

## YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY

### MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON TUESDAY 26 JANUARY 2010 AT BLENHEIM HOUSE, LEEDS

<b>PRESENT:</b>	Mrs K E Riddle	Chairman
	Mr B McCarthy	Chief Executive
	Mr R Cooper	Deputy Chief Executive/Director of Finance & Investment
	Mrs J Dean	Non-executive Director
	Mrs S Harkness	Non-executive Director
	Mr B Hughes	Acting Director of Performance & Delivery
	Prof. P Johnstone	Regional Director of Public Health
	Mr G Johnston	Non-Executive Director
	Prof. S Proctor	Director of Patient Care & Partnerships
	Mr K Ramsay	Non-Executive Director
	Mr I Walker	Non-Executive Director

#### IN ATTENDANCE:

	Mr T Gilpin	Director of Workforce & Education
	Ms R Roughton	Director of Strategy & System Reform
	Prof C Welsh	Medical Director
	Ms J Dally	Secretary
	In attendance for item 10/12:	
	Prof. P Cantrill	Chairman of the Independent Inquiry
	Mr M Collier	Chairman, Leeds Teaching Hospitals
	Mrs M Boyle	Chief Executive, Leeds Teaching Hospitals
	Dr P Belfield	Medical Director, Leeds Teaching Hospitals
	Mr J Lawlor	Chief Executive, NHS Leeds
	In attendance for item 10/15;	
	Mrs S Stockley	Capital Technical Adviser, Yorkshire and the Humber SHA

#### APOLOGIES:

	Mr K Milner	Director of Communications & Public Relations
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#### 10/08 APOLOGIES FOR ABSENCE

Apologies were noted as above.

#### 10/09 MINUTES OF THE MEETING OF YORKSHIRE AND THE HUMBER STRATEGIC HEALTH AUTHORITY HELD ON 3 NOVEMBER 2009

The minutes of the SHA Board meeting held on 3 November 2009 were approved as a correct record and signed by the Chairman.

10/10 **MATTERS ARISING**

**09/160 (09/147) Membership of the Audit Committee**

It was noted that Mr Walker had been confirmed as the substantive Chair of the Audit Committee.

Mr Walker proposed that Mr Johnston be appointed to membership of the Committee as his substantive replacement. This was agreed by the Board.

The Board thanked Mrs Harkness for her membership in the interim period.

Membership of the Audit Committee was therefore confirmed as: Ian Walker (Chairman); Keith Ramsay and Graham Johnston (Members).

**09/163 Pandemic Influenza**

Prof. Johnstone reported that the second phase of swine flu' was now reaching an end. Two issues remained outstanding. The first of these was the vaccination of front line healthcare workers and children under 5. Secondly, was learning lessons from the experience of swine flu' and an event had been arranged for May for this purpose.

**09/179 Financial Position across Yorkshire and the Humber Health Economy at Quarter 2**

Mr Cooper confirmed that a report on Scarborough and North East Yorkshire Healthcare NHS Trust had now been received from Price Waterhouse Cooper. The Trust had subsequently provided a response to the findings of the report and this would be shared with Members.

10/11 **CHANGES TO DECLARATIONS OF MEMBERS INTERESTS AND DECLARATION OF INTERESTS IN AGENDA ITEMS**

The following interests in the agenda business of the meeting were declared:

Mrs Dean and Mr Ramsay declared an interest in the Workforce and Education report as Governors of Sheffield Hallam and Leeds Metropolitan Universities respectively.

Mr McCarthy declared an interest in the Independent Inquiry Report relating to Leeds Teaching Hospitals, where he had worked between November 2000 and June 2002 and in the Workforce and Education Report arising from his Membership of the Council of York University.

10/12 **INDEPENDENT INQUIRY INTO THE COLIN NORRIS INCIDENTS AT LEEDS TEACHING HOSPITALS NHS TRUST IN 2002**

The Board received a report of the Independent Inquiry into the Colin Norris incidents at Leeds Teaching Hospitals in 2002, together with an action plan to address its recommendations, jointly produced by the SHA, Leeds PCT and Leeds Teaching Hospitals Trust.

Introducing the report, Prof. Proctor expressed on behalf of the Board sincere sympathies to the families and friends of the victims and all those otherwise affected by the actions of Colin Norris. This was echoed by those representing the Trust and PCT

Prof. Pat Cantrill, Chair of the Independent Inquiry presented the report to the Board, highlighting in particular those issues outlined in the Executive Summary to the report.

Mr Collier, Trust Chairman, confirmed that the Trust fully accepted the findings of the Inquiry. Mr Collier apologised to all those affected by the actions of Colin Norris for any failings there had been in the support provided to them by the Trust.

Mr Collier reported that since the inquiry report was finalised (in 2008), a Board-level Clinical Governance Committee had been established by the Trust, including Non-executive membership, which would focus on the issues identified in the report and oversee implementation of actions required by the Trust.

Mrs Boyle outlined some of the key areas of the action plan. She confirmed that there would be very active management of the action plan, including monthly management review, quarterly reporting to the Clinical Governance Committee and regular reporting to the Trust Board.

Mrs Boyle reported that Trust Board Members and directors were actively encouraged to carry out patient safety walkabouts throughout the hospital to enable them to track expectations with regard to patient safety and best practice at ward level.

Dr Belfield commented that he was confident that current systems operated by the Trust would identify concerns at an earlier stage, even though the errant actions of a determined professional in a position of trust could be difficult to identify.

Dr Belfield summarised the improvements made in a number of key areas that were highlighted in the report, namely: care of patients with fractured neck of femur; medicines management; death certification; and clinical governance.

Mr Lawlor confirmed that the PCT had been involved in the development of the action plan and had agreed the process for overseeing its implementation.

Mr Ramsay questioned why some of the actions had yet to be implemented when the incidents had taken place in 2002. In response Mrs Boyle explained that a number of actions had been taken in the immediate aftermath of the incidents and actions had continued to be undertaken throughout the intervening period. The recommendations in the report reflected current best practice and so had identified some areas where further improvement was necessary.

Prof. Proctor commented that the first two recommendations required action nationally and so progress had been limited until it had been possible to publish the Inquiry report.

In response to a question from Mr Walker, Trust representatives confirmed that the Clinical Governance Committee had powers to commission audits or to seek other forms of assurance, where appropriate.

Mrs Boyle outlined some of the ongoing challenges arising from these incidents, including issues relating to the culture and values of the organisation, the consistent application of policies and increasing the prominence of clinical governance within the organisation.

Dr Belfield described the developments and changes that would be noted by families visiting the Trust and highlighted examples relating to medicines management. In addition he commented that matrons now in place provided a senior focal point to whom relatives could escalate any concerns.

There was discussion about the importance of references relating to first appointments following qualification. Prof. Proctor reported that the Council of Deans had been asked to develop a template that would encompass all the information necessary to enable potential employees to gain a complete profile of any candidate. This initiative was supported by the Chief Nursing Officer and after a pilot scheme in Yorkshire and the Humber, could be rolled out nationally.

Prof. Johnstone asked about the issue of interaction between medical and nursing students and the Coroner's office. Dr Belfield confirmed that trainees were now required to follow a process, which included consultation with a senior colleague, documentation and follow-up in team review meetings. Prof. Welsh commented that the issues identified in this case would be fed into joint working between the NHS in Yorkshire and the Humber and the Home Office, linked to national coronial reforms.

In response to questions from the Chairman, Trust representatives confirmed that an audit of records had been conducted in all specialties in 2009. Protocols prevented agency nursing staff from having seniority on any shift and from administering drugs.

In discussion about the extent of support offered to staff in the aftermath of the incidents and for the subsequent legal proceedings, Mrs Boyle acknowledged that there had been shortcomings and lessons had been

learned as a result. Prof. Cantrill commented that an excellent protocol had been developed in Oxford as a result of a similar incident. Prof. Proctor undertook to obtain this with a view to determining whether it would have wider application within the region or NHS as a whole.

Prof. Proctor and Prof. Welsh were asked to ensure that all the lessons arising from these incidents were shared for the benefit of the NHS.

The Chairman thanked Prof. Cantrill for her report and those who had attended for this item.

The Board approved publication of the independent inquiry report and action plan.

## 10/13 **CHIEF EXECUTIVE'S REPORT**

### i. **Marmot Review**

The Chief Executive reported that Sir Michael Marmot, who was leading a national review of health inequalities, would shortly be presenting his findings in Yorkshire and the Humber to the leaders of the local NHS and local authorities. Board Members were also welcome to attend.

### ii. **Business Update**

The Chief Executive introduced a series of brief presentations by directors to support information that had been circulated to the Board since the last meeting:

#### a) **Operating Framework**

Mr Cooper gave a brief presentation summarising the key points of the Operating Framework, which set out the national rules of business and requirements for 2010/11.

The key message was that this would be the final year of any growth. Measures had been introduced to incentivise demand management such that activity exceeding 08/09 levels would be charged to PCTs, but only generate income of 30% to providers.

A 30% reduction in management costs was required over the next three years. SHAs were top-slicing between 1-3% of the 5% growth in 2010/11. In Yorkshire and the Humber PCTs were being asked to indicate what they wanted terms of control totals, with each PCT needing to invest at least 1.5% in the strategic investment fund. This would present a significant challenge for certain PCTs.

Efforts would also focus on improving the performance of organisations that were serially fair in Care Quality Commission ratings. 1.5% would be available for quality improvement through CQUIN schemes.

Although the Operating Framework precluded reconfiguration, other than in specific circumstances such as to facilitate co-terminosity with local authorities, organisations were being encouraged to think creatively, including achieving savings through collaboration on 'back office' functions.

**b) Quality, Innovation, Prevention and Productivity (QIPP)**

The Board received a report providing an update on the work programme agreed in November to address the quality and productivity challenge. Ms Roughton gave a short presentation to accompany the report.

In discussion the Chief Executive confirmed that every PCT was engaging with its local authority partners to identify common interests and agree future plans.

**c) Staff Survey**

Mr Gilpin gave a short presentation on the outcome of the 2009 Staff Survey.

It was noted that there had been an 80% response rate to the survey, with positive progress being made across all indicators.

Appraisal and personal development planning had emerged as one area requiring further development. Of concern was the relatively high number of staff (20% of respondents) experiencing work-related stress.

A detailed work plan would be developed to address the findings of the survey, which would also feed into the SHA's Organisational Development (OD) plan.

**d) Corporate Strategy**

The Chief Executive set out the relationship between the SHA Business Model, the Corporate Strategy, Business Plans and the OD plan and outlined the actions taken to date towards the development of the Corporate Strategy.

All teams across the SHA had been invited to contribute to the development of the Corporate Strategy. An update would be brought to the March development session, progressing towards seeking formal sign-off by the Board in April.

In response to a question from Mr Johnston, the Chief Executive commented that the business plan was a continuous process and so work was already focussing for example, around QIPP and integration of the Finance and Performance functions.

Mrs Dean asked how it was envisaged that non-executive directors (NEDs) would play into the Business model. The Chief Executive explained that he envisaged them contributing in three main areas: the Board and Committee role – setting strategy, scrutinising, challenging and holding to account; areas where NED involvement would enhance rigour and breadth, such as serious untoward incidents (SUIs), human resources, innovation, Board to Board

meetings; areas where NEDs could contribute from their individual experience and expertise.

The Board noted the Chief Executive's report.

## 10/14 **PERFORMANCE AND FINANCE REPORT**

The Board received a joint report on Performance and Finance.

Mr Cooper commented that the Performance and Finance functions were being brought together under his leadership. In future the Board would receive an integrated Assurance and Accountability report, which would also encompass quality metrics.

Mr Hughes took Members through current performance against the Operating Framework targets.

In discussion around performance on 18 weeks, Members noted that neurosurgery appeared to be an issue. Mr Hughes stated that nationally there was a shortfall in capacity in this specialty. Work was ongoing to look at neurosurgical pathways across the region.

The Chief Executive explained that drilling down into the next level of data would show that the difficulties were mostly related to a small number of specialist procedures, for example, children's hand surgery. The expectation was that Trusts should ensure that where a pinch point existed, the relevant specialists would focus the majority of their time on these complex cases.

In discussion of A&E performance it was noted that Yorkshire and the Humber was one of only two SHAs without Trusts on special measures because of the likely failure to achieve this target.

The Chief Executive stated his appreciation for the response of the service locally over the previous month and commended the actions of staff in maintaining services despite the exceptionally challenging weather conditions.

The additional impact of the adverse weather on the performance of Yorkshire Ambulance Service (YAS) was noted. Mr Hughes reported that the SHA was working intensively on a recovery plan with the Trust.

Prof. Proctor highlighted the inclusion of metrics relating to Safeguarding, which would become part of routine performance monitoring going forward. A dashboard was in development that would include measures such as take up of training, which would provide assurance on an issue previously identified by the Board.

There was discussion of the additional insight that would be gained from the periodic presentation of performance data by PCT. Mr Hughes confirmed that this analysis was already available. An interactive, intranet-based tool was in development that would show the full range of metrics by organisation.

Proposed indicators to track progress in the delivery of Healthy Ambitions were also noted.

The Board considered the sections of the report relating to SHA budgets and the financial position across the Yorkshire and the Humber health economy at month 8.

Mr Cooper summarised the key points of these papers, noting in particular that North Yorkshire and York PCT was forecasting a £9m deficit, which was largely attributable to overtrading on acute activity. A range of actions were in progress to ensure that the financial position was managed and to minimise any deficit, including the SHA placing the PCT in formal turnaround.

Mr Johnston asked Mr Cooper to provide a briefing on the history of the financial position in North Yorkshire to aid understanding of how the PCT had gone from deficit to breakeven and back to deficit, including information on the SHA's current engagement with the PCT.

Members reflected on the financial position across North Yorkshire, including at Scarborough Hospital. Mr Ramsay commented that the Trust's financial plan had only been sustainable because of financial assistance from the SHA. The Chief Executive said that public investment could only be justified to facilitate a sustainable solution.

Mr Johnston noted that the control total had increased by £10m from month 7 to month 8. Mr Cooper explained that a number of PCTs had opted to lodge additional funds with the SHA.

The Board noted the position set out in the Performance and Finance report.

## 10/15 **CAPITAL SCHEMES FOR APPROVAL**

### i) **Selby Community Hospital Full Business Case**

The Board received a report seeking conditional approval to the Full Business Case (FBC) put forward by North Yorkshire and York PCT for the development of a new Community Hospital, in conjunction with a new Civic Centre for Selby. The scheme involved a total rebuild of Selby War Memorial Hospital, together with the development of a new Civic Centre in partnership with Selby D.C.

Presenting the paper, Mrs Stockley highlighted the two outstanding requirements identified in paragraph 26. She confirmed that the requested information of capacity modelling had now been received, although supporting documentation was awaited.

On the matter of the PCT providing assurance on the affordability of the additional revenue costs associated with the scheme, Mrs Stockley reported

that the PCT now saw the scheme as being revenue neutral and potentially contributing to revenue savings going forward.

Responding to points made in discussion, Mrs Stockley stated that the SHA was assured that the assumptions made about running costs and rental income of the scheme were reasonable.

The Chief Executive commented that the SHA would use the turnaround process to monitor the revenue consequences of the scheme.

The Board approved the Full Business Case subject to ongoing monitoring of the revenue consequences through the turnaround process.

ii. **NHS Barnsley LIFT Tranche 3 Stage 2**

The Board received a report seeking approval of the Stage 2 Business Case for the development of new primary and community care facilities at Hoyland, Athersley, Darton and Great Houghton.

Presenting the paper, Mrs Stockley reported that some of the identified outstanding issues had been resolved since the report had been drafted. The issues that remained outstanding from those set out in paragraph 23 being: Barnsley MBC approval; Strategic Partnering Board approval; Audit confirmation of balance sheet opinion for accounts purposes; and commitment letters from Hoyland GPs, or a clear PCT statement regarding their intentions for occupation of the new and existing premises.

Ms Roughton commented that it would be helpful to see where the activity that these facilities would provide would be coming out from. She undertook to work with Mr Cooper to identify the contribution of the scheme in terms of productivity gain.

Members were concerned that the PCT's requirement for a restatement of GP commitment at Hoyland had not been received from all the practices concerned, although it was explained that the PCT was reviewing its building management arrangements.

In response to a question Mrs Stockley explained that the funding costs of the scheme had increased because of high margins on the debt due to tight liquidity in this market.

Mr Johnston asked for clarification as to where the risk would lie if the facilities were not fully utilised. The Chief Executive confirmed that this was a risk for Barnsley PCT.

The Board approved the case subject to satisfactory resolution of the remaining issues outlined in paragraph 23, with assurance on these issues to be provided via correspondence with the Board.

iii. **NHS Doncaster LIFT Tranche 2 Stage 2**

The Board received a report seeking approval of the Stage 2 Business Case for the development of an 8-8 Health Centre in Doncaster town centre and a Neighbourhood Centre at Conisborough.

The Board approved the case noting the satisfactory resolution of issues identified in paragraph 22 of the paper.

iv. **Scunthorpe Integrated Health and Social Care Centre Outline Business Case**

The Board received a report seeking approval of the Outline Business Case for the development of the Scunthorpe Integrated Health and Social Care Centre.

The OBC was approved.

v. **NHS Hull LIFT Wilberforce Centre Scheme Stage 2 Business Case Approval**

At its meeting in November 2009 the Board delegated authority to consider, and if appropriate approve, the business case for the development of the Wilberforce Health Centre in Hull, to the Chairman, Chairman of the Audit Committee and Chief Executive. The Board received and noted an update confirming that the case had been duly considered and approval given.

10/16 **WORKFORCE AND EDUCATION REPORT**

The Board received and noted a report from the Director of Workforce and Education providing an update on a range of issues relating to Workforce Training and Education.

10/17 **REPORT OF THE INDEPENDENT INVESTIGATIONS COMMITTEE**

The Board approved the Independent Investigations policy and amendments to the terms of reference for the Independent Investigations Committee.

The minutes of the Investigations Committee meetings held on 23 July and 22 October 2009 were received and noted.

10/18 **2009/10 SHA BUSINESS PLAN QUARTER 3 UPDATE**

The Board noted progress at quarter 3 on delivery of the 2009/10 SHA Business Plan.

10/19 **MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 28 SEPTEMBER 2009**

The Board received and noted the minutes of the Audit Committee meeting held on 28 September 2009.

10/20 **POLICY REVISION**

i. **Information Security Incident Reporting Policy**

The Board approved revisions to the Information Security Incident Reporting Policy for the SHA.

ii. **Policy and Strategy for the Production, Retention, Publication and Destruction of Records (incorporating the Retention Schedule)**

The Board approved revisions to the Policy and Strategy for the Production, Retention, Publication and Destruction of Records and associated Retention Schedule.

iii. **Whistle blowing: A Guide to Voicing Your Concerns – Policy and Procedure**

The Board approved a revised Whistle blowing policy for the SHA.

10/21 **DATE OF NEXT MEETING**

The next meeting of Yorkshire and the Humber Strategic Health Authority was scheduled for Tuesday, 2 March 2010.

10/22 **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).

10/23 **ANY OTHER BUSINESS**

There were no items of other business.

## Yorkshire and the Humber Strategic Health Authority

### Summary of Agreed Action – SHA Board Meeting 26 January 2010

Minute Ref. Title	Agreed action	Responsible Director	Completion/Review date
10/10 Matters Arising: 09/179 Financial Position at Q2	Copies of the PWC report on SNEY to be circulated to Members.	Rob Cooper	February 2010
10/12 Independent Inquiry – Colin Norris	Support for NHS staff protocol produced in Oxford to be obtained and reviewed for possible roll-out  Prof. Proctor & Welsh to ensure lessons learned from the inquiry are shared for the benefit of the NHS	Sue Proctor  Sue Proctor & Chris Welsh	February 2010  March 2010
10/13 Chief Executive's Report: Corporate Strategy	Update on progress in the development of the Corporate Strategy to be provided to the March Board development session	Bill McCarthy  (Secretary – Forward programme of business)	2 March 2010
10/14 Performance & Finance Report	Briefing on the history of the financial position in North Yorkshire, including information on the current engagement with the PCT, to aid understanding of how NYY PCT has gone from deficit to breakeven and back to deficit	Rob Cooper	February 2010
10/15 Capital Schemes			
i. Selby	i. Ongoing monitoring of the revenue consequences of the capital scheme for North Yorkshire and York PCT through the turnaround process.	Rob Cooper	Ongoing for duration of turnaround
ii. Barnsley LIFT Tranche 3 Stage 2	ii. a) SHA Finance & SSR teams to map productivity impact of the scheme  ii. b) Evidence of assurances on the outstanding issues to be provided to the Board by correspondence	Rob Cooper & Rosamond Roughton  Rob Cooper	Tbc  Tbc