared for the public meeting recently held in Scarborough. It was agreed that the document (detailing changes and improvements at Scarborough & Bridlington since the integration started) would be circulated to Governors and a further similar document would be developed for Community Services.

Action: agreed that the attachment would be circulated to Governors (March CoG) and a further document would be developed for community services and presented to the Board of Directors in March.

The Board discussed the developments and the report. The general view was that it did give some concerns by its lack of specificity and more action-orientated workstreams needed to be developed.

The Board thanked Mr Crowley for his report.

Monitor Quarterly Return

The Board considered the quarterly return and noted the additional targets. The Board approved the submission to Monitor. Mr Bertram advised the Board that they would normally have the summary from finance, but as a result of late discussions with Monitor, around how to record the £10m technical issue, the final documents were not complete. He confirmed that the submission being made showed a financial risk rating of 3.

The Board approved the submission.

The Board considered the assurance statement prepared for submission to Monitor as part of the six-month review. The Board reviewed and approved the statement and authorised its inclusion in the quarterly letter that accompanies the submission.

Equality Duty Information

Professor Willcocks presented the tabled paper. She apologised for the paper being tabled and explained that there had been some issues about finalising the report. Professor Willcocks explained that the Trust had, earlier in the year, received a notice for breaching the equality duty. This report provided the basic information that was required for meeting the requirements. Professor Willcocks advised that the Board would be required to approve the document because the information was required to be published by the end of January 2013 or the Trust would be in breach for a second year.

Mrs Pridmore added that the intention was to produce a second report in about 6 months which would be more developed.

The Board **approved** the report.

Values and Corporate Statement

The Board of Directors considered the revised statement of our Trust's Mission and Strategic Frames and made some additional amendments.

It was **agreed** that Mr Crowley and Ms Raper would work with Mrs Holden to finalise and launch the final document over the next month.

Action: finalise the wording and publish across the Trust.

1. Recommendation

The Council of Governors is asked to note the Board of Director minutes from the meetings held in November 2012 to January 2013.

Author	Anna Pridmore, Foundation Trust Secretary
Owner	Board of Directors
Date	March 2013