

**Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 18<sup>th</sup> September 2013, in St Catherine's Hospice, Scarborough.**

**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 Stephen Hinchliffe, Whitby  
Dr Jenny Moreton, Ryedale and East Yorkshire  
Dr Jane Dalton, Hambleton District

**Appointed Governors:**

Councillor Michael Beckett, North Yorkshire & York Forum  
Councillor Caroline Patmore, North Yorkshire County Council

**Staff Governors:**

Mrs Helen Noble, Scarborough/Bridlington  
Mr John Roberts, York  
Mr Les North, Community Staff

**Attendance:**

Mr Patrick Crowley, Chief Executive  
Carina Saxby, Palliative Care Consultant  
Mrs Lynda Provins, Head of Business Intelligence Unit  
Mr Gareth Mills, Grant Thornton  
Mr Phillip Hewitson – NED S&RCCG  
Mr Mike Keaney, NED YTHFT  
Mrs Jennie Adams, NED YTHFT

## Apologies for absence:

Apologies were received from the following governors:

Ms Kay West, East Riding of York Council  
Mr David Wheeler, Scarborough  
Dr Rowena Jacobs, University of York  
Mr James Carder, Bridlington  
Councillor Joseph Riches, City of York Council  
Mrs Sue Wellington, Scarborough

Ms Libby Raper, NED YTHFT  
Prof. Dianne Willcocks, NED YTHFT  
Mrs Anna Pridmore, FTS YTHFT

### **13/18 Declaration of Interests**

The Chairman asked members to ensure that their declarations of interest were up-to-date, as this was an important aspect of governance.

### **13/19 Minutes of Council of Governors Public Meeting – 19<sup>th</sup> June 2013**

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

### **13/20 Matters Arising from the Minutes**

The Chairman stated that the questions raised on the presentation by Mandy McGale at the last meeting were attached to the minutes and had been responded to. He asked that any further information requests on these matters should be sent directly to Mandy McGale at Scarborough Hospital.

### **13/21 Update from the Private Meeting held earlier**

The Chairman briefly stated that the private meeting had covered a review of the Trust's current position and pressures, the approval of the appraisals of two Non-Executives and a discussion of the way to summarise the role of Governors to those who may wish to know it.

### **13/22 Process associated to the Code of Conduct**

The Chairman asked that any comments on the Code of Conduct be sent to Mrs Pridmore.

### **13/23 Lead Governor Role Description**

The Chairman reminded Governors that Mrs Mackman would be completing her term as Lead Governor at the end of March 2014 and he encouraged any Governors who were interested in the role to speak to Mrs Mackman, Mrs Pridmore or him. There would also be the option of looking at creating a deputy role to support the Lead Governor. The election of the new Lead Governor would take place after Christmas.

## 13/24 Chief Executive's Report

The Chief Executive stated that the current healthcare environment was the most difficult in approximately 20 years, due to the escalating expectations, tightening regulatory framework and emphasis on transparency. 70% of the Trust's budget was in respect of staffing and a year-on-year drop of 6% in finance provides a massive challenge, which many Foundation Trusts were struggling to contend with.

Currently, the Trust is hovering around financial balance, but this was mainly due to "overtrading" (the hospital servicing and being paid for demand that is referred to it, but at a volume level that is higher than the CCG envisaged in its plans), which was compensating for the efficiencies programme, which was slightly behind target. However, he stressed that this overtrading only puts further pressure into the system for the Clinical Commissioning Groups (CCGs).

The primary concern was performance and this has been compounded by the introduction of electronic reporting at Scarborough, which has provided a greater precision to data-capturing. The clarity around data provided a management challenge, but also ensured that the Trust can properly benchmark performance data.

In respect of targets, the Emergency Department 4-hour target is of concern, but is effectively a whole-system symptom and is as much about patient flow, capacity issues and discharge as about the Emergency Department itself. The Trust is currently working in a high pressure environment and this can be debilitating for staff. The Trust has been successful in a bid for monies and will receive approximately £2m this Winter, however, it was not clear how this money would be distributed and discussions were needed with the CCGs. The Chief Executive did state that the £2m did not include the £500k that the Trust is currently investing in nursing staff, following detailed work which has been carried-out to look at recommended staffing levels.

The group discussed wider ranging cuts in the health economy, including those to Social Care. The Chief Executive stated that these cuts will be managed through the new Health & Wellbeing Boards and will inevitably have unintended consequences for other services, but he stressed that these are the financial pressures which are facing the community as a whole and that he is working with other agencies to provide a multi-agency approach.

Mr Baines asked about the condition attached to the £2m in respect of increasing uptake of staff 'flu vaccinations. The Chief Executive stated that extra Winter pressure monies would also be available next year, but that Trusts would have to prove a 75% uptake of 'flu vaccinations by staff. The Trust is currently drafting a plan and will place an emphasis on personal responsibility.

The Chief Executive stated that the organisation had been one of the best in previous years in respect of C Difficile rates, but that now other organisations were catching-up, the Trust's position did not look as reassuring. Concerns had been raised, as the Trust had exceeded its Quarter One trajectory and if this continued, fines would be incurred. A number of actions have been put in place, including the appointment of a Lead Clinician to reinforce values and practice,

probiotic use and a visit had been requested from Public Health England to ensure all possible actions are explored. Quarter Two does appear to be on track. The Chief Executive did stress that risks around penalties were being mitigated. However, he stressed that the targets reflect good practice and the Trust needs to ensure that it is doing the right things, but also capturing the information required and to that end a major communication plan has been instigated involving all clinicians.

Three reports have been received from the Care Quality Commission (CQC), following the visits to the Emergency Department at Scarborough, the Emergency and Maternity Departments at York Hospital and Archways (in York). The reports for York and Archways provide a “clean bill of health”, but unfortunately the visit at Scarborough Hospital coincided with the busiest week of admissions Scarborough has seen in the last 5 years. The senior assessor for the CQC recognised this and has put that in context, but it has also been recognised with hindsight that things could have been done better and escalated faster. It was also noted that when York was visited the context had changed and things were settling-down and that the organisation as a whole was managing to best practices standards. These reports are now in the public domain and a press release has been sent out. The Chief Executive agreed to circulate the press release and report links to the Governors.

Community contracts were discussed and the Chief Executive noted that the initial term was for 3 years, which would mean renewal next April; however, no end-of-contract notice had been received from any of the CCGs. In the meantime, management is being strengthened under the leadership of Wendy Scott, Director of Community Services. The Trust is in talks with partner organisations about how best to provide services at Whitby and what these services may look like going forward.

The group discussed the possible provision of a place in the town centre on a weekend to reduce admissions to the Emergency Department at peak times. A scheme is up and running in Newcastle, which appears to be a successful joint venture. The Chief Executive noted that this debate has begun at the Health & Wellbeing Board in York.

## **13/25 Lead Governor and Other Governor Reports**

### Governor Reports

Dr Moreton stated that there was a very interesting presentation at the Equality & Diversity Meeting together with a discussion about the POPPIY policy. (Practicalities Of Producing Patient Information for York Teaching Hospital NHS Foundation Trust). The Chairman noted that Trust policies could be viewed electronically.

Mrs Miller expressed concern about the attendance at the open days and wondered how these had been communicated. It was agreed Mrs Miller would contact Lucy Brown to alert her to the issue.

Mrs Fields attended a very useful day in respect of the accountability module. She thought elements of the day would be of collective benefit and also suggested that it may be useful to video a Governors meeting in order to assess

efficacy.

Dr Moreton raised the inconsistencies with regard to parking permits and it was noted that once the new parking is in place at Scarborough Hospital, plans will be put into place to standardise all charges. In the meantime anyone wishing to find out whether they are eligible for a permit should discuss with the Sister in charge of the ward.

Mr Baines submitted the following report on key topics discussed at the Eye Department meeting held on the 15<sup>th</sup> August 2013:

**Follow-up Appointments** - Clinicians often ask for follow up appointments within six to nine months, and it is understandable that patients may get anxious if the expected date is exceeded. PM to discuss with directorate colleagues to determine if any potential improvements associated with relaying information re delays to patients.

**Staffing Levels** - Across the whole directorate (York/Scarborough), Ophthalmology has a shortfall of 3 Consultants – currently cover is being provided by locum Consultants. Plans are being developed for a joint Consultant post between Harrogate and York with a specialist interest in Glaucoma.

**Way Finding** - New signage has been completed for the department, with colour scheme specially selected for the partially sighted. Paul Mayor (**PM**) has requested further funds so that the way-finding scheme can be complemented with some additional artwork.

Paul Mayor highlighted a voucher scheme for patients who have to attend an early appointment. The scheme allows patients to use their bus pass during peak times free of charge. At the moment a bus pass can only be used during off peak times. A leaflet is available explaining the procedure, however there is a lack of clarity about obtaining the voucher – patients need to get the voucher from the hospital in advance of the journey. Patient feedback indicates that the system could be improved by simply showing the clinic appointment letter to the bus driver.

#### **Lead Governor (Helen Mackman) report to Council of Governors:**

May I say that it's good to have brought the Council of Governors to Scarborough for the first time, and to this very special place. Again, we hope that members of the public across the Trust's patch will be accessing our feedback - from the Trust website or through the two Scarborough public governors, David Wheeler and Sue Wellington or through the local Staff Governor, Helen Noble.

Since our last meeting, I've attended the Trust's Patient Experience Steering Group held on 24 July. Governors met prior to this to focus on issues arising from across our constituencies which then go onto the agenda for the Steering Group meeting - a very valuable opportunity to ensure that things that are important to patients are taken forward to the Trust, and for us to monitor that action has been taken to either resolve difficulties or to embed examples of best practice across the organisation. For example, we've had discussions about the best way for patients to know who is in charge of their ward across the 24 hours

and how patients are given reassurance about what happens after they've been discharged. There are several issues that individual Governors have been able to take direct to groups within the organisation ... particularly the Eye Partnership Group and the Travel and Transport Group.

We're taking a great deal of interest in the early results of the Friends and Family Test and in the progress of the 'It's My Ward' initiative. We keep in close touch with the Patient Experience Team, through Kay Gamble, and Kay continues to involve Governors in a variety of ways that allow us to observe how effectively the Trust's engagement strategy is working across the organisation. Governors are pleased to have been invited to review the Trust's draft Equality and Diversity Strategy this month and either John Roberts or Ann Bolland, our representatives on that group, may wish to expand on this. An invitation is also extended to Governors to attend the re-opening of the refurbished Ward 37 at 1.30pm on Thursday 26 September. This is prior to the patients returning.

As a member of the Trust's Arts Strategy Group I've been exploring the possibility of an oral history project relating to the Bridlington community and its recollections of the provision of healthcare in that area. This has been developing in partnership with non-executive director, Libby Raper, who also sits on the Arts Strategy Group. Sue Wellington has been doing the groundwork in Bridlington to provide information to the Arts Group so that decisions can be made as to how this project can be taken forward.

Last week I attended the Southern Area Public Forum meeting at Eggborough Sports and Leisure Complex, along with our two Selby Governors, to present an overview of what's happening at our Trust and to talk about how listening to patients and members of the public is one of our core values. There were a number of questions from the floor including concerns relating to the pairing down of follow-up appointments. As Governors, I'm sure this issue will keep coming up, so we each need to take note of the updates on the situation provided by Patrick. Our Selby Governors are also looking forward to some community engagement at Barlby High School on 9 October.

Governors have maintained a regular presence at the Trust Board meetings in public and this proves helpful when contributing to the appraisals of the non-executive directors as well as broadening our knowledge of strategic decision making. With the recent departure of Chief Nurse, Libby McManus, we've appreciated the time Patrick has spent with us to share and discuss the rationale behind the decision to appoint Mike Proctor as Chief Nurse on the Board and Bev Geary as Director of Nursing.

The Council of Governors has been represented at the Trust's Open Days and Roadshows across the patch – at Selby in June, Malton in July and Scarborough in August – and we'll be at York Hospital tomorrow to support that Open Day and to attend the Trust's AGM. As Lead Governor, I shall be reporting to the membership on behalf of the Council of Governors.

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The possibility of a joint event with Bridlington Library was discussed. The Librarian, Sarah Hutchinson was interested in a project to take oral histories.

Mr Atherton reported that a Governor-led Community Services Group has been

formed and supported by Wendy Scott, Director of Community Services. The group will look at patient experience in the community setting. Mr Atherton will keep the group apprised of developments and the terms of reference will be brought to the next meeting.

The Chairman stated that this sharing of good practice was very valuable and asked members to continue to let Mrs Pridmore have any reports on attendance at meetings (250 words or less) for inclusion in future meetings. By submitting these reports in writing, Members and others can view what Governors have been involved in.

### **13/26 Terms of Reference of the Community Engagement Group**

Due to time constraints this item was not discussed. The Chairman asked for comments to be sent to him and the topic would be covered at next meeting.

### **13/27 Liverpool Care Pathway**

Dr Carina Saxby, Consultant in Palliative Care and Lead Clinician in Palliative Care at Scarborough Hospital and St.Catherine's Hospice, provided a presentation on the Liverpool Care Pathway and its replacement.

Dr Saxby confirmed that carers would be made aware of the pathway and the new guidance would make this explicit.

The Chairman thanked Dr Saxby for a very information presentation and she agreed to provide a copy of the report and slides (post-meeting note – these have been circulated to Governors).

### **13/28 External Audit and Quality Report**

Mr Mills from Grant Thornton provided context to the report, stating that this was the 4<sup>th</sup> year that Grant Thornton had audited the Trust's accounts and Quality Account. Three key aspects of the Quality Account are tested; compliance with Monitor guidance, testing of the supporting information and key performance indicators. Mr Mills highlighted that the findings provided a significant level of compliance. A number of recommendations have been made, which are linked to the findings, especially in respect of incidents linked to severe harm and death.

Mr Mills confirmed that these recommendations would be picked up by the audit work planned for this year. An issue with the wording on page 58 was raised and would be discussed with the Audit Team.

It was also noted that Grant Thornton audited the Trust's charity accounts. Mr Mills stated that there was a future requirement to consolidate the charity accounts into those of the Trust.

### **13/29 Any Other Business**

No further business was discussed.

The next Council of Governors meeting will be at the York Hospital Social Club, White Cross Road, York, at 1515hrs (private) and 1600hrs (public) on

Wednesday December 11<sup>th</sup> 2013. dates for 2014 meetings will be circulated in the next month or so.

Attendees were given two additional documents:

- The York Teaching Hospital (full) Annual Report and Accounts
- The (latest) Monitor Guidance for Foundation Trust Governors