Milton Keynes Hospital NHS
NHS Foundation Trust

# MILTON KEYNES HOSPITAL NHS FOUNDATION TRUST ANNUAL GENERAL PUBLIC AND MEMBERS' MEETING

**Minutes of the Annual General Public and Members' Meeting of the Milton Keynes Hospital NHS Foundation Trust held on Thursday 17 October 2013 at 6.30pm at Berrill Theatre, Open University, Walton Hall, Milton Keynes, MK7 6AA**

**Present:**
**CHAIRMAN:**
Mr Chris Mellor (CM)

**CHIEF EXECUTIVE:**
Mr Joe Harrison (JH)

**NON-EXECUTIVE DIRECTORS:**
Mr Robert Green (RG) - Non Executive Director
Mr David Moore (DM) - Chair of Finance & Investment Committee

**EXECUTIVE DIRECTORS**:
Mr John Blakesley (JB) - Interim Director of Planning and Performance
Mr Jonathan Dunk (JD) - Acting Director of Finance
Ms Norma French (NF) - Director of Workforce
Ms Lisa Knight (LK) - Director of Patient Care and Chief Nurse
Mr Darren Leech (DL) - Chief Operating Officer
Mr Martin Wetherill (MW) - Medical Director

There were 43 members with at least one member present from every constituency

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| **1** | **WELCOME** |
| 1.1 | The Chair welcomed the members to the Annual Members' Meeting. |
| **2** | **APPOINTMENT OF INTERIM CHAIRMAN** |
| 2.1 | The CEO informed the meeting that Chris Mellor had been appointed as the interim Chairman by the Council of Governors at its meeting on 13 August 2013, to replace David Wakefield. The Chairman commenced on 9 September 2013 until June 2014.<br><br>**Resolved:**<br>That the appointment of Chris Mellor as Interim Chairman be noted. |
| **3.** | **CONSTITUTIONAL CHANGES** |
| 3.1 | The Chairman informed the meeting that the Health and Social Care Act 2012 came into force on 1st April 2013 and provided additional statutory powers and duties to Council of Governors of NHS Foundation Trusts. These additional powers and duties have been included in the Trust's constitution to document the additional statutory powers and duties of Governors.<br><br>The description of each additional power and duty can be found in the table below and the |

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| | amended Constitution is available on the Trust's website.<br><br>The Trust's Board of Directors approved the addition of the powers and duties in the Trust's Constitution at its Board meeting on 27 March 2013 and the Council of Governors approved them at its meeting on 9 April 2013.<br><br>The Health and Social Care Act 2012, requires that Governors seek the approval of the Trust's membership of any amendments to the Constitution that alter the powers and duties of Governors. Consequently the amendments are presented to the Membership for approval.<br><br>**Resolved:**<br>That the amendments to the Constitution, as required by the Health and Social Care Act 2012, be agreed.<br><br>There was no opposition to this motion. |
| **4** | **ANNUAL REPORT AND ACCOUNTS 2012/13** |
| | The Chairman and CEO introduced the annual report and accounts for 2012/13 and gave a presentation summarising the key performance and financial information. The key issues highlighted were:<br><br>• Changes in Board with new Chief Executive and in 2013/14 new Chairman<br>• CQC inspections Dignity and Nutrition in August 2012 and Staffing and Governance in February 2013<br>• A&E 4 hour wait target was not achieved in 3 quarters last year, but had improved and was achieved in Q2 this year.<br>• Board invested £1.5m in nursing staff<br>• Ambulatory Emergency Care Unit opened and was now recognised as best practice.<br>• Improvements in Emergency Care pathway, to improve patient care<br>• Listening events held with patients and staff which led to the development of Trust standards and commitments<br>• Investment in technology<br>• Financially delivered £8.8m deficit<br>• Charitable funds raised £380K and had a balance of £634K<br><br>Looking ahead:<br>• Winter planning – investment in medical staffing<br>• Development of cancer service<br>• Ward to Board Nursing metrics will be published<br>• Procurement of Electronic Patient Record<br>• Working in partnership with the University of Buckingham to provide a Medical School.<br><br>**Resolved: that the annual report and accounts 2012/13 be received and noted.** |
| **5** | **COUNCIL OF GOVERNORS AND MEMBERSHIP UPDATES** |
| 5.1 | Bob Collard, Lead Governor and Vice Chair of the Council of Governors gave a presentation and highlighted the following:<br><br>• The work undertaken by the Council of Governors during 2012/13<br>• Details of the Membership of the Trust was given in the Annual report and actions to address under representative groups, e.g young people<br>• Importance of the public and members using the services at the local hospital |

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| | • The financial and performance of the Hospital.<br><br>**<u>Resolved:</u> That the report of the Council of Governors and Membership update be noted.** |
| **6.** | **PRESENTATIONS - LOOKING BACK AND GOING FORWARD** |
| 6.1 | **SURGERY DIVISION**<br><br>Andrew Cooney, Divisional Director gave a presentation of the Surgery Division activities in 2012/13 and highlighted the following:<br><br>• Enhanced recovery programme which was a multi-disciplinary approach involving the patient in care pathway and reduces length of stay. This was being used in colorectal and orthopaedic surgery<br>• Intensive Care Unit follow up (ICU Steps) which was recognised as best practice<br>• Improvements in Anaesthetics Department which was recently scored top for training, by trainees in the region.<br>• Appointment of Orthopaedic team as Visiting Professor University of Bedfordshire (Institute for Sport and Activity Research)<br>• Anaesthetic Consultant appointed as a Lead Reviewer for a new Royal College of Anaesthetists' quality assurance service |
| 6.2 | **CORE CLINICAL**<br><br>Jonathan Ellis, Divisional Director of Core Clinical gave a presentation of the Core Clinical Division activities and highlighted the following:<br>• Core clinical are responsible for 600 staff and 120 volunteers in areas of Diagnostic and Screening, Cancer Services and Support Services<br>• Introduced 3Ws campaign asking patients if they need Water, are they Warm, have they got their call bell for Warning<br>• On site chemotherapy produced by pharmacy<br>• Radiology seven day working<br>• Out-patient "check in" kiosks<br>• Research collaboration between Psychology and the Open University<br>• Electronic requesting and reporting system in Pathology<br>• Over delivery on transformation targets – saving £2M in 2011-12 and £2M in 2012-13<br><br>**<u>Resolved:</u> that the reports of the Surgery and Core clinical Divisions be noted.** |
| 7. | **ASK THE BOARD**<br><br>Chris Mellor, Chairman and the Board answered questions that were raised at the meeting and these included:<br>• What was the hospital's view on patient referral system and the impact this would have? JH responded that this initiative was welcomed as referrals should be standard from all GPs. It would also assist all patients having pre-operative checks before attending hospital<br>• Was the future surgery moving toward more laparoscopic procedures? AC stated that there had been an increase in colorectal and gynaecological laparoscopic procedures and it was thought that this would increase across most specialities.<br>• Was there a plan to improve the elective C- Section operating lists? AC stated that Obstetrics waiting lists were not long and investigations were being undertaken into having 3 patients per list.<br>• What was being done to improve the length of time a patient has to wait for medication |

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| | when they were discharged, as it can take several hours? JE stated that the Pharmacy had a specific performance indicator and prescriptions must be turned around within an hour. Last month Pharmacy achieved an average of 53 minutes. AC stated that a 23 hour discharge plan was being implemented. Each patient should have a projected discharge date and the To Take Out (TTO) medication was incorporated and should be prescribed the night before discharge. Nurse led discharge was also being used and nurses can prescribe certain medication.<br>• What was the future of the walk in centre? JH stated that part of the development plan for the site was to include primary and acute at the front door of the hospital. The CCG supported the proposals and formal notification of the funding was awaited.<br>• Provision of services for Mental Health patients were nationally not adequate, what was the hospital doing to improve this? MW replied that the Trust was not responsible for Mental health service, but does treat patients with mental health issues. LK added that the Trust was lobbying the local team regarding the provision of adolescent care.<br>• What was the Trust doing to reduce the number of agency staff by employing substantive staff, as this would reduce and potentially eradicate the deficit? The Chairman stated that the Board was focused on not having to rely on agency and locum staff for quality and financial reasons and there were a range of measures being taken to address this.<br>• Were patients involved in the decisions regarding what Charitable Funds were being used for? JD responded that the Tough of Pink appeal raised £80K for a specific machine to improve patient care. The Leo appeal had just been launched to raise funds for paediatric services and the Friends of Milton Keynes Hospital and Community continued to support the Trust. There had been a decision by the Charitable Funds Committee to consolidate the number of funds to make spending the money far easier.<br>• There had been 262 patients presented in A&E in 24 hours which was a record, what was this in proportion to the population of MK? Based on a population of 280K it was approximately 1:10 and if the Walk in Centre was included it was 1:8.<br>• What was being done to improve information to patients and families? JH stated that the Trust recognised that improvements were required both in written and electronic form. The outpatient department has 270K patients all requesting information, and given the complexities of the services, this was going to take time to improve.<br>• What assurance could be given that nursing staff were not being required to undertake double shifts due to lack of staff, which had been the case on Ward 15? LK responded that a review of staffing was reported to the Board in February 2013, when the Board decided to invest a further £1.5m in nursing, of which £0.5m was invested in A&E. In relation to Ward 15 there had been an uplift in staff. On all wards the sisters were supervisory. It was anticipated that the Chief Nurse would announce minimum nurse to patient ratios and it was believed Milton Keynes would be within the range.<br>• Had there been an increase in staffing in the post natal ward? LK responded that there were an additional 13 midwives recruited and the national 1:30 midwife to birth ratio would be met.<br>• If there was £20m for A&E what would be provided? JH stated that £24m was required and it would allow patients' access to GPs, Social Care, primary care support to direct the patient to the appropriate clinician.<br>• IF there were GPs in A&E would this just increase the number of patients arriving at the hospital, as it was difficult getting an appointment at the GP practice? JH responded that the objective was to point the patient to the right care and having a GP on site would prevent wasting Consultant time on seeing a patient that needs primary care advice or treatment.<br>• Why was it that there was often not enough money to fund improvements suggested by staff but consultancy firms were being used at significant cost? CM stated that he NHS historically spent considerable amounts on consultancy. The Trust was devolving systems where ideas to improve quality were fostered and implemented. JD stated that £1m was being invested during 2013/14 on quality improvements and service developments and any spend of consultancy was not at the expense of quality improvements. |

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| 8. | CONCLUSION<br><br>The Chairman thanked the members for attending the meeting and thanked partner organisations Milton Keynes CCG and Milton Keynes Council, the Council of Governors', the Board and Trust staff for all of their support during the year. It was acknowledged that the onset of winter brought particular difficulties but plans were in place to assist in delivering the best patient care possible.<br><br>The meeting ended at 8.35pm |

**Michelle Evans-Riches**
**Trust Secretary**

**22 October 2013**