

## 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 in the Lecture Theatre, Darlington Memorial Hospital on Wednesday 16th November 2022

#### BOARD MEMBERS PRESENT

Prof Paul Keane OBE	Chairman
Mr Michael Bretherick	Non-Executive Director
Ms Sue Jacques	Chief Executive
Mr Noel Scanlon	Executive Director of Nursing & Infection Control
Mr Jeremy Cundall	Executive Medical Director
Mr David Brown	Executive Director of Finance
Ms Lorraine Nelson	Executive Director of Operations and Performance

#### COUNCIL OF GOVERNORS PRESENT

Mr Alan Cartwright	Public Governor (Wear Valley & Teesdale)
Mr Christopher Cunnington-Shore	Appointed Governor (HealthWatch Durham)
Ms Patricia Gordon	Public Governor (Darlington)
Ms Elizabeth Sanderson	Public Governor (Darlington)
Mr David Taylor	Public Governor (Sedgefield)
Mr Robert Upshall	Appointed Governor (HealthWatch Darlington)

#### IN ATTENDANCE FOR THE TRUST

Mr Andrew Thacker	Director of Workforce & Organisation Development
Mr Warren Edge	Senior Associate Director of Assurance & Compliance
Ms Susan Cook	Minute Taker

#### TRUST FACILITATORS

Mr Peter Dixon	Corporate Affairs Lead
Ms Gillian Curry	Head of Communications and Charity
Ms Jill Foggin	Communications Lead
Ms Rachael Stray	Communications & Engagement Manager

Apologies for absence had been received from:

Ms Nancye Carr	Public Governor (Derwentside)
Cllr Brian Ferguson	Public Governor (Sedgefield)
Ms Valerie Johnston	Appointed Governor (HealthWatch Darlington – shared post)
Ms Kath Fawcett	Public Governor (Darlington)
Mr Steve Crosland	Non-Executive Director
Ms Kathryn Featherstone	Lead Governor & Public Governor (Chester le Street)
Dr Richard Scothon	Non-Executive Director
Ms Morven Smith	Director of Workforce & Organisation Development

#### 01 Welcome

The Chairman welcomed everyone and thanked those participating in the County Durham and Darlington NHS Foundation Trust's Annual General Meeting (AGM) for 2021/22, which was being held face to face one again.

## 02 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.

## 03 Minutes and Matters Arising from the Annual General Meeting.

### a) Accuracy

The minutes of the previous Annual General Meeting held on Wednesday 29<sup>th</sup> September 2021 were accepted as an accurate record.

### b) Matters Arising

There were no matters arising from the previous meeting.

## 04 Chairman's Opening Remarks

The Chairman introduced his colleagues on the Board: Sue Jacques, Chief Executive, the Executive Directors and Non-Executive Directors.

The Chairman explained that the AGM was being held later than usual as there had been an unavoidable delay to the Parliamentary approval process for the annual report, due to factors out with the Trust's control. It was noted that there were no concerns regarding the report itself.

The Chairman praised all staff members, noting that the Covid-19 pandemic had been extremely difficult and even though subsiding, was not full over; there were still patients in the Trust with Covid-19.

The Chairman explained that the main purpose of the AGM was to reflect on the Trust's quality, performance and financial stewardship over the past financial year 2021/22. He then briefly summarised the contents of the agenda, which would be shared. The Chairman advised that the developments within the Trust that staff had made to improve quality filled him with pride and pleasure and it was very nice to see staff enthusiastic regarding the changes.

The Chairman advised that a key part of the meeting would be the question and answer session. Participants were reminded that personal concerns could not be answered but the Patient Experience Team were at the back of the room and concerns could be discussed with them at the end of the meeting as the purpose for the AGM was to consider the performance of the organisation. The Patient Experience Team would ensure that any concerns around the care of individuals were followed up.

## 05 Chief Executive's Presentation: Review of 2021/22

### **Presentation of the Annual Report and Accounts 2021/22**

Ms Jacques greeted everyone attending the meeting and delivered a presentation which comprised a review of the Trust's performance during 2021/22. Ms Jacques described the Trust as being one of the largest in the country, serving a population of over 650,000.

Ms Jacques praised staff as they had demonstrated their commitment and dedication during another challenging year to support CDDFT's patients and local communities with safe, compassionate and joined-up care.

Ms Jacques stressed that the importance of the Trust values which were developed with teams from the Trust should not be underestimated: The values were:

- Compassion – we respond with dignity and kindness
- Respect and Dignity – we value every person as an individual

- Improving Lives – we strive to improve health and wellbeing
- Commitment to Quality of Care – we earn the trust placed in us by insisting on quality
- Everyone Counts – we make sure no one is discriminated against
- Working together for Patients – patients come first in everything we do.

Ms Jacques summarised some highlights with respect to the Trust during 2021/22.

- The continued impact of Covid-19 on the Trust's operations and its patient care over the year.
- Recovery of services following the height of the pandemic.
- Normal visiting hours were now largely in place.
- Staff based on Ward 18 at Bishop Auckland staff had volunteered to work at University Hospital of North Durham to enable patients with complex cases to be treated more quickly.
- The Trust was among the 10 best-performing trusts nationally for cancer waiting times.
- The Trust had 700 more whole time equivalent members of staff than prior to the pandemic, the majority of these being clinical.
- Same Day Emergency Care services (SDEC) at Durham and Darlington had been implemented, with a new front of house facility due to come on line at Durham in 2022/23.
- There was now a new laparoscopic operating theatre at Durham.
- Investment had made in new technology and equipment
- There had been improvement the Trust's estate.
- There had been improvements in Team CDDFT Wellness.
- There had been further enhancement of patient care and experience across our hospitals and communities.
- The Trust had now implemented a new electronic patient record systems, which was already delivering benefits in terms of improved patient care.

In conclusion, Ms Jacques echoed the Chairman's opening remarks, noting, again, her pride in the fortitude, response and commitment of Trust staff during the response to the pandemic and moving forward after the pandemic. Ms Jacques thanked all colleagues within CDDFT, including Governors, Foundation Trust members, volunteers, local communities and health and social care colleagues across the system for their continued commitment and support as the Trust continued to work together delivering safe, compassionate and joined-up care.

## **06 Presentation of the Annual Report and Accounts 2020/21**

### **Quality**

Mr Scanlon presented and summarised the Trust's performance against key quality objectives. Quality priorities had been set out to improve patient safety, clinical outcomes and the experience of those who used the Trust's care. Mr Scanlon summarised the progress made by the Trust in seeking to achieve its quality objectives, in line with the agreed priorities, for 2021/22.

- Although Covid-19 had not gone away, the Trust had introduced a range of measures to move towards 'business as usual' and to address those legacy effects of Covid-19.
- The Trust had met its ambitions with respect to the care of patients with dementia.
- The Trust had reinvigorated the Trust-wide Falls Team following the pandemic and had updated the Falls Strategy.
- Whilst the Trust breached its zero tolerance for Grade 3 or 4 pressure ulcers involving lapses in care, the numbers of such ulcers were very low and in line with the best performance nationally and internationally.
- The numbers of patients with C-Difficile, when related to activity, remained well below the national average.
- The Trust did not meet its zero tolerance for MRSA as there were four cases in the year, all of which had investigations and learning.
- There were fewer cases of e-coli than the nationally set threshold.

- Over 90% for electronic discharge letters were issued within 24 hours until the impact of winter pressures over the second half of the year, which had reduced compliance to 84.28%.
- A Patient Group Direction had been developed to nursing staff working in A&E to administer initial antibiotics for sepsis of unknown origin.
- Good performance had been seen with respect to Nutrition with ward audits showing well over 90% compliance.
- The Trust's specialist Acute Kidney Injury Nurse service was now embedded and wards were benefitting from this.
- The Trust had made progress on end of life care, by helping teams to recognise and best support patients in the last stages of their life and by rolling out improved 'care after death' documentation. Access to single rooms for dying patients was relatively good in DMH (88%) but remained more of a challenge at UHND due to the constraints of the estate.
- The Trust had a robust process for learning from deaths.
- The Trust had made planned improvements in relation to Paediatric Care Pathways.
- The Trust had made progress with respect to Maternity Standards and in implementing recommendations from the Independent Review of Maternity Services at Shrewsbury and Telford Hospitals but continued to experience staffing pressures requiring careful management.

### **Financial Accounts 2021/22**

Mr Brown summarised the financial performance of the CDDFT Group, comprising the Trust and its wholly owned subsidiary, Synchronicity Care Limited.

- The external auditors – Mazars LLP - had issued their audit report on 22<sup>nd</sup> June 2022. Their opinion on the financial statements was unqualified. There were two adjusted misstatements reported in the audit letter amounting to £5m resulting from a different interpretation of accounting standards between the Trust and Auditors. There was one adjusted misstatement for dilapidations which had been amended to be reported as a provision rather than accruals.
- Consolidation schedules were consistent with the audited financial statements.
- No issues were identified with the Trust's value for money arrangements.
- After removing technical adjustments, which were discounted when assessing financial performance by NHSE, the Trust had delivered a small financial surplus in line with its annual plan. The accounts showed a deficit principally because of an impairment in asset values which was one of the aforementioned technical adjustments.
- The closing cash balance was healthy.
- There had been a number of changes in income streams and related expenditure, between the two years, which Mr Brown summarised.

### **Performance in 2021/22**

Ms Jacques outlined the Trust's operational performance in 2021/22.

- The Trust priorities were to restore planned care while continuing to care for Covid-19 patients and for patients with other urgent or emergency needs, such as cancer.
- Up until July 2021 the Trust had managed flow out from ED to avoid incurring 12 hour trolley waits for beds. Overall the Trust had 236 12 hour wait breaches peaking at 58 in December 2021 back down to zero in March 2022. The ED attendance was higher than before the pandemic.
- In March 2022 there were two remaining patients who had waited over 104 weeks for their operation, 68 patients waiting over 78 weeks and 790 patients waiting over 52 weeks. Plans were in place to reduce waits to below 78 weeks for all patients by the end of 2022/23 and to make significant inroads to reduce the volume of patients waiting over 52 weeks, in line with the national requirement for no patients waiting over 52 weeks by March 2025.
- The main standard for elective care was for over 92% of patients to either receive treatment or for a clinical decision not to treat within 18 weeks for referral. Performance at the start of the year was 69.9% compared to 90.7% in April 2019. Performance had improved slightly to 72.9% by March 2022 which was above the national performance of 62.4%.

## **Council of Governors and Membership**

Mr Edge advised that there were 11,266 public members at the start of the year and that there had been 21 new members and 60 members who had left, resulting in 11,227 at the end of year 2021/22. It was hoped that membership numbers would increase during 2022/23.

Mr Edge explained that the geographic profile of the members remained static over the course of the years. The younger membership had doubled in the recent years.

Mr Edge explained that the Trust's aim was to see a growth in numbers with real engagement, facilitating the development of a strong 'membership voice' to inform both plans and services, in which regard, increased membership engagement as this is more important than numbers.

Mr Edge explained that the Trust had 37 governor seats these are: 20 public governors, 9 staff governors and 8 governors appointed to represent the Trust's stakeholders.

Mr Edge explained that, during 2021/22, governors monitored the Covid-19 response, held Non-Executive Directors to account for the performance of the Board in leading the Trust in 2021/22, meeting virtually in Council and in Committees. They took an active role in informing and scrutinising the Trust's annual plan. Mr Edge explained that Governors observed Board and Board sub-committee meetings, scrutinised the annual report, accounts and Quality Accounts. For these reasons Governors had a real voice on behalf of their members, influencing the Trust's services and operations.

## **07 Public Question Time**

### Questions from Governors and Public Members received prior to the meeting

**Q1** What was the Trust doing to gather, understand and respond to soft intelligence rather than focus, solely, on complaints?

Ms Jacques stressed that soft intelligence was important to the Trust. There were examples of soft intelligence gave the Trust insight into service user's experiences that it might not otherwise have. During public events or during peer visits, guests coming into the Trust often communicated information which would be considered soft intelligence and the Trust would record and act accordingly upon this. Where appropriate, individuals were signposted to formal feedback routes such as the Patient Experience Team.

**Q2** A patient's experience starts when they feel the need to use the service but there are unnecessary obstacles to a good experience such as not being able to pay for car parking and when patient's ring the Trust complaining about the car parking it is always stated that this is not the Trust's service but provided by others. However, the finance presentation demonstrated that the Trust was getting profit from the car park charges, so appeared in control of it. Could this be explained?

Mr Brown explained that some sites were owned by PFI contractors, and their contractors managed the car parks and collected income. Complaints relating to the operation of those car parks would be referred to the PFI provider and the Trust would oversee the process to ensure that there was a response. The Trust did earn some income from car parking on those sites, from staff permits.

**Q3** A thank you was given to Trust staff for the excellent care given a patient. After attending this meeting for the past few years it was disappointing to see the low attendance. The meeting was attended by the elder age group, but the elderly age group were not acquainted with new technology. The Trust was asked whether letters could be sent out to increase attendance.

Mr Edge explained that all 11,000 members had been invited to the event, the majority of which had received letters or postcards. A minority of members had registered for email correspondence and

had been invited using electronic communication. The lack of attendance may have been caused by the change in date of the meeting. Mr Edge reported that the Trust were looking at ways to expand the communication routes.

**Q4** Sometimes patient's need to drop samples into the hospital but the car parking charges do not permit a 5 minute drop off. The Trust was asked whether this issue could be addressed.

Ms Jacques advised that there was no need to pay for a 5 minute drop off. The enquirer asked Ms Jacques to look at whether the fact that short drop offs could be made without charge was well-publicised around the Trust's car parks.

**Q5** What practical measures were being made to reduce health inequalities?

Ms Jacques explained that a member of staff had been employed to lead the Trust's work in this area, trends were being looked at and several projects were taking place within services to address and reduce some identified inequalities. There was a lot more work to be done and the Trust was joining with local authorities as health inequalities were often related to social factors as well as the way in which healthcare services were provided, and therefore best addressed by joint working.

**Q6** When parking on the Trust Grounds, many people do not carry cash but none of the car park machines accept card. The Trust was asked if there were plans to allow card payments.

Ms Jacques explained that the Trust was already looking into potential solutions and it was hoped that card payments would be enabled in the near future.

## **8 Chairman's Closing Remarks**

The Chairman thanked all staff for their work carried out on day to day basis under immense pressures that had been recognised tonight.

The Chairman thanked the Trust Board and stated that the Trust was fortunate to have a Board that was extremely focussed.

The Chairman thanked the Governors who were constructive, supportive and appropriately challenging, and as one with the Trust in taking the organisation forward.

The Chairman explained that the public could attend open board meetings if they needed any questions answered regarding the Trust and the Trust are very transparent about the way it did business.

The Chairman wished everyone an enjoyable evening and looked forward to the time when meetings could take place face to face.

## **9 Any Other Business**

There were no additional items for discussion.

## **10 Upcoming Meetings held in Public**

Council of Governors:

1<sup>st</sup> February 2023

Trust Board:

30<sup>th</sup> November 2022

25<sup>th</sup> January 2023

29<sup>th</sup> March 2023