

COUNTY DURHAM & DARLINGTON NHS FOUNDATION TRUST ANNUAL GENERAL MEETING

Minutes of the Annual General Meeting of County Durham and Darlington NHS Foundation Trust (CDDFT) held on Wednesday 11 September 2019 from 5.30pm in Saffreys Restaurant at the University Hospital North Durham, DH1 5TW

1. BOARD MEMBERS PRESENT

Prof Paul Keane OBE	Chairman
Mr Steve Crosland	Non-Executive Director
Ms Jenny Flynn MBE	Non-Executive Director
Mr Simon Gerry	Non-Executive Director
Ms Sue Jacques	Chief Executive
Mr David Brown	Executive Director of Finance
Mr Noel Scanlon	Executive Director of Nursing

COUNCIL OF GOVERNORS PRESENT

Ms Ethel Armstrong MBE	Public Governor (Derwentside)
Mr Alan Cartwright	Public Governor (Wear Valley & Teesdale)
Ms Kath Fawcett	Public Governor (Darlington)
Ms Marian French	Public Governor (Darlington)
Ms Tricia Gordon	Staff Governor (Nursing and Midwifery)
Dr Carmen Martin-Ruiz	Public Governor (Chester-le-Street)
Dr Boleslaw Posmyk	Appointed Governor (NHS Darlington CCG)
Ms Carole Reeves	Public Governor (Durham City)
Dr Richard Scothton	Public Governor (Durham)
Dr David Smart	Appointed Governor (NHS North Durham CCG)
Mr David Taylor	Public Governor (Sedgefield)
Cllr Lorraine Tostevin	Appointed Governor (Darlington Borough Council)
Mr Neil Williams	Staff Governor (Admin, Clerical, Managers)

IN ATTENDANCE FOR THE TRUST

Ms Morven Smith	Director of Workforce & Organisation Development
Mr Warren Edge	Senior Associate Director of Assurance & Compliance
Dr Ria Willoughby	Care Group Director
Ms Cate Woolley-Brown	Freedom to Speak up Guardian
Ms Hayley Robertson	Corporate Affairs Manager (Minute Taker)

TRUST FACILITATORS

Ms Judy Barron	Foundation Trust Office
Ms Sharon Costello	Foundation Trust Office
Ms Gillian Curry	Head of Communications and Charity
Ms Louise Duckworth	Foundation Trust Office
Ms Lynne Henry	Communications Team
Ms Joanna Tyrrell	Foundation Trust Office
Ms Linda Wilson	Foundation Trust Office

There were also 32 Trust Members and members of the public in attendance whose names were recorded separately.

It was noted that apologies for absence had been received from:

Ms Joanne Ashton	Staff Governor (AHP, Prof & Tech and Pharmacists)
Mr Michael Bretherick	Non-Executive Director
Mr Iain Beange	Public Governor (Derwentside)
Mr Chris Boyd	Public Governor (Easington)
Ms Jennifer Boyle	Appointed Governor (NEAS)
Mr Levi Buckley	Appointed Governor (Tees, Esk and Wear Valleys NHS FT)
Mr Jeremy Cundall	Executive Medical Director
Dr Ken Davison	Public Governor (Wear Valley and Teesdale)
Mr Cliff Duff	Public Governor (Durham City)
Ms Kathryn Featherstone	Public Governor (Chester-le-Street)
Mr Jason Grand	Staff Governor (Nursing and Midwifery)
Mr Paul Forster-Jones	Non-Executive Director
Ms Carole Langrick	Executive Director of Operations
Mr Ian McArdle	Public Governor (Wear Valley and Teesdale)
Mr Gordon Mitchell	Appointed Governor (Combined Universities)
Ms Borsha Sarker	Public Governor (Darlington)
Mr Bill Sloane	Staff Governor (Nursing and Midwifery)
Dr Robert Upshall	Appointed Governor (Healthwatch)

The Chairman welcomed everyone present and thanked them for attending.

2 Declarations of Interest

Any attendee who was aware of a private or personal conflict of interest relating to any item on the agenda was required to disclose it at this stage or when the conflict arose during consideration of the item.

No declarations of interest were made.

The Chairman advised that there had been no changes made to the composition of the Board since the previous year's AGM. It was noted that Dr Willoughby was in attendance on behalf of Mr Cundall.

3 Minutes and Matters Arising from the Annual General Meeting held on Wednesday 12 September 2018

(a) Accuracy

The Minutes of the previous Annual General Meeting were accepted as an accurate record, subject to the following amendment:

Mr Steve Crosland, Non-Executive Director and Dr Carmen Martin-Ruiz' attendance to be recorded.

(b) Matters Arising from the Minutes of the Previous Annual General Meeting

There were no matters arising from the previous meeting.

4 Chairman's Opening Remarks

The Chairman opened the meeting by explaining that the Trust had a statutory requirement to report on performance in relation to the year 2018/19 and to present the Annual Report and Accounts. This would form the main content of the meeting; however, the opportunity would also be taken to share some of the Trust's future plans, alongside information on regional and local developments which were likely to impact on the Trust in the forthcoming years. As feedback had been received in previous years, that too many acronyms were used by Trust representatives presenting, the Chairman assured members that any acronyms used would be explained.

The Chairman informed attendees that the agenda included ample time for questions from the audience; however, questions involving patients personal experience should not be asked. The Trust's Patient Experience Team was in attendance should anyone have any such queries or feedback.

The Chairman advised that presentations would be transparent and honest in relation to performance; activity continued to increase and resources were getting tighter. Despite these challenges, 2018/19 had been a successful year for the Trust, thanks to the efforts of the Trust's 7,000 staff and volunteers with the support of Governors and the Board, working as one CDDFT. Collaboration had been strengthened over the past year and the Trust continues its successful engagement with stakeholders, Governors, commissioners, and members as well as always looking for opportunities to involve with the public. A successful engagement event had been held that previous day at Darlington Memorial Hospital; members of the public had been invited to take a tour of services to see first-hand the changes the Trust was making for the better.

In terms of the venue, the Chairman was pleased to note that there were no apparent issues in relation to the audibility of presenters. It was also pleasing that the event was being held on the Trust's own premises for the first time.

The Chairman invited Ms Jacques to commence the presentations.

5 Chief Executive's Review of 2018-19 and the Year Ahead

Ms Jacques welcomed colleagues and attendees; she was delighted that so many were able to join the meeting. Ms Jacques noted that colleagues from the Care Quality Commission were in the audience, the Trust having been inspected during the course of recent months. The inspection had focussed on three core services at Darlington and Durham hospitals: End of Life Care, Emergency Care and Surgery. Use of Resources had also been a feature of the inspection for the first time, looking at how the Trust used the resources available to it to deliver the best healthcare. Colleagues from the Care Quality Commission were in the process of reviewing their findings and it was expected that feedback would be provided to the Trust during October 2019.

Ms Jacques presented slides outlining the Trust's vision and strategy, key investments and developments in 2018/19 and the key performance statistics from the year. Looking to the year ahead, Ms Jacques also summarised the priority areas for the Trust:

- Unscheduled Care demand
- Maximising staff engagement
- Achieving long-term financial sustainability

- Maintaining a high quality patient environment
- IS strategy

A short video highlighting key facts and figures about the Trust was also played.

6 Presentation of the Annual Report & Accounts 2018-19

(a) Quality Accounts 2018-19

Mr Scanlon introduced himself and presented slides outlining the Trust's Quality Accounts for 2018/19.

Mr Scanlon explained that the Trust's Quality strategy; Quality Matters, set out the plan to support the achievement of the vision, Right First Time, Every Time, and was underpinned by the core values. Quality priorities were set out for the next three years, to improve patient safety, clinical outcomes and the experience of those who use the Trust's care. Priorities were agreed utilising a number of sources and involving a wide range of parties; past performance; development requirements; national priorities; staff involvement; stakeholder input; Council of Governors and the Trust Board.

Mr Scanlon outlined the outcomes for each of the specific quality priorities measured in the Quality Account, advising that targets were set to be stretching and support improvement. A majority of the targets were met and / or demonstrated improvement compared to the prior year. Where targets were not met, Mr Scanlon outlined the challenges involved and the actions being taken.

(b) Financial Accounts 2018-19

Mr Brown presented the financial results for the Trust and the Group, outlining the challenging financial environment the Trust was operating, the key figures in terms of financial performance and the results of the external audit.

7 Council of Governors & Membership

Mr Edge provided details of Trust membership, its public constituencies, membership goals and plans to achieve them.

Mr Edge then handed over to Dr Scothon, Lead Governor, to talk through Governor activities and achievements within the year. These included recommending priorities to the Board for short and long-term planning and meeting with Non-Executive Directors to understand how they sought assurance and challenge the Executive on important matters such as A&E performance, finance, recruitment and retention and CQC action plans.

Dr Scothon concluded by outlining the difference that Governors could make on behalf of members and the public and invited any of the members present wishing to become involved with the Trust to put themselves forward at the next election commencing in November 2019.

8 Public Question Time

Before commencing public question time, the Chairman reminded those present that Trust colleagues would not respond to any questions involving an individual patient's personal

experience. Any questions raised must be in relation to the Trust's corporate matters and its development.

Q1 Mr Stuart Crowther, of Middleton St George asked a question in relation to the incentive effect of targets; sharing his view that targets were important in motivating organisations and individuals to improve; however, there was also a risk of targets becoming disincentive if they were not achievable. Mr Crowther felt that the 4 Hour Wait target for A&E was an example of an unachievable target, given that it was almost universally missed, and asked what the value of such a target was.

Ms Jacques advised that A&E performance across the country was similar and the Trust had agreed a different target with commissioners and regulators which provided the appropriate level of stretch and was linked with the activity expected. The Trust was required to monitor and report on the national target but also assessed itself against the local one. In addition, Ms Jacques advised that the Department of Health was in the process of reviewing that particular target and a pilot approach was being undertaken by a sample of Trusts. The outcome of this work was expected to be shared towards the end of the financial year.

Mr Scanlon added that it was entirely appropriate that patients should not expect to wait prolonged periods in the Emergency Department and there were strong clinical reasons to support the target. In his view, the target was appropriate and provided a standard for the Trust to strive for, despite the challenges in achieving it.

Q2 Ms Karen Armstrong, Public Member, asked whether the Trust had carried out any audits within the last five years to identify any missed or inaccurate coding, particularly of pressure sores, Sepsis and MRSA.

Mr Scanlon advised that such audits were carried out on a regular basis. In addition, in respect of pressure ulcers, every department was subject to peer review and a Tissue Viability Team was in place to provide support to front line departments in this area and to monitor performance. Mr Scanlon was confident that, through the audits and central support in place, the data recorded was accurate and meaningful. Mr Scanlon explained that, externally, national bodies also looked at how the Trust reported and as a result, definitions tended to evolve and change. An example of this was the change to the definition of avoidable pressure sores which was good practice to improve the transparency of the data but made it difficult to compare performance over time.

Q3 Heather Carter, of Darlington raised a question in relation to staff and retention; given that some staff working within the NHS were from overseas; Ms Carter wished to understand how the current political situation was impacting upon recruitment and retention. Ms Smith advised that the Trust was not currently experiencing any specific issues in relation to recruitment and retention as a result of the political environment. The Trust had, in recent years, held several successful recruitment campaigns in Italy and was very proud of the retention levels of staff recruited. Although there was some degree of uncertainty, Ms Smith advised that the Trust valued all colleagues wherever they originated from.

The Chairman commented on recent collaborative work across the locality that the Trust had been involved in, which was important and a key aspect of future plans. He invited Dr Willoughby to comment on collaborative work relating to Paediatrics. Dr Willoughby advised that the Trust had worked closely with colleagues at North Tees and South Tees NHS FTs, to successfully recruit to key posts, attracting candidates from out of the area.

No further questions were raised.

9 Constitutional Changes: Members' Vote

Mr Edge advised that the vote was in respect of a change to the Standing Orders for Council of Governor meetings, which was required to be agreed by the Council of Governors before members could vote on it. Unfortunately, the requirement for more than two thirds of Governors to be present at a Council of Governors meeting to allow such a vote to take place had not been met; therefore the members vote would need to be deferred.

10 Any Other Business

There were no additional items for discussion.

11 Chairman's Closing Remarks

The Chairman thanked all present for attending the evening's event. He hoped that all attendees had understood the essence and the aims of the organisation. He assured colleagues that the Trust was always striving to do better for patients and people living in the community and providing safe, compassionate and integrated care was the highest priority.

The Chairman advised colleagues that Open Board meetings were open to members of the public to attend and performance was reported on throughout the year at these meetings. He asked everyone present to encourage family and friends to become members of the Trust and also highlighted the Trust's Open Days, which enabled people to see the Trust's services first-hand.

The Chairman thanked the Trust's Council of Governors, which held the Board to account through the Non-Executive Directors, and thanked all of the Trust's Board members, staff and volunteers for their continuing hard work and commitment.

Finally, the Chairman wished everyone a safe journey home.

12 Meetings held in Public – Announcements

Council of Governors	Wednesday 9 October 2019	Prospect House, Durham
Trust Board	Wednesday 25 September 2018	Prospect House, Durham

The meeting was formally declared closed at 19:15hrs.



Chairman, Prof Paul Keane, OBE
24th September 2020