

## ANNUAL GENERAL MEETING

### MINUTES OF THE GEORGE ELIOT HOSPITAL NHS TRUST

**\*Please note that these minutes are draft & will be formally approved at 2018's AGM\***

#### ANNUAL GENERAL MEETING

Held on Wednesday 26<sup>th</sup> July 2017

**Voting Members  
of the Board:**

Mr S Annan, Chairman (Chair)  
Mrs K Kelly, Chief Executive (KK)  
Mrs J Houlder, Non-Executive Director (JH)  
Mr D Cooper, Non-Executive Director (DC)  
Mr C Spencer, Non-Executive Director (CS)  
Mrs S Khan, Deputy Chief Executive (SK)  
Mr G Wood, Medical Director (GW)  
Mr J Thompson, Director of Operations (JT)  
Mrs M Norton, Director of Nursing (MN)

**Non-voting Members  
of the Board:**

Ms C Campbell, Director of Governance (CC)  
Mrs S Wakeman, Director of Human Resources (SW)  
Mr A Laverick, Director of I.T (AL)

**Apologies:**

Mrs C Lea, Non-Executive Director

**In attendance:**

Mrs V Nicholls, Board Secretary – Minute Taker (VN)  
Mr J Turner, Communication and Engagement Partner (JT)

**Number in attendance**

Approx 50

<b>Acronyms and Abbreviations</b>	AGM Annual General Meeting CQC Care Quality Commission GEH George Eliot Hospital NHS National Health Service CEO Chief Executive Officer WTE Whole Time Equivalent HWG Health and Wellbeing Group PA Physician Associate STP Sustainable Transformation Programme
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**AGM 2017/01 Chairman's Welcome and Introduction**

The Chairman welcomed everyone to the 2017 Annual General Meeting of the George Eliot Hospital NHS Trust.

As the NHS coming under additional strain in regards to increased activity and financial pressures, the Chairman wished to acknowledge and personally thank George Eliot staff on behalf of the Board for their continued hard work and dedication in continuing to provide, safe, quality care.

An opportunity for the audience to put forward questions to the Board would be given at the end of the AGM. SA encouraged listeners to freely raise any pressing matters/concerns or to share general comments they may have; as the Board was keen to hear and respond to public views as candidly as possible.

Presentations would be given by Chief Executive Officer, Kath Kelly and Deputy Chief Executive/Director of Finance, Shahana Khan on the Trust's achievements; progress against key performance indicators and challenges faced throughout 2016-17 and on the opportunities and exciting plans for developing the GEH estate, and

what this will mean for the local community.

Unlike other Trusts across Coventry and Warwickshire, GEH was fortunate to have spare land which can be utilised to its full potential through collaborative working; enabling local stakeholders to locate their services on site under one Health Care Campus. Notwithstanding this, the Chairman wished to make clear that this was not an empire building exercise for the Trust but an amazing opportunity to bring a range of services together for the benefit of the population we serve.

The Chairman reflected on the GEH's historic issues around finances, poor mortality and high infection rates. However, in more recent years the Trust had made considerable improvements regarding its performance. This success has been mirrored by a remarkable shift in the number of patients purposely choosing the GEH as their preferred provider of care; a true testament of the hard work from staff and Executive Team to deliver a very healthy culture; which the Board was keen to keep and nurture.

#### **AGM17/02 Minutes of the AGM 27th July 2016**

The 2016 AGM minutes had been published on the Trust website in advance of the meeting.

The AGM **approved** the minutes of the George Eliot Hospital NHS Trust Annual General Meeting on the 27<sup>th</sup> July 2016 as a true and accurate record.

#### **AGM17/03 Chief Executive Presentation to AGM**

KK welcomed members of the public, staff and local stakeholders to the meeting. Nurse by background, KK recapped briefly on her professional portfolio. In July 2010 KK joined the Trust as Director of Operations after holding a Senior Manager position at HEFT. In 2014, KK became Acting CEO and was delighted to be offered substantive position of CEO back in November 2015.

Being immensely proud of the staff and care given at the GEH, KK spoke of her recent collar bone injury and her personal decision to bypass closer Trusts in pain to receive treatment at the GEH.

With everyday bringing fresh challenges, KK remained focused on providing integrated and networked care across the full spectrum of primary, secondary and community care to ensure patients remain at the centre of everything the George Eliot does.

KK stated that for the GEH to ExCEL at patient care it needs to deliver 'better health, better care and better value'. In doing so, the Board's focus was on three priority areas:

- Continuing to deliver on quality & performance day in and day out;
- Work closely with other providers in partnership;
- Develop the Health & Wellbeing Campus model on site.

Work on the emerging Health & Wellbeing Campus vision continues to gather momentum. A stakeholder event held on 11<sup>th</sup> July 17 had been well received; with stakeholders coming together from social care, education, GPs, local councils and housing etc. in order to share the clinical vision for a GEH Health & Wellbeing Campus and to talk about the 'heart of the possible' through integration and collaboration; to respond to the inequalities in health, education, housing and employment and to formulate a system wide network response to provide high quality seamless care; bringing greater benefits for the population we serve.

Councilor Izzy Secombe from Warwickshire County Council and Andrea Green, Chief Officer for WNCCG had supported the event, as they were keen to demonstrate how working together can secure continuous improvement in quality of care. Whilst the Trust's site was seen as an enabler for developing a Health Care Campus, KK

reiterated that it also generates opportunities to work differently to provide better health and better care for our community.

KK's presentation touched on the Trust's performance and care during Q4 2016-17 and Q1 2017-18. With A&E services under increased pressure nationally due to the significant rise in attendances and acuity of patients; KK wished to assure the AGM that whilst long trolley waits had been experienced at the Trust; patients waiting in corridors had been risk assessed to ensure no patient come to harm and that they all received the same safe/high quality care as other patients. Of the many compliment letters received, KK wished to highlight one particular letter whereby a patient who had experienced a long trolley wait wished to express their gratitude to the A&E team for the excellent and safe care received.

The Boards significant investment in Endoscopy and MRI Scanners saw 100% of patients receiving diagnostic treatment within the 6 week standard.

Performance regarding 18 Weeks Referral to Treatment fell slightly in Q1 to 84.77% compared to 85% in Q4. KK reiterated that a lot of work was in train to address the issues and bring performance on track.

Whilst 62 Day Cancer had been a challenge nationally, KK was pleased to confirm that performance had improved from 76.5% in Q4 to 88.06% in Q1.

Infection performance remains exemplar for C-diff and MRSA. HSMR figures remain sustained and within the expected range nationally; a positive position compared to three years ago when the Trust was reporting high death rates.

A lot of positive work and initiatives are underway to improve patient safety/experience; this had been reflected in improved scores generated through the Trust's Friends and Family Tests for A&E, Maternity and the % of inpatients recommending the Trust as a good place to receive care. Initiatives like the National Kitchen Table Week which had been positively received by staff was now being rolled out to patients/careers in an attempt to gain broader feedback to enable continuous improvement for the patient experience.

In regards to the 2016, In-patient survey results were up marginally in a number of areas compared to 2015. However, the most notable stepped change had been that, the overall confidence and trust in Doctors had improved. KK reiterated that GEH does take results seriously as it was committed to continuous learning for the benefit of the patient experience.

The formal opening of the new Soloman Macey Endoscopy Unit had gone well earlier today; giving key stakeholders and staff the opportunity to see first-hand how positive investment in the service had put the GEH amongst some of the best organisations in the country for providing state of the art endoscopy facilities.

The Trust's Quality Improvement Strategy for 2017-2020 had been developed, with plans to launch shortly. It outlined the overall quality priorities for the Trust and the quality goals that sit within each priority. The strategy aims to draw together the different components which are key in delivering safe, effective, clinical efficient care that provides a positive experience for patients and their families.

With patient safety paramount at the GEH, KK spoke of the positive culture embedded around the use of care bundles; as these really do save lives. Highlighting the sepsis care bundle, KK explained that its use enabled front line staff to recognise and treat this potentially life threatening illness early; resulting in a reduction in sepsis mortality rates. KK had been immensely proud of the good work which continued to be done by staff to improve safety; a view backed by Barry O'Keffee (Sepsis Specialist Nurse) who wrote to KK commending A&E staff on how quickly they were introducing the sepsis bundle to patients.

GEH also celebrated a number of Team Eliot success stories over the past year, including:

- Communications team awarded a prestigious Chartered Institute of Public Relations Gold award for the #JoinTeamEliot nurse recruitment drive. GEH staff had been actively involved in promoting what it was really like working at the Trust through social media etc.
- Flu Fighter Campaign - GEH's super jabbers won team of the year award, achieving the national 75% vaccination rate for staff.
- Shortlisted for Patient Safety Award for the Trust's management of patients with Acute Kidney Injury. On shadowing the Critical Care Team, KK had praised the way the team responded quickly to patients with AKI. Amazing work.
- The Freedom to Speak Up Team was presented with the Unison Regional Health and Safety Award in November 2016. Dawn Downes, Staff Side Convenor submitted the award application to recognise the partnership working between Unison and GEH to embed the Freedom to Speak Up Policy. Changing a culture, implementing a training programme Trust wide and working together to create a culture of "Whistleblowing or Raising Concerns" as part of a normal working day has seen the Trust recongised nationally as a trailblazer for this work.

Whilst the GEH was only a small District General Hospital providing a range of services, KK wished to also acknowledge the Trusts valued commitment to education, research and innovation. GEH had been recognised as a trailblazer site for its work around Physician Associate's; with more than ten PA's in post they work closely with consultant teams and nursing staff to keep continuity of patient care. PA's are currently based in Paediatrics, Medicine, A&E and Surgery with future plans to increase PA support in Theatres and Anesthetics.

Whilst much focus had been on recognising the good work and achievements of front line staff, KK wished to also acknowledge areas often overlooked for their valued support and hard work, including: catering, domestics, portering, estates, volunteers and back office staff. KK stated that such hard work and loyalty from the workforce makes the George Eliot a great place to work and receive high quality care.

In April, GEH celebrated the achievements and hard work of staff and volunteers at the Team Eliot Awards evening. Many staff had been nominated across a number of categories; with the A&E Team picking up the prestigious Chairman's Award in appreciation of doing a fabulous job managing patients safely under increased activity pressures and extremely challenging winter. It had also been pleasing to see staff receiving long service awards, with the majority of individuals serving the whole or majority of their service at the GEH.

KK's presentation concluded with her outlining the Trust's future priorities for 2017-18. Whilst still learning and coping with the challenges ahead, KK reiterated that the George Eliot NHS Trust remained committed to working together as one health and care economy in North Warwickshire and Coventry through the development of the 'Better Health, Better Care, Better Value' plan. The Trust will continue to develop plans to work in partnership and create a Health and Wellbeing Campus for local people. The GEH will also maintain its focus on delivery and performance and continue to improve quality and keep patients safe and at the centre of everything we do.

Finally, a special message of thanks was given to key partners and stakeholders dedicated to working with the GEH to align strategic priorities across the various functions of health, social care, housing, education and third sector in order to achieve one shared vision; 'to ExCEL at Patient Care'.

## **AGM 2017/04 Presentation of the Annual Accounts 2016/2017**

Shahana Khan, Deputy CEO and Director of Finance welcomed everyone to the meeting. She explained that despite the GEH playing its part in the NHS's national financial challenge, the Trust had delivered and performed better against its 2016/17 financial plan.

With the Trust's underlying deficit delivering marginally below the -£19m plan at -£18.9m, further national STF funding was secured totaling £5.1m, bringing the retained deficit down to £13.8m opposed to the £14.7m plan. It should be noted however, that the Trust did breach its statutory duty to breakeven. Taking one year with another, the Trust had a cumulative deficit of £41k to 2016-17.

Notwithstanding the financial difficulties and challenges faced, the GEH continued to invest in capital expenditure to address backlog maintenance and investment in infrastructure and increased agency usage and substantive staffing to ensure that patients and services remained safe.

The total income received for the Trust was £139.6m of which £124m (92%) was spent on patient care. With Warwickshire North CCG providing the main source of funding (£80.6m), SK relayed a personal message of thanks to the attending Clinical Chair, Dr Deryth Stevens.

In regards to expenditure, £153.4m was spent during 2016-17; with pay costs totaling £98.3m (64%). Clinical supplies e.g. drugs, had been the next largest cost pressure for the Trust totaling £25.4m (17%).

Good news for the Trust had been around workforce. The average number of permanent 'whole time equivalent' staff employed by the Trust had increased from 1,972 to 2,020; with nurses and HCA's seeing the largest increase in numbers. More pleasingly was that given the investment made in staffing the Trust had seen a £4.6m saving on agency staff usage.

Capital investment during 2016-17 totaled £13.3m. The majority of funds had been invested in land/buildings and medical/estates equipment. SK reflected on previous years whereby the Trust had significantly invested in the Maternity building and procurement of a new CT and MRI scanner. Major investment this year had been on the new Soloman Macey Endoscopy Unit (£4.1m) and procurement of a second MRI scanner, sterilisers and hybrid mattresses. SK stated that the Board remains committed to investing in services for the benefit of patients and staff.

Charitable donations – The Trust received £181k from charitable donations and legacies; of which £176k had been invested in funding equipment/furnishings etc. to improve surroundings and enhance patient comfort; allowing staff, patients and visitors to benefit from others generosity. SK personally thanked all those who kindly donated throughout the year. A special note of thanks was given to the League of Friends for their continued and valued support.

Looking forward, some of the key themes included in the Trust's 2017- 18 financial plans were:

- Continued investment in equipment and infrastructure (£7.8m) including further theatre refurbishment and the replacement of beds.
- Plans to find productivity and efficiency savings of £7.9m – with no compromise on patient safety.
- Working on the Health and Wellbeing Campus to improve the Trusts sustainability through collaboration with partners.

The Chairman thanked KK and SK for an enthusiastic and comprehensive evaluation of 2016/17 and to the Executive team for their positive approach moving forward into 2017/18.

The AGM **received** the presentations and **accepted** the Trust's final Annual Accounts for 2016/17.

#### **AGM 2017/05 Open Question & Answer Session**

The Chairman invited the audience to ask questions:-

Q1) David Bill (MBE) Councilor for Hinckley & Bosworth Borough Council (HBBC) acknowledged that whilst GEH's plans for the Health & Wellbeing Campus was seen as a good news story for the people of Coventry and Warwickshire he was particularly concerned as to how this would be impacted by the STP funding with the partial success within Leicestershire and that Hinckley and Bosworth's element of the bid had not been supported and therefore there was concern that facilities in the Hinckley & Bosworth area would fall short without funding and asked whether all C&W STP schemes had been funded.

A1) SK explained that Coventry and Warwickshire STP capital bid had also not progressed. Notwithstanding this, SK emphasised that this would not stop GEH from pursuing the Health & Wellbeing model, which was why the Trust had been proactively looking to other partners such as education, social care etc. for the benefit of the community on a much wider basis.

SA committed that unfortunately the NHS STP was set on political boundaries rather than patient boundaries. With 20% of the Trusts turnover and 30% of mums coming from the Leicestershire area the Executive Team are involved in discussions to ensure those influences are built into the work stream; so that both STPs work together for the benefit of patients.

Ivan Ould Councilor for HBBC advised that he sits on the Health & Wellbeing Board for Leicestershire and could confirm that everything being done at the George Eliot was reported at the Leicester, Leicestershire and Rutland STP Board. He stated that when listening to West Leicestershire CCG and with the GEH's opening of the new Endoscopy Suite he could not see why the CCG would chose to build another unit three miles away.

SK also questioned the reasoning behind building another Endoscopy Unit when GEH had already expanded the facilities here. GEH's model has already been future proofed and waiting to be utilized, so could be a waste of tax payer's money and therefore this needs to be fed back to Leicestershire STP Board.

SA confirmed that Chairs do meet regularly and it will be important to continue to talk as patient care is not about where they live, it is about where they can get the best possible care.

Q2) Patients in the NHS find that the system was not joined up and wanted to know how STPs fitted in.

A2) SA explained that the Directors of the Trust have legal responsibilities for this hospital and delivering a balanced budget. The purpose of having the 44 STP's was to enable hospitals and other providers to put to one side the legal responsibilities so that greater focus could be put on care from a patient point of view. The Strategic Transformation Plan is now better known as the Strategic Transformation Partnership, but warned that funding of the 44 STP's will be a challenge.

SK assured the AGM that that the Trust was part of the Coventry and Warwickshire STP and the Board was very conscious of its Hinckley and Bosworth population.

Q3) Seen as a powerful leader, Chis Mealy, Physician Associate asked KK what her ambitions were for the future.

A3) KK commented that she had always strived to be the best she could in every job. She felt very privileged to be leading the organisation and during her time at the George Eliot she had felt very valued and supported by an amazing team which helped drive her energy levels when dealing with the challenges of a small district general hospital. Being a CEO she believed that having a comprehensive and compassionate understanding of the health service was important. KK's ambition was to drive forward system wide leadership and integrated care as she was passionate about having the best possible, seamless care for patients.

Q4) Keith Kondakor, Green Party Councilor for Nuneaton & Bedworth welcomed the Trust's plans for affordable staff accommodation on site and believed this would be a valuable asset in attracting more clinical staff to the Trust.

A4) SA advised that the Trust's Estates Strategy would be looking at building multi-story car parking etc. to unlock land. However, with no capital funds to work with the Trust needs to look at selective opportunities to fund development. SA explained that historically land had been sold to car showrooms to pay off inefficiencies, but wished to reiterate and assure the public that land would only be sold to developers related to healthcare, ensuring long term benefits for our patients, although as yet there had been no firm plans agreed.

Councilor Kondakor urged the Board to look at improving transport and cycling facilities to encourage less car usage and the need for more car parking.

Q5) A member of the public praised the positive changes seen in service provision and medical care at the GEH over the past four years. Whilst the gentleman could not fault the care received during a recent visit to A&E, he did wish to raise disappointment as to long queues experienced when arriving at A&E reception; due to only one member of staff booking in patients. Incoming calls not answered by the Trust's main switchboard had also been raised as an issue. In the gentleman's opinion 'front of house' was pivotal to any industry and hoped that with so much good work going into improving the service at the GEH, that such issues could be easily rectified.

A5) With capacity and demand on our A&E services increased by 8% this year, JT explained that it had put additional pressures on the department. Whilst he could assure the AGM that his team was doing everything possible to turn patients around quickly and safely, he did accept that more needed to be done on getting the 'front of house' function right. With the Trust successfully securing £1m from NHSI to improve the A&E provision, he believed there would be an opportunity to improve the A&E 'front of house' service during the refurbishment.

SA agreed that with A&E and Outpatients services both public facing it was essential the Trust gets these services correct as they can have a major impact on reputation if not right.

Q6) Post meeting comment – A lady leaving the meeting wished to praise the car parking payment system, stating that this was much better system for visitors than the old 'pay and display' method.

**AGM 2017/06** The AGM 2017 was brought to a close.