

Minutes of the Meeting of the York Teaching Hospital NHS Foundation Trust Council of Governors, in public, held on October 9, 2014, at Malton Rugby Club.

Present at the meeting:

Chairman of the meeting:

Mr Alan Rose, Chairman

Public Governors:

Mr Terry Atherton, Bridlington
Mr Clive Neale, Bridlington
Mr Paul Baines, City of York
Mrs Helen Fields, City of York
Mrs Margaret Jackson, City of York
Mr Robert Wright, 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
Mr David Wheeler, Scarborough

Appointed Governors:

Councillor Michael Beckett, North Yorkshire & York Forum
Councillor Caroline Patmore, North Yorkshire County Council
Councillor Joseph Riches, City of York Council

Staff Governors:

Dr Andrew Bennett, Scarborough/ Bridlington
Mrs Helen Noble, Scarborough/Bridlington
Mr Les North, Community Staff
Miss E Jackson, York
Mr Mick Lee, York

Attendance:

Mrs Jennie Adams, Non-executive Director
Mr Andrew Bertram, Finance Director
Mrs Beverley Geary, Interim Chief Nurse
Mrs Anna Pridmore Foundation Trust Secretary
Mr Mike Proctor, Deputy Chief Executive
Ms Libby Raper, Non-executive Director
Mr Michael Sweet, Non-executive Director

Mrs C Tarren, Head of Facilities

Apologies for absence:

Apologies were received from the following governors:

Dr Rowena Jacobs, University of York
Mrs Sue Wellington, Scarborough
Mrs Penelope Worsley, City of York
Ms Dee Sharp, East Riding of York Council did not attend the meeting or send apologies.

14/25 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:

14/26 Minutes of Council of Governors Public Meeting – 11th June 2014

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

14/27 Matters Arising from the Minutes

There were no matters arising from the meeting.

Post meeting note: It was commented on that again there were no members of the public at the meeting. Mr Rose agreed he would further the debate with the Communications team.

14/28 Update from the Private Meeting held earlier

Mr Rose advised that the private meeting had spent some time exploring the challenges that exist in the system locally and nationally and had agreed that Mr Proctor would lead a debate in the public meeting.

The private meeting discussed and approved the update on the Code of Conduct document which now articulated a process for addressing the rare occasion where a Governor may not be following the Code.

The meeting received an update on the progress of the appointment of the External Auditors and the minutes from the Nominations/ Remuneration Committee. The meeting also discussed the Governors' induction programme.

14/29 Chief Executive's Report (discussion led by Mike Proctor)

Monitor – Mr Proctor explained that Monitor is investigating the Trust around three elements of performance – the Emergency Department 4 hour target, the breast symptomatic target and, more generally, the two week wait cancer targets.

He advised that recently the breast service performance had improved due to (temporary) centralisation of the service in York and the Trust was just short of

achieving the target. In terms of patients waiting 2 weeks for cancer appointments, he explained that there had been an increase in referrals and he was expecting the overall detection rate to fall. An example of the increase is in dermatology, where people become aware of anything new on their skin and will seek out the opinion of the doctor who, if there is any question, will refer the patient to hospital. Mr Proctor was asked if this increase would continue. He advised that it was difficult to say, but the CCG are aware of it and are reviewing which doctors are referring most patients.

Mr Proctor referred to the four hour ED target and reminded the Governors that this was a national problem. He reminded the Governors that the Trust had failed Quarter 2 and although Quarter 3 had only just started and some improvement had been seen he was still concerned that the target may not be achieved. He explained that, typically, if there were just two patients less each day the Trust would be achieving the target. By way of assurance, Mr Proctor added that those patients who are waiting longest have the less serious conditions. He added that the meeting with Monitor later in the Month will include persuading Monitor that improvements have been made and explaining that we expect the Trust to achieve the Target at Quarter 4. (we will need to make specific undertakings to Monitor)

Mr Proctor went on to explain that the breast symptomatic breast service had been centralised in York, this meant that patients from Scarborough would only be seen at the York site. He explained that this change was made with the support of the CCG, to ensure that there was sufficient capacity available for all patients. The Scarborough service had originally only been able to provide this once a week, which meant there was not sufficient clinic time available to see the patients. The Trust has moved the service, on a temporary basis, and does intend that the service will be moved back as soon as possible. The key issue the Trust has is that it has been unable to recruit a Radiographer to be based in Scarborough that specialises in breast work.

In terms of the 18 week referral to treatment target, there is a national backlog that is building of people that have waited longer than 18 weeks. The Government has recognised this, and asked Trusts to put on additional capacity to address the backlog. Unfortunately the capacity cannot be flexed as quickly as was required, which meant that we, in common with other organisations, were not able to take advantage of the additional money provided to pay for the extra work. Introducing the additional capacity in the short time scale given was not possible. He added that there is a particular issue in Ophthalmology and, as a result, the Trust is now asking GPs to refer patients to other providers while the Trust addresses the backlog.

We will report back to Governors on the Monitor visit as soon as possible.

Mr Proctor commented on the workforce issues; he advised that, since the Francis Report, everyone is trying to recruit nursing staff and there are not sufficient trained nurses available. He added that this also extends to some specialities where it is difficult to recruit consultants too. He added that the position has improved, but does remain difficult in some areas. As a result, some job plans for consultants have been adjusted to ensure there is cross-site cover.

The Governors had received information that some staff were unhappy about

being asked to work in different sites from the site they were initially appointed to. Mr Proctor explained that before the acquisition staff had contracts that required them to only work in York. At the point of the acquisition, it was agreed that all recruitment would be clear about the Trust's expectation that staff will work across site and this has been embedded into the organisation. Mr Proctor added that it was quite difficult, but the Trust did try to negotiate with staff they need to work across sites. He added that for consultants not only does the Trust have to pay travel costs, but also travel time.

Mrs Bolland commented that she understood that new legislation regarding Equality and Diversity and the Trust's methods of advertising trust would in 2015 come under scrutiny, and did he feel that the Trust was advertising in the appropriate places. Mr Proctor advised that all recruitment is advertised through NHS Jobs and is very transparent; beyond that, the Trust is looking at what international recruitment is possible. Mr Wright added that he was aware that the USA would be looking for a large quantity of nurses in the near future and he understood that some nurses who do not have English as a first language would be keen to work in the UK to improve their English and clinical skills before moving on to the USA.

It was agreed that Mrs Holden would be requested to host a session on recruitment in the Trust.

Action: Mrs Holden to host an information session for Governors on recruitment.

Post meeting note: this session has been arranged for 4th December 2014.

The Governors asked if Mr Proctor could talk about the relationship between the 4 hour target and the developments in Community Services around the hubs.

Mr Proctor explained that the 4 hour target is effectively a "whole system" target. When the whole system worked together, for example in January to March this year, the target was achieved. Part of this system are the services included which should reduce the number of patient being admitted to hospital. The CCG is cautious about the costs, but they recognise they need to make the investment.

Community Hubs: He noted that the Trust has been working with some GPs (initially in Malton and Selby) to design a new model of service whereby intervention would be provided in the home or locally, for up to six weeks. This service is designed to provide a cushion and help monitor and support patients, to make sure they don't come into hospital. He added that the cuts the social services have experienced mean that there is a blurring of the boundaries and it becomes "delivering care", without any particular distinction. Mr Proctor added that he is hoping that the schemes the Trust is involved with will prove to be the right models and will be rolled-out across the region in due course.

In York, at present, Priory Med is developing a similar model to the Trust, just on a smaller scale. In Scarborough, the GPs have been very clear that they would like to lead the delivery of care and have at present not identified a model. In Whitby, the service is currently out to tender and a shortlist will be published. In Bridlington, Community Services are at present run by the Humber Trust.

The Governors asked Mr Proctor if the Trust is prepared should a case of Ebola appear and is the Trust prepared should there be an outbreak. Mr Proctor confirmed the Trust was prepared. He added that, if there was an outbreak, Sheffield had been designated as the major centre.

Mr Rose thanked Mr Proctor for his presentation. Mr Proctor left the meeting. Councillor Riches, Governor for City of York Council left the meeting and Mr Atherton left the meeting.

The Governors asked what the future performance of Trusts was likely to be, both locally and nationally.

Mr Bertram commented that there are now around 150 Foundation Trusts, of which 100 are acute trusts. 80 of these 150 Trusts are in deficit and a high number are under investigation or subject to enforcement action; our ambition is to be “the last organisation standing”, so to speak.

Mr Rose asked Mr Bertram if he would provide a six month picture of the finance position for the Governors.

Mr Bertram said he would like to cover four key areas – I&E position, the efficiency position, the capital programme and the wider sector performance.

I&E position - The position at month 6 has not been finalised, so the information given to the Governors was based on month 5. He advised that the Trust is £1.1m in deficit, on a turnover of approximately £182m, which equates to around 0.5% deficit and is within tolerances. Monitor uses a 1-4 rating for the ‘continuity of services’ rating (CoSR) -- 4 being the best and 1 being the worst. The Trust is at 4. In terms of the end of year position, the planned position is to have a balanced budget. At present the Trust is £1m adrift from this.

Five years ago, David Nicholson put out the “Nicholson Challenge” to save £20B over 4 years. The expectation was that Trusts were required to develop financial plans that support the delivery of those savings over the 4 years. The challenge is now in year 5; there is still a further 4% efficiency requirement and all indicators would suggest that this will continue. The stress being seen in the system has in part arisen as a result of the continued requirement to make the 4% efficiency gains each year.

Efficiency Programme – This year, the Trust’s programme is £24m; last year the programme was £23.5m and the year before £17m. At month 5, the Trust had found £11m of the £24m target. Mr Bertram explained that there is constant pressure on the Trust and the Directorates to achieve the efficiencies. Nationally there are two agendas which challenge each other. The first is taking the money out of the system, which means that as 80% of our budgets are pay budgets, the pay budgets have to be reduced and the effort is to improve productivity. The second agenda is around quality and safety and all the elements that were being discussed with Mr Proctor.

Capital Programme – The Trust has an ambitious capital programme of £24m This year, which is on plan. An example of the type of expenditure includes Lilac ward in Scarborough that is being built at a cost of £4.5m.

Our cash position means we are able to manage such developments.

Wider sector performance – As has already been stated, 80 Trusts are in deficit. The plan was that the aggregate deficit at Quarter 1 would be £49m; it is in fact £162m. The information for non-FT Trusts is not easily available, so Mr Bertram could not provide it to the Governors. He added that this position is significantly worse than had been planned for.

The Governors enquired why the national deficit was so big. Mr Bertram advised that it was related to the efficiency requirements and the continuation of pay awards. He explained that the health service had never made big profits and these had been whittled away. Trusts are running out of scope to reduce costs and not compromise safety. He added that York does believe that there is a distinction between safety and quality; the Trust cannot compromise on safety, but reluctantly we may be forced to offer lower quality in certain circumstances. The final point is the contractual penalty regime. It is believed by some quarters that a financial penalty regime challenges behaviour. This is being discussed in lots of different parts of the system.

Mr Rose added that, in the circle of Chairs, most Chairs and Board members confirm “they would rather be fired because of not achieving a financial target as opposed to being fired for providing poor quality of care”. These natural responses to the difficulties of the system are causing the finances to be under extreme pressure nationally.

In terms of private patients, Mr Bertram reminded the Governors that this was capped initially and that cap had effectively been removed (subject to Governor approval). The Governors asked about the tender for Ramsey and the private patient work. Mr Bertram advised that the Trust was submitting a bid for the service, but the service was for NHS work, not private work.

Mr Butler referred to the marginal tariff rate and asked if Mr Bertram could explain the difference in the views between the Trust and CCG. Mr Bertram explained that there is a different of opinion around two issues. One is the financial level it will reach this year and the second is the purpose of the reinvestment. The Trust believes that it is clear that there should be timely investment of the 70% resources into schemes that will affect (reduce) hospital activity. He added that Monitor has a role by applying appropriate pressure to ensure the guidance is followed. He added that ultimately there will need to be a collaborative approach.

The Council of Governors thanked Mr Bertram for his comments.

14/30 Lead Governor and Other Governor Reports

The Governors noted the reports that had been submitted. As Lead Governor, Mrs Jackson commented on the Chairman appointment and explained the basis of the planned panels. Mrs Pridmore added that the final panels will be confirmed in the next few weeks and all Governors will be advised as soon as the information is available.

The Governors reviewed the reports and noted the comments made. It was

noted by the Governors that internal elections for places on groups would take place in the next couple of months.

14/31 Assurance from and about NEDs

Mrs Adams gave a presentation on the work she had done as a Non-executive Director. The presentation is attached to these minutes.

14/32 The Patient Led Assessment of the care environment (PLACE) report

Mrs Tarren was welcomed to the meeting by the Chairman and was asked to present the report. Mrs Tarren outlined the key aspects of the process and that the Governors have been involved in undertaking the assessments along with patients and HealthWatch. Mrs Tarren explained that PLACE replaced the previous system -- Patient Environmental Action Team (PEAT). She explained that the process is undertaken on an annual basis. The Trust is given a six week window to undertake all the assessments and the Trust gives each site 24 hours notice of the assessment.

Mrs Tarren explained that the assessment looks at the whole patient journey and for future assessments the Trust is looking to invest in hand-held devices for the system.

Mrs Tarren advised that the Trust had not scored the dementia section of the assessment. The assessors at this stage are not trained. Training is being put in place so the assessment can be completed in future assessments.

Mrs Tarren explained that action plans are put in place following the assessments and there is a robust follow-up system to ensure the actions are completed.

The Council of Governors noted the comments made.

14/33 Any Other Business

No further business was discussed.

14/34 Time and date of the next meeting

The next meeting will be held on the 10th December 2014 at White Cross Road, York.