

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 19th 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 – 20th 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 challenges 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 Whitby 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 1st 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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Appendix B

Patient Safety Presentation

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

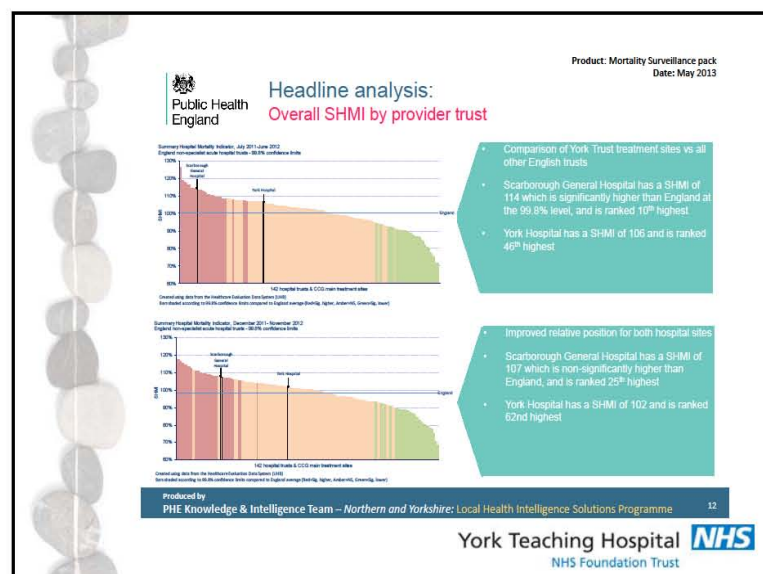
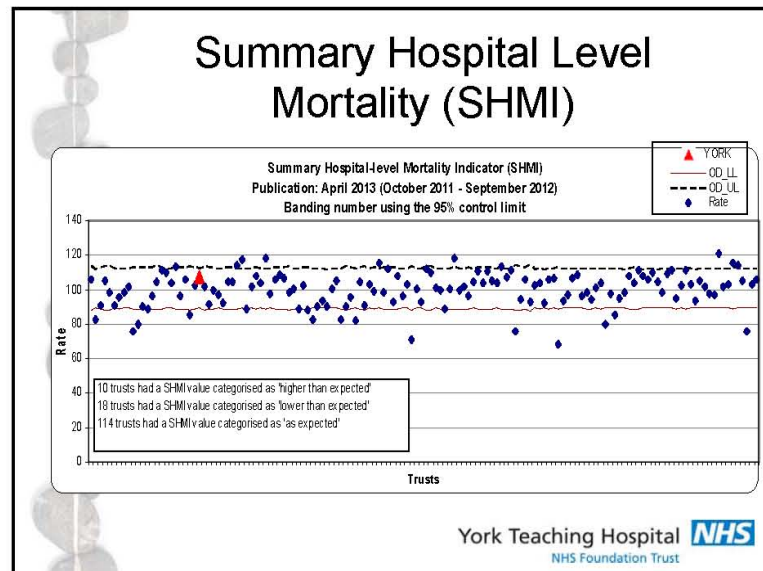
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Assurance

- 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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