

WYE VALLEY NHS TRUST

DRAFT MINUTES ANNUAL PUBLIC MEETING

18th July 2012 – 6.30pm to 8.30pm
Point 4 Venns Lane
Hereford

WELCOME AND INTRODUCTION:

Mr Mark Curtis, the Chairman of the Trust Board welcomed everyone to the 1st Annual Public meeting of Wye Valley NHS Trust. Board Members introduced themselves.

WYE VALLEY NHS TRUST FORMAL BUSINESS

PRESENT:

Mr Mark Curtis: Chairman

Mr Howard Oddy: Acting Chief Executive

Ms Michelle Clarke: Director of Nursing & Transformation

Mrs Simone Pennie: Non-Executive Director (Chair of the Audit Committee)

Mr Frank Myers: Non-Executive Director (Chair of the Quality Committee and Chair of the Charitable Funds Committee)

Mr Tim Tomlinson: Director of Service Delivery

Mr Mark Waller: Non- Executive Director (Chair of the Remuneration Committee and Deputy Chairman of the Trust Board)

Mr Jonathan Wren: Interim Director of Resources

Dr Peter Wilson: Medical Director

IN ATTENDANCE (non-voting):

Ms Sara Keetley (Head of Adult Social Care)

Mrs Nicola Licence (Company Secretary)

APOLOGIES FOR ABSENCE:

There were no apologies for absence.

2. QUORACY AND DECLARATION OF INTEREST

The meeting was quorate and there were no declarations of interest.

3. MINUTES

(a) Annual Public Meeting – 26th July 2011

The minutes were accepted as an accurate reflection of the meeting. There were no Actions or Matters Arising.

Resolved:

The Board **APPROVED** the minutes of the meeting held on 26th July. These would be **SIGNED** by the Chairman.

4. INTRODUCTION TO THE ANNUAL REPORT

a) The Acting Chief Executive introduced the Annual Report 2011/12. Key messages included:

- Wye Valley NHS Trust was the first organisation of its type in the Country and the Annual Report provided an indication of the progress made in the first year of operation.
- The Vision and Mission had been developed to drive the organisation forward.
- The structure and creation of the four Service Units to deliver the strategy of the integrated organisation.
- Quality and Safety had been critical to the success of Wye Valley NHS Trust and would continue to be so going forward.
- Engagement and involvement with the Trust's Stakeholders and Commissioners.
- The future of Wye Valley NHS Trust and working towards a sustainable future.

b) The Interim Director of Resources introduced Extracts from the Annual Accounts 2011/12.

QUESTIONS FROM THE PUBLIC ON THE FORMAL BUSINESS OF WYE VALLEY NHS TRUST

Q. Can the Board declare the financial issues the Trust is facing as these did not come out in the presentation?

A. *The issues the Trust is facing relate to future years. Last year £6m was required to breakeven and measures were put in place for non-recurrent funding.*

Q. This means that there is no guarantee that you will receive the required funding this year. How will the Board ensure the Trust does not require the funding in the future?

A. *The Trust has highlighted the financial situation for the current financial year and the Board is confident that funding will be available as long as the Trust has developed clear intentions for its future. Discussions with the Chief Executive of the Cluster and Strategic Health Authority provided assurance that funding would be forthcoming.*

Q. Can the Board therefore assure the public that the headline in the Hereford Times is not applicable?

A. *There is an element of truth in that the Trust is trying to bridge a financial gap but we were never going to run out of money.*

Q. As a member of the public and despite such headlines I would like to thank every one of the staff of the Trust for providing an excellent service.

A. On behalf of the Trust and the Board, the Chairman thanked the member of public for their appreciation.

Q. Can the Board tell us if our MP has made any progress on the PFI issues connected with this Trust?

A. The two MPs for Herefordshire have met with Andrew Lansley. No mention was made about PFI but only that NHS Services in Herefordshire would continue. Jesse Norman MP has offered the Trust some leads on getting the best value from PFI, which the Trust will pursue.

c) The Acting Chief Executive commended the Annual Report to the Board and proposed its adoption.

Resolved:

The Board **ADOPTED** Wye Valley NHS Trust Annual Report and Accounts 2011/12.

PRESENTATIONS

Presentations were given on behalf of the four Service Units within Wye Valley NHS Trust being: Care Closer to Home; Integrated Families Health Services; Urgent Care and Elective Care. Each presentation described the structure, achievements, challenges and the year ahead within the individual Unit.

OPEN SESSION – QUESTIONS FROM THE PUBLIC

Q. In light of government cuts what services are available to stroke victims over weekends?

A. There are no plans to reduce stroke services in Herefordshire and this Trust is aiming to offer the same service over 7 days a week.

Q. Will this mean that patients will automatically get treatment even though they are not in hospital?

A. Sue Moody Head of Therapies on behalf of the Trust confirmed that there was no restriction to services as long as the GP was willing to refer the patient.

Q. Much is made of patient choice but this appears restricted for the elderly, with no access to computers. How do these patients exercise choice?

A. The choice menu is growing all the time and directories of services are available to GPs. The patient should talk to their GP who will be able to offer/show them what is available. A telephone call to a national number is all that is required.

Q. Waiting times in Wales are longer, speaking as a Powys resident could Hereford cope with additional numbers if 18 weeks was adopted by Wales?

A. *Wye Valley NHS Trust has historically had Powys patients referred in and would be delighted if the 18 week Referral to Treatment Time was adopted by Wales. This is under negotiation.*

Q. The Annual Report states that pension liability for the Trust has increased from £6.3m to £9.1m in a year. This is a surprising increase and upward trend.

A. *This is the first full financial year of Wye Valley NHS Trust and comparison should not be made with last year as these will not be relevant. The £3m will be the difference between Hereford Hospitals Trust and the new organisation, which is providing community and adult social care services as well as acute services.*

Q. In recent surveys you have scored well but not so when it comes to car parking. In the last 2 weeks visits to a terminally-ill patient have cost £200 in car park charges. Can this be addressed in some way?

A. *The car parks at the County Hospital are administered by Car Park Plus within the PFI arrangement set up in 2001. The contract that they have allows them to increase charges, and it should be understood that the car parking is part of the PFI funding for the hospital. Arrangements are in place whereby charges can be reimbursed to those who have to make regular visits. The Trust has long been mindful of the impact of car parking charges and for two years the charges were subsidised by the Trust. PALS and reception staff will be able to assist with reimbursements and advice to appropriate visitors.*

Q. The questions and answers earlier about stroke services in Herefordshire made no mention of the holistic approach and treatment and monitoring in a patient's own home. Can this be addressed?

A. *The concept of treating patients in their own homes is already being promoted in Herefordshire and patients are receiving the most appropriate services to their needs in their own homes. The Neighbourhood Teams within the Care Closer to Home Service Unit are providing the services which allow patients to stay in their own homes whilst receiving the care that they need.*

Q. Prior to the formation of Wye Valley NHS Trust there was evidence that communication between departments and wards, particularly in A&E, was an issue. Has this been addressed?

A. *The Trust now has more senior clinicians available and making decisions 7 days a week within the A & E department in addition to the development of a virtual clinical decisions unit for urgent/emergency admission. This has improved communications and means less waiting and movement to different wards for patients.*

Q. Can the Board tell us where we are in relation to the Foundation Trust process?

A. *As a result of the financial challenge faced by the Trust, we have agreed with the Strategic Health Authority to pause the Foundation Trust application process.*

Q. I am disappointed that there is no financial forecast or information on the current financial position.

A. *The purpose of the Annual Public Meeting is to review the past year and performance. If any member of the public is interested in our savings plans to deliver for this coming year, could they kindly attend the next Public Board meeting. There is a £5.5m savings plan currently in place and this is weighted to the second half of the year. Our current turnover is circa £165m with PFI forming 10% of total expenditure circa £16m.*

Q. There appears to be no prioritisation for elderly when attending A&E. Is the Board addressing this situation?

A. *Patients who attend A&E are treated on the clinical urgency of care required. There will be many types of entry into A&E; walk-in, helicopter and ambulance, GP referral and age will affect the clinical urgency and is taken into account.*

Q. Working as a Trust Member on the frontline I have had first-hand knowledge of the care, energy and time that is given to patients by staff whose stress levels have increased in the past year and wish to extend my thanks to all of them.

A. The Chairman thanked the member of public for their support.

The Chairman closed the meeting, extending the Board's thanks to the staff and public for their support. The challenges would continue but Wye Valley NHS Trust will rise to those challenges.

The meeting closed at 8.15pm