

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

on: **Wednesday 18<sup>th</sup> September 2013**

at: **4.00pm – 6.00pm**

in: **St Catherine's Hospice, Scarborough**

Time	Meeting	Attendees
3.00pm – 3.55pm	Private meeting of the Council of Governors	Governors with Trust Chairman
<b>4.00pm – 6.00pm</b>	<b>Council of Governors meeting</b>	<b>Governors, Members and the public</b>

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](mailto:anna.pridmore@york.nhs.uk) or telephone:  
01904 721418

A G E N D A				
No'	Item	Lead	Paper	Page
1.	<b><u>Chairman's Introduction</u></b>  The Chairman will introduce the meeting and welcome any Members of the Trust and of the public who are in attendance.	Chairman		
2.	<b><u>Apologies for absence</u></b>  To receive any apologies for absence:  David Wheeler, Libby Raper and Kay West.			
3.	<b><u>Declaration of Interests</u></b>  To receive the draft declarations of interests.	Chairman	<a href="#">A</a>	5
4.	<b><u>Minutes from the meeting held in public on 19 June 2013</u></b>  To receive the draft minutes from the meeting held on 19 June 2013.  Responses to the questions raised at the June meeting.	Chairman	<a href="#">B</a>  <a href="#">C</a>	11  35
5.	<b><u>Matters arising from the minutes</u></b>  To consider any other matters arising from the minutes.	Chairman	Verbal	
6.	<b><u>Update from the private meeting held earlier</u></b>  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.	<b><u>Chief Executive Report</u></b>  To receive an update from the Chief Executive on current issues at the Trust and response to any questions raised before the meeting.	Chief Executive	Verbal	
8.	<b><u>Lead Governor and other Governor Reports</u></b>  To receive a report from the Lead Governor and any other reports from Governors involved in ongoing activities related to the Trust.	Lead Governor and other Governors	<a href="#">D</a>	37

No	Item	Lead	Paper	Page
9.	<b><u>Process associated to the Code of Conduct</u></b>  The Nominations/Remuneration Committee has considered and would recommend approval by the Council of Governors of the proposed process.	Chairman	<a href="#">E</a>	41
10.	<b><u>Lead Governor role description</u></b>  The Nominations/Remuneration Committee has considered and would recommend approval by the Council of Governors of the revised role description.	Chairman	<a href="#">E</a>	45
11.	<b><u>Liverpool Care Pathway</u></b>  To be advised of the approach the Trust is taking to the recommendation made nationally on the Liverpool Care Pathway.	Carina Saxby	Verbal	
12.	<b><u>External Audit and Quality Report</u></b>  To receive the Quality Report Statement prepared by the External Auditors.	Gareth Mills (Grant Thornton)	<a href="#">G</a>	49
13.	<b><u>Any other business</u></b>  To consider any other items of business.			
14.	<b><u>Time and date of next meeting</u></b>  The next Council of Governors meeting (in public) will be held on 11 <sup>th</sup> December 2013 at the Trust's Social Club, White Cross Road, York at 4pm			

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# Register of Governors' interests September 2013

New: Jeanette Anness is a **Member** Derwent Practice Representative Group and a Member of the NY Healthwatch

Sheila Miller is an **Inspector** for CQC at Age UK

Jenny Moreton made the following declarations: **Member** – Patient Forum Ampleforth/Hovingham Practice; Scarborough Ryedale CCG Patient Group

**Member**—Healthwatch North Yorkshire

**Member**—online consultation group of the CQC.

A

Amendments: Michael Beckett has changed his declaration from **North Yorkshire** Credit Union to **South Yorkshire** Credit Union

Deletions: Andrew Volans is no longer a governor.

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 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
<b>Jeanette Anness</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	Nil	<b>Member</b> —Derwent Practice Representative Group <b>Member</b> —NY Health watch	Nil
<b>Terry Atherton</b> (Public: Bridlington)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Paul Baines</b> (Public: City of York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr Michael Beckett</b> (Appointed: North Yorkshire and York Forum)	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
<b>Ann Bolland</b> (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Andrew Butler</b> (Public: Selby)	Nil	Nil	Nil	Nil	Nil	Member—Fund Raising Committee York MIND
<b>James Carder</b> (Public: Selby)	TBA	TBA	TBA	TBA	TBA	TBA

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<b>Dr Jane Dalton</b> (Public: Hambleton District)	Nil	Nil	Nil	Nil	Nil	<b>Researcher</b> —Health and Social Care, University of York
<b>Stephen Hinchliffe</b> (Public: Whitby)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Margaret Jackson</b> (Public: York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Rowena Jacobs</b> (Partner: University of York)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Helen Mackman</b> (Public: City of York)	Nil	Nil	Nil	Nil	<b>Member</b> —Vale of York Clinical Commissioning group's Public Engagement Steering Group	Nil
<b>Sheila Miller</b> (Public: Ryedale and East Yorkshire)	Nil	Nil	Nil	<b>Member</b> —Derwent and SRCCG Patients Groups <b>Inspector</b> — CQC at Age Concern	Nil	Nil
<b>Helen Noble</b> (Staff: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil

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<b>Les North</b> (Staff: Community Staff)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Cllr Caroline Patmore</b> (North Yorkshire County Council)	Nil	Nil	Nil	Nil	<b>Councillor</b> —North Yorkshire County Council District Councillor—Hambleton District Council	<b>Councillor</b> —North Yorkshire County Council
<b>Cllr Joseph Richies</b> (Appointed: City of York Council)	TBA	TBA	TBA	TBA	TBA	TBA
Helen Fields (Public York)	TBA	TBA	TBA	TBA	TBA	TBA
<b>Sue Wellington</b> (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
<b>David Wheeler</b> (Public: Scarborough)	Nil	Nil	Nil	Nil	Nil	Nil
<b>Penelope Worsley</b> (Public: York)	<b>Trustee</b> —NGO working overseas	Nil	Nil	Nil	Nil	Nil



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Kay West (Partner East Riding of Yorkshire Council )	TBA	TBA	TBA	TBA	TBA	TBA
John Roberts (Staff York)	TBA	TBA	TBA	TBA	TBA	TBA
Jenny Moreton	Nil	Nil	Nil	Nil	<b>Member</b> – Patient Forum Ampleforth/ Hovingham Practice; Scarborough Ryedale CCG Patient Group <b>Member</b> —Healthwatch North Yorkshire <b>Member</b> —online consultation group of the CQC.	Nil

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**Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 19<sup>th</sup> June 2013, in the White Cross Social Club, York.**

**Present at the meeting**

**Chairman of the meeting:**

Mr Alan Rose, Chairman

**Public Governors:**

Mr Terry Atherton, Bridlington  
Mrs Margaret Jackson, City of York  
Mr Paul Baines, City of York  
Mrs Helen Mackman, City of York  
Mrs Penelope Worsley, City of York  
Mrs Helen Fields, City of York  
Mrs Ann Bolland, Selby  
Mr Andrew Butler, Selby  
Mrs Jeanette Anness, Ryedale & East Yorkshire  
Mrs Sheila Miller, Ryedale & East Yorkshire  
Mr David Wheeler, Scarborough  
Mr Stephen Hinchliffe, Whitby  
Mrs Sue Wellington, Scarborough  
Dr Jenny Moreton, Ryedale and East Yorkshire

**Appointed Governors:**

Councillor Michael Beckett, North Yorkshire & York Forum  
Dr Rowena Jacobs, University of York  
Councillor Joseph Riches, City of York Council  
Councillor Caroline Patmore, North Yorkshire County Council  
Councillor Kay West, East Riding of York Council

**Staff Governors:**

Mrs Helen Noble, Scarborough/Bridlington  
Mr John Roberts, York

**Attendance:**

Mrs Anna Pridmore, Foundation Trust Secretary  
Miss Cheryl Gaynor, Chief Executive's Office Manager

**Apologies for absence:**

Apologies were received from the following governors:

Mr James Carder, Bridlington, Public Governor  
Dr Jane Dalton, Hambleton District  
Mr Les North, Community Staff  
Dr Andrew Volans, Scarborough/ Bridlington Staff

**13/10 Declaration of Interests**

Mrs Pridmore requested that any amendments to the Declarations of Interests be sent directly to her to update for the next meeting.

**13/11 Minutes of Council of Governors Public Meeting – 20<sup>th</sup> March 2013**

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

**13/12 Matters Arising from the Minutes**

There were no matters arising from the minutes.

**13/13 Update from the Private Meeting held earlier**

Mrs Pridmore advised that the recommendation for a rise in remuneration of 1% per annum for the Non-executive Directors and Chairman was ratified. She also advised that the same uplift in remuneration for Executives was expected to be decided by the Board's Remuneration Committee, but this had not yet been agreed.

**13/14 Emergency Department**

The Council of Governors received a detailed presentation from:

Mandy McGale, Director of Operations  
Wendy Quinn, Directorate Manager for York ED  
Julie Plaxton, Bed Manager  
Lee Fry, Matron for ED

The presentation provided the Governors with an insight into the challenged and early changes in the Emergency Department. A copy of the presentation is attached as appendix A.

**13/15 Lead Governor and Other Governor Reports**

Lead Governor Report

Mrs Mackman expressed that it was good to see that a large group of Governors were at the meeting to report back to the Council of Governors, members and wider community on their involvement in groups and projects across the Trust. It was hoped that members of the public would be accessing the feedback through the Trust website or through individual Governors sharing the information in their own localities.

In addition to the reports included in the agenda, Mrs Mackman reported on behalf of the Governors who were unable to attend:

- John Roberts, one of the Trust's staff governors, had joined the Rewards and Recognition Group which is specifically for staff Governors. John had been undergoing a review of potential alternatives to provide staff with a cheaper, but similar, quality health assessment offer. He will report back to the Human Resources team by the end of July 2013.
- Andy Volans, staff Governor from Scarborough Hospital, keeps in touch regularly with useful feedback from the Scarborough patch which will be picked up on at the Patient Focus meeting in early July. Andy particularly draws attention to the Picker survey that was currently taking place in the Accident and Emergency Department.
- Since the last meeting of the Council of Governors (20 March 2013), Governor Sue Wellington and Mrs Mackman had been elected onto the Trust's Patient Experience Steering Group and will be attending the next meeting on 24 July 2013. This was a very valuable opportunity to highlight the issues that were important to patients and their carers.
- Mrs Mackman advised that she had attended the Selby District Community Forum at Tadcaster in April to present alongside a Vale of York Clinical Commissioning Group patient engagement colleague. This also provided an opportunity to talk about her role as a Governor and to listen to some useful feedback from people within the audience.
- The City of York's Social and Health Information Network (SHINEY), on which Margaret Jackson represented the Council of Governors, had been disbanded. The need for a local forum for information exchange within health and the voluntary sector is being addressed by HealthWatch and we have every confidence that Sian Balsom, the City of York HealthWatch Manager, will ensure that this valuable networking continues.

Mrs Mackman advised that there is a HealthWatch Assembly on 2 July 2013 at Priory Street, at which the Council of Governors will be represented by the City of York Governors.

Governors will soon be attending a series of Open Days across the Trust sites to meet visitors and to support the Trust.

Mrs Mackman expressed the Governors' gratefulness to the Director of Learning and Development for providing a session for the Governors on how they could add value to the Trust's continued success in terms of Governors supporting the various initiatives across the organisation. These will be reported to the Council of Governors in a future meeting.

The Governors noted that the Chief Executive had personally taken an interest in ensuring that new governors were provided with a comprehensive 'induction pack' to support their integration to the Council of Governors, alongside opportunities to meet with key executives and senior staff.

#### Quality Group

City of York Governor, Margaret Jackson, reported on the national initiative to

tackle dementia – this is a major issue which the Trust is working hard to address.

#### Constitutional Group

Appointed Governor for North Yorkshire and York Forum, Councillor Michael Beckett, reported that the group were looking at aspects of the constitution, including a clearer charter of Governors responsibilities to Members.

Mrs Pridmore requested, and it was **agreed**, that Public Governor for Selby, Andrew Butler be invited as a new member of the Constitutional Group. It was pointed out that there may need to be input from executive and non-executive directors.

#### Annual Planning Group

Public Governor for Whitby, Steven Hinchliffe, reported that the group had met on 25 April and were given a general outline with aspects highlighted. Email correspondence generated a draft plan of which the final plan was put together and sent to Monitor by Mrs Pridmore. The Governors wished to express their thanks to Mrs Pridmore for her hard work and for the opportunity to collaborate on aspects of the plan. Mrs Pridmore clarified that the plan would be circulated via email to the Council of Governors the following day, with a hard copy sent to those without email access.

#### Equality and Diversity Group

Public Governor for Selby, Ann Bolland, reported that the Equality and Diversity Group were discussing the Care Quality Commission monitoring standards. A sub-committee was set up for raising awareness of the standards and were working with executives on inclusion, needs and how we work with that.

#### 15 Steps Group

Public Governor for Scarborough, Sue Wellington, reported that the 15 Steps Group supports the “it’s my ward” development programme for Ward Sisters. The findings are recorded and an explanation is given to provide information on how a finding would be dealt with or resolved. The programme covers all sites across the Trust (with plans for Whitby and Bridlington).

#### Scarborough Nutritional Steering Group

Mrs Wellington reported that the Scarborough Nutritional Steering Group now included a member from the Bridlington area. At present the focus is on training staff and looking at an initiative approach.

#### The Snowdrop Appeal

Mrs Wellington advised that the first meeting of the Snowdrop Appeal group was scheduled for Monday 24 June 2013. There were plans for a hospital ball to take place in March 2014.

Mrs Wellington also advised that she was attending a Governor development event in Grantham on 25 June 2013. The event was organised and led by Lincolnshire Partnership NHS Foundation Trust who had invited Governors from

other Foundation Trusts to attend and learn more about the new duties and responsibilities of Foundation Trust Governors. The event has key national speakers from Monitor, the Care Quality Commission and the Foundation Trust Network. Mrs Wellington advised that she would provide a feedback report to the next meeting of the Council of Governors.

#### Older People's Liaison Group

Public Governor for the City of York, Helen Fields, reported that the Older People's Liaison Group had provided an update on end-of-life care in relation to champions – it would be good to see this replicated across the community.

#### Patient Experience

Mrs Fields reported that the Patient Experience group had been discussing the complaints figures for over 65s in Elderly Medicine. There appeared to be some angst around the movement of PALS (Patient Advice and Liaison Service). Although it has not gone from the Trust, it isn't immediately on view for patients/visitors.

#### Patient Led Assessment of the Care Environment (PLACE)

Public Governor for Ryedale and East Yorkshire, Jeanette Anness, reported that the meeting was broken into group sessions of which she was grouped with Brian Golding, Director of Estates and Facilities. The aim was to look around the Trust and mark areas as 'Qualify', 'Pass' or 'Fail'. She advised that her group had looked into storage on leaving a ward and the overall view was good.

#### Art Strategy Group

Mrs Anness advised that she had attended the Art Strategy Group in April 2013 and it meets on a quarterly basis. The purpose of the group is to determine and agree the broad framework for the art and design service, the priorities in each financial year and the performance indicators that underpin success. The strategy group provides a varied ongoing programme of artistic enhancements to improve the environment of York Hospital for patients, staff and visitors. Mrs Anness reported the research had shown that the use of art in hospitals can reduce stress and depression, increase staff morale and decrease a patient's length of stay and even contribute to the reduction of the use of some medications.

Mrs Anness advised that since the acquisition, the York Arts Group was working closely with HAFNEY (Hospital Arts for North East Yorkshire) which had provided art work in Scarborough, Bridlington, Whitby and Malton in the past. She advised that this would remain a separate charity, to enable them to apply for funding as a standalone organisation.

Mrs Anness reported that she was always aware of some art work in the hospital many years ago, but paid it scant regard, as people are normally too busy. She strongly recommended that people take the time to walk down 'Main Street' to see the variety of art work and the talent on display there.

## Eye Clinic Partnership Group

Public Governor for City of York, Paul Baines, reported on the Eye Clinic Partnership Group's issues that were currently under review:

- Tolerance of timing of follow-up appointments
- Consultant staffing levels across the Trust, and collaboration with Clinical Commissioning group
- Development of Ophthalmic Outpatients Department at Scarborough
- Selection of optimal colour scheme for way finding within the eye department
- Parking charge adjustment for patients whose visits exceeds 2 hours
- Ophthalmology section of the Trust's website

## Outpatient Department and Paediatric Strategic Planning

Mr Baines advised that he was attending the Paediatric Launch Workshop at Scarborough on 27 June 2013.

## Orthopaedic Strategic Discussion

Public Governor for Bridlington, Terry Atherton, reported that he had been included in early discussions about a proposed orthopaedic development at Bridlington Hospital. To expand this area of activity would require a new entrance and reception area, a pre-assessment area, a dedicated beds area and other investments. A team is currently working-up a business plan to test the feasibility of the concept. The Chairman emphasised that this is just an idea at the moment. There can be more detailed reports of the issue if things progress.

## **13/16 Chief Executive's Report**

The Chief Executive, Patrick Crowley expressed his thanks to the Emergency Department for their hard work in ensuring that the Trust meets its targets with as little effect on the patients and their experience. The Board had played a part in providing cover in a considered way. The Trust was facing huge pressures, in the moment, and feedback reassured that we got the call right, despite the pressures. Mr Crowley emphasised, however, that meeting the 4-hour target was not, in itself, a mark of quality! The Emergency Department is a place for a Junior Manager to work and the Trust has reaped the rewards of that. The Board had provided the support to allow that to happen.

In terms of the Trust's financial position (2 months in to the new year), Mr Crowley reported that the Trust was making good progress. The actual position to date was of an income deficit over expenditure of £0.1m, with a resulting positive variance of £0.1m against plan. Overall, the cash levels were satisfactory and capital programme spending was as expected.

Mr Crowley referred to the Friends and Family Test, and reported that he has seen some improvements as the Trust builds up its experience over this first quarter. The Emergency Department has a huge volume of patients coming through the door, which can make the Friends and Family Test difficult to manage. However, the Trust is looking at other hospitals and how they do it. All



help was welcome! From July onwards, the Trust was reporting nationally on the Friends and Family Test results on a monthly basis and were working on displaying this information and results on the Trust website.

Mr Crowley advised that the Clinical Commissioning Group (CCG) was reducing the amount of follow-up visits that the Trust performs. There is an ongoing debate on the implementation to a ratio of 1 (first visit):1.5 (follow-up visits); the current is 1:2.1 (thus requiring a c30% reduction). The Trust has made it clear to the CCG that it does not recognise this ratio of 1:1.5 as best practice, but *do* recognise it provided the CCG accepts the implications. There is no evidence to suggest that 30% fewer patients require a follow-up. The new ratio had been chosen from the “Better Care, Better Values” initiative and is set to be implemented on 1<sup>st</sup> July 2013. This initiative is a key aspect of helping the CCG meet its very challenging financial plans. This will move them away from their deficit and they say they will not pay for anything in excess of this target ratio. The Trust has no option but to consider the ratio and is working closely with the CCG. A large number of patients, in the low risk groups, will be discharged and it is suspected that there will be a real public reaction and potentially a media interest. Head of Communications, Lucy Brown, clarified that it was her understanding that the CCG was leading in terms of any media plans, but there was no doubt that the Trust would also be involved and directly targeted. The Trust was taking precautions in terms of communications and making it clear who is responsible for whose care.

Mr Crowley expressed that we should be doing the right things for the right reasons and not for financial gain.

## **13/17      Quality and Safety in the Organisation**

Deputy Director for Patient Safety, Diane Palmer, attending the meeting to give a detailed presentation to the Council of Governors on Quality and Safety in the organisation. Due to time constraints, this presentation was unable to be completed and it was agreed that a separate session would be arranged which will enable the information presentation to be better absorbed and give more flexibility in terms of time.

A copy of the presentation is attached as Appendix B for information.

## **13/17      Any Other Business**

The Governors requested that they receive an update on the following areas for the next meeting of the Council of Governors:

- An update on ambulance turnaround times and the potential fines from the Yorkshire Ambulance Service.
- How is the Trust working with the Clinical Commissioning Groups and how should the CoG be updated on this (as we no longer have any commissioner representatives on the Council)?
- An update with regards to the Emergency Department psychiatric liaison.

## Appendix A

### Emergency Department Presentation

#### Ambulance Turnaround Times

25 minutes from ambulance arrival to ready for next call

- Joint responsibility
- We have 15 minutes!
- Performance managing

Is this important?

- Patient
- Staff
- Organisation
- Fines

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#### Emergency Department

- Length of stay within the ED is currently part of the ED Service Improvement Plan. Current performance shows an improvement from Q4 (2012) which showed a consistent failure to achieve the 95% standard to Q1 achieving week on week against the 95% standard (all types).
- Ambulance turnaround times are subject to harsh financial penalties from Q3 with an estimated £1.2m cost for the York site alone based on Feb/March performance. The quality and safety cost to patients brought in by ambulance is also an area of great concern.
- Unplanned re-attendance rate is not currently an issue with York ED achieving an average of 2.4% unplanned re-attendances per month against a national requirement of 5% or less.

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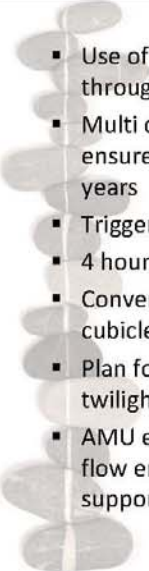


## Total Waiting Time in ED

### Actions

- Daily breach analysis with nurse co-ordinator, Acute Medical Unit (AMU) and Bed Manager
- Shift performance reports completed by nurse in charge in ED and submitted to Directorate Manager to identify trends and establish accountability
- Designated 'Consultant of the Day' to have an overview of the whole floor and proactively manage it accordingly via resource deployment
- Named consultant daily for the Urgent Care Centre (UCC)
- Band 7 senior nurse cover to midnight Fri – Sun inclusive
- UCC open to midnight every night
- Clarification from CCG re GP Out Of Hours (OOH) – “any primary care presentation to ED can be referred to GP OOH service”- still meeting resistance but work underway

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- 
- Use of discharge lounge for patients waiting for transport through the day. Use of taxis and private facility as required
  - Multi disciplinary workforce review to inform plans to ensure the ED workforce is fit for purpose over the next 5 years
  - Trigger point for escalation reduced to 2 hours
  - 4 hourly updates with bed managers
  - Conversion of waiting cubicle into one additional clinical cubicle
  - Plan for dedicated mental health nurses covering ED on twilight shifts – funding secured, planning underway
  - AMU escalation area from 11am to 8pm to promote patient flow enabling utilisation of downstream ward beds to support AMU bed base

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## Steps to Sustainability for improved ED 4-hour performance (Plans)

- Senior doctor clinic daily to deal with steady stream of ambulatory patients from the waiting room – these currently make up around 50% of total breach numbers
- Ambulatory Emergency Care pathways to be further developed and expanded
- Dedicated acute assessment area linked directly to ED
- Review criteria for admission to ED Observation Ward
- Role of primary care /CCG in whole system improvement
  - Attendance avoidance
  - Alternatives to admission
  - Transporting patients home
  - See and treat in nursing/care homes
- Medical cover review – night time decision makers and numbers

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## Steps to Sustainability for improved Ambulance handover times

### Actions

- Option appraisal for capital build to enable an ambulance reception area to be included within ED to ensure privacy, dignity and confidentiality are maintained for all ambulance patients who are currently housed on the entrance corridor in public view. This would also enable a quicker and more efficient handover time. The area would have to be adequately staffed with a registered and unregistered nurse for each shift.
- Assign a qualified nurse as the ambulance assessment nurse when numbers allow – this role will however, be conducted on the main corridor.
- Bi-weekly meetings with YAS to discuss the best approach for joint working to secure improvements in handover times.
- Dedicated senior nurse leadership for ambulance turnaround times

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## Managing Patient Flow

Our aim is to get the right patient into the right place at the right time within the 4-hour target.

### The Team

- Patient Flow Manager
- Bed Managers
- Discharge Liaison Team
- Discharge Lounge Team

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## Bed Managers

The Bed Managers are a team of 13 trained nurses, which equates to 9WTE, who cover 24-hours a day and are lead by the Patient Flow Manager.

The trust has **two** bed managers on duty **24-hours** per day.

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## Effective Patient Flow

This is achieved by Bed Managers pro-actively managing the corporate bed-base.

This consists of:

- 389 of medical and elderly beds over 16 wards
- 218 surgical specialty beds over 8 wards

Effective flow equals empty beds on admission areas.

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## It's a Balancing Act

### Routes of Admissions

- GP
- Clinic referrals
- Transfers from other Hospitals
- Emergency Department
- Ensuring 10 empty beds by 11.00 / 15.00 / 19.00
- Managing elective admissions

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## Discharge

- Discharging patients early in the day
- Full utilisation of the Discharge Lounge
- No patients delayed in the acute bed stock beyond their medically fit for discharge status
- Delayed transfers of care

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## Escalation

- The Bed Managers escalate to the Patient Flow Manager who ensures contingency plans are agreed with directorates to prevent bottleneck and backlogs in the system
- Ambulance Turnaround Times
- 4-Hour Service Standard
- Accommodating Electives
- Transfers from Critical Care

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## Acute Medicine

The Acute Medical Directorate is made up of three areas:

- The Acute Medical Unit (AMU), a 32 bedded unit based on Ward 22. Open 24-hours per day, 7 days per week.
- The Short Stay Ward (SSW), a 32 bedded unit based on Ward 21. Open 24 hours per day, 7 days per week.
- The Acute Assessment Area (AAA), a 10 bedded unit based on Ward 24. Currently open for a three-month trial period. Open Monday - Friday from 11.00 to 20.00.

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## The Acute Medical Unit

- The primary role of AMU is to provide rapid assessment, investigation and treatment for medical and elderly patients admitted to the Trust as an emergency from their GP or the Emergency Department.
- Following treatment on the AMU, patients may be well enough to be discharged into the community or transferred to the Short Stay Ward under the care of the Acute Physicians. The SSW specialises in caring for patients whose estimated length of stay in Hospital is 72 hours.
- Alternatively, if patients require further specialist care, they are transferred to a 'downstream' elderly or medical ward.

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## Some Figures

- During the last four weeks the average number of patients admitted to the AMU / AAA is 40 per day, with a peak of 52 on our busiest day.
- 55% of patient are admitted from the Emergency Department and 45% are admitted directly by their GP.
- The average length of stay on AMU is 17 hours.

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## What Were the Problems?

- Peaks of patients arriving on the AMU from both GP and ED at similar times of the day.
- Often patients who were sent to the AMU from the GP waited on Ambulance trolley in the corridor for long period of time. Patient safety compromised.
- Patients had prolonged waits in the ED.
- Team leaders on the AMU struggled to prioritise the needs of two 'queues' of patients.

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## What Have We Done to Improve Things?

- Opened the Acute Assessment Area on a trial basis.
- 10 beds are open from 11.00 – 20.00 to assess patients sent to the Trust by GPs or some. In addition to some patients who are sent from ED who are deemed suitable to be cared for in this area.
- Patients are discharged from this area or transferred to the inpatient bed base. Avoiding transfer to AMU.
- For the period of time that AAA is open, AMU are able to prioritise patients from ED and leave the unit with empty beds going into the evening.

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## What Else?

- Matron based entirely in Acute Medicine until December in order to deliver an AMU Action Plan which addresses some of issues on the Unit.
- Band 6 development programme to develop and build on leadership skills within the team.
- A review of nursing staffing levels and an ongoing recruitment drive.
- A further Acute Physician recruited.
- Advanced Nurse Practitioners recruited to be based on AMU.

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**Any Questions?**



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### Priorities developed from national and local information

- Mortality indicators
- Learning from incidents, complaints and claims
- CQUIN indicators
- Patient and staff surveys
- Benchmarking



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### Current focus

- Moving to a 7 day/night service
- Review of all deaths
- Reducing harm and deterioration
- Excellence in end of life care

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## Culture of Safety

- Focus on the continuous enhancement of safety
- Staff are encouraged to take action when it is needed
- A just environment where staff are encouraged to come forward when they or others make mistakes
- Monitoring, learning and modifying

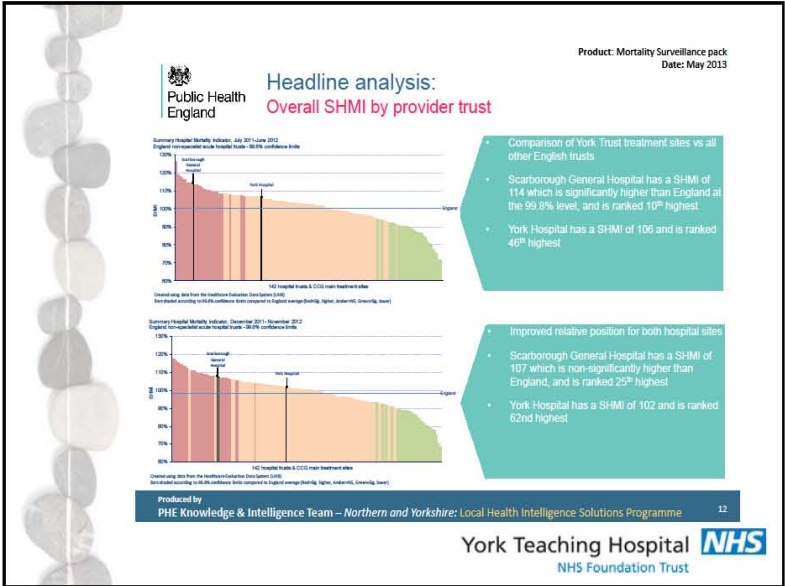
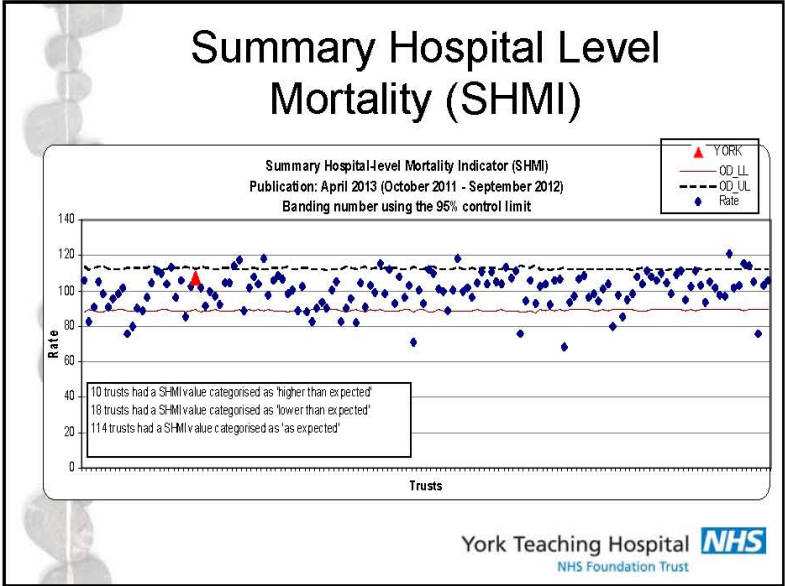
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## Assurance

- Patient Safety Walk-rounds
- External reviews
- Data to Trust Board
- CQC
- Monitor
- NRLS
- Working with partners – NHS Quest



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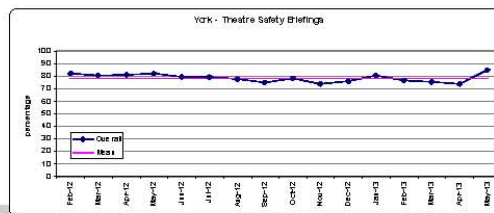


## Reducing mortality - progress

- Establishing integrated systems and policies
- Implementation of National Early Warning System (NEWS)
- Escalation Policy
- CQUIN indicators based on our priorities eg/ time to clerking
- Sepsis bundle
- Electronic prescribing and medicines administration

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## Theatre checklists



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## Reduction of Health Care Associated Infection

- Top priority
- Hand washing as important as ever
- C. diff a challenge
- Antimicrobial stewardship essential



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## Safety in our Community Hospitals

- Patient Safety Dashboard
- Specific Mortality Proforma
- Monthly Governance meetings
- New post for Quality and Performance
- Web based incident reporting
- Governance training for GPs
- Community CQUIN

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## How patients can help with safety

- Take part in decisions about treatment
- Let us know if anything of concern is noticed
- Be sure that we identify patients correctly
- Ensure patients understand what we are planning to do before consenting to treatment
- Know what medicines are being taken and why
- Inform us of allergies

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## Safe patients and staff



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**Comments from Mandy McGale following presentation at Council of Governors meeting held on 19 June 2013**

1. It was good to note your incorporating feedback into the system to enable continual marginal improvement process, however the 100% target miss reported in ED for Mental Health patients was most alarming, especially for me as mental health is an area I have a particular interest in. Can you assure me there is an **action plan** to address this?

**Response:**

I am unsure what this is related to so can Michael expand. We don't have a 100% target for mental health patients? The 100% target discussed was for ambulance turnaround times (we have 15 minutes of a 25 minute target).

2. Has a critical path analysis been done for the patient journey for those needing psychological assessment who arrive at the ED identifying **where the hold ups are** and **who is responsible for them**?

**Response:**

This has been undertaken and ED, together with mental health and commissioners, are developing 2 RMN's to be based in ED. The timescales for this is to be agreed with partners.

3. **Could** this evidence help with apportioning the proposed fines to for example the MH Trust? (Would something along this tack help motivate the MH Trust if they are not pulling their weight)?

**Response:**

The fines were for ambulance handovers so this wouldn't apply

4. Has a technological solution (video link) to allow remote psychological assessment by the duty doctor doing the psychiatric assessment to speed the process **been considered**?

**Response:**

Not needed because of the development of RMN's in ED

5. Could a **dual trained** ED staff member(s) who is/are MH qualified for example a qualified RMN(?) or an appropriate SHO(or higher?) leading this on the ground help? (If personnel expertise is a problem).

**Response:**

This has been undertaken and ED, together with mental health and commissioners, are developing 2 RMN's to be based in ED. The timescales for this is to be agreed with partners.

6. Could something like an assessment unit (place of safety) be an **interim solution** while awaiting an acute psychiatric ward bed (if psychiatric bed space blocking is a problem, we could potentially invoice the MH Trust for the patient stay costs too)?

**Response:**

We do have access to the Observation Ward in ED for those patients who are awaiting an acute psychiatric ward bed.

7. What are our Mental Health Service provider **partners planning to do** about this? Is their response/position reasonable/acceptable? What is our current response/position?

**Response:**

We are working in partnership and they are signed up to having an RMN in ED.

## **Reports from Governors on activities and meetings they have attended**

### **Governor Training day 22<sup>nd</sup> July**

#### **Accountability Module**

Anna Pridmore and Helen Fields attended this module on accountability. The module was commissioned by NHS Leadership Centre in partnership with NHS Foundation Trust Network.

#### **Key messages for Governors/Board to consider**

- The module could be run in-house fairly easily and reduced to 4 hours, as part of induction and /or as a refresher for existing governors
  - Accountability is continuous – and involves dialogue between Governors and Board. Not adversarial but a supportive and naturally challenging relationship
  - By challenging effectively and asking the right questions, governors are ‘doing the board a favour’
  - Governors can help address any instances of the ‘fear factor’ in a trust ie through involvement in the policy for ‘whistle blowing’ and any subsequent action
  - It could be powerful if an extract of a (York FT) Board or Council of Governors meeting could be filmed and used as training material for Governors. More specifically for making meetings more effective – as a form of self-appraisal
  - It could be helpful for Governors to receive board performance reports more frequently to strengthen assurance of the management of risks further and to prompt questions about particular areas of concern, prior to formal meetings.
- Helen Fields, Governor

### **Equality and Diversity group meeting held at York Hospital -Wednesday July 10 2013.**

In the absence of Sue Holden, Dianne Willcocks chaired the meeting.

We had an excellent presentation from Quintina Davis, an Engagement Services Manager. She informed the group about the size of our ‘area’ with a population of 1.7 million people and covering 4,500 square miles with 1400 GPs and 8 CCGs!

She shared information on Commissioning and Business Support Services, roles and responsibilities in the new commissioning system, CCG’s Equality requirements, CSU support for Equality and a great deal more valuable information...

I requested if it was possible for this presentation to be offered to full Governors. I have a copy of this presentation if anyone would like to read it.

We received a POPPIY policy. (Practicalities Of Producing Patient Information for York Teaching Hospital NHS Foundation Trust).

Again, I have a copy of this, very comprehensive, document if anyone would be interested in reading it.

Updates and reports were received on: National Policy Drivers, Local issues, City of York forum groups, Workplace, Capital Planning, Chaplaincy, Elderly Services, Visual Impairment, Safeguarding adults with LD, Human Resources, Monitor Equality Objectives, Equality Analysis, and the annual report for the CRMG and CQUIN.

I am continuing to take part in the Equality and Diversity Human Rights Task and Finish Group.

We are, in the not too distant future, hoping to present a paper to the Board that clearly outlines, in a user friendly way, our Vision and Philosophy of how we intend to integrate Equality and Human rights into our day-to-day practices to enable delivery of an Inclusive service for Communities we serve and enables us to be an Employer of choice.

**Ann Bolland, Selby Governor**

\* \* \* \*

### **Nutritional Steering Group**

This multidisciplinary group meets every 3 months to explore a variety of issues relating to nutrition across the trust but primary concentrates on Scarborough, Whitby, Malton and Bridlington.

At the last meeting the issue of a different approach to providing gluten free produce for patients was discussed as this is a service provided by some pharmacies (York) but not in others (SGH).

Training is often difficult to provide due to limited uptake due to the pressures of work on the clinical staff and the inability to release them from the clinical environment. Different approaches are being trialled such as a workbook, bite size 10 minute sessions and on ward training.

There are a number of audits which have been undertaken such as a waste audit which has shown a reduction in waste. A presentation to the nutritional link nurse group has taken place regarding NG and PEG feeding at BDH. The following audit is about to commence around patient meal times looking at the preparation of the ward and patient and adherence to the policy of protected meal times. I have offered my support in helping to undertake this audit.

**Sue Wellington, Scarborough Governor**

\* \* \* \*

### **Snowdrop Appeal**

A small committee has been formed to organise and support the fundraising ball to be held at the Royal Hotel in Scarborough on the 1st March 2014.

We have agreed the venue, ticket price and made suggestions for entertainment. We are currently in the process of trying to secure sponsorship and seeking raffle prizes.

The appeal has already raised £14,000.

**Sue Wellington, Scarborough Governor**

\* \* \* \*

### **Working with the Care Quality Commission (CQC) Jenny Moreton**

I have been a member of several CQC groups operating mainly online since 2008, starting with the Registration Involvement Group. Members of these groups have commented on all the documents developed by the CQC to include whether important factors/aspects have been omitted from regulations, and whether documents can be easily read and understood by a layman. This has included commenting on documents online, participating in online focus groups and conferences, and also travelling to relevant meetings, mainly in London. Recently we have been covering the changes to hospital assessment by the CQC implied due to the recent government changes within the NHS.

**Jenny Moreton, Ryedale and East Yorkshire Governor**

\* \* \* \*

*(Note from the Chairman: We will take additional verbal emphasis from the author, questions and/or comments on any of the above, at the Council of Governors; We will also be happy to receive any additional reports verbally. We will experiment with this approach, designed to ensure there is a good written record of Governor activity, as appropriate, and to help any person who is unable to attend the meeting to learn of these activities through the papers. Please aim to make your reports less than 250 words and send to Anna at anytime prior to one week before Council of Governor meetings. Thankyou.)*

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## GOVERNORS' CODE OF CONDUCT

**The York Teaching Hospital NHS Foundation Trust is an apolitical organisation**

1. All members of The York Teaching Hospital NHS Foundation Trust's (YTHNHSFT) Council of Governors will:

Abide by the Seven Principles of Public Life (Nolan), which are:

### Selflessness

Holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or friends.

### Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in their performance of their official duties.

### Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### Accountability

Holders of the public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### Openness

Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### Leadership

Holders of the public office should promote and support these principles by leadership and example.

Governors are also required to:

- a. Actively support the vision and aims of the YTHNHSFT in developing as a successful NHS Foundation Trust (NHSFT);
- b. Act in the best interests of the Trust at all times;
- c. Attend the Council of Governor public meetings held 4 times a year on a regular basis and attend sub committee meetings held during the year, where you have agreed to be a member;
- d. Proactively contribute to the work of the Council of Governors in order for it to fulfil its role as defined in the Trust's constitution and Monitor's guidance;
- e. Recognise that the Council of Governors exercises collective decision-making on behalf of all patients, members, local community and staff and respond to information provided to the Council of Governors;
- f. Not expect any privilege arising from being a governor, e.g. being able to obtain more preferential treatment;
- g. Recognise that the Council of Governors has no managerial role within the YTHNHSFT;
- h. Value and respect governor colleagues, and all members of staff;
- i. Respect the confidentiality of information received in their role as Governors;
- j. Conduct themselves in a manner that reflects positively on the YTHNHSFT;
- k. In undertaking the role of Governor of this NHS Foundation Trust all Governors shall sign the following declaration:
  - i. If I am a member of any trade union, political party or other organisation, recognise that I must declare this fact and that I will not be representing those organisations (or the views of those organisations) but will be representing the constituency (patient, public or staff) that elected or appointed me;
  - ii. Seek to ensure that my fellow governors are valued as fellow colleagues and that their views are both respected and considered;
  - iii. Not bring the Trust into disrepute;
  - iv. Show my commitment to working as a team member by working with all my colleagues in the NHS and the wider community;
  - v. Seek to ensure that the membership of the constituency I represent is properly informed and given the opportunity to influence services;

- vi. Seek to ensure that no one is discriminated against because of their religion, belief, race, colour, gender, marital status, disability, sexual orientation, age, social and economic status or national origin;
- vii. Comply with the constitution;
- viii. Respect the confidentiality of individual patients;
- ix. Not knowingly make or permit, any untrue or misleading statement relating to my own duties or the functions of the YTHNHSFT;
- x. Make every effort to discuss a request from the media with the Communications Manager prior to providing any response; and if a comment is given to the media Governors must contact the Communications Manager to advise on what you have said and to whom;
- xi. Support and assist the Accountable Officer of the YTHNHSFT in his/her responsibility to answer to the regulator, commissioners and the public for the performance of the Trust.
- xii. Governors are asked to be an active member of the Council of Governors.

Name of Governor

Constituency represented

Signature

Date

## **Council of Governor conduct of governors process**

Governors are either elected by members of the public/ staff or appointed by stakeholder. Each governor has a responsibility to ensure they represent the people who either elected them or appointed them.

The following process will be followed by the Council of Governors on the occasion when a governor does not fulfil their requirements as a Governor.

When it is identified that a governor has not behaved in line with the code of conduct the following process will be used.

- 1 Once it has been suggested that a governor is not acting in line with the code of conduct the motion must be supported by at least 2 other governors.
- 2 The concern should be raised at the Nomination/Remuneration Committee. When the concern is being raised at the Committee the individual governor must be advised so that they can put their case to the Committee, the Chairman will inform the individual. If the Committee find some grounds for the suggestion the Committee will set up an enquiry.
- 3 An enquiry should be undertaken by a group of Governors agreed by the Nomination/Remuneration Committee and supported by the Foundation Trust Secretary.
- 4 The Governor involved must be advised that the process is being undertaken.
- 5 At the next available Council of Governors meeting the results of the enquiry must be presented by the group of governors and a decision taken by the Council of Governors in private session. The individual subject to the enquiry has a right to see the results of the enquiry before it is presented to the Council of Governors and to provide written justification/comment to be presented to the Council of Governors when the results are presented and the Council of Governors must take these comments into account. Once a decision is taken by the Council of Governors it is not open to further discussion and is final.

## **Council of Governors – 18 September 2013**

### **Lead Governor Job Description**

#### Action requested/recommendation

Consider and agree to recommend to the Council of Governors the adoption of the job description for the Lead Governor.

#### Summary

The current Lead Governor's appointment is nearing the end of term and a review of the role has been undertaken. A draft job description has been prepared for consideration.

The process for the appointment of the next Lead Governor will begin January 2014.

Owner	Alan Rose, Chairman
Author	Anna Pridmore, Foundation Trust Secretary
Date of paper	August 2013
Version number	Version 1

<b>Council of Governors – 18 September 2013</b>
<b>Lead Governor Role Description</b>
<b>1. Introduction</b>
<p>Our existing Lead Governor, Helen Mackman, is reaching the end of her term as Lead Governor on 31/03/14. The period of Helen acting as a Lead Governor was extended for a year following her re-election to allow for new Governors to be able to settle into the role.</p> <p>In recent months, Helen Mackman and Anna Pridmore have been reviewing the role Helen plays and have prepared a role description for the Nominations/Remuneration Committee to consider and then to recommend for approval by the Council of Governors following any changes the Committee may request.</p> <p>Work has been undertaken to identify the key elements of the role of lead governor, which this paper outlines. An election process to find a replacement lead governor will be undertaken during the first quarter of 2014. The successful candidate will have an opportunity to consider what additional duties might be added to the role (if anything).</p>
<b>2. Role Description of the Lead Governor</b>
<p>The period of office for a Lead Governor is a maximum of three years or the time left in their period of office as a governor before they are required to undergo an election.</p> <p>The role description is split into three sections:</p> <ul style="list-style-type: none"> <li><b>a) Constitutional role as defined by Monitor</b> <ul style="list-style-type: none"> <li>• Being available as a contact point for Monitor in extreme situations.</li> <li>• Being the contact between Monitor and the Governors when required</li> <li>• Being the key contact for the independent panel if advice is being sought</li> </ul> </li> <li><b>b) Typical and practical leadership role of being a natural focal point for Governors</b> <ul style="list-style-type: none"> <li>• Developing a relationship with the Chairman and Senior Independent Director and FT Secretary</li> <li>• Planning the CoG agenda with the Chairman and the FT Secretary and ensuring Governors requests are included</li> <li>• Undertaking the Chairman's appraisal with the Senior Independent Director</li> <li>• Being a member of the Nominations/Remuneration Committee</li> <li>• Undertaking a leading role in selected discussions and events</li> <li>• Liaising with other Lead Governors at other FTs</li> <li>• Summarising the work of the CoG at the AGM and other selected events</li> </ul> </li> <li><b>c) Pastoral role</b> <ul style="list-style-type: none"> <li>• Actively spending time with individual Governors to encourage and support them in their role</li> <li>• Encouraging Governor involvement in the business of the Trust including engaging with stakeholders</li> </ul> </li> </ul>

<b>3. Recommendation and action</b>	
The Nominations/Remuneration Committee is asked to discuss the proposed role description and recommend its approval by the Council of Governors at the meeting on 18 September 2013.	
<b>Author</b>	<b>Anna Pridmore, Foundation Trust Secretary</b>
<b>Owner</b>	<b>Alan Rose, Chairman</b>
<b>Date</b>	<b>August 2013</b>

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# External assurance on the 2012-13 Quality Report

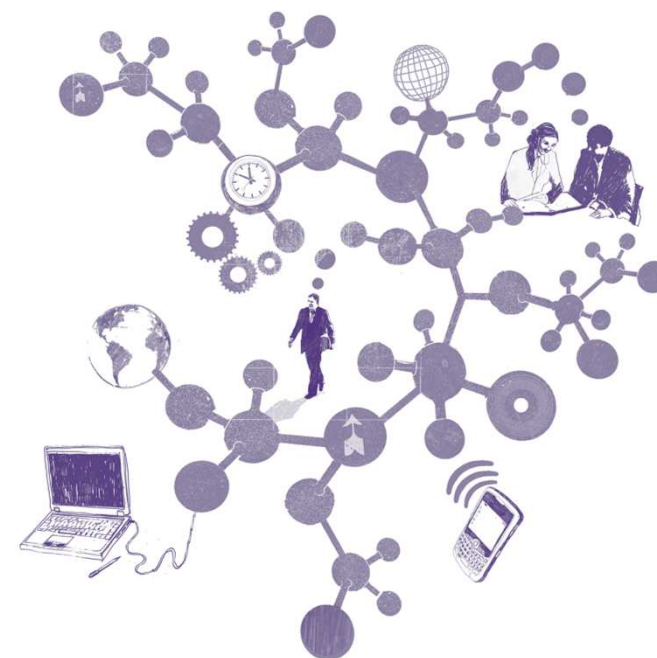
York Teaching Hospital NHS Foundation Trust

**Year ended 31 March 2013**

14 June 2013

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The contents of this report relate only to the matters which have come to our attention, which we believe need to be reported to you as part of our audit process. It is not a comprehensive record of all the relevant matters, which may be subject to change, and in particular we cannot be held responsible to you for reporting all of the risks which may affect the Trust or any weaknesses in your internal controls. This report has been prepared solely for your benefit and should not be quoted in whole or in part without our prior written consent. We do not accept any responsibility for any loss occasioned to any third party acting, or refraining from acting on the basis of the content of this report, as this report was not prepared for, nor intended for, any other purpose.

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# Introduction to our review

## **The Quality Report**

The Quality Report is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. The primary purpose of the Quality Report is to encourage boards and leaders of healthcare organisations to assess quality across all the healthcare services they offer. It allows leaders, clinicians, governors and staff to show their commitment to continuous, evidence-based quality improvement, and to explain progress to the public.

We have been engaged by the Council of Governors of the Trust, as required by Monitor, to perform an independent assurance engagement in respect of the Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein. This is known as a 'limited assurance engagement.'

This report to the Trust's Board and Council of Governors provides a summary of the findings from this engagement. It is issued in conjunction with our signed limited assurance report, which is disclosed at Appendix B of this report. This enables the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the Quality Report.

## **Respective responsibilities of the Directors and auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual (ARM) issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust ARM
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's '2012-13 Detailed Guidance for External Assurance on Quality Reports'
- the indicators in the Quality Report, identified as having been the subject of limited assurance, are not reasonably stated in all material respects in accordance with the ARM and the six dimensions of data quality set out in the 'Detailed Guidance for External Assurance on Quality Reports'.

We read the Quality Report and consider whether it addresses the content requirements of the ARM, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially consistent with the specified documents in Monitor's Detailed Guidance.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents. Our responsibilities do not extend to any other information.

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# Introduction to our review (continued)

This report to Governors, including the conclusion, has been prepared solely for the Board and Council of Governors of the Trust.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and the Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

## Assurance work performed

We conducted this limited assurance engagement in accordance with Monitor's 2012-13 Detailed Guidance for External Assurance on Quality Reports. This is based on International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000').

Our assurance assessment has been informed by:

- reviewing the content of the Quality Report against the requirements of Annex 2 of ARM
- interviews and discussions with Trust staff, including Internal Audit, members of the Compliance Unit and the FT Board Secretary
- review of policies and key documents that relate to the production of the Quality Report
- the results of any internal or external reviews, including the Care Quality Commission and internal audit reports
- our cumulative knowledge and experience of the Trust and its performance arrangements
- limited testing, in conjunction with Internal Audit, on a selective basis of the data used to calculate the indicator back to supporting documentation.

## Partnership working with internal audit

As agreed with Internal Audit and in line with prior years, Internal Audit carried out all the walk-throughs of each system used to collect, manage and report on performance, including documenting the systems, and undertook all substantive testing of data up to a maximum of 30 cases for each indicator.

We then reviewed Internal Audit's work, and re-performed a sample of substantive tests for each indicator to confirm the conclusions reached and the appropriateness of each performance indicator reported.

We are pleased to confirm that the quality of Internal Audit work was of a good standard and our re-performance of testing did not identify any discrepancies.

## Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact on comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the ARM.

The scope of our assurance work has not included the Trust's arrangements for quality governance or non-mandated indicators which have been determined locally by the Trust.

---

# Unqualified Conclusion

## Our limited assurance opinion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual
- the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

## Key messages

We would like to highlight the following key messages arising from our review.

- we have issued an unqualified conclusion based on our limited assurance procedures
- The Trust has produced a good final draft report that presents information in a well structured and accessible style. The Trust has taken on board comments from external stakeholders and governors as part of the consultation process on the draft report
- as part of the audit we made a small number of suggestions for improving the presentation and clarity of the Quality Report, which the Trust has actioned
- we have summarised Internal Audit's recommended improvements to the Trust's arrangements around the management of the Severe harm and death performance indicator in the Action Plan.

## Next steps

Matters arising from our review have been discussed with the Foundation Trust Secretary and other relevant Trust staff involved in the Quality Report. We have made a small number of recommendations, which are set out in the Action Plan at Appendix A.

Our limited assurance report on the content of the Quality Report and mandated performance indicators will need to be incorporated into the Trust's Quality Report (within the Annual Report) prior to submission of the Trust's 2012-13 Annual Report to the parliamentary clerk for laying before Parliament by 26 June 2013.

This report, as requested by the Monitor guidance, should be taken to a meeting of the Trust's Audit Committee and Council of Governors. The Trust is required to submit this report to Monitor by 28 June 2013.

## Acknowledgements

We would like to thank the Trust staff for their co-operation in completing this review, specifically the Foundation Trust Secretary and members of the Compliance Unit for our work on agreeing the content of the Quality Report, and Internal Audit for their work on the three performance indicators selected for review.

---

# Compliance with regulations

We checked that the Quality Report had been prepared in line with the requirements set out in Monitor's 2012-13 Annual Reporting Manual.

Requirement	Work performed	Conclusion
<b>Compliance with regulations</b>	We reviewed the content of the Quality Report against the requirements of Monitor's published guidance which are specified in paragraph 7.76 and Annex 2 to Chapter 7 of the NHS Foundation Trust 2012-13 Annual Reporting Manual, issued on 5 March 2013 and revised on 26 April 2013.	<p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual.</p> <p>We made a small number of suggestions to the Trust to help improve the presentation and clarity of the report, including:</p> <ul style="list-style-type: none"><li>• A more explicit reference to the rationale for the selection of 2013-14 priorities for quality improvement together with how the views of patients, wider public and staff were taken into account.</li></ul> <p>The Trust subsequently made a small number of amendments to the presentation of the report before final issue of the document to the parliamentary clerk.</p>

# Consistency of information

We checked that the Quality Report is consistent in all material respects with the sources specified in Monitor's Detailed Guidance for External Assurance on Quality Reports 2012-13.

Requirement	Work performed	Conclusion
<b>Consistency of the content of the Quality Report with other sources of information</b>	<p>We reviewed the content of the Quality Report for consistency with specified documentation, set out in the auditor's guidance provided by Monitor. This includes the board minutes for the year, feedback from commissioners, and survey results from staff and patients.</p> <p>In common with previous years, we requested the Compliance Unit to produce corroborating information to support the content and commentary with the Quality Report.</p>	<p>The collation of supporting evidence by the Compliance Unit was very comprehensive and, as in previous years, was a helpful piece of work providing good assurance, with the Unit cross referencing all statements and performance outturns in the Quality Report back to sources of internal and external evidence.</p> <p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the Quality Report is not consistent in all material respects with the sources specified in the Detailed Guidance for External Assurance on Quality Reports.</p>
<b>Stakeholder engagement</b>	<p>We also checked the Quality Report to ensure that the Trust's process for identifying and engaging stakeholders in the preparation of the Quality Report has resulted in appropriate consultation with patients, governors, commissioners, regulators and any other key stakeholders.</p>	<p>Overall, we concluded that the process resulted in appropriate consultation and that feedback from stakeholders was appropriately reflected within the Quality Report.</p> <p>However, we did note that the Statement of Directors Responsibilities section of the Quality Report made reference to feedback from the 'Local Overview and Scrutiny Committee dated May 2012' and we recommended that this reference was taken out in the final version of the Report as the OSC has not issued any feedback in respect of the 2012-13 Quality Report and the reference the OSC's comments from the prior year are now out of date.</p>



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## Detailed findings on specific performance indicators

As noted in the introduction, Internal Audit undertook substantive testing on certain indicators in the Quality Report. Internal Audit carried out the walk-throughs of each system used to collect, manage and report on performance, including documenting the systems, and undertook all substantive testing of data. We are pleased to confirm that the quality of Internal Audit work was of a good standard and our re-performance of testing did not identify any discrepancies.

### Selecting performance indicators for review

The Trust is required to obtain assurance over three indicators.

The first is the local 'mandated' indicator which Monitor has selected as 'the number of patient safety incidents that occurred within the Trust, and the percentage of such incidents that resulted in severe harm or death'. This indicator is **not** subject to our limited assurance opinion in 2012-13 but we are instructed to report findings and recommendations for improvements.

Monitor requires that two further indicators are selected for testing from a subset of three mandated indicators. For an acute trust the choice was between:

1. the number of cases of C. difficile
2. maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
3. emergency readmissions within 28 days of discharge from hospital.

The Trust's Chief Nurse selected the cancer and readmission indicators for audit review. These two indicators are subject to our limited assurance opinion. We have to report on whether there is evidence to suggest that they have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

In summary, in line with the auditor guidance, we have reviewed the following indicators and our findings are set out in the forthcoming pages:

- patient safety: the number of patient safety incidents and the percentage of patient safety incidents resulting in severe harm or death: required for audit for all acute and mental health trusts
- maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers: selected from the subset of mandated indicators by the Chief Nurse and has been subject to audit review in previous years
- emergency readmissions within 28 days of discharge from hospital: selected from the subset of mandated indicators by the Chief Nurse. This target was not subject to external audit review in 2011-12.

# Quality of data for reported performance indicators

## Indicator not subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<b>Patient safety incidents</b>			
<p><b>Number of patient safety incidents and the percentage of these incidents resulting in severe harm or death.</b></p> <p>The number of patient safety incidents per 100 bed days that occurred within the NHS Foundation Trust, and the percentage of such incidents that resulted in severe harm or death, as reported through the National Reporting and Learning Service (NRLS).</p> <p>Patient safety incidents as described above reported to the National Reporting and Learning Service (NRLS).</p> <p>A patient safety incident (PSI) is defined as 'any unintended or unexpected incident(s) that could or did lead to harm for one or more person(s) receiving NHS funded healthcare'.</p>	<p><b>21 - number of incidents resulting in severe harm and death</b></p> <p><b>2.77 - the number of patient safety incidents per 100 admissions</b></p> <p><b>1.2% - percentage of incidents resulting in severe harm of death</b></p> <p><b>(1 April 2012 to 30 September 2012)</b></p>	<p>Internal Audit reviewed the Trust's processes and arrangements for compiling the information associated with incidents of severe harm and death.</p> <p>The review by Internal Audit (and confirmed by our review of their work) found that the Trust's processes were not compliant with producing information that met the six dimensions of data quality (accuracy, completeness, timeliness, validity, relevance and reliability).</p> <p>The audit also noted a backlog in processing patient safety information in both directorates and Risk and Legal Services prior to uploading to NRLS. For the period under audit 50% of incident reports were uploaded to NRLS more than 152 days after the date of the incident.</p> <p>In addition, of the 21 cases of incidents reported as occurring in the six month period (14 severe harm and 7 deaths) 9 classifications were questionable (5 severe harm and 4 deaths), whilst at the same time a total of 31 additional cases (25 severe harm and 6 deaths) were identified by the review but not reported by the Trust to NRLS.</p> <p>Furthermore, it was noted that the Trust had reported 1,767 patient safety incidents to NRLS in the period, however, the true overall figure could be greater than 6,000 as this is the total number of patient incidents reported on the Trust's Datix system where incidents of this nature are captured.</p> <p>Patient safety figures that have not been uploaded to NRLS within the reporting period, but are submitted after the reporting deadline will not appear in the published figures, thus understating the Trust's number of incidents.</p>	<p>Based on the results of the procedures performed, there is a lack of assurance over the Trust's reported data for this indicator.</p> <p>As the 'local mandated' indicator, the findings do not impact on our limited assurance opinion that we will issue (shown at Appendix B).</p> <p>Following the findings identified, the Trust has disclosed in the Quality Report that it has been unable to validate the patient safety indicator.</p> <p>A number of recommendations were raised by Internal Audit following their review and these have been reported to the Audit Committee. For completeness, and to highlight these to the Council of Governors, we have summarised these in the Action Plan at Appendix A together with the Trust's responses. Both Internal Audit and ourselves will be monitoring implementation of the recommendations as part of our 2013-14 audit.</p>

## Quality of data for reported performance indicators (continued)

### Indicators subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<b>Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers</b>			
This indicator measures the timeliness of the Trust's response on urgent referrals from GPs for suspected cancer diagnosis. The NHS Cancer Plan set goal is that no patient should wait longer than two months (62 days) from a GP urgent referral for suspected cancer to the beginning of treatment, with the exception of good clinical reasons.	<b>89.77% (against a national target of 85%)</b>	<p>A sample of 27 patients who had been 'urgently' referred by their GP with a suspected cancer was randomly selected by Internal Audit from the patient database. Each case was agreed to referral correspondence and the date of the urgent referral was noted to check that the 'clock' had started on the correct date. Details of the reason for referral were identified and a note of the date of treatment and the resulting letter generated by the Trust's consultants was observed in order to ensure the 'clock' was stopped at the appropriate time.</p> <p>The reported compliance rate was also verified. Internal Audit concluded that the cancer target indicator was compiled in accordance with the national guidelines and that a robust process was in place at the Trust for collecting and reporting the cancer target indicator.</p>	<p>Our review and re-performance of Internal Audit's work did not identify any anomalies. Overall, our findings suggest that the Trust has appropriate systems and processes in place to calculate this indicator and no material or significant concerns were identified.</p> <p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the indicator has not been reasonably stated in all material respects.</p>

# Quality of data for reported performance indicators (continued)

## Indicators subject to limited assurance opinion

Indicator & Definition	Indicator outcome	Work performed	Conclusion
<b>Emergency readmissions within 28 days of discharge from hospital</b>			
<p>Percentage of emergency admissions to a hospital that forms part of the Trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust.</p> <p>The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0-27 days (inclusive) of the last, previous discharge from hospital, including those where the patient dies, but excluding the following: those with a main speciality upon readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.</p> <p>It is noted that whilst Monitor's guidance requires the Trust to report on 28 day emergency readmissions, the Trust does not report on 28 day readmissions, but does report on 30 day emergency readmissions as required under the Payment by Results guidance and the NHS Outcome Framework 2012-13. The Trust's compilation, Internal Audit's testing, and our review are accordingly based on 30 day readmissions.</p>	<p><b>10.7% in 2010-11 (the latest information available from HSCIC)</b></p> <p><b>6.1% in 2012/13 (although this relates to the Trust's internal performance only and has not been reported by HSCIC)</b></p>	<p>The verification of 30 day emergency readmission data that the Trust reviews with North Yorkshire and York PCT was performed by Internal Audit to confirm that cases were appropriately included or excluded from the readmission figures.</p> <p>The Trust and the PCT undertake a joint review of readmissions and Internal Audit verified a sample of readmissions reported.</p> <p>The Trust reports its performance through to the Health and Social Care Information Centre (HSCIC) and the HSCIC then collates this information on a national basis prior to issuing outturn performance results. The latest information available from the HSCIC in relation to readmissions is from 2010-11.</p> <p>Internal Audit concluded that the readmissions indicator was compiled in accordance with the national guidelines and that a robust process was in place at the Trust for collecting and reporting the readmissions target indicator, including compliance with the six dimensions of data quality.</p>	<p>We note that the latest available information from the HSCIC on this indicator dates from 2010-11 and this has been included by the Trust in the Quality Report. However, we have recommended, in the Action Plan at Appendix A, the Trust includes its 2012-13 internal data information on this indicator in the spirit of open and timely reporting. This should be accompanied with a short note stating that it is the Trust's own calculation as has not been subject to HSCIC review.</p> <p>Our review and re-performance of Internal Audit's work did not identify any anomalies. Overall, our findings suggest that the Trust has appropriate systems and processes in place to calculate this indicator and no material or significant concerns were identified.</p> <p>Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013, the indicator has not been reasonably stated in all material respects.</p>

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# Appendices

## Appendix A: Action plan

Rec No.	Recommendation	Priority	Management response	Implementation date & responsibility
1.	<b>Selection of 2013-14 priorities:</b> We recommend the Trust includes a more explicit reference to the rationale for the selection of 2013-14 priorities for quality improvement together with how the views of patients, wider public and staff were taken into account.	Medium	This will be included in the Annual Report 2013-14 as suggested.	Fiona Jamieson, Assistant Director of Healthcare Governance July 2013
2.	<b>Feedback from stakeholders:</b> We recommend the Trust deletes the reference to feedback from the OSC in May 2012 from the Statement of Directors responsibilities as this feedback does not relate to 2012-13.	Medium	Updated prior to submission to Parliament.	Anna Pridmore, Foundation Trust Secretary July 2013
3.	<b>Data Quality for Patient Safety Data:</b> The systems and processes used to manage incidents reported to the Trust should be benchmarked against other Acute Trust risk management systems. Best practice methods should be considered to improve the quality of patient safety data and timely processing of incident reports.	High	There will be a review of the processing incident reports and development of appropriate escalation processes. In formulating the above we will ask approvers to participate in a survey reflecting on the current processes in place.	Fiona Jamieson, Assistant Director of Healthcare Governance July 2013

Rec No.	Recommendation	Priority	Management response	Implementation date & responsibility
4.	<p><b>Monitoring and validation processes for Patient Safety Data prior to uploading to NRLS:</b></p> <p>Procedures should be established for incidents resulting in death and severe harm prior to uploading to the NRLS which include the requirement for:</p> <ul style="list-style-type: none"> <li>validation at directorate level</li> <li>executive approval of the data.</li> </ul>	High	The Trust will ensure that all severe harm/patient death incidents will be validated prior to uplift to the NRLS. This will be undertaken at the Quality and Safety meeting.	Fiona Jamieson, Assistant Director of Healthcare Governance July 2013
5.	<p><b>Reporting of Patient Safety Data:</b></p> <p>There should be quarterly performance reporting to the Corporate Risk Management Group on patient safety incident reports processing. The report should indicate the percentage of outstanding incident reports at each key stage from occurrence to final upload to NRLS. The report should also include data on the key patient safety performance indicators reported by the NRLS such as mean number of days taken to upload approved reports to NRLS and percentage of severe harm incidents per 100 admissions. A summary of this information should also be reported to the Board.</p>	High	The Healthcare Governance Quarterly report will be developed to include this information.	Fiona Jamieson, Assistant Director of Healthcare Governance July 2013
6.	<p><b>Timely and transparent reporting of the Trust's readmission rate:</b></p> <p>We recommend the Trust includes its 2012-13 internal data information on this indicator in the spirit of open and timely reporting. This should be accompanied with a short note stating that it is the Trust's own calculation as has not been subject to HSCIC review.</p>	Medium	Completed and updated prior to submission to Parliament.	Anna Pridmore, Foundation Trust Secretary and Fiona Jamieson, Assistant Director of Healthcare Governance July 2013

## Appendix B: Proposed limited assurance audit opinion

### **Independent Auditors' Limited Assurance Report to the Council of Governors of York Teaching Hospital NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of York Teaching Hospital NHS Foundation Trust to perform an independent limited assurance engagement in respect of York Teaching Hospital NHS Foundation Trust's Quality Report for the year ended 31 March 2013 (the "Quality Report") and certain performance indicators contained therein.

#### **Scope and subject matter**

The indicators for the year ended 31 March 2013 subject to limited assurance consist of those national priority indicators mandated by Monitor:

- Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers
- Emergency readmissions within 28 days of discharge from hospital.

We refer to these national priority indicators collectively as the "indicators".

#### **Respective responsibilities of the Directors and Auditors**

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the NHS Foundation Trust Annual Reporting Manual issued by Monitor.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in paragraph 2.1(2) of Monitor's 2012/13 Detailed Guidance for External Assurance on Quality Reports; and

- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual and the six dimensions of data quality set out in the Detailed Guidance for External Assurance on Quality Reports.

We read the Quality Report and consider whether it addresses the content requirements of the *NHS Foundation Trust Annual Reporting Manual*, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period April 2012 to May 2013;
- Papers relating to quality reported to the Board over the period April 2012 to May 2013;
- Feedback from the Commissioners dated May 2013;
- Feedback from local Health-watch organisations dated April 2013;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated April 2013;
- The latest national patient survey dated April 2013;
- The latest national staff survey dated April 2013;
- Care Quality Commission quality and risk profiles dated March 2013; and
- The Head of Internal Audit's annual opinion over the trust's control environment dated May 2013.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.



This report, including the conclusion, has been prepared solely for the Council of Governors of York Teaching Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting York Teaching Hospital NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Trust's Annual Report for the year ended 31 March 2013, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and York Teaching Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

### Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Testing key management controls
- Limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- Comparing the content requirements of the NHS Foundation Trust Annual Reporting Manual to the categories reported in the Quality Report
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the NHS Foundation Trust Annual Reporting Manual.

The scope of our assurance work has not included governance over quality or non-mandated indicators which have been determined locally by York Teaching Hospital NHS Foundation Trust.

### Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2013:

- the Quality Report is not prepared in all material respects in line with the criteria set out in the NHS Foundation Trust Annual Reporting Manual;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 2012-13 Detailed Guidance for External Assurance on Quality Reports paragraph 2.1(2); and
- the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the NHS Foundation Trust Annual Reporting Manual.

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24 June 2013



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