

Annual Members Meeting

Minutes of the Annual Members Meeting held on 22 September 2008 at 7.00 pm at the Riverside Suite, Vauxhall  
Recreation Centre, Luton

**Council of Governors Present:**

***Luton:***

Keith Barter  
Peter Brown  
Anthony Coutinho  
Bina Deb-Gupta  
Alma Kaas  
Peadar McKenna  
Thuraiappah Rasamuthiah  
Vic Skates  
Partha Trivedi

***Dunstable & S Beds:***

Susan Cassels  
Janet Curt  
Maureen Dewar  
Rowena Harrison  
Gill Hiscox  
Roger Turner  
Jack Wright  
John Young

***Beds & Herts:***

Oliver Bloor  
Malcolm Rainbow

***Staff:***

Pat Aspell  
Pam Brown  
Lesley Groves  
Bart Hanley  
Catherine Smith  
Clive Underwood

***Appointed:***

Peter Hollick  
Mahmood Hussain  
Kate Robinson  
Cheryl Smart

**Board of Directors 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  
A Clarke, Non-Executive Director  
B Tattar, Non-Executive Director  
D Freedman, Medical Director  
A Harwood, Director of Finance  
L Watson, Director of Personnel & Development

A Dayton, Deputy Chair, Council of Governors

29 Governors  
125 public and staff members

**Apologies:**

J Wells, Director of Service Development  
Brian Davidson, Appointed Governor UCL  
Dr Jonathan Day, Staff Governor, Medical & Dental  
Phil Spencer, Staff Governor, Admin & Clerical  
External Auditors

## 1. Chairman's Welcome

Professor Dhillon welcomed everyone to the meeting. She particularly conveyed a warm welcome to the Deputy Mayoress, Mrs Malik.

S Dhillon outlined the Annual Members Meeting programme for the evening noting that this will include some formal business of the Council of Governors and then will move on to review our performance and highlights of the past year.

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 : 50+

Dunstable & South Beds : 20+

Hertfordshire : 15+

Staff constituency members present:

Nursing & Midwifery : 7

Medical & Dental : 3

Allied Health Professionals : 5

Ancillary and Maintenance : 4

Admin, clerical and Managerial Constituency : 10

Appointed Governors present: 4

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

S Dhillon continued to note that this year the NHS celebrates its 60<sup>th</sup> anniversary. Parliament has asked us to approve a new NHS constitution which has specific pledges on how NHS will improve its services. It is important to hear from Members and there will be an opportunity at the end of presentations to raise questions.

## 2. Minutes of the last Meeting

Minutes of the Annual Members meeting held on 24 September 2007 had been received and approved at the July meeting of the Council of Governors.

## 3. Report from Deputy Chair, Council of Governors

S Dhillon handed over to Andy Dayton, Deputy Chair of the Council of Governors. He noted that over half of the Governors are new to the NHS system and the past year has been a learning curve. There is full training for new Governors in getting to know the operation of the NHS and it is evident that the Council of Governors are now beginning to have an impact on how the hospital is run. An analysis of the year's work was undertaken on 13 August and five key areas were identified as a main focus for the Council of Governors. A Dayton went on to summarise some of the work undertaken during the year:

- Annual Plan – and involvement in strategic planning
- The interaction between the Council of Governors and the Board of Directors which is now under review – it is hoped that Governors will be invited along to the Board meetings.
- Performance Management – The Board is accountable to the Council of Governors as far as performance is concerned.
- Working with constituencies and communications with Members
- Appointment of Auditors

Two key sub-committees have been established to steer the work of the Governors – Membership, Communication & Engagement sub-committee and Remuneration and Nominations sub-committee.

A Dayton then talked about the work of the Membership Committee. When the L&D became a Foundation Trust in August 2006 there were 8,536 members. A commitment was given to Monitor that total membership by 31 December 2008 will be 14,000. The current situation is that there are just over 12,000 members. The Committee has a strategy in place to achieve 14,000 members and are working closely with members and staff to agree plans and strategies to recruit new members. A recruitment roadshow has been held in the Arndale Centre and that activity will be expanded to Hemel Hempstead and St Albans as well as being on hand in a GP surgery in Leighton Buzzard.

The Council of Governors will be seeking the views of all members on how they view the hospital and how they think services could be improved and these views will be collated and published in February next year as part of the L&D's 70<sup>th</sup> anniversary.

A series of medical lectures have taken place during the year which have been very well attended. We are always interested in new ideas for more membership and to keep the membership active.

A Dayton summed up by noting that it had been a very successful year.

#### 4. Results of Governors' Elections

A Dayton handed over to Roger Long, Director of Corporate Services and Board Secretary, to announce the results of the 2008 Governors' elections. R Long noted that all the new Governor posts, with the exception of the volunteer post, will have a 3 year term.

Results of this year's elections: For 11 seats there were 18 candidates. Unfortunately there were no candidates for the Bedfordshire & Hertfordshire public constituency. R Long asked the Governors whether they would agree to a bi-election to fill this seat. The Governors unanimously agreed.

##### *Public - Luton Constituency*

Tracee Cossey

Vic Skates

Alma Kaas

Bina Deb-Gupta

##### *Dunstable & South Bedfordshire Constituency:*

Rowena Harrison

Roger Turner

##### *Staff – Nursing & Midwifery Constituency:*

Sarah Brant

Lesley Groves

##### *Staff – Medical & Dental Constituency:*

Dr Chi-Hwa Chan

##### *Volunteers Constituency:*

Pam Brown

R Long offered congratulations to the successful candidates and thanked the outgoing Governors for their contribution, these are:

Peadar McKenna

Oliver Bloor

Jonathan Day  
Wendy Shearsmith

## 5. Performance of the Foundation Trust for 2007/08 and Future Developments

### 5.1 Report from Chief Executive

R Long handed over to S Ramsden, Chief Executive who remarked on the excellent turnout. S Ramsden gave an overview of 2007/08 achievements and further transformation of the L&D.

He began by noting that in March he was appointed as Director for the National Patient Safety Campaign. Worldwide research undertaken has quantified that inpatients are at risk while in hospital. The Board took a decision that patient safety is our highest priority. New approach to engaging staff – staff conversations have been held and everyone working together to improve service.

Strategic Business Units – when we became a Foundation Trust we were able to introduce more of a 'command' culture. Clinical directorates are being given the opportunity to apply to become a strategic business unit where they will have devolved autonomy. The approval process will be via the Board of Directors. 2 of our 11 clinical directorates are being assessed over the next few weeks.

The L&D has had a successful year in meeting financial and national targets. S Ramsden noted that the Trust tries to go beyond national targets and have stretch goals. For several years the NHS has been promoting the need to reduce waiting times – from the time patients are referred into the hospital until the time they are treated. The target was 90% should be treated within 18 weeks and we achieved 92%. Orthotics – some patients were waiting 3 years before the initiative came in – 3 months is now the normal wait.

Financial position – 8<sup>th</sup> year that the Trust has been in surplus. Surplus mainly used for capital developments. Expecting to spend £8.7 million this year which will be going on a new ward (Hemel closure), refurbishment of surgical block, improvements in decontamination. Biggest beneficiary is in improved staffing – increased by 185 from March 07- March 08, biggest increase in neonatal unit to cope with the extension. Maternity has been under extreme pressure and delivered 5,500 babies last year so an additional 12 midwives have been recruited. There has also been a 20% increase in cleaning staff.

The L&D has been getting a higher profile. Last year, for the second year running, the L&D was runner-up for Acute Trust HSJ Awards and have been shortlisted again this year. GUM won a Health & Social Care Award and Pat Pearson was nominated Theatre Nurse of the Year. Charlotte Fowler had an innovation that won a prize for CT scanning. We were also named in the Nursing Times Top 100 employers 2008.

S Ramsden continued to note that the Trust is spending time in developing our leaders and currently undertaking a 2 year programme – 50% are clinicians.

Transformation of the L&D – there is a potential for international recognition for the work we are doing on improving patient safety and should lead the NHS in patient safety. For the past 5 years the Trust has achieved excellent results in and has reduced death rates and reduced cardiac arrests. In March the L&D made a decision to invest £2m over the next 3 years for patient safety – ward sisters have a day off the ward per week to concentrate on leading their teams. Improving the patient experience will go hand in hand with this. If we are not fit for the 20<sup>th</sup> century we will not attract the referrals – there is now a market of competition for NHS patients.

### 5.2 Patient Experience

S Ramsden handed over to A Palmer, Director of Nursing & Clinical Services.

A Palmer noted that he came to Trust just over year ago and was challenged to improving the patient experience. The Board has given patient experience one of its highest priorities and the aim is to be in top 20% of all acute hospitals.

The L&D has concentrated on reducing hospital acquired infections and takes the issue of infection control very seriously. To that end a No Avoidable Infection Strategy has been developed:

- *C. Difficile* – 12 months ago there were approximately 40 patients every month with *C. Difficile*. This has been greatly reduced and achieved mainly by:
  - tight antibiotic prescribing, ensuring that when antibiotics were to be stopped they were actually stopped,
  - an increase in our cleaning regime by 20%.
- MRSA bacteraemia (MRSA in bloodstream) – Again the number of incidence has greatly reduced. Policies and practices have been introduced particularly around cannulas and central lines.

The Trust is now one of East of England's best performers in infection control. We aim to continue to hit our No Avoidable Infection Strategy.

- Pressure Sore incidence – We are one of very few Trusts who monitor how many pressure ulcers are acquired on a monthly basis. We have more than halved the number of pressure sores in the last 12 months.

A Palmer continued to state that the Trust is committed to being in the top 20% of the national inpatient survey: this covers Cleanliness, Privacy & Dignity, provision of appropriate information, friendly staff and effective discharge planning. Recent measurements have shown improvements and the last survey did indeed show an improvement in 37 areas. Earlier in the year, the Board agreed to the purchase of a Patient Experience Tracker (PET) system to gather data from over 1000 patients per month, and this data is used on a ward by ward basis. In August 92% of patients rated their experience as excellent or very good. Looking to the future, a 3 year innovative patient experience strategy is being developed. Ward Sisters are involved in an improvement programme and we will also look abroad on how to improve patient experience.

### 5.3 Clinical Developments

A Palmer handed over to Dr Danielle Freedman, Medical Director who commented that she has worked at the L&D for over 24 years.

D Freedman stated that a project has been developed redesigning the pathway of acutely ill patients and hopes that as a result this will improve the patient experience and the clinical outcome for the patient. The Trust has concentrated on the Acute Care Unit which was developed earlier this year. Patients will transgress from A&E to ACU. Before the introduction of this, the acutely ill patient was being looked after by junior doctors rather than senior physicians and a reduction in length of stay for those patients has been evident. We have also looked at acute surgical work, separating patients who are acutely ill and those who have come in for elective surgery. From the beginning of the year there will also be building works to upgrade the surgical block. A new 28 bed ward will be opening in November which will help with the flow of patients from Hemel and when refurbishment and cleaning etc is taking place across the hospital.

Clinical expansion – we are renowned at the L&D for specialist services. The neonatal intensive care service is in varying levels and for the past couple of years the Trust has been awarded level 3 status, one of only another 2 in the East of England. As a result it has been decided that all babies that are very small are transferred to us from all across Beds and Herts. Investments have been made in both nursing and consultant staff. And a 50% increase in ITU cots.

Cardiac services – South Beds has one of the highest incidence of coronary heart disease – our community have to travel to Harefield, Addenbrookes or Papworth. This year our cardiologists undertook pacing locally. We look after patients ourselves who have myocardial infarction.

Obesity Services – There is an obesity boom. We have expertise in this area and have an excellent service including medical and counselling services and have been recognised nationally and are attracting patients as far as the south coast.

Picture Archive and Communication System (PACS) was introduced this year and benefits patients and staff. The Trust has appointed a new IT manager who comes from outside the health service. He is introducing "Computers on Wheels" – mobile computers by the bedside - so that health professionals have instant access to patient's details.

D Freedman stated that 8 years ago the Trust had 80 consultants. In 2008 there are 147 consultants, in the past 4 months the Trust has recruited 6 specifically around acute care work. She informed the audience that she was elected Vice President of the Royal College of Pathologists.

D Freedman finished her presentation by introducing our Patient Pledge video.

## 6. Discussion & Questions

Q) Ron Greenham – member – member of Alzheimer society – Does the L&D recognise the problem of the need for improvement in the training of staff in understanding the requirements of patients with secondary dementia?

Response – J Graham, Deputy Director of Nursing – Recent discussions have taken place with regard to learning disability patients. The L&D has a learning disability lead nurse and it is recognised that there is need to raise the profile. The Trust has invested in more equipment such as wandguard and special wrist bracelets which will alarm and more low rise beds. We do agree that we need to do more and work more with relatives. .

Q) Member - Dignity in wards – Does the L&D have unisex wards?

Response – A Palmer noted that the Trust meets all requirements. In general wards there is either single sex rooms or 6 bedded single sex bays with bathroom facilities.. Any breaches have to be reported and some areas are exempt ie ITU.

Q) Member - Leadership – what is the accountability aspect of this – to Government or Trust?

Response – S Ramsden – The Board is accountable to the Council of Governors and have to consult them on our plans and they have the right to challenge. As members you elect the Governors to represent you. S Dhillon - we are accountable as an organisation to Monitor.

Q) Member – What is the updated position with regard to waiting list for patients, especially orthopaedic and gynaecology & obstetrics?

Response – A Palmer – Pleased to say that for vast majority of specialties the Trust does hit the target. Orthopaedic is a national target – last year the Trust did not hit the orthopaedic target but have been working with PCTs to accelerate this. We are committed to reaching the 18 week target for all specialties.

Q) Malcolm Rainbow, Governor – Noted that nothing had been said about outpatient activity – time spent waiting to see consultant and time spent waiting for prescription from pharmacy.

Response – A Palmer – we have a system in place which monitors the outpatient targets. Recently had an external review of pharmacy services and recommendations have been made to us to improve flow and discharges from the ward. Pharmacy technicians now on ward – appointing further people to those posts.

Q) Richard Scotson, member – wife given appointment which has been cancelled 4 times.

Response – S Dhillon apologised for this and agreed that this would be investigated the following day.

Q) Peter Krul, Staff Member – Minutes from last year indicate frustrations with Choose & Book – asked for an update.

Response – A Palmer noted that there have been system problems nationally which have only been resolved recently. Rollout process moving ahead.

Q) Member – Had excellent experience at the L&D. “Found it spotless”. Couple of issues – ripple bed droning all night – if not serviced regularly they do make this noise. Came out with a couple of crutches – 2 numbers on there but when rang they just said need to be returned to L&D – suggest putting a sticker on to say this. He had to have an x-ray and there was only one machine working which caused a delay.

Q) Peadar McKenna, Governor – patients smoking at front of hospital, is this an infection risk and does it put other people at risk?

Response – D Freedman – There is no higher risk of infection to these patients. More of a problem with people smoking on the hospital grounds which the Trust is trying to tackle. A Dayton – Meeting has been held and there are a number of issues. Not the only hospital who have this problem. Representatives from the Council of Governors are

involved with the hospital discussing this situation.

Q) Member – concern about the number of people missing their appointments – what is the cost and what are we doing about it?

Response – A Palmer – Issue is a national issue. Putting a cost on this is difficult but the Trust is looking at piloting a programme to send SMS text reminders to patients. Cannot put on a financial penalty. Have carried out a number of spot audits and have a whole range of responses so need to be a bit smart on the way we handle this and have systems in place to remind patients.

Q) Member - Do you believe you have a problem with overseas patients?

Response – A Harwood – There is a process where we check patients for eligibility but for emergency patients it is much harder to chase payments. For elective patients we can ask for payment in advance. Have invested in a member of staff and tightened up considerably.

Q) Member - Thank you for everything you do. With the expected increase in the catchment population – are there limitations on capital and space?

Response – S Ramsden – Part of the service strategy is that moving to larger catchment population mainly because of Hemel closure but also because of housing developments. 500,000 is seen as being the right population for an acute general hospital to serve. The way we accommodate this increase is by moving appropriate services off the hospital site and into the community. Potentially 50% of outpatients in 5 years time can be seen outside the hospital.

Comment - Dr Beryl Adler – Clinical Director Paeds and NICU – Would like to echo that the Neonatal Intensive Care Unit development is such an important way forward in providing a service and future for this community.

Comment - Local GP – Stated he was a junior doctor in hospital – would like to say well done. Noted the L&D were leaders in patient safety – would like to see this shared with primary care.

Response – S Dhillon - Congratulate S Ramsden as Director leading Patient Safety Campaign – don't have evidence and research in primary care as we do have for hospitals. Yes, very keen to work together.

S Dhillon – Equality and Diversity very high on the agenda.

## 7. Conclusion

S Dhillon concluded that plans are very ambitious for the hospital and a summary service plan and a copy of the annual report are available.

She thanked staff and volunteers for their hard work and commitment and Governors and members who are absolutely crucial. Thank you to Gaynor Flynn who has organised logistics this evening and all those manning the stands.

She asked everyone to reflect on the L&D leading patient safety, meeting service expectations and achieving outcomes. She noted that everyone is very proud in the 70<sup>th</sup> year for L&D. She thanked everyone for attending.

The Annual Members meeting closed at 9 pm.

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