

DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

Minutes of the of the Annual Members Meeting held on Tuesday 24 September 2013 at The Ivanhoe Centre, Conisbrough, Doncaster DN12 3JX

<u>Present:</u>	Chris Scholey	Chairman
	Michael Addenbrooke	Public Governor
	Ruth Allarton	Partner Governor
	Dr Utpal Barua	Public Governor
	Joan Beck	partner Governor
	Dennis Benfold	Public Governor
	Lisa Bromley	Partner Governor
	David Cuckson	Patient Governor
	Dev Das	Public Governor
	Dr Vivek Desai	Staff Governor
	Eddie Dobbs	Public Governor
	Nicola Hogarth	Public Governor
	John Humphrey	Patient Governor
	Peter Husselbee	Public Governor
	Bruce Lowis	Public Governor
	Bev Marshall	Public Govenor
	Susan Overend	Public Governor
	John Plant	Public Governor
	Patricia Ricketts	Public Governor
	Andrew Swift	Staff Governor
	Clive Tattley	Partner Governor
	Howard Taylor	Public Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor
	Maureen Young	Public Govenor

In Attendance

Trust Members / Public:

Dawn Abbott	John Dean	Frank Johnson
John Aylott	Jill Edwards	Pat Johnson
Sheila Barnes	Brian Evans	Keith Lawrence
James Batty	Nick Exley	Tony Meese
Maureen Benfold	Lynne Fairhurst	Robert Mirfin
Christine Bennett	Brenda Fox	Dennis Mason-Jones
Josie Blacklock	M. Gallafent	J. Mason-Jones
F. Call	Janet Greenwood	C.J. McGlane
Joanne Cheetham	H. Hardwick-Heath	Tony Meese
Nigel Clarke	John Hodson	Jane Morgan
Tricia Craven	Keith Howard	Cllr David Nevett
Mandy Dalton	R. Howard	Toni Plumb
Jennifer Dean	Lynn Fairhurst	Janet Sampson

Dennis Shaw
Clive Smith
Joffre Sprakes

Alan Taylor
Jane Tute
Tracy Vernon

Louise Wall
Valerie Wood

Directors & officers:

Geraldine Broderick	Non-executive Director
David Crowe	Non-executive Director
Maria Dixon	Head of Corporate Affairs
Catherine Dymond	Non-executive Director
Deirdre Fowler	Acting Director of Nursing and Quality
Alison Luscombe	Foundation Trust Office Coordinator
Helen McAlinney	Local AAA Screening Programme Co-ordinator
John Parker	Non-executive Director
Mike Pinkerton	Chief Executive
David Pratt	Director of Finance, Information & Procurement
David Purdue	Chief Operating Officer
Emer Scott	Director of Communications and Marketing
Mr Ray Cuschieri	Deputy Medical Director

Press: Shelley Marriott Worksop Guardian

Apologies

AGM/13/1 Apologies for absence were received from:

Governors – Dr Oliver Bandmann; Hazel Brand; Cllr John Mounsey; Cllr Adele Mumby; Jackie Pederson; William Skelley; Sharon Smithson and Denise Strydom

Directors and Officers – Dawn Jarvis and Sewa Singh

Welcome

AGM/13/2 Chris Scholey welcomed everyone to the 2013 Annual Members Meeting and briefly summarised the Trust's performance during 2012/13.

AGM/13/3 There had been changes at executive level, and Chief Executive Ron Calvert had left the Trust, replaced by Mike Pinkerton. There had been issues with performance in relation to C.Diff, A&E and RTT targets. These were being addressed, and performance was now improving in these areas.

AGM/13/4 The financial environment had been challenging, but the Trust had achieved a surplus.

AGM/13/5 PCTs had ceased to exist at the end of the year, and had been replaced by Clinical Commissioning Groups. The Trust had a good relationship with both new CCGs. The Trust would be looking to increase its bed capacity in preparation for winter with support from

the CCGs.

Minutes of the 2012 Annual General Meeting

AGM/13/6 The minutes of the 2012 Annual General Meeting were APPROVED subject to the following amendments:

AGM/13/7 John Parker and Nicola Atkin to be removed from the apologies list.

Matters Arising

AGM/13/8 None

Annual Report and Accounts 2012/13

AGM/13/9 Chris Scholey formally presented the Annual Report and Accounts to the Governors and Members present.

AGM/13/10 The Annual Report and Accounts 2012/13 were RECEIVED and NOTED.

Review of the Trust's Performance 2012/13

Mike Pinkerton, Chief Executive, reported the following:

AGM/13/11 There had been a number of significant achievements during the year, including the opening of the new Assessment and Treatment Centre at Bassetlaw Hospital, the Education Centre at DRI and the Pain Management Unit at Montagu Hospital. Work had also commenced on the new Rehabilitation Centre at Montagu Hospital

AGM/13/12 Other new developments including Abdominal Aortic Aneurysm (AAA) Screening, robotic pharmacy services. The trust was also aiming to expand its research and development activity, and cultivate a research culture within the Trust

AGM/13/13 Trust staff, including midwives, the Critical Care team and the infection prevention team, had won a number of national awards.

AGM/13/14 Proposals for a Radiotherapy Centre at DRI were being developed with the Trust's partners.

AGM/13/15 The Trust had made a financial surplus, which would enable the Trust to make investments in the current year. Investments made in 2012/13 and the current year included deep cleaning, maternity improvements, and modernisation of laboratory services.

AGM/13/16 The Trust had agreed a new strategy which contained a mission statement "to be the best healthcare provider we can", supported by four strategic goals:

- To deliver responsibility, delivering the right services with the right staff.
- To control and reduce the cost of healthcare.
- To provide the safest, most effective care possible.
- To focus on Innovation for improvement.

AGM/13/17 The whole of the NHS had been challenged by the contents of the Francis Report, and the Trust was working to deliver the aims of the Francis Report.

AGM/13/18 There were a number of challenges facing the Trust, and further work was needed in the coming year to improve quality of care, and efficiency. The Trust had begun a good relationship with CCGs and would work with them to make improvements.

The summary of the Annual Report was NOTED.

Abdominal Aortic Aneurysm (AAA) Screening

AGM/13/19 Ray Cuschieri delivered a presentation on the AAA screening service.

AGM/13/20 The Trust had been commissioned to provide an Abdominal Aortic Aneurysm Screening for South Yorkshire and Bassetlaw, which was a significant achievement. The aim of the screening programme was to try and pick up this condition to enable patients to be treated when appropriate to prevent ruptures.

AGM/13/21 The majority of patients affected were males aged over 65, therefore the screening service was targeted at this group. Scanning patients reduced the death rate by 50%.

AGM/13/22 The treatment provided was determined by the size of aneurysm found. Medium aneurysms would be monitored, while patients with large aneurysms would be referred to a consultant vascular surgeon.

The AAA Screening presentation was NOTED.

Annual Accounts and Finance Report 2012/13

AGM/13/23 David Pratt presented a summary of the accounts for 2012/13. The trust made a surplus of £3.49m, which represented 1% of turnover. The Trust had achieved £17m of savings, and retained its Financial Risk Rating of 3.

AGM/13/24 The Trust had reduced its payment times with an average of 28 days for payments.

AGM/13/25 The surplus was invested in preparing the Trust for the future, and the Trust had spent £15.2m of capital in 2012/13. In 2013/14, the

plan was to invest £23.3m. Planned capital investments included the rehabilitation centre at Montagu Hospital, DRI Day Surgery and Theatre Admission Units, and IT developments.

The summary of the Financial Accounts was NOTED.

Robotic Pharmacy

AGM/13/26 Andrew Barker delivered a presentation on the Robotic Pharmacy system which had been installed in August 2012. The capital cost of the project had been £1.1m, and the principle aim was to improve the quality of the service by reducing waiting times for dispensing; improving stock control and reducing error rates.

AGM/13/27 The system had generated savings of £195k for the first 12 months, and had an annual running cost of £134k, leaving a surplus of £61k.

AGM/13/28 Maureen Young asked what happened when the department did not have the necessary medication in stock for a patient. Andrew Barker advised most medication orders were delivered within the same day.

The Robotic Pharmacy System presentation was NOTED.

Quality Account 2012/13

AGM/13/29 Deirdre Fowler summarised the Quality Report. The Trust's overarching aim for 2012/13 had been "Reducing Preventable Harm". There had been a number of challenges during the year, including increased activity, and the publication of the Francis Report.

AGM/13/30 Achievements during the year included a sustained reduction in falls causing significant harm to patients; a reduction in MRSA; and reduced mortality rates.

AGM/13/31 Pressure Ulcers remained an area of concern for the Board, with 157 cases of harm due to pressure ulcers.

AGM/13/32 Sewa Singh outlined the Trust's performance in relation to the Hospital Standardised Mortality Ratio (HSMR). The Trust HSMR had been gradually reducing over the previous year and was at 96 for April – June 2013, which was positive.

AGM/13/33 Future work planned to improve quality and reduce mortality included seven day working, additional bed capacity; increased staffing levels; and redesign of emergency pathways.

The summary of the Quality Account was NOTED.

Question and Answer Session

- AGM/13/34** A member congratulated the Trust on achieving a surplus at a time when many other Trust's had been unable to do so.
- AGM/13/35** A member gave positive feedback regarding his experience of reduced waiting times for blood transfusion at DRI, and thanked the Trust for this.
- AGM/13/36** A member queried the nurse staffing ratios on wards, noting that a national figure of 1 nurse to every 5 patients had been suggested.
- AGM/13/37** Chris Scholey stated that the question of nurse staffing was high on the Board's agenda. Deirdre Fowler stated that it had been advised that the ratio recommended nationally was 1:8, although this would obviously change according to the dependency and acuity of the patients on a specific ward. Recruiting to fill vacancies was the Trust's top priority, and it would then look at whether establishment levels were fit for purpose.
- AGM/13/38** In response to a question regarding the waiting time for surgery when a large aneurysm was identified, Ray Cuschieri advised that the national programme had set standards in relation to waiting times. Large aneurysms (over 5.5cm) were required to be operated on within 8 weeks. If an aneurysm was larger than 7cm, there was a facility to admit patients to hospital immediately.
- AGM/13/39** In response to a question regarding whether the robotic pharmacy service operated 7 days a week, Andrew Barker confirmed that the pharmacies at Doncaster and Bassetlaw both operated a 7 day Service.
- AGM/13/40** A member asked why ward staff had advised him that patients would have to pay for their own transportation home on discharge, despite some patients being entitled to funding for this. David Purdue advised that the Trust followed a set of rules and criteria in relation to charging for transportation home for patients. However, there were changes to the discharge process being planned in relation to transportation home.
- AGM/13/41** A member stated that he did not feel that patient meals were of sufficiently high quality, and asked what the Trust spent on patient meals. David Pratt advised that the direct cost of each meal was £4, and that on the occasions he had been a patient, the food had been good. The trust had recently been complimented by the Annual Review of the Catering Standards.
- AGM/13/42** In response to a comment regarding Montagu hospital, Chris Scholey highlighted that the investment from the Fred and Ann Green legacy had played an important part in ensuring that a small

hospital like Montagu could remain sustainable. The Trust was making significant capital investments in Montagu, and building the new rehabilitation centre, however, acute services could not be provided for patient safety reasons.

AGM/13/43 In response to a query regarding who patients should speak to regarding concerns or complaints, Deirdre Fowler advised that patients and visitors could speak to the Patient Advice and Liaison Service (PALS) which was now known as the Patient Experience team. Reception staff on the various sites would be able to direct patients to the service.

Closing Remarks

AGM/13/44 Chris Scholey thanked trust staff and the executive team for their work to improve quality in a challenging financial environment. Governors were also thanked for their hard work and ongoing support for the Trust. Chris Scholey also emphasised the importance of the support received from CCGs, and the continuing good relationship.

AGM/13/45 Finally, Chris Scholey thanks Deirdre Fowler and David Pratt for their hard work and contribution while they had been on the Board of Directors.

The Annual General meeting closed at 6.30 pm.

Date and Time of Next Meeting

AGM/13/46 Date: 23 September 2014
Time: 4pm
Venue: The National Fluid Power Centre, Worksop