



ACUTE HOSPITALS SUB GROUP MEETING

13TH September 2010

Boardroom, Beverley Minster Parish Centre

Action

1. Apologies:

Present: Ruth Marsden, Chair
Geoffrey Mitchell
Pam Child
Jean Turner
Ron Hart
Maggie Whitlock
Diana Sandy
Sylvia Whitton

2. Minutes of previous meeting:

4. Include 'media' in list for final report circulation.
6. Enter and View teams determined as dates decided.

SO to make amendments

3. Matters Arising:

4. Hull and East Yorkshire Hospitals Trust Business Plan:

Page 33, 9.7.3. Concern raised over the statement regarding staffing levels and current savings within this area.

Staff allocation, vacancy management and staff cover are all managed at local level within business units at ward management level.

Staff shortages at the commencement of shifts can lead to staff being transferred between wards to ensure cover. This leads to depletion of staff in some areas, denudes the skill mix and reduces the ownership of patient issues.

Concern that 'acute treatment' is seen as the priority over 'care'.

It is recognised that staff are also concerned over staffing levels.

Staffing levels need to be checked on Enter and View visits

Issues identified through the Business Plan to be

SO to draw together the specific and general issues raised and circulate to group for comment before forwarding to those stated
Deadline
24-09-2010

SO to add staffing level queries to Enter and View Aide memoire

forwarded to Margaret Parrott with copies to Phil Morley, Chief Executive from 18 October 2010, Mike Wright, Interim Chief Executive and David Hepburn, Medical Director.

Page 29, statements support a skill mix review and vacancy management as ways of seeking and sustaining a reduction in the staffing level. It is recognised that as a relatively short term plan vacancy management can be used to make savings however over a longer period it reduces services and quality, impacting upon staff morale and sickness levels.

HEYHT aim to make 7.5% savings on staffing. How is the impact upon patient care to be managed?
Alternative is to reduce throughput, reduce operations.

Page 3, 2.3, CQC gave the Trust a 'Fair' for services and 'Good' for the use of resources. There is a preference for this rating to be the other way around.

Page 26, Table 5, alternative workstream based savings project could include reducing the length of hospital stay, this can have positive and negative benefits for the patient and their families.

Management costs are one of the leanest in the country.

Page 28, Inpatient.....What is the model?

General concerns over the terminology used which makes it inaccessible to members of the public.

SO to meet with GM regarding general issues

Sub group members asked for information on Business Units

SO to provide information

4. Acute Assessment Unit Report

Terminology and timeframes were discussed. With slight amendments the report is ready to submit to Lead Group for approval

SO to circulate the updated version to Sub group members and Lead Group for approval

5. Accident and Emergency Report

Jargon and terminology discussed ensuring that the report can be read by the general public. Recommendations to be identified and added to

SO to ensure all jargon is explained

report.

Following circulation to the Sub group the report is ready for submission for approval to Lead Group.

RM and SW to produce recommendations

Report to be submitted to HRI prior to next Acute Hospitals meeting.

SO to circulate as required

6. Ward 2, CHH Enter and View Report

Ward 2 CHH, LS accepted report by 'default'.

Recommendations to be extracted

It was agreed that all 3 reports had been well produced and reflected the hard work of members of the sub group.

RH to forward recommendations for circulation to Sub group and approval by Lead Group.

7. Scarborough and Bridlington Hospitals

Notes on the temporary closure of Thornton Ward, Bridlington had been circulated prior to the meeting. The need for temporary closure was due to non compliance with staffing levels, carrying between 10 -12 RGN vacancies. Emphasis was placed on temporary.

SO to re-circulate reports

Concerns raised:

- The attitude of the Matron and Staff Representative at the Bridlington Health Forum
- The rationalisation of services and the transfer of patients between the 2 sites as a result
- The lack of transparency in the messages delivered
- The need for a clear PR campaign with the residents of Bridlington to explain the rationale behind decision making.

Discussion regarding local visit by Andrew Lansley and opportunity to discuss local issues

JT to investigate opportunities

Future plans for Scarborough and Bridlington Hospital to be promoted

SO to pursue possibility of presentation on future plans

What has been stated in the Business Plan?

SO to request copy of SNEY business plan

What impact will this closure have upon patient care in the locality?

How is the temporary closure being managed and assessed?

Concerns over SNEY provision to be placed on agenda for Quarterly meeting

	The importance of working collaboratively with North Yorkshire LINK.	with NHS ERY
8. Enter and View programme	PC requested a summary of Enter and View activity	SO to complete
	Discussion took place regarding the differing formats of Enter and View reports	Enter and View pro-forma to be discussed at Lead Group
	Discussion took place regarding the format of Safeguarding training as part of Enter and View training programme. All training needs to meet the legal requirements, be credible and effective.	Enter and View Training to be added to Lead Group agenda
	Future Enter and View visits: Ward 11, HRI – RH and SW (1 st October 2010) Ward 12, HRI – SW and Alison Rowlands Catering Department – DS and Pat Perkins (continued pursuit of Catering Manager for available dates)	Dates to be identified and forwarded to SO to make arrangements
9. Any other Business	GM raised concerns over the delay in getting the Enter and View Reports into the public domain and the need for responses to issues raised in a timely manner.	
	Discussion took place regarding the role of the media in promoting issues identified within Enter and View reports.	Working with Media to be added to Lead Group agenda
	Draft Aims and Objectives new format circulated for comment.	
	BIGS report not received by members	SO to split down the report and send separately
	Members were informed of the Hull and East Yorkshire Hospitals NHS Trust AGM taking place on Tuesday 28 th September 2010, 5pm, East Riding Medical Education Centre, HRI.	
	Reminders regarding Goole Forum and the issues raised regarding Goole Hospital taking place at the Courtyard, Goole, on 17 th September 2010, 10.30 to 3.30pm	
	ERYLINK has been asked to take part in the evaluation of the Patient Passport system.	
	RH asked that members contribute to the 'Big Picture' exercise being undertaken by the Care in	

the Community Group. The questions identified have been added to the Aide Memoir in current use.

Details of Next Meeting:

Monday 11th October 2010
10.00 am
Beverley Minster Parish Centre Boardroom