

Questions raised since 5 October 2017

Council of Governors meeting

23 January 2018

Name of Governor	Question	Response
Steve How	What are the implications, what processes were followed re data governance relating to the following article	<p>Christine and I have thoroughly investigated the background and the facts are not as inferred by the HSJ article.</p> <p>The person at the centre of the investigation was employed by the Trust but also had a second job within PwC. The information used was entirely in the Public domain as far as the Trust were concerned, and the investigation related to internal procedures within PwC. Ruth was advised in confidence of the investigation within PwC but it was not relevant to our professional relationship with them and the confidentiality was respected.</p> <p>Christine and I are assured that there has been no breach of Trust data, nor professional Trust with PwC.</p> <p>Thank you for bringing this to our attention</p>
Mike Marriott	<p>Noting the £1.94M planned CIP from workforce, are the NEDS assured that when targets are supported by natural wastage opportunities (retirement, voluntary turnover), there is a robust system to ensure that specific services and teams can maintain useable workforce (i.e. small teams which happen to have two individuals leave will be considered for workforce reallocation from teams without leavers)</p> <p>3.4, p14 – Is it possible to know why the Trust has to budget for such a large surplus? Is this to account for CIP? How is the surplus used/planned for?</p>	<p>‘Thank you Mike for your question. The Trust’s financial plan for the year is set around parameters dictated, by NHS England through the Regulator, NHS Improvement (NHSI) . Despite being a Foundation Trust we are not autonomous and are part of the wider system. 9.6M is a low income to expenditure surplus given our turnover of 447M.....only 2.1% giving very little margin before we fall below the line. As you say our CIP target is 17.5M which is a real challenge. We are currently behind CIP target by some 3M but have managed to maintain financial plan by reducing some of our investment expenditure better control of agency staffing and driving additional income. This level of planned net to gross does not compare with the private /corporate sector which plans for a minimum of 5% and often targets nearer 20%</p> <p>It is not viable to run a business on targets of less than 1%/2% and the Board have a duty to our 8000 staff and their families to remain solvent.</p> <p>You will know that a number of NHS Trusts who have fallen below their planned control total have been placed in Special Measures</p>

		(Truro only last week) which results in NHSI putting their own administrators into the Trust. We do not want to get into that position.
Mike Marriott	<p>CAMHS Waiting Times – A very recent Education Policy Institute report suggested that NottsHC is the third most likely Trust to refuse treatment to new referrals across the country (61% compared with a 26.3% average). Would the NEDS consider discussing whether Trust have any response to this? And specifically, is it possible that our criteria are becoming inappropriately stringent in order to lower waiting time targets?</p>	<p>The NEDS are aware of the waiting time issue; it has also been raised by the CQC. It has been placed on the Agenda for the next Finance & Performance Committee on 2nd November and we will respond more fully once we have heard the operational response...</p> <p>I refer to Dr Mike Marriot's question following the last meeting ; he referred to a report by Education Policy Institute which sighted the Trust as being one of the worst performers in the country to refuse treatment to new referrals.</p> <p>A paper was presented to Finance & Performance committee on Thursday referencing CAHMS waiting times which gave me the opportunity to challenge the Executive Director and service manager.</p> <p>They rebut the data upon which this report was based and are satisfied that our current approach to referrals is clinically fair. That said, they accept that there is more engagement work to be done with GPs to make sure they understand the pathway.</p> <p>Generally, our CAHMS waiting times meet KPIs although NHS England have produced a document which sets out more stringent waiting times for CAHMS.....conversely our Commissioners will not fund us to deliver the new standards</p>
Mike Marriott	<p>Are we able to see the results of the Hurst process regarding the staffing review? Are we also assured that the same detail for monitoring AHPs is in place as there seems to be for nursing?</p>	<p>The outputs of the Hurst reviews will be shared within the Trust. The reviews take account of patient activity and acuity, and will enable us to review the staffing establishments. As the focus is on patient acuity and activity – all roles will then be considered as part this.</p>