



**Annual Members Meeting
To be held on Thursday 24 September 2020 at 18:00**

(The link will be available on the day of the meeting via the website. Search for 'annual members meeting')

AGENDA

- 1. Welcome and apologies**
Suzy Brain England OBE, Chair of the Board of Directors and Council of Governors
- 2. To Note:**
The minutes of the Annual Members Meeting held on 26 September 2019 were approved as a true and correct record by the Council of Governors' at its meeting on 23 July 2020
- 3. Welcome from Mark Bailey, Non-Executive Director**
- 4. Welcome from Tim Noble, Medical Director**
- 5. Council of Governors Report 2019/20**
Hazel Brand, Lead Governor
- 6. Question & Answer Session**
- 7. The Year in Review and 'True North'**
Jon Sargeant, Director of Finance
Richard Parker, Chief Executive
- 8. Copies available via the Trust website - www.dbth.nhs.uk/about-us/how-we-are-run/annual-report/**
- 9. Close**



ANNUAL MEMBERS MEETING

**Minutes of the Annual Members Meeting
Held on Thursday 26 September 2019, at 5:00pm
At the Keepmoat Stadium, Doncaster**

Present:

Chair and Governors	Suzy Brain England, OBE	Chair of the Board
	Peter Abell	Public Governor, Bassetlaw
	Michael Addenbrooke	Public Governor, Doncaster
	Ann-Louise Bayley	Public Governor, Doncaster
	Karl Bower	Staff Governor, Other Healthcare Professionals
	Hazel Brand	Public Governor, Bassetlaw / Lead Governor
	Dr Mark Iain Bright	Public Governor, Doncaster
	David Cuckson	Public Governor, Rest of England and Wales
	Anthony Fitzgerald	Partner Governor, Doncaster CCG
	David Goodhead	Public Governor, Doncaster
	Lynne Logan	Public Governor, Doncaster
	Bev Marshall	Public Governor, Doncaster
	Susan McCreadie	Public Governor, Doncaster
	David Northwood	Public Governor, Doncaster
	Rupert Suckling	Partner Governor, Doncaster MBC
	Clive Tattley	Partner Governor, BCVS
	Sheila Walsh	Public Governor, Bassetlaw
	Doug Wright	Public Governor, Doncaster

In attendance:

Board Members	Karen Barnard - Director of People and Organisational Development
	Pat Drake – Non-Executive Director
	Rebecca Joyce – Chief Operating Officer
	Sheena McDonnell – Non-Executive Director
	Richard Parker, OBE – Chief Executive
	David Purdue – Deputy CE and Director of Nursing, Midwifery and Allied Health Professionals
	Neil Rhodes – Non-Executive Director
	Jon Sargeant – Director of Finance
	Sewa Singh - Medical Director
	Kath Smart – Non-Executive Director
Staff	Ken Anderson – Acting Chief Information Officer
	Scott Ashmore – Network Manager, ICT Operations
	Matthew Bancroft – Head of Financial Control
	Kirsty Edmondson-Jones – Director of Estates and Facilities
	Kevin Formstone – Senior Financial Accountant
	Keith Lawrence - Information Development and BI Manager
	Marie Purdue – Director of Strategy and Improvement
	Jeannette Reay – Head of Corporate Assurance / Company Secretary (Minutes)
	Emma Shaheen – Head of Communications and Engagement
	Katie Shepherd – Corporate Governance Officer
	Andrew Thomas – Project Director, Doncaster and Bassetlaw Healthcare Services Ltd
	Adam Tingle – Senior Communications and Engagement Officer
	Rosalyn Wilson, Corporate Governance Officer

Members	David Binnington Sheila Blaker Chris Clark Louise Cowland Pete Cresswell Jenny Dean John Dean Christine Empson Diana Foster Terry Grady Eva Harlowe	Chris James Emily James Elisabeth Kean Mr. Knowles Carly Loukes Steve Lyons Simon Marsh Viola Maher Peter Marsden Janet McCullough	David Newman Susan Overend Sheryl Rainey Colin Randall Richard Rimmington Jeanette Ritchie Wendy Tune John Walton William Walton George Webb Maureen Young
Press	None		

ACTION

AMM/19/1 Apologies for Absence (Verbal)

Apologies for absence were RECEIVED and NOTED from:

Philip Beavers, Duncan Carratt, Professor Robert Coleman, Kathryn Dixon, Linda Espey, Lynn Goy, Dr Jackie Hammerton, Dave Harcombe, Geoffrey Johnson, Griff Jones, Steve Marsh, Ainsley MacDonnell, Dr Victoria McGregor Riley, Mr Vivek Panniker, Lorraine Robinson, Cllr Susan Shaw and Steve Wells.

AMM/19/2 Welcome (Verbal)

The Chair WELCOMED everyone to the 2019 Annual Members Meeting, including members, and those representatives from the Trust's partners and other stakeholders.

She outlined that the meeting would share the Trust's collective progress, developments, and innovations throughout the financial year April 2018 to March 2019, and its plans for the future.

The Chair expressed her appreciation to those members of staff who had given their time to facilitate displays on the Trust's services.

The sign language interpreters were in attendance but did not sign during the meeting as no members of the deaf community were present.

AMM/19/3 Minutes of the Annual Members' Meeting held on 19 September 2018 (Verbal)

The Chair advised that the minutes of the previous meeting had been APPROVED as a true and correct record by the Council of Governors' at its meeting on 25 October 2018.

There were no outstanding matters for consideration by this meeting.

Performance and Achievements

The Chief Executive delivered a presentation on the Trust's performance and achievements in 2018/2019 including challenges and opportunities for the future.

NHS Context in 2018/2019

Nationally demand for NHS services had continued to rise, there were significant workforce issues with recruitment, and finances had been challenging.

Further uncertainty from EU Exit had impacted on the NHS during the year.

DBTH Challenges in 2018/2019

The Trust had experienced exponential demand for services during the year – including increased attendances at both Emergency Departments.

The biggest challenge for the Trust had been the availability of workforce in some key staff. Vacancies existed in key specialities and the Trust had an overall vacancy rate of 7.9%.

The age of the Trust's infrastructure continued to create challenges, with a significant amount of backlog maintenance work, including fire safety to address.

A constant for the Trust was the challenge of funding, with both revenue and capital requiring careful management.

DBTH Activity, Response and Developments

Patients – The Trust had recognised that it must work differently to address quality and capacity issues. Qi work had taken place throughout the Trust to aid the identification of improvements and efficiencies.

The introduction of 'person-centred care' projects had taken place and fantastic patient feedback had been received during the year – with the majority of patients stating that the Trust was 'caring and compassionate'.

Key innovations - for example eObservations, which removed the opportunity for human error – had been implemented, resulting in improved safety and an improved staff and patient experience.

Further exploratory work with 'System Perfect' had been undertaken – to better understand local healthcare provision.

Performance - Focused work to manage demand, and to achieve national and local targets had taken place, including the Trust's response to increased ED attendances and work to improve the Referral to Treatment (RTT) rates.

The Trust had not met the national four hour access target, achieving 92.64% - which still resulted in the Trust being in the top 20% of Trusts. Cancer performance had improved – with the achievement of all but two targets – this was in spite of real challenges in diagnostics and a high number of referrals.

There were concerns about the Trust's referral to treatment performance (88.8%) which fell short of the 92% target. The rolling 12 month HSMR figure continued to be below (better than) the expected value of 100.

The Trust had received 412 complaints – working to improve the processes for management and response where possible.

One never event had occurred, from which learning was being taken forward.

Compliance with Statutory and Essential (SET) training was at 84.73% - with an expectation that 90% would be achieved going forward. Sickness absence had totalled 4.51%.

People – The Trust had reorganised itself into divisions in late 2018.

Whilst Yorkshire and Humber had the second lowest vacancy rate in the country, the Trust continued to work to increase its recruitment and retention rates with a recent focus on general nursing, paediatric nursing and medical staffing.

The importance of staff understanding their contribution to the Trust's vision and True North objectives was acknowledged and work to support this – including on the quality of appraisals – had taken commenced.

Premises - £6.2m of the Trust's £11.2m capital budget had been spent on backlog maintenance of the estate, and work to modernise and transform where possible – including IT had commenced.

Access to capital had been, and would continue to be, a priority for the Trust and work had commenced to secure funding for current and future initiatives – including a new Build Hospital for Doncaster.

Prevention - There had been zero cases of MRSA and a reduction from prior years in other infections.

For the third year running the Trust had been the first in the country to achieve the 75% vaccination rate for staff against seasonal flu.

Work with local partners on 'Complex Lives', QUIT (smoking cessation) and cancer (with Macmillan support in Outpatients) had taken place.

Partners - System changes had been progressed - including partnership working with PLACE and the Integrated Care System (ICS) – to provide more joined up provision of services.

DBTH had been part of the launch of the UK's first ever 'Foundation School in Health' and was on a journey – with Doncaster Council – to achieving a university in Doncaster.

CQC Visit - CQC inspectors had visited the Trust in late 2018 which had resulted in a positive ratings change to some domains – in particular the movement of DRI's ED services in the 'safe' domain. The report described staff as 'caring, compassionate and skilled'. Work had commenced to address the CQC's concerns and the Trust was awaiting the results of a further unannounced inspection which had taken place in September 2019.

Looking forward to 2019/2020

There was an exciting 12 months ahead and the Trust needed to remain focused to continue with improvements and increases to the quality of care.

Work on infrastructure and to further improve the employee offer would continue, and this would assist with the Trust's progression towards its 'True North' objectives.

Trust Finances

The Director of Finance delivered a presentation on the Trust's finances during 2018/2019 including challenges and opportunities for the future.

2018/2019 Position

The financial landscape for the NHS nationally, and for DBTH locally, continued to be a challenge, but there was confidence in the Trust's management of finances and a lot of work had taken place to deliver on targets.

The Trust had a total revenue budget of £413m and had ended the year with a surplus of £5.2m – a significant improvement from the prior year. Expenditure on workforce totalled £262m.

There had been a capital budget of £11.2m and the year-end cash position had been £19.7m.

The Trust's auditors had provided an unqualified opinion on the Trust's financial accounts for 2018/19 which had been submitted on 23 May 2019.

Looking forward to 2019/2020

Looking ahead, the Trust planned for a break-even target in 2019/2020 – with planned income and expenditure of £411m. The Cost Improvement Plan (CIP)

target was £13.2m with planned cash reserves of £1.9m. The capital budget of £22.8m was double that of 2018/19.

The Year in Review and 'True North' presentation was NOTED.

AMM/19/5 Quality Improvement – Successes from the Last Year (Presentation)

The Director of Strategy and Improvement provided an update on Qi work since the start of its journey the previous year.

She reminded members that Qi was 'Working together, using methods, tools, data measurement, curiosity and an open mind set to improve healthcare' – that it enabled the Trust to think differently and look at different approaches to improve the quality of provision for patients and their families.

The meeting noted that the work during 2018/2019 had been to embed Qi and that the Trust had developed its Qi team by training colleagues across the Trust (2000+) in the approach. The Trust had a patient as one of its Qi coaches.

As a result the culture of improvement was becoming embedded within the Trust and staff were increasingly empowered to suggest and make improvements in their areas. The profile of Qi was increasing and improvement was starting to become 'what we do every day'.

A specific example of recent Qi work in Maternity was provided, with positive outcomes including:

- Lean working;
- An improvement in staff morale;
- A reduction in overbookings;
- A saving of 20 hours administrative work per week;
- The release of midwives and midwifery support workers time to care;
- An improved environment and provision of a quiet room;
- Standardised clinic rooms;
- Improved referral and scanning pathways.

The positivity of staff had been infectious and other areas of the Trust were keen to progress their own Qi work. There were 193 projects on the database and currently work was being supported in the Trust's Emergency Departments and in Trauma and Orthopaedics.

The Qi work was a key part of the Trust's progress on True North and leading to outstanding. Looking forward, 2019/2020 would be a year of learning, refining and spreading with an aim of sustaining Qi by 2021.

The update on Quality Improvement work during 2018/2019 was NOTED.

AMM/19/6 Question and Answer Session (Verbal)

Members took time to consider the evening's presentations and were invited to formulate one question per table to ask the panel, based on the business of the meeting.

The following matters were RAISED and the responses NOTED:

Question:

How could members be assured that the quality assurance processes for appointment letters and cancellations ensured that patients received the right information?

Response:

The Trust had experienced a big issue with cancelled appointments and DNAs (Did not Attend) and focused work had recently taken place to understand the reasons for these, in order that suitable action for improvement could be taken.

Technology had been put in place, including the implementation of the Dr Doctor, which had been trailed in ophthalmology with a reduction from 14% to 7% non-attendances. This was to be rolled out to other areas.

Some constraints had been experienced with the information technology for sending text message reminders to patients.

The benefits of the new systems, and work to quality assure patient information – including checking all information at the time of patient appointments – would result in a reduced demand on the Trust's call centres.

Question:

Does the Trust have long term cash reserves / Does the Trust save money for a 'rainy day'?

Response:

The NHS is bound to rules around holding cash, including the application of restrictions for any organisation in deficit. The Trust is not allowed to carry loans and have cash balances.

The long term plan is for a recurrent balance each year. This will require the Trust to restructure its loans to become like dividends. This is a journey before cash reserves may be built.

Current cash balances are high as the Trust had received income early in the year.

Question:

How is the Trust managing the increased ED attendances – responding especially to the impact on staff, estates and performance?

Response:

The Trust had experienced a year on year increase in attendances of 6% to 8%.

It is not possible to continue to deal with such increases into the future so the Trust is looking at new ways to respond – ensuring that services continue to be responsive, but appropriate.

There is a need to change public perceptions, and shape expectations of services, as currently the public may see, and use, ED as providing a more timely response than their GP.

The Trust is working with its CCGs to look at the reconfiguration of front door services. At present patients are ‘reverse triaged’ after arrival at ED, but the new model will undertake triage before attendance – directing patients to the correct service, including primary care.

Question:

How is the Trust addressing staff shortages? (Please provide examples).

Response:

All Chief Executives and Medical Directors and Directors of Nursing would agree that workforce is their biggest challenge. There is a need to change the offer to make posts attractive to acknowledge changing generational needs and wants.

A forward staffing plan has recently presented to the Board of Directors which showed that there are often gaps in specialities where a 24/7 service is required.

New posts have been created within the Trust, e.g. Trainee Nurse Assistants, Physicians Assistants (e.g. in ED). A specific example of adding to workforce structures – the creation of the Nursing Associate Posts (similar to that of the enrolled nurse role) was provided. This post had been developed to address a history of dealing with shortages and it included progression as part of the offer.

Digital technology is being used where possible (e.g. in histopathology). Artificial Intelligence (AI) can read pictures to identify which are ‘normal’, and which have a query.

Working patterns and conditions are also being examined to allow staff to allow for staff to work in different places and to work across organisations.

The Trust was working in partnership (e.g. with Hallcross Academy) to raise awareness of healthcare roles and to understand potential incumbent needs.

Question:

How will the Trust maintain its current workforce?

Response:

The Board of Directors recognise that retention is key – there will then be no vacancies. The Trust intended to become an anchor organisation where people wanted to stay.

A sensible, controlled and optimistic approach to support the workforce was in place.

Work to keep staff happy by providing attractive long term packages which acknowledge their human needs (training, development, relationships, values, human things) was a current focus.

Question:

What is the Trust doing to expedite discharge processes – especially noting a need to speed up processes for issuing medications?

Response:

This was a recognised as a real, and long term, issue.

A Qi process would be undertaken to look at the patient stay from end to end as decisions on discharge needed to be made earlier in the patient journey, when actions to facilitate could commence.

Question:

What plans does the Trust have in place to reduce its carbon footprint?

Response:

A request from Doncaster Council – to sign up to a pledge to reduce Doncaster’s carbon footprint - had been considered, and agreed, by the Board of Director’s this week.

With 6,500 staff, the Trust will be able to champion carbon reduction and messages to support this were key – including leading by example from the top.

The Trust already has a recycling strategy with significant amounts of waste separated, but it continued to look at every opportunity to do more and the results will be published.

The Trust’s biggest challenge is the age of its buildings and infrastructure, which limits the initiatives that the Trust is able to take.

Long term improvements would come from the development of a new site and/or the improvement of the current location.

Question:

What actions is the Trust undertaking to address the difficulties experienced by patients trying to make contact by telephone?

Response:

The Trust needed to ensure that it understood the issues around contact.

The Chief Executive had personally visited the call centre and recognised the current level of activity and frustration of patients who could not get quickly through to the Trust by phone.

There would be further investment in the telephony infrastructure this year and the roll out of Dr Doctor was anticipated to reduce the calls coming into the Trust.

Question:

What systems does the Trust have in place to protect itself against Cyber Attacks / to protect patient data?

Response:

The Trust has formal processes for IT security and a rigorous approach is taken to keeping data safe.

A robust governance structure is in place and the Trust takes actions to increase resilience.

The Trust was not adversely affected by the Wannacry attack (May 2017) as 'patching' had been undertaken on systems.

AMM/19/7 To Receive the Annual Report and Accounts 2018/2019

The Chair formally presented the Annual Report and Accounts for 2018/2019 to the Governors and Members present and the document was RECEIVED and NOTED.

A number of hard copies were available to those present at the meeting and further copies could be obtained electronically on the Trust website at www.dbth.nhs.uk/about-us/how-we-are-run/annual-report/ or via the Foundation Trust Office – dbth.TrustBoardOffice@nhs.net

AMM/19/8 Council of Governors' Report 2018/2019 (Presentation)

The Lead Governor took the meeting through the Council of Governors' journey during the year.

She highlighted that this had been a year of change and that the opportunity to realign the role of Governors had been taken.

A year of change

2018/19 had seen a third of the Council of Governors elected, re-elected, appointed or re-appointed, and a new Trust Board team to support the Governors.

The format of the Council of Governors' quarterly meetings had changed - to better enable the statutory duties of holding Non-Executive Directors (NEDs) to account, and listening to members, the public, and patients – to be fulfilled.

Further opportunities for Governors involvement included:

- Attendance at Board of Directors' meetings;
- The ability to ask questions about the business of the Board;
- Receiving NED reports on their areas of responsibility at the Council of Governors' meetings;
- Observing on Board committees chaired by NEDs;
- Joint attendance with NEDs at assessment events;
- Regular Governor briefings on key Trust issues;
- A monthly Forum for sharing Governor experiences and/or concerns.

Governor Achievements

During the year, Governors' other activities had included:

- Ward visits to carry out patient surveys;
- Acting as part of multi-disciplinary teams assessing the patients' environment;
- Team membership for ward assessments, looking at quality standards;
- Assisting with mock CQC inspections;
- Membership of Committees that dealt with all aspects of patient care and finance.

Key issues and challenges

The Governors had assisted, or were preparing to assist, with the Trust's response to:

- The unannounced visit by inspectors of the Care Quality Commission;
- The appointment of NEDs;
- Improved public engagement.

Looking forward to 2019/2020

Governors would continue to take every opportunity to continue to make a difference in caring for patients, and in improving the quality of that care.

It would be a busy year ahead with elections to 11 Governor seats before the close of 2020.

Thank You

The Lead Governor acknowledged the contribution that Governors made, and had made, over the years.

She expressed thanks to the current Governors and to those Governors who had stood down at the last election, for their past and ongoing contributions.

In particular she remembered former Trust Governors Dennis Shaw and John Plant, who had sadly passed away in 2019.

The meeting NOTED the presentation from the Lead Governor.

AMM/19/9 Date and Time of Next Meeting (Verbal)

Members NOTED that the next Annual Members' Meeting would take place:

On: Thursday 24 September 2020
Time: 4pm - Displays / 5pm - Formal Meeting to Commence
At: The Keepmoat Stadium,
Doncaster

AMM/19/10 Meeting Close (Verbal)

The Chair provided closing remarks and THANKED all for attending the meeting to celebrate a great year for the Trust.

The meeting CLOSED at 7:00pm.



**Suzy Brain England
Chair of the Board**

**Date
23 July 2020**