

Minutes of the Annual Members and Public Meeting
of the Blackpool Teaching Hospitals NHS Foundation Trust
held on Monday 28th September 2015 at 6.00 pm
in the Theatre, Blackpool Sixth Form College

Present: Mr I Johnson - Chairman

Non-Executive Directors

Mrs Karen Crowshaw
Mr Jim Edney
Mr Tony Shaw

Executive Directors

Mr Gary Doherty – Chief Executive
Mr Tim Bennett – Director of Finance & Performance
Mrs Marie Thompson – Director of Nursing & Quality
Mrs Pat Oliver – Director of Operations
Mrs Wendy Swift – Director of Strategy/Deputy Chief Executive
Mrs Nicky Ingham – Director of Workforce & OD

In Attendance: Dr Andrew Weatherburn – Consultant Physician for Care of the Elderly
Dr Tony Naughton – Clinical Chief Officer, Fylde & Wyre CCG
Mr Peter Askew – Lead Governor
Miss Judith Oates – Foundation Trust Secretary

Governors:-

Mr John Butler – Public Governor (Blackpool Constituency)
Mr George Holden – Public Governor (Blackpool Constituency)
Mr Clive Barley – Public Governor (Fylde Constituency)
Mrs Sheila Jefferson – Public Governor (Fylde Constituency)
Mr Peter Askew – Public Governor (Wyre Constituency)
Mr Ramesh Gandhi – Public Governor (Wyre Constituency)
Mrs Lynden Walthew – Public Governor (Wyre Constituency)
Rev David Crouchley – Public Governor (North of England Constituency)
Mrs Sharon Vickers – Staff Governor (Nursing & Midwifery)
Dr Amelia Hunt – Appointed Governor (University of Lancaster)
Mrs Jean Taylor – Appointed Governor (UCLAN)
Mrs Michelle Smith – Appointed Governor (Fylde Coast Carers Trust)
Councillor Martin Mitchell (Blackpool Council)

Members of staff/public – 40 (approximately)

1. Welcome and Introduction from the Chairman

The Chairman formally opened the Annual Members and Public Meeting for 2014/15 and thanked staff and members of the public for attending. He also expressed thanks to Blackpool Sixth Form College for the excellent facilities provided for the meeting.

The Chairman also welcomed the Mayor and Mayoress of Fylde and thanked them for attending the meeting and for their interest in the Trust.

It was reported that a sign language interpreter (Alison Burton) was in attendance at the meeting and the Chairman asked, whilst she interpreted, whether anyone required the services of an interpreter. It was noted that an interpreter was not required.

It was also noted that a hearing loop was in place in the Theatre and that individuals who were hard of hearing would need to adjust their hearing aid accordingly.

The Chairman explained that the meeting would include the formal business plus other items.

The Chairman explained the house-keeping rules and also encouraged members to attend the buffet and Awards Ceremony following the meeting.

It was noted that Governors were in attendance at the meeting and were available to speak to members should they wish to raise any issues directly.

2. Apologies for Absence

Apologies for absence were received as follows:-

Non-Executive Directors

Mrs Michele Ibbs, Mr Doug Garrett, Dr Malcolm McIlmurray and Mr Alan Roff.

Executive Directors

Professor Mark O'Donnell (Medical Director).

Governors

Mr Paul Aspden, Mr John Bamford, Mr Neal Brookes, Dr Anthony Nixon, Mrs Pat Roche, Mrs Steve Winterson and Mrs Gillian Wood.

3. Minutes of the Annual Members and Public Meeting held on 22nd September 2014

The Chairman requested approval of the minutes of the previous Annual Members and Public Meeting held on the 22nd September 2014, which had been published on the Trust's website and which were available in the College Main Entrance and College Theatre.

It was noted that the Annual Report Summary 2014/15 was also available on the Trust's website and in the College Main Entrance and College Theatre.

RESOLVED: That the minutes of the Annual Members and Public Meeting held on 22nd September 2014 be agreed as a correct record and signed by the Chairman.

Proposed by Mrs Crowshaw and seconded by Mr Edney.

4. Chairman's Report

The Chairman reported that this was an unprecedented time of challenge in terms of the delivery of healthcare locally and across the country and that the presentations during the meeting would outline the work on-going to address the challenges around finance and new models of care.

It was reported that the Trust had a strong Executive Team which focused on the vision and values of the Trust and also had knowledgeable and experienced Non-Executive Directors plus 33 Governors who provided a range of experience and expertise.

Reference was made to Dr Malcolm McIlmurray who had joined the Board in August 2014 and had brought valuable knowledge to the Trust in his capacity as a retired Consultant Oncologist. The Chairman thanked all Board members for their support during the past year and commented that it was good to have such stability in the leadership of the Trust.

The Chairman paid tribute to three Governors who had resigned from the Council during the past year, namely Robert Hudson, Ashok Khandelwal and Mike Bullock. The Chairman also welcomed John Butler who had replaced Mr Hudson for the remainder of the term of office until September 2016, Dr Amelia Hunt from the University of Lancaster and Michelle Smith from Fylde Coast Carers Trust.

The Chairman reported that Governor elections would take place in 2016 and there would be a number of events organised in the next few months to explain the Governor role and the election process and he encouraged members to discuss the role with existing Governors.

Reference was made to some of the main highlights as follows:-

- Continued development of new clinical pathways and expansion of the Better Care Now Programme.
- Feedback from patients about their positive experience of care and the improvements in relation to privacy and dignity, cleanliness, waiting times and communication.
- National recognition in respect of improvements to patient safety and quality, in particular, the Trust was named as one of the CHKS 40 Top Hospitals for 2014 based on key measures of quality and the Trust's End of Life Care Team received a national award.
- Recognition as one of the top healthcare organisations in the country to work for after being named in the Health Service Journal's Top 120 Best Places to Work list.
- Positive figures from the Staff Survey, with the Trust scoring in the best 20% of Trusts for 8 of the 29 questions, 7 in the better than average and 10 in the average.
- Intensive work to deliver high quality care within the community and development of a number of initiatives to provide care outside the hospital setting, in particular for the frail elderly and those with long term conditions and those who would prefer not to be admitted to hospital.
- More intravenous therapy treatments in the home or community setting to enable patients to be discharged home from hospital to continue their treatment, which also had cost benefits, saving more than 2,900 bed days for the hospital.
- Provision of fast and efficient care in a safe and controlled way through the Rapid Response Plus Multi-Disciplinary Team.

- Major investment programme to include the Blenheim Child Development Centre (August 2014) and the Main Entrance and Multi-Storey Car Park (December 2014). In terms of the experience of patients, carers, visitors and staff, the Multi-Storey Car Park was a real benefit.

With regard to 2015/16, the Chairman assured the members that the Board was not complacent and intended to increase efforts in the next 12 months to further drive quality and safety improvements across the organisation. It was noted that the Trust would be focusing on extensive care and the Better Care Together project.

The Chairman thanked the dedicated team of volunteers for their invaluable support and to everyone who had helped raise money for the Blue Skies Hospitals Fund.

In conclusion, the Chairman stated that the care of patients was at the heart of the Trust's work and that patient pathways were continuing to be developed which would help to reduce mortality rates. With the dedication of the staff, and the continued support of the Governors, Members and Volunteers, the Chairman stated that further improvements could be made in 2015/16 to deliver the best possible care for patients.

5. Trust Constitution

The Chairman reminded members that the Trust was governed by rules and regulations in terms of the way in which it conducted its business and that the Constitution had been reviewed and amended during the year.

It was noted that the amendments had been approved by the Board in May 2015 and ratified by the Council of Governors in July 2015.

There were no questions from members in relation to the Constitution and therefore the Chairman assumed a consensus to the amendments.

RESOLVED: That the amendments to the Trust Constitution be approved en bloc.

6. Enhanced Primary Care Service

The Chairman introduced Dr Andrew Weatherburn (Consultant Physician for Care of the Elderly) who gave a presentation about the Extensive Care Service.

Dr Weatherburn reported that he had given a presentation at last year's Annual Members and Public Meeting and he outlined the progress that had been made during the past year in relation to new models of care, in particular the approval of the Fylde Coast Out of Hospital Strategy.

Dr Weatherburn highlighted the type of care being provided across the Fylde Coast, i.e. extensivist care relating to multiple complex conditions, enhanced primary care relating to single complex conditions and episodic care relating to minor health issues.

Dr Weatherburn introduced Catherine Hodgson, one of the Well-Being Support Workers, who worked in conjunction with the Extensivist, Advanced Practitioner, Care Co-Ordinator and Pharmacist. Ms Hodgson provided detailed information about her role within the Extensive Care Service and provided a summary of a patient story which highlighted that a few actions could make a significant difference to the health and well-being of patients.

Dr Weatherburn highlighted the four levels of patient activation and the positives of the service, for example, comprehensive initial assessment, multi-disciplinary team working, single point of contact for staff.

The impact of the service on caseload was reported, based on 8 patients, which had resulted in avoidance of 14 GP call outs, 8 out-patient attendances and 21 A & E attendances. It was noted that there had also been very positive feedback from patients, relatives and friends.

Dr Weatherburn introduced Dr Tony Naughton, Clinical Chief Officer for Fylde & Wyre Clinical Commissioning Group, who presented on the new models of care within the community, in particular enhanced primary care.

Dr Naughton commented that he had not known such major service re-design within such a short timescale and he thanked the clinical and senior teams for their input.

Dr Naughton explained enhanced primary care as follows:-

- Patients would be cared for by clinicians supported by a team.
- Care would be available in a number of community settings, including GP practices, and would reduce hospital admissions.
- Health and social care would be properly co-ordinated.
- There would be varying degrees of complexity.

Dr Naughton commented that the three aspects of care, i.e. extensivist care, enhanced primary care and episodic care, were independent of each other and needed to link together.

Dr Naughton explained that the provision of enhanced primary care prevented the need for other care and he emphasised the need to ensure that services reflected local need in the different neighbourhoods. He further explained how the new models of care had helped three particular patients aged 87, 42 and 28.

The Chairman thanked Dr Weatherburn, Dr Naughton and Ms Hodgson for their presentations.

7. Membership Report

The Chairman introduced Mr Peter Askew (Lead Governor) who reported on the membership issues during 2014/15.

Mr Askew highlighted the following issues:-

- The work of the Membership Committee was a significant part of the Council of Governors' remit.
- The "Listen/Learn/Do" strapline was at the core of everything that the Governors were trying to achieve.
- The aim was to allow members to be engaged in the activities of the Trust as much or as little as they wished to be and to provide value to the membership.
- The Membership Strategy had been updated to reflect "Listen, Learn, Do".

- The focus was on the quality of the membership rather than the quantity of members.
- The membership numbers had remained static year on year, however, they were not truly representative of the population and work was on-going to redress the balance in the demographics.

8. Chief Executive's Report

The Chairman introduced Mr Gary Doherty, Chief Executive, who gave a presentation focusing on the significant levels of activity and winter pressures.

Mr Doherty highlighted the following:-

- Activity at the Trust on an average day, i.e. A & E attendances, out-patient attendances, community contacts, births and admissions.
- Key achievements in 2014/15, i.e. improvements in the results of the Staff Survey and the Friends & Family Test, Blackpool Better Start lottery funding and one of the CHKS 40 Top Hospitals.
- Major challenges for 2015/16, i.e. demand, quality and safety, staffing and finances.
- Key plans going forward, i.e. community-centred care, in-hospital care and regional partnership.

9. Finance Report

The Chairman introduced Mr Tim Bennett, Director of Finance & Performance.

Mr Bennett gave a presentation on the financial position in 2014/15 and highlighted the following:-

- There were public sector funding challenges which would have an impact on health care.
- The biggest challenge for the Trust in 2014/15 had been the requirement to achieve costs savings of £20.3m.
- There had been significant investment in the Trust and improvements in clinical quality and safety plus major capital investments.
- The year-end position, despite record levels of savings, was a loss of £4.1m which equated to 1% of turnover, however, the loss was financed internally.
- The cash position was £25.1m which was similar to the previous year.

Mr Bennett advised that full details of the Trust's Accounts were available on the Trust's website.

The Director of Finance & Performance reported that there would be increasing demands in 2015/16 based on projected population changes and that there was a planned deficit of £11.3m which was a major concern for the Trust. In view of this, the Board had commissioned a major strategic review, which would be clinically led, to discuss radical changes and that the review was due to be completed in December 2016.

Mr Bennett stated that there was a role for our Governors and Members in taking this forward.

10. Question and Answer Forum

The Chairman provided an opportunity for attendees to ask questions.

George Holden – Public Governor

Mr Holden stated that he had been impressed by the Extensive Care presentation, including the case study, and he asked if Dr Weatherburn could elaborate on the point at which the process started.

Dr Weatherburn explained the process as follows:-

- The first point of contact would be made based on criteria of age, long term conditions and non-elective contact.
- Information would be shared with the GP practice and the patient would be referred to the service.
- The Well-Being Worker would meet the patient and family.
- The patient would be brought into a clinical setting if possible, either at Lytham or Moor Park, for assessment with the Care Co-Ordinator and for a full medical review with the doctor.
- The team would meet to develop a plan for the patient and, once agreed, the patient would be included within the service.

Dr Weatherburn stated that the team was reliant on GP colleagues to refer patients to the service and that he had engaged with primary and secondary care to promote the service.

Mr Butler – Public Governor

Mr Butler asked whether the Extensive Care Service was connected to the Community Care Plan and Dr Weatherburn advised that the community care plan had been superseded by the Extensive Care Plan which ensured that arrangements were in place for patients with long term conditions.

11. Any other Business

There was no other business.

12. Close

The Chairman thanked members of the public and staff for attending the meeting and stated that he hoped they had found it interesting and valuable.

The Chairman advised that the buffet would now be served followed by the Awards Ceremony. The Chairman encouraged attendees to visit the display stands during the interval.

The meeting closed at 7.35 pm and was followed by a buffet and an Awards Ceremony.