

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on 11th March 2015, in St Catherine's Hospice, Scarborough.

Present at the meeting

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mrs Jeanette Anness, Ryedale & East Yorkshire
Mr Paul Baines, City of York
Mrs Ann Bolland, Selby
Mr Andrew Butler, Selby
Dr Jane Dalton, Hambleton District
Mrs Margaret Jackson, City of York
Mrs Sheila Miller, Ryedale & East Yorkshire
Dr Jenny Moreton, Ryedale and East Yorkshire
Mr Clive Neale, Bridlington
Mrs Sue Wellington, Scarborough
Mrs Penelope Worsley, City of York

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Dr Rowena Jacobs, University of York

Staff Governors:

Mr Mick Lee, York
Miss E Jackson, York
Mrs Helen Noble, Scarborough/Bridlington

Attendance:

Mrs Lynda Provins, Head of Business Intelligence Unit
Mrs Diane Palmer, Deputy Director for Patient Safety
Prof. Dianne Willcocks, NED YTHFT
Mrs Jennie Adams, NED YTHFT
Ms Sue Symington, Trust Chair Elect
Mr Patrick Crowley, Chief Executive
Mr Andrew Bertram, Director of Finance
Ms Kay Gamble, Head of Patient Experience

Apologies for absence:

Apologies were received from the following Governors/others:

Mr David Wheeler, Scarborough
Mr Robert Wright, City of York
Mr Les North, Community Staff
Mr Stephen Hinchliffe, Whitby
Mrs Helen Fields, City of York
Dr Andrew Bennett, Scarborough/Bridlington
Councillor Caroline Patmore, North Yorkshire County Council
Mrs Anna Pridmore, Foundation Trust Secretary

15/01 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. The following amendments were received:

Mr Butler asked for his declaration to include his work as a Mental Health Act Manager for Leeds and York Partnership Trust.

Mrs Miller stated that the CCG Patient Group has been disbanded, however, she is a “silent” member of (NY) HealthWatch.

15/02 Minutes of Council of Governors Public Meeting – 10th December 2014

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

15/03 Matters Arising from the Minutes

The following matter was raised.

Dr Moreton stated that she had recently visited the Lucentis service at Bridlington Hospital and there appeared to be a number of inconsistencies between practice there and at York. Mr Rose asked Ms Gamble to follow this up and liaise with Dr Moreton.

Item 14/39 (page 13) Mr Butler stated that colleagues at City of York Council were looking into the possibility of providing a trial shuttle bus service between the station and the hospital. Mr Rose asked Mrs Miller and Ms Gamble if they would look into this.

15/04 Update from the Private Meeting held earlier

Mr Rose advised that the private meeting had discussed the annual appraisal of Mr Sweet, Non-executive director and the appointment process of the Chair. He noted that there were strong views about amendments to the recruitment process and this would be picked up with Mrs Pridmore and HR, to inform future NED appointments.

15/05 Updated Trust Values Leaflet

The Council discussed the “Values” leaflet and it was noted that the diagram

under 'Patients at the centre of everything we do' is small and consequently difficult to read. It was agreed that any comments would be sent to Mrs Jackson who would feed this back into the HR Department.

Concern was raised regarding the values posters on the windows in (York Hospital) reception and that some of these made it difficult to see the staff memorials.

Action: Mrs Jackson to feed back comments to HR on the values leaflet

15/06 Chief Executive's Report

Finance - Mr Bertram circulated a short finance report. The first graph highlighted the position from April 2014 to the end of January 2015, when a £2.8 mil deficit was reported, which was materially adrift from the predicted £3 mil surplus. He noted that the deficit had been fluctuating all year between £0.5 mil and £2 mil, but the January position had deteriorated to £2.8 mil. At the end of January the CIP position (graph 2) was £3.4 mil short of the £24 mil target set at the beginning of the year. He noted that due to work being done this had been reduced to well below £1 mil and should be achieved by the end of the financial year. However, half of this was down to non-recurrent efficiencies and this would impact on next year's delivery.

The third graph detailed the organisation's cash flow, with the spike in July representing the third year of acquisition support. Mr Bertram stated that the cash position could provide a cushion in the first instance, but this support could not be maintained. Strategic capital was discussed, especially in relation to the acquisition capital received for the upgrade of the Scarborough site and that this will remain ring-fenced. The last chart showed the Trust is slightly behind the planned schedule of capital spend of £25 mil for this year. The £25 mil capital was made up of the strategic capital, bid monies, leasing agreements and loans.

Mrs Miller asked whether the Trust was penalised for balancing financially as other Trusts are receiving funding to cover their big deficits. Mr Bertram responded that the Trust remains in control as long as cash flow is managed. Once the Trust begins to fail, that control is lost and that is when turnaround teams become involved and their main aim would be financial balance, not the long-term view of planning with ambition, which is taken now.

Mr Bertram stated that, if left unchecked, the year-end deficit could be as much as £4 mil to £5 mil. This is due to the following:

- Staffing expenditure
- High emergency activity
- CIP achievement
- Contract penalties

Mr Bertram explained the new tariff (for '15-'16), which would mean an improvement in the non-elective admissions tariff from 30% to 70%, but he did highlight that there would be other "losses" as part of the package offered.

The following actions are being taken:

- Negotiations with the CCGs regarding financial support from slippage to winter resilience monies
- Reinvestment of contract penalties
- Some of the 70% saving (by the CCGs) on tariff redirected back to the Trust

Mr Bertram indicated that the CCGs seem willing to support the Trust.

Internally a number of actions have been taken:

- The operational team are endeavouring to expedite elective work; however, the Trust is still facing high levels of acute demand, which compromises our ability to complete all the scheduled elective work.
- Delivery of the CIP programme.
- A two-month ban has been placed on “discretionary spend”.

As a result of these actions, Mr Bertram is predicting a year-end deficit position of approximately £2 mil. The February position, which is still being analysed, looks like the Trust is starting to see a slight improvement to a deficit of £2.4 mil. The external context to the Trust’s position was explained in relation to the number of Foundation Trusts currently failing to achieve financial balance and requiring support.

Mr Crowley stated that he was confident that this was a realistic assessment of the Trust’s position and that he trusted Mr Bertram’s judgement. His concern was around continuing to ‘plan with ambition’ which would prove much harder in the years to come and consequently this would limit the choices available to the Trust. He stressed that the balance of risk and clinical safety was a constant discussion topic and that established levels of staffing are fit for purpose; however, due to national issues, the Trust was currently challenged in its ability to recruit and retain staff into this establishment. Mr Crowley stated that he expected next year to be a difficult one for these reasons.

CQC – Mr Crowley stated that the Trust has been preparing for sometime. He has been doing a series of briefing sessions to set the tone of the assessment, which is an opportunity for the organisation to learn. He stated that the organisation needs to respond with humility and a positive approach. He has stressed to staff they must talk openly and honestly to assessors. Mr Crowley briefed the Committee that managers and senior staff will be deployed at each site to ensure visibility, but ultimately to provide staff with support and encouragement.

Mr Crowley stated that the self-assessment provided to the CQC rated the Trust as good and this was very much a balanced view of what is working well and the known risks.

Mr Butler asked about the £8 mil subsidy per annum provided for the 5 years following acquisition. Mr Bertram stated that there is two years of the subsidy left, but the original plan (Integrated Business Plan - IBP) had managed the inefficiency out of the system. The first two years following the acquisition had been primarily on track with the IBP and this is the first year that the Trust is

materially adrift. This may be for a number of years, the prime reason being the tariff that the Trust is faced with is materially worse than the “downside scenario” (provided by Monitor) projected in the IBP. Mr Bertram added that the level of funding has also changed significantly.

Mr Bertram stated that there is a massive amount of work to be done over the next two years to go through service-by-service and look at all the options with the commissioners and other stakeholders. This was discussed at the recent Board-to-Board with Scarborough & Ryedale CCG, although not in the depth that will be required going forward.

Mr Crowley provided some context on the external environment and noted that the whole dynamics are going to have to change. Previously, waiting lists provided a form of “release valve”, but the Trust cannot afford to curtail elective activity and this now compounds the problem.

Dr Jacobs asked why the staffing issues were not foreseen. Mr Crowley stated the Trust has put in place a comprehensive set of measures, including values-based recruitment, road shows and the Trust is now even trying to recruit abroad, but difficulties recruiting were a national issue and any flexibility in the system has been eroded. However, he did stress that the Trust has invested approximately £5 mil in more nursing over the last couple of years.

15/07 Lead Governor and Other Governor Reports

Mr Rose asked Governors to raise any highlights from their written reports.

Mrs Wellington stated that she had been involved in the patient experience volunteer renal survey and that discussions were taking place regarding rolling this out to other sites. She is also involved with a patient forum for Specialist Medicine about the provision of mobile chemotherapy.

Dr Dalton wanted to thank the Trust for feeding back notes from the public meeting at St Monica’s Hospital, which were well received. Since the meeting she has received several requests regarding what is happening next. Dr Dalton will work with Wendy Scott to provide answers.

Dr Moreton stated that she had attended a majority of the hospital visits and it provided an opportunity to closely compare sites. She expressed concern regarding staffing levels at White Cross Court, especially in relation to domestics. Mr Rose asked her to liaise with Mrs Adams.

Mrs Miller asked for an update to be provided on the development of the one-stop urology facility at Malton. Mr Rose stated he will ask for a future update.

Mr Butler was very pleased to note the updates on psychiatric liaison, which was first discussed in 2008. He noted how well this is starting to be used. It was agreed to pick up the Scarborough end of the service at a future meeting as this involves a different provider.

Mrs Bolland stated that she had attended a Community Services meeting last week and was pleased to note that the Community Hubs went live at the end of January. She reported that the Hub at Selby had recruited to all the posts, but

unfortunately the Malton Hub was experiencing some difficulties with recruitment. A feedback questionnaire has been adapted for use and will be used to gather patient experience. It was agreed that information on the Hubs needed to be placed on the internet. Mr Rose asked Ms Gamble to pick this up with Mrs Brown, Head of Communications.

Mr Baines noted that Lilac Ward at Scarborough was due to open shortly and that he had renewed his Governor role in respect of involvement in the upcoming developments of the Emergency Department/Paediatric Unit, which were the next major developments at Scarborough.

It was noted that the Patient Experience Steering Group were replacing the 'how to complain' leaflets with ones called 'your experience matters'. These would be distributed Trust-wide. Ms Gamble confirmed that all staff, including those in the community, had access to the leaflets. It was also noted that patient nameboards were being delivered and would allow for the name of the patient and consultant to be above the patient bed (if the patient wished this). Concern was expressed regarding the wrong names remaining above beds, but cleaning the boards has been added to the discharge policy.

The new Deputy Chief Nurse, Helen Hey, has started in the Trust and attended the Patient Experience Steering Group.

Mr Baines asked whether certain eye conditions were applicable for special parking concessions. Mr Rose asked Ms Gamble to look into this.

15/08 Governor Protocols

Mr Butler stated that the protocols had been drawn-up and were in essence a fallback position should they be required.

The Council of Governors **approved** the protocols.

15/09 Skills Audit

Mrs Bolland gave an overview of the purpose and intention behind the skills audit. She stressed that it was about sharing what individuals are good at and especially in relation to "life skills". This would help to identify skills that individuals could contribute to committee and sub-group functioning. It was agreed that Mrs Pridmore would be asked to send out an amended version of the framework, together with a timeline for completion. It was also agreed that this should be updated on a six-monthly basis.

Action: Mrs Pridmore to send out an amended framework together with a timeline for completion.

15/10 Presentation – Dianne Willcocks, Non Executive Director & Vice Chair

Prof. Willcocks gave a presentation on her role as a Non-executive Director. *(This completes the series of six talks by the six NEDs over the last six CoG meetings).*

The Committee discussed how they could encourage more volunteers,

especially by shortening the time the recruitment process takes. There was also concern raised regarding the amount of resource available for the co-ordination of volunteers and where the office was located in York Hospital.

15/11 Presentation - “Sign Up to Safety”

Mrs Palmer provided a presentation around the “Sign Up to Safety” campaign, which the Trust has adopted. Mrs Palmer stated that the Trust is moving away from root cause analysis (of incidents) and moving towards looking at contributory factors, to enable a number of interventions to be made. She noted the governance groups are now up-and-running in the community and that there is more confidence around the measuring that is being performed.

Falls incidents were discussed and Mrs Palmer stated that reporting has increased due to openness and candour, which is good, as this provides a more realistic picture of the challenge, but also useful data in relation to the number of falls and the resulting harm. Dr Dalton asked if staff were worried about the legal implications of reporting incidents. Mrs Palmer responded that staff are being advised to talk to patients and relatives, apologise and talk about the incident; she stressed it is about changing practice and culture. She also noted that an apology is not an indication of liability.

Mrs Palmer stated that there is at times a balance of risk, which requires discussion; her example being a patient at risk of falls with C Diff. You would want to isolate the patient in a side room, but due to the risk of falls this may not be appropriate. Staff are encouraged to discuss issues in order to get a consensus of opinion.

The Council of Governors agreed that Mrs Palmer should provide an update on progress in approximately 12 months at a special briefing session.

Action: Mrs Palmer to attend a special briefing sessions in 12 months.

15/12 Dates of Meetings 2015-16

The future meeting dates were noted.

15/13 Any Other Business

Mr Butler stated that Mrs Pridmore had shared an email, which stated that Monitor was adopting the Trust’s “Governor Business Card” as best practice and this would be circulated to every Trust in the country.

The Patient Steering Group is to hold a listening week (7th to 10th April) which will help to contribute to the strategy implementation plan.

15/14 Time and date of the next meeting

The next meeting will be held on 10th June 2015 at Malton Rugby Club.