

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

**DRAFT** minutes of a meeting of the Council of Governors' of the Milton Keynes University Hospital NHS Foundation Trust held in public at 5.00pm on Tuesday 15 March 2016, held in room 6 at the Education Centre, Milton Keynes University Hospital NHS Foundation Trust.

**Present:**

Baroness Margaret Wall (MWa) - Chairman

**Public Constituency Members:**

Liz Bartlett (LBa)

Douglas Campbell OBE (DC)

Alan Hancock (AHa)

Alan Hastings (AH)

Brian Hobbs (BH)

Vincent Leiu (VL)

Chris Phillips (CP)

Adrienne Rutter (AR)

Liz Wogan (LW)

**Appointed Members:**

Clare Hill (CH) - Volunteers Representative

Hilda Kirkwood (HK) - Healthwatch Milton Keynes

Ijeoma Ogbuju (IO) - Youth Council Representative

Alexia Watson Yarngo (AWY) - Youth Council Representative

**Staff Constituency Members:**

Laura Davidson (LD)

Eszter Pritchard (EP)

Lesley Sutton (LS)

Kim Weston (KW)

**Executive Directors**

Jonathan Dunk (JD) - Director of Finance

Ogechi Emeadi (OE) - Director of Workforce

Joe Harrison (JH) - Chief Executive

Caroline Hutton (CH) - Director of Clinical Services

**Non-Executive Directors**

Andrew Blakeman (AB)

Jean-Jacques DeGorter (JDe)

Bob Green (BG)

Simon Lloyd (SL)

David Moore (DM)

Tony Nolan (TN)

**Also attended**

Rowena Fletcher (RF) Item 3	-	Head of Research & Development
Michaela Finegan (MF)	-	Patient Experience Manager
Carol Duffy (CD)	-	Deputy Trust Secretary
Michelle Evans-Riches (MER)	-	Trust Secretary
Roz Mascarenhas (RM)	-	Youth Participation Worker, Milton Keynes Council

There were no members of the public in attendance at the meeting.

<b>1</b>	<b>CHAIRMAN'S WELCOME &amp; ANNOUNCEMENTS</b>
	The Chairman extended a warm welcome to everyone and introduced Alan Hancock and Laura Davidson newly elected Governors and Andrew Blakeman, the newly appointed Non-Executive Director.
<b>1.1</b>	<b>APOLOGIES</b>
	<p>Apologies for absence were submitted on behalf of Dr Abbas, Lesley Bell, Kate Burke, Jean Button, Lisa Knight, Matthew Webb, Martin Wetherill and Jill Wilkinson</p> <p>In response to the Chairman conveying Lesley Bell's sincere disappointment at not being able to attend the meeting due to illness, it was expressed by all that a message of best wishes for a speedy recovery be passed on to Lesley.</p> <p>The Chairman also conveyed, that a personal note extending apologies had been received from Matt Webb informing there was not a representative from the CCG at the meeting. This was due to a clash with the Council's Overview and Scrutiny meeting and there being significant CCG items on the agenda. The Chairman reported that the CCG were keen supporters of the Council of Governors meetings with a history of good attendance at previous meetings.</p>
<b>1.2</b>	<b>DECLARATIONS OF INTEREST</b>
	There were none.
<b>1.3</b>	<b>MINUTES</b>
<b>(a)</b>	<b>Minutes from the Council of Governors meeting held on the 12 January 2016.</b>
	<p>The draft minutes of the meeting held on the 12 January 2016 were considered.</p> <p><b><u>Resolved:</u> That the draft minutes of the meeting held on the 12 January 2016 be agreed as a correct record of the meeting.</b></p>
<b>(b)</b>	<b>MATTERS ARISING / ACTION LOG</b>
	<p>The Council of Governors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:-</p> <p><b>Action Ref 306 Month 8 Performance Dashboard</b> Significant progress was being made towards involvement in the Patient Experience Project and a presentation would be made at the next meeting.</p>

	<b><u>Resolved:</u> That the action log be received.</b>
<b>2</b>	<b>CHAIR AND CHIEF EXECUTIVE REPORTS</b>
<b>(a)</b>	<b>Chair Report</b>
	<p>The Chairman presented her written report.</p> <p><b><u>Resolved:</u> That the report from the Chairman be received and accepted.</b></p>
<b>(b)</b>	<b>Chief Executives Report,</b>
	<p>JH provided a verbal report and reported that nationally there had been a step up in activity levels, the trust had also seen an increase in activity levels. Recently 90 ambulances had attended in one day transporting the sickest patients to the hospital. This had broken the previous record by 30 and resulted in being the busiest day for emergency attendances. JH assured that although this had been a difficult situation the hospital had done the best to cope and had operated safely, however significant pressures continued to mount.</p> <p><b><u>CP Arrived at the meeting</u></b></p>
<b>(i)</b>	<p><b>Lord Carter Report – trust response</b></p> <p>JH reported that the headline slides for the Lord Carter Final Report of Operational productivity and performance in English NHS acute hospitals were available and would be circulated to Governors.</p> <p style="text-align: right;"><b>Action**:<u>Helen Potton</u></b></p>
<b>(ii)</b>	<p><b>Trust Objectives 2016/17</b></p> <p>JH reported that the draft Trust Objectives 2016/17 were available online and invited comments from the Council of Governors before they were to be next reported to Board in April 2016.</p>
<b>(iii)</b>	<p><b>Estate Update</b></p> <p>Main Entrance - JH reported that since the last new main entrance consultation evening significant changes had been made to the design. The detailed design was expected by the middle of March and subject to the appropriate approvals building work was anticipated to commence in the summer of 2016.</p> <p>In response to a question from DC, JH reported that the feedback from the main entrance consultation evening including the gradients and car parking had been appreciated and the outputs of the event had been sent to the designers. It was envisaged that another consultation event was to take place. JH encouraged Governor attendance at the event.</p> <p>In response to a question from AH, JH reported that the Hospital was still operating above the national A&amp;E performance.</p> <p>In response to a question from AHa, JH stated that the referral to treat presentation agenda item that was to follow, explains the plans being put in place.</p> <p>In response to a question from EP, JH informed the Governors that he was one of 20 Chief Executives who signed a letter to the Secretary of State for Health stating that they</p>

	<p>believed that the contract being offered to junior doctors was fair and reasonable for doctors in acute hospitals. The Secretary of State for Health had decided to impose the new contract and had cited the letter signed by the 20 Chief Executives as support. JH stressed that he did not support the imposition of the contract and had told the junior doctors at the Trust of this.</p> <p>In response to a question from CH, JH reported that NHS Improvements (Monitor and TDA combined) had written to Trusts for expressions of interest to take part in the Financial Improvement Programme and the Trust had volunteered for this and hoped to be selected.</p> <p><b><u>Resolved:</u> That the report from the Chief Executive be received and accepted.</b></p> <p><b><u>AWY arrived at the meeting</u></b></p>
3	<p><b>Research and Development</b></p>
	<p>RF reported on the trusts research, urological cancer study that investigates the ability and accuracy of specially trained dogs to distinguish between urine samples donated by individuals with cancer and non-cancerous conditions.</p> <p>A public “meet the members” event was being held on the 23<sup>rd</sup> March in the Education Centre, with two medical detection dog presentations and demonstrations taking place for Trust members and the local community to come along to. RF reported that the event was proving very popular and the demand for places was high.</p> <p>CD reported that as part of the Governors membership and engagement strategy this was the first meet the members event, with personal invitations being sent via post and email to all of the trust membership</p> <p><b><u>Resolved:</u> That the Research and Development update be received.</b></p>
3.1	<p><b>Referral to Treat Update</b></p>
	<p>JH informed, that in the last year there had been a 12% increase in A&amp;E attendances and 6% increase in the number of ambulances which transported the sickest patients to the hospital. This was significantly greater than the increase across the NHS and had an impact on emergency and elective care.</p> <p>CH gave a presentation entitled Referral to Treat (RTT) and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been an increase in GP referrals and certain specialties had seen a peak in referrals. The Trust was speaking to the Clinical Commissioning Group, (CCG) regarding this and what action could be taken by the CCG to control referrals.</li> <li>• A graph was presented which indicated that there was a rapidly increasing backlog for 18 week waits. JH added that in 2015/16 there had been an increase of 3500 to 4000 GP referrals. However, the back log had only increased by 900. This reflected that the organisation was coping well and had absorbed 75% of referrals.</li> <li>• However, there was a restriction on the amount of additional activity the Trust could absorb both in physical capacity and staff resources.</li> <li>• Nationally there were a growing number of organisations uncovering previously unidentified patients on waiting lists. The trust had been examining the waiting lists since November 2015 and did not anticipate finding more elective patients.</li> </ul>

	<p>The Governors were reminded that there had been no additional spare capacity for this winter and due to the increasing demand the Executive were scoping the provision of additional capacity for winter 2016.</p> <p>In response to a question from AH regarding 18 week delays, assurance was given by JH that patients with greatest clinical needs were always given the utmost priority.</p> <p>In response to a question from LW and AHa, CH reported that admin processes had been included in the work streams within the trust wide recovery plan.</p> <p>In response to a question from LD, CH reported that detailed weekly meetings were held to track patients that enabled demand and capacity planning.</p> <p><b><u>Resolved:</u> That the Referral to Treat Update Presentation be received</b></p>
4.1	<p><b>M10 Performance Dashboard</b></p>
	<p>The M10 Performance Dashboard was presented.</p> <p>In response to a question from BH, JH stated that the performance summary detailed the attention being given to the performance of the trust especially given the increase in activity. The 2016/17 performance targets were due to be set and reported to the April Board with the focus to obtaining an achievable balance.</p> <p><b><u>Resolved:</u> That the M10 Performance Dashboard be received.</b></p>
4.2	<p><b>Month 10 Finance Report</b></p>
	<p>JD presented the month 10 Finance Report and highlighted the following:-</p> <ul style="list-style-type: none"> <li>• The trust recorded an in-month deficit of £2.5M which was £0.5M better than plan.</li> <li>• The trust was £1.6M better than plan year to date with a cumulative £29.6M.</li> <li>• The year-end forecast had been amended to £31.8M deficit which was consistent with the Monitor agreed funding. It was £4.4M better than the original planned deficit of £36.2M.</li> <li>• The £13.6M capital programme had been committed and significant spend was required in the remaining months to ensure that the capital was entirely used.</li> <li>• Agency cap had reduced from 1 February and the trust continued to be on the trajectory agreed with Monitor.</li> <li>• CIP £7M of efficiencies have been delivered year to date and were on track to deliver £8.4M.</li> </ul> <p>In response to a question from BH, JD confirmed that regular meetings and conversations were ongoing with the Clinical Commissioning Group regarding RTT, growth and demand.</p> <p>In response to a question from VL, JD stated that should there be any revisions to the 2016/17 financial plan that was given at the Governors briefing in February, these would be reported back.</p> <p>MWa stated that it was Jonathan Dunk's last meeting as Finance Director and the Chairman and Governors thanked him for his contribution and Finance reporting to the Council of Governor Meetings.</p>

	<p><b><u>JH Left the meeting</u></b></p> <p><b><u>Resolved:</u> That the month 10 Finance Report be received</b></p>
<b>5.1</b>	<p><b>Report from the Finance and Investment Committee</b></p> <p>DM presented the Finance and Investment Committee report and highlighted the issues that had been raised and discussed at the meetings held on the 4 January and 1<sup>st</sup> February 2016 :-</p> <ul style="list-style-type: none"> <li>• The Committee reviews the risks that apply to the Board Assurance Framework risks Objective 7 – ‘Become Well Governed and Financially Viable’ paying particular attention to where the risks have increased. Month 9 saw no movement in risk scores.</li> <li>• Agency spend - continues to be a challenge and the Committee were focussed on improvements in the Bank to further reduce nursing agency spend.</li> <li>• Capital Programme – the Committee expressed concern regarding the amount of spends required in quarter 4 to achieve the committed capital programme. Assurance was provided that each scheme had been reviewed and would be delivered by the 31<sup>st</sup> March 2016.</li> </ul> <p>DM concluded by reporting on the Digital Solutions work stream, the Committee had received a presentation of various projects within the digital solution work stream which changed processes and improved patient care for the Trust. DM reported that the committee was impressed by the presentation and the impact that technology was beginning to have and suggested that the presentation may be of interest to Governors at a future meeting.</p> <p style="text-align: right;"><b>Action**:</b>Emma Goddard</p> <p><b><u>Resolved:</u> That the report from the Finance and Investment Committee be noted.</b></p>
<b>5.2</b>	<p><b>Report from the Charitable Funds Committee</b></p> <p>DM presented the Charitable Funds Committee report and highlighted the issues that had been raised and discussed at the meeting held on the 15 February 2016:-</p> <ul style="list-style-type: none"> <li>• The Committee had received feedback from the Neonatal unit, a recipient of charitable funding on the ventilators, incubators, monitors and double cots (for twins) that had been purchased. The Committee had sought further assurance around the flow of requests to charitable funds rather than Trust funds.</li> <li>• The Committee continued to be concerned over the trend of declining income, which stood at the end of January at £204k, £34k behind the original plan (currently running at 86% of plan) and sought an early resolution of the current staffing issues.</li> <li>• The outline Fundraising Plan 2016/17 had been approved in principle by the Committee and this had provided a clear way forward for development of the three core objectives of:- <ul style="list-style-type: none"> <li>○ Completing Leo’s Appeal</li> <li>○ A central fundraising target</li> <li>○ A multi-partner strategy for the Cancer Centre target.</li> </ul> </li> </ul>

	<p>In response to a question from LW, JD confirmed that to ensure funds given for certain services were not left dormant, charitable funds were now consolidated and periodically reviewed.</p> <p>In response to a question from DC, MWa stated that Macmillan who was supporting the Cancer Centre proposal had its own governance arrangements and processes to enable a fundraising strategy.</p> <p><b><u>Resolved:</u> That the report from the Charitable Funds Committee be noted,</b></p>
5.3	<p><b>Report from the Workforce Assurance Committee</b></p>
	<p>TN reported verbally on the issues that had been raised and discussed at the meeting held on the 28 February 2016 and highlighted the following:-</p> <ul style="list-style-type: none"> <li>• The Committee were given headlines from the staff survey which indicated a continuation of the positive trajectory for the trust.</li> <li>• Staff Experience – the Committee received a health and wellbeing report which identified ways to support the health and wellbeing of staff and this was also mentioned in the staff story.</li> <li>• Leavers' Information – the Committee requested more information on why staff were leaving the trust to identify actions to be taken to reduce this.</li> <li>• Workforce Planning – the Committee were informed of the strategic work being undertaken regarding recruitment. The trust encountered demographic challenges to the recruitment of staff and the workforce plans were key to ensuring that the trust has inappropriately skilled workforce.</li> </ul> <p>In response to a question from BH, TN reported that the recruitment of nurses was continual with one stop shops in Scotland and Ireland and overseas.</p> <p><b><u>Resolved:</u> That the report from the Workforce Assurance Committee be noted</b></p>
6.1	<p><b>Volunteers Update</b></p>
	<p>A verbal volunteers update was given and the following was highlighted:-</p> <ul style="list-style-type: none"> <li>• 4 new sets of seated weighing scales and folding seats in the corridors were recent purchases made by the League of Friends.</li> <li>• 5 stars hygiene rating had been awarded to the shop from a recent visit from the Environmental Health.</li> <li>• The very successful tea party held for volunteers.</li> </ul> <p>CH was congratulated by the Council of Governors on the shop achieving the 5 stars hygiene rating.</p> <p>MWa reported that the volunteer's afternoon tea had enabled the opportunity to sincerely thank the trust volunteers for their dedication, hard work and for the time they give to benefit others on a regular basis.</p> <p><b><u>Resolved:</u> That the Volunteers Update be received.</b></p>
6.2	<p><b>Healthwatch Update</b></p>
	<p>The Healthwatch Milton Keynes Update was considered.</p> <p><b><u>Resolved:</u> That the Healthwatch Update be received.</b></p> <p><b><u>HK Left the meeting</u></b></p>

6.4	<b>Engagement Group Update</b>
	<p>BH provided an update of the Engagement Group Meeting held on the 25 February 2016 and highlighted the following:-</p> <ul style="list-style-type: none"> <li>• Feedback received from the Governors at Luton and Dunstable was very favourable for further follow ups events to the GovernWell Governor Development Programme and the dates and content for these were being planned.</li> <li>• The finer details were being finalised for the meet the members' event being held jointly with the Research and Development Team on the 23<sup>rd</sup> March 2016 and all Governors were encouraged to be involved.</li> </ul> <p>CD thanked everyone for their offers of help on the 23<sup>rd</sup> March and further updates would be conveyed to ensure everyone up to date with the planning of the event.</p> <p><b><u>Resolved:</u> That the Engagement Group Update be received.</b></p>
7.1	<b>Quality Improvement Priorities</b>
	<p>CH reported on the three quality improvement priorities to go forward into the Trusts Quality Accounts for 2016/17 Part 2.</p> <p><b>Quality Indicator 1</b></p> <p>Improve systems to reduce the frequency and severity of medication errors</p> <p><b>Quality Indicator 2</b></p> <p>Embed the new processes for the identification and management of the deteriorating patient</p> <p><b>Quality Indicator 3</b></p> <p>Improve the management of patients with sepsis</p> <p><b><u>Resolved:</u> That the Quality Improvement Priorities for 2016/17 be approved.</b></p>
7.2	<b>Motions and Questions from Council of Governors</b>
	None had been received.
7.3	<b>Annual Work Plan</b>
	<p>The Annual Work Plan was considered and the updates for future meetings as requested during the meeting were to be added.</p> <p><b><u>Resolved:</u> That the Annual Work Plan be received and accepted.</b></p>
7.4	<b>Any other Business</b>
	There was none
7.5	<b>Date and Time of next meeting</b>
7.5	The date of the next meeting of the Council of Governors is on the 17 May 2016 at 9.30am in the Lecture Theatre located in the Education Centre.



**RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC**

**Resolved: that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.**

The public session of the meeting ended at 18.45hrs

**Carol Duffy**

**Deputy Trust Secretary**

**28 March 2016**

