

Annual General Public and Members' Meeting

Tuesday 22nd September 2015 at 6.30pm

Stantonbury Theatre, Stantonbury,
Milton Keynes MK14 6BN

Time	Item of Business	Speaker
18:30	Welcome to the Annual Public and Members' Meeting	Joe Harrison, Chief Executive
18:35	Chairman's Introduction and Welcome	Baroness Margaret Wall Chairman
18:40	Constitutional Changes	Joe Harrison Chief Executive/ Baroness Margaret Wall
18:45	Minutes of the Annual General Public and Members' Meeting 16 September 2014	Baroness Margaret Wall Chairman
18:50	Review of 2014/15 (Annual Report) Financial Review of 2014/15 (Annual Accounts) Council of Governors' Review of 2014/15 <ul style="list-style-type: none"> • Membership • Elections 	Joe Harrison, Chief Executive Jonathan Dunk Director of Finance Lesley Bell, Governor
19.10	Questions	Board of Directors
19.20	Progress in Medicine Division	Jonathan Ellis, Divisional Director Medicine
19:30	Medical Detection Dogs	Rowena Fletcher Head of R&D
19.45	Questions	Board of Directors
20:00	Close	Baroness Margaret Wall, Chairman

Annual report and accounts 2014/15 available on request to Michelle Evans-Riches, Trust Secretary, tel 01908 996234 or on website www.mkhospital.nhs.uk/about-mkhft/publicdocuments/annual-reports/1269-2014-15-annual-report-and-accounts/file

Meet the Board of Directors

Annual General Public and Members' Meeting

Tuesday 22nd September 2015

Report of the Constitution Amendments arising from the name change of the Trust to the attained University status

Dear Member

With effect from the 2nd April 2015, the partnership with the University of Buckingham to create the UK's first independent medical school, Milton Keynes NHS Foundation Trust was renamed **Milton Keynes University Hospital NHS Foundation Trust**.

A review of the Trust's constitution was undertaken to ensure that the name change was reflected and that any other amendments were also identified.

Following consideration of the proposed changes at the Council of Governors meeting on 12 May 2015, The Governors supported changes to the Trust's Constitution including the name change to Milton Keynes University Hospital NHS Foundation Trust and recommended the changes to the Trust Board. This was agreed by the Trust's Board of Directors on the 3rd July 2015.

Description of Change	Page Reference
<p>Restriction on Membership Inclusion of Milton Keynes University Hospital NHS Foundation Trust at the end of paragraph 10.1 and 10.2: 10.1 An individual who is a member of a constituency, or of a class within a constituency, may not while membership of that constituency or class continues, be a member of any other constituency or class of Milton Keynes University Hospital NHS Foundation Trust.</p> <p>10.2 An individual who satisfies the criteria for membership of the Staff Constituency may not become or continue as a member of any constituency other than the Staff Constituency of Milton Keynes University Hospital NHS Foundation Trust.</p>	Page 6
<p>Composition of the Council of Governors Para 3.6 Amended to read: One representative from Milton Keynes Youth Council. (non voting)</p>	Page 26
<p>Tenure of Appointed Governors Para 6.1 regarding appointed Governor amended to read: shall hold office for a period of three years commencing immediately his appointment is announced</p>	Page 66

<p>Nominations Committee Composition Membership of the Non Executive Appointments Committee be retained at 5, members, the Trust Chairman, three elected Governor s and one Appointed Governor.</p> <p>2.5.1.1 Non-Executive Appointments Committee The Trust shall appoint a Non-Executive Appointments Committee (a Committee of the Council of Governors) which will comprise of the Chairman of the Trust (or, when a Chairman is being appointed, the Deputy Chairman/ Senior Independent Director unless he is standing for appointment, in which case another non-executive director), three elected Governors and one Appointed Governor. The Committee will be chaired by a Governor. The Chairman of another Foundation Trust will be invited to act as an independent assessor to the Committee.</p>	<p>Page 81</p>
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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 Tuesday 16 September 2014 at 6.30pm at Woughton Leisure Centre, Rainbow Drive, Milton Keynes, MK6 5EJ

Present:

CHAIRMAN:

Baroness Margaret Wall (MWa)

CHIEF EXECUTIVE:

Mr Joe Harrison (JH)

NON-EXECUTIVE DIRECTORS:

Mr Frank Burdett (FB) - Chair of Charitable Funds Committee

Mr David Moore (DM) - Chair of Finance & Investment Committee

EXECUTIVE DIRECTORS:

Mr John Blakesley (JB) - Deputy Chief Executive

Ms Kate Burke (KB) - Director of Corporate Affairs

Mr Jonathan Dunk (JD) - Director of Finance

Ms Ogechi Emeadi (OE) - Director of Workforce

Ms Lisa Knight (LK) - Director of Patient Care and Chief Nurse

Mr Martin Wetherill (MW) - Medical Director

GOVERNOR:

Mrs Lesley Bell (LB) - Public Governor

There were 120 members of the public present with at least one member present from every constituency

1	WELCOME
1.1	<p>The Chief Executive welcomed the members to the Annual General Meeting. JH thanked Danielle Nicole, a performing arts student from Milton Keynes College, for her singing.</p> <p>JH thanked Chris Mellor, the interim Chairman of the Trust who left the trust on 30 June 2014.</p> <p>The Chief Executive introduced Baroness Margaret Wall, who had been appointed as the Trust Chairman from 1 July 2014 for three years.</p>
2	Chairman's Introduction and Welcome
2.1	<p>The Chairman welcomed everyone to the meeting. During the meeting there would be awards given to 17 members of staff who had served the trust for 30 years and had a combined service of over 500 years.</p> <p>The Chairman was impressed with the passion and commitment of the staff at the hospital and an example of this was the staff on the stroke ward, who had undertaken a bespoke stroke course to improve the care for patients. Jackie Ashley, the wife of Andrew Marr, had visited the trust and</p>

	<p>was very impressed with the stroke care and in particular the physiotherapy support provided to patients once they were discharged from hospital.</p> <p>The Chairman reflected on the trust's ambition and commitment to improvement. This will be reflected in the presentations which will look back over 2013/14 and look forward to future developments.</p> <p>The Chairman was impressed by the care provided by the staff. On a recent visit to Pathology, the primary focus for all staff was that every test related to a patient.</p>
<p>3.</p>	<p>REVIEW OF 2013/14 – Annual report and accounts</p>
<p>3.1</p>	<p>JH gave a presentation which would be available on the trust's website and highlighted the following:</p> <ul style="list-style-type: none"> • In 2012/13, the trust was one of the worst performing hospitals in the country for A&E wait times and HSMR. It also had the largest financial variance against the Monitor plan. • 2013/14 priority was to focus on delivering excellence. • The Trust objectives were approved and adopted, with the top three being to improve Patient Safety, improve Patient Experience and improve Clinical Effectiveness. • Performance had consistently improved in the last year and this was evidenced in the monthly published performance dashboards. • The trust met its financial plan in 2013/14. • The trust had the second most improved A&E performance in the country, despite a 4% increase in activity. However, it did not achieve the 95% A&E 4 hour target and nationally 50% of trusts did not achieve this target. • Patients continued to see the hospital a place to receive care and the trust was working with primary care to provide patients with access to a full range of services at the hospital next year. • With support from health partners referral to treat waiting lists reduced from 315 to 216 in 2013/14 and was now 120. • Mortality rates were an indicator of provision of safe care and had reduced from 107 to 88. • Stroke service had achieved some of the national targets last year, but effort was being focused this year on stroke care to improve outcomes for patients. • 11 out of 12 months last year, patients stated that patient experience was better when compared to 2012/13. • The Quality Account priorities were to reduce the number of pressure ulcers, falls and achieve 100% of WHO Checklist. The number of pressure ulcers had reduced by almost two thirds. A great deal of work had been undertaken on falls assessment of patients and taking preventative action to reduce the risk of harm from falls. • There had been £1.5m investment in nursing and the posts which were unable to fill substantively, were filled by bank and agency staff. • The clinical teams had driven improvement in Emergency surgery and there was an additional 3 consultants providing care that rivalled teaching hospitals. • Department of Health funding of £2.9m had been secured to provide additional capacity in A&E. This was a short term measure, with the trust longer term plans to provide all emergency care in one facility. <p><u>Financial Report 2013/14</u></p> <p>JD gave a presentation and highlighted the following:</p> <ul style="list-style-type: none"> • The trust had delivered its plan with a £17m deficit. However, deficits were common across small and medium district general hospitals. • £7.4m of cost improvement savings was delivered. • Clinical income was £10.6m above plan with £5.8m of additional activity. • The trust had received £4m of transformational support from Monitor. • Expenditure increase was driven by costs of delivering unplanned activity, quality and capacity investments and price inflation.

	<ul style="list-style-type: none"> • Capital programme of £8.7m was fully spent. • Monitor continuity risk rating was 1 due to the financial position. • £13.7m of Public Dividend Capital was received from the Department of Health. • Cash balance at year end was £0.5m, which was the minimum cash balance required by the Department of Health. • Charitable funds over £250,000 had been raised, which had been used to fund a number of improvements to patient care e.g. provision of a new milk kitchen in paediatric ward and breast imaging equipment. • Leo's Appeal had been launched with the target of £200,000 for the paediatric department. There had been a great deal of community engagement with this appeal. <p>Finances 2014/15</p> <ul style="list-style-type: none"> • £7.1m was being invested in patient safety schemes. • Planned deficit for 2014/15 was £24.9m. • Capital programme was £14m which included investment in two large schemes, improved A&E capacity and new electronic patient record. • Target cost improvement savings was £8.4m. • Universal recognition that deficit will continue until system review delivers outcome. <p><u>Council of Governors' Review of 2013/14</u></p> <p>LB gave a presentation and highlighted the following:</p> <ul style="list-style-type: none"> • There were 29 Governors on the Council of Governors which included an extended outer areas which included Northamptonshire, Bedfordshire and part of Oxfordshire • There were currently 3 governor vacancies on the Council of Governors and elections would be held shortly to fill these seats. • Governors were responsible for holding the Non Executive Directors to account on the performance of the hospital and for representing the public and members. • The Health and Social Care act 2012 introduced a new responsibility for 50% of the Council of Governors to approve any merger and acquisition, which was becoming increasingly important nationally and locally. • Governors continued to seek to improve the governance and attended development sessions including those run by the Foundation Trust Network and Dementia friends workshop. • Council of Governors met 8 times during 2013/14 and appointed 2 new Non Executive Directors. • Governors attended trust Committees, took part in 15 steps initiative and PLACE inspection, both of which assessed the environment for patients. • Encouraged membership of the trust, which was 5,953 currently. The Governors wanted to have more contact with the public and membership in order to represent the views of the community more effectively. • It was an exciting time for the hospital with the developments of the Medical School and Cancer Centre and through membership the public could influence the local health provision.
4	<p>Minutes of the Annual General Public and Members Meeting on 17 October 2013.</p>
	<p>The Chairman presented the draft minutes of the Annual General Public and Members meeting on 17 October 2014.</p> <p><u>Resolved:</u> That the draft minutes of the Annual General Public and Members meeting on 17 October 2013 be accepted as a correct record.</p>
5	<p>Questions</p>
5.1	<p>What were the proposals for integration within the Milton Keynes health care system?</p> <p>JH responded that the formal report of the healthcare review had not been published. JH was confident that the hospital had a secure future in Milton Keynes with the development of the</p>

<p>5.2</p> <p>5.3</p> <p>5.4</p>	<p>Medical School and Cancer Centre. The trust continued to work with community services and social care to improve the service to patients, however, there was still a great deal to do. The trust had focused on its internal performance in 2013/14 and was working with partners on research and development and education. Relationships with other hospitals were also important for patient outcomes, for example the trust worked with Oxford University Hospital and Luton and Dunstable.</p> <p>Question: The A&E department was designed for 25,000 patients and the hospital is seeing three times as many. There were circa 4,000 patients last year who were not treated or admitted within the 4 hour timescale, so what measures was the trust taking to improve this?</p> <p>JH responded that the physical restraints of the department were a major issue in not achieving the target, but 94.8% of patients were treated or admitted within 4 hours. The additional interim capacity and additional staff will allow more patients to be seen. On one day in July there had been in excess of 300 patients attending A&E and it was not possible to safely treat all those patients within 4 hours. The trust had the support of MKCCG, Monitor and key partners that it will not compromise on patient safety to enable a target to be met. The hospital continues to work to obtain funding for the Common Front door which will provide the capacity and varied services to meet the needs of patients today and in future years.</p> <p>Question: What actions are being taken to ensure that GP and hospital systems speak to one another?</p> <p>JH stated that the hospital was making a massive investment in ICT and integration with other systems was a key specification. The investment includes a telephone system in which all practices in Milton Keynes and beyond could use the switchboard.</p> <p>JH added that patients currently had to make an arbitrary decision when entering the hospital site as to whether to go to the Urgent Care Centre or A&E. With the support of the CCG, it was planned to amalgamate the Urgent Care Service with A&E so a full spectrum of services can be offered to patients.</p> <p>Question: How do you see the health and social care economy working together?</p> <p>JH responded that in order to make the healthcare system in Milton Keynes successful, it had to move away from isolated services. The system is recognising where it needed to improve and the Better Care Fund was an opportunity to overcome boundaries.</p>
<p>6.</p>	<p>Celebrating Our 30th year 2014/15 and beyond</p> <p>JH gave a presentation on the 30th year of the hospital and its future:</p> <ul style="list-style-type: none"> • It was an exciting time for the hospital and its future • The Board was committed to being an open, honest and learning organisation providing the best possible care to each patient. • However, it was nationally recognised that small district general hospitals was no longer a working and sustainable model of healthcare provision. • The trust had adopted values as part of the We Care programme. • The hospital aspires to thrive on innovation, have an excellent reputation for teaching and training doctors and nurses and work with the University of Buckingham to provide an excellent place of learning at the Medical School. • The hospital will develop its research and development function so that the population of Milton Keynes have the opportunity to choose whether to be involved in research. • The provision of a Medical School had already attracted high calibre applicants to posts at the hospital. The first students will start at the University next year. • The top three trust objectives of improving patient safety, patient experience and clinical effectiveness were underpinned by 7 supporting objectives.

	<ul style="list-style-type: none"> • One of the objectives, develop as a good corporate citizen, recognises the role of the trust in the local community and economy e.g. it is one of the largest employers in Milton Keynes. • The investment in an improved A&E, Cancer Centre and Medical School shows the trusts aspiration to be at the heart of innovation. • The hospital welcomes the CQC inspection in October, which will score the trust on its journey to excellence. The inspection will examine standards of care and will be an opportunity for the hospital and staff to show it at its best. • The CQC will identify any issues for improvement and it was hoped that these would be areas the trust had already identified and was taking action to address. • There would be open engagement events which would be published on the trust website and everyone was encouraged to attend.
7.	Questions
7.1	<p>Question: Where does the parking charge go?</p> <p>JB responded that the money from car parking was used to maintain the car parks and estate and any surplus was used for the provision of healthcare. The Chairman added that a national survey had identified that Milton Keynes parking charges were reasonable and these were time based, rather than patients having to pay for all day.</p>
7.2	<p>Question: How did the trust ensure that Consultants knew who the Medical Director was and what was being done to ensure doctors adhere to protected meal times.</p> <p>MW stated that as Medical Director he was often on the panels for recruiting consultants and was surprised if a consultant did not know who he was. MW added that on occasions it was difficult for medical staff who had clinics and operating lists to adhere to protected meal times, as it may be the opportunity for medical staff to go to wards. However, every effort was being made by the medical staff to respect protected meal times.</p>
7.3	<p>Question: Would the trust becoming a University hospital have a positive or negative impact on the financial position?</p> <p>JH stated that it was clear that the partnership with the University of Buckingham was having a positive impact for the hospital for example recruiting high calibre staff. It was also opening opportunities for the trust. DM added that the association with the University was a positive in the quality of care for patients and the finances.</p>
7.4	<p>Question: The hospital had not kept up with the increase in the population in Milton Keynes. What plans were in place to increase the size of the hospital?</p> <p>JH responded that nationally there was a slight decrease in the number of acute hospital beds, but in Milton Keynes there was a slight increase in inpatient beds and this was anticipated to rise. In the past, services had not always been located in the ideal place in the hospital e.g. ophthalmology which was situated in a former inpatient ward. The Board had approved the Estates strategy which identifies how the estate can be used to provide healthcare on the site in the next 5 – 10 years.</p>
7.5	<p>Question: Do the waiting times for adults and children differ in A&E?</p> <p>JB stated that there was a separate paediatric specialist area. All patients were seen in relation to clinical need. The overall target was that 95% of patients should be seen within 4 hours.</p>
8.	Celebrating staff with 30 years of service.
	Awards were presented to the following staff who had 30 years of service at the hospital.

Ann	Dring
Beverley	Glasspool
Carole	Clarke
Catherine	Lane
Christine	Buss
Deborah	Brent
Elizabeth	Thwaites
Glenis	Williams
Jill	Beech
Kevin	Lovell
Kim	Weston
Lesley	Willis
Martin	Day
Mary	Louis
Tendayi	Pearce
Veronica	Gordon
Yvonne	Brown

The Chairman congratulated the staff on their long service award.

9. **CONCLUSION**

The Chairman thanked the members for attending the meeting.

The meeting ended at 8.15pm

Michelle Evans-Riches
Trust Secretary

24 September 2014