



## ANNUAL MEMBERS' MEETING

### Minutes of the Annual Members' Meeting Held on Thursday 24 September 2020 at 18:00 Virtually Recorded Meeting

#### Present:

##### Chair and Governors

Suzy Brain England, OBE	Chair of the Board of Directors and Council of Governors
Peter Abell	Public Governor, Bassetlaw
Dennis Atkin	Public Governor – Doncaster
Philip Beavers	Public Governor - Doncaster
Hazel Brand	Public Governor, Bassetlaw / Lead Governor
Dr Mark Iain Bright	Public Governor, Doncaster
Duncan Carratt	Staff Governor – Non-Clinical
Prof. Robert Coleman	Partner Governor – University of Sheffield
Linda Espey	Public Governor – Doncaster
Sophie Gilhooly	Staff Governor – Other Healthcare
David Goodhead	Public Governor, Doncaster
Tina Harrison	Partner Governor – Doncaster College and University Centre
Alexis Johnson	Partner Governor – Doncaster Deaf Trust
Geoffrey Johnson	Public Governor – Doncaster
Lynne Logan	Public Governor, Doncaster
Bev Marshall	Public Governor, Doncaster
Sally Munro	Staff Governor – Nursing and Midwifery
David Northwood	Public Governor, Doncaster
Pauline Riley	Public Governor – Doncaster
Sue Shaw	Partner Governor – Nottinghamshire County Council
Mary Spencer	Public Governor – Bassetlaw
Lynne Schuller	Public Governor – Bassetlaw
Clive Tattley	Partner Governor, BCVS

#### In attendance:

##### Board Members

Mark Bailey – Non-Executive Director  
 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  
 Dr. Tim Noble - Medical Director  
 Kath Smart – Non-Executive Director

##### Staff

Ken Anderson – Acting Chief Information Officer  
 Fiona Dunn – Company Secretary  
 Kirsty Edmondson-Jones – Director of Estates and Facilities  
 Emma Shaheen – Head of Communications and Engagement  
 Katie Shepherd – Corporate Governance Officer (Minutes)  
 Rosalyn Wilson, Corporate Governance Officer

**Members** 50 people watched live on YouTube, 40 people have viewed the Governor link, under 800 viewed on Facebook.

**Press** None

**AMM/20/1 Apologies for Absence (Verbal)**

Apologies for absence were RECEIVED and NOTED from:

Michael Addenbrooke, Ann-louise Bailey, Mark Bailey, Anthony Fitzgerald, Marie Purdue.

**AMM/20/2 Welcome (Verbal)**

The Chair WELCOMED everyone to the Trust's first virtual Annual Members Meeting, including members, and those representatives from the Trust's partners and other stakeholders. The meeting would share the Trust's collective achievements and provide a reflection on the changes made due to the Covid19 pandemic.

**AMM/20/3 Minutes of the Annual Members' Meeting held on 26 September 2020 (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 23 July 2020.

There were no outstanding matters for consideration by this meeting.

**AMM/20/4 Reflection on 2019/20 – Suzy Brain England OBE, Chair of the Board and Council of Governors (Presentation)**

The Chair reflected on a triumph of a year in which DBTH consolidated the good work it had achieved over the previous years. DBTH had taken strides forward in terms of patient care and treatment, and of patient experience, whilst strengthening its links with partners both locally and nationally.

The year had provided an opportunity to reflect on the vision, values and objectives. The five-year strategy and breakthrough objectives had been reviewed and refreshed with the ambition to arrive at the overall destination 'to be the safest Trust in England, outstanding in all that we do'.

The Trust was delighted to receive a CQC 'Good' rating in February 2020, following inspections throughout September and October 2019, where it observed many examples of high-quality care and improvement since their last visit. The Trust's cross site urgent and emergency services received particular praise, having improved, and the inspectors were very complementary about Trust staff.

The year had provided the Trust with the best staff survey results ever recorded, with an improvement on overall responses from the previous year, most notably that there was a significant increase in the number of staff that would recommend DBTH as a place to work.

In line with the Trust's 'sharing how we care' ethos, a number of improvements were implemented including, but not limited to, the introduction of bespoke welcome boards at the entrances to all inpatient areas, designed to give patients and visitors an overview of the area and what to expect during a hospital stay. The Patient Safety Team introduced an innovative system to ensure that

patients remain hydrated during their hospital stay and to aid their recovery with the introduction of traffic light water jugs to monitor the amount the individuals were drinking each day at a glance.

Financially, the Trust achieved its control total, which was a break-even financial position. This resulted in bonus payments of £0.4m from NHS England/Improvement, resulting in the second consecutive year-end surplus position.

A number of high-profile visits had taken place, from Matt Hancock, Secretary of State for Health, Sir Simon Stevens, Chief Executive of the NHS and Boris Johnson, Prime Minister.

The end of 2019/20 was spent making extensive preparations for the treatment and care of Covid19 patients which included the physical movement of services and the redeployment of the workforce to other areas. The Chair noted that it was inspiring to see how staff responded to such huge changes to the way that they work and that staff had done a truly outstanding job in such extraordinary times.

It was with great sadness that the Chair reflected on the loss of two beloved colleagues, Dr Atalla and Kevin Smith, both would forever be remembered for the impact that they had on their colleagues, Trust services and the community.

The Chair extended her thanks to all staff, governors, members, volunteers, partner organisations, commissioners, regulators and board colleagues who have worked with the Trust over the past year, along with the local communities, whose support had been overwhelming.

The meeting NOTED the presentation from the Chair of the Board and Council of Governors.

AMM/20/5

**Welcome from Mark Bailey, Non-Executive Director (Presentation)**

The Chair welcomed Mark Bailey, who commenced as a Non-Executive Director in February 2020.

Mark Bailey shared that it was an honour and a privilege to have the opportunity to serve within the health service and that he was born local to the Trust in Armthorpe, Doncaster.

Mark started his career working for Rolls Royce Plc as a Graduate Engineer, and spent 30 years with company, leaving as a Group Director for Customers and Services. Mark advised that he was inspired by the care and professionalism that he had witnessed during his time as Non-Executive Director and hope to support the team to advance their care with innovation, whilst keeping the patient at the heart of everything that they do.

The meeting NOTED the introduction from Mark Bailey, Non-Executive Director.

AMM/20/6

**Welcome from Dr Tim Noble, Medical Director (Presentation)**

The Chair welcomed Dr Tim Noble who commenced as the Medical Director on 1<sup>st</sup> April 2020.

Dr Noble introduced himself as the Medical Director, in post for six-months. Dr Noble had worked within the organisation for fourteen years and in a number of senior manager roles including Clinical Director, Care Group Director and Deputy Medical Director. Dr Noble had over thirty-years' experience as a Doctor, following training at St Bartholomew's Hospital and Medical School. Dr Noble worked in both South London and Australia before returning to his native Yorkshire.

Dr Noble expressed that he enjoyed working for the Trust because of its forward working ethos.

The Medical Director was responsible for Clinical Governance which was a process in place to ensure we offer high quality care for patients that we serve. Dr Noble was also the responsible officer, a position appointed by the General Medical Council to ensure that the Trust employs high-quality doctors, able to deliver outstanding care.

Dr Noble expressed that in his role as Medical Director he had been fortunate to shape the Trust's response to Covid19 in the interest of the patients that the Trust serves.

The meeting NOTED the introduction from the Medical Director.

AMM/20/7

### **Council of Governors' Report 2019/20 (Presentation)**

The Lead Governor advised of a successful election campaign had been undertaken with the election/re-election/appointment of 15 Governors, who Hazel welcomed in their role. Hazel thanked all Governors for their contribution to the Trust in their tenure.

#### **Developing the role of the Governor**

Hazel Brand, informed the meeting of the role of a Governor and how it had been further developed throughout the year. The role of a Governor was to hold Non-Executive Directors to account both individually and collectively, for the performance of the Board; and to represent the interests of members, patients and the public to the Board. During the years Governors had held the Board to account in several ways, including at Board meetings where Governors ask questions relating to the meeting and where it was seen how Non-Executives challenge the Executives and gain assurance on Trust performance. Non-Executive Directors attend the Council of Governor meetings to report on their areas of responsibility. Governors act as observers at Committee meetings, chaired by Non-Executive Directors.

There was the development of shared training events, and the development of the buddying scheme with Non-Executive Directors and Governors to increase partnership working.

#### **New ways of working**

The Trust commissioned an independent survey of Governors effectiveness, to identify Governors views on aspects of the role and training needs. This feedback had been shared with Governors in August and had been used to develop a comprehensive training and development programme for Governors, delivered virtually. This programme had provided Governors with training relevant to the role, along with updates on Trust services such as Stroke care.

It was noted that due to the Covid19 pandemic, it had been difficult for Governors to undertake their role in representing the views of members of the public, but Hazel outlined how the use of technology had assisted in this. Videoconferencing had been in use since March 2020 for meetings, and would be used for ward and departmental quality assessments visits by Governors and Non-Executive Directors to hear from both patients and staff of their experiences.

The Chair and Lead Governor shared regular electronic-bulletins keep Governors abreast of important updates. The use of social media and digital technology had played an important role in ensuring that Governors were able to undertake their role effectively whilst not on site. It would remain that Governors would not work in site for the foreseeable future, and it was noted that

members of the Trust could contact Governors via the Trust Board Office to provide any comments or observations.

### A year of change

The support to Governors had been consolidated with the appointment of a new Company Secretary, Fiona Dunn, alongside two Corporate Governance Officers, Rosalyn Wilson and Katie Shepherd in the Trust Board Office.

During 2019/20 Governors assisted in the appointment of Mark Bailey, Non-Executive Director.

Peter Abell, Public Governor for Bassetlaw was elected by Foundation Trust's nationally, to the Governor Advisory Committee of the trade body NHS Providers. Peter was first elected in 2018 and became Chair the same year. This was an accolade, and gave the opportunity to present Governor views at a national forum.

The year saw a visit from the Care Quality Commission (CQC) in which a group of Governors were interviewed as part of the Well Led inspection. The Trust, following this and the unannounced inspection in September received a rating of 'good', which was an improvement on the previously received rating of 'requires improvement'.

### The year ahead

Governors would continue to strive forward to make a difference to the improvement of quality care that patients receive.

The Lead Governor acknowledged the contribution that Governors made to the Trust, both past and present.

The meeting NOTED the presentation from the Lead Governor.

AMM/20/8

### **Question and Answer Session (Presentation)**

The Chair advised that questions had been submitted to the Trust in advance of the meeting by members of the public.

Phyllis asked when the Orthopaedics would clinics start again. The Chair broadened the question by asking when it was expected that the Trust would return to normal capacity again.

Rebecca Joyce, Chief Operating Officer advised that Orthopaedic clinicians had worked through Covid19 to deliver a telephone consultation clinic service to ensure that patients had regular check-ups and were kept safe. Virtual appointments would continue for the foreseeable future in areas it was deemed appropriate for the safety of patients. Rebecca explained that there was a plan in place for the re-introduction of face-to-face orthopaedic outpatient appointments to commence in September 2020 and increase over a three-month period. The previous three-month had seen staff work tremendously hard to bring back general outpatient activity, with an aim to reach 100% of pre-Covid19 activity levels within several months. This would include cleaning clinic rooms in between each patient. In areas, such as ENT and Ophthalmology, that were unable to return to 100% activity levels, work was ongoing to identify ways that additional activity could be undertaken safely.

Innovative changes that had taken place included social distancing in waiting rooms, a reduced number of people that could be in a waiting area at any one time and the introduction of a drive-through service for some testing.

John asked what preparations were in place to tackle a potential second wave of Covid19 this winter.

David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals, advised that there were triggers in place to continually monitor the number of patients presenting with symptoms of Covid19, who follow a specific pathway. A specific trigger in place was when the Trust reached a particular level of Covid19 inpatients in the acute medical units, respiratory and intensive care units. The Trust had adapted the way in which it worked to make both Covid19 and non-Covid19 patient pathways secure, including that of elective care. In the event of a second wave of Covid19, plans were in place to ensure the continuity of elective care and outpatient appointments.

Given the strains of the past few months how would the Trust cope financially and would this impact on the potential plans for a new build hospital in Doncaster?

An update on the Trust's finances would be presented later in the meeting by the Director of Finance, however the Chief Executive, Richard Parker responded that at the start of the pandemic, NHS England and NHS Improvement discussed the way in which the finances would be managed to allow for flexibility for the requirement of additional spend on items such as PPE and the additional capacity required for the potential increased admissions requiring hospital care. At the end of each month, any additional spend over and above the base budget, had been adjusted by NHS Improvement to bring the Trust to a break-even position. Richard advised that it was expected that expenditure would increase through the winter period as elective and diagnostic care was increased.

This situation would not affect the potential of a new build hospital for Doncaster and the proposal developed was for significant capital investment which was managed through an entirely separate process.

Linda, asked of the Trust's current position on cancer and had the waiting list been affected by Covid19. Are we seeing more deaths relating to the illness because people are missing treatments?

In response to the question, Rebecca Joyce, Chief Operating Officer noted that the Trust continued to perform well on cancer service performance, and due to the hard work of the cancer teams, all cancer performance standards were met in June 2020.

It was known that during the pandemic, there was a delay of some patient treatment, and the Trust had focused particularly on a handful of patients that had waited for an extended period of time. It was noted that some patients had chosen to wait. Rebecca emphasised that during the pandemic, the Trust's cancer clinicians worked tirelessly to ensure that if there were delays to treatment that they were done in a safe manner with careful review of all patients. It was noted that following a reduction in the number of two-week wait referrals for cancer during the pandemic, there had been a 15% increase in comparison to pre-Covid19 levels over the previous six-to-eight weeks.

Innovation had been undertaken within cancer services, and this would continue in the recovery phase.

How confident are the Trust in a Covid19 vaccination in the near future, and if confident when would it be offered to staff?

Dr Tim Noble, Medical Director advised that he was confident, as much work was underway in the development both nationally and globally to create a Covid19 vaccination. There was an established plan in place for the implementation of a Covid19 vaccine within the NHS, which included an ordered category of people to receive the vaccination, secondary healthcare workers being the first.

A question from a member of the deaf community was, in light of the new ways of working in regards to virtual consultations, are there any plans for these sessions to be accompanied by an interpreter, to help aid communication?

David Purdue, Deputy Chief Executive and Director of Nursing, Midwifery and Allied Health Professionals, advised that there were two types of virtual appointments, telephone and video. For those who speak a different first language, a system was in place where there would be a language interpreter on the call to liaise between clinician and patient. For the deaf community the use of video-conferencing facilities was in place so that lip reading could take place, and contact had been made with the facility supplier to identify if subtitles could be added to the call. If a sign-language interpreter was required, either face-to-face or virtually, the Trust would source one for the appointment.

The Chair thanked all that submitted questions to the Trust, and advised that the Trust would respond personally to those whose questions had not been answered at the meeting.

AMM/20/9

#### **The Year in Review and 'True North' (Presentation)**

Richard Parker, Chief Executive, presented to the meeting, the Annual Report 2019-20 which was available for access on the Trust's website.

#### **Key Challenges**

An update was provided on the progress for the year 2019/20 for the NHS nationally, which highlighted that demand for hospital care had risen for emergency, diagnostic and elective care. A key constraint in providing hospital services was the workforce, and national challenges presented in relation to high-vacancy numbers of particular professions, such as nursing. In March, the NHS was presented with the challenge of preparing for the initial phase of the Covid19 pandemic.

The challenges that the Trust faced during 2019/20 were workforce vacancies in key specialities, significant backlog maintenance of the estate infrastructure, the delivery of activity against local and national target, the modernisation and transformation of digital technology and the challenges related to the Covid19 pandemic, which would significantly impact the Trust, and wider NHS for years to come.

#### **Trust Objectives**

The Trust's objectives had been aligned to the 'We Care' values that signify that patients and staff were at the heart of the Trust. Quality improvement programmes continued and Significant effort was put into ensure that staff understood their contribution to the journey of the Trust. The vision was 'To be the safest Trust in England, outstanding in all that we do' and the True North objectives were in place to journey to the achievement of the vision and the breakthrough objectives were the definition of what the Trust would achieve in year to ensure that the Trust continued to take the next step in achieving the overall vision.

### CQC Rating

The Trust received a CQC inspection and following the submission of much data and information, and an unannounced visit, the Trust was rated as 'Good', which was an improvement on the previous year. It was noted that the next period of development would be to ensure that there were further improvements in the delivery of services.

### Highlights of 2019/20

There had been further expansion of the 'Sharing How We Care' initiatives, quality improvement and digital transformation. The Trust had received the best ever staff survey results, fantastic learner feedback and a number of awards and accolades.

The Trust underwent a national-leading flu campaign, a reduction in the rate of non-attendance for appointments, further sepsis screening work and progress with smoking cessation.

The Trust had worked closely with its Partners to support a wider contribution to the improvement in patient care.

### Covid19 Update

Richard Parker commended the work undertaken to ensure that emergency care, urgent care and cancer care continued throughout the pandemic. This would be continued throughout the winter period as elective services were increased.

The Trust made changes to support the expected admission of Covid19 patients, and increased its intensive care bed capacity from 30 to 130 had it been required. As members of the local community had followed Government guidance, it was noted that the Trust did not see the expected numbers of Covid19 cases that it had planned for, but were prepared in case of that eventuality. Preparations had continued and public money had been used wisely in the interest of patient safety and care. This had included the renovation of a disused HSDU unit to an Intensive Care facility for use throughout the winter period so that elective services would not be affected by the expected numbers of Covid19 patients during this time.

A further change made was the movement of wards to ensure that oxygen supply and delivery was provided safely and securely, at a lower level in the tower block at Doncaster. The Estates and Facilities Team were commended on their efforts to prepare areas efficiently in readiness for the Covid19 pandemic. This included the segregation of patient pathways to ensure that all patients were kept safe.

The Trust provided staff with free car parking and free food during the first phase of the pandemic.

Richard wished to thank, on behalf of the Board of Directors and members of the Trust, all members of staff and their families for their continued support and hard work during the pandemic, particularly in difficult circumstances that meant some colleagues were required to wear full-body PPE, face masks and visors for 12-hour long shifts.

Richard personally thanked the Procurement and distribution staff for their contributions to ensure that staff were supplied with relevant PPE to keep them safe during the pandemic.

It was noted that staff were tremendously grateful for the public support received during the pandemic, both on a daily and weekly basis through many donations and the national clap for carers. Richard thanked the public for their continued support.

### Looking forward to 2020/21

Richard summarised that there would be a significant period of restoration of services, that had been affected by the response to Covid19 including plans to ensure they would be robust throughout the winter period and a potential second wave of Covid19.

A focus would remain on the improvement of the quality of care delivered, whilst progressing forward towards the achievement of the 'True North' objectives. The People Plan would build upon the improvement of the offer for the people of the Trust, its staff, by improving training and learning in the context of equality and diversity in the interest of the future workforce. A new People Committee would be responsible for providing the Board of Directors with assurance that the breakthrough objectives had been achieved year-on-year, to ultimately achieve the vision 'To become the safest Trust in England, outstanding in all that we do'.

The meeting NOTED the presentation from the Chief Executive.

### **AMM/20/10     Annual Accounts 2019/20 (Presentation)**

Jon Sargeant, Director of Finance presented the Annual Accounts for 2019/20.

The Trust's auditors had provided an unqualified view on the accuracy of the Trust's financial accounts, and it was agreed that the Trust was a going concern, and therefore the annual accounts had been produced on that basis.

A review was undertaken as part of the CQC assessment, which reported the Trust's use of resources as 'Good'. This was a positive outcome for the Trust.

### Financial Update 2019/20

The Trust had a total revenue of £434m, with a reported year-end surplus of £1m. Expenditure on staffing totalled £287m. £17.6m was spent on capital infrastructure, and the year-end cash balance was £31m, which was an £11m improvement from the previous year.

There had been major capital schemes undertaken for 2019/20 to improve facilities for patients and staff. Investments had been made in medical equipment, and in a digital bed management system which would support decision making by clinicians. A new CT Suite had been invested in to provide resilience to emergency and cancer care.

### Financial Impact of Covid19

During March 2020, £1.14m was spent on the preparations required for the first phase of Covid19. The response to Covid19 continued with a spend of £9.67m from month 1-5 of the 2020/21 financial year. This included capital costs such as building works and additional medical equipment, and revenue costs for testing, staff and investment in strategic partners. It was expected that this rate of spend would continue for the remainder of the 2020/21 financial year.

### Doncaster and Bassetlaw Healthcare Services

It was noted that in September 2019, the Trust's wholly owned subsidiary, took over from Well Pharmacy to provide the Outpatient Pharmacy Services at DRI, and became Doncaster and

Bassetlaw Healthcare Services. The Pharmacy was run under management by the Trust and was reported to the Board of Directors of a quarterly basis via the Finance and Performance Committee.

#### Looking forward to 2020/21

It was reported historic debts had been written off for NHS Trust's, which meant that the Trust had received £71m equity funding to cover the cost of temporary or short-term loans, used to cover previous cash shortages.

A new financial regime was implemented in the management of Covid19, which meant that all Trust's were paid on a block basis for the whole year. This meant that Trust's were not paid for the work undertaken, but at a set amount, which was adjusted up or down dependant on each month's financial outcome. It was noted that the regime would change and therefore presented some uncertainty for the remainder of the year. It was expected that the Trust would break-even at year-end.

The meeting NOTED the presentation from the Director of Finance.

The Chair asked the meeting to note that the Quality Accounts would not be received during this meeting due to the circumstances presented by Covid19, however they would be posted on the Trust website later in the year.

#### **AMM/20/11     Date and Time of Next Meeting (Verbal)**

Members NOTED that the next Annual Members' Meeting would take place in September 2021.

#### **AMM/20/12     Meeting Close (Verbal)**

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



Suzy Brain England  
Chair of the Board