

Luton and Dunstable Hospital

NHS Foundation Trust

Annual Members Meeting

Minutes of the Annual Members Meeting held on 24 September 2007 at 6.30 pm at the Riverside Suite, Vauxhall Recreation Centre, Luton

Council of Governors Present:

Luton:

P Ashton
K Barter
P brown
A Coutinho
B Gupta
P McKenna
T Rasamuthiah
V Skates
P Sarathi-Trivedi
J Young

Dunstable & S Beds:

J Curt
A Dayton
M Dewar
R Harrison
R Turner

Herts & Beds:

O Bloor
M Rainbow

Staff:

P Aspell
W Shearsmith
C Sims
C Smith
C Underwood

Appointed:

P Hollick, Beds CC
K Robinson, University of Bedfordshire

Board Members present:

S Dhillon, Chair
S Ramsden, Chief Executive
R Long, Director of Corporate Services
C Bygrave, Non-Executive Director
Z Iqbal, Non-Executive Director
A Palmer, Director of Nursing & Clinical Services
J Wells, Director of Service Development
A Clarke, Non-Executive Director
B Tattar, Non-Executive Director
A Williams, Non-Executive Director
D Freedman, Medical Director
L Watson, Director of Personnel & Development

Apologies: R Stokoe, Non-Executive Director
M Ryan, Governor, Luton Constituency

1. **Chairman's Welcome**

Prof Dhillon welcomed everyone to the meeting. She particularly conveyed a warm welcome to local GPs and to Cathy Smith and Rob Murray from the Audit Commission.

Prof Dhillon noted that the format of the AMM will include some formal business and then will move on to review the achievements of the hospital over the past year. There will be four presentations: Andy Dayton, Deputy Chair of the Council of Governors, will outline some of the work of the Governors and highlight aspects of our membership communication strategy. This will be followed by a formal report by Roger Long, Director of Corporate Services, to announce the results of the recent Governor elections. Stephen Ramsden, Chief Executive, will then highlight some of our major achievements and give an insight into how the L&D is being transformed to meet the needs of patients in the 21st century. The final presentation will come from Dr Danielle Freedman, Medical Director, to talk about some clinical developments and the progress we are making at this hospital for improving patient safety and the patient experience. There will then be an opportunity for members to ask any questions.

The L&D became a Foundation Trust in August 2006 and this is the first Annual Members meeting. Prof Dhillon explained that as a Foundation Trust the L&D is regulated by an independent statutory body, MONITOR, and there is a written constitution determining the governance arrangements and, as such, asked for a show of hands in each of the constituencies to ensure that there was a quorum for this meeting:

Public constituency members present:

Luton : 40+

Dunstable & South Beds : 10

Hertfordshire : 20

Staff constituency members present:

Nursing & Midwifery : 6

Medical & Dental : 2

Allied Health Professionals : 2

Ancillary and Maintenance : 2

Admin, clerical and Managerial Constituency : 20+

Appointed Governors present: 2

Roger Long, Company Secretary, confirmed that the meeting was quorate and could proceed with business.

2. **Report from Deputy Chair, Council of Governors**

Prof Dhillon introduced the first speaker, Andy Dayton, Deputy Chairman of the Council of Governors who has worked very closely with the Board of Directors since becoming a Foundation Trust. He briefed the meeting on the role of the Council of Governors and outlined some of the work in recruiting and engaging with our Foundation Trust members. He noted that a summary of the Annual Plan was recently mailed to the 9000 members along with the 'Ambassador' newsletter. Mr Dayton explained that there are 40 Governors, 31 of which are elected by members. Key responsibilities include

representing the interests of the members, ensuring the Trust operates in line with authorisation, working with the Board of Directors on forward planning and improvements. He noted that during the year ahead the Governors will focus on two key priorities : L&D's Strategy and Improving the Patient Experience.

Mr Dayton then continued to talk about membership figures and the disappointment in recruiting additional members. When we became a Foundation Trust there were 5090 public members and 3446 staff members and a commitment was given to Monitor at the time of the application to increase total membership to 13,000 by March 2008. The Membership Committee is working with hospital staff to agree a plan to meet the target and AD asked every member present to take away a membership form and recruit at least one member each.

He summarised by noting that it has been a successful year in establishing the Council of Governors and ensuring members are fully briefed and involved. But a very slow start for meeting the membership recruitment target.

3. Results of Governors' Elections

Andy Dayton handed over to Roger Long, Director of Corporate Services and Company Secretary, to announce the results of the Governors' elections.

Roger Long explained how the Transition Schedule in the Constitution applies to Public and Staff Governors. The requirements are the one third of the initial Governors should serve a 3 year term of office, a further third should serve 2 years and the remaining, one year in office. This ensures that not all elected Governor posts come up for election at the same time.

Results of this year's elections:

Public - Luton Constituency (5 vacancies):

Keith Barter – 1st elected
Peter Brown – 2nd elected
Antony Coutinho – 3rd elected
Partha-Sarathi Trivedi – 4th elected
Michael Ryan – 5th elected

Dunstable & South Bedfordshire Constituency (2 vacancies):

Gill Hiscox – 1st elected
Andy Dayton – 2nd elected

Staff – Nursing & Midwifery Constituency (1 vacancy):

Clive Underwood – elected

Staff – Admin & Clerical & Management Constituency (uncontested seat):

Philip Spencer

Roger Long finished by thanking the outgoing Governors for their contribution in the first year, these are:

Lata Davda
Dave Marshall
Mohammed Rashid
Mohammad Yasin

4. Performance of the Foundation Trust for 2006/07 and Future Developments

4.1 Report from Chief Executive

Stephen Ramsden highlighted performance targets and discussed finances. He continued to outline capital investments including PACS, site improvements namely Ward 1 and car parking, and service developments including 18 week waits. He confirmed there has been investment in cleaning services and acknowledged further improvement is required to meet the cleaning standards.

Mr Ramsden then discussed some of the leadership improvements including restructure of the Board of Directors and the introduction of Strategic Business units. He outlined achievements and recognition over the past year including the Trust becoming finalists at the Health Service Journal Awards, and recognition relating to the Trust being a pilot site for the Productive Ward initiative. The Trust's biggest achievement is being a leader in the Patient Safety initiative.

He concluded by outlining the objectives from the service plan for the coming year and his transformational story. He noted that the L&D needs to try to encourage primary care to look after patients, where possible, in primary care.

4.2 Clinical Developments

Stephen Ramsden handed over to Dr Danielle Freedman, Medical Director.

Dr Freedman began by outlining some of the clinical developments taking place and planned for the future. She confirmed that investments have been made in staffing ie 8 new consultant posts and 7 staff grade doctors. She went on to note that the Trust has a designated level 3 NICU unit, one of 3 in the whole of the eastern region and we attract a lot of women who have difficulties with their pregnancy or potential problems with their babies. Agreement has been made to expand our cardiac services. The Trust has an excellent world renowned obesity research centre. We are going to modify our surgical block. We plan to have a consultant surgeon of the day dedicated to acute emergencies only. We have agreed to commit another £200,000 to nursing staff on the surgical wards where it has been identified there were deficiencies. PACS (picture archiving system) has been implemented to bring us up to scratch with other NHS colleagues. Engaging Doctors – regular meetings are now being held with local GPs.

Patient Experience – Dr Freedman explained that running a hospital efficiently is not just about meeting performance targets and making financial surpluses but it's about putting patients at the centre of everything we do. She said that the L&D is committing itself to make a significant improvement in "the patient experience" and noted that the new Director of Nursing and Clinical Services, Anthony Palmer, has set the challenge of being in the top 20% of acute Trusts for our standard of patient experience. To that end, a Patient Experience Steering Group has been set up and more regular reporting from

patients and their carers is being instigated. Linked with this, the productive ward initiative has identified better ways of working to release more nursing time to care for patients.

Patient Safety – Dr Freedman noted that the L&D is renowned internationally for taking forward the patient safety initiative.

Infection Control – C.Difficile rates have reduced significantly – the introduction of a new antibiotic policy has helped achieve this.

Pressure sore incidence reduced.

Mortality rate – 10% better than average.

5. Discussion & Questions

Professor Dhillon thanked Dr Freedman and all speakers for their presentations and opened up for discussion from the floor.

Q) Peter Brown (Governor) – What is the significance of the requirement of 13,000 members?

A) This was the target set when we applied for Foundation Trust status. If we are going to make our governance arrangements work then we need to have a membership that represents the diversity of our population of 300,000. Other Trusts with similar population have around 10-15,000 members.

Q) How long is it going to take the hearing department to improve?

A) This is already happening. Over the past 6 months the audiology department has brought waiting times down. It is recognised that the facilities need to be improved.

Q) Malcolm Rainbow (Governor) – West Herts Trust are putting forward a formal proposal to the SHA for the building of a new emergency unit at Watford which will incur a 12 month building period and they are saying that a large number of patients in north Herts would have to go to the L&D. Are we geared up to take on the extra patients?

A) Stephen Ramsden noted that following several consultations it has been decided to reduce activity at Hemel Hempstead so that emergencies will need to go to Watford General or the L&D. Julie Wells, Director of Service Development, is setting up a radical redesign programme. She stated that the Trust understand that if we are going to take extra patients at the L&D through A&E or from GPs then we need to improve the current service and make it work in a different way. There is an intensive programme of work in the next 6 months to look at emergency services and short stay. A proposal will be ready to be presented to the Board of Directors in March 2008.

Q) Geoff Lambert (Member, Luton constituency) – With regard to services being put out to the community, will Governors be looking to the members to input into that before a

decision is made? Will 10,000 members be able to input into a decision making process?

A) Stephen Ramsden responded that there is a lot of work taking place with PCTs looking at clinical pathways and trying to judge what part is delivered in hospital and what part is delivered in the community. Patient representatives are involved in that work. It would be very difficult to take on a consultation exercise for this piece of work.

Q) Peter Krul (Staff Member) – Could chronic pain service be given higher priority? Discussion has been taking place within Luton to improve the service for the past 5 years but nothing has moved forward.

A) Dr Freedman replied that this is an issue particularly for residents of Luton and has been discussed at commissioning meetings. Luton PCT will not pay for a chronic pain service at the L&D and therefore patients are sent to London which is extremely unfair. Practice based GPs can see the argument for the L&D but say that they have higher priorities with regard to funding.

Q) Luton GP – With choose and book, patients are choosing to go to Bedford because of better car parking facilities etc. What are the planned improvements?

A) Roger Long stated that car parking has been increased by 90 spaces on the hospital site and staff have been moved from patient areas. It is recognised that this is not enough in the long term and planning permission for a multi level car park has been granted by Luton Borough Council.

Anthony Palmer recognised frustrations with choose and book and noted that the L&D call centre has not performed as well as it should recently. There have been significant problems in relation to technical solutions and reassured that the Trust is extremely committed to working with the PCT to overcome the difficulties.

Q) Patient Safety: Is this experience going to be extended to primary care?

A) Dr Freedman stated that included in the IHI action plan is involvement of stakeholders ie GPs.

Q) There is an issue with regard to opening times of the walk in centre. What is happening?

A) Stephen Ramsden noted that the walk in centre is not run by the L&D but is run by Luton tPCT.

7. Conclusion

Professor Dhillon then concluded the meeting. It was noted that the annual accounts are available in hard copy to take away at the end of the evening and other corporate documents available on the website.

Professor Dhillon acknowledged the exceptional hard work and commitment of staff and volunteers and the time and input given by Governors. She then made a commitment

on behalf of the Board of Directors and Council of Governors to continue to make a real difference for staff and patients.

She thanked, in particular, Gaynor Flynn for the arrangements for the meeting and to the Riverside Suite for such welcoming facilities. And thanked everyone for attending.

The Annual Members meeting closed at 8.35 pm.

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