

**MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST
COUNCIL OF GOVERNORS' MEETING**

Minutes of the Council of Governors' of Milton Keynes University Hospital NHS Foundation Trust, held in public at 16.00 on Wednesday, 15 July 2020, via Microsoft Teams in line with social distancing requirements

Present:

Simon Lloyd - Chairman

Public Constituency Members:

Amanda Anderson
Alan Hastings - Lead Governor
Alan Hancock
Brian Lintern
Clare Hill
William Butler
Akin Soetan
Lucinda Mobaraki

Appointed Members:

Maxine Taffetani - Healthwatch Milton Keynes
Andrew Buckley - MK Business Leaders

Staff Constituency Members:

Michaela Tait

Executive Directors

Ian Reckless - Medical Director
Mike Keech - Finance Director
Danielle Petch - Director of Workforce
John Blakesley - Deputy CEO

Non-Executive Directors

Helen Smart
Heidi Travis
Nicky McLeod
Andrew Blakeman

Also, in Attendance

Julia Price - Interim Assistant Trust Secretary
Julie Goodman - Trust Lead for Complaints and PALS

1.	WELCOME & ANNOUNCEMENTS
	The Chairman extended a warm welcome to everyone present at the meeting
1.1	APOLOGIES

	<p>The following apologies for absence were received.</p> <p>David Barber, Public Constituency Member Robert Johnson-Taylor, Public Constituency Member Ann Thomas, Public Constituency Member Raju Kuzhively, Public Constituency Member Niran Seriki, Public Constituency Member Andrew Buckley, MK Business Leader Andy Reilly, Milton Keynes Council Haider Husain, Non-Executive Director Emma Livesley, Director of Operations Nicky Burns-Muir, Chief Nurse and Director of Patient Care Joe Harrison, Chief Executive Officer Alison Marlow, Interim Trust Secretary</p>
1.2	DECLARATIONS OF INTEREST
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
1.3	MINUTES
(a)	<p>Minutes from the Council of Governors meeting held on 12 February 2020</p> <p>The draft minutes from the meeting on 12 February were adjusted prior to today's meeting to incorporate amendments in relation to inaccuracies with regard to attributed comments made by Alan Hastings and Alan Hancock. The revised set of minutes is available from the Trust Secretary on request.</p> <p>The Chairman noted that the Council of Governors meeting on 14 April had been cancelled due to the pandemic.</p>
(b)	MATTERS ARISING / ACTION LOG
	<p>Action Log</p> <p>The two outstanding actions were reviewed and closed.</p>
2	CHAIRMAN AND CHIEF EXECUTIVE REPORTS
(a)	Chairman's Report
	<p>The Chairman advised the Committee that the new Chair of the Integrated Care System (ICS), Dr Rima Makarem, has now taken up her post and is working hard to re-energise the system, recognising the two Integrated Care Partnerships of Milton Keynes and separately, Luton and Bedford.</p> <p>Simon reported that he had recently attended a regional chairs meeting where the main focus had been the pandemic, throughout which the majority of the region and indeed the Hospital, have performed very well.</p> <p>Simon reported that he had received a communication from Amanda Pritchard, Chief Operating Officer of NHS Improvement, which focused on restarting services. Particular reference was made therein to governance, confirming that virtual board and governor meetings will continue for the foreseeable future in place of face to face meetings. The means of delivery for the Annual Members Meeting scheduled for September is being considered and the Council will be kept informed.</p> <p>Resolved: The Chairman's report was received and noted.</p>

(b)	Chief Executive's Report
	<p>In the absence of the Chief Executive, John Blakesley advised that the two main areas that had been requested for presentation are covered later in the agenda. These relate to an update on the pandemic (Item 3.1) and the restarting of services (Item 6.1 - Performance Report).</p> <p>Resolved: The Chairman's report was received and noted on this basis.</p>
3.1	Covid-19 Report
	<p>Ian Reckless provided a summary of the hospital's response to the Covid-19 pandemic and began by commenting on the length of time the hospital had been dealing with the situation which began with the Hospital's involvement in looking after the quarantined repatriated guests from Wuhan accommodated in a hotel in Kent's Hill in late January / early February. The hospital has been fortunate in the degree to which it has been affected compared to other Trusts in the surrounding region and beyond. Over the last 5-6 weeks, things have become much more settled. The worst period occurred at the end of March / beginning of April but there was very good collaboration between the hospital, Council, CNWL, families and patients. Ian referenced CNWL in particular who were able to increase their provision of care. This resulted in a fair number of vacant adult beds which was an unusual situation for the hospital to be in. However, the hospital's ITU ward was a particular pressure point with double the normal number of patients requiring ventilation and all with Covid. This was hugely challenging for the ITU Team. Ian explained that from a doctor perspective, anaesthetists possess the transferable skills required and were able to assist but it was more challenging for nurses. However, the response from other areas in the hospital to help out was extremely good, particularly from the Emergency Department and Ward 1. Nursing teams from different areas worked very well together in ITU. Ian made reference to the effective team working, as demonstrated through the Ross Kemp documentary. He warned that there could be further peaks at any point in the future.</p> <p>In the Trust there were 600 positive tests over the whole period, around 450 of these were for patients while the rest were for staff. Of those who tested positive, 117 subsequently died. Ian explained that the swab is not 100% accurate and a further 15-20 people who died did not have a positive swab but did display symptoms of Covid and it was strongly suspected they had had the illness. In context, nationally there were 45,000 deaths and around 130 of these occurred in this hospital.</p> <p>The hospital was asked to test as many staff as possible in a given week in April/May and of these 3% had Covid at that time. Ian stated that if this exercise was repeated today the number would be much lower. The hospital also participated in a study on antibody testing and of 2,500 staff tested, 19% were shown to have previously been exposed to Covid.</p> <p>There have been two patients who have tested positive in the hospital over the last two weeks. Close monitoring of the situation both here and in the community is being maintained in association with Public Health and the Council to ensure that, should an outbreak occur, it can be pinpointed quickly bearing in mind our proximity to Bedford, an area more adversely affected by the pandemic. Attention is focused on organising a safe environment should there be another spike and this includes putting social distancing measures in place to enable the recommencement of some routine services. Screening programmes have restarted and this is one of the first hospitals in the area to manage this, currently operating at 40-50% efficiency but expected to increase to 70% by the end of the summer. There are currently 90 patients who have waited over a year or more for treatment and this is clearly not a satisfactory position.</p>

	<p>Alan Hastings thanked the Medical Director for his report. He asked that the information provided in this report is published to reassure the public that it is safe to attend appointments at the hospital. He would like to share the information with his PPG. Ian agreed that this should be possible and he reiterated the close working relationships developed with community partners throughout the pandemic and added that he has been speaking to large groups of GPs on a weekly basis who would also be happy to convey the messages in this report to the public.</p> <p>Alan Hancock asked if there were any recorded problems with reinstating outpatient services, for example, in Endoscopy. Ian explained that Endoscopy is a particular area of concern due to the aerosol generating procedures that are undertaken which can infect people within the vicinity. Therefore, there is a major focus on protective equipment and cleaning between cases. Essentially this results in the service, nationally, operating at 50% efficiency. Patients are being offered CT instead where possible. There is recognition that patients are more anxious about attending the hospital at the moment, but Ian said that it is probably safer now than it has ever been. Patients treated under general anaesthetic are asked to self-isolate for a two-week period before coming in and to also undergo testing.</p> <p>Alan Hastings asked what the likely impact of changes to the contracts for private hospitals are likely to be for the hospital. Ian explained that the Government's procurement of private hospitals has been very effective and in Milton Keynes the hospital has been working very closely with the Saxon Clinic and Blakelands to use their facilities where possible but both of these providers are quite small scale and cannot provide intensive care for high risk patients. They are therefore limited in the procedures they can do. For these reasons, they have had a marginal impact on the hospital's waiting lists.</p> <p>Alan Hastings also asked if there were any changes in procedures or protocols caused by Covid that the hospital would like to retain. Ian responded that the use of technology to improve services is the most obvious change across the whole of the NHS and it is hoped that an appropriate level of outpatient appointments will continue to be delivered virtually. Another positive change is that over the years, clinicians have become much more specialised but, due to the pandemic, have had to revert to more general practice. In addition, nurses who experienced working in intensive care will take those skills back to their wards with confidence.</p> <p>Resolved: The Covid-19 Report was received and noted.</p>
3.2	BAME update
	<p>Danielle Petch reported that there have been a number of data requests over the last few weeks for information relating to staff, particularly in relation to ethnicity and testing positive for Covid. These are being worked through. The hospital aims to publish permitted information on the website. From an HR perspective, around 1600 out of 4700 staff have a BAME background and at 34%, this is representative of the community the hospital serves. However, it is recognised that more work is required for the staff base to represent other groups.</p> <p>During the pandemic thorough risk assessments were undertaken, adhering to guidance from NHS Employers. These take into account medical conditions, ethnicity, areas of work and age. They are carried out by managers and where people are found to be in clinically vulnerable categories or are themselves extremely vulnerable, the assessments are reviewed by a panel to assess what actions can be taken. These may include moving to a lower risk area or making reasonable adjustments. To date 1000 assessments have been reviewed by panel who meet on a daily basis. All staff received an assessment form with</p>

	<p>their latest payslip asking them to complete it if desired or signing to say they did not. In this way the hospital is assured that all staff have been taken into account.</p> <p>The Chief Executive and Danielle have actively engaged with the BAME community within the hospital and have held a series of listening events which were well received and helped identify anxieties and issues. Most recently, a Leadership Inclusion Council is being established. Each chair from the many staff networks, e.g. BAME, Disability, LGBTQ, Women’s and the newly formed Faith network, will be invited to sit on the Council which will be chaired by Simon Lloyd with the CEO and Danielle also attending. The Council will consider board papers and will have the opportunity to feedback and engage with the organisation at a high level.</p> <p>Staff who have been shielding will be coming back to work at the end of this month and it is recognised that they will need plenty of support and reassurance. This is being put in place.</p> <p>Lucinda Mobaraki highlighted the case of a pregnant member of staff who feels vulnerable and stressed because there is not sufficient office space for social distancing. Danielle advised that up to 28 weeks, pregnant staff can remain in the workplace in non-patient facing areas, move temporarily to other roles, or can work from home. She advised that this particular staff member should complete an assessment and discuss her options with her line manager. All NHS staff should be wearing masks unless their workplace has been assessed and designated a Covid-free area.</p> <p>Akin Soetan asked what provision there is to protect people from bullying and harassment. Danielle responded that the Trust has taken a strong stance that people should in no way be bullied or harassed and should feel free to be themselves at work. There is a fair and just culture and mediation is the first route before formal processes are implemented. Issues can be raised informally with managers, through the staff networks, peer-to-peer colleagues or the Freedom To Speak Up Guardians. Akin asked if the bullying and harassment policy could be published on the website and Danielle agreed to look into this although it is not normal practice for the Trust to publish policies.</p> <p>Resolved: The PALS presentation was received and noted.</p>
<p>3.3</p>	<p>Digital update</p>
	<p>John Blakesley reported that there are now many people using the MyCARE patient portal and good feedback has been received so far. It will soon be possible for patients to access their letters from the hospital as well. This will save the hospital around £1 per letter which can be reinvested elsewhere. Concern was raised over appointment letters advising patients to attend face to face, followed by advice on the day, that their appointment will be held virtually instead. John Blakesley apologised for this and said that there are around 5,000 different letter templates in the system and the huge task of redrafting them is underway. He said that the problem is slowly resolving.</p> <p>William Butler asked what the timescales are to facilitate patients making adjustments to the dates and times of their appointments, cancelling appointments and receiving reports. John explained that those facilities exist for some services but not all. William advised that the website for the portal, lists ‘see your test results’ as an option and it was explained that this option is not yet available and there is no definitive timescale set. It was agreed that the website should reflect this.</p> <p>John advised that the problems with the availability of renal results is one that Oxford University Hospitals needs to resolve. It was pointed out that Oxford’s stance is that Milton Keynes are not uploading the results.</p>

	Resolved: The Digital update was received and noted.
3.4	Patient Advice and Liaison Service (PALS) Presentation
	<p>Julie Goodman gave a presentation on the PALS and Complaints Service. The Complaints Service is based in Oak House and is open from 9-5pm Monday to Friday and PALS is open to the public from 9:30 to 4pm in Main Reception. The service is patient led. Julie explained that a complaint is an expression of dissatisfaction received formally or informally, written or verbal. The difference between PALS and the Complaints Service is PALS aim to resolve issues happening in real time and is quite informal whereas the Complaints Service is more formal. Julie spoke about the value of complaints in helping the organisation learn from past mistakes and how they often contain good ideas on how it can improve.</p> <p>Helen Smart highlighted the recent publication of the Cumberlege report, First Do No Harm, and she wondered whether the organisation can do anything further around patient voice. Julie advised that her Department works closely with the Patient Experience Team and ensures that all complaints are triangulated, with learning shared widely across the Trust. She reported that when face to face meetings are allowed, there are plans to hold events with the public to find out how they feel about the service and how it can be improved. Helen Smart suggested looking into the patient story programme from NHSI. Michaela Tait (Patient Experience Manager) advised that she is looking into digital story telling which is about capturing the essence of a patient story in 3 minutes. Michaela expanded on the opportunities for Patient Experience, PALS and Complaints to take forward following a discussion this week at the women's network, led by Kate Jarman (Director of Corporate Affairs) on the Cumberlege report.</p> <p>Maxine Taffetani commented on the high presence PALS have maintained throughout Covid in the main reception area of the hospital and she asked how the service coped and how the backlog is being managed. Julie responded that advice nationally was to pause all complaints from April to 1 July. All complainants awaiting a response were contacted to advise them of this, and staff unable to work clinically were asked where possible to complete investigations and responses. This measure cleared the backlog and the system was restarted in June. The number of complaints received has reduced by 25%. PALS continued to operate but without seeing people face to face. A relatives' information line was established and PALS was also involved with delivering laminated letters to loved ones on the wards.</p> <p>In response to a question on how to put forward suggestions for improvements, Julie advised doing this through the hospital website.</p> <p>Simon Lloyd thanked Julie Goodman for her presentation and the excellent work taking place in the Complaints and PALS department</p> <p>Resolved: The PALS presentation was received and noted.</p>
3.5	Estates Development Presentation
	<p>John Blakesley gave a presentation and update on proposals to meet growing demand within Milton Keynes. With 2,900 new homes being built in MK, the population is estimated to be 500,000 by 2030. Inpatient growth has risen by 30% since 2011. The Trust's maternity unit was already at capacity; and with seven new schools opened in MK the number of children in the town had increased by a third in seven years. Surgery has been criticised in the past over its facilities. Plans include a pathway unit, imaging centre, women's and children's hospital, surgical block, radiotherapy services, a third multi-storey</p>

	<p>care park, office accommodation and primary care hubs as part of MKPlace facilities. The outline business case is being drafted and a project team is close to being appointed, funded through £1.1m seed funding. Changes to designs will be required to take account of the challenges of Covid. Notwithstanding, there is a high degree of confidence that the finance will be made available for the projects to proceed.</p> <p>Alan Hastings asked whether Governors or patient representatives will be involved in the designs and John confirmed that they, commissioners and Healthwatch would be involved.</p> <p>Resolved: The Estates Development Presentation was received and noted.</p>
4.1	Summary Report – Finance & Investment Committee, 1 June 2020
	<p>Heidi Travis, Chair of the Finance & Investment Committee, took the opportunity to thank the Finance Team for their input to the meeting and preparing the papers given the pressure the Hospital was under at this time particularly as Mike Keech was leading on PPE.</p> <p>Resolved: The Summary Report from Finance and Investment Committee was noted</p>
4.2	Summary Report – Charitable Funds Committee, 10 June 2020
	<p>Heidi Travis, Chair of the Charitable Funds Committee, took the opportunity to acknowledge and thank the Fundraising Team who had played a significant part in the hospital's response to Covid, transforming the way they worked.</p> <p>Resolved: The Summary Report from Charitable Funds Committee was noted</p>
4.3	Summary Report - Quality & Clinical Risk Committee, 22 June 2020
	<p>Helen Smart, Chair of the Quality & Clinical Risk Committee, advised the Council that a seminar is scheduled to take place before the next committee meeting to look in more detail at the Patient Experience Quarter 4 Report to gain further assurance.</p> <p>Brian Lintern highlighted the Trust's worsening SHMI (Summary Hospital-level Mortality Indicator) position and this was reviewed under Item 6.1 (Performance Report)</p> <p>Resolved: The Summary Report from Quality & Clinical Risk Committee was noted</p>
4.4	Summary Report – Audit Committee, 22 June 2020
	Resolved: The Summary Report from Audit Committee was noted
4.5	Summary Report - Workforce & Development Assurance Committee, 4 May 2020
	<p>Simon Lloyd explained that John Clapham, Non-Executive Director, had recently stood down from the Board upon retirement from the University of Buckingham. As a result, a replacement is being sought. In the meantime, Haider Husain and John Lisle have joined the Charitable Funds Committee and Helen Smart has joined the Workforce & Development Assurance Committee.</p> <p>Resolved: The Summary Report from Workforce & Development Assurance Committee was noted</p>
5.1	Healthwatch Milton Keynes
	(a) <u>Annual Report</u>

	<p>Maxine Taffetani advised that there will be no Annual General Meeting this year to showcase the work undertaken in year. The report provides evidence of what has been achieved. Simon Lloyd commented on this staggering volume of work. Maxine highlighted the Enter and View Visit to Maternity which was something they had wanted to do for some time. Follow up visits to children and family centres were made to ask how people felt about their experiences some weeks later. Feedback was really positive particularly with regard to ward staff. Other comments were around partners not having much room, ward temperature, and how crowded the wards were. It was acknowledged that the latter is likely to change in view of the impact of Covid.</p> <p>(b) <u>Covid-19 Survey Report</u> Maxine Taffetani explained that it was felt to be very important for people to have the opportunity to express their views during lockdown with regard to the changes to services. The surveys were sent fortnightly and she commented on the fact that the majority of respondents were women, mostly over 65 and generally non-BAME. The report is designed to aid the hospital in the provision of better support for people in the event of a second phase. Simon Lloyd thanked Maxine for a very informative report.</p> <p>Resolved: The Healthwatch Annual Report and Covid-19 Survey Report were noted and received</p>
5.2	<p>Lead Governor's Report Alan Hastings reported that he had been unable to attend the last meeting of lead governors.</p> <p>He has been reviewing various new and revised leaflets at the Trust for Patient Experience.</p> <p>He thanked the Trust and all the staff for their efforts during this difficult period and he also thanked those present today for answering concerns and making things clearer.</p> <p>On behalf of the Committee, Alan wished Maxine all the best as she goes on maternity leave in September. The Deputy CEO of Healthwatch, Tracy Keech, will be attending the meetings during this period.</p> <p>Resolved: The Chairman's report was received and noted.</p>
6.1	<p>Integrated Performance Report Month 2</p>
	<p>With regard to SHMI, referred to under Item 4.3 above, Ian Reckless explained that this is calculated around the number of people expected to die within Milton Keynes. He believes the reasons for the worsening performance are architectural and associated with coding depth. In explanation, he advised that it had been discovered that over time, the hospital's ability to submit comorbidities to the system worsened since the eCARE system was implemented. In addition, specific outpatient episodes of care were submitted uncoded due to some technical complexities. Ian is reassured however by the fact that HSMR (hospital standardised mortality ratio) has remained stable in recent months. In addition, every single death in hospital is examined by a doctor which has added another level of assurance. It is hoped that SHMI will improve but it should be recognised that it will lag for several months.</p> <p>Brian Lintern asked if the poor performance on ward discharges related to any particular department and whether there was any correlation between this indicator and those under Section 4. In response, Ian Reckless said that there is a lot more work that could be done around TTOs (to take out). He advised however that the figures for Month 12 and Month 1</p>

	<p>(March and April 2020) are skewed by the impact of Covid. Brian Lintern suggested that this is made explicit in the narrative.</p> <p>Resolved: The Integrated Performance Report for Month 2 was received and noted.</p>
6.2	Finance Report Month 2
	<p>Mike Keech explained that where there is normally one table in the report, on this occasion there are two. As a result of Covid and in order to ensure trusts have sufficient cash flow at all times the national team have varied the finance regime for providers and commissioners. Where the hospital was paid by results for some work and had a block arrangement with local commissioners, this financial year it is being paid a fixed amount directly from NHSE. Costs from Month 12 have been rolled forward into the current financial year and a national top up has been provided. The income position is therefore largely fixed. In Month 2 the Trust received £3.1m with a top up of £700k to cover additional costs as a result of Covid such as sickness and lower levels of efficiency. Every trust is being paid a sum to hit breakeven position at least until the end of July. Mike agreed to provide the Governors with a more detailed paper.</p> <p style="text-align: right;">Action: Mike Keech</p> <p>Resolved: The Finance Report Month 2 was received and noted.</p>
7.1	Motions and Questions from Council of Governors
	There were no motions or questions.
7.2	Any other Business There was a request for the slides from both presentations to be circulated.
7.3	<p>Date and Time of Next Meeting</p> <p>Informal Formal Governors: 16 September 2020, 10:00 – 11:30, location tbc</p> <p>Annual Members Meeting: 22 September 2020, 16:00 – 18:00, location tbc</p>
7.4	<p>Resolution to exclude the Press and Public</p> <p>Resolved: that representatives of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.</p>