

Minutes of the meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors held on 8 December 2010, in the White Cross Social Club, White Cross Court, York.

- Present:** Chairman of the meeting, Alan Rose
- Public:** Mr P Baines, Public Governor, City of York
Mrs H Butterworth, Public Governor, City of York
Dr J Dalton, Public Governor, Hambleton
Mrs H Mackman, Public Governor, City of York
Mrs D Rhodes, Public Governor, Selby District
Mr D Robson, Public Governor, City of York
Mr S Ruff, Public Governor, City of York
Mr R Towner, Public Governor, City of York
- Patient/Carer:** Mr P Chapman, Patient/Carer Governor
Mrs J Moreton, Patient/Carer Governor
Mr G Rennie, Patient/Carer Governor
Mr B Thompson, Patient/Carer Governor
- Partner:** Councillor J Batt, Partner Governor, North Yorkshire County Council
Councillor S Fraser, Partner Governor, City of York Council
Councillor S Wiseman, Partner Governor, City of York Council
Mrs C Patmore, Partner Governor, North Yorkshire County Council
- Staff:** Mr L Bond, Staff Governor, Medical
Mrs A McGale, Staff Governor, non-clinical
Mrs A Penny, Staff Governor, Nursing
Mr M Skelton, Staff Governor, Clinical Professional
- Apologies:** Mrs A MacDonald, Staff Governor, Nursing and Midwifery
Mr N Parkinson, Public Governor, Selby District
Mr J Porteous, Public Governor, City of York
Mr R Thomas, Public Governor, Selby District
Mrs C Surtees, Partner Governor, York CVS
- Attendance:** Philip Ashton, Non-Executive Director
Andrew Bertram, Director of Finance
Patrick Crowley, Chief Executive
Gordon Cooney, Associate Director of Operations (for Michael Proctor, Deputy Chief Executive)
Cheryl Gaynor, Head of Chairman & Chief Executive's Office
Penny Goff, Member Development Manager
Anna Pridmore, Foundation Trust Secretary
Alastair Turnbull, Medical Director

Members of the public:

One member of the public attended the meeting.

10/69 Chairman's Introduction

The Chairman welcomed all to the meeting in particular Councillor John Batt, newly appointed partner governor for North Yorkshire County Council.

The Chairman also welcomed observer Kay Gamble, the Trust's new Patient & Public Involvement Specialist to the meeting.

10/70 Apologies for Absence

The Council of Governors noted the apologies.

10/71 Oral Questions from the Public

There were no oral questions received from any member of the public.

10/72 Declaration of Interests

Mr Towner declared an interest as a member of the York Health Group Public and Patient Forum.

The Council of Governors noted the declarations of interest.

10/73 Minutes of the Meeting held on 13th October 2010

The minutes were approved as an accurate record.

10/74 Matters Arising from the Minutes

There were no matters arising from the minutes.

10/75 Sub-committees and other Governor Reports

Patient Focus Group

Mr Baines (Chairman of the Group) advised that there was nothing to report as the last meeting had been cancelled.

Community & Membership Engagement Group

Dr Dalton reported that, at the last meeting, it was hoped to have begun working on a work program for the group but unfortunately this was currently on hold, therefore plans were in place to begin looking at the community strategy and membership for the Trust.

Mr Rose commented that Dr Dalton had recently given an excellent speech at an Easingwold area forum regarding being a hospital governor and

making a difference and thanked her for her work.

Nominations & Remuneration Committee

Mrs Mackman advised that there were no updates to report and that the next meeting of the Committee was hoped to be scheduled for January, date to be confirmed. She did, however, report:

1. Particular attention was being paid to how each governor was being given opportunities to be involved in fulfilling our governing role and had done this by being in touch with a number of governors, and particularly with the newer members of the team. Each one of the public and patient/carer governors links with particular work streams or specific community groupings, which is increasingly valuable as community services transfer to our Trust and as we look towards developments across the East Coast.
2. Endeavouring to keep herself informed about the bigger picture, so that she can look for ways that governors could add value to current discussions and developments, and particularly in seeking assurance that all communities and constituencies that may be affected by the East Coast proposals are properly informed and listened to.
3. To this end, Helen has been attending both NYCC and City of York Council Health Overview & Scrutiny meetings and met with the Trust's PPI team to encourage early involvement of governors in processes.

Mrs Moreton separately advised that the Charities Committee were working on publishing a Fundraising Policy with Lucy Watson, the recently appointed Fundraising Manager.

10/76

Summary of the Board of Directors minutes

Mr Rose presented the summary of the minutes from the Board of Directors meetings held on 29th September and 27th October 2010.

Mr Crowley referred to the pressure ulcers and the performance dashboard having appeared to have gone down, following the rapid roll out of the pressure ulcers tools and techniques. Since this roll out there have been no reports of grade 3 or 4 pressure ulcers and the figures would suggest that there are half the pressure ulcers against this time last year. He commented that the tools and techniques had been a learning process for the Trust. Ms McManus had "blitzed" the hospital, which did initially cause some problems, particularly in fast turnover wards, but staff appear to have responded well and it was now a case of implementing plans to maintain this performance.

Governors expressed their congratulations across all of the directorates on the figures.

Mrs Moreton referred to the minute regarding 'Nurse Rostering Issues' and queried what these issues were. Ms Penny advised that the Trust had

purchased a system which had been implemented over the last year. Improvements on the use of the rostering system and some adjusting to working patterns had impacted on staff and, as a result, some staff had conversed to the press, who had then published a story. Ms Penny understood, through her involvement in some individual cases with the system, that family issues looked to be a concern, but since the meeting had taken place (September 2010) they appear to be making headway.

Mr Crowley informed that the Trust has been looking over the introduction of the rostering system for a number of years and are nowhere near the leading edge. Looking objectively, in some areas there was inefficiency; this offers a transparency around the rota. He advised that he had asked for a review 6 months ago and enquired whether or not we could do more. The Trust has currently trialled in four different areas and is slowly ironing-out the issues.

The governors noted the report.

10/77

Update on TCS and Scarborough

Mr Bertram reported on the transfer of community services and the due diligence process. He advised that the Trust was currently 2 weeks away from finishing the final stage of all questions that the trust has asked (staffing, legal, CQC etc). Mr Bertram will be producing a full due diligence paper before Christmas and will present this to the Board of Directors at its extra ordinary meeting scheduled to take place on 5th January 2011. The due diligence report is expected to be agreed at this meeting.

Mr Ruff enquired whether the due diligence process covered finance and if there had been any trade union involvement to date. Mr Bertram advised that the process was covering all aspects and that there had not currently been any trade union involvement, but certainly will after, if appropriate.

Mr Crowley referred to the submission of Mr Ruff's paper to the governors and welcomed his paper on the Scarborough acquisition and his stated concerns.

Mr Crowley clarified that the potential acquisition was not about an increase in geographical area, as stated in the report, but more a consolidation of clinical services to generate economics of scale.

In terms of clinicians travelling between York and Scarborough, Mr Crowley clarified that some clinicians currently travel. However, a particular objective will be to minimise the need for travelling for patients as well as staff.

Dr Turnbull reported that his personal take on the acquisition was of immense enthusiasm along with a number of York clinicians. He has been working with Mark Andrews (Scarborough Medical Director) on developing clinical links.

A governor raised their concern regarding the debt of Scarborough and enquired whether the Trust will acquire this too. Mr Bertram stated that Scarborough currently is on track to meet the repayment of this debt and this would be clear before the acquisition is completed.

Mrs Butterworth referred to Scarborough's current weakness in finance and enquired if it was a particular area that was responsible. Mr Bertram reported that this is yet to be scrutinised in fine detail but having started to build a picture, it is clear that there are three main points:

1. Repayment of historic debt
2. Overheads of operating offsite in Bridlington
3. The premium cost of running services in a small hospital

10/78 Quality and Safety Report

Dr Turnbull gave a detailed presentation of the Dr Foster Hospital Guide 2010. A copy of the slides is in appendix A to these minutes.

The governors thanked Dr Turnbull for his detailed presentation.

10/79 Finance Report

Mr Bertram presented the finance report, which detailed the financial position as at 31 October 2010. At the end of October, there was an income and expenditure surplus of £1.3m against a planned surplus of £2.0m for the period. The cash level at the end of October was above plan at £5.2m.

The governors noted the report.

10/80 Operational Performance Report

Mr Cooney presented the operational performance report which detailed activity and performance against target delivery as follows:

Performance national access targets)

- 18 week performance – admitted 92.46% (target 90%)
- 18 week performance – non-admitted 96.80% (target 95%)
- 4 hour – 96.99% (target 95%)
- 14 Day Cancer – 94.80% (target 93%)
- 31 Day Cancer – 97.70% (target 96%)
- 62 Day Cancer – 91.40% (target 85%)
- MRSA – 1 case (YTD against a trajectory of 2)
- C.Diff – 35 cases (YTD against a trajectory of 112)

Activity (local targets)

- 18 week admitted, median treatment time – 64.5 days (target 78 days)

- 18 week non-admitted, median wait time – 36 days (target 48 days)
- Day case – 11 days (25 days)
- Percentage of ambulance turnarounds (less than 25 minute) – 54.86% (target 80%)

The governors noted the report.

10/81 Emergency Department Report

Mr Cooney presented the Emergency Department report, which provided the emergency department activity from 1st September to 6th October 2010 compared to the same period for 2009. He described that there was a 4.16% increase in attendance compared to 2009, but there had been an increase in the percentage of those that are subsequent attendances.

Since the change by which GP pending admissions started to be admitted straight to the Ward, there had been a fall of 68.9% in patients attending the emergency department with a referral source of GP inpatient referral. The number of GP pending admissions being admitted via the emergency department has reduced but has not stopped.

Mr Towner queried the number of patients that are seen overnight and requested further information on self referrals. Mr Cooney advised that an estimate would be around 200 overnight patients.

Mrs Mackman enquired whether the GP's that were currently working in A&E have specific training. Dr Turnbull advised that the governance arrangement is of the PCT and not the Trust, although it does hold a level of responsibility; competence does lie with the PCT.

Action: Include details of self referrals in future reports.

The governors noted the report.

10/82 Nurse Education

This item was deferred to a future meeting of the Council of Governors.

10/83 External Audit

Gareth Mills and Sarah Howard of Grant Thornton (External Auditors) gave a detailed presentation on the service they provide for the Trust. A copy of the slides are in appendix B to these minutes.

10/84 Confirmed Time and Dates of 2011 meetings of the Council of Governors

Governors noted the dates and times of 2011 Council of Governors.

CLG
09/12/2010

Dr Foster Hospital Guide 2010

York Data

Alastair Turnbull
December 8th 2010

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Indicator principles

- Data period is FY 09/10 (unless stated otherwise)
- Indicators are based on the Imperial College August 2010 SUS extract and 09/10 benchmarks
- No league ranking this year
- Some data published nationally last week...
- Hospital deaths overall falling by 7% pa
- Alredale small Trust of Year, Royal Free, Ipswich and East Kent also exemplars

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2010 Indicators Mortality

- HSMR**
 - New Imperial College/Ox F methodology (measures conditions causing 80% of deaths and is coding dependent)
 - Outcome of HSMR review 2011 (SiMI – to include 30 day mortality)
- Mortality SMR for 5 high volume conditions:**
 - Stroke
 - Fractured femur
 - Heart attack and heart failure
 - Pneumonia
- 'Failure to Rescue' – separate from HSMR**
 - Surgical patients (elective or non elective), who were coded with one of the following and died:
 - Pulmonary Embolism and Deep Vein Thrombosis
 - Pneumonia
 - Sepsis
 - Shock or Cardiac Arrest
 - GI Haemorrhage/acute Liver

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Mortality Indicators for York
shown in RED

(Scarborough 107, Figures in blue are E Kent)

Indicator	Number	Standard	Expected	SD	95% Control	Ranking
HSMR	1,000	100%	1,000	100%	100%	100%
Stroke	100	100%	100	100%	100%	100%
Fractured femur	100	100%	100	100%	100%	100%
Heart attack	100	100%	100	100%	100%	100%
Pneumonia	100	100%	100	100%	100%	100%
Failure to Rescue	100	100%	100	100%	100%	100%

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Safety Indicators for York

Indicator	Number	Standard	Expected	SD	95% Control	Ranking
Stroke	100	100%	100	100%	100%	100%
Fractured femur	100	100%	100	100%	100%	100%
Heart attack	100	100%	100	100%	100%	100%
Pneumonia	100	100%	100	100%	100%	100%
Failure to Rescue	100	100%	100	100%	100%	100%

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2010 Indicators Stroke

A basket of indicators following the patient pathway

- % scanned same day
- % given thrombolytic treatment (of those for whom it is appropriate)
- Standardised ratio of pneumonia due to swallowing problems
- Standardised ratio of discharge to usual place of residence within 56 days
- Standardised ratio of readmission within 28 days
- Standardised ratio of in-hospital mortality

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Stroke Indicators

Indicator	Target	Observed	Expected	RR	95% CI	Rating
Stroke readmission mortality rate	200	174	200	0.87	0.74 - 1.03	Good
Stroke 30 day mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent

Indicator	Value	Observed	Target	Significance	Rating
Stroke day case	200	200	200	ns	Good
Stroke day case	200	200	200	ns	Good

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Orthopaedic Indicators

Indicator	Target	Observed	Expected	RR	95% CI	Rating
Orthopaedic readmission mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent
Orthopaedic 30 day mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent

Indicator	Value	Observed	Target	Significance	Rating
Orthopaedic day case	200	200	200	ns	Good
Orthopaedic day case	200	200	200	ns	Good

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Orthopaedic readmission mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent
Orthopaedic 30 day mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent

Indicator	Value	Observed	Target	Significance	Rating
Orthopaedic day case	200	200	200	ns	Good
Orthopaedic day case	200	200	200	ns	Good

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Urology Indicators

Indicator	Target	Observed	Expected	RR	95% CI	Rating
Urology readmission mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent
Urology 30 day mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent

Indicator	Value	Observed	Target	Significance	Rating
Urology day case	200	200	200	ns	Good
Urology day case	200	200	200	ns	Good

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Obstetric Tears

Indicator	Target	Observed	Expected	RR	95% CI	Rating
Obstetric tears readmission mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent
Obstetric tears 30 day mortality rate	200	18	200	0.09	0.02 - 0.16	Excellent

Indicator	Value	Observed	Target	Significance	Rating
Obstetric tears day case	200	200	200	ns	Good
Obstetric tears day case	200	200	200	ns	Good

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Death in low Mortality CCS groups

Indicator	Target	Actual	Expected	YTD	Quality Standard	Rating
Deaths in low mortality CCS groups	100%	100%	100%	100%	100%	100%

11

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2010 indicators

Treating and caring for people in a safe environment and protecting them from avoidable harm

- Does the trust have a public board lead for patient safety? **YES**
- Is patient safety on the monthly agenda for the Trust's board? **YES**
- How many acute inpatients have a track and trigger warning system in place? **MOST**
- Is the trust compliant with the featured HPSA alerts? **OUTSTANDING**
- Are all surgical patients fitted with NICE approved blood clot prevention devices? **MOST WE BELIEVE**
- How many patients are risk assessed for VTE on admission? **HPS**
- Incidents reported to the HPSA (high = good) **HIGH REPORTER**


*A index on the website allowing patients and the public to prioritise variables including cleanliness, comfort, information provided

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2010 Indicators York Summary

- Overall a good performance, Nationally and Regionally
- Latest initiatives on infection and pressure ulcers will be reflected next year
- Streamlining our coding techniques and deaths in low mortality groups
- Mortality rate is falling
- Fall well within expected limits in all metrics examined
- Good culture of reporting and placing safety top of agenda
- However, our aspiration is to do better and specific goals have been set to address this

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 Grant Thornton

York Teaching Hospital NHS Foundation Trust

External audit: presentation to the Council of Governors

8 December 2010

Introducing your key audit contacts



Sarah Howard
Partner



Garath Mills
Audit Manager

Purpose of the session

- Overview of the role of External Audit
- Summary highlights of work performed in 2009-10:
 - Accounts audit
 - Use of Resources
 - Quality Report review
- Planned work for 2010-11

What is the role of External Audit?

- To provide independent assurance to the Council of Governors by:
 - giving an opinion on the Trust's annual accounts
 - 'true and fair' view of assets and liabilities at 31 March and financial performance in the year
 - proper arrangements for the use of resources
- To consider the use of our special reporting powers if any issues of significant concern:
 - Referral to Monitor
 - Reports in the Public Interest

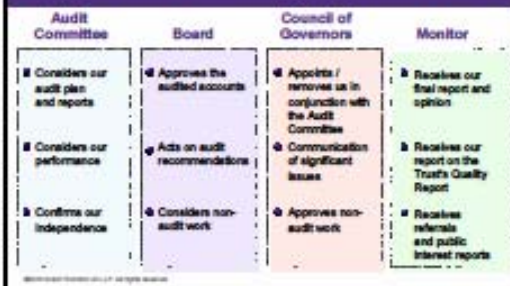
What is the role of External Audit?

- To perform any work mandated by Monitor or the Care Quality Commission:
 - Monitor mandated review of arrangements for producing Quality Reports
 - Annual publication of Quality Report within the Trust's Annual Report
 - Quality Reports Intended to Improve accountability of the Trust for quality of care
 - Auditors reviewed FTs' overall arrangements to ensure data quality and a sample of performance indicators

How do we perform our role?

Period	Output
July to September	Audit Plan
October to March	Interim Report
April to June	Final Report (by 8 June)
June to July	Quality Review (by 30 July)

Who considers our work?



What were our key findings in 2009-10? - Accounts

- ✓ Unqualified opinion
- ✓ The Trust performed well in producing accounts under International Financial Reporting Standards (IFRS) format for the first time this year
- ✓ All deadlines met
- ✓ No major weaknesses in financial systems
- ✓ No errors impacting on the draft reported numbers



The key accounting matters related to revenue recognition and revaluation of assets

What were our key findings in 2009-10? - Use of resources

- ✓ 'clean' value for money conclusion
- ✓ 'clean' CQC registration
- ✓ achieving a 'green' governance risk rating
- ✓ Monitor considered the Trust's scenario planning in the current economic climate was 'above adequate'
- ✓ over-achievement of the Cost Improvement Programme target efficiencies



Key recommendation is to use the Trust's new costing system to aid the future required efficiency savings

What were the key findings in 2009-10? - Quality Report review

- There are 'adequate arrangements' for producing quality reports with some minor deficiencies:
 - need to update the Trust's data quality policy
 - need for increased engagement with clinicians
 - need for systems in place for sustainability reporting
- 'Adequate arrangements' from review of a sample of performance indicators. Areas for action:
 - to perform in-house spot checks on performance information to strengthen data quality



What work are we planning to perform in 2010-11?

- 2010-11 Audit Plan presented and agreed in September
- regular liaison with the Trust currently ongoing to ensure communication of accounting and governance issues
- Interim audit booked for February, key areas of focus:
 - review of controls, eg pharmacy stock
 - contract position with the PCT
 - progress of Transforming Community Services agenda
- final accounts audit in April - May
- extent of external audit review of the Trust's 2010-11 Quality Report - still to be confirmed by Monitor

Questions

