

WYE VALLEY NHS TRUST
(previously HEREFORD HOSPITALS NHS TRUST)

DRAFT MINUTES
ANNUAL PUBLIC MEETING

26th July 2011 – 6.00pm to 8.30pm
The Courtyard Theatre
Edgar Street, Hereford

WELCOME AND INTRODUCTION:

The Chair of NHS Herefordshire (Joanna Newton) and the Chair of Wye Valley NHS Trust (Mark Curtis) welcomed the members of the public to the joint Annual Public Meeting of both organisations. The theme for this year's meeting was Quality and Dignity: a milestone for health and social care in Herefordshire. Members of both Boards were asked to introduce themselves followed by the formal business of the respective organisations.

WYE VALLEY NHS TRUST FORMAL BUSINESS

PRESENT:

Mr Mark Curtis (Chairman)
Mr Martin Woodford (Chief Executive)
Mr Mike Badham (Non-Executive Director)
Mrs Caroline Brown (Non-Executive Director)
Dr Alison Budd (Medical Director).
Dr. Mike Coupe (Director of Business Development)
Dr. Myra Hunt (Non- Executive Director)
Mr Howard Oddy (Director of Resources)
Mr. Tim Tomlinson (Director of Service Delivery/Director of Nursing – Interim)

IN ATTENDANCE (non-voting):

Mr. John Howden (Director of Human Resources: The Shared Services Partnership)
Ms Sara Keetley (Head of Adult Social Care)
Mrs Nicola Licence (Company Secretary)

APOLOGIES FOR ABSENCE:

Mrs Simone Pennie (Non-Executive Director)

2. QUORACY AND DECLARATION OF INTEREST

The meeting was quorate.

3. MINUTES

(a) Annual Public Meeting – 27th July 2010

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

Resolved:

The Board **APPROVED** the minutes

4. INTRODUCTION TO THE ANNUAL REPORT

a) The Chief Executive presented a summary of Hereford Hospitals NHS Trust Annual Report (now known as Wye Valley NHS Trust).

b) The Director of Resources introduced Extracts from the Annual Accounts.

c) The Chief Executive commended the Annual report to the Board and proposed adoption.

Resolved:

The Board **ADOPTED** Hereford Hospitals NHS Trust Annual Report and Accounts 2010/11.

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

Q. The Annual Report for Hereford Hospitals NHS Trust makes mention of future remuneration for its Directors. Will this be kept under strict review whilst transformation is taking place?

A. *The Chairman reassured the meeting that the Remuneration Committee regularly reviews the market when taking decisions on pay.*

Q. Under the new structure Mental Health Services have been divested and staff transferred. Is this beneficial to patients and staff?

A. *The local Mental Health Service was previously very small and did not demonstrate accountability and management leadership. The Managing Director of 2gether Foundation Trust added that the transition period of 3 to 4 months had allowed for a smooth handover of packages of care. Colleagues had been supported through the changes and 2gether were working strategically with NHS Herefordshire. He believed that the changes had been beneficial for all. Dr Ian Tait a practicing GP with an interest in mental health and NHS Herefordshire Board member believed that the focus on the transfer of these services had been patient /clinician and there was an open acceptance that this was best practice.*

Q. Can the Board(s) assure us that people will be kept fitter, healthier etc. by these restructured organisations.

A. *The presentation to follow would demonstrate that premis.*

Q. There had been pressures on resources and staff – can the Board inform us how many Military Reservists there are amongst the staff?

A. *Wye Valley NHS Trust has no reservist commitments.*

Q. Pages 25 and 26 of Wye Valley NHS Trust Annual Report states the attendance at the Board and Committees it is concerning to see such low attendance at its Board and Committee meetings.

A. The Chairman responded that not all Directors are expected to attend all the Committees of the Trust Board.

PRESENTATION

Transforming Health and Care in Herefordshire. A joint presentation with NHS Herefordshire and Wye Valley NHS Trust was delivered to the Meeting.

OPEN SESSION – QUESTIONS FROM THE PUBLIC

Q. Obvious success has been achieved in the past few months but would continue in light of the financial situation.

A. There are certain targets and standards the Trust must achieve and performance had improved. Most difficult had been the 18 week referral to treatment time due to cancellations in elective surgery that were made because of winter pressures. Cancer waiting times had shown much improvement. Many of the operations that had been cancelled were the lengthy orthopaedic surgical procedures. In the new service model the Trust would provide much more well-being support. Work would continue with productivity of theatres and outpatients.

Q. Within finance there are many different funding streams from different sources. How can these be reconciled and how can you ensure that people do not fall between social and health care funding?

A. In Herefordshire, Wye Valley NHS Trust had brought together health and social care services therefore, planning was shared between NHS Herefordshire and Wye Valley NHS Trust to ensure that people would get the right care in the right setting. NHS Herefordshire would continue to commission health and social care from one system. The health economy must ensure resources are available. Previously social care money had been spent on institutional care rather than supporting people to remain in their own homes.

Q. Where does the Voluntary Care Sector fit in and support Wye Valley NHS Trust?

A. It is not just professionals who are able to provide people with services and we aim to work with volunteer organisations. Social Capital could be used by the Voluntary Sector and working with these organisations will mean that people can exercise their right to choice. Andy Watts – a practicing GP and GP Consortia Lead added that it is important to non-medicalise people and help them to decide on their own care – help them to live a better life. The Voluntary Sector has a big part to play.

Q. We have heard a lot about Social Care and Mental Health Care but how are these accessed, if a person does not have a GP?

A. The meeting was reassured that 99.9% of the population was registered with a GP. Those who are not registered can use an advocate to act on their behalf and all GPs can see emergency patients. The Police have certain powers to take people to a place of safety. Together are aware of such individuals and will help. Social Care

has a local access number – a single point of access – a person does not have to go through a GP.

Q. We have heard of patient choice, but what of end of life, death and dying – is there a choice then?

A. *These are complex issues including the person's own wishes. Where possible this could be done in a predicted way and recorded. Those who have dementia could achieve the same through carers and advocates. GPs are producing their own protocols to initiate predictive mode for instance "do not resuscitate" and choosing end of life place and care. Everyone must be clear what the patient's wishes are. The concept of Neighbourhood Teams and multidisciplinary working focus interest towards the patient rather than working within individual professionalisms and disciplines.*

Q. You mentioned improved patient flow with 1100 bed days being saved. What is being done to ensure clinicians are not being forced to discharge patients before they are ready?

A. *The new model was clinically led. Readmission rates are monitored to ensure that discharges are not happening too quickly. The answer was to ensure that the work was done in the right way in the right place in conjunction with families. Dr Tait advised the meeting that a patient had avoided a 14 day stay in hospital because the treatment could be carried out in their own home.*

Q. Can assurance be given that the 3 organisations in Herefordshire are obliged to use the Shared Services (Joint Venture Company).

A. *The partnerships within the shared services work under a Service Level Agreement.*

Q. There is much talk about supporting vulnerable people in their own home. What support is given to paying for this service?

A. *In many instances this was means tested but the most compliments that Adult Social Care receive are for the Charging Team. This is because they aim to maximise people's benefits and take into account disability expenditure.*

Q. With regard to neighbourhood teams – how do people find out which neighbourhood they belong to?

A. *The neighbourhood teams have been in place for some time and have been associated with GP practices but in the next few months there will be a single point of access. Much has been learnt from the Children's Services "no wrong door". The neighbourhood teams will be linked with Council localities and a single phone number will direct the caller to the correct destination.*

Q. (i) Concerning the recent Lancet Report – how will the Primary Care Trust use the information to ensure the creation of green spaces?

(ii) What services will be put in place for sufferers of chemical and electrical hypersensitivity?

- A.** (i) *The priorities for residents wellbeing are the reduction of smoking and obesity. Not having seen the article in the Lancet it must be assumed that this was about physical wellbeing. Herefordshire is blessed with many green spaces and NHS Herefordshire will encourage people to enjoy these.*
- (ii) *The response to the second question is much more complex and required a written response.*

Q.. How many staff are employed within Wye Valley NHS Trust and 2gether and how many vacancies exist.

A. *Wye Valley NHS Trust employs circa 2700 staff, which includes social care staff. The Primary Care Trust employs about 150 to 160 staff, which includes those in Shared Services. There are very few vacancies within the PCT. Wye Valley NHS Trust currently has 40 vacancies in various stages of recruitment, all of which are medical or clinical. There are 500 staff in the 2gether organisation.*

The meeting was closed with thanks extended to the exhibitors, the staff who had organised the event and to the Public for attending.