



Annual Members' Meeting

**Tuesday 27th September 2011
between 1.00pm - 5.00pm**

**In the Lecture Theatre
Education South (Post-Graduate Centre)
Manchester Royal Infirmary**

PRESENT:

Executive and Non-Executive Directors

Rhona Bradley – Non-Executive Director, Rod Coombs – Non-Executive Director, Mike Deegan – Chief Executive, Ursula Denton – Director of Financial Strategy, Gill Heaton – Chief Nurse/Director of Patient Services, Robert Pearson – Medical Director, Anthony Leon – Deputy Chairman, Steve Mycio – Non-Executive Director, Brenda Smith – Non-Executive Director, Derek Welsh – Director of Human & Corporate Resources and Alex Wiseman – Non-Executive Director .

Trust Secretary

Sue Allison – Director of Corporate Services

Council of Governors

Rabnawaz Akbar – Nominated Governor (Manchester City Council), Jayne Bessant – Public Governor (Manchester), Dave Brown – Public Governor (Manchester), Malcolm Chiswick – Lead Governor & Public Governor, Abu Chowdhury – Public Governor (Manchester), Lawrence Cotter – Staff Governor (Medical & Dental), Owen Henderson – Public Governor (Manchester), Beverley Hopcutt – Staff Governor (Other Clinical), Helen Hosker – Nominated Governor (NHS Manchester), Mary Marsden – Staff Governor (Nursing & Midwifery), Erica McInnis – Staff Governor (Other Clinical), Alexena Morrison – Public Governor (Public Governor), Keith Paver – Public Governor (Manchester), Bernice Reid – Public Governor (Manchester), Lynne Richmond – Public Governor (Greater Manchester), Helen Scott – Public Governor (Manchester), Susan Turner – Staff Governor (Non-Clinical & Support), Susan Webster – Public Governor (Manchester) and Julian Wright – Staff Governor (Medical & Dental).

Members

A total of 234 Public and Staff Members

Notes Prepared By:

Donna Beddows – Foundation Trust Membership Manager

Apologies:

Ivy Ashworth-Crees – Public Governor (Greater Manchester), Peter Dodd – Public Governor (Manchester), Brian Donaldson – Public Governor (Rest of England & Wales), Angela Harrington – Nominated Governor (Manchester City Council), Peter Mount – Chairman, Margaret Parkes – Public Governor (Manchester), Adrian Roberts – Director of Finance, Jenny Scott – Nominated Governor (Specialist Commissioning Group) and Gillian Wallis – Nominated Governor (Manchester University).

WELCOME AND INTRODUCTION – ANTHONY LEON, DEPUTY CHAIRMAN

Presentation Slides



Welcome and thank you to.....

- All our staff and public members
- Our Community Services colleagues for the excellent displays and advice on Staying Well this winter
- Our partners from the local community



We're proud.....

- To be part of the NHS
- Of our commitment to delivering excellent NHS services
- To provide strong continuity amid NHS changes



Speaker's Narrative

Anthony Leon, Deputy Chairman opened the Annual Members' Meeting on behalf of the Chairman.

It's good to see so many of you here today and thank you for your interest in our Trust. I'm pleased to welcome all our staff and public members, and particularly want to thank our Community Services colleagues for the excellent displays and advice on Staying Well this winter. We are also very grateful to partner organisations from the local community who have also provided stands at today's event.

As a Trust, we are very proud to be part of the NHS and to play a key role in delivering excellent NHS services to more than a million people each year. I hope you will be reassured by what our speakers have to tell you today about our past performance and future plans. We are committed to providing strong continuity amid the NHS reforms that are going on, caring for our patients and safeguarding employment for our staff.

In keeping with the meeting agenda, the Trust's Chief Executive, Mike Deegan will talk about some of our achievements in 2010/11. Our Director of Financial Strategy, Ursula Denton will tell you about our financial position, Lead Governor Professor Malcolm Chiswick will update you on Membership matters and Mike Deegan will outline our plans for the future.

Public Governor, Dr Keith Paver will explain proposed changes to our Constitution which members are required to vote on, and then the Board of Directors will be happy to answer your questions.

REVIEW OF THE ANNUAL REPORT 2010/2011 – MIKE DEEGAN, CHIEF EXECUTIVE

Presentation Slides



Rising to the challenge of providing
the best experience in the NHS

Speaker's Narrative

Mike Deegan, Chief Executive presented the Annual Report (2010/11) overview.

It's been a challenging year with major changes to the NHS nationally which inevitably have a local impact. However, because of the hard work and commitment of all our staff I'm pleased to be able to tell members that your Trust has performed very well during 2010/11, delivering high quality care to more than a million patients.

On behalf of my Board colleagues I want to thank all our staff for their dedication and outstanding teamwork. It hasn't been easy when everyone is under pressure to meet targets and respond to change, and we're very proud of our clinical, professional and support staff who really do make a difference every day.

We were also very pleased to welcome around 1,400 Community Services staff to the team in April this year. This will enable us to deliver a modern, personalised care service to patients, which continues to support them effectively when they leave hospital.



Focus on three key areas:

- Patient safety and clinical quality
- Patient and staff experience
- Productivity and efficiency



Although we've been required by the Department of Health to achieve cost efficiencies, this has not been at the expense of providing high quality patient care or supporting our staff.

To help us to remain focused during this period of change, we have focused on three key areas: -

- Patient Safety and Clinical Quality
- Patient and Staff Experience
- Productivity and Efficiency.



Patient safety and clinical quality:

- 90% of patients assessed for thrombosis
- 40% reduction in serious harm incidents
- Improved national stroke audit results



Patient safety and clinical quality:

- 80% reduction in falls causing serious harm
- Continuing reduction in infection rates



To give you a brief snapshot of how patient safety and clinical quality programmes have delivered good results for patients: -

- We achieved the national standard of 90% of all patients being assessed for the risk of developing thrombosis whilst in hospital
- We made a significant reduction of 40% in serious harm events, thanks to a raft of patient safety initiatives.
- We had a greatly improved performance in the national stroke audit with our score being better than the national average. (up from 60% to 87%)
- We saw the number of falls leading to serious harm decrease by 80% compared with 2009/10
- In 2010/11 there were only seven cases of MRSA, down 12.5% on the previous year, while the number of clostridium difficile cases was just 106, less than half of the target of 231 cases.



Patient and staff experience:

- Increased feedback from patients
- Improvements in cleanliness, pain, communication, privacy and dignity



Work to improve the experience of patients and staff in our hospitals has also delivered some excellent results: -

Eight Senior Leadership Walk Rounds take place each month, giving patients and staff a chance to talk about the care environment and their individual experiences or suggestions. The outcome is fed back to the wards and acted upon.

Matron Ward Rounds happen weekly in all clinical areas, offering another opportunity for patient feedback in five key areas: nutrition, cleanliness, pain, communication, privacy and dignity. Most of these have seen improvement, with the exception of nutrition where further work is underway.

Through our Improving Quality Programme, all in-patient ward teams are supported to take ownership of the changes that need to be made to improve the quality of care for patients.



Patient and staff experience:

- Improving Quality programme
- Staff skills training and professional development





Productivity and efficiency:

- Enhanced Recovery programme across Surgery
- Expected date of discharge
- Reduced 'did not attend' rates



Enhanced Recovery has been pioneered by our colleagues in Surgery, to prepare patients for hip and knee replacement surgery and care for them during and after surgery. It means patients are fitter and therefore mobile again sooner, have fewer complications, need less pain relief, and are able to go home earlier, with follow-up care in place.

Expected Date of Discharge is a programme of giving each inpatient a date for leaving hospital which everyone involved in their care then works to achieve.

Thanks to text messaging and other reminder techniques, we've been able to cut patient Did Not Attend rates significantly. This means clinics run efficiently and patients receive timely diagnosis, treatment and follow-up care.



Care Quality Commission report:

"Every person we spoke to said that they felt involved in their care and that they had no complaints at all about any of the staff. People used words like 'excellent' and 'brilliant' to describe the staff and people were particularly complimentary about the nursing staff. One patient said that 'nothing was too much trouble'."



Much of this excellent work is highlighted in our Annual Report with printed copies being available today and you can also find it on our website: -

[http://www.cmft.nhs.uk/media/248717/sd04299%20-%20central%20summary%20annual%20report%202011%20\(final\).pdf](http://www.cmft.nhs.uk/media/248717/sd04299%20-%20central%20summary%20annual%20report%202011%20(final).pdf)

I would like to share with you some comments from the Care Quality Commission which inspects all our hospitals through both planned visits and snap inspections with no warning: -

"Every person we spoke to said that they felt involved in their care and that they had no complaints at all about any of the staff. People used words like 'excellent' and 'brilliant' to describe the staff and people were particularly complimentary about the nursing staff. One patient said that "nothing was too much trouble".



Training and education:

- Outstanding year for undergraduate medical students
- Virtually 100% of all staff disciplines undertook corporate and clinical mandatory training
- New staff appraisal system with virtually 100% take up



Our focus on quality is not limited to patient care and looking after our staff. It also underpins our responsibility for helping to train the doctors, midwives, nurses and other health professionals of the future in association with a number of Universities and Colleges across the North West.

Highlights include: -

- Undergraduate medical students achieved our highest ever pass rate in final exams
- Several students won awards for presenting their work at UK and international meetings
- 69% of staff undertook e-learning programmes, compared with 39% in 2009
- A new Annual Appraisal Programme for all staff, which has had virtually a 100% take up. Benefits include increased job satisfaction for staff, and enhanced care for patients.



Research and innovation:

- **9,729** patients involved in research
- **£29 million** in external funding awards
- **723** clinical research studies



Our reputation for excellence also extends to the research and innovation sphere. Here are just a few key figures for 2010/11 that reinforce Manchester's position as a major player in translational medicine, taking discoveries from the lab bench to the patient's bedside;

- 9,729 patients participated in research
- £29 million of external funding was awarded to Trust researchers
- 723 clinical research studies were underway



Research and innovation:

- **£3 million** CADET facility
- **3 patients** regain some sight in retinal implant trial
- **250,000** people get genetic screening



- New £3 million Centre for Advanced Discovery & Experimental Therapeutics
- 3 Manchester patients have regained some sight through a retinal implant trial
- 250,000 people from South Asian communities in the NW can benefit from genetic screening for hereditary illnesses

FINANCIAL REPORT – URSULA DENTON, DIRECTOR OF FINANCIAL STRATEGY

Presentation Slides



In 2010/2011 we got paid £665 million for our services



... and it cost us £665 million to provide our services

Speaker's Narrative

Ursula Denton, Director of Financial Strategy presented the Financial Report on behalf of Adrian Roberts, Executive Director of Finance.

In 2010/11 the Trust's income was £665 million

We spent £665 million providing treatment and care, and running our hospitals and facilities.

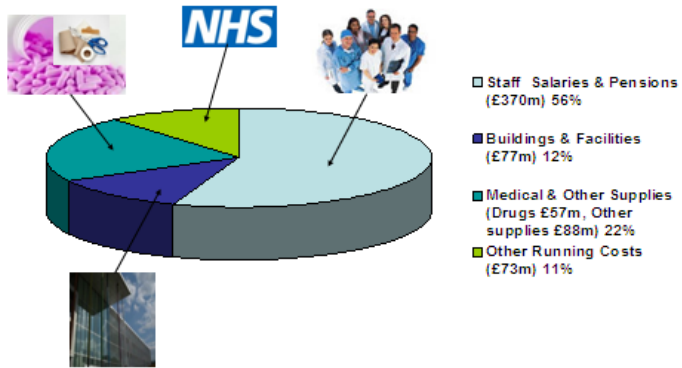


Where did our income come from?

- Emergency & Critical Care (£122 million)
- Planned and other care slice (£439 million)
- Services to other Trusts (£50 million)
- Research & training (£54 million)



How we spend our money....



What did we spend the money on?

- Staff salaries and pensions (£370 million)
- Buildings and facilities (£77 million)
- Medical and other supplies (drugs £57 million, other supplies £88 million)
- Other running costs, including services from other Trusts and dealing with clinical negligence claims (£73 million)



How are we performing in 2011/2012?

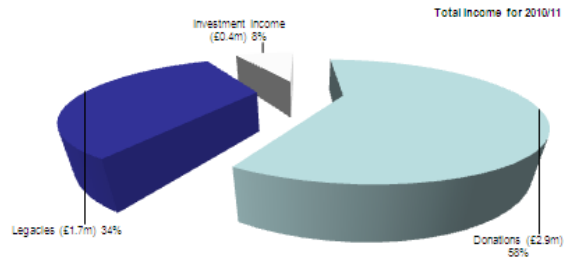


Outlook for future years?

- How have we done in the first 5 months of this year?
- What are the financial implications of changes to the NHS?



CMFT Charity : Where did our income come from in 2010/2011?



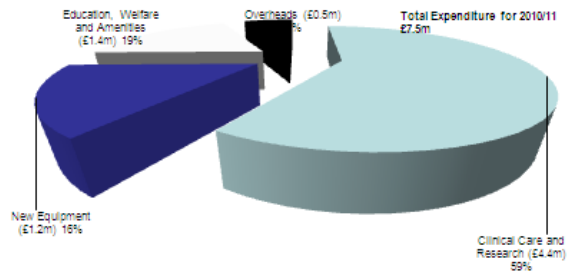
Where did our Charity income come from in 2010/11?

Total income around £5 million of which: -

- Donations made up £2.9 million
- Investment income made up £0.4 million
- Legacies made up £1.7 million.



CMFT Charity : How did we spend our money in 2010/2011?



What did we spend our Charity monies on: -

- Clinical care and research - £4.4 million
- Education, welfare and amenities - £1.4 million
- New equipment - £1.2 million
- Overheads - £0.5 million

MEMBERSHIP REPORT – PROFESSOR MALCOLM CHISWICK, LEAD & PUBLIC GOVERNOR

Presentation Slides



Engaging with members:

- Members information pack newsletters, questionnaires
- Interactive annual members meetings
- Open day for young people
- Sessions with staff members
- Receptive to your ideas and suggestions



Speaker's Narrative

Professor Malcolm Chiswick presented the Membership Report.

We are growing our membership – we now have over 12,000 Public Members and there are almost 11,000 Staff Members. Together, our members have a powerful voice. Upon becoming a member you receive an information pack and regular newsletters and updates.

To ensure we listen to you and take on board your ideas and concerns, we have a programme of member engagement. This includes events such as the Annual Members' Meeting and Open Day for young people which involved local schools and colleges in addition to our young members. This year's Young People's Event focused upon NHS careers in addition to providing health advice and information. We also hold regular sessions with staff members to get their feedback, led by the Chairman and Staff Governors

Member questionnaires and new member packs enable us to get members' views and opinions so we can tailor engagement activities to reflect your needs and we welcome members to forward their ideas and suggestions so to develop new ways of engaging and involving our members.



How do Governors represent you?

- Working groups aimed at:
 - improving patient experience
 - engaging with the local community
 - reaching out to public members
 - supporting staff
- Contribution to Trust's Annual Plan
- Training and development sessions
- Council of Governors meetings

Our Council of Governors meets 3 times a year, and represents the views of patients, carers, the public, stakeholders and staff to our Board of Directors. The 31 Governors also participate and in Working Groups:

- Governors' Patient Experience – looks at ways to make the experience of patients better, whether it's the choice of menus or ward cleanliness
- Governors' Staff Health & Wellbeing – to encourage better staff health and well being and looks at staff employment issues
- Governors' Membership – to engage with our members and recruit more members
- Governors' Corporate Citizenship – to get more involved in the local community, including employment and sustainability programmes.

They also actively participate in the production of the Trust's Annual Plan and take part in regular training and development sessions with the latter focusing upon NHS and the Trust's current issues.



Welcome to our new Governors:

| | |
|------------------------|--|
| Dave Brown | Public Governor, Manchester |
| Owen Bradley Henderson | Public Governor, Manchester |
| Helen Scott | Public Governor, Manchester |
| Lynne Richmond | Public Governor, Greater Manchester |
| Erica McInnis | Staff Governor, Other Clinical |
| Susan Turner | Staff Governor, Non-Clinical & Support |

All our Governors are very hard-working and enthusiastic in representing you, their constituents. I'd like to thank those who are retiring this year for their very valuable contribution: Kay Day, Saklain Farooq, Kim Laurie, Martin Rathfelder, Abu Suleman and Roy Walters.

I'm delighted to be able to announce the results of our recent Governor elections, and to welcome our new Governors to the Council of Governors. I'm sure they will do an excellent job in representing their constituents: -

- Dave Brown - Public Governor (Manchester)
- Owen Bradley Henderson – Public Governor (Manchester)
- Helen Scott – Public Governor (Manchester)
- Lynne Richmond – Public Governor (Greater Manchester)
- Erica McInnis – Staff Governor (Other Clinical)
- Susan Turner – Staff Governor (Non-Clinical & Support)

CURRENT POSITION AND THE YEAR AHEAD – MIKE DEEGAN, CHIEF EXECUTIVE

Presentation Slides



Looking ahead:

- NHS reforms
- Trust to save £30-40m a year for four years
- An ageing population
- Advances in surgery, medical care and treatment, new drugs



Speaker's Narrative

Mike Deegan, Chief Executive presented the current position and year ahead overview.

Looking ahead to the rest of 2011/12 and subsequent years, we face a radically changing NHS landscape

- The revised Health & Social Care Bill goes back before Parliament for approval in the autumn – proposals include phasing out Primary Care Trusts and Strategic Health Authorities by 2013 and giving GPs the money to buy care directly from hospitals
- Pressure to reduce costs and become even more efficient while still providing a high quality service – the NHS has to make £20 billion of efficiency savings nationally and £1 billion across Greater Manchester by 2014. We have to save £30-40 million a year for four years
- An ageing population
- Advances in surgery, medical care and treatment, new drugs



Patient safety and clinical quality:

- Infection prevention/control a top priority
- Meeting clinical quality and safety targets
- Achieving quality improvement and innovation goals



How can we meet these challenges? By continuing to focus on and invest in our three priority areas.

In practical terms this will include:

- Continuing to make infection prevention and control a top priority
- Meeting and even exceeding targets for clinical quality and safety
- Achieving the quality improvement and innovation goals we agree with those who commission our services through the Commissioning for Quality and Innovation scheme, and so maximising Trust income from these contracts



Patient safety and clinical quality:

- Translating more research into treatments
- Continuing our Trust-wide Quality Campaign

- Translating more research findings into new treatments for patients
- Continuing our own Quality Campaign, which has been running very successfully since spring 2009.



Patient experience:

- Enhancing patient catering to deliver better nutrition



- Developing end of life care

We want all our patients to have the best possible experience, and so we are committed to: -

- Improving patient catering to achieve better choice and food presentation, ensuring patients are well nourished to aid their recovery
- Increasing the number of patients who are able to leave hospital and die at home in a planned way in line with their wishes.



Patient experience:

- Continuing customer service training and recognition programmes for staff
- Opening of Ronald McDonald House for parents



- Continuing our customer service training programmes for staff and the annual 'We're Proud of You' awards

We also look forward to the opening of the new Ronald McDonald House accommodation for parents in spring 2012



Productivity and efficiency:

- Introducing new clinical pathways
- Further integrating Community Services
- Reducing the length of stay in hospital

The outstanding facilities in our new hospitals plus the hard work of our staff are key to delivering an excellent service to our patients, and we will: -

- Continue to implement national efficiency programmes such as the Productive Ward and the Productive Theatre
- Introduce new clinical pathways to ensure care is given in the most effective ways
- Ensure patients have a 'joined up' pathway through both hospital and community care by continuing to integrate community Services
- Reduce the length of stay in hospital through initiatives such as the Enhanced Recovery programme.



Even better if we ...

- Get elderly patients with hip fractures to theatre sooner
- Admit more stroke patients directly to the Stroke Unit for assessment
- Respond more effectively to help patients manage their pain
- Do more to engage our staff

We do however know there are still areas where we can do better, and we are working on a number of important initiatives to address these: -

- Effective pathways are being developed to reduce the length of time before elderly patients with hip fractures that require pinning can have surgery
- We are increasing the number of patients with a suspected stroke who are immediately assessed by experts in our Stroke Unit, rather than being seen first in A&E or other areas
- Based on a number of inpatient surveys, we know more work is required on how staff respond to patients who need help managing their pain
- The national NHS staff survey showed some improvement in how involved and engaged our staff feel. Several programmes are underway to build on this, creating better communication and a greater sense of involvement among all our staff.



Future developments:

- Trafford Healthcare NHS Trust



- Collaboration with DGH's
- New 40 Bed Adult Critical Care Unit – December 2012
- Developing a Major Trauma Centre
- Conclusion of 'Making it Better'

Increasingly, we are working in partnerships with other Trusts to create or enhance patient care and services across Greater Manchester and beyond.

Following a competitive tendering process, we have been asked to work in partnership to provide services at Trafford Healthcare NHS Trust. We are working closely with Trafford staff, patients, GPs, commissioners and local people to develop local hospital services which are safe, high quality and financial viable. Everyone is committed to preparing for a smooth transition in April 2012. We are also working with Tameside Hospital to jointly deliver specialist and complex care in areas such as cancer.

At our own site, we are developing a new 40-bed Adult Critical Care Unit within Manchester Royal Infirmary, by reconfiguring and refurbishing existing areas. It will have 20 Intensive Care and 20 High Dependency beds.

Together with Greater Manchester colleagues, we are developing plans for a Major Trauma Centre to serve the region, and playing a key role in completing the Making It Better Programme to improve maternity services.

Thanks to our excellent facilities and the dedication of our hard-working staff, we are in a strong position to be able to meet the challenges of a changing NHS and provide the best care in the NHS to all our patients.

MEMBERSHIP VOTING – DR KEITH PAVER, PUBLIC GOVERNOR (MANCHESTER)

Presentation Slides



Proposed changes to our constitution:

A comprehensive review has taken place to future proof the constitution and reflect recent changes e.g. NHS Reforms, Transforming Community Services and the acquisition of Trafford Healthcare Trust.

Monitor's Code of Governance also advises that a review of the constitution should take place at least every 3 years.

Removal of detail relating to initial authorisation as a Foundation Trust i.e. appointment of Directors and election of Governors.

Speaker's Narrative

Dr Keith Paver, Public Governor presented the proposed changes to the constitution.

He explained that a comprehensive review had been undertaken which was led by Governors as the existing constitution was no longer fit for purpose in light of the transfer of Community Services, Health Bill proposals and the planned acquisition of Trafford Healthcare NHS Trust. The focus behind the review was to ensure that the Trust is able to deliver the best possible healthcare to patients.

The review process identified the following areas for amendment: -

- Information referring to initial appointments/processes to be removed.
- Grammatical errors to be corrected.
- Council of Governors composition to be updated to reflect the transfer of Community Services (increase in staff members), Health Bill Reforms and the planned acquisition of Trafford Healthcare NHS Trust.

In order to facilitate the review process, a Subgroup of the Governors' Membership Working Group was established from which constitutional changes/recommendations were made. These recommendations were then forwarded to the Board of Directors and an external legal team for consideration.

The final proposed changes were documented in a rationale paper with the current and proposed constitution being available to members via the Trust's website and intranet. Hard copies of all three documents were also available for members to review at this meeting.

The key proposed changes:


| COUNCIL OF GOVERNORS | | | | | |
|----------------------|----------------------------------|---------------|--------------|---------|----------|
| GOVERNOR | CONSTITUENCY | CLASS/PARTNER | ORGANISATION | CURRENT | PROPOSED |
| PUBLIC | Manchester | | | 9 | 9 |
| | Trafford | | | 0 | 3 |
| | Greater Manchester | | | 2 | 4 |
| | Rest of England & Wales | | | 2 | 2 |
| | Open (highest number of votes) | | | 4 | 0 |
| | | | Total | 17 | 18 |
| STAFF | Nursing & Midwifery | | | 1 | 2 |
| | Other Clinical | | | 1 | 2 |
| | Non-Clinical & Support | | | 1 | 2 |
| | Medical & Dental | | | 1 | 1 |
| | Open (highest number of votes) | | | 2 | 0 |
| | | | Total | 6 | 7 |
| NOMINATED | Manchester University | | | 2 | 2 |
| | Local Commissioning – Manchester | | | 1 | 1 |
| | Local Commissioning – Trafford | | | 0 | 1 |
| | Specialist Commissioning | | | 1 | 1 |
| | Manchester City Council | | | 2 | 2 |
| | Trafford Borough Council | | | 0 | 1 |
| | Youth Forum | | | 2 | 1 |
| | Volunteer | | | 2 | 1 |
| | | | Total | 6 | 10 |
| OVERALL TOTAL | | | | 24 | 28 |

NB: Additional Constituency of Trafford


In relation to the proposed changes to the composition of the Council of Governors the key areas are as follows: -

- Increase in the overall number of Governors from 31 to 35 with the majority of these being from the Public Governor constituency.
- Public Governors – increase in the overall number by one with the establishment of three Trafford Governors and an increase in the number of Greater Manchester Governors (enabled by the removal of Open Governor positions). These changes enable the Governors to more accurately reflect/represent the Trust's current/future serving population.

| | | | |
|--------|--------------------------------|-------|----|
| PUBLIC | Manchester | 9 | 9 |
| | Trafford | 0 | 3 |
| | Greater Manchester | 2 | 4 |
| | Rest of England & Wales | 2 | 2 |
| | Open (highest number of votes) | 4 | 0 |
| | | Total | 17 |



| STAFF | | | |
|-------|--------------------------------|---|---|
| | Nursing & Midwifery | 1 | 2 |
| | Other Clinical | 1 | 2 |
| | Non-Clinical & Support | 1 | 2 |
| | Medical & Dental | 1 | 1 |
| | Open (Highest number of votes) | 2 | 0 |
| | Total | 6 | 7 |



| NOMINATED | | | |
|-----------|----------------------------------|---|----|
| | Manchester University | 2 | 2 |
| | Local Commissioning – Manchester | 1 | 1 |
| | Local Commissioning – Trafford | 0 | 1 |
| | Specialist Commissioning | 1 | 1 |
| | Manchester City Council | 2 | 2 |
| | Trafford Borough Council | 0 | 1 |
| | Youth Forum | 2 | 1 |
| | Volunteer | 0 | 1 |
| | Total | 8 | 10 |

- Staff Governors – increase in the overall number of Governors by one with an increase in the number of Other Clinical, Nursing & Midwifery and Non-Clinical & Support Governors (enabled by the removal of Open Governor positions). These changes enable the Governors to more accurately reflect/represent the Trust’s current/future staff membership.
- Nominated Governors – increase in the overall number of Governors by two which includes the establishment of a Volunteer Governor to enable the invaluable work of the Trust’s Volunteer Services to be recognised and represent the views of service users. The establishment of this position was enabled by a reduction in the number Youth Governors (by one) as it is felt that young members benefit from a very powerful voice as a result of the strong and effective Trust’s Youth Forum. As a result of the Health Bill Reforms, a change to the current PCT Governor is also recommended so this position is renamed to become “Commissioning Governor”. In addition, the establishment of a Trafford Commissioning Governor and a Trafford Local Authority Governor is proposed to reflect the planned acquisition of Trafford Healthcare Trust.



Resolution:

That the version of the Foundation Trust's constitution made available in advance of this meeting and presented at this meeting with the key proposed changes described earlier be adopted as the Foundation Trust's constitution and replace the Foundation Trust's existing constitution.

1. Yes
2. No

Members were invited to vote on whether to approve the key proposed changes to the Foundation Trust's constitution by the Resolution that the version of the Foundation Trust's constitution made available in advance of this meeting and presented at this meeting with the key proposed changes described earlier be adopted as the Foundation Trust's constitution and replace the Foundation Trust's existing constitution, with the following outcome: -

- Yes – 113 votes
- No – 10 votes.

The proposed changes to the Foundation Trust's existing constitution were approved by members.



Resolution:

That the members of the Constitutional Working Group be authorised to make any minor amendments to the Foundation Trust's constitution that Monitor may require when registering the same.

1. Yes
2. No

Members were invited to vote on whether to approve that the Constitutional Working Group be authorised to make minor amendments that Monitor may require by the Resolution that the members of the Constitutional Working Group be authorised to make any minor amendments to the Foundation Trust's constitution that Monitor may require when registering the same, with the following outcome: -

- Yes – 107 votes
- No – 13 votes

Members therefore approved that the Constitutional Working Group is permitted to make minor amendments to the Foundation Trust's constitution that Monitor may require.

GENERAL QUESTIONS/CLOSING REMARKS – ANTHONY LEON, DEPUTY CHAIRMAN

Presentation Slides



Thank you for attending

**We truly appreciate
your support**

Speaker's Narrative

Anthony Leon, Deputy Chairman closed the formal presentation part of the meeting and thanked members for taking part in the important voting process.

The invitation was given to members to ask any questions.

General Questions/Closing Remarks

The following questions/issues were raised: -

- Clarification was sought as to whether the Trust would also acquire Trafford Community Services as part of the Trafford Healthcare Trust acquisition.

In response, this part of the acquisition is a separate issue however from the Trust's view point it would make sense to take these services on board. The decision however ultimately rests with Commissioning bodies.

- Clarification was sought as to whether the acquisition of Trafford Healthcare Trust will have an impact upon the Trust's financial position.

In response, a formal arrangement is to be made (detailed Heads of Terms) so to underwrite the costs which will result in the Trust having no financial impact from the acquisition with the Trust's risk rating to remain in its current position.

- Clarification was sought as to how many members the Trust currently has and the best way that members can help the Trust.

In response, the Trust currently has a total of around 23,000 members of which over 12,000 are Public Members and just under 11,000 are Staff Members. Many Foundation Trusts are trying to address how to effectively engage with members as not all members want to have an active role. Of those members who do have an interest in being more active in the life of the Trust the following options are available: -

- Standing for a Governor position during the election process
- Attending Membership Meetings and Events – information available via website and regular newsletters
- Participating in membership surveys/questionnaires.

Request was made for members to forward any additional ideas to facilitate further membership engagement.

- Clarification was sought as to how many patient meals are prepared on site.

In response, the majority of meals are prepared off site however meals with special dietary requirements are prepared on site. Of note the Trust is in the process of rolling out a new patient menu system called Bonne Santé which enables a range of diets to be catered for.

- Clarification was sought as to whether the Governor Election process incorporates a multi-racial approach and if minority community groups were being actively communicated with.

In response, the current membership profile accurately reflects the Trust's serving populations (fair representation) with any short falls in profile groups being actively targeted during membership recruitment campaigns. In addition, the Governor Election process is open to all members to stand as a Governor (aged 16 or above) with a letter from the Chairman being sent to each member at the start of every election process (inviting members to self-nominate). Ballot papers are then distributed to all relevant members with the resultant Governor appointments being determined as a direct result of members' votes (first past the post method of voting). In addition, the Governor Election process is facilitated by an external company to ensure complete fairness and transparency (Trust informed of election results on the same day as candidates). Of note, the number of members voting during the election process is less than desired and encouragement was given to members to more actively participate in this process. In relation to minority community groups being communicated with, acknowledgement was given that further work is to be progressed in this area and will be taken forward by the Lead Governor and the Governors' Membership Working Group.

- Concerns were raised in relation to the care of the elderly provided by Care Homes and other Hospitals which has been recently highlighted in the media.

In response, whilst it is difficult to comment on the care provided by Care Homes/other Hospitals, the Trust has implemented an internal set of arrangements to review its standards of care which includes a Ward Accreditation System (daily checks undertaken to monitor care provision by interviewing patients and staff). In addition, the Care Quality Commission also undertakes spot checks to monitor the Trust's compliance against NHS standards. The Trust has also worked hard to ensure compliance against Infection Control Standards with the Trust now ranking in the top 3 Hospitals in the country for its infection control achievements.

- Issue was raised that the Annual Members' Meeting presentation had not cited the contributions that Staff Side has made to the Trust.

In response, acknowledgement was given to Staff Side contributions. No particular staff group had been highlighted as all staff made a contribution to the Trust.

- Concerns were raised in relation to care provisions on Ward 12.

In response, the Deputy Director of Nursing agreed to review the Wards with the member to determine areas of concern and address any issues found.

Thanks were forwarded to members for attending and the formal part of the Annual Members' Meeting with the invitation being given to members to look around the interactive information stands provided by the Trust's Community Services colleagues and partners.