Agenda item

Milton Keynes Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 62nd meeting of the Milton Keynes Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 7th January 2015 at 11.00 am, in room 6 Postgraduate Centre, Milton Keynes Hospital

CHAIRMAN:
B

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of Workforce Committee
- Chair of Finance & Investment Committee
- Non Executive Director

- Deputy Chief Executive
- Director of Corporate Affairs
- Director of Workforce
- Director of Service Development
- Director of Clinical Services
- Director of Patient Care and Chief Nurse
- Medical Director

- Deputy Finance Director
- Deputy Trust Secretary
- Trust Secretary

- Divisional Director Women and Children

There were 3 Governors and 1 representative from the CCG in attendance

1.1	**Apologies for Absence**
	Apologies for absence were received from
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 12th November 2014.**
	The draft minutes of the meeting held in public on the 12th November 2014, were presented. **<u>Resolved:</u> That subject to the title of be corrected to read Director of Patient Care and Chief Nurse, that the draft minutes of the meeting held on the 12th November 2014 be agreed as a correct record of the meeting.**
1.4	**Matters arising** **Action 257: Nursing Staffing Review** Complete and incorporated within the report reported of agenda item 3.5. This item was now closing. **Action 269: Dr Appraisal and Revalidation** Differentials for referrals had been circulated to the Workforce Committee. This item was now closing. **Action 270: M5 Finance Report** This item was being taken forward by the Finance and Investment Committee. **Action 272: BAF** The timetable of reports had been circulated to the Board. This item was now closing. **Action 273: Patient Story** Patient story by DVD was being arranged for the March 2015 Board Meeting**.** **Action 274: Delivering Excellence in Maternity** This was covered under agenda item 3.2. This item was now closing. **Action 275: Quality and Clinical Risk Report** **'**I want great care' reports were included within the patient experience report. This item was now closing. **Action 276: M6 Finance Report** Funding had been received. This item was now closing. **Action 277: BAF Summary** Risk Appetite was an agenda item for the February 2015 Board Strategy Day. This item was now closing.

	Action 278: Charitable Funds Committee Report A further report on the insurance for the Charity Trustees was to be submitted to the Charitable Funds Committee. **Action 279: Terms of reference** A report relating to the terms of reference in light of the FSMA guidance was being reported to the March Audit Committee. **<u>Resolved:</u> That the action log as updated at the meeting be received and accepted.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 18th November 2014**
	The draft minutes of the Council of Governors meeting held in public on the 18th November 2014, were presented. **<u>Resolved:</u> That the draft minutes of the Council of Governors meeting held on the 18th November 2014 be received.**
2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman presented her report and in addition commented on the stresses of Accident and Emergency Departments nationally. The Chairman acknowledged and thanked all of the staff at Milton Keynes Hospital for their continued hard work and commitment in managing the organisation through a difficult and stressful time. **<u>Resolved</u>: That the Chairman's Report be received**
2.2	**Chief Executive Report**
	JH reported on the following:- **1. Staff Awards** JH thanked everyone who was involved in the Staff Wards event that was held in December 2014. The event was deemed a great success and it was anticipated that a similar event would be planned for 2015. **2. Medical School** Today was the first day on site for the Buckingham University Medical Students and to mark the occasion the BBC were carrying out interviews with MW and key staff**.** **3. Bedfordshire and Milton Keynes Healthcare Review** JH reported that the Trusts strategic goals and direction with pursuance of education and research would continue, despite feedback from conversations with Monitor, the CCG and other partners that there would not be a public consultation before the general election on the healthcare review and that the likely timescale for the outcome of the review stretching to the 2016 Financial Year.

	DM stated his frustration that a conclusion could not be made sooner and further reminded that the community had been involved in two local healthcare reviews since 2011. In response to a question from FB, JH stated that the Executive Team were clear that patient safety and the trust's strategic intentions including the Medical School would not be compromised; the 5 year capital plan was in process for submission to Monitor by the deadline in January 2015. In response to a question from TN, JH stated that given the extension of the timeframe of the Healthcare review, the financial plans would be required to be reviewed to understand the implications of the delay. In response to a question from DM, JH reported that although there was still some fragility there had been significant investment in clinical viability over the last two years with an increase of consultants and nursing. **4. Accident and Emergency** JH emphasised further the pressure that the Trust was experiencing would be reflected in the performance indicators. For example the number of deaths had increased by 10% in comparison to previous years however this was due to the acuity of patients being admitted. Work with the community was still ongoing with delayed transfers of care to ensure occupancy of acute patients. JH concluded by adding that it was due to the operations team and good planning management that the requirement for a major incident had not been required so far. **Resolved: That the Chief Executive's report be received.**
3.1	**Patient Story**
	MWa introduced the patient story by re-affirming the Trusts commitment to receiving regular patient experience feedback to the Board meetings. LK read a compliment letter that had been received by the Chief Executive in November 2014 from a patient. The letter provided unbiased and unsolicited comments on the patient's experience of their recent stay of one week in Milton Keynes Hospital. An excerpt of the letter follows:- 'I should say from the rapid arrival of your ambulance staff to moment of my discharge, the experience was entirely positive. As with previous stays in patient hospital stays, I found your medical/surgical staff to be excellent, the explained clearly what they were going to do and reported punctually on what they had discovered as a result. At all times I felt well informed and reassured about what was happening to me and I was kept comfortable through regular checks on my pain levels. However, it was particularly in the area of nursing, that I experienced amazing care.

	Nothing was ever too much trouble for your staff, they tackled a very busy schedule with good cheer and tried to promote a positive atmosphere with all the patients. Some of these were clearly in a very poor state of health and I questioned in my mind how long they had to live. Despite this staff expended a good energy trying to make them as comfortable as possible and took great care to hand feed some of them where necessary.' The letter also highlighted the following • A member of staff who was mentioned as an exemplar of what a Ward Manager should be. By being involved in every task going, maintaining high morale with staff and patients and nurturing particularly student nurses. • Food, although there was not always much choice, it was always wholesome, hot where appropriate particularly the delightful soups and certainly of good quality. • The Staff also remembered to revisit after 'nil by mouth' until a particular procedure had been done ensuring meals were not missed. • A particular mention was stated with regard to the notices and signs around the hospital promoting good practice and indicating to patient's quality expectation standards, which also served to remind staff of these expectations. The letter concluded by giving sincere thanks to the staff and the Board for a service which was being discharged to very high standards. **<u>Resolved:</u> That the Patient Story be received.**
3.2	**Delivering Excellence in Maternity**
	JH stated that in line with the Trust's commitment to transparency it was publishing the main body anonymised and excluding clinical information of Professor Timothy Draycott's independent external review into five perinatal deaths. The review had identified poor or substandard care in all of the five cases and on behalf of himself as Chief Executive, the Medical Director and the Trust Board, offered sincere apologies to the families where sub optimal care had been received. In two of the five cases, Professor Draycott has concluded that better care would very likely have led to a different outcome. The Trust had and continued to keep in contact with the families involved in the review and fully informed according to their individual wishes. The families had all received a full copy of the report, including the detailed review of their individual care and the Trust had offered unreserved apology to each family for the substandard care identified. In response to a question from TN, JH stated that the Maternity Improvement Board monitored the action plan that included all of the recommendations from Professor Draycott's report and with CCG, CQC and Monitor representation on the Maternity Improvement Board external stakeholder validation was ensured. The action plan would be circulated to the trust Board and the Maternity Improvement Board reports would continue to be received by the trust Board. **Action 280:** EN provided assurance that all of the recommendations in the Draycott report were

	included in the CSU work plan. EN further reported that based on the Office for National Statistics in January 2014 – the latest available) the perinatal mortality rate for England and Wales was 7.0/1000 births with a regional range from 5.5 to 8.5/1000 births. The hospital's perinatal mortality rate has been within the accepted range nationally for the last 5 years. In 2013 the hospital saw an increase in its perinatal mortality rate to 7.9/1000, leading to the reviews described above. Over the first two quarters of 2014-5 the perinatal mortality rate in Milton Keynes Hospital has been just over 3/1000, and was therefore within the expected range for a medium-sized district general hospital with 3,000 to 4,000 births per year. **Resolved: That the board formally received and approved the full acceptance of Professor Draycott's report and all of the recommendations therein.** **EN left the meeting**
3.3	**Surgery Review Update**
	KB reported that due to the legal process the Surgery review update would be given at the March meeting. **Action 281:** **Resolved: That the Surgery Review Update be received.**
3.4	**Serious Incident Report**
	MW presented the Serious Incident report and stated that improvements were being made to provide further information such as where the incident occurred without confidentiality being breached. It was expected that this would be included within the next report. MW referred the Board to the assurance process whereby the CCG reviews all SI reports, RCA's and evidence provided against actions. There have been improvements in the process and this was recognised in the reduction of breaches. In response to a question from DM with regard to pressure ulcers, MW stated that everything was being done to prevent pressure ulcers and it was taken very seriously by the Serious Incident Review Group which now met weekly to review Serious Incidents and RCA. LK reported that the metrics were actually showing green and it was primarily heal sores that were increasing and specific training was being undertaken to address this. In response to a question from FB, MW clarified the sentence on page 4 referred to the issue that when investigated an SI may have reduced harm level than originally declared. **Resolved: That the Serious Incident Report be received.**
3.5	**Nursing Staffing Update**
	LK presented the Nursing Staffing report and highlighted the following:-

	• All HCA vacancies had very recently, now been filled • Recruitment overseas was likely as there were currently 90 registered nurse vacancies and companies were being explored to assist in this process. • Appendix C showed the results of the NICE safer nursing care tool establishment review that would be undertaken again in February. In response to a question from DM, LK explained that the areas where the results of the NICE tool saw the widest difference were assessment areas. However, the assessment tool had not been validated for assessment areas, so will be excluded from future reports. **Resolved: That the Nursing Staffing Update be received.**
3.6	**Infection Prevention and Control Annual Report**
	LK presented the retrospective 2013-14 Infection Prevention and Control Annual Report. JH asked whether there was concern regarding the infection rates and how the trust performs against trusts nationally. LK clarified the that there had been no deaths attributed to CDif and there was no evidence of transmission. An external review was commissioned by Health Protection England which concluded that the management processes for CDif were robust in the trust. The trust CDif performance was slightly high compared with trust' nationally. **Resolved: 1. That the Infection Prevention and Control Annual Report be received.** **2. That the Director of Patient Care to continue to take actions to meet the CDif target.**
3.7	**Q2 Nursing Metrics**
	LK presented the Q2 Metrics Update and highlighted the following:- • Overall the Q2 Nursing Metrics had slightly improved position. • Work was being undertaken on the individual wards with the largest vacancies, with direct correlation of staffing this should improve as ward sisters were now in place. • Every Healthcare Assistant was being trained in the skills lab on clinical observations. In response to a question from FB, LK reported that whilst fluid balance was a national problem. LK stated that the pain control metrics had not improved as anticipated and this was being analysed to identify actions to improve the indicator. **Resolved: That the Q2 Nursing Metrics be received.**
3.8	**Q2 Dementia Carer's Audit**
	LK presented the Dementia Carers Audit and reported that there had been an increase to 20 completed questionnaires for Quarter 2. LK suggested that further reports be received on a six monthly basis because although the information would still be collected it was not expected to be a CQUIN for next year and the format maybe altered. In response to a question from MWa, LK reported that the audit was not mandated by

	the CQC. In response to a question from DM, LK confirmed that different carers were selected each quarter. In response to a question from MWa, LK reported that there was a lot of work being undertaken on Dementia Care and regular meaningful reports could be reported to the Quality and Clinical Risk Committee. **Resolved: That regular Dementia Carers reports continue to be received by the Quality and Clinical Risk Committee.** **Action 282:**
3.9	**Learning Compact Framework**
	KB presented the Learning Compact Framework that sets out the cultural and commitment statement made by staff and by the Board to report and learn from incidents. In response to a question from TN, KB stated that further explanation specifically on the process for how staff can be made aware of Serious Incidents and how they can learn from them could be included **Action 283:** **Resolved: That subject to amendments with regard to the comments received, that the Learning Compact Framework be approved.**
3.10	**Quality and Clinical Risk Committee Report**
	The report from the Quality and Clinical Risk Committee was presented. **Resolved: That the Quality and Clinical Risk Committee Report be received and accepted**.
4	**Performance and Finance**
4.1	**M8 Performance Report**
	JB provided the M8 performance report and highlighted the following:- • Great progress had been made against the RTT standards • Improvement in monthly performance to 83 with regard to RTT number of admitted patients waiting 18 weeks. • Statutory mandatory training was back on track achieving YTD target. • Patient Experience Indicators however were showing mostly red. **Resolved: That the M8 Performance Report be received.**
4.2	**M8 Finance Report**
	SA presented the M8 Finance Report and highlighted the following:- • There had been slight improvement against the plan • Elective activity were below plan in volume but above plan in value, due to fewer low value procedures being offset by high value procedures in general surgery. • Agency staffing was a risk and a weekly agency staffing focus group was being

	established. • The capital programme for 2014/15 reduced by £1M from £14M to £13M due to the Electronic Patient Record. • The CCG had released resilience monies in December. **<u>Resolved</u> That the M8 Finance Report be received.**
4.3	**Finance and Investment Committee Report**
	DM presented the report from the Finance and Investment Committee and highlighted the following from the meetings held in November and December 2014:- • Planning for 2015/16 • Monitor Undertakings required additional committee meetings in January and February • Focus for the transformation programme was for a long term view • Forecast savings from transformation was £8.25m against a target of £8.4m • Concern was expressed regarding the agency spend in November. • Year end forecast was £24.9m • Concern was expressed that CQUIN delivery reported in December was 57% and the trust was missing a £1m opportunity. The need to consider ability to deliver when negotiating local CQUINS. • The Board was recommended to approve including technology in the terms of reference for the Finance and Investment Committee. **<u>Resolved: 1.</u> That the Finance and Investment Committee Report be received.** **2. That technology be added to the responsibilities of the Finance and Investment Committee and the terms of reference be amended accordingly.** **Action 284:**
5	**Assurance**
5.1	**Information Governance Annual Report**
	The Information Governance toolkit Annual Report was presented and highlighted level 2 compliance. KB stated that there were robust processes in place to report any data governance breaches and the assessment against the IG toolkit was sound. **<u>Resolved:</u> That the Information Governance Toolkit Annual report be received.**
5.2	**Workforce and Development Assurance Committee**
	PE presented the report from the Workforce and Development Assurance Committee and highlighted the following:- • The Committee had introduced a staff story at each meeting to hear first hand from a member of staff their experiences of working at the trust. • The Committee had received a report relating to nursing staffing guidelines. • A summary report of education and training provided by the trust had been

	presented to the committee. • The Committee had reviewed the BAF risks relating to workforce and agreed to increase the score to 8.2 “inability to retain staff in critical posts”, because of the attrition rate and the impact of staff vacancies on the trust. • A refresher action plan for the We Care programme was planned. The Chairman, concluded by saying thank you to PE as it was her last board meeting for her work and commitment over the last three years and to wish her well on her new venture. **Resolved: That the Workforce and Development Assurance Committee report be received.**
5.3	**BAF Summary**
	KB presented the Board Assurance Framework and highlighted the following:- The BAF had been re-scored for December 2014 and the Finance and Investment Committee had endorsed the increase in score risk:- • From 16 – 20 for **Ref 7.2 main commissioner is unable to pay for the volume of activity undertaken by the Trust,** as the winter resilience and transformation funding had not been received by the CCG**.** However, since the Finance and Investment Committee the trust had received the winter resilience funding and this risk score had reduced to 16. • From 16 – 20 for **Re 7.4 Inability to keep budgeted levels of agency and locum staffing**, due to the increase in the use of agency staffing. KB concluded by stating that an in depth review of the BAF and associated risks was planned for the February Board strategy day and the internal audit of risk management and the BAF would be available. **Action 285:** **Resolved: That the Board Assurance Framework Summary be received.**
5.4	**Audit Committee Report**
	The Audit Committee report highlighted the committee effectiveness review that had been undertaken. It was suggested that other committees might use an adapt versions for their own reviews. **Resolved: That the Audit Committee Report be received.**
5.5	**Charitable Funds Committee Report**
	FB presented the Charitable Funds Committee report and highlighted the following:- • Two projects within the Children’s Services that had been funded by charitable funds had provided feedback to the committee on the difference the Milk Kitchen had made to Wards 4 and 5 and the new incubators on the neo natal unit. • Plans were underway for the 20th Anniversary of Milton Keynes Hospital Charity, plans would be progressed and advertised widely to maximise awareness and income. A presentation was to be made to the Board at the February meeting where commitment to activities would be sought. • Income to November 2014 was £12k below the revised plan and meetings had

	taken place with managers to restrict charitable spend. • A small group from the committee were reviewing the Department of Health guidance for transfer of an NHS Charity to an independent charity. • Milton Keynes NHS Foundation Trust Charity Funds Annual Accounts 2013-14 had been approved in accordance with section 132 of the Charities Act 2011. In response to a question from JH regarding Governor involvement in charitable funds, KB confirmed the inclusion of Governor membership at the committee. **Resolved: That the Charitable Funds Committee Report be received.**
6.	**Administration and Closing**
6.1	**Questions from members of the public**
	A member of the public reported that elements of dementia awareness were to be included in future PLACE assessments. . **Resolved: That the Questions from the public be received.**

The meeting closed at 12.40

Carol Duffy
Deputy Trust Secretary,
9th January 2015

Milton Keynes Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 63rd meeting of the Milton Keynes Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 4 March 2015 at 11.00 am, in the Enigma Room, Challenge House, Sherwood Drive, Bletchley, MK3 6DP

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Finance & Investment Committee
- Chair of the Audit Committee
- Non Executive Director

EXECUTIVE DIRECTORS:

- Deputy Chief Executive

IN ATTENDANCE:

- Director of Corporate Affairs
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Clinical Services
- Director of Patient Care and Chief Nurse

- Deputy Trust Secretary
- Trust Secretary

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There was 1 representative from the CCG and two members of the public in attendance.

1.1	**Apologies for Absence**
	Apologies for absence were received from Martin Wetherill
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 7th January 2015.**
	The draft minutes of the meeting held in public on the 7th January 2015 were presented. **Resolved: That the draft minutes of the meeting held on the 7th January 2015 be agreed as a correct record of the meeting.**
1.4	**Matters arising** **There were no outstanding actions to be reported from the action log.** **Resolved: That there were no outstanding actions to be received from the action log.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 13th January 2015**
	The draft minutes of the Council of Governors meeting held in public on the 13th January 2015 were presented. **Resolved: That the draft minutes of the Council of Governors meeting held on the 13th January 2015 be received.**
2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman presented her report and in addition particularly highlighted the presentation event that was held at the Open University. The Chairman reported how extremely proud she was of the achievements of the Health Care Assistants in undertaking extra skills training in dementia and end of life care and of the Trust who had provided the opportunities. **Resolved: That the Chairman's Report be received**
2.2	**Chief Executive Report**
	JH reported on the following:- **1. The Open University Presentation Event** 150 Health Care Assistants had received certificates for their studies in areas of end of life care and dementia. A presentation was undertaken by the RCN (Royal College of Nursing) development lead. JH stated that the Trust had been seen as an exemplar of

	investing in the staff and people who provided the most hands on care to patients. . **2. CQC** Following the Quality Summit held on Friday 27th February 2015 attended by the CQC, the GMC, Monitor, MKCCG and Healthwatch Milton Keynes and the Trust, the formal report from the CQC inspection held at the Trust in October 2014 was expected to be published on Friday 6th March. In response to a question from JDe, JH stated that the decision of when the report was to be published rested with the CQC and once the report was published it would be available on the website. The trust had also planned wide ranging communications and anticipated a high level of media coverage. LK reported that the CQC inspection held at the Trust in October 2014 took place over a period of 3 to 4 days with an inspection team of 34 people inspecting 6 key services and pathways for emergency care, surgery, medicine, maternity, end of life care and children's services. The overall rating was to be published on Friday 6th March 2015. In response to a question from JDe, JH stated that the CQC was to be invited back when the trust's action plan was complete to undertake a further inspection and it was anticipated that this would be in the autumn 2015. In response to a question from DM, JH stated that the action plan and compliance would be reviewed by the Quality and Clinical Risk Committee. **Action 286:** **Staff Survey** JH reported on the outstanding improvements and highlighted the significant change in the percentage of staff that believe the organisations number one priority was Patient Safety, from 59% in 2012 to 80% to 2014, the national average was 70%. This meant that the trust had moved into the top 1/3rd as opposed to the bottom quartile. JH stated that the staff survey would be presented to the Workforce and Development Assurance Committee. **Action 287 :** OE further added that the survey had also shown that personal development for staff at the Trust was above average. In response to a question from JDe, KB stated that safety attitude questionnaires were being piloted in maternity services with the view to being used across the Trust. KB confirmed that copies of the questionnaires would be available to board members once the audited process had taken place. **Action 288:** **Milton Keynes and Bedfordshire Healthcare Review** JH reported that the governance structure was now in place with Executive Director representation, it was expected that the next six months will see various challenges and further updates will be presented to the Board when available. **<u>Resolved:</u> That the Chief Executive's report be received.**

3.1	**Patient Story**
	Due to technical difficulties at the venue, the Patient Story DVD was deferred to the next meeting. **<u>Resolved:</u> That the Patient Story DVD be received at the next meeting.**
3.2	**Delivering Excellence in Maternity**
	JH presented the delivering excellence in maternity report and stated that the recommendations made by Professor Draycott's external review support the continued development of the maternity and obstetric service to provide the safest possible care to women and their babies during pregnancy, birth and after delivery. JH further highlighted the following:- • The presented delivering excellence in maternity report contained extracts from the Trust's maternity improvement and development action plan that was monitored at the Maternity Improvement Board and Quality and Clinical Risk Committee. • The maternity improvement and development action plan also summarised progress against key recommendations made by Professor Draycott. • In support of the continued development of the maternity service ,the team were involved in a clinical leadership and cultural development programme. JH concluded by encouraging board members to read the Department of Health's investigation into the maternity and neonatal services in University Hospitals Morecambe Bay NHS Foundation Trust. In response to a question from BG regarding clinical audit, KB confirmed that the recommendations would be added to the clinical audit programme. **Action 289:** In response to a question from JDe, KB stated that it was anticipated that Professor Draycott would be invited back to review the Trust's progress. In response to a question from DM, JH reported that the final report from Royal College of Obstetricians (RCOG) was awaited and confirmed it would be published when available. JH stated that all recommendations were to be included in the one action plan. The Chairman concluded by stating her disappointment at the length of waiting time for the reports from RCOG and RCM. **<u>Resolved:</u> That the Delivering Excellence in Maternity report be received.**
3.3	**Surgery Review Update**
	KB reported that a case was recently heard at the High Court which was brought against the Trust, by a consultant surgeon for breach of contract. In a judgement passed down on Monday 2 February the court dismissed all of the consultant's claims. The court also made the following statement " To the extent that a balance is ever

	required to be made between interests of patients, and those of a practitioner, the former must always take precedence. Moreover, if there is any doubt where the balance lies, that must be resolved in favour of the safety of patients' KB further reported that this has been a long-running issue and the Trust's internal proceedings remain ongoing. In response to a question from MWa, KB stated that the High Court's statement had been widely published internally. MWa concluded by stating that it was a positive outcome that the case was dismissed and the principle of ensuring patient safety takes precedence over the interests of the individual practitioner was upheld. **Resolved: That the Surgery Review update be received.**
3.4	**CQC Update**
	This was covered within the Chief Executive report – Item 2.2.
3.5	**Serious Incident and Learning Report**
	KB highlighted the following:- • The report requested by the Quality and Clinical Risk Committee, summarised Serious Incidents (SIs) from October to December 2014. • There was a significant increase in monthly reporting for December 2014, with 23 SI's reported compared to November and has warranted further investigation. • It was further noted that there were a number of capacity and staffing related incidents reported for the same timeframe, which may have correlation and early investigations support this assumption. • The Serious Incident Review Group (SIRG) meetings were held weekly and continued to robustly challenge SI reporting and investigation to drive up quality investigations. JDe stated that as the Chairman of the Quality and Clinical Risk Committee, he had met with the SI reporting lead to develop reports that show SI trends, issues and the actions taken. In response to a question from BG, KB confirmed that SI's for January and February 2015 had reverted back to an expected level. In response to a question from BG, KB stated that actions from SI investigations were followed up and the Audit and Compliance Manager ensures that the actions were included in the audit programme to prevent recurrence. In response to a question from JH, KB confirmed that regular meetings were held with the CCG and other Primary Care teams to ensure much wider learning from incidents extended outside the organisation and that good practice was shared. KB also reported that significant assurance had been received from a recent audit of serious incidents undertaken by KPMG. In response to a question from DM, KB reported that embedding the increased

	reporting process culturally and improving investigations was evolving. Measuring and testing techniques were being developed with audit. In response to a question from TN, KB reported on the development of the safety attitude questionnaires, the outcome of which will lead to improvements in the cascade of learning. MWa concluded by stating that the Quality and Clinical Risk Committee will continue to receive further SI reports. **<u>Resolved:</u> That the Serious Incident and Learning Report be received.**
3.6	**Nursing Staffing Update**
	LK presented the nursing staffing update report providing an overview of Nursing and Midwifery staffing levels. LK highlighted the following:- • Current numbers of residual vacancies were nearing 100 • A business case for overseas recruitment had recently been approved by the Trust's Management Board. • The business case was for the recruitment of 60 adult nurses, paediatric and theatre staff. Interview dates were expected to be in April with a view to staff commencing with the Trust in early summer. • Monthly advertising and interviews continue for both qualified nurses and Healthcare Assistants. • The Safer Nursing Care Tool had been run throughout the month of February, the results of which will be reported to the May Board Meeting. **Action 290:** In response to a question from BG, LK explained the capacity baseline and flexing of staff across departments and stated that the Ambulatory Care Unit was available at weekends to provide additional capacity. In response to a question from JDe, LK reported that the late shift was the most difficult to fill. In response to a question from JDe, LK stated that currently Matrons approved the use of specials for one to one nursing, however, there were plans to pilot the Chief Nurse undertaking assessments for the requirement of specials. In response to a question from DM, LK reported that there was a high demand for specials, these were primarily for patients at high risk of falls, or had dementia or had specific behavioural issues. LK added that the Trust had recently seen an increase of patients over the age of 75. **<u>Resolved:</u> That the Nursing Staffing Update be received.**
3.7	**Complaints Annual Report 2013/14**
	LK presented the statutory 2013/14 Complaints Annual Report and reported that since

	the production of the report there was now a new complaints policy and process. . In response to a question from TN, LK reported that now the new complaints policy categorised complaints on their seriousness from 1-6 (1 being lower) with PALs issues being acted upon when raised and resolution expected. In response to a question from JDe, KB reported that there was a vast complaints training programme underway and the new process enabled SI's and complaints to be dealt with simultaneously. In response to a question from MWa relating to responding to complaints on time, KB stated that the effective management of complaints training included embedding processes of responsibility and timely resolution. **Resolved: That the Complaints Annual Report 2013/14 be received**
3.8	**Q3 Nursing Metrics**
	LK reported verbally that unfortunately due to a software problem the data for Q3 was not available for this meeting and some residual data may have been lost. LK stated that she planned to bring the metrics for Q3 and Q4 to the next meeting. **Action 291:** LK however wished to bring the boards attention the following: • December 2014 had seen an increase in trend with 8 pressure ulcers, primarily heel sores. • An action plan for pressure ulcers had been presented to the Quality and Clinical Risk Committee. • New mats had been purchased with heel silicon pads. A red alert system had also been put in place. Impacts of these measures should be seen in Q1 of 2015/16. • This month already it was showing that pressure ulcers had reduced to 1. **Resolved: That the Q3 Nursing Metrics Verbal update be received.**
3.9	**Dementia Carers Audit Q3**
	LK presented the Q3 Dementia Carers Audit In response to a question from BG, LK reported that in addition to Dementia Nurses providing support, plans were being made for representatives from Carers Milton Keynes to be situated at Milton Keynes Hospital to enable the provision of specific support. Ward 3, the stroke unit and Ward 21 had been identified as pilot sites. JDe requested that the term 'patients with dementia' be used in correspondence and reporting in the future DM stated it would be useful to see the trajectory of the number of patients over 75 **Action 292:** **Resolved: That the Dementia Carers Audit Q3 be received.**
3.10	**Quality and Clinical Risk Committee Report**

	The Chairman of the Quality and Clinical Risk Committee presented the report and highlighted the following:- • The Committee had received the 2013/14 Cancer Patient Experience Survey and looked forward to receiving the outcomes from the next survey when they were available as improvements were likely. • More analysis was being undertaken on deaths that occur at night or at the weekend as the Trust mirrored national performance where there was a rise at these times compared with deaths that happened in the day. • Progress had been made towards the quality dashboard and additional items were expected to be included in April. • The format of the SI and Mortality report had been agreed. JDe, Objective 3 Improve Clinical Effectiveness would not be met .JH stated that the Trust Objectives for 2015/16 were being discussed at the next Board Meeting. **Resolved: That the Quality and Clinical Risk Committee Report be received and accepted**.
4	**Performance and Finance**
4.1	**M10 Performance Report**
	JB provided the M10 performance update and highlighted the following:- • The midwife to birth ratio had seen significant deterioration due to increased demand. In conjunction there had been the peak in Caesarian sections rates had continued. JB assured, however all women in established labour still received one to one care. • Referrals to Treat (RTT) had increased to 185 due to operational pressure. Plans to to reduce the backlog had been agreed with the CCG and patients will be booked for procedures in chronological order. In response to a question from BG regarding the graph for response to complaints JB confirmed that it was slowly improving. In response to a question from DM, KB reported that complaints were often with regard to communication and patient perceptions such as administration and bookings, rather than on patient outcome. MWa concluded by stating that there was further work required Patient Complaints. **Resolved: That the M10 Performance Report be received.**
4.2	**M10 Finance Report**
	JD presented the M10 Finance report and highlighted the following:- • The Trust's overall position was marginally adverse to plan by £0.1m both in the month and also year to date. The forecast remained to deliver in line with the

	annual plan of £24.9m • Pay costs were £1.7 adverse against plan, inclusive of a £1.1m one-off provision to reflect ongoing HMRC challenges with respect of prior year tax payments. • Agency spend and specials pay costs were £1.8m. Increase in usage was due to one to one patient care (specials) and staffing for escalation wards. • The cash balance as at 31st January was £2.0m which was significantly above the annual plan figure for that point of 0.5m, due to the CCG paying resilience and transformation funding in December 2014. • The Capital plan for 2014/15 was previously forecast £10.3m (this was because of EPR and A&E phase 2) and Monitor had been informed that the funding would be required in 2015/16. **Resolved: That the M10 Finance Report be received.**
4.3	**Finance and Investment Committee Report**
	DM reported on the Finance and Investment Committee activity and highlighted the following:- • Five Finance and Investment Committee meetings had been held so far in 2015, clearly reflecting the commitment to comply with Monitor's required enforcement undertakings. The first draft of 2015/16 budget was submitted by the end of January 2015 and a second draft submitted in February 2015 in line with the undertakings. • The Trust continued to deliver the financial plan and was forecast to achieve the planned £24.9m deficit. • The forecast for CQUIN delivery was now 50% and a report on the national and local CQUINS and the ability of the trust's preparedness to deliver the CQUINs was to be reported to the next meeting. JD reported that the formal financial budget for 2015/16 would be available at the May Board meeting. **Action 293:** **Resolved: That the Finance and Investment Committee Report be received.**
4.4	**Change of Trust Name**
	KB Highlighted the following: • The Trust has a formal relationship with the University of Buckingham Medical School, the UK's first independent not for profit medical school. More than 70 students started the MB ChB course in January 2015, with Milton Keynes Hospital welcoming the students onto the site to begin their training and professional relationship with the Trust. • Given the nature of the long standing formal relationship between the Trust and the University and the Trust's role as the main provider site for clinical training and development, permission was sought from Monitor and the Department of Health to formally change the Trust's name to Milton Keynes University Hospital NHS

	Foundation Trust. • This approval was granted, the Trust was required to engage with its membership through the Council of Governors regarding the proposed name change at their next meeting. The Trust is also required to change its constitution to reflect its change in name. In response to a question from FB, KB stated that there would be a rolling programme of replacing signage and stationery. In response to a question from JD, further clarification with regard to the effective date would be sought. **Action 294:** **Resolved: 1. That the Board approves the change in Trust name to Milton Keynes University Hospital NHS Foundation Trust, effective from April 2015 with a formal launch event to take place on a date to be agreed.** **2. That the Board commends the change of name to the Council of Governors meeting in March 2015** **3. That the Board will approve the revised constitution at its May 2015 meeting**
4.5	**Q3 Monitor Return**
	JH presented the Q3 Monitor Governance statement, which was submitted to Monitor by the required deadline of 31st January 2015. **Resolved: That the Q3 Monitor Return be received.**
5.	**Assurance**
5.1	**Equality and Diversity Annual Report**
	OE presented the Equality and Diversity Annual Report for 2013-14 that the Trust was required to publish. The report demonstrated its compliance with the Equality Duty defined by the Equality Act 2010. OE highlighted the following:- • An equalities and diversity workforce and service lead had been identified. • Areas of work requiring focus were succession planning, the overall access for people with disabilities and the recruitment of ethnic minorities. • The Equality Delivery System national framework was being implemented and would be reported on in future reports. **Resolved: That the Equality and Diversity Annual Report be received.**
5.2	**Register of Interests**
	MER presented the current interests declared by members of the Board of Directors. Any amendments or changes are to be forwarded to MER.

	Resolved: That the Register of Interests be received
5.3	**Workforce and Development Assurance Committee Report**
	FB provided the verbal update of the Workforce and Development assurance Committee and highlighted the following:- • The 2013/14 Equality and Diversity Annual Report had been received and provided assurance of the trust's compliance with the Equality duty. • An assurance review of the 'We Care Programme' undertaken by the newly appointed Asst Director of Education (Karen Camm) had shown that the programme was fit for purpose and appropriately links into new initiatives such as talent management. • The Committee requested that metrics required to be developed to measure the return on investments of schemes included in the We Care programme. • The results of the Staff Survey were good; there was a high response rate and recognition that Milton Keynes Hospital was a good place to work. **Resolved: That the Workforce and Development Assurance Committee Report be received.**
5.4	**Board Assurance Framework (BAF) Summary**
	KB reported the following:- • There were no revised risk scores to report for this month. • In accordance with each committee's terms of reference, the full BAF risks, mitigations, controls had been discussed at each Board Committee. • The Board intend to begin development work and the BAF was to be re-presented in full at the next public board meeting (May 2015). **Resolved: That the Board Assurance Framework (BAF) Summary be received.**
6.	**Administration and Closing**
6.1	**Questions from members of the public**
	Resolved: That there were no questions received from the public.

The meeting closed at 12.45

Deputy Trust Secretary,
6th March 2015

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 65th Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 6th May 2015 at 11.00 am, in room 6 of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Finance & Investment Committee
- Chair of the Audit Committee
- Non Executive Director
- Non Executive Director

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Corporate Affairs
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Clinical Services
- Director of Patient Care and Chief Nurse
- Medical Director

- Deputy Trust Secretary

- Trust Secretary

There were two Governors, two members of staff, one representative from MKCCG and one member of the public in attendance.

1.1	**Apologies for Absence**
	There were no apologies for absence.
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 4th March 2015.**
	The draft minutes of the meeting held in public on the 4th March 2015, were presented. **Resolved: That the draft minutes of the meeting held on the 4th March 2015 be agreed as a correct record of the meeting.**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 286: Chief Executives Report** The update on the CQC action plan and compliance was on the agenda for the next Quality and Clinical Risk Committee. This item was now closing **Action Ref 287: Chief Executive Report** The staff survey was to be presented to the Workforce and Development Assurance Committee scheduled in May 2015. **Action Ref: 288: Chief Executive Report** Copies of the safety attitude questionnaires to be circulated once the audited process had taken place. **Action Ref 289:Delivering Excellence in Maternity** Recommendations to be added to the clinical audit programme were being monitored by the Audit Committee. This item was now closing. **Action Ref 290: Nursing Staffing Update** Results of the safer nursing care tool for February were not yet complete and to be reported to the Board when available. **Action Ref 292: Dementia Carers Audit Q3** Long term bed planning report to be presented to the next Board Meeting. **Action 295:** **Resolved: That the action log as updated at the meeting was received.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 10th March 2015**
	The draft minutes of the Council of Governors meeting held in public on the 10th March 2015, were presented. **Resolved: That the draft minutes of the Council of Governors meeting held on the 10th March 2015 be received.**

2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman presented her report and conveyed the Trust's achievement of 100% compliance of the 4 hour A&E target over the 3 day bank holiday weekend. The performance and teamwork was outstanding during a traditionally very busy time. **Resolved: That the Chairman's Report be received**
2.2	**Chief Executive Report**
	Milton Keynes and Bedfordshire Healthcare Review JH reported that the Milton Keynes and Bedfordshire Review process was continuing and any further updates would be available after the General Election being held on the 7th May 2015. **Recent vists to the Trust from the Secretary of State for Health and Shadow Chancellor of Exchequer and Shadow Secretary of State for Health.** The Trust had welcomed on visits in April from Jeremy Hunt, the Secretary of State for Health accompanied by Mark Lancaster and Iain Stewart MPs from Milton Keynes. On a separate date the Shadow Chancellor of Exchequer Ed Balls, Andy Burnham Shadow Secretary of State for Health and Andrew Pakes prospective Parliamentary candidate for Milton Keynes. JH stated the visits had been very successful and their comments had been very complimentary notably of the university status and the progress the trust had had made and the improvements planned. **NHS Providers Board** JH reported that he had been elected to the NHS Providers Board. NHS Providers was the new name for the Foundation Trust Network, which was set up in June 2004, and has over 200 NHS organisations in membership including nearly all of the authorised foundation trusts and most of the NHS trusts preparing for foundation trust status. **Trust Objectives 2015/16** JH presented the Trust's 2015/16 objectives that had been reviewed by the Board at the Strategy Day held on the 8th April. **Resolved: That the Chief Executive's report be received.**
3.1	**Patient Story**
	The Chairman stated the ongoing commitment of the Trust to listen to the experiences of patients, with regard to the services and care they have received from the Trust. for sharing their patient story with the Board and reported that on this occasion a new approach had been taken to convey the patient story by DVD:-

	A summary from the DVD was as follows:- At the beginning of the explained that their patient story was with regard to a parent who had very sadly died. explained that initially after a visit to the GP with a sore throat a diagnosis of COPD had been initially given. However, further tests had shown that it was a throat tumour. further explained that although hospitalised at Milton Keynes as an ear, nose and throat (ENT) patient, at weekends patients were transferred to Northampton. At this stage described the family's disappointment at learning of the required transfer and their decision to involve the local media, which had resulted in the story being portrayed on local television. went on to convey that the team on the ward at Milton Keynes were outstanding, they were very caring and compassionate and in particular they mentioned the excellent support and caring nature of a young nurse. commented that the initial prognosis was two to three weeks however, the patient was cared for four and a half months. During this time commented on the excellent palliative care received. JH reported that where specialist care was required that a joint service with Northamptonshire Hospital was in place to provide ENT expertise over the weekends. In response to a question from FB, JH stated that most ENT patients were discharged by the end of the week and this case had clearly highlighted that the patient pathway for transferring patients at the weekend was unacceptable. JH reported that plans were being developed for the provision of an appropriate ENT service to be delivered. In response to a question from JDe, MW reported that feedback and learning from this patient story experience had been shared with consultants and staff. It was reported that the nursing team had been provided with additional training for patients with tracheotomies and this meant the patient was able to remain at Milton Keynes during her care. **Resolved: thanked for sharing their patient story with the Board.**
3.2	**Delivering Excellence in Maternity**
	Royal College of Obstetrics and Gynaecology (RCOG) Report The Trust had now received the report from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives, with regard to the review of the Trust's maternity /obstetrics and follow up gynaecology services. The review teams had visited the Trust over a three day period in October 2014. The Trust has now received the report from the October 2014 visit and JH highlighted the key points for the Boards attention as follows:-

	• That the royal colleges determined that the services provided were safe. • The main thrust of the College's report was towards the geography of the Women's unit, but as there was no specific funding available until after the healthcare review outcome was determined. This meant a continuation of potential detriment of patient experience. • That the Trust has accepted all of the recommendations in full and have been incorporated into the Women's and Children's Divisional action plan. • That the Trust has challenged the accuracy of some elements of the report. Some of these challenges were accepted by the Colleges and some were rejected. In accepting the final report from the colleges the Trust notes that some of the areas of challenge remain. In response to a question from BG, JH stated that the Divisional action plan was overseen by the Maternity Improvement Board that included representation from Monitor, the CQC and MK CCG. LK reported that it was expected that there would also be a national review of maternity services, as the result of the Department of Health's investigation into the maternity and neonatal services at University Hospitals Morecambe Bay, NHS Foundation Trust and reported in the Kirkup report. **Resolved: That the Royal College of Obstetrics and Gynaecology (RCOG) report be approved as a public document.**
3.3	**CQC Update**
	JH highlighted the following with regard to the CQC report and the actions being taken to address areas for improvement :- The CQC recommendations were being developed in two ways 1. The Trust had developed a transactional action plan which it was anticipated would be delivered by the summer. 2. By transformational clinical leadership, to support and embed changes It was envisaged that a full CQC visit that would provide a new rating would take place in the autumn of 2015. JDe stated that the areas that required most improvement were emergency care and medicine and asked what was being done to address these improvements. JH responded that a new divisional director had been appointed in Medicine and improvements reported to the Quality and Clinical Risk Committee which was monitoring compliance of the CQC action plan. **Resolved: That the CQC Update be received.**
3.4	**Surgery Review**
	Re-iterating the organisation's commitment to following best practice guidance, JH provided an update on the surgical review that had been previously reported.

	• Detailed costings for the surgical review were being submitted to Monitor. • NHS England and the CQC have also been briefed on the surgery review exercise. In response to a question from TN, JH stated that everything was in place and ready for implementation of the review immediately the funding was agreed by Monitor. **<u>Resolved:</u> That the surgery review update be received.**
3.5	**Nursing Staffing Update**
	LK provided an overview of the nursing and midwifery staffing levels and highlighted the following:- • Recruitment was ongoing and interviews had been undertaken in Italy and Spain where 32 staff nurses were appointed. Interviews in Croatia were to take place in June and it was expected that the first overseas nurses were to begin to arrive sometime in late June or early July. • Interviews were also in place for the students who graduate in October and it was envisaged that this would be for approximately 40 posts. • Once the new nurses had commenced employment, it was expected that there would be a residual vacancy of about 65 WTE, although this continued to change on a daily basis and allowing for routine turnover factor. LK stated that the medical division were undertaking a review of staffing in the emergency department, however, there had also been some new national staffing guidance around emergency department staffing which the trust were using as a benchmarking exercise. In response to a question from DM, LK stated that the results of the safer nursing care tool were being completed by the newly appointed nursing data analyst and would be reported to the next Board meeting. **<u>Resolved:</u> That the Nursing Staffing Report be received.**
3.6	**Serious incident and learning quarterly report**
	MW presented the serious incident and learning quarterly report for Q4 and highlighted the following:- • All SI reports during Q4 had been submitted within deadline. • The Trust has had 'no penalty breaches' for over a year. • The Trust also remained fully compliant with regard to the Duty of Candour contractual requirements. • Progress was being made with the information team on the collation and development of a dashboard for SI's. • NHS England had introduced a new SI policy and framework and revised list of never events, which included clarity of the definition of a never event. In response to a question from BG, LK reported on the redesigned interactive training programme that had commenced with regard to pressure ulcers.. In response to a question from JDe, KB confirmed that the duty of candour audit would

	be incorporated within the internal audit process. **Action 296:** JH reported that the Board would also receive feedback from the parliamentary ombudsman relating to any complaints. JDe requested that future notification was to be reported to the Board of any never events. The details pertaining to any never events were continued to be reported to the Quality and Clinical Risk Committee. **Action 297:** **<u>Resolved:</u> That the Serious Incident and Learning Quarterly report be received.**
3.7	**Q4 Carers of Patients with Dementia Audit**
	LK presented the quarterly qualitative data report that reviewed the admission experiences of carers of patients with dementia. LK highlighted the following:- • The Trust had achieved the aim of 90% dementia training for all clinical staff to be trained by March 2015. • Exceptional achievement had also been attained with 150 health care assistants who had undertaken the Open University advanced training. • From October 2015 training on advanced observations for patients requiring specific care plans was being incorporated. In response to a question from JDe, LK stated that it was applicable to other conditions that carers and families were involved with discharge planning. In response to a question from FB, JH stated that the focus was on providing care packages and the trusts CQC inspection had given the opportunity for the excellent care that was being provided to be evidenced. **<u>Resolved:</u> That the quarter 4 Carers of Patients with Dementia Audit be received.**
3.8	**Q3 and 4 Nursing Metrics**
	LK reported on the adult ward nursing metrics for Q3 and Q4 and the following was highlighted:- • Overall improvements in nursing processes and documentation were seen for the Phoenix Ward, with recognition for the sustained improvement on wards SAU, Wards 2 and 20. • Ward 15, Ward 17 and MAU were areas still experiencing difficulty in achieving the required improvements. However, the appointment of a senior team member had recently been secured for Ward 17 and a special regime with senior nursing supervision was in place for Ward 15. • Performance monitoring of the individual ward metrics was continuing with ward sisters and charge nurses who presented actions and improvement plans to the Chief Nurse and senior colleagues. Individual ward performance was to be circulated to the board. **Action 298:**

	In response to a question to BG, LK reported that the number of medication errors reporting was a good outcome as previously it was under reported. In response to a question from BG, LK reported that the performance review meetings with the Chief Nurse and the individual ward sisters was now an embedded process and actions for improvement against the metrics would be available for the Board in future reports. In response to a question from FB, LK confirmed that evidence had shown the Trust's significant improvement in the prevention of falls that result in harm. . **Resolved: That the quarter 3 and 4 Nursing Metrics update be received.**
3.9	**Quality and Clinical Risk Committee Report**
	JDe presented the update from the Quality and Clinical Risk Committee meeting that had taken place on the 25th March 2015. The following was highlighted:- • The Committee had received a presentation from Dr Jon Bailey, an Academic Clinical Fellow in Emergency Medicine on two SEPSIS audits undertaken in the Emergency Department in November 2014 and February 2015.The Committee were informed of new NICE guidelines regarding SEPSIS. • The Committee were informed of the quality priorities that had been agreed by the Governors as part of the Quality Accounts 2015/16 at their meeting held on the 10th March 2015:- 1. Improve in the collection and management of clinical observations, resulting in better management of the deteriorating patient. 2. To consistently achieve a recommendation rate of 92% in the friends and family test in the cancer inpatients and outpatients facilities and to improve the response rate. 3. To deliver the national CQUIN on SEPSIS. • The Committee had reviewed the maternity workplan which was largely complete and it will also continue to be scrutinised by the Matrnity Improvement Board. JDe concluded by reporting that the Quality and Clinical Committee were seeking to move future meetings to be held quarterly, with five regular items to be reported to each quarterly meeting these were:- 1. SI analysis, trends and outliers 2. Mortality analysis, trends and outliers 3. Quality Report, to include Quality Impact Assessments, dashboard and commentary on each indicator. 4. Clinical Risk Register, the top five risks and any changes 5. BAF risks related to the Committee. **Resolved: That the Quality and Clinical Risk Committee report be received.**

4.1	**Month 12 Performance Report**
	JB presented the month 12 performance report and reported that the performance for the 62 day Cancer standard for Q4 had showed significant improvement (96.20%) against the predicted performance of 86.67%. The fully validated position was due to be complete and reported by May 8th 2015. OE reported that the workforce KPI's had shown a year on year steady increase for statutory mandatory training from 54%, 70%, 80% to 87%. Disappointingly appraisals had fallen short of the 90% target at 84% despite significant work being undertaken with line managers. Manager's who had outstanding appraisals were being interviewed by the Director of Workforce regarding this issue and this was followed up if the appraisal was not carried out. In response to a question from BG, JB reported that the performance targets for 2015/16 reflecting the trust objectives were due to be circulated shortly. **Action 299:** In response to a question from SL, OE confirmed that the sickness target was set by NHS England. In response to a question from MWa, OE stated that appraisals were seen as a reasonable management request, however ultimately disciplinary action could be undertaken. **Resolved: That the month 12 performance report be received and accepted**.
4.2	**Month 12 Finance Report**
	JD presented the month 12 finance report and highlighted the following:- • The Trust deficit for March 2015 was £1.6m which was £0.1m favourable to plan for the month bringing the results in line with full year plan of a £24.9 deficit. • Capital expenditure totalled £10.3m for the year which was in line with the revised level agreed with the Trust Board and Monitor. • Operational costs in March were adverse to plan due to ongoing high levels of agency utilisation to support higher than planned activity levels and patient acuity, requiring escalation capacity to remain open. The Trust was continuing to exercise high levels of scrutiny and control to ensure there was no unnecessary use of agency as well as focus on recruitment (both home and and international) and retention of staff. • Overall costs savings of £0.7m were delivered in the month which brings year to date savings of £8.4m which was in line with the target. • The Department of Health had required that all organisations that were in receipt of temporary Public Dividend Capital (PDC) and then going forward all organisations that require future funding support, were now required to agree loans and working capital facilities through the Department of Health, as opposed to any further PDC provided. • Accordingly, revenue funding for the 2014-15 financial year was made in the form of a loan facility of £25.3m. TN stated that delivering on the financial plan was a credit to the trust and would

	rebuild credibility. **<u>Resolved:</u> That the M12 Finance Report be received.**
4.3	**Finance and Investment Committee Report**
	DM highlighted the following:- • The Committee had spent a considerable amount of time in understanding the revised funding mechanism for distressed foundation trusts. This was implemented by the Department of Health prior to the end of the 2014-15 financial year, whereby PDC was to be replaced by repayable and separate loan facilities for working capital and capital expenditure. • The Committee was transitioning the agenda of its meetings with the objective of takng a more forward looking view. Key to this will be scrutinising the significant investments the Trust will be making in the coming years to both increase the quality of care it delivers to patients to ensure its financial sustainability. Examples of these investments include Electronic Patient Record and phase 2 A&E development and progress with the Cancer Centre and Medical School facilities. • The Committee had reviewed the new procedures that have been developed with respect to off payroll contracts which will ensure that HMRC guidelines are rigorously adhered to. JH stated that there was a solution to ensuring financial and clinical sustainability in the Healthcare Review and the Trust must continue to apply pressure for the programme to continue at pace. **<u>Resolved:</u> That the Finance and Investment Committee Report be received.**
4.4	**Quarter 4 Monitor Return**
	JH presented the quarter 4 Monitor return. **<u>Resolved:</u> That the quarter 4 Monitor return be received.**
5.1	**Workforce and Development Assurance Committee Report**
	FB presented the Workforce and Development Assurance Committee Report that had been submitted verbally at the previous meeting. **<u>Resolved:</u> That the Workforce and Development Assurance Committee Report be received.**
5.2	**Audit Committee Report**
	BG reported on the issues from the Audit Committee meeting held on the 9th March 2015:- • As a result of the trusts external auditors Quality Account 2013/14 recommendations, the Committee had been monitoring actions taken with regard to collection and quality of the 62 day cancer indicator. The Trust had achieved the target of 85% in quarter 3 of 2014/15 for 62 day cancer waits for first treatment from GP urgent referral.

	• The quarter 4 validated position was to be published in May 2015. • Having confirmed that the recommendations had been implemented Deloitte would be undertaking testing of this data during the assurance work for the Quality Account 2014/15. • KPMG the Trust's new internal auditors had presented a draft internal audit programme for 2015/16. In response to a question from DM, JH confirmed that the Trust had a whistleblowing policy and had participated in the FTN response to the Francis report relating to whistleblowing. **Resolved: That the Audit Committee Report be received**
5.3	**Charitable Funds Committee Report**
	FB reported on the issues that the Charitable Funds Committee wished to highlight to the Board:- • Feedback from Dr Amanda Taylor of the Breast Care Unit, who were previous recipients of charitable funding, was received at the last meeting. Dr Taylor reported that the purchase of portable x-ray equipment shortened operating times for patients, allowing x-rays to be retaken so improving the quality of care and efficiency by 20%. • Following an update on the Cancer Centre discussion at Board, the Committee raised concerns over how to balance the growing interest from donors with the pace of the project development and had challenged executives to bring forward an outline plan for fundraising options. • Despite the charitable income for the year being below the Monitor plan and the revised forecast, the committee were assured that the ratio of income expenditure was within the recommended guidelines of 2:1 for community and corporate fundraising. • Interviews had taken place for two new fundraising roles. • Legal advice and conferring with other trusts was being sought following further publications from the Department of Health on independence of NHS Charities before preparing a summary paper for the committee outlining options and recommendations. **Resolved: That the Charitable Funds Committee report be received.**
6.1	**Constitution Changes**
	KB reported that a review of the Trust constitution had taken place to ensure that the recent name change of the Trust to the attained university status was reflected. KB highlighted:- • The review had provided the opportunity for any other amendments to also be identified. • The Trust's lawyers had been asked to review the revised constitution and any comments will be reported to the Board. KB concluded by stating that approval of the Constitution changes recommendations

	were also to be sought from the Council of Governors at their next meeting scheduled for the 12th May 2015. **Resolved: That the constitution changes be recommended to the Council of Governors for approval.**
6.2	**Use of Trust Seal**
	In accordance with the Trust Constitution, KB reported to the Board that an entry had been made in the Trust seal register. This was because the Trust seal had been used for the contract for the Eaglestone Energy Centre**.** **Resolved: That the use of Trust seal be received.**
6.3	**Terms of reference Finance and Investment Committee and Audit Committee**
	KB reported the following:- • That the terms of reference for the Finance and Investment Committee had been revised to include investment in technology. • That the terms of reference for the Audit Committee had been reviewed against HFMA and HM treasury guidance. • The revised terms of reference had been considered respectively by the Finance and Investment Committee and the Audit Committee and were referred to the Board for Approval It was observed that item 6.2 of the Audit Committee Terms of reference item were to include the names of JDe and SL. **Action 300:** **Resolved: That the revised terms óf reference for the Finance and Investment and Audit Committees be approved.**
7.	**Administration and Closing**
7.1	**Questions from members of the public**
	The Chairman reported that a question had been submitted from a member of the public and conveyed to the board the question that had been received:- What do you plan to do about all the other family's you have failed with poor care, I understand you have supported the families of the 5 reviews you have conducted but you have so far made no allowances for others? In response to the question, the Trusts Medical Director, Martin Wetherill (MW) stated that the Trust offers the same level of support for any family affected when standards of care have not been as high as they should have been:- • We have a legal duty of candour to tell patients or families when things go wrong and when harm may have been caused as a result. • We investigate all such incidents under the national serious incident framework and share the findings of those investigations with patient or families concerned.

	• Where we feel independent scrutiny is required, or where families wish to have an independent investigation, we commission such reviews, although this is not something that other Trusts do routinely. • We offer bereavement counselling for families who have suffered loss, and ongoing support according to families' individual needs or wishes. • If any family is concerned or has questions about the care they received at the Trust we encourage them to contact us so that we can answer their questions or investigate further if appropriate. • We have published the reports and reviews into our maternity services and some anonymised individual cases to ensure transparency. We will continue to do this and to discuss maternity services at our Board meetings held in public every other month. In response to a statement made by the member of public who had submitted the question, MW stated that it was not appropriate to discuss an individual case and suggested that a meeting be arranged to enable a further discussion. MW concluded by stating that the trust had regularly presented to the Board open and honest maternity reports. The independent reports from the Royal College of Obstetrics and Gynaecology and the Draycott report had also been received by the Board. **Resolved: That the question from the member of public and the response conveyed be received.**

The meeting closed at 12.50pm

Deputy Trust Secretary
8th May 2015

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 66th Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 3rd July 2015 at 11.00 am, in room 6 of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Finance & Investment Committee
- Chair of the Audit Committee
- Non Executive Director
- Non Executive Director

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Clinical Services
- Director of Patient Care and Chief Nurse
- Associate Medical Director
- Trust Secretary

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For Patient Story item only

Paediatric Consultant
Quality Lead Paediatrics

There were one Governors and one representative from MKCCG in attendance.

1.1	**Apologies for Absence**
	An apology for absence was submitted on behalf of Martin Wetherill.
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 6 May 2015.**
	The draft minutes of the meeting held in public on the 6 May 2015 were presented. **<u>Resolved:</u> That the draft minutes of the meeting held on the 6 May 2015 be agreed as a correct record of the meeting.**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 288 Chief Executive Report** An audit tool for analyse the safety attitude questionnaire was being developed. **Action Ref 290 Nursing Staffing Update** Safer Nursing Care tool information was included in the nursing workforce report and it was agreed that this item was now closing. **Action Ref 296 Serious Incident and learning quarterly report** Internal audit were investigating audit of Duty of Candour and it will be reported back in September 2015. **<u>Resolved:</u> That the action log as updated at the meeting was received.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 12 May 2015**
	The draft minutes of the Council of Governors meeting held in public on the 12 May 2015, were presented. **<u>Resolved:</u> That the draft minutes of the Council of Governors meeting held on the 12 May 2015 be received.**
2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman's report was included in the Board agenda. **<u>Resolved</u>: That the Chairman's Report be received**
2.2	**Chief Executive Report**
a.	**Closure of Main Entrance** The main entrance of the hospital has been closed and the interim entrance was located at the treatment centre. JH thanked volunteers and staff who have been assisting the public to way find. The Friends of Milton Keynes Hospital shop has been

	relocated adjacent to Eaglestone restaurant and there were ongoing improvements to the restaurant facility. Signage was continuing to be erected and the trust was working with MK Council on the provision of bus stops.
b.	**Heat wave** The trust was formally notified of a level two heat wave at the end of June and took steps to ensure that patients and staff were hydrated. Patients' fluid levels were monitored during this period. The Divisional Director for Medicine also provided ice creams for staff.
c.	**Electronic Patient Record (EPR)** The data transfer for the new EPR system was due to take place on 22 August 2015 and contingency plans were in place in case of any difficulties.
d.	**General Medical Council(GMC)** The GMC visited the University of Buckingham and the trust at the end of May to review progress on the Medical school. The GMC were particularly impressed with the public and patient involvement, student input into learning and the level of engagement by students and teaching staff and the hospital. There were two areas of improvement noted regarding the governance process to implement changes to the curriculum and phase 2 student placement capacity.
e.	**Pilot site for Care Quality Commission (CQC)** The trust had been chosen as a pilot to provide feedback to the CQC on the inspection process. The Chief Executive, Chief Nurse and other clinical staff had been interviewed and were candid in their feedback regarding the inspection process.
f.	**New models of care and Vanguard** The trust was submitting a Vanguard bid by the end of July and it was likely to be in relation to acute medicine. It was anticipated that there will be in excess of 100 bids with five or six chosen. **<u>Resolved:</u> That the Chief Executive's report be received.**
3.1	**Patient Story**
	MW stated that the patient story was an important item for the Board to hear issues for patients and how problems were resolved. LK introduced a paediatric consultant and a senior nurse in paediatrics and the quality lead, who had dealt with a particular complaint from a patient's mother. informed the Board that the patient had sickle cell disease which affected the blood cells and often made them clump together. This caused the patient severe pain and there were often complications in major organs of the body. Other complications include anaemia and infections. The patient was diagnosed with sickle cell disease through routine screening at birth. The hospital staff would have an ongoing relationship with the family and had been able to reassure the family that due to medical advances, patients with sickle cell could have a good quality of life and life expectancy had improved significantly. The child with this known condition was subject to the red box system, which means

	that the family can ring the hospital and would be seen within one hour of arrival. In this incident the mother rang in and an agency nurse told the mother that someone from the hospital would ring her back. This did not happen and when the mother presented at the Paediatric assessment unit, the child had to wait over an hour to be seen, during which the child was in pain. This was the first time the mother had used the system and her first experience of her child being in such pain. When being triaged the nurse also concentrated on the safeguarding questions, rather than immediately alleviating the child's pain. This experience shattered the mother's confidence and a complaint was made. DC stated that the matron telephone the child's mother and spoke to her face to face regarding her experience and informed the family that the complaint was being taken seriously. Dr M added that the child had a second admission soon after and the child's condition was much worse as there were complications with the child's spleen. The red box process worked during the second admission and the mother was engaged throughout the care of the child. The complaint was followed through and learning for all staff was disseminated. The complaint was responded to and a face to face meeting was held with the mother and child regarding the outcome of the complaint. FB asked what had been learnt from this incident, particularly in relation to the agency nurse not responding to the mother's initial telephone call. Dr M responded that an action plan had been developed and the first priority was for an induction plan for agency nursing. A sickle cell proforma had been developed for all staff. Dr M added that the hospital had a high level of sickle cell cases for a hospital of this size. DM asked what lessons had been learnt from the safeguarding questions taking precedence during triage. DC replied that the sickle cell proforma states that the first priority was to treat the patient and in particular alleviate pain. The safeguarding questions were included but were not the first priority. BG asked if there was a process for ensuring that a call was responded to. Dr M replied that the information had not been shared with other team members to ensure there was a call back. DC stated that an understanding of the red box system was paramount and this was part of the induction for staff in paediatrics. MW thanked for sharing the patient story and emphasised the importance in dealing with the patient and families at an early stage when things have gone wrong. It also identified the importance of Duty of Candour compliance. **Resolved: That the patient story be noted.**
3.2	**Patient Experience Roadmap**
	LK introduced the presentation on how the process to manage delivering objective 2 improves patient safety. The following was highlighted: • There was more focus on Patient Experience

	• Patient survey had indicated that improvement had not been sustained • Cancer patient survey and A&E surveys reflected poor patient experience. • Considerable patient experience data was being collected from five patient surveys, Cancer survey and friend and family test • Management Board had challenged that the action plan following the results of the inpatient survey was not wide ranging enough. • Patient experience team had been established with a seconded project Manager, a Medical leadership role with dedicated time and a refocus on communication with our patients. • Patient experience team was separate from the complaints and PALs team. • The patient experience team will collaborate with the We Care programme. In response to a question by TN, LK stated that the success criteria had not been defined yet. The first Patient Experience Board was due to meet next week and this would be one of the issues to be discussed. TN added that often improvement in satisfaction was due to incremental changes in a number of measures. JH added that the inpatient survey had been brought forward to July 2015, and with the changes to the estate, it was expected that the upheaval would be reflected in the results which were not published until February 2016. JDe stated that patient experience was important and asked why it was only measured once a year. LK stated that friends and family test was reported monthly to each ward. The five external surveys carried out by PICKER were undertaken annually. The trust had tried to identify which trusts had improved significantly and visit them, but the responses were anatomised. JH added that the monthly information was not used to drive change and this needed to be built upon. OE stressed the importance of mirroring for staff what was being done to improve patient experience. DM stated that identifying the vital indicators which would improve overall satisfaction was key. **<u>Resolved:</u> That the patient experience roadmap presentation be noted and the Board be updated on progress.** **Action 301:**
3.3	**Delivering Excellence in Maternity**
	The Maternity Improvement Board met in June and reviewed and commented on the maternity service 2015/16 work plan. The Maternity Improvement Board has membership from the CQC, Monitor and MKCCG. JH reported that the inquest of the fourth baby reviewed by Professor Draycott had concluded on 2 July 2015 with a narrative verdict. The Coroner was supportive of the actions being taken by the trust. **<u>Resolved:</u> That the Maternity work plan 2014/15 be reported to the Board for close down and the 2015/16 work plan be reported for endorsement.** **Action 302:**

3.4	**Surgery Review**
	Monitor had approved the first phase of funding for the surgical look back exercise regarding the practice of a colorectal surgeon prior to 2011. FB asked what communication would there be with patients. JH responded that the NHS Litigation Authority had provided advice regarding communication with the public and a plan would be brought back to the Board in September 2015. **Action 303:** JH added that following the communication in Birmingham on a similar review there had been an increase in claims due to stress at receiving a letter stating that there may be an issue regarding the patients care and it was being reviewed. **<u>Resolved:</u> That the surgery review update be received.**
3.5	**Nursing Staffing update**
	LK presented a forward view of nursing workforce for the trust which included information on the national context. NHS England had announced this week that nationally there would be an additional 23,000 nursing training posts. The trust had been very vocal regarding the need for additional training posts. LK undertook a review of nursing establishment on all wards every six months. The focus at present was on A&E and theatre nursing. There was likely to be an increase in nursing for A&E which was included in the financial plan. Theatre nurses were hard to recruit and job redesign was being examined. In the latest overseas recruitment to Croatia, the trust had offered 20 nursing posts. The trust had also doubled the number of training nursing posts and 90 would graduate this year. The trust continues to pressure Health Education Thames Valley for more nursing training places. It was anticipated that due to local and overseas recruitment the residual vacancy rate will be down to 30 in October 2015. Management Board had approved a pilot for an uplift in Healthcare assistants on Ward 3 for the ward sister to manage the ongoing challenge of enhanced patient observations. As part of the pilot additional bank and agency nursing will not be allowed. In response to a question by BG, LK stated that overseas nurses were encouraged to introduce their colleagues to Milton Keynes hospital with a view to recruitment. There was an introduction bonus available, but no staff had taken this bonus. In response to a question by FB, LK stated that the ward 3 pilot evaluation would be relatively quickly following the recruitment of additional HCAs which took approximately two months. SL asked why there was an issue with nurse retention at one year of service. OE replied that the exit interview process had been changed and feedback was that flexibility of working practices was the main issue. Nurses were pleased with the learning and development opportunities provided. LK added that this was a national issue, as newly qualified nurses consolidated their learning for a year post graduation and then decided to move. DM asked if the trust was involved with Monitor's nursing agency pilot. LK stated that

	the trust was not one of the toolkit pilots, however, it was collaborating with Monitor. The process will help the trust benchmark agency costs. JH drew the Board's attention to Appendix 4 of the report which benchmarked the turnover rates of the trust against peer, East of England and national trusts and found that Milton Keynes was performing well in comparison. JH formally congratulated the nursing team regarding this achievement. JD added that the announcement of the national cap on nursing agency had been delayed. MW stated that the government had announced that any migrant who did not earn over £35K would be required to leave after 6 years. LK added that nurses below Ward sister level would be affected and would be a challenge for all trusts. OE added that the implications were being examined and would be reported to the Workforce and Development Assurance Committee. **Action304:** **<u>Resolved:</u> That the Nursing Workforce Report be received.**
3.6	**Serious Incident – Never event**
	IM informed the Board that on 15 April 2015 the wrong strength of lens was inserted into a patient's eye. The Serious Incident Review group (SIRG) has reviewed the root cause analysis report and found that the surgeon had not check the board in theatre or the standard operating procedure and was not challenged by staff. Processes have been changed so the surgeon and scrub nurse must check the implant and it was to be read back to the surgeon. The standard operating procedure must be checked and signed by the consultant and scrub nurse. This was the first never event to occur in the Ophthalmology Department. FB expressed concern that the trust was not using electronic white boards which could provide evidence following events. JH responded that the process was inappropriate and needed to change. Technological advances could be part of the improvement. The Ophthalmology team will be presenting the findings of the incident and actions taken to the organisation to re-iterate the importance of challenging every day actions to ensure they were still fit for purpose. JH added that a decision was taken not to suspend any individual to promote openness and empower staff to speak out. Never events were rarely down to the action of one individual. JDe stated that this was one of the most common never events in theatres and asked what learning was shared following the similar incident in 2014. IM replied that the surgeon was not aware that the standard operating procedure (SOP) had been changed. All staff were now required to read and sign the SOP. JH added that the learning from the first incident was not shared with the wider organisation and this would now happen. SA added that the ophthalmology team had fedback that the review process by SIRG was supportive. **<u>Resolved:</u> That the never event report be received and accepted.**

	Minute silence A minute silence was held as a mark of respect for those that had lost their lives in Tunisia.
3.7	**Medical Revalidation and Appraisal**
	IM introduced the report and stated that 229 doctors required revalidation and 95% were complete. As part of the agreed national system, the trust did not undertake revalidation of Locum doctors. In response to a question by BG, IM stated that the appraisal included 360 degree feedback on the individual performance. In response to a question by JDe, IM stated the Royal College guidelines on ongoing professional development were used in the appraisal. **<u>Resolved:</u> 1. That the statement of compliance confirming that the organisation, as a designated body, was in compliance with the Medical appraisal and re-validation regulations be agreed.** **2. That a report on the scope of practice regarding Medical revalidation be reported to the Quality and Clinical Risk Committee.** **Action 305:**
4.1	**Month 2 Performance report**
	JB introduced the report and stated that A&E target had been missed in month 2. NHS England had changed the collection of data from weekly to monthly. Attendances at the Urgent Care Centre had reduced and following investigation by MKCCG it was found that 2,000 attendances had not been submitted. The data had been validated and reloaded and this had made a material difference to performance. CH reported that the trust had achieved A&E 4 hour target in Q1 with 95.2%. JH added that it was the first time since June 2013 the trust had achieved the target without the need for support from the urgent care centre performance and this was despite the attendances being particularly high in June. LK stated that the indicator 1.7 Inpatient falls causing harm was incorrect and should read 3 and be green. This would be amended. IM stated the trust performance was 79.9 for HSMR, patient death during hospital stay, which meant the trust was 15th of 142 trusts. SHMI, patient death within 30 days of discharge, was 102 which meant the trust was 77th of 142 hospitals. However, SHMI includes patients who were discharged on a palliative care pathway. In response to a question by JDe regarding admission to the stroke unit, JB stated that the trust had been visited by Thames Valley strategic clinical network and the draft report had been received. The report made recommendations on how to improve the management of stroke patients and the stroke pathway was being examined. There had been some success in ring fencing beds on the stroke unit for stroke patients, but on occasions these were required for acutely unwell patients who had not had a stroke. JH added that the trust has to refer hyper acute stroke patients to a unit which has some of the worse outcomes in Midlands and East. The trust would like to invest and provide hyper acute stroke service locally.

	JDe questioned the 100% performance on the WHO checklist given the report on the Never Event. JB responded that the WHO checklist was completed for the patient when the Never Event incident occurred. In response to a question by JDe, JB stated that the 20 cancelled operations on the day were a consequence of high bed occupancy, emergency admissions and an increase in emergency surgical cases. JB stated that the changes for the 18 week referral to treat (RTT) indicator should have a positive impact for the trust as it allowed some flexibility for booking patients. However, all patients who were on waiting lists must continue to be tracked and for the Board to continue to have oversight. **Resolved: 1. That the Month 2 performance report be received and accepted with the amendment to indicator 1.7 to 3 incidents of inpatient falls causing harm.** **2. That a report detailing the changes to the RTT indicator be reported to the Quality and Clinical Risk Committee.** **Action 306:**
4.2	**Month 2 Finance Report**
	JD introduced the report and highlighted the following: • £100K favourable to plan year to date • Compliant with the s106 undertakings to perform better than the position in the Healthcare review • £1m income over plan which was offset by pay and non pay costs. • Pay costs were due to agency, enhanced observation and the escalation capacity remaining open. • Non pay related to the cost of delivery of the additional income • A detailed forecast will be undertaken at the end of Q1 but it was anticipated that it would be in line with plan. • Transformation programme had delivered £1m efficiencies which was above plan. There was not a complete programme of schemes to deliver £8.4m planned efficiencies, however, there was confidence this would be achieved. • Cash was better than forecast due to Bedford CCG payment. • £6.3m draw down of funding from Department of Health. It was forecast that the full funding allocation would be drawn down during the year. • Monitor had undertaking a review of the revenue plan and had challenged CQUINN and transformation programme efficiencies. It was anticipated that a definitive decision would be made by the end of July. **Resolved: That month 2 financial report be noted.**
4.3	**Finance and Investment Committee Report**
	DM introduced the report and highlighted the following: • The Committee was focused on investment as well as the financial

	performance of the trust. • A deep dive on procurement was reported to the last meeting. In 2014/15 the Committee had challenged the amount of savings being identified by procurement and was pleased to see a substantial increase in 2015/16. • The Committee received regular updates on the electronic patient record project and the costs of the investment. • Changes to EU regulations on procurement were reported. • NHS England review of the capital programme had been reported to the Committee. Monitor had required the trust to submit pre- strategic outline cases for certain capital schemes. • Monitor's report on Foundation Trust Performance identified that a number of trusts were in financial difficulties. The report cited the Healthcare Review in relation to Milton Keynes financial deficit position. JDe emphasised the importance of benchmarking costs for example in orthopaedic prosthesis and practice. JD stated that there had been a review of orthopaedic prosthesis suppliers and the trust now only uses two suppliers. JH added that Tim Briggs visited recently and commented on the level of engagement of the orthopaedic team on the surgical outcomes, costs and knowledge of each others' practices. **Resolved: That the report from the Finance and Investment Committee be noted.**
5.1	**Audit Committee Report**
	BG introduced the report and highlighted the following: • Data quality was highlighted as an issue by external audit in testing of the indicators as part of the limited assurance testing for the Quality Account. KPMG the internal auditors were examining what improvements can be made. • Internal audit recommendations require renewed focus now the year end process was completed. • Realistic deadlines for the recommendations from the Board Assurance Framework audit had been set. • Internal audit plan 2015/16 had been altered to include an audit of the actions following the CQC inspection in October 2015. **Resolved: That the Audit Committee report be noted.**
3.8	**Quality and Clinical Risk Committee**
	JDe introduced the report and highlighted the following: • The Committee had received a report on mortality which showed that HSMR and SHMI were within the range. • The revised Complaints procedure was presented to the committee. The process now provided greater support for the complainant and there was clinical oversight of every complaint with an identified lead. • The Royal College of Obstetricians and Gynaecologists report recommendations were complete with the exception of the job plans being signed. JH added that it was reported to the Maternity Improvement Board that

	four job plans were outstanding and these were now in mediation. • The multi agency Maternity Improvement Board monitors compliance of the Maternity service work plan. • The CQC action plan was reported and the Divisions monitor the implementation on a monthly basis. An update on the action plan will be reported to the Committee at the end of the year. • The Committee was moving to quarterly meetings with standard items on the agenda. **<u>Resolved:</u> That the Quality and Clinical Risk committee report be noted.**
5.2	**Workforce and Development Assurance Committee Report**
	TN presented the report and stated that the staff were at the heart of transforming the hospital and needed to be motivated and supported to succeed. The Committee were encouraged by the results of the staff survey, especially as there was an upward trend in satisfaction. Of particular note were the positive responses to staff motivation, team working and support from line managers. An action plan will be submitted to the next Committee and will include actions to improve staff appraisal rates. The Committee also requested a report to the next meeting on the framework of support for Healthcare Assistants. In response to a question by BG, TN stated that the Workforce risk register and BAF risks related to Objective 8 were reported to the Committee at each meeting. In response to a question by DM, OE reported focus groups were included as a mechanism for feedback in the We Care Programme. In response to a question by MW, LK stated that the revalidation of nurses had been postponed until April 2016. **<u>Resolved:</u> That the Workforce Development Assurance Committee report be noted.**
5.3	**Board Assurance Framework**
	SA informed the Board that there were a limited number of changes to the BAF this month and these were highlighted in red in the report. **BAF risk 7.2 Continued Department of Health funding is insufficient to meet the planned requirements of the organisation.** The score had increased to 12 reflecting the national picture of trusts in financial difficulty. **BAF risk 10.2 Lack of Capacity to deliver governor development programme.** The score had reduced and there was a plan in place. The report requested the Board to consider having quarterly updates to the BAF which would enable the Committees comments to be incorporated and triangulate information for example the large scale capital projects. JH stated that the BAF needed to include the requirement for a Cancer Centre to

	improve patient experience for the increasing number of cancer patients. **<u>Resolved</u>: That a full BAF report be considered on a quarterly basis with monthly updates in between.** **2. That the cancer service be included as a risk to delivery of Objective 2 patient experience on the BAF, which is evidenced by the cancer patient survey responses.**
5.4	**Constitution Changes**
	The Board considered proposals to change the trust's Constitution at the meeting in May. The Board agreed to changes which included the change of name to Milton Keynes University Hospital NHS Foundation Trust and changes which ensured compliance with Monitor's Code of Governance. The Board approved changes were reported to the Council of Governors on 12 May 2015 and the following was raised: • Agreement to the change of name of the trust. • The change to the membership of the Non Executive Appointments Committee (formerly Nominations Committee) from the Chairman and 4 Governors to 3 was not supported by the Council of Governors. The Council of Governors was recommending to the Board to retain 4 Governors and the trust Chairman on the Committee. • The change from a Governor chairing the Non Executive Appointments Committee (formerly Nominations Committee) to the Chairman of the Trust was not supported by the Council of Governors. The Governors requested that Monitor be approached regarding the Code of Governance which specifies that "an independent Non Executive Director or Chairman should chair the Nominations Committee". Monitor had responded that it would not mandate that the Chairman or Non Executive Director must chair the Committee. Therefore, the Council of Governors was recommending to the Board to retain the current arrangement of a Governor chairing the Committee. JH asked at what point the regulator would intervene. SA responded that the Code of Governance had been updated following the report into the Mid Staffordshire Hospital Trust. The trust was required to comply or explain compliance with the Code of Governance in the Annual report. MER stated that the Constitutional changes would be reported to the annual meeting in the autumn. **Action 307:** **<u>Resolved:</u> That the constitution changes as recommended by the Council of Governors be approved.**
7.	**Administration and Closing**
7.1	**Questions from members of the public**
	There were no questions submitted from the public.

The meeting closed at 12.55pm **Trust Secretary 8 July 2015**

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 67th Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 18th September 2015 at 10.30 am, in room 6 of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Audit Committee
- Chair of Finance & Investment Committee
- Non Executive Director
- Non Executive Director

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs (Interim)

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Workforce
- Director of Clinical Services
- Director of Patient Care and Chief Nurse

)

- Trust Secretary
- Deputy Director of Finance

Item 3.2

- Divisional Director of Medicine Division.

There was one Governor and one representative from MKCCG in attendance.

1.1	**Apologies for Absence**
	Apologies for absence was submitted on behalf of
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 3 July 2015.**
	The draft minutes of the meeting held in public on the 3 July 2015 were presented. **Resolved: That the draft minutes of the meeting held on the 3 July 2015 be agreed as a correct record of the meeting, subject to the word "anatomised" being changed to "anonymised" in minute 3.2 on page 5.**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 288 Chief Executive Report** Maternity Improvement Board had met on 14 September and was informed that the safety attitude questionnaire had been completed and an audit tool was being used to analyse the responses. **Action Ref 296 Serious Incident and learning quarterly report** KPMG had informed the trust that there was a mechanism for auditing Duty of Candour and this would be presented to Audit Committee when the audit was completed. **Action Ref 301 Patient Experience Roadmap** An update on the patient experience would be provided to the next Board meeting. **Action Ref 303 Surgery Review** A visit to Heartlands Hospital had taken place to gain insight into the communications plan that was used for the review exercises that had taken place. The Board would be updated at the next meeting. **Action Ref 306 M2 Performance report** Information regarding the changes to the RTT indicator was provided during the M4 Performance report and it was agreed that this item was now closing. **Action Ref 207 Constitutional Changes.** The changes to the Constitution were included on the agenda for the Annual members meeting on 22 September 2015 and it was agreed that this item was now closing. **Resolved: That the action log as updated at the meeting was received.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 7 July 2015**
	The draft minutes of the Council of Governors meeting held in public on the 7 July 2015, were presented.

	<u>Resolved:</u> That the draft minutes of the Council of Governors meeting held on the 7 July 2015 be received.
2.	**Chair and Chief Executive reports**
a.	**Chairman's Report** The Chairman's report was included in the Board agenda.
b.	The Chairman congratulated the Chief Executive on the award of a professorship from the University of Buckingham for the contribution to health leadership. **<u>Resolved</u>: 1.That the Chairman's Report be received.** **2. That the Chief Executive be congratulated on becoming a Professor of Health Leadership from the University of Buckingham.**
2.2	**Chief Executive Report**
	JH gave a verbal report and highlighted the following:
a.	**Maternity Service** The Coroner had issued a Preventing Further Deaths (PFD) in relation to an inquest of a baby born in January 2015 regarding perceived issue of Leadership in the Labour Ward. Improvements to the leadership in maternity was included on the Maternity Work plan.
b.	**Assault on Head of Security** The Head of Security had been assaulted by a member of the public after being called to Paediatrics. He was recovering at home and the Police were dealing with it. Further investment had been made in security and the trust had discussed with the Police an increased police presence. JH thanked all those involved in dealing with the incident.
c.	**Monitor** All Foundation Trusts had been required to respond to a request for details on how nursing agency was to be reduced. The tight deadline had meant that the response could not be discussed at the Board but had been circulated to Board members. The Board will be kept informed of any further requirements.
d.	**Research and Development** The trust's involvement with Medical Detection dogs to identify urological cancers had received a great deal of publicity. The research using Medical Detection dogs was also a topic on the Annual General Meeting agenda for 22 September 2015.
e.	**IT Virus** A virus had affected software used by the Pathology department, but was not a result of a failing of the anti-virus software the trust uses. JH thanked the IT and Pathology staff for their efforts in keeping the service operational whilst a technological resolution was found.

f.	**Main Entrance – expansion of clinical space** Work was progressing well and the building works were on schedule to hand back the space in mid-December 2015. Discussions were ongoing with MKCCG regarding moving the walk in centre to the new facility.
g.	**Never Event** Wrong site surgery on a patient's elbow had taken place in orthopaedics and a full report will be submitted to the Quality and Clinical Risk Committee. A plenary session had taken place on 16 September 2015 where learning was shared by the Ophthalmology and Orthopaedic multi-disciplinary teams. Details of the Never Event will be reported to the next Board meeting. **Action 306:**
h.	**Electronic Patient Record** The data transfer had taken place in August 2015 and there were minor information issues that the trust was working with CERNER to resolve, but this had not affected the core business. Many staff had been involved in the data transfer and they were thanked for their input in the smooth transition.
i.	**CQC Relationship Manager** The CQC had appointed a new relationship manager, Charlotte Hedditch, to work with the trust. Charlotte visited many areas of the hospital in early September 2015.
j.	**Health Education England** JH had visited Health Education England who was positive regarding the partnership the trust had with the University of Buckingham and the focus of the organisation on education and research and development. **<u>Resolved:</u> That the Chief Executive's report be received.**
3.1	**Patient Story**
	LK presented the patient story which was a photographic representation of a young patient who was having elective surgery. LK highlighted the following: • Paediatrics have formal ways of collecting feedback through PICKER surveys, Friends and Family Test, but also have "happy or not" satisfaction buttons and colouring of tops or pants for young people to express their experience. • The Department of Health had introduced "You're Welcome" which was a way of gauging how welcoming a service was. • The first patient to take part in the photo experience was a six year old who wanted to bring his toy T Rex with him to surgery. • Paediatric patients are allowed to stay in their own pyjamas before surgery and can walk to the theatre, if they are able to do so. • The anaesthetist visited the ward to speak to and his mother and put special cream on his hand to numb it before a cannula was inserted. • had a name tag, went with him to theatre and was with him when he woke up.

	LK stated that this was the first children's photo experience and it would be developed. **<u>Resolved</u>: That the patient story be be thanked for taking photographs.**
3.2	**CQC Developments**
	JE gave a presentation which highlighted the CQC findings, his views since being appointed as the Divisional Director for Medicine in June 2015 and further action to be taken: • The CQC report rated Urgent and Emergency Care and Medical Care as "requires improving" in a number of areas. • Action was taken in foundation steps e.g. investment in acute physician model. Medical and surgical pathways and Spring to Green initiative. • The Divisional strategy needed to be strengthened and the structure needed to be aligned to the functions. • Four Clinical Service Units were created, Emergency Department, Acute Medicine & Care of the Elderly, Internal Medicine and Speciality Medicine. Each CSU has monthly performance and quality meeting. • A Divisional Board has been created which meets monthly and the divisional CIG which reports into the Divisional Board. • There were agreed strategic themes for 2015/16 including flow of quality patient care and out of hours patient care. • A care of the elderly strategy was being developed. • Discharge of patients before midday had improved to 31%, exemplar hospitals were at 36%. • The number of overdue Datix Incidents reports had reduced significantly. • The trust would have a fully populated Registrar rota from October 2015. • There were clear objectives and accountabilities for each member of staff. • Quality based key performance indicators had been developed. • A communications strategy had been developed to share learning. • A programme of nurse recruitment, leadership development and Health Care Assistant development was being implemented. TN asked when it was planned for the services in Medicine to be assessed as "Good" by the CQC. JE responded that with the implementation of the actions it was anticipated that it would be good by the next inspection, which is believed would be in March or April 2016. JH recognised the ambition of the division but stressed the practicalities with delivery given that the trust had the highest level of delayed transfer of care, and social care delays. The trust required support from other organisations in the health system to improve patient flow. FB welcomed the passion and energy shown to improve and asked how this would be maintained. JE responded that he believed that success bred success and there was local ownership of issues and resolution.

	JDe asked how it was ensured that people with the appropriate attitude were recruited. JE responded that attributes were examined at interview by a broad spectrum of people on the interview panel who challenged what the candidate would bring to the organisation. In addition, existing staff were being developed through regular one to ones. JH added that there had been a development day for 40 consultants who had been appointed in the last 2 years. OE added that the trust did not use values based recruitment for consultant appointments but was planning to do so. LK stated that values based recruitment was used in nursing. SL stated that there were often hurdles to change and asked if there was anything JE would do differently. JE responded that although he spoke to many staff gathering information during the first months in post, he would speak to more. TN stated that the End of Life pathway was rated as required improvement and asked for an update on improvements for the Board. **Action 307:** **<u>Resolved:</u> That the CQC developments in Medicine Division presentation be noted.** **Jonathan Ellis left the meeting**.
3.3	**Delivering Excellence in Maternity**
	The Maternity improvement Board had met on 14 September 2015 and had recommended that the 2014/15 Maternity Work plan be closed by the Board with the assurance that any actions which remained amber were included in 2015/16 Maternity Work plan which will be presented to the Quality and Clinical Risk Committee. Once agreed the 2015/16 Maternity Work plan will be published on the trust website. **<u>Resolved:</u> That the 2014/15 maternity work plan be formally closed and the actions RAG rated as amber be incorporated in the 2015/16 work plan which will be reported to the Quality and Clinical Risk Committee.** **Action 308:**
3.4	**Nursing Agency**
	The response to Monitor's request to reduce nursing agency spend with the supporting action plan had been circulated to Board members. Monitor had set a ceiling of 12% on nursing agency spend and the trust had requested that this be set at 14.1%. Most trusts had applied for the ceiling to be raised. The initial request had been sent by Monitor on 9th September with the deadline for responses being 14th September. A response had been submitted, but given the tight timescale, it explicitly stated that it had not been approved by the Board. JH added that the national cap on the maximum rate an agency can charge had not been implemented and it was this initiative that would make the largest savings. DM asked if the number of nursing vacancies were reducing. LK replied that optimal staffing would occur in October 2015 when the newly qualified nurses commenced. The return to Monitor included recruitment of nursing staff, reduction in enhanced observations and a move from one to one care being provided by RMNs to Healthcare Assistants.

	In response to a question by DM, DT stated that the use of RMNs had reduced in August and this needed to be maintained. On average 10 qualified nurses left the trust each month, so recruitment and retention was key. In addition, the increased use of bank staff and reducing the rates being changed by agencies would drive down costs. OE added that nurses identified non-financial reasons for leaving the trust e.g. flexibility of shifts. JDe asked what the implications were of breaching the target. LK stated that the guidance required an action plan which needed to be delivered. Non-compliance could ultimately mean that the trust could not draw down Department of Health financing, but it was an unclear the process of getting to this point. **Resolved: That the nursing agency report be noted and the Board kept informed of progress.**
3.5	**Nursing Staffing update**
	LK presented the nursing staffing update for June and July 2015. The trust had a successful overseas recruitment to Croatia, but had been informed that only 50% of the nurses appointed had been granted visas to work in the UK. Croatia had restricted rights since joining the EU and residents were required to have work visas. This was a national issue as nursing was not included on the priority employment list and the Government was being lobbied for change. LK informed the Board that a detailed review of Ward 15 was underway as there was a higher propensity to use enhanced observations. In response to a question by DM, LK stated that fill rates over 100% were for enhanced observations. **Resolved: That the Nursing Staffing report be received and accepted.**
3.6	**Serious Incident**
	SA introduced the report and informed the Board that a detailed quarterly report on Serious Incidents was reported to the Quality and Clinical Risk Committee. There had been no SI report breaches in August. There were a number of breaches for submitting evidence of actions being completed to the CCG and the focus was to close down the older breaches and those that required working with other organisations. Divisions were aware of the Duty of Candour and the fines associated with non-compliance. This was a subject during the plenary session and internal audit would be testing compliance. **Resolved: That the Serious Incident report be received and accepted.**
3.7	**Infection Control Annual Report 2014/15**
	LK presented the Infection Control Annual Report 2014/15 which had been discussed at the Quality and Clinical Risk Committee. TN asked how the trust infection levels compared with other organisations. LK stated that MRSA and CDif rates in 2014/15 complied with the trust's contractual requirements. CDif rates were higher than the national average and Public Health England had provided benchmarking information of CDIf infections in comparison with

	local areas. The trust tested a higher proportion of patients and the likelihood was that the more patients tested would result in an increased positive finding. LK stated that in 2015/16 there had been no avoidable CDIf infections. FB raised concern regarding compliance with anti-microbial stewardship as detailed in Table 2 of the report. LK replied that the problem with ant microbial stewardship had been recognised and there had been a change to the structure to ensure compliance. This was being audited monthly with additional training and the introduction of an App for mobile phones. MW stated that given the trust's plans to develop more clinical capacity, what design principles were for high risk patients. JB replied that the design principles had changed and there was now a requirement to provide more single rooms and bathrooms than when the hospital was designed and built. **Resolved: That the Infection Control Annual Report 2014/15 be received and accepted.**
3.8	**Complaints Annual Report 2014/15**
	LK presented the Complaints Annual Report 2014/15 which had been discussed at the Quality and Clinical Risk Committee. SA added that category 5 and 6 complaints, which were the most serious, were investigated and reported to the Serious Incident Review Group. FB stated that there had been an increase of 39% in complaints but the report did not specify which category these were in. LK stated that the categorisation was introduced in the latter part of 2014/15 and the complaints team would need to examine this. DM stated that complaints regarding to take home medication was a persistent problem and asked what action was being taken. LK replied that there was a working group examining ways to improve and an update will be reported to the Quality and Clinical Risk Committee. **Action 309:** JDe added that only two complaints had been escalated to the Parliamentary Ombudsman. **Resolved: That the Complaints Annual Report 2014/15 be received and accepted.**
3.9	**Safeguarding Annual Report 2014/15**
	LK presented the Safeguarding Annual Report 2014/15 which had been discussed at the multi-agency Safeguarding Committee and the Quality and Clinical Risk Committee. DM asked the scale of safeguarding cases for the hospital and how the Board can be assured that safeguarding was appropriately dealt with. LK responded that there were daily operational escalation of cases of safeguarding, in part due to new legislation e.g. Mental Capacity Act. The trust was required to complete a self-assessment and assurance framework for safeguarding adults which was reviewed by the CCG in April 2015. Since 2012 the number of areas rated as Amber (working towards) has reduced from 12 to 1 and the number rated as Red (not effective) had reduced from 5 to 0. The number of Green rated areas (effective) had risen from 1 to 16. The assessment identified the area for further development was continue to build and extend leadership for safeguarding across the service.

	BG asked how the implementation of the priorities for 2015/16 were being monitored. LK replied that the Safeguarding Committee had membership from external stakeholders including MKCCG, NHS England, Police and MK Council and it was a statutory requirement to execute responsibilities. In response to a question by SL, LK stated that all staff were trained on how to PREVENT radicalisation and a monthly return had to be made. **Resolved: That the Safeguarding Annual Report 2014/15 be received and accepted.**
3.10	**Quality and Clinical Risk Committee Report**
	JDe introduced the report from the quarterly meeting of the Quality and Clinical Risk Committee and highlighted the following: • Serious Incident Review Group met weekly and reviewed Serious Incident investigation reports, actions being taken. • A report on the Never Event in Ophthalmology had been considered. It was a similar incident to a previous event and the investigation identified that Standard Operating Procedures (SOP) were required updating and the management of SOPs had been made more rigorous. • Hospital Standardised Mortality Rate in March was 88 compared to an average of 100. Summary Hospital level Mortality Indicator (SHMI) was slightly higher at 113, but within the acceptable range. • Services for patients with stroke was identified as an issue which the trust was addressing. The Committee requested information on the percentage of patients receiving all elements of stroke care to be reported quarterly. • Complaints – there had been one category 6 complaint and the Committee had requested information on category 4 and 5 complaints for future quarterly reports. • Clinical Risk Register – this continued to be developed and required further work in order for it to reflect the clinical risks. **Resolved: That the quality and Clinical Risk committee report be received and accepted.**
4.1	**Integrated Performance report**
	JB introduced the integrated performance report for month 4 and highlighted the following: • A&E 4 hour target had been met and it was anticipate the quarter 2 performance would meet the 95% requirement. • Referral to Treat (RTT) – from October all trusts were required to report only the incomplete pathways performance. New guidance had been issued and if a patient choses to delay treatment the clock does not stop. The delays in the management of the patient in primary care can also affect the performance against this indicator. The trust was currently not meeting the performance level required and there was a trust wide action plan being implemented. There were financial implications of not meeting the target, but performance was also

	dependent on increased demand and pressure on beds. • Cancer targets – there was national concern regarding cancer target performance. The divisions were focused on delivery and the trust was currently improving performance on 62 day cancer waits. • Appraisal and Statutory and Mandatory training – there was a significant number of appraisals and Statutory and Mandatory training which was due to be renewed in September and October and the divisions were being supported to deliver the plans for this. • There had been one MRSA bacteraemia case which was the same patient as earlier in the year which the CCG had determined was unavoidable. It was expected that this case would be allocated to another agency. **Resolved: That the M4 integrated performance report be received and accepted.**
4.2	**Month 4 Finance report**
	DT introduced the report and highlighted the following: • The trust recorded a £2m deficit in month which was £0.4m better than plan • Income was £0.6m higher than plan driven by increased outpatient, emergency admission and A&E activity. • Pay was £0.5m higher than plan driven by agency costs for enhanced observations and escalation ward. However, agency spend in August had reduced particularly for enhanced observations. • Non pay was £0.3m favourable to plan • The forecast was delivery of £36.2m deficit. • Cost improvements (CIPs) year to date were £2.35m which was better than the planned £2.3m and the forecast was to deliver £8.4m in line with the plan. • The trust had drawn down less working capital due to cash income being better than plan and capital expenditure being lower. • Risks to delivery of the financial plan were agency spend, non delivery of CIPs volume activity and CCG ability to pay and Department of Health funding. JH stated that the Board had responded to Monitor's request to review the plan but as yet there had been no response. The Board would need to consider the position regarding the financial plan at the meeting in October 2015. **Action 310:** **Resolved: That month 3 finance report be received and accepted.**
4.3	**Finance and Investment Committee report**
	DM introduced the report and highlighted the following: • The trust was operating without an agreed budget but was committed to deliver its plan. • There had been a detailed report on the Workforce stream of the transformation programme and at the next meeting productivity was being reviewed, which

	was the largest value project in the programme. • Patient Level Costing (PLICS) was required to be implemented by 2018 and would identify the revenue and expense dynamics. • Agency spend remained a key focus area to reduce costs. • An update on HMRC relating to contracting interim staff through companies was received. • The revision to the business case process was reported. **Resolved: That the Finance and Investment Committee report be received and accepted.**
5.1	**Audit Committee report**
	BG introduced the report and highlighted the following: • The external audit plan had been agreed and it was similar to last year. • Data quality was an important issue for the trust and was high focus for the Executive Directors. • Quality Account – the local indicator chosen by the Council of Governors would be considered in November to enable testing prior to audit. • Internal audit recommendations – there had been progress on closing the recommendations since the last meeting. • An internal audit advisory report on job planning was reported. • A draft internal audit report on Complaints management had been received. • The Committee received the Counter fraud annual report which indicated that increased local publicity had seen an increase in referrals to the service. • Information Governance toolkit annual report 2014/15 scored the trust at Level 2 which was satisfactory. • There had been significant progress in risk management and BAF improvements. • The Audit Committee annual report was agreed and appended to the report to Board. **Resolved: That the Audit Committee report be received and accepted.**
5.2	**Equality and Diversity Annual Report 2014/15**
	OE presented the report and highlighted that the trust must demonstrate that it has considered how the decisions made, the services delivered and the employment practices affect people who share different protected characteristics. The trust was working with the CCG on the Equality Delivery System and was working with the local community e.g. schools. **Resolved: That the Equality and Diversity Annual report 2014/15 be received and accepted.**

5.3	**Workforce and Development Assurance Committee report**
	TN introduced the report from the Workforce and Development Assurance Committee and highlighted the following: • The quarterly workforce report contained comparative data from other trusts which was useful for benchmarking. • The trust appeared to be an outlier regarding absence and this was being examined. • The Employee Assistance programme had been launched to support staff and was an action from the staff survey. The Committee requested information on how other items from the staff survey were being addressed. In response to a question by DM, OE stated that a detailed report on the We Care programme was reported to the Committee. It detailed how the We Care programme had been re-invigorated and was linked to the patient experience programme. The report would be circulated to Board members for information. **Action 311:** **<u>Resolved:</u> That the Workforce and Development Assurance Committee report be received and accepted.**
5.4	**Charitable Funds Committee report**
	FB introduced the report and highlighted the following: • At each meeting the Committee receives a report from a service which had received charitable funds and the physiotherapy service had shared with the Committee what additional equipment had been purchased and how patients had benefited. • The Committee welcomed the decision by the Board to agree the pre-Strategic Outline Case on the Cancer Centre, but recognised the challenge and resources required to raise charitable income for this project. • Charitable income was above plan. • Staffing resource for charitable funds had increased. • The Committee received a report on the independent status of the charity and concluded to retain the NHS charity status and review again in 2016. **<u>Resolved:</u> That the Charitable Funds Committee report be received and accepted.**
5.5	**Board Assurance Framework (BAF)**
	SA reported that the BAF was reviewed and updated by the Executive Directors on a quarterly basis and relevant sections were reported to the Committees for scrutiny. The finance risk required updating following submissions to Monitor. **<u>Resolved:</u> That the BAF be received and accepted.**
5.6	**Membership and Engagement Strategy**
	SA presented the draft Membership and Engagement strategy which had been considered by the Council of Governors. There was increased relevance to

	engagement with members and the public because of the Healthcare Review. **<u>Resolved:</u> That the Membership and Engagement Strategy be approved.**
7.	**Administration and Closing**
7.1	**Questions from members of the public**
	MW informed the Board that a question had been received from and in his absence it was read to the Board. **Question from** Noting the example of the RCOG report dated October 2014 approved as public document at the Board meeting taken place in May 2015 and minutes approved 4th July 2015, and that it had been hard to find on the Trust website, would the Board ensure that such recent documents approved as public by the board are published in good time on the Trust website and allow easy and convenient access of such documents? JH gave the following response: The Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) visited the trust in October 2014 to undertake a joint review of maternity services. The trust received the joint report from the RCOG and RCM at the end of February 2015 and made comments on factual inaccuracies. Following receipt of the final report it was reported to the first public Board on 6 May 2015. All reports to the public Board are published on the Trust's website in advance of the meetings and the RCOG report was published with the public Board papers for the meeting on 6 May 2015.

The meeting closed at
12.50pm **Trust Secretary**
23 September 2015

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 68th Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 13th November 2015 at 10.30 am, in room 6 of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Audit Committee
- Chair of Finance & Investment Committee
- Non Executive Director
- Non Executive Director

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs (Interim)

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Clinical Services
- Director of Patient Care and Chief Nurse
- Medical Director

)

- Trust Secretary

Item 3.1 only

- Matron Acute Medicine

Item 3.4 only

- End of Life Medical lead

There was one Governor and two members of the public in attendance.

1.1	**Apologies for Absence**
	There were no apologies for absence.
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 18 September 2015.**
	The draft minutes of the meeting held in public on the 18 September 2015 were presented. **<u>Resolved:</u> That the draft minutes of the meeting held on the 18 September 2015 be agreed as a correct record of the meeting, subject to minute 5.4 last bullet point be amended to read "the Committee received a report on the independent status of the charity and concluded to retain the NHS charity status and review again in 2016."**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 288 Chief Executive Report** Professor Draycott recommended undertaking a safety attitude questionnaire which had been actioned, but there had been difficulty in analysing the results. Professor Draycott will be undertaking the analysis and a timescale will be determined. **Action Ref 301 Patient Experience Roadmap** Verbal update on agenda and regular reports will be submitted to Board. **Action Ref 306 Orthopaedic Never Event** This was included on the agenda and it was agreed that this item was now closing. **Action Ref 307 CQC developments** A presentation on the End of Life pathway on the agenda and it was agreed that this item was now closing. **Action Ref 309 Complaints Annual Report** A working group has been established to improve to take out (TTO) medication. The CCG was monitoring performance as part of the CQUIN. The trust was currently delivering 41% of requests for TTOs to be written before 9am on day of discharge which will improve the number of discharges before midday. Emergency Care Improvement Support Team (ECIST) recommends that 33% target for discharge before midday and the trust was achieving 34%. There will be a detailed report to the Quality and Clinical Risk Committee in January 2016. **<u>Resolved:</u> That the action log as updated at the meeting was received.**

1.5	**Draft Minutes of the Council of Governors Meeting held on the 29 September 2015**
	The draft minutes of the Council of Governors meeting held in public on the 29 September 2015, were presented. **<u>Resolved:</u> That the draft minutes of the Council of Governors meeting held on the 29 September 2015 be received.**
2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman's report was included in the Board agenda. The Chairman added that the Staff Awards which had taken place on 4 November had been a tremendously successful and inspiring event. **<u>Resolved</u>: That the Chairman's Report be received.**
2.2	**Chief Executive Report**
	JH gave a verbal report and highlighted the following:
a.	**Key Approvals** The Board had approved the business cases: • To progress the Cancer Centre • To progress the Welcome Centre, this will be the main reception to the hospital opposite the multi storey car park. • To permanently establish Ward 18 which had previously been an escalation ward. • To pilot a new motel of care for Ophthalmology that links primary, community and acute care. • For the next stage of expanding car park provision and office space. • To progress to Outline business case for a post graduate medical school.
b.	**A&E Target** The NHS had failed to achieve quarter 2 of the 4 hour A&E target, however the trust and achieved this. There had been increased demand in October and this week the trust was undertaking a week long initiative "Warm up to Winter" to improve patient flow throughout the hospital. CH stated that the same model used for Spring to Green was being implemented this week and enabled the Divisions to launch improvements. Non clinical staff were acting as Ward Liaison Officers to take early interventions to improve patient flow and in particular to identify discharges at an earlier stage. There had been system wide input into this initiative and an example was an in reach service being provided by a GP for his patients. Performance in the trust had improved and there was also a reduction in outlier patients for example medical patients on surgical wards.
c.	**Theatres Team Win Strictly Come Dancing Competition** The Theatres team had sought and been given permission to record themselves dancing as part of the Strictly Come Dancing It takes two competition. The team had

	been informed this week that they had won and would be going to Blackpool to see the programme being filmed live. The video had been shared on social media and the BBC and there was a large amount of positive publicity. The Board congratulated the theatre team on their success. In response to a question by DM, JH stated that the trust was following the national guidelines regarding the junior doctors' contract negotiations. The Consultant body at the trust had written a letter in support of the junior doctors and have stated that they will ensure that patient safety was not compromised if there was any industrial action. Discussions would continue to ensure patient safety was not affected and that relationships locally were not undermined. **Resolved: That the Chief Executive's report be received.**
3.1	**Patient Story**
	L • The patient had an unusual condition, porphyria, which was diagnosed in 2010. • The conditions meant that the body produced an abnormal amount of haem and the symptoms were severe including electrolyte imbalance and shock. • The condition affects more women than men and attacks reduced in frequency as the patient got older. • The patient had two years of mild symptoms before being diagnosed by a specialist in 2010. During an episode the patient experienced severe abdominal pain and dehydration. • The patient found that even after diagnosis, when attending the hospital she had to recount the symptoms and medical history. • A protocol was developed with the patient who can self-refer to the hospital and commence treatment as detailed in the protocol as soon as she arrives. The nursing staff had a checklist for the patient to ensure that the protocol was being followed. • The patient has had a portocath inserted and analgesics and fluid were usually administered within an hour of arrival at hospital. The nursing staff had been trained to access the portacath and to implement the protocol for this patient. • The protocol enables community providers to administer a specific drug which has reduced the necessity for admission from every three or four months to twice in the last year. • At a recent conference which the patient also attended, this was the only example of a patient specific protocol. for the presentation and asked which other patients could benefit from specific protocols. LC stated that the trust had patient specific protocols in place for patients with other conditions. There was also the red box process for children with certain conditions e.g. sickle cell. In response to a question by FB, LC stated that the patient has a copy of the protocol

	and was well informed about her condition and how it could effectively be treated. **Resolved: That the patient story be received and the patient be thanked for allowing their story to be shared with the Board.** Liz Clark left the meeting and
3.2	**Patient Experience**
	LK informed the Board that regrettably the progress of the Patient Experience project was slower than expected primarily due to staffing shortages. The process for recruiting a substantive programme manager was in place and had been appointed as the medical lead. would be providing a presentation on Patient Experience to the Board in March 2016. **Action 312:** **Resolved: That the verbal patient experience report be noted.**
3.3	**Delivering Excellence in Maternity**
	The 2015/16 maternity work plan was presented to the Board for consideration. **Resolved: That the 2015/16 maternity work plan be noted.**
3.4	**End of Life Care presentation**
	OE, who was the Executive lead for End of Life care, introduced who was a Palliative care consultant and the End of Life lead for the trust. gave a presentation and highlighted the following: • The CQC rated end of life as good, however, safety was rated as requires improving. • There were positive comments and areas for improvement in each domain of safe, effective, caring, responsive and well led. • The completion of DNACPR was highlighted for particular attention. There has been considerable amount of work with acute Medicine team to improve this. The policy was reviewed and changed, a Patient Information Leaflet was completed and the Resuscitation Committee has been re-established. An update on DNACPR has been provided to Clinical Board, MAC and a plenary session for clinicians has been held. • Advanced care planning has been introduced for patients to consider their end of life care in advance. • The personalised care plan which replaced the Liverpool Care Pathway had only been in place for 3 weeks before the CQC inspection. This has been further embedded by clinical teams. • End of life care has been included in the mandatory training programme and personalised care plan was on the essential skills training for nursing staff. • There was 24/7 consultant palliative care advice available for staff through a consortium arrangement with other trusts. **Other issues:** • Computerised system to enable end of life patients to be identified wherever they were located in the trust needs to be established. • The End of Life Strategy group was examining complaints to identify learning.

	• Education on DNACPR was ongoing, as there was often a reluctance to discuss this with patients and their families. • Facilities for patients and their families was still outstanding, however, this was problematic to resolve due to the space restraints in the hospital. FB asked if the CQC re-inspected what was the expected rating. JH stated that the CQC would recognise the improvements made by and the team and could not see any reason why the service would not be rated as good. JDe asked what action was being taken to overcome the reticence staff had in having difficult conversations with patients and their families. JW stated that the palliative care team had more presence on wards and clinicians saw how the team took the lead which gave them greater confidence in having difficult conversations with patients and families. DM asked how many end of life patients were dealt with by the team. JW stated that there was 60-70 per month. The trust had invested in Healthcare Assistants (HCAs) by providing end of life training with the Open University. HCAs had the most interaction with patients as they provide hands on care and had become end of life ambassadors. TN asked if there were effective links with external providers. JW stated that there were strong links with MacMillan, the CCG, district nursing team, however there was not 24 hour care provided by the district nurses. The hospital also had links with Willen Hospice, but, the Hospice focused on cancer care. In response to a question by JH, JW stated that the South Central Ambulance service was represented on Milton Keynes Palliative Care Board. **Resolved: 1. That the End of Life Care presentation be noted.** **2. That Dr Wale be thanked for the presentation and convey the Boards thanks to the palliative care team for the improvements made to the service.**
3.5	**Serious Incident report**
	MW presented the Serious Incident (SI) report for quarter 2 and highlighted the following: • There had been 22 SIs in the quarter. • There had been no breaches in submission of SI report to the CCG in the last 18 months. • There was a robust reporting and review process undertaken by the Serious Incident Review Group which met on a weekly basis. • Evidence had been provided to the CCG for the outstanding SIs from 2013 and these had now been closed. There were 8 outstanding from 2014. • Capsticks, the trust lawyers, had given a presentation to clinicians on serious incidents and the reporting process. BG stated that there was a rising trend in the number of SIs and asked if this was cause for concern. MW responded that the number was not cause for concern and the trust had actively encouraged reporting of SIs. The important factor was to ensure that

	learning was disseminated from SIs when they occur. JH added that in comparison with regional average for pressure ulcers the trust had a significantly lower performance. However, it would be useful to have actual figures in the report rather than percentages. SA added that this issue was discussed at the Quality and Clinical Risk Committee and detail on some of the data was not available. **Action 313: Martin Wetherill** JDe asked what process was in place to ensure that incidents were raised as part of the appraisal process and that learning from incidents was taken on board. MW stated that a review of complaints and SIs were included in the appraisal process and the learning and training areas identified, if required. DM added that the Quality and Clinical Risk Committee had requested a detailed review of the incidents on delayed diagnosis at the next meeting. **Resolved: That the quarter 2 Serious Incident report be received and accepted.**
3.6	**Orthopaedic Never Event**
	MW presented the report and stated that a never event regarding wrong site surgery had occurred in orthopaedics. An operation was undertaken on the inside of the patients elbow rather than the outside. A full analysis of what occurred was undertaken and it was found that the WHO checklist was completed and the time out, which usually takes place immediately before the first incision, took place before the surgeon scrubbed in. A plenary session was held for the team to present the findings from the review and lessons learnt and this was exceptionally well attended. MW stated that team working and the right to challenge any member of the team was JH questioned if an audit was undertaken on whether the WHO checklist was appropriately completed and if it was challenged by team members. MW responded that an operational audit would be undertaken. **Action 314:** **Resolved: That the Serious Incident report be received and accepted.**
3.7	**Carers of Patients with Dementia Audit**
	LK presented the six month audit report which was a CQUIN requirement. The report highlighted continual improvements. The trust was 96% compliant with dementia training for staff. JDe commended the continual improvement in treatment and care of patients with dementia. **Resolved: That the Carer of patients with dementia audit from April to September 2015 be received and accepted.**
3.8	**Nursing Staffing update**
	LK presented the nursing staffing update. The pilot on Ward 3 had commenced on the first week of October where the ward had additional healthcare assistants for patients who required one to one care and hence, negated the need for agency specials. Since implementation there had been no agency staff used for enhanced observation on the ward in October. This pilot was being rolled out to wards which had demand for

	enhance observations and Ward 15 a male medical ward was next. LK stated that the midwife to birth ration for September was 1:38 due to a number of midwifery vacancies and an increase in activity. The ratio was restored to 1:30 in October with the recruitment of 16 new midwives and activity was not expected to increase in the next six months. At the time of writing there were 70 residual vacancies however, the Board had approved the substantiating of staffing for Ward 18 and therefore the vacancies was now 85. The Government had announced that the nursing staff were now on the shortage occupation list to be allocated visas, however this maybe for a restricted period, so an urgent business case was being processed to approve recruitment in the Philippines. JDe asked whether there had been a reduction in the completion of intentional rounding due to staffing pressures. LK stated that there was 92% compliance for intentional rounding and there was no direct correlation between the performance of nursing indicators and staffing. In response to a question by MWa, LK stated that two midwives were present at water births during the second stage of labour. There were small numbers of water births and the time present was limited and this was managed by the service. **Resolved: That the Nursing staffing update be noted.**
3.9	**Quality and Clinical Risk Committee Report**
	DM introduced the report from the quarterly meeting of the Quality and Clinical Risk Committee, which he had chaired and highlighted that the Committee had received four presentations on the following: • Stroke Service improvements • Cancer service improvements to patient experience • Implementation of the Level 1 pathway which improved the identification of deteriorating patients and escalated the patient appropriately. • Maternity work plan 2015/16. • Detailed reviews would be undertaken on delayed diagnosis, dementia care and the patient experience project. MW stated that the trust's Hospital Standardised Mortality (HSMR) ranked the trust 7th best performer out of 142 acute trusts. **Resolved: That the quality and Clinical Risk committee report be received and accepted.**
4.1	**Integrated Performance report**
	JB introduced the integrated performance report for month 6 and highlighted the following: • The trust achieved A&E target in quarter 2 • The trust achieved cancer target for Q2. • Due to emergency activity, the referral to treat had been adversely affected.

	The reporting for RTT was changing to open pathways reporting. In response to a question by FB, CH stated that there were action plans for particular specialties not achieving RTT targets and there was positive progress. Additional support had been provided in urology which included weekend working. RTT performance was being monitored carefully. JH added that achieving RTT targets was a significant risk for the trust as it was competing with pressure to deliver the A&E target. **<u>Resolved</u>: That the M6 integrated performance report be received and accepted.**
4.2	**Month 6 Finance report**
	JD introduced the report and highlighted the following: • The trust was continuing to report against the planned deficit of £36.2m at the time of this meeting • Discussions were ongoing with Monitor regarding the plan and the ITFF application for funding. • As at month 6 the trust YTD performance was £1.3m better than plan with an actual deficit recorded of £16.8m. • Emergency admission income had increased and as a result costs had increased. • Non pay was lower than plan due to planned and timing related underspends on the Surgical lookback exercise and healthcare review. • The Capital plan had been reduced to £13.6m • The trust was likely to have a one-off increase in the financial risk rating to a score of 2, for quarter two, reflecting delivery of the financial plan and improved liquidity; however this would reduce back to 1 in quarter 3 as the liquidity benefit is technical only and due to timings of central funding support. • A key risk was agency spend with new variables resulting from the cap on nursing spend and the imminent introduction of price caps for all agency staff. Implications likely to be upon operational delivery rather than the financial position in the short term. In response to a question by MWa, LK stated that the 17% nursing agency cap was a significant challenge. JD stated that the trust was not required to report the position on nursing agency in month 6 to Monitor, however, the performance in month 6 was on the trajectory in the plan. **<u>Resolved:</u> That month 3 finance report be received and accepted.**
4.3	**Finance and Investment Committee report**
	DM introduced the report and highlighted the following: • The Committee met on a monthly basis which reflected the importance of the financial position of the trust and the national focus on the health sector finances. • The Committee focused on agency spend, the funding requirements which had

	been reported to Board for approval and the off payroll contracts. • The transformation programme had delivered £3.69m against a plan of £3.9 and the risk adjusted forecast was £7.24m. Divisions continued to identify **<u>Resolved:</u> That the Finance and Investment Committee report be received and accepted.**
4.3	**Business Case update**
	JB expanded on the announcement made by the Chief Executive regarding business cases approved by the Board.
a.	**Cancer Centre** Approval had been given which enabled MacMillan to undertake a feasibility study and the trust to produce a strategic outline case for the development of chemotherapy and oncology outpatient department and associated inpatient beds.
b.	**Welcome Centre** The Board had approved a business case to develop a main entrance opposite the multi storey car park which would be externally funded and have a reception, PALs service and retail outlets.
c.	**Car Parking** Approval had been given to progress the option appraisal and feasibility study and outline business case to provide additional car parking on the site.
d.	**Office Accommodation** Approval had been given for the designing of the refurbishment of the empty shell adjacent to angiography to provide office accommodation. FB stated that there had been significant progress in a number of areas and asked whether this was being communicated widely. JH stated that the 3D flyover of the site development had been shown at a number of external meetings with media being present. It had been stressed that irrespective of the outcome of the Healthcare Review the site required development. **<u>Resolved:</u> That the business case update be noted.**
5.1	**Board Assurance Framework**
	SA stated that the risks in the BAF had been reviewed in detail by the Executive Directors. The score and risk levels remain unchanged but the detail against the risk had been altered. Two risks were highlighted: • **SO9 Insufficient bed capacity** – Ward 18 had been substantiated and work was underway to identify additional capacity options, however, these options were limited. • **SO8 Adequate Succession plan for Executive Directors** – this had increased due to the resignation of the Director of Finance. The position had been advertised twice with no suitable candidates being shortlisted. SA stated that the risk SO5.3 regarding the electronic patient record had reduced in

	score and would be replaced with EPR benefits realisation risk. SO3.1 lack of assessment against best evidence based clinical practice – the work being undertaken by internal auditors KPMG would report on practice and areas for improvement and the Clinical Audit post was out to advert. BG suggested that the succession planning for the Director of Finance post was not sufficient if there were no suitable applicants despite going to the market. SA replied that there had been options in place; however, circumstances had changed which had meant that a suitable candidate was no longer available. JH requested feedback on whether the BAF reflected the key risks for the trust and the Board agenda addressed the issues. JDe stated that the BAF was more aligned to the strategic risks and the Board agenda. MWa added that the Board sub-committees reviewed and challenged the respective risks in detail at their meetings. JH highlighted stroke service which had seen improvements and there were discussions with the CCG regarding the future provision of the service. DM asked if failure to deliver on investment needed to be a risk on the BAF. JH responded that it was implicit in SO9 cancer centre which would effectively deliver two wards for patient care. **Resolved: That the BAF be received and accepted.**
5.2	**Trust Seal**
	SA reported that the trust seal had been used for two grants from Milton Keynes Council. **Resolved: That the use of the Trust seal for two grants from Milton Keynes Council be noted.**
5.3	**Board and Sub Committee timetable of meetings 2016**
	MER presented the Board and Sub Committee timetable of meetings for 2016. **Resolved: That the Board and Sub Committee meetings in 2016 be approved.**
6.	**Administration and Closing**
6.1	**Questions from members of the public**
	There were no questions received from members of the public.

The meeting closed at
12.10pm **Trust Secretary**
18 November 2015

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 70th Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Wednesday 7th January 2016 at 10.30 am, in room 6 of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:

NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Audit Committee
- Chair of Finance & Investment Committee
- Non Executive Director
- Chair of Workforce & Development Assurance Committee

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs (Interim)

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Corporate Affairs
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Patient Care and Chief Nurse
- Medical Director

- Trust Secretary

There was two Governor, one member of staff and two members of the public in attendance.

1.1	**Apologies for Absence**
	Apologies for absence was submitted on behalf of
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 13 November 2015.**
	The draft minutes of the meeting held in public on the 13 November 2015 were presented. **<u>Resolved:</u> That the draft minutes of the meeting held on the 13 November 2015 be agreed as a correct record of the meeting**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 288 Chief Executive Report** Professor Draycott recommended undertaking a safety attitude questionnaire which had been actioned, but there had been difficulty in analysing the results. Professor Draycott will be undertaking the analysis and a timescale will be determined. **Action Ref 309 Complaints Annual Report** A report on the work to improve to take out (TTO) medication will be considered by the Quality and Clinical Risk Committee on 22 January 2016. **Action Ref 313 Serious Incident report** Figures of incidents in benchmarking charts will be included in the report to the Quality and Clinical Risk Committee on 22 January 2016. **<u>Resolved:</u> That the action log as updated at the meeting was received.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 24 November 2015**
	The draft minutes of the Council of Governors meeting held in public on the 24 November 2015 were presented. **<u>Resolved:</u> That the draft minutes of the Council of Governors meeting held on the 24 November 2015 be received.**
2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman's report was a summary of activity from the end of 2015 and was included in the Board agenda. **<u>Resolved</u>: That the Chairman's Report be received.**

2.2	**Chief Executive Report**
	JH gave a verbal report and highlighted the following:
a.	**Quarter 3 A&E performance** The trust had achieved the 95% A&E 4 hour target, which was the third consecutive quarter it had been achieved. This was significant as nationally it was good performance and was huge progress from 2012/13 when the trust had the worst performance nationally. The achievement of this target had been picked up on social media and had reached over 150,000 people. The trust had received positive feedback from a number of organisations including NHS providers and Monitor.
b.	**Positive Media coverage** The MK Hospital Charity Winter Ball was held on 27 November 2015 and was a very successful event that raised a considerable amount for the hospital charity. The theatre staff had won the Strictly Come Dancing competition which received a great deal of positive media attention. Roy Lilley, a renowned NHS commentator, visited the trust and had published positive messages about his visit and the work being done at the trust. Channel 5 and Sky News were covering the trust regarding the junior doctor strike and the plans in place to ensure that safe care was provided to our patients. The good working relationship with the junior doctors at the trust continued.
c.	**Electronic Patient Record (EPR) Phase 1** Phase 1 of the implementation of EPR had been closed and this was the first major step in the £24m project to improve the patient record system. The next phases of the project would see improvements that would provide efficiencies and improvements to our services.
d.	**Budget 2016/17** The national financial planning guidance was released before Christmas and work was underway on 2016/17 budget. However, the trust still did not have an agreed budget for 2015/16. The trust was unlikely to benefit from the £1.8billion being distributed throughout the NHS and it would be unhelpful to the Healthcare Review process if additional funding was provided.
e.	**Staff Survey** 51% of all staff responded to the staff survey ,which had been distributed to every member of staff, and it was an improvement on the response rate from 2014. The analysis of the responses would be available in February 2016 and would be reported to the Workforce and Development Assurance Committee. **<u>Resolved:</u> That the Chief Executive's report be received.**
3.1	**Patient Story**
	The Chairman stated that it was important for the Board to receive a patient story at each meeting before considering the reports before them as it acted as a reminder that the patient was at the heart of every decision the Board made.

	LK introduced the story of “When their perfect little blue-eyed boy was born in November 2013, first-time parents had no idea that their lives were about to be turned upside down. Everything was fine until Toby had a seizure at the age of eight weeks. ‘At first we thought it was a one off. It was scary and it took us by surprise but he recovered pretty quickly,’ says Tim. After that first trip to A & E, the couple returned home, expecting life to return to normal. Little did they know that seizure was to be the first of many and now the family’s life is dominated by round-the-clock care for their blond-haired two-year-old. In his short life, Toby has been rushed to Milton Keynes Hospital dozens of times, and the family have called the ambulance service over 100 times. After extensive tests, Toby was referred to a neurologist in Oxford, where he was diagnosed with , a severe life-limiting condition that causes seizures that last from seconds to hours, alongside other conditions such as learning disability, autism and ataxia. ‘s two now, but his developmental age is around nine months,’ says watching The family have had to adjust every aspect of their lives. There is oxygen in every room. ife is governed by monitors. There is a sound and video monitor in his cot, along with a breathing and seizure monitor that is so finely tuned that it can detect the slightest change of movement in suggests a seizure is imminent. was diagnosed at the age of seven months, making him one of the youngest people in the UK known to have Dravet Syndrome. Tim is grateful to the skills of MK consultant paediatrician one of the first doctors to suspect that all was not right. was amazing. Fortunately, we had videoed one of seizures so we were able to show him just how his body reacted during a seizure. He sent us to a neurologist but getting the diagnosis was still an enormous shock. We were completely numb, especially as we have no genetic tendency. For us, having a son with Dravet’s is just one of those things.’ are full of praise for the kindness and expertise of staff at the hospital. An ‘average‘ month for can involve perhaps one emergency admission, four sessions of physiotherapy, one general paediatric appointment, a speech and language session, sonographs on his liver plus regular blood tests and a neurology appointment in Milton Keynes. Toby also makes regular visits to his dietician in Bristol and Professor of Neurology in Great Ormond Street. He is tube fed directly into his stomach and is on a high fat ketogenic diet, which has been shown to help some patients control seizures. ‘As you can see, we spend at awful lot of time at Milton Keynes hospital,’ says . ‘Because we have such a good relationship with regular doctors, it is very easy for us to talk things through with them. If we’re not sure of anything, we know we can

	have the conversation. And they know so well, it really helps what can be an incredibly stressful situation. Likewise, when has an emergency admission to Resus we know a lot of the team and they are excellent at both treating and keeping us informed of their actions.' Despite his limitations, is a happy little boy. He loves Bob the Builder and books, especially The Gruffalo. He is unable to walk yet but gets around by holding on to the furniture and using a walker to help strengthen his muscles. 'We never know when the next seizure will happen, how long it will be or if it will be the last. Sometimes they can be up to 60 minutes long – and that's when we end up in resus. It does mean we can't really plan our lives, though we know there are certain things that trigger the seizures. We would love to take swimming but water is a trigger – we don't know whether it's water, or excitement, but it's too great a risk to to find out.' In May 2015 suffered a 70 minute seizure followed by a 90 minute one a few hours later, the team in Milton Keynes induced him into a coma and intubated him for transfer to Intensive Care in Southampton. The couple get very little 'down' time, though they do have access to 16 nights a year of respite care at Helen House Hospice in Oxford. 'Often that doesn't go to plan. The staff there are wonderful but last time we got there, had a massive seizure and we didn't want to leave him in case he had more seizures. It's impossible to relax when you are uncertain what's happening to your child,' For parents of a child with such a complex condition, cope remarkably well. They are the people who know him best and keep a very close eye on how his vast range of medications affect him. 'The staff at Milton Keynes really are the most fantastic group of people. They are incredibly thorough and do absolutely everything they can to make sure that is treated quickly and safely. We honestly can't fault the work they do for Trust to raise awareness of Dravet Syndrome and to raise funds for vital equipment. To find out more about Toby and his condition, visit www.tobystrust.org **~~Resolved: That the~~ patient story be received and the patient's parents be thanked for allowing their story to be shared with the Board.**
3.2	**Delivering Excellence in Maternity**
	The Board considered the delivering excellence in maternity report. FB asked if there had been a response to the trust's letter regarding factual inaccuracies in the Supervisor of Midwives 2014/15 report. JH stated that there had been no response and the trust had escalated it to the regional team. DM asked if intentional rounding was embedded practice on every ward. LK replied that intentional rounding was undertaken on each inpatient ward and was audited as part of the monthly nursing metrics. A different intentional rounding process had been recently introduced on labour ward and it was believed the trust was one of the only hospitals undertaking it nationally. The labour ward intentional rounding was being

	audited and the process reviewed to ensure it was fit for purpose. MWa asked whether the partner organisations on the Maternity Improvement Board attended regularly. LK replied that MKCCG attended every meeting and the CQC senior inspector attended the last meeting with a colleague. Monitor had not attended a meeting since June 2015 and this would be raised with Monitor. **Action 315** **Resolved: That the delivering excellence in maternity report be received and accepted**.
3.3	**Preparedness for a Major Incident**
	JH gave a presentation to the Board on the plans in place to deal with a major incident. The trust had appointed a new Emergency Planning Officer, Gordon Austin, who had made significant improvements to the planning process and ensuring that staff knew their roles in a major incident. The new procedures had been tested with internal major incidents and learning from each was incorporated into the plans going forward. The Department of Health and NHS England had asked all trusts to provide assurance that plans were in place to respond to an incident similar to that in Paris in November 2015. This was based on four particular aspects: **1. Staff contact detail and cascade test for major incident** The staff contact list has been updated in December 2015 and tests were planned for January/ February 2016 to assess the effectiveness of the cascade. **2. Access to the hospital site in an emergency (in the event of restricted access for any reason)** The hospital building had many access points and was well served by different road access points. In addition, there was a heli-pad which was tested regularly, and could be used to transfer patients in and out of the hospital. **3. Increase in critical care capacity and capability** Escalation plans were in place to increase critical care capacity and capability in a major incident. There had been steady investment in resilience in acute medicine and surgery. 4. **Specialist advice on management of patients with traumatic blast and ballistic injuries** The approach and management of ballistic injuries and the management of blast injuries were detailed in the clinical guidelines for use in a major incident which are in use in the Emergency Department. A meeting with lead consultants 23 Dec 2015 to discuss and confirm arrangements had taken place Some further staff education sessions, with expert input, were being planned to raise awareness of types of injuries and approach to first aid care In response to a question by TN, JH stated that the regional gold command had the authority to declare a major incident outside the hospital. The Executive Directors of the hospital could declare an internal major incident and there were two categories, immediate and emerging incidents. KB stated that the trust must have effective plans for Government prescribed major incidents e.g. floods. In addition, the trust was a

	member of an active local resilience forum that produces plans across the local area. DM asked what plans were in place for the planned junior doctors' strike on 12 January 2016. JH responded that there were meetings taking place with participation from the local BMA representative. The trust was determined to ensure that the tensions at a national level did not de-stable the good local relationships with junior doctors. OE added that the strike planned for 12 January was for junior doctors to provide emergency care only. The operational plan was to provide services as would be available on Christmas Day. Plans had been developed for the planned industrial action in December 2015, which was called off and learning from this was that patients had been told that their appointments had been cancelled because of the industrial action. However, when it was called off, many patients contacted the hospital to ask whether their appointment would take place.. **Resolved: That the presentation on the major incident preparedness was received and accepted.**
3.4	**Nursing Staffing update**
	LK presented the nursing staffing report for October and November 2015 and stated that the trust was in a good position regarding staffing on shifts and that the spend on agency staff was improving. In response to a question by BG, LK stated that qualified nurses who had not received their registered PIN numbers could not undertake work and be paid as a register nurse, but had to work on health care assistants shifts at a reduced pay rate. This was a national problem that required resolving. **Resolved: That the Nursing staffing update report be noted**.
4.1	**Month 8 Performance report**
	JB introduced month 8 performance report and stated that due to the high level of emergency activity, the referral to treat 18 week target was under particular pressure and it was unlikely that the target of 92% for incomplete pathways would be not be achieved. Plans were being made to bring performance back on track. Activity in the first week of January was very high, which replicated the national picture. Locally Northampton and Kettering had declared internal major incidents and some patients attending Milton Keynes Urgent Care Centre had experienced 3.5 hour waits. FB asked if there had been a response to the request for support to approaching NHS England regarding the number of delayed transfer of care (DTOCs). JH responded that the trust had sought support from Monitor to speak to NHS England regarding DTOCs over the last nine months, but this had not been forthcoming. **Resolved: That the month 8 performance report be received and accepted.**
4.2	**Month 8 Finance Report**
	JD introduced the month 8 finance report and highlighted the following: • £950K better than plan which forecast £33.3m deficit. The Board had re-aligned

	the plan following the agreement to the reduction in deficit to £33.3m and it was expected that for the remaining 4 months the trust would perform adverse to plan results. • Income was £1m above plan in month due to activity levels. • There had been improvements in agency spend with a £250K reduction on the previous month due to the controls put in place and the reduction in the rate agencies could charge. There were breaches to the agency cap in certain circumstances and this was expected to increase when the further agency rate reductions took effect in February and April 2016. JH added that it had been recently reported that nursing agency rates in London had increased from 11% to 17% in the last two years. • The £13.6m capital programme was fully committed and the delivery of the schemes in the plan were being actively managed. • The trust had signed the revenue and capital loan agreements following the Board decision in December, however, there remained a difference in view of the revenue position. • The national planning guidance had been issued before Christmas which required an initial operational plan to be submitted on 8 February 2016. This would be reported to the Finance and Investment Committee on 1 February and Board on 5 February 2016. There was an additional system wide plan required for the period until 2021 and it was expected this would align with the healthcare review assumptions. MWa questioned the role of the weekly vacancy control panel and who attended the meeting. OE stated that the Director of Patient Care and Chief Nurse, Director of Finance and Director of Workforce met weekly to review applications for recruiting staffing. There was particular emphasis on enhanced observations requirements and hard to recruit posts. JD added that the utilisation of agency staff on wards had improved and the ward management staff were credited with this. LK added that the trust was working with NHS Improvement on sharing information and best practice regarding nursing agency. In response to a question by FB, JH stated that the system wide plan pulled together all providers and commissioners of health and social care and identified Milton Keynes and Bedford in the same area. The additional £1.8billion funding being provided to the NHS would not assist the trust in the strategic change if it was allocated to the trust. The trust would require transformational funding for the implementation of the outcome of the healthcare review. **<u>Resolved:</u> That the month 8 financial report be received and accepted.**
4.3	**Finance and Investment Committee report**
	DM introduced the report and highlighted the following: • The Board Assurance Framework risks were a key focus for the Committee which had reviewed the four financial risks: 1. **Agency spend** – the trust was currently not meeting the Monitor plan to reduce agency spend. 2. **Department of Health Funding** – there remained a £1.5m gap in revenue

	funding that did not have a Board agreed way of bridging. 3. **Transformation Programme** – Although the trust is confident it will achieve the £8.4m transformation efficiencies, there was pressure on this. 4. **Ability for CCG to pay for** activity – the CCG was paying each invoice however, due to over performance their finances were under pressure. GP referrals were at the highest level in October 2015 and the CCG was forecast to be £4m above the level of planned activity largely to QIPP plans not delivering the reduction in activity. Capital spend was at £3.6m and there was pressure to ensure that the schemes were delivered and paid for by the end of the financial year. **Resolved: That the Finance and Investment Committee report be noted.**
5.4	**Audit Committee report**
	BG presented the audit Committee report and highlighted the following: • There had been significant progress made regarding the recommendations from the external auditors on the Quality Accounts and Financial Accounts in 2014/15. • The Council of Governors were being requested to agree the local indicator for the external auditor to test, as part of the annual assurance programme. • Two internal audit reports had been received on complaints management and clinical audit and were both rated partial assurance with improvements required and the recommendations in these reports would be monitored by the Committee. • The Audit Committee recognised that risk management was the focus of each of the Board assurance Committees. • The register of gifts and hospitality for 2014/15 was reported to the Committee, which was a mechanism for protecting staff. It was believed that there was under reporting and the Committee had requested quarterly reports. • The accounts timetable for 2015/16 was presented to the Committee. JH stated that counter fraud had suggested a maximum value of gifts and hospitality be set, but this could be restrictive as some companies may want to invite staff to visit other sites to look at systems or equipment. BG replied that the suggestion was to have a level above which approval would have to be given before the gift or offer of hospitality could be accepted. **Resolved: That the Audit Committee report be noted.**
4.4	**Charitable Funds Committee report**
	FB presented the report and highlighted the following: • At each meeting the Committee received a report on the impact and value charitable funds had made on the services provided. A senior sister from the children's ward showed the Committee the Sensory Voyager equipment purchased with charitable funds which could be wheeled to the patients' bed and provided stimulation for children.

	• The annual report and accounts were approved and have been submitted by the deadline to the Charity Commission. • Income was slightly behind plan in September and spend was also lower than plan. • The Committee considered the apportionment of costs of running the charity to ensure it was equitable and to encourage staff to raise funds. **Resolved: That the Charitable Funds Committee report be noted.**
4.5	**Estate Development Update**
	JB gave a verbal update and highlighted the following: • **New Main entrance** – the trust was finalising the agreement with Compass, the preferred provider, of what was to be provided in the new main entrance e.g. PALs, Volunteers service, and reception area and retail units. Staff, Governors and the public would be consulted on the proposals. • **Academic Centre** – the demolition of the chimney and boiler house was imminent with preparatory works being completed. Final negotiations were being concluded regarding the academic centre design with the expectation that planning approval will be given in July 2016 and the building completed 12 months after. • **Radiotherapy** – Oxford University Hospital's outline business case was not complete and it was understood that it was not financially viable without private investment. Patients were continuing to receive radiotherapy treatment locally and this was increasing with prostate cancer patients receiving radiotherapy treatment in Milton Keynes. The Cancer Project Board had met in early December and considered the operational policy and draft schedule for chemotherapy, ascetic suite and ward facility. • **Emergency Department Phase 2** – It was expected that the building would be handed over at the end of January 2016 with completion at the end of February. Contractual agreement with the CCG regarding the Urgent Care Centre (UCC) was still not signed and an alternative use was required for the UCC building currently being used. • **Office Accommodation** – The Board had approved the development of the outline business case for the development of the space above angiography into office accommodation and the offsite provision. This was progressing according to plan. **Resolved: That the verbal update on estate development be received and accepted**.
5.1	**Board Assurance Framework**
	SA introduced the BAF report which requested the removal of risk 1.2 failure to deliver appropriate standards of care and experience in maternity and obstetrics and the addition of risk 2.4 failure to respond to patient experience feedback – specifically maternity services, with a risk score of 20. The Board were advised that there was further audit work being undertaken in maternity to provide assurance and since this was incomplete it was now recommended to retain risk 1.2 and add risk 2.4.

	In addition the Finance and Investment Committee had met on 4 January 2016 and had requested that the risk score for the transformation efficiencies (ref 7.3) be increased from a score of 10 to 12. BG asked when the risk for the 2016/17 transformation efficiencies would be added to the BAF and JD responded that this will be as a result of the budget setting process. FB stated that nursing validation risk was considered at the Workforce and Development Assurance Committee with a score of 20 but was not included on the BAF. SA explained that risks were only included on the BAF if it affected the delivery of a strategic objective and at this point the nursing validation risk did not. In response to a question by DM, JD stated that the implications of the junior doctors' industrial action in financial terms had been assessed, but at this point did not provide a strategic risk. **Resolved: 1. That the risk 1.2 failure to deliver appropriate standards of care and experience in maternity and obstetrics be retained on the BAF.** **2. That risk 2.4 failure to respond to patient experience feedback – specifically maternity services, with a risk score of 20 be added to the BAF**. **3. That the risk score of 7.3 Inability to achieve the required levels of financial efficiency within the Transformation Programme be increased to 12.**
5.2	**Trust Seal**
	SA presented the report which stated that the trust seal had been used for the League of Friends Milton Keynes Hospital Ltd lease agreement. **Resolved: That the use for the trust seal for the lease agreement with the League of Friends Milton Keynes Hospital Ltd be noted.**
5.3	**Workforce Development and Assurance Committee report**
	TN introduced the report and highlighted the following: • The trust continued to invest in training and development of staff and this was reflected in the staff survey responses. • Nursing revalidation was a risk to the trust, but the process was being well managed and staff were being supported. If the individual does not submit the required information by the deadline their registration was cancelled and it can take several weeks for the registration to be re-instated. • Nurse turnover rates were higher than local trusts and an analysis was being undertaken of the reasons for leaving which would be reported to a future Committee. In response to a question by JDe, LK stated that a NMC report of nursing staff whose registration was due to be renewed in the following month, was reviewed on a monthly basis. The line manager for each of these staff was informed and the likelihood of them continuing to work once their registration had expired was minimal. The NMC wrote to the individual directly regarding nursing re-validation and meetings were arranged with each nurse to provide support in the process. **Resolved: That the Workforce Development and Assurance Committee report be received and accepted.**

6.	**Administration and Closing**
6.1	**Questions from members of the public**
	There were no formal questions received from members of the public. , Public Governor, asked what action was being taken to address the poor patient experience performance highlighted in the performance indicators. LK stated that the trust had appointed a Patient Experience Manager who would run a full programme of patient experience initiatives using the performance indicators, Friends and Family Test, complaints and patient survey information. was the medical lead for patient experience and was working one day per week on the project. A presentation on the Patient Experience programme bywould be made at the March meeting.

The meeting closed at
11.50am **, Trust Secretary**
8 January 2016

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the PUBLIC session of the 71st Meeting of the Milton Keynes University Hospital NHS Foundation Trust Board of Directors. Held on Friday 4th March 2016 at 10.30 am, in Lecture Theatre of the Education Centre at Milton Keynes University Hospital NHS Foundation Trust.

CHAIRMAN:

CHIEF EXECUTIVE:
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NON-EXECUTIVE DIRECTORS:

- Chair of Charitable Funds Committee
- Chair of the Quality and Clinical Risk Committee
- Chair of Audit Committee
- Chair of Finance & Investment Committee
- Non Executive Director
- Chair of Workforce & Development Assurance Committee

EXECUTIVE DIRECTORS:

- Director of Corporate Affairs

IN ATTENDANCE:

- Deputy Chief Executive
- Director of Corporate Affairs
- Director of Finance
- Director of Workforce
- Director of Service Development
- Director of Patient Care and Chief Nurse
- Medical Director

- Trust Secretary

Patient Experience Lead
Head of Midwifery

There was six Governor, three member of staff, two members and newly appointed Non Executive Director of the public in attendance.

1.1	**Apologies for Absence**
	There were no apologies for absence.
1.2	**Declarations of Interest**
	There were no declarations of interest.
1.3	**Minutes and matters arising from the last meeting held on the 7th January 2016.**
	The draft minutes of the meeting held in public on the 7th January 2016 were presented. **Resolved: That the draft minutes of the meeting held on the 7th January 2016 be agreed as a correct record of the meeting.**
1.4	**Matters arising/Action Log** The Board of Directors received the action log, which provided updates on actions agreed at previous meetings. The following updates were given at the meeting:- **Action Ref 288 Chief Executive's Report** An analysis of the safety attitude questionnaires completed by maternity services staff had been completed and would be reported to the Maternity Improvement Board and Trust Board. It was agreed that this action was now closing, **Action Ref 314 Orthopaedic Never Event** The Trust continued compliance at 100% of the WHO checklists and operational audits were being undertaken**.** The CCG had challenged compliance on parts of the WHO checklist and these were being examined. **Action Ref 315 Delivering Excellence in Maternity** The issue of non-attendance by Monitor at the Maternity Improvement Board had been raised by a progress review meeting and it was anticipated that attendance would improve. It was agreed that this action was now closing. **Resolved: That the action log as updated at the meeting was received.**
1.5	**Draft Minutes of the Council of Governors Meeting held on the 12 January 2016**
	The draft minutes of the Council of Governors meeting held in public on the 12 January 2016 were presented. **Resolved: That the draft minutes of the Council of Governors meeting held on the 12 January 2016 be received.**

2.	**Chair and Chief Executive reports**
2.1	**Chairman's Report** The Chairman's report included in the agenda was considered. **<u>Resolved</u>: That the Chairman's Report be received.**
2.2	**Chief Executive Report**
	JH gave a verbal report and highlighted the following:
a.	**Electronic Patient Record** The second phase of the EPR which was the upgrading of software had been successfully completed and this required a huge amount of support from a number of operational services across the Trust. Detailed plans for the further phases to improve clinical care and realise the benefits of the system were now being developed.
b.	**Junior Doctors Strike** It had been announced that there would be a 48 hour industrial action by junior doctors on the 9th and 10th March. JH informed the Board that he was one of 20 Chief Executives who signed a letter to the Secretary of State for Health stating that they believed that the contract being offered was fair and reasonable for doctors in acute hospitals. The Secretary of State for Health had decided to impose the new contract and had cited the letter signed by the 20 Chief Executives as support. JH stressed that he did not support the imposition of the contract and had told the junior doctors at the Trust of this.
c.	**Referral to Treat (RTT)** JH informed the Board that in the last year there had been a 12% increase in A&E attendances and 6% increase in the number of ambulances which transported the sickest patients to the hospital. This was significantly greater than the increase across the NHS and had an impact on emergency and elective care.
d.	**Financial Planning** Monitor had been on site for two days to undertake a review of the draft annual plan 2016/17. The finance and operational teams had responded to queries from Monitor. The Board were informed that it was likely that there would be a reduction in the underlying deficit position for the Trust.
e.	**Healthcare Review** Further work was underway in preparation for the public consultation. Implementation requirements were also being developed e.g. what physical capacity was needed for the two new organisations. MWa expressed her thanks to the Finance Team for the preparatory work undertaken prior to the Monitor review and stated that the Monitor Review Team had expressed their appreciation for the thorough information provided. JDe asked what form the junior doctors' strike was taking and JH responded that it was a 48 hour strike for elective care only and emergency care would be provided.

	JH emphasised that the relationship with local junior doctors was outstanding and the junior doctors' focus was to ensure that patients were provided with safe care. DM asked what was anticipated to be the proportion of junior doctors taking industrial action nationally. JH responded that nationally 98% of junior doctors had voted to take industrial action. On previous strike days all junior doctors who were rostered for emergency work had completed their shifts. A review of specialty elective work had been undertaken but it was anticipated that junior doctors would follow the BMA lead.
f.	**Draft Trust Objectives 2016/17** JH presented the draft Trust Objectives 2016/17 and invited comments from the board members before the Trust Objectives were reported to Board in April 2016. **Action 316:** **<u>Resolved:</u> That the Chief Executive's report be received.**
3.1	**Patient Story**
	Head of Midwifery, to the meeting and emphasised the importance of the Board to hear a patient's story as patient care was at the heart of all board decisions. (AT) informed the Board that when she took over the post of Head of Midwifery there were a number of complaints regarding the maternity service and she dealt with this complaint from egarding her experience whilst having her first baby at the hospital. AT stated that every labour was different and there was no indication how each labour would progress e.g. some labours last up to four days and this is quite common in the labour for a first baby. AT spoke to regarding her experience and informed her that at 3am in the morning her waters broke and she phoned the labour ward. She was advised to stay at home but if she had any further concerns to ring the labour ward. At 9am rang the labour ward again as she was still losing water and they invited her to attend the hospital where she was checked and it was determined that everything was normal and she was advised to go home. This was appropriate advice as women progress better in labour in at home. left the hospital and went shopping. During this time the contractions intensified and at 4pm she came back to the hospital. Following examination she was informed that her cervix had started to open and AT explained to the Board that the cervix had to be 10cm dilated to enable delivery of the baby. had attended the pregnancy assessment unit and had told the midwifery staff that she didn't want to go home. The midwives advised her to take paracetamol for the pain; however, did not want to take the paracetamol. On reviewing the patient record took paracetamol at 8pm and the midwives had written that she was being observed and the midwife felt that everything was progressing okay. However informed AT that she did not feel this. She explained that she was in some pain and was sick in the bathroom and unfortunately it had gone everywhere. stated that she had gone to the desk and

	told the staff that she had been sick in the bathroom and had made a bit of a mess. The staff responded by asking if had cleared it up. was disappointed and angry with the midwife and student midwife with this lack of care they provided to her. explained that there was a change in shift and that there was a noticeable improvement in the care provided. She was put on a monitor and was informed that she was ready to give birth. stated that her experience on the labour unit could not have been more different and was excellent. She was provided with gas and air to alleviate the pain and stated that the staff, including the student midwives, were excellent and the baby was delivered safely. AT stated that women remember their birth experience and an adverse experience can affect the bonding between mother and baby. After receiving the complaint from , AT spoke to the midwife concerned who was upset and had not realised how she had come across to the mother. The midwife also stated that she had not documented everything, as there were two labours progressing simultaneously and she was risk assessing both. AT also spoke to the student midwife who was mortified by complaint and had written an insightful letter of apology to the patient and had changed her practice. AT stated that when she arrived at the Trust pethidine was not given routinely as pain relief and this practice had been introduced on the ante-natal ward to provide mothers with strong pain killers whilst in labour. AT stated that pain relief was essential for mothers in labour, as relaxed labours were preferable for mothers and babies. KB asked whether the Trust regularly engaged with the Maternity Liaison Committee to ascertain patient experience. AT responded that they met on a monthly basis and she as Head of Midwifery met with the chair of the Committee separately on a monthly basis. There have been a number of improvements initiated e.g. food was now available to mothers returning to the wards even late at night. An intercom had been installed from ward 9 to 10 to the neo natal unit to enable mothers to visit their babies. Following the outcome of a survey of families visiting hours for grandparents had been relaxed. A survey for mothers was now being undertaken to identify any improvements to care. In a response to a question by BG, AT stated that the lessons learned from this complaint were shared with midwifery staff and the midwife and student involved had changed their practice. **RESOLVED**: **That the patient story be received and that Sonia be thanked for allowing her story to be shared with the Board.** AT left the meeting.
3.2	**Patient Experience Programme**
	Doctor gave a presentation to the Board on the Patient Experience Programme and highlighted the following :-

	A Patient Experience Team had been established including himself as a consultant, a patient experience manager and a communication support. The patient experience programme was being developed and the following was highlighted: • Patient experience was one of the top three trust objectives and was all encompassing of patient and family contact. • Picker Inpatient Results had been published for 2015. There have been improvements in four areas – ward cleanliness, toilet cleanliness, and doctors talking over patients as if they weren't there and there had been a decrease in the number of responders who ranked patient experience less than 7 out of 10. • There had been little change in the number of responses to the Friends & Family Test. Key actions that could be taken included rapid patient feedback to ensure that patients believe that their feedback was important to the Trust. • Feedback to relevant staff in a timely manner to ensure that there had not been a long time lapse. • Patient Experience Champions would be appointed. • Personal responses to social media postings. • There needed to be a cultural change with a strong message from the Board that patient experience was important. • A non-punitive manner of providing feedback to staff was required to improve patient experience. • The trust had submitted a bid to the Maternity Experience Challenge Fund and was awaiting an outcome. BG asked if email was used to obtain patient feedback and in particular for the Friends and Family Test. JBu responded that the current provider for FFT did not use email or SMS texting and there were anonymity issues regarding email. In response to a question by MWa, JBu stated that information left by patients on wards was not included in the FFT, as the FFT required responses to specific questions regarding whether you would recommend the hospital for care. TN stated that the Trust received lots of data e.g. from "I Want Great Care" and nursing metrics and why had patient experience not improved. JBu responded that the response rate to patients experience questionnaires was not reflective of the demographic. Equally the feedback loop took too long to enable the service to take swift action. JH added that the Board had focussed on improving Outcome 1 – Improving Patient Safety and Outcome 3 – Improving Clinical Effectiveness and was now nationally one of the best performers. The challenge now was to focus on patient experience. In addition there had been a marked investment in the hospital environment and the estate. However, the Board would need to decide whether to make further investment to increase capacity. DM asked if patient experience focus groups were held to gather patient feedback. JBu responded that some services e.g. paediatrics and cancer have specific focus groups and the information was used to improve services for patients. The patient experience programme would ask heads of service to identify the best mechanism to obtain patient feedback on their experience. **<u>Resolved</u>: 1. That the Patient Experience Programme presented be noted.** **2. That the Patient Experience Programme be discussed in detail at a future the**

	Board Development day. **Action: 317**
3.3	**Quality Priorities 2016/17**
	LK stated that the Quality Account 2015/16 was being drafted and the three quality priorities would be : • A reduction in the frequency and severity of medication errors. • Improve the identification and management of the deteriorating patient. • Improve the management of patients with Sepsis. The Trust was awaiting detailed guidance before measurable targets for these indicators were set. These would be reported to the Board in April 2016. **Action 318:** **<u>Resolved</u>: That the Quality Priorities 2016/17 as outlined to the Board be noted and a further report submitted to the Board in April 2016.**
3.4	**Quarterly Mortality Report**
	MW introduced the Quarterly Mortality Report and informed the Board that the trust had the 4th best hospital standardised mortality rate (HSMR) in the country and was the top performer in comparison to peer Trusts. The Mortality Group met on a regular basis and had identified that there were no areas of concern. The Trust had not received any alerts regarding HSMR or SHMI. There had been an increase in the number of inter-uterine deaths and these were being analysed but the trust remained within the normal range of perinatal mortality which was currently 3.7 per thousand births compared to 4.8 per thousand births in 2015. Weekend mortality rate was higher than weekday but was in line with national performance. MW stated that statistically patients who were admitted at weekends had a higher acuity level. The Quality and Clinical Risk Committee had asked for an analysis on the impact on mortality of the junior doctors' industrial action and this will be reported to the Committee. **<u>Resolved</u>: That the Quarterly Mortality Report be received and accepted.**
3.5	**Serious Incident Report**
	MW informed the Board that the trust was compliant with reporting all SIs to the Clinical Commissioning Group by the deadline and had not incurred any penalties. The trust had met with the CCG at the end of the quarter SI assurance meeting and the CCG had reported that it felt assured by the evidence provided and congratulated the Trust governance team on the robust process for SIs. The Serious Incident Review Group (SIRG) met on a weekly basis to review SIs and

	the action plan. Learning from SIs was disseminated across the Trust. Near miss plenary sessions were being held where three presentations were given to multi-disciplinary audiences on the learning from near miss events. BG asked if human errors regarding not reading policies were recorded on the HR files of the individuals. MW stated that regular communications were issued to all staff regarding the necessity to be up to date with knowledge of policies e.g. the consent policy. Any non-compliance was raised through the annual appraisal process. **<u>Resolved</u>: that the Quarterly SI Report be received and accepted.**
3.6	**Nursing Staffing Update**
	LK presented the report and informed the Board that the Lord Carter report had recommended a new tool for nursing staffing evaluation and guidance on this new tool was awaited. Fill rates for nursing staff were now within the Monitor trajectory level and the cap for nursing agency was currently only for nursing staff. However, it was anticipated that this would be replicated across all staff groups. A government announcement was expected within the next two weeks as to whether nursing would remain on the UK Shortage Occupation List which enables the trust to recruit nurses from outside the EU countries. Monitor and NHS bodies had made representations to the government that it was important to retain nursing on this list. The trust was awaiting this announcement prior to going to the Philippines for recruitment for nurses and in particularly midwifery and operating theatre nurses. DM asked for clarification of ward 4 staffing levels as it appeared that there were fluctuations. LK stated that ward 4 was the Paediatric Assessment Unit where staff were flexible to accommodate activity. DM asked if evidence based tools were used to assess the staffing requirements in certain areas. LK responded that these were used for inpatient areas; however, ward 4, the Paediatric Assessment Unit, replicated childrens'services where there were seasonal peaks in activity and staffing was adjusted accordingly. **<u>Resolved</u>: that the Nursing Staffing update be received and accepted.**
3.7	**Quality and Clinical Risk Committee**
	JDe presented the report of the meeting of the Quality and Clinical Risk Committee on the 22nd January 2016 and highlighted the following:- • The trust continued to improve the interrogation of SIs and the reports contained greater detail of issues such as category, location, age of patient etc. The link between complaints and SIs was also identified. • The Committee were assured that improvements had been made in sharing learning of near misses and serious incidents. This was undertaken through newsletters, team meetings and focus groups. • Reports continue to improve in providing more thorough information for the Committee • The Committee had requested further information by specialty on HSMR and SCHMI.

	• The Committee received an update on progress against the stroke service action plan and will continue to receive reports at each meeting. • The Committee were informed of a pilot undertaken to improve take out medication for patients on discharge. This successful pilot was being rolled out across the Trust. In response to a question by TN, JDe responded that the Committee had asked for details of progress against clinical audits and an update on the deployment of the actions. The internal audit on clinical audits process were presented to the Audit Committee and the next Quality and Clinical Risk Committee. **<u>Resolved:</u> that the Quality and Clinical Risk Committee Report be noted.**
4.1	**Month 10 Performance Report**
	JB introduced the report and stated that activity levels had been high and this was evidenced through indicators regarding A&E, bed occupancy and ambulance handover. LK informed the Board that there had been an increase in the number of grade 3 pressure ulcers, with 3 being recorded on the ambulatory care unit which were all on patient heels. Discussions had taken place with the nursing team on this ward regarding the care requirements of emergency admission patients, as this ward was predominately used for surgical patients. The surgical division leadership team had identified that it would be beneficial to have a medical officer on the ambulatory care unit to deal with emergency admission patients. DM stated that the trust was breaching its target regarding the over 75 year old ward moves after 10pm at night and asked what was the trust was doing to rectify this. JH explained that when there was good patient flow through the organisation patients could be moved at an appropriate time from A&E and the assessment medical unit to the ward. However, the trust had been seeing a particular peak of patients between 4 and 8 pm particularly following GP referrals. This precipitates moves late in the day and the trust does not have sufficient additional capacity to reduce the number of moves. In a response to a question by DM, JB stated that the average age of a patient on the ward was 77 and the average age of a person being admitted was 60. JH reiterated that the performance indicator regarding patient moves after 10pm was very important regarding patient experience. CH added that every effort is made by operational teams to restrict the number of moves at night. In response to a question by BG, JB stated that the 2016/17 performance targets would be reported to the April Board. **Action 319** JH and CH gave a presentation entitled Referral to Treat (RTT) and highlighted the following: • There had been an increase in GP referrals and certain specialties had seen a peak in referrals. The Trust was speaking to the CCG regarding this and what action could be taken by the CCG to control referrals.

	• A graph was presented which indicated that there was a rapidly increasing backlog for 18 week waits. JH added that in 2015/16 there had been an increase of 3500 to 4000 GP referrals. However, the back log had only increased by 900. This reflected that the organisation was coping well and had absorbed 75% of referrals. • However, there was a restriction on the amount of additional activity the Trust could absorb both in physical capacity and staff resources JH reported that nationally there were a growing number of organisations uncovering previously unidentified patients on waiting lists. The trust had been examining the waiting lists since November 2015 and did not anticipate finding more elective patients. JH reminded the Board that there had been no additional spare capacity for this winter and due to the increasing demand the Executive were scoping the provision of additional capacity for winter 2016. TN asked if patients had a choice of provider and were informed of the length of the waiting list and whether the trust could choose to close its waiting list. JH responded that Milton Keynes was a growing city and the community expected the services provided locally to grow. The trust did not want to send patients to other providers and wanted to provide services for the Milton Keynes community now and in the future. JB added that a consultant could not refuse to take a patient referral and any request to do so would need CCG approval. Both GPs and patients had access to the e-referral system which gave information of up to six different locations and the waiting times for each to enable the patient to make a choice about on-going treatment. The trust also had comparable waiting lists as local hospitals. JDe requested that the Board remain sighted on RTT waiting lists by specialty and that there was no loss of focus when a patient breaches 18 weeks. CH responded that there were detailed weekly meetings to track patients and patients were treated in order, unless the patient requested a delay in treatment. LK added that certain patients were put on urgent pathways e.g. cancer patients had a 2 week wait. **<u>Resolved:</u> 1. That the Month 10 Performance Report be received and accepted. 2. That RTT information by specialty and details of the longest wait by specialty be included in future performance reports.** **Action 320:**
4.2	**Month 10 Finance Report**
	JD presented the month 10 Finance Report and highlighted the following: • The trust recorded an in-month deficit of £2.5M which was £0.5M better than plan. • The trust was £1.6M better than plan year to date with a cumulative £29.6M. • The year-end forecast had been amended to £31.8M deficit which was consistent with the Monitor agreed funding. It was £4.4M better than the original planned deficit of £36.2M. • The £13.6M capital programme had been committed and significant spend was required in the remaining months to ensure that the capital was entire used.

	JD highlight the board assurance framework risks regarding finance and highlighted the following: • **Agency** - the nursing trajectory to reduce agency spend was on track and in month 10 the trust recorded an 18 month low of £1.5M for nursing agency spend. However, Monitor were reducing the agency nursing rates further in April 2016 which would be a challenge for the trust and may increase the number of breaches. • **CCG funding** – Referral to Treat penalties remained a risk for the trust for 2015/16 and 2016/17 until the backlog was reduced. • **Department of Health Funding** – with the reduced deficit the trust did not require additional funding for 2015/16. Monitor had undertaken a two day review of the draft annual plan 2016/17 this week and the outcome was awaiting. • **CIP** - £7m of efficiencies have been delivered year to date, however, there still remained risks for the delivery of the full £8.4M target. MWa stated that it was Jonathan Dunk's last meeting as Director of Finance and thanked him for his excellent financial leadership and his transparent reporting to the Board and the Finance and Investment Committee. The trust relationship with Monitor had improved thanks to the credibility the trust had gained from achieving the financial plan over a number of years. **Resolved: that the Month 10 Finance Report be received and accepted.**
4.3	**Finance and Investment Committee**
	DM presented the Finance and Investment Committee report and highlighted the following : • **Board Assurance Framework** – the Committee reviewed in detail the Board Assurance Framework Risks relating to its remit at each meeting and had determined that there were no additional risks to be added. • **Agency spend** - continues to be a challenge and the Committee were focussed on improvements in the Bank to further reduce nursing agency spend. • **Capital Programme** – the Committee expressed concern regarding the amount of spend required in quarter 4 to achieve the committed capital programme. Assurance was provided that each scheme had been reviewed and would be delivered by the 31st March 2016. • **Digital Solutions** – the Committee received a presentation of various projects within the digital solution work stream which changed processes and improved patient care for the Trust. **Resolved: 1. That the Finance and Investment Committee report be noted.** **2. That the Board receive a presentation on digital solutions at a Board development day.** **Action 321**
4.4	**Charitable Funds Committee Report**
	DM presented the Charitable Funds Committee Report and highlighted the following:

	The Committee expressed concern in the decline in income which currently stood at 86% of plan. Milton Keynes was a growth area with a lot of opportunity to raise charitable funds from the community and business which the trust must tap into. The Committee received an outline of the fund raising plan and this would be presented to the Board in May 2016. **Action 322:** **<u>Resolved:</u> That the Charitable Funds Committee Report be accepted.**
4.5	**Update on Estate Development**
	JB gave a verbal report on the estate development and highlighted the following: **A.** Main Entrance – a listening event had been held for stake holders to provide comments on the main entrance development and the outputs of the event had been sent to the designers. The detailed design was expected by the middle of March and subject to the appropriate approvals building work was anticipated to commence in the summer of 2016. **B.** Cancer Centre – the strategic outline case for the Cancer Centre will be reported to Board in April 2016. **Action 3** MacMillan had completed the feasibility study. An outline business for the aseptic suite where chemotherapy drugs were prepared would be presented to the Board in 2016. **Action 324:** **C.** Radiotherapy - Oxford University Hospital plans to provide a radiotherapy unit on the Milton Keynes site were not developing at present. **D.** Car Parking – Solutions to problems with car parking for 2016/17 would be presented to the Board as part of a proposal. **E.** Academic Centre – the chimney had been removed from the site where the academic centre would be built. Planning permission had been submitted to Milton Keynes and it was expected construction would commence following planning permission in July 2016. **F.** Common Front Door - the outline business case for the common front door would be presented to the Board in May 2016 as part of the trust's obligations to Monitor. **G.** Ward Expansion - an outline business case was being prepared with a modular building provided on site being recommended as a short term solution. **H.** Cage Store - A cage store was being provided adjacent to the main stores which would reduce the need to have transportation cages in corridors.

	I. Off Site Office Space – a short list of potential sites for offsite office provision was being considered. **J.** LED Lighting – LED lighting was being installed to replace strip lighting through the trust and the first stage along the corridors to entrance 6 was completed. JH stated that this was the commencement of a significant undertaking and helped deliver Objective 10 on sustainability. JH said that the NHS as a whole was under significant financial pressure. Nationally it was reported that there was £1.8 billion of new money allocated to the NHS. However it was forecast that there would be a deficit in the NHS of £2.9bn at the end of this year. There were also changes to national insurance contributions which would cost the NHS £1.8 billion in 2016/17. The NHS has been informed that there would be less capital money available in 2016/17 and the Board would have to consider innovative approaches to fund additional capital schemes. **Resolved: That the update on Estate Development be received and noted.**
5.1	**BAF**
	KB introduced the BAF and informed the Board that the BAF would be revised following adoption of the new Trust objectives and would be reported to the Board in May 2016. **Action 325:** In response to a question from JDe regarding BAF Risk Reference 4.1 regarding delivery of targets, KB stated that performance against actions to reduce RTT waiting lists would be reported to the Quality and Clinical Risk Committee in April 2016. JH stated that the BAF should reflect the strategic risks for the organisation to achieve its Trust Objectives and it would be a challenge to access capital to treat patients particularly given the rise in activity. **Resolved: that the BAFF be received and accepted.**
5.2	**Workforce Development and Assurance Committee Report**
	TN gave a verbal report of the Workforce Development and Assurance Committee which met on the 25th February 2016 and highlighted the following: • BAF risk inability to retain staff was scrutinised in detail and formed a large part of the agenda. • The Committee were given headlines from the staff survey which indicated a continuation of the positive trajectory for the trust. • Staff Experience – the Committee received a health and wellbeing report which identified ways to support the health and wellbeing of staff and this was also mentioned in the staff story. • Leavers' Information – the Committee requested more information on why staff were leaving the trust to identify actions to be taken to reduce this. • Workforce Planning – the Committee were informed of the strategic work being undertaken regarding recruitment. The trust encountered demographic

	challenges to the recruitment of staff and the workforce plans were key to ensuring that the trust has inappropriately skilled workforce. JDe stated that Lord Carter's report identified new staffing deployment metrics and asked when these would be implemented. JH responded that further clarify of these metrics was required and would be reported to the Workforce Development and Assurance Committee. **Resolved: that the Workforce Development and Assurance Committee Report be noted.**
6	**Vote of Thanks**
	MWa stated that this was last Board as the Medical Director before he started his new role as lead for the trust working with the University of Buckingham. The Chairman paid tribute to the work had done as Medical Director and the assurance he had provided to the Board. ensured that everything he did was patient focussed and the Chairman thanked him for the notable difference he had made to the Board and to the Trust. **Resolved: that a vote of thanks be recorded for Medical Director for his hard work and dedication to the Trust.**

The meeting closed at
11.50am **Trust Secretary**
14 March 2016

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday, 1 July 2016 at 10.30 am in Room 6, Education Centre, Milton Keynes Hospital

Present:

	Chairman
	Interim Director of Finance
	Deputy Chief Executive
	Director of Workforce
	Non-executive Director (Chair of Quality and Clinical Risk Committee)
	Non-executive Director (Chair of Audit Committee)
	Director of Patient Care and Chief Nurse
	Non-executive Director (Deputy Chairman)
	Non- executive Director (Chair of Workforce & Development Assurance Committee)
	Medical Director
	Director of Corporate Affairs
	Director of Service Development
	Interim Company Secretary
	Director of Operations
	Patient Experience Manager (*to item 2016/07/10*)
	Public Governor
	Alliance Manchester Business School
	Alliance Manchester Business School

2016/07/01	**Welcome**
01.1	The Chairman welcomed everyone to the meeting.
01.2	As a mark of respect to honour those who fought in the Battle of the Somme the Chairman let the Board two minute silence to mark the centenary of the battle which started on 1 July 1916.

2016/07/02	**Apologies**
02.1	Apologies for absence were r
2016/07/03	**Declarations of Interest**
03.1	There were no new interests declared and no interests declared in relation to the open items on the agenda.
2016/07/04	**Minutes of Previous Meetings**
04.1	The minutes of the meeting held in Public on 6 May 2016 were accepted as an accurate reflection.
04.2	The minutes of the meeting Extra Ordinary meeting held on 25 May 2016 were accepted as an accurate record subject to Ian Reckless being added to the present list.
04.3	**Resolved:** that the minutes of the meeting held in Public on 6 May 2016 and the minutes of the Extra Ordinary meeting held on 25 May 2016 be accepted as an accurate reflection subject to Ibeing added to the 25 May 2016 attendance list.
2016/07/05	**Matters Arising and Action Log**
05.1	There were no Matters arising in addition to those included on the agenda.
05.2	The Action Log was reviewed and all completed actions were agreed to be closed. Open actions were discussed in turn: 321 Finance and Investment Committee report – noted that a presentation on digital Solutions was planned to take place at the Board Development day on 7 October 2016. Agreed to leave open until presentation received. 327 Regulator Update – noted that this would be provided by the Chief Executive at the next meeting. Agreed to leave open. 332 Board Assurance Framework (BAF) – noted that the item had been deferred to the Board Development day on 7 October 2016. Agreed to leave open until Board had discussed. 333 Quality Accounts 2015/16 – noted that a report on the reasoning for changing some indicators at a late stage had been produced by M Evans- Richie. Agreed to close.
05.3	**Resolved:** the progress made with regards to the Action Log was noted.

2016/07/06	**Chairman's Report**
06.1	The Chairman provided a verbal report on the visits she had undertaken since the last meeting. She drew reference to the Breast Screening Department which was most interesting and noted their quality inspection visit which was due to take place at the end of July 2016; and her visit to the Occupational Health Department who worked relentlessly to support staff and managers through health at work and health prevention areas.
06.2	The Chairman and the Board collectively echoed the Chief Executive's message which he had communicated to all staff in 'The Week email message on 24 July 2016 which followed the results of the referendum on membership of the European Union. The Chief Executive had highlighted how highly regarded all staff were at the Trust, and particularly recognised those who came to work in the organisation from overseas.
06.3	**Resolved:** the Chairman's report was noted.
2016/07/07	**Minutes of Council of Governors Meeting**
07.1	**Resolved:** the draft minutes of the Council of Governors meeting held on 17 May 2016 were noted.
2016/07/08	**Chief Executive Report**
08.1	In the Chief Executive's absence the Deputy Chief Executive presented the Chief Executive's verbal report:
08.1.1	**Sustainability Transformational Plan (STP)** It was noted that the draft STP for Bedfordshire, Luton and Milton Keynes had been submitted in line with the national deadline date of 30 June 2016.
08.1.2	**European and Overseas Staff** Staff from Europe and overseas were again recognised as being an invaluable contribution to the Trust to deliver safe, reliable services to patients.
08.1.3	**Performance** Quarter One Accident and Emergency targets had been achieved which was noted to have been attributable through the hard work and dedication of Trust staff.
08.1.4	**Pharmacy** The Pharmacy department had recently encountered flooding on three occasions: i) as a result of a leak in the building roof; ii) a burst pipe; and iii) then as a result of a dishwasher leaking in the floor above. It was noted that despite the amounts of water the department managed to maintain its service throughout the disturbances. The Board placed its thanks on record to the Pharmacy department for their commitment.

08.1.5	**Trust's Estates** It was noted that the Executive members of the Board had recently held a meeting in the Witan Gate West building at Milton Keynes that the Trust had leased for four years. The Board would utilise the room facilities at suitable times during the year and it was noted that the next Board meeting was scheduled to take place there.
08.1.5.1	In response tquery with regards to the state of the Trust's hospital estate, the Deputy Chief Executive acknowledged that some parts of the Trust's estate were in need of repair or replacement and he confirmed that these areas were taken into account within the Trust's Estate Strategy. It was noted that the Pharmacy department was one of the older buildings on the Trust's estate and would benefit from being upgraded but noted that the Trust had to manage risks against the available financial implications the best it could for its entire Estate. The Medical Director confirmed that the Pharmacy flood was reported as a Serious Incident and a full investigation was underway.
08.5.2	In response to query regarding if STP would become a mandate in the future, the Deputy Chief Executive confirmed that NHS providers had received a letter from NHS Improvement Chief Executive regarding realising savings from exploring other back office services in line with the Lord Carter recommendations. The Director of Finance confirmed that the Trust was collecting data for back office services that included corporate, human resources and finance. It was noted, however, that all NHS providers would be required to consult with staff before any changes were made to services and the Board collectively acknowledged the value of staff involvement when consideration any changes to services.
08.6	**Resolved:** the Chief Executive's report was noted.
2016/07/09	**Patient Story**
09.1	Patient Experience Manager introduced a patient story which had been provided by a member of staff who had undergone Day Surgery.
09.2	The story covered the patient's journey and experience from knee surgery at the Trust. Upon admission the patient was surprised that a family member was not allowed to accompany them. The patient reported that they had waited three hours before being seen and then was asked to put on surgical stockings and a surgical gown without any assistance which made them increasingly anxious. The patient was surprised that a hospital Porter arrived to mobilise her on to the trolley for transportation to theatre which she felt was a nurse's responsibility. The patient's experience of the theatre experience was reported as excellent. One recommendation was made by the patient for the Trust to consider introducing a 'meet and great service' to meet patients from the time of arrival and accompany them through to their journey to theatre.
09.3	In response to the patient's story, Head of Nursing for Surgery reviewed the comments received from the patient's experience. It was noted that due to the limited space within the department it prevented patients from being accompanied by family members prior to their procedure and it was suggested to patients prior to admission to bring a dressing gown and slippers with them that aids their privacy and comfort. He was discussing ways of improving assistance being provided to

	patients when changing into theatre gowns and putting no surgical stockings and was disappointed that no assistance had been offered to the patient. The three hour wait was acknowledged as being extreme and the Director of Patient Care and Chief Nurse confirmed that the Surgical Division was being challenged to look at ways that they can accommodate family members to accompanying patients and reducing the length of waits.
09.4	The Board acknowledged that work was ongoing to investigate solutions to the areas raised from the patient's experience and that communication could be further improved. **Action 334**
09.5	**Resolved:** the Patient Story was noted.
2016/07/10	**Mortality Update Report**
10.1	The Medical Director spoke to the Morality Report that provided the Trust's current position in relation to mortality based on the latest available Dr Foster (HSMR) data.
10.2	It was noted that the Trust's HSMR rolling 12 month period to February 2016 was 80.85 which is ranked ninth lowest (best) against the 139 non-specialist Acute Trusts in England and ranks best amongst its 16 peers. The Medical Director drew attention to the Trust level HSMR crude morality rates by weekday/weekend emergency admissions which showed a slight increase on Thursday but that it was not statistically significant, he reassured the Board that there were no concerns to report at that time.
10.3	The Medical Director highlighted the Trust's Summary Hospital Level Mortality Indicator (SHMI) rolling 12 months to September 2015 was 1.04 which is ranked 91st amongst the 142 non-specialist Acute Trusts in England and ranked 13th amongst its 15 peers.
10.4	The Medical Director confirmed that the Quality and Clinical Risk Committee closely monitored mortality at each meeting and the new standard process of mortality review is being implemented in the Trust that is planned to be presented to the quality and Clinical Risk Committee at its next meeting on 22 July 2016.
10.5	In response to D Moore's query regarding the Trust being ranked ninth (best) against the 139 non-specialist Acute Trusts in England and if there was anything that the Trust needed to do to improve further, the Medical Director confirmed continued focus to improve the Trust's morality position.
10.6	**Resolved:** the Mortality Update Report was noted.
2016/07/11	**Trustwide Progress Report (Serious Untoward Incidents and Never Events)**
11.1	The Medical Director provided the quarterly update to 30 June 2016 on serious incidents (SIs) and never events in the Trust.
11.2	He highlighted that out of the 70 SIs, 15 had been reported on UNIFY in comparison

	to 32 reported for the previous quarter and 19 reported in the same period in 2015 and the Trust had received no penalty breaches.
11.3	It was noted that there had been an increase of information governance serious incidents reported in month and that all the SIs undergo root cause analysis.
11.4	The Medical Director confirmed that no Never Events had been reported during the quarter.
11.5	J de Gorter queried when the Trust would be informed of the SIs escalated for review, in response to that the Medical Director confirmed that audits were currently taken place with the outcome expected to be received in 10 days' time.
11.6	J de Gorter queried if the Trust used the Physician Quality Reporting System (PQRS) and outlined the benefits of such a measurement programme which provides the monitoring metrics as enablers for intervention and monitoring. In response to that the Director of Patient Care and Chief Nurse confirmed that the Trust did collect the data under that measurement programme and were currently in the process of re-embedding throughout the Trust. J de Gorter requested that the Trust consider including PQRS data in future reports. **Action 335**
11.7	In response to T Nolan's query with regards to including trend data in future reports, the Director of Corporate Affairs confirmed that work was ongoing to enable future reports to include trend data
11.8	**Resolved:** the Trustwide Progress Report (Serious Untoward Incidents and Never Events) was noted.
2016/07/12	**Nurse Staffing Review Report**
12.1	The Director of Patient Care and Chief Nurse presented the Nursing and Midwifery staffing levels amalgamated report for period 1 April to 31 May 2016. Reference was drawn to the first data set relating to Care Hours per Patient Day that was a recommendation from the Lord Carter report to create a national indictor for nursing staffing numbers.
12.2	In response to J de Gorter's query, the Director of Patient Care and Chief Nurse confirmed that work continued to control premium costs with agency nursing expenditure with the short and medium term plans in place which had to date notably helped to reduce and stabilise premium nursing staff spend.
12.3	The Board were pleased to note the success at filling vacant nursing posts. The Trust had appointed 25 midwives who will gain full qualification in September; the appointment of 80 nurses from the visit to the Philippines in May 2016 and subject to them successfully completing the (International English Language Testing System) IELTS the first cohort are planned to arrive at the Trust in November 2016; and the 40 adult nursing students who had trained at the Trust who were due to qualify in September 2016.
12.4	In response to D Green's query with regards to the current nurse vacancy rate and if that had reduced recently, the Director of Patient Care and Chief Nurse confirmed

	that there were currently 50/60 nurse vacancies which was noted to be the average vacancy rate throughout the year due to staff turnover rates.
12.5	In response to R Green's query of the reason why nursing metrics had not been included in reports to the Board over the past year, the Director of Patient Care and Chief Nurse explained that when nurse metrics had been presented to the Board previously they provided assurance to the Board of monitoring in place. D Green sought further assurance around to Ward to Board integrated governance arrangements in place and in response to that the Director of Corporate Affairs explained that work was ongoing to enable integrated governance performance reports to be presented to the Board in future.
12.6	In response to J de Gorter's query if the fill rates measurement process was limited to wards, the Director of Patient Care and Chief Nurse explained that the guidance from NHS Improvement and the Lord Carter recommendations required reporting of wards only at that time but the Trust did routinely flex up and down in all clinical areas routinely but did not capture the data for those areas at that time but work was ongoing to include the additional clinical areas.
12.7	**Resolved:** the Nursing and Midwifery staffing levels amalgamated report for period 1 April to 31 May 2016 was noted.
2016/07/13	**Surgical Audit Programme Update**
13.1	The Director of Corporate Affairs presented an update on the progress made to date on the Surgical Audit Programme.
13.2	Following the report that was presented to the Board at its 6 May 2016 meeting confirming that the prior year surgical audit programme was underway the Board noted that the review by two independent consultants of the 31 initial patients treated by a colorectal and general surgeon between 2002 and 2011 had been completed. The consultant was noted to not have practised at the Trust since excluded in 2011..
13.3	The independent review found that there were 10 patients where care was below the standards expected and who may have suffered harm. Six of those patients were deceased and the independent reviewers felt that out of those living none required immediate follow up care. The Director of Corporate Affairs confirmed that the 10 patients and their families would be contacted with the outcome of the reviews and they would have the opportunity to discuss further with the specialist independent consultant that carried out the review.
13.4	It was noted that the next phase of the review focussing on colorectal surgery procedures undertaken between 2007 and 2011 would be reported to the Board at its next meeting on 9 September 2016.
13.5	In response to J de Gorter's query if the Care Quality Commission (CQC) were required to be notified, the Director of Corporate Affairs confirmed that the CQC had been informed.
13.6	In response to T Nolan's query regarding how the Trust decides the next cohort of

	patients to review, the Medical Director explained that there could be between 50 to 100 patients records reviewed in the next cohort and the exact number and arrangements for the further review would be reported to the Board at its next meeting in September 2016.
13.7	**Resolved:** the Surgical Audit Programme Update was noted.
2016/07/14	**Performance Report**
14.1	The Deputy Chief Executive presented the Integrated Performance Report for month two, the period ending 31 May 2016.
14.2	**Operational Performance** The Deputy Chief Executive reported that the Accident and Emergency waiting time performance was marginally below the target at 94.6% despite a noted increase in demand, and the incomplete referral to treatment (RTT) target under 18 weeks had continued to improve up to 88.5% which was above the trajectory targets. He noted that the Trust continued to meet on a regular basis with NHS Improvement with plans almost finalised. The Trust's nurse to patient ratio on the labour ward continued to be a challenge but that it had managed to provide one to one care for women in labour.
14.2.1	The Board were pleased to note that 95% of patients would recommend the Trust to Friends and Families. The Deputy Chief Executive reported an improvement made in the Trust responding to complaints.
14.2.2	The Director of Clinical Services reported on the extreme operational pressure the Trust was under. She highlighted that the RTT plans were in place and improvements were being realised with close monitoring and oversight continuing.
14.2.3	In response to T Nolan's query regarding 26.2% of patients discharged before midday being below the target of 30%, the Director of Clinical Services explained that work continued to improve processes to enable discharges before midday. The Director of Patient Care and Chief Nurse noted the facilities now available on wards with 75 trolleys that have computers installed as well as case notes available on ward rounds.
14.3	**Resolved:** the Performance Report ending 31 May 2016 was noted.
2016/07/15	**Finance Report**
15.1	The Director of Finance presented the financial position as at 31 May 2016 and she confirmed that the Trust's control total had been agreed at £25.6m and had been submitted to NHS Improvement.
15.2	It was noted that the Trust's income and expenditure position of £2.58m was £0.17m behind plan in month and £0.23m behind plan in the financial year to date. Due to non-patient related income the Trust's cash balance position of £4.9m was above the £3.9m plan. It was noted, however, minimal capital spend continued on carry forward project due to the Trust's capital plan yet to be approved by NHS

	Improvement but the Trust was spending capital on urgent cases . The overall cost savings delivered in month was noted to be £0.66m against the £0.74m plan and the Financial Sustainability Risk Rating of 1 was noted to be in line with the plan.
15.3	The Director of Finance explained that the work to reduce the consultant agency spend continued with the Medical Director which had been more difficult in comparison to the nursing agency spend.
15.4	In response to J de Gorter's query with regards to outsourcing some clinical work, the Director of Finance explained that the Trust had been looking at opportunities to outsource but patients are reluctant to travel for treatment and prefer services that are provided locally.
15.5	It was noted that NHS Improvement were supportive of the Trust's financial phase 2 plans.
15.6	**Resolved:** the Finance Report was noted
2016/07/16	**Doctor Re-validation and Appraisal**
16.1	The Medical Director presented the overview report of the outcome of the Doctor Revalidation and Appraisal for 2015/16 and assured the Board that the Trust was discharging its statutory responsibilities in respect of Medical Appraisal and Revalidation for doctors who have a prescribed responsibilities in exercising their contractual duties on behalf of the Trust.
16.2	It was noted that the Trust has a prescribed connection with 251 doctors as a designated body for the purposes of Medical Revalidation and monitoring of appraisals and revalidations were noted to be carried out via various mechanisms. One of those mechanisms included appraisals and out of the 251 doctors, 97% of appraisals had been completed during 1 April 2015 to 31 March 2016 in comparison to 95% completed in 2014/15 and 86% completed in 2013/14.
16.3	The Medical Director confirmed that there were no specific risks or issues at that time to bring to the Board's attention in respect of the Doctor Re-validation and Appraisal compliance. Following discussion the Board approved the 'statement of compliance'.
16.4	In response to J de Gorter's query whether the Trust received feedback about individual doctors as part of the re-validation process, the Medical Director explained that if individual doctors failed to meet the GMC revalidation requirements they would no longer be fit to practice.
16.5	The Director of Patient Care and Chief Nurse noted that the revalidation process for nurses was less onerous in comparison to the doctor revalidation process.
16.6	**Resolved:** i) the Doctor Re-validation and Appraisal for 2015/16 compliance update was noted; and ii) approved the 'statement of compliance' of the Trust as a designated body in compliance with regulations.

2016/07/17	**Use of Trust Seal**
17.1	In accordance with the Trust's Constitution the Director of Corporate Affairs reported that one entry had been added to the Trust's Seal Register since the last meeting for a 'Lease Agreement' for four years in relation to part of the Ground Floor, Witan Gate West, Milton Keynes.
17.2	**Resolved:** the entry to the Trust's Seal Register for a 'Lease Agreement' for four years in relation to part of the Ground Floor, Witan Gate West, Milton Keynes was noted.
2016/07/18	**Information Governance Toolkit**
18.1	The Director of Corporate Affairs presented the Information Governance Toolkit report which included details of the Trust's submission of its Annual return which was made on 31 March 2016.
18.2	It was noted that version 13 of the Information Governance Toolkit went live in June 2015 which included 45 requirements but none of those requirements had changed significantly in comparison to the previous version of the Toolkit.
18.3	The Director of Corporate Affairs confirmed the Trust had met the requirements of Level 2 and continued focus to ensure the Trust complied to its legal requirements was noted.
18.4	**Resolved:** the Information Governance Toolkit update and the Trust's Level 2 compliance submission made on 31 March 2016 was noted.
2016/07/19	**Constitution Amendment**
19.1	The Director of Corporate Affairs provided the reason for the proposed amendment to the Trust's Constitution which was noted to be to allow the Trust to reduce its Governor Elections to once per financial year at times when it deems it necessary to do so which would minimise costs going forward. The approval process outlined within the report for changes to the Constitution was noted.
19.2	Following discussion the proposed amendment to the Trust's Constitution with the insertion of paragraphs 13.1 and 13.2 were approved for submission to Council of Governors for ratification at its 12 July 2016 meeting: *"13.1 No proceedings of the Council of Governors shall be invalidated by any vacancy in its membership or any defect in the appointment or election of any Governor.* *13.2 Elections for Elected members of the Council of Governors will be held at a time most suitable in the financial year."*
19.3	**Resolved:** i) the amendment to the Trust's Constitution with the insertion of paragraphs 13.1 and 13.2 were approved to allow the Trust to reduce its Governor Elections to once per financial year when it

	deems it necessary to do so; and ii) Council of Governors ratification to the Constitution amendment would be put to them at their 12 July 2016 meeting; and iii) subject to Council of Governors approval be made present to the next Annual Members Meeting on 14 September 2016 for ratification.
2016/07/20	**Board Committee Summary Reports**
20.1	**Finance and Investment Committee** D Moore, Chairman of the Finance and Investment Committee provided an overview of the key matters and decisions made at the meeting held on 27 May 2016.
20.1.1	Escalated items to the Board were received: Finance Improvement Programme Phase 2 Business Case; and Electronic Patient Records which a full update report was noted to be presented to the Board at the 9 September 2016 meeting.
20.2	**Workforce and Development Committee** T Nolan, Chairman of the Workforce and Development Committee provided an overview of the key matters and decisions made at the meeting held on 26 May 2016.
20.2.1	The Chairman of the Workforce and Development Committee referred to the results of the National NHS Staff Survey 2015 and the Board noted that the action plan to address the key findings of the Survey was planned to be monitored and reviewed by the Committee.
20.2.2	In response to J de Gorter's query in respect of whether staff satisfaction was lower on some wards in comparison to others, the Director of Workforce explained that analysis could be carried out to ascertain that detail if required.
20.2.3	In response to the Chairman's request for Occupational Health representation to be invited to future Workforce and Development Committee meetings to engage their pro-active role, the Director of Workforce agreed to invite them along to future meetings. **Action 335**
20.2.4	In response to J de Gorter's request the Executive Director leads of the Quality and Clinical Risk Committee agreed to align agenda items to the Trust objectives going forward. **Action 336 (I Reckless,**
20.3	**Audit Committee** Non-executive Director and member of the Audit Committee provided an overview of the key matters and decisions made at the meeting held on 25 May 2016 and the escalated items submitted to the Board later that day. The Board noted: Annual Report, Quality Report and Annual Report were reviewed and approved along with the Internal Audit Report, Head of Internal Audit Opinion and Audit Findings (ISA 260) Report were received and noted.
20.4	**Audit Committee** Non-executive Director and member of the Audit Committee provided an overview of the key matters and decisions made at the meeting held on 21 June

	2016.
20.4.1	Escalated items to the Board were received and discussed in turn: i) Gifts and Hospitality compliance – the Board noted that had been added to the BAF and a policy refresh was taking place to ensure compliance with NHS Provider requirements and the Sunshine Rule; ii) Internal Audit Plan 2015/16 agreement noted; iii) Counter Fraud Plan (2016/17) was agreed to be finalised and approved outside fo the Audit Committee which the Board noted had been completed; iv) Reference Costs Process issues around non-compliance for 2014/15 and the Board noted that due to work taken place the Trust anticipates to be compliance for 2015/16.
20.4.2	The Director of Finance confirmed that the Trust received £1700 from Pharmaceutical companies in 2015/16 which was used to support training and development of staff and did not go to individual members of staff for personal benefit.
20.5	**Resolved:** the overview of the key matters and decisions made at the Finance and Investment Committee; Workforce and Development Committee and Audit Committee meetings were noted.
2016/06/21	**Any Other Business**
21.1	**NHS Improvement Self-Certificate** spoke to the NHS Improvement Self-Certificate Return which was submitted to NHS Improvement on 30 June 2016.
21.1.1	Following discussion it was noted that the risk in respect of recruiting clinical staff for hard to fill posts was included on the BAF and was being managed closely.
21.2	**Resolved:** the granted retrospective approval for the NHS Improvement Self-Certificate Return.
2016/07/22	**Questions from Members of the Public**
22.1	There were no questions from members of the public.
2016/07/23	**Resolution to Exclude the Press and Public**
23.1	**Resolved:** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.

Meeting closed: 12.45pm

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Tuesday 27 September, 2016 at 9.00am at Challenge House Business Centre

Present:

Chairman
Chief Executive
Director of Finance
Deputy Chief Executive
Director of Workforce
Non-executive Director (Chair of Quality and Clinical Risk Committee)
Director of Patient Care and Chief Nurse
Non-executive Director (Deputy Chairman)
Non- executive Director (Chair of Workforce & Development Assurance Committee)
Non-executive Director (Chair of Finance and Investment Committee)
Medical Director

Interim Company Secretary
Director of Corporate Affairs
Specialist Nurse for Organ Donation (*to item 2016/09/15*)
Director of Service Development
Director of Clinical Services
Patient Experience Manager (*to item 2016/09/15*)

2016/09/01	**Welcome**
1.1	The Chairman welcomed everyone to the meeting.
1.2	A special invitation had been sent to governors, in particular those who had recently been elected or appointed and the Chair was pleased to see that some governors were in attendance as it would be helpful for them to gain an insight into the Sustainability and Transformation Plan (STP).
2016/09/02	**Apologies**
2.1	There were no apologies for absence.

2016/09/03	**Declarations of Interest**
3.1	There were no new interests declared and none declared in respect of the items on the agenda.
2016/09/04	**Minutes of the Board Meeting held in public on 1 July 2016**
4.1	The minutes of the meeting held in public on 1 July 2016 were received and accepted as an accurate record subject to thefrom the list of those who were present.
4.2	**Resolved:** that the minutes of the meeting held in public on 1 July 2016 be accepted as an accurate record subject to the amendment set out above.
2016/09/05	**Matters Arising and Action Log**
5.1	There were no matters arising in addition to those included on the agenda.
5.2	The Action Log was reviewed and all completed actions were agreed to be closed. Open actions were discussed in turn: 327Regulator Update – It was noted that this would form part of the discussion on the STP later in the meeting. Action to be closed. 334 Patient Story – The Director of Clinical Services reported that there was on-going work with teams looking at the issues raised by this patient story, particularly rounding work with porters. There was also some new software which allowed recording of the length of time porters spent on the wards. The Chief Executive advised that the Trust would re-run *'warm up for winter'* this year and suggested that this action be subsumed within that initiative and feedback given to Board accordingly. Action to be closed. 335 Trustwide progress report SUIs and never events – it was reported that PQRS data would be considered through the Quality and Clinical Risk Committee. Action to be closed. 336 Board sub committee summary reports (Workforce and Development Assurance Committee) – The Director of Workforce confirmed that occupational health had been invited to attend a meeting of the Workforce and Development Assurance Committee. Action to be closed. 337 Board sub committee summary reports (Audit) - The Medical Director confirmed that the Quality and Clinical Risk Committee agenda was now aligned with the Trust objectives.
5.3	Progress made with regard to the open actions on the Action Log was **noted**.

2016/09/06	**Chairman's Report**
6.1	The Chairman noted the importance of having STP discussions and stressed that the Trust would work with others to ensure the best quality of care could be provided for its patients their families, carers and friends.
6.2	The Chairman's report was **noted**.
2016/09/07	**Minutes of Council of Governors Meeting held in public on 12 July 2016**
7.1	The draft minutes of the Council of Governors meeting held on 12 July 2016 were received and **noted.**
2016/09/08	**Chief Executive Report**
8.	The Chief Executive provided a verbal report which included updates on the following:
8.1. 8.1.1	<u>Annual Members Meeting</u> It was noted that positive feedback had been received regarding this year's Annual Members Meeting, which was held on 14 September. It was reassuring that a number of people shared positive experiences of the Trust and demonstrated their support and engagement with the Trust's future. This was very different from previous experiences and was an indication of the hard work being undertaken by staff to make continued improvements.
8.1.2	The CEO thanked all those who were involved in the organisation of the event and those who attended.
8.2 8.2.1	<u>Academic Medical Centre</u> It was reported that the previous week there had been a ceremony to prepare the ground for the building of the Academic Medical Centre. The event was attended by senior representatives of the Trust and University of Buckingham and served as an opportunity to raise the profile of the partnership as there had been good press coverage.
8.2.2	On the same evening there had been a follow on event hosted by the University of Buckingham at Milton Keynes Stadium. The event was well attended by staff from both organisations who were involved in getting the build underway.
8.2.3	A time capsule had been created which would be displayed in the foyer of the Academic Centre for the next 100 years. There had been many contributions from Trust staff as to what should go inside the capsule including a surgical instrument.
8.3	<u>Ward 24 and car park</u> Provisional building works in connection with the construction of ward 24 were underway. There was however concern about staffing the ward as the physical structure was just one element and the Trust needed to attract good quality staff

	to work on the ward.
8.3.1	There had been engagement with all stakeholders on how to minimise the disruption whilst the building work was taking place, particularly in regards to the closing of the car park. Comments had been taken on board but ultimately the work needed to commence.
8.4	<u>Staff Awards</u> There had been more than 250 nominations for this year's staff awards. The ceremony would be held on 7 October and Board members were invited to attend.
8.5. 8.5.1	It was noted that a diabetes pilot with primary and community care was in the process of being set up. A paper would be brought to the Board when further progress had been made but the Deputy Chief Executive and Director of Patient Care/ Chief Nurse would be able to provide more information on request.
8.5.2	In response to a question about how widely the changes had been disseminated, it was reported that a communications plan would be worked on as not all patients were aware of the planned changes to the service.
8.6	<u>Urgent Care Services</u> The CEO reported that there had been no further progress regarding the physical move of the Urgent care Centre. Concerns had been raised with xxx and the CCG. The ACORN suite would be used for additional outpatients sessions whilst the Trust continued to progress the issue.
8.7	<u>Sustainability and Transformation Plan (STP)</u> It was noted that there had been some unintended consequences of the STP and a meeting had been held between the Trust and Oxford University Hospitals NHS Foundation Trust regarding the impact it would have on them. Although Oxford was not in the same patch as the Trust, there were tertiary flows between both hospitals. The meeting was positive with both sides wanting to continue the relationship and opportunities for Oxford to support the Trust identified. There would also be some joint appointments in hard to recruit areas and Oxford were keen to progress the building of a radiotherapy centre by them on the Trust's site and had identified the funding.
8.8	<u>Launch of Electronic Patient Record</u> <u>Diabetes Pilot</u> The meeting was advised that Executive Directors had spent some time with Cerner the previous week to understand how best to implement this huge change programme, which would affect every part of the organisation. There would be a huge challenge to get everyone to embrace the technology but the move would results in savings of about £1m per annum. The CEO report was **noted.**
2016/09/09	**Sustainability and Transformation Plan (STP)**
9.1	The Chief Executive reported that the circulated paper would be going to the

	Boards of all organisations within the Bedfordshire, Luton and Milton Keynes STP and it keen to facilitate more collaboration in the best interest of the patients.
9.2	This was the start of a journey which would take a number of years and was very much focussed on the patient by driving bigger efficiencies across boundaries. Each organisation would need to explore the benefits of working across these boundaries e.g. in back office functions.
9.3	queried what had happened to the healthcare review and in response it was noted that the review had been subsumed within the STP, which allowed more formal engagement with primary and community care regarding the impact on secondary care services; and more formal engagement with Luton and Dunstable which would be affected by any changes in other organisations. The Chief Executive went on to point out that the Trust had recognised the need for continued improvement and development despite the overarching review and acknowledged that changes were necessary to deliver best clinical outcomes and affordability.
9.4	queried what the impact would be on sovereignty and governance as there had been no NED engagement in the process. The CEO confirmed that the Foundation Trust framework would not change and that each Chief Executive would remain the accountable officer for their individual organisation.
9.5	noted that there were sixteen organisations involved and questioned the level of consensus given these numbers. The CEO stressed that positive discussions were taking and there was recognition of the need to differentiate between economies of scale and place based healthcare delivery. Services could not be moved around to the detriment of patients and this should not prevent delivery of economies place of scale particularly in corporate back office functions. It was noted that there were also clinical areas such as radiology where huge benefits could be made.
9.7	The CEO advised that there was engagement between Trust staff and their opposites in the other organisations at all levels. In addition, the Director of Corporate Affairs assured the Board that public and staff engagement plans were underway and partnership forums would be established in the next few months.
9.8	It was confirmed that a report would be formally submitted mid-October and it would be shared with the Board as soon as possible.
9.9	The report was **noted.**
2016/09/10	**NHS Improvement Single Oversight Framework**
10.1	The Chief Executive drew the attention of the meeting to the NHS Improvement Single Oversight Framework. The Framework had been published recently and set out explicitly within its 5 themes how NHS Trusts would be expected to work

	in partnership with other organisations to contribute to sustainability and transformation plans.
10.2	The framework was **noted.**
2016/09/11	**Radiotherapy Centre**
11.1	The Deputy Chief Executive reported that the proposed Radiotherapy Centre was at the end of the planning phase and the proposal was that the building would be on the Trust site but owned and operated by Oxford University NHS Foundation Trust. It was noted that whilst the Trusts would not benefit per se, the residents of Milton Keynes wouldtside the Milton Keynes area, particularly Bedford and Luton and there would be discussions within the STP to establish
11.2	that clinical pathways existed. Tony Noble said that this was good news and applauded the new found urgency and the fact that funding had been identified.
11.3	
11.4	In response to a question from it was confirmed that the clinical oncologists would mainly come from Oxford University NHS Foundation Trust but that there was good clinical co-operation with the opportunity for some joint medical appointments with MKUH. A report would go to the Oxford Board in November 2016.
11.5	The report was **noted**.
11.6	
2016/09/12	**New Main Entrance**
12.1	The Deputy Chief Executive commenced his update by advising the Board that the commercial detail would be discussed in the private section of the meeting later that day. The initial costs were estimated to be in the region of £1.25m but had been reduced to £650k.
12.2	The Trust had applied for planning permission to join up the majority of its entrances, providing the opportunity to build a proper main entrance for a growing hospital. It was anticipated that the outcome of the application would be received mid-October. Robert Green queried whether the planning application was likely to be straightforward and it was confirmed that the Trust had been engaging with the Council prior to submission of the application.
12.3	Tony Noble reminded the Board about previous comments from governors regarding disabled access. It was noted that part of the compromise was that the disabled access immediately outside the entrance would be lost and moved to the multi-story car park. As mitigation the Trust would make wheelchairs and porters available to assist disabled patients and visitors.
12.4	The CEO stressed that change would always result in compromise and that the

	Trust needed to be better at articulating the areas where it was strong such as parking. However, as the Trust grew it would be necessary to impose more restrictions in some areas. The report was **noted**.
2016/09/13	**Chemotherapy Centre**
13.1	A verbal update was provided by the Deputy Chief Executive on progress with the Chemotherapy Centre. The outline business case (OBC) would be drafted by the end of the calendar year.
13.2	The initial plan was for the Chemotherapy Centre and Radiotherapy Centre to be situated in a single building. However, timing issues now meant that they would be located side by side and separated by a corridor.
13.3	The Board was informed that fundraising needed to start and there was to be an extraordinary meeting of the Charitable Funds committee to explore methodology. It was noted that the Freemasons had expressed an interest in supporting the project financially. The Director of Corporate Affairs confirmed that any resulting fundraising strategy would come to the Board for approval.
13.4	The report was **noted**.
2016/09/14	**Patient Story**
14.1	The Director of Patient Experience and Chief Nurse introduced the patient story which had been provided by , the father of a patient who died at the Trust and whose organs had been donated. It was noted that the original date of the Board had fallen during organ donation week during which Mr had also shared his story with staff and others.
14.2	The Board watched a video of recounting how his daughter, suddenly of a pulmonary embolism. Following a conversation with medical professionals about the futility of her circumstances, the family had decided to donate her organs. The Board heard that once the family had made the decision and received confirmation that this was possible, the situation felt salvageable. The ability to possibly save another life and change the lives of their families was seen as an enormous opportunity.
14.3	On behalf of the Board, the Chairman asked that be thanked for sharing his incredibly moving story with the Board and more widely during organ donation week and congratulated him on raising awareness of the issue.
2016/09/15	**Specialist Organ donation report**
15.1	The Director of Patient Experience and Chief Nurse introduced , Specialist Nurse for Organ Donation.
15.2	informed the Board that there were 91,000 on the UK organ

	donation register and 33 people in the Milton Keynes area on the transplant waiting list. 8 people had died at the Trust in the last 4 years awaiting transplants.
15.2	went on to explain that there little understanding about organ donation within the general public.
15.3	The CEO noted that there was the ability to opt in when applying for a drivers licence and queried whether family members could override the patient's decision. In response advised that this was possible and support was offered if they were already on the register to help the family make informed choices.
15.4	In response to a question it was noted that there was generally an upper age limit of 85, although this was higher in some cases. The team had to be pragmatic and each case was looked at individually.
15.5	expressed surprise at the relatively small numbers of organ donors and explained that there was a common misconception that anyone could be a donor, whereas the deceased has to have died in certain circumstances, though there were few absolute contraindications to organ donation. The numbers were felt to be good for a hospital of this size.
15.6	The Director of Service Development drew the Board's attention to the circulated report which set out the governance structure and the work being done within the department. She also mentioned the incredible work undertaken by Trust staff in managing the difficult conversations, supporting patients and families and the Board extended their appreciation for this to the teams involved.
15.7	Board members asked what they could do to help and suggested that they could raise awareness by getting people talking about the issues.
15.8	The organ donation report was **noted** and was thanked for attending the meeting.
2016/09/16	**Mortality Update Report**
16.1	The Medical Director presented the headline metrics from the circulated mortality update report. • HSMR was 16% better than national average; • SHMI was 2% above national average, which was statistically as expected; • There had been 2 mortality alerts from national data sets; • Public Health England data showed the Trust had a risk adjusted mortality rate of 50% for patients receiving systemic anti-cancer therapy. However it was noted that the Trust was liaising with the teams at Public Health England as 1 patient should not have been included in the dataset.

16.2	The Chief Executive queried what if any impact, coding had in terms of the Trusts performance in palliative care. The Medical Director confirmed that coding would be a contributory factor but would not mask errors where the Trust was an outlier.
16.3	The Medical Director stressed that the Trust should not become and clarified that having a low HMSR was better, but qualitative analysis was more important.
16.4	The Chair asked if the report could be presented differently and the Medical Direct confirmed that it would be some time before this could be done.
16.5	The Board **noted** the report.
2016/09/17	**Trustwide progress report – Serious untoward Incidents and Never Events**
17.1	The Medical Director introduced the quarterly review of serious untoward incidents and never events.
17.2	There had been 23 serious incidents in the last quarter, which was more than a 25% increase from the last report and compared to the same time last year. However it was noted that the Trust was generally doing well in terms of reporting and investigating incidents and then following up on the actions.
17.3	In response to a question from Robert Green, the Director of Corporate Affairs confirmed that the Trust was compliant with the fire drill regulations.
17.4	The Chairman queried the concerns raised by the CQC about the resuscitation room. The Director of Patient Experience and Chief Nurse reported that in response to the CQC's findings trolleys were checked daily and independent spot checks were carried out to ensure that this happened consistently.
17.5	David Moore queried why some of the breaches identified in 2015 had not yet been dealt with. Responding, the Medical Director explained that the Trust was in discussion with the CQC regarding some of the actions which were felt to be inappropriate and the issues had recently been discussed at the Quality and Clinical Risk Committee.
17.6	The Chairman pointed out that the delayed diagnosis of a rare tumour cited in the report was a good example of where collaboration within the STP could be of benefit.
17.7	The report was **noted**.
2016/09/18	**Nursing Staffing Update**
18.1	The Director of Patient Experience and Chief Nurse reported that the Trust continued to collect care hours metric following on from recommendations in the Lord Carter report. The Trust's first set of Care Hours per Patient Day (CHPPD) was 6.77, exactly the same as the national median. The Board was advised that this was likely to grow over time and that work was on going with the STP to

	benchmark with other organisations. Further work was however required as the Trusts were not reporting consistently; for example Bedford and Luton were reporting ward by ward data.
18.2	In terms of recruitment, there were 100 residual qualified vacancies, excluding ward 24 and nurses from the Philippines. It was noted that many of the nurses from the Philippines were struggling to pass the English language exam. Those that have passed were expected to arrive at the Trust in April 2017 rather than the original date of November 2016.
18.3	asked if English courses could be run in the UK for the Philippine nurses and it was confirmed that this was not allowed and that visas would only be issued if they had passed the exam. The Board was advised that all Trusts were facing a similar problem as the Nursing and Midwifery Council had raised the bar due to increasing complaints about poor levels of English amongst some nursing staff.
18.4	stressed the significant pressure the issue was having on agency staff usage and accordingly finances but acknowledged that management were working on the issues. It was noted the issue was exacerbated because the Trust was expanding and that once the bed stock was known the numbers of nurses required would need to be reconfigured. The Chief Executive advised that management was looking at how the multi-disciplinary team could be used to best effect to provide safe care to patients. It was noted that there was no nationally recognised patient to staff ratio and the Board sought to understand the significance of the CHPPD and what the Trust's current calculation in terms of numbers of staff and agency usage. The Director of Patient Experience and Chief Nurse explained that if the CHPDD increased there should be a reduction in agency usage. Together with the Director of Finance, she cautioned that CHPPD was only one part and that there were a variety of metrics which needed to be considered to allow informed decisions on the delivery of maximum patient care. Concluding the Board **Resolved** That a report be prepared for the next Board setting out the impact of nursing staff levels on patient care **Action Director of Patient Experience/Chief Nurse** The report was **noted**.
2016/09/19	**Safeguarding Annual Report**
19.1	The Board was informed that the circulated annual report had been to the Safeguarding Quality Committee in July.
19.2	Activity continued to rise but the area was heavily regulated and assessed against. The Board was pleased to learn that the safeguarding hub in Milton Keynes met all legal requirements and was very efficient.

19.3	informed fellow Board members that he had visited the safeguarding team and found that it was operating well. He had found the issues regarding the deprivation of Liberty Standards (DoLS) very interesting and urged that ways to raise its profile within the Trust be explored.
19.4	Responding to a question from about the effectiveness of links with social services and the wider Council, the Director of Patient Care and Chief Nurse said that they worked closely together as part of a multi-agency hub and a recent assessment on safeguarding children had found that there were many elements of gold to platinum within the service. She was also a member of the safeguarding adults and children committee hosted by the Council.
19.5	An OFSTED inspection with a social care was focus was currently being undertaken.
19.6	The Board **noted** the report.
2016/09/20	**Infection Prevention and Control Annual Report**
20.1	The Director of Patient Experience and Chief Nurse introduced the Infection Prevention and Control annual report for 2015/16. The following were highlighted
20.2	• There had been 3 cases of MRSA during the period but none of these were due to lapses in care. • In the case of C. difficile 20 cases were apportioned to the Trust, with 2 classified as being due to lapse in care (a 50% reduction from last year). • The Infection Control team had struggled to appoint an infection control doctor and microbiologist, though the latter had now been appointed.
20.3	Simon Lloyd queried the 91.9% compliance score for hand hygiene and it was noted that this could be attributed to a few departments and individual issues.
20.4	In response to a question from Robert Green the Director of Patient Experience and Chief Nurse advised that audits were overseen by the quarterly Infection Control Committee.
20.5	The Board **noted** the report.
2016/09/21	**Complaints Annual Report**
21.1	Introducing the report, the Director of Patient Experience and Chief Nurse reported that there had been a 50% increase in the recorded complaints and the Trust had worked hard to explore the reasons for behind this. It had been found that bookings and out patients were an issue of concern, including relocation of the department and referral to treatment.
21.2	The Director of Clinical Services team were working on reducing the RTT backlog and the Director of Corporate Affairs was overseeing a project on outpatient processes and how to focus on patient experience. Anecdotally it seemed that these pieces of work were beginning to have an impact and data

	would be shared with the Quality and Clinical Risk Committee as it became available.
21.3	asked how the Trust benchmarked against other hospitals in terms of complaints and it was noted that the Trust currently recorded all queries registered with PALs as a complaint which not all Trusts did and so it was not easy to make direct comparisons.
21.4	The link between complaints and the serious incidents process was queried and it was confirmed that any complaint which was about harm to a patient would go through the Serious Incident Group. stressed the importance of learning from complaints and serious incidents. The Chief Executive also stated that it was important that the Board received assurance that any investment proposals were also aligned with the root causes of serious incidents.
21.5	Concluding the Chief Executive stressed that the report showed huge progress from a few years ago and work continued to ensure that the public were reassured of this progress.
21.6	The report was **noted**.
2016/09/22	**Surgical Audit Programme Update**
22.1	The Director of Corporate Affairs provided an update on the progress with the prior year surgical audit programme following the report received at the July Board meeting.
22.2	An independent review of one consultant's patients was being undertaken, 10 of whom received inadequate care, and may have suffered harm. The Medical Director and Director of Patient Care and Chief Nurse had met with the families concerned and the coroner had been informed. asked whether there had been any issues during the meetings with families and it was noted that there had not, although some were surprised. The Board congratulated management on the way in which had engaged with the patients' families.
22.3	The second phase would see further desk top audits of patients' notes and where concerns were raised these would be forwarded for independent clinical review by appropriately trained consultants.
22.4	The Board **noted** the report.
2016/09/23	**Performance Report month 5**
23.1	Introducing the performance report for month 5, the Deputy Chief Executive reported that August had been a challenging month for the Trust and highlighted the following: • Diagnostics was 1% below target; • Referral to Treatment was within 1% of target; • Accident and Emergency missed its target with the Trust ranking 20th out of 150 Trusts; • The 62 day cancer referral to treatment standard was 81% against a national threshold of 85% - this was due to complex cases and tertiary

	returns.
23.2	queried the impact of performance in RTT and waiting times on funding and the Director of Finance stated that there was an opportunity to rectify the situation before the end of the quarter.
23.3	It was observed that 1 in 10 out patients not attending seemed high but the Board was assured that this was not the case although the Trust continued to work on mechanisms to ensure that appointments were not missed. The Chairman asked how messages could be reinforced about the impact of missing appointments. Responding the Director of Corporate Affairs advised that the team was looking at ways of giving control back to the patients using technology such as mobile applications where possible.
23.4	The performance report for month 5 was **noted**.
2016/09/24	**Finance Report as at 31 July 2016**
24.1	The Director of Finance reported on Trust finances for the period July to August 2016, highlighting the following. • The Trust had a £9.8m deficit just below plan, which had improved in August. Crucially, it was expected that the control total would be met and the Director of Finance stressed the importance of doing so; • In terms of income the Trust was in a good position as elective activity had increased and there had been strong performance in maternity services; • On pay, agency pay reduced in July but increased in August and so continued to present a huge risk for the Trust; • For non-pay – CIPS were off plan but the organisation had been able to cover. • There had been no confirmation from NHSI regarding capital funding and the Trust had taken the decision to continue with plans where necessary. • Guidance on a 2 year planning process had been published and suggested control totals were due to be released at the end of the week
24.2	asked where the Trust was financially as S & T funding would not be accessible unless it met 70% of its control total. As context the Chief Executive advised that nationally 80% of Trusts were not meeting their control totals and the Trust was not currently on NHSIs radar.
24.3	The finance report was **noted**.
2016/09/25	**Committee Summary Reports**
25.1	Quality and Clinical Risk – 22 July 2016

	Chair of the Quality and Clinical Risk Committee introduced the summary report for the meeting held on 22 July 2016 highlighting the following. • the committee had discussed the future of stroke services at the Trust in the light of STP; • It was agreed that the process of following up on deaths required embedding across the Trust; • On the day of the meeting the CQC were undertaking a 2 day unannounced inspection. Staff felt that it had gone well but there had been no formal feedback. • The committee was assured that in relation to safety, clinical effectiveness and patient experience key issues had been identified and there were plans in place to address issues in a timely manner.
25.2	<u>Finance and Investment Committee – 5 September 2016</u> David Moore, Chairman of the Finance and Investment Committee provided an overview of the key matters and decisions made at the meeting held on 5 September 2016, highlighting the following. • the committee noted the progress made with the Finance Improvement Programme but also that there were concerns about the effectiveness of the consultants working with the Trust on this project. • the committee approved the signing of a Memorandum of Understanding in advance of a formal agreement covering the rental of the Academic Medical Centre by the Trust. • Notwithstanding the fact that sources of funding remained unclear, albeit that the NHSI confirmation letter referenced DH support over and above Trust contributions, the committee recommended the Electronic Patient Record business case for Board approval. It was noted that this was a very important and exciting project as the Trust embraced technology. The committee noted the 5 keys risks in relation to finance to be as follows: • Inability to keep affordable levels of agency spend; • Timing and release of capital and revenue funding; • Inability to achieve the required levels of efficiency through the transformation programme ; • Main commissioner unable to pay for level of activity generated by the Trust. • Failure to obtain STP funding.
25.3	<u>Workforce and Development Committee – 31 August 2016</u> Chairman of the Workforce and Development Assurance Committee provided an overview of the key matters and decisions made at the meeting held on 31 August 2016.

25.4	• The committee was pleased that it was now benefiting from rich data from multiple sources. • The committee received a reformulated action plan as a result of the 2015 staff survey themed around health and well-being. The possibility of starting a hospital sports club was considered. • The committee discussed the low level of appraisal compliance being due to a cumbersome system of reporting. The Director of Workforce had been charged with exploring a more stream lined way of the HR team receiving this information. • The reduction in agency usage and expenditure since the last committee meeting was noted and management had been commended for the strategies which had been put in place to .The Board **noted** the sub committee reports.
2016/09/26	**Any Other Business**
26.1	There were no items of any other business.
2016/09/27	**Questions from Members of the Public**
27.1 27.2 27.3 27.4	a public governor raised the issue of how the hospital communicated with the wider public, as some local people had expressed concern about the possibility of having to travel to Luton to receive some treatments as a result of the STP. In response the Chief Executive acknowledged that there was more that could be done on communication in addition to the campaign launched with local media and MPs to ensure that they are fully briefed. Further thought needed to be given to ways in which people could be reached locally through the Council of Governors and other informal networks. It was stressed that the STP's aim was to create centres of excellence for individual services and hopefully patients would respond accordingly. representative on the Council of Governors for Milton Keynes Council mentioned the pressure on finances and how deficits were treated and viewed by the centre. It was confirmed that discussions were on-going with the STP as there was difficulty posting surpluses because of the economies of scale achievable under current structures.
2016/09/28	**Date of next meeting**
	It was noted that the next Board meeting to be held in public was scheduled to take place on Friday 4 November 2016.
2016/09/29	**Resolution to Exclude the Press and Public**

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

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting
held in PUBLIC on Friday, 4 November 2016 at 9.00 am
in Room 6, Education Centre, Milton Keynes University Hospital

Present:

	Deputy Chairman
	Interim Director of Finance
	Non-executive Director
	Deputy Chief Executive
	Director of Workforce
	Non-executive Director (Chair of Quality and Clinical Risk Committee)
	Non-executive Director (Chair of Audit Committee)
	Director of Patient Care and Chief Nurse
	Non-executive Director (Deputy Chairman)
	Non-executive Director (Chair of Finance and Investment Committee
	Non- executive Director (Chair of Workforce & Development Assurance Committee)
	Medical Director
	Director of Corporate Affairs
	Director of Clinical Services
	Company Secretary

2016/11/01	**Welcome**
01.1	The Deputy Chairman welcomed everyone to the meeting.
2016/11/02	**Apologies**
02.1	Apologies for absence were received from the Chairman,
2016/11/03	**Declarations of Interest**

03.1	There were no new interests declared and no interests declared in relation to the open items on the agenda.
2016/11/04	**Minutes of Previous Meetings**
04.1	The minutes of the meeting held in Public on 27 September 2016 were accepted as an accurate record, subject to the inclusion of on the list of members who had been present on the day.
2016/11/05	**Matters Arising and Action Log**
05.1	There were no Matters arising in addition to those included on the agenda.
05.2	The Action Log was reviewed and all completed actions were agreed to be closed. Open actions were discussed in turn: 321 Finance and Investment Committee report – noted that a presentation on digital Solutions was planned to take place at the Board Development day on 2 December 2016. Agreed to leave open until presentation received. 332 Board Assurance Framework – noted that this action had been deferred to the Board Development session on 2 December. Agreed to leave open until the presentation received. 338 Nursing staffing update – noted that work is ongoing on the production of an STP-wide dashboard to assess staffing levels against quality of care. The Board will be updated as this work progresses. Agreed to leave open. **Resolved:** the progress made with regard to the Action Log was noted.
2016/11/06	**Chairman's Report**
06.1	In the Chairman's absence, the Deputy Chairman had no substantive matters to report.
2016/11/07	**Minutes of Council of Governors Meeting**
07.1	**Resolved:** the draft minutes of the Council of Governors meeting held on 4 October 2016 were noted.
2016/11/08	**Chief Executive Report**
08.	The Chief Executive provided a verbal report which included updates on the following:
08.1. 08.1.1	**Agency spend** The Trust is under intense scrutiny from NHS Improvement (NHSI) in relation to the

	amount that it spends on agency staff, and this is likely to continue. The Trust is taking active steps to reduce this expenditure, and more information is now presented monthly to the Finance and Investment Committee to assure the Board that the issue is being properly managed. In relation to the highest paid agency staff, Executive colleagues are assessing whether they continue to be needed and the appropriateness of the amounts paid.
08.1.2	David Moore noted that in the new planning round, the Trust would be required to meet its control total and stay below its agency spend cap, but that it is not currently meeting that cap. The Chief Executive stated that the Trust can evidence the specific events that have contributed to the cap being exceeded this year, including the waiting list initiative and surgical look back exercise. The Director of Finance added that there are detailed actions in place to meet next year's cap of £15.1m.
08.1.3	For this year, it is expected that the October figures will show a significant drop, with a number of expensive agency staff leaving the Trust. The Director of Workforce also highlighted the robust control process in place, and the move to weekly pay for nurses and health care assistants, as other steps being taken to reduce agency use.
08.2	**Car parking**
08.2.1	There have been additional pressures recently on parking for staff in particular, due to the growth in staff numbers and the work to build the new ward. 50 additional spaces have now been provided at the back of the hospital, and there are plans to introduce additional spaces a short distance away from the hospital.
08.3	**New ward**
08.3.1	The materials to be used to build the new modular ward have now arrived on site. This will be a 20-bedded unit, and will be significantly bigger than the Trust's current wards. It is due to open in February 2017.
08.4	
08.4.1	The well-known NHS commentator recently visited the Trust as part of the Fab Change day, during which staff were encouraged to commit to do at least one thing differently. A number of fantastic initiatives emerged, and involvement provided good publicity for the Trust.
08.5	**Media coverage of maternity services**
08.5.1	There had been unhelpful media coverage around the Trust's maternity services. This was based on out of date information, and the Board was reminded that in 2014, both the CQC and the RCOG had declared the service to be safe. The Trust does a lot of work with the local press, and will continue to do so, but it was noted that the presence of a league table makes coverage of this nature inevitable. It was acknowledged that there is still room for improvement within the service, and there is a continuous drive to improve standards.
08.5.2	The STP is considering solutions for maternity services across the Bedford and Luton and Dunstable sites. As for MKUH, a 20% increase in births would require more investment in staff and space, but provision is adequate for the current number of births.
08.5.3	This recent coverage has further dented morale within the service, following the

	coroner's inquests which led to the loss of a number of midwives last year. However, the Trust continues to be successful on the recruitment front.
08.6 08.6.1	**Awards** This year's staff awards ceremony had been a huge success. It was well received and the feedback has been very positive. The Trust also did very well at the regional research and development awards.
08.7 08.7.1	**Warm up for winter** The Director of Clinical Services reported that there had been good engagement in this year's exercise from organisations from across the local health economy. It is a launch pad for initiatives which will continue throughout the winter period. **Resolved:** the Chief Executive's report was noted.
2016/11/09	**Sustainability and Transformation Plan (STP)**
09.1	The Chief Executive reported that the Bedfordshire Luton Milton Keynes (BLMK) plan was submitted to NHS England by the 21 October deadline. Although this was meant to be a confidential draft, the Mayor of Bedford made the decision to publish the document on the Council website. The aim of the plan is to enable the various local health and social care organisations to work more closely together with a view to removing the boundaries within the system that lead to additional costs, and focusing on ensuring that patients can move smoothly through a pathway. It is likely that the plan will be interpreted differently in the local media, and the Board would need to be mindful of the consequences that such headlines could have on staff and patents.
09.2	made reference to the Healthcare Review, and asked if this had been subsumed within the broader STP discussion. The Chief Executive explained that in the time since that review was completed, the state of NHS finances had deteriorated to the extent that the capital options that it had recommended could not now be delivered. The STP would need to need to work through the re-development of services to deliver high quality healthcare for less money.
09.3	As far as MKUH is concerned, the growth of the city's population means that the Trust will need to continue to develop and grow its services. Some options are being reassessed; for example, maternity will continue to grow incrementally. Further investment will be required at some point, but it would be necessary to take a system-wide approach to such developments. Nevertheless, the Trust has made much progress clinically and financially in the last 3 to 5 years, and few specialities are reliant on the outcome of the Healthcare Review for their viability or safety. The STP will help reduce the amount of money that is wasted in the current system.
09.4	A process is being put in place to determine whether the options suggested by the Review are the right ones. There is no timetable for this, but the Chief Executives are meeting in a week's time to discuss this. It was acknowledged that there is much work to be done by the end of March, but the Board stressed that steps be taken to ensure speedy resolution of these issues.
09.5	The report was **noted**.

2016/11/10	**Patient Story**
10.1	The Director of Nursing and Patient Care introduced who had attended to speak of his experiences as a long standing patient of the Trust. Mr onfirmed that he had had a couple of strokes in the last 8 years, as a result of which he had suffered with infections. He had been working hard to eliminate these infections, but in July 2016, he required admission at the hospital for this reason.
10.2	acknowledged that on arrival he was in a bad mood, but that he immediately noticed significant improvements in the reception he received compared to previous admissions. He reported feeling welcomed right from his arrival at Accident and Emergency to his admission on ward 1. He spent two and a half days on the ward, and described his stay as an “almost enjoyable experience”. The improvements in his experience covered the range of staff he came into contact with, including the porters, cleaners and catering staff.
10.3	In describing the single most important change in the way that staff engaged with him, felt that people were more at ease, approachable, and prepared to go out of their way to be helpful. He also commended the efforts that staff made in dealing with patients who were less cooperative and in some cases abusive. noted that staff and managers had grown accustomed to being self-critical, but he felt the Trust should be more forthcoming in celebrating the good things that are happening in the hospital. He stated that he had offered to work with on improving patients’ experience, but also to help give the hospital the recognition it deserves. He expressed the view that senior staff should set the right example in this regard.
10.4	acknowledged the more negative external messages that patients receive about the hospital, including from the media, noting that one local newspaper had set up a Facebook page asking for contributions from people who had had a bad experience in maternity. He indicated that he had a number of ideas to share about the role that patients should be taking in managing their own care, and how they ought to interact with hospital staff.
10.5	The Board thanked for coming to share his views, and for offering to work with the Trust on improving the patient experience.
2016/11/11	**Mortality update report**
11.1	The Medical Director presented the headlines from the mortality update report. The Trust’s HMSR relative risk score to June 2016 is 83.9, which is significantly lower than expected. He noted that palliative care coding had gone up, and stated that steps are being taken to ensure that this is appropriate.
11.2	SHMI is calculated differently, and the Trust’s score under this measure is 1.03, which is within the expected range.
11.3	A qualitative review of deaths is being undertaken, to understand what can be learnt, including in relation to engagement with relatives. The outcome of this review will be

	reported next May. **Action: Medical Director**
11.4	It was acknowledged that many people die in hospital – last year there were 835 deaths – most of them in general medicine and respiratory medicine. This is the broadly expected split.
11.5	**Resolved:** the Mortality update report was noted.
2016/11/12	**Prior year Surgical Programme update**
12.1	The Director of Corporate Affairs presented the update on the prior year surgical audit programme. All of the families of the 10 patients whose care was below expected standards have been contacted. In this the second audit phase, it is intended that several hundred cases will be considered over the course of the next quarter. So far, 220 audits have been carried out, of which 21 cases have been sent for independent review. The programme has started with the higher risk cases, and the process should therefore get quicker going forward as the less risky cases are considered. In response to the question as to how long the programme will last, the Medical Director indicated that it should close down early in the New Year, with a fuller review of the entire programme to be reported to the Board in February or March. **Action: Director of Corporate Affairs**
12.2	It was noted that the surgeon in question is still practising medicine under supervision elsewhere.
12.3	**Resolved:** the update report on the prior year surgical look back programme was noted.
2016/11/13	**Trust-wide progress report – Serious Untoward Incidents and Never Events**
13.1	The Medical Director introduced the review of serious untoward incidents and never events for Q2 – July to September 2016. 26 serious incidents (SIs) were reported during the quarter, a slight increase on the previous quarter. The Medical Director made reference to two of the incidents: • A fire in one of the lifts. This had been managed well and a programme of improvement works has been implemented as a consequence • A treatment/process error which occurred in the Emergency Department when, in the course of removing a foreign body from a patient's eye, the patient suffered a burn to the surface of the eye. This incident was reported in the media.
13.2	**Resolved:** the quarterly report of serious untoward incidents and never events was noted.
2016/07/14	**Nursing staffing update**
14.1	The Director of Nursing and Patient Care presented an update on nursing staffing

	levels. The Trust is engaged in a lot of work with the STP, including the creation of a nursing dashboard. This will include establishments, vacancies, and will also incorporate quality data. It will give the Trust the opportunity to benchmark itself. The dashboard will be presented to the Board.
14.2	Nursing agency costs continue to fall. NHSI have gone through the Trust's action plan and are reasonably content with the steps being taken. The Trust's maturity rating for e-rosters is the 6th best in the country.
14.3	Another 25 students have been appointed and they will take up post in March. In response to a question whether the Trust could take on more students, the Director of Nursing and Patient Care indicated that the numbers will increase, but that there is a process to be undertaken initially. A new model is to be put in place with more students on each ward.
14.4	Seven of the nurses recruited from the Philippines have now passed their English tests and are in the process of applying for their visas.
14.5	In relation to the measurement of care hours per patient days, it was noted that only one set of figures has been received, and this shows that the Trust is in the middle of the pack nationally. Each area is being looked at on a monthly basis, and an internal benchmarking exercise will be carried out, followed eventually by external one as well. **Resolved:** the nursing staffing update was noted.
2016/11/15	**Performance Report month 6**
15.1	The Deputy Chief Executive presented the performance report up to September 2016. He stated that the hospital remained under pressure, despite the fact that the period from October to Christmas is expected to be relatively quiet. The following points were highlighted: • A&E performance had dropped off slightly • There is good news on elective and RTT performance. RTT performance achieved the STF trajectory in every month during Q2, and elective patients waiting more than 18 weeks was reduced by 75 compared to M5 • It appears that the Trust will narrowly miss the cancer 62 day wait target. • The Trust is reporting 30 patients who have been waiting 52 weeks for treatment. Some of these waits relate to procedures for which there are only one or two surgeons available across the region, including shoulder surgery. This is an issue nationally. It is acknowledged that consultants should be more upfront with patients about the amount of time that they are likely to have to wait for treatment. Work is being done on the information that is made available to patients at the point of referral. It was emphasised that patients would not be de-prioritised because it has not been possible to treat them within the target time – the focus is always on treating the longest waiting patient first.
15.2	The question was raised about ward moves for over 75 year olds at night. The

	Director of Clinical Services explained that this is not specific to over-75s and is linked to the issue of bed capacity, and efforts to achieve more discharges during the day.
15.3	The Chief Executive made the following contextual points: • Nationally, performance against the 18 week target is deteriorating at the rate of 0.5% each month, and has gone down dramatically. The Trust's performance on the other hand is up to 91.1%. • Performance against the 4 hour A&E target nationally is currently averaging at 83-84%. The Trust is currently at 94%
15.4	It was noted that as far as the table is concerned, RTT performance continues to improve, but there will be no significant additional inpatient capacity until Q4. There has been a significant reduction in those waiting over 18 weeks.
15.5	In 5 of the last 6 months over 7000 patients had attended A&E monthly. There has been a 6% increase in attendances in the year to date.
15.6	With regard to statutory and mandatory training, the focus is on those 25 members of staff who have not completed this for the last 4 years. **Resolved:** the Performance Report was noted
2016/11/16	**Finance update report as at 30 September 2016**
16.1	The Director of Finance presented the finance update report to the end of September. The Trust had met its control total for Q2, a very positive development, and means an additional £2m in STF funding for the Trust. There is one outstanding item – cancer – which has a prolonged validation period.
16.2	Income was significantly down in September, in part as a result of the decision to close the reporting window early. This means that some additional income will accrue in October, but it was also noted that the income target for October is an aggressive one. Pay costs are under plan, while non-pay is over plan.
16.3	Actions being taken to reduce agency spending will be reported to the Finance and Investment and Workforce and Development Assurance Committees in order to gain Board level assurance of the Trust's plans.
16.4	The draft annual plan is due at the end of the month, and it may be that an extra Board meeting would be arranged before the end of the month to give the Board visibility of the draft. The final plan is to be submitted at the end of December. The proposed control total for 2017/18 is a deficit of £18.5m and for 2018/19, £12.4m.
16.5	In response to a question about the Trust's Revolving Capital Facility, it was noted that the Performance Relationship Meeting with NHSI is due to take place next Friday, and this issue will be raised with them. The Chief Executive explained that nationally, the provider sector is running at a deficit of £600m this year, with some Trusts forecasting a deficit of up to £70m next year.

	Resolved: that the Finance update report to 30 September 2016 is noted.
2016/11/17	**Single Oversight Framework**
17.1	The Director of Finance introduced NHSI's new framework. This framework provides NHSI with more opportunities to scrutinise Trust activities and to justify interventions. MKUH has been placed in Category 3, and although performance against the quality metrics could help the Trust to move to Category 2, the deficit may make this impossible.
17.2	It was noted that NHSI had made a number of senior nursing appointments raising the concern that there could be some duplication with the role of CQC. **Resolved:** the NHSI Single Oversight Framework was noted.
2016/11/18	**Summary report – Quality and Clinical Risk Committee – 21 October 2016**
18.1	Dr JJ De Gorter presented a summary report of the Quality and Clinical Risk Committee's most recent meeting. He highlighted the following items: • Quarterly quality report – assurance processes at divisional level are being improved, but there is a need to make better use of the data that is already available • Patient experience report – the number of complaints received has gone down, but the time taken to provide responses has gone up. This is to be an area of focus for the Deputy Director of Nursing • The Medical Director alerted the Committee to the issues highlighted by the Fractured Neck of Femur mortality review. Once the actions generated are completed, the decision would be made whether to invite the British Orthopaedic Association to review the service • Perinatal mortality is now within expected limits. A review is taking place with the Thames Valley network • The update of the National Early Warning Score escalation process indicated that compliance has deteriorated. Additional training is being provided, and it will remain a live issue for the Committee • All of the trust's nurses have now been revalidated.
18.2	The following matters were escalated for Board attention: • The process for setting annual objectives • The usefulness and completeness of the BAF and Significant Risk Registers as tools for highlighting and gaining Board assurance on the most important risks facing the Trust and how they are being managed • The national shortage of midwives, and how this could be managed at an STP level • Performance information – how does the Trust derive the right type of information for assurance • EWS to remain a live issue

2016/11/19	**Summary Report – Finance and Investment Committee – 3 October 2016**
19.1	David Moore presented a summary report of the Finance & Investment Committee's most recent report. He highlighted the following items: • The Committee had asked for a report on the effectiveness of the Finance team, and it had received assurance of the strength and diversity of the team • The Committee raised with Ernst & Young (EY) its concerns over the slippages in the finance improvement programme. Their involvement in the programme ends this month. They were meant to deliver £4.6m in savings, but will fall short of that total.
2016/11/20	**Summary Report – Audit Committee – 27 September 2016**
20.1	Bob Green provided an overview of the key matters raised at the Audit Committee meeting held on 27 September 2016. These included: • The external auditor reported on changes to disclosure requirements, including on the gender pay gap • The Committee is to receive further clarity on what is being done to gain further assurance on data quality at the next meeting • There is some slippage on some of the reports expected from internal audit, but this is being managed • There is some difficulty in getting the Trust's Gifts and Hospitality policy implemented properly.
20.2	questioned how the push from NHS England for consultants to publish the income they receive from private practice is likely to be implemented. The Chief Executive indicated that further guidance is awaited, but that it is likely that the directive would be subjected to legal challenge. The Medical Director explained that job planning already takes account of private practice, and that the Trust is now more robust in ensuring that consultants fulfil their NHS obligations.
2016/11/21	**Board and Committee dates 2017**
21.1	The Company Secretary presented the proposed Board and Committee dates for 2017, and asked Board members to communicate any difficulties they have with any of the dates. Formal invitations to the meetings will be sent out once rooms have been allocated. **Resolved:** that the Board and Committee dates for 2017 are noted, and Board members will revert to the Company Secretary with any dates that they cannot make.
2016/11/22	**Any other business**
22.1	There were no items of any other business.
2016/11/23	**Questions from Members of the Public**

23.1	The following questions were raised by members of the Council of Governors in attendance:
23.1.1	The importance of providing support to midwives, and ensuring that all clinicians involved in the service work together as a team, was stressed. The Medical Director agreed, and confirmed that training for obstetricians is team focused.
23.1.2	In response to a question about the impact that the 2018/19 control total of a £12.4m deficit would have on patient experience. The Director of Finance pointed out that the Trust had not yet accepted the 2018/19 control total. The 2017/18 total would be stretching and would require a similar transformation programme to that run this year, but the 2018/19 total would require contribution from across the STP footprint.
23.1.3	The question was raised whether the introduction of the BLMK STP is likely to lead to a change in engagement strategy. The Director of Corporate Affairs stated that it would in fact become easier, and that staff, patients and the public would be given the opportunity to provide their input into the plan with effect from the week of 21 November.
2016/11/24	**Resolution to Exclude the Press and Public**
24.1	**Resolved:** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.

Meeting closed: 11.30am

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting
held in PUBLIC on Friday, 6 January 2017 at 9.00 am
in Room 6, Education Centre, Milton Keynes University Hospital

Present:

	Deputy Chairman
	Non-executive Director
	Deputy Chief Executive
	Director of Workforce
	Chief Executive
	Non-executive Director (Chair of Quality and Clinical Risk Committee)
	Non-executive Director (Chair of Audit Committee)
	Director of Finance
	Director of Patient Care and Chief Nurse
	Non-executive Director (Chair of Finance and Investment Committee
	Non- executive Director (Chair of Workforce & Development Assurance Committee)
	Medical Director
	Director of Corporate Affairs
	Company Secretary
	Dementia Nurse (item 3.1)
	Patient Experience Manager (item 3.1)

2017/01/01	**Welcome**
01.1	The Deputy Chairman welcomed everyone to the meeting.
2017/01/02	**Apologies**
02.1	Apologies for absence were received from
2017/01/03	**Declarations of Interest**
03.1	There were no new interests declared and no interests declared in relation to the open items on the agenda.

2017/01/04	**Minutes of Previous Meetings**
04.1	The minutes of the meeting held in Public on 4 November 2016 were accepted as an accurate record.
2017/01/05	**Matters Arising and Action Log**
05.1	There were no Matters arising in addition to those included on the agenda.
05.2	The Action Log was reviewed and all completed actions were agreed to be closed. Open actions were discussed in turn: 321 Finance and Investment Committee report – noted that a paper on clinical informatics had been presented at the recent meeting of the Finance and Investment Committee. It was agreed that further detail, particularly in relation to EPR, would be provided to the Board at the February development day. 332 Board Assurance Framework – A session was held at the development day in December in the course of which options for developing the Board's approach to risk management were discussed. A further session is to be held at the February development day to help identify and rank the Trust's strategic risks. **Resolved:** the progress made with regard to the Action Log was noted.
2017/01/06	**Chairman's Report**
06.1	The Deputy Chairman took the opportunity to wish everyone a Happy New Year.
2017/01/07	**Minutes of Council of Governors Meeting**
07.1	**Resolved:** the draft minutes of the Council of Governors meeting held on 15 November 2016 were noted.
2017/01/08	**Chief Executive Report**
08. 08.1. 08.1.1	The Chief Executive provided a verbal report which included updates on the following: **Pressure on the NHS and social care** The current winter period is placing the entire system under tremendous pressure, but the Trust is coping relatively well, in comparison to a number of other organisations across the country. There have been a few difficult days recently, but the clinical and operational teams have worked hard to manage these pressures, and Executive Directors have been directly involved. The Trust is not on any regional or national lists as being in difficulty, despite the fact that A&E performance against the 4 hour target recently fell to 75% on one day.

08.1.2	It was acknowledged that the Trust recently issued a black alert, but it was explained that the Operational Pressures Escalation Level (OPEL), which relates to the whole local health and social care system remained at 2 (there are 4 levels with 1 being the lowest/best). The hospital's Black alert had meant that 15 elective patients have had their operations cancelled since 20 December.
08.1.3	It was acknowledged that having the Urgent Care Centre as part of the Trust would provide greater resilience, although it was noted that the Trust has used GPs, paramedics, as well as advanced and emergency nurse practitioners in A&E, and there has already been a move away from doctors treating minor cases in the department. The Board was informed that a large number of additional beds had been opened, staffed in large part by agency workers, and that the costs associated with this would soon start to come through.
08.1.4	In response to the question as to why MKUH appears to be faring better than others, the point was made that much work had been done across the system to move as many patients as possible out of hospital before Christmas. In addition, over the last few years, steps have been taken to build resilience across the hospital, and more reliance is now placed on teams than individuals. The impact of the CQC rating on morale was also seen as a factor
08.1.5	The Trust had a plan to open 10 extra beds, and it now has 30 more beds available than it did last week. The 10 had been found by moving non-inpatient units out of inpatient areas and creating space on wards. Beds had been located in day patient areas, and in the patient discharge unit. It was confirmed that the 10 extra beds are sustainable, and the capacity created by the other 20 would be picked up by the new ward 24.
08.1.6	There is limited capital available for new development despite the growth in MK, but the need for extra capacity in the short term needs to be addressed. The proposal to build a new cancer centre is notable, but questions remain about actions that need to be taken to address capacity issues in the next two years.
08.2 08.2.1	**Making the site smoke-free** It was confirmed that efforts to make the site smoke-free are still on track, and that proposals are to be presented at the Board meeting in March. **Resolved:** the Chief Executive's report was noted.
2017/01/09	**Sustainability and Transformation Plan (STP)**
09.1	The Chief Executive reported that stronger governance arrangements are now in place within the STP, providing more clarity about the reporting routes for the various work streams. It is also clear that mandatory requirements for service change consultation and engagement with health and wellbeing boards must continue to be met. The STP is not a legal entity, and this raises a number of practical questions, such as how legal advice is to be commissioned.
09.2	The Director of Finance indicated that more formal reporting functions are being created around the finance functions in order to address the need for more detailed financial analysis in the coming months.

09.3	It is expected that more detailed proposals on the future of secondary care across the STP area will be available by the end of March, although they may not at that stage be ready for public consultation. It is not expected that there will be any surprises. Steps would need to be taken to avoid claims of a lack of transparency. The report was **noted**.
2017/01/10	**Patient Story**
10.1	The Patient Experience Manager read out a complaint that had been lodged by the family of a patient who suffers with Alzheimer's disease. As a result of his condition, the patient tends to get confused and anxious. Members of his family had asked that they be allowed to be with him when he is to undergo any major procedures. This, however, did not always happen – for example, an operation that he required, and for which he had been prepared, was cancelled at short notice, and then rescheduled for the following day. His family were not informed and were therefore unable to attend. The patient became so distressed that the operation did not take place. The complaint also indicated that nursing staff were not always aware that the patient had dementia, or inadequate notice was taken of this key factor.
10.2	To demonstrate the progress that the Trust had made in addressing the needs of patients with dementia, the Dementia Nurse gave a brief presentation. She stated that 96% of inpatient clinical staff have now received dementia awareness training, and the Trust has recently recruited another dementia nurse. Their role is mainly to engage with patients and their families to ensure that they receive the care and support that they need. A number of the resources that are used to support staff, patients and families were introduced, including: • The blue flag magnet which highlights to nursing and medical staff that a patient has dementia • "this is me" form – to draw attention to individual information about the patient, including the name by which they wish to be called • Twiddle muffs - knitted toys that can be given to patients, as Alzheimer sufferers often have restless fingers • Communication resource boxes, containing books, colouring pencils and mindfulness tools • Reminiscence folders – containing music, etc. from the patients' past, to help stimulate their memories • Magnifying glasses • Digital fish tank – this has been trialled in ward 3 and has been successful in having a calming effect on distressed patients
10.3	Mention was also made of which encourages relatives or carers of people with long term conditions and complex needs, to stay with the patient in hospital.
10.4	It was noted that the A&E department is also working hard to highlight to staff the extra attention that should be paid to patients with dementia.
10.5	A question was raised about the Trust's policy on obtaining consent in relation to

	relatives who hold a Lasting Power of Attorney, but are unable to attend. There is a specific consent form which a doctor can sign on their behalf, unless there is an Enduring Power of Attorney in place. An independent mental capacity advocate (IMCA) is also available to advocate on behalf of any patient who lacks capacity. It was acknowledged that there is some of inconsistency of approach across different wards and services, often to do with the relative levels of maturity of staff, but all staff are encouraged to make common sense decisions, for example, in accordance with recommendations emerging through .
10.6	With regard to the operation that was cancelled, the point was made that it would be for the doctor to decide whether to cancel, but this should be done in conjunction with the relatives. It was noted that some doctors may not know this.
10.7	In response to the question about the most important step that the hospital could take to support patients with dementia and their relatives, the dementia nurse stated that it would be to ensure that all staff are involved in efforts to improve care for dementia patients, and are working together to the same high standards.
10.8	A dementia café is shortly to be opened on the site.
2017/01/11	**Mortality update report**
11.1	The Medical Director presented the headlines from the mortality update report. The latest benchmark data was noted, showing the HSMR for 12 months from August 2015 as 86.5, which is better than expected. It was noted that palliative care coding is relatively high at MKUH, but there is confidence that this coding is appropriate. There is no diagnostic group within the hospital that is seen as an outlier. The SHMI, covering 12 months to the end of March 2016 is higher than the national average.
11.2	The Mortality Review Group meets regularly, and the process of qualitatively reviewing deaths is being embedded, with the first report due to be presented in May 2017. The CQC has published a report showing that no Trust in the country is performing well in terms of reviewing mortality. MKUH's processes are improving, and the vast majority of the deaths that take place in the hospital are appropriate, but it was acknowledged that the process of reviewing deaths in detail is onerous. The Trust is not complacent because of its favourable HSMR and is engaging in qualitative discussion of deaths. It is recognised that any opportunity to review patient care will lead to learning and the Medical Director is seeking to drive this culture. It was also reported that human factors training is being incorporated into the core programme for doctors and nurses. **Resolved:** the Mortality update report was noted.
2017/01/12	**Care Quality Commission report**
12.1	The Director of Patient Care and Chief Nurse presented the full CQC report. She reminded the Board that the CQC team had visited the Trust in July 2016, focusing on urgent and emergency care, medical care, end of life care, and maternity and gynaecological services. These were the services on which the Trust had previously been judged as requiring improvement. Following the publication of this report, the Trust has held a quality summit with the CQC to discuss the findings and the Trust's

	response to the report. Issues discussed included the flow of patients through the hospital, the long term plan for extra wards and staff engagement. The Trust does not have any compliance actions. The majority of "should dos" have already been done – one outstanding issue is the addition of a mental health facility within the A&E department.
12.2	Special mention was made by the CQC of the improvements in end of life care, which had been rated as "requiring improvement" across all domains in the previous inspection, and is now good across the board. The role of the Director of Workforce in challenging the team, in her capacity as Board lead, was acknowledged.
12.3	A full internal inspection was held in September and another is being planned. The CQC have put out a consultation which indicates that the Trust is now likely to be inspected annually on the well led domain.
12.4	In terms of communicating the messages from the inspection and the report to staff, the Director of Corporate Affairs highlighted the use of special newsletters, posters and cascades through staff meetings. The next challenge is around engaging with staff about the need for continuous improvement. The Chief Executive noted the Trust's staff survey results and the difference in how staff see the organisation and how it is viewed externally. One of the areas of focus in 2017 will be on narrowing this gap. Questions were raised, however, as to how accurate a measure the National Staff Survey is of staff perception of their organisation. The point was also made that if members of staff have not experienced difficulties elsewhere they may not be able to put their experience here into perspective. **Resolved:** the CQC report, and next steps on staff engagement and the drive for "outstanding", was noted.
2017/01/13	**Prior year Surgical Programme update**
13.1	The Director of Corporate Affairs introduced this update. 781 audits have been completed, and 30 cases sent for external review. Meetings with families are being held and the work is progressing at a good pace. The audits are not throwing up any surprises.
13.2	In response to a question as to how the programme will be concluded, it was stated that a subset of the surgeon's work is being audited within a risk based methodology. The focus is now moving into lower risk categories, with the care provided giving less cause for concern, and it is therefore expected that the programme would be concluded between April and June of this year. In terms of lessons for the future, it was noted that in the post-audit phase, a toolkit for conducting reviews will be created, and a report setting out the lessons that have been learnt will be prepared.
13.3	It was confirmed that as the Trust's financial control total does not provide for expenditure on this programme in 2017/18, the Trust will approach NHS Improvement (NHSI) for continued support. **Resolved:** the update of the prior year Surgical Programme was noted.
2017/01/14	**Nursing staffing report**

14.1	The Director of Nursing and Patient Care presented this routine update. It was confirmed that the Trust is reporting its nursing numbers correctly and in accordance with further guidance recently published by NHSI.
14.2	It was noted that the Trust is still experiencing difficulties in getting the nurses it is seeking to recruit from the Philippines into the country. 7 of them have now applied for visas, 6 failed their English tests so badly that they have been withdrawn from the process, and work continues on the other 68. Overall staffing levels were good through December.
14.3	In light of the development of ward 24, the surgical division is being reconfigured, with one ward going to medicine. A consultation is being held with all nursing staff to enable them to indicate which ward they wish to work in. This is being held because of the possibility that their jobs would be changing, but there is no question of redundancies. For those who do not secure their first choices, conversations will be held, and they will be able to have union representatives present for this.
14.4	The implementation of shift standardisation is going well. A review is to be held to assess whether this provides better value for money, and will be completed in February.
14.5	Regular meetings are being held with STP partners, and it is expected that the first integrated dashboard will be available for consideration at the end of next week. The main aim of this is to compare staffing levels and quality across the three hospital sites.
14.6	The Trust has been a fast follower for the nursing associate role, but there are concerns about its funding going forward, and it is possible that it would become a significant future cost pressure. This issue will be brought back to the Board once there is more clarity around the funding arrangements. **Action: Director of Patient Care and Chief Nurse** **Resolved:** the nursing staffing update was noted.
2017/01/15	**Performance Report month 8**
15.1	The Deputy Chief Executive presented the performance report up to November 2016. The Trust has achieved the RTT target up to the end of December, which is a notable achievement, considering where performance had been previously. Like most other hospitals, the A&E department is under significant pressure, and the Trust has been an outlier for ambulances waiting to offload patients. The Director of Clinical Services is considering the introduction of a queue management system. Nevertheless, the hospital is performing well relative to many others. The waiting list for RTT is down by 2000 patients. Many of the indicators in the Clinical Effectiveness table on page 140 will soon be switching from Red to Green.
15.2	With regard to A&E performance, there are two national indicators: the percentage of patients seen within 4 hours, and the time that patients spend on a trolley. The Trust does not have sufficient numbers of assessment beds to hold patients overnight, and it therefore needs more patients to be assessed in the community, or the establishment of an assessment centre behind A&E. It was acknowledged that

	there could be a better way of measuring A&E efficiency that looks at the quality of care that patients receive there. Although the department is now safer than it was, changes need to be made to clinical operational management arrangements to enable patients to move more quickly out of the department. In response to a question, the point was made that it is not possible for patients to know which A&E department they would be better off attending, as live information about waiting times is not yet freely available.
15.3	With regard to complaints, it was reported that additional resources are being provided to the team, but it is important that the divisions play their part in the provision of timely and helpful responses.
15.4	The Trust has no norovirus cases at present, and infection control arrangements are very good. The first case of flu in the hospital has been reported, and there has been an outbreak in a local nursing home. The Director of Workforce reported that the Trust had met the flu vaccination target for frontline staff. She also reported that the Trust had achieved 90% of staff receiving statutory and mandatory training for the first time.
15.5	In response to a question from David Moore about control of the use of overtime, the point was made that the Trust is encouraging use of its bank to fill extra shifts, as an alternative to agency staff. The former does not normally cost the Trust extra, although there is a premium for medical staff, but this is still below the cost of agency. The Trust does, however, need to be mindful of the restrictions placed by the EU Working Time Directive.
	Resolved: the Performance Report was noted
2017/01/16	**Finance update report as at 30 September 2016**
16.1	The Director of Finance presented the finance update report to the end of November. The Trust is £120k ahead of plan in month, leading to a favourable variance of £0.1m year to date. The Trust is still forecasting to meet its control total, and is among a minority of organisations that would be able to do so. Income is ahead of plan, offsetting variances, including below plan outpatient activity. The Trust is ahead of plan on costs, but there is an overspend on non-pay expenditure.
16.2	In respond to a question from Andrew Blakeman about improvements in achieving the cost saving plan, the point was made that the figures reported represent the in-month position, and there is still much work to do to deliver the plan at year end. The support and challenge provided by the Ernst & Young team in getting to this point, was acknowledged, and it was noted that some of this work would stand the Trust in good stead for 2017/18.
16.3	With regard to the Trust's cash position, it was noted that changes had been made to its loan financing arrangements, in relation to which a Board resolution would be required in order to proceed.
16.4	On capital expenditure, it was confirmed that although many of the investments are still at planning stage, it is expected that the full allocation would be spent.
16.5	The Director of Finance announced that NHSI has launched an incentive fund, from

	which Trusts that are able to perform better than their control total would be able to access funds matching the amount by which they over-performed. The aim of the fund is to re-distribute unused STF monies. The Trust is currently forecasting that it would meet its control total, but may be able to improve on this. Guidance on the fund would shortly be received, and it would be important to see whether these monies could be spent on capital projects.
16.6	It would be necessary to have a dialogue with commissioners about their role in reducing re-admissions. This is not exclusively a hospital issue, as it is important that patients receive the right level of support in the community.
	Resolved: that the Finance update report to 30 November 2016 is noted.
2017/01/17	**Update on Estate Development**
17.1	The Deputy Chief Executive provided the following updates on development of the Trust's estate:
17.2	• The contract for the construction of the Academic Centre has been signed • Agreements for the new main entrance have been settled, and it was expected that contracts would be exchanged today. Patients, staff and visitors have experienced difficulties in parking, and there have been reports of verbal and racial abuse to staff. Such behaviour is unacceptable, and a letter will be written in the local paper to emphasise this. The point was made that for the duration of this work people should no longer expect to park where they have always done. The wider public also need to understand that in order to build a better hospital changes need to be made to the site. A more consistent message also needs to be put out about some of the short term problems that are being experienced. • Cancer and radiotherapy centres – both are progressing. Oxford University Hospitals would need to make a decision about the exact location of the radiotherapy unit.
	Resolved: the update on estate development was noted.
2017/01/18	**Summary report – Finance and Investment Committee – 31 October and 28 November 2016**
18.1	presented summary reports of the November and December meetings of the Finance and Investment Committee. He highlighted the following items: • Discussions around the plan for 2017/18 and 2018/19 – the Committee was assured that the Trust would meet the 2017/18 control total, but acknowledged the incredible challenge that this represented. It noted that the 5% CIP challenge is the same as last year, and was concerned that it may not be possible to continue to identify this level of savings without quality being affected. The Committee had also expressed doubts about the Executive's continued capacity to manage the programme. • The ongoing impact of agency spend on the Trust's finances had been an area of particular challenge by the Committee. The Surgery Look-back Exercise is still reliant on some temporary resource, and the difficulty of reducing expenditure to £1.2m a month and maintaining it at that level had

	been noted. The extent to which EPR would help drive savings would be an important area to be tested in the coming months. • On the Finance Improvement Programme, the Committee had been pleased that the Ernst & Young team had increased the quality and quantity of the personnel involved in the work. • The proposal to consider setting up a trading subsidiary is an interesting development which could lead to significant cost efficiencies.
18.2	The Chief Executive took the opportunity to inform the Board that at the most recent Performance Review Meeting NHSI colleagues were notified that the number of patients who had been waiting for 52 weeks or more for treatment has gone up. This is reflected in the Month 8 Performance Report. The vast majority of the patients concerned are waiting for elective orthopaedic procedures, shoulder surgery in most cases. The cases are kept under review by the Medical Director and the Chief Nurse, and none of the patients are at risk clinically. An action plan is being prepared, to be shared with NHSI, for clearing this list by the end of February. The main difficulty is that the Trust is reliant on one surgeon, and it has been difficult to find additional capacity elsewhere. This is an issue for the Trust as it is a national outlier – there is an expectation that there will be no 52 week waits.
18.3	It was agreed that the plan for clearing this waiting list would be presented to the Board at the next meeting. **Action: Director of Clinical Services**
2017/01/19	**Summary Report – Audit Committee – 13 December 2016**
19.1	Bob Green provided an overview of the key matters raised at the Audit Committee meeting held on 13 December 2016. These included: • Overdue items from the Quality Report – these would need to be addressed as the end of financial year approaches. The Director of Corporate Affairs has this in hand • The Committee is yet to see the evidence to support actions that need to be taken in respect of data quality • There are outstanding actions from the Internal Audit reports on which work is progressing.
2017/01/20	**Use of Trust Seal**
20.1	The Director of Corporate Affairs informed the Board that the Trust Seal had been used on two occasions since the last meeting. **Resolved:** that the Board notes the two uses of the Trust Seal.
2017/11/21	**Any other business**
21.1	There were no items of any other business.
2017/01/22	**Questions from Members of the Public**

22.1	The following questions and comments were raised by members of the Council of Governors in attendance:
22.1.1	In response to a question as to how the Trust is assured that patients who had been waiting 52 weeks for treatment are not suffering clinical harm, the Medical Director stated that he reviews the medical records on a monthly basis.
22.1.2	The question was raised as to how the STP or the Trust would be able to plan sensibly when there is no consensus about the rate of growth within MK, and the surrounding areas whose populations are also served by the hospital. The Chief Executive agreed that there is a need for more clarity about the population growth forecasts for MK and the Trust's wider catchment area. Also in relation to the STP, a plea was made that members of the public be given an opportunity to review any documentation in advance of publication, to ensure that its readability. The Director of Corporate Affairs confirmed that engagement by the STP with the public and staff and patient groups will commence this month.
22.1.3	The Trust's lead governor commented favourably at the level of non-executive challenge that he had observed at the meeting.
22.1.4	A member of staff in attendance commented that the STP provided an opportunity for staff who had been at the Trust for some time to gain exposure to other ways of working, and that people should be encouraged to take this up.
2017/01/23	**Resolution to Exclude the Press and Public**
23.1	**Resolved:** that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.

Meeting closed: 11.30am

Milton Keynes University Hospital NHS
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday 3 March 2017 in Room 6, Education Centre, Milton Keynes University Hospital

Present:	
	Non-executive Director (Acting Deputy Chairman) (in the Chair)
In Attendance:	
	Chief Executive
	Non-executive Director
Apologies:	Deputy Chief Executive
	Non-executive Director
	Director of Workforce
	Non-executive Director (Chair of Audit Committee)
	Director of Finance
	Director of Patient Care and Chief Nurse
	Non-executive Director (Chair of Workforce & Development Assurance Committee)
	Medical Director
	Director of Clinical Services
	Company Secretary
	Chair, Maternity: MK (items 1-3)
	Clinical Director Pharmacy
	Head of Midwifery (items 1-3)
	Acting Chairman
	Director of Corporate Affairs

2017/03/01	**Welcome**
1.1	The Acting Deputy Chairman welcomed all present to the meeting. In particular he welcomed to his first meeting as a Non-executive Director of the Trust.
2017/03/02	**Apologies**
2.1	Apologies had been received from

2017/03/03	**Declarations of interest**
3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
2017/03/04	**Minutes of the meeting held on 6 January 2017**
4.1	The minutes of the meeting in Private held on 6 January 2017 was accepted as an accurate record.
2017/03/05	**Matters Arising/ Action Log**
5.1	There were no matters arising in addition to those included on the agenda.
5.2	The action log was reviewed in turn: <u>332 Board Assurance Framework</u> Although the Director of Corporate Affairs was unable to attend today's meeting, a paper highlighting the proposed changes to the Trust's approach to risk management had been circulated for discussion. A further presentation is also to be made at the next meeting of the Audit Committee. Action closed. <u>338 Nursing staffing update</u> The Chief Nurses across the STP have been working on producing an STP wide nursing dashboard. The first iteration of this would be presented at the next Public Board meeting in May. Action closing. <u>339 Mortality update report</u> It was noted that the outcome of the qualitative review of deaths would not be reported until May, after which it would be considered in detail at the next available meeting of the Quality and Clinical Risk Committee on 14 July. It was agreed that it would be presented at the next available Public Board meeting after that. Action closing. <u>340 Prior year surgical programme</u> An update of the progress of the programme has been included on this agenda. Action closed. <u>341 Nursing staffing report</u> Reference to the funding arrangements for the nursing associate role has been included in the nursing staffing report on this agenda. Action closed. <u>342 Finance and Investment Committee Report</u> The Board was informed that the issues around the patients who have been waiting for treatment of 52 weeks or more is considered on a weekly basis by the Executive Directors. There had been 27 patients in this category, but as at the end of February, this number had been reduced to 7, all of whom remain on the list because they had exercised their right to opt for treatment at a later date than had been offered. It was confirmed that the Trust is working to get them all treated as

	soon as possible. All of the patients involved are awaiting orthopaedic, mainly shoulder, surgery. The Medical Director has kept these patients under review, to ensure that there are no adverse clinical effects as a result of the length of these waits. Action closed. **Resolved**: That the action log as updated at the meeting was received.
2017/03/06	**Acting Deputy Chairman's Report**
6.1	The Acting Deputy Chairman reminded the Board that a memorial service would be held for Baroness Wall at the Lecture Theatre following the meeting.
2017/03/07	**Draft Minutes of the Council of Governors Meeting held on 25 January 2017**
7.1	The Board noted the content of the minutes of the most recent Council of Governors meeting. In response to a question from as to when the process for appointing a substantive Chairman would commence, it was stated that the Trust is in conversation with NHSI about how the process will unfold, and the Board would be informed in due course. **Resolved**: The Board **noted** the draft minutes of the Council of Governors' meeting held on 25 January 2017.
2017/03/08	**Chief Executive's Report**
8.1	The Chief Executive made reference to the Hospital Pharmacy Transformation Plan, informing the Board that this is part of the work to implement the recommendations made by in his report on operational productivity. The plan had been considered and approved by the Finance and Investment Committee. It was noted that the Trust is already rated green by NHSI across many of the domains.
8.2	The new engagement events have started well with those attending providing positive feedback. This is the start of a number of conversations with local people and staff. There will also be opportunities to volunteer to be become more involved, with the next step of engagement around the design of services. A number of different events are also being planned at service level. It was acknowledged that not all patients will want to be part of a group, and as such other forms of engagement would be available, for example, testing out wayfinding or the delivery of different types of care. Reference was also made to the Event in Tent, which will be taking place during the first week in May, and will try out different ways of engaging with staff. In response to the question as to how this process differs from the We Care initiative, it was noted that at present, connection with staff is not yet where it could be.
8.3	The Trust has continued to have a successful media presence, with Channel 5 filming the opening of ward 24. The move into the ward has been successful and feedback from patients and staff has been good. Steps are being taken to manage the refurbishment of other wards at the same time, and it is expected that this process will last a few months. The hospital is under constant pressure in terms of demand, and this is proving difficult to manage. Staffing levels are fine, but the

	challenge is that not all the staff have been moved to where the patients will now be cared for. It was also noted that a process of renaming wards is being undertaken to bring about some consistency on how beds, bays and wards are named, and make it easier for patients and their loved ones to find their way around the site. The Trust's total bed stock has remained the same for now, but this will go up eventually. This is a major piece of change work, and it will take time for staff to become accustomed to working in their new environment. Ward 21 is the only ward with a wooden floor, and as such the work to refurbish this cannot be done one bay at a time. Instead half of the ward will be done initially, including the floor, lighting and bathroom. Ventilation will also be looked at. It is expected that the work will take up to 3 months.
8.4	MKUH has continued to buck the trend across the service, and its performance remains in the upper quartile. The Trust has been selected to buddy with the Princess Alexandra Hospital in Essex. Members of its senior team visited the Trust earlier in the week, and this was a positive experience for both organisations. There will be learning on both sides, with CQC having rated Princess Alexandra as outstanding for its maternity services. **Resolved**: The Board **noted** the Chief Executive's report.
2017/03/09	**Patient Story**
9.1	The Chief Nurse Hannah would tell her story of giving birth toat the Trust. It was also intended that , Head of Midwifery, and Maternity Matron, would respond to the issues raised and what the Trust would be doing to address them.
9.2	had had both her children at MKUH, and both had been consultant-led. In summary, Aiden had been born by emergency caesarean at 36.5 weeks. He had been cared for on the Neo-Natal Unit at the hospital and was eventually transferred to King's College Hospital. He is now completely well, and will shortly be discharged from King's.
9.3	About a week before birth, Hannah stated that she had made 2 telephone calls to the Antenatal Day Assessment Unit (ADAU) as she was feeling unwell and in pain. The staff did not appear concerned, but later, when she attended an antenatal course, the symptoms had worsened and she was advised to go home and get some rest. Following a third call to the ADAU she was advised to attend. It was noted that she had an erratic heart rate and she was advised that would need to be delivered immediately. reported that delivery experience was positive, but that afterwards she felt she had been left on her known. She also noticed that she was shaking uncontrollably. Shortly after being handed to her, it was noted that baby was making a grunting noise, as a result of which a nurse took him away from her to be checked over. It took 45 minutes for Ben to be located at this time, and
9.4	On her admission to Ward 10, repeatedly asked to see but to no avail. She did not see him for another 14 hours and was unclear as to why there had been such a delay. She was also concerned about the lack of breastfeeding support on the ward. The following morning, discovered that she was bleeding, had

	a high temperature and was suffering with constipation. She was given antibiotics, but it later transpired that the dosage given was inadequate.
9.5	was later diagnosed as having suffered acute liver failure as a result of which he was referred to Kings College Hospital for specialist treatment.
9.6	The Chief Executive noted that the case raised a number of issues that would need to be considered in detail, and indicated that the Medical Director and Chief Nurse would oversee this process. Andrew Bateman also confirmed that the Quality and Clinical Risk Committee would follow the case up and that a response to the issues raised would be brought back to the Board and provided to Hannah and her family. **Action: Chief Nurse/Medical Director**
9.7	The Board expressed their gratitude to for attending to tell their story, making the point that this had provided tremendous learning for the Board.
2017/03/10	**Sustainability and Transformation Plan**
10.1	The Chief Executive referred the Board to s testimony at the recent Public Accounts Committee meeting in the course of which he provided more detail on the direction of travel for STPs. There is an increasing focus on getting them properly established, but also on taking account of the needs of the local place. It would be important for this Trust to help influence this thinking to ensure that the interests of Milton Keynes are properly represented. It was noted that health and social care representatives are well engaged and see this as an opportunity to effectively plan the delivery of healthcare across the population in a way that provides better value for money. It would be important for organisations to be prepared to work differently, and move away from the competitive attitude that has existed in the past.
10.2	In response to the question whether anything had actually changed across the sector, it was noted that although there is not yet a tangible product, there is now more of a collaborative attitude within health and social care. There is also a growing recognition that the current structure cannot deliver the change that is needed. It is expected that proposals for change will be brought forward relatively quickly.
10.3	It was acknowledged that there is a challenge to the scale at which commissioning is currently being delivered, but also as to why each of the three acute trusts have to do everything separately, when there are economies of scale that could add value.
10.4	While the Board acknowledged the need to ensure that proper account is taken of the governance challenges that STPs create, the point was made that organisational sovereignty should not be allowed to frustrate efforts to create the most efficient models of care. It was noted that a failure to tackle such an attitude would lead to a loss of confidence in the STP model. **Resolved**: The Board **noted** the STP update
2017/03/11	**Mortality update report**

11.1	The Medical Director introduced this regular item examining deaths at the Trust and highlighting the qualitative reviews of deaths that are being undertaken.
11.2	With regard to the Trust's statistical rankings against the main indicators, it was noted that the HSMR score is 87.1 which is better than expected. It was also noted that there is no diagnosis or procedure group in which the Trust is an outlier. The Trust's palliative care coding rate is a statistical outlier, but there are good reasons for this this. The SHMI score of 103.2 is above average but expected.
11.3	The Trust is rolling out a new process of qualitative reviews to which all deaths would be subjected. A joint letter from the CQC and NHSI on learning from deaths has been received. This indicates that the process of qualitatively reviewing deaths is to be standardised nationally. The process that has already been set up in the Trust addresses all of the issues raised, but it was noted that it is a time and labour intensive activity. announced that he would be attending a conference on this issue on 21 March.
11.4	In response to a question from, it was noted that palliative care coding takes effect from when the patient's admission ends. An audit of the Trust's coding was carried out in 2015 and this showed that a large proportion of the patients who had been so coded had died a year later. **Resolved**: The Board **noted** the Mortality Update report.
2017/03/12	**Prior year Surgical Programme update**
12.1	The Medical Director presented this brief update on the prior year surgical programme to consider the outcomes for patients who had been treated by a consultant who had been dismissed from the Trust. 1000 reviews have been carried out and 50 cases have been escalated to an expert team. In half of these cases issues had been uncovered, and in half of that figure, those issues were significant – amounting to around 1% of the overall total. It was noted that there is a relatively low risk of unintended harm, and the expectation is that the programme would be closed down in the next two months. **Resolved**: The Board **noted** the prior year surgical programme update.
2017/03/13	**Nursing staffing update**
13.1	The Chief Nurse presented this routine report on nursing staffing. It was confirmed that an STP benchmark report would be presented at the next Board meeting. It was noted that the establishment for each of the 3 hospitals are comparable.
13.2	The Trust is currently carrying about 150 WTE nursing vacancies – the highest ever, and the establishment has been increased as a result of the opening of ward 24. The fill rate remains good on a day to day basis, with reliance being increasingly placed on bank staff – made up mainly of the Trust's own staff. Rates of agency use are continuing to stabilise.

13.3	The first cohort of 25 to 30 Pilipino nurses arrive in April, and another 60 are in the pipeline. Of these, 10 to 15 have passed their English test. questioned whether this is an effective recruitment channel. The point was made that the exercise is under review, and alternative routes would be considered in the future. It has taken longer than expected for the nurses to arrive, and the decision has been taken not to use this route again for now. The importance for the Trust to do everything it can to help the nurses settle was emphasised. The Chief Nurse agreed and informed the Board that a who is already employed by the Trust had been involved in the exercise, and that the nurses already have their own Facebook page.
13.4	Interviews are to be held on Monday for the first cohort of nursing associates. Although the longer term funding streams for this post remain unclear, the business case to appoint was approved by Management Board. It was noted that the route towards NMC registration is also not clear. All the posts have been held for internal applicants
13.5	The Board was informed that bursaries have now been removed for student nurses, midwives and many of the allied health professions, and UCAS reports that applications for nursing are down by 23%. The Trust is working with the universities to understand what these numbers mean. It is likely that shortages will start to hit in 3 years' time. **Resolved**: The Board **noted** the nursing staffing update.
2017/03/14	**Safe Working Hours Quarterly Report**
14.1	The Medical Director presented this report, relating to the requirement under the new junior doctors' contract to have a Guardian of Safe Working Hours. As at October 2016, the Trust had 140 doctors in training all moving gradually into the new contract. This contract features a mechanism to raise concerns about hours being worked, as a result of which the organisation could be fined or asked to pay overtime. The contract is still in its early days and there have been 15 exception reports so far, but none have raised any major concerns.
14.2	It was agreed that the issue would be discussed at the Quality and Clinical Risk Committee. **Resolved**: The Board **noted** the safe working hours quarterly report.
2017/03/15	**Performance Report Month 10**
15.1	The Deputy Chief Executive presented this report. He informed the Board that the Trust had met the RTT target and that it expects to meet the cancer 62 day target (subject to audit) as at the end of February.
15.2	The Board were informed that a patient had managed to disable a window lock and jumped out from the first floor, as a result of which he suffered serious fractures to his legs. This had initially been declared a Serious Incident, but following a review by the CCG, it is likely that it would be re-categorised as a Never Event because it

	could be argued that the patient had been able to disable the locks using easily accessible equipment. It was confirmed that the incident had been fully investigated and steps taken to reduce the likelihood of it happening again.
15.3	The high lengths of stay in the hospital were noted, and it was agreed that the solution is about how the whole health economy deals with patients. There is much work to be done to improve efficiency. There is a work stream within the Transformation programme for next year around lengths of stay and managing discharge more efficiently. Nationally, there are a number of notable initiatives, including Red and Green days – focusing on ensuring that things happen in a timely fashion – and all trusts are mandated to incorporate this. Some trusts have already rolled this out and are beginning to see improvements. However progress can be slow and it requires clinical buy-in. In response to a question about the role of social care, it was acknowledged that the problem is not just about the beds, but about having the right beds. **Resolved**: The Board **noted** the Month 10 Performance Report.
2017/03/16	**Finance Report Month 10**
16.1	The Director of Finance introduced this report, highlighting to the Board that the Finance and Investment Committee had not yet had an opportunity to consider the paper although a conversation had been held with
16.2	This is a good news story in that the Trusts deficit in month is £1.5m, which is £430k favourable to plan, and £530k favourable YTD. This performance is largely income driven, with emergency admissions being £344k ahead of plan. Agency spend is relatively static and below £1.4m for the month, but the Trust will not achieve its agency ceiling this year – it is expected to achieve its run rate for next.
16.3	With regard to capital, the Trust is forecasting to spend £9.7m, made up of £7.8m business as usual funding and £1.9m for EPR – the Trust is still awaiting final confirmation that it will receive this funding. The delay creates a timing issue.
16.4	In relation to the national context, it was noted that at Q3, NHSI is reporting that the sector is significantly off plan – to the tune of £300m. The Trust's performance is helping to build credibility with the regulator. **Resolved**: The Board **noted** the Month 10 Finance Report.
2017/03/17	**Update on Estate Development**
17.1	The Deputy Chief Executive introduced this update. It was reported that the move into Ward 24 has gone well, and the space behind that ward that had been taken up by portakabins is to be used as a drop off point for disabled patients.
17.2	The Academic Centre is on track for delivery in December 2017.
17.3	Concerns about navigation in relation to the new main entrance have now subsided and the volunteers are doing a good job in helping people to find their way around.

	Resolved: The Board noted the update on estate development.
2017/03/18	**Summary Reports**
18.1	The Board noted the summary reports of the Finance and Investment Committee meetings held on 3 January and 6 February 2017.
18.2	The Board also noted the summary report of the Quality and Clinical Risk Committee meeting held on 27 January 2017. Andrew Bateman stated that the Never Event had been discussed in detail at that meeting. He also noted that many of the reports covered the same ground and thereby provided good assurance. He remarked that he was proud to be taking on chairmanship of the Committee.
2017/03/18	**Questions from Members of the Public**
18.1	The following questions and comments were raised by members of the Council of Governors in attendance: The lead governor indicated that he was encouraged by the progress that had been made in improving signage across the site. He also made mention of the public engagement events taking place at the Milton Keynes Christian Centre, which are specifically on acute care. Another public governor raised the question whether the Trust has a Do Not Resuscitate policy. In response the Medical Director indicated that there is a regional approach which is to be replaced by a new system known as Respect. It is yet to be seen to what extent this is accepted nationally but the Trust's policy would need to be updated to reflect this.

Meeting closed: 10:50

Milton Keynes University Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday 5 May 2017 in Room 6, Education Centre, Milton Keynes University Hospital

Present:

Acting Chairman

Apologies: John

Chief Executive
Non-executive Director
Director of Workforce
Non-executive Director (Chair of Audit Committee)
Director of Finance
Non-executive Director (Chair of Workforce & Development Assurance Committee)
Medical Director
Non-executive Director (Chair of Finance & Investment Committee

Deputy Chief Nurse
Director of Corporate Services
Director of Clinical Services
Company Secretary
Head of Clinical Services (item 3.1)
Patient Experience Manager (item 3.1)

Deputy Chief Executive
Non-executive Director
Director of Patient Care and Chief Nurse

2017/05/01	**Welcome**
1.1	The Acting Chairman welcomed all present to the meeting. .
2017/05/02	**Apologies**
2.1	Apologies had been received from
2017/05/03	**Declarations of interest**

3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
2017/05/04	**Minutes of the meeting held on 3 March 2017**
4.1	The minutes of the public Board meeting held on 3 March 2017 was accepted as an accurate record, except that Robert Green was not at that meeting.
2017/05/05	**Matters Arising/ Action Log**
5.1	There were no matters arising in addition to those included on the agenda.
5.2	The action log was reviewed in turn: <u>338 Nursing staffing update</u> The 2016 BLMK STP dashboard was included as an appendix to the Nursing Staffing report on this agenda. Action to close. <u>339 Mortality update report</u> It was noted that the outcome of the qualitative review of deaths would not be reported until May, after which it would be considered in detail at the July meeting of the Quality and Clinical Risk Committee. It would be presented at the next available Public Board meeting after that. Action closing. <u>343 Patient story</u> The Head of Midwifery had briefed the Quality and Clinical Risk Committee on the actions being taken to address the issues raised in the patient story presented at the March Board meeting, and the Committee was assured by the actions being taken. Action to be closed. **Resolved**: That the action log as updated at the meeting was received.
2017/05/06	**Acting Chairman's Report**
6.1	The Acting Chairman reminded the Board that the Event in the Tent would be running from 9 to 11 May, introducing a range of interesting presentations and activities.
6.2	He had attended the NHS Improvement Regional Chairs meeting, at which it was indicated that performance is generally good across the region in spite of the challenges that organisations are facing. There is a specific focus on mental health and ambulance sector performance, and the Red to Green initiative is also very important in terms of ensuring flow through hospitals. There is concern about RTT performance and the increasing backlog, while the impact of IR35 continues to be challenging across the sector.
6.3	There is focus on the 62 day cancer target – it is proposed that diagnosis would be made within 28 days by 2020.

6.4	It is proposed that NHS England will oversee 8 of the STPs, and NHS Improvement 9, and Boards will be expected to focus on collaborative actions.
6.5	The Chair of NHS Resolution indicated that £2bn had been spent on claims in 2016/17, but that there is a provision for £56bn on the government's books. 25% of this is expected to be spent on legal fees.
2017/05/07	**Draft Minutes of the Council of Governors' Meeting held on 221 March 2017**
7.1	The draft minutes of the Council of Governors' meeting held on 21 March 2017 were received and noted.
2017/05/08	**Chief Executive's Report**
8.1	The Chief Executive made the point that the Trust's performance across the board in 2016/17 has been very positive, and he thanked the staff for their hard work. This would also be set out in his weekly message.
8.2	The Accident and Emergency department had its busiest ever day this month, seeing well over 300 patients. Nevertheless the Trust continues to maintain its performance within the top 25% of Trusts.
8.3	Brian Dolan came to the Trust to launch its Red to Green process, focusing on preparing patients for discharge shortly after the admission. This event was well attended.
8.4	The Chief Executive noted that the Event in the Tent represents a new approach to staff engagement for this Trust. There will be a raft of different events, some of which will undoubtedly be more successful than others.
8.5	A new overflow car park behind the Urgent Care Centre is now in use, but will only be available for staff badge holders.
8.6	As part of efforts to reduce agency usage, RightNurse, a new app for electronically booking bank shifts, has been introduced. It is being piloted on a few wards before more general take up across the Trust. Nurses appear to like it, and there will be a session on how it works at the Event in the Tent. RightDoctor is also being developed.
8.7	To mark Nurses Day, Professor will be coming to deliver a talk.
8.8	Today is the last day to register for the Trust's bake off competition. This is another way of engaging with staff and has been well received.
8.9	asked what assurances the Board could be given around cyber-security in light of the attack at North Lincolnshire & Goole FT. The Chief Executive indicated that the Trust had been testing its networks against NHS Net, and had concluded that its security is stronger than theirs. The results of the Information Governance toolkit assessment also showed that the Trust is performing well in this

	area. In addition, internal audit have been assessing IT security and will report to the Audit Committee in April. An information governance session has been scheduled for the next Board meeting, and cyber security is an emerging risk on the BAF. There is a rolling upgrade programme to dispose of old equipment. **Resolved**: The Board **noted** the Chief Executive's report.
2017/05/09	**Patient Story**
9.1	attended to talk about who had been a patient at the Trust. He has early stage dementia, and lives at home with her mother. He manages his personal care, but receives help with meals. However, he suffers from a number of health problems, and this led to him suffering a fall at the end of September as a result of which he broke his hip. spent time with him in A&E and he had an operation the following day. She remarked that the nurses who looked after him did so with care and compassion.
9.2	had helped her father to fill in a form about the facilities that are available to him at home, but there was no mention at this stage about when he might be going home. She was then suddenly informed by telephone that he was being discharged on 10 October – this decision was confirmed despite her protestations that no preparations had been made for his arrival. The member of staff that she spoke to was abrupt to the point of rudeness. According to the GP that she subsequently contacted, the Trust has a reputation locally for premature discharges.
9.3	Upon discharge,ad had a catheter fitted and was suffering with stomach pains and constipation. He was subsequently taken to Stoke Mandeville Hospital for this – they removed the catheter and he no longer had these problems. This issue had been mentioned in the MKUH discharge note, but the family had not realise its significance and it was not explained to them.
9.4	is making reasonably good progress but is still in some pain and discomfort. Her areas of complaint are: • The staff attitude at discharge which was abrupt and unhelpful. This has now been addressed • The family did not know in advance that the patient was coming home. The point was made that the subsequent stay at Stoke Mandeville Hospital could have been avoided had adequate preparations been made • It is important that the family of frail and elderly patients are given notice of their discharge • An 89 year old needs longer to recover from a hip operation.
9.5	In response to questions from the Board,indicated that her mother is coping well caring for her father, and that the support that they receive is good.
9.6	for attending to share her family's experiences and apologised for the difficulties that they had encountered. She made mention of the Red to Green initiative and its focus on improving the patient experience. All the evidence shows that home is the best place for patients to be, and the Trust does

9.7	not wish to waste their time. The focus is therefore always on what the Trust can do to limit the time that they have to spend in hospital. Assessments are made each day to see what can be done to make their time in hospital productive. Patients and their families are encouraged to ask the following questions: • Why am I in hospital? • What is going to happen today? • What is needed to get me home again? • When am I going to get home? From the date of admission, staff should be anticipating the date of discharge and be planning towards it. It is also at this point that the family should be involved, initially to determine whether the patient has the ability to answer those questions. This should be picked up in interactions between staff and family members. It was recognised that in this case the quality of communication from the Trust to and her family had been poor.
2017/05/10	**Sustainability and Transformation Plan**
10.1	The Chief Executive stated that in light of the restrictions on announcements being made during the official pre-election period, there would be no Board update for this meeting.
2017/05/11	**Mortality update report**
11.1	The Medical Director introduced this regular item examining deaths at the Trust.
11.2	The Trust's HSMR score is 93 and continues to be better than expected, while its SHMI score of 1.05 is higher than average but within the expected range.
11.3	It was noted that the Trust had been identified as an adverse outlier during the 12 month period (February 2016 to January 2017) under consideration: • CUSUM procedural alert in relation to 'compensation for renal failure' – 4 deaths had occurred in a relatively short period of time. They were each reviewed and no clinical care concerns were identified. • 'Other perinatal conditions – this had been an issue in 2016. It was noted that in Milton Keynes, a greater proportion of babies born are likely to be categorised as 'normal live born' meaning that insufficient clinical information from maternity episodes is available to clinical coders. This is not considered to be a cause for concern. • Acute bronchitis – there are more patients involved in this alert. Again it is likely that this is a coding issue, but further work is to be undertaken. It is thought that patients admitted with chest infections are being categorised as acute bronchitis in error, when the actual diagnosis ought to have been recorded as 'pneumonia which has a higher mortality rate. A message has been sent out to clinical teams highlighting the issue.

11.4	The qualitative review of patient deaths is expected to report more formally in June/July. **Resolved**: The Board **noted** the Mortality Update report.
2017/05/12	**Prior year Surgical Programme update**
12.1	The Medical Director presented this brief update on the prior year surgical programme. Desk top audits of 1132 cases have now been completed, and 46 cases have been referred for independent review. It is intended that the audit part of the programme would be closed down shortly.
12.2	The question was raised as to the risk that TAM's activities have exposed the Trust to, and the possible similarities between this case and that of Ian Paterson. It was recognised that the publicity around the latter and more recent case increased the risk that the issues regarding TAM's case would be brought into the public arena, but it was noted that Ian Paterson has been struck off and is being prosecuted, while TAM is still practising, albeit with restrictions. It would appear that Paterson set out deliberately to cause harm, while TAM's case is in the grey area between competence and incompetence. **Resolved**: The Board **noted** the prior year surgical programme update.
2017/05/13	**Nursing staffing update**
13.1	The Deputy Chief Nurse presented this routine report on nursing staffing.
13.2	It was confirmed that the Safer Care Nursing Tool audit has been undertaken at the Trust for the third time. This has revealed some variation between the current establishment and the identified optimal level of nurse staffing on each ward. The Chief Nurse is content that where the establishment is higher than the staffing level in the tool, this could be justified, for example ward 1, which is the Trust's medical assessment unit, additional staff are required to support a large number of admissions and transfers on a daily basis. The position with regard to wards 8 and 17 is still under review.
13.3	A number of the nurses that were recruited from the Philippines are starting to arrive. It is expected that of the 80 who had originally been offered posts, around 20 will eventually take these up. It is likely that the Trust will be required to conduct another recruitment round.
13.4	There was a rise in agency nursing spend in March as a result of the opening of all of the Trust's escalation beds, as well as annual leave.
13.5	It was noted that the nursing associate programme is now underway.
13.6	With regard to the STP, the Board received a progress update on the Non-Medical Clinical Workforce project. This has demonstrated that there is little variation across the STP in terms of ward establishments, but more work is needed on roster effectiveness – focussing in particular in annual leave and sickness.

13.7	A question was raised about the usefulness of the care hours per patient day measure, and whether it is adding value. It was noted that this is a nationally benchmarked measure that enables the Trust to assess its staffing levels against other organisations. It is a relatively new tool, and its utility is likely to increase over time.
13.8	In response to a question about the role of the Freedom to Speak Up (FTSU) guardian, currently occupied by the Deputy Chief Nurse, the point was made that the focus of this is on patient safety. It is one of the recommendations from the investigation into what went wrong at Mid-Staffordshire. The Deputy Chief Nurse is new to the role and has undergone training and attended a national conference. She has also been working with HR to refine the Trust's processes. So far, one issue has been raised via this route. It was noted that the FTSU guardian has direct access to the Chief Executive, who has been made aware of the issue, and work is underway to resolve it. There is an expectation that reports from this work will come to the Board, and this item is to be added to its timetable. **Action: Trust Secretary** **Resolved**: The Board **noted** the nursing staffing update.
2017/05/14	**Performance Report Month 12**
14.1	The Chief Executive presented this report covering the last month of 2016/17. Overall this had been a good year in performance terms for the Trust, finishing in the top quartile nationally for A&E and RTT. The country is expected to finish the year with an overall performance of 88.8% on RTT. In the context of a significant increase in the number of GP referrals and elective and non-elective work, the Trust's performance has been exemplary. Capacity has been used well with maximum efficiency achieved.
14.2	In response to a question about what could have been done better, the Chief Executive made the point that the organisation needs to develop to the point where it is not only equal to the demands placed on it, but ahead of them. He suggested that had the new multi-storey car park and ward 24 been opened last year, the Trust would have felt more in control and better able to deliver across all metrics.
14.3	It was suggested that the Trust ought to be making more specific target focussed interventions, and that the Board ought to have a risk appetite for failure – there was a sense that this had been limited in the past. The question was raised where the Trust would be able to cope with the anticipated future demographics of Milton Keynes. The Board also registered its concerns about vacancy rates across different divisions.
14.4	It was noted that the Trust's sickness absence rate is 7.2% compared to 4.71% at Luton & Dunstable and 4.5% for Bedford. While it was noted that this Trust's reported figures may be more accurate, in light of the direct link to payroll, it was accepted that the rate is high. The Director of Workforce made the point that the Trust has consistently scored low in the annual staff survey in relation to health and wellbeing and there is an urgent need to address this.
14.5	The improvement in A&E performance was noteworthy, particularly in light of the

	additional pressure on the department.
14.6	The Board noted that the Executive are considering the 2017/18 targets. **Resolved**: The Board **noted** the Month 12 Performance Report.
2017/05/15	**Finance Report Month 12**
15.1	The Director of Finance introduced this report, highlighting the Trust's full year position. He noted that there are significant variances to plan and summarised the overall position, which is that • the Trust's performance was £1.2m better than plan, • the total STF incentive funding was £3.2m, comprising £2.2m match finding and £1m from the bonus fund • the final deficit position is £21.1m (£32.8m last year).
15.2	It was confirmed that the Trust would be free to use the incentive money as it sees fit, and plans are being identified to support its revenue position in 2017/18.
15.3	There is a £7.3m variance in receivables, largely due to unpaid sustainability and transformation funding. It was also noted that in relation to current liabilities, one if the Trust's loans is due within the year.
15.4	It was confirmed that the Trust did spend all of its business as usual capital allocation, as well as the £1.9m of funding that had been received for EPR.
15.5	In response to the question as to the possible impact the Trust's over-performance in 2016/17 could have on the 2018/19 control total, it was noted that the total for 2018/19 had already been set at a deficit of £18.2m, although confirmation had not yet been received from NHS Improvement as to whether this figure is accepted.
15.6	The point was made that getting from a deficit figure of £36m in 2015/16 to around £20m in 2016/17 represented a significant turnaround. It would be for the Board to consider and determine what an acceptable level of financial performance would look like going forward, balancing regulatory requirements against the need to get best value for taxpayers. It was confirmed that the Trust's priority must remain to strategically position the hospital to be able to provide the appropriate level of care for a growing population.
15.7	The Board congratulated the Executive on this achievement. **Resolved**: The Board **noted** the Month 10 Finance Report.
2017/05/16	**Update on Estate Development**
16.1	The Chief Executive provided this update. It was noted that the new staff car park next to the Urgent Care Centre is now open. The new main entrance will open on time and on budget, and opening times will be 8am to 8pm, which will be of benefit to staff, patients and visitors. Discussions are continuing with Macmillan on the

	cancer centre. **Resolved:** The Board **noted** the update on estate development.
2017/05/17	**Summary Reports**
17.1	<u>Finance and Investment Committee</u> The Board noted the summary reports of the Finance and Investment Committee meetings held on 13 March and 3 April 2017. made the point that the Committee's focus has now shifted to the 2017/18 position.
17.2	<u>Audit Committee</u> • The Board noted the summary report of the Audit Committee meeting held on 21 March 2017. • The Chair of the Committee noted that internal audit are on track to complete their work. Several reports had been issued, all of which were either green or amber. • The 2017/18 work plan was presented. • External audit work is on track. • Cyber security will be an ongoing area of focus for the Committee.
17.3	<u>Charitable Funds Committee</u> • The Committee considered the outturn for the 2016/17, and noted that income had picked up towards the end of the year. The charity is now on track to meet its target. • The non-cancer centre plan had been presented – the target was seen as aggressive, considering that the charity is currently spending more than it is receiving. • There is an issue regarding the funding of ongoing costs which needs to be resolved. A presentation was received about branding for the charity, which raised a number of interesting issues, but this would need to be funded. • A feasibility study for the cancer centre appeal is in train. • There is some concern about the balance between the cancer centre appeal and the charity's other areas of focus – it would be important to ensure that the former does not completely overwhelm the latter. • The charity's documentation need to be updated. • £6k was raised during the MK Marathon.
2017/05/18	**Any other business**
18.1	There was no other business

Meeting closed: 11:35

Milton Keynes University Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday 7 July 2017 in Room 6, Education Centre, Milton Keynes University Hospital

Present:

	Acting Chairman
	Chief Executive
	Deputy Chief Executive
	Non-executive Director (Chair of Quality and Clinical Risk Committee)
	Non-executive Director
	Director of Workforce
	Non-executive Director (Chair of Audit Committee)
	Director of Finance
	Director of Patient Care and Chief Nurse
	Non-executive Director (Chair of Finance and Investment Committee
	Non-executive Director (Chair of Workforce & Development Assurance Committee)
	Medical Director
	Director of Corporate Services
	Company Secretary
	Patient Experience Manager (item 3.1)
	Catering and Domestics Manager (item 3.1)
	Director of Clinical Services

2017/07/01	**Welcome**
1.1	The Acting Chairman welcomed all present to the meeting.
2017/07/02	**Apologies**
2.1	Apologies had been received from the Director of Clinical Services.
2017/07/03	**Declarations of interest**

3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
2017/07/04	**Minutes of the meeting held on 5 May 2017**
4.1	The minutes of the public Board meeting held on 5 May 2017 were accepted as an accurate record.
2017/07/05	**Matters Arising/ Action Log**
5.1 5.2	There were no matters arising in addition to those included on the agenda. There were no actions in relation to which an update was required at this meeting.
2017/07/06	**Draft Minutes of the Council of Governors' Meeting held on 16 May 2017**
6.1	The draft minutes of the Council of Governors' meeting held on 16 May 2017 were received and noted.
2017/07/07	**Chairman's Report**
7.1 7.2	The Chairman indicated that the non-executive directors had paid a visit to parts of the Outpatient Department that morning, and thanked the staff that they had seen for showing them round. He remarked that the department appeared to be running smoothly, although there were some staff shortages. The Chairman had attended a number of national conferences. Messages emerging from these included recognition of the excellent performance across the NHS in dealing with the recent terrorist attacks and the Grenfell Tower fire. There has also been praise for how the service has performed financially. Going forward, the priorities for 2017/18 will be: • Accident and Emergency – in particular the availability of beds • Access to GPs, taking account of the decline in numbers • Focus on cancer and mental health • Getting the system back into financial balance • Core system re-design (STP), but recognising that one size does not fit all. BLMK STP has been chosen as one of the 8 'vanguards' to move towards becoming an Accountable Care System. **Resolved**: The Board **noted** the Chairman's report.
2017/07/08	**Chief Executive's Report**
8.1	The Chief Executive announced that the General Medical Council had recently visited the site as part of its review of the performance of the University of Buckingham Medical School. Informal feedback from the visit has been very positive, with the engagement of MKUH clinicians and management highlighted as best practice.

8.2	It was also noted that NHS Improvement will be on site during the course of this month to consider the Trust's RTT reporting. The Trust's Quality Report had been qualified as a result of questions about the quality of the data that underpinned the reporting. NHS Improvement will be reporting on their work towards the end of the month, and it is expected that they will flag similar issues to those that had been identified by Deloitte. This is a key area of focus for NHS improvement.
8.3	In response to a question about the possible sanctions that could be imposed, the point was made that this would depend on the findings – it was noted that the spectrum of findings range from deliberate manipulation of the data at the most serious end, to the existence of inadequate controls at the other. The Board was reminded that the regulator had given the Trust a clean bill of health in this area 12 months ago. The Trust has devolved outpatient activity to the divisions and specialities, and this has led to the development of differences in the ways that pathways are managed. Work is being done with Zesty around automating the creation of outpatient appointments.
8.4	The Board was informed that NHS Improvement has made the decision to move the Trust's segmentation from 3 to 2. This is positive news. It means that the Trust will no longer be receiving mandated support, and all compliance undertakings have been lifted. More practically, it also means that the burden of meetings with the regulator has reduced from monthly to bi-monthly. However, the main area of improvement is to the Trust's reputation.
8.5	With regard to the choosing of BLMK as one of the 8 vanguard STPs, while some uncertainty remains as to what this would mean in practice, there is an expectation that the STP lead will be required to sign a Memorandum of Understanding on behalf of the 16 organisations within the system.
8.6	The Trust is continuing to provide support to Princess Alexandra Hospital on governance issues, but it is also seeking to learn from their maternity service which the CQC had rated as Outstanding.
8.7	The feedback sessions from the Event in the Tent have now been completed.
8.8	Mo Peskett, a nurse within the Trust, and Peter Gibb, a former patient, both of whom co-founded the ICUsteps charity, have been awarded the Queen's Award for Voluntary Service. The charity, started in Milton Keynes, has now spread nationally.
8.9	The Imaging Department has become one of only 27 organisations to achieve ISAS accreditation. It was noted that this would constitute good evidence for a CQC inspection of that service. In response to a question about staffing pressures within the department, the point was made that the Trust has a sufficient complement of radiologists, but like many organisations nationally, is finding it difficult to recruit and retain radiographers.
8.10	The Secretary of State for Health has written to congratulate the Trust for the improvement made in the number of cancer patients being treated within 62 days. The letter has been copied to the relevant teams, and the Chief Executive thanked everyone involved.

8.11	In response to a request from David Moore for an update on efforts to make the site smoke free, the Director of Corporate Affairs indicated that the organisation is planning to link this to the Stoptober campaign, and that much work is being done towards this end by the different organisations that use the site, including on changes to HR and Estates policies, signage, and equipping staff to stop and challenge smokers. It was acknowledged that engaging with patients in this area would be challenging, and that it may take a number of months for significant progress to be made. In terms of possible sanctions, this could include imposing fines for litter. It was agreed that a plan would be presented at the Board meeting in September. **Action: Director of Corporate Affairs**
8.12	It was acknowledged that as the Redways are not part of the Trust's estate, it would not be possible to stop people from smoking there, and as such work is being done with the Council on this.
2017/07/09	**Patient Story**
9.1	Patient Engagement Manager, Catering and Domestics Manager attended to highlight a complaint that had been received from the son of a patient about the food that his mother had received while admitted, and the steps that the Trust had taken to address those concerns.
9.2	It was noted that the most recent population census had revealed that at 26%, the proportion of Milton Keynes residents from a BME background is above the England average, and that this diversity is also reflected in the religious mix of the population. The patient in question is from a Hindu background. She had been in hospital for 2 weeks, during which time she had been offered meals containing Halal meat. In his complaint, her son had made the point that Hindus do not eat Halal meat, and he enquired why she had not been offered non-Halal options.
9.3	Contact was made both with the patient and her son to gain a better understanding of their religious practices and food preferences, and a promise was made to do all that could be done to improve the offer for the remainder of her time in hospital. The chef was asked to provide some non-Halal options which were presented to the patient and met her approval.
9.4	The point was made that although the Trust would not be able to meet every individual requirement, as it has two functioning kitchens, it is possible to build some flexibility into the food offer. It was acknowledged that both ward and kitchen staff need help to better capture and respond to patients' needs in this important area. It was also noted that the Board had received a number of patients' stories to do with food over the years, and it was suggested that more information be published in different languages, to make it clearer that patients are able to ask for different options.
9.5	The Chief Nurse added that although the Trust is doing a lot to improve its food offer, many staff do not know how to access food on patients' behalf. Work is being done with each clinical area, and a visit is to be paid to Kingston Hospital, which has seen a significant improvement in its patient survey scores around food. The point was also made that while the food offer for patients has input from dieticians, there

	are also healthy food options for staff, both at the Eaglestone Restaurant and the main entrance outlets. The Trust is seeking to go beyond the requirements of the healthy eating CQUIN in this regard. The Board thanked
2017/07/10	**Mortality update report**
10.1	The Medical Director presented this regular report. The Trust's rolling 12 month HSMR score is 92.9, which is statistically lower than expected. It was noted, however, that there is one area in which the Trust has been assessed as a significant outlier – acute bronchitis – although the likelihood is that this is a coding issue. With regard to the SHMI measurement, the Trust is within the expected range, but there is one negative outlying diagnostic group – biliary tract disease. This is to be reviewed at the Mortality Trust Board.
10.2	It was noted that the Trust is now in a new peer group, containing organisations of a similar size and providing a similar range of services. The point was made that most of the Trust's peers have experienced difficulties around mortality.
10.3	The process to be adopted by the Trust in carrying out qualitative reviews of deaths is to be described to the Quality and Clinical Risk Committee next Friday. The key point is that work is being done on each individual case in order that an assessment can be made of the number of avoidable deaths. The National Quality Board has set out the intention that trusts will publish rates of avoidable deaths. **Resolved**: The Board **noted** the Mortality Update report.
2017/07/11	**Prior year Surgical Programme update**
11.1	The Medical Director presented this update on the prior year surgical programme, reminding the Board that it had received updates on the progress of the work over the last year. A large number of audits had been carried out of the surgeon's work, and 4% of these had been sent for review to a group of external colorectal surgeons. In those cases where issues had been identified with the care provided, it had been decided that the Medical Director and Chief Nurse would meet with the families concerned to discuss the findings. All those meetings have now taken place. It was therefore recommended that the audit stage of the work be closed, but that a contact point be retained.
11.2	enquired whether lessons had been learnt from the exercise. In response, the point was made that lessons had been learnt from an employment point of view. On the other hand, the world has moved on since the issues that have arisen in this case came to light, particularly with regard to the requirements of revalidation. The chances of these sorts of concerns persisting in current practice are much reduced. However, system-wide issues remain with regard to the overall team's response to patients' needs, and lessons need to be learnt from this. The Trust will be sharing its findings on this issue with NHS Improvement.

11.3	The Chief Executive added that the Getting It Right First Time (GIRFT) reviews will be comparing more than just the numbers. These have commenced with orthopaedics, and will be covering many other specialities. They will provide serious challenge to the way the hospital works. It was also noted that there had been delays to some of the cases being reported because some team members had been afraid to speak up. The Trust now has a Freedom to Speak Up Guardian, a senior clinician, in place, which should encourage staff to raise any concerns they may have in a more timely fashion. **Resolved**: The Board **noted** the closure of the clinical audit phase of the prior year surgical programme, and that any developments regarding the programme would be reported to the Board by exception.
2017/07/12	**Nursing staffing update**
12.1	The Chief Nurse presented this routine report on nursing staffing.
12.2	It was noted that 70 wte nursing posts are in the process of being recruited to, including newly qualified nurses who will join the Trust in September. Interviews are being held for midwives this week, and for the first time, the Trust does not need to recruit its entire cohort of students, as by October, it is likely to be carrying the lowest number of vacancies it has had. The one area of difficulty in terms of recruitment is paediatrics.
12.3	With regard to healthcare assistants, all new staff at this grade are required to join the Trust's bank in the first instance, before being offered substantive roles. During this period they are required to obtain their care certificate, and as many are new to healthcare, it gives them the opportunity to assess whether the role and the sector is right for them. In response to the concern that this could amount to a zero hours contract, the Director of Workforce confirmed that while on the bank, healthcare assistants are able to work as many hours as they wish. With regard to the aim of reducing agency expenditure, it was confirmed that the bank rate is the same as that paid to substantive staff. It was agreed that information about the proportion of healthcare assistants who decided to continue into a substantive role after being on the bank and completing their training would be provided. **Action: Chief Nurse**
12.4	Andrew Blakeman indicated that during their earlier visit to outpatients, the point had been made that in some cases, vacancies had not been filled as a result of budget constraints. The Chief Nurse disputed this assertion, and promised to look into the matter, although the suggestion was made that the claim may not relate solely to nursing staff.
12.5	The question was raised as to the impact that the Trust's 13% turnover rate has had on midwives. In response, the Chief Nurse indicated that a recent NHS Improvement event on retention had highlighted a number of examples of good practice, some but not all of which this Trust currently engages in. A more in-depth review of the Trust's midwife to birth ratio is to be carried out in September.
12.6	The first 4 of the Trust's cohort of Filipino nurses are now almost ready to take up their posts, and another 20 are in the pipeline. The nurses will now be required to sit

	their Test of Competence in August. This Test is administered on the NMC's behalf by the University of Northampton and the pass rate is 58%. **Resolved**: The Board **noted** the nursing staffing update.
2017/07/13	**Professional Midwifery Advocacy**
13.1 13.2	The Chief Nurse provided this update. Midwifery supervision had previously been a statutory requirement, but it was removed from regulatory legislation in April 2017. This model had had supportive reflective practice and investigative aspects to it. A new Professional Midwife Advocacy model has now been introduced, and the Trust intends to adopt this. The model focuses on reflective practice and the provision of support. It has been piloted at a number of other trusts and feedback from these will be incorporated. The Board will receive an update following implementation of the model. It was confirmed that any incidents involving midwives would be investigated through the SI process as before. **Resolved:** The Board **noted** the introduction of the Professional Midwife Advocacy model.
2017/07/14	**Update on Staff Awards**
14.1 14.2	The Director of Corporate Affairs provided this verbal update, informing the Board that there are to be 14 categories for this year's awards, including the new Baroness Wall award for the Apprentice of the Year. It was confirmed that the late Chairman's family are supportive of this proposal, and her son has agreed to attend the ceremony to present the award. Further information about the process, and how non-executive directors will be involved, will be provided in due course. It was also confirmed that the long service awards are to be sponsored by NHS Select. **Resolved**: The Board **noted** the verbal update on new proposals for the Staff Awards.
2017/07/15	**Performance Report Month 2**
15.1 15.2	The Deputy Chief Executive introduced this report, confirming that suggestions for improving the narrative element had been taken on board. It was noted that further work is to be done to highlight process change points and focus on leading and lagging indicators. The highlights for this month's report are that: • The ED 4 hour target was met • The RTT target is still being achieved, but sustaining this performance is becoming increasingly difficult • The loss of income has been due to a fall in the amount of elective work

	• The Trust is overachieving with regard to ED attendances – this reached 310 in 1 day last week.
15.3	The Board acknowledged the improvement to the narrative section of the report, and approved of the move towards predictive indicators. With regard to bed occupancy and delayed discharges of care, it was noted that at the end of June the Trust was reporting 40 mostly healthcare (as opposed to social care) cases. Addressing this is a key priority for the Trust, and it was noted that some progress had been made, but that many of the delays originate from outside of Milton Keynes.
15.4	Those patients who have been categorised as "stranded" account for another 10-15% of the Trust's bed base. These are patients who are medically fit to be discharged but have not yet made it onto a designated list. The point was made that the Trust also needs to do more to facilitate timely discharges, such as making better use of the discharge lounge and reducing medication delays when patients are ready to leave hospital.
15.5	In response to a question about the high rate of 30 day readmissions, it was noted that this is being addressed, and an update would be provided at the next meeting. **Action: Director of Clinical Services**
15.6	With regard to the DNA rate, the Board was informed that the Trust is working with Zesty to provide patients with the functionality to change their appointments electronically.
15.7	On data quality assurance, the question was raised as to why the Trust is rated amber with regard to RTT, considering the challenges it has had in this area. It was noted that this rating reflects the fact that there is clarity about the issues, and the Trust has plans in place to address them. A red rating would imply that the situation is out of control. The issue of data quality has been reflected on the Trust's BAF, and discussions on the issue will take place during the Committee cycle. **Resolved:** The Board **noted** the update on Month 2 update on performance.
2017/07/16	**Finance Update Report Month 2**
16.1	The Director of Finance introduced this report, reminding the Board of the Trust's £18.2m deficit control total. In month, the Trust's performance is £1.78m in deficit, which is £104k adverse to plan and £200k worse than plan in the year to date. It was acknowledged that this is still early in the year, but the position needs to be monitored. Income is not that far off plan, but that the overall figures are masking substantial underlying variances with regard to elective activity. Outpatient activity overall is lower than plan, but some other areas are better than plan.
16.2	The Board noted the continued good performance on agency spending, with expenditure reducing by £200k a month. The Trust is on target to meet the agency target.
16.3	Non-pay expenditure is adverse to plan, due mainly to high costs drugs (which the Trust will recharge for), and slippages on the CIP programme. Work is being done with the divisions with the aim of catching up.

16.4	The Chief Executive made the point that in 2015/16, the Trust had had a £36m deficit, and it is down to £18m this year. This represents a significant shift in the Trust's finances. However, there are currently difficulties in getting the required level of patient flow through the hospital, and ensuring that that it delivers on performance. The Trust does not intend to alter its plans at this point in the year, but if the position in September is similar to what it is now, alternative arrangements may need to be made to get the organisation back on track.
16.5	It was agreed that the Director of Finance would update the Board on the constituent elements of the £8.4m of other income set out in the paper. **Action: Director of Finance** **Resolved**: The Board **noted** the Finance Report at Month 2
2017/07/17	**Update on Estate Development**
17.1	The Deputy Chief Executive presented this update. The Board were informed that the link corridor between the Main Entrance and Outpatients had been handed over, and will be opened today. The Main Entrance is to be formally opened on 13 July.
17.2	The outcome of the planning application for the multi-story car park is to be received shortly, and the intention would be for building work to start towards the end of the calendar year.
17.3	It is expected that the Academic Centre would be handed over towards the end of November 2017. **Resolved**: The Bard **noted** the update on Estate Development
2017/07/18	**Board Assurance Framework**
18.1	The Director of Corporate Affairs presented the latest iteration of the Board Assurance Framework (BAF). There had been some helpful challenge at the recent meeting of the Audit Committee with suggestions received as to how the framework could be made easier to engage with, and how the Board's attention should be better focused on the key risks facing the organisation. More reliance is also to be placed on a narrative approach to reporting. This is to be tested out for the first time at the Quality and Clinical Risk Committee, and will be used at the Board for the first time in September.
18.2	It was agreed that the Board's focus should be on the controls in place to address the organisation's most highly rated risks. It was acknowledged that the Board would not be able to consider all risks in detail at each meeting – different questions would be considered on each occasion, and the Committees will also play a key role.
18.3	With regard to individual risks, the question was raised whether the score for risk 10 around agency spending ought to be reduced in light of the reduction in this area of expenditure. The broader point was made that work is being done to reconcile the Significant Risk Registers and the BAF, and to introduce more consistency into the

	process of risk scoring. **Resolved**: The Board **noted** the updated BAF.
2017/07/19	**Health and Safety Update**
19.1	The Director of Corporate Affairs presented this update on health and safety. The Board were reminded of the never event in which a patient had managed to disable the restrictors in place and jump out of a window, sustaining serious injuries as a result. A significant amount of remedial work had been done in response to the incident and much learning had been derived. The Trust has now introduced a refreshed assessment and audit process, including a quarterly checklist of visual window inspections.
19.2	The Chief Executive remarked that the Trust had concluded that the incident did not meet the never event criteria, but had been overruled by external partners, and persuaded to make the declaration.
19.3	Another never event had been reported in Orthopaedics. The patient in question had suffered a fractured neck of femur following a fall. After her surgery, it was discovered that the ball and stem components that had been used were not compatible with each other, as a result of which, the patient will be required to undergo a repeat procedure. It was noted that the WHO checklist had been followed in this case, raising questions about the effectiveness of this process.
19.4	The Board was informed of the work being done across theatres to emphasise the importance of a positive and proactive approach to safety, and the Chief Nurse and Medical Director are supervising that team in the generation of an action plan to capture issues around environment and culture among others. It was noted that a timetable of divisional presentations at the Quality and Clinical Risk is being drawn up, and Surgery could be asked to attend first.
19.5	By way of context, there were 441 never events across England in 2016/17.
19.6	It was noted that the Secretary of State for Health had issued an urgent directive to all NHS organisations to undertake fire risk assessments in the wake of the Grenfell Tower disaster. The local fire service in Milton Keynes has concluded that the Trust is not high risk, although there is some ongoing work around the cladding that has been used across the hospital, and the Trust will take a close look at all its fire procedures. In response to a question from Tony Nolan as to how fire safety evacuations would be carried out in the hospital, it was noted that the Trust has a programme of fire drills, which includes guidelines on what can and cannot be done. It is most important that staff in each area know what they would be required to do in the event of a fire. The Board acknowledged with thanks the quick response from the local fire service to the requirement for an assessment, and it was agreed that the Chief Executive would write to them in this regard.
19.7	The Chief Executive acknowledged that the provision of sprinkler systems needs to be considered, within the context of providing assurance to the Board that patients, staff and visitors would have enough time to escape in the event of a fire. This is to be reflected in the next health and safety update.

	Action: Director of Corporate Affairs
19.8	The issue of heat within the working environment was raised. The Trust's heatwave escalation plan acknowledges that there is no legally enforceable maximum temperature, but the Trust recognises its duty to provide suitable working conditions for its staff. More broadly, the Trust is seeking to generate a health and safety culture, and it would be important for the Board to help drive this. **Resolved**: The Board **noted** the Health and Safety update.
2017/07/20	**Medical Revalidation Annual Report**
20.1 20.2	The Medical Director presented this report, reminding the Board of changes to the requirements for continued medical practice post Shipman. Revalidation entered the statute books in 2012, and a doctor now needs to have a positive recommendation of practice from their Responsible Officer in order to continue in practice. This recommendation is informed by the annual process of appraisal, and a number of other inputs. The Trust has a prescribed connection with around 250 doctors (trainee doctors and agency locums are excluded), and the vast majority have completed their 2016/17 appraisals. It was noted that the quality of these appraisals has been improving year on year. The Trust has a revalidation committee in place, and in 2016/17 38 revalidation recommendations were made, compared to 103 in the previous year. **Resolved**: The Board **noted** the annual report on medical revalidation.
2017/07/21	**Ratification of Changes to the Trust Constitution**
21.1	The Director of Corporate Affairs introduced this paper setting out a number of changes to the Trust Constitution that had already been approved by the Council of Governors. The changes include adjustments to the composition of the Board and the Council, to reflect the Trust's relationship with the University of Buckingham; the creation of a new patient and carer constituency, to help broaden the scope of the Trust's membership; and a number of other more minor changes to reflect best practice and bring about consistency within the document. **Resolved:** The Board **approved** the proposed changes to the Trust Constitution.
2017/07/22	**Summary Reports**
22.1	The Board noted the summary reports from the following Committee meetings: • Finance and Investment Committee meetings on 8 and 31 May 2017 • Audit Committee meeting on 23 May 2017 • Workforce and Development Assurance Committee meeting on 25 May 2017
2017/07/23	**Questions from Members of the Public**
	The following questions and comments were raised by members of the Council of

	Governors in attendance:
23.1	There had been some concern raised about staffing levels in Outpatients. The Chief Nurse agreed to present an update on this at the next meeting of the Council of Governors.
23.2	In response to a question about the automated outpatients booking system, the Chief Executive remarked that no other Trust has done this, and that the rest of the NHS is very interested in the outcome of the pilot, feedback from which would be presented to the Board. Assurance was also given that all the relevant information governance safeguards would be observed.
23.3	Contrary to what had been set out in the summary report of the Finance and Investment Committee meeting held on 8 May, it was noted that GPs would still be able to refer patients to the hospital even for procedures that are included on the list of those considered to be of limited clinical value.
2017/07/24	**Any other business**
24.1	There was no other business

Milton Keynes University Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday 8 September 2017 in Room 6, Education Centre, Milton Keynes University Hospital

Present:

Acting Chairman

Chief Executive
Deputy Chief Executive
Non-executive Director (Chair of Quality and Clinical Risk Committee)
Non-executive Director
Director of Workforce
Non-executive Director (Chair of Audit Committee)
Director of Finance
Director of Patient Care and Chief Nurse
Non-executive Director (Chair of Finance and Investment Committee
Medical Director

Director of Corporate Services
Programme Director
Company Secretary
Senior Sister, Accident and Emergency Department (item 3.1)

Non-executive Director
Director of Clinical Services

2017/09/01	**Welcome**
1.1	The Acting Chairman welcomed all present to the meeting.
2017/09/02	**Apologies**
2.1	Apologies had been received from
2017/09/03	**Declarations of interest**
3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.

2017/09/04	**Minutes of the meeting held on 7 July 2017**
4.1	The minutes of the public Board meeting held on 7 July 2017 were accepted as an accurate record. In response to a question from about the relationship between the Trust and the Princess Alexandra Hospital, the point was made that the Trust remains ready and available to provide support as required.
2017/09/05	**Matters Arising/ Action Log**
5.1	There were no matters arising in addition to those included on the agenda.
5.2	The action log was reviewed in turn: <u>347 M2 Performance Report</u> This action was deferred to the next meeting when the Director of Clinical Services would be present. <u>348 M2 Finance Update Report</u> The Director of Finance reported that the constituent elements of the £8.4m "other income" includes £2.7m in CQUIN achievements, £3.7m non-tariff income and £1.7m of individual drug funding.
2017/09/06	**Draft Minutes of the Council of Governors' Meeting held on 11 July 2017**
6.1	The draft minutes of the Council of Governors' meeting held on 11 July 2017 were received and noted.
2017/09/07	**Chairman's Report**
7.1	The Chairman paid tribute to the excellent performance within the Accident and Emergency Department over the last few months, in comparison to the national position. It was noted that the focus of the government and regulators will remain on A&E performance going forward.
7.2	The Chairman recently attended the Long Service awards ceremony, which he described as well organised and motivational. **Resolved**: The Board **noted** the Chairman's report.
2017/09/08	**Chief Executive's Report**
8.1	The Chief Executive reminded the Board that the Trust's Annual Members' Meeting will take place on 27 September. He also announced that this year's Staff Awards will be held on 6 October. The 450 members of staff who have been nominated for an award will be notified this week. He highlighted the significant increase in award categories and nominations, and in line with feedback from the Event in the Tent, the ceremony this year will be bigger. It is to be held at the Stadium MK.
8.2	The Trust was involved in the aftermath of the recent major accident that took place

	on the M1. The Chief Executive has written to thank all the staff who were involved for what was a very positive response by the organisation. He also reported that the hospital had participated yesterday in Milton Keynes' first full system-wide major incident test. This had involved the Fire Service, MK Council and students from the University of Buckingham Medical School. Feedback from the Fire Service was that the exercise had been run very well, with a few minor areas for improvement. In response to a question from Parmjit Dhanda as to who runs Silver Command in the event of an emergency, it was noted that this would be the manager on call.
8.3	The Trust has received a second congratulatory letter from the Secretary of State, this time in relation to performance on the Friends and Family Test - it was one of the best in the country in July. An invitation has been received to attend and speak at a national conference on emergency care, to be attended by the Secretary of State and the chief executives of NHS Improvement and NHS England. This is in recognition of the Trust's good A& E performance.
8.4	The Trust continues to be in the top quartile nationally in relation to the RTT 18 week target. Performance currently stands at 92.1%, and the target is therefore being met, in the face of increasing waiting times across the country.
8.5	The enabling works on north of the site have commenced.
2017/09/09	**Sustainability and Transformation Partnership update**
9.1	The Chief Executive stressed the need for local partners within the Milton Keynes health and social care system to work closely together to deliver the best possible care to the local population, and that the system development work of the STP must not distract from this. The Board has started to think about the possible shape of this organisation in the next 3 to 5 years, with a focus on designing and delivering strong services, building solid relationships with primary care, community care and the council, as well as with Luton and Dunstable and Bedford Hospitals. This work on developing the Trust's strategy will continue over the next 4 to 5 weeks.
2017/09/10	**Patient Story**
10.1	Senior Sister, and Practice Development Nurse from the Emergency Department attended to read out a very complimentary note that had been left on the NHS her visits to the department with. The note highlighted the quality of the care provided on each occasion, and also stressed the patience that the staff displayed in their interactions with her family, taking account of the distress that had been in at the time.
10.2	In response to a question as to how the contents of the note would be communicated to the staff involved, it was explained that all feedback, positive and negative is placed on the staff notice board. The Chief Executive also indicated that on receipt of any compliments, he would always send a thank you letter to any named member of staff and their manager.
10.3	asked whether anything had changed within the department. In

	response, the point was made that many of the department's processes had been improved, and that this has had a positive impact on staff morale. It has become a nice place to work and staff are keen to stay.
10.4	There was recognition of the broader need to build on the good work that has been done in A&E and challenge other areas where improvement is required. The point was also made, in relation to A&E that the real test would be maintaining the good morale referred to through the difficult winter period. It was noted that during his recent visit to the hospital the NHS Medical Director had expressed his concern about the possibility of flu pandemic in the near future. This Trust's flu vaccination programme commences on 2 October.
10.5	The Board thanked for attending to deliver the patient story.
2017/09/11	**Mortality update report**
11.1	The Medical Director presented this regular report. He assured the Board that there is nothing new within the paper with regard to the Trust's overall mortality rate, as reported through the two national tools. The Medical Director highlighted the steps being taken to prepare the way for a more thorough process for reviewing all deaths, with a view to understanding whether they could have been avoided. **Resolved**: The Board **noted** the Mortality Update report.
2017/09/12	**Nursing staffing update**
12.1	The Chief Nurse presented this routine report on nursing staffing.
12.2	She recalled that the Board had asked at the last meeting for confirmation as to whether healthcare support workers on the bank are getting work. It was confirmed that there are plenty of shifts available, and as such staff on the bank are able to work as many shifts as they wish. It was noted that over the summer months, some individuals had not taken up any shifts, but that this may be as a result of school holidays, for example.
12.3	The Chief Nurse announced that £224k worth of savings are to be achieved through work that has been done with the nursing staff. The entire workforce had been taken through consultation as to whether they wanted to do long or short days. The outcome of this process is that 11 wte posts will be vacated, although in reality no nurses will leave their posts – there will be a more efficient use of this valuable resource by eliminating the overlap that currently exists. Housekeeper posts will also be introduced into the wards to provide further assistance.
12.4	It was noted that premium nursing costs are continuing to fall.
12.5	The Chief Nurse informed the Board of the RightStaff app which is being piloted in the Trust for booking bank shifts. It has been jointly developed by Ernst & Young and Ryalto, and the Trust has been working closely with them. It went live across all teams on Monday, and the intention is that it will help to increase the Trust's bank

	fill rates. The Department of Health and NHS Improvement are interested in the outcome of the pilot, as part of the continued sharp focus nationally on reducing agency spend. The Director of Finance highlighted the Trust's remarkable performance in reducing agency spend over the last 24 months.
12.6	made reference to a report on the response to the Manchester bomb attack, which indicated that there had been some difficulty in contacting clinical staff as the number used came up as withheld on their phones, and calls were therefore ignored in some cases. It was confirmed that this hospital's number is no longer withheld. The point was made that often, at times of emergency, the issue is that more staff come in than are needed at that time, and many have to be sent away again. It was acknowledged that the RightStaff app could also be used to communicate with staff, but that care must be taken not to overuse this function. **Resolved**: The Board **noted** the nursing staffing update.
2017/09/13	**Referral to Treatment Time – Patient Administration Programme Report**
13.1	The Director of Corporate Affairs introduced this report, informing the Board that this will be a regular agenda item. It was noted that NHS Improvement had undertaken a review around the accuracy of Referral to Treatment (RTT) counting and the recording of pathway clock stops. This was as a result of allegations made by a whistle blower that patients had in the past been inappropriately removed from the Trust's Patient Tracking List.
13.2	The allegations were rejected by the review which found no cause for concern, although it made a number of recommendations. These have been accepted by the Trust and have been incorporated into the programme. Progress on meeting them will be monitored by the Audit Committee and reported to the Board.
13.3	The Chief Executive made reference to the issues around data quality that had been highlighted by auditors in recent years, and considered that it was helpful to have another external review to reinforce the need for improvement in this area. The Deputy Chief Executive observed that there is a national initiative to remove all paper based controls in relation to the management of outpatients. It is intended that all GPs will work through a referrals management system, and all fax machines will be phased out.
13.4	remarked that the fact of the whistle blowing disclosure is interesting and positive, and he enquired how well the process is working. The Chief Executive stated that the Trust has a Freedom to Speak Up guardian to whom a number of disclosures have been made, and that these have led to a number of different interventions. There is also a non-executive whistle blowing lead in place. **Resolved:** The Board **noted** the findings of the NHS Improvement Review, and the steps that will be taken to address and monitor compliance against its recommendations.
2017/09/14	**Smoke free Hospital**

14.1	The Director of Corporate Affairs provided this update, reminding the Board that the goal of making the hospital smoke-free has been under discussion for some time. The intention is that from 1 October 2017 there will be no smoking on any part of Trust premises, and from that date, smokers would have to leave the site if they wished to smoke. This will apply to everyone – patients, staff and visitors. The launch of this approach has been timed to coincide with Stoptober.
14.2	It was acknowledged that while the ban on smoking on the site will take effect from 1 October, the focus for the first three months of the ban would be on awareness raising, supporting staff to challenge smokers, helping people to quit and evaluating the early impact of the ban. After that consideration would be given to taking sanctions against members of staff found to be acting in breach of the policy.
14.3	This is a significant change for the organisation. Staff side are supportive of the move, and the respiratory medicine team are already promoting it heavily. It was noted that the existing smoking shelters will either be taken down or used for other purposes.
14.4	In response to a question about smoking on the Redways, it was acknowledged that the Trust cannot stop people from doing this, as it is not part of the site, but work is to be done with MK Council to persuade them to issue bye-lays banning smoking at least on those parts of the Redway network adjoining the Trust site. However, while people would have to leave the site if they wished to smoke, the Trust does not wish to put people at risk, and will use the first 3 month to understand the impact. It was noted that the way that staff use their breaks would also need to be considered, although it was acknowledged that it may not be useful to address this in a prescriptive way. **Resolved**: The Board **noted** the proposals to make the hospital site smoke free with effect from 1 October 2017.
2017/09/15	**Safeguarding Annual Report**
15.1	The Chief Nurse introduced this report to the Board for noting, informing them that it had already been considered both by Management Board and the Quality and Clinical Risk Committee. She indicated that the Trust had demonstrated excellent compliance with training requirements, taking into account that safeguarding is a heavily regulated area with multiple layers of assurance. The level of activity being undertaken by the team is constantly increasing.
15.2	Milton Keynes is the second area in the country to put in place an integrated safeguarding board, and this mirrors the way in which safeguarding is handled within the Trust. In response to a question about training, the Chief Nurse confirmed that most clinical staff, with the exception of some doctors, would have been trained up to levels 1 and 3.
15.3	confirmed that this is an area that the Quality and Clinical Risk Committee keeps under close scrutiny, and he indicated that the issue of the incorrect diagnosis of female genital mutilation is to be considered at the Committee's next meeting. It was also noted that the Prevent agenda is covered as part of safeguarding. Locally, Milton Keynes is considered to be a low risk area in

	comparison to Luton. **Resolved**: The Board **received** and **noted** the 2016/17 Safeguarding Annual Report
2017/09/16	**Infection Prevention and Control Annual Report**
16.1	The Chief Nurse introduced this report, which has already been considered by the Quality and Clinical Risk Committee. The Trust had reported two cases of MRSA bacteraemia, neither of which was attributable to a lapse in care. 10 cases of Clostridium difficile had been apportioned to the hospital, against a ceiling of 39. One of these was classified as having been caused by a lapse in care, in that there had been a lapse in communications between two clinical teams.
16.2	It was noted that for the future, the focus is to be more on E coli, and there is a target to achieve a 50% reduction in cases across the health economy. The recently appointed public health registrar is assisting the Trust in this area. The Trust has also made two substantive microbiologist appointments – this is a positive development. **Resolved**: The Board **received** and **noted** the 2016/17 Infection Prevention and Control Annual Report.
2017/09/17	**Complaints Annual Report**
17.1	The Chief Nurse presented this report. There had been a 7.1% decrease in the number of complaints received in 2016/17 from the year before, but the biggest challenge had nevertheless been in meeting the agreed response times. Much work has been done with the divisions, particularly the Surgery Division, and there have been recent improvements. The focus has now shifted to the Medicine Division.
17.2	While the number of complaints received has fallen, the number of contacts with the Patient Advisory and Liaison Service (PALS) has risen significantly, indicating that some people had had their concerns addressed, such that they had decided not to lodge formal complaints. To further improve the complaints team's working practices, they have now become fully paperless.
17.3	In response to a question from Bob Green, it was noted that complainants are free to refer their concerns to the Parliamentary and Health Service Ombudsman (PHSO) at any time, but in practice, the PHSO would normally advise people to properly pursue their concerns via a trust's internal processes in the first instance. It was also noted that despite the figures quoted in the report, the PALS team is now more visible to patients and the public following their move to the main entrance.
17.5	While it was acknowledged that communication problems with patients and their families remains one of the main causes for concern, this is a rather complex issue with no simple solutions. However, the Trust is taking some practical steps to improve the quality of communication with patients. For example, a patient survey conducted as part of the Red2Green initiative, has indicated that many patients have little or no idea when they might be discharged. Work is now being done to

	address this, as part of which, patients are being encouraged to ask clinicians when they will be going home. **Resolved**: The Board **received** and **noted** the 2016/17 Annual Complaints Report.
2017/09/18	**Performance Report Month 4**
18.1	The Deputy Chief Executive introduced this report. He reported that the Trust's performance against the A&E 4 hour target in September is currently 97.2%, and he also indicated that the signs that the hospital under stress will soon start to lighten as there has been a sustained period during which beds have been available. It was also noted that the red for RTT incomplete pathways is misleading as the Trust had selected the wrong trajectory figure. Performance against the cancer targets has been commendably good in comparison to some of the other measures.
18.2	In relation to 30 day readmissions, the Board was informed that the Director of Clinical Services is in the process of producing a report, on the basis of which a contract query notice is likely to be issued to the CCG on readmissions and use of the Marginal Rate Emergency Tariff (MRET). This notice will take the form of a letter, following which both parties will meet to agree an action plan. By way of example, in recognition that respiratory disease is the commonest cause of readmissions, the Trust had asked that the MRET money be used to fund a respiratory service in the community, but this has not yet been done.
18.3	The Trust is still an outlier in relation to the number of patients who have been waiting for 52 weeks or more for treatment, but it is expected that the last of these patients will shortly be treated. It is important that this number remains at zero going forward. In response to a question about data assurance, the Deputy Chief Executive made the point that because those patients who have been waiting for 52 weeks or more are, by definition, well known to the Trust, it is appropriate for this measure to be rated Green for data quality assurance. With regard to the NHS Improvement review, the Deputy Chief Executive reiterated that there are issues with the Trust's processes, of which the Trust is aware, but NHS Improvement did not conclude that there had been any deliberate misrepresentation of the organisation's performance.
18.4	Since the last Board meeting, NHS England and NHS Improvement have conducted a review of delayed discharges across Milton Keynes, as a result of which a previous agreement not to include certain types of patients within this list has come to an end. The Milton Keynes system is the 18th worst in the country on this measure – there are currently 50 patients who are medically fit to be discharged, but are still waiting to leave hospital. This is major cause for concern and is to be urgently addressed through the Milton Keynes Health and Wellbeing Board. **Resolved:** The Board **noted** the update on Month 4 update on performance.
2017/09/19	**Finance Update Report Month 4**
19.1	The Director of Finance introduced this report. He drew the Board's attention to the table setting out the Trust's headline financial position and pointed out that the

	Trust's control total deficit of £18.8m excludes donated or grant income and donated asset depreciation. When taking these in to account, the Trust is planning for a deficit of £15.4m in 2017/18.
19.2	In month 4, the Trust had a £15k positive variance to it control total. The adverse variance to the plan relates to donated income which is now expected to be drawn down later in the year. Outpatient and maternity income is below plan, but this is offset by over-performance in other areas. Pay costs are favourable to budget to the tune of £756k, largely driven by the agency position. The Director of Workforce and her team were commended for their efforts in this regard. Non-pay costs are adverse to plan largely due to high cost drugs which is covered by additional income. It was noted that there will be a particular focus at the next meeting of the Finance and Investment Committee on the transformation programme.
19.3	There is no indication yet as to whether the Department of Health will fund the Trust's capital requirements – it would appear that the Department are not approving any bids at present. The Trust's total bid is for £8.2m, the largest portion of which is for the EPR programme, in relation to which the Trust is contractually committed, with the remainder relating to pharmacy and the aseptic suite. The Trust is 3 years into the EPR contract and has received loan financing in respect of the capital requirements for the last 2 years. The Director of Finance noted that the Trust's capital programme had been reviewed by NHS England's project appraisal unit who deemed the vast majority of the planned schemes to be essential. The Director of Finance further noted that the matter has been escalated to the NHS Improvement regional Director of Finance. In response to a question from Bob Green as to when the issue of funding for EPR would become critical, the Chief Executive explained that the Trust is currently only spending available capital on urgent and emergency items; but that very soon the matter would become critical as the Trust has no other means to fund the EPR programme.
19.4	The Board was informed that all the Trust's major contracts are under consideration as part of a review of procurement, and some of these will be referred to the Board. The aim of this is to take advantage of any opportunities for savings. The Finance and Investment Committee are content with the direction of travel.
19.5	The Director of Finance noted that the Trust has still not had confirmation from the Department of Health that its historical loan due for repayment in March 2018 will be rolled-over. This is currently being shown as a current liability of £31m on the Trust's Statement of Financial Position. Given the lack of progress and size of the repayment obligation the Director of Finance indicated that a risk would be included on the Trust BAF. **Resolved**: The Board **noted** the Finance Report at Month 4
2017/09/20	**Update on Estate Development**
20.1	The Deputy Chief Executive presented this update. The majority of the mound of earth on the land to the back of the hospital has now been cleared as a precursor to the commencement of work on the Cancer Centre and the multi-story car park. To facilitate this work 75 members of staff were asked to temporarily park off-site at Peartree Bridge. Unfortunately 5 of the cars parked there were damaged. The police

	have been informed but the identity of those responsible is unknown. It was noted that some residents had objected to parking in some parts of the marina, but there is no indication that this had anything to do with the damage caused. **Resolved**: The Bard **noted** the update on Estate Development
2017/09/21	**Board Assurance Framework**
21.1	The Director of Corporate Affairs presented the latest iteration of the Board Assurance Framework (BAF) for noting. The Board Committees are to be asked to consider all of the BAF risks at their meeting, but to focus on those risks that are within areas their individual areas of competence. It would be important for the Committees to provide assurance that risks are being managed appropriately.
21.2	Andrew Blakeman challenged the rating for risk number 12. He expressed his satisfaction with the direction of travel in the way that the BAF is set out, but he made the point that the Board needs to be helped to focus on the real risks to the organisation achieving its objectives.
21.3	The Medical Director noted that the ratings of 10 risks had reduced, and enquired about the process that had been undertaken in agreeing to this. The Director of Corporate Affairs confirmed that steps had been taken to ensure that the mitigation offered in each case adequately addressed the issues raised by the risk.
21.4	The Chief Executive remarked that consideration had been given as to whether the rating around access to capital funding should be raised, but it had been decided to keep it where it is for now. **Resolved**: The Board **noted** the updated BAF.
2017/09/22	**Health and Safety Policy**
22.1	The Director of Corporate Affairs presented this updated policy. She confirmed that it had been through all the requisite internal governance processes and welcomed comments from the Board. Because of the need to ensure that the Trust takes seriously its responsibilities for creating and maintaining a safe environment for staff, patients and visitors, the Chairman and Chief Executive will be required to formally sign off the policy. It was also confirmed that Bob Green is the nominated non-executive director for health and safety.
22.2	The Chief Nurse acknowledged the responsibilities that the policy places on ward managers and enquired how they would be able to acquire the skills and training needed. The Director of Corporate Affairs stated that comprehensive training in the conducting of risk assessments has been put in place, but that account had been taken of the constraints on their time in delivering this training. **Resolved**: The Board **noted** the updated Health and Safety Policy.
2017/09/23	**Medical Revalidation Annual Report**

23.1	The Board noted the contents of the summary reports of recent Board Committee meetings as follows: • Charitable Funds Committee meeting held on 7 July 2017 • Quality and Clinical Risk Committee meeting held on 14 July 2017 • Finance and Investment Committee meeting held on 24 July 2017
2017/09/24	**Questions from Members of the Public**
24.1	In response to a question about the use a referral management system by the CCG, the Deputy Chief Executive commented that the CCG intends that all GPs send every referral through its referral management system, unless there are exceptional circumstances involved. While acknowledging that this could be regarded by some as an attempt to save money, it is not for the Trust to challenge how the CCG uses the system. With regard to the impact on the Trust's RTT performance, it was pointed out that the Trust's "clock" does not start until the referral had been received.
24.2	In response to a question about the steps being taken to inform the public of the Trust's intention to make the site smoke-free with effect from 1 October, the Chief Executive confirmed that a communications plan had been prepared and was being implemented. This will include the provision of significant amounts of new signage, and encouragement for staff to have positive interactions with colleagues and others on the issue. It was noted that governors could play an important role in this regard.
2017/09/25	**Any other business**
25.1	There was no other business

Milton Keynes University Hospital
NHS Foundation Trust

BOARD OF DIRECTORS MEETING

Minutes of the Board of Directors meeting held in PUBLIC on Friday 3 November 2017 in Room 6, Education Centre, Milton Keynes University Hospital

Present:

Acting Chairman

Chief Executive
Deputy Chief Executive
Non-executive Director (Chair of Quality and Clinical Risk Committee)
Non-executive Director
Director of Workforce
Non-executive Director (Chair of Audit Committee)
Director of Finance
Director of Patient Care and Chief Nurse
Non-executive Director (Chair of Finance and Investment Committee
Non-executive Director (Chair of Workforce and Development Assurance Committee)
Medical Director

Director of Corporate Services
Director of Clinical Services
Company Secretary

2017/11/01	**Welcome**
1.1	The Acting Chairman welcomed all present to the meeting.
2017/11/02	**Apologies**
2.1	There were no apologies for this meeting.
2017/11/03	**Declarations of interest**
3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
2017/09/04	**Minutes of the meeting held on 8 September 2017**
4.1	The minutes of the public Board meeting held on 8 September 2017 were accepted as an accurate record. In response to a question fromabout

	development of the RightStaff app, the Chief Nurse explained that good progress is being made, and that the Trust is receiving credit for its role in the process. The first major uptake by other organisations is likely to occur in December.
2017/11/05	**Matters Arising/ Action Log**
5.1	There were no matters arising in addition to those included on the agenda.
5.2	The action log was reviewed in turn: <u>347 M2 Performance Report</u> The Medical Director has commissioned a study, in conjunction with the relevant consultants, to assess whether readmissions in respect of a cohort of 353 patients could have been avoided. Indications are that 10 to 15% could have been prevented either by the hospital or other partners within the system. More formal outcomes from this work will be presented in a month or two.
2017/11/06	**Draft Minutes of the Council of Governors' Meeting held on 12 September 2017**
6.1	The draft minutes of the Council of Governors' meeting held on 12 September 2017 were received and noted.
2017/11/07	**Chairman's Report**
7.1	The Chairman reported that the non-executive directors had paid a worthwhile visit, in advance of the meeting, to wards 2 and 24.
7.2	He also gave feedback on a meeting of Trust Chairs that he had recently attended. It had been organised by NHS Improvement, and had focused on A&E performance, winter planning, finances and meeting the cancer target. It confirmed that MKUH is doing well on all the key targets, but there is concern nationally about the impact that this winter could have on finances and performance. The need for frontline staff to be protected against flu had also been stressed.
7.3	At that meeting, a presentation showing the different directions that are being taken across the country in the development of STPs and ACSs was also received. These ranged from the complex relationships being navigated through in Lincolnshire, to the vertical integration taking place in Wolverhampton, where the trust had taken over the running of a number of local GP practices. The overall message is that there is no one size fits all, and it is for local partners to agree on what is right for their areas. **Resolved**: The Board **noted** the Chairman's report.
2017/11/08	**Chief Executive's Report**
8.1	The Chief Executive drew the Board's attention to the written summary of discussions at the recent Management Board meeting. This is a new development and feedback on its usefulness was welcomed.

8.2	Planning for flu nationally is at an advanced stage. NHS England are planning for 400,000 cases, which would be significantly higher than for over a decade. In Milton Keynes, cases on such a scale would impose previously unseen pressures on the system.
8.3	A roundtable meeting on education has been held, in the course of which the University of Buckingham came out well. As a result, Phillip Dunne, the health minister is to visit the Trust to see what is on offer for students here.
8.4	NHS Providers Board meeting is to be held next week. There is a growing concern about the link that has been created between removal of the pay cap and the need to make productivity gains – there is an expectation that a 4% improvement in efficiency would need to be delivered. This Trust is already expected to deliver over £10m this year.
8.5	n has been appointed Chief Executive of the Milton Keynes GP Federation. He has expressed optimism about the opportunities for positive service developments across the system.
8.6	The Chief Nurse informed the Board of the recently launched John's Campaign within the Trust. This is an initiative that provides access for carers to come into the hospital and participate in the care of their loved one (it had been mentioned in a patient's story about 6 months ago). Radiology is to be one of the first areas to take it up, and any lessons emerging from their early adoption would be taken on board as part of the more general roll out. The Chief Nurse also announced that the Trust had won the Nursing Times award for Emergency and Critical Care for the "Hug in a Bag" initiative that helps women who have suffered a miscarriage to maintain their dignity. A more detailed presentation on the initiative will be given at the next public meeting of the Board. **Action: Chief Nurse**
8.7	raised a question about the steps that are being taken to improve the response rate for the staff survey. The Director of Workforce indicated that the Trust publicises the survey each year, and that this year, a "you said we did" campaign had been launched at the pop-up Event in the Tent. There will also to be a prize draw linked to completion of the survey.
8.8	In response to another question from Mr Dhanda about pressures on the breast service, the Director of Clinical Services stated that services in neighbouring trusts are under similar strain. She speculated that a recent breast awareness campaign may have led to an upsurge in referrals. This Trust's service is receiving support from Bedford Hospital, and a wider review of the service is being discussed as there are challenges in getting appointments in a timely fashion – cancer related cases always take priority.
8.9	In response to a question about the impact that a 1% (or more) pay award would have on the Trust's finances, the Director of Finance stated that planning assumptions would be based on those being made nationally, and the question as to whether additional funding would be made available. The risks against achieving the Trust's financial target are to be discussed at the Finance and Investment

	Committee meeting next week.
8.10	raised the issue of informatics and digitising hospitals, noting the Health Secretary's 2020 target for the NHS to be completely paperless. The Chief Executive indicated that the Trust is investing heavily in its IT infrastructure, but the challenge is to achieve effective connectivity. The Chief Nurse fed back to the Board about her attendance at Cerner's Healthcare Conference, highlighting the exciting decision making tools under development that are currently being trialled in the US, and therefore not yet ready for adoption here in the UK. The point was made, however, that the more that Cerner products are taken up in the NHS, the greater the likelihood that these tools will be introduced here more quickly. It was also noted that the Zesty platform now gives patients the opportunity to change their appointments on their smartphones. However, e-prescribing is not yet in place at the Trust.
8.11	A letter has been received from NHS Improvement with regard to the pathology network arrangement. Conversations have been held with East and North Hertfordshire, who are linked to Addenbrooke's, as well as with Oxford, which, it would appear, would be the logical hub for this Trust. NHS Improvement are content for the Trust to explore this option, and the Board would be advised about outcomes. The Trust has significant links with Oxford and Bucks Health, and it would make sense to enter into formal partnership with a high tech provider. NHS Improvement has been open with the Trust as to its thinking in this area, but its final decision could be affected by considerations elsewhere.
8.12	In response to a question from about EPR, the Director of Clinical Services indicated that the project is going as well as is to be expected. The design and build phase has been concluded, and testing has commenced. This is a major change management process – training plans are being developed, and operational engagement is growing, as the focus moves away from the executive team and the Board. Regular progress updates will be provided to the Board, as there is much hard work to be done over the coming months. **Resolved**: The Board **noted** the Chief Executive's Report.
2017/11/09	**Sustainability and Transformation Partnership update**
9.1	The Chief Executive reminded the Board that BLMK is one of 8 areas to be included in wave 1 of STPs that are to become ACS's. As a result of this, the partnership has been able to access some transformation funding. MKUH put forward a bid to fund work on breaking down barriers within the local health and care system that currently prevents patients from being cared for by a single entity for the entirety of their journey. This bid was successful and £500k of funding has been provided to help create a single system within MK, including the Council, CCG and Community Health. The first priority for this work would be to seek to gain a better understanding about how patients access health and social care. Success at this stage would enable appropriate clinical models to be put in place to support the relatively small number of patients that are known to be the heaviest users of local health and social care resources. This initiative is at the early stages of development to define what is achievable.

9.2	The Trust has agreed to engage an American company, Optum, that has expertise in health systems, to recommend the best way forward, based on the various needs within MK itself and across the wider STP footprint. This work will also take account of models being developed in other parts of the country, and the various governance challenges. The Trust wants to be better able to engage with the different parts of the system, in accordance with its strategy. The Board will receive regular updates on this programme.
9.3	The work leading up to the merger between Luton and Dunstable FT and Bedford Hospital is continuing. A meeting is to be held with the CCGs this week at which the plans will be outlined. It was also noted that the 4 local authorities within the patch have formed a joint Overview and Scrutiny Committee. Their first meeting is to be held this month. **Resolved**: The Board **noted** the Sustainability and Transformation Partnership update.
2017/11/10	**Patient Story**
10.1	Patient Engagement Manager, attended to deliver three brief patient stories, all of which related to the Red 2 Green initiative, as seen from the patient's perspective. In summary, mention was made of: • A 53 year old lady who attends the hospital on a 6 to 12 monthly basis for a particular procedure. Following her challenge to the clinical team as to what she needed to do to get home on the day, her discharge was in fact arranged for that day. • The second story was of a 69 year old gentleman whose bloods needed to be checked. He challenged the doctors that he wanted to go home that day, stating that he could receive the results from his GP. He was subsequently discharged on the day. • A 55 year old lady who was awaiting a liver transplant asked what she needed to do in order to be discharged on that day. She was told that she needed to be able to climb up stairs. She was able to demonstrate that she could do this, and was therefore discharged.
10.2	confirmed that the Red 2 Green initiative had brought about impressive improvements in patient care, and that confirmation of this had been received at the recent Quality and Clinical Risk Committee meeting. queried why the doctors involved in these cases appeared to have a bias against early discharge. The Medical Director indicated that there is always a delicate balance to be struck in cases of this nature. Some wards are not yet working at the same level of efficiency as others and it can sometimes be a challenge to decide on an expected date of discharge. Also, the patient may be medically fit, but needs a social care bed which is not yet available. In response to a question whether Red 2 Green is a 7 day programme, the point was made that it is fundamentally a Monday to Friday exercise, but that some wards have the infrastructure to deliver it on a 7 day basis. **Resolved**: The Board **noted** the patient stories.

2017/11/11	**Mortality update report**
11.1	The Medical Director presented this regular report. He notified the Board that the Trust's Hospital Standardised Mortality Rate (HSMR) remains lower than expected, and that at 1.01, the Summary Hospital-level Mortality Indicator (SHMI) is also lower than it has been in previous months. There are 2 areas in which the Trust is an outlier, but the Medical Director confirmed that neither of these is important.
11.2	The Trust aims to qualitatively review a quarter of all deaths by the end of the financial year – it achieved 35% in Q1. Nationally, it is thought that between 3 and 4% of recorded deaths are avoidable, and at this Trust, it has been found so far that 2 deaths could have been avoided, amounting to less than 1% of all deaths here. It was noted that this remains a work in progress, and a more in-depth analysis will be presented at the Quality and Clinical Risk Committee. It was also noted that the feedback from relatives to this process has been positive. **Resolved**: The Board **noted** the Mortality Update report.
2017/11/12	**Nursing staffing update**
12.1	The Chief Nurse presented this routine report on nursing staffing. She announced that 52 newly qualified nurses have commenced employment at the Trust, but the Trust is carrying the highest ever level of vacancies, with Medicine, for example, having a 31% vacancy rate.
12.2	With regard to overseas recruitment, it was noted that 7 Filipino nurses have now started work at the Trust, and a business case is shortly to be presented at Management Board for a new exercise to be carried out. The recruitment process takes up to a year and cannot be sped up.
12.3	A private company has been engaged to conduct a detailed analysis of the Trust's maternity staffing, and the results will be presented at either the January or March public Board meeting. The Chief Nurse made the point that the Trust is doing all that it should on recruitment, but beds are being opened at an increased rate.
12.4	There is concern that although the September cohort of the University of Northampton nursing programme is full, only 25 out of 75 places on the March programme, which is often filled by more mature students, have been taken up. It is believed that this shortfall is as a result of the removal of the bursary for student nurses. The Trust is working with the university on possible solutions.
12.5	The nursing associate programme is progressing well, and it is likely that a business case for the recruitment of a large group to start next March will be taken to Management Board.
12.6	made reference to reports in the media of the dramatic fall in nurse recruitment from the EU and the fact that not enough nurses are being trained locally, and he wondered whether the Trust has made projections about its staffing needs in the medium to long term. The Chief Executive stressed that current

	staffing levels are safe, and made the point that winter planning would give the hospital the opportunity to test how far current levels can be stretched. The Trust's 3 to 5 year plan has not yet been presented to the Board – this could be done in February. It was noted that a recent King's Fund report has found that nursing numbers across the country have fallen by 1.5% on real terms.
12.7	In response to a question from Andrew Blakeman as to whether it would be possible to ascertain at which point the hospital would no longer be safe, the Chief Nurse remarked that according to the available quantitative data, the Trust is a higher than average spender on medical staffing and that the hospital is performing well, taking account of its size and scale. There is however, a need to make better use of technology in supporting qualified nurses and doctors on the wards to focus on work that makes best use of their skills and training. **Resolved**: The Board **noted** the nursing staffing update.
2017/11/13	**Update on Winter Readiness Planning**
13.1	The Director of Clinical Services delivered a presentation setting out the steps that are being taken nationally, across Milton Keynes and by the Trust in preparation for winter. Points made in the course of the presentation included that: • There is a broad consensus that the flu season this year will be more serious than in previous years. • One of the key areas of focus this year has been on ensuring system wide planning and ensuring that patients are not unnecessarily held up at any point within the system. • As part of its planning response, MK has been divided into zones for the purpose of care provision. However, to date, efforts to access additional private provision to help alleviate delays in discharging patients have not been successful. • The number of social workers who will be on site at the Trust to help facilitate discharges will be significantly increased. • The Warm Up for Winter programme, which will help to identify things that could be done differently to assist flow through the hospital will commence in the next few days. • There is a clear senior management focus on this, across the entire local system, and there will also be significant regulatory oversight throughout the period.
13.2	In response to a challenge from about the focus on care home beds in terms of the range of discharge solutions, the Chief Nurse made the point that although only a relatively small number of patients require care home beds, they tended to be the ones with the most complex needs and therefore tended to account for the majority of bed days among those whose discharges had been delayed. Across the hospital, there are two wards worth of patients still admitted but who no longer need an acute hospital bed. There are as yet unresolved bottlenecks in the care provided outside the hospital.
13.3	With regard to the Trust's Emergency Preparedness, Resilience and Response

	Plan, it was noted that there is a requirement for a non-executive director to oversee its delivery. It was agreed that in view of the high profile nature of the issues involved, the Acting Chairman should be put forward as the responsible NED. It was agreed that the updated Plan would be circulated to the Board after this meeting. **Resolved:** The Board **noted** the update on winter planning, and **agreed** that the Acting Chairman would be the non-executive director responsible for delivery of the Trust's Emergency Preparedness, Resilience and Response Framework.
2017/11/14	**Performance Report Month 6**
14.1	The Deputy Chief Executive introduced the month 6 Performance Report and highlighted the following points: • A Never Event had been declared (discussed at the last Board meeting) • There is still a small number of patients who have been waiting for 52 weeks for elective care. These delays in providing care are entirely due to patient choice issues • The percentage of patients who failed to attend their outpatient appointments is now up to 6.7% • The Trust will not meet the cancer 62 day target in October, but will meet it in the quarter as a whole. **Resolved**: The Board **noted** the Month 6 Performance Report.
2017/11/15	**Finance Update Report Month 6**
15.1	The Director of Finance presented the Month 6 position and highlighted the following points: • In the year to date, then Trust is on target to meet its control total, despite the fact that it appears to be off target against its planned deficit (this is as a result of planned donations that have not yet been received) • An extra £2.2m of STF funding will be accessed in the second half of the year. However, the Board noted that the trust was compelled to lodge an appeal in relation to its failure to access £200k worth of funding relating to A&E performance in Q2 as a result of a late change to the guidance. • Pay costs remain below budget, and agency costs are significantly under budget. • High cost drugs are significantly overspent. • The Trust has still not received a response from NHS Improvement to its application for capital funds • Performance of the Transformation Programme has improved with the recognition of some agency savings, but it is still £700k below target. • The Trust has been confirmed as a Fast Follower in the Global Digital Exemplar programme, with £5m of capital funding to be received over 3 years. **Resolved**: The Board **noted** the Month 6 Finance Update Report.

2017/11/16	**Board Assurance Framework**
16.1	The director of Corporate Affairs introduced the BAF, which has been updated following the latest round of Committee meetings. She informed the Board that an in-house peer review exercise is being undertaken and the Trust is working with KPMG to benchmark the framework against those of other similar trusts. Ideas around better graphical representation of movements within the framework are also being explored, and the Quality and Clinical Risk Committee is to embark on deep dives into a number of different areas. The expectation is that all of this work will lead to the evolution of a different type of reporting to the Board. **Resolved**: The Board **noted** the latest version of the Board Assurance Framework.
2017/11/17	**Update of Terms of Reference for the Board Committees**
17.1	The Director of Corporate Affairs introduced proposed updates to the Terms of Reference of the Board of Directors and its Committees. enquired about the role of the Finance and Investment Committee in terms of scrutinising IT in general, and whether it had a role in relation to information governance. It was agreed that FIC's role was in relation to the Trust's investment in IT projects, but that issues such as cyber security and information governance would be for the Audit Committee which would report to the Board on the adequacy of the arrangements for the management of the risks.
17.2	In terms of attendance at meetings, it was agreed that the Medical Director would not be required to attend Audit Committee meetings. The Chief Executive also clarified that for most Committees, it is the non-executive directors who are members, and the others are attendees, but is agreed that those considered as core-attendees should continue to be named in the terms of reference. It was also agreed that for all Committees, except Audit, the Chairman and Chief Executive should be listed. The 2 appendices to the FIC terms of reference are also to be updated. **Resolved**: The Board **approved** the updated Board and Committee Terms of Reference, subject to final approval by the Chairs of each Committee.
2017/11/18	**Summary Reports**
18.1	The Board noted the contents of the summary reports of recent Board Committee meetings as follows: • Audit Committee meeting held on 26 September 2017 • Finance and Investment Committee meeting held on 2 October 2017 • Charitable Funds Committee meeting held on 2 October 2017 • Quality and Clinical Risk Committee meeting held on 20 October 2017
18.2	In relation to the QCRC meeting, Andrew Blakeman updated the Board on the first of the divisional deep dives with representatives of the Medicine Division attending to present at the meeting. He also asked that the Trust do more to raise the profile of volunteering across the Trust in order that more people might be interested in

	participating. The Chief Nurse confirmed that a lot of work is being done in this area, and agreed to bring an update to the next public Board meeting. **Action: Director of Patient Care and Chief Nurse**
2017/11/19	**Questions from Members of the Public**
19.1	The Acting Chairman informed the Board that a written question had been received from a member of the public in advance of today's meeting. A detailed response had been prepared and shared with the member of public, who is in attendance at the today's meeting. The Acting Chairman read out the question and a summary of the Trust's response – the question and the full response are attached as an appendix to these minutes.
19.2	In response to the question whether the member of public was satisfied with the response to her question, she thanked the Trust for the detailed response, but queried whether the Board is satisfied that there had been sufficient public engagement around the changes to the service in question. The Medical Director explained that as a "district general hospital", MKUH is constrained in the level of specialist and sub-specialist care that it can provide on its own, and often relied on forging clinical partnerships with regional tertiary and specialist providers. In relation to the particular service in question, the actions being taken are in response to retirement of a consultant who had previously provided the service. The Trust had been unable to find a consultant who had an interest in the area. Although consultation with the public in this regard would have been difficult, it was acknowledged that communication could have been better.
19.3	A member of the Council of Governors in attendance welcomed the introduction of a written report from the Chief Executive, and questioned whether a similar report on the STP could also be circulated. The Director of Corporate Affairs stated that there is information in the public domain that could be sent out. There was also a plea for patient involvement around the pathology hub and spoke discussions.
19.4	Another member of the Council of Governors raised the issue of cyber security. In response, it was confirmed that the Audit Committee would report on this issue to the Board. The Chief Executive confirmed that the Trust's systems had not been affected by the recent malware attack although the Trust had taken its own internal preventative steps.
2017/11/20	**Any other business**
20.1	There was no other business