

**Minutes of the Annual Members Meeting  
The Dudley Group NHS Foundation Trust  
Thursday 21<sup>st</sup> July 2016  
Clinical Education Centre, Russells Hall Hospital**

**Present**

<b>Governors</b>	<b>Status</b>	<b>Representing</b>
Mr Darren Adams	Public Elected Governor	Stourbridge
Mr Fred Allen	Public Elected Governor	Central Dudley
Cllr Adam Aston	Appointed Governor	Dudley MBC
Mr Richard Brookes	Public: Elected Governor	Brierley Hill
Mr Bill Dainty	Staff: Elected Governor	Nursing and Midwifery
Mrs Lydia Ellis	Public: Elected Governor	Stourbridge
Mr John Franklin	Appointed: Elected Governor	Dudley CVS and Trust Volunteers
Mr Richard Gee	Appointed Governor	Dudley CCG
Mrs Jenny Glyn	Staff: Elected Governor	Allied Health Professionals and Health Care Scientists
Mr Robert Johnson	Public Elected Governor	Halesowen
Mrs Viv Kerry	Public Elected Governor	Halesowen
Ms Yvonne Peers	Public: Elected Governor	North Dudley
Mrs Karen Phillips	Staff: Elected Governor	Non Clinical Staff
Ms Nicola Piggott	Public: Elected Governor	North Dudley
Mrs Patricia Price	Public: Elected Governor	Rest of the West Midlands
Mrs Shirley Robinson	Staff: Elected Governor	Nursing and Midwifery
Ms Jackie Snowdon	Staff: Elected Governor	Nursing and Midwifery
Mr Alan Walker	Staff: Elected Governor	Partner Organisation Staff

**Board of Directors      Status      Representing**

Mr Julian Atkins	Non Executive Director	DG NHS FT
Mrs Anne Baines	Director of Strategy & Performance	DG NHS FT
Ms Paula Clark	Chief Executive	DG NHS FT
Mr Richard Miner	Non Executive Director	DG NHS FT
Mrs Jenni Ord	Chairman	DG NHS FT
Mr Glen Palethorpe	Director Governance/ Board Secretary	DG NHS FT
Mr Paul Taylor	Director of Finance and Information	DG NHS FT
Mrs Dawn Wardell	Chief Nurse	DG NHS FT
Mr Doug Wulff	Non Executive Director	DG NHS FT
<b>Apologies</b>		
<b>Name</b>	<b>Status</b>	<b>Representing</b>
Mrs Ann Becke	Non Executive Director	DG NHS FT
Mr Sohail Butt	Staff: Elected Governor	Medical and Dental
Mr Ricky Bhogal	Appointed Governor	University of Birmingham
Mr Paul Bytheway	Chief Operating Officer	DG NHS FT
Mr Jonathon Fellows	Non-Executive Director	DG NHS FT
Mr Paul Harrison	Medical Director	DG NHS FT
Mrs Diane Jones	Public Elected Governor	South Staffordshire and Wyre forest
Mrs Joan Morgan	Public Elected Governor	Central Dudley
Mrs James Pearson-Jenkins	Public Elected Governor	Tipton and Rowley Regis
Mrs Jackie Smith	Staff: Elected Governor	Allied Health Professionals and Health Care Scientists
Mr Mark Stanton	Chief Information Officer	DG NHS FT
Mrs Helen Stott-Slater	Public: Elected Governor	Brierley Hill

<b>Item No</b>	<b>AMM 2016 minutes</b>
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1. Introduction and approval of 2015 AMM minutes – Mr Johnson and Mrs Ord

Apologies received as listed above.

**Mr Johnson – Lead Governor, Public Elected Governor Halesowen**

Mr Johnson formally welcomed everyone to the 2016 Annual Members Meeting.

He presented an overview of the role and responsibility of the Council of Governors and explained that one of its primary functions was to hold the Board of Directors to account for the performance of the Trust. Mr Johnson explained how governors were involved in, and consulted on, the Trust's strategic decisions.

He gave a breakdown of the council explaining there were 13 public elected governors, four appointed and eight staff governors. He directed attendees to the staff and members' bulletin, 'Your Trust', for more information including a list of governors' names and the areas they represent.

**Mrs Ord – Trust Chairman**

Mrs Ord summarised the agenda for the event.

Mrs Ord, who chairs the Council of Governors' meetings, thanked the governors for the time they give freely to deliver on their roles to represent members and how they feed back the work and achievements of the Trust.

She said she was appointed as Trust chairman on 1<sup>st</sup> January 2016 to an enthusiastic welcome. She explained how impressed she was by the staff, both in hospital and in the community, who deliver care for the population of Dudley. She directed attendees to the Annual Summary 2015/16 and the full Annual Report & Accounts 2015/16 for more information on the Trust's achievements.

She went on to explain that the purpose of the Annual Members' Meeting was to focus on what happened in 2015/16 and review how the Trust performed in challenging times for the NHS as a

whole.

Mrs Ord outlined the role of the Board of Directors and how it sets direction and ensures effective controls are in place to maintain the high standards expected. She detailed the relationship between the Trust and partners, including the local clinical commissioning group, local authority and voluntary sector. She drew attention to the Trust's regulator NHS Improvement (formerly Monitor) and the bodies who scrutinise the Trust by undertaking regular inspections.

She emphasised the importance of The Dudley Group and the care it delivers to the people of Dudley, referring to it as a precious local asset and a place where people matter.

The Chair asked all those present if they were content to approve the minutes from the Annual Members' Meeting held on 10<sup>th</sup> September 2015 as a true and accurate record.

**Mr McClymont** expressed disappointment that the minutes were not emailed to him in advance of the meeting.

**Mrs Board, Patient and Governor Engagement Lead for the Trust**, apologised and pointed out that she had provided Mr McClymont with a set of minutes in large font format and that she would be happy to email them to him in future on request.

**Mr Downing** said he would appreciate further information on the question he raised in the 2015 minutes (regarding health tourism) and the mechanism used by the Trust to receive payment from non UK residents.

**Mr Taylor** confirmed the Trust had a robust system for collecting funds from patients who are not resident in the United Kingdom.

**Mrs Ord** confirmed that a note would be made of Mr Downing and Mr McClymont's comments.

The minutes of the previous Annual Members Meeting held on 10th September 2015 were accepted as a true and accurate record and

would be signed by the Chairman.

2. Chief Executive's overview of 2015/16

**Ms Clark, Chief Executive Officer**

Ms Clark highlighted some successes of 2015/16 citing patient access to the Emergency Department, known as the four-hour standard, as one of the best in the country. She explained that these were not targets but standards that patients had a right to expect.

She said the Trust continued to receive a rating of 4.5 out of 5 on the NHS Choices website and reported that the organisation continued to receive a high volume of patient feedback from numerous sources. She said the 30,000 pieces of patient information received in the year was used to improve services. For example, feedback on food led to the introduction of the Chosen by Patients menu; the Trust began replacing patient gowns with gowns that provided more dignity, and soft close bins were introduced to reduce noise on wards at night.

Ms Clark thanked staff for working hard and going the extra mile, acknowledging the NHS had never had more problems recruiting staff. She spoke of the work on-going to encourage nursing staff to Dudley, including recruitment board from the Philippines.

On the financial front, Ms Clark confirmed it had been a challenging year for the Trust and that finances were kept on a tight leash. She confirmed the Trust had a £2.9million overspent against a turnover of £325 million and that there was much focus on ensuring the Trust runs an efficient organisation stating the Cost Improvement Programme saved £16m in 2015/16. The savings expected in 2016/17 amounted to £12million.

Ms Clark explained the strategic aim was to provide integrated care closer to home to offer patients wider scope of services in the community. She reported that the Trust was working with Dudley Clinical Commissioning Group to achieve this with partnership

working called 'All Together Better'. She told guests how to get involved in the public consultations taking place on the development of the Multispecialty Community Provider (MCP).

She reported the Trust was part of the Black Country Alliance with Sandwell and West Birmingham Hospitals NHS Trust and Walsall Healthcare NHS Trust. She explained how the alliance made a difference to patients, citing access to Interventional Radiology at weekends.

Looking ahead, Ms Clark said the Trust has selected a new IT system. More work was being undertaken to improve patient experience by embedding and living by Trust values of care, respect and responsibility.

She said the Trust's strategic vision was to be trusted to provide safe, caring and effective services because people matter. Being the place where people wanted to work was most challenging because of the workforce crisis in the NHS.

3. Presentation of Financial Accounts 2015/16

**Mr Taylor, Director of Finance and Information**

Mr Taylor advised that the full set of financial accounts was contained with the Annual Report and Accounts available via the Trust website with hard copies available on request.

Mr Taylor explained that the financial difficulties over the previous two years had put the Trust in breach of its license with its regulator NHS Improvement (Monitor). He stated the breach conditions were removed in March 2016 because the financial position had improved. The Trust has, once again, autonomy on how money is spent. He acknowledged there was still a bit more work to do before the Trust was completely balanced financially.

He reported A&E attendances were down on the previous year and attributed it to the Urgent Care Centre accepting minor injuries, although emergency admissions were up 2%.

Mr Taylor explained the end of year outturned £3m in deficit on a turnover of £325m. Although this was the wrong side of the line, it was a vast improvement on the financial position in previous years.

He was pleased to announce the Cost Improvement Programme had saved £16 million and that it was a great credit to staff who offer great patient care with less money.

Mr Taylor expanded on the difficulties the Trust faced to recruit staff particularly in the nursing specialties. He pointed out that the agency spend trend was increasing with a £9.6million spend in 2015/16.

Looking forward to 2016/17, he was optimistic the Trust deficit, excluding STF monies, would be about £800k.

4. Presentation of Quality Account 2015/16

**Mrs Wardell, Chief Nurse**

Mrs Wardell explained the Trust's Quality Accounts, what they are and how they are externally audited.

She confirmed that stakeholders are always involved in deciding the quality priorities and listed the quality priorities for 2015/16 as patient experience, ensuring patients receive the best care; reducing pressure ulcers; achieving the nationally-set MRSA rate and reducing Clostridium difficile rates; ensuring good nutrition and hydration, and improving reviews of hospital deaths.

Mrs Wardell noted the Trust scored better than any peer group in the Black Country in the Friends and Family Test for inpatients, those patients seen in the community and patients visiting Outpatients. She informed the meeting that the Trust had been rated equal to or higher than the national average in 2015/16.

Mrs Wardell presented a slide which showed a further fall in the number of stage 3 and 4 pressure ulcers developed in hospital, and was pleased to report there had been no avoidable stage 4

pressure ulcers in the community. She acknowledged a slight increase in stage 3 pressure ulcers in the community – 15 in 2015/16 against 11 in 2014/15.

There had been 43 cases of C Difficile with 20 apportioned to the Trust, which was within the target set nationally. Unfortunately, two patients contracted MRSA bacteraemia in September 2015 and Mrs Wardell offered assurance that learning would be shared to avoid further cases.

Although the Nutrition and Hydration quality priority was improving year on year, and the overall Trust target was achieved with a score of 90%, Mrs Wardell informed the AMM that that one ward narrowly missed achieving 93% in one quarter. She also stated that Medication was an additional quality priority for 2016/17 to ensure effective processes were place for medicine administration.

Finally, Mrs Wardell highlighted some examples of staff receiving national recognition: Lead Nurse for Older People Sarah Causer was crowned Nurse Leader of the Year in the Nursing Times Award.

Claire South was named Emma's Diary Mums' Midwife of the Year 2016 for the Midlands and East Region as part of the Royal College of Midwives' Annual Midwifery Awards.

The Trust was awarded a prestigious Health Service Journal Award for work in improving patient flow and exceeding the four-hour emergency access target.

Dr Michael Douglas, Consultant Neurologist and Honorary Professor of Neurology, was the winner of the outstanding neurologist in MS treatment category at the first ever 2015 QuDoS in MS Awards.

She concluded by asking all present to complete a feedback form to indicate what quality priorities should be considered by the Trust in the following year.

## **Mr Atkins, Chair, Charitable Funds Committee**

Mr Atkins provided a brief overview of the DGNHS Charity as an umbrella for 85 separate funds and a general fund and explained how the money was used to improve patient experience and help staff to improve the care given.

He detailed the charity's governance arrangements with the day-to-day management of funds resting with the Finance Department. Matrons and senior managers ensure funds are spent accordance with the wishes of those donating .

Mr Atkins said charitable donations come from a number of sources including legacies, donations and investment income with nearly half of the £400,000 income from fundraising activities. He expressed his gratitude for the huge fund raising support from some groups and individuals in the community including Jacqui Hogwood and Lawrence Evans who raised £4,000 and £6,800 respectively for cancer care on the Georgina Unit.

He highlighted some annual fundraising events especially the charity football match that raised £12,000.

Mr Atkins presented examples of how donations were used: the purchase of new equipment, staff education and welfare, and research. Possible future spends include: providing pools for home water births, portable pain relief during labour and bereavement counselling.

Mr Atkins ended his presentation summarising the key challenges for the next financial year, for example, building on the Trust's marketing strategy, developing corporate relationships and increasing income from grant applications.

## 6. Auditors Report

### **Mr Matt Elmer Price Waterhouse Cooper (PwC)**

Mr Elmer presented the external auditor findings on the Annual

Report and Accounts and Quality Report presented earlier in the meeting.

He summarised the responsibilities of external auditors: to look at financial statements, assurance on the Quality Report, review of the Annual Governance Statement, review of the Annual Report, and how PwC looks at the arrangements in place for securing value for money through economy, efficiency and effectiveness.

The auditors also looked at income from commissioners, specifically the Trust's Payment by Results contract and the valuation of land and buildings.

Mr Elmer reported that PwC's main area of work in 2016/17 was reflecting on the Trust's breach of its terms of authorisation and concluded that, although the breach was removed, they issued a modified 'except for' conclusion in this area because the Monitor enforcement notice was in place for the majority of the year.

He reported that the auditors were able to issue a clean unqualified so-called 'limited assurance report' for the Quality Account indicator testing. They also reviewed a local indicator for instances of Clostridium difficile and identified no issues. Therefore, they gave a clean unqualified opinion. He stated that it was 'no mean achievement' to receive a clean opinion.

Mr Elmer summarised the auditor's findings.

**An attendee** made reference to the Chief Executive's Overview and stated that a patient could be seen in Accident and Emergency within four hours but could remain in the department for a further three hours.

**Ms Clark** clarified the information by stating that 98.1% of patients will be seen within four hours and explained the standard referred to the total time spent in Accident and Emergency i.e. 95% of patients need to be seen, treated, admitted or discharged within four hours.

7. Questions from the public relating to the Annual Report and Quality

## Accounts

**Mrs Ord, Chairman** invited questions from those present.

**Mr Stokes** said his wife had visited A&E in November 2015 and was in extreme pain. He explained that she waited four hours before she was seen and then waited a further six or seven hours before being treated. He acknowledged the four-hour standard was important but felt there was no measure for assessing people by the amount of pain they are in.

**Mrs Ord** acknowledged how distressing this must have been.

**Ms Clark** offered her apologies and explained the system for patients to be assessed when they arrive at A&E to determine whether they should be seen in the Urgent Care Centre or A&E. The system generally works well but she conceded that at busy times during the winter the Trust had failed the four-hour standard.

**Mr Stokes** felt that nurses were looking at the medical condition not pain levels.

**Ms Clark** felt the new assessment system was better for patients because it defined the most appropriate place for them to be seen. She said she felt the nurses undertaking the assessment generally did a fantastic job but acknowledged the point made about pain control and that people in pain ought to be prioritised. She offered assurance by reiterating that pain control was one of the new Quality Priorities. Ms Clark explained that patients arrive at A&E via two routes: by ambulance or by walking in and that ambulance patients were the Trust's priority, along with children and elderly patients.

**Mr Cleaver-Jones** gave an example of a friend arriving at A&E in pain who was assessed immediately, assigned a cubicle and offered pain relief. He believed the system did work.

**Ms Clark** concluded by saying the Trust needed to offer patients consistency although it was seeing a rise in the number of emergency patients and the recent hot weather had had a big

effect.

**An attendee** said she was brought into A&E by paramedics who said she was better off sitting. She heard someone remark there wasn't a bed available. She was taken through to the waiting area and waited for four hours. Five minutes after the four hours staff called her name and she went through. She was advised to go home and take pain killers. She explained that she had needed an ECG but neither of the bank nurses knew how to do it. She did not receive an apology.

**Ms Clark** apologised and said staff did their level best and that the Trust hired some agency nurses during an incredibly busy winter and spring. At times staff have been under pressure but they always aspire to offer better treatment. She added that the Trust offered a seven day service and a lot of doctors were on site over the weekend.

**Mrs Reeves** cited her own example of waiting in A&E a few years ago for four or five hours before being seen.

**Ms Clark** acknowledged that, at times, it can be the same now for patients if, for example, a doctor is unable to attend for work and there is difficulty finding staff to cover the shift. On balance, she said, the Trust performs much better than it did a few years ago. She acknowledged that sometimes we didn't give people the standard she would personally like to see.

**Mrs Reeves** remarked that a cleaner had been asked to serve meals at night.

**Mrs Wardell** replied many other trusts across the country operated this dual role and that staff on cleaning duties also serve meals and adhere to the Trust's infection control rules, which included robust hand washing. She offered assurance that there was no infection control issue. Although not popular with staff, it was efficient and effective.

**Mr McClymont** asked for an error in the previous year's minutes to be corrected and was asked to speak to a member of the Trust staff

after the AMM. The correction was made to item 7 paragraph 12, first sentence. The word 'Disability' was replaced by the word 'Inclusive'.

**Mr McClymont** asked if the Trust was ready for the Accessible Information Standard that was about to arrive.

**Ms Clark** replied the Trust was ready.

**Mr McClymont** asked if he could receive his appointments via email.

**Mrs Abbiss**, Head of Communication and Patient Experience, explained the Trust was looking into its ability to send appointment information by email but it needed to be assured that it was safe method of supplying personal information and that systems needed to be in place first.

**Mr Palethorpe**, Director of Governance and Board Secretary, added that technology was an issue, and the Trust had to be ready by 1<sup>st</sup> August to capture patient needs and deliver those needs in a safe agreed timescale.

**Mr McClymont** asked when, exactly, patients could expect the email option.

**Mr Palethorpe** reiterated it would happen when the Trust was assured it was safe and the technology was in place.

**Ms Clark** responded by saying the Trust was not in a position to give a date.

**Mrs Ord** said the requirements would be tested to ensure the Trust was absolutely clear about what needed to be delivered by 1<sup>st</sup> August. She apologised for not having the information at her fingertips and offered to report back via the Trust website.

**Mr Orme** suggested it was about the protection of records.

**Mrs Ord** agreed the data needed to be secure.

**Mr Orme** asked about the amount the hospital pays in fines for not meeting deadlines. He understood the fines were not going to be taken away from the Trust and so there would be money in the kitty.

**Mr Taylor** explained that within the contract agreed with the CCG there was provision for a series of fines, but the Trust had an agreement with CCG to invest fines back with the Trust.

**Mr Orme** asked how many nurses in training did the trust have and what is the possible level of increase. He also asked how many physician associates would the Trust like to have to help reduce waiting times in A&E.

**Ms Clark** replied that a lead physician associate was looking at roles within the Trust.

**Mrs Ord** explained the number of physician associates in training was dependent on each individual trust and that The Dudley Group had approximately 12. They were a new clinical role to support some specialities.

**Ms Clark** said more physician associates were completing their training. She went on to explain that the workforce shortage in the NHS was immense and this was not restricted to nurse and doctor shortages. Recruitment was problematic in other areas including speech and language therapy, radiology and among Operating Department Practitioners (ODPs), sonographers and healthcare scientists. She explained it would take a number of years to “turn the tank around”. She noted that nurses would soon need to pay their own fees and the impact of this change would need monitoring. The Trust continues to train clinical support workers to enable them to progress their nursing careers.

**Mrs Wardell** confirmed there were nine clinical support workers in training and another ten starting in January 2017.

**Mrs Ord** added that the Trust, in recruiting nursing numbers to ensure it provided safe training with appropriate supervision and

support.

**Ms Hickman** asked about the new ward support system of domestics and catering workers. She asked where the system was working in other places in the country and said that it was tried in Leicester and they are changing it back. She said Interserve's plan was instead of having six members of staff doing things separately, they will have three members of staff doing it combined.

**Mrs Wardell** replied the Trust monitors ward cleaning and would continue to monitor the situation on any changes made to ensure infection control was maintained and nothing was detrimental to patients.

**Ms Hickman** asked if infection control slips, was there a backup plan?

**Mrs Wardell** replied any issues would be picked up via close contract monitoring.

**Mr Taylor** confirmed the Trust held Interserve to account for the cleanliness of the ward and would take remedial action to put things right.

**Ms Hickman** asked how quickly it could happen.

**Mr Taylor** said monthly monitoring took place.

**Mrs Wardell** said daily feedback from patients was also used for monitoring purposes.

**Mr Thompson** said he was disappointed some people were not satisfied with their treatment and explained that his own treatment had been fantastic and couldn't have been better. He advised whatever the Trust was doing, keep doing it.

**Ms Clark** thanked him and said the service was about every patient, every time.

**Mrs Ellis** asked if the Trust worked with recruitment and marketing

agencies and that the money spent on admin staff from agencies shocked her. She said she knew people who would like to work for the Trust but that it felt like a closed shop.

**Mr Taylor** replied the Trust struggled to recruit to certain managerial posts and that a number of directorate jobs were being covered by agency staff while recruitment took place. As an example, he said IT staff with specialist skills could earn more money in the private sector and, as a result, the NHS experiences shortages in this area. The Dudley Group was always successful in attracting people of the right quality applying to work for us.

**Mrs Ellis** said investment agencies had done some work in Birmingham.

**Ms Clark** asked Mrs Ellis to send the details to her via email.

**Mrs Ord** replied that some jobs websites like NHS Jobs could be sometimes difficult to navigate, and it was not an easy site to find, but that was where most NHS jobs were advertised.

**Mrs Piggot** asked if the Trust was meeting waiting time targets for outpatient referrals, particularly in the eye department and how the data was captured.

**Ms Clark** replied the Trust was struggling in a couple of areas including Orthopaedics and Urology but was just about hitting both 18 week Referral to Treatment (RTT) targets. She accepted the Trust was not meeting the target in Ophthalmology because of problems with capacity and demand. She explained the Trust was engaging optometrists for patients who just needed monitoring and work was on-going with patients and GPs to escalate patients who needed urgent follow up. The Trust was also recruiting consultants to help with demand.

**Mrs Piggot** asked which outpatient departments were failing to meet waiting time targets.

**Ms Clark** replied that the Director for Strategy and Performance Anne Baines was looking at overcrowded clinics, which included

logging referrals as they came in and monitoring waiting times.

**Ms Hill** from Whitehouse Support Dudley commented on the experience of patients waiting for treatment on the Georgina Unit and asked what was being done to improve it. She said a patient could arrive for an appointment at 11am and not start treatment until 4pm.

**Ms Clark** acknowledged waiting times on the unit was a long-running issue and that the Trust was a victim of its own success. Cancer treatments were advancing so much and the Trust was continuing to see more poorly patients. Part of the issue was the need to take blood tests on the day for patients who needed chemotherapy To ease the problem, the pod outside the unit was converted into a waiting area and the Trust was looking into what treatments could be provided in the community to take the pressure off the unit. Ms Clark said the Trust did not do well in terms of patient experience but did do well in terms of outcomes.

**Ms Hill** responded that the staff on the unit were lovely and do their best for patients.

**Ms Clark** confirmed the Trust was working on reducing waiting times in facilities that were too small.

**Mrs Stokes**, an Action Heart volunteer, said she was fast tracked by her GP and received an appointment within two days for an MRI and for X-ray. She noted the positive response received from patients on Coronary Care.

**Mrs Ord** responded that when patients tell staff the trust was not getting something right, staff did their best to put it right. She said that delivering innovation and improvement was part of the Trust's mantra and that staff were providing high levels of care despite pressures on the NHS.

**Mr Franklin** said he was surprised to hear about the problems in Ophthalmology and that he received appointments very quickly.

**Mrs Clark** replied that the problem was with follow up

appointments.

**Mr Orme** asked for Did Not Attend (DNA) rate was for Russells Hall Hospital.

**Ms Clark** replied that it depended on the clinic. For some clinics it could be 4 or 5% and for others it could be 10%. She said some clinics were overbooked to compensate for DNAs and that if all patients turned up, clinics were very full. Ms Clark said initiatives such as text messaging were helping to reduce DNAs.

**Mr McClymont** suggested the Dudley Group adopted his dignity charter.

**Mrs Wardell** replied the Trust was signed up to a national charter but was happy to consider Mr McClymont's dignity charter and asked him to send her the details.

**Mr McClymont** said he worked with Dudley Healthwatch and at a recent meeting 60 people discussed what the charter could look like. One suggestion from the meeting was a dignity tree and he thought it could go in the hospital reception.

**Mrs Wardell** replied absolutely.

**Mr McClymont** asked for ideas about where the dignity tree could go.

**Mrs Wardell** explained the Trust offered dignity training as part of the Learning and Development Strategy.

**Mrs Snowden** brought everyone's attention to the Multispecialty Community Provider (MCP) consultation and encouraged as many people as possible to attend events and ask questions. The dates and times were on the CCG website.

### **Close of Annual Members Meeting**

Mrs Ord thanked all for their attendance and drew the Annual

Members Meeting to a close.

The next Annual Members Meeting would be held on 20<sup>th</sup> July 2017.