

## DONCASTER AND BASSETLAW HOSPITALS NHS FOUNDATION TRUST

### Minutes of the of the Annual Members Meeting held on Tuesday 23 September 2014 at The National Fluid Power Centre, Worksop

<b><u>Present:</u></b>	Chris Scholey	Chairman
	Michael Addenbrooke	Public Governor
	Ruth Allarton	Partner Governor
	Dr Utpal Barua	Public Governor
	Dennis Benfold	Public Governor
	Cllr Andrew Bosmans	Partner Governor
	Hazel Brand	Public Governor
	Lisa Bromley	Partner Governor
	David Cuckson	Patient Governor
	Dev Das	Public Governor
	Dr Vivek Desai	Staff Governor
	Eddie Dobbs	Public Governor
	Lynn Goy	Staff Governor
	David Hamilton	Partner Governor
	Nicola Hogarth	Public Governor
	Peter Husselbee	Public Governor
	Bev Marshall	Public Governor
	Susan Overend	Public Governor
	John Plant	Public Governor
	Patricia Ricketts	Public Governor
	Lorraine Robinson	Staff Governor
	Andrew Swift	Staff Governor
	Clive Tattley	Partner Governor
	Howard Taylor	Public Governor
	George Webb	Public Governor

#### **In attendance:**

#### **Trust Members / Public**

Dawn Abbott	Janet Fisher	Mike Rhodes
Julie Allison	David L Fisher	Emma Richardson
S Barnes	Chris Fone	Angela A Sharpe
Josie Blacklock	Tricia Graves	Clive Smith
F Calladine	Emma Hannaford	J Sprakes
Chris Clark	Eve Harlowe	Karen Tagg
Rachel Codling	P Harris	Anthony Thompson
Phil Colebourne	Anne Harris	Brian Townend
Vanessa Cookson	Peter Hewkin	Martin Turner
Helen Cooper	Frank Johnson	Jane Tute
Garry Cox	Lee Kilby	Helen McAlinny

M Dalton	B A Kitson	Tracey Vernon
Katie Downton	Dave Mace	Chris Watson
Maxine Eccleston	J McCulloch	Chris White
Roger Elliott	Phil Mettam	Dora Wood
Kirsty Edmondson Jones	Jane Morgan	Ray Wood
Jill Edwards	L Pater	Shaun Wright
Adrian Farmer	Toni Plumb	5 other members of the
S L Farmer	R S Pratcey	Public
Sarah G L Fisher	M D Rhodes	

**Directors & officers**

Alan Armstrong	Non-executive Director
Emma Bodley	Head of Communications
Geraldine Broderick	Non-executive Director
Maria Dixon	Head of Corporate Affairs
Catherine Dymond	Non-executive Director
Dawn Jarvis	Director of People and Organisational Development
Matthew Lowry	Director of Finance & Infrastructure
Alison Luscombe	Foundation Trust Office Coordinator
John Parker	Non-executive Director
Richard Parker	Director of Nursing, Midwifery & Quality
Mike Pinkerton	Chief Executive
David Purdue	Chief Operating Officer
Sewa Singh	Medical Director
Kate Sullivan	Acting Trust Minute Secretary

**Press:** None

**Apologies**

**AMM/14/1** Apologies for absence were received from Bruce Lowis, Adele Mumby, Jackie Pederson, Denise Strydom, Roy Underwood and Sue Batty.

**Welcome**

**AMM/14/2** Chris Scholey welcomed everyone to the 2014 Annual Members Meeting and briefly summarised the Trust's performance during 2013/14. There had been 2 new Governor appointments: Councillor Andrew Bosmans, Partner Governor for Doncaster Metropolitan Borough Council, and Lorraine Robinson, Staff Governor for Nurses and Midwives.

**AMM/14/3** Overall, 2013/14 had been a positive year for the Trust. There had been sustained improvements in quality and access whilst still meeting financial commitments at a time when many other Trusts were in deficit. However, there was still work to do to achieve the Trust's aspiration to be in the top 10% of hospitals nationally.

**AMM/14/4** There had been a number of changes to the Board during the year.

Finance Director David Pratt, Director of Nursing & Midwifery Deidre Fowler, Chief Operating Officer Richard Mitchell and Non-executive Director Nicola Atkin had left the Trust, replaced by Director of Finance & Infrastructure Matthew Lowry, Director of Nursing, Midwifery & Quality Richard Parker, Chief Operating Officer David Purdue and Non-Executive Director Alan Armstrong.

**AMM/14/5** Staffing changes - Since 2012/13 the number of nurses had increased by almost 22 whole time equivalents (wte) and the number of consultants had increased by approximately 20% since Chris Scholey had become Chairman.

**AMM/14/6** Chris Scholey commended the work to improve staff engagement over the course of the year, which was starting to show good progress.

#### **Minutes of the 2013 Annual Members Meeting**

**AMM/14/7** The minutes of the Annual Members Meeting held on 24 September 2013 were APPROVED as a correct record of the meeting.

#### **Matters arising**

**AMM/14/8** None

#### **Annual Report and Accounts 2013/14**

**AMM/14/9** Chris Scholey formally presented the Annual Report and Accounts to the Governors and Members present.

**AMM/14/10** The Annual Report and Accounts 2013/14 were RECEIVED and NOTED.

#### **Chief Executive's review of the Trust's performance 2013/14**

**AMM/14/11** Mike Pinkerton, Chief Executive, delivered a presentation on the Trust's performance and achievements in 2013/14 as well as challenges and opportunities for the future.

**AMM/14/12** At the end of 2012/13 the Trust had faced a number of challenges including difficulties in relation A&E, C.Diff performance and waiting times. The Trust had executed a plan to Monitor to address the issues over the course of 2013/14 and had delivered a number of significant improvements and achievements.

**AMM/14/13** Safe & effective care – At the end of the year there had been 673 fewer patients waiting for over 18 weeks. Since then, all RTT targets had been achieved for Q1 2014/15 and this had been commended by Monitor.

**AMM/14/14** There had been a number of improvements in quality and access:

- 42% reduction in 4hr wait breaches

- 10% reduction in readmissions
- 5% reduction in cardiac arrests
- HSMR had reduced from 106 to 102
- 18% reduction in serious falls
- 36% reduction in cases of C.Difficile
- 33% reduction in outliers

**AMM/14/15** Seven day working was being championed by Sewa Singh, Medical Director. The Trust already had a relatively advanced profile in terms of 7 day services. Over the course of the year, with the support of local CCGs, 7 day services had been introduced for most mainstream medical services.

**AMM/14/16** The Trust had implemented action plans in response to both the Francis and Keogh reports, and a new clinical governance structure had been put in place.

**AMM/14/17** The emergency care pathways at Bassetlaw and Doncaster had been redesigned, resulting in significant benefits, including the elimination of mortality differences between weekdays and weekends and increased patient satisfaction.

**AMM/14/18** A new complaints policy had been introduced which focused not only on complaints but also on concerns, comments and compliments in order to learn not only from mistakes but also from good practice.

**AMM/14/19** Although the Trust had not achieved the target for pressure ulcers in 2013/14, a number of significant changes had been made in recent months which had resulted in good progress.

**AMM/14/20** The Trust had received an unannounced CQC inspection which found the Trust to be fully compliant with all care standards on all sites.

**AMM/14/21** Right services, right staff – There had been a 19% year on year reduction in the number of complaints, this was very pleasing in a year that had possibly been one of the most difficult years for the NHS. There had also been a 45% reduction in the number of outstanding complaints.

**AMM/14/22** 85% of the staff survey results had improved and there had also been some very encouraging results in a recent quarterly staff survey.

**AMM/14/23** The Trust had invested £0.5m in nursing practitioners, which was a key strand of the Trust's change and transformation programme moving forward. As part of the investment programme, 30 additional nursing posts had been created and the Trust continued to continuously assess the need for nursing and other staff using evidence based tools.

- AMM/14/24** Staff sickness had been 3.98% for the year. Although the Trust had not met its target of 3.5%, this was better than the regional and national average.
- AMM/14/25** The Trust had developed a People & Organisational Development Strategy and a new recruitment identity 'Develop Belong Here'. As part of the new strategy, the Trust had also developed the DBH Star Awards to recognise staff for their work. The Trust would continue to look for more ways to celebrate and recognise the efforts of staff.
- AMM/14/26** The Trust had been in the top 5 in the NHS for flu immunisations.
- AMM/14/27** The Trust had been using Nursing Workforce Assessments and other evidence based tools to better understand where to target efforts and where staff were most needed.
- AMM/14/28** Partnership working - The Trust was part of a formal 'Working Together' partnership of 7 local Trusts which were working to organise services in order to provide more efficient and high quality care.
- AMM/14/29** Local Clinical Commissioning Groups were thanked for their support. The partnership working between CCGs and the Trust had been a key factor in helping the Trust move forward.
- AMM/14/30** Save & invest – The Trust had achieved its financial plan to deliver a £3.5m surplus for investment. Wherever possible the Trust looked for opportunities to obtain external investment. This had included circa £1m for Doncaster attracted with local partners, £600k of which had been used to develop a new frailty assessment unit at DRI.
- AMM/14/31** The Trust delivered a £17m cost improvement programme, £2m of which was delivered through a Working Together procurement project. This highlighted the importance of partnership working. All of these things had enabled the Trust to invest circa £7m in staff and beds.
- AMM/14/32** The Trust had delivered a £20m capital programme which had enabled the Trust to provide new services and to modernise patient care.
- AMM/14/33** Innovation & improvement – The Trust had opened a new Assessment and Treatment Centre at Bassetlaw Hospital, a new rehabilitation centre at Montagu Hospital and a new day surgery unit at DRI.
- AMM/14/34** The Trust had secured £5.5m of discretionary funding for the iHospital programme and had approved the overall outline iHospital business case for £18m. Several projects were already underway.
- AMM/14/35** A new Research & Development Strategy had been introduced. During

the course of the year the Trust had moved from the 163<sup>rd</sup> to the 91<sup>st</sup> largest NHS R&D Provider. 16 Specialities had been involved with 58 studies, and 2,385 patients involved in research.

**AMM/14/36** Governance – The Trust had achieved governance rating of ‘Green’ with Monitor which indicated no concerns.

**AMM/14/37** Challenges and opportunities – Some of the key areas of challenge included the national financial position, workforce availability, seven day working, the Better Care Fund, governance compliance targets and maintaining and delivering specialist services. During the course of the year the Trust had signed a memorandum of understanding with Sheffield Teaching Hospitals to deliver radiotherapy services at DRI, and good progress was being made to take this forward.

**AMM/14/38** Looking forward – Planned capital investment for 2014/15 was £19.2m with a further £20.2m planned for 2015/16. There was more work to do in relation to 7 day working, and this would be taken forward. The roll out of the iHospital Programme would present significant opportunities. The Trust was about to launch the DBH2020 Programme and this would ensure a whole Trust approach to improvements.

**AMM/14/39** The Trust had begun to roll out a Bowel Scope cancer screening programme, which had been very successful to date. Going forward more screening work of this kind would be undertaken.

**AMM/14/40** The Trust would continue to invest in recruitment to evidence based staffing levels to ensure that the right care was provided at the right time, every time.

**AMM/14/41** Mike Pinkerton thanked members of the public for attending and for choosing Doncaster & Bassetlaw Hospitals to provide their care. He also thanked directors, governors, partner organisation, staff and volunteers for their efforts and contribution throughout the year.

The Chief Executive’s review of the Trust’s performance in 2013/14 was NOTED.

#### **Financial Director’s Report**

**AMM/14/42** Matthew Lowry delivered a presentation on the financial performance of the Trust, highlighted the following:

**AMM/14/43** The Trust had ended 2013/14 in a reasonable position, having achieved the planned £3.5m surplus for reinvestment. This represented a relatively small margin of only 1% of turnover, therefore it was important for the Trust to have a deliverable financial plan.

- AMM/14/44** The reported surplus had been £5.2m, but this had been due to one-off year end adjustments for site revaluation and provisions. The key surplus figure was £3.5m.
- AMM/14/45** The cash balance was £20.6m at the end of 2013/14. This was an improvement on the position at the end of 2012/13 which had been circa £11m.
- AMM/14/46** £17m of cost savings had been delivered, representing 4.8% of turnover. Achieving planned CIP was crucial, as the Trust would receive approximately 4% less income in the current year for the same work it had carried out in the previous year.
- AMM/14/47** Through the National Reference Cost Exercise, the Trust had been shown to be a relatively efficient organisation with costs at 4.2% below the national average for NHS providers.
- AMM/14/48** Monitor assessed the financial health of NHS providers through the Continuity of Service Risk Rating (CoSRR). The Trust had maintained a rating of 3 throughout most of the year, improving to a 4 (the best possible rating) at the end of the year.
- AMM/14/49** The Trust's accounts had been given a clean unqualified audit opinion by the external auditors.
- AMM/14/50** Income - Income for 2013/14 had been £351.9m, with 70% of this coming from Doncaster and Bassetlaw CCGs. Total NHS commissioned income was 88% of the total, and this highlighted the importance of relationships with commissioners. It was noted that 'Other' income represented income from sources including the Co-op Pharmacy, catering, car parking and staff accommodation.
- AMM/14/51** Expenditure – Staffing represented 66% of total costs. 94% of total staffing costs had been on substantive staffing.
- AMM/14/52** Infrastructure – The purpose of the surplus was to reinvest in services for patients. In 2013/14 significant investments had been made in a number of areas including bed capacity (£3.3m), the Montagu Rehabilitation Development (£2.7m), picture archiving and communication systems and radiology information system (£2.4m), iHospital (£1.6m) and a wide range of medical equipment replacements (£1.5m).

The Financial Review was NOTED.

#### **Question and answer session**

- AMM/14/53** A member gave positive feedback on the meeting, but remarked that some of the information was not easy for a lay person to understand.

**AMM/14/54** A member gave positive feedback on the care of his wife on Mallard Ward. He stated that he had the highest praise for all the staff and that his wife had received first class care from staff at every level. Chris Scholey thanked the member for their feedback.

**AMM/14/55** Outliers - In response to a query from a member, David Purdue clarified that the term 'outlier' referred to patients who had slept in a ward or area outside of their speciality. The Trust had a bed plan for each speciality, but peaks in activity sometimes meant moving patients to other areas. The level of outliers was monitored closely and work was ongoing to reduce the number of instances when patients had to be moved.

**AMM/14/56** Ambulance services (non-emergency) - A member acknowledged that the service was not provided by the Trust but stated that the non-emergency ambulance service provided at DRI let down the reputation of the Trust, and that he and his wife had received poor service.

**AMM/14/57** Mike Pinkerton acknowledged that there were issues. The service, commissioned by CCGs, was not provided by the Trust and there were no alternative providers. The Trust would continue to do all it could to help and support, and where necessary challenge, the ambulance service. CCGs were working to improve the service and were closely monitoring performance.

**AMM/14/58** With regard to there being no alternative providers for the ambulance service in the region, a member queried whether there were any protections in place to prevent monopolies. Mike Pinkerton acknowledged the concerns and gave an overview of how emergency and non-emergency ambulance services were provided. Services were provided regionally and introducing competitors for non-emergency ambulance services was a challenge for commissioners.

**AMM/14/59** A member relayed a matter they had recently raised at the Bassetlaw CCG AGM regarding the care of their elderly mother, who had required transport from a care home to Bassetlaw Hospital. Although there had been no delays in transportation to the hospital there had been a delay of over an hour with the handover to the emergency department, resulting in four ambulances waiting to hand over patients to the Hospital. The patient had then waited almost 7 hours from discharge for an ambulance and arriving at the care home at 2am. The Member expressed their concern, stating that they had been advised by Bassetlaw CCG that that there was only one ambulance available to transport patients home, and this was noted.

**AMM/14/60** Chris Scholey thanked the member for their feedback. With regard to the

**DP**

ambulance handover times David Purdue advised that the Trust worked closely with the ambulance service and handover times were monitored. He reported that instances where handover times exceeded one hour were very rare, and he undertook to provide more detailed information outside of the meeting.

**AMM/14/61** Report data – In response to a comment from a member with regard to percentages and the absolute numbers by which performance had improved or declined, David Purdue provided further detail. It was noted that more detailed information was included in the annual report.

**AMM/14/62** Car parking - In response to a query from a member with regard to income from car parking, Matthew Lowry advised that the Trust did not seek to make a profit from car parking. A significant proportion of the revenue generated from parking supported the provision of the Park and Ride services. A large proportion was also reinvested in improving parking services. For example the Trust had recently signed off circa £250k of investment in CCTV to improve security at DRI.

**AMM/14/63** In response to a further query regarding car parking revenue, Matthew Lowry clarified that all income from car parking charges went directly to the Trust. Shield Security, who provided security in the car parks at DRI, had recently assisted the Trust with a pilot to issue civil penalty notices at the DRI site, to see if this was something for the Trust to take forward.

**AMM/14/64** Working with other trusts – In response to a query from a member with regard to the work the Trust had been doing in collaboration with Goole and Scunthorpe hospitals, Mike Pinkerton advised that this was part of work being taken forward by the Working Together Collaborative of 7 local trusts. The work related to procurement and the trusts were pooling their purchasing power to get a better deal for patients.

#### **Closing remarks**

**AMM/14/65** Chris Scholey thanked members for attending and invited them to stay on for the Board of Governors meeting. The agenda included an item on the proposed Bassetlaw Site Development plans which might be of particular interest to members.

**AMM/14/66** He highlighted the progress the Trust had made in moving from the 163<sup>rd</sup> to the 91<sup>st</sup> largest NHS R&D Provider. This was significant in terms of attracting clinical staff to work as the Trust and the importance of progress in this area should not be underestimated.

**AMM/14/67** Chris Scholey thanked the executive team and all trust staff for their work to improve quality and performance. He also thanked the CCGs and emphasised the importance of the support they gave the Trust. non-executive directors and governors were also thanked for their

contribution and continuing support.

*[The Annual Members Meeting closed at 6pm]*

**Date and Time of Next Meeting**

**AMM/14/68** Date: 29 September 2015

Time: 4pm

Venue: Doncaster Racecourse, Leger Way, Doncaster, DN2 6BB