

ANNUAL GENERAL MEETING

MINUTES OF THE GEORGE ELIOT HOSPITAL NHS TRUST

ANNUAL GENERAL MEETING

HELD ON 29th JULY 2015
6.00pm Lecture Theatre, GETEC

- Voting Members of the Board:** Mr S Annan, Chairman
Mrs K Kelly, Acting Chief Executive (CEO)
Mr R Herd, Non-Executive Director (RH)
Mr D Navarro, Non-Executive Director (DN)
Mr W Goldschmidt, Non-Executive Director (WG)
Mrs C Lea, Non-Executive Director (CL)
Mrs S Khan, Director of Finance (DOF)
Mr G Wood, Medical Director (MD)
Mrs D Wilkinson, Acting Director of Nursing (DON)
Mr J Thompson, Acting Director of Operations (DOPs)
- Non-voting Members of the Board:** Mrs D Hogg, Director of Human Resources (DHR)
Ms C Campbell, Director of Governance (DG)
- Apologies:** Mr C Spencer, Non-Executive Director (CS)
Mrs J Whittaker, Director of Community Services (DCS)
- In attendance:** Mrs V Nicholls, Board Secretary (BSEC)
- Number of Public in attendance:** approx 55

Acronyms and Abbreviations	
AGM	Annual General Meeting
CQC	Care Quality Commission
GEH	George Eliot Hospital
MAP	Members Advocacy Panel
PAF	Patient Advocacy Forum
NHS	National Health Service
CEO	Chief Executive Officer
DoN	Director of Nursing
DDoN	Deputy Director of Nursing
CNO	Chief Nursing Officer
DoTS	Director of Technical Services
DH	Department of Health
HEE	Health Education England
NWCCG	North Warwickshire Clinical Commissioning Group
PLACE	Patient- Led Assessments of the Care Environment
UHB	University Hospital Birmingham
WTE	Whole Time Equivalent

AGM 2015/01 Chairman's Welcome and Introduction

The Chairman welcomed everyone to the Annual General Meeting (AGM) of the George Eliot Hospital NHS Trust; he commented that it had been pleasing to see so many interested stakeholders in attendance and that today's presentations would touch on the exciting opportunities ahead for the George Eliot and on its financial journey throughout 2014-15. The Chairman explained that an opportunity for questions would be given at the end of presentations.

The Chairman outlined changes to the Board structure during the past year.

- Since Kevin McGee's departure in July 2014, Kath Kelly had taken up position as Acting CEO until a substantive appointment was made later this year; John Thompson stepped up as Acting Director of Operations.
- Dawn Wardell left the Trust in May 15 to take up the CNO post at Dudley NHS FT. From the 1st June 15 Dilly Wilkinson became Acting DoN and James Avery, Acting DDoN until a substantive appointment was made.
- Les Stove the Trust's Acting DoTS left the Trust in May 15 to take up a Deputy CEO at East Lancashire NHS FT, working alongside Kevin McGee.

The Chairman reflected briefly on how the Trust had been one of 14 Trusts placed into special measures in July 2013, after Sir Bruce Keogh's review into hospitals with higher than average mortality rates. In late July 2014, CQC published its findings which highlighted the George Eliot NHS Trust and Basildon and Thurrock University Hospital NHS FT as being the only two Trusts to receive an overall rating of 'good' and without any caveats. He explained that Kevin McGee had been instrumental in bringing the Trust out of special measures and that his move to East Lancashire had come at an opportune time for him, as he could be nearer family with less commuting. Earlier this year, Les Stove also decided to move back up north to improve his work life balance.

As previous CEO interviews to replace Kevin had proved unsuccessful, the Chairman explained how the Board had been reluctant to rush into appointing someone who they felt would not be good enough to take the Trust forward. The TDA had not insisted on an interim or locum appointment as they had been satisfied that the Trust had a strong Executive team in situ, which was well supported by its senior managers. However, it was agreed with David Flory that the Board could appoint Kath Kelly as Acting CEO on an interim basis until after the national parliamentary elections. The Chairman wished to publicly acknowledge the sterling work Kath had done during this time; focusing on a new future which included working with our neighbouring Trusts and community care colleagues and providing more integrated care for our patients. During this time John Thompson had stepped up as Acting Director of Operations, the Chairman reiterated that this too had been a particularly challenging role in the day to day running of the Trust and wished to formally acknowledge John for his hard work and dedication to the role.

From Board discussions earlier today the Chairman emphasised that it had been clear from the amount of green key performance indicators that the organisation continued to maintain high standards of care for all patients. He stated that he was very proud of the organisation, Executives and NEDs for working tirelessly for our patients.

Dawn Wardell was also recognised for the instrumental part she played in bringing the Trust through the CQC inspection and for her commitment and skills in reducing the number of hospital acquired pressure sores in the Trust; the Chairman wished Dawn good luck in her new appointment at the Dudley Hospital NHS Group. Dilly Wilkinson was thanked for stepping up as Acting Director of Nursing to ensure the standard of patient care and safety was maintained.

The Chairman concluded that despite losing a valued CEO he was assured that patient care would continue to be at the forefront of everything the Board does; he reiterated that he has a very powerful Executive team who all equally play their part in keeping the Trust going on a clinical, operational and financial basis.

The Chairman touched on the Sir David Dalton review which looked at new options and opportunities for the NHS. He stated that the challenges for a small district hospital such as the George Eliot are being a rural Trust with limited public

transport; fewer care homes in the community and financial challenges. The Trust was working with the TDA to identify what the key issues were and how they could support the George Eliot going forward. Marcus Jones MP had pledged that he would do all he could to ensure the people of Nuneaton and surrounding villages keep the George Eliot Hospital in a safe place for the local community.

Sir Robert Francis QC led an independent review 'Freedom to speak up' looking into the NHS reporting culture, in order to make it easier for NHS workers to raise concerns in the public interest, and help to create the kind of open culture that was required to ensure safer patient care. The Chairman reiterated that the Board was absolutely committed to making sure staff that raise concerns were kept safe and secure, as it was their obligation to be able to raise concerns in confidence. The term 'whistleblowing' was seen as a bad connotation for staff and therefore the Trust's policy had recently been changed to the 'Raising Concerns Policy' and content reviewed; this would be widely circulated before Christmas.

The Chairman praised the George Eliot staff for their continued hard work and dedication in continuing to provide safe, quality care. A special note of thanks went to the Members Advocacy Panel (MAPs) and Patient Advocacy Forum (PAF) for their valuable time and effort in relaying views and opinions of the Trust's membership and wider public to help improve services.

AGM15/02 Minutes of the AGM 9th July 2014

The Chairman asked the AGM to formally approve the minutes of the George Eliot Hospital NHS Trust Annual General Meeting on the 9th July 2014. The AGM agreed that the above minutes were a true and accurate record.

AGM15/03 Chief Executive Presentation to AGM

The CEO thanked everyone for attending; she began by reflecting on her 5 years working at the George Eliot; stating that she had never been more challenged and whilst she had loved every minute, none of it would have been possible without the support of a great Executive Team and staff who remain totally committed to making a difference for our community.

The CEO's presentation highlighted the Trust's journey of continuous improvement; outlining the key milestones, which over the past 12 months had helped mould the changing landscape of acute services into one of 'Integration and Innovation', with continued focus working alongside the community provision, public health, SARC and Community Dental Health etc.

Key headlines were:

October 2014 saw positive change in the Trust with staff and stakeholders eagerly engaged in developing the Trusts new Clinical Services Strategy; this was launched later in April 2015.

March 2015, the Trust performed well in terms of performance, and with the TDA recognising that the Trust was in a strong position with constitutional standards it supported the George Eliot in its focus on getting the service right for its community. The CEO emphasised that the organisation would endeavour to sustain this level of performance month on month.

Friends and Family Test (FTT) - scores had consistently improved in terms of In-patients, with 92% agreeing that they would recommend the service to friends and family. These scores remained consistently above the mean benchmark, indicating that our patients were happy with the service provided. The National Adult Patient Survey rates for over-all care at the George Eliot scored 77% in

2014; the CEO emphasised that whilst this was close to the 80% benchmark she firmly believed more could be done to improve 2015 results.

Staff Friends and Family Test - overall the staff engagement score had further improved in 2014, in line with the national average. More pleasingly was the increased score in the number of respondents who indicated that they would recommend the GEH as a place to work.

Delivery results on the six key constitutional standards showed that performance for Q4 2014/15 was good, however, Q1 2015/16 results showed further improvement. The CEO stated that this was testament to the controls and leadership evident within the Trust.

Since the Keogh review in 2013, the MD advised that GEH's 2013/14 SHMI Mortality position against the rest of England Acute Trusts compared to 2012/13 performance showed a continual reduction in hospital mortality. A similar picture was also seen with a sustained fall in HSMR figures placing the Trust comfortably in the lower quartile of Trusts across the country during 2013/14, with no excess weekend mortality reported; further roll out of care bundles had supported these reductions in mortality. The MD advised that the Trust was keen to learn and make continued improvements around mortality with internal mortality reviews and improved coding key areas of focus. The Trust had been part of the national PRISM II case note study which looked at 'avoidable deaths'; the MD confirmed that the Trust was not an outlier.

Consultant/senior leader's programmes and learning from other organisations remain areas of focus for the George Eliot. Some key achievements in education and training were highlighted:

- Pioneering the use of Physician's Associates
- Excellent Deanery feedback (2014) – 100% of Foundation Trainees recommend GEH for training.
- Excellent Deanery feedback for medicine (2015) – “a very positive educational environment’.
- Simulation lab provides valuable training experience to clinical workforce e.g. simulated cardiac arrest.

The CEO reflected on the background and meaning of the family unit sculpture which stands at the front entrance of GEH, and how this represents community expectations of healthcare and the Trusts continued commitment and future vision going forward to ExCEL at patient care, providing services across primary, secondary and community care. The Trust would work as part of the wider health and social care system providing integrated and networked care which focuses on the needs of patients.

The CEO stated that the Board recognised the need to change and adapt, to drive forward new models of care to ensure patients continued to be at the centre of everything we do and the care received was safe, responsive, effective and high quality in the right place, every time.

The challenges for NHS going forward would be an increased & ageing population with more complex care needs and rise in long term conditions, together with funding constraints. To overcome these the GEH would need to keep listening and responding to its community; working differently to ensure a 'whole system' approach was adopted to deliver more integrated care whilst continuing to provide sustainable solutions for the future.

The NHS England – October 2015 'Five Year Forward View' outlined: Patients; Models of Care and Money as the 3 key principles for driving the NHS forward.

The George Eliot's future Clinical Service Strategy aims to transform the role the Trust plays in the local health and social care system, to better the needs of its local population by creating an Integrated GEH health care campus model by working with specialist providers

Highlights of Warwickshire North CCG's vision of what the local health system would look like in five years' time and its plans to build a new system and culture of care were shared with the AGM.

The CEO concluded that GEH was an organisation which is led by its ExCEL values. GEH's future was to achieve a high performance and values based culture, which is clinically led and ExCELS in providing the highest standards of integrated patient centred care for our local population.

AGM 2015/04 Presentation of the Annual Accounts 2014/2015

Mrs Shahana Khan, Director of Finance and Performance gave a high level summary of the Trust's annual accounts for the year ending March 2015.

- All statutory financial targets were met in 2014/15; however the Trust remained in breach of its statutory duty to break even taking one year with another, with a cumulative deficit of £12,172k.

Key points underpinning the Trust's financial journey throughout 2014-15 were:

- The Trust was taken out of special measures
- Unprecedented winter pressures & discharge delays
- Buddy relationship with UHB
- Recruiting difficulties to key posts
- Decision was taken to cease looking for a strategic partner.

As the Trust delivered its planned year end deficit of £12m for 2014-15 it received £12m non recurrent funding from the DH, giving a retained surplus of £0.4m. Income and expenditure headlines were:

- Total income = £141.4m
- Patient care income = £130m
- North Warwickshire CCG income = £74.8m
- DH non-recurrent income = £12m

Largest area of expenditure was:

- Pay costs = £96.8m (69%)
- Clinical supplies = £20.3m (13.5%)

The DoF thanked both the NWCCG and DH for its financial support during 2014-15.

The Board invested heavily in workforce with an additional 110 WTE doctors and nurses posts filled; increasing the number of permanently employed staff to 1,921 in 2014-15. Agency staff spend reduced over the year to 13.29% from 14.36% in 2013-14.

During 2014-15 the Trust's capital spend reached £6m with the majority of investment seen in Lorenzo, medical equipment including two CT scanners, delivery beds, recovery monitors and building work which included lifts and external work on the maternity building.

The Trust received over £200k in charitable donations and legacies; the DoF explained that such donations help fund equipment/furnishings etc. to improve surroundings and enhance patient comfort; allowing staff, patients and visitors to

benefit from others generosity. The DoF personally thanked all those who kindly donated throughout the year.

Looking forward to 2015/16, some key themes included in the Trusts plans were:

- Increased investment in equipment and infrastructure (£16.8m), including theatre refurbishment and MRI scanners.
- Plans to find productivity and efficiency savings of £6.8m without compromising patient safety.
- New organisational structure in place to give greater responsibility and accountability at the front line.
- Integrating services more closely in the community.
- Review of procurement arrangements to improve buying power.
- Seek a financial solution to enable the George Eliot's service to remain viable.

The Chairman thanked the CEO, MD and DoF for an enthusiastic evaluation of 2014/15 and to the Executive team for their positive approach moving forward into 2015/16.

The AGM received the presentation and accepted the Trust's final Annual Accounts for 2014/15.

AGM 2015/05 Open Question & Answer Session

The Chairman opened the floor to questions:-

Q1) With the acting CEO doing a good job, the Chairman was asked why the full time position could not just be offered to her anyway.

A1) The Chairman explained that The Trust was obliged to consult with the TDA on such positions and the recruitment process. He emphasised that although the Board had lost three Directors recently the Executive team had worked hard to maintain stability but hoped that TDA's decision would be imminent so that a successor could be secured quickly in order for the good work that Kath had demonstrated could be continued.

Q2) PAF members queried what had been done with reports submitted which outlined findings and recommendations following an internal review of the hospital environment as no feedback had been received.

A2) The DoN explained that reports would form part of the Trusts annual PLACE review which looks annually at the Trusts environment overall. This information was submitted to the HEE who feed results into an overarching report, which had not yet been formally published. Early findings had been fed back to ward managers both good and bad, so that remedial action could be taken where necessary.

Q3) What is the Trust doing strategically to improve its I.T. communication e.g. through social media sites.

A3) The Trust recognised that information technology was one of the George Eliot's biggest enablers; work was already underway by the Communications team to develop its Communication Strategy. By October 2015 all patient records would be digitised with all non-live files scanned, with plans to enhance the Trusts current Patient Track System underway. The Board acknowledge that communication was key and would continue to actively look for innovative ways to engage with its younger patients.

Q3) Car park pay machine not working – visitors were becoming increasingly frustrated with machines being 'out of order', especially when the weather was bad and they had been forced to queue at other machines, often pushing them into the next parking fee bracket. On this occasion when a week pass was

proving difficult to buy, the issue was reported to the reception desk; unfortunately the visitor found staff to be unhelpful raising stress levels further. The AGM had been told that visitors cannot afford to keep paying over the odds for car parking and asked that this issue be resolved.

A3) The Chairman apologised for the issues experienced, he acknowledged that more often than not visitors/patients already feel anxious when visiting the Trust and that staff need to take learning from this in order to resolve and alleviate patient/visitors stress where possible. He explained that the Trust has a 15 step monitoring tool which looks at the view from a patient/visitors perspective as they enter a ward, in his opinion this should start on arrival to car parks so that a broader view of the patient/visitor's experience was gathered.

The CCG Community Director commented that she was delighted to see the Trusts Strategy in regard to integrated services aligned to that of the CCGs.

AGM 2015/06 The Chairman brought the AGM 2015 to a close and thanked the public and Board for their valued contribution.

DRAFT