Solent NHS
NHS Trust

Meeting Minutes

The minutes from this meeting may become available to the public under the Freedom of Information Act 2000.

Solent NHS Trust, Annual General Meeting (AGM)

Thursday 27TH September 2012
6:30pm, Ferneham Hall, Fareham, Hampshire

Chair: Brad Roynon, Non Executive Director

Panel: Ros Tolcher, Chief Executive Officer
Judy Hillier, Director of Nursing & Quality
Michael Parr, Director of Finance & Performance
Tony Snell, Medical Director

In attendance: Debbie Clarke, Associate Director of Adult Services
Ian Gove, Clinical Lead for Adult Services
Matthew Hall, Associate Director for Mental Health Services
Mustafa Soomro, Clinical Lead for Mental Health Services

Appendix 1: List of public attendees

1	**Welcome** **Including publication of the Trust's Annual Report and Annual Accounts.**
1.1	Non Executive Director Brad Roynon welcomed attendees to the first Solent NHS Trust Annual General Meeting. The meeting format was explained and the panel introduced.
2.	**Review of the Year 2011 - 2012**
2.1	The Chief Executive Ros Tolcher provided a presentation on the Review of the Year 2011/12 and shared the challenges faced by the organisation and successes achieved so far. It was demonstrated how the Trust uses resources to provide Community Care across Hampshire. The Chief Executive reported on financial pressures identified last year and financial controls put in place as a consequence. Despite challenges faced, including the bad winter and subsequent pressures on the Out of Hours Service, Service Managers and Clinical Staff adhered to controls. It was confirmed that this year the Trust is able to report on the provision of high performing services.

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2.2	Issues with regards to IM&T and the lack of investment from predecessor organisations were highlighted and confirmation was provided that this is currently being addressed.
2.3	The importance of ensuring the continued provision of good quality services in an environment where costs reductions are essential and the need to have talented committed leaders to deliver this was emphasised.
2.4	It was explained that it is anticipated that authorisation to Foundation Trust status is expected during Spring 2013. The Trust is at a critical stage in the process however all building blocks for a successful application are being achieved.
2.5	The Chief Executive thanked all attendees including members and service users for their presence at the meeting. The Non Executive Directors were also thanked for their time provided unselfishly in order to bring wisdom and constant support as well as rigorous challenge to the organisation. The Executive Team and the entire workforce were thanked for their continued hard work and dedication.
3.	**The Financial Year 2011/12**
3.1	The Director of Finance provided a presentation on the Financial Year 2011/12 reporting on the successful yet challenging year whilst succeeding in maintaining good quality of care. The importance of delivering timely effective services to patients was emphasised. An overview of the Trust's annual review of performance and statutory duties was provided. Frontline staff were sincerely thanked for their ability to continue to deliver quality care with less resources.
3.2	Meeting Chair, Brad Roynon, thanked the Chief Executive and Finance Director for their encouraging, well balanced, fair presentations.
4.	**Older Person's Pathway In Southampton**
4.1	Dr. Ian Gove, Consultant Care of Elderly Care Physician & Divisional Clinical Lead provided a brief resume of the provision of Elderly Care Services within Southampton. An overview of case management and care pathway processes were provided and information on the communication and coordination between Locality Teams.
4.2	Debbie Clarke, Associate Director of Adult Services provided an overview of challenges being faced to increase the knowledge of different methods of providing care for patients outside of a hospital environment and providing the right to die at a place of choice.
4.3	A video on Telehealthcare was shown emphasising the importance of treating people holistically, improving quality and providing efficiencies. The importance of the 'human touch' was also acknowledged.
5.	**Mental Health Services**
5.1	Dr. Mustafa Soomro Consultant Psychiatrist and Divisional Clinical Lead provided a presentation on Mental Health Services, in particular the process of the acute care pathway.

	The number of patients treated and admissions avoided during their care was highlighted and a graph evidencing the success of the model detailing a decrease in length of stay was shared. A video on Mental Health Services was shown.
6.	**Questions and Answers Session**
6.1	How do I know I will get the same level of care if you are cutting back? *(Anonymous question submitted)* The Director of Nursing and Quality explained that although there has been a lot of financial challenges, the Trust has worked to ensure the outcomes and care is as good as it was prior to these challenges. Feedback of the experience of patients and service users, carers and families that has been provided to the Trust indicates good quality of care. Despite changes in care methods, the quality and outcomes are as good as before. Meeting Chair Brad Roynon confirmed that as a Board member, information received including Board to floor visits and performance monitoring have indicated that essential quality indicators have been maintained and it was confirmed that quality is monitored very closely and addressed by a key committee of the Trust, the Assurance Committee. The Chief Executive reported that the greatest cost to the organisation is staffing and less than half of clinical time is currently spent seeing patients. It was explained that productivity gains could be achieved through further investment in upgrading the IT infrastructure The Medical Director explained that changes have been undertaken within Primary Care for Long Term conditions (LTC). Practice Nurses are able to treat a number of LTC cases allowing GPs to focus on more acute presentations and complex problems. A change in skill mix is increasing throughout Community Services that will improve clinical capacity.
6.2	What happens if you don't get authorised as a Foundation Trust? *(Anonymous question submitted)* The Chief Executive confirmed her confidence in the successful progression and conclusion of the Foundation Trust application. It was explained that every NHS Trust must become either a Foundation Trust in its own right or merge with an existing a Foundation Trust by 2014. 110 other Trusts are currently in the application process some of which will not be successful due to the inability to achieve quality of care within their financial ability. Meeting Chair Brad Roynon reported that the Board are confident that the Trust will achieve Foundation Trust status.
6.3	Given the enormous waste in the NHS on IT can you assure people that the money being spent will link with GPs patient records and a complete medical record for all treatment will be accessible? *(Bob Blackman, Member)* The Director of Finance explained that the Trust currently has approximately 9 clinical systems in use some of which are provided nationally. The currently system in use is due to end 2014/15 therefore as preparation for a change in system the Trust has joined a London Consortium to look at future procurement.

	The Trust has a number of short-listed options that are being considered and it was confirmed that as part of the procurement remit, the organisation is very keen to link with GP and local authority systems. It was confirmed that in order to link with GP systems, permission has to be granted by the patient due to the sharing of patient information and links with health and social care protocols will need to be agreed. It was acknowledged that achievement is getting closer nationally.
6.4	<u>There seems to be a gap between healthcare and social care especially with cuts in funding. How do you stop people falling through the gaps in the system? (*Southampton LINks Representative)*</u> The Medical Director confirmed that good working and political relations have been achieved in Southampton. It was reported that weekly virtual ward rounds to discuss individual patients within their own homes are undertaken by working together. The Chief Executive acknowledged that all are concerned about potential gaps and looking ahead there is a need to be constantly vigilant in order to understand where the gaps are and look at strategies to fill them. Clinical Lead, Dr. Ian Gove commented on his disappointment in Southampton Social Services and the separation of formerly integrated teams. The Chief Executive confirmed that Solent NHS Trust is working closely in partnership with both Southampton and Portsmouth Local Authorities to address issues. Brad Roynon (formerly Chief Executive of Southampton City Council) briefed the meeting on historical funding issues and confirmed that he, the CEO and Chairman attended a meeting earlier this week with key Council colleagues. The Director of Nursing and Quality commented that the Trust greatly values the relationship with LiNK and Healthwatch.
6.5	The following statement was made by an attendee of the meeting: *I came to this event with trepidation and have now been filled with hope that things will work out for the better.* The panel were then thanked for presenting in such a positive way.
6.6	The Meeting Chair thanked staff and colleagues of the Board and all for attending the meeting.
6.7	The meeting was closed.

*A copy of the presentations can be obtained via the website www.solent.nhs.uk

Appendix 1

Bob Blackman

Peter Burry

Mr Chodha

Mr Chopra

Jacqui Guile

Len Mockett

Anne Palmer

Gill Utting

Charlie Wells

D Dunn

Sue Pace

Caroline Ford

D Soonir

E McKinney

Andrew Jackman

Balaji Wuntakal

June Harrison