

# Harrogate and District

NHS Foundation Trust

## Council of Governors

Minutes of the public Council of Governors' meeting held on Saturday, 16 May 2015 at 10:45 hrs at St. Aidan's Church of England High School, Harrogate.

**Present:**

- Mrs Sandra Dodson, Chairman
- Ms Pamela Allen, Public Governor
- Cllr. Bernard Bateman, Stakeholder Governor
- Dr Sally Blackburn, Public Governor
- Mrs Angie Colvin, Corporate Affairs and Membership Manager
- Dr Sarah Crawshaw, Stakeholder Governor
- Mrs Emma Edgar, Staff Governor
- Mr Andrew Forsyth, Interim Head of Corporate Affairs
- Mrs Jane Hare, Public Governor
- Mrs Pat Jones, Public Governor
- Mrs Sally Margerison, Staff Governor
- Miss Polly McMeekin, Deputy Director of Workforce and Organisational Development
- Mrs Joanna Parker, Stakeholder Governor
- Prof. Sue Proctor, Non-Executive Director
- Mrs Joyce Purkis, Public Governor
- Dr Daniel Scott, Staff Governor
- Dr David Scullion, Medical Director
- Mr Chris Thompson, Non-Executive Director
- Dr Ros Tolcher, Chief Executive
- Mrs Lesley Webster, Non-Executive Director
- Rev. Dr Mervyn Willshaw, Public Governor/Deputy Chair of Council of Governors
- Mrs Fiona Wilson, Staff Governor
- Dr Jim Woods, Stakeholder Governor

**In attendance:**

- Mrs Liz Pugh, Human Resources Business Manager
- 2 members of staff and 10 members of the public

### 1. Apologies for absence and introductions

Apologies were received from Mr Michael Armitage, Public Governor, Mrs Carol Cheesebrough, Staff Governor, Mrs Cath Clelland, Public Governor, Mr Jonathan Coulter, Deputy Chief Executive/Finance Director, Mrs Liz Dean, Public Governor, Cllr John Ennis, Stakeholder Governor, Mrs Jane Farquharson, Stakeholder Governor, Mrs Jill Foster, Chief Nurse, Mr Robert Harrison, Chief Operating Officer, Mrs Jane Hedley, Public Governor, Mr Phillip Marshall, Director of Workforce and Organisational Development, Mr Peter Pearson, Public Governor, Mr Andy

Robertson, Public Governor, Mrs Maureen Taylor, Non-Executive Director and Mr Ian Ward, Non-Executive Director.

In addition, Mrs Dodson confirmed apologies from Mr McLean, new Non-Executive Director, who was unable to attend the meeting due to a pre-existing commitment. Mrs Liz Pugh, Human Resources Business Manager was introduced as she was presenting the Trust's Values and Behaviours Framework under item 6.0 on the agenda.

Mrs Dodson offered a warm welcome to the members of the public and provided an overview of the meeting format.

## **2. Minutes of the last meeting, 4 February 2015**

The minutes of the last meeting were agreed as a true and accurate record.

### **2.1 Minutes of the extra Council of Governor meeting, 17 April 2015 to approve the appointment of a new Non-Executive Director**

The minutes of the extra Council of Governor meeting held on 17 April 2015 to approve the appointment of a new Non-Executive Director were agreed as a true and accurate record.

## **3. Matters arising and review of actions schedule**

Updates on the schedule of actions outstanding were reported as follows:

Item 1 would remain ongoing and Governors would continue to be invited to future Consultant interview presentations.

Item 2 – Dr Tolcher provided the following update on the Ripon Partnership Project:

Representatives from the Trust, Harrogate and Rural District Clinical Commissioning Group (HaRD CCG), North Yorkshire County Council (NYCC) and Harrogate Borough Council (HBC) were working together to shape a new model of health and social care, supported housing, and leisure facilities for people in Ripon.

Dr Tolcher confirmed the project was making good progress and had reached a new milestone with the appointment of a management consultancy firm to examine the options for reprovision of the community hospital and other facilities. There would be ongoing involvement and consultation with the voluntary sector and other stakeholders throughout the project and Governors would continue to be kept up to date.

## **4. Declaration of interests**

There were no declarations of interest.

#### **4.1 Council of Governors' Declaration of Interests**

In addition the Council of Governors' Declaration of Interests presented on Paper 4.1 at the meeting, Mrs Dodson confirmed that Mr Pearson had recently been elected as a Councillor for Ripon City Council, representing Spa Ward.

### **5. Governor sub committees**

Mrs Dodson clarified the role of the sub committees and thanked Governors for their commitment and involvement.

#### **5.1 Volunteering and Education**

The report from the Volunteering and Education Governor Working Group, chaired by Rev. Dr Willshaw, had been circulated prior to the meeting and was taken as read.

Rev. Dr Willshaw took the opportunity to provide an overview of the group for everyone in attendance at the meeting. Through the work of the group to monitor, promote, develop and support the Volunteer Programme, Work Experience and Education Liaison Programmes and relevant workforce issues, Rev. Dr Willshaw highlighted how the group engaged with Trust members, service users and members of the general public.

The Volunteering Programme had 567 active volunteers (378 volunteers over the age of 25 and 189 volunteers below the age of 25) providing a wide range of roles across the Trust including meal time assistance, hand hygiene champions and 'meet and greet' to name just a few. Some of the volunteers had served as much as 40 years service and Rev. Dr Willshaw talked about the annual celebration event and Long Service Awards. The Trust was incredibly proud and thanked all volunteers for their dedication to a programme which was managed with enthusiasm and energy by Mrs Fiona Tomlinson.

The award winning Education Liaison Programme provided a wide range of activities and engagement with all the secondary schools across Harrogate and District, some primary schools and Harrogate College. These activities included careers events, behind the scenes tours, annual mock interviews for students wanting to go into a medical or nursing career and the innovative 'Living Library', which involves members of staff to go into schools following a request to talk about their career route and particular specialist area. The Work Experience Programme offers placements to approximately 150 students per year with a third of these dedicated to medical placements, offering students across the district applying to study medicine at University the valuable experience of shadowing a medical team. The contract with North Yorkshire Business Education Partnership (NYBEP) to provide the education and work experience programmes would cease on 31 July, but both areas of work would continue to be managed by the Trust and overseen by the Governor Working Group.

Rev. Dr Willshaw was pleased to report that the Governor Working Group and the Volunteering, Work Experience and the unique Education Liaison Programmes were featured as a case study in a recent publication by Monitor, the sector regulator for health services in England.

Finally, Rev. Dr Willshaw reported that the group would be keen for more Governors to join and they would also be looking for a new Chair of the committee from 1 January 2016 as he would not be standing in the Governor elections for a third term.

Mrs Dodson reiterated the importance of the work of the group which provided an important link to the public and supported medical staff to engage with our future workforce.

## **5.2 Membership Development and Communications**

The report from the Membership Development and Communications Governor Working Group, chaired by Ms Allen, had been circulated prior to the meeting and was taken as read. Ms Allen summarised the work of the group responsible for overseeing the delivery of the Foundation Trust's Membership Development Strategy including membership recruitment and engagement.

The group membership included both Public and Staff Governors along with Trust staff including the Chairman, Corporate Affairs and Membership Manager, Interim Head of Corporate Affairs and Communications and Marketing Manager.

The Trust continued to develop a representative and vibrant membership, offering innovative and active engagement across the organisation including a Foundation News magazine, letter from the Chairman and invitations to membership events and training sessions to name a few.

Mrs Dodson confirmed the importance in quality membership engagement and welcomed any feedback from the members of public present at the meeting in the break.

## **5.3 Patient and Public Involvement**

Mrs Hare provided a verbal update and confirmed that following a Quality Governance Review to look at the governance structure and processes, the Quality of Experience Group (QEG) had been renamed Learning from Patient Experience and would be chaired by the Chief Nurse. Both Mrs Hare and Mrs Purkis, Public Governors, would remain on the group on behalf of the Council of Governors representing the interests of the membership and the general public.

Mrs Hare reported that following the meeting earlier in the week, the group agreed to widen the membership to include representation from Estates and Facilities, Communications, the voluntary sector and medical colleagues. The purpose of the group was to understand, monitor, challenge and seek to improve the quality of the experiences of the users of services provided by HDFT, both in hospital and in the community, taking into account the values

of the NHS Constitution and the Trust's Values & Behaviours. The group would report to the Quality Committee, a sub-committee of the Board.

Dr Tolcher clarified that it was fundamental to listen to both positive and negative feedback from all groups, including the Trust's workforce, in order to continue to improve and provide the best quality of care.

#### **5.4 Quality Account**

Mr Forsyth outlined the purpose of the Quality Account document, an integral part of the Annual Report and Accounts which would be approved on 27 May by the Board and then submitted to be laid before Parliament. The Quality Account would be made available on the Trust website as it was a public document reflecting both the highest priorities of the Trust for the forthcoming year and reporting on progress made with the Trust's highest priorities in the past year. Mr Forsyth highlighted the importance of stakeholder engagement in producing the Quality Account and in accordance with the NHS Quality Accounts Regulations, the Trust had forwarded a copy of the draft Quality Account to Harrogate and Rural District Clinical Commissioning Group, Healthwatch North Yorkshire, North Yorkshire County Council Scrutiny of Health Committee, the Council of Governors and the Health and Wellbeing Board for comment prior to publication.

Ms Allen commented that her involvement in the Quality Account process had been very interesting and staff had worked extremely hard to pull the document together.

### **6. Presentation – 'At the heart of everything', the Trust's Values and Behaviours Framework**

Mrs Dodson welcomed Mrs Pugh, Human Resources Business Manager to present the Trust's Values and Behaviours Framework.

Mrs Pugh summarised the background and ongoing progress of the Values and Behaviours Framework which defined the behaviours that Trust staff must demonstrate for the Trust to perform effectively. The framework was a statement of who we are, what our patients could expect from us and what we would expect from each other. This framework was at the heart of everything we do.

Mrs Pugh talked about the consultation process with staff and Trust members to identify the values: respectful, responsible and passionate. She explained how these values were in line with the NHS Constitution and how they could be used from the recruitment stage throughout the employment journey.

The framework would be embedded in to the culture of the Trust moving forward and rolled out to all staff through a variety of methods.

Mrs Dodson thanked Mrs Pugh for an interesting and informative presentation.

Dr Tolcher also thanked Mrs Pugh for an excellent presentation and her commitment to a thorough piece of work which was fundamental to the NHS. Dr Tolcher

confirmed that at a Consultant interview that week, each candidate was in fact asked about their personal values as part of the interview process.

## 7. Update from the Chief Executive

Taking a look back at 2014/15, Dr Tolcher summarised the following highlights:

- The Trust achieved all access targets in all quarters in 2014/15 including cancer waiting targets and Emergency Department four hour access target;
- There were zero MRSA cases and nine cases of C.Difficile against a maximum allowable number of 15;
- The Trust's safety thermometer score, a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care, was consistently above 91% and above 95% in the last five months. The Trust had been focussing on this area as part of the Quality Account which Mr Forsyth referred to earlier in the meeting;
- The National Cancer Patient Experience Survey placed the Trust third nationally with 94% of patients rating their care as good or excellent; and,
- Positive ratings from the regulator Monitor.

Reflecting the activity trends for 2014/15 – 2015/16, Dr Tolcher confirmed that elective admissions were 9.5% higher in 2014/15 than they were in 2013/14 and face to face contacts had increased by 12% in the last six months in the District Nursing service.

In addition to the excellent results received from the Cancer Patient Survey, Dr Tolcher was pleased to provide a snapshot of other positive feedback. The Trust was ranked 14 out of 142 Trusts in the Adult Inpatient Survey 2013 with the 2014 results expected to be published in the next few months and the National Accident and Emergency Survey 2014 placed the Trust 13 out of 142 participating Trusts.

Dr Tolcher went on to talk about the year ahead and planning for success with four high level strategic objectives: driving up quality, working with partners, integrating care and growing our business. The Trust would continue to drive forward a total commitment to providing high quality care whilst working on new models of care and developing the business strategy.

The Trust had recorded a modest operating surplus of £10,000 for 2014/15. With a planned surplus of £1.8m for 2015/16, the finance challenges continued and a total of £10.2m savings were required. Dr Tolcher explained the importance of achieving a surplus in order to reinvest and maintain the organisation however, with increasing demand and less money to provide the same level of quality of care, delivering new models of care was imperative.

Dr Tolcher was pleased to report that the Trust had been chosen as one of NHS England's Vanguard Sites, meaning Harrogate and Rural District would lead the way in transforming care for local people and resulting in more responsive and co-ordinated health and social care services. Working alongside health and social care partners: Harrogate and Rural District Clinical Commissioning Group, North Yorkshire County Council, Tees Esk and Wear Valleys NHS Foundation Trust, Harrogate Borough Council and Yorkshire Health Network, the Vanguard programme would deliver access to preventative advice and information for individuals who find

themselves needing support 24/7. The shared vision was for care to be centred on the needs of the individual and their carers, empowering people to take control of their health and independence.

Finally, Dr Tolcher summarised 2014/15 as a year of strong operational performance and sustained high quality care but a year of phenomenal challenge financially. The Trust's focus for the year ahead would be: new models of care and a new business model, retaining the culture, values and continuing to provide high quality care, retaining a strong grip on finances, improving engagement with service users, members and Governors and valuing, involving, and engaging with staff.

## **8. Q&A session for members of the public and Governors**

Before Mrs Dodson moved on to the questions which had been submitted prior to the meeting, she asked if there were any questions which related to any items on the agenda so far.

Following the presentation on the Trust's Values and Behaviours Framework, Mrs Purkis, Public Governor asked how the Trust would embed the values and behaviours with the existing workforce and what would happen if these were not being demonstrated.

Mrs Pugh confirmed that a variety of methods would enable the Trust to educate and embed the framework culture across the organisation. As part of the consultation process, the values and behaviours identified were those that staff expected and therefore if someone failed to demonstrate what was expected, this would be dealt with in the appropriate manner.

Cllr. Bateman, Stakeholder Governor commented on poor discharge arrangements.

Dr Tolcher agreed that an inefficient discharge was not a good patient experience and acknowledged there were improvements to be made in this area. A recent bed audit confirmed that further work was required however, Dr Tolcher clarified that delays were not usually caused by Pharmacy as this was often the presumption. A task group would be focussing on improving the discharge process.

Mrs Hare, Public Governor expressed concerns regarding the scale of the cost improvement programme (CIP) and asked how the Trust aimed to deliver this.

Dr Tolcher confirmed how hard staff worked last year to deliver the CIP. Each year the Trust continued to face increased financial challenges and therefore a fundamental change in the whole health system was needed.

Mrs Dodson asked Non-Executive Directors to respond.

Mr Thompson, Chair of the Audit Committee commented that he understood Mrs Hare's concerns regarding the delivery of the CIP. He reiterated that the Trust had worked incredibly hard and directorate and finance teams had reviewed and challenged each CIP in detail on a regular basis in order to achieve the year end results. CIP progress was also discussed at regular finance and audit committee meetings.

Mrs Webster, Chair of the Finance Committee, confirmed that cost efficiencies had been scrutinised throughout the year and the committee would continue to review them in detail against the ongoing work towards the new models of care.

A member of the public asked how much it cost the NHS for a patient to be treated by a non-NHS provider.

Dr Tolcher confirmed that on occasions an NHS patient could be offered a non-NHS provider as a choice of where to receive treatment and this would incur the same cost to the NHS as it would for the patient to be treated in an NHS hospital.

Mrs Purkis, Public Governor asked Non-Executive Directors to comment on the Hospital Standardised Mortality Ratio (HSMR) reported in appendix 7.3.

Prof. Proctor assured Governors that the HSMR was included in every performance report submitted to the monthly Board meeting. The Mortality Review Group had reviewed the HSMR in depth over the last three to four months and provided ongoing guidance to the Non-Executive Directors in understanding the data and the risks.

Mr Thompson clarified the assurance that Non-Executives had received and commented that the guidance had provided them with a better insight to such a complex subject. Mrs Colvin agreed to circulate the guidance link to Governors.

**Action: Mrs Colvin**

Dr Scullion informed Governors that following a difficult winter he believed the HSMR had peaked and figures were beginning to improve, similarly to a national picture. The HSMR was an indicator of healthcare quality that measured whether the number of deaths in hospital was higher or lower than expected and the key message was that it could be a warning sign that things were going wrong. He confirmed that the Mortality Review Group had been reviewing a number of individual cases and were assured with the findings.

**Mrs T Lambert, a member of the public, had submitted the following question:**

**“Why is it taking so long to get gynaecological oncology at the Sir Robert Ogden Macmillan Centre?”**

In response, Dr Tolcher commented that the Trust was also disappointed that this service had not progressed but reassured Mrs Lambert that working was ongoing towards a solution. The opening of the Sir Robert Ogden Macmillan Centre had now provided the Trust with additional space to deliver local services however, transferring this type of service would need great care in order to make sure that the treatment regimens could be delivered safely and that any complications could also be managed safely. This required the commitment by commissioners and the availability of staff with the right skills to deliver the care. Originally it was anticipated that the process would take approximately a year from when the new centre opened, but there were some delays to the final steps. Dr Tolcher added that there was still the ongoing requirement to appoint another consultant for gynaecological cancers and the Trust remained in dialogue with partners about how best this could be achieved. Dr Tolcher apologised as patient expectations that the service would be in place by now had not been met, and agreed to provide Mrs Lambert with a written

response to her question. In the meantime, care for these patients continued to be delivered safely in Leeds.

Dr Scullion clarified that more time was needed than anticipated to resolve this issue however, the current Consultant Oncologist was working hard to progress this service being provided in Harrogate.

**Action: Dr Tolcher**

**Mr William Scott, Trust member, had submitted the following question:**

**“Why does free car parking, given to person visiting next of kin with terminal illness, come off the ward allowance?”**

In response, Miss McMeekin explained that car parking concessions did not come off an individual ward's budget. The ability to authorise car parking concessions was given to ward sisters in June 2012 in order that discretion could be exercised as no set of guidance would cover every eventuality. The Trust offered an apology for the misunderstanding in the information provided and training would be provided on this issue.

**Mrs Christine Holmes, Trust member, had submitted the following question:**

**“Are there any plans to improve the situation at the Diabetes Resource Centre? If you need to go there it is difficult for the staff to find a consulting room that is free. If you have an appointment your appointment is constantly being interrupted by staff needing to use equipment or find something. These constant interruptions can leave patients feeling extremely uncomfortable. The staff in the Diabetes Resource Centre do a wonderful job but clearly need larger offices for their equipment and more consulting rooms.”**

In response, Dr Tolcher was aware of this situation and agreed that it was unacceptable that a patient's consultation should be interrupted in this manner. The diabetes team had discussed the accommodation issues with management and a number of options were being reviewed including the potential for consultants to share an office or an alternative location for this service.

**Mrs Cath Clelland, Public Governor, submitted the following question:**

**Please could there be a review of the Referral Support Service (RSS) to establish it is has, or does deliver:**

- **improved referrals (in regard to process, timescales, communication, efficiency of resources);**
- **cost savings; and,**
- **the outcomes identified at the outset.**

**Also please could we have some statistics on Choose and Book, including:**

- **demographic age profiles of those using it as well as those invited to use it;**

- **how long does it take patients to get onto the Choose and Book system (from letter with password to their login to them securing an appointment and then the appointment being met); and,**
- **how many Trust treatments start with Choose and Book then opt out of it and why?”**

In response, Mrs Dodson confirmed that the RSS was a Clinical Commissioning Group (CCG) initiative and not run by the Trust and therefore this question would need to be redirected to the CCG.

Dr Scullion confirmed that the Choose and Book system was being replaced with a new e-referral system in June nationally and the Trust was working closely with them to ensure maximum benefits were gained for our users, administrative and clinical.

**Rev. Dr Mervyn Willshaw, Public Governor and Deputy Chair of the Council of Governors, submitted the following question:**

**“Are there any risks involved for the Trust being part of a Vanguard site?”**

In response, Dr Tolcher outlined the huge opportunity for the Trust in being part of a Vanguard site however, this would bring its own risks and challenges to all partners involved including working differently, reputational and financial risks. The Trust would continue to deliver its day to day business alongside working towards new models of care and there would be lots to do in the year ahead. Dr Tolcher reassured Governors that she had total confidence in the health system and the leadership to take this work forward and added that there would be far more risks in not moving forward.

**Rev. Dr Mervyn Willshaw also asked:**

**Research shows that being a research active Trust improves quality of care. How assured are the Non-Executive Directors that the Trust has a strong enough research culture to benefit from this?”**

In response, Prof. Proctor confirmed that Dr Layton, clinical lead for the Trust’s research activity, had presented a brief on research issues to the Board in March.

This brief outlined that having a successful research programme was essential to the quality of care provided by the Trust. Prof. Proctor was pleased to report that the Trust was the sixth highest recruiting trust in the region with particularly high numbers in areas such as diabetes, dermatology and dementia. There were currently 110 studies which were being actively recruited into and over 2000 patients for the year overall had been recruited.

Mrs Dodson applauded Dr Layton’s leadership in research and assured Governors that the Board would continue to receive information on research performance on a regular basis.

## **9. Any other business**

Mrs Dodson informed the Council that Rev. Dr Willshaw would be stepping down as a Governor at the end of the year and the end of his second term of office. This

would leave a vacancy for a Public Governor for Harrogate and surrounding villages and also the position of Deputy Chair of Governors and Lead Governor. Mrs Dodson welcomed expressions of interest from existing Governors for the role of Deputy Chair of Governors and Lead Governor and Rev. Dr Willshaw would be happy to discuss the role further if requested.

**10. Date and time of next meeting**

The next Council of Governor meeting would take place on Wednesday, 29 July at 5.45 pm at Harrogate College, Hornbeam Park, Harrogate, HG2 8QT.

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