

## **YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY**

### **MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON TUESDAY 2 DECEMBER 2008 AT BLENHEIM HOUSE, LEEDS**

<b>PRESENT:</b>	Mrs K Riddle	Chairman
	Ms M Edwards	Chief Executive
	Mr M Collier	Non-executive Director
	Mr R Cooper	Deputy Chief Executive/Director of Finance & Investment
	Mrs J Dean	Non-executive Director
	Mrs S Harkness	Non-executive Director
	Prof P Johnstone	Regional Director of Public Health
	Mrs A Laban	Director of Performance & Delivery
	Mr K Ramsay	Non-executive Director
	Mr I Walker	Non-executive Director

#### **IN ATTENDANCE:**

	Mr K Milner	Director of Communications & Public Relations
	Mr D Thompson	Associate Director - Clinical Engagement (for Prof. Proctor)
	Mr A Wardle	Deputy Director of Workforce & Education (for Mr Gilpin)
	Prof C Welsh	Medical Director
	Mr J Hampson	Deputy Chief Information Officer
	Mr T Lowe	Associate Director of Finance (Capital & Estates)
	Ms C Paeglis	LSA Midwifery Officer
	Ms J Dally	Secretary

#### **APOLOGIES:**

	Prof S Proctor	Director of Patient Care and Partnerships
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#### **08/137 APOLOGIES FOR ABSENCE**

It was noted that Professor Proctor was undertaking a six month secondment to North Yorkshire and York PCT. David Thompson would be attending the Board in her absence.

#### **08/138 MINUTES OF THE EXTRAORDINARY MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON 13 NOVEMBER 2008**

The minutes of the extraordinary Board meeting held on 13 November 2008 were approved as a correct record and signed by the Chairman.

#### **08/139 MATTERS ARISING**

There were no matters arising additional to the agenda items.

**08/140**      **CHANGES TO THE DECLARATION OF MEMBERS' INTERESTS AND DECLARATION OF MEMBERS' INTERESTS IN AGENDA ITEMS**

No additional interests were declared. No interests were declared in the programmed business of the meeting.

**08/141**      **CHIEF EXECUTIVE'S VERBAL REPORT**

**Awards:**

The excellent performance of organisations in the region in the national Healthcare awards was noted. Airedale Hospital and Sheffield Teaching Hospitals had also won in their categories in the annual Dr Foster awards. The SHA's own website had been noted for excellence in the Communications in Business awards.

The Board congratulated the Director of Communications and Public Relations and his team on this achievement.

**Operating Framework:**

The 2009/10 Operating Framework and financial allocations were expected to be published on 8 December 2008. A briefing note would be circulated to Members.

**Appointments:**

Christine Boswell had been appointed as Chief Executive of Rotherham, Doncaster and South Humber Healthcare Foundation Trust.

Interviews were scheduled for the appointment of Chief Executive to Scarborough and North East Yorkshire Healthcare NHS Trust.

**08/142**      **HEALTHY AMBITIONS IMPLEMENTATION UPDATE**

The Board received a report from the Director of Strategy and System Reform, presented by Prof. Welsh, updating on progress of the implementation of the regional strategic service framework – *Healthy Ambitions*.

Responding to questions about the feedback received on *Healthy Ambitions*, Prof. Welsh confirmed that organisations were reporting on good levels of engagement, which was very encouraging and essential for effective implementation of the strategy.

The Board noted the position outlined in the report.

08/143

**SERVICE CHANGE ASSURANCE PROCESS**

The Board received a report seeking approval of revisions to the current assurance process for service change.

Presenting the report on behalf of the Director of Strategy and System Reform, Mrs Laban explained that revisions had been made to take account of developments in national policy and the experience of the application of the process after 18 months. An Executive Summary of the process had been circulated. Full copies of the documented process were available on request.

Since its inception, 9 schemes had been subject to the process. 78% of these had achieved a gold standard, 7% had achieved a gold standard plus.

It was noted that service change was initiated by commissioners of services.

The Board approved the proposed changes to the assurance process.

08/144

**(i) FINANCIAL POSITION ACROSS THE YORKSHIRE AND THE HUMBER HEALTH ECONOMY (ii) PCT MEDIUM TERM FINANCIAL PLANS**

- (i) The Board received a report outlining the Month 6 forecast outturn position across the Yorkshire and the Humber health economy.

In response to a question about what was known about the pressures in the system for foundation trusts (FTs), Mr Cooper confirmed that the SHA had a good perspective on this because of the inclusion of FTs at directors of finance meetings. FT concerns were centered on the achievement of efficiencies going forward.

- (ii) The Board received a report setting out the next stage of the financial planning process and an analysis of Trust and PCT medium term financial plans. An earlier report on the financial planning process had been considered by the Board at its meeting in September 2008.

Commenting on the paper Mr Collier questioned the level of pessimism about shifts in drugs costs and highlighted the impact of PFI projects on individual organisation's financial positions, such as Mid Yorkshire Hospitals. It was agreed that this should be considered for inclusion on the strategic Risk Register.

**PERFORMANCE MONITORING REPORT**

The Board received a report on performance against the key indicators for the year to date.

On 18 weeks, Mrs Laban commented that on aggregate the SHA had delivered the December target for admitted patient pathways. However, there was variation between PCTs, with particular pressures in certain specialties including trauma and orthopaedics, neurosurgery and oral surgery. The challenge would be to sustain performance across all specialties and in all PCTs.

With the onset of winter, daily situation reporting was being undertaken to monitor A&E and ambulance service performance. Yorkshire Ambulance was continuing to make progress but needed to sustain improved performance.

Choose and Book (CaB) continued to present a challenge to PCTs. The SHA had written out to all those with under 50% CaB utilization requiring action plans to ensure achievement of 90% by the year-end.

On MRSA good progress was noted for all except Leeds Teaching Hospitals, which continued to report unacceptably high rates of infection. Weekly meetings between the Trust, PCT, SHA and DH continued with root cause analysis being undertaken on each reported case. It was noted that mandatory screening of all elective patients was being introduced nationally from 1 April 2009.

The first GP-led Primary Care (Darzi) centre nationally had recently been opened in Bradford by the Secretary of State. Members asked that a map showing the location of the new GP-led health centres be included in the next Performance report.

Ms Edwards commented that great credit was due to Mrs Laban and her team for the progress that had been made on 18 weeks.

Mr Collier asked if a future meeting could focus on Mental Health performance. Mrs Laban undertook to provide an analysis of scores from the Annual Health check for the March meeting. She commented that some of the red ratings were due to issues of timing and so additional assurances could be given in some areas. It was also explained that in some areas there were insufficient patient numbers to enable the targets to be met.

The relatively poor performance of East Riding of Yorkshire PCT in a number of areas was noted. Mrs Laban confirmed that these issues had been explored at the PCT's mid-year review. The new management team had responded well and was confirming that most targets would be delivered. The SHA was satisfied that good progress was now being made.

08/146

## **CLINICAL QUALITY AND PATIENT SAFETY PROGRESS REPORT**

The Board received a report in three parts: an overview of clinical quality and patient safety developments; proposals to accelerate the transfer of performance management of serious untoward incidents (SUIs) to lead commissioner PCTs; and key changes to the SHA procedure for the management of SUIs.

Presenting the first section of the report, Mr Thompson reported that two audits had been undertaken of patient safety and clinical governance systems and process. Both had reported substantial assurance.

There was discussion of the proposals for the management of SUIs. Prof. Johnstone commented that while agreeing with the direction of travel, he felt that the SHA needed to be absolutely clear on the criteria for hand-over and have confidence that PCTs had the capacity and capability to take this up.

Members commented on the current issues around Safeguarding Children and it was noted that a meeting was being held by the SHA to explore local processes against the context of recent incidents.

Mr Ramsay questioned how the Board would receive assurance that PCTs were managing incidents appropriately under the proposed new arrangements, particularly as there was likely to be differential capability across PCTs to undertake performance management of SUIs. The position of PCTs with provider services was also highlighted.

Mr Collier commented that current arrangements for performance managing SUIs afforded the SHA the ability to undertake high-level analysis and promulgate learning. Although some assurance could be taken from the outcome of the audits that had been referred to, the SHA should be striving to achieve full assurance. He queried why the SHA had no Clinical Governance Committee, which was the case in other areas. This was an issue that would be picked up by the Audit Committee.

In the light of discussion, the Board asked Mr Thompson to review the proposals and re-submit a report to a future meeting.

08/147

## **IMPROVING LEARNING DISABILITY SERVICES**

The Board received a report on the outcome of the Quality and Performance self-assessment framework for Learning Disabilities services, approved in December 2007.

The Board: noted the outcomes of the 2008 Quality and Performance self-assessment framework; approved the approach and timetable for

the 2009 assessment framework; noted the arrangements for the transfer of commissioning of social care for adults with a learning disability from PCTs to local authorities by April 2009; and noted the implications of *Healthcare for All* for the local NHS and the actions being taken by the SHA with PCTs to follow up the report.

08/148

**CORPORATE AND HOSTED BUDGETS**

The Board received a report on the operating cost and balance sheet position of the SHA and the overall forecast position of the SHA, taking into account resources held on behalf of organisations in NHS Yorkshire and the Humber.

Mr Cooper reported that there was a £31m under spend on the SHA budget due to the establishment of a planned contingency fund for Training and Education.

Under spend on hosted budgets was being monitored month on month. Mr Collier queried whether there was any update on issues raised previously about the potential impact of the reported under spend on the delivery of the NHS Cancer Screening Programme's (NCSP) objectives. The Chief Executive confirmed that the issue had been raised with the NCSP.

Commenting on the SHA's role in passing on resources related to specific policies, Mr Collier asked for clarity as to whether any discretion was applied by the SHA to these allocations. If so, he asked that the Board be advised of the criteria that were being applied and have an opportunity to discuss them.

It was suggested that the development of the Quality Foundation should be added to the list of key medium term issues.

In discussion of the Strategic Investment Reserve to finance the development of Clinical Skills Centres, Mr Ramsay asked that additional information be given at a future meeting regarding its use.

The Board noted the position set out in the report and approved the creation of a Strategic Investment Reserve for Training and Education to finance the development of clinical skills centres and other strategic priorities.

08/149

**NORTH EAST LINCOLNSHIRE CARE TRUST PLUS: FULL BUSINESS CASE FOR THE DEVELOPMENT OF NEW ADULT MENTAL HEALTH FACILITIES**

The Board received a report seeking approval of the Full Business Case (FBC) for the development of Adult Mental Health Services at Peaks Lane, Grimsby.

Mr Lowe reported that this scheme had originated back in 2002. Developments in the staffing and service model for Adult Mental Health were now being constrained by environmental limitations. The SHA Board had previously approved an Outline Business Case in December 2007, but this had subsequently become unviable due to circumstances outside the control of the NHS.

There was discussion of the implications of the lack of full commissioner:provider separation. Mr Lowe confirmed that the Trust had been rigorous in putting in place a proper separation of duties and there was documented commissioner-side support for the development.

To address Value for Money, the Care Trust Plus had appointed independent price advisors to negotiate the deal.

The Board approved the FBC for the development of new Adult Mental Health facilities at Peak Lane, Grimsby, subject to confirmation from the Care Trust Plus that they have agreed a final Guaranteed Maximum Price within the figure contained in the FBC.

**08/150**

### **RISK AND BOARD ASSURANCE FRAMEWORK 2008**

The Board received the Assurance Framework and strategic Risk Register.

Mrs Laban confirmed that in addition to the high-level strategic risk register, each directorate within the SHA maintained its own operational risk register and that these were monitored by the Assurance Group.

SMT had reviewed and agreed the risks and scoring detailed on the Assurance Framework to ensure that these triangulated with their own discussions of significant risks.

Mr Collier commented that there had been tremendous improvements made to the Assurance Framework and Risk Register over the past year. The Audit Committee monitored the assurance process regularly, but he did not consider it to be the role of the Committee to test the substance of the identified risks, rather this was the responsibility of the Board. The Board needed to set aside sufficient time to review the substance of the risks in detail to ensure that they were appropriate and to identify any additional assurances that were required. It was suggested that this might be done as part of a Board development session in the New Year. Mrs Laban undertook to schedule a discussion.

08/151

**LOCAL SUPERVISING AUTHORITY ANNUAL REPORT 2007/08**

The Board received a summary of the annual report to the Nursing and Midwifery Council (NMC) of the SHA LSA, in accordance with NMC requirements.

Presenting the report, Ms Paeglis explained that it highlighted the activities of the LSA function, which was a statutory responsibility of the SHA. The 'rag' rating contained in the report corresponded to the priority attached to the various elements of the function, rather than to the assessed level of risk. SHA risk scores were awaited from the NMC. Yorkshire and the Humber had previously been rated as the lowest risk nationally.

The Chief Executive commented that the report had yet to be considered by the SHA's Senior Management Team (SMT). SMT would be considering what action might be needed in the context of other work ongoing through *Healthy Ambitions*. Members asked that SMT also consider the issues identified in the previous year's report as there appeared to be a number of consistent themes.

08/152

**DRAFT MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 11 SEPTEMBER 2008 AND PROPOSED AMENDMENTS TO THE CORPORATE GOVERNANCE MANUAL**

The Board received the draft minutes of the Audit Committee meeting held on 11 September 2008.

Mr Collier confirmed that a report on the Commercial Procurement Collaborative would now be considered by the Audit Committee at its next meeting.

The Audit Committee had commissioned a report from Internal Auditors setting out how full assurance could be achieved on audit reports.

A query that had arisen about availability of Appointments Commission training opportunities for NEDs was being pursued with John Hunter, the SHA lead. Ms Edwards asked Mr Wardle to ensure that the position was clarified.

The Audit Committee's recommended changes to elements of the SHA's Corporate Governance Manual were approved by the Board.

08/153

**REVIEW OF CORPORATE POLICIES**

The Board approved new versions of the Confidentiality Statement and Guidance and the Policy and Procedure for Responding to Requests under the Freedom of Information Act.

**08/154      REGISTRATION AUTHORITY PROCEDURES**

The Board approved Registration Authority Procedures for the SHA.

**08/155      LOCAL RESEARCH ETHICS COMMITTEES – ANNUAL REPORTS**

The Board received and accepted the annual reports of Local Research Ethics Committees. However, Members commented that the covering report did not address the issues that were raised in the previous annual report.

**08/156      SEALING OF DOCUMENTS**

The Board received a report outlining the background to a request for the use of the Authority's seal.

The Board approved the sealing of documents relating to a change of name at the Land Registry to enable the transfer of legal charges from the SHA to Hull Teaching PCT for reasons detailed in the report.

**08/157      INFORMATION GOVERNANCE UPDATE**

The Board received an update on Information Governance and noted the appointment of the Director of Finance and Investment/Deputy Chief Executive as Senior Information Risk Owner for the SHA.

**08/158      DATE OF NEXT MEETING**

The next meeting was confirmed as Tuesday 3 March 2009 at Blenheim House, Leeds.

**08/159      RESOLUTION FOR BUSINESS TO BE CONSIDERED IN PRIVATE AT THE NEXT MEETING**

The Board resolved that representatives of the press and other members of the public be excluded from the confidential section at the start of the next meeting, having regard to the confidential nature of business to be transacted, publicity of which would be prejudicial to the public interest (Section 1(2) of the Public Bodies (Admissions to Meetings Act, 1960).

**08/160      ANY OTHER BUSINESS**

There were no additional items of business.

**Yorkshire and the Humber Strategic Health Authority**

**Summary of Agreed Actions - SHA Board Meeting 2 December 2008**

<b>Minute Ref.</b>	<b>Agreed Action</b>	<b>Responsible Director</b>	<b>Completion/Review Date</b>
08/141 Chief Executive's Update	2009/10 Operating Framework and allocations – briefing to be circulated to Board Members	Rob Cooper	By 15 Dec 2008
08/144 PCT medium term financial plans	Impact of PFI on financial viability to be considered for inclusion on the strategic Risk Register	Rob Cooper	Dec 08
08/145 Performance Report	(i) Analysis of annual health check results for Mental Health (ii) Map of GP led health centres	Annette Laban	March 09 Performance Report
08/146 Clinical Quality and Patient Safety Progress Report	(i) Consideration of Clinical Governance arrangements by the Audit Committee  (ii) Revision of proposed changes to SUI management	(i) David Thompson (Jo Dally Audit Committee Forward Programme)  (ii) David Thompson (Jo Dally Board Forward Programme)	(i) March 09 Audit Committee  (ii) (iii) March 09 Board
08/148 Corporate and Hosted Budgets	(i) Report to the Board on criteria for the discretionary allocation of funding linked to policy areas (ii) Development of Quality Foundation to be added to the list of issues for medium term financial planning (iii) Development of Clinical Skills Centres – additional information for the Board on proposed developments	(i) (ii) Rob Cooper   (iii) Tim Gilpin (Adam Wardle)  (Jo Dally - Board Forward Programme)	March 09 Board
08/150 Risk and Board Assurance Framework	Development session time to be allocated to consideration of the substance of the recorded risks and to identify whether additional assurances are required	Annette Laban (Forward Programme)	? Feb 09 Development session (to be agreed)
08/151 LSA Annual Report	SMT to review 2007/08 LSA report and issues identified in the 2006/07 report for actions	David Thompson	Timing to be agreed
08/152 Audit Committee minutes 11-09-08	Issue re availability of NED training to be clarified	Tim Gilpin (Adam Wardle)	March 09 Board (Matters arising)
08/156 LREC Annual Reports	Future Board report to address issues identified by the Board in 2007.	David Thompson (Forward Programme)	Nov 09 Board