

COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 9.30am on the 22 May 2018 in Room 6, of the Education Centre, Milton Keynes University Hospital, Milton Keynes

Time	Item		Report	Lead
9.30am	1	Chair's Welcome and Announcements		Chairman
	1.1	Apologies To receive apologies for absence.-		Chairman
	1.2	Declarations of Interest Governors are requested to declare any interests they have in items on the agenda.		Chairman
	1.3	Minutes and Matters Arising		Chairman
	(a)	Minutes of the Council of Governors meeting held on the 20 March 2018	Approve (Pages 3-10)	Chairman
	(b)	(b) Action Log – No outstanding Actions	None	Governor and Membership Manager
	2	(a) Chairman's Report (b) Chief Executive's Report	Verbal Receive (Pages 11-13)	Chairman Chief Executive
	PRESENTATION AND INFORMATION ITEMS			
9. 40am	3.	Sustainability and Transformation Partnership	Verbal	Chief Executive
	3.1	Update on Estate Development	Verbal	Chief Executive
	3.2	Cancer Centre Appeal Update	Verbal	Director of Corporate Affairs
	3.3	Patient Experience Strategy Update	Presentation	Deputy Chief Nurse
	ASSURANCE REPORTS FROM COMMITTEES			
10.30	4.1	(Summary Report from) Finance and Investment Committee 6 April 2018	Receive (Pages 14-15)	Chairman of the Committee
	4.2	Summary Report from) The Audit Committee 22 March 2018	Receive (Pages 16-19)	Chairman of the Committee
	4.3	(Summary Report from) The Quality and Clinical Risk Committee 22 March 2018	(Pages 20-23)	Chairman of the Committee

GOVERNORS UPDATE				
	5.1	Healthwatch Milton Keynes Update	Report (Pages 24-44)	Maxine Taffetani
	5.2	Engagement Group Update	Report (Page 45)	Alan Hastings
PERFORMANCE				
	6.	Integrated Performance Report Month 12	Report (Pages 46-59)	Chief Executive
	6.1	Finance Report Month 12	Report (Pages 60-68)	Director of Finance
GOVERNANCE				
11.00	7.1	Lead Governor	Report To Follow	Chairman
	7.2	Trust Self Certification	Verbal	Company Secretary
	7.3	Draft Quality Account 2017/18	Receive To Follow	Chief Executive
	7.4	Annual Members Meeting Draft Minutes 2017	Receive (Pages 69-76)	Chairman
	7.5	Constitution clarification	Approve (Pages 77-78)	Company Secretary
	7.6	Motions and Questions from Council of Governors	Receive	Chairman
	7.7	Annual Work Plan	Receive (Pages 79 - 80)	Governor and Membership Manager/All
	7.8	Any other Business		Chairman
	7.9	Date and time of next meeting The date of the next meeting of the Council of Governor's is on the 17 July 2018 at 5.00pm in Room 6 of the, Education Centre	Note	Chairman
11.30	7.10	Resolution to Exclude the Press and Public		
		The Chair to request the Council of Governors' to pass the following resolution to exclude the press and public and move into private session to consider private business. <i>"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."</i>		

If you would like to attend this meeting or require further information, please contact: Carol Duffy Governor and Membership Manager Tel: 01908 996235. Email: Carol.Duffy@mkuh.nhs.uk

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 the 20 March 2018, in room 6 of the Education Centre at Milton Keynes University Hospital, Milton Keynes

Present:

Simon Lloyd - Chairman

Public Constituency Members:

William Butler (WB)
Alan Hastings (AH)
Alan Hancock (Aha)
Robert Johnson Taylor (RJT)
Akin Soetan (AS)
Peter Skingley (PS)
Liz Wogan (LW)

Appointed Members:

Andrew Buckley (AB) - Milton Keynes Council

Staff Constituency Members:

John Ekpa (JE)
Keith Marfleet (KM)
Lesley Sutton (LS)

In Attendance:

Executive Directors

John Blakesley (JB) - Deputy Chief Executive
Mike Keech (MK) - Director of Finance
Ian Reckless (IR) - Medical Director

Non Executive Directors

Bob Green (BG)
John Clapham (JC)
Tony Nolan (TN)
Helen Smart (HS)
Heidi Travis (HT)

Adewale Kadiri (AK) - Company Secretary
Carol Duffy (CD) - Governor and Membership Manager

1.	WELCOME & ANNOUNCEMENTS
	The Chairman extended a warm welcome to everyone present at the meeting and welcomed newly appointed Governor, Akin Soetan and Non- Executive Directors John Clapham, Heidi Travis and Helen Smart to their first meeting of the Council of Governors.
1.1	APOLOGIES
	Apologies for absence were received from Amanda Anderson, Andrew Blakeman, Parmjit Dhanda, Kate Jarman, Amanda Jopson, Douglas Campbell, Ogechi Emeadi, Paul Griffiths, Joe Harrison, Caroline Hutton, Clare Hill, Carolyn Peirson, Maxine Taffetani, Clare Walton, Matt Webb, Kim Weston, Jill Wilkinson, Marc Yerrell
1.2	DECLARATIONS OF INTEREST
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
1.3	MINUTES
(a)	Minutes from the Council of Governors meeting held on the 23 January 2018. The draft minutes of the meeting held on the 23 January 2018 were considered. <u>Resolved:</u> That the draft minutes of the meeting held on the 23 January 2018 be agreed as a correct record of the meeting.
(b)	MATTERS ARISING / ACTION LOG
	Action Log There were no outstanding action log items. <u>Resolved:</u> That the action log as updated at the meeting was received.
2	CHAIRMAN AND CHIEF EXECUTIVE REPORTS
(a)	Chairman's Report
	<p>The Chairman reported that the Trust had in recent weeks had visits from the Leader of the Opposition, the Secretary of State for Health and Social Care, and the Duke of Kent. The Secretary of State's visit had gone very well. The Chief Nurse and Medical Director had given excellent presentations showing how far the Trust has come. The opening of the Academic Centre by the Duke of Kent had also gone well – it is an excellent building and the Trust is looking forward to having use of it</p> <p>The Chairman informed the Governors that he had attended a meeting with the leader and the chairs from within the BLMK footprint. Items for discussion had included an interesting piece around the use of medical equipment in the community with a view to limiting the need for visits to GP surgeries and hospitals, the impending challenge of GDPR, and the discussion of a document entitled Partnering for Prosperity, which had indicated that 1million new homes are to be built in the corridor between Oxford, Milton Keynes and Cambridge, but yet made no mention of health or the healthcare challenges that such development would introduce. The Chairman also noted that the</p>

	<p>question whether to appoint a single Accountable Officer for all of the CCGs or retain one for each is still under review.</p> <p>The hospital charity had been nominated for an award at the MK Business Awards, and although it did not win, it was heartening that the charity has been recognised within the local community.</p> <p>It was the last formal meeting of the Lead Governor Liz Wogan and the Chairman and Governors thanked Liz, who in her time as a Governor had been a dedicated advocate for the patients and the public. Liz was as a member of the quality and clinical risk committee and keenly involved in the fifteen steps challenge. The Chairman added that her contribution at the Council of Governor Meetings was always welcomed and valued.</p> <p>The Chairman reminded that the process for the election of the Lead Governor position was to commence, with the deadline for submission of nominations by the 14th May.</p> <p>The election process for the Lead Governor was approved at the Council of Governors meeting held in January 2018. If there are any further questions these can be directed to the Governor and Membership Manager.</p> <p><u>Resolved:</u> That the Chairman's report be received and accepted.</p>
(b)	Chief Executives Report,
	<p>The Deputy Chief Executive drew the Council of Governors attention to the written summary, of the outcome of discussions at the February 2018 Management Board.</p> <p>In response to a question from Public Governor Alan Hancock regarding the increasing number of patients awaiting an outpatient appointment who are not on RTT pathways., The Medical Director reported that in response to targets for services to significantly reduce the number of such patients by 31st March 2018, good progress has been made overall, but there are still some problem areas.</p> <p><u>Resolved:</u> That the Chief Executive's report be received and accepted.</p>
3.	Sustainability and Transformation Partnerships (STP)
	<p>The Deputy Chief Executive provided a verbal update and the following was highlighted:-</p> <ul style="list-style-type: none"> • STPs are to be renamed Integrated Care Systems (ICS). • With regard to the financial positions of the different parts of the system, there is an understanding between MKUH and MKCCG about the risks around the year end position, but the Bedfordshire and Luton system is not in the same position. • The Luton & Dunstable/Bedford merger had been delayed as a result of doubts about the availability of capital funding. • Last year, the Trust had received some "bonus" funding for exceeding its control total – it is unlikely that the Trust would be able to access such funding this year as a result of the difficulties in other parts of the system. Conversations are to be held with the centre about this. • In 2018/19, there is an expectation that in order to become an ICS all

	<p>organisations would sign up to an integrated control total. However, there is little confidence that other parts of the system would be able to deliver on their control totals, and as such the Trust will not sign up to be part of the ICS.</p> <ul style="list-style-type: none"> Conversations are ongoing with Oxford University Hospitals FT and Bucks Healthcare NHS Trust about partnership opportunities with a view to securing cost reductions. <p><u>Resolved:</u> That the Sustainability and Transformation Partnership update be received.</p>
3.1	<p>Update on Estate Development</p> <p>The Deputy Chief Executive provided a verbal update and the following was highlighted:-</p> <ul style="list-style-type: none"> The multi storey car park build, was a week behind, this was due to recent inclement weather. The Governance process was in place to commence the Cancer Centre build in July. <p><u>Resolved:</u> That the Update on Estate Development be received.</p>
3.2	<p>PLACE (Patient Led Assessment of the Care Environment)</p> <p>A presentation on the PLACE was given by the Deputy Chief Executive and the following was highlighted:-</p> <ul style="list-style-type: none"> PLACE assessments are carried out over one day, by teams comprising of hospital clinical and non-clinical staff, and external volunteers (e.g. from local groups e.g. Healthwatch and Governors). The assessment follows a national tool for NHS England and results from each team are uploaded to a national database for analysis and comparison. Ward areas are allocated to sets of assessors on the day of the inspections and are blind to the visit. Certain areas have to be assessed every year, all others are rotated. The assessment was held on 5th May 2017, with the national comparators having recently become available. PLACE was carried out on the following areas:- <ul style="list-style-type: none"> Ward 1, Ward 7, Ward 9, Ward 15 Ward 18, Ward 19, Ward 20, Ward 22 Maternity Delivery and ED Physiotherapy, EPAU, Day Surgery Eye Clinic, And in the following general areas: Chapel, Corridors Public Toilets, Outside areas and Main entrance The assessment covers 8 key areas: Cleanliness, Food, Organisation food (e.g. time of delivery), Ward food, Privacy, dignity and wellbeing Condition, appearance and maintenance, Dementia (Third year of being assessed), Disability (Second year of being assessed). The 2017 Assessment Scores show that:- <ul style="list-style-type: none"> The trust scored 97.01% for cleanliness a drop was expected as in 2016 cleanliness scored very highly (99%). In the new standards MKUH continues to score significantly above the

	<p>national average, with Dementia at 80.47% for 2017 and Disability 85.49%</p> <ul style="list-style-type: none"> ○ This year's food related PLACE scores show a drop in organisation year on year and against the national average in 2 out of the 3 standards. • An action plan for improvement focussing on the areas where the trust is an outlier is to be presented to the next Board Meeting. <p><u>Resolved:</u> That PLACE (Patient Led Assessment of the Care Environment) Presentation be received.</p>
4.1	Summary Report from the Finance and Investment Committee
	<p>The written summary report for the Finance and Investment Committee Meeting held on the 5th February 2018 was considered.</p> <p>In response to a question from Public Governor Alan Hancock, The Director of Finance reported that it was very likely, that that progress would be made for the aseptic suite in the next financial year.</p> <p><u>Resolved:</u> That the Summary Report from the Finance and Investment Committee be noted</p>
4.2	Summary Report from the Workforce and Development Assurance Committee
	<p>Tony Nolan, Non- Executive Director and Chairman of the Workforce and Development Assurance Committee, presented the summary report for the meeting held on the 5 February 2018.</p> <p>The following was highlighted:-</p> <ul style="list-style-type: none"> • Results from the Picker NHS national staff survey 2017, show that that Trust remains 'middle of the pack' nationally. • There is disappointment that that the results were not better, considering the efforts that management had put into engagement during the course of the year. • Much work has been undertaken with regard to agency controls, usage and management processes. The team are to be congratulated. <p>In response to a question from Public Governor Alan Hancock, Tony Nolan the Chairman of the Committee reported that a detailed action plan was to be presented at the next committee meeting on various ideas and ways to improve Picker results. One idea being considered was the set up of staff focus groups.</p> <p>In response to a question from Public Governor Liz Wogan, Tony Nolan the Chairman of the Committee confirmed that the staff survey was completely anonymised with no way of tracking who completed the form.</p> <p><u>Resolved:</u> That the Summary Report from the Workforce and Development Assurance Committee be noted.</p>
4.3	Summary Report from the Quality and Clinical Risk Committee

	<p>The written summary report for the Quality and Clinical Risk Committee Meeting held on the 30th January 2018 was considered.</p> <p><u>Resolved:</u> That the Summary Report from the Quality and Clinical Risk Committee be noted</p>
4.4	<p>Summary Report from the Charitable Funds Committee</p> <p>Bob Green Non- Executive Director, Chairman of the Charitable Funds Committee presented the summary report for the meeting held on the 5 February 2018 and highlighted the following:-</p> <ul style="list-style-type: none"> • The Fundraising Practice update had reported that significant senior engagement activity with key players, both corporate and individual within the Milton Keynes area is ongoing. • There is much interest in the Cancer Centre project among some of the City's household names and some firm promises of support have been received. <p><u>Resolved:</u> That the Summary Report from the Charitable Funds Committee be received.</p>
5.1	<p>Healthwatch Milton Keynes Update</p> <p>The written report for the Healthwatch Milton Keynes Update was considered.</p> <p><u>Resolved:</u> That the Healthwatch Milton Keynes Update be noted</p>
5.2	<p>Engagement Group Update</p> <p>The written report for the Engagement Group Update was considered.</p> <p><u>Resolved:</u> That the Engagement Group Update be noted</p>
6.	<p>Integrated Performance Report Month 10</p> <p>The Deputy Chief Executive introduced the Month 10 Performance Report. He reported that the hospital is under significant pressure, as is the case in hospitals across the country. Performance against the 92% RTT 18 week target continues to fall and the figure for admitted pathways is now at 65%. The large number of cancelations over winter is beginning to affect the number of patients waiting over 52 weeks, which currently stands at 18. The Medical Director confirmed that he had reviewed all of the patients in this position, and he did not consider that any of them had suffered any clinical detriment as a result of the delay.</p> <p><u>Resolved:</u> That the Integrated Performance Report Month 10 be received</p>
6.1	<p>Finance Report Month 10</p> <p>The Director of Finance presented the Month 10 position. He set out the national picture, indicating that the acute sector is forecasting a £1.9bn deficit, £900m worse than plan. There has also been a significant deterioration in performance, meaning that NHS Improvement is holding just short of £800m in unearned STF monies.</p>

	<p>The Trust has achieved all of its STF in the year to date, but there are two current risk areas:</p> <ul style="list-style-type: none"> • In Q3, the Trust believed that it had met the requirement, but NHS Improvement took a different view particularly with regard to primary care streaming. The Trust has lodged an appeal. The funding is worth £600k. • Q4 performance so far is below 95%, and it is highly unlikely that the Trust will be able to achieve that level for the quarter. This will create a cash pressure, but does not affect the core finance target. <p>The Director of Finance presented the good news that the Trust will now receive its capital loan to fund eCare. This also resolves the Trust's cash risk. There are a number of other projects for which the Trust is reliant on Department of Health funding. As this has not appeared in year, those projects will slip into the next financial year.</p> <p>It was acknowledged that there is a challenge from commissioners with regard to payment for some of the Trust's activity, particularly in relation to so-called "procedures of limited clinical value". Similar disputes elsewhere in the country have gone against providers, and the Trust is taking appropriate action to limit its exposure.</p> <p><u>Resolved:</u> That the Finance Report Month 10 be received.</p>
7.1	Annual Report and Accounts 2017/18 Timetable
	<p>The Annual Report and Accounts 2017/18 Timetable was presented for consideration by the Council of Governors.</p> <p><u>Resolved:</u> That the Annual Report and Accounts 2017/18 Timetable be noted</p>
7.2	Membership and Engagement Strategy
	<p>The Chairman presented the Membership and Engagement Strategy that has been developed by the Engagement Group following best practice guidelines:-</p> <ul style="list-style-type: none"> • The strategy has three specific objectives:- <ul style="list-style-type: none"> ○ Build and maintain membership numbers to meet/exceed annual plan targets ensuring the membership is representative of the population of the trust serves. ○ Regular and effective communication with members ○ Engage with members and encourage their involvement • Next Steps are that the membership and engagement strategy be recommended to the Board for approval. • That an action plan to deliver the strategy will be developed with the Governors through the Engagement Group.

	<u>Resolved:</u> That the Membership and Engagement Strategy be approved
7.3	Motions and Questions from Council of Governors
	There was none
7.4	Annual Work plan
	The Annual Work Plan was considered and any items pertaining to this meeting are to be added. <u>Resolved:</u> That the Annual Work Plan be noted.
7.5	Any other Business
	There was none
7.7	Date and Time of next meeting The date of the next meeting of the Council of Governors is on the 22 nd May at 9.30am in room 6 at the Education Centre.
7.8	RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC <u>Resolved:</u> 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.

Carol Duffy
Governor and Membership Manager
13 April 2018

Meeting title	Council of Governors	Date: 22 May 2018
Report title:	Chief Executive's Report of the Management Board meeting held on 18 April 2018	Agenda item: 2.b
Report author	Name: Joe Harrison	Title: Chief Executive
Fol status:	Public document	

Report summary				
Purpose <i>(tick one box only)</i>	Information <input checked="checked" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	The Board is asked to note the update from the Chief Executive summarising the outcome of discussions at the April Management Board meeting.			

Strategic objectives links	All
Board Assurance Framework links	None
CQC regulations	None
Identified risks and risk management actions	None
Resource implications	None
Legal implications including equality and diversity assessment	None

Report history	
Next steps	
Appendices	None

Chief Executive's Report - key points arising from the Management Board meeting on 18 April 2018

1. Matters arising

- 'Procedures of limited clinical value (POLCV)' – Policies for dealing with funding requests for procedures on this list have now been drafted in conjunction with MKCCG.
- Preparations for the next Patient Led Assessment of the Care Environment (PLACE) are underway – a working group has been set up and an action plan agreed. It was acknowledged that floors across the hospital are cleaner.

2. Chief Executive's update

- Positive feedback has been received from Professor Ted Baker, the CQC's Chief Inspector of Hospitals, who recently visited the Trust. He was particularly impressed by some of the more junior clinical staff that he met, and by the Trust's escalation processes.

3. eCARE update

- The vast majority of frontline staff have now been trained, and the Trust is taking the opportunity afforded by the delay to go live to lay on extra sessions. Steps are to be taken to reach specific groups of staff including locums and agency staff, student nurses and community staff.
- A large cohort of students will be arriving at the Trust in 8 weeks' time and arrangements will also need to ensure that they are trained.

4. Event in the Tent

- Dates for this year's event have been confirmed as 8 to 10 May. The programme, which has now been shared with staff, includes more external speakers than last year – their biographies will also be provided.

5. Corporate Workforce Report

- The key messages are around the growth in the number of staff in post and the fact that the reasons for the majority of episodes of sickness absence are still not being declared. Long term sickness absence is being managed appropriately, but there are concerns about the level of short term absences across the Trust.
- The take up of statutory and mandatory training remains good at 90%.

Board Assurance Framework

- The Trust is making progress in ensuring that investment decisions are linked to the BAF.

6. Risk Management upwards report

- The number of overdue incidents reported on the Datix system is very high and it would be important to reduce this in the lead up to the eCARE go live date.
- The importance of ensuring that all policies are up to date was emphasised, not least because it is expected that a CQC inspection will take place during the course of this calendar year.

7. Information Governance Annual Report 2017/18

- The Trust achieved a Level 2 rating (satisfactory) against the NHSI digital IG toolkit in 2017/18.
- The GDPR comes into force just after eCARE go live. A further plenary session is to be arranged.
- Every trust that took part in a CQC assessment of cyber security arrangements failed. All staff will now be required to have longer passwords, but in return the frequency with which they will need to be changed will be reduced.

8. Health and Safety update

- *Reported to Trust Board in Health and Safety Report (March 2018)*

9. Other business

- The outcome of the outpatient administrative structure review has been announced. The changes will be phased in to accommodate training.
- The Trust's "non-RTT" backlog (patients waiting for treatments not covered by the Referral to Treatment 18 week target) has been reduced by half, with those who have been waiting over 6 months seeing the largest reductions, but there are still 6000 patients waiting, including 1500 in the 6 month or over category. All specialities are being challenged to prioritise the clearance of this backlog of patients.
- The Trust has accepted the #End PJ Paralysis national 70 day challenge to help reduce the deconditioning of frailer patients while in hospital. Data on how the hospital is doing will be captured nationally and broken down by ward.
- The Emergency Department 95% target has now been met for the last 3 weeks, and in the last 2 weeks, no day surgery has been cancelled and a full elective caseload has been undertaken
- The new multi-story car park will be opening shortly.

MEETING OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 6 April 2018

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

- There were no matters approved by the Committee.

Matters referred to the Board for final approval:

- There were no matters that were referred to the Board for final approval.

Other matters considered at the meeting:

1. Performance Dashboard:

The Committee noted:

- I. The metrics that are presented at each meeting are to be reviewed for 2018/19

2. Finance Report:

The Committee noted that:

- I. Two local variations to the two year contract with the CCG had been agreed.
- II. Although capital spend is currently reported as being behind plan, it was confirmed that there was no risk of any capital being lost.
- III. The income position around year end is to be clarified later today, but the Trust did not wish to be too aggressive in recovering income this year.

3. Agency update

Spend was back to normal levels in February compared to what it was in January. It is anticipated that the spend for the year will be £11.5m leaving the Trust in a good position to meet the ceiling of £11.4m in 2018/19. However the risks around escalation areas, which now remain open for most of the year, were noted. The possible impact of the decision to reduce bank rates will also be kept under review.

4. Reference costs

This will be the final year of reference costs, with all trusts moving towards patient level costing. This new system will provide more detailed information which will better assist the Trust in making investment decisions. The data in this report indicated that MKUH sits in the middle of the pack of comparable organisations within its peer group. While there are no financial implications to the Trust's position, the information does help regulators to assess how efficient organisations are.

5. Transformation Programme Month 11 update

The following points were highlighted:

- I. The Trust is behind target in the year to date partly due to issues around length of stay and theatre efficiency
- II. Although £8.1m worth of schemes have so far been identified for 2018/19, this value falls to £4.1m in terms of the expectation of delivery. Nevertheless, this is a much better position compared to the same time last year
- III. The CQUIN target is expected to be met
- IV. The focus of the 2018/19 Transformation Programme will change, with the team becoming more of a delivery unit, rather than a support resource
- V. There will be a focus on securing the significant anticipated benefits from the implementation of the eCARE system.

6. Timeline for strategic capital projects

The year to date position is that £7.7m has been spent on strategic projects, and £3.3m on projects considered to be part of business as usual. The year-end position is likely to be just shy of the £17.7m that had been forecast. Next year, the biggest items are likely to be the Cancer Centre and the various estate replacement projects.

In response to a question about Oxford University Hospitals' proposal to build a radiotherapy centre on site, it was noted that this is predicated on them being paid above national tariff in recognition of this investment, which is unlikely.

7. Other Business

There was no other business.

8. Risks highlighted during meeting for consideration to CRR/BAF

No new risks were highlighted.

Audit Committee Summary Report

1. Introduction

The Audit Committee met on 22 March 2018. A summary of the key matters discussed is provided for the Board:

2. Matters Arising and Action Log

The Director of Finance indicated, in relation to the possibility of cross defaults as a result of the fact that the Department of Health loan had not been rolled over, that there are no such risks.

Data Quality

The Deputy Chief Executive explained that there is a significant programme of work being done to address the issues around data quality, and the internal auditors confirmed that there is now good governance oversight of the processes.

The Board itself has oversight of the actions that have arisen out of the NHS Improvement investigation into whistle-blower concerns raised about the way RTT stops and starts have been managed. A report on how these actions are being taken forward this will be presented to this Committee by the Data Compliance Board.

3. Counter Fraud

The self-review too, which is now a forward looking document, was presented, the aim of which is to measure the effectiveness of actions being taken. The Trust is assessing itself as green overall.

4. Update in data security

The Head of IT presented on cyber security and raised the following points:

- The Trust has a network of around 3000 PCs and 2000 IP phones
- It is on a migration path towards Windows 10, but in the meantime is working proactively with Microsoft around security
- Significant resilience has been built into the infrastructure, and this is being upgraded as older kit is replaced
- The possibility of the eCARE system going down is acknowledged but robust continuity planning has been done. The system is very secure and can only be accessed through the use of smartcards
- The Trust has at least one old system that it linked to Windows XP, but this is business critical and would take up to 1 year to re-procure
- All the Trust's PCs are fitted with state of the art anti-virus software, and an additional more powerful tool has been acquired to protect the network.
- As part of the outcome of work with NHS Digital it has been decided that passwords are to be lengthened.

5. External Audit

Interim planning has been completed and there are no emerging issues. Testing around the Quality Report indicators, which will again be RTT and A&E has commenced. It is expected that the Trust will once again be qualified, but it is likely that the number of exceptions would have decreased.

Overall, operationally, not much appears to have changed from last year.

6. Internal Audit

The Internal Auditor presented this update indicating that the work programme has broadly been completed:

- It was confirmed that there has been a marked improvement in relation to data quality, particularly with the creation of the Data Quality Compliance Board which has helped to secure engagement from senior clinicians.
- There has also been an improvement in the Board Assurance Framework as part of a more active engagement with risk management.
- The clinical audit review was awarded a rating of partial assurance. Although the work is being done, it was not being monitored for quality of progress and there was no evidence of learning being derived from the programme. These issues are now being addressed and a remedial plan is in place to address the main problems of governance and ownership.
- The capital governance review is also likely to be rated as providing partial assurance.
- It was noted in relation to the waiver process that there is a need for more governance around the larger projects.

7. Financial Controller Report

This report to the Committee indicated that during the period in question:

- Write offs amounted to £61k but with a £25k impact.
- Losses for the period amounted to £7k, £6k of which related to pharmacy stock write offs.
- There were 2 significant credit notes both of which related to administrative errors.
- There were 3 tender waivers in the period, 2 of which related to the timing of procuring endoscopy equipment.

8. Board Assurance Framework

It was acknowledged that some gaps remain and that further work would need to be done with the executives to address these. It was also agreed that further attention will be given to whether the controls and assurances as set out are correct.

9. Going Concern review paper

3 options had been set out around the going concern assessment, with the preferred option referencing the added complication of the Department of Health loan. A form of words would need to be found in the event that this is not resolved by the time of reporting.

10. GDPR action plan

There are still some risk areas around data mapping and asset ownership, and it was noted that there is a need for a culture shift in this area as many staff have little understanding of the changes that this new regulation will bring. The Trust is part of an information governance network, and overall it is on track. It was agreed that this issue needs to be reflected on the BAF.

11. Timetables for the annual report and the accounts

The audited accounts are to be signed off by this Committee on 22 May, and then the Board on 25 May, after which the final submission to NHS Improvement will take place on 29 May.

12. Minutes from Board Committees

Minutes of the following Board Committee meetings were presented to the Committee for information:

- Finance and Investment Committee meetings on 5 February (approved) and 5 March 2018 (draft)
- Quality and Clinical Risk Committee meeting on 30 January 2018 (draft)
- Charitable Funds Committee on 5 February 2018 (draft)
- Workforce and Development Assurance Committee meeting on 5 February 2018 (draft)

13. Risks highlighted in the meeting for consideration to CRR/BAF

- Cyber security
- Data quality (improving)
- Clinical audit and capital governance (rated partial assurance by internal audit)
- GDPR

14. Items for Escalation to the Board

None

15. Any other business

None

16. Recommendation

The Board is asked to:

- i) note the report; and
- ii) consider the escalation items and any necessary actions.

Quality and Clinical Risk Committee Summary Report

1. Introduction

The Quality and Clinical Risk Committee met on 22 March 2018.

2. Key matters

The following items were presented to the Committee:

Action log (highlights)

- The indicators on the quality dashboard are reviewed by the Deputy CEO on an annual basis – the importance of ensuring that they remain useful was emphasised.
- There is a sense that the quarterly patient experience report focuses on complaints rather than patient experience. The Committee is impatient to see improvements in this area. The new Patient Experience Strategy is being finalised and will be presented at this report in June.

Quarterly highlight report

The top things, positive and challenging, occupying the Medical Director and the Chief Nurse's minds included:

- The hospital is very busy and has been at OPEL (Operational Pressures Escalation Level) 4 on two occasions this quarter. There is some anxiety over next year's plans as there is no further provision available for escalation.
- eCARE goes live over the weekend of 14-15 April 2018 and areas of concern are the stability and design of the system and keeping implementation on track.
- The increased number of safeguarding cases is believed to be due to better recognition and improving collaborative working with external partners.

Clinical and Quality risks on the Board Assurance Framework (BAF)

- Some formatting issues remain to be resolved on the spreadsheet.
- The Committee Chair indicated that he would like to focus on a few risks at a time at each meeting.
- Risk 1-1 is to be split into 3 components to reflect strategic failure, tactical failure and staying safe when overwhelmed.
- It was agreed that the risks around eCARE go live and implementation would be reflected on the BAF

Exception report for the Quality Dashboard

- The Never Event highlighted on the dashboard related to a medication incident.
- Although delays in ambulance handover are high, only a small number involve very long delays and processes are in place to ensure patient safety.

Mortality update

- The Trust's mortality rate, as measured by the HSMR and SHMI continues to be lower than or within the expected range.
- There are 3 outlying diagnoses, but there are no obvious concerns in relation to any of them.
- The role of the medical examiner is to be introduced as part of National Quality Board recommendations.

Quarterly Serious Incident Report

- There were 6 Serious Incidents in the quarter one of which was a Never Event.
- There are fewer SIs this year than last, but there is no room for complacency.

- In terms of reporting, although there is confidence that the Trust appropriately reports all incidents where harm is caused, it is known to be a low reporter of low harm incidents.
- A peer review was recently undertaken with the Princess Alexandra Hospital. This showed that MKUH reports and investigates more incidents, but the PAH classifies incidents differently.

Quarterly Patient Experience Report

- There had been 316 complaints recorded during the quarter, 232 of which had been raised informally via PALS.
- The Committee Chair acknowledged that the report demonstrates that the Trust has a good complaints policy, but he made the point that this does not reflect the broader picture around patient experience.

Early draft of the 2017/18 Quality Report

- It was acknowledged that this report may not pass the plain English test, but its format and much of its content is mandated.
- It was noted that the Gold Standards Framework, which is one of the chosen priorities had never been discussed at this Committee, and there were also questions whether outpatients is one of the hospital's top priorities.
- It was agreed that for the future, the choice of priorities would be discussed with this Committee.

Paediatric Picker survey action plan update

- On the issue of noise, the Chair questioned whether nurse alarms are suppressed at night. It was noted that they can be turned down slightly.
- The children's ward is very busy and is constrained by its environment.
- On the issue of pain management, pain audits are carried out and these indicate that management is better in planned care than in response to emergencies. The Trust also has play therapists who sit with and provide support to patients, although funding can be an issue – the Committee was of the view that this should be a top priority for patient experience.
- The Henry Allen Trust has been supportive of the children's ward in terms of funding artwork, and are in the process of helping to convert one of the Trust's in-call houses into a residence where families might stay while their child is in hospital.

Quarterly report on clinical audit

- The Associate Medical Director came into post in February 2018, with clinical audit forming part of his remit. Hitherto the role of clinical audit lead was neither recognised nor well supported within the CSUs and divisions. A more prescriptive job description is now being devised and strengthened governance arrangements being put into place.
- The AMD is also reviewing why some of the Trust's audits were less successful than others, and the choice of audits that the Trust will participate in going forward is also under review.
- Additional resources will be made available to enable clinicians to participate in audit as required
- It was noted, however, that it may be some years before significant progress in this area would be recognised.

Compliance with processes for assessing performance against NICE guidance

- Completing baseline assessments continues to be a problem which appears to be getting worse. This is partly due to the exponential growth in the number of new guidelines
- The risk is low on the basis that not all of the guidance is relevant to this Trust
- A report highlighting the Trust's "must dos" is to be brought back to the next meeting.

7 Day Services

By 2020, it is expected that patients will have access to the certain services on a 7 day basis, based on 4 priority targets that have been set. A business case is being presented to Management Board in terms of the additional cost that this will mean for the Trust.

GIRFT litigation costs in surgical specialities

- The Committee noted this report breaking down the Trust's litigation costs by surgical specialities and benchmarking them against those of other organisations.
- In some specialities such as general surgery, gynaecology and T&O, the Trust is in the middle in the pack while in others such as ENT, it is considerably lower.
- The Divisional Director for Surgery is to report to Management Board on each of the specialities.

Divisional Focus – Core Clinical

- Imaging is the biggest area within the Division in terms of procurement and expenditure. The Trust is one of only five providers to have gained ISAS accreditation
- The Trust is giving some strategic thought to the future of MRI provision, noting the need to secure additional capacity
- The new pathology standards for United Kingdom Accreditation Service (UKAS) are costly to undertake but worthwhile. The Trust recently renewed its HTA (Human Tissue Authority) licence.
- Pharmacy is sited in a poor part of the estate which is affecting day to day activity with the regular breakdown of the pharmacy robot caused by repeated leaks in the building. Capital funding has been approved for relocation and building of a new aseptic suite.
- The Division's top concerns are:
 - Limitations in terms of location of departments within the estate.
 - The challenge of keeping staff engaged in light of the uncertainty over the Pathology Network which will provide a more collaborative arrangement with Oxford.
 - Recruitment within Pharmacy and Psychology along with other support services.
 - The increased demand on diagnostic services linked to increased capacity issues in the hospital
- The division's role in patient experience in terms of food, environment, cleanliness and TTOs was acknowledged, as well as the impact Therapies have on length of stay with regard to patient flow.

3. Items for Escalation to the Board

- Following presentation to Board in June, the Patient Experience Strategy will be reviewed at the next Quality and Clinical Risk Committee
- Affirmation that the Trust is now attracting high quality staff
- Significant pressures in the hospital and growing anxiety regarding the organisation's ability to manage capacity next winter.
- Concerns around eCARE
- Measures being introduced to address the clinical audit concerns raised in the KPMG report

4. Conclusions

The committee was assured that the hospital remains safe, and commended the engaged and professional executive team.

The Board is asked to note this report and the specific items escalated for the Board's attention.

Report for the Council of Governors of Milton Keynes University Hospital FT

Date of Meeting: May 2018

Healthwatch Strategy 2018-21

Healthwatch Milton Keynes are pleased to present our new strategy. At Healthwatch, we believe greater public involvement in local health and social care services is critical to ensuring service are delivering what patients need from them.

This is why our strategy sets out our aims to strengthen the engagement, empowerment and influence of patients and the public on health and care services over the next three years.

We asked Milton Keynes residents what health and care themes Healthwatch MK should be focusing on for the first year of our strategy and they told us that Mental Health, Primary Care and Integrated Health and Social Care were of greatest concern locally.

Therefore, many of the activities we will deliver in the year ahead will be focused on these priority areas.

The business plan and workplans that underpin how we'll deliver our strategic objectives will be published over the next couple of months and we will keep the Council of Governors informed of developments.

Our Activity

Healthwatch feels that it is valuable to share our wider activity with the hospital and its Governors. For your information we have attached some highlight of our quarter four report to our commissioners. We are starting the process of building our annual report, that will be published at the end of June.

Experience of Care Week

Healthwatch Milton Keynes were proud to support the hospital celebrating Experience of Care week. As well as raising awareness with our members, we joined PALs, the hospital teams on a stand at the main entrance to talk to patients about their care.

Healthwatch volunteers supported the PLACE assessments running across the hospital.

Issues, concerns and compliments

This month we have received two patient stories from attendances to A&E. Both patients praised the Quality of Care, Treatment and Access. One patient thanked the service and staff for being extremely efficient and polite and keeping to good time, despite winter pressures.

Annual Plan and Strategic Priorities Overview

Items	Work Streams Completed	Work Streams in Progress
Priority One: Primary Care		
<i>Please use this to break down the priority into smaller items such as: "Stimulate the local market to do x, y, and z."</i>	<i>Please use this column to detail any items of work streams that have been completed relating to the smaller objective in the left column</i>	<i>Please use this to detail any items that are still in progress or still to come in the future - relating only to column one.</i>
Assessing/reviewing access to GP surgeries by people with Physical Disabilities and Sensory Impairments (collaboration with PSDICG)	Met with PDSICG co-chairs to agree the project scope and joint-working principles. Established that PDSICG required activities outside of HWMK's legislative framework. HWMK engagement on project ceased.	Agreed with PDSICG to scope future collaborations. Have arranged for Healthwatch to present at the PDSICG committee meeting, and explore options for collaboration in the future (Attendance to Disability Alliance group arranged).
Increase accessibility to GPs, and collaborating with them on initiatives to reduce DNAs, through improved communication with patients	The initiative has been undertaken in Hilltops Practice. HWMK's representative has delivered the training to reception staff, Practice Manager and GPs. The pilot has concluded. The DNA rate for the practice in the period studied June/July 2017 was 747, compared to 861 DNAs in the same period of 2016 - a reduction of 114 missed appointments.	DNA Project closed. HWMK is currently collaborating with MKCCG to advise and guide on the Care Navigation project. Representatives have attended Care Navigation training to assess the approach, and have advised on ensuring a robust directory of services is available for receptionists, and the potential impact on vulnerable patients where initiatives are put in place to divert them from attending GP services.
Scrutinise GP Practice accessibility of appointments and ease of registration procedures	Research all MK GP Practice Websites, collating data on service provision and processes with regards to registration and appointments.	Enter and View has taken place over five practices. Information in Enter and View section. .

Priority Two: Mental Health

Young people to Adult Mental Health Service Transition	<p>Healthwatch sits on the Young People's Mental Health and emotional wellbeing Programme Board at MKCCG.</p> <p>HWMK currently have found no strong evidence to undertake an activity scrutinising the YP to adult MH transition and is monitoring work being undertaken by the system to improve transition for young people.</p>	We are working with Community Action: MK to support mapping mental health provision for young people by highlighting professionals and voluntary groups that provide mental health support to young people and advise on common issues around transition.
Experience evaluations of Telephone Triage and/or Primary Care Plus Initiatives	<p>Agreed to undertake assessment of Primary Care Plus.</p> <p>Survey agreed with CNWL.</p> <p>Interviews have taken place.</p> <p>Report and recommendations published.</p>	Project complete.
Service User Experience gathering of the referral processes, availability and quality of peri-natal mental health services across MK	<p>Drafted questionnaire and agreed distribution with Maternity Voices Partnership and LMS (Local Maternity System).</p> <p>Distribution of survey from 8th January.</p> <p>Reviewed distribution based on new information from STP.</p>	Project closed - further information in influencing section.

Priority Three: Young People

Increasing awareness of Health and Healthwatch amongst young people	<p>Attended the Big Debate.</p> <p>Developed relationships with MK College, Young Carers MK, Aspects (Autism Youth Group), Youth Cabinet.</p> <p>Attended four young carers groups to listen to their</p>	Second stage of Inspiration Programme planned for May 2018.
---	---	---

	<p>views on their role as young carers.</p> <p>First HWMK presentation as part of the Inspiration Programme has taken place. Taking place March - May 2018.</p> <p>Attended SEND information Day.</p>	
Increasing the number of young people involved in Healthwatch activities	<p>Review and edits to Young People's HW website completed.</p> <p>Young volunteers reviewed HWMK marketing materials</p> <p>Consulted with HWMK Young People board to discuss building Healthwatch MK's 2018-21 strategy.</p> <p>Young Carers project = 40</p> <p>Inspiration programme = 50</p>	Reviewing activity aims under new 2018-21 strategy.
Priority Four: Sustainability and Transformation Partnership		
Collaboration between four local Healthwatch in BLMK STP footprint	<p>The four local HW in BLMK footprint meet regularly to coordinate views on, and the public/patient approach to BLMK STP plans.</p> <p>STP wide Local Healthwatch report on public knowledge of STPs has been published, with local MK data for local information.</p> <p>Fed into Healthwatch England parliamentary presentation on STP/Healthwatch engagement.</p>	Reviewing STP activity aims under new 2018-21 strategy.
Engagement with the Public Voice Partnership	Continuing work with the new Communications team for the STP (via the Public Voice Partnership) on developing higher-quality public engagement around STP	PVP commitments ongoing.

Priority Five: <i>Integration of Health and Social Care</i>		
Enter and view - reviewing the efficacy of integrated Health and Social Care in a hospital discharge setting (Red2Green pilot)	<p>E&V visits on Ward 17, 18 and 24 at MK Hospital have taken place.</p> <p>Report on Wards 17, 18 and 24 published.</p> <p>E&V activity taken place and report on Discharge Unit published.</p>	Enter and View completed for annual period. Further information in Enter and View section.
To ensure that the integration of the teams making up the Home 1st Programme is delivering its aims and objectives, from a patient's perspective.	<p>Interview questions have been agreed.</p> <p>Home 1st practitioners are providing patient details with consent, for contact by Healthwatch.</p> <p>Attended Home 1st Launch.</p>	Home 1 st team delayed consent forms to patients. Activity postponed to 2018-19 reporting period.
<i>Emerging Priorities, in response to patient input and/or Health and care developments</i>		
<p>Dentistry</p> <p>In response to a number of issues raised by the public directly to HWMK about access and treatment for NHS dentistry, an activity was prompted.</p>	<p>Survey has now closed and data being analysed.</p> <p>Research of NHS Choices and Private Practice webpages/patient information completed.</p> <p>Ran online survey of patient experience of accessing NHS funded treatment.</p> <p>Drafted report and recommendations.</p>	<p>Report currently with NHS England commissioners for comment.</p> <p>Publishing expected end of April 2018.</p>
Prevention	<p>Facilitated discussion on Self Care priorities at the PPG network.</p> <p>Posted HWMK's Communications Officer to Self-Care steering group to ensure multi-agency messaging consistency.</p>	Continued communication to members and social media platforms on prevention messages.
<p>End of Life Planning</p> <p>HWMK have had feedback from the public through the PPG network, PDSICG and the HWMK annual event, that end of life planning is not being implemented well</p>	<p>HWMK have been in contact with local stakeholders and a researcher for Willen Hospice to scope the perception and provision of End of Life Care in MK.</p> <p>Revised approach to</p>	<p>Monitoring implementation of Gold Standard at MK Hospital.</p> <p>HWMK has re-aligned its planned work for end of life services in Primary Care, in line with the launch of Gold</p>

across the MK system.	communications to GPs on their implementation of the Gold Standard, due to end of year capacity. Arranged meeting with MK Hospital to discuss their implementation of the Gold standard. Attended the Death and Dying Group conference at Open University.	Standard in Secondary Care. This will enable better monitoring of integrated services.
-----------------------	--	--

Strategic Context and Relationships

Overview:

As well as maintaining a regular dialogue with our Commissioner, Milton Keynes Council, HWMK is represented at a senior level in all the major Boards and Committees in the health and social care sectors in Milton Keynes, ensuring that the public and patient voice is heard. These include the Health and Wellbeing Board, the Adult Health and Social Care Committee, the HWB Strategy Board, MKCCG Board, MKCCG's Patient Involvement and Advancing Equalities Reference Group, MKUFH Council of Governors and a range of Programme and Partnership Boards. HWMK plays a significant part in the quality assurance process of the Safeguarding Adults Board.

We have a monthly meeting slot with the CEO of the MK CCG to exchange information, meet regularly with CNWL and facilitate a quarterly networking meeting for members of PPGs.

Quarter 4 developments:

This quarter we joined-up with Community Action:MK to run a public briefing about the Milton Keynes Health and Wellbeing strategy consultation. With around 45 people present, including representatives of the voluntary and community sector, and members of the public, it was a lively event. Large amounts of valuable public feedback was collected, collated and submitted into the consultation. From this point Healthwatch MK and Community Action CEO's have set up regular meetings to discuss health and social care related issues affecting people, with the aim to increase collaborative efforts and our reach to the MK public. As such, we have been providing CAMK with information for the Mental Health mapping project currently being undertaken.

Great organisational effort this quarter has been focused on building the 2018-21 HWMK strategy and business plan. These two documents will be

forming the basis of our annual work plan, which will be developed over the next month. As well as using our strategy to guide activity, we asked the public to tell us for their input into what our priorities should be for the year ahead. We had 91 respondents to our questionnaire. In 2018 we will have three key priority areas: Mental Health, Primary Care and Integration of Health and Social Care. Activities that support the achievement of our strategic objectives will be largely based on these three themes, with some planned resource to be responsive to emerging issues.

HWMK met with the project leads of the MK Together to discuss updates to the format and framework of Safeguarding. Healthwatch are exploring with the team how we can provide valued support to the Performance and Quality Improvement group.

Community Voice and Influence

Input	Outcome
<i>Meeting name or type</i>	<i>Key findings/actions taken away from the meetings.</i>
Health and wellbeing strategy	<p>The feedback that HWMK (independently and also in a collaborative exercise with Community Action MK) found that public feedback highlighted:</p> <ul style="list-style-type: none"> • The welcomed ambitions of a longer-term strategy for Milton Keynes • The strength of the approach to mental health • That it was challenging to be aware of the consultation, as it was never advertised on MK Council's social media or the press, and the public could only feedback through an online form • The language of the strategy was very high-level and technical in places and needed to be more accessible to the public • People felt that the strategy needed to be braver and more imaginative for MK • The strategy was very deficit-based and should also showcase MK health and wellbeing achievements • If the strategy is to be effective it must connect to other community and social issues such as mobility, housing, public transport, education etc...
Youth Faculty team meeting	Held two presentations/meetings with the Youth Faculty. Awareness of Healthwatch was low and

	the meeting was valuable in supporting the youth services to be aware of how to support young people to raise issues. The team spoke highlighted concerns that the vulnerable groups of young people they work with tend to be under-represented and were concerned of potential over-reliance by commissioners on the Youth Cabinet as the voice of young people.
Carers Mental Health Support Group	<p>The chair of the Board of Trustees attended the Carers Mental Health support group to talk about Healthwatch. Issues that patients and representatives discussed were those such as being discharged from the Campbell Centre without adequate care in place to support re-integration in to the community and poor personalisation of carer's approaches to undertaking hydration visits, particularly that patients feel they should be treated in a more friendly manner.</p> <p>We've logged these themes and they will be reported to HWE and to inform our ongoing research/conversation around improvements to social prescribing.</p>
Young Carers Assessment Panel	The assessment in place for young carers doesn't meet the criteria appropriate for the statutory young carers assessment. Our recommendations around assessments for young carers will be published by the end of April in our Young Carers project report.
Brook	We met with the Service Manager at Brook. Budget reductions in Public Health this year have affected the counselling service offered by Brook. The service has been reduced to 14 hours per week but the service has ceased. This is a service that used to provide mental health support to 100 young people per year. This information has fed in to the MK mental health mapping Community Action are currently undertaking.
Ravenscroft Health Centre meeting	The providers of the MSK Physio and pain management services highlighted potential gaps in provision between level 1 and 2 Physiotherapy/Muscular Skeletal Physiotherapy services. Concerns were also by the providers raised about evidence around the efficacy of telephone triage assessments that the new level 1 service has launched. HWMK will monitor patient experience of the level 1 service through ongoing

	engagement with PPGs.
Meeting with Public Health regarding 0-19s recommissioning	HWMK met with project leads in public health to discuss summer engagement with young people with regards to the 0-19s services. A number of young people's services, e.g. Brook are not clear regarding the scope and potential impact of the review of 0-19s service and how young people will be engaged in the design and recommissioning of youth services under scope. HWMK are maintaining an open dialogue with Public Health, with the aim to promote young people's involvement in engagement activities in the summer.

Influence

<i>Name of Service/Pathway</i>	<i>Input</i>	<i>Outcome</i>
Self-Care Steering Group	Highlighted that Public Health England messaging around calorie counting in relation to reducing child obesity is a concerning approach for that age group, and could lead to eating disorders.	Public Health and Self-care group are looking to change the messaging locally.
Discharge Unit Enter and View	We recommended at the end of our report that information about patient's rights and expectations of service provision upon discharge should be available prior to attending the discharge unit.	MKUH welcomed the recommendation and stated that they plan to share the learning across the wider organisation, including the inpatient wards to improve standards and patient experience outcomes.
Patient and Engagement Steering Group (MKCCG) - now Patient Involvement and Advancing Equalities	HWMK have been involved in on-going conversations with Patient Experience Lead and commissioning support staff at MKCCG about improvements to public engagement	MKCCG agreed to reinstate the Patient Engagement Steering group (now known as the Patient Improvement and Advancing Equalities Reference Group. Healthwatch are on the group, which oversees and advises on the governance

Reference Group	and consultation.	and quality of public and patient engagement in the contracting cycle
GP Practices	HWMK submitted an FOI to NHS England that confirmed that posters being displayed in several GP practices regarding Home Office checks of patient identification were not legal and in breach of NHSE GP contract.	Posters have now been removed from those practices and communication from NHSE has been sent to all local GP Practices to clarify the contract position.

Additional work carried out

Three Counties Radio Interview	HWMK's Deputy CEO and a local young carer went on 3 counties radio to highlight a survey being conducted by Healthwatch and to raise awareness of the role and responsibilities of young carers.
GP Primary Care Forum	The deputy CEO presented an introduction to Enter and View to the GP Primary Care forum, which the four GP neighbourhood leads attend. There was some scepticism about the value of Enter and View for practice leads, with particular concerns that GPs would only hear complaints about appointments. Healthwatch were concerned about some of the negativity to Enter and View and that positive engagement with Primary Care providers will be crucial to patient views and Healthwatch recommendations being viewed as a positive opportunity for change.
MK Play Association Meeting	The meeting highlighted the issues face by adults with severe autistic behaviours (e.g. non-verbal) that greatly benefit from activities such as sensory rooms and soft play, but do not have access to such activities passed a certain biological age. HWMK and MK Play Association have discussed the possibility of combining HWMK research capacity and MKPA activity capacity to submit a bid for funding to co-produce and pilot a service aimed at this vulnerable group of people.

Raising Awareness of Abdominal Aortic Aneurysm (AAA) service across PPG	<p>This public Health England funded scheme is not well advertised to its target audience and the service has been unable to secure more than 1 clinical delivery location in Milton Keynes (Wolverton HC).</p> <p>HWMK have raised this issue with MKCCG and PPG network.</p>
Community Action: MK mental health mapping	HWMK have fed into the Mental Health mapping project being conducted by Community Action:MK. This project aims to support system leaders to better understand the range of support that the voluntary and community sector offer in terms of Mental Health support and identify gaps.
Challenge to MKCCG on outcome of Clinical Quality and Best Value consultation	HWMK fed in to national consultation run by Department of Health. The outcome recommends a different approach to prescribing Gluten-free products to that which the CCG has implemented. We have recommended to the CCG that they review local policy to reflect national guidance. Outcome pending.
District Nursing Service Review	The District nursing team is undergoing a review of its services and HWMK are currently seeking feedback from service users to provide input into the review, which will take place in April.

Enter and View Activity

Number and types of location visited	key findings
2 wards in MKUHFT (Cardiology and Frail Elderly).	<p>Generally, HWMK found that approaches to, and quality of communication across wards was variable. Good patient experience of communication depended heavily on how complex the clinical needs were, of the patient. For example, frail patients and those with dementia were less likely to report positive experience of communication leading to discharge. Healthwatch found that the experience of communication was more positive, with patients motivated and able to get home with little follow up care required.</p>
1 ward in MKUHFT (Ward 24)	
Discharge Unit MKUHFT	

	<p>The hospital welcomed our recommendations and are actively working to implement some of those.</p> <p>From a Health and Social Care perspective, beyond the hospital itself, our visits highlighted a continued issue regarding effective integration of health and social care and whilst Red2Green could bring benefits to general patient journey communications whilst in hospital, the success of the scheme is reliant on improved multi-agency cooperation.</p>
<i>GP Access (Westcroft, Water Eaton, Whaddon, Wolverton and Oakgrove Practices)</i>	<p>Patients are generally satisfied with the quality of care, and don't mind not having a dedicated GP but the process of making and getting appointments can be unnecessarily stressful, especially for patients needing regular, long-term 8 and 12-week appointments.</p> <p>HWMK encourage practices to review registration processes to enable people to register with a GP easily, particularly the homeless or refugees.</p> <p>HWMK would like to see local GPs utilise the newly formed GP Federation to come together and innovate, design and implement a more consistent, patient-centred and user-friendly appointment system.</p>

Making a difference locally

Recommendations about how local care services could or ought to be improved either by commissioners and/or providers of care services.

HWMK attended the BLMK Clinical Conversation which discussed how to achieve integration of Health and Social Care across the STP, whilst keeping the patient at the centre. HWMK welcome the conversation about forward planning for what the system could look like for a patient, rather than

design a system around existing non-integrated KPIs and CQUINNS. We will continue to champion co-production as a means to enabling organisations to achieve this.

We fed into to Healthwatch England's survey about the relationships between the STP and Healthwatch, for a presentation to MPs. Healthwatch Milton Keynes welcomed Healthwatch England's recommendations:

- 1) Public involvement and engagement should be embedded in every tier of STP/ACSSs, including governance.
- 2) Consideration should be given to the independence of STP Board Chairs.
- 3) STPs should clearly articulate how they plan to address national priorities like mental health, placing an emphasis on transformation as well as sustainability.
- 4) In addition to the existing metrics, the NHS England STP Progress Dashboard should monitor how well each footprint is involving patients and the public.
- 5) This should build on the welcome inclusion of Healthwatch England's steps to good engagement in NHS England's guidance and the Five Year Forward View Next Steps.
- 6) STP leaders should work to support effective public engagement at local and workstream levels, using partners like the Healthwatch network to undertake this activity. Local Healthwatch need to be resourced to operate effectively at a regional, strategic level.

Locally, the Public Voice Partnership remains behind in terms of the pace of STP workstreams and Healthwatch MK has unfortunately not been included in the recent changes to the representation of the Integration Board. Healthwatch Milton Keynes is now limited to the Public Voice Partnership, Priority 5 Programme Board and the Health and Wellbeing Board to understand the STP plans/progress and represent the public.

Additional Information

HWMK are currently finalising a project funded separately from our main grant funding agreement, having receiving a small fund from NHS England to undertake a project with Young Carers. Working with our local partners, who specialise in supporting young carers, we have run a series of engagement events between January and March with young carers, with the following aims:

- To enable and empower young carers to discuss and share their experiences of how their role as carer impacts on their lives.
- Capture young carers' feedback on whether they feel at any social or academic disadvantage due to their role as carer, and how they have been supported.
- Understand how young carers experience assessment pathways, and whether they, or their parents, could self-refer to services, as the Children and Families Act 2014 states.
- Understand what levels of appropriate care they provide, in their role. The Care Act 2014 makes it clear that some duties, such as giving medication and supporting with intimate hygiene are inappropriate and should be provided by a paid carer.
- Establish whether young carers receive the support they need, how valuable it is and what more could be done to improve support and services for them locally.

The report will be available shortly. Much of the work undertaken within this project has supported the growth of relationships within the carers sector and has supported the launch of closer collaboration with services supporting young people, particularly young carers.

healthwatch

Milton Keynes



Healthwatch Milton Keynes Strategy 2018-21

A message from our Trustees

Healthwatch Milton Keynes has been empowering the people of Milton Keynes to have a say in how health and social care services are planned and delivered for five years.

We have a statutory role, legislated in the Health and Social Care Act 2012, to provide an independent voice on people's experiences of health and care.

An emphasis on joint commissioning, integrated working, budgetary pressures and an increasing demand on services has transformed the health and social care landscape around us. Healthwatch Milton Keynes aims to ensure that decisions about health and social care are made with the patient, their family and friends, and services remain focused on the patient.

This strategy sets out how we will fulfil the dual role of both engaging with our local population and ensuring that those who pay for, and provide services listen, respond to their needs and design services alongside them.

We will use our platform to inform and involve the public in changes to the way health and social care is delivered locally and we are more passionate than ever, in these challenging economic times, to make sure that the people of Milton Keynes, receive high quality, appropriate health and social care services.

That passion will underpin all our actions. We invite you to read our Strategic Plan for 2018-21 and look forward to hearing from you.



Our Mission

To be an independent organisation, providing an effective local voice for people in Milton Keynes, influencing and shaping Health and Social Care services to meet their needs.

Our Values

Inclusive

- We start with people first.
- We work for children, young people and adults.
- We cover all health and social care services.
- We work for everyone, not just those who shout the loudest.

Influential

- We set the agenda and make change happen.
- We are responsive. We take what we learn and translate it into action.
- We are innovative and creative. We know that we can't fix things by sticking to the status quo.
- We work with the national Healthwatch network to make an impact both locally and nationally.

Independent

- We are independent and act on behalf of the people of Milton Keynes.
- We listen to people and speak loudly on their behalf.
- We challenge those in power to design and deliver better health and social care services.
- We like to highlight what works well but are not afraid to point out when things have gone wrong.

Credible

- We value knowledge.
- We seek out data and intelligence to challenge assumptions with facts.
- We celebrate and share good practice in health and social care.
- We hold ourselves to the highest standards.

Collaborative

- We keep the debate positive and we get things done.
- We work in partnership with the public, health and social care sectors and the voluntary and community sector.
- We learn from people's experiences and from specialists and experts.
- We build on what is already known and collaborate in developing and sharing new insights.

Our Strategic Objectives



Engage

To give all people in Milton Keynes the opportunity to engage on matters relating to their health and social care needs and experiences.

Empower

To bring patients and providers together, empowering the community to evaluate and shape health and social care services.

Influence

To use local people's experience and insight of health and care services to influence the way they are designed and delivered, now and in the future.

Inform

To be the organisation of choice for information that advises commissioners and providers to understand what local people need from health and care services.

Develop

Through good governance, develop a workforce and volunteer team, with a shared set of values, that provides a strong, independent and influential voice for the people of Milton Keynes.

Grow

To increase our capacity to provide a high quality, sustainable and responsive service to the people of Milton Keynes.

What will be the impact?

More people in Milton Keynes come to Healthwatch to share their experiences.

More people ask Healthwatch for help and get the answers they need.

Increased contact with a wider cross section of the community.

Increased patient, service-user and public involvement in the work of those paying for and providing services, advised and supported by Healthwatch.

Commissioners and service providers work with Healthwatch to ensure they get engagement approaches right.

Health and care service leaders have the evidence to help them make informed decisions and understand how their decisions affect people.

People experience improvements to services, from our recommendations for change.

The volunteers and staff we have are experienced, confident and effectively represent the patient voice.

People trust Healthwatch to use their information safely and uphold their rights.

We demonstrate effective use of our resources.



Funding and Governance Structure

HWMK is a Charitable Incorporated Organisation (CIO), governed by a Board of Trustees. The Trustee Board sets the strategic direction of the organisation and is responsible for governance.

The Health and Social Care Committee (HSCC) develops and monitors the activities that support HWMK to achieve its strategic aims and objectives. The HSCC also provides a hub for reflecting on the health and care issues the public inform us about, and acting on that evidence. It is made up of elected and co-opted Healthwatch members.

Our funding comes from central government to Milton Keynes Council, who commission us to provide an independent service.

Healthwatch England

Healthwatch England is a national body, with a remit to interpret the intelligence gathered by the network of local Healthwatch across England, and use that information to inform the government, national healthcare commissioners and NHS England what's working well and where improvements could be made. We inform Healthwatch England about issues local to Milton Keynes, so national trends can be observed as they emerge, and can be raised at a national level.

The logo for Healthwatch Milton Keynes. The word 'healthwatch' is in a bold, sans-serif font, with 'health' in dark blue, 'wat' in pink, and 'ch' in green. Below it, 'Milton Keynes' is written in a smaller, dark blue, sans-serif font.

healthwatch
Milton Keynes

Suite 113
Milton Keynes Business Centre
Linford Wood
Milton Keynes
MK14 6GD

www.healthwatchmiltonkeynes.co.uk
t: 01908 698800
e: info@healthwatchmiltonkeynes.co.uk
tw: @Healthwatch_MK
fb: facebook.com/HealthwatchMK

Engagement Group Meeting 11-4-18

The meeting discussed the Experience of Care Week 23rd to 27th April. Some Governors will take part in the following activities:

- Monday 23-4-18 - 15 Steps
- Thursday 26-4-18 - A stand in the Main Entrance Reception to try to obtain some new Members of MKUH.
- Friday 27-4-18 PLACE Assessments.

The next edition of the Members Newsletter will be issued shortly.

Governors elections - Carol gave an update. Voting is due to complete 23-5-18 and the result by 24-5-18.

MKUH Governors are members of the local area Network of Lead Governors, where ways of working in various FTs are discussed. As our current Lead Governor will have completed her term of office before the next meeting, Alan Hastings, as a previous Lead Governor and founder Member of the Network, offered to attend.

The Chair of the Group apologised for not having issued the strategy for 'Branding' of MKUH to help Governors to encourage MK citizens to become MKUH Members. The Chair promised to issue this.

A Date for your diaries **Annual Members Meeting 12th September** - discussions for using the new Academic Centre are ongoing. Thanks to Carol and Douglas for their continued involvement in making this year's meeting a first class and enjoyable event.

Membership and Engagement Strategy has now been approved by the Council of Governors and will be presented to the Board for approval at their next meeting.

Alan Hastings
Public Governor
Chair Engagement Group

Meeting title	Council of Governors	Date: 22 May 2018
Report title:	Performance Report indicators for 2017/18 (Month 12)	Agenda item: 6
Lead director Report author Sponsor(s)	Name: John Blakesley Name: Hitesh Patel	Title: Deputy Chief Executive Title: Associate Director of Performance and Information
Fol status:	Disclosable	

Report summary	Lists the proposed key performance metrics for the Trust for the financial year 2017/18			
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation				

Strategic objectives links	All Trust objectives
Board Assurance Framework links	None
CQC outcome/regulation links	
Resource implications	None
Legal implications including equality and diversity assessment	None

Report history	None
Next steps	None
Appendices	None

Trust Performance Summary: M12 (March 2018)

1.0 Summary

This report summarises performance in March 2018.

The Trust continues to be dominated by non-elective demand with the lagging indicators continue to show the hospital under stress. Inpatient occupancy worsened marginally (by 0.6%) to 98.9%. Stranded patients and DTOCs were broadly similar to previous months.

This operational pressure directly affects the Trust's ability to meet the emergency access standard in A&E and we achieved 88.6% albeit against a national backdrop of England only achieving 84.6% placing the Trust at 28th up from 33rd out of 137 and well into the top quartile.

On the elective side the RTT target was not achieved in month at 84.6% down from (87.9% last month). In February the England performance was 87.5% with MKUH being 101st out of 157 Trusts. Of continued concern is the numbers of breaches over 52 weeks as this will ensure that we are seen as an outlier (January data show the Trust at 133rd out of 137).

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

March 2018 performance against the Service Development and Improvement Plans (SDIP):

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position
4.1	ED 4 hour target (includes UCS)		95%	95.0%	91.0%	88.6%	✗	▲	✗
4.2	RTT Incomplete Pathways <18 weeks		92%	92.0%		84.6%	✗	▼	
4.9	62 day standard (Quarterly)		85%	85%		87.1%	✓	▼	

ED performance for March 2018 was 1 percentage point better than in February 2018. 88.6% of patients were seen within 4 hours in ED compared to 87.6% in February 2018. This was however lower than both the 95% national target and the Trust NHS Improvement trajectory is (93.8%). Comparing the financial year performance to March with the same period in 2016/17, ED performance (91%) in 2017/18 dropped by 0.1 percentage point. National A&E performance in March 2018 was 84.6%, which was the lowest since the data collection began.

At the end of March 2018, the referral to treatment (RTT) national operating standard of 92% for incomplete pathways was not achieved. Aggregate performance at 84.6% was the lowest in over four years. Comparing the financial year performance with the same period in 2016/17, RTT performance (84.6%) in 2017/18 dropped by 7.9 percentage points. Nationally, the Trust's RTT performance was lower than the combined NHS England performance for RTT in February 2018, which was 87.9%. The national performance for March 2018 is yet to be published.

The 85% Cancer 62 day standard was achieved in Quarter 3 of 2017/18, closing at 87.1%, which was also above the NHS Improvement trajectory (85.1%). The performance also compared favourably to the national performance in March 2018 (83%) which has breached for the last sixteen quarters in a row. Indications are that the 85% target is set to be delivered by the Trust for Quarter four.

3.0 Urgent and Emergency Care

Urgent and emergency care continued to be busy in March 2018 with prolonged increased acuity and demand.

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position
2.4	Cancelled Ops - On Day		1.0%	1.0%	1.2%	2.3%	✗	▼	✗
3.2	Ward Discharges by Midday		30%	30%	22.2%	20.3%	✗	▲	✗
3.4	30 day readmissions		6.4%	6.4%	8.2%	8.8%	✗	▼	✗
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.2%	7.8%	✗	▼	✗
4.1	ED 4 hour target (includes UCS)		95%	95.0%	91.0%	88.6%	✗	▲	✗

Cancelled Operations on the Day

In March 2018, the number of operations cancelled on the day for non-clinical reasons continued to be significantly high (57). This was the most reported in a calendar month since October 2015 (56) and represented 2.3% of all planned elective operations. 35 (61.4%) of these cancelled operations were attributed to bed availability and 10 (17.5%) were attributed to consultant availability. The remaining twelve were attributed to a variety of reasons, including administration errors and timing.

Comparing the financial year performance with the same period in 2016/17, the performance (0.8%) in 2017/18 dropped by 1.5 percentage points. The national performance for March 2018 is yet to be released by NHS England.

Readmissions

MKUH had a challenging month in terms of readmission rates with performance at 8.8% in March 2018. This was an increase of 1.4 percentage points from the previous month and was the highest reported in over four years.

At a divisional level, the readmission rate for Women and Children (5.2%) and Medicine (13.6%) increased compared to February 2018. Surgery (4.9%) maintained the same level of performance as the previous month. Comparing the financial year performance with the same period in 2016/17, the performance (8.2%) in 2017/18 increased by 1 percentage point.

Delayed Transfers of Care (DTC)

The Trust reported an increase in DTC patients, from 39 in February to 41 at midnight on the last Thursday of March 2018. This was however, an improvement when compared to the same period last year (March 2017) when there were 51 DTCs reported.

The number of bed days lost due to DTCs decreased from 1225 in February 2018 to 1156. The high volume undoubtedly has an impact on the day-to-day acute bed capacity and patient flow, most notably to the medical bed base.

Ambulance Handovers

The percentage of ambulance handovers that took longer than 30 minutes continued above the 5% tolerance in March 2018 (7.8%) and was higher than the previous month (7.5%). The Trust most recently achieved the 5% threshold in October 2017. The number of handovers reported to have taken longer than 60 minutes also increased during March 2018.

4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position
3.1	Overnight bed occupancy rate		93%	93%	98.3%	98.9%	✗	▼	✗
3.5	Follow Up Ratio		1.50	1.50	1.53	1.49	✓	▲	✗
4.2	RTT Incomplete Pathways <18 weeks		92%	92.0%		84.6%	✗	▼	
5.6	Outpatient DNA Rate		5%	5%	6.1%	6.3%	✗	▼	✗

Overnight Bed Occupancy

The Trust bed occupancy continued above the 93% internal threshold and increased to 98.9% in March 2018, which was the highest reported since October 2017. Overnight bed occupancy at such high levels can increase the risk of infections and affect the timely admission of emergency and

urgent care patients as well as those booked for surgery. Constant demand for beds represents a huge challenge for the Trust.

Follow up Ratio

Planning outpatient capacity to cope with new referrals is impacted by the demand for follow ups. In March 2018, the follow up ratio improved from 1.53 in February 2018 to 1.49 follow up attendances for every new attendance seen, which was within the threshold. This is the first time the Trust achieved the 5% threshold since M2 (May 2017).

RTT Incomplete Pathways

Meeting the RTT national standard and NHS Improvement trajectory represents a huge challenge for the Trust. Performance fell significantly due to high occupancy levels and a large volume of cancelled elective operations. The Trust reported 20 patients at the end of March who had a waiting time of 52 weeks or more. The majority of these patients (13) were in Trauma & Orthopaedics, two were in ENT and one each in Urology, Neurology, Ophthalmology, Vascular Surgery and Gynaecology. The RTT National standard (92%) was most recently achieved by the Trust in October 2017.

Diagnostic Waits <6 weeks

Nationally, the operational standard of less than 1% of patients waiting six weeks or longer was not achieved in February 2018. The national performance for March 2018 is planned to be published by NHS England in May 2018.

The current Trust position for March 2018 suggests that performance has reduced to 98.3% following achievement in February 2018. However, this is currently an unvalidated position and all breaches are with the CSUs for final validation.

Outpatient DNA Rate

The outpatient DNA rate (6.3%) in March 2018 increased by 0.5 percentage points from 5.8% against the 5% threshold. Comparing this to the 2016/17 performance (5.6%), the DNA rate for 2017/18 increased to 6.1% indicating a drop in performance.

DNAs represent clinic capacity that cannot be otherwise utilised. All services should ensure that they adhere to the Trust Access Policy to minimise DNA rates. The Policy is frequently discussed at the weekly RTT meetings, at which all services are represented.

5.0 Patient Safety

Mortality

There was a marked improvement in the 12-month rolling SHMI and HSMR figures in Month 12. For Women and Children, there is one outlying diagnosis group (other perinatal conditions) attracting significantly higher than expected deaths.

Midwife to Birth Ratio

The Midwife to Birth Ratio (25) improved significantly in March 2018 and was the lowest reported in over four years. This could be because of the fewer births in the Trust in March 2018.

Infection Control

E-coli cases are known to be increasing nationally and MKUH reported three cases in March 2018 (Wards 14, 19 and 20). There were no CDIs or MRSA's reported by the Trust in Month 12. Comparing

the financial year performance with the same period in 2016/17, the number of CDIs and MRSA's increased by three and two respectively in 2017/18.

Pressure Ulcers

For the first time in 2017/18, the pressure ulcer rate (1.53) was above the internal tolerance (0.86). The number of pressure ulcers reported by the Trust increased significantly to 23, which is the highest reported in 2017/18; majority of these were in Surgery.

ENDS

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
1.1	Mortality - (HSMR)		100	100		89.7	✓	▲		
1.2	Mortality - (SHMI) - Quarterly		1	1		0.94	✓	▲		
1.3	Never Events		0	0	4	0	✓	▲	✗	
1.4	Clostridium Difficile		20	20	13	0	✓	▲	✓	
1.5	MRSA bacteraemia		0	0	3	0	✓	▬	✗	
1.6	Pressure Ulcers Grade 2, 3 or 4 (per 1,000 bed days)		0.86	0.86	0.59	1.53	✗	▼	✓	
1.7	Falls with harm (per 1,000 bed days)		0.19	0.19	0.12	0.13	✓	▼	✓	
1.8	WHO Surgical Safety Checklist		100%	100%	100%	100%	✓	▬	✓	
1.9	Midwife : Birth Ratio		30	30	29	25	✓	▲	✓	
1.10	Incident Rate (per 1,000 bed days)		40	40	31.80	27.82	✗	▼	✗	
1.11	Duty of Candour Breaches (Quarterly)		0	0	1	0	✓	▲	✗	
1.12	E-Coli				29	3		▼		

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
2.1	FFT Recommend Rate (Patients)		94%	94%	93.5%	92%	✗	▲	✗	
2.2	RED Complaints Received		10	10	1	0	✓	▬	✓	
2.3	Complaints response in agreed time		90%	90%	87.1%	87.5%	✗	▼	✗	
2.4	Cancelled Ops - On Day		1.0%	1.0%	1.2%	2.3%	✗	▼	✗	
2.5	Over 75s Ward Moves at Night		2,000	2000	2,813	213	✗	▼	✗	
2.6	Mixed Sex Breaches		0	0	4	0	✓	▬	✗	


OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
3.1	Overnight bed occupancy rate		93%	93%	98.3%	98.9%	✗	▼	✗	
3.2	Ward Discharges by Midday		30%	30%	22.2%	20.3%	✗	▲	✗	
3.3	Weekend Discharges		70%	70%	68.9%	68.1%	✗	▲	✗	
3.4	30 day readmissions		6.4%	6.4%	8.2%	8.8%	✗	▼	✗	
3.5	Follow Up Ratio		1.50	1.50	1.53	1.49	✓	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)		188	188		247	✗	▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		84	84		107	✗	▼		
3.7	Delayed Transfers of Care		25	25		41	✗	▼		
3.8	Discharges from PDU (%)		16%	16%	14.2%	16.5%	✓	▼	✗	
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.2%	7.8%	✗	▼	✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
4.1	ED 4 hour target (includes UCS)		95%	95.0%	91.0%	88.6%	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks		92%	92.0%		84.6%	✗	▼		
4.3	RTT Patients Waiting Over 18 Weeks		911	911		2080	✗	▼		
4.4	RTT Total Open Pathways		11,388	11,388		13,511	✗	▼		
4.5	RTT Patients waiting over 52 weeks			0		20	✗	▼		
4.6	Diagnostic Waits <6 weeks		99%	99%		98.9%	✗	▼		
4.7	All 2 week wait all cancers (Quarterly)		93%	93%		95.6%	✓	▬		
4.8	31 days Diagnosis to Treatment (Quarterly)		96%	96%		100.0%	✓	▬		
4.9	62 day standard (Quarterly)		85%	85%		87.1%	✓	▼		


OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
5.1	GP Referrals Received		60,189	60,189	61,464	5,068	✗	▼	✓	
5.2	A&E Attendances		89,338	89,338	87,740	7,208	✗	▲	✗	
5.3	Elective Spells (PBR)		26,522	26,522	24,444	1,803	✗	▼	✗	
5.4	Non- Elective Spells (PBR)		32,365	32,365	34,184	2,901	✓	▲	✓	
5.5	OP Attendances / Procs (Total)		377,608	377,608	353,662	28,520	✗	▼	✗	
5.6	Outpatient DNA Rate		5%	5%	6.1%	6.3%	✗	▼	✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
7.1	Income £'000		223,967	223,967	223,794	20,105	✓	▲	✗	
7.2	Pay £'000		(158,813)	(158,813)	(159,438)	(13,836)	✗	▼	✗	
7.3	Non-pay £'000		(67,625)	(67,625)	(71,672)	(5,898)	✗	▼	✗	
7.4	Non-operating costs £'000		(12,954)	(12,954)	(12,588)	(1,109)	✗	▲	✓	
7.5	I&E Total £'000		(15,426)	(15,426)	(19,904)	(739)	✗	▲	✗	
7.6	Cash Balance £'000		2,504	2,504		2,507	✓	▼		
7.7	Savings Delivered £'000		10,500	10,500	8,998	2,367	✓	▲	✗	
7.8	Capital Expenditure £'000		(28,389)	(28,389)	(16,885)	(5,106)	✓	▼	✓	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
8.1	Staff Vacancies % of establishment		14%	14%		11.9%	✓	▼		
8.2	Agency Expenditure %		10%	10%	7.2%	6.3%	✓	▼	✓	
8.3	Staff sickness - % of days lost		4%	4%		4.1%	✗	▬		
8.4	Appraisals		90%	90%		84.0%	✗	▼		
8.5	Statutory Mandatory training		90%	90%		89.0%	✗	▼		
8.6	Substantive Staff Turnover		14%	14%		11.9%	✓	▲		
8.7	FFT Response Rate Staff (Quarterly)		18%	18%	20.4%	19.8%	✓	▼	✓	

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
O.1	Total Number of NICE Breaches		8	8		50	✗	▲		
O.2	Rebooked cancelled OPs - 28 day rule		95%	95%	68.4%	58.2%	✗	▼	✗	
O.3	Maternity Bookings <13 weeks		90%	90%	87.8%	86.0%	✗	▼	✗	
O.4	Overdue Datix Incidents >1 month		0	0		149	✗	▼		
O.5	Serious Incidents		58	58	50	7	✗	▼	✓	
O.6	Dementia Measures Met 		3	3		3	✓	▬		
O.7	Energy Consumption (GJ)		200,684	200,684	242,112	22,170	✗	▼	✗	
O.8	Completed Job Plans (Consultants)		90%	90%		90%	✓	▬		

Key: Monthly/Quarterly Change

▲	Improvement in monthly / quarterly performance
▬	Monthly performance remains constant
▼	Deterioration in monthly / quarterly performance
	NHS Improvement target (as represented in the ID columns)
	Reported one month in arrears

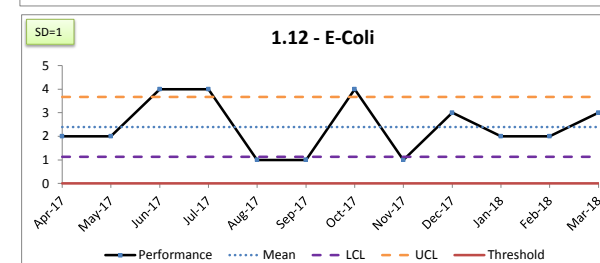
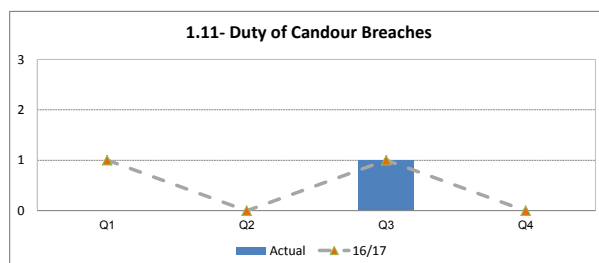
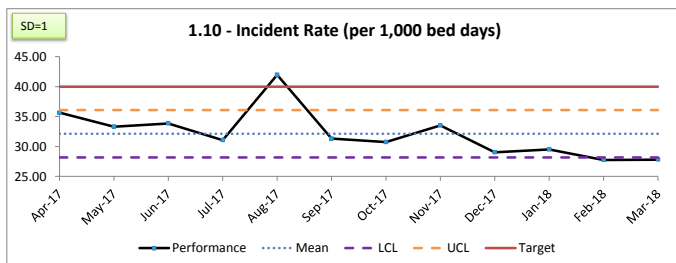
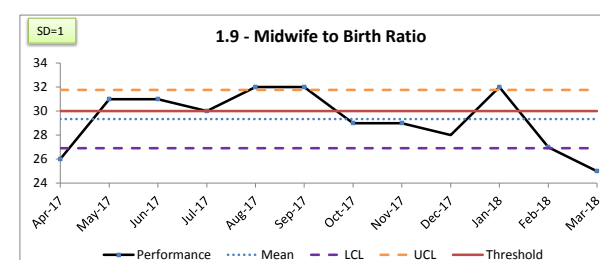
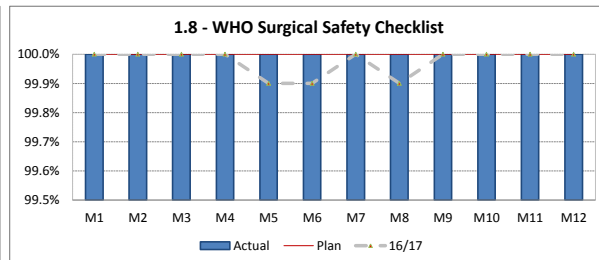
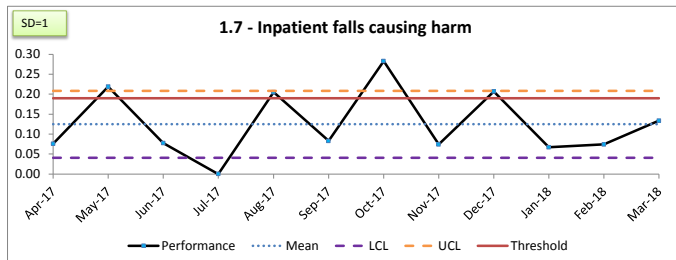
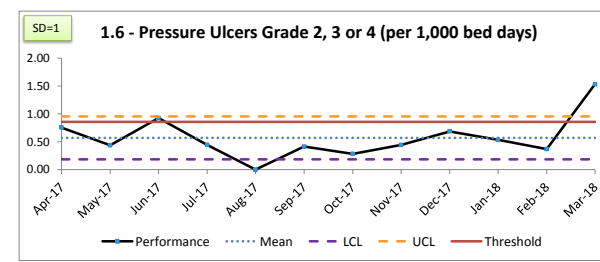
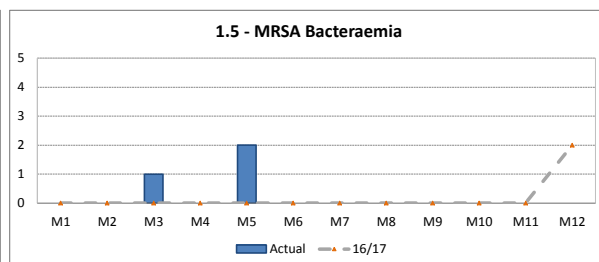
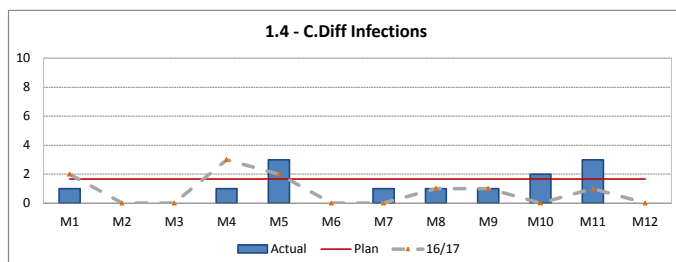
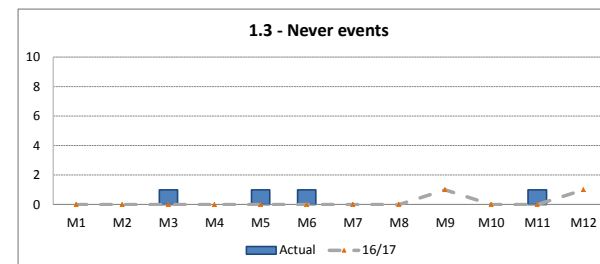
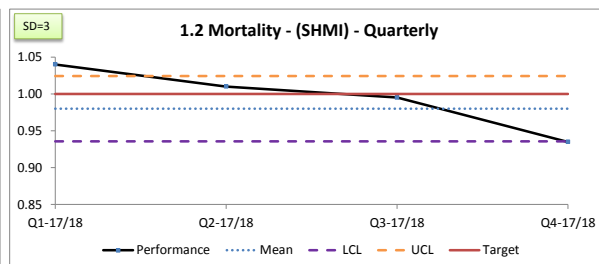
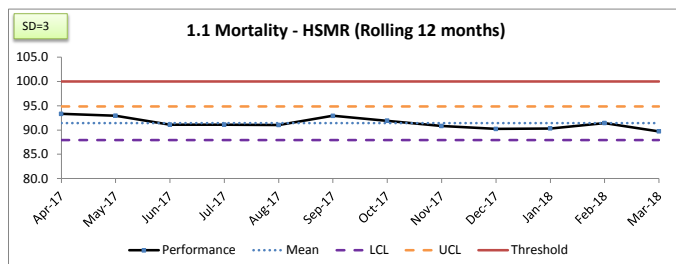
YTD Position

✓	Achieving YTD Target
▬	Within Agreed Tolerance*
✗	Not achieving YTD Target
✗	Annual Target breached

Data Quality Assurance Definitions

Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * / No Independent Assurance
Red	Unsatisfactory and potentially significant areas of improvement with/without independent audit

* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.



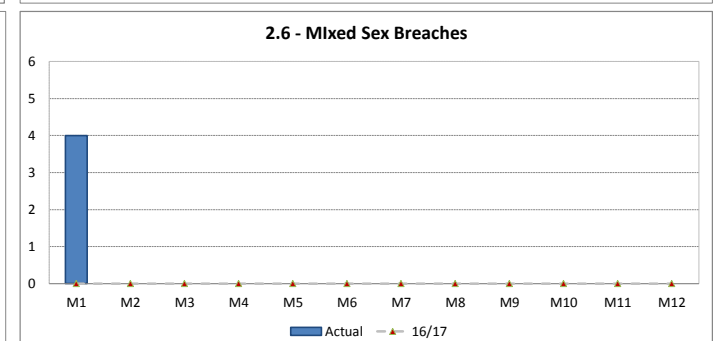
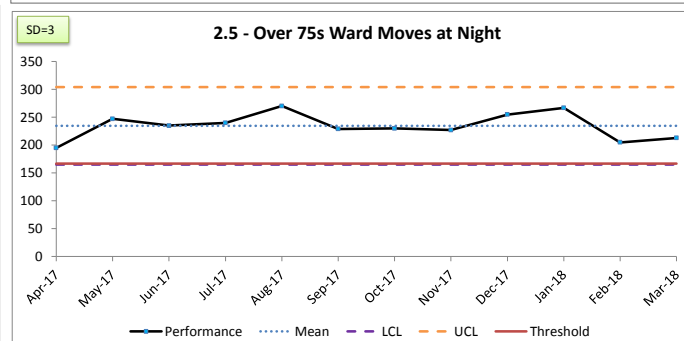
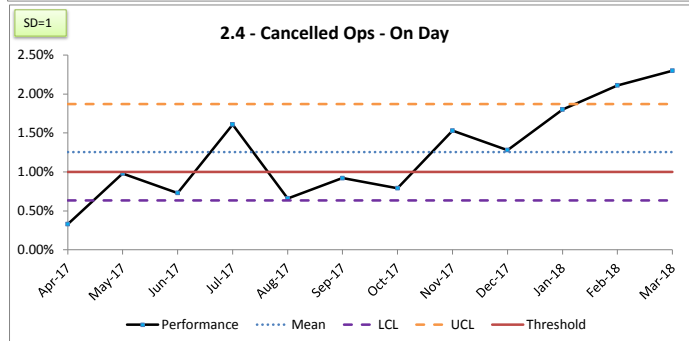
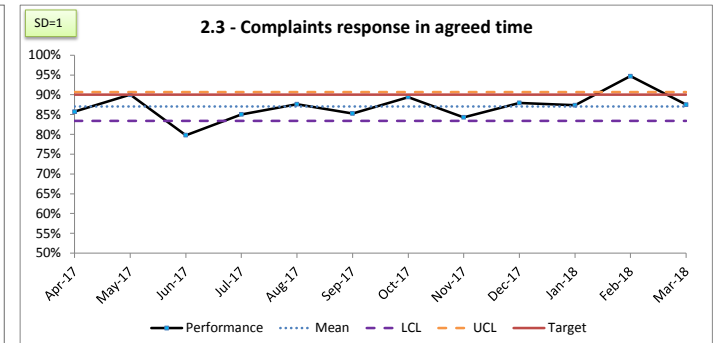
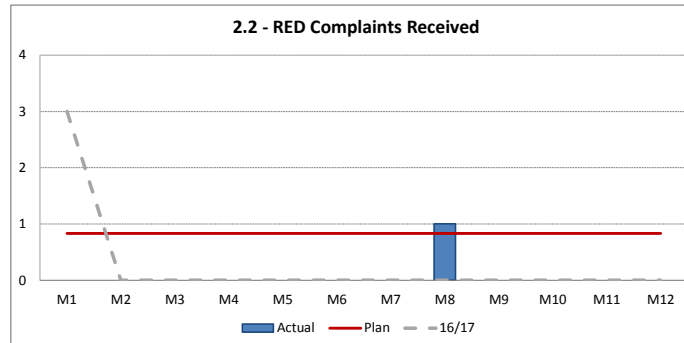
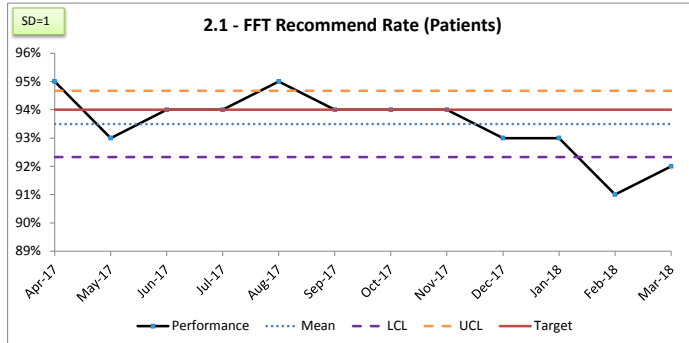
If the LCL is negative (less than zero) it is set to zero.

If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- - - Lower Control Limit (LCL)
- - - Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

Board Performance Report - 2017/18

OBJECTIVE 2 - PATIENT EXPERIENCE



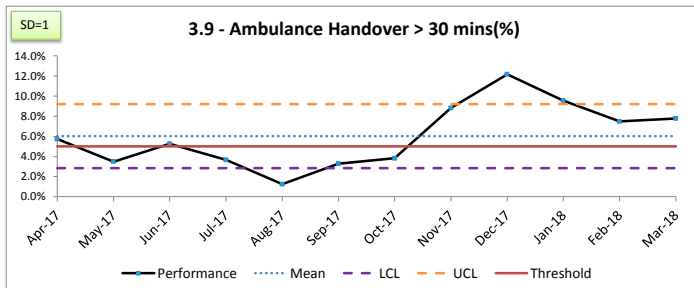
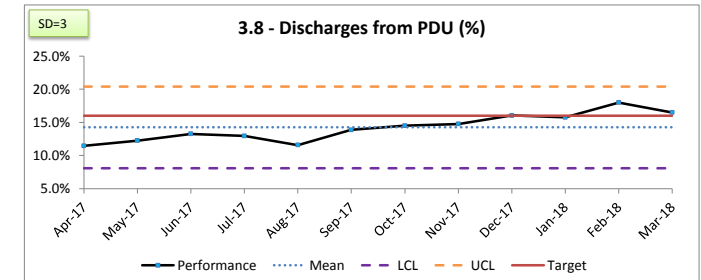
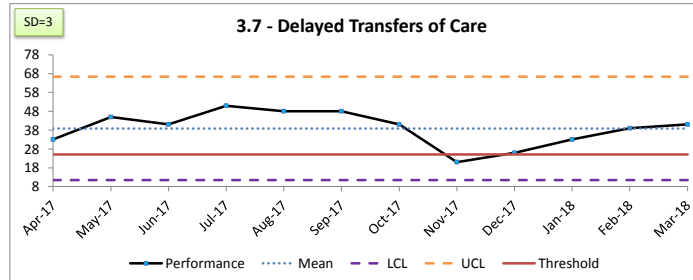
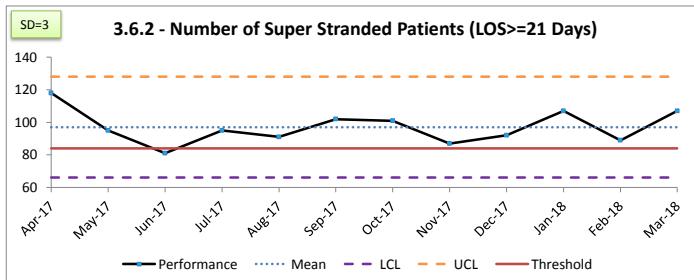
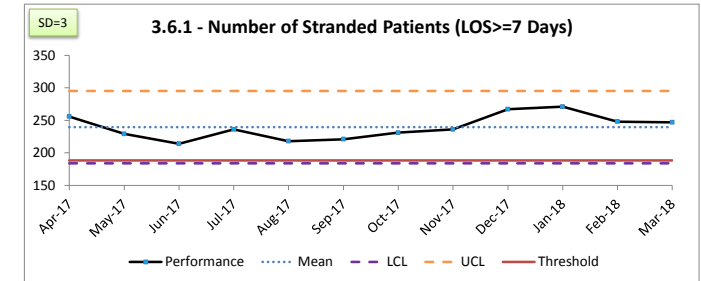
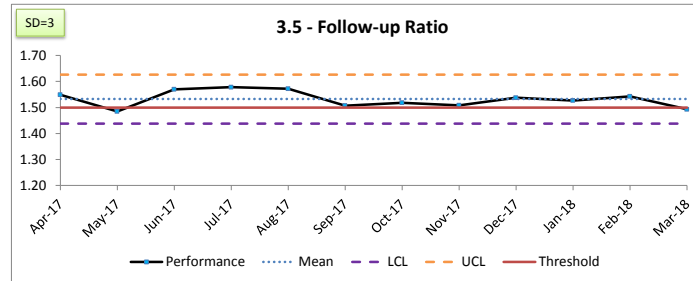
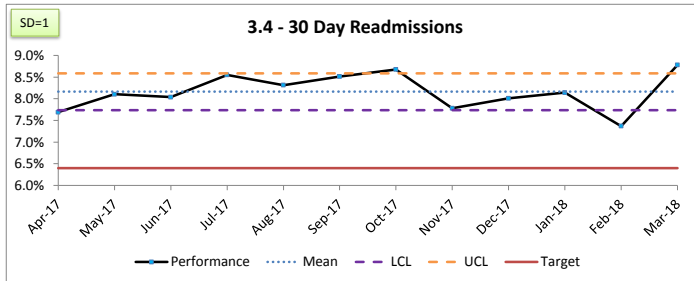
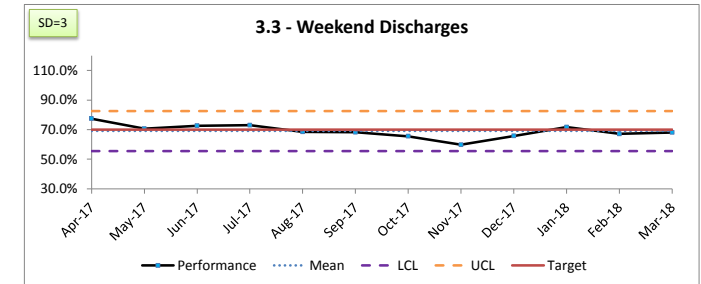
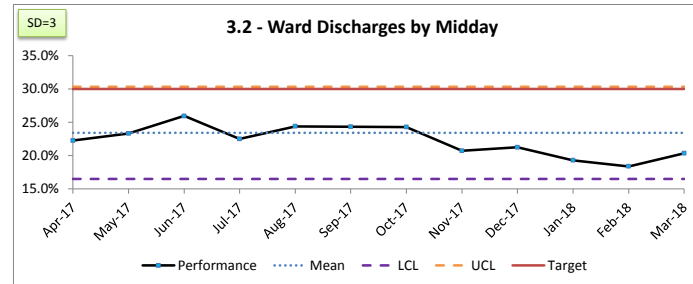
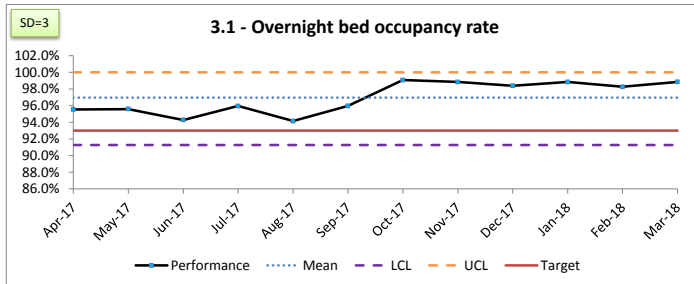
If the LCL is negative (less than zero) it is set to zero.

If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

Board Performance Report - 2017/18

OBJECTIVE 3 - CLINICAL EFFECTIVENESS

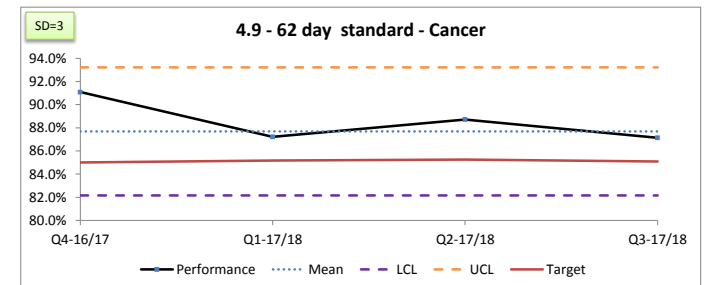
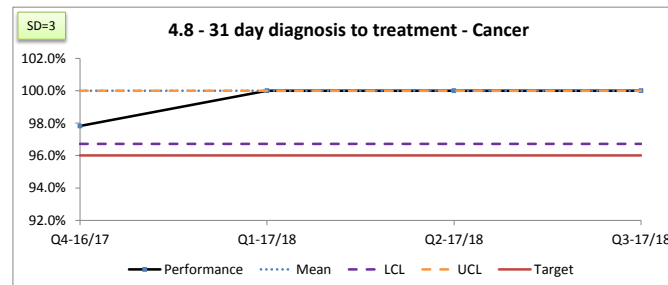
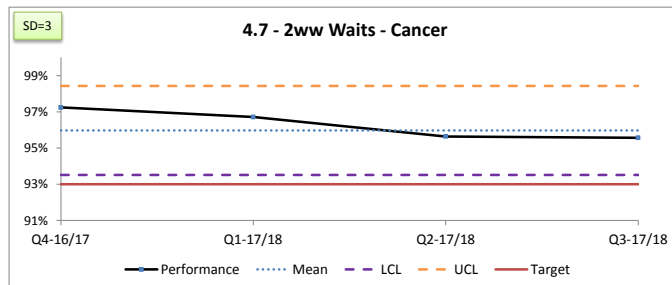
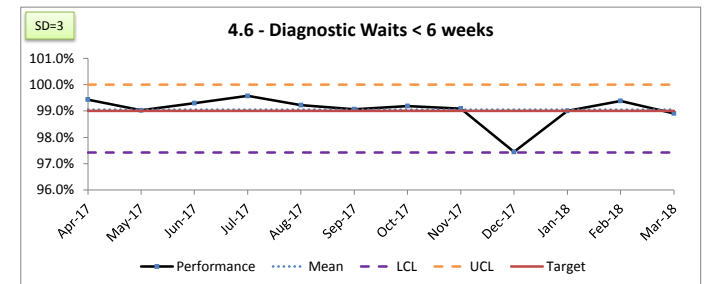
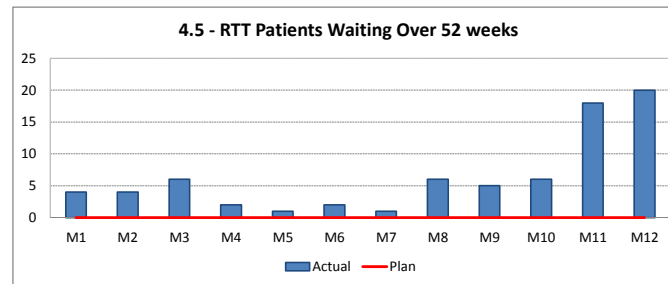
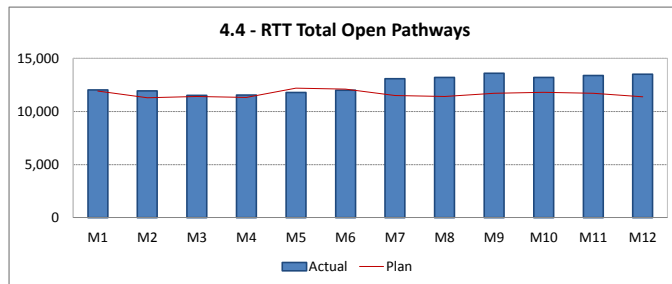
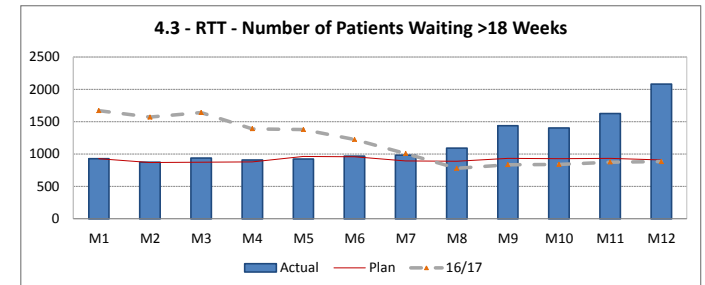
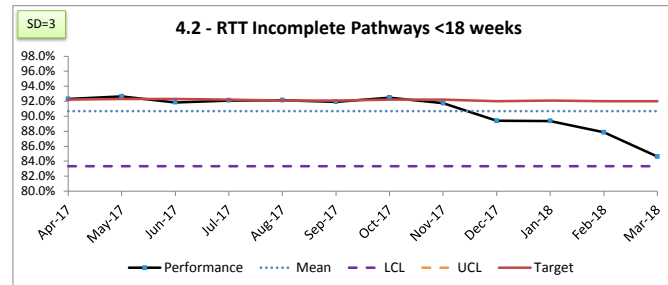
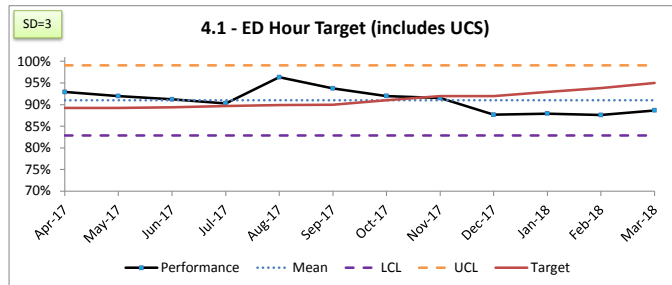


If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

Board Performance Report - 2017/18

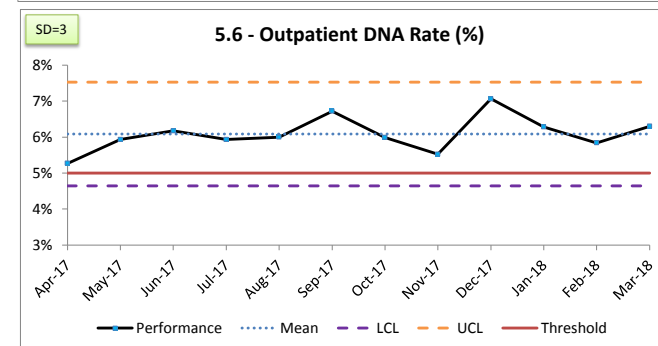
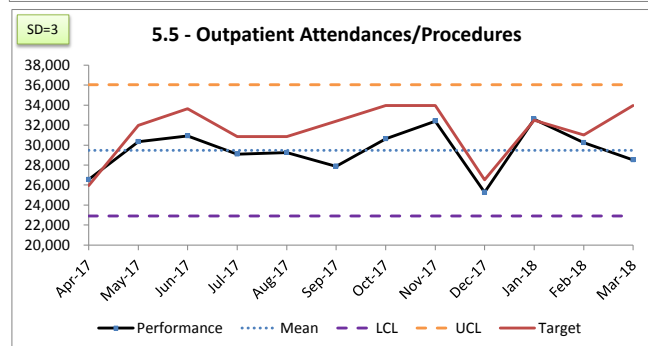
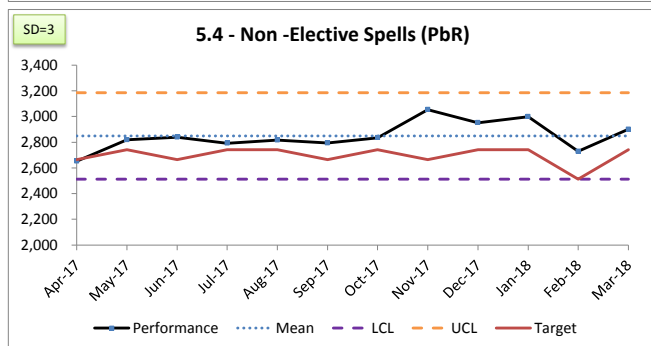
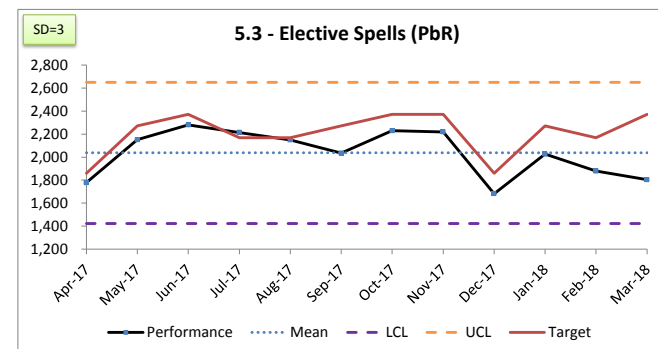
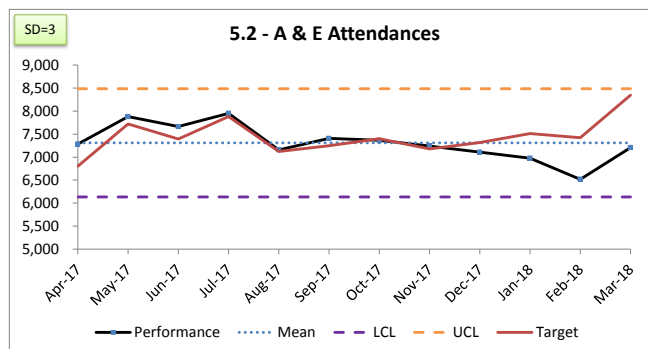
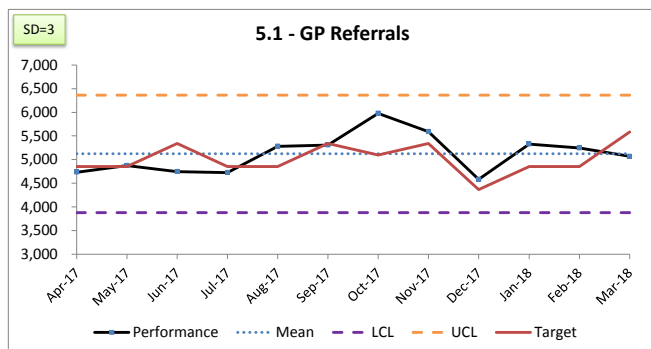
OBJECTIVE 4 - KEY TARGETS



If the LCL is negative (less than zero) it is set to zero.

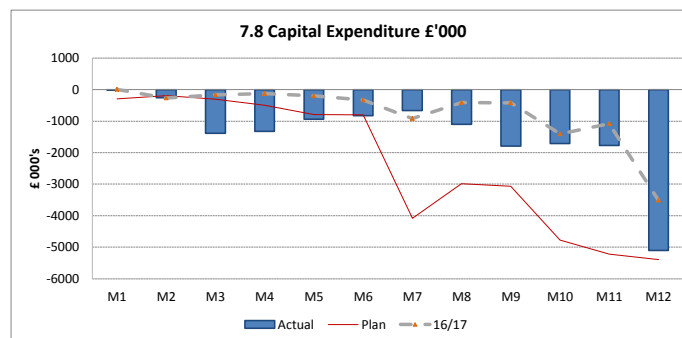
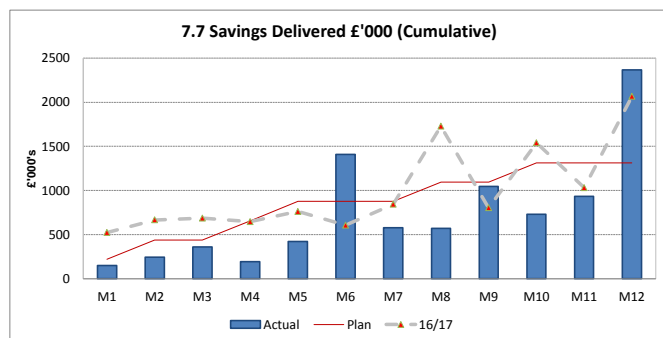
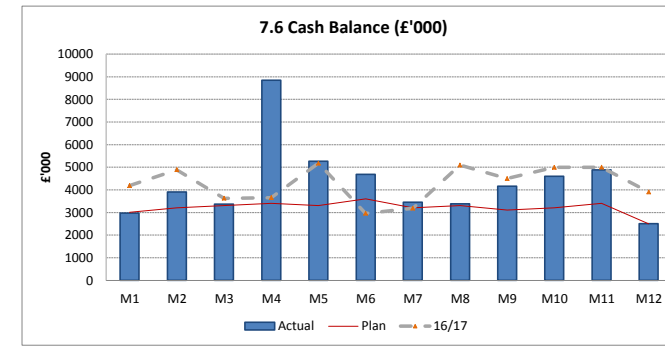
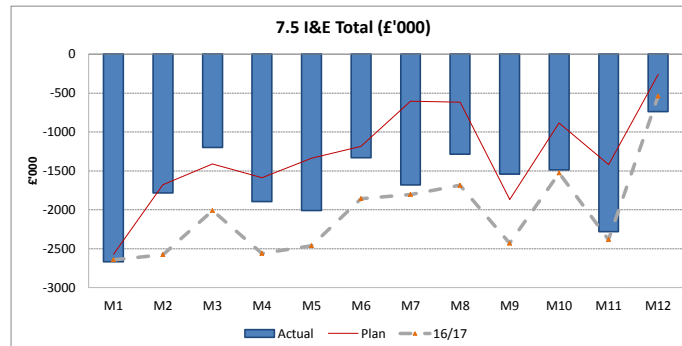
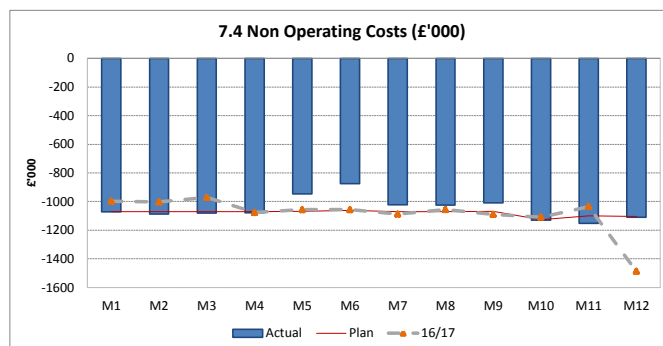
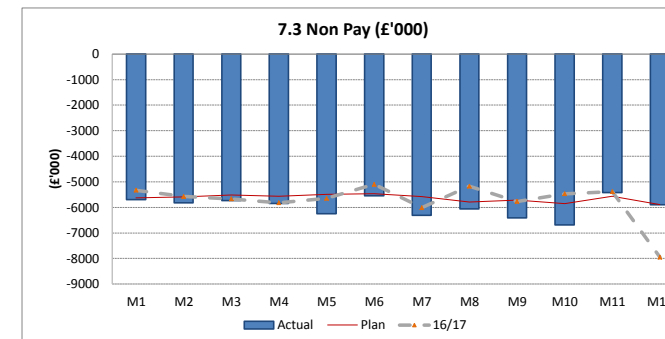
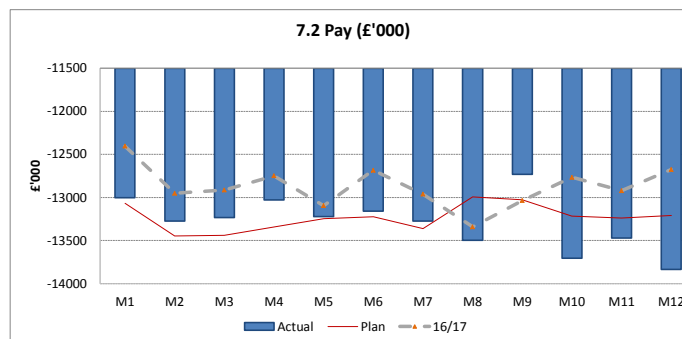
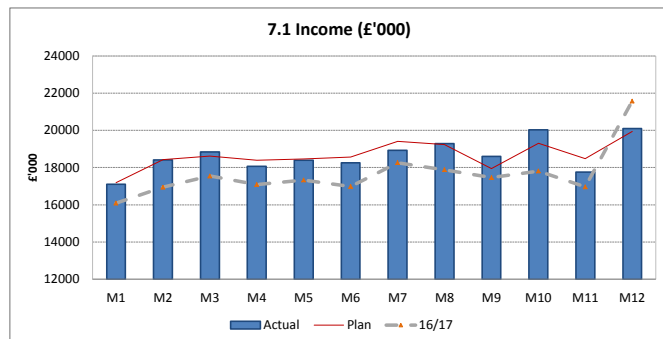
If the UCL is greater than 100% it is set to 100%.

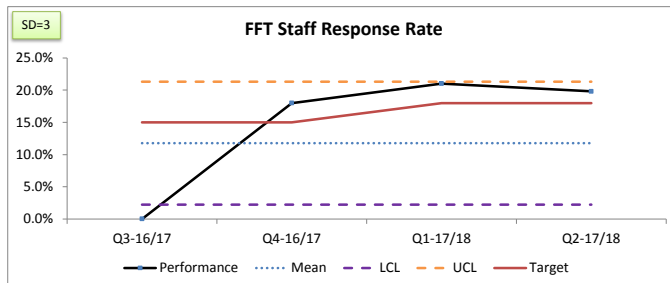
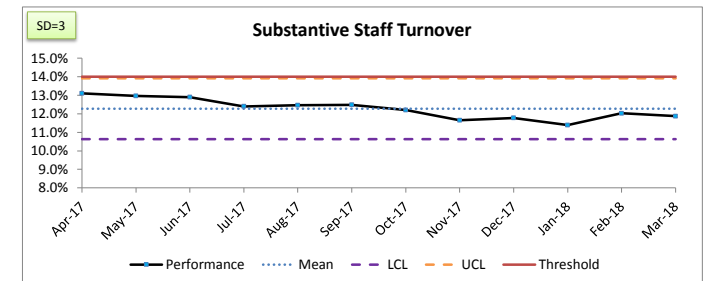
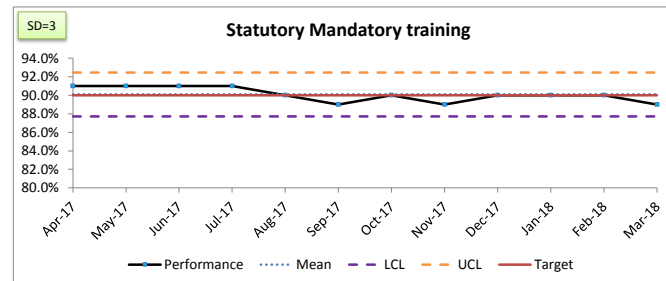
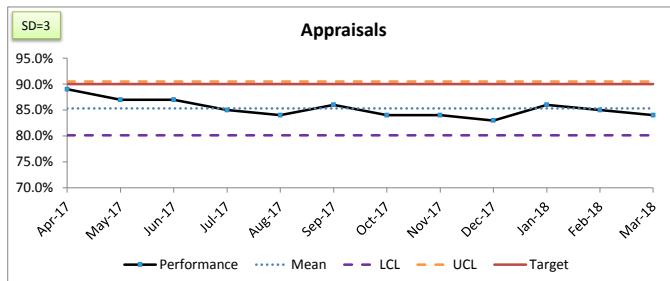
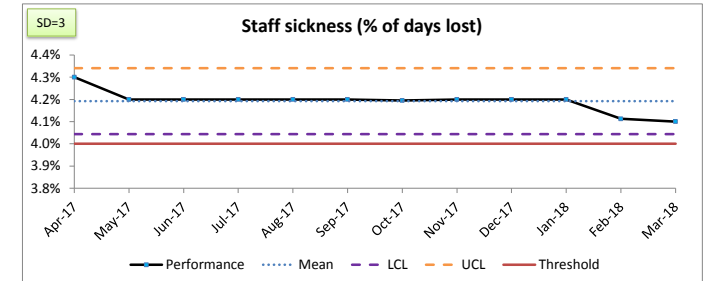
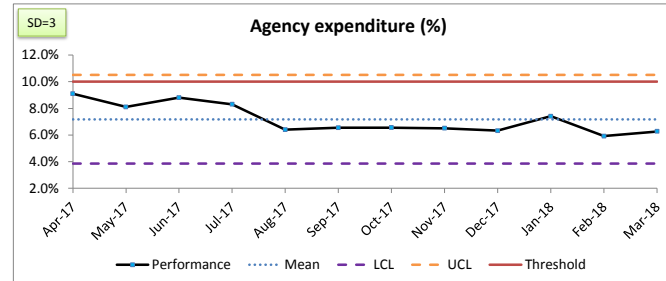
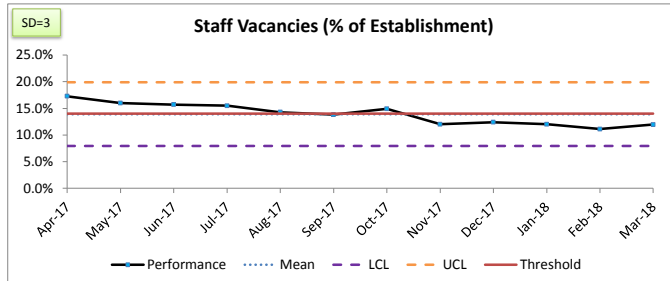
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories



If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

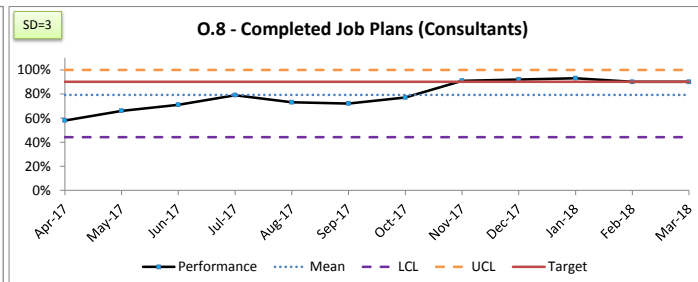
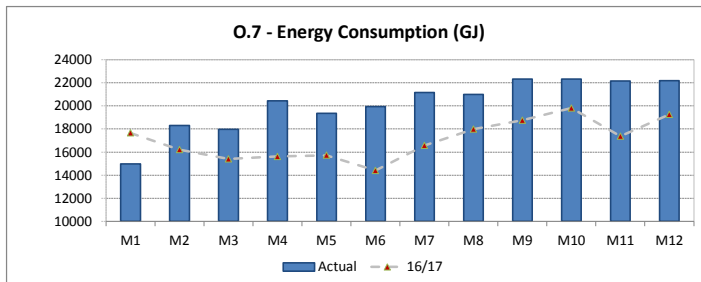
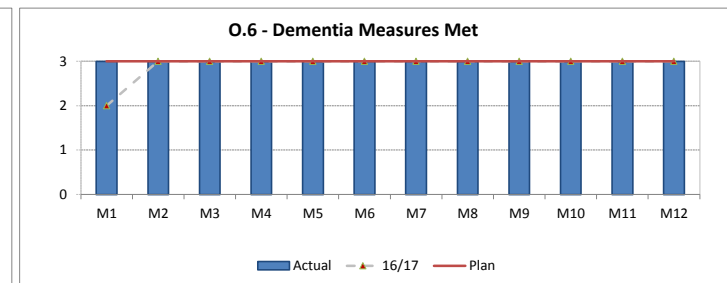
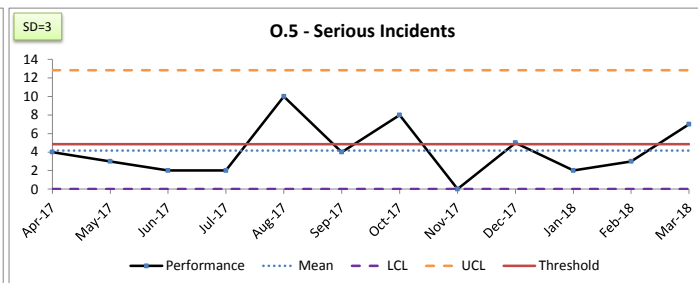
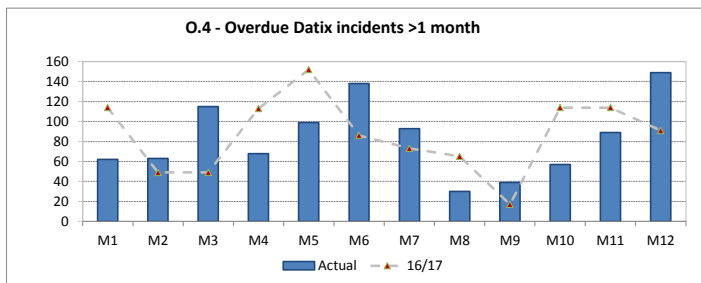
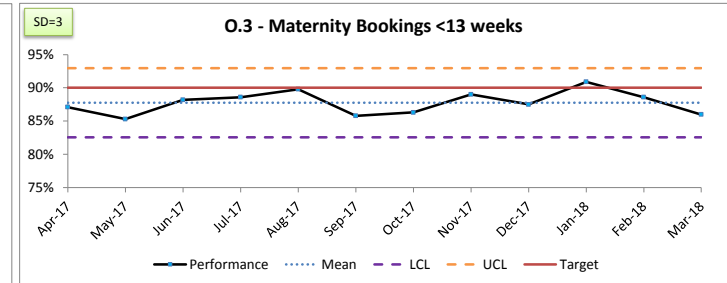
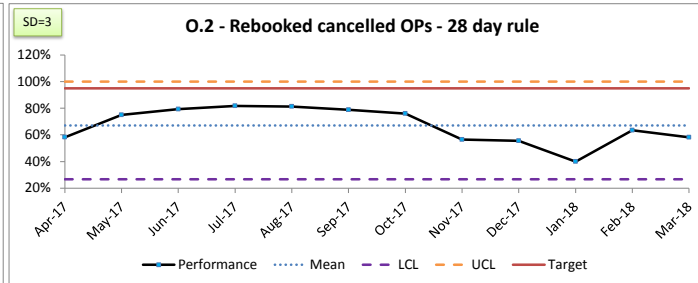
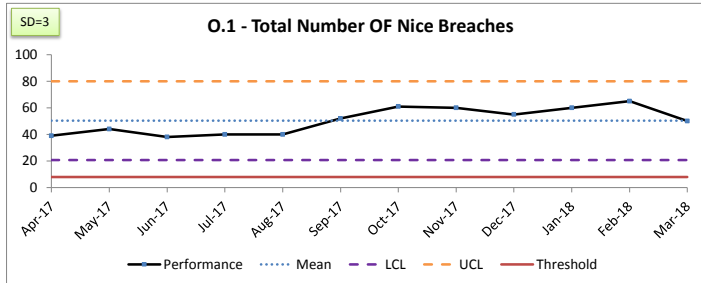
—●— Performance activity on a rolling 12 months/quarterly
- - - - - Average on a rolling 12 months/quarterly
- - - - - Lower Control Limit (LCL)
- - - - - Upper Control Limit
- - - - - Targets/Thresholds/NHSI Trajectories





If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories



If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- - - Lower Control Limit (LCL)
- - - Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

Meeting title	Council of Governors	Date: 22 May 2018
Report title:	Finance Paper Month 12 2017-18	Agenda item: 6.1
Lead director Report authors	Mike Keech Daphne Thomas Christopher Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
Fol status:	Private document	

Report summary	An update on the financial position of the Trust at Month 12 (March 2018)			
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	Public Board to note the contents of the paper.			

Strategic objectives links	5. Developing a Sustainable Future 7. Become Well-Governed and Financially Viable 8. Improve Workforce Effectiveness
Board Assurance Framework links	
CQC outcome/regulation links	Outcome 26: Financial position
Identified risks and risk management actions	
Resource implications	See paper for details
Legal implications including equality and diversity assessment	This paper has been assessed to ensure it meets the general equality duty as laid down by the Equality Act 2010

Report history	None
Next steps	None
Appendices	1 to 3

FINANCE REPORT FOR THE MONTH TO 31st MARCH 2018

PUBLIC BOARD MEETING

PURPOSE

1. The purpose of the paper is to:
 - Present an update on the Trust's latest financial position covering income and expenditure; cash, capital and liquidity; NHSI financial risk rating; and cost savings; and
 - Provide assurance to the Board that actions are in place to address any areas where the Trust's financial performance would adversely affect next financial year.

EXECUTIVE SUMMARY

2. *Income and expenditure* – the Trust's position for March 2018 was £2.8m surplus which is £3.1m favourable to plan and £3.6m favourable to the control total in month (incl. core STF and incentive STF). For the full year the Trust will report a deficit of £16.1m against a control total of £-18.8m, this includes £3.6m of STF incentive funding and £0.3m of STF relating to prior year. Excluding STF the Trust reported a positive variance against control total of £261k for the year.
3. *Cash and capital position* – the cash balance as at the end of March 2018 was £2.5m, which was in line with the plan. The Trust has spent £16.7m on capital year to date of which £4.8m relates to EPR (funded via a capital loan).
4. *NHSI rating – the Use of Resources rating (UOR) score is '3', which is in line with Plan, with '4' being the lowest scoring.*
5. *Cost savings* – overall savings of £2.4m were delivered in month against an identified plan of £2.7m. Overall for the year £9m of plans were delivered and validated against a £10.5m target.

INCOME AND EXPENDITURE

6. The headline financial position can be summarised as follows:

All Figures in £'000	Plan	Month Actual	Var	Plan	Full Year Actual	Var
Clinical Revenue	16,994	17,508	513	194,663	196,077	1,414
Other Revenue	1,634	2,001	367	18,309	21,109	2,800
Total Income	18,628	19,509	880	212,972	217,186	4,214
Pay	(13,252)	(13,836)	(584)	(159,120)	(159,437)	(317)
Non Pay	(5,886)	(5,898)	(12)	(67,625)	(71,706)	(4,081)
Total Operational Expend	(19,138)	(19,734)	(597)	(226,745)	(231,143)	(4,398)
EBITDA	(509)	(226)	284	(13,773)	(13,958)	(185)
Financing & Non-Op. Costs	(1,053)	(1,054)	(2)	(12,359)	(11,930)	429
CT Rounding	0	0	0	(17)	0	17
Control Total Deficit (excl. STF)	(1,562)	(1,280)	282	(26,149)	(25,888)	261
Adjustments excl. from control total:						
Performance STF	256	0	(256)	2,276	1,508	(768)
Financial STF	596	596	0	5,025	5,025	0
Incentive STF	0	3,561	3,561	0	3,561	3,561
Control Total Deficit (incl. STF)	(710)	2,877	3,587	(18,848)	(15,794)	3,054
Donated income	500	0	(500)	4,000	75	(3,925)
Donated asset depreciation	(50)	(55)	(5)	(595)	(659)	(64)
CT Rounding	0	0	0	17	0	(17)
Prior Year STF	281	281	0	281	281	0
Reported deficit	21	3,103	3,082	(15,145)	(16,097)	(952)

Monthly and year to date review

- The Trust reported a surplus in month 12 of £3,103k which is £3,082k favourable against a planned deficit of £21k and £282k against the control total (excluding STF). For the full year, the Trust's reported position is £261k positive to the control total (excluding STF).
- The Trust did not achieve the required 95% performance on the 4-hour A&E target in order to secure the Q4 performance STF (£768k); however this was more than offset by STF incentive funding of £3,561k (comprising £261k pound for pound incentive funding, £2,347k general distribution and £953k bonus STF). The Trust also received £281k additional STF funding

relating to 2016/17. After STF funding, the Trust is reporting a deficit of £-16.1m against a control total of £-18.8m. The Trust's reported deficit has improved by £5m compared to a deficit of £-21.1m in 2016/17 (£-31.8m in 2015/16).

9. **Operationally** March continued to be a challenging month with higher than expected levels of urgent and emergency activity leading to pressure on elective capacity. However, the overall net effect was a positive impact on income against Plan for the month.
10. **Income** was above plan in month, high levels of non-elective income was combined with the receipt of additional STF funding.
11. **Operational costs** in March are adverse to plan by £597k and adverse £4,398k for the year. The YTD variance is mainly related to non pay costs.
12. **Pay costs** are £584k higher than budget in Month 12 and £317k adverse for the year. Positive variances on agency and locum costs were offset by higher substantive and bank expenditure. The Trust remained favourably under its agency ceiling for the month and year to date.
13. **Non pay** costs were £12k adverse to plan in month and £4,081k YTD. Higher than planned expenditure has been incurred to support higher than planned activity levels including high costs drugs, one-off costs relating to unbudgeted increases in rates and undelivered budgeted cost savings.

The in-month position has benefitted from the release of a prior year provision against HMRC

14. **Non-operational** costs are £7k negative in month and £365k positive YTD (due to lower than budgeted interest costs).

Further analysis of the costs can be found in Appendix 1 - Statement of Comprehensive Income & Expenditure

COST SAVINGS

15. In Month 12, £2,367k was delivered against an identified plan of £2,658k. For the year £8,998k has been delivered against a budgeted target of £10,500k leaving a variance of £1,502k. The Trust has managed to deliver its control total position despite the shortfall in the transformation programme; this is in part due to £900k of winter pressures funding received in year.

CASH AND CAPITAL

16. The cash balance at the end of March 2018 was £2.5m, which was in line with the plan. The details of the Trust's current loans are shown below. The Trust was notified by DH that the revenue loan, due for repayment in March 2018, is now due for repayment in March 2019. The Trust has drawn down all of its revenue allocation.
17. The **statement of financial position** is set out in Appendix 3. The main movements and variance to plan can be summarised as follows:

- Non-Current Assets are above plan by £1.2m; however this includes the impact of an increase in the revaluation of plant and buildings of £8.1m which has offset the reduction in planned strategic capital.
 - Current assets are above plan by £9.4m. The main variances relate to receivables of £8.9m which includes the £3.6m STF Bonus and Incentive Funding and inventories £0.5m above plan.
 - Current liabilities are below plan by £35.1m. This is being driven by the re-categorisation of part of the DH loan from non-current to current borrowings £31m, trade and other creditors £5.3m above plan offset by deferred income £0.3m and provisions £0.5m
 - Non-Current Liabilities are below plan by £42m. This is due to the re-categorisation of part of the DH loan from non-current to current borrowings £31m, with the remainder relating to the planned loans for strategic capital not received from NHSI and external sources.
 - Taxpayers equity is £17.5m above plan, PDC accounts for £3.0m which relates to DH funding for additional capital schemes. The revaluation reserve is £13.8m above plan, £5.7m relates to the previous year increase in the revaluation reserve not known when the plan was submitted and the 2018/19 increase in revaluation of £8.1m for 2017/18.
18. The Trust has spent a total of £16.8m on capital for 2018/19 of which £4.8m relates to EPR, £1.8m Global Digital Exemplar schemes, £1m Primary Care Streaming, £0.1m Wi-Fi, £3.8m other strategic projects and £5.2m on business as usual schemes.

RISK REGISTER

19. The following items represent the finance risks on the Board Assurance Framework and a brief update of their current position:

a) Continued DH cash funding is insufficient to meet the planned requirements of the organisation.

Funding to cover the planned financial deficit in 2017/18 is subject to approval by DH on a monthly basis. The overall funding risk has reduced for the 2017-18 financial year due to confirmation of the various funding stream noted above but remains a significant risk in the new financial year.

b) The Trust is unable to achieve the required levels of financial efficiency within the Transformation Programme.

The Trust had a challenging target of £10.5m to deliver for the 2017-18 financial year. At month 12 did not meet the full target, but was able to meet its control total through non-recurrent means.

The risk against delivering financial efficiency will continue into 2018/19

c) The Trust is unable to keep to affordable levels of agency (and locum) staffing.

The Trust has an annual agency ceiling of £15.12m in 2017-18 which is in line with the level included in the financial plan. Agency spend was significantly below the ceiling set by NHSI at £11.5m

d) The Trust is unable to access £7.3m of Sustainability & Transformation Funding.

In order to receive the full amount of Sustainability and Transformation funding in 2017-18, the Trust needed to achieve its financial control total (linked to 70% of funding), and meet performance standards in respect of urgent and emergency care (linked to 30% of funding). The targets are measured on a quarterly basis. The Trust met its requirements for quarter 1, 2 and 3 but was unable to meet the performance target for Q4 as noted above. However, this was more than offset by the additional funding earned through the incentive scheme.

e) Main commissioner is unable to pay for the volume of activity undertaken by the Trust.

If the Trust over performs against the contract this places financial pressure on the Trust's commissioners who are more likely to challenge other areas in the contract such as the application of penalties. A significant level of contract challenges has been raised by commissioners in particular with the new (more stringent) process for authorisation of Procedures of Limited Clinical Value (PoLCV) and this represents risk to recoverability.

RECOMMENDATIONS TO THE BOARD

20. The Trust Public Board is asked to note the financial position of the Trust as at 31 March 2018 and the proposed actions and risks therein.

Milton Keynes Hospital NHS Foundation Trust
Statement of Comprehensive Income
For the period ending 31st March 2018

	March 2018			12 months to March 2018			Full year
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INCOME							
Outpatients	3,785	3,382	(403)	42,277	40,147	(2,130)	42,277
Elective admissions	2,638	1,897	(741)	29,654	26,320	(3,334)	29,654
Emergency admissions	4,753	5,745	992	56,021	62,643	6,621	56,021
Emergency adm's marginal rate (MRET)	(112)	(409)	(297)	(1,314)	(3,040)	(1,727)	(1,314)
Readmissions Penalty	(103)	(778)	(675)	(1,208)	(3,353)	(2,145)	(1,208)
A&E	1,207	1,027	(179)	12,919	12,648	(272)	12,919
Maternity	1,921	1,518	(403)	22,825	21,396	(1,430)	22,825
Critical Care & Neonatal	578	537	(41)	6,814	6,122	(692)	6,814
Excess bed days	0	0	0	0	0	0	0
Imaging	375	403	29	4,171	4,314	143	4,171
Direct access Pathology	400	385	(15)	4,801	4,514	(287)	4,801
Non Tariff Drugs (high cost/individual drugs)	1,035	1,264	229	12,190	15,289	3,099	12,190
Other	517	2,536	2,019	5,512	9,078	3,565	5,512
Clinical Income	16,994	17,508	512	194,663	196,077	1,414	194,663
Non-Patient Income	3,267	6,439	3,171	29,891	31,558	1,668	29,891
TOTAL INCOME	20,261	23,946	3,684	224,554	227,635	3,081	224,554
EXPENDITURE							
Total Pay	(13,252)	(13,836)	(584)	(159,120)	(159,437)	(317)	(159,120)
Non Pay	(4,851)	(4,634)	216	(55,435)	(56,417)	(982)	(55,435)
Non Tariff Drugs (high cost/individual drugs)	(1,035)	(1,264)	(229)	(12,190)	(15,289)	(3,099)	(12,190)
Non Pay	(5,886)	(5,898)	(12)	(67,625)	(71,706)	(4,081)	(67,625)
TOTAL EXPENDITURE	(19,138)	(19,734)	(597)	(226,745)	(231,143)	(4,398)	(226,745)
EBITDA*	1,124	4,211	3,087	(2,191)	(3,508)	(1,316)	(2,191)
Depreciation and non-operating costs	(966)	(844)	122	(11,308)	(10,817)	491	(11,308)
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	158	3,367	3,209	(13,499)	(14,326)	(826)	(13,498)
Public Dividends Payable	(137)	(266)	(129)	(1,646)	(1,772)	(126)	(1,646)
OPERATING DEFICIT AFTER DIVIDENDS	21	3,102	3,082	(15,145)	(16,098)	(952)	(15,145)
Adjustments to reach control total							
Deferred Income	(500)	0	500	(4,000)	-75	3,925	(4,000)
Donated Assets Depreciation	50	55	5	595	659	64	595
Control Total Rounding	0	0	0	-17	0	17	-17
Prior Year STF	-281	-281	0	-281	-281	0	-281
CONTROL TOTAL DEFECIT	(710)	2,876	3,587	(18,848)	(15,795)	3,054	(18,848)

* EBITDA = Earnings before Interest, Taxation, Depreciation and Amortisation

Milton Keynes Hospital NHS Foundation Trust
Statement of Cash Flow
As at 31st March 2018

	Unaudited Mth12 2017-18 £000	Mth 11 2017-18 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	(16,106)	(15,772)	(334)
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	(16,106)	(15,772)	(334)
Non-cash income and expense:			
Depreciation and amortisation	9,038	8,335	703
(Gain)/Loss on disposal	(28)	(28)	-
(Increase)/Decrease in Trade and Other Receivables	2	1,074	(1,072)
(Increase)/Decrease in Inventories	(213)	(19)	(194)
Increase/(Decrease) in Trade and Other Payables	566	526	40
Increase/(Decrease) in Other Liabilities	12	325	(313)
Increase/(Decrease) in Provisions	(1,458)	(1,178)	(280)
Other movements in operating cash flows	2	(2)	4
NET CASH GENERATED FROM OPERATIONS	(8,185)	(6,739)	(1,446)
Cash flows from investing activities			
Interest received	19	16	3
Purchase of Property, Plant and Equipment, Intangibles	(15,085)	(8,570)	(6,515)
Net cash generated (used in) investing activities	(15,066)	(8,554)	(6,512)
Cash flows from financing activities			
Public dividend capital received	2,997	995	2,002
Loans received from Department of Health	23,625	18,825	4,800
Loans repaid to Department of Health	(954)	(859)	(95)
Capital element of finance lease rental payments	(309)	(146)	(163)
Interest paid	(1,449)	(1,326)	(123)
Interest element of finance lease	(322)	(301)	(21)
PDC Dividend paid	(1,735)	(913)	(822)
Net cash generated from/(used in) financing activities	21,853	16,275	5,579
Increase/(decrease) in cash and cash equivalents	(1,398)	982	(2,380)
Opening Cash and Cash equivalents	3,906	3,906	
Cash and Cash equivalents at start of period for new FTs			
Cash and Cash equivalents changes due to transfers by absorption			
Closing Cash and Cash equivalents	2,508	4,888	(2,380)

Milton Keynes Hospital NHS Foundation Trust
Statement of Financial Position as at 31st March 2018

	Audited Mar-17	Mar-18 FY17 Plan	Mar-18 FY17 Actual (Unaudited)	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	160.4	169.8	172.3	2.5	11.9	7.4%
Intangible Assets	5.7	11.0	9.5	(1.5)	3.8	66.0%
Other Assets	0.3	0.3	0.4	0.1	0.1	47.3%
Total Non Current Assets	166.4	181.1	182.2	1.1	15.8	9.5%
Assets Current						
Inventory	3.0	2.8	3.3	0.5	0.3	8.4%
NHS Receivables	16.6	12.8	13.3	0.5	(3.3)	(19.9%)
Other Receivables	3.2	1.5	6.4	4.9	3.2	100.8%
Cash	3.9	2.5	2.5	0.0	(1.4)	-35.8%
Total Current Assets	26.7	19.6	25.5	5.9	(1.2)	-4.6%
Liabilities Current						
Interest-bearing borrowings	(32.3)	(1.8)	(32.4)	(30.6)	(0.1)	0.3%
Deferred Income	(1.6)	(1.9)	(1.6)	0.3	0.0	(1.5%)
Provisions	(3.1)	(1.9)	(1.4)	0.5	1.7	-54.6%
Trade & other Creditors (incl NHS)	(26.2)	(23.0)	(28.2)	(5.2)	(2.0)	7.7%
Total Current Liabilities	(63.2)	(28.6)	(63.6)	(35.0)	(0.4)	0.7%
Net current assets	(36.5)	(9.0)	(38.2)	(29.2)	(1.6)	4.5%
Liabilities Non-Current						
Long-term Interest bearing borrowings	(61.1)	(125.9)	(83.6)	42.3	(22.5)	36.9%
Provisions for liabilities and charges	(0.9)	(0.8)	(1.1)	(0.3)	(0.2)	23.0%
Total non-current liabilities	(62.0)	(126.7)	(84.7)	42.0	(22.7)	36.7%
Total Assets Employed	67.9	45.4	59.4	14.0	(8.5)	(12.6%)
Taxpayers Equity						
Public Dividend Capital (PDC)	96.1	96.2	99.1	2.9	3.0	3.1%
Revaluation Reserve	70.6	64.9	78.7	13.8	8.0	11.4%
I&E Reserve	(98.8)	(115.7)	(118.4)	(2.7)	(19.6)	19.8%
Total Taxpayers Equity	67.9	45.4	59.4	14.0	(8.5)	(12.6%)

MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST ANNUAL GENERAL PUBLIC AND MEMBERS MEETING

Minutes of the Annual General Public and Members' Meeting of the Milton Keynes University Hospital NHS Foundation Trust held on Wednesday 27 September 2017 at 6.30pm at Walton High, Fyfield Barrow, Milton Keynes MK7 7WH

Present:

ACTING CHAIRMAN:

Simon Lloyd (SL)

CHIEF EXECUTIVE:

Professor Joe Harrison (JH)

NON-EXECUTIVE DIRECTORS:

Andrew Blakeman (AB) - Chair of the Quality and Clinical Risk Committee
Mr Robert Green (BG) - Chair of the Audit Committee

EXECUTIVE DIRECTORS:

Mr John Blakesley (JB) - Deputy Chief Executive
Kate Burke (KB) - Director of Corporate Affairs
Ms Ogechi Emeadi (OE) - Director of Workforce
Mr Mike Keech (MK) - Director of Finance
Ms Lisa Knight (LK) - Director of Patient Care and Chief Nurse
Ian Reckless (IR) - Medical Director

Also in attendance

Public Governor Mr Douglas Campbell OBE
Public Governor Mr Alan Hastings
Public Governor Mr Alan Hancock
Public Governor Mr Robert Johnson Taylor
Public Governor Peter Skingley
Public Governor Liz Wogan
Staff Governor Lesley Sutton
Appointed Governor Andrew Buckley
Appointed Governor Maxine Taffetani
Appointed Governor Clare Walton
Appointed Governor Jill Wilkinson

Prior to the start of the meeting, refreshments were provided for guests together with the opportunity to be entertained by the 'Beyond the C' choir from the hospitals Macmillan unit for patients who have been affected by Cancer. Also there was the opportunity to browse among the eight local organisation and community group exhibitor stands who were showcasing their work and achievements.

There were 90+ members of the public present with at least one member present from every constituency

1	WELCOME AND INTRODUCTION
	<p>The Acting Chairman in extending a warm welcome to everyone also thanking those present for taking the time to come to the 2017 Annual Public and Members meeting to hear about how the hospital performed during the last financial year.</p> <p>The Acting Chairman conveyed a big thank you to all of those involved in the Hospitals Macmillan 'Beyond the C' choir which is made up of patients and families who have been affected by Cancer and who had entertained the guests in the foyer prior to the meeting.</p> <p>The Acting Chairman talked about the friendliness and warmth he had received in welcoming him to his new role as the Acting Chairman following the very sad death of our late Chair Baroness Margaret Wall of New Barnet who sadly passed away in January 2017.</p> <p>The Acting Chairman went on to say that Margaret was an excellent Chair, a passionate supporter of the NHS, a fierce advocate for patients and a warm generous effervescent personality known and loved throughout the hospital and I count myself as very fortunate to have had the pleasure of working alongside Margaret after joining the Trust as a Non- Executive Director in 2015.</p> <p>The Acting Chairman reported on the hospital's amazing year and the vast amount of changes being made to improve facilities for both staff and patients. In February ward 24 was opened, our brand new surgical ward which has allowed us to increase and improve our capacity to deal with planned medical procedures. In May we completed construction of the new main entrance located opposite the multi storey car park.</p> <p>Also the past year had seen the trust upgraded to a rating of "good" by the Care Quality Commission which is excellent progress. These achievements will be further highlighted by others presenting this evening.</p> <p>The Chairman concluded by saying that it had been a pleasure working alongside such a dedicated and passionate workforce, who he believed will continue to make an outstanding contribution to the hospital in the years to come. The Board of Directors were then invited to individually introduce themselves to those in attendance at the meeting.</p>
2	Apologies for absence
2.1	Apologies for absence were received on behalf of Non-Executive Directors Parmjit Dhanda, David Moore and Tony Nolan, Executive Director Caroline Hutton and Governors John Ekpa Phil Gerrella, Clare Hill, Carolyn Peirson and Sid Purkayastha.
2.2	Minutes of the Annual General Public and Members Meeting held on the 16 September 2016
	<p>The Acting Chairman presented the draft minutes of the Annual General Public and Members' meeting held on the 14 September 2016.</p> <p><u>Resolved:</u> That the draft minutes of the Annual General Public and Members' meeting held on the 14 September 2016 be accepted as a correct record.</p>
3.	Governance Update

a	<p>Appointments to the Board of Directors and the Council of Governors since the Annual Members' Meeting held in 2017</p> <p>The Acting Chairman informed the meeting of the following formal appointments during the 2016/17 financial year:-</p> <p>Board of Directors Non Executive Director Jean Jacques De Gorter left the Trust Board of Directors in February 2017 and Parmjit Dhanda was appointed as a Non Executive Director from 1st March 2017. In February 2017, Bob Green was reappointed as a Non Executive Director for a further two year term.</p> <p>In recognising JJ DeGorter' s contribution to the Trust Board, The Acting Chairman mentioned particularly JJ's role as Chair of the Quality and Clinical Risk Committee.</p> <p>Council of Governors During the course of the year the trust had seen Governors leave their positions and new Governors were also welcomed:-</p> <p>Three of our Public Governors, Lesley Bell, Brian Hobbs and Chris Phillips had left their positions during the year and the Acting Chairman conveyed a sincere thank you, for their dedicated commitment and input to the work of the council.</p> <p>During the year we welcomed:-</p> <p>In May 2016, Partnership Governor Rohit Shah from Milton Keynes Business Leaders and Milton Keynes Appointed Governor Andrew Buckley in August 2016.</p> <p>Public Governors Peter Skingley and Paul Griffiths along with Staff Governors Kim Weston and Mark Lombardo joined in September 2016.</p> <p>In March 2017, Staff Governor John Ekpa, along with Public Governors Philip Gerrella, Robert Johnson-Taylor, Sid Purkayastha and Clare Hill.</p> <p><u>Resolved:</u> That the Appointments to the Board of Directors and the Council of Governors since the Annual Members' Meeting held in 2016 be received and accepted.</p>
b	<p>Changes to the Trust's Constitution</p> <p>The Director of Corporate Affairs informed the meeting of the Trust Constitution amendments:-</p> <p>A number of developments, including the Trust's relationship with the University of Buckingham has made it necessary to make some amendments to the Constitution. The changes have taken account of comments received from Governors as well as legal advice. Following consideration of the proposed changes at the Council of Governors meeting 16th May the Governors supported changes to the Trusts Constitution and recommended the changes to the Trust Board of Directors. This was agreed by the Trust's Board of Directors on the 12 July 2017.</p> <p>The details and description of the amendments had been included in the meeting papers to everyone in attendance</p> <p><u>Resolved:</u> That the amendments to the constitution were formally approved.</p>

4	Review of 2016/17 (Annual Report)
	<p>The Chief Executive presented the Annual Review and Quality Accounts of 2016/17 and reported on the trusts vision, strategy and objectives.</p> <p>The following was highlighted:-</p> <p>Serving the people of Milton Keynes in 2016/17</p> <ul style="list-style-type: none"> • Urgent and emergency care saw 86,744 patients over the 12 months, which was a 3% increase on the previous year. • 32,293 patients were admitted as an emergency • Over 358,000 outpatients were seen – an 11% increase from the previous year. • 25,480 patients were treated as elective admissions, 10% more than 2015/16 • 3,810 babies were delivered, 5% less than the previous year. • There was a 6% growth in overall activity and 3% increase in critical care. • Despite this, our A & E was in the top quartile of emergency departments in the country for meeting the four-hour wait target (92.1%). • We achieved the national standard for consultant-led Referral to treatment (RTT) Waiting Times for five consecutive months. <p>Research and Development</p> <ul style="list-style-type: none"> • The Trust has recruited 3,187 patients to participate in our research projects • The Trust was awarded commercial studies in cancer, cardiology and diabetes. • The Trust is fast becoming an organisation recognised by industry, forging relationships with commercial partners wanting to perform quality research. <p>News and Developments in 2016/17</p> <ul style="list-style-type: none"> • The rating by the Care Quality Commission in 2016 was GOOD • Areas of outstanding practice noted by the CQC were:- <ul style="list-style-type: none"> ○ The medical care service had a proactive elderly care team that assessed all patients aged over 75 years old. This team planned for their discharge and made arrangements with the local authority for any ongoing care needs. ○ The medical care service ran a ‘dementia café’ to provide emotional support to patients living with dementia and their relatives. ○ Ward 2 had piloted a dedicated bereavement box that contained appropriate equipment, soft lighting, and bed furnishings to provide a ‘homely’ environment for those patients requiring end of life care. • To increase and improve planned surgical activity the new 20 bed Ward, Ward 24 opened in February 2017. • The additional space meant that we could reconfigure wards to better align patient flow through the hospital. • In conjunction with the University of Buckingham work had started on the new academic centre that will open in January 2018 and provide state of the art educational facilities. • In 2016, NHS England introduced the Sustainability and Transformation Partnership (STP) as a new approach for health and social care providers to help ensure that services are planned by place rather than individual organisations. • Our footprint, the Bedfordshire, Luton and Milton Keynes (BLML) Sustainability and Transformation Partnership (STP) encompasses 16 organisations, three hospitals, four local authorities, three Clinical Commissioning Groups and mental and health and community

	<p>providers.</p> <ul style="list-style-type: none"> Our hospital has been collaborating with all partners and colleagues from across the Trust have been leading on pieces of work for the STP.
6	<p>Financial Review of 2016/17 (Annual Accounts)</p> <p>The Director of Finance presented the financial review of 2016-17 and the following was highlighted:-</p> <p>Financial Headlines and Performance</p> <ul style="list-style-type: none"> The Trust delivered a deficit of £21.1m for the year ending 31 March 2017, which was £4.5m better than the annual plan. This was a significant (10.7m) improvement on the previous year. £23.7m (12%) increase in income due to increased activity and receipt of the Sustainability and Transformation Funding. £13.3m (6%) increase in costs, including £8.8m relating to staff costs. 22% reduction in agency spend compared to prior year (£23m vs £18m). Savings target of £11.9m was delivered in full. <p>Investing in the Future</p> <p>Charitable Funds</p> <ul style="list-style-type: none"> £270,893 in charitable funds was raised from individuals, companies, schools and events in 2016-17 to fund new equipment and enhancements. A generous grant from the Morrison's Foundation of £48,500 funded the creation and installation of bespoke artwork on the children's wards. This donation also enabled the charity to meet its target for the Leo's appeal. <p>Outlook for 2017-18</p> <ul style="list-style-type: none"> The capital programme for 2017-18 comprises £8m 'business as usual' investment as well as continued investment in strategic areas such as eCARE and the development of the Trust's new cancer centre. The national picture looks to continue to be extremely challenging for 2017-18, with continued emphasis on delivering financial improvements whilst meeting targets for A & E and cancer waiting times. The Trust has a planned deficit of £15.4m for 2017/18 which represents an improvement of £6m on 2016/17. If delivered, the planned deficit will allow the Trust to meet the 'control total' set by NHS Improvement. The savings plan remains ambitious in 2017/18 with a target of £10.5m.
7.	<p>Looking Forward</p> <p>Improving our Estate</p> <ul style="list-style-type: none"> The new main entrance was opened in May 2017 and there has been very positive feedback received from patient, staff and visitors. Enabling works have started on a new multi-storey car park which will give the hospital 100+ extra parking spaces. Plans are well advanced to build a chemotherapy, out-patient and in-patient unit Cancer

	<p>Centre.</p> <ul style="list-style-type: none"> From 1 October 2017, in conjunction with Stoptober, the hospital site will become entirely smoke-free. An awareness campaign, focussed on giving smoking the red card will be launched with revamped signage and information posters. All forms of smoking-tobacco, e-cigarettes and vaping will no longer be allowed. <p>A digital future – the electronic patient record</p> <ul style="list-style-type: none"> In March 2017 the EPR branding was launched, with the new system name of eCARE:- <ul style="list-style-type: none"> In September 2017 the eCARE team completes build and the new system moves to the testing phase. October 2017, recruitment of eCARE super users commences January 2018, staff training is scheduled to start Spring 2018 eCARE scheduled to go live <p>Staff Engagement In May 2017, the ever internal engagement event for staff and volunteers, called the Event in the Tent was held.</p> <ul style="list-style-type: none"> It created a platform for sharing ideas and meeting other teams. Sessions were designed to inspire, support and improve learning in our aim of becoming an outstanding organisation. Across the three days of the event, over 1000 staff came through the doors to the marquee to get involved in workshops, presentations and even fitness classes. <p>Developing our Strategy</p> <p>The Chief Executive concluded by saying that a commitment is shared with the health and care partners in Milton Keynes to jointly improve the services we provide for the residents. Working as part of the BLMK, (Bedford, Luton and Milton Keynes) STP is helping us to do this even more.</p>
8.	<p>The Council of Governors Year 2016/17</p> <p>The Lead Governor Lesley Sutton gave a presentation and highlighted the following:-</p> <p>Our Governors'</p> <ul style="list-style-type: none"> We consist of 29 Governors' in total, comprising of 15 public Governors who represent constituencies across Milton Keynes and the surrounding areas, who are all voted upon by the members, many of who are here tonight, there are seven staff governors and seven appointed governors from local organisations. Elections were held for both public and staff governors in 2016/17 <p>The Council of Governors has a number of Statutory Duties required by law including</p> <ul style="list-style-type: none"> Represent the interests of patients, members of the Trust as a whole and the public in general Hold Non-Executive Directors to account for the performance of the Board Appoint and if appropriate, remove t non-executive directors <p>As Governors we must:-</p> <ul style="list-style-type: none"> Be independent of the Board of Directors Represent the interests of patients, members and the people of Milton Keynes

	<ul style="list-style-type: none"> • Promote membership and engagement of the Trust and the public • Enabling patients and the public to have a say in the future development of the hospital. • As elected, we are your voice within the structure of the hospital and are accountable to you, the members and the public. <p>Activities 2016 -2017</p> <ul style="list-style-type: none"> • The Council formally met 6 times plus the Annual Members' Meeting • During the financial year there was one new Non- Executive Director appointed and one re- appointed. • 11 new Governors were appointed and welcomed to the Council. • Monitored Trust-wide governance issues on an on-going basis and received a wide range of reports including Finance and Performance with the opportunity to provide scrutiny and challenge. • The Council of Governors also received and approved formal reports including the Annual Report and Accounts and fulfilled its duties in relation to External Audit • In May an event for members which was well attended, was held about the joint medical school venture with the University of Buckingham. • New for 2017, was the Lead Governor rotation. This was to give more governors the opportunity to take on the lead governor role and to use and develop their skills, knowledge and expertise. • Governors participated in the 15 steps challenge • Governors took part in PLACE (Patient Led Assessment of the Care Environment) <p>Membership</p> <ul style="list-style-type: none"> • Public membership was, 5673 at the end of the year. In 2016/17 The Membership and Engagement Strategy was adopted to develop and extend The Trust's membership and encourage members to get more involved. • Activities have taken place to inform, involve and recruit new members such as:- <ul style="list-style-type: none"> ○ Membership promotion at local public events, for example Health and Care Event, Middleton Hall. ○ Healthwatch Milton Keynes AGM ○ MK Playday a free day for children held in Campbell Park ○ Production of our 3rd members newsletter <p>Future activities include</p> <ul style="list-style-type: none"> • More meet the members' events • Local community recruitment campaigns • More Opportunities for members to share their ideas in planning new systems that will assist patients.
8.	Questions
	<p>The Chief Executive invited questions from the audience.</p> <p>In relation to waiting time targets. The Chief Executive reported that 92% of patients were now being seen within 18 weeks.</p> <p>In relation to staff recruitment The Director of Patient Care and Chief Nurse reported that since the start of the work focussing on recruitment, that there was a full complement of student applications for the two universities</p>

	<p>affiliated to the Trust. And a change of demographics had been seen with 96% of applications from school leavers.</p> <p>In relation to the eCARE system The Chief Executive stated that the digital future and the electronic patient record is a huge step forward, it will transform the way we work. It will help staff to treat patients more effectively, by providing up to date information and will enable them to deliver safer and more efficient care.</p> <p>In relation to Research and Development at the Trust. The Chief Executive reported that research and development at the trust continues to strengthen, resulting in 3 awards in the Thames Valley area.</p>
9.	<p>Close</p> <p>In bringing the meeting to a close The Chief Executive took the opportunity to convey a personal thank you:-</p> <ul style="list-style-type: none"> • To those who Volunteer for the trust, • To those who support the Charity, • To the community that we serve • And to the staff who strive to provide good, safe care every day for every patient. <p>The Chief Executive thanked everyone for attending the meeting and declared the meeting closed.</p> <p>The meeting ended at 19.54pm</p>

Carol Duffy
Governor and Membership Manager
19 October 2017

Meeting title	Council of Governors	Date: 16 May 2017
Report title:	Constitution Clarification	Agenda item: 7.5
Lead director	Name: Simon Lloyd	Title: Chairman
Report author	Name: Carol Duffy and Adewale Kadiri	Title: Company Secretary
FoI status:	Public Document	

Report summary	The Constitution of Milton Keynes University Hospital NHS Foundation Trust (the Trust) is key to enabling the Trust to comply with its obligations as a Foundation Trust and to maintaining good corporate governance. It helps to define the respective remits of the Board of Directors and the Council of Governors, and the relationship between them. It is therefore important that this document remains relevant and fit for purpose, and reflects current best practice.			
Purpose <i>(tick one box only)</i>	Information	Approval <input checked="" type="checkbox"/>	To note	Decision
Recommendation	That the proposed amendments to the Trust Constitution be approved			

Strategic objectives links	Objective 7. To become well-governed and financially viable			
Board Assurance Framework links				
CQC regulations				
Identified risks and risk management actions	<div style="display: flex; justify-content: space-around; align-items: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>			
Resource implications				
Legal implications				

including

equality and
diversity
assessment

Report history	
Next steps	
Appendices	Appendix 1: Track changed version of the Trust Constitution

1. Background

Governors will recall that the Trust Constitution was previously amended in May 2017 to address a number of developments within the Trust's governance arrangements. One of those amendments was to paragraph 14 on the tenure for elected governors.

2. Clarification

Paragraph 14.4 states that "an elected governors shall not hold office for more than six consecutive years...". It is proposed, in order to bring about further clarity to this provision, that it be modified to the effect that governors may serve a total of six years. This will bring elected governors' tenures in line with what is expected for non-executive directors and governance best practice.

It is also proposed that the current paragraph 6 of Annex 5 to the Constitution, which sets out the tenure for appointed governors, be similarly clarified to allow for a maximum of six years, and that this provision be moved to the main body of the document to become part of paragraph 14. Again, the purpose of this clarification is to bring about consistency of tenure between elected and appointed governors.

Paragraph 14.4 (page 8)

It is recommended that for clarification purposes it should read '*An elected Governor shall hold office for a maximum of six years, and shall not be eligible for re-election if his re-election would result in him holding office for more than six years*'.

This change is consistent with the relevant provisions of Schedule 7 to the NHS Act 2006

Paragraph 6.3 (page 64)

It is recommended that amendment is to read '*may hold office for a maximum of six years, and shall not be eligible for re-appointment if his re-appointment would result in him holding office for more than six years*'.

Recommendation

It is recommended that these clarifications to the Constitution are now ratified by the Council of Governors.

Council of Governors Work Programme 2018

Reports	23 Jan 2018	20 Mar	22 May	17 July	11 Sep	13 Nov
Performance Report	Due	Due	Due	Due	Due	Due
Assurance reports from Committees	Due	Due	Due	Due	Due	Due
THEMED PRESENTATIONS						
Themed Presentations	Due	Due	Due	Due	Due	Due
Governors Patient Story				Due		
Cyber Care				Due		
Healthwatch Presentation	Due			Due		
Well Led Framework Update						
Breast Clinic						
Cancer Centre Appeal Update			Due		Due	
Patient Experience			Due			
GOVERNANCE						
Annual Report				Final		
Quality Account	Local Indicator	Quality Improvement priorities	Draft report	Final Report		
Annual Plan Timetable	Due	Due	Final Report			
Annual Members Meeting				Due		
Patient Experience report						

Estates	Due	Due	Due	Due	Due	Due
STP Update	Due	Due	Due	Due	Due	Due
In patient Survey				Due		
Staff Survey				Due		
Dates of Meetings 2018						Due
PLACE Survey report					Due	
Lead Governor			Due			