

ANNUAL GENERAL MEETING

MINUTES OF THE GEORGE ELIOT HOSPITAL NHS TRUST

Please note that these minutes are draft & will be formally approved at 2017's AGM

ANNUAL GENERAL MEETING

HELD ON 27th JULY 2016

Voting Members of the Board: Mr R Herd, Non-Executive Director – (Vice Chairman - VC)
Mrs K Kelly, Chief Executive (KK)
Mr D Navarro, Non-Executive Director (DN)
Mrs J Houlder, Non-Executive Director (JH)
Mr D Cooper, Non-Executive Director (DC)
Mrs S Khan, Director of Finance (SK)
Mrs M Norton, Director of Nursing (MN)
Mrs T Robinson, Deputy Director of Operations (TR)

Non-voting Members of the Board: Ms C Campbell, Director of Governance (CC)
Mrs S Wakeman, Interim Director of HR (SW)
Mr A Laverick, Interim Director of I.T (AL)

Apologies: Mr S Annan, Chairman
Mr C Spencer, Non-Executive Director
Mr G Wood, Medical Director
Mrs C Lea, Non-Executive Director
Mr J Thompson, Director of Operations

In attendance: Mrs V Nicholls, Board Secretary (VN)
Mr J Turner, Communication and Engagement Partner (JT)

Number of Public in attendance: approx 30

Acronyms and Abbreviations	AGM	Annual General Meeting
	VC	Vice Chairman
	CQC	Care Quality Commission
	GEH	George Eliot Hospital
	MAP	Members Advocacy Panal
	PAF	Patient Advocacy Forum
	NHS	National Health Service
	CEO	Chief Executive Officer
	WTE	Whole Time Equivalent
	TTO	Tablets to Take Out
	HWG	Health and Wellbeing Group

AGM 2016/01 Vice Chair's Welcome and Introduction

The Vice Chairman (VC) welcomed everyone to the 2016 Annual General Meeting (AGM) of the George Eliot Hospital NHS Trust. Apologies were conveyed to the audience on behalf of the Chairman Stuart Annan who regrettably was unable to attend.

The audience was advised that they would hear presentations from the Chief Executive Officer, Kath Kelly (KK) and Director of Finance, Shahana Khan (SK) on the Trust's achievements; progress against key performance indicators and the challenges faced throughout 2015-16.

The Health and Wellbeing Group (HWG) was acknowledged for organising the AGM Mini Health Fair, which offered a wide range of health advice stalls; useful health care literature and an opportunity to speak with staff and stakeholders in regards to services offered on site and within the wider health care service. Visitors had the chance to take advantage of a range of health checks, sample refreshing mocktails and healthy nibbles provided courtesy of the HWG.

The VC advised that there was an opportunity for staff and public to attend bi-monthly public Trust Board meetings to hear first-hand how the Trust was performing against national standards; plans for the future and the overall performance of the organisation. Those unable to attend could access a range of information/data regarding the Trust's performance on the Trust's website <http://www.geh.nhs.uk> or by visiting NHS Choices: www.nhs.uk/pages/home.aspx. The audience had been advised that an opportunity for questions would be given at the end of today's presentations.

With the NHS coming under additional strain in regards to increased activity and financial pressures, the VC 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.

AGM16/02 Minutes of the AGM 29th July 2015

The 2015 AGM minutes had been published on the Trust website in advance of the meeting. KK raised one minor change to page 7, paragraph 2; the sentence should state "The North Warwickshire CCG Chair" not "CCG Community Director". No other errors or omissions were raised.

The AGM **approved** the minutes of the George Eliot Hospital NHS Trust Annual General Meeting on the 29th July 2015 as a true and accurate record.

AGM16/03 Chief Executive Presentation to AGM

KK thanked everyone for attending. She began by reflecting on her 6 years working at the George Eliot and spoke of her delight at becoming the George Eliot's substantive CEO back in November 2015. KK commented that the presentations would highlight the Trust's journey of continuous improvement; the challenges faced not only by the GEH but at national level and future plans as the wider health and social care system join forces to secure and sustain integrated and networked care for the needs of patients going forward.

The Trust remained focused on its vision to ExCEL at patient care by providing services across the full spectrum of primary, secondary and community care. It continued to work as part of the wider health economy and social care system providing integrated and networked care for the needs of patients; and to deliver new models of care, but most importantly ensuring patients remain at the centre of everything the George Eliot does. KK was confident that such enablers would help the Trust succeed as it faces the vast changes and challenges, particularly around the financial pressures being seen in the NHS.

KK talked briefly through the Trust's journey since 2012, when the focus had been on securing a sustainable future. In July 2013 the Trust was placed in special measures due to poor mortality figures. A lot of work was done around standards of care and in November 2013 the Trust was able to demonstrate that with the introduction of a new Acute Medical Unit and Ambulatory Care Unit. In April 2014, the Trust had been recognised for the positive improvements made, which saw the George Eliot withdraw from the process to secure a strategic partner. In June 2014 the Trust's standards of care were rated 'Good' by the CQC. KK emphasised that the George Eliot was proud to be one of two Trusts out of the

14 Keogh Trusts inspected to be rated 'Good' with no caveats, which resulted in the Trust being taken out of special measures in July 2014.

The George Eliot continued to build on this good work; with the launch of the Clinical Service Strategy during 2015/16 and more recently, working together with local Trusts as one health and care economy through the development of the Sustainable Transformation Plan (STP). KK recapped on last year's AGM where she spoke of plans to have a Health Care Campus on the GEH site; she explained that the STP work will build on that vision in order for services to remain sustainable and local for local people.

Throughout the Trusts journey it had remained open and transparent; KK acknowledged that whilst the Trust does not always get things right, it was a much more self-aware organisation, which was committed to learning from situations and moving forward. KK commended the Trust's ambition and energy to keep improving on services and determination not to become complacent was unwavering.

Year end key performance standards were presented. Key headlines were as follows. The Trust failed on:

- MRSA Bacteraemia Infections – reported 1 case against a zero standard.
- Patients seen in A&E < 4hours – scoring 92.91% against a 95% standard.

Failure to achieve the A&E standard had been a direct result of increased pressures seen at the front door and significant rise reported in ambulance conveyances. However, the Trust's performance remained above average when compared to other Trusts.

Both Cancer 62 days and Diagnostics 'seen % within 6 weeks' narrowly missed the standard, with Cancer reporting 84.2% and Diagnostics 98.62% against 85% and 99% concurrently. KK advised that whilst Diagnostics just failed the standard access rates had been exemplar.

Performance around all other cancer indicators, c-difficile and 18 weeks referral to treatment had been achieved.

KK commented that whilst it is pleasing to see more and more patients choosing the George Eliot as their preferred place for treatment, the Trust would need to look at new models of care going forward to help cope with capacity and demand.

The George Eliot's HSMR performance during 2015-16 remained within the expected range nationally.

Headlines from the CQC National Inpatient Survey 2015 were outlined. KK commented that the survey had been a good barometer as to how patients rate their care at the Trust; it not only highlighted where improvements have been seen but more importantly where further improvements can be made. The full report published 8th June 2016 can be accessed on the CQC website http://www.cqc.org.uk/cqc_survey/3.

KK shared some of the highlights throughout the year:

- The George Eliot became a smoke free Trust on 1st January 2016 in order to support the longer term health and wellbeing benefits for the community.
- Social Media – the Trust's Facebook page, together with a dedicated Maternity page was launched June 2015; these had proved a popular and useful communication tool with patients and public. Twitter had also proved valuable, with staff actively involved in tweeting posts to promote services, events, recruitment and training opportunities at the George Eliot. KK

commented that the success of the Theatres Open Day demonstrated just how useful social media can be; with over 100 visitors attending and 7 registered nurses recruited on the day.

- The Trust has been working with Sanctuary Housing to create a new discharge to assess facility 'Arbury Lodge'; formally opened in April 2016. The new facility provides better care for older patients who do not require acute care but may be unable to return to their previous place of care as they need on-going assessment of their long term care needs. The service had been well received.

New members of the Board were introduced before the AGM:

- Michelle Norton – Director of Nursing – joined October 16
- Sue Wakeman – Director of Human Resources – joined March 16
- Andy Laverick – Director of I.T. – joined March 16
- Julie Houlder – Non-Executive Director – Joined May 16
- Duncan Cooper – Non-Executive Director – Joining September 16

KK acknowledged the vast amount of experience and competency within the Board structure, to lead the George Eliot through future challenging and pressured times, but emphasised that none of this would be achievable without the dedicated workforce underpinning this good work. Executive portfolios had been expanded to ensure the Trust was made a better place e.g. the Director of Governance's role had been expanded to oversee volunteers and lead on the Freedom to Speak Up Policy. Volunteers were especially recognised and thanked for their valued time on wards and support in raising money across the Trust.

Overall staff engagement had improved year on year. Staff's recommendation of the Trust as a place to work or receive treatment also recorded improved figures, placing the George Eliot above the average Trust.

KK spoke of the calibre and enthusiasm of staff seen throughout the organisation, example of this was Barry, a dedicated specialist SEPSIS Nurse, whose work on improving sepsis care within a district general hospital had seen him nominated and shortlisted for a National Nursing Times Award.

The George Eliot was also proud to be the first organisation to pioneer the use of Physician Associates outside of London; with 13 PA's now in post. The PA's role had proven a vital asset within clinical teams and had helped improve quality of care across the Trust. It was noted that GP's are keen to progress their relationship with the use of PA's. Other key achievements in education and training were highlighted:

- Marked improvement in surgery on Deanery re-visit
- Warwick Medical School – very favourable student feedback
- Active use of simulation laboratory for training and refreshing skills
- Interdisciplinary development and learning
- Multi-disciplinary leadership development.

KK spoke of the key changes in the external environment which must be considered if the NHS is to achieve the Five Year Forward View.

- Increasing and aging population, with more complex care needs and rise in long term conditions
- Funding constraints and increasing public expectations
- Solution requires a 'whole system' wide approach to deliver integrated care, working with GPs in primary and secondary care
- Emphasis on community care – caring for patients at home, supporting nursing homes and increased admission avoidance and supported discharge.

- Harness different skills and make significant changes to the way the NHS delivers care to provide sustainable solutions.

For the NHS to meet the needs of future patients in a sustainable way, it will need to address the following:

- Health and wellbeing gap
- Care and quality gap
- Funding and efficiency gap

KK concluded her presentation by outlining the Trusts priorities for 2016/17.

- Working together as one health and care economy through the development of the Sustainable Transformation Plan
- Focus on closing the three gaps listed above
- Maintain a relentless focus on delivery and performance
- Maintain and continue to improve the quality and safety of care, keeping patients and local population front and centre.

AGM 2016/04 Presentation of the Annual Accounts 2015/2016

Shahana Khan, Director of Finance began her presentation by putting into context the national financial position within the NHS. Year ending 2015-16 the NHS reported a £2.5bn provider deficit, an adverse variance of £650m to plan; this had been three times higher than the planned deficit in 2014-15. In 2015-16 two thirds of all providers reported a deficit; this included the majority of district general hospitals.

A high level summary of the Trust's annual accounts for the year ending March 2016 was presented.

- All statutory financial targets were met with exception of the Trust being in breach of its statutory duty to break even taking one year with another, with a cumulative deficit of £27,407k to 2015-16.

SK explained that 2015-16 had been a particularly challenging year for the George Eliot and for the majority of NHS providers financially. Whilst the organisation managed as well as could be expected with the tight control and grip on resources, the Board remained committed to ensuring that quality of care or patient safety was not compromised. The following investments had been made:

- Increased investment in capital expenditure to address backlog maintenance and investment in medical equipment e.g. MRI scanners.
- Winter pressures and delays in discharges – increased investment costs incurred to sustain safe services.
- Recruiting to key posts remained a challenge – the Trust continued to use of higher cost medical agency staff to support the service; greater control over agency had resulted in reduced spend and compliance with national caps.
- Early indications show that a pilot with Sanctuary Housing re: Arbury Lodge providing a 'step down' facility for patients was going well.
- GEH was now the key provider for sexual health services across the county, with a new five year contract awarded.

The Trust's deficit plan for 2015-16 was -£16m. SK explained that the underlying position had been -£19m but with £3.8m non-recurrent funding received from the DH the Trust reported at 31st March 2016 a deficit of -£15.2m; a slight positive improvement against deficit plan. Reoccurring themes for deficit had been:

- Increased income but largely non-recurring
- Continued pressures of pay costs
- Non pay costs increased largely driven by drug costs.

Total income for the George Eliot Trust was £134m of which £124m (92%) received was for patient care. The majority of the Trust's income was funded by North Warwickshire CCG, totalling £78.8m (64%).

The Trust's expenditure for 2015-16 totalled £149m; with the top two highest expenditures being pay costs totalling £99.6m (67%) and clinical supplies totalling £23.1m (15%).

Workforce – the average number of permanent WTE staff increased in 2015-16 by 51 members. Agency staff spend started to decrease towards end of year, this was attributable to improved controls and processes around booking agency nurses and recruitment drive to substantive nursing posts. Whilst a slight improvement had been seen in the reduction of medical agency usage, SK acknowledged that more emphasis was needed on recruiting substantively to medical posts in order to reduce the Trust's reliance on medical agency cover.

Capital investment – In 2015-16 the Trust committed £13m to its capital expenditure. This included investment in:

- Upgrading of theatres 1 & 2
- Medical equipment including MRI scanner, defibrillators and ECG machines
- Building work including refurbishment and repair to the maternity building infrastructure, closure and refurbishment of theatres 1 & 2.

Charitable donations – The Trust received £161k from charitable donations and legacies. SK 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. SK personally thanked all those who kindly donated throughout the year. A special note of thanks was given to Jean Whittaker and League of Friends for the valued support throughout the year.

Looking forward to 2016-17, some of the key themes included in the Trust's plans were:

- Increased investment in equipment and infrastructure (£16.1m) including further theatre refurbishment and a second MRI scanner
- Plans to find productivity and efficiency savings of £7.2m including recommendations from the Carter Review – with no compromise on patient safety.
- Improving recruitment processes and further controlling the use of agency staff.
- Integrating services more closely in the community.
- Reviewing the purchasing arrangements of the Trust and seeking to improve the price the Trust pay.

The VC thanked KK and SK for an enthusiastic and comprehensive evaluation of 2015/16 and to the Executive team for their positive approach moving forward into 2016/17.

The AGM received the presentation and **accepted** the Trust's final Annual Accounts for 2015/16.

AGM 2016/05 Open Question & Answer Session

The Vice Chair invited the audience to ask questions:-

Q1) Difficulty in hearing the AGM's presentations clearly and subsequent discussions was raised. As technology to facilitate such events e.g. microphones and speakers had been available, there was some frustration as to why these aids had not been used.

A1) The VC apologised for the oversight and assured the audience that learning would be taken on board for next year's AGM.

Q2) With growing pressure to save money, it was suggested to the Board that better management of TTO's on patient's discharge could help reduce pharmacy stock costs and wastage. It appeared to be a common theme on wards that patients are automatically discharged with a full bag of TTO's regardless of whether they have a sufficient supply of prescribed drugs at home. In these cases TTO's could be issued on a limited basis, rather than the full prescription.

A2) The Director of Nursing, advised that an external consulting company would be conducting a review around medication optimising, to see where potential savings could be made, of which TTOs will be one area of focus.

Q3) Outpatient appointment letters – Patients who miss outpatient appointments due to being admitted as inpatients are receiving letters stating they have missed appointments. It was highlighted that historically the outpatient booking system would flag on the screen if that particular patient had been admitted as an inpatient but this seems to have been removed.

A3) The Director of I.T agreed to pick up on comment to see what can be done to rectify the issue.

Q4) In response to question 2, MN was asked why the Trust was paying an external expert to look at reducing pharmacy expenditure at a cost to the organisation, when this could potentially be done in house.

A4) MN explained that Hampton Medical are being brought in to provide guidance on best practice across a broader picture around medicine management improvements and that TTO's was just one of the areas being focused on. She explained that currently the Trust was obliged to discharge patients with a certain amount of drugs; she acknowledged that discussions with patients from a pharmacy perspective would prove beneficial, although this does not currently happen, but confirmed that this would be looked at as part of the discharge efficiency work.

KK supported Lord Carter's recommendations that more standardisation across the NHS was needed around procurement and that today's point had been well made in regards to TTO's, as medicine management will be one key area being addressed as part of the Trust's overall procurement review. The VC agreed that there was too much variation within the NHS and a shift towards standardisation throughout the NHS will be seen as a positive move.

KK commented that there had been incidents where support staff come from other Trusts to work at the GEH, but are often faced with different procedures and protocols which they are use to. MN acknowledged that this was a national issue and that the GEH would be hosting an event with providers across the Midlands area to discuss ways of standardising procedures/equipment etc. as per the Carter recommendations.

Q5) KK was asked what the Trusts response had been so far to the Carter recommendations.

A5) KK spoke of Lord Carter's objective to save the NHS £5bn through theatres, outpatient, workforce and back office efficiencies etc. She explained that the Carter review had identified the need to standardise the NHS product base which the Trust was actively addressing with other providers, but it also found variations

in staffing workforce. The recommendation was for Trusts to look at implementing an electronic rostering system to address the issue. KK confirmed that the GEH had already taken positive steps in regards to implementing e-rostering across five wards to date, which had already seen a improvements in rostering and cost savings being made. Further roll out of e-rostering across the Trust was planned for the near future.

Q7) How does the Trust plan to deal with the increasing ageing population and the projected increase in the population from the local Council's plans to expand the housing market in the area.

A7) KK confirmed that the Board had been aware of the Council's plans to expand the housing market and mindful of the impact this would have on services. The Board recognise that frailty, end of life care and chronic disease remain key priority areas for the George Eliot and that the Trust was trying to reduce demand on acute services and trying to build on a wider health care system to enhance the work in the community. SK explained that GEH had had discussions with the Council on this and had submitted information about the impact of this to them. Capital investment had already been seen in Maternity services and the modernisation of the frailty service, as the Trust recognise that such areas will need to work effectively to cope with additional capacity and demand.

One GP commented that their patients had almost invariably chose the George Eliot Hospital as their preferred Trust for treatment and feedback on the care received had been very positive, with patients stating that care was much better than 5 years ago. The VC emphasised that such positive comments had affirmed the CQC's evaluation of the overall care at the George Eliot as 'good' to be well founded.

AGM 2016/06

Before the AGM 2016 was brought to a close, KK read out a statement on behalf of Stuart Annan (SA), in light of Rupert Herd's (VC) retirement at the end of August 2016. SA wanted to formally recognise the contribution that the VC had made to the Trust. During his 10 years term of office, the VC had chaired the Quality Assurance Committee, acted as Senior Independent Director and more latterly, Vice Chairman.

The VC played a key part in the Trust's development, from the days when the Trust's reputation had been poor in terms of safety and patient experience and subsequent Keogh inspection and the pressures brought about from being one of 14 Trusts placed in special measures. The VC was heavily involved in the Board's response to special measures with his curiosity and perseverance in challenging and supporting staff during the 12 months it took to regain the trust and support of our communities and the contentment of earning a 'good' rating by CQC and being taken out of special measures.

SA concluded his statement with, "the VC had been held in high regard by all who had worked with him and his experience, enthusiasm and wise council will be sorely missed. On behalf of the Board and adding his own personal gratitude, SA thanked the VC for his unstinting contribution to the health and care of the communities we serve. Thank you".

The VC stated that it had been an honour and pleasure to work at George Eliot Hospital and wished the Trust well as it moved forward from strength to strength.

The VC thanked the public and Board for their valued contribution in today's AGM and the meeting brought to a close.