

# DONCASTER AND BASSETLAW TEACHING HOSPITALS NHS FOUNDATION TRUST

## Minutes of the Annual Members Meeting held on Wednesday 20 September 2017 In the Rehabilitation Centre, Montagu Hospital, Mexborough

<b><u>Present:</u></b>	Suzy Brain England	Chair of the Board
	Peter Abell	Public Governor
	Ruth Allarton	Partner Governor
	Michael Addenbrooke	Public Governor
	Philip Beavers	Public Governor
	Hazel Brand	Public Governor
	Mark Bright	Public Governor
	Duncan Carratt	Staff Governor
	Anwar Choudry	Public Governor
	David Cuckson	Public Governor
	Dr Vivek Desai	Staff Governor
	Anthony Fitzgerald	Partner Governor
	Lynn Goy	Staff Governor
	Andrina Hardcastle	Public Governor
	Lynne Logan	Public Governor
	Bev Marshall	Public Governor
	Brenda Maslen	Public Governor
	David Northwood	Public Governor
	Susan Overend	Public Governor
	Susan Shaw	Partner Governor
	Dr Rupert Suckling	Partner Governor
	Liz Staveley-Churton	Public Governor
	Clive Tattley	Partner Governor
	Roy Underwood	Staff Governor
	George Webb	Public Governor
	Maureen Young	Public Governor

### **In attendance:**

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

C Clark	J Dunkill	M Brierley
T G Bartlett	J Sprakes	B Brown
R Mather	B Lawrence	M Evans
F Knapton MBE	J A Dean	L Crompton
J Dunkill	J R Dean	A Buchanan
J Sprakes	S Faulkner	M Bevington
J Ling	V Abell	J McChilloch
S Lyons	M Green	A Davies
M Pinkerton	N Brindley	5 other members of the
N Sheldon	M Rhodes	Public

## **Directors & Officers**

Alan Armstrong	Non-executive Director
Karen Barnard	Director of People and Organisational Development
Kirsty Edmondson Jones	Director of Estates & Facilities
Moira Hardy	Acting Director of Nursing, Midwifery & Quality
Matthew Kane	Trust Board Secretary
Simon Marsh	Chief Information Officer
Richard Parker	Chief Executive
John Parker	Non-executive Director
Linn Phipps	Non-executive Director
David Purdue	Chief Operating Officer
Marie Purdue	Acting Director of Strategy & Improvement
Jon Sargeant	Director of Finance
Emma Shaheen	Head of Communications
Sewa Singh	Medical Director
Kate Sullivan	Corporate Governance Officer

**Press:** None

### **Apologies**

**AMM/17/1** Apologies for absence were received from Lorraine Robinson, Karl Bower, Shelley Brailsford, Nicola Hogarth, Ainsley MacDonnell and Martin McAreavey.

### **Welcome**

**AMM/17/2** The Chair welcomed everyone to the 2017 Annual Members Meeting and briefly summarised the running order for the meeting.

**AMM/17/3** The Chair summarised key changes and challenges for the Trust in 2016/17. It was within the national context of rising demand and higher costs that the Trust had embarked upon a challenging period of financial Turnaround which by the end of the year contributed to just under £12m of savings, during which time the Trust also maintained focus on quality and performance. The Chair expressed her thanks to the management team and staff for their great efforts during this time to drive down the deficit. One of the most significant achievements of the previous year had been recognition as a Teaching Hospital which had followed many years of hard work by staff across the Trust. This was a sign of the commitment the Trust had shown to its workforce, partners, governors and people of Bassetlaw, Doncaster and Mexborough towards learning, continuous improvement and quality in the care it provided. The Chair thanked everyone who had put the case together and the University partners who had made it possible. The Chief Executive echoed the Chairs thanks and commented that 2016/17 had been one of his proudest years in the NHS in terms of how staff had rallied in the face of the financial challenges.

### **Minutes of the 2016 Annual Members Meeting**

**AMM/17/4** The minutes of the Annual Members Meeting held on 21 September 2016 were APPROVED as a true record of the meeting.

### **Matters arising**

**AMM/17/5** None.

### **Annual Report and Accounts 2016/17**

**AMM/17/6** The Chair formally presented the Annual Report and Accounts to the Governors and Members present. The report was available electronically on the Trust website at [www.dbth.nhs.uk](http://www.dbth.nhs.uk).

**AMM/17/7** The Annual Report and Accounts 2016/17 were RECEIVED and NOTED.

### **Chief Executive's review of the Trust's performance 2015/16**

**AMM/17/8** The Chief Executive delivered a presentation on the Trust's performance and achievements in 2016/17 as well as challenges and opportunities for the future.

**AMM/17/9** The presentation provided an overview of the following:

- NHS Context
- Trust Context
- Challenges
- Providing the Safest Care
- Quality Outcomes
- Year on year improvements
- Innovation for Improvement
- Develop responsibly, delivering the right services with the right staff
- Teaching hospital status
- Strategic Direction

**AMM/17/10** NHS Context – Demand was rising in terms of age, complexity and lifestyle. As a result of significant staff vacancies in many areas the pressure of agency staff costs was increasing. Accountable Care Systems (previously STPs) and Accountable Care Partnerships were being developed.

**AMM/17/11** Trust Context – A new Chief Executive and Chair had been appointed. The Trust had been granted Teaching Hospital status and had achieved a CQC rating of 'good' in caring and well-led back in 2015. Good progress had been made delivering care in line with standards, including mortality and other quality markers.

**AMM/17/12** Challenges - People were living longer with more complex conditions. Some people had better access to services and had poorer outcomes than others. In some services, there would not be enough trained and experienced staff in the future and the cost of providing care in the current form was increasing at a rate greater than funding was available.

**AMM/17/13** Quality Outcomes - There had been excellent progress to improve quality outcomes for patients:

- reduced C.Diff by 18.75% (32 to 26) (two cases MRSA);
- reduced pressure ulcers by 28.85% (52 to 37);
- reduced number of serious incidents by 57%;
- reduced serious falls by 14%;
- reduced Hospital Standardised Mortality Ratio (HSMR) by a further 4.7%,
- representing an 18% decrease since 2013; Standardised Hospital Mortality Index (SHMI) reduced by 3.7 points from 105.7 to 102;
- achievement of 22/24 quarterly cancer targets;
- introduced the Freedom to Speak Up Guardians to promote raising concerns;
- over 98.5% of nursing shifts identified were filled.

**AMM/17/14** Year on Year Improvements – There had been year on year improvements since 2013 for C.Diff, mortality and pressure ulcers.

**AMM/17/15** Innovation and Improvement – The Chief Executive provided a detailed overview of the many innovations and improvements at the Trust including; there had been a further increase in NIHR R&D trial activity with a 41% increase in the number of patients taking part in clinical research and an 18% rise in research studies in specialties previously not participated in. The Trust's services and staff had been shortlisted for 23 awards, regionally and nationally, including Partnership of the Year, Outstanding Non-clinical Team and Apprentice of the Year. The end of life care pathway was named amongst the best in England by the Royal College of Physicians. One of the Trust's Consultant Ear, Nose and Throat (ENT) surgeons, Mr Shahed Quraishi, was awarded visiting professor status at the Capital Medical University in Beijing and Mr Gerard Jayamanne, a consultant at the Trust who specialised in the treatment of eye disorders, developed an app for smart phones which alerts health professionals to eye conditions, which left untreated could lead to blindness.

**AMM/17/16** Develop Responsibly – The Trust became Doncaster and Bassetlaw Teaching Hospitals NHS FT, recognising the Trust's achievement in providing high quality education and research. There had been good results in all patient surveys. Work had been undertaken with neighbouring trusts to reduce reliance on locums. An improved agency deal saved £3.6m on agency hours and £300k on agency shifts. A Front Door Signposting Service had been

introduced to Bassetlaw Hospital Emergency Department and £275k had been invested in Children's Outpatient Department. The Trust had delivered the new Fred and Ann Green Eye Centre with 15 examination rooms, seven vision lanes and three treatment rooms. A new zonal cleaning and portering model had been introduced at DRI and an Enhanced Care Team pilot had been introduced at Bassetlaw Hospital to provide specialist care for patients with confusion, delirium or dementia.

**AMM/17/17** The Trust had been the first in the country to vaccinate 75% of frontline staff against the flu and Helen Houghton, Health and Wellbeing Lead was awarded Flu Fighter Champion of the year by NHS Employers. The Trust had seen big improvements in feedback received by learners, leading the region in a number of specialities and scoring within the top five nationally for Core Medical Training and Geriatric Medicine.

**AMM/17/18** Strategic Direction – The Trust engaged with staff, public, governors and partners to develop the strategic direction using a variety of methods with over 600 responses through: social media, postcards, posters and presentations, meetings with teams in the hospital and meetings and presentations with partners. A number of areas in the plan were changed in line with feedback.

**AMM/17/19** Strategic Objectives – The new strategic objectives had been developed around 5 Ps;

- Patients
- People
- Performance
- Partners
- Prevention

The Chief Executive gave a detailed outline of each of the objectives.

**AMM/17/20** The plan identified the objectives for the way in which services would be developed and provided in a sustainable way. The strategic objectives would be delivered across all services and the main plans would impact on:

- Urgent and emergency care
- Elective care
- Women's and children's care
- Cancer
- Intermediate care and rehabilitation.

**AMM/17/21** CQC - Referring to page 107 of the Quality Accounts, David Cuckson asked for more information on when the Trust expected to be re-inspected and what assurance could be provided that the Trust would improve upon the previous rating of 'requires improvement'. The Chief Executive confirmed

that the Trust expected to be re-inspected by the next quarter. The Trust had been disappointed with the previous rating and had been addressing the issues raised and working through the resulting action plans. The Trust had commissioned an independent company to assess the Trust's readiness and a report was expected shortly. The Trust had a good relationship with NHS England and NHS Improvement, neither of which had raised any concerns in terms of the Trusts progress.

**AMM/17/22** Accountable Care Systems (ACS) - Bev Marshall raised concern that as larger regional organisations, such as the ACS, were set up, the very important links between the public, Governors and the Hospitals would be lost. It was noted that the ACS was a partnership and not a statutory body. The Chief Executive gave assurance that the Trusts statutory responsibilities remained the same, it would still have to comply with its constitution and would continue to have a Board of Directors and Governing Body. The Trust would continue to do what was right for its patients and tackle the priorities for its communities. The Chair reminded Governors that they had been invited to a conference on 27<sup>th</sup> October, for all ACS Governors, which had specifically been set up to provide Governors with the opportunity to raise any concerns they may have.

**AMM/17/23** Sepsis – In light of the recent television documentary on Sepsis, Mike Addenbrooke asked for assurance that the Trust had adequate screening processes in place. The Chief Executive provided an overview of the Trust's Sepsis care bundle which had been in place for several years. The Trust monitored performance on a monthly basis against quality standards and the processes in place were regularly audited.

**AMM/17/24** Medication Waiting Times – Mike Addenbrooke raised concern about the length of time some patients had reported that they had to wait for medications and this was discussed; The Chief Executive acknowledged that this had been a challenge and the Trust recognised the issues. It was not acceptable for patients to wait for long periods of time and The Trust was working to improve this.

**AMM/17/25** Child Health – Maureen Young noted that it had been reported nationally that increasingly children under the age of 5 were less healthy than they had been some years ago including increased rates of obesity. In light of this she asked what proportion of children admitted to the Trust suffered from preventable conditions and the Chief Executive welcomed this question. As a secondary care provider the Trust saw patients throughout their lives and it was recognised that there were opportunities to give advice and help patients with regard to preventable conditions. The Trust was trying to play its part by supporting patients and signposting them to right support, be that in terms of, amongst other things, diet, exercise, alcohol or smoking. This year the Quality Assessment Tool (QAT) used on wards would include questions about health so that opportunities to help people who wanted

help were not missed. This also linked to work the Trust was doing in terms of a healthier workforce.

**AMM/17/26** Rupert Suckling, Director of Public Health in Doncaster, reported that 25% of children in Doncaster lived in low income families. He welcomed the Trust's strategy on seeking opportunities to discuss health with patients and he had discussed this with the Chief Executive. It was recognised that when patients go in to hospital it was also a time when they were often considering lifestyle changes and links needed to be improved.

**AMM/17/27** Bassetlaw Site - Hazel Brand asked for an update on previous plans to dispose of surplus land at the Bassetlaw Site. Several years ago there had been a government drive to sell off land for social and low cost housing and the Trust had considered selling some land at the Bassetlaw Site. Steps had been taken to bring those services still at the lower end of the site up towards the main building however financial constraints hindered the plans. There were no firm plans to pursue the matter any further at this time however the Trust may explore the idea more fully in the future.

**AMM/17/28** The Chief Executive thanked directors, governors, partner organisations, staff and volunteers for their support and contribution throughout the year. He also thanked members of the public for attending and for choosing Doncaster and Bassetlaw Teaching Hospitals to provide their care.

The Chief Executive's review of the Trust's performance in 2016/17 was NOTED.

### **Financial Director's Report**

**AMM/17/29** The Director of Finance delivered a presentation on the financial performance of the Trust drawing attention to the following:

**AMM/17/30** Financial Overview 2016/17 - External auditors had provided an unqualified opinion on the Trusts accounts, which were submitted on time by the Trust. The Director of Finance provided an overview of the year-end financial position (£7.228m in deficit for the consolidated accounts), underlying deficit (£38m), debt position (£80.17m), savings (£11.9m), income (£387.872m) and expenditure (£395.1m).

**AMM/17/31** In 2016/17, the Trust had spent £395.1m on:

- Staffing of £250,888m – a reduction of £52k net, with a specific reduction in agency staff of £8.928m
- Drugs of £37.823m – a reduction of £2.02m
- Clinical and general supplies of £27.248m – a reduction of £1.607m
- Services from NHS and non NHS bodies of £18.459m – a reduction of £1.246m
- Insurance premium of £16.080m – an increase of £1.087m

- Premises and facilities running costs of £13.378m – an increase of £1.809m
- Depreciation of £8.827m – a reduction of £0.454m
- Finance costs of £1.762m – an increase of £0.905m
- Other costs of £20.635m – a reduction of £11.316m.

**AMM/17/32** The Trusts debt position and repayment of loans – With regard to repayment terms of working capital loans (£40m), David Cuckson commented that 2.5 years seemed a very short period of time within which to repay the amount. The Director of Finance advised that the expectation was that the amount would be re-loaned at the end of the loan period.

**AMM/17/33** Investment - In response to a question from Rupert Suckling about how the Trust's strategy fitted in with finance in terms of investment, for example what plans were there to source capital funding, the Director of Finance advised that the Trust was currently scoping changes to buildings in the 5 year plan. As a Trust around £8m a year was available to spend on capital, as part of the ACS the Trust could bid against pots of money to improve services and infrastructure and the Trust was working through that process. During further discussion it was noted that ACS was receiving support for transformational change and if the Trust's strategy was clear and the Trust was ready to proceed when the funding became available the Trust could take advantage of that.

**AMM/17/34** Financial Misreporting 2015/16 – With regard to the financial misreporting identified in 2015/16, Mark Bright asked what governance recommendations had been implemented. The Director of Finance provided an overview of the work undertaken and of the current position. He reminded members that an external investigation had been conducted and that it had been concluded that there had been no personal gain and that the matter had arisen as a result of competency issues. Significant work had been done to improve financial systems and a new committee had been set up that had worked through heightening management procedures. The Trust had invested significant sums in the finance team including a new Finance Director and more qualified staff. New reporting included balance sheet and cash reports. The Trust had received good assurance from both internal and external audit in terms of the new processes and an external Well Led review had been positive.

**AMM/17/35** Sustainability - Philip Beavers noted that the Trust had received significant non-recurrent Sustainability and Transformation Funding (STF) and in light of this he asked whether the Trust was financially sustainable. The whole NHS, in particular the Acute sector was financially challenged. The Director of Finance acknowledged that STF funding had made a difference in the previous year to address the financial gap and further funding had been received for the current financial year to support the position. The Trust remained focused on driving down costs including agency staff spend.



**AMM/17/36** With regard to funding, Clive Tattley asked if the Trust anticipated income from local authorities or the greater Yorkshire group of councils. The Director of Finance clarified that the Trusts main income was through contracts with CCGs and income was in line with plan as expected.

**AMM/17/37** Agency Costs - Bev Marshall commended the Trust for reducing the financial deficit by 50% and welcomed the improvements in governance and controls. With regard to controlling costs, he asked how the Trust planned to address the cost of agency staff. Agency staff expenditure was a national issue with around 30% agency staff usage nationally across the NHS workforce. As well as recruitment, the NHS also needed to address the matter of staff retention and the Trust was looking for every opportunity to help and support colleagues. Internally there needed to be appropriate systems in place to ensure requests for agency staff were appropriate. In the short term bank and agency staff usage would continue but the Trust must ensure this was only when absolutely necessary. Going forward with new workforce models the Trust would need to work collaboratively with other Trusts.

The Financial Review was NOTED.

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

**AMM/17/38** Recruitment & Retention of Doctors & Nurses - Mr Frank Knapton MBE commented on the number of overseas doctors and nurses working in the NHS and on Government plans to tie doctors trained in the UK to at least 5 years' service. He asked for the Trust's position on these issues. With regard to plans to bind UK trainees to employment contracts it had been suggested this would be difficult to achieve in terms of employment law. The Chief Executive commented that the key to the matter of recruitment and retention was sustainability and it was key for the Government to increase the number of trainees. Historically the NHS had relied on staff trained overseas and that had not changed, however what had changed was the appetite of this workforce to come to the UK. Feedback from junior doctors suggested that what was important to them was being made to feel welcome and training and development opportunities; it was important that the Trust worked to look after staff and listened to their feedback. Another key area was the development of Associate Nurses and ANPs and the Trust had done a lot of work on this over the last few years; there were currently 57 staff on training programmes and this was key for the NHS going forward.

**AMM/17/39** 4hr Access emergency Department Performance - A member of the public noted the Trust's reported 4hr Emergency Department performance. He commented that not only had the target not been met but the trend had worsened over 2016/17. He asked if this was in part due to patients being unable to access primary care services and he asked if the Trust could do

anything to address this in terms of referring patients back in to primary care. The Chief Operating Officer thanked the member for his question. Since October 2015 the Trust had adopted a Front Door Assessment Service model (FDAS), this included an onsite Urgent Care Centre which was a primary care stream. The Chief Operating Officer provided some performance figures and an overview of the service including how the streaming worked. All patients were screened and those streamed through the Urgent Care Centre could be referred out to wherever they needed to be seen. The Trust was continually working to signpost patients that came through the Emergency Department and provide them with advice on what to do next time they needed care.

**AMM/17/40** It was noted that the Trust had one of busiest Emergency Departments in the region. Reported performance was an average for the period and reflected that the ED did have bad days which could not be predicted and the Trust achieved 95% (the national target) on significantly more days than it did not. Declining Emergency performance was a national issue and, although the Trusts performance had declined, it remained in the top 25% nationally.

**AMM/17/41** Fred & Ann Green Legacy (FAGL) - Mr Mike Rhodes noted that the FAGL legacy had provided funding for the new Fred & Ann Green Ophthalmology Department. There had been a compelling business case for the proposal which he understood to include proposals to use additional income generated through the scheme to supplement the FAGL. He asked whether there had been a review of the original business case and whether any income had been generated by the scheme. The Chief Executive acknowledged the concerns raised; Governors had recently raised similar concerns and raised a significant number of questions and the matter had been discussed with them at length. It was clear that quality benefits had been achieved however some of the benefits in the business case had not been fully realised. A key reason for this was that some of the business case relied upon filling consultant vacancies which had not in fact happened; there were still 4 vacancies and the rota was being covered by high cost agency staff.

**AMM/17/42** Mr Bill Norris raised further concern about the FAGL. He stated that the people of Mexborough felt very strongly that the legacy should only be used as it had been intended and that his understanding was that this had been for the benefit of the people of Mexborough only. The Mexborough Shuttle bus, funded by the FAGL, was of particular importance to the people of Mexborough and he raised concern about the future of the service. This was discussed and the Chief Executive clarified that, to his knowledge, the Trust had not breached any of the terms of the legacy. The Shuttle Bus service continued to be funded by the Legacy and the Trust had a commitment to spend the Legacy to the benefit of the population with the primary benefit being to the people of Mexborough.

**AMM/17/43** Centres of Excellence – A member of the public commented on the Five Year Plan in terms of the development of centres of excellence. He noted the Chief Executive's comments in his report that the Trust hoped to develop as a centre of excellence in certain specialties and he raised concern that this would result in those specialties moving to another hospital in the future. The Chief Executive advised that in terms of strategic direction the Trust intended to keep all current core services in their current locations. However, where an acute problem arose in terms of safety of the service, for example where there were gaps in rotas that could not be filled, the organisation would have to respond to that. In the case of, for example elective care, if the pressure at BDGH and MMH was less than at DRI, the Trust would work to get a clear view on services where pressure was absolutely acute and there must be a plan for a solution to meet the needs of the communities. Safe and good outcomes for patients were first and foremost.

**AMM/17/44** Mr Sprakes raised concerns that he had not received a response to a letter of complaint he had submitted with regard to the reimbursement of travel expenses and the way he felt he had been treated by staff at the Trust. The matter was discussed; the Chief Executive commented that he expected everyone to be treated with dignity and respect and he undertook to discuss the matter in more detail with Mr Sprakes immediately after the meeting and to ensure his letter was responded to the following day.

#### **Closing remarks**

**AMM/17/45** There had been good engagement shown throughout the meeting. The Chair thanked members for attending and invited them to email her with any further business they may wish to be addressed. The year ahead would be challenging but the Trust had a clear strategy.

*[The Annual Members Meeting closed at 7:00pm]*

#### **Date and Time of Next Meeting**

**AMM/17/46** Date: TBC September 2017  
Time: 4pm  
Venue: TBC