

## Board of Directors

### Public Meeting Agenda

Meeting to be held at 2.00 pm on Thursday 7 November 2019 in the Conference Room, Academic Centre, Milton Keynes University Hospital.

Item No.	Title	Purpose	Type and Ref.	Lead
<b>1. Introduction and Administration</b>				
1.1	Apologies	Receive	Verbal	Chairman
1.2	Declarations of Interest <ul style="list-style-type: none"> <li>Any new interests to declare</li> <li>Any interests to declare in relation to open items on the agenda</li> </ul>	Noting	Verbal	Chairman
1.3	Minutes of the meeting held in Public on 5 September 2019	Approve	Pages 3-14	Chairman
1.4	Matters Arising/ Action Log	Receive	Pages 15-16	Chairman
<b>2. Chair and Chief Executive Strategic Updates</b>				
2.1	Chairman's Report	Receive and Discuss	Verbal	Chairman
2.2	Chief Executive's Report <ul style="list-style-type: none"> <li>Letter from Secretary of State for Health and Social Care</li> </ul>	Receive and discuss	Pages 17-18	Chief Executive
<b>3. Quality</b>				
3.1	Patient Story	Receive and Discuss	Presentation	Director of Patient Care and Chief Nurse
3.2	Patient Experience Strategy	Receive and Discuss	Pages 19-36	Director of Patient Care and Chief Nurse
3.3	Nursing staffing update	Receive and Discuss	Pages 37-46	Director of Patient Care and Chief Nurse
3.4	7-day Services update	Receive and Discuss	Pages 47-52	Medical Director
3.5	Mortality Report	Receive and Discuss	Pages 53-62	Medical Director
<b>4. Performance and Finance</b>				
4.1	Performance Report Month 6	Receive and Discuss	Pages 63-76	Deputy Chief Executive
4.2	BLMK Longer Term Plan	Receive and Discuss	Pages 77-180	Director of Finance
4.3	Finance update Report Month 6	Receive and Discuss	Pages 181-188	Director of Finance
4.4	Workforce update Report Month 6	Receive and Discuss	Pages 189-196	Director of Workforce
<b>5. Assurance and Statutory Items</b>				

Item No.	Title	Purpose	Type and Ref.	Lead
5.1	Board Assurance Framework	Receive and Discuss	Pages 197-206	Director of Corporate Affairs
5.2	Update to the Terms of Reference of the Board and its Committees	Approve	Pages 207-246	Director of Corporate Affairs
5.3	Board Register of Interests	Note	Pages 247-252	Director of Corporate Affairs
5.4	(Summary Report) Finance and Investment Committee – 30 September 2019	Note	Pages 253-254	Chair of Committee
5.5	(Summary Report) Workforce and Development Assurance Committee – 28 October 2019	Note	Pages 255-258	Chair of Committee
5.6	(Summary Report) Audit Committee – 23 September 2019	Note	Pages 259-262	Chair of Committee
5.7	(Summary Report) Quality and Clinical Risk Committee – 23 September 2019	Note	Pages 263-264	Chair of Committee
<b>6. Administration and closing</b>				
6.1	Questions from Members of the Public	Receive and Respond	Verbal	Chairman
6.2	Motion to Close the Meeting	Receive	Verbal	Chairman
6.3	Resolution to Exclude the Press and Public	Approve	The Chair to request the Board pass the following resolution to exclude the press and public and move into private session to consider private business: <i>“That representatives of the press and members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.”</i>	Chairman

# BOARD OF DIRECTORS MEETING

## Minutes of the Board of Directors meeting held in PUBLIC on 05 September 2019 in the Conference Room, Academic Centre, Milton Keynes University Hospital

### Present:

Simon Lloyd

Chairman

Joe Harrison

Chief Executive

John Blakesley

Deputy Chief Executive

Caroline Hutton

Director of Quality Improvement

Danielle Petch

Director of Workforce

Nicky McLeod

Non-executive Director

Nicky Burns-Muir

Director of Patient Services and Chief Nurse

Mike Keech

Director of Finance

Ian Reckless

Medical Director

Heidi Travis

Non-Executive Director (Chair of the Finance &  
Investment Committee)

Tony Nolan

Non-Executive Director (Chair of the Workforce and  
Development Assurance Committee)

### In attendance:

Kate Jarman

Director of Corporate Affairs

Ian Wilson

Associate Non-Executive Director

Adewale Kadiri

Company Secretary

Michaela Tait

Patient Experience Manager (item 3.1)

<b>2019/09/01</b>	<b>Welcome</b>
1.1	The Chairman welcomed all present to the meeting.
<b>2019/09/02</b>	<b>Apologies</b>
2.1	Apologies had been received from Parmjit Dhanda, Helen Smart Andrew Blakeman, Ian Wilson and John Clapham
<b>2019/09/03</b>	<b>Declarations of interest</b>
3.1	No new interests had been declared and no interests were declared in relation to the open items on the agenda.
<b>2019/09/04</b>	<b>Minutes of the meeting held on 5 July 2019</b>
4.1	The minutes of the public Board meeting held on 5 July 2019 were accepted as an accurate record.
<b>2019/09/05</b>	<b>Matters Arising/ Action Log</b>
5.1	There were no matters arising in addition to those included on the agenda. It was noted that all the actions on the log are closing.

<b>2019/09/06</b>	<b>Chairman's Report</b>
6.1	The Chairman reported on a positive recent visit to the Trust by Baroness Dido Harding, the Chair of NHS England/Improvement. He highlighted the fact that she has connected the Trust with Matthew Gould, the Chief Executive of NHSX who will be visiting on 14 October. This is an opportunity for clinical groups within the Trust to present on the innovative things that they are doing. Baroness Harding also picked up on and has promoted the staff benefits schemes, including on flexible working through leadership of FlexNHS.
6.2	The Chairman highlighted the work that is being done regionally around behaviours. Some national work is also being done on the roles of chairs in Trusts, and this will eventually be broadened out to involve non-executive directors.
6.3	The League of Friends will be holding their 40 <sup>th</sup> anniversary celebrations this Saturday outside the Eaglestone Restaurant. The Chief Nurse indicated that she will be in attendance. The Board were also reminded that the Charity Gala Ball will be held on 13 September. All members were asked to encourage as many additional people as possible to attend. 275 tickets have so far been purchased. The Annual Members' Meeting will be held at 6:30pm on the 18 <sup>th</sup> of September in the Academic Centre.
6.4	The Chairman informed the Board that he had taken several donors on a tour of the Cancer Centre on Monday. He confirmed that the project is taking shape, and that it remains on time.  <b>Resolved:</b> The Board <b>noted</b> the Chairman's' Report
<b>2019/09/07</b>	<b>Chief Executive's update</b>
7.1	The Chief Executive informed the Board that the staff benefits programme has been launched. Regarding the free staff parking, the introduction of the ANPR system had gone smoothly, while the gym membership and staff teas and coffees elements are being launched. He indicated that there has been interest in the programme across the NHS, and some aspects of it are to be incorporated into the National People Plan.
7.2	This year's Staff Survey is about to be launched, and several different events are underway to help improve the completion rate.
7.3	Nominations for staff awards are open, and so far, over 200 have been received. The ceremony will be held on 15 November.
7.4	Later in the month, the regional Thames Valley Reporting for Excellence or 'TRex' event will be held in a tent to be erected on site. One of the main areas of focus is the development of the Greatix system and encouraging learning from good practice. The tent will be in place for 3 days with the first day focusing on staff benefits, the second on T Rex, and the third on quality improvement. Roy Lillie, who oversees several innovation hubs, will be in attendance at the end of the T Rex session.

7.5	The Board was informed that the Trust's stroke service has been awarded an 'A' for performance. This a fantastic achievement, but it was noted that the one area that needs further work is speech and language therapy which is run by CNWL. The issue will be picked up with them.
7.6	It was noted that planning for the UK's exit from the EU is ongoing. The process was re-commenced some weeks ago, and the Director of Workforce will be attending a regional event next week. The current focus is on maintaining business as usual – there are no plans for any stockpiling at present.
7.7	The Board was notified that performance in the Emergency Department has been challenging. It has been difficult to maintain flow through the hospital, and a Multi-Agency Discharge Event (MADE) is to be held next week to help address this.
7.8	<p>The Board noted the CQC inspection report which has now been published. The Chief Executive indicated that the ratings on some of the domains within the report had been challenged. An action plan has been prepared as required. The expectation is that the work that will be done to meet the Trust's objectives will also address the CQC actions, and progress on meeting those objectives is to be presented to the Board on an ongoing basis.</p> <p>Resolved: The Board <b>noted</b> the Chief Executive's Report</p>
<b>2019/09/08</b>	<b>Patient's Story</b>
8.1	The Patient Engagement Manager attended to deliver the patient's story in conjunction with the Chief Nurse. This related to the provision of appropriate care for patients with autism and learning disabilities. There is a well-established Learning Disability Steering Group, and much feedback had been received from the group about the care provided to LD patients. The Trust now has a Learning Disabilities strategy.
8.2	The Steering Group were keen to work with the Trust to help ensure that patients with learning disabilities are appropriately supported. They were also keen to participate in the 15 steps challenge, which raised the question as to how members of the group would be supported to take full part in the process. Nationally, the toolkit for the challenge had recently been re-launched, but it did not take account of participation by people with learning disabilities, meaning that the Trust was required to design an appropriate toolkit from scratch. This was done, based on the existing toolkit, but the group concluded that not was not fit for purpose.
8.3	It was noted that people with learning disabilities prefer real pictures to cartoons – this and a number of other changes were made. For the inspection, members of the group buddied up with a member of staff and volunteers. The challenge covered Main X-ray, and in the course of the inspection, one of the patients involved who needed an x-ray had it done there and then.
8.4	In addition to the 15 steps challenge, it was noted that the Friends and Family Test is being brought in-house. An appropriate FFT form has now been devised in conjunction with the group. The work that the Trust has

	done was recognised by the group and a note expressing gratitude for the invitation was received.
8.5	Feedback provided following the 15 steps visit included some criticism of the quality of signage, as well as concerns about the level of cleanliness. The group also commented on the lack of quiet space to have conversations. It is acknowledged that there is an insufficient amount of patient information in the right format and addressing this is part of an ongoing improvement programme. On the positive side, the group observed that the staff that they encountered were friendly and all wore badges identifying who they were.
8.6	Regarding the Friends and Family Test, Tony Nolan enquired how the feedback from patients with learning disabilities would be accessed. In response, the Chief Nurse indicated that copies of the material would be printed and made available throughout the hospital.
8.7	The Director of Quality Improvement observed that this issue had been one of the themes at the recent Health and Care Innovation Expo, and Simon Stevens had been questioned about it. It does not appear that there is yet a strong national plan in this area, and she suggested that the Trust might consider writing this project as good practice. The issue of personalised care had also been prominent at the Expo, and the patient story at the previous Board meeting around the care of the child with learning disabilities is being used as the basis for a new pathway.
8.8	Nicky McLeod enquired about CNWL's involvement, as the specialist mental health service provider in MK and in response, the Chief Nurse indicated that they have no specific role in relation to learning disabilities. It was noted that the paediatrics department has employed a learning disabilities nurse.
8.9	The Chairman commended the way in which the form explains the 15 steps process and the Board agreed that this is a good initiative. It was acknowledged that the process as set out does take longer at two hours rather than 45 minutes because the group members are keen to verbally express what they have seen.  <b>Resolved:</b> The Board <b>noted</b> the patient's story.
<b>2019/09/09</b>	<b>Nursing Staffing Update</b>
9.1	The Chief Nurse presented this paper. She highlighted the high Care Hours Per Patient Day (CHPPD) rate in the Department of Critical Care – due in part to the low number of patients that are cared for there.
9.2	The Chief Nurse referred to the different initiatives being taken to boost recruitment, including piloting the use of pharmacy assistants. The nationwide shortage of nurses persists, and this is not expected to change in the short to medium term. There is therefore a need to do things differently.
9.3	There have been successes, however. The Trust's overall vacancy rate for qualified nurses is 15%, but this is only 8.6% in medicine. Also, the Trust's turnover rate for nurses is 6.9%, as against 11% nationally. The Trust has

	no difficulty recruiting healthcare assistants – the issue is retention. Levels of agency use are low, as are rates of sickness absence. The Trust has also been successful in attracting midwives to work here.
9.4	Therapies staffing has been incorporated into the report, although benchmarking information is not yet available. Additional depth of reporting will be included in the future, as there is a CHPPD reporting requirement for therapists from December.
9.5	It was announced that Emma Thorn has been appointed as workforce matron to help drive recruitment and work planning. 1700 nursing associates have now qualified across the country. 3 of 70 who have qualified here have been offered places on the Florence Nightingale Scholarship Programme. Funding has been secured to support 8 Advanced Clinical Practitioner MSc courses in collaboration with University of Northampton.
9.6	Nicky McLeod raised a question about the purpose of analysing the CHPPD score – noting that it is not a target. She would like to be able to understand whether the Trust is improving. The Medical Director also wanted to know whether retention of healthcare assistants is a positive or negative. The Chief Nurse stressed the importance of understanding what is happening regarding healthcare assistants. Some of them are going on to qualify as nursing associates, but generally, they are unsure about their work until they arrive in clinical areas. In this regard, it was suggested that nursing cadet roles be introduced for 16-year olds. Heidi Travis acknowledged that at times, people will change their jobs for what could be relatively small increases in pay.
9.7	Tony Nolan raised a question about the number of healthcare assistants that the Trust has and how much care they are responsible for delivering, and the Chief Nurse agreed to provide this information. <b>Action: Director of Patient Care and Chief Nurse</b>
9.8	In response to a further question from Mr Nolan about hard to fill vacancies, the Chief Nurse explained that the care of the elderly (ward 18) had been an issue, but those vacancies have now all been filled. The focus now is on developing ward leadership through the Band 7s and senior Band 5s.
9.9	Regarding CHPPD for therapists, the Chairman enquired about the value of this and whether the Trust is required to provide information on this externally. In response, the Chief Nurse explained that the aim is to develop more holistic models of care. It would be important to see the data first before making a judgement as to its usefulness.  <b>Resolved:</b> The Board <b>noted</b> the nursing staffing report.
<b>2019/09/10</b>	<b>Urgent and Emergency Care Operations- new framework for assessment and reporting in East of England.</b>
10.1	The Medical Director introduced this item, referring to correspondence between the East of England regional Director for NHS England/Improvement and local acute trusts around ED performance across the region. Mention was made of GP streaming and reducing long

10.2	<p>lengths of stay, two areas in which MKUH performance has not been strong.</p> <p>Regarding streaming, the Medical Director stated that the Trust is working with the Urgent Care Centre to understand how they may be able to help. There is a more detailed programme in place in relation to long lengths of stay, with a focus on weekly review of all patients who have been in hospital for 21 days or more. The Trust has also invited the Emergency Care Intensive Support Team (ECIST) to review existing processes, but it is acknowledged that there are no quick fixes in this area. It was acknowledged that this reporting framework will remain in place for some of the time to come.</p> <p><b>Resolved:</b> The Board <b>noted</b> the correspondence and the progress being made against the commitments set out</p>
<b>2019/09/11</b>	<b>Mortality Update</b>
11.1	The Medical Director introduced the regular report on mortality. He reported that the medical examiner system is being fine-tuned, but overall it has been well received. The system has been well resourced by the Trust, but nevertheless, the examiners will be required to cover 5 sessions a week. It has been agreed that the AHSN will provide some resource to support the system.
11.2	Regarding the Trust's HSMR risk score, it was noted that the depth of coding had led to a rise. The score is currently 98.7 which is higher than a year ago but setting down. Against the Dr Foster comparator, for the period from June 2018 to May 2019, the Trust's score is 99.4. There is one outlier area - fractured neck of femur – and this has been reviewed both through the morbidity and mortality processes and by the coroner, and no care concerns have been uncovered.
11.3	<p>The Trust's SHMI score is 1.02, which is where it has been historically.</p> <p><b>Resolved:</b> The Board <b>noted</b> the mortality update</p>
<b>2019/09/12</b>	<b>Performance Report Month 4</b>
12.1	The Deputy Chief Executive presented this routine update on the Trust's operational performance. He reminded the Board of suggestions that had been made by Andrew Blakeman for changes to the charts, and he indicated that these have now been made.
12.2	It was noted that the month of July, to which this report relates, was very busy, both for A&E attendances and non- elective admissions. This is the last month in which RTT performance will be reported as a percentage. Going forward, the report will cover the average wait time for open pathways – the Trust is part of a pilot scheme considering this form of reporting. The expectation is that this will become business as usual for the rest of the NHS from April. However, there has not yet been agreement on what the average should be. This is a different way of counting, and it is not clear that patients will understand it any better than the previous



	<p>system. There was also doubt as to whether it would reflect patients' lived experience.</p>
12.3	<p>The point was made that as the Trust changes the way that it works in light of the guaranteed income contract with its main commissioner, a conversation needs to be held about what MKUH performance should be, rather than focusing on comparisons with other organisations.</p>
12.4	<p>The Trust continues to experience difficulties in meeting the 62-day cancer treatment target, particularly in relation to urology. This target was not met in Q1. In response to a question from Tony Nolan about the reasons for this, the Deputy Chief Executive cited a mixture of factors including a lack of capacity in some areas including hysteroscopy and urology – this can sometimes be caused by a rise in numbers of patients or a fall in staff availability. The Board was assured that patients are closely monitored while they are waiting, and work is being done through quality improvement to refine processes in these areas. It was also noted that a new urology consultant will shortly be starting, and dedicated work is underway to increase imaging capacity.</p>
12.5	<p>In response to a question about the extent to which these issues are understood outside the hospital, the Deputy Chief Executive explained that most MK GPs continue to refer locally, and there is no sign of referral drift. It is unclear whether GPs are well enough informed on the issue. It was clarified that all patients are seen initially within in two weeks, but the issue is what happens afterwards.</p>
12.6	<p>The Medical Director referred to the number of open pathways, making the point that a rise in this measure is not necessarily negative. He acknowledged that this is a complicated package and that the Trust may not have an appropriately effective reporting system in place. In response to a question from Tony Nolan as to whether the Trust could continue to monitor itself against the old RTT targets, it was confirmed that this would not be allowed under the new regime.</p> <p><b>Resolved:</b> The Board <b>noted</b> the Month 4 Performance Report.</p>
<b>2019/09/13</b>	<b>Finance Report Month 4</b>
13.1	<p>The Director of Finance introduced the routine finance report. He informed the Board that month 4 had been more challenging, with the Trust £100k worse than control total, excluding PSF. It was noted that the plan had been to take a more aggressive approach in terms of the deficit within month – there was some under-performance linked to this, and as such there is little cause for concern at present. The guaranteed income contract is working well, but delivery of the transformation programme is challenging. There is a combination of timing and systemic issues.</p>
13.2	<p>It was noted that the Trust is currently holding a significant amount of cash and this will be spent in line with agreed plans.</p>
13.3	<p>The Director of Finance observed that the landscape around capital funding has changed, and the Trust has received a letter advising it to revert to its original spending plans. As a result, the rating of the relevant BAF risk has been reduced. A discussion was held at the recent Finance</p>

	<p>and Investment Committee meeting about the ability to spend the allocation during the financial year. The Director of Finance confirmed that he is comfortable that the funding can be used in line with the plans.</p> <p><b>Resolved:</b> The Board <b>noted</b> the month 2 Finance Report.</p>
<b>2019/09/14</b>	<b>Workforce Report Month 4</b>
14.1	The Director of Workforce presented the month 4 workforce report. She highlighted the fact that the number of unfilled vacancies is up but assured the Board that this is not a cause for concern at this time of the year. The vacancy rate is in fact reducing, and the teams are assessing each vacancy individually.
14.2	The Board had previously discussed the possibility of agreeing an aspirational agency target. An £11.1m ceiling had been agreed with NHSI/E, and much effort is devoted to managing the use of agency staff. It was noted that the likelihood is that other trusts will increase their expenditure, and it was therefore recommended that the Trust maintains the same level as last year.
14.3	The Trust is maintaining the level of sickness absence at 4% and has been successful in reducing the number of long-term issues.
14.4	For the flu vaccination campaign, it has been decided to replicate last year's model, and aim to target 75% of frontline staff. An incentive scheme will be run focusing on areas that had lower uptakes last year.
14.5	Heidi Travis noted the improvement on compliance with statutory and mandatory training and enquired as to how this was done. The Director of Workforce explained that there has been an intense focus on those who have been out of date the longest, and that a similar approach is being taken regarding appraisal. For new staff, there is a link between appraisals and pay uplifts, and this will also be brought forward for existing staff.
14.6	The Trust is continuing to support EU staff.
14.7	<p>In response to a question as to how the impact of the new staff benefits package would be measured, it was suggested that a local survey could be undertaken at a point in time.</p> <p><b>Resolved:</b> The Board <b>noted</b> the Month 4 Workforce Report.</p>
<b>2019/09/15</b>	<b>Freedom to Speak Up Board Update</b>
15.1	The Trust Secretary presented the latest Freedom to Speak Up Board update. He informed the Board that as a result of Nicky Burns-Muir taking up post as Chief Nurse, she stepped down from her role as FTSU Guardian, and Phillip Ball, the Lead for End of Life Care, has kindly taken up the reins as the Trust's other Guardian.
15.2	In terms of the level of Freedom to Speak Up activity in the Trust, the Trust Secretary explained that this has remained broadly the same as in the previous year, but he highlighted the significant drop (from 90% to 49%) in

15.3	<p>the number of colleagues who wished to raise their concerns anonymously, indicating that staff are now more confident that they will not suffer repercussions as a result of raising issues.</p> <p>Going forward, the Trust Secretary reiterated the ambition for the organisation to develop a culture of transparency. One of the steps towards achieving this is through the creation of a network of Freedom to Speak Up Champions across the hospital. They would be able to receive disclosures from colleagues and decide whether these need to be dealt with by one of the Guardians, in which case the colleague would be referred, or if the matter ought to be signposted to another support service within the Trust. Two Champions have already been recruited and trained and the Guardians will use Speak Up Month in October to further publicise FTSU and encourage all those who are interested to put themselves forward as Champions.</p> <p>The Board <b>noted</b> the Freedom to speak Up Board Update</p>
<b>2019/09/16</b>	<b>Board Assurance Framework</b>
16.1	<p>The Director of Corporate Affairs presented the latest iteration of the Board Assurance Framework (BAF). She informed the Board that members of the Audit Committee had met to review the BAF and the Significant Risk Register, and it was agreed that the Board would be updated on changes to the SRR as part of audit reporting. The discussions also covered the way in which risk registers are dealt with in general and addressed the points raised by the CQC.</p> <p><b>Resolved:</b> The Board <b>noted</b> BAF report</p>
<b>2019/09/17</b>	<b>Annual Infection Control Report 2018/19</b>
17.1	<p>The Chief Nurse informed the Board that this report had been presented for noting, as it had been discussed in detail at the Quality and Clinical Risk Committee. The Board commended this as a well written report</p> <p><b>Resolved:</b> The Board <b>noted</b> Annual Infection Control Report 2018/19</p>
<b>2019/09/18</b>	<b>Annual Complaints Report 2018/19</b>
18.1	<p>The Chief Nurse introduced this report for noting, informing the Board that it had been considered in detail at the Quality and Clinical Risk Committee.</p> <p><b>Resolved:</b> The Board <b>noted</b> the Annual Complaints Report 2018/19</p>
<b>2019/09/19</b>	<b>Annual Report on Safeguarding 2018/19</b>
19.1	<p>The Chief Nurse introduced this report. It had not yet been considered by the Quality and Clinical Risk Committee, and the Committee will in due course discuss safeguarding in more detail.</p> <p><b>Resolved:</b> The Board <b>noted</b> the Annual Report on Safeguarding 2018/19</p>

<b>2019/09/20</b>	<b>Management Board Upward Report</b>
20.1	The Board <b>noted</b> the contents of the Management Board upward report.
<b>2019/09/21</b>	<b>Finance and Investment Committee summary report 1 July &amp; 5 August 2019</b>
21.1	The Board <b>noted</b> the summary report of the Finance and Investment Committee meetings held on 1 July & 5 August 2019
<b>2019/09/22</b>	<b>Workforce Development Assurance Committee summary report 05 August 2019</b>
22.1	Tony Nolan introduced his summary report on the 5 August meeting of the Workforce and Development Assurance Committee. He informed the Board that he had tabled a paper at the meeting with the aim of stimulating debate around staff engagement at the Trust. He made the point that to become an outstanding hospital the Trust would need to have a fully engaged workforce, but he had observed that the engagement score in the Staff Survey had become static in recent years. He considers that there is a need for a rethink. While he acknowledges that the WDAC ought to take the lead on this, he is of the view that it is an issue for the whole Board, and that it needs to be higher up on the agenda.
22.2	The Director of Workforce confirmed that there had been a good discussion at the committee, and there had been acknowledgement of the hard work that had been done to help improve the engagement score. It was also agreed that there was no single intervention that would make all staff feel more engaged. Consideration is being given to what other organisations are doing, and where appropriate, some of these initiatives are being introduced into the Trust.
22.3	<p>There was acknowledgement of the success that the Trust has achieved in improving its staff health and wellbeing score in the Staff Survey. It was agreed that many good things have been done, but the question was raised as to whether the focus has always been in the right areas – there is a need to more effectively diagnose the issues. Nicky McLeod observed that with the introduction of the staff benefits package, this is arguably a period of good morale which should be harnessed quickly. Staff should be reminded that the leadership had responded positively to their requests and suggestions and would do so again in response to further input. The Chief Executive acknowledged this helpful challenge from the Board as to whether all the issues that staff may have had been properly identified. The Chief Nurse added that scores in the patient experience surveys have also been relatively stagnant, and suggested triangulation of the issues raised across both spheres.</p> <p>The Board <b>noted</b> the summary report of the Workforce and Development Assurance Committee meeting held on 05 August 2019</p>
<b>2019/09/23</b>	<b>Charitable Funds Committee summary report 1 July 2019</b>
23.1	The Chairman presented the summary report of the Charitable Funds Committee meeting held on 1 July 2019 in Parmjit Dhanda's absence. He

	<p>referred to his attendance at a charitable event, that had ostensibly been held to raise funds for the hospital, but in relation to which no monies had yet been received. The matter is to be reported to the police and the Charities Commission.</p> <p>The Board <b>noted</b> the summary report of the Charitable Funds Committee meeting held on 1 July 2019</p>
<b>2019/09/24</b>	<b>Audit Committee summary Report 16 July 2019</b>
24.1	The Board <b>noted</b> the summary report of the Audit Committee meetings held on 16 July 2019
<b>2019/09/25</b>	<b>Quality and Clinical Risk Committee Report 16 July 2019</b>
25.1	The Board <b>noted</b> the summary report of the Quality and Clinical Risk Committee held on 16 July 2019
<b>2019/09/26</b>	<b>Questions from members of the public</b>
	There were no questions from members of the public.
<b>2019/09/27</b>	<b>Any other business</b>
	There was no other business.



	All					Action log – All items				
	Public/ Private	Action item	Mtg date	Agenda item		Action	Owner	Due date	Status	Comments/Update
Board of Directors	Public	365	5 Sept 2019	9.7	Nursing staffing report	The Chief Nurse agreed to provide information on the number of healthcare assistants employed at the Trust and how much care they are responsible for delivering	Nicky Burns- Muir	7 Nov 2019	Open	





Joe Harrison  
Chief Executive  
Milton Keynes NHS FT

09 October 2019

Dear Joe,

### **New NHS Capital Funding – Milton Keynes NHS Foundation Trust**

On Sunday, I announced the next stage in our strategic investment in the NHS, with the *Health Infrastructure Plan* to ensure that our health infrastructure is fit-for-purpose for decades to come. The Prime Minister set out on Wednesday his plan that “in the next ten years we will build 40 new hospitals in the biggest investment in hospital infrastructure for a generation.” As a step towards this, we have committed funding for 6 new hospitals as well as seed funding to support the initial stage of a further 34 building projects.

I am delighted to inform you that your Milton Keynes Hospital scheme is one of the projects that are green-lighted to proceed to the next level of their development plan. A total pot of £100m of seed money is being made available to help kick start the next stage of developing these plans. All schemes however will need to present a clear investment case to move onto the next stage, and funding will be subject to future spending reviews. Other projects will be able to bid into this and other future waves too. Our aim is that successful schemes should be underway and making good progress by 2025-2030.

The announcement is alongside my announcement on the first six major hospital rebuild schemes that form HIP 1, together with a £200m investment to update or replace diagnostic equipment, and plans for a new capital system. This new system includes proposals for ensuring funding reaches the frontline when and where it is needed, with national infrastructure to support this, and clear accountability for how it is spent, plus streamlining the business case process.

As part of our rolling investment programme, I have confirmed that there will be future phases of HIP, and opportunities for the NHS to put forward further new hospital projects.

All this comes on top of the extra £33.9 billion a year we're putting into the NHS by 23-24 to secure its long-term future and support the NHS Long Term Plan. Together with the additional £2.1 billion increase in NHS capital, I announced in the summer, which included £850m on 20 new hospital schemes (adding to the 4 waves of previous STP capital) and £250m to assist the NHS to become a world leader in artificial intelligence and health research.

I am delighted to be taking these steps to help ensure that the critical health infrastructure is fit for the future and enables the NHS to provide better quality of care for patients, and I wish you well with your scheme.

Yours ever,

A handwritten signature in blue ink that reads "Matt". The signature is stylized with a large 'M' and a cursive 'att'.

**MATT HANCOCK**

<b>Meeting title</b>	<b>Board of Directors</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Patient Experience Strategy</b>	<b>Agenda item: 3.2</b>
<b>Lead director Report author Sponsor(s)</b>	<b>Name: Nicky Burns-Muir</b>	<b>Title: Director of Patient Care and Chief Nurse</b>
<b>Fol status:</b>	<b>Public</b>	

<b>Report summary</b>				
<b>Purpose</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	To approve the Trust's Patient Experience Strategy for 2019 to 2022			

<b>Strategic objectives links</b>	Objective 2: Patient Experience
<b>Board Assurance Framework links</b>	2-1: Failure to achieve improvements in the patient survey 2-2: Failure to embed learning from poor patient experience and complaints
<b>CQC regulations</b>	
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	

<b>Report history</b>	
<b>Next steps</b>	Once approved, the strategy will be published on the Trust website
<b>Appendices</b>	




## **Patient Experience Strategy**

### **2019-2022**







**At MKUH we want to deliver the best possible patient, family and carer experience throughout all our services.**

**By giving our patients a voice and listening to valuable feedback and insights this will allow us to shape our decisions about our future healthcare service improvements.**



# Introduction

This document will set out our priorities for improving patient experience .

These priorities are guided by our commitments and informed by current feedback and insights from our patients families and carers.

Improving the patient experience is one of the Trust key objectives and this underpins the Trust vision to be an outstanding acute hospital.

MKUH is committed to providing an excellent patient experience for all those who access our services. All our staff and volunteers are key to the delivery of our vision and therefore we will develop a culture where patients are at the heart of all we do and delivering a positive patient experience is everyone's business.

We will champion the voice of our patients at every level of our organisation and enable staff to understand how all of their roles can positively impact on patient experience.

Engagement with our local communities will bring rich information ion about the population we serve and the diversity they represent.



# What is patient engagement?

Patient engagement refers to ways that we work with patients, carers, families and the public to listen to their experiences, views and suggestions about the services we offer here at Milton Keynes University Hospital (MKUH).

## The benefits of engaging patients and the public

The NHS is known to benefit from the ways it listens to and understands the experiences of its patients and the public. We at MKUH support the values of the NHS Constitution. We believe that engaging with our patients will help us to understand their experiences, and support us to learn from, and improve our services. We see our patients as partners and this strategy reflects our desire to ensure we gather feedback and use it to inform decisions about our services, to make improvements and to design our future services.





# Developing this strategy

This strategy was developed following extensive engagement with stakeholders of Milton Keynes University NHS Foundation Trust (MKUH). These included patients, families, carers, staff and specialist advisors and partners including Healthwatch and Experts by Experience.

We asked the following questions:

- What makes a good experience for you as a patient and carer at MKUH?
- What could we do to better improve the patient and carer experience?
- Do you agree with the areas that have been identified for improvement?
- Have we missed anything that you consider needs improving?

This strategy outlines our response to the feedback we have heard.

The Patient Experience Strategy links to the 'MKWay' strategic direction through our Trust vision, values and objectives.



## WeCARE

We will care and value patient time, treating them with dignity, respect and compassion.

We will involve patients and families in decisions about their treatment, care and discharge plans.

We will provide patient information in the most accessible and understandable way.

We will value and develop our staff through education and training to provide the best possible patient experience.



## We COMMUNICATE

We will communicate and ask patients for feedback on their experience of care in a variety of ways and use this feedback to inform improvements.

We will respond promptly and positively to patient and family feedback and address any concerns and complaints in a timely manner.

We say #hellomynameis and clearly communicate what will be happening whilst in our care.

We will use local and national survey results to promote best practice and inform improvements.





## We COLLABORATE

We will develop our patient engagement group to ensure the patient voice is proactively incorporated in service changes and improvements across the hospital.

We will support all staff and volunteers to create a safe, caring environment to promote positive patient experience.

We will involve our community partners on projects and initiatives that improve patient experience.

We will ensure our hospital environment is clean and conducive to recovery and rest.

We will ensure our dining experience offers a varied choice of high quality food.



## We **CONTRIBUTE**

We will use our Patient Experience Board to gain assurance and ensure oversight of all patient experience workstreams and initiatives.

We will ensure our Trust values are central to all our interactions with patients and families.

We will support our staff to develop a culture of learning to improve care and experience for every patient.

We will develop and build on national best practice and benchmark ourselves against other organisations.



# Our key areas of focus for the next three years

We have gathered feedback and insights from our patients through a range of approaches from the national friends and family test and patient surveys, to our own PALS and complaints process , social media channels and engagement programmes.

This feedback has identified six areas where we can significantly improve our patient experience and we will prioritise these over the next three years:

Communications; Discharge; Cleanliness; Dining; Engagement and Learning.

## 1. Communication

**We commit to improve the way we communicate by:**

- Ensuring patients are known by their preferred name and staff know the importance of introducing themselves and asking how each patient would like to be addressed.
- Keeping patients and their families and carers informed of what to expect when they come into hospital, during their stay and on discharge.
- Improving our patient information and advice to ensure that they are well written, fit for purpose and provided in a variety of accessible formats
- Providing our staff with appropriate education and support to ensure that they can communicate in a manner that is appropriate and clearly understood.
- Encouraging our patients to express their needs and preferences to ensure each patient is placed in the center of the decision making for their care and treatment .
- Reviewing the ways we gain feedback from our patients, families and carers including the way we actively listen to our patients.
- Scrutinising the national and local surveys that provide patient experience feedback to identify from the analysis areas for improvement and developing an action plan to be overseen at the Patient Experience Board.
- Developing a new monthly Patient Experience meeting to ensure patient feedback is scrutinised in a timely manner and triangulated with wider intelligence.
- Improving how we communicate with those who have additional needs including sensory challenges and learning disabilities.

# Our key areas of focus for the next three years

## 2. Discharge

**We will improve our patients' experience of discharge from our hospital and services by:**

- Developing a discharge information card, held by every patient, that details their discharge information including the expected date and destination of discharge.
- Reviewing our discharge information for patients and for services that support our patients once they are discharged.
- Introducing Senior Sister afternoon rounds on wards to improve the engagement with families and carers during visiting times.
- Extending our next day follow up phone call after discharge project to other clinical services.
- Ensuring we learn from and improve our patients discharge experiences by actively asking for feedback.

## 3. Cleanliness

**Our ambition is to improve the cleanliness of our hospital environment by:**

- Launch of our new hand Hygiene campaign 'high five protects lives' for all staff groups and volunteers
- Using our 15 Steps Programme to provide feedback and challenge on the cleanliness of our hospital environment .
- Benchmarking ourselves against the new NHS Cleanliness standards and ensure we have robust action plans in place scrutinised at Patient Experience Board .
- Monitoring our environments through our monthly audit processes and escalating concerns through the appropriate channels and committees.
- Reviewing our compliments and complaints and identifying those referring to the hospital environment for lessons learned.



# Our key areas of focus for the next three years

## 4. Dining

**Our ambition is to improve the dining experience for our patients by:**

- Extending our dining companions campaign involving volunteers and staff volunteers across all mealtimes
- Improving the choice and quality of the meals and snacks available to our patients across the day and night.
- Highlighting the numbers and locations of patients that need additional support with dining at the daily morning safety huddle.
- Continuing to ensure intentional rounding occurs every two hours and includes nutrition and hydration needs.
- Ensuring patients, carers and families are involved in our catering forum.





# Our key areas of focus for the next three years

## 5. Engagement

**Our ambition is to extend our engagement with patients, carers, families and the public by:**

- Engaging more patients to attend our Patient Experience Board and our Patient Engagement groups.
- Actively growing the number and diversity of volunteers that support our services.
- Developing a Young Persons Council which will be open to patients and young carers who use our services or live in the community of Milton Keynes.
- Extending our engagement with local schools in the Milton Keynes area.
- Creating project specific focus groups, inviting patients, carers and families to support us when we design and improve services.
- Continual engagement and collaboration with our external partners including healthwatch , Carers MK , Experts by Experience.
- 

## 6. Learning

**We will improve the way we learn from our patients and their experiences by:**

- Supporting more patients, carers and families to share their experiences with our teams during our Trust Induction and educational programmes.
- Extending our 15 Steps programme and disseminate the learning we have experienced through the development of our Learning Disability Toolkit .
- Using our complaints and feedback to trigger thematic reviews of common areas of complaint and ensure that all staff reflect and learn from the feedback.
- Expanding our PALs team to include patient experience volunteers.
- Introducing reverse mentoring for our staff to support and strengthen how we listen to the experiences of our patients.
- Including patient stories in our Council of Governors meetings
- Including patient experience learning in our Schwartz Round programme.

# Developing our volunteer workforce

At MKUH we highly value the role of our volunteers. We see our volunteers as skilled individuals who add value to the services they support. All volunteers attend our corporate Trust induction and receive additional training and support in their placement areas.

We have embarked on an ambitious plan to significantly grow our volunteer numbers over the next three years and we plan to develop six key roles for volunteers that will support our commitment to improving patient experience:

- **Dining Companions**
- **PALs volunteers**
- **End of Life Volunteers**
- **Chaplaincy Volunteers**
- **Helpforce Volunteers** ( flexible volunteers to support all areas of the organization)
- **Patient Experience Volunteers** ( collecting feedback and undertaking initiatives to improve patient experience.



# How we account for our activity and success

We have a transparent structure of governance and assurance for the deployment of our Patient Experience Strategy.

**Our Trust Board** has responsibility for providing the strategic direction for the organisation and to ensure that our performance, our quality of care and the services we provide are appropriate and in line with statutory requirements. The Board sets the strategic direction for patient engagement and experience with each Trust Board starting with a patient story. These stories are told by a patient or carer attending the meeting in person or sharing their story in writing or digitally. The experiences may be positive or negative and the Board agrees the learning that has taken place and any actions to be taken.

**Our Clinical Quality Board** has oversight of the Patient Experience Board and associated workstreams and provides assurance to the Trust Board that the strategic priorities are being met.

**Our Patient Experience Board** oversees and scrutinises all patient experience activity, workstreams and associated action plans. The Board includes patient and public representation and provides quarterly progress reports to the Clinical Quality Board.

**Our Patient Experience and Engagement group** is a new initiative for the organisation and will meet monthly. It will ensure patient feedback is reviewed regularly and areas of improvement or challenge are escalated in a timely and appropriate manner.

**Our patient reference group** consists of patients and carers who use the services provided by MKUH and they support us co-design, develop and improve our services.





<b>Meeting title</b>	Board of Directors	<b>Date:</b> 7 November 2019	
<b>Report title:</b>	Nursing Staffing Report	<b>Agenda item:</b> 3.3	
<b>Lead director</b>	<b>Name:</b> Nicky Burns-Muir	<b>Title:</b> Director of Patient Care/Chief Nurse	
<b>Report author Sponsor(s)</b>	<b>Name:</b> Matthew Sandham	<b>Title:</b> Associate Chief Nurse	
<b>Fol status:</b>			
<b>Report summary</b>			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/> <b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	That the Board receive the Nursing Staffing Report.		

<b>Strategic objectives links</b>	Objective 1 - Improve patient safety. Objective 2 - Improve patient care.
<b>Board Assurance Framework links</b>	Inadequate staffing are contributory issues for BAF risks 1.1 and 1.4.
<b>CQC outcome/regulation links</b>	Outcome 13 staffing.
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	Unfilled posts have to be covered by Bank or agency staff, with agency staff having a resource implication.
<b>Legal implications including equality and diversity assessment</b>	None as a result of this report.

<b>Report history</b>	To every Public Board
<b>Next steps</b>	
<b>Appendices</b>	Appendices 1 and 2

## Board of Directors Report on Nursing and Midwifery staffing levels Amalgamated report for August 2019 and September 2019

### 1. Purpose

To provide Board with:-

- An overview of Nursing and Midwifery staffing levels.
- An overview of the Nursing and Midwifery vacancies and recruitment activity.
- Update the Board on controls on nursing spend.

Are we safe ?

### 2. Planned versus actual staffing and CHPPD (Care Hours per Patient Day)

We continue to report monthly staffing data to 'UNIFY' and to update the Trust Board on the monthly staffing position.

CHPPD is calculated by taking the actual hours worked divided by the number of patients on the Ward at midnight.

CHPPD =  $\frac{\text{hours of care delivered by Nurses and HCSW}}{\text{Numbers of patients on the Ward at midnight}}$

CHPPD	Total Patient Numbers	Registered Midwives/Nurses	Care Staff	Overall
August	14943	4.1	3.1	7.2
September	14474	4.2	3.1	7.3

### Hospital Monthly Average Fill Rates for June 2019 and July 2019

Month	RN/RM Day % Fill Rate	HCA/MCA Day % Fill Rate	RN/RM Night % Fill Rate	HCA/MCA Night % Fill Rate
August	78.5%	106.2%	96.2%	141.0%
September	78.3%	107.6%	97.3%	136.3%

Ward breakdown of fill rates for August and September 2019 is included in Appendix 1.

The CHPPD hours in August and September remain similar in both fill rates and CHPPD.

### Areas with notable fill rates

Department of Critical Care continues to have a high CHPPD due to low number of patients admitted in August and September.

## CHPPD for Care Staff

CHPPD hours are broken down in Appendix 1. The breakdown includes registered and care staff (Health Care Assistants) nursing fill rates. It also includes the breakdown of CHPPD hours for both registered and care staff. The break down is the average for the month. It demonstrates the number of hours on average per day that is delivered by a registered nurse and care staff. Combining the registered and care staff CHPPD together gives you the total number of hours a patient gets on an average per day.

Example: Ward 1 August 2019 is as follows:

Ward Name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
AMU	81.5%	117.9%	97.3%	140.1%	662	5.6	3.1	8.7

Registered  
CHPPD

Care Staff  
CHPPD

Total  
CHPPD

## 3. Recruitment

All divisions have adverts out on the NHS job website and are in the process off agreeing a programme of open days for 2019/20 which the Workforce Matron will collate on an annual recruitment calendar.

### • Medicine

Medicine continue to carry the largest number of Band 5 vacancies. They currently have dedicated band 7 who is focusing on the recruitment programme and new initiatives to attract staff to the organisation.

The Division has two open days planned for the Emergency Department (ED) on the 2<sup>nd</sup> November and for the wider medicine division on 23<sup>rd</sup> November. The ED open day will give the team opportunity to promote the department and they intend to hold interviews and recruit on the day. The medicine open day will facilitate opportunities for candidates to participate in practical work stations representing the variety of clinical skills that can be acquired within areas in the division.

### • Surgery

The Theatre Matron has run a successful recruitment campaign for operating department practitioners, band 5's and Band 6's nurses for significantly reducing their vacancy factor to 8%.

The Head of Nursing for Surgery is leading on the development of recruitment campaigns for Ward 20 and Department of Critical Care (DoCC) utilising social media and clinical skill stations.

DoCC currently have a significant vacancy factor of 27%.

- **Women's and Children Division**

Maternity have a vacancy 3.5% with minimal vacancies and are currently reviewing their future recruitment plans with the Matron for workforce. Paediatrics do require further support and are planning a future open day.

#### **Qualified Staff Vacancies**

<b>Division</b>	<b>WTE vacancies now</b>	<b>% vacancy now</b>	<b>Post recruited to</b>	<b>Residual WTE vacancy</b>	<b>Residual % vacancy</b>
Women's & Children	21.05wte	12.5%	9wte	12.05wte	9%
Medicine	102wte	26%	19wte	83wte	20%
Surgery	33.8wte	17%	8wte	25.8wte	14%

Total vacancy rate for all qualified staff including new staff in post approx. **17.6%**

#### **Health Care Assistant (HCA's) Vacancies**

<b>Division</b>	<b>WTE vacancies now</b>	<b>% vacancy now</b>	<b>Post recruited to</b>	<b>Residual WTE vacancy</b>	<b>Residual % vacancy</b>
Women's & Children	4.81wte	3%	0wte	4.81wte	3%
Medicine	46wte	28%	8wte	38wte	23%
Surgery	21.75wte	20%	8.8wte	12.95wte	12%

Total Trust vacancy rate for HCA's including new staff in post approx. **10%**

Please note that these figures are dynamic and so are changing on a daily basis – and recruited to posts will still be subject to leavers. The vacancies need to be validated against vacancies recorded on Electronic Staff Record (ESR) to ensure factual accuracy.

Within these figures the areas with the highest vacancy factor are – Wards 14,15,20 and DoCC. These areas will be monitored and supported by the divisional Heads of Nursing.



# Are we efficient?

## 4. Controlling Premium Cost

Agency nursing expenditure continues to stabilise with a noticeable drop in September due the reduction of Agency Health Care Assistants being booked. We continue to booking agency staff to open escalation beds on Day Surgery Unit, Wards 3a, 7 and 19.



## 5. Retention

Retention of staff is a key issue for the NHS and is a crucial factor in securing a skilled and sustainable workforce for the future. In addressing the challenges of workforce supply MKUH is not only focusing on recruitment but also ensure new and existing staff are being supported and encouraged to remain at MKUH.

In Month 6 as reported in the Workforce Board report Nursing and Midwifery registered turnover rate is 6.6 % with the National average being 11%. This is a further improvement on previous months and has been due the work carried out as part of the NHSi Retention action plan.

HCA's vacancies have increased over the past few months. A deep dive into the reasons for leaving was carried out and the following themes have been recorded:

- Job was not what they expected
- Workload too heavy
- Too many unsocial hours
- To start training as either a Nursing Associate, Nurse or Midwife

The Deputy Chief Nurse and practice educational lead for HCA's are developing a programme for this staff group to ensure they are appropriately prepared and supported into this role. They are currently reviewing the recruitment process for HCA's to ensure we are recruiting staff with the Trust values and candidates understand the expectations of the role. Once recruited the HCA's will undergo comprehensive competence training programme which will ensure they have the right skills to deliver the care.

## 6. Sickness

Sickness of staff is one of the key issues for the Trust which contributes to the requirement for temporary staff. The Divisions work very closely with their Human Resources Business Partners (HRBP) in ensuring sickness management policies are adhered to. Monthly Workforce Board report recorded registered Nursing and Midwifery sickness to be 3.81 % against the Trust target of 4%

Are we effective?

## 7. Advanced Clinical Practitioners (ACP)

Definition of Advanced Clinical Practice

"A registered practitioner with an expert knowledge base, complex decision-making skills and clinical competencies for expanded autonomous scope of practice, the characteristics of which are shaped by the context in which the individual practices. Demonstrable at master's Level and meets the education, training and CPD requirements for Advanced Clinical Practice as identified within the framework"

The new nationally approved Advanced Clinical Practice Framework represents a significant step forward in defining and developing Advanced Clinical Practice and will support our ambition to progress this workforce within our hospital.

This framework is underpinned by a master's level award or equivalent that encompasses the following four pillars of practice.

- Clinical practice
- Leadership and Management,
- Research
- Education

The Advanced Clinical Practice Framework is a multi-disciplinary framework that applies to all non-medical healthcare professional including nurses, midwives and allied health professionals. The definition for Advanced Clinical Practice has been agreed to enable clinicians, managers and education providers to deliver the functions, knowledge and skills to support the competence of our staff working in advanced roles.

The Trust is currently benching marking all specialist registered staff against the framework to agree a forward educational development plan that will inform an advanced practice strategy.

## Update

The Trust was successful in a bid from Health Education England for 8 staff to undertake the Advanced Clinical Practitioners Level 7 course at University of Northampton. Interviews were carried out in September for the 8 places. We have offered 4 places starting in October 2019 and a further 4 places starting in January 2020. These ACP's will form part of the Emergency and Assessment clinical pathway future plans and consist of nurses and therapists.

We celebrate

## 8. Announcements

- Junior Sister/ Charge Nurse Band 6 Development programme cohort 1 has now completed and has been very well evaluated. We plan to run two further cohorts in 2019/20 which will provide a further 40 staff the opportunity to attend the course.
- After a review of the preceptorship programme at Nursing Midwifery and Therapy Board it was agreed that the preceptorship programme should be extended to two years.
- In line with the Chief Nursing Office focus on workforce priorities and specifically developing the pipeline of nursing and midwifery staff we agreed to uplift our provisions of student placements by 25%. To date the increase has only been achieved in Maternity and Paediatric placements as Adult Nurse training numbers have decreased nationally and locally.

### Fill rates for Nursing, Midwifery and Care Staff August 2019

Ward Name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
AMU	81.5%	117.9%	97.3%	140.1%	662	5.6	3.1	8.7
MAU 2	79.6%	108.4%	103.9%	150.6%	749	4.0	3.3	7.3
Phoenix Unit	81.8%	102.2%	96.8%	150.0%	736	3.0	3.6	6.7
Ward 15	84.7%	112.5%	97.1%	145.0%	851	3.6	3.0	6.5
Ward 16	82.4%	101.2%	96.0%	133.7%	876	3.4	2.6	6.0
Ward 17	71.1%	109.5%	95.2%	132.3%	701	3.9	2.7	6.7
Ward 18	89.0%	109.9%	97.9%	177.2%	816	3.4	4.7	8.2
Ward 19	69.4%	101.8%	100.8%	144.3%	871	2.7	3.8	6.6
Ward 20	83.3%	103.6%	100.1%	109.7%	782	3.9	2.7	6.6
Ward 21	78.8%	114.3%	100.0%	162.9%	700	3.7	3.1	6.8
Ward 22	79.5%	138.6%	102.2%	161.3%	637	4.0	3.7	7.7
Ward 23	84.7%	111.1%	97.6%	133.1%	1086	3.9	4.5	8.3
Ward 24	87.2%	96.4%	94.6%	-	524	4.4	1.0	5.4
Ward 3	82.6%	92.2%	100.0%	130.6%	848	3.2	3.6	6.8
Ward 5	74.8%	180.2%	122.5%	207.3%	500	7.6	3.2	10.7
Ward 7	80.4%	104.0%	102.9%	145.2%	695	4.0	4.9	8.9
Ward 8	67.7%	102.6%	97.8%	124.1%	752	3.2	3.0	6.2
DOCC	68.6%	90.7%	79.7%	-	151	28.2	2.1	30.3
Labour Ward								
Ward 9	77.7%	83.5%	88.0%	105.3%	1317	2.0	1.7	3.7
Ward 10	75.1%	-	78.7%	-	297	4.0	0.0	4.0
NNU	74.5%	73.5%	86.7%	115.0%	392	10.0	1.9	11.9

### Fill rates for Nursing, Midwifery and Care Staff September 2019

Ward Name	Day		Night		Care Hours Per Patient Day (CHPPD)			
	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Average fill rate - registered nurses/midwives (%)	Average fill rate - care staff (%)	Cumulative count over the month of patients at 23:59 each day	Registered midwives/ nurses	Care Staff	Overall
AMU	75.8%	126.5%	100.0%	154.4%	650	5.6	3.3	8.9
MAU 2	74.2%	120.1%	102.5%	154.8%	767	3.6	3.4	7.0
Phoenix Unit	80.3%	105.1%	98.9%	143.3%	712	3.1	3.6	6.7
Ward 15	78.4%	97.6%	98.5%	125.0%	826	3.5	2.6	6.0
Ward 16	82.1%	101.1%	98.3%	127.5%	852	3.5	2.6	6.0
Ward 17	73.6%	103.0%	98.3%	126.7%	713	4.3	2.5	6.8
Ward 18	83.9%	114.2%	99.0%	168.8%	803	3.2	4.6	7.8
Ward 19	70.9%	105.3%	100.0%	140.0%	851	2.7	3.9	6.6
Ward 20	79.1%	132.7%	100.4%	139.7%	792	3.6	3.3	6.9
Ward 21	77.3%	107.2%	102.0%	121.6%	684	3.7	2.6	6.3
Ward 22	72.0%	126.3%	101.1%	117.7%	601	3.8	3.2	7.0
Ward 23	84.7%	118.3%	104.2%	124.6%	1092	3.7	4.3	8.0
Ward 24	85.4%	82.4%	93.3%	-	502	4.3	0.9	5.3
Ward 3	80.6%	108.0%	100.3%	137.8%	837	3.1	3.9	7.0
Ward 5	83.4%	183.2%	121.0%	183.6%	569	7.2	2.6	9.7
Ward 7	82.4%	92.2%	98.9%	142.1%	686	4.1	4.5	8.5
Ward 8	68.3%	101.2%	100.0%	161.7%	744	3.1	3.3	6.4
DOCC	71.4%	80.4%	80.6%	-	153	27.6	1.7	29.3
Labour Ward								
Ward 9	77.1%	87.2%	91.7%	89.4%	1046	2.5	1.9	4.4
Ward 10	80.1%	-	73.3%	-	187	6.3	0.0	6.3
NNU	83.4%	47.8%	90.4%	97.7%	407	10.4	1.3	11.7



<b>Meeting title</b>	Trust Board (Public Session)	<b>Date:</b> 07 November 2019
<b>Report title:</b>	7 Day Services Update	<b>Agenda item: 3.4</b>
<b>Lead director</b>	<b>Name:</b> Dr Ian Reckless	<b>Title:</b> Medical Director
<b>Report author</b>	<b>Name:</b> Elisa Scaletta	<b>Title:</b> Deputy Business Manager
<b>Sponsor(s)</b>		
<b>Fol status:</b>	Publicly disclosable	

<b>Report summary</b>				
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>To note</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board is asked to note the data contained with the appendix to this report and authorise submission to regulators of the same by the deadline of 29 November 2019.			

<b>Strategic objectives links</b>	Improve patient safety
<b>Board Assurance Framework links</b>	<ul style="list-style-type: none"> <li>Improve patient safety</li> <li>Deliver key targets</li> <li>Improve clinical effectiveness</li> </ul>
<b>CQC regulations</b>	NHS England delivering 7 day hospital services (10 standards)
<b>Identified risks and risk management actions</b>	Non-compliance with standards monitored by regulators
<b>Resource implications</b>	As described within the body of the paper.
<b>Legal implications including equality and diversity assessment</b>	

<b>Report history</b>	Third report to Board. Previously discussed at Clinical Quality Board, Management Board and Quality and Clinical risk Committee.
<b>Next steps</b>	This report informs Trust Board on progress made following previous submissions.
<b>Appendices</b>	Appendix 1 - Assurance template in respect of local audit data, 09 – 22 September 2019

## 1. Purpose of the Report

Board are asked to note performance and the work in progress and Board are asked to approve the self-assessment (appendix 1)

## 2. Context

7 Day Services aim to ensure emergency inpatients have equivalent access to consultant input and key tests / interventions, irrespective of the day of the week.

There are 10 standards, 4 of which are termed 'priority.' NHS providers are expected to meet all 4 priority standards by April 2020. Various investments planned internally to assist in meeting standards.

The 10 standards for seven-day services are:

Standard	Definition
1	Patients involved in shared decision making
2*	<b>Time to first consultant review</b>
3	All emergency inpatients must be assessed for complex or ongoing needs within 14 hours by a multi-professional team
4	Handovers led by competent senior decision maker
5*	<b>Access to diagnostic tests</b>
6*	<b>Access to consultant-directed interventions</b>
7	Liaison mental health services to respond to referrals and provide urgent and emergency mental health care in acute hospitals with 24/7 Emergency Departments 24 hours a day, 7 days a week
8*	<b>Ongoing review by consultant twice daily for high dependency patients, daily for others</b>
9	Support services must be available seven days a week
10	Those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement

*\*Priority Standard*

National progress towards delivery of seven day hospital services was previously measured by bi-annual self-assessment surveys. In February 2019, as part of a trial run, progress was measured using a board assurance process, which involved completing a self-assessment template and publishing this as part of public Trust board papers. A subsequent submission was made in June 2019.



The next template requires submission to regulators on 29<sup>th</sup> November (after the next public Trust Board meeting in early November), and hence the issue is being considered today.

### **3. February 2019 Audit Results / Submission**

The trial board assurance self-assessment was submitted to NHS England on 27 February 2019, with subsequent discussion at public Board on 01 March 2019. The data was from 120 randomly selected patients with emergency admissions followed by discharge / death in the weeks commencing 04 and 11 February (60 per week).

**Priority standard 2** - The Trust achieved 73%

**Priority standard 5** – The Trust achieved the 90% target with ongoing work to support inpatient echo capacity 7 days a week.

**Priority standard 6** – The Trust did not meet the 90% target due to interventional radiology only being available on or offsite via an informal agreement. However, formalisation of interventional radiology is currently being reviewed and negotiated with Oxford as our tertiary centre.

**Priority standard 8** – The Trust did not achieve the 90% target; however, work is still ongoing and plans are in place to build pre-populated (auto text) templates into eCare to provide clearer documentation as to whether patient review is delegated to another member of staff.

### **4. June 2019 Audit Results / Submission**

The summer board assurance self-assessment was submitted to NHS England on 25 June 2019, with subsequent discussion at Public Board on 03 May 2019. The data was from randomly selected patients with emergency admissions followed by discharge / death in the weeks commencing 18 March – 14 April 2019 (60 per week).

**Priority standard 2** - The Trust achieved 83%

**Priority standard 5** – The Trust achieved the 90% target with ongoing work to support inpatient echo capacity 7 days a week.

**Priority standard 6** – The Trust did not meet the 90% target due to interventional radiology only being available on or offsite via an informal agreement. However, formalisation of interventional radiology is currently being reviewed and negotiated with Oxford as our tertiary centre.

**Priority standard 8** – The Trust did not achieve the 90% target; however, work is still ongoing and plans are in place to build pre-populated (auto text) templates into eCare to provide clearer documentation as to whether patient review is delegated to another member of staff.

## 5. November 2019 Audit Results / Submission

<b><u>Trust</u></b>	<b>S2 – 14 Hours</b>	<b>S8 – Daily Review</b>
Weekday	84%	70%
Weekend	86%	57%
Overall	84%	67%

<b><u>Medicine</u></b>	<b>S2 – 14 Hours</b>	<b>S8 – Daily Review</b>
Weekday	<b><u>93%</u></b>	67%
Weekend	<b><u>95%</u></b>	52%
Overall	<b><u>94%</u></b>	64%

<b><u>Surgery</u></b>	<b>S2 – 14 Hours</b>	<b>S8 – Daily Review</b>
Weekday	50%	85%
Weekend	83%	63%
Overall	61%	81%

<b><u>W&amp;C</u></b>	<b>S2 – 14 Hours</b>	<b>S8 – Daily Review</b>
Weekday	75%	68%
Weekend	33%	78%
Overall	68%	70%

Although, overall, we have not achieved the 90%, the Trust has improved by 1% (overall) compared to the March / April data and improved by 8% for weekend review. Medicine achieved over 90% compliance against standard 2 for weekday, weekend and overall.

## **6. Recommendation**

Board are asked to note performance and the work in progress and Board are asked to approve the self-assessment (appendix 1)

Elisa Scaletta

**Deputy Business Manager, MDO**

Ian Reckless

**Medical Director**





## 7 Day Hospital Services Self-Assessment

Organisation	Milton Keynes University Hospital NHS FT
Year	2018/19
Period	Autumn/Winter

### Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<b>Clinical Standard 2:</b> All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	120 randomly selected patients with emergency admission followed by discharge / death from 09.09.19 - 22.09.2019  Documentation is becoming clearer specifically around the first Consultant review, however this is still work in progress.  Weekday: 84% Weekend: 86% Overall: 84%  The standard is generally being met in medicine and attention is being focused on other sub-specialties in order to improve Trust level performance.	No, the standard is not met for over 90% of patients admitted in an emergency	No, the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<b>Clinical Standard 5:</b> Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: <ul style="list-style-type: none"> <li>• Within 1 hour for critical patients</li> <li>• Within 12 hour for urgent patients</li> <li>• Within 24 hour for non-urgent patients</li> </ul>	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available on site	Standard Met
		Computerised Tomography (CT)	Yes available on site	
		Ultrasound	Yes available on site	
	100% compliance except for weekend echo. Some elective lists at weekends and Consultant Cardiologist onsite 7 days a week. A business case has been approved to embed inpatient echo capacity 7 days a week, however staff are not yet available. MRI is available within 12 hours.	Echocardiography	Yes available on site	
		Magnetic Resonance Imaging (MRI)	Yes available on site	
		Upper GI endoscopy	Yes available on site	
			No the test is not available	



Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
<b>Clinical Standard 6:</b> Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Not Met
		Interventional Radiology	No the intervention is only available on or off site via informal arrangement	No the intervention is only available on or off site via informal arrangement	
		Interventional Endoscopy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Emergency Surgery	Yes available on site	Yes available on site	
	Formalisation of interventional radiology is currently being reviewed and negotiated with OUH as our tertiary centre. No solution feasible via STP / ICS.	Emergency Renal Replacement Therapy	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available on site	Yes available on site	
		Percutaneous Coronary Intervention	Yes mix of on site and off site by formal arrangement	Yes mix of on site and off site by formal arrangement	
		Cardiac Pacing	Yes mix of on site and off site by formal arrangement	Yes available off site via formal arrangement	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
<b>Clinical Standard 8:</b> All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	<p>There has been some improvement since the previous reporting period. We are building pre-populated (auto text) templates into eCare to provide clearer documentation as to whether patient review is delegated to another member of staff. Of note the impact of eCARE (which will make a positive contribution in the medium term) is in a phase of maturation.</p> <p>By way of illustration , it can be more difficult to ascertain whether or not a consultant was physically present at a ward round in the eCARE system than it was in paper notes. Measures are being put in place to improve this.</p> <p>Once Daily: Weekday 70% (13% increase compared to March / April data,(57%))  Once Daily: Weekend 57% (18% increase compared to March / April data (39%))  Overall: 67% (15% increase compared to March / April data (52%))</p> <p>Once the pre-populated (auto text) are implemented and used, it will be very clear to see which patients have been delegated to another member of the MDT. All patients are being reviewed by a Consultant / Registrar / SHO / Nurse, however the key field that is missing is the information around the delegation of the patient review. Standard 8 is an area of focus in Divisional performance management meetings.</p>	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Once Daily: No the standard is not met for over 90% of patients admitted in an emergency	Standard Not Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

## 7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10	
S1 - Carers and families receive information about appointments and procedures, gaining consent as appropriate 7 days a week. We work to ensure patients' needs are listened to and recorded. We follow the ethos of John's Campaign which facilitates families and carers to stay with patients, supporting their care plans and decision making. We have a Trust wide 'Your Stay in Hospital' leaflet which gives a range of information to support a patient's stay. We follow the #hellomynameis campaign and elicit feedback from patients, families and carers. There is also a Length of Stay Programme which looks at 11 key areas for improvement.	
S3 - Daily board rounds on all clinical wards, led by the most senior clinician, which follows the 'Red2Green' approach. Monday to Friday, a Consultant is typically present. MKUH has a Rotational Operational Liaison Officer role to highlight / manage complex discharges, working alongside the MDT.	
S4 - There is a weekend handover meeting for medical specialties on a Friday afternoon, highlighting patients who require specific review and input over the weekend. Additional handover meetings occur if there are bank holidays that fall away from the weekend. There are also daily meetings at 21:30, 7 days a week. This is always attended by the medical teams (incoming and outgoing), the night ITU registrar, rapid response and the night nurse practitioners. At the night handover meeting all patients who are unwell are discussed, plus any outstanding patients from the day take, any outstanding tasks for inpatients and any operational issues such as staffing gaps. This meeting is typically attended by the on-call medical consultant.	
S7 - This is in place and provided by Central and North West London NHS Foundation Trust.	
S9 - There is a duty social worker, 7 days a week for emergencies. There are also the Home First Reablement Team, Home First Nursing Team and Home First Therapies Team. They work on admission avoidance 7 days a week. The Home First Reablement Team also takes discharges from A&E. There are also District Nurses 7 days a week, 24/7.	
S10 - The Trust has a clinical audit programme (as detailed in the annual Quality Account) and is currently reviewing the interplay between audit, transformation and quality improvement. The trust is committed to an environment of continuous quality improvement using established and proven methodologies.	

## 7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services	Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
<b>Clinical Standard 2</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	Intra-arterial clot retrieval is currently available at OUH 08:00 to 16:00 Monday to Friday. It is not yet a 24/7 service. It is hoped that this will occur during 2019/20 and MKUH is well placed to offer all patients access to this key service via the integrated MKUH / OUH acute stroke service.
<b>Clinical Standard 5</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	
<b>Clinical Standard 6</b>	No, the standard is not met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	
<b>Clinical Standard 8</b>	Yes, the standard is met for over 90% of patients admitted in an emergency	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	

### Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

<b>Meeting title</b>	<b>Public Board</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Mortality update report</b>	<b>Agenda item: 3.5</b>
<b>Lead director</b> <b>Report author</b> <b>Sponsor(s)</b>	<b>Dr Ian Reckless</b> <b>Dr Bina Parmar</b>	<b>Medical Director</b> <b>Associate Medical Director</b>
<b>Fol status:</b>	<b>Publically disclosable</b>	

<b>Report summary</b>				
<b>Purpose</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	Implementation and monitoring of the action plan			

<b>Strategic objectives links</b>	Improve patient safety
<b>Board Assurance Framework links</b>	Risk register ID reference 616
<b>CQC outcome/regulation links</b>	Trust objective – patient safety <b>This report relates to CQC:</b> <b>Regulation 12 – Safe care &amp; treatment</b> <b>Regulation 17 – Good governance</b>
<b>Identified risks and risk management actions</b>	Mortality data outside the expected range would be of public & regulatory body concern
<b>Resource implications</b>	None
<b>Legal implications including equality and diversity assessment</b>	This paper has been assessed to ensure it meets the general equality duty as laid down by the Equality Act 2010

<b>Report history</b>	Regular update
<b>Next steps</b>	Implementation and monitoring of the action plan
<b>Appendices</b>	N/A

## **Executive Summary**

This paper summarises the Trust's current position in relation to mortality based on the latest Dr Foster data available and as discussed through the Trust's mortality and morbidity (M&M) meeting framework.

The Trust's current HSMR and SHMI are both statistically 'as expected'. This figure has moved from below the national average, and over the last 12 months HSMR has gradually climbed. Co-morbidity recording has an impact on HSMR and since the introduction of eCARE our Co-morbidity recording has reduced. HSMR appears to have reached a new steady state with 12 months of eCare derived data in the statistic. We are currently looking at a number of potential routes to improving comorbidity coding levels in eCARE. A possible solution is making this entry a mandatory field on e-CARE.

Medical Examiners Update: We have successfully appointed 2 GPs to join our current Medical Examiner team. These appointments were made to allow 45 minutes review per case. Basing GP Medical Examiners in the Trust will provide independent scrutiny and a role model service for community cases which will be incorporated during 2020/21.

Our current team of 8 Medical Examiners have now completed their training requirements to fulfil the role. The next phase will be to look at a robust system of interfacing concerns raised by the Medical Examiner to be on a pathway where an SJR is completed with timely note review enabling investigation and learning to be disseminated. Mortality review of cases will also assess other areas such as triangulation with incidents, complaints and best practise criteria. Compliance with best practise criteria has shown better clinical outcomes.

Medical Examiners have an inhouse database which was created as an interim solution. The Mortality group have reviewed a number of platforms from Cloud IQ to CORS. We would support the recent business case for Cloud IQ as this is the only current database that will allow better triangulation of incidents, complaints, SJR and Medical examiner reviews. This will now be reviewed via Trust investment committees.

From the 1<sup>st</sup> of October Medical Examiners will use the National list for Coroner Referrals (Chief Coroner's Guidance 31). This should ensure no local variations. Since Medical Examiners were implemented in the Trust we have seen an increase number of Coroner Referrals. With collaborative working with the Coroner's Office and the new national list this number should follow a downward trend as in other hospitals that have implemented Medical Examiners.

## Definitions

**Out of hours** – Nights/weekends and bank holidays

**Case mix** – Type or mix of patients treated by a hospital

**Morbidity** – Refers to the disease state of an individual or incidence of ill health

**Crude mortality** – A hospital's crude mortality rate looks at the number of deaths that occur in a hospital in any given year and then compares that against the amount of people admitted for care in that hospital for the same time period. The crude mortality rate can then be set as the number of deaths for every 100 patients admitted

**SMR** - Standardised Mortality Rate (HSMR). A ratio of all observed deaths to expected deaths.

**HSMR** – Hospital Standardised Mortality Rate (HSMR). This measure only includes deaths within hospital for a restricted group of 56 diagnostic groups with high numbers of national admissions; it takes no account of the death of patients discharged to hospice care or to die at home. The HSMR algorithm involves adjustments being made to crude mortality rates in order to recognise different levels of comorbidity and ill-health for patients cared by similar hospitals.

**SHMI** – Summary Hospital-level Mortality Indicator (SHMI). SHMI indicates the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. It includes deaths which occur in hospital and deaths which occur outside of hospital within 30 days (inclusive) of discharge.

**Relative Risk** – Measures the actual number of deaths against the expected number deaths. Both the SHMI and the HSMR use the ratio of actual deaths to an expected number of deaths as their statistic. HSMR multiplies the Relative Risk by 100.

- A HSMR above 100 = There are more deaths than expected
- A HSMR below 100 = There are less deaths than expected

## Dr Foster

Third-party tools used to report the relative position of Milton Keynes University Hospital NHS Foundation Trust (MKUH) on national published mortality statistics. The trust recently renewed its relationship with Dr Foster Intelligence - therefore some of the graphs may look different.

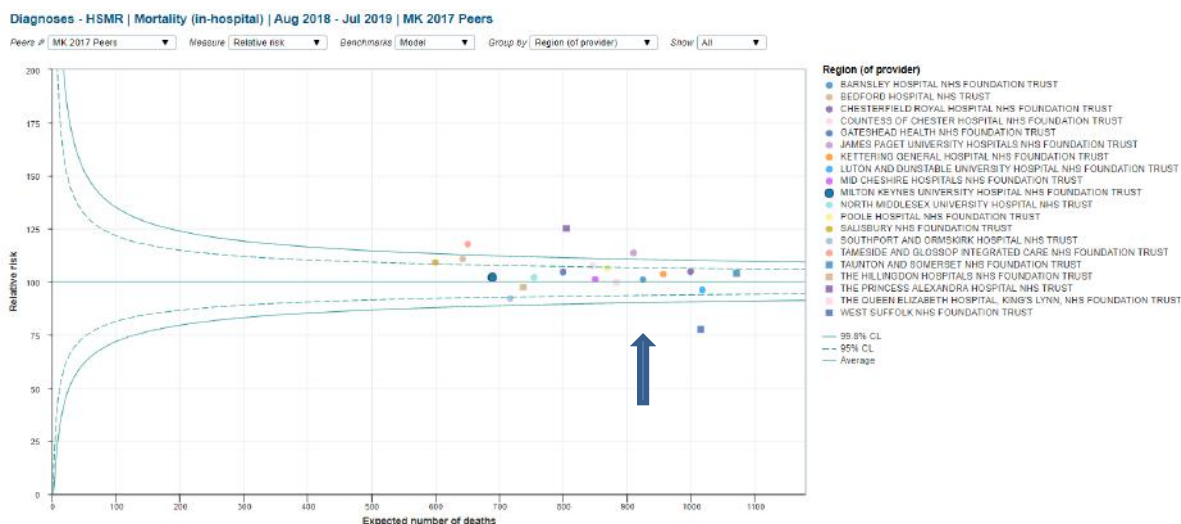
## HSMR Data from October Report

Data period: July 2018 to July 2019

Key Highlights:

- HSMR relative risk for 12 month period = 102.1 'as expected' range
- The Trust has been in the 'as expected' banding in the last report.
- The "as expected" banding is noted and a watching brief will be kept. It is unlikely that this change is significant in terms of care quality: it is noted that the palliative care coding rate has fallen a little, and also that the input data now includes months of coded data derived largely from electronic patient records which has had a negative impact upon coding depth and other aspects.
- Crude mortality rate within HSMR basket = **3.0%** (MKUH local acute peer group rate = 3.54%)
- 0 outliers were identified within the HSMR basket for this period.
- There are 2 observed deaths with a flag of intellectual Disability

## HSMR Funnel Plot – Trust vs. MKUH peer group (Jul18 to Jul19)



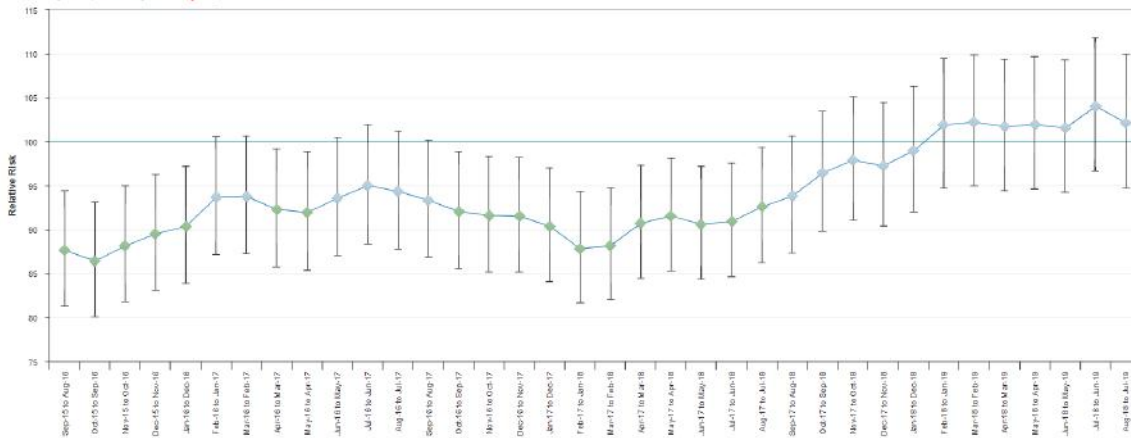


## Trust level HSMR monthly performance trend (rolling 12 months ) – last 36 months

Diagnoses - HSMR | Mortality (in-hospital) | Aug 2016 - Jul 2019 | Trend (rolling 12 months)

Period: Rolling 12 months

As expected Low High 95% Confidence Interval

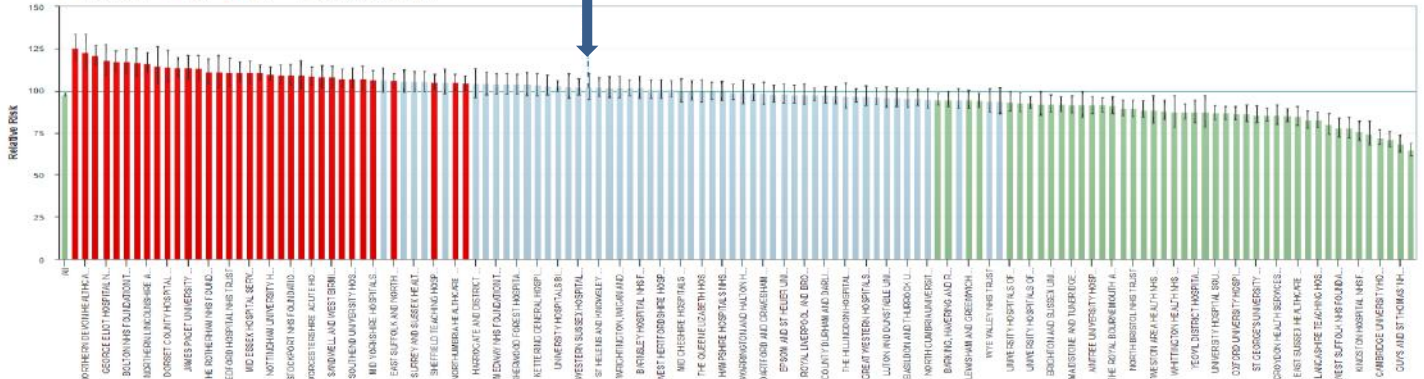


## HSMR position vs. national acute peers: Jul18 – Jul19

Diagnoses - HSMR | Mortality (in-hospital) | Aug 2018 - Jul 2019 | ALL (acute, non-specialist)

Peers: ALL (acute, non-specialist) Measure: Relative risk Benchmarks: Model Order chart by: Relative Risk Show: All

As expected Low High 95% Confidence Interval



## Divisional HSMR performance for rolling year (Jul 18 – Jul 19)

Divisional HSMR relative risk (RR) scores have been developed by attributing deaths in the Dr Foster basket of 56 diagnostic groups to the most appropriate division. A significant caveat must be provided when the data are dis-aggregated in this way. This is intended for information / screening purposes only, rather than purporting to provide any significant assurance in any direction.

**Medical Division RR = 103.3 ‘as expected’.** There were 0 neagtive outliers (by diagnosis group) (i.e. significantly higher than expected deaths).

**Surgical Division RR = 89.3 ‘as expected’.** There were 0 negative outliers.

**Women’s and Children’s Division RR = 82.3 ‘as expected’.** There were 0 negative outliers.

## SHMI

**Data period: Jul 2018 – Jun 2019** (most up to date data available)

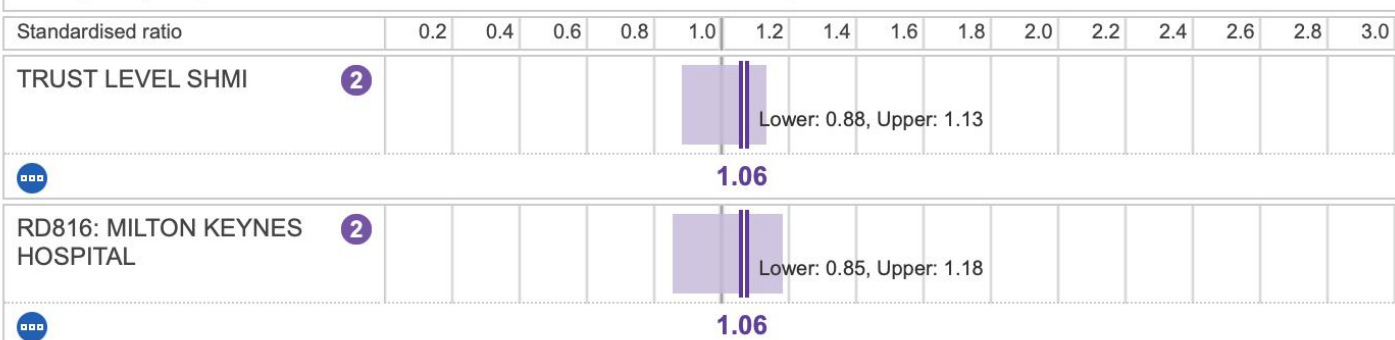
The Summary Hospital-level Mortality Indicator (SHMI), which includes out of hospital deaths occurring within 30 days of discharge, is measured by the Health and Social Care Information Centre (HSCIC). The SHMI relative risk is the ratio between the actual number of patients who die following treatment at the Trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated. A SHMI score below 1.00 is better than average.

SHMI = 1.06

### Summary Hospital-level Mortality Indicator (SHMI) • July 2018 - June 2019

**I00699:** Summary Hospital-level Mortality Indicator (SHMI)

*Rolling one year period, five months in arrears: SHMI with 95% over-dispersion control limits*



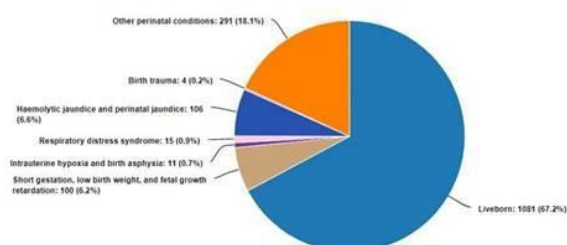
## HSMR Alert Other Perinatal Deaths September 19 Report

**HSMR** – There has been a significant rise in the Divisional HSMR and the production of an HSMR mortality alert by Dr Foster. This related to ‘other perinatal conditions’ which has previously been investigated with no concerns regarding medical care and management. Further investigation has shown that over the last 12 months (over which the HSMR is calculated) the number of ‘expected’ deaths has been steadily falling despite the number of births in the Trust remaining stable. Further data has shown that a change in coding practice or coding error is the source of this problem with their being a change in the coding of ‘other perinatal conditions’ – orange section of pie charts. Top graph Jan18 - Dec18 with Milton Keynes on left pie chart and all other hospitals on right pie chart – coding pattern very similar. Bottom graph Jun 18 – May 19 – all ‘live born babies’ (light blue) coded under ‘other perinatal conditions’. On the most recent data available this alert was no longer present.

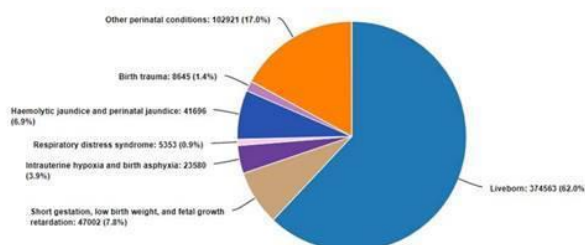
Perinatal Period | Mortality (in-hospital) | Jan-18 to Dec-18 | ALL (acute, non-specialist) by Diagnosis group

Diagnosis chapter: Perinatal Period

Peers: ALL (acute, non-specialist) Analyse by: Diagnosis group Measure: Supersells



Milton Keynes University Hospital NHS Foundation Trust

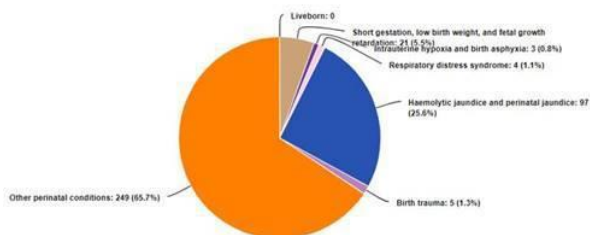


ALL (acute, non-specialist) (excluding Milton Keynes University Hospital NHS Foundation Trust)

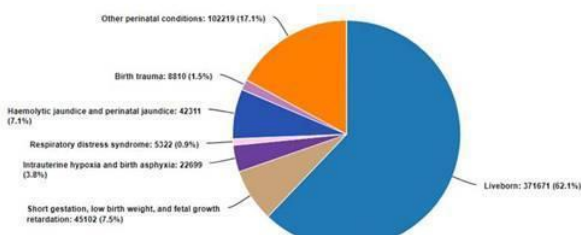
Perinatal Period | Mortality (in-hospital) | Jun 2018 - May 2019 | ALL (acute, non-specialist) by Diagnosis group

Diagnosis chapter: Perinatal Period

Peers: ALL (acute, non-specialist) Analyse by: Diagnosis group Measure: Supersells

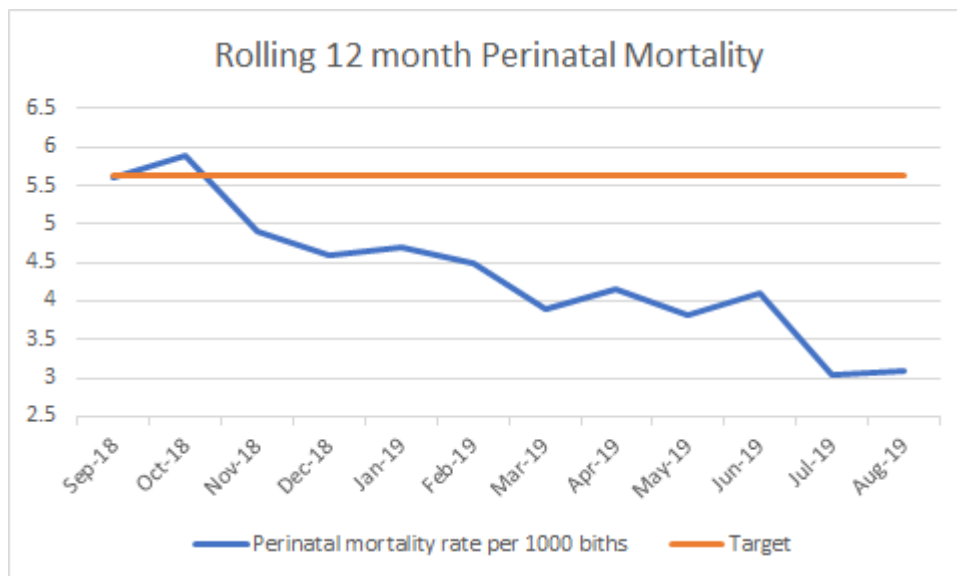


Milton Keynes University Hospital NHS Foundation Trust



ALL (acute, non-specialist) (excluding Milton Keynes University Hospital NHS Foundation Trust)

Data from other sources – including MMBRACE – paint a much more positive picture with perinatal mortality having fallen and sitting below the national average. The graph below is derived from MMBRACE. This gives a more accurate and granular picture than subsets within Dr Foster.



## Investigations of Deaths

The data for Q4, Q3, Q2 and provisional Q3 are illustrated in the graph below outlining the number of deaths within the Trust that have:

1. Been reviewed and assessed by the consultant responsible for the patient's care with the potential for the case to be 'screened out' of further formal review. This active case record review process recognises that in many cases death in hospital will have been inevitable and appropriate. The process assists in directing collective review efforts to those cases where multi-professional review is likely to lead to learning. A subset of those cases 'screened out' is subjected to formal review at random.
2. Undergone formal review – the Trust aims for ~ 25% of all deaths to undergo a formal review process however it is recognised that this figure may not been achieved for Q3 as winter pressures can lead to cancellation of some departmental M&M meetings. It should be recognised that deaths that occur within Q4 are still undergoing the process of formal review as per the Trust Mortality policy and more complete data will be available for Q4 at the next Trust Board meeting.
3. Judged as potentially 'avoidable' – using the current system of classification within the Trust this includes 'suboptimal care where different management MIGHT have changed outcome and 'suboptimal care where different management WOULD have changed outcome'
4. Judged as 'non-avoidable' but where there have been Care Quality concerns identified. This includes 'suboptimal care where different management WOULD NOT have changed outcome'.

	<u>Q1</u> <u>2019/20</u>	<u>Q2</u>
No. of deaths	289	224
No. of deaths reviewed by Medical Examiner	199 (68.8%)	100%
No. of investigations (% of total) <sup>†</sup>	152(68.8%)*	58.24 (26%)
No. of deaths with Care Quality concerns (%)	0	0*
No. of potentially avoidable deaths (%)	2	0*

<sup>†</sup> All deaths that have been investigated have been through the initial case record review process

\* Q2 data are provisional and are still subject to further modification (as formal review processes occur within the Trust's clinical divisions).





<b>Meeting title</b>	<b>Board of Directors</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Performance Report indicators for 2019/20 (Month 6)</b>	<b>Agenda item: 4.1</b>
<b>Lead director</b>	<b>Name: John Blakesley</b>	<b>Title: Deputy Chief Executive</b>
<b>Report author</b>	<b>Name: Hitesh Patel</b>	<b>Title: Associate Director of Performance and Information</b>
<b>Fol status:</b>	<b>Disclosable</b>	

<b>Report summary</b>	<b>Sets out the Trust's performance against key performance indicators at the end of September 2019</b>			
<b>Purpose</b> <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>				

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

<b>Report history</b>	None
<b>Next steps</b>	None
<b>Appendices</b>	None

## Trust Performance Summary: M6 (September 2019)

### 1.0 Summary

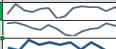



This report summarises performance as at the end of September 2019 for key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance.

September was a difficult month for the hospital with poor flow through the hospital demonstrated by the number of super-stranded patients, ward discharges by midday and from the PDU with the pattern running through to the weekend as shown by the % weekend discharge rate. Non-elective spells and A&E attendances were high. On the planned side the Trust also continues to perform below target with open pathways increasing (a trend that will continue for some time), average waiting times increasing and 62 day cancer targets not being met.

### 2.0 Sustainability and Transformation Fund (STF)

#### Performance Improvement Trajectories

September 2019 performance against the Service Development and Improvement Plans (SDIP):

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)		93.0%	90.8%	92.4%	89.1%	✗	↓	✓	
4.2a	RTT mean waiting time - incomplete waiting list (weeks)		9.2	9.2		10.1	✗	↓		
4.9	62 day standard (Quarterly) 		85.0%	85.0%		82.8%	✗	↑		

In September 2019, ED performance dropped from 92.7% in August 2019 to 89.1% which was the lowest percentage reported this financial year. This fell short of the 95% national standard and was also below the Trust's NHS Improvement trajectory, which was 90.8%. The performance however compared favourably to the most recently published national A&E performance of 85.4% in September 2019.

As per the arrangements under the Elective Care Clinical Review of Standards Field Test, in August 2019 the Trust introduced the average (mean) waiting time standard for incomplete elective pathways, in place of the existing 18 Week RTT standard. The performance of the Trust's incomplete waiting list will be measured against a mean average waiting time metric of 9.2 weeks as set out in the Memorandum of Understanding made between NHS England and NHS Improvement and MKUH.

At the end of September 2019, the Trust did not achieve the RTT average waiting time threshold of 9.2 weeks for incomplete pathways. An aggregate performance of 10.1 weeks was reported, which was a deterioration on August 2019 performance (9.6 weeks).

Cancer waiting times are reported on a quarterly basis, usually six weeks after the close of a calendar quarter. They are first released as provisional data, and subsequently finalised in line with the NHS England and NHS Improvement revisions policy. As per the provisional statistics for Q1 2019/20 (the most recent validated position), the Trust did not achieve the 85% Cancer 62 day standard, closing at 82.8%. This was also below the national performance which was 87.4% for the same period.

### 3.0 Urgent and Emergency Care

Performance in urgent and emergency care continued to function under pressure in September 2019, as reflected below.

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.8%	0.9%	✓	→	✓	
3.2	Ward Discharges by Midday		30%	30%	24.8%	20.1%	✗	→	✗	
3.4	30 day readmissions				8.2%	8.6%	✗	→		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		53	64		108	✗	→		
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.0%	7.1%	✗	→	✗	
4.1	ED 4 hour target (includes UCS)		93.0%	90.8%	92.4%	89.1%	✗	→	✓	

### Cancelled Operations on the Day

In September 2019, the volume of operations that were cancelled on the day for non-clinical reasons decreased to 20 from 28 in September 2019. This represented 0.9% of all planned elective operations, which was within the agreed tolerance.

Of those cancelled on the day, there were a spread of reasons, with insufficient time (6) and unavailability of theatre staff (5) accounting for over 50% of the cancelled operations. A further four were cancelled due to emergencies taking priority and the remaining were attributed to bed unavailability (3) and other reasons (2).

### Readmissions

The 30 day emergency readmission rate remained consistent with the previous month at 8.6% in September 2019. At a divisional level, Medicine showed an increase of 0.1% and Surgery a decrease of 0.1%. Women and Children saw a notable increase to 4.4% from 3.5% in August 2019.

### Delayed Transfers of Care (DTC)

The number of DTC patients as at midnight on the last Thursday of September 2019 was 27. This was an increase of one compared to the number reported for August 2019.

### Length of Stay (Stranded and Super Stranded Patients)

The volume of super stranded patients with a length of stay of 21 days or more at the end of September 2019 increased by ten to 108. This was above the NHS Improvement trajectory of 64 (trajectory to achieve the ambition of 53 by the end of March 2020). Reducing the number of stranded and super stranded patients releases capacity, improves patient experience and reduces the risk of infection.

### Ambulance Handovers

In September 2019, the proportion of ambulance handovers to the Emergency Department that took longer than 30 minutes increased to 7.1% from 4.7% in August 2019. This represents the second highest value year to date (7.6% in July 2019).

## 4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate		93%	93%	90.3%	90.5%	✓	→	✓	
3.5	Follow Up Ratio		1.50	1.50	1.61	1.50	✓	→	✗	
4.2a	RTT mean waiting time - incomplete waiting list (weeks)		9.2	9.2		10.1	✗	→		
5.6	Outpatient DNA Rate		5%	5%	7.6%	8.1%	✗	→	✗	

### Overnight Bed Occupancy

Bed occupancy in September 2019 (90.5%) was the lowest reported in the financial year to date and was within the 93% internal threshold. The latest overnight bed occupancy data published by NHS England reported that the average occupancy rate for general and acute beds nationally was 87.9% in Q1 2019/20.

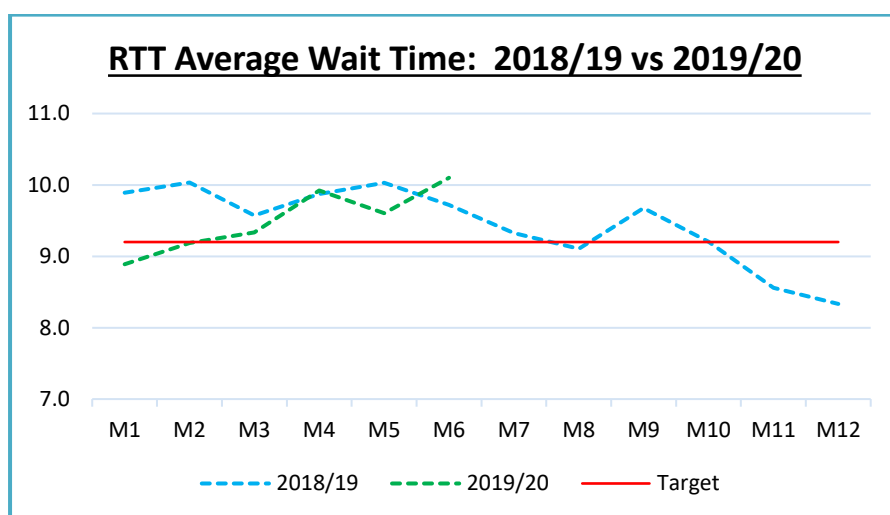
### Follow up Ratio

In September 2019, the follow up ratio further reduced to 1.50 follow up attendances for each new attendance. This was the first time it has been within threshold in the financial year to date. Reducing follow up activity can free up capacity for new referrals.

### RTT Incomplete Pathways

In September 2019, the Trust fell short of meeting the new RTT average waiting time standard (9.2 weeks), with a reported average of 10.1 weeks. This was an increase over August 2019 performance of 0.5 weeks (August 2019 – 9.6 weeks). At the end of September 2019, the overall waiting list size reduced slightly to 14,550 compared to August 2019 when it was 14,662. There was one patient in Surgery (ENT) waiting for more than 52 weeks without being treated at the end of September 2019.

The following chart provides a comparison of the year-to date performance with 2018/19, for the new average waiting time standard.



### Diagnostic Waits <6 weeks

The Trust did meet the standard of less than 1% of patients waiting six weeks or longer for a diagnostic test in September 2019, with a performance of 99.0%. Although the national figures for September are not due to be available until 14/11/2019, figures released by NHS England for August stated that nationally 3.5% of patients had waited six weeks or more from referral to test.

### Outpatient DNA Rate

The outpatient DNA rate increased from 7.3% in August to 8.1% in September 2019. This increase was spread across Core Clinical, Medicine and Surgery and offset the slight decrease seen in Women and Children for the same month. This represents a significant underperformance (target is 5%).

DNAs represent clinic capacity that cannot be otherwise utilised. All services should ensure that they adhere to the Trust Access Policy and do everything they can to minimise DNA rates.

## 5.0 Patient Safety

### Infection Control

There were no cases of MRSA, MSSA or C-Diff reported by the Trust in September 2019. There were nine cases of e-Coli reported by the Trust in September 2019; the highest number of reported cases

in a single month since this indicator was included in this report in 2016/17. Eight of the nine cases were reported in Medicine; two each were in Wards 8 and 15, with one each in Wards 15, 17, 19 and 22. The single case reported for Surgery was in the Department of Critical Care (DoCC).

ENDS

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR)		100	100		102.1	✗			
1.2	Mortality - (SHMI)		100	100		103.6	✗			
1.3	Never Events		0	0	0	0	✓		✓	
1.4	Clostridium Difficile		22	<11	5	0	✓		✓	
1.5	MRSA bacteraemia (avoidable)		0	0	0	0	✓		✓	
1.6	Falls with harm (per 1,000 bed days)		0.12	0.12	0.11	0.07	✓		✓	
1.7	Midwife : Birth Ratio		28	28	29	28	✓		✗	
1.8	Incident Rate (per 1,000 bed days)		40	40	51.29	51.43	✓		✓	
1.9	Duty of Candour Breaches (Quarterly)		0	0	0	0	✓		✓	
1.10	E-Coli		20	<10	14	9	✗			
1.11	MSSA				2	0				
1.12	VTE Assessment		95%	95%	98.0%	97.8%	✓		✓	

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.1	FFT Recommend Rate (Patients)		94%	94%	Not Available					
2.2	RED Complaints Received				2	0				
2.3	Complaints response in agreed time		90%	90%	88.6%	92.2%	✓		✗	
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.8%	0.9%	✓		✓	
2.5	Over 75s Ward Moves at Night		2,111	1,056	1,076	175	✓		✗	
2.6	Mixed Sex Breaches		0	0	0	0	✓		✓	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate		93%	93%	93.2%	90.5%	✓		✗	
3.2	Ward Discharges by Midday		30%	30%	24.8%	20.1%	✗		✗	
3.3	Weekend Discharges		70%	70%	65.7%	62.5%	✗		✗	
3.4	30 day readmissions				8.2%	8.6%				
3.5	Follow Up Ratio		1.50	1.50	1.61	1.50	✓		✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)		218	218		234	✗			
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		53	64		108	✗			
3.7	Delayed Transfers of Care		25	25		27	✗			
3.8	Discharges from PDU (%)		15%	15%	8.2%	7.5%	✗		✗	
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.0%	7.1%	✗		✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)		93.0%	90.8%	92.4%	89.1%	✗		✓	
4.2a	RTT mean waiting time - incomplete waiting list (weeks)		9.2	9.2		10.1	✗			
4.4	RTT Total Open Pathways		13,991	13,211		14,550	✗			
4.5	RTT Patients waiting over 52 weeks			0		1	✗			
4.6	Diagnostic Waits <6 weeks		99%	99%		99.0%	✓			
4.7	All 2 week wait all cancers (Quarterly)		93.0%	93.0%		94.1%	✓			
4.8	31 days Diagnosis to Treatment (Quarterly)		96.0%	96.0%		97.7%	✓			
4.9	62 day standard (Quarterly)		85.0%	85.0%		82.8%	✗			

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received		64,193	31,325	31,611	4,695	✓		✗	
5.2	A&E Attendances		89,369	44,685	46,033	7,754	✗		✗	
5.3	Elective Spells (PBR)		25,641	12,719	13,732	2,461	✗		✗	
5.4	Non-Elective Spells (PBR)		31,976	15,976	16,474	2,985	✗		✗	
5.5	OP Attendances / Procs (Total)		381,108	189,042	191,471	31,337	✓		✗	
5.6	Outpatient DNA Rate		5%	5%	7.6%	8.1%	✗		✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000		268,966	133,532	130,705	21,963	✗		✗	
7.2	Pay £'000		(171,021)	(86,261)	(87,746)	(14,789)	✗		✗	
7.3	Non-pay £'000		(77,803)	(39,467)	(40,008)	(6,692)	✗		✗	
7.4	Non-operating costs £'000		(13,359)	(6,559)	(6,333)	(903)	✓		✓	
7.5	I&E Total £'000		6,783	1,246	(3,383)	(421)	✗		✗	
7.6	Cash Balance £'000		2,500	2,865		15,553	✓			
7.7	Savings Delivered £'000		8,419	2,526	1,790	375	✗		✗	
7.8	Capital Expenditure £'000		27,926	13,191	9,560	76	✓		✓	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment		11%	11%		12.2%	✗			
8.2	Agency Expenditure %		8%	8%	5.6%	4.7%	✓		✓	
8.3	Staff sickness - % of days lost		4%	4%		3.9%	✓			
8.4	Appraisals		90%	90%		91.0%	✓			
8.5	Statutory Mandatory training		90%	90%		93.0%	✓			
8.6	Substantive Staff Turnover		11%	11%		9.2%	✓			

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches		8	8		87	✗			
O.2	Rebooked cancelled OPs - 28 day rule		95%	95%	83.2%	91.3%	✗		✗	
O.4	Overdue Datix Incidents >1 month		0	0		158	✗			
O.5	Serious Incidents		45	<23	30	5	✗		✗	
O.8	Completed Job Plans (Consultants)		90%	90%		92%	✓			

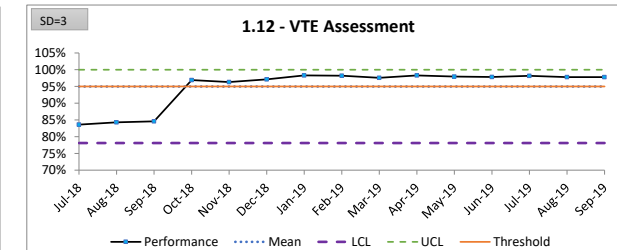
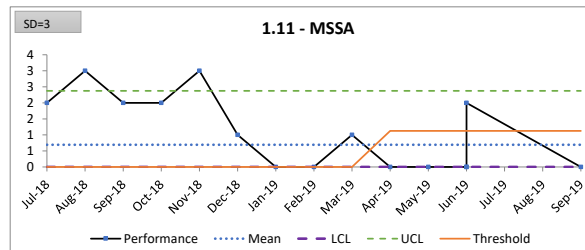
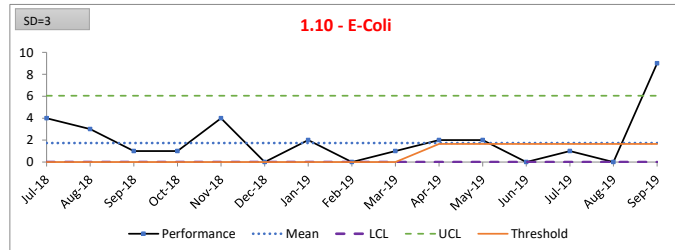
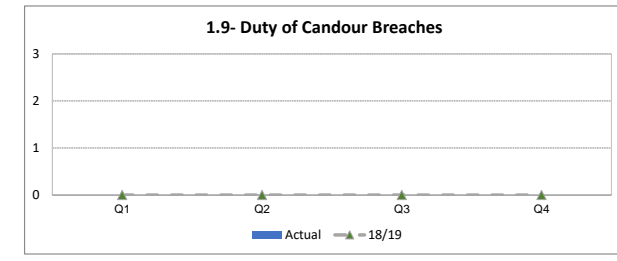
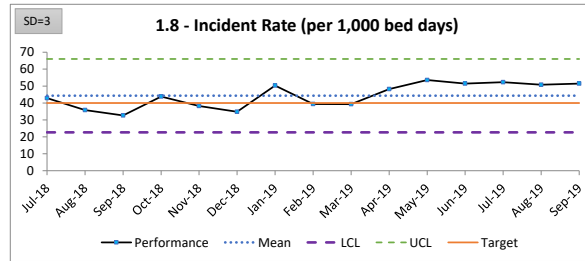
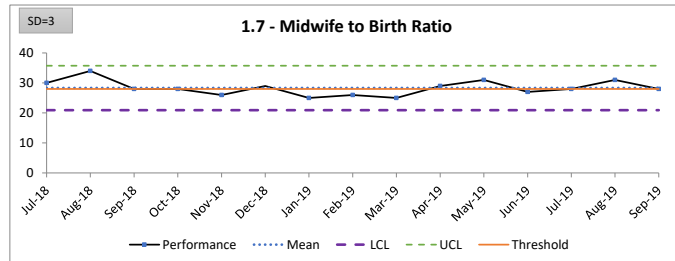
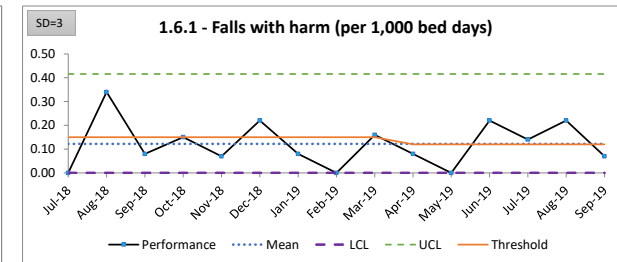
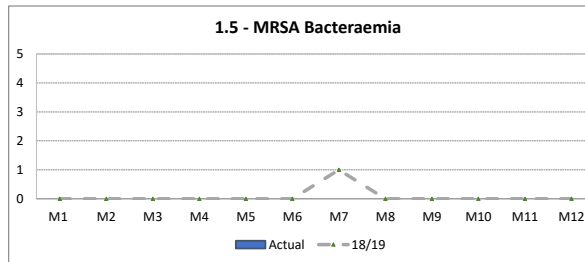
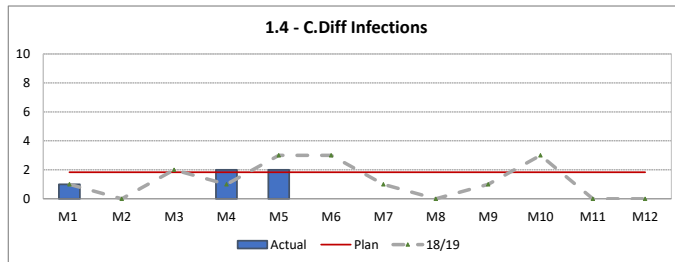
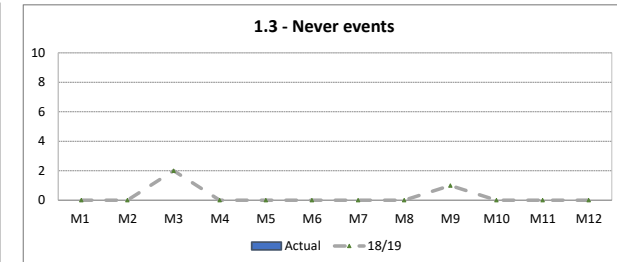
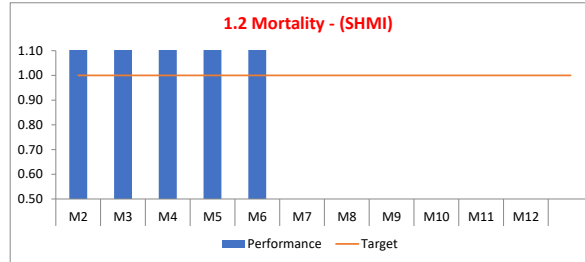
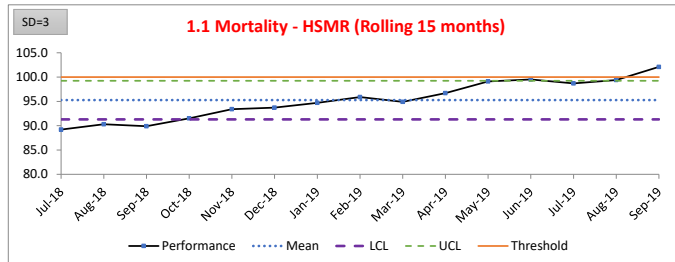
Key: Monthly/Quarterly Change		YTD Position	
	Improvement in monthly / quarterly performance		Achieving YTD Target
	Monthly performance remains constant		Within Agreed Tolerance*
	Deterioration in monthly / quarterly performance		Not achieving YTD Target
	NHS Improvement target (as represented in the ID columns)		Annual Target breached
	Reported one month/quarter in arrears		

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

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

# Board Performance Report 2019/20

## OBJECTIVE 1 - PATIENT SAFETY



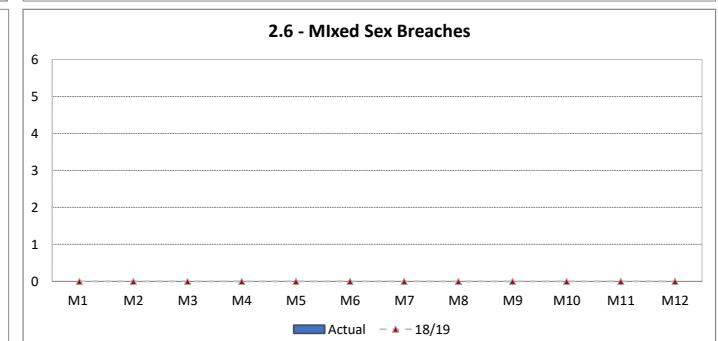
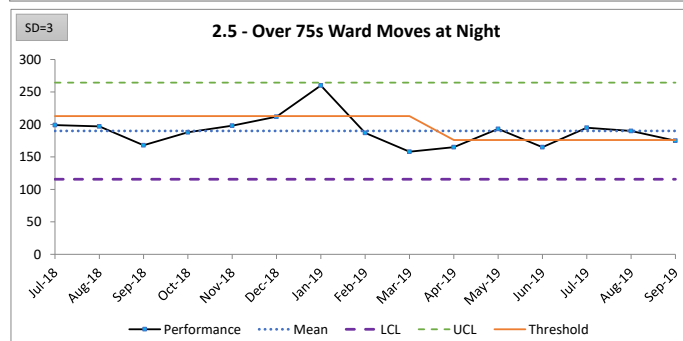
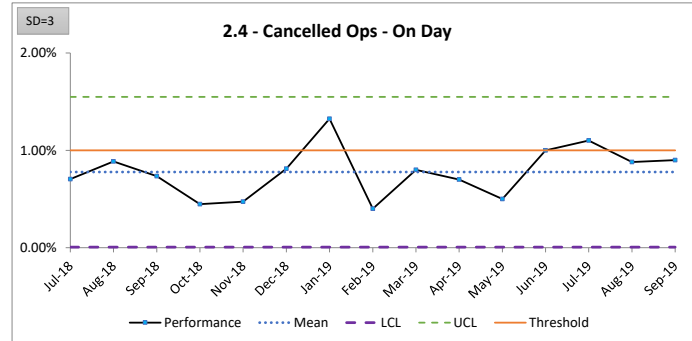
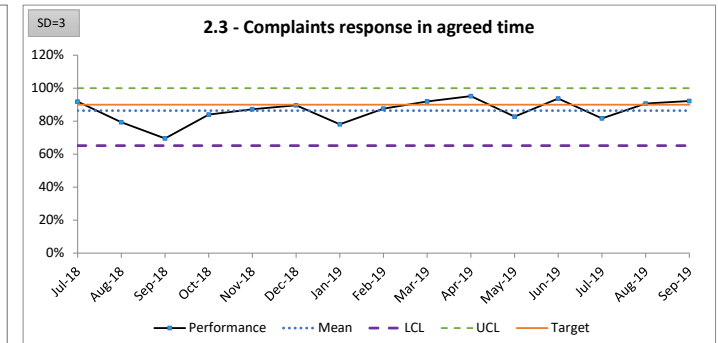
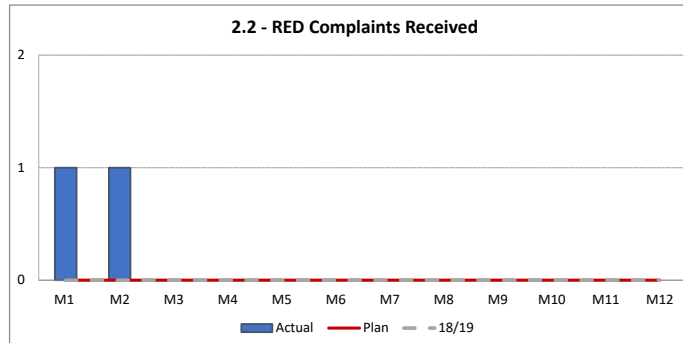
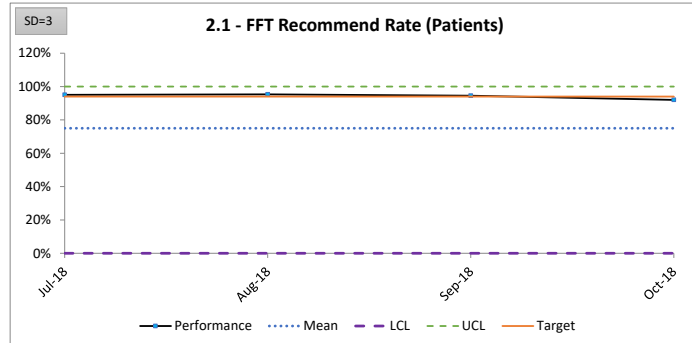
If the LCL is negative (less than zero) it is set to zero.  
If the UCL is greater than 100% it is set to 100%.

- Performance activity on a rolling 15 months/quarterly
- Average on a rolling 15 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories



# Board Performance Report 2019/20

## OBJECTIVE 2 - PATIENT EXPERIENCE

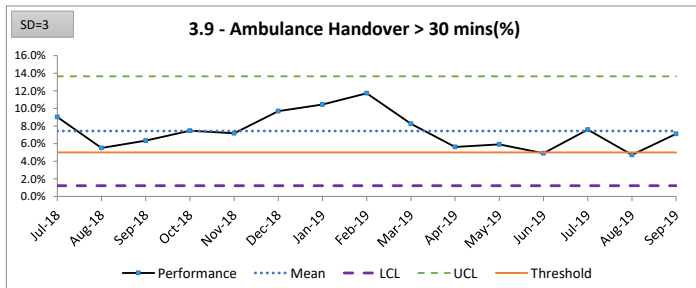
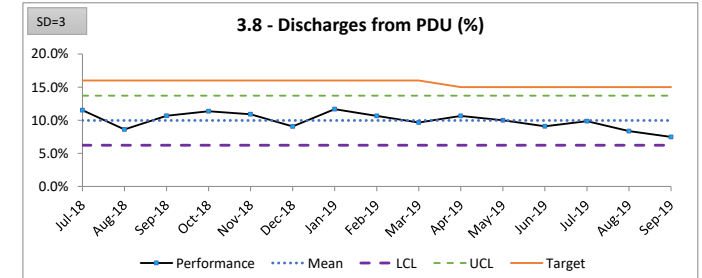
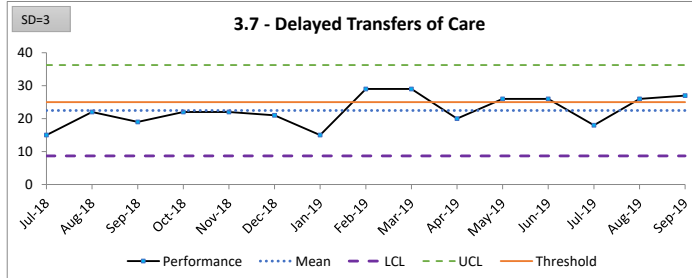
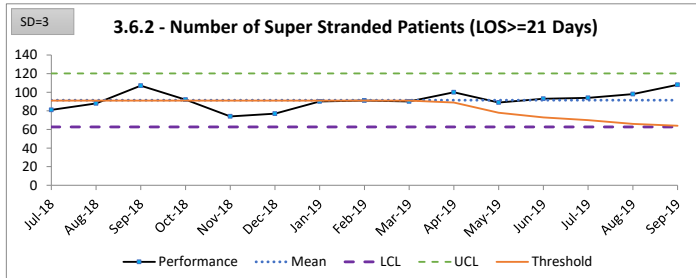
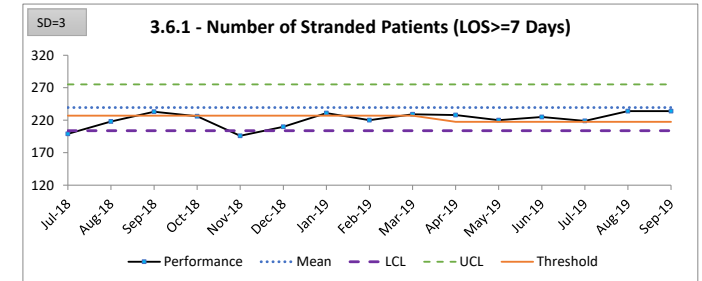
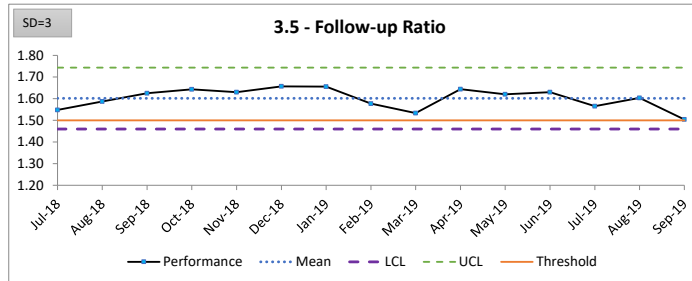
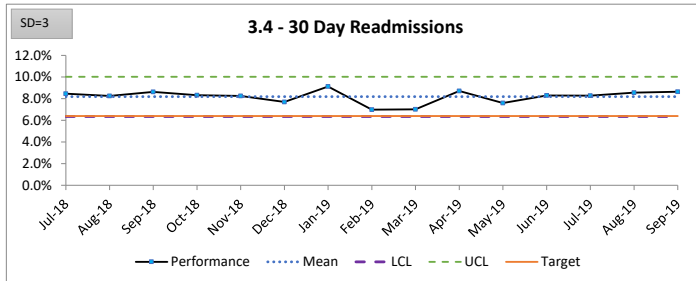
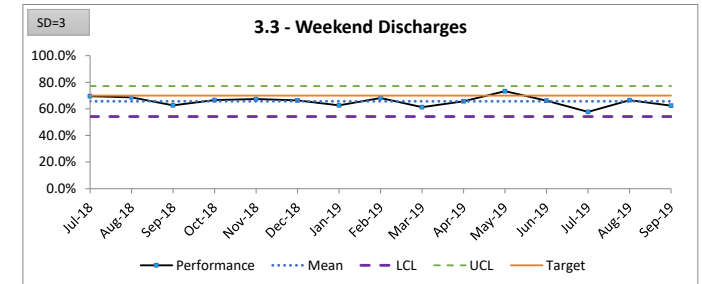
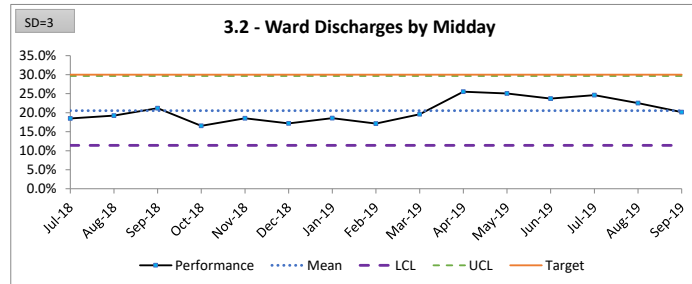
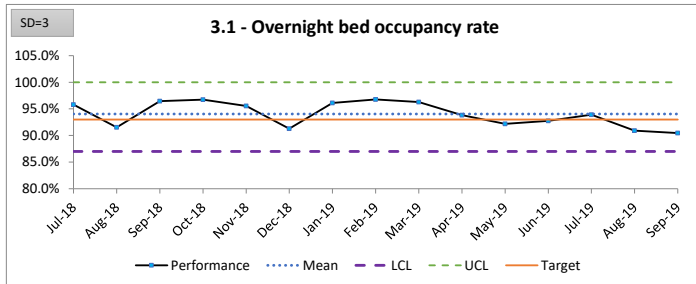


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# Board Performance Report 2019/20

## OBJECTIVE 3 - CLINICAL EFFECTIVENESS

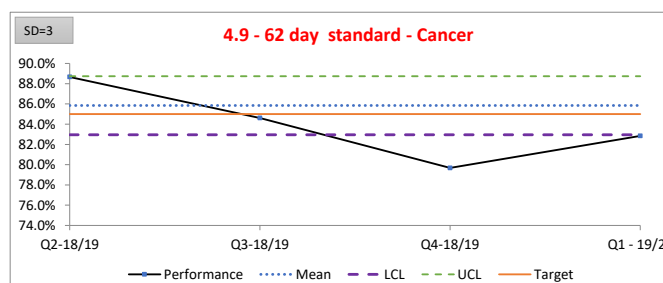
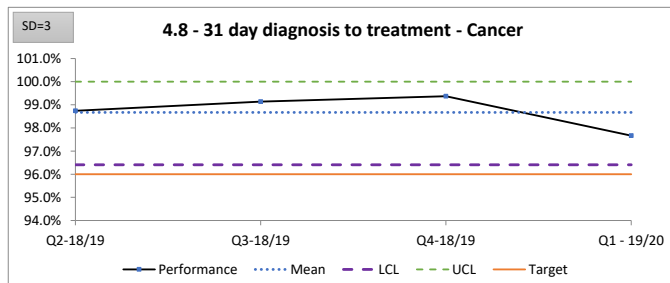
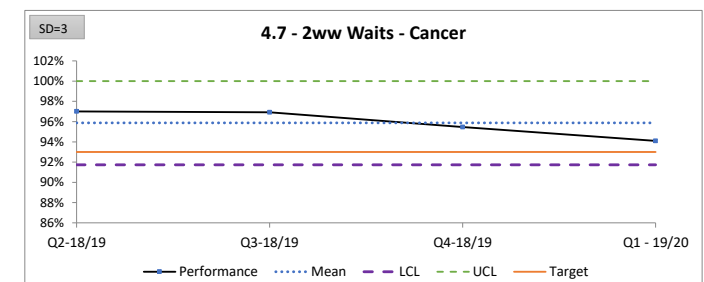
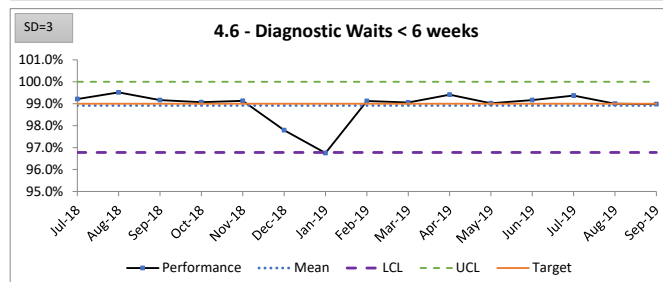
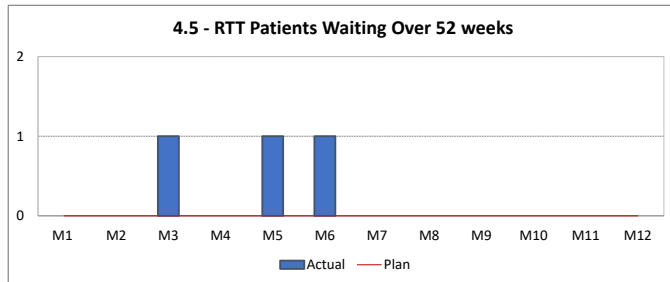
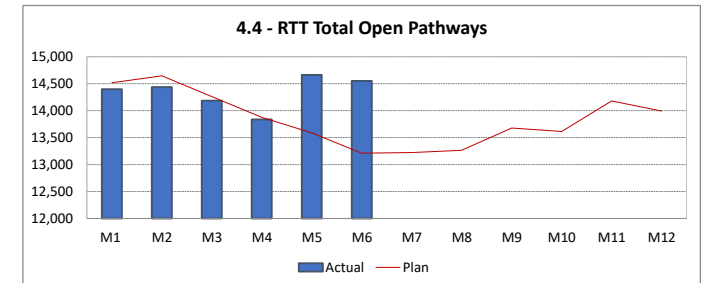
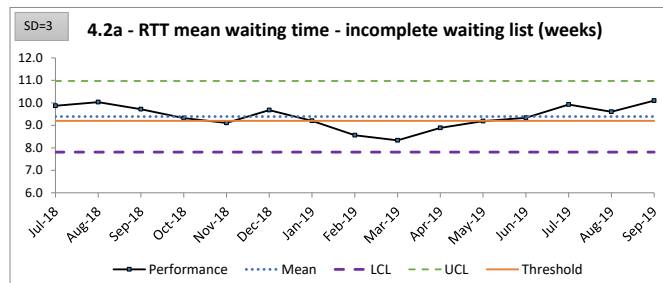
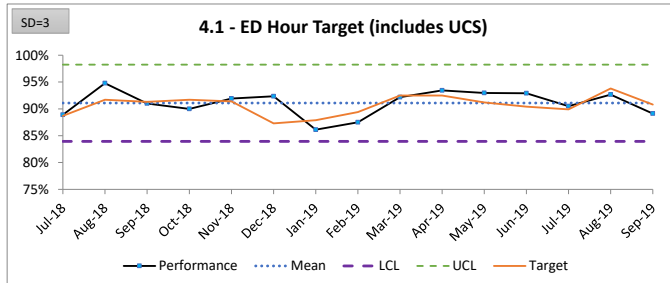


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# Board Performance Report 2019/20

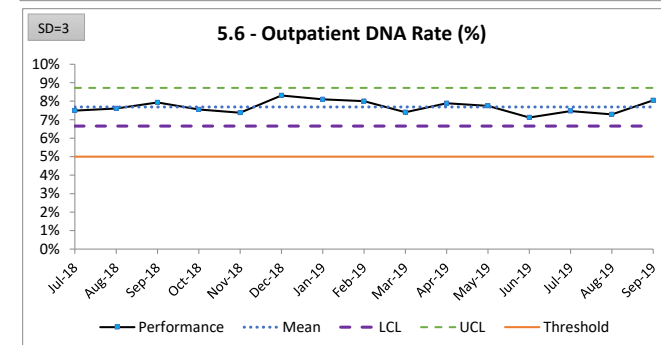
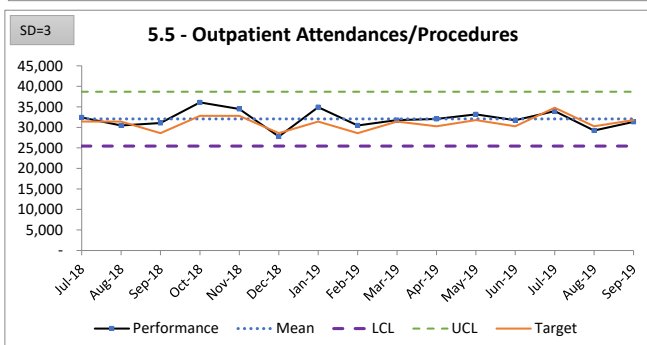
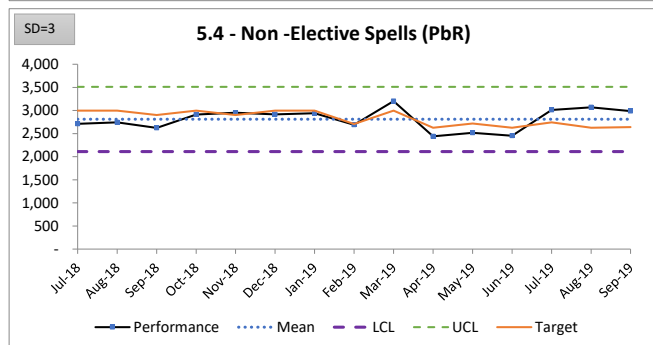
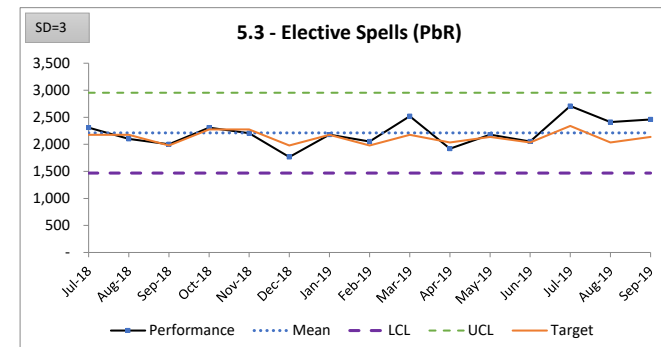
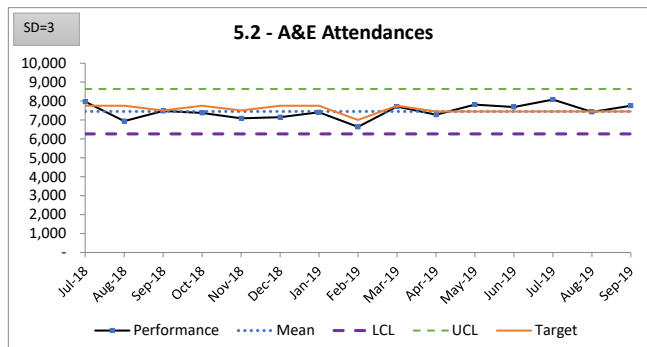
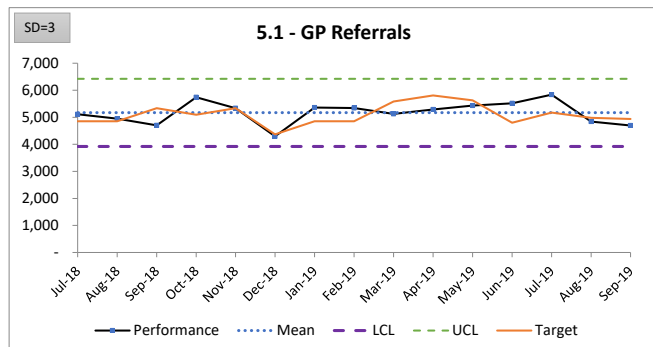
## OBJECTIVE 4 - KEY TARGETS



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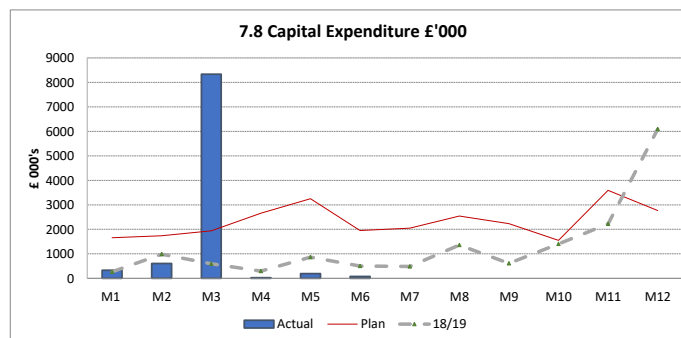
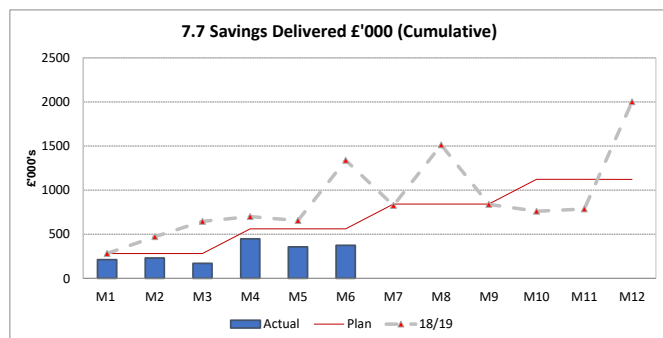
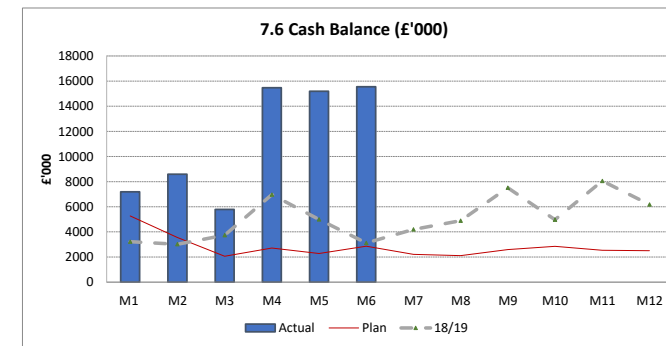
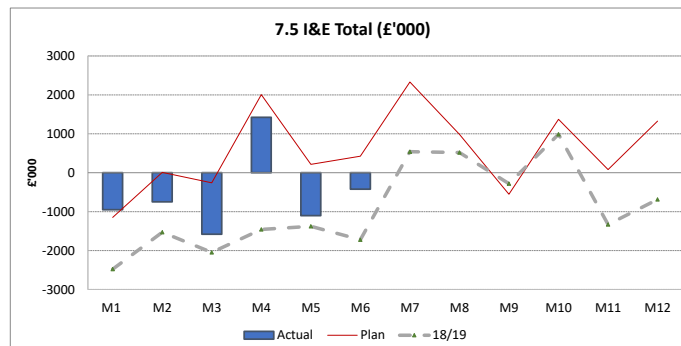
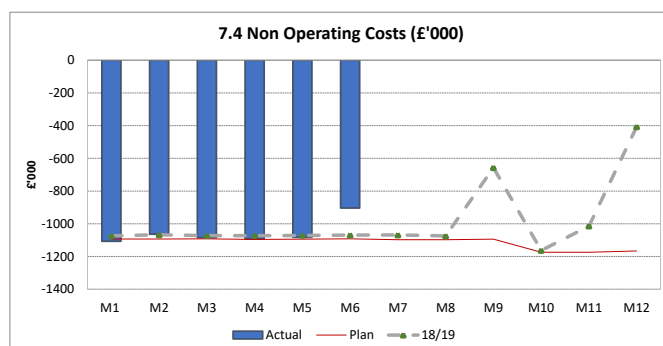
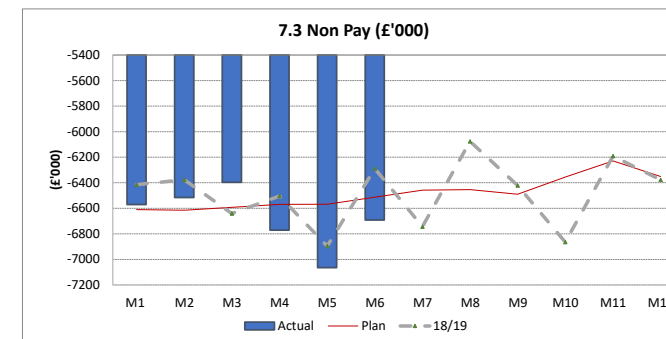
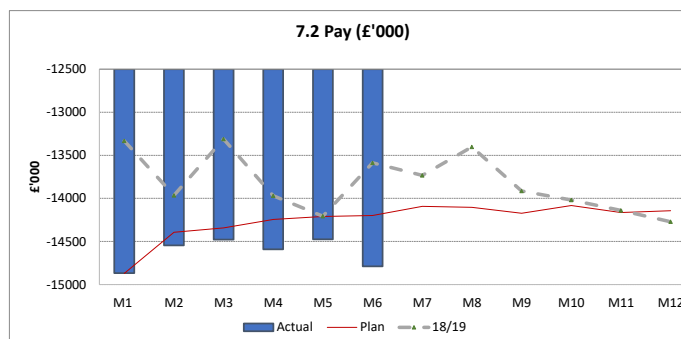
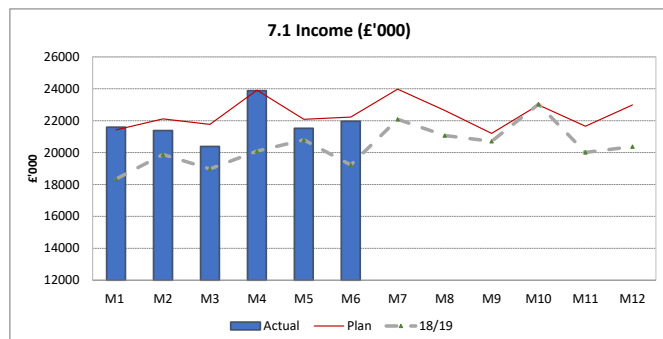
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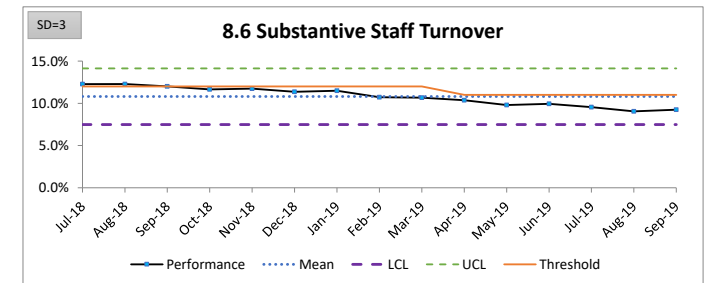
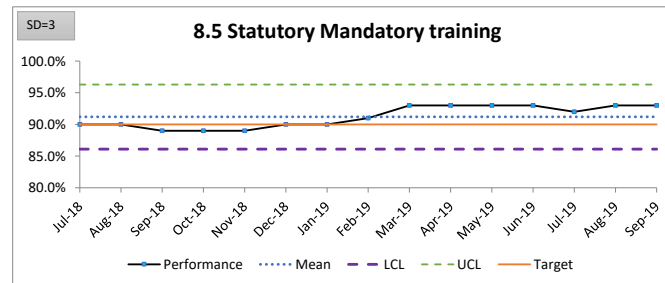
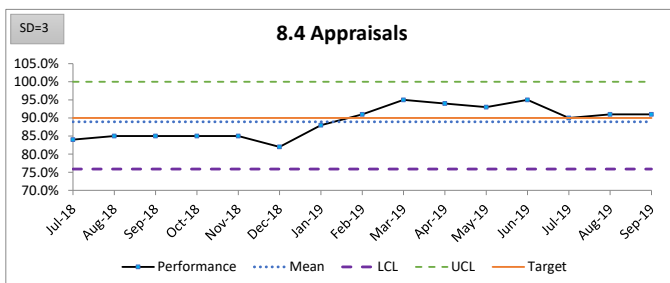
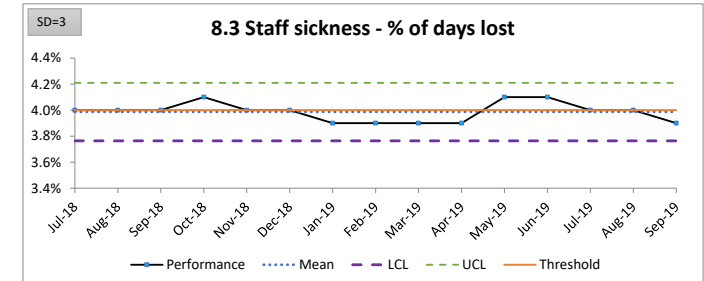
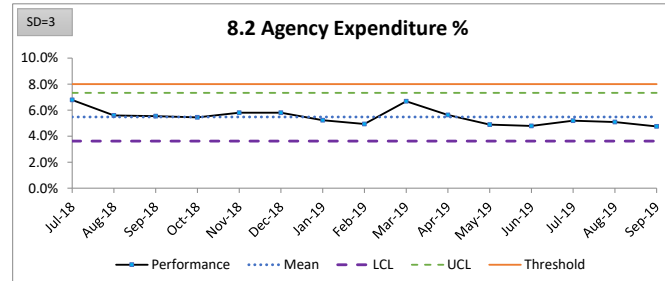
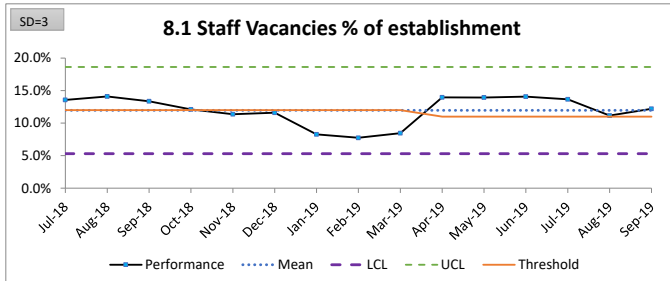


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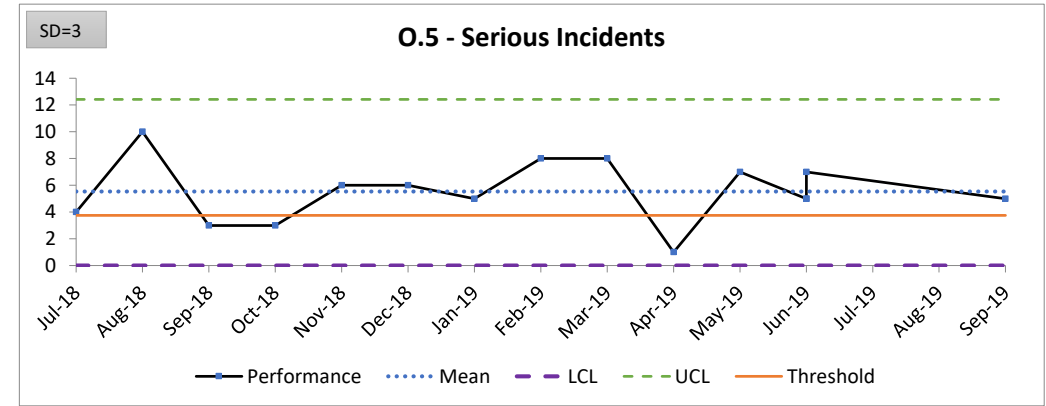
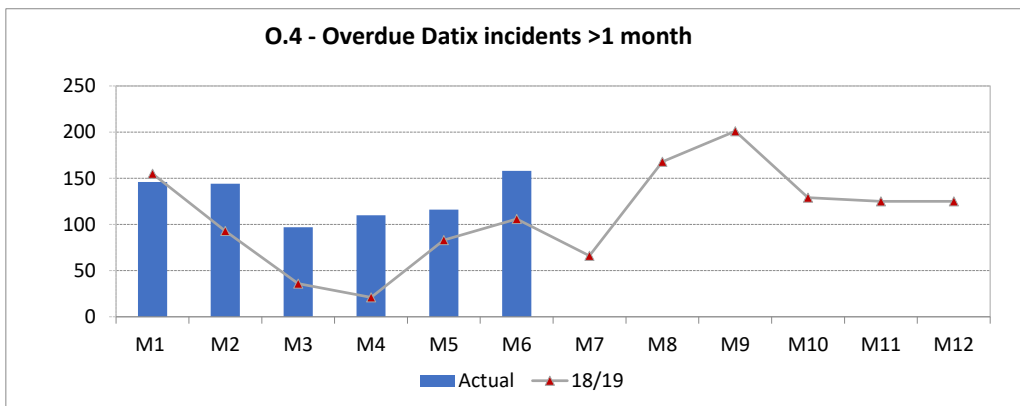
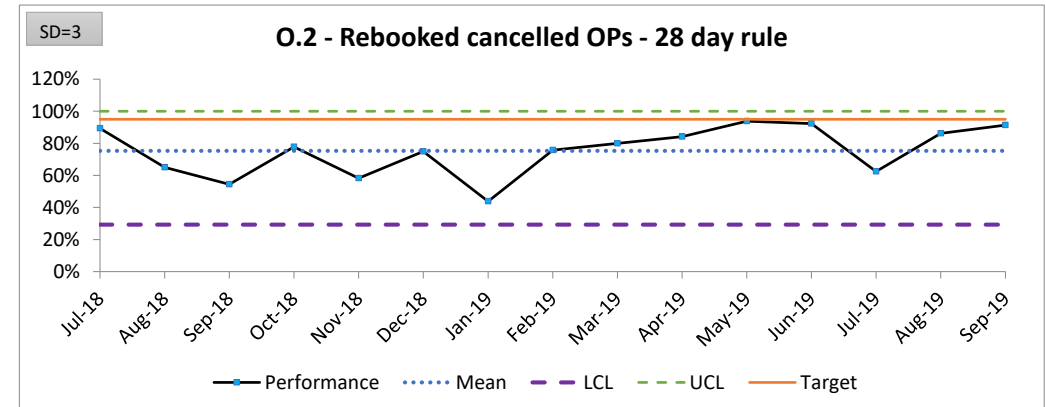
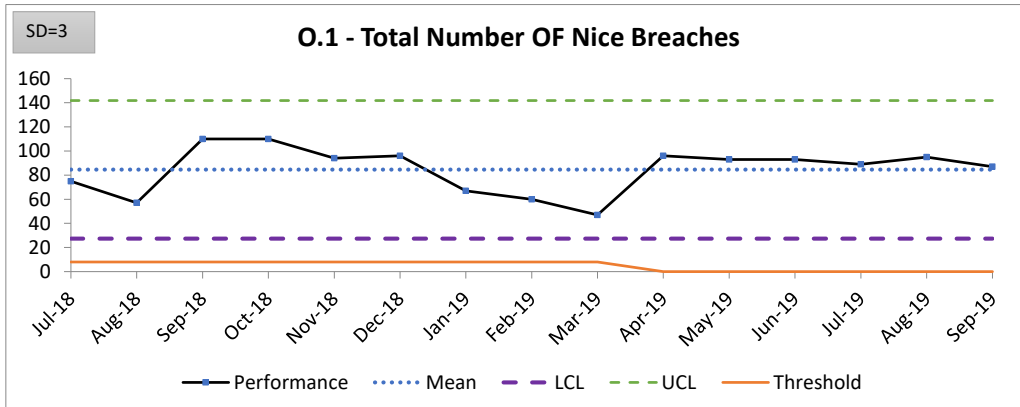
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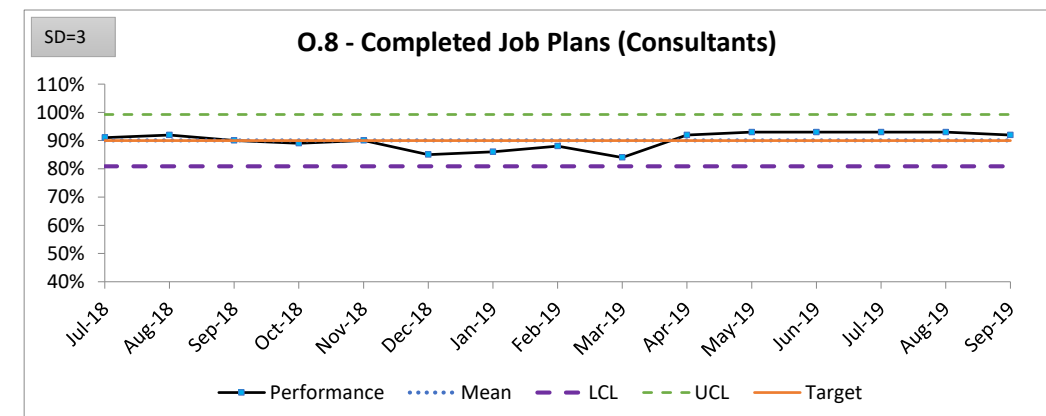
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# Long-term plan: Financial requirements

The Trust (along with all providers and commissioners in the region) has been set a 4-year financial trajectory by the regional NHS Improvement / NHS England team (NHSI/E). The trajectory is based on national modelling, but includes an additional 0.5% efficiency requirement to create a regional contingency reserve. The table below shows the scale of the financial challenge for the Trust:

Surplus/deficit (£m)	2019/20	2020/21	2021/22	2022/23	2023/24
National assumptions <sup>1</sup>	-20.4	-19.0	-17.7	-16.3	-15.2
Regional additional efficiency <sup>2</sup>	n/a	1.3	1.3	1.3	1.4
<b>Regional trajectory</b>	<b>-20.4</b>	<b>-17.7</b>	<b>-16.4</b>	<b>-15.0</b>	<b>-13.8</b>
Financial recovery fund <sup>3</sup>	20.0	17.7	16.4	15.0	13.8
<b>Net regional trajectory</b>	<b>-0.4</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<i>Efficiency requirement<sup>4</sup></i>	<i>3.34%</i>	<i>3.80%</i>	<i>2.81%</i>	<i>2.81%</i>	<i>2.76%</i>

**Notes:**

1. Derived from regional trajectory less 0.5% additional efficiency requirement.
2. Assumed equal to 0.5% of total Trust income.
3. Draft allocation. Awaiting publication of guidance.
4. Based on the Trust's modelling of activity, income and cost assumptions.

All other organisations in the Trust's Integrated Care System have also been set trajectories by the regional NHSI/E that include an additional 0.5% efficiency requirement. This will have a direct or indirect impact on the Trust's financial position over the planning period.

## Discussion for Board:

What are the risks associated with delivering the additional 0.5% efficiency requirement at:

- **Trust level:** £1.3m in 2020/21, £5.3m cumulative to 2023/24
- **MK Place level:** £3.1 in 2020/21 (inclusive of Trust level requirement), £13.0m to 2023/24
- **ICS level:** £11.9m in 2020/21 (inclusive of MK Place level requirement), £50.2m to 2023/24

# Bedfordshire, Luton and Milton Keynes Longer Term Plan (2019-24) for Wellbeing and Health

WORKING DRAFT  
ONLY  
V17



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# Foreword

This is our plan for health and care in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes for the next five years.

It is clear on our aims and partnership focus. Only by working together can we achieve the improvements in people’s wellbeing and health that we want to see.

We are signing this document off at a moment in time, but we recognise that we will fail if what is contained here is set in stone. We will need to keep improving and developing in how we work and what we are seeking to achieve. More detailed work will follow establishing the key implementation steps as part of operational planning for 2020-2021.

15<sup>th</sup> November 2019

Richard Carr, SRO for BLMK Integrated Care System	Volker Kellermann Director of Business and Service Development South Central Ambulance Services
Patricia Davies, AO for Bedfordshire, Luton and Milton Keynes CCGs	Mayor Dave Hodgson Leader Bedford Borough Council
Stephen Conroy, CEO Bedfordshire Hospitals Trust	Councillor James Jamieson Leader Central Bedfordshire Council
David Carter CEO Luton and Dunstable Foundation Trust	Councillor Peter Marland Leader Milton Keynes Council
Joe Harrison CEO Milton Keynes University Hospital Trust	
Navina Evans, CEO East London Foundation Trust	<b>Luton?</b>
Claire Murdoch CEO Central and North West London Foundation Trust	
Matthew Winn CEO Cambridgeshire Community Services Trust	
Tom Davies Medical Director East of England Ambulance Services	

# Summary – Bedfordshire, Luton and Milton Keynes Longer Term Plan (2019-2024) for Wellbeing and Health

The organisations responsible for health and care in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes are working together to improve the wellbeing and health of the population they serve.

This partnership has been going since 2016 and has already made some improvements (see box 1).

## Box 1: What we have achieved together

- Acknowledged leader in Primary Care Network Development (see [video here](#))
- Successfully bid for a number of mental health programmes including mental health support teams in schools.
- Secured £99.5 million capital money for the redevelopment at the Luton and Dunstable Hospital site.
- Social prescribing (identifying non-medical solutions to wellbeing issues) in place across the partnership.
- Obtained national resources for programmes to improve population health management, strengthen the role of the voluntary sector and make greater use of volunteering.
- Award winning High Intensity User service spreading from Milton Keynes to Luton, Bedford Borough and Central Bedfordshire.

Now we are setting out our plans for the next five years. The goal in everything we are doing is to achieve the vision we have agreed as a partnership:

“Improving our people's health, enhancing their quality of care and being a great place for our staff to work, all whilst delivering value for money.”

We want people to live longer in good health. When people need care they should get the very best available. We should be good employers that retain high quality staff. And we have a duty to spend public money wisely on the services that will make the biggest difference.

To determine our priorities at the next level of detail, we have spoken to our population (see box 2), we have responded to the commitments in the national *NHS Long Term Plan* and we have built on national and international best practice.

## Box 2: What we have heard

- People are enthusiastic about the local nature of health and care services and the fantastic staff who work in them.
- There is a desire for more pro-active and preventative care, especially in areas such as mental health.
- People want better access to primary care and are willing to explore alternatives (such as online consultations or seeing other health professionals) to face-to-face GP consultations.
- There is an expectation that information is shared to provide better, more joined-up care.
- Communities are willing to work with public services to help improve wellbeing and health.

The result is our Partnership Focus, which has been annotated here to further explain our commitments. Our Partnership Focus is not the totality of what we are doing, but shows the key priorities on a page, to which our partners have all signed up.

# Our Partnership Focus

## Priorities

- 1

**Working in and with communities to improve wellbeing and health**, including tackling social isolation and reducing health harming behaviours.
- 2

**Focusing on wider determinants of wellbeing and health** with action on:
  - Housing and Growth
  - Education
  - Poverty and Prosperity
  - Reducing Carbon Footprint
- 3

**Proactive, multi-agency/disciplinary primary and community care.** Aligned at Primary Care Network level and delivering holistic care based using population health management approaches.
- 4

**Merger of Bedford and Luton Hospitals** to create more efficient and resilient secondary care.

Public services, don't have all the answers, but must work with communities to help people stay well and healthy

Factors such as good jobs and housing affect our wellbeing and health more than health services, so we need to work together to improve these.

We are creating joined up teams of health and care professionals dedicated to keeping people healthy and well in their own homes.

Having one hospital Trust for Greater Bedfordshire will lead to higher quality, more efficient services

## Immediate Focus

**Reducing avoidable unplanned care across the system.**

Going to hospital unexpectedly is not great for people and is expensive for public services. It is better for everyone if we can help people stay well and healthy.

**Personalised care and support from all sectors**

Social Prescribing – supporting and coaching people to address non-medical needs

High Intensity Users – Helping those frequently accessing services through proactive support.

We will start from the perspective of what matters to people, designing care and support to meet their needs, building on the success of existing work.

## Enablers

**Digital.**  
Need shared information across LA and NHS care services for population health management and shared best practice on digital services.

Digital health and care services lag behind our experiences in other aspects of our lives. This must change if we want more convenient and efficient care and services.

**Integrated Care Partnerships.**  
Being developed in Milton Keynes and for Bedford Borough, Central Bedfordshire and Luton.

Public services need to work in partnership to maximise their impact. This is a change from a previous focus on individual organisations excelling

Making this Partnership Focus happen will require us to work together in new ways. The most significant change is the Primary Care Network (PCN). Primary Care Networks bring together a number of GP practices, community health services, mental health services and social care to serve populations of 30-50,000 people. The 22 PCNs in Bedfordshire, Luton and Milton Keynes are the foundations of our partnership.

Co-operation is happening at Local Authority level where the Councils and the NHS have worked together to develop plans for our four places – Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

Sometimes there will be opportunities to collaborate at a bigger scale between providers (Integrated Care Partnerships) across all partners (what is known as the Integrated Care System) and beyond (we are part of the Eastern NHS Region which extends to Norfolk and Essex).

Our partnership must also expand to include a greater role for the voluntary sector who particularly excel at improving wellbeing through forging strong communities. We are developing a Board for the partnership that will make it easier for them to be involved.

At all levels of partnership we will be seeking to achieve our vision. Some of the tangible differences people will experience as a result are set out in Box 3.

My future NHS looks like  
“All organisations working  
together to support  
vulnerable people.”

My future NHS looks like  
“A totally integrated  
service that wraps around  
patients or service users.”

Two examples of public support for joining up care.

### Box 3: What differences will people see

**By 2020 Reduced rates of stillbirth, neonatal death, maternal death and brain injury.**

**By 2021 all GP practices will be offering online consultations**

**By 2022 people will be able to receive urgent care from community services in their own home within 2 hours of the issues being identified**

**By 2023 there will be personalised (known as stratified) care pathways for all types of cancer**

**By 2024 there will be a comprehensive 24/7 mental health crisis response service appropriate for all ages**

This plan is not the start, nor the end. It is a staging post on a journey to improved wellbeing and health for the people of Milton Keynes, Luton, Central Bedfordshire and Bedford Borough.

There is lots of work to do over the next five years to deliver the commitments contained in here. This work will be done in a co-operative, transparent and inclusive way.

Our commitment is that the improvements set out in this longer term plan will be made with the public using an approach of co-production. And in doing so we will remain focused on our vision:

“Improving our people's health, enhancing their quality of care and being a great place for our staff to work, all whilst delivering value for money.”



# The Structure of this Plan

**DRAFT**

Chapter 1 sets out why we need to change and improve, considering our current population, their burden of ill-health (including inequalities), what our population think about health and care and how our population will grow.

Chapter 2 considers how we will work in partnership, including our vision and aims and the focus of our partnership.

Chapter 3 looks at our plans at the level of our places (Bedford Borough, Central Bedfordshire, Luton and Milton Keynes)

Chapter 4 is the largest chapter looking at how we plan to improve health and care over the next five years. It is divided up into sections on major types of care (e.g. urgent and emergency care) and illness groups (e.g. cancer and mental health). Where possible these sections follow the structure:

- What is the context for delivery?
- What do we know people are concerned about?
- What progress has been made as a system so far?
- Future Ambition: What do we plan to do next?
- What difference will this make to people across BLMK?
- How will we know we're making a difference

Chapter 5 then consider some of the big enablers to the changes we are seeking in Chapter 4. These are workforce, digital information sharing and estates.

Finally, Chapter 6 details how there is much more supporting information underpinning this plan.

# Why we need to Change and Improve

Our Population

Health Inequalities

Wider Determinants of  
Health

Costs of Unplanned Care

What our People Have Told  
Us

Growth



BLMK Long Term Plan  
**Chapter 1**



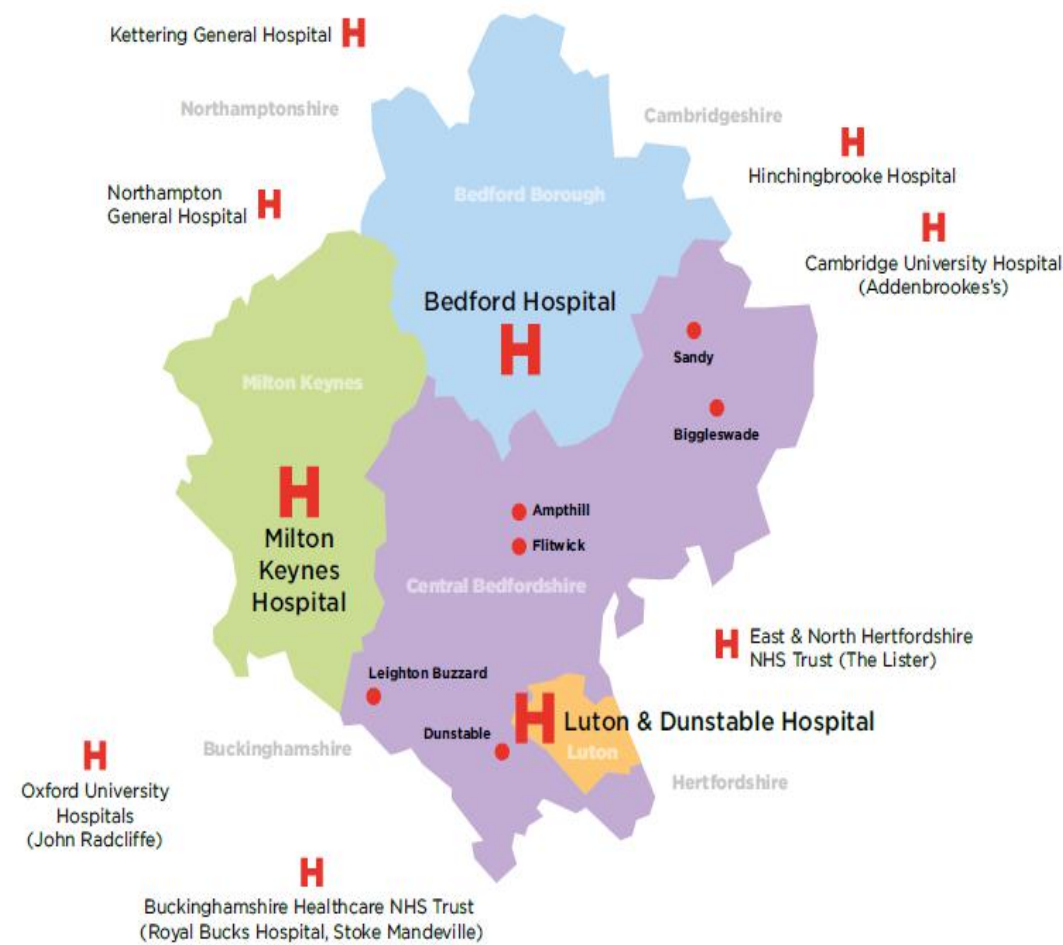
# Our Population

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Almost one million people live in Bedford, Central Bedfordshire, Luton and Milton Keynes (BLMK). These are four very different places that are also diverse within themselves. These differences affect what local people need from their health and social care services.

The number of people aged 85 and over is projected to double by 2035 and there will be higher than average growth in the number of adults aged 65 and over and the number of children and young people aged 10-19 years old.

Luton is the most urban, most deprived and most ethnically diverse. Bedford Borough and Milton Keynes are mostly urban with significant ethnic minority communities and some rural areas (especially north of Bedford). Central Bedfordshire has smaller towns, is the least deprived and least diverse of the four areas. It does however have pockets of deprivation and around 30% of its residents use acute hospitals outside of the BLMK footprint.



# Health Inequalities in BLMK

DRAFT

Stubborn health inequalities persist across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes. As well as being unfair, health inequalities are costly, putting a strain on employment and productivity, hitting national and local economies and impacting our public services. Everyone deserves the same opportunities to lead a healthy life, no matter where they live or who they are and the ingredients for a healthy life are relatively straight-forward: a good education, a decent job, safe and secure accommodation, friendships and networks to feel part of.

Evidence suggests that health care services only determine about 20% of how healthy we are.[1] Other determinants of health include social-environmental factors, genetics and behaviour choices. It is because these social and environmental factors are so important, and a combination of actions from all parts of this system are needed to reduce inequalities, that our local authorities and partners have set out our priorities for action in the Joint Health and Wellbeing Strategies:

## Bedford Borough

<https://www.bedford.gov.uk/social-care-health-and-community/health-and-wellbeing-board/>

## Central Bedfordshire

[https://www.centralbedfordshire.gov.uk/info/31/meetings/223/health\\_and\\_wellbeing\\_board\\_-\\_meetings\\_and\\_agendas/5](https://www.centralbedfordshire.gov.uk/info/31/meetings/223/health_and_wellbeing_board_-_meetings_and_agendas/5)

Luton (currently being refreshed will be updated after 5<sup>th</sup> November)

[https://www.luton.gov.uk/Health\\_and\\_social\\_care/health/publichealth/public-health-reports/Pages/Health-and-wellbeing-strategy.aspx](https://www.luton.gov.uk/Health_and_social_care/health/publichealth/public-health-reports/Pages/Health-and-wellbeing-strategy.aspx)

## Milton Keynes

<https://www.milton-keynes.gov.uk/social-care-and-health/health-and-wellbeing-board>

## Health outcomes in BLMK: Life expectancy

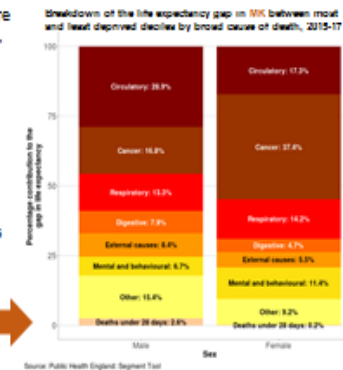


A baby girl born in Central Bedfordshire today can expect to live for 84.4 years, over six years longer than a baby boy born in Luton (78.3 years).



Babies born in the most affluent parts of BLMK will live longer than those born in the most deprived areas. The biggest gap for men is in Bedford Borough (10 years) and the smallest is for women in Luton (6 years).

The life expectancy gap mainly reflects higher deaths from circulatory diseases, cancer and respiratory diseases in more deprived areas, reflecting the impact of the wider determinants of health on the development of these conditions.



These causes contribute around 60% of the gap in life expectancy within each local authority, except for women in MK and Bedford Borough, where they explain around two thirds of the gap, and for men in Bedford Borough where they explain nearly three quarters of the gap.

## Health outcomes in BLMK: Mortality



Infant mortality is higher in Luton than in similar areas. The rate of stillbirths is also high in Bedford Borough.



Deaths under the age of 75 are higher in Luton and MK than in similar areas.



Compared to similar areas, premature mortality is high from cardiovascular disease in Luton, heart disease in Bedford Borough and stroke in Luton and MK.



Premature mortality from cancer is high in MK. Early deaths from colorectal cancer are particularly high and rising in MK and Luton, notably among women, compared to a declining trend nationally. Premature mortality from breast cancer is high in Central Beds.

The MK mortality rate from causes considered preventable is declining but remains significantly higher than similar local authorities. Preventable deaths from cancer are particularly high.



In Bedford Borough, preventable deaths from cardiovascular disease are high.



In MK, mortality rates from lung cancer and COPD are significantly higher than in similar areas and more years of life are lost to smoking related illnesses.

# Wider Determinants of Health

Action is happening at Local Authority level to increase the availability of safe and secure accommodation, reduce the educational attainment gap and tackle poverty. The links below provide some of the detail:

The **Bedford Borough** Jobs hub provides bespoke careers advice and guidance to people of all ages, backgrounds and abilities. In 2018/19 the Jobs Hub helped 697 people into employment and training.  
<https://www.bedford.gov.uk/jobs-and-careers/jobs-hub/>

**Central Bedfordshire** is working with schools to ensure they have the right school places, in the right locations, delivering the best education  
<https://www.centralbedfordshire.gov.uk/info/3/schools-and-education/527/schools-for-the-future>

**Luton** has set itself an ambitious target to eliminate poverty by 2040 and its procurement strategy outlines the approach it is embedding  
[https://www.luton.gov.uk/Council\\_government\\_and\\_democracy/Lists/LutonDocuments/PDF/Corporate\\_Finance/Procurement/procurement-strategy.pdf](https://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Corporate_Finance/Procurement/procurement-strategy.pdf)

**Milton Keynes** has commissioned a long-term Housing First service following a successful 12 month pilot, where 85 rough sleepers were supported into permanent accommodation, with only one person returning to rough sleeping.



## Money and resources

Poverty damages health and poor health increases the risk of poverty. An inadequate income makes it more difficult to avoid stress and feel in control, access experiences and material resources, adopt and maintain healthy behaviours, and feel supported by a financial safety net.



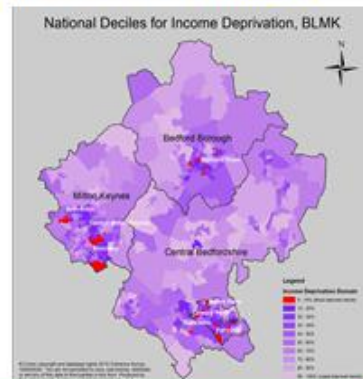
In the most healthy small areas of BLMK, women enjoy **22 years** longer in good health than in the least healthy small areas. For men the gap is **15 years**.

A 2019 analysis by Loughborough University estimates that 24% of children living in Central Bedfordshire, 31% of children in MK and Bedford Borough and 46% of children in Luton live in poverty, after housing costs are taken into account.



Two thirds of children are living in poverty in Biscot and Dallow wards in Luton and Queens Park ward in Bedford.

Nationally, **2/3** of child poverty is within working families.



## Good work

Good work pays fairly and offers security, ensures good working conditions, promotes a good work life balance and provides training and opportunities to progress. People who are well are more likely to be in employment and people who are employed are more likely to be in good health. People in higher status roles are more likely to be healthy and less likely to die of heart disease.

There are 1.15 jobs per person of working age in MK and 0.75 jobs per person elsewhere in BLMK

Earnings are highest in those working in MK (£822 per week) and lowest in those living in Luton (£543 per week). Residents of Luton and MK earn less than those working in their borough; residents of Bedford Borough and Central Beds earn more than those working there.

Unemployment ranges from 2.9% in Central Beds to 4.6% in Luton, compared to the national average of 4.2%. The rate is over **four times higher** in South ward in Luton than in Kempston Rural ward in Bedford Borough.



The employment rate gap is:



10 percentage points for people with a long term health condition  
 67 percentage points for people with a learning disability  
 70 percentage points for people in contact with secondary mental health services



Around one in ten households across BLMK have no one in work



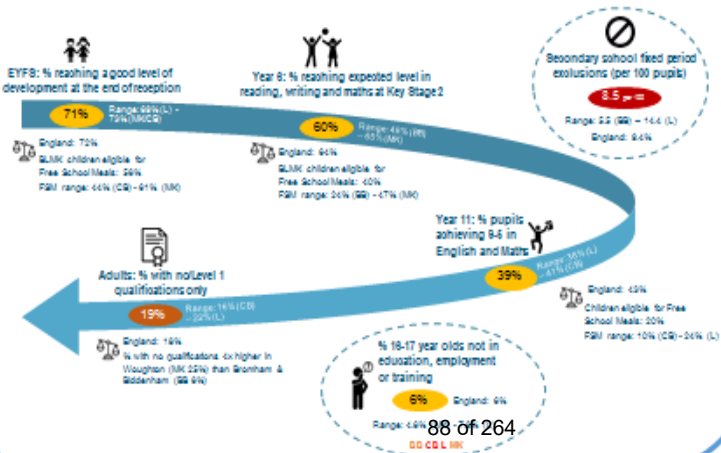
Overall, nearly **1/5** jobs pays less than the living wage.

Nationally, 16.5% of all people in paid work were employed in the public sector in March 2019



## Education and skills

A good education helps build strong foundations for supportive social connections, accessing good work, life-long learning and problem solving, and feeling empowered and valued. By the age of 30, those with the highest levels of education are expected to live four years longer than those with the lowest levels of education.



## Housing

Housing conditions influence our physical health, mental health and wellbeing. A healthy home is affordable and offers a stable and secure base, is able to provide for all the household's needs, and is connected to community, work and services.

One in five homes in England doesn't meet the decent home standard, with a cost to the NHS of at least £1.4 billion per year. Children living in crowded homes are more likely to be stressed, anxious and depressed, have poorer physical health and attain less well at school.



**1/10** households experience fuel poverty



**1/10** homes have fewer rooms than the household needs



There are over 2,300 households in temporary accommodation, with the highest numbers in Luton (1,300) and MK (880).

**156**

people were estimated to be sleeping rough across BLMK in autumn 2018.



The cost of buying a home in BLMK has increased by around 75% in the last 10 years, compared to 50% across England overall.

Housing is less affordable than average in BLMK.



35,400 new homes were completed in BLMK between 2010 and 2018 (4,400 homes per year). Two thirds of new homes were in Central Beds and MK.

BLMK is estimated to need 7,000 new homes per year. The government's aspiration to deliver one million homes across the Oxford-Cambridge Arc could see build rates rise to over 11,000 per year.



# Wider Determinants of Health

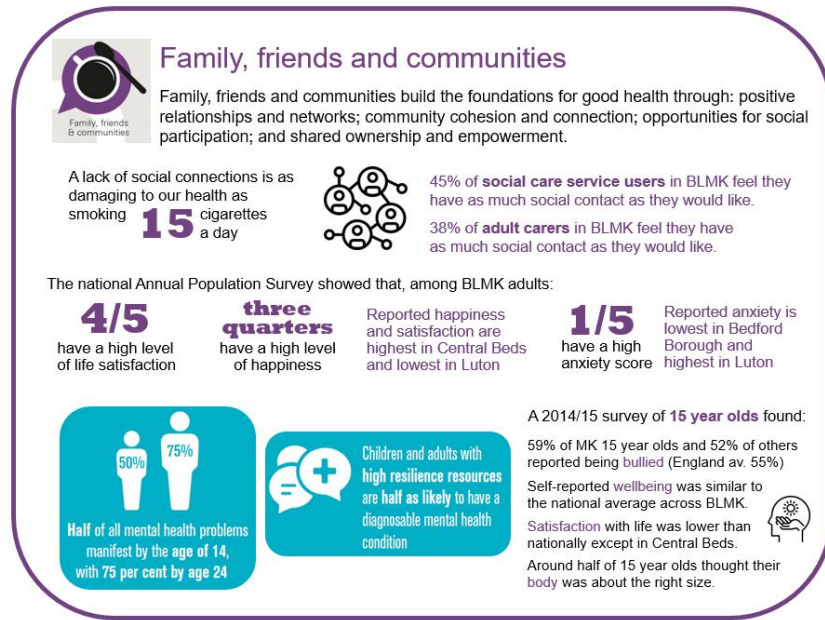
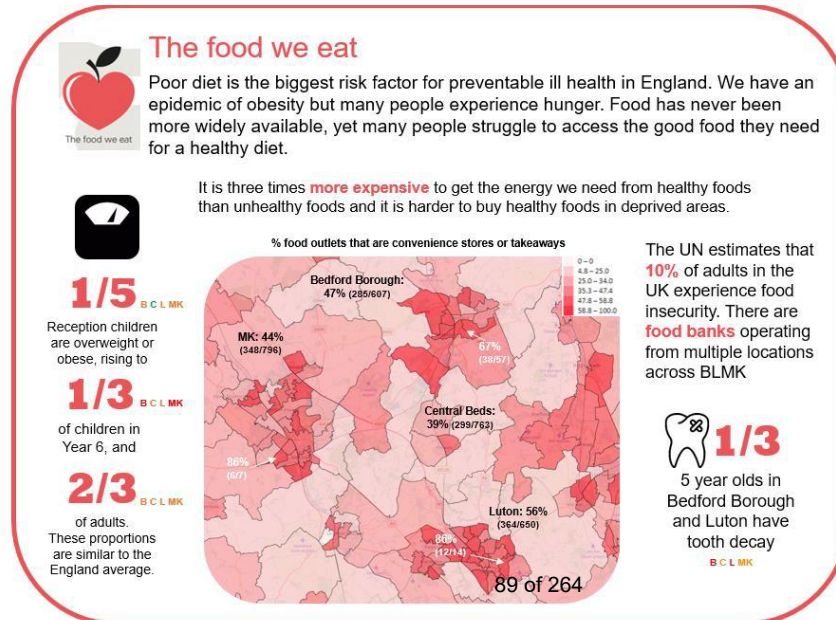
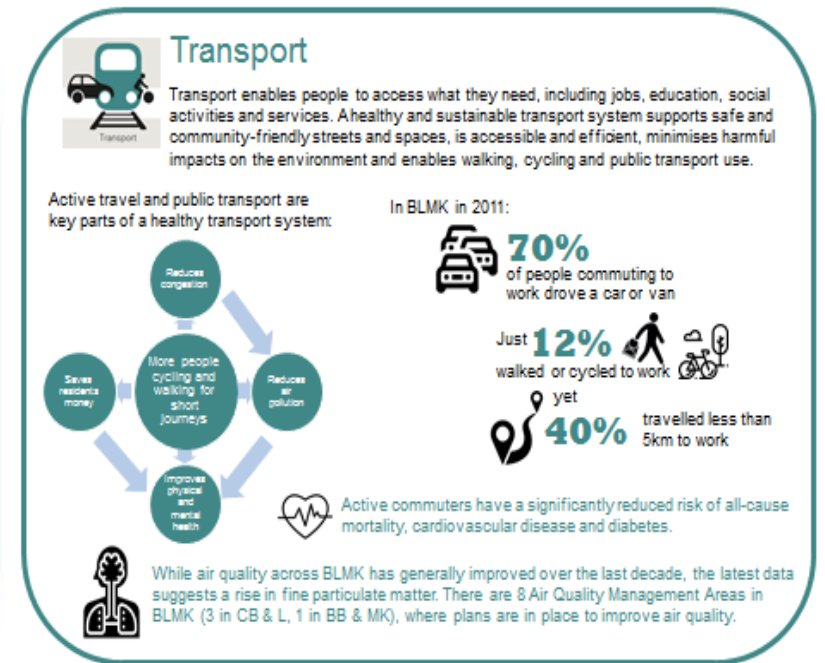
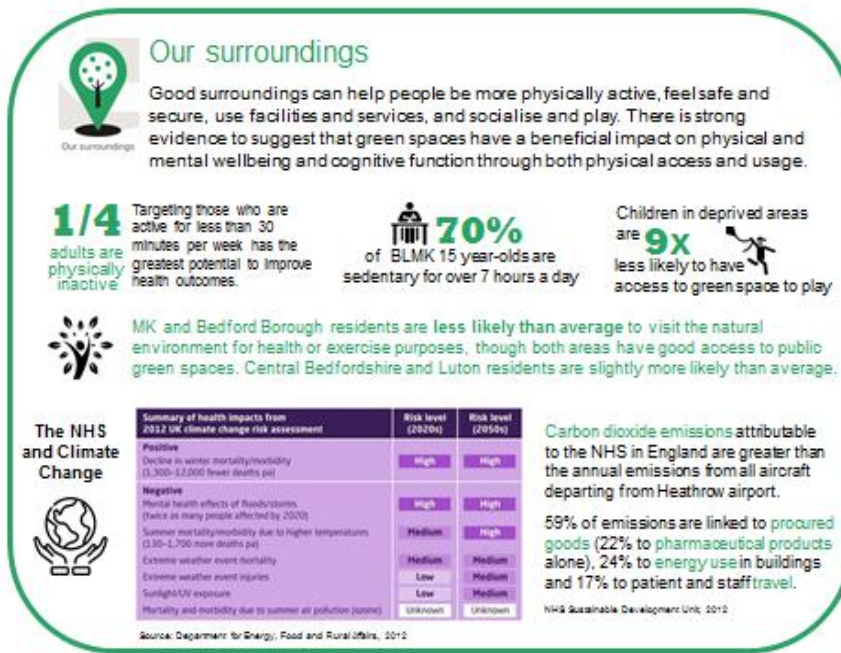
Action is happening at Local Authority level to build healthy places, connected communities and tackle climate change are high priorities for BLMK. The links below provide some of the detail:

**Bedford Borough Council** has reduced the carbon emissions from its buildings by 62% and is committed to becoming carbon neutral by 2030. The Council is also relaunching its Climate Change Fund which will support local communities to reduce their carbon emissions. <http://www.councillorsupport.bedford.gov.uk/ieListDocuments.aspx?CId=675&MId=5075&Ver=4>

**Central Bedfordshire** works in partnership with the [Bedfordshire Rural Communities Charity](#) to provide Good Neighbour Schemes and Community Wellbeing Champions to help build stronger communities and reduce social isolation.

**Luton** are working to create an environment which increases access to healthier diets [https://www.luton.gov.uk/Health\\_and\\_social\\_care/health/Pages/luton-food-plan.aspx](https://www.luton.gov.uk/Health_and_social_care/health/Pages/luton-food-plan.aspx)

**Milton Keynes** council has committed to becoming carbon neutral by 2030 and are taking innovative approaches such as the Children's Social Care team piloting electric cars, believed to be a first for the UK. <https://www.milton-keynes.gov.uk/environmental-health-and-trading-standards/mk-low-carbon-living/the-2019-2050-sustainability-strategy>



# Costs of Unplanned Care

Currently too much of the health care provided in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes is unplanned care, with people going to A&E, accessing a GP out of hours and being unexpectedly admitted to hospital. Across our partnership an average of 2,750 GP Out of Hours face to face appointments are booked into each month; an average of about 600 GP Out of Hours home visits are made each month and an average of 4,900 GP Out of Hours telephone triage cases are undertaken each month. In our hospitals there are an average of 18,900 A&E attendances and over 4000 unplanned admissions per month.

Although some emergency care will always be needed, unplanned care which could have been prevented is bad for people:

- Unplanned care is inconvenient for people e.g. waiting in A&E
- Stays in hospital can make it harder for people to regain their independence through lack of mobility and reduced muscle mass. [1] There is also the risk of a healthcare acquired infection.
- It is much better for problems to be avoided before unplanned care (especially hospitalization) is needed.

And it is an inefficient use of resources:

Each person seen by a GP Out of Hours service (in a face to face appointment, home visit or telephone triage consultation) costs approximately £52 compared with an average of £30 for an in hours GP appointment [2].

The average cost of a stay in hospital following a fall which has broken a hip is £3,727. [3] A home visit to identify and fix falls and trip risks, commissioned in a pilot programme from Bedfordshire Fire Service, costs less than £100.

The NHS will be able to have more impact if it reduces the need for unplanned care and there is the potential to create a virtuous circle, with money saved from reducing unplanned care invested in more pro-active interventions, which in turn reduces unplanned care.

So there is a clear patient and value for money argument for reducing unplanned care usage.

[1] NHS Improvement, *Guide to Reducing Long Hospital Stays*, June 2018,  
[https://improvement.nhs.uk/documents/2898/Guide\\_to\\_reducing\\_long\\_hospital\\_stays\\_FINAL\\_v2.pdf](https://improvement.nhs.uk/documents/2898/Guide_to_reducing_long_hospital_stays_FINAL_v2.pdf)

[2] NHS England, 2019 National average cost of an in hours GP appointment.

[3] Average costs from Bedfordshire CCG



## What our Population has told us



We recognise the need to understand what is important to local people in delivering on the priorities set out in the *NHS Long Term Plan*. Our local plan is based on what we know from previous engagement and that carried out by local Healthwatch, as well recent conversations with a range of groups and individuals held during summer 2019.

### Understanding what is important to our communities

Following the publication of the NHS Long Term Plan (LTP) in January 2019, BLMK ICS partners started to consider what this meant for people living in Bedfordshire, Luton and Milton Keynes and how we might deliver on the priorities set out in the NHS LTP while meeting the needs of local residents. In order to do this, we needed to understand what is important to local people in relation to health and care services.

We recognised that we already knew a lot about this from previous engagement activity undertaken as individual organisations within our places (Bedford, Central Bedfordshire, Luton and Milton Keynes) and across the BLMK ICS (see Appendix X – Overview of engagement across BLMK). Healthwatch were commissioned nationally to support STPs/ICS' with local engagement around the LTP and during March and April 2019 this was undertaken across BLMK. As well as conducting a general survey, Healthwatch ran focus groups across BLMK to explore people's views on cancer and mental health. These findings were captured in a report and shared with ICS leaders and the general public (see Appendix X – NHS Long Term Plan BLMK "What would you do?"). A summary of these key areas is below:



#### Cancer health and care services

Across BLMK treatment and care after diagnosis was seen as working well, however many of the respondents said that:

- More health education, with campaigns not just focusing on screening, but providing other information, such as increases in survival and new treatments;
- Screening not restricted by age;
- Better communication: improved and more timely, throughout the cancer journey to help people make informed choices; raised awareness of the services that are available, both community and NHS.

#### Mental health services

Access to online information and services were seen by focus group attendees as an area that was something that worked really well but most felt that there were significant areas that needed to be transformed. These were:

- Better access to services and a more holistic approach – therapies that work in conjunction with each other and are delivered together would provide a more comprehensive treatment, particularly for complex needs;
- More support in prevention and early intervention before people get into crisis;
- Better awareness both in terms of signposting of services that do exist.

## Understanding what is important to our communities

We used Healthwatch’s work as the basis of our engagement approach, which aimed to build on this work and other work already in progress, while considering new ways to ensure that residents voices and views are at the core of our future plans (see Appendix X – Our engagement approach). We will continue this approach throughout delivery of the NHS Long Term Plan.

We worked with our partners and networks to identify opportunities to go along to forums/ meetings to talk to a variety of individuals and groups to find out what mattered to them. In 12 weeks, we attended **over 40 events to engage with local people**. At the events we talked to residents to find out what mattered to them in relation to health and care services. In addition, we coordinated with BLMK partners to utilise existing channels and networks to undertake targeted engagement. Our work with partners supported our aim to ensure views from young people and other seldom heard groups were heard and these included youth voices and faith groups.

### What do we know people are concerned about?

We captured wide ranging views and some key themes emerged:

#### 1. Access to services, including getting to see a GP quicker as a key concern.

Across BLMK this issue was of particular concern to a significantly large number of people both demographically and culturally. This was also supported by Healthwatch’s findings through their survey.

**79%** *Said “improved access to GP services would help them stay well” [1]*

#### 2. Information and access to support a healthier lifestyle. This particular issue was important to some of our seldom heard groups and again supported by Healthwatch findings.

**58%** *Said that “better information to help with self-care and health” and wellbeing would be good”*

#### 3. Better signposting to services and using technology to support more joined up care, i.e. shared care records

**Over 60%** *highlighted that “shared access to records would be helpful and* **49%** *said that “greater use of technology to monitor health remotely would be useful”*

92 of 264

#### 4. More services for children and young people’s mental health

[1] The survey had 760 respondents.



## Youth voices

We attended a number of youth groups across BLMK through Healthwatch and our local authority stakeholders who run youth groups. For young people in BLMK the overwhelming area of concern was the provision of mental health services and the ways they could access them. Many respondents remarked that there should be more support, signposting and information provided in schools. Many respondents said that worries and issues surrounding exams had a significant impact on their mental health.

Another key area of concern was accessibility to facilities for fitness and health. Over 16s expressed a concern that after GCSEs there wasn't any timetabled fitness/exercise or access to facilities within schools. Many of the respondents would like to see access provided at schools as it was easier and free. A significant number of respondents felt that private and council health and fitness facilities were simply out of reach because they were so expensive.

*"Have more facilities and education for people of Asian origin to do with their diets and heritage leading to diabetes and heart conditions."*

*"Mental health support in schools - mental health is discussed in life skills lessons but there isn't any practical support available This is especially acute during exam periods in school."*

## Faith groups

The events we attended across BLMK gave us with the opportunity to engage with around **150 people from within the Asian communities**. This included attending faith groups within the Sikh, Hindu and Muslim community. For a significant proportion of these groups there is a desire to have information and support to lead a healthier lifestyle to tackle obesity and diabetes in their communities but one of the key barriers is language. One particular person explained that cooking skills and recipes still remained to be cooked using traditional ingredients which were detrimental to health, however, due to lack of language appropriate advice many people continued to cook in this way as they simply didn't know any different. There was also a desire to have information and support through targeted events as opposed to leaflets.

## What progress has been made before?

In recent years we have worked with communities across BLMK to help inform and shape services (see Appendix X) and this work has informed many of the areas of development outlined throughout this local plan. We continue to develop our system-wide and co-design approach to engagement, following successful working together on areas such as maternity services.

## What do we plan to do next?

We are committed to ongoing engagement with local communities. We have further meetings planned already with a range of groups to support delivery of the priorities that have been agreed locally and at scale. We will continue local conversations to understand what matters to local people and in implementing the commitments in this plan will take a co-design/production approach.

## What difference will this make to people across BLMK?

We want to build on the opportunity the NHS LTP presents to have broader conversations – informed, regular with representatives from across our diverse communities. This will ensure the patient voice guides us and enables us to plan and deliver services that will best meet local needs and change things together.

## How will we know we're making a difference?

We monitor performance as well as patient and public experience/ feedback in different ways. As we demonstrate improvements in experience as a result of local involvement eg. local maternity services; patient forums/ groups, we expect to see more people wanting to get involved. If we are getting it right, we would also expect to see a reduction in concerns being raised to Healthwatch and through our own channels.

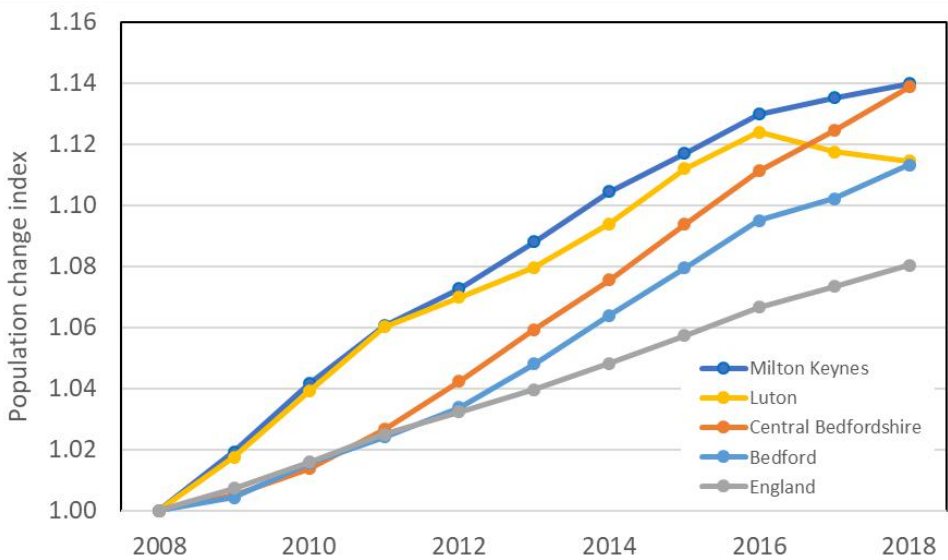
# Population Change in Recent Years

DRAFT

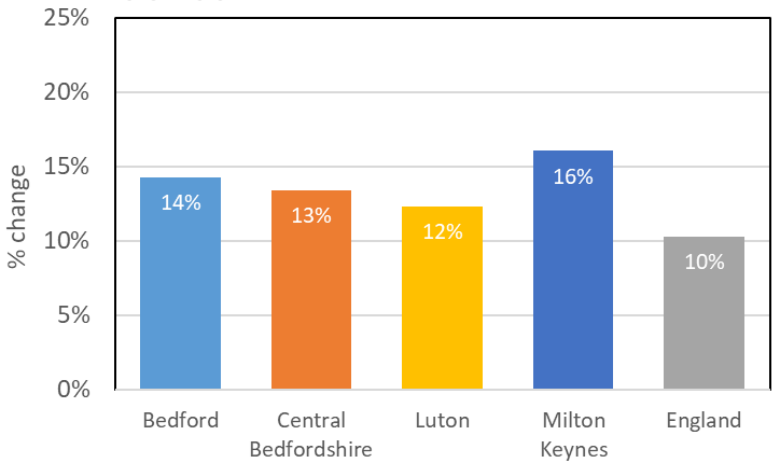
BLMK’s population has grown faster than average over the last 10 years, **rising by 13%** from 830,900 in 2008 to 935,500 in 2018, compared to 8% across England overall.

Growth has been **highest in Milton Keynes** and **Central Bedfordshire**. These changes reflect the impact of high levels of house-building as well as ‘natural’ change (the balance of births and deaths).

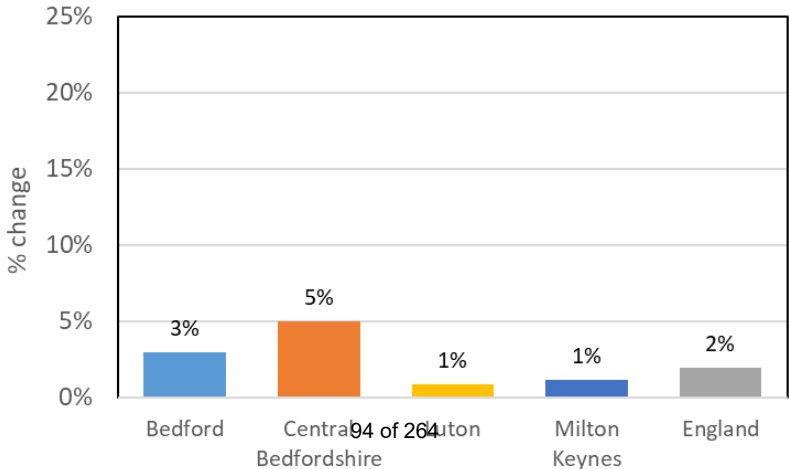
As the population has changed, services have had to adapt. While growth in the working age population has been modest, there has been **significant growth in the school-age population** (14% increase in children aged 5 to 14 in the last five years) and the **older population** (18% increase in the over 85s in the last five years), putting **pressure** on schools and services for children as well as health services generally.



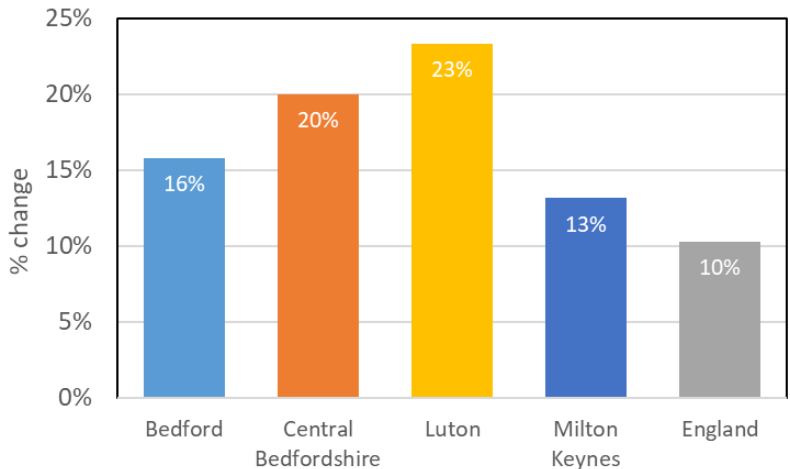
% change in population aged 5 to 14, 2013-2018



% change in population aged 15 to 64, 2013-2018



% change in population aged over 85, 2013-2018



# Population Change in the Future

DRAFT

Our local authorities outline planned levels of housing growth in their Local Plans:

Local Authority	Planned annual housing delivery
Bedford Borough	950
Central Bedfordshire	1,600
Luton	890
Milton Keynes	1,766

In addition to current local commitments, the 2017 Report of the National Infrastructure Commission on the **Cambridge-Milton Keynes-Oxford Arc** raised potential expectations for growth in our area, calling for a million new homes by 2050. This report has since been endorsed by government. BLMK is at the centre of the Arc and may need to provide **up to 300,000** new homes, a near doubling of homes in BLMK over the next 30 years. We don't yet know the exact level of growth or where additional homes would be located as sites would be agreed through the local planning processes, influenced by the planned Oxford to Cambridge road and rail links.

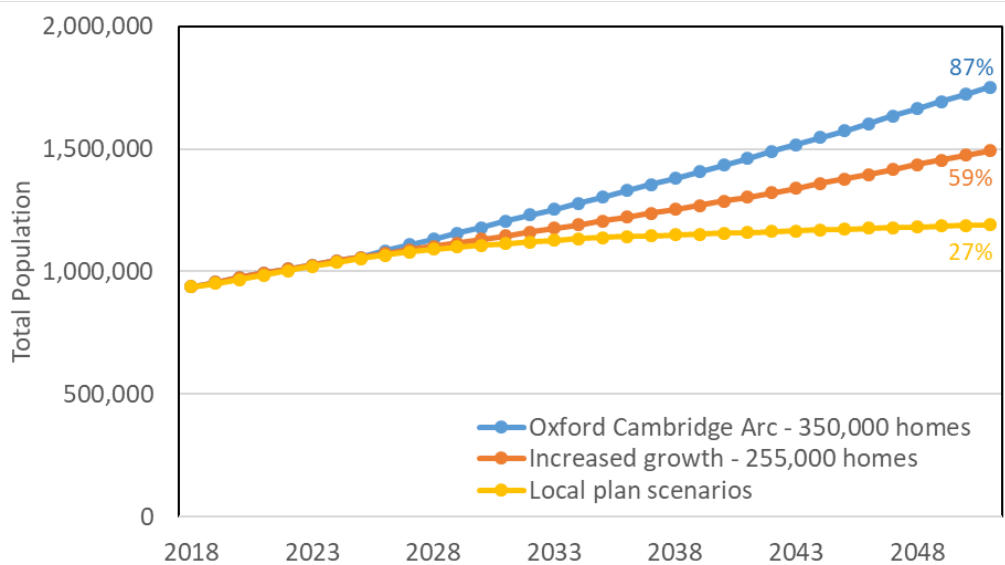
## Population implications

Continued housing growth in BLMK will have significant population implications. If the levels of growth currently set out in local plans continue, the population will increase by a quarter by 2050, however the high levels of growth associated with the Arc could see the population increase by nearly 90%. This would include an 80% increase in the number of children and young people, a 70% increase in the working age population and nearly 150% increase in the population aged over 65. As plans evolve, we will refine these forecasts.

## Health and Care Infrastructure and Workforce

Our health and care services will need to grow significantly to serve this continued growth. If services continue to be delivered as they are now, this level of growth would require around 20 additional Primary Care Networks, double the current acute hospital capacity, and around 400 additional extra care homes. Similar increases in workforce would be required. This is addressed later in the plan at Workforce in Chapter 5.

Potential population growth scenarios to 2050



As our population grows it is vitally important that health and social care resources grow to match, to avoid our population being disadvantaged. We will work with NHS England and Improvement to ensure that happens.

# Our Partnership

Our Vision and Aims

Our Partnership Focus

Our Partnership



BLMK Longer Term Plan  
**Chapter 2**

DRAFT





# Our Vision

The original BLMK STP (Sustainability and Transformation Partnership) committed to the Institute of Healthcare Improvement’s triple aim. Our 2019/20 System Operating Plan broadened it out to the quadruple aim, including a supportive environment for our staff (see Figure 1).

This is a nationally endorsed approach which NHSE/I are considering putting into legislation. Other ICSs (e.g. Frimley Health and Care) have adopted the quadruple aim as their focus. It is consistent with what we have heard in our engagement and provides a clear focus.

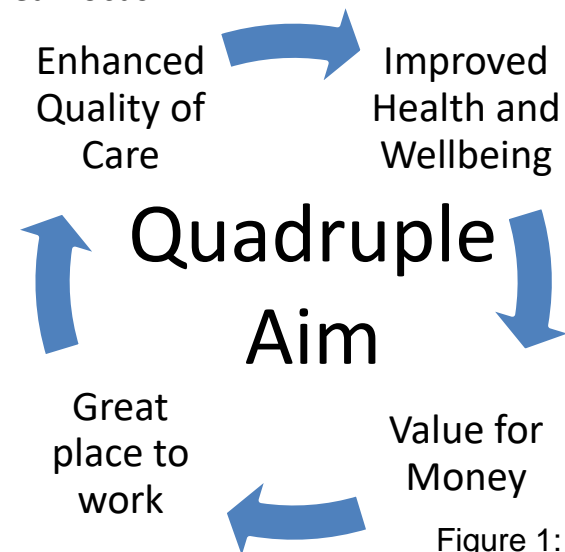


Figure 1: The Quadruple Aim

Our vision is therefore “Improving our people's health, enhancing their quality of care and being a great place for our staff to work, all whilst delivering value for money.”

# Our Aims

DRAFT

Aim	What this will mean for people	How will we know we have succeeded?
Improved Health and Wellbeing	We want every person in Bedfordshire, Luton and Milton Keynes to live healthy lives for as long as possible	<ul style="list-style-type: none"><li>• Healthy life expectancy</li><li>• Reduced gap in life expectancy at birth</li><li>• Improvement in population wellbeing (exact measure TBC)</li></ul>
Enhanced Quality of Care	People have access to personalised, high quality health and social care that considers what matters to them as individuals.	<ul style="list-style-type: none"><li>• All organisations in BLMK to be assessed as good or better by quality regulators.</li><li>• Other measures of quality being developed with BLMK co-production group.</li></ul>
Value for Money	In achieving the other three aims, the best use is made of the public sector pound.	<ul style="list-style-type: none"><li>• Living within our resources</li><li>• Best use of public sector pound</li></ul> Directors of Finance are defining these measures
Great Place to Work	We want those working in health and care in BLMK to feel valued and to enjoy their work.	Measures being developed to align with the NHS People Plan

# Our Partnership Focus

DRAFT

Adding to the wider vision, and drawing on the rationale of why we need to change and improve, we have agreed some specific areas of focus as a partnership. Our Partnership focus is the golden thread running through our longer term plan.

## Priorities

1

**Working in and with communities to improve wellbeing and health**, including tackling social isolation and reducing health harming behaviours.

2

**Focusing on wider determinants of wellbeing and health** with action on:

- Housing and Growth
- Education
- Poverty and Prosperity
- Reducing Carbon Footprint

3

**Proactive, multi-agency/disciplinary primary and community care.** Aligned at Primary Care Network level and delivering holistic care based using population health management approaches.

4

**Merger of Bedford and Luton Hospitals** to create more efficient and resilient secondary care.

## Immediate Focus

**Reducing avoidable unscheduled care across the system.**



**Personalised care and support from all sectors**

**Social Prescribing –** supporting and coaching people to address non-medical needs

**High Intensity Users –** Helping those frequently accessing services through proactive support.

## Enablers

### Digital.

Need shared information across LA and NHS care services for population health management and shared best practice on digital services.

### Integrated Care Partnerships.

Being developed in Milton Keynes and for Bedford Borough, Central Bedfordshire and Luton



# How the whole system will come together

DRAFT

## Primary care networks (PCNs)

- Looking after a population of 30-50k, we have 22 in BLMK.
- We are strengthening primary care by creating 'networked' practices which will see GP practices and other out-of-hospital services join together to deliver proactive and integrated models of care for a defined population.

## Places

- Our four places (circa 200-300K) are our Local Authority areas – Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.
- They provide the footprints for effective joint working between health and local authorities on issues such as prevention

## Integrated care partnerships (ICP)

- Looking after a population of 200 to 800k - These partnerships are developing from our CCG footprints
- ICPs will integrate hospital, Local authority, mental health and community and primary care teams/services to ensure the most effective use of resources.

## Integrated care systems (ICS)

- Looking after a population of 1million+ - Our health and care partnership is a first wave ICS.
- Allows for whole system strategy and planning and develops accountability arrangements across a system. As an ICS we are able to implement strategic change and transformation at scale whilst managing performance and finances.

## Region

- With a population of 7 million - Working with other partnerships and NHS England (East of England) on a shared vision and objectives
- This is an agreed system 'mandate' which holds systems to account and allows for system development intervention and improvement.

Place holder – Additional slide on our partnership arrangement following CEO workshop

# Summary of Place Priorities

Luton

Milton Keynes

Central Bedfordshire

Bedford Borough



BLMK Longer Term Plan  
**Chapter 3**



## ONE MK: Our Partnership

Our partnership is a collaboration between commissioners and providers.

**Our partnership includes:**

- CNWL Foundation Trust
- Healthwatch MK
- Milton Keynes Clinical Commissioning Group
- Milton Keynes Council
- MK GP Federation
- MK University Hospital FT
- Primary Care Networks
- Public Health
- Voluntary and community partners.

Together, our vision is to be a place of strong communities in which everyone is able to stay well, take control of their wellbeing and when support is needed, receive the best wraparound, integrated health and care services.

## Our Priorities

Our priorities are interconnected with our Health & Wellbeing priorities for **Staying Well** – a strong focus on prevention, **Closing the Gap** – reducing inequalities in life chances and **One MK** – an integrated, innovative approach to health and well being.

- **Health Communities and Prevention**
  - Reducing health inequalities, focusing preventions for vulnerable groups, support for dementia & self-care.

- **Primary and OOH Care** – *Urgent on the day care*; proactive care and personalisation.
- **Maternity, Children and Young People** – A stronger start in life for children and young people; children with complex care; improving maternity care.
- **Major Health Conditions** – Better care for major health conditions and improving outcomes such as Cancer, Mental health, Cardio Vascular Disease and Stroke. Shorter waits for planned care.
- **New Models of Care & Enabling Work streams** – Population health management reducing inequity and increasing system resilience.

## Our Population

The resident population of Milton Keynes is predicted to rise to around **305,300 by 2035**, with the greatest increase expected to be those aged **80 years and over**.

- The most deprived wards in Milton Keynes are Woughton and Fishermead.
- Out of 326 Local Authority areas, Milton Keynes is ranked as **181<sup>st</sup> most deprived in England**.
- In Milton Keynes the life expectancy from birth in the most deprived area is at least **seven years less than in the least deprived area**.

### What do we plan to do?

Working in partnership and making decisions collectively is essential to our plans.

- **Improve outcomes** through prevention, community resilience and self-care.
- **Build local integrated working** across all ages both for physical and mental health wellbeing.

- A **'complete care community'** built around patients and for patients – right care in the right place, at the right time.
- Have **access to the right information, advice and care services** to assess, treat people.
- Streamline pathways to **personalise care** focusing on the individual's needs and goals.
- Increase **system resilience** by developing joint plans on system enablers – including workforce, digital and estates.
- **Engaging MK people** in our system transformation.



**An integrated, innovative approach  
to health and wellbeing**





## Summary of priorities for Luton Place

## Our Place

The Luton Transformation Board is the forum where senior partners across the Luton health and social care system undertake collaborative planning, regular reviews and assessment of the impact of Primary, Community and Social Care Services.

Our Transformation Board includes health and social care partners from statutory, voluntary and community organisations, including:

- Luton CCG;
- Luton & Dunstable NHS University Hospital Foundation Trust;
- East London NHS Foundation Trust;
- Herts Urgent Care (111 and GP out-of-hours service);
- Healthwatch Luton;
- Age UK;
- Voluntary Works;
- Beds and Herts Local Medical Committee;
- Luton Borough Council;
- Cambridgeshire Community Services NHS Trust;
- Primary Care Networks;
- East of England Ambulance Service NHS Trust;
- Keetch Hospice;
- Virgin Care;
- Bedfordshire Local Pharmacy Committee.

**Our ambition:** Luton is a more equitable place where people thrive, have the opportunity to live a healthy life mentally, socially and physically, and maximise their potential.

## Our Priorities

- 1 Every child in Luton achieves the level of development needed in their early years to provide the **foundation for a healthy life**.
- 2 Every child is **healthy, including having a healthy weight and good oral health**.
- 3 Every child and young person has access to **good educational support** when needed.
- 4 Every young person in Luton is **safe, skilled and equipped to be successful** throughout their life.
- 5 Every adult in Luton is **physically and mentally healthy** and able to thrive.
- 6 Every adult in Luton has **access to training to develop skills**, and access to the **good employment** required to drive our commitment to eradicate poverty.
- 7 Everyone in Luton lives in **good quality housing**, has **access to green space and good air quality**.
- 8 Everyone in Luton has the level of **meaningful social contact** that they want.
- 9 Everyone in Luton lives the **end of their life with dignity** in the place of their choice.

## Our Population

Luton is home to around **210,000 people** and this is expected to **increase by around 30,000 people** over the **next 20 years**. Luton has a **high population density**; 4,736 people per square kilometre compared to 408 across England, plus significant inward and outward migration. Between the 2001 and 2011 Census around 70% of the population changed.



## Summary of priorities for Luton Place

Luton is ethnically diverse with around **55% of the population** from Black, Asian and Minority Ethnic groups and **75% of school pupils** from Black, Asian and Minority Ethnic groups. **Half of our children do not speak English as their first language**.

Luton has high levels of deprivation and low levels of life expectancy (compared to England as a whole) and there is a large gap between the least and most deprived areas within Luton (**7.1 years for males and 5.3 years for females**).

## What do we plan to do?

The Transformation Board will ensure delivery of the overarching place-based strategy through:

- Working in partnership with local health and care organisations to **agree shared priorities to address inequalities**.
- **Making better use of health and care data** to improve how health and care services address the wider health determinants such as housing, access to good employment and early intervention for mental health concerns.
- **A shared understanding of the collective resources available** within Luton to maximise the positive impact of combined public and community resources including evidence-led preventative action.
- **Simplifying and standardising care pathways** across Luton by establishing a co-production approach with local people, e.g. re-imagining mental health.



## NHS Long Term Plan

### Summary of priorities for Bedford Borough

#### Our population

The resident population of Bedford Borough is expected to rise to around 200,000 by 2035, and the number of over 85s will double to 8,300.<sup>1</sup>

The most deprived areas of the Borough are in the Castle, Harpur, Cauldwell, Goldington, Kingsbrook and Queens Park wards.<sup>2</sup>

Life expectancy at birth for males from the most deprived areas is 11.4 years less than those from the least deprived areas. For females the difference is 7.0 years.<sup>3</sup>



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#### Our ambition

Our ambition is that:

- Bedford Borough residents are able to live healthy, thriving lives
- Health and care services are high quality, good value and designed around people's needs
- Residents, service users and carers are active and equal partners in their health and care.

In everything we do we will seek to reduce health inequalities, give equal prominence to mental and physical health, and protect the most vulnerable from abuse.



## NHS Long Term Plan

### Summary of priorities for Bedford Borough

#### Our priorities and what we plan to do

- 1: Understanding our communities** - Finding out what matters to them, and improving our understanding of what drives poor health, unwarranted variation and demand for services so that we can make a difference.
  - Engage with communities to understand what is important to them and co-produce solutions.
  - Develop a better understanding of the factors driving demand and growth and work together to address them.
- 2: Enabling people to live healthy, thriving lives** - Prioritising prevention in all our services, but also measures to address wider determinants of health such as encouraging inclusive employment practices.
  - Work collaboratively to implement the Population Health Framework for Healthcare Providers. <https://nhsproviders.org/population-health-framework>
  - Increase referrals to local behaviour change services, with a particular focus on pregnant women and people with long term physical and mental health conditions.
  - Increase the uptake of routine screening, immunisations and NHS Health Checks by addressing unwarranted variation and inequalities.
- 3: Transforming the local health and care system** - Working with residents to ensure they have the knowledge and confidence to look after their own health where possible and have access to high quality local health and care services when they need them.
  - Oversee development of the Primary Care Networks, including the new clinical pharmacist and social prescribing link worker roles.

- Work together to address the immediate pressures facing the local health and care system.
- Support the development of the hospital to meet the growing demand for acute services, including development of a 'Same day Emergency Admissions Unit'.
- Oversee local implementation of the BLMK Local Maternity System Plan, BLMK Children and Young People's Commissioning Strategy and Urgent Care Strategy for Children and Young People
- Ensure the school-based mental health workforce is integrated effectively with school nursing and primary care services.
- Reduce unwarranted variation in treatment and outcomes for cardiovascular disease, diabetes and respiratory disease.
- Work with the BLMK Cancer Board to implement best practice pathways for Breast, Lung, Colorectal and Urology services, including 7 day access to diagnostic services.
- Oversee local implementation of the Five Year Forward View for Mental Health, including improvements to crisis care and the integration of psychological support with long term conditions services.
- Redesign outpatient services to increase access in primary care settings, for example teledermatology.
- Ensure that interventions that support older people with frailty and disabilities to remain Independent are integral to the Primary Care Network model.
- Oversee implementation of the Falls and Fragility Fracture Prevention Strategy.

Footnote  
1: Office for National Statistics: Subnational population projections for England: 2016-based.  
2: Office for National Statistics: English Index of Deprivation 2015.  
3: Public Health England: Public Health Outcomes Framework, Indicator 0.20/inequality in life expectancy at birth, 2015-2017.

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## Summary of priorities for Central Bedfordshire

### Our Partnership

Central Bedfordshire Health and Wellbeing Board and its Transformation Board bring together partners across the system who, together, are determined to improve outcomes for local people and reduce inequalities, now and for future generations.

#### Our Boards include:

- Central Bedfordshire Council;
- Bedfordshire Clinical Commissioning Group;
- Healthwatch Central Bedfordshire;
- Bedford Hospital NHS Trust;
- Luton & Dunstable NHS University Hospital Foundation Trust;
- East London NHS Foundation Trust and Primary Care.

Our partnerships also extend to hospitals, including East and North Hertfordshire NHS Trust (Lister Hospital), Milton Keynes University Hospital (MKUH) NHS Foundation Trust and our Independent Care Providers.

### Our Priorities

Our Health and Wellbeing Strategy sets out three main priorities to:

- **Drive change to improve mental health and wellbeing** for people of all ages.
- Enable people to **optimise their own and their family's health and wellbeing**.
- Ensure that **growth delivers improvements in health and wellbeing** for current and future residents.



## Summary of priorities for Central Bedfordshire

### Our Population

The resident population of Central Bedfordshire is **currently around 288,000** and is predicted to rise to around **335,000 by 2035**, with the greatest increase expected to be of those aged **85 years and over**. This growth presents both opportunities and challenges to ensure that everyone benefits equally from the developments.

Central Bedfordshire is a relatively affluent area where overall **life expectancy** for men is **81.4 years** and for women it's **84.4 years**. However, Healthy Life Expectancy shows that residents live **15 to 17 years in poor health** and there are unacceptable inequalities illustrated by a **life expectancy gap** between the least and most deprived areas, of **seven years** for men and **six years** for women.



### What do we plan to do?

By embedding a population health approach, we will:

- 1 Ensure that **we focus on what matters to service users and carers**, understand how they use services now and how we can build stronger neighbourhoods.
- 2 **Support people in making positive changes to their lifestyle** and ensure we tackle the wider determinants of health, requiring a partnership approach.
- 3 **Transform health and care for our communities and staff** – providing accessible integrated care around people and communities.
- 4 **Develop our partnerships** so that we can work more effectively to deliver our vision.

This will ensure that:

- Children and young people **have the best start in life**.
- **People take responsibility** and are able to manage their own wellbeing and health.
- **Older people age well**, with proactive interventions to stay healthy and active as long as possible.
- **Inequalities are reduced**.

# Improved Health and Care

Population Health  
Population Health Management  
Primary and Community Care etc

**DRAFT**

BLMK Longer Term Plan  
**Chapter 4**





# The BLMK Approach to Population Health

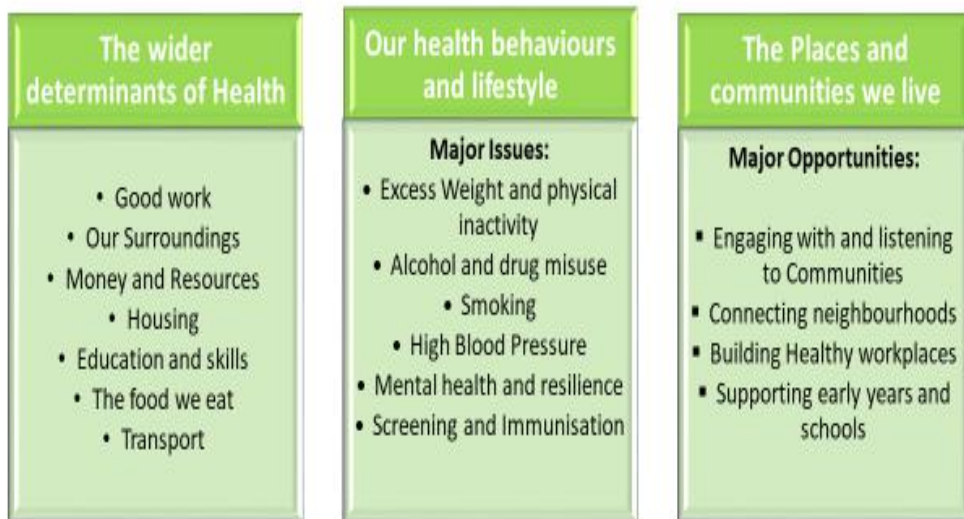
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What this means in terms of our Partnership Focus – working with communities to improve wellbeing and health.

## Our population health approach

Population health means going beyond providing great care and treatment to people.

It means working with communities and partners to tackle the wider determinants of health and addressing inequalities to improve physical and mental health and wellbeing.



**Underpinned by an effective health and care system:**

- A digitally enabled integrated health and care system using a population health management approach
- Delivering integrated pathways and care to prevent, detect, manage and recover from ill health

Adapted from: Kings Fund Four Pillars of a Population Health System and Morecambe Bay's Double Pentagon

We are working in and with communities to improve wellbeing and health, including tackling social isolation and reducing health harming behaviours.

There are several examples where communities have been supported to build on the assets already existing to improve health and wellbeing e.g. development of social movements in Milton Keynes and Luton. Social Prescribers and Village Agents in Bedford Borough and Central Bedfordshire are helping to connect people within their communities as well as building capacity.

However, we know that there is more to do and we are one of four areas participating in this year's cohort of the Building Health Partnerships programme. This will enhance relationships between the Voluntary, Community and Social Enterprise sector and our partnership to deliver improvements to care and health for local people. Alongside tangible benefits for people, the process will also support culture change and new ways of working.

We are also considering the role of volunteering, both in terms of additional capacity in health and care and as a means of tackling social isolation.

The forthcoming “Be Part of Something” campaign we are planning will emphasise the potential for people to connect with local communities through groups or volunteering opportunities. This will be supported by online resources to find groups and for people to create their own group where one doesn't exist. This will go live in 2020.

Specifically with regard to obesity, we are attempting to address the multiple and complex causes of obesity through a set of coordinated actions which together will help to create a local environment where healthy choices are easier. Our approach is being developed with local communities but initiatives could include working with businesses and schools to make healthy food choices more accessible, and supporting local communities to be more active through their travel, work and education.

# What this means in terms of Our Partnership Focus – Action on wider determinants of wellbeing and health

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## Housing and Inclusive Growth

As Slide 18 sets out, housing growth is significant in BLMK and the level of growth associated with the Oxford-Cambridge Arc could see the population increase by over 80%.

In all new developments in BLMK we will seek to apply the *Putting Health into Place* principles. [1] We will ensure that adequate health and social care infrastructure is developed to meet the needs of new communities, and that as far as possible new facilities are developed in a way that enables integrated care and promotes community cohesion.

Good quality, safe and secure housing is fundamental to good health and wellbeing. There is a particular focus on improving quality across the private rented sector as well as meeting overall demand for housing.

The recent Public Health Reports in Bedford, Central Bedfordshire and Milton Keynes outline the links between housing and health, with recommended actions to improve outcomes. Luton's report is focused upon inclusive growth. Links can be found in Chapter 7.

## Anchor Institutions

The term anchor institutions refers to organisations such as hospitals and councils that are rooted in an area by virtue of their mission, buildings and relationships with local people. [2] All partners within the ICS have important roles as Anchor Institutions including their ability to help address wider determinants such as poverty and reducing carbon footprints.

In terms of spending locally, in pursuit of their goal of eliminating poverty by 2040, Luton Council are proposing that over the next five years they will increase the proportion of their goods and services bought locally. Similar discussions and commitments are being considered by other ICS Partners as part of the broad range of initiatives to increase prosperity and reduce worklessness.

We recognise the impact of the delivery of care on climate change and the impact of climate change on health e.g. air pollution and flooding. Partners within the ICS are committed to minimising their carbon footprint, looking at the delivery of care and procurement of services. Each NHS Trust has a Sustainability and Development Management Plan in place which sets out how they are reducing their carbon footprint.

Anchor institutions also need to support the health and wellbeing of their workforce, patients and visitors. This includes adopting and implementing Smokefree Trusts [3] and by taking every opportunity to embed prevention as part of care and not just tackling the presenting condition.

By adopting a partnership focus we can reduce inequalities, increase healthy life expectancy, reduce social isolation and improve wellbeing

[1] *Putting Health into Place*, <https://www.england.nhs.uk/wp-content/uploads/2018/09/putting-health-into-place-v4.pdf>

[2] Graham Reed et al., *Building healthier communities: the role of the NHS as an anchor institution*, Health Foundation, August 2019

[3] See Duncan Selbie Blog <https://publichealthmatters.blog.gov.uk/2018/05/31/progressing-a-smokefree-nhs/>

# Population Health Management in BLMK

## Population Health Management

Population health management improves population health by data driven planning and delivery of proactive care to achieve maximum impact. [1]

It includes population segmentation and other methods to identify ‘at risk’ groups; designing and targeting interventions to prevent ill-health, to improve care and support for people with ongoing health conditions and reduce unwarranted variation in outcomes.

### What is the context for delivery?

The NHS Long Term Plan expects that the NHS will deploy population health management solutions to support ICSs to understand the areas of greatest health need and match NHS services to meet them.

De-personalised data extracted from local records will enable more sophisticated population health management approaches, and by 2021/22 it is expected every Integrated Care System in England will have systems that support population health management.

[1] <https://imperialcollegehealthpartners.com/wp-content/uploads/2018/07/Population-Health-Management-Flatpack-Version-1.0-Final-Sent.pdf>

### What progress has been made as a system so far?

Our Population Health Management approach is based on understanding our population at a Primary Care Network Level. All Primary Care Networks have segmented their population as per the table below.

Ivel Valley South 35763	Generally well 24955		Long term conditions / Long term needs 9162		Complexity of LTC(s) and/or disability 1646
	Low risk 15041	High risk 9914	Low risk 1527	High risk 7635	High risk 2187
Children and Young People (0- 25)	8236	1808	371	377	55
Working Age Adults (26- 65)	6144	7208	914	4519	517
Older People	661	898	242	2739	1074

The most advanced Primary Care Networks are then developing their multidisciplinary care responses for these different segments of the population. For instance, following the completion of their population segmentation, The Watling Network have developed an Multi-disciplinary team approach to caring for those with frailty. This includes nurses working across the Primary Care Network to care for vulnerable over 66 year olds. In addition to this, the Network is working with their Patient Participation Group to deliver exercise programmes for this group and are now exploring greater integration with hospital care.

## Future Ambition: What do we plan to do next?

### 1. Developing our vision for population health management

We will work with national experts to develop our vision; ensuring that our population health management approach uses the wealth of data we already have, encompasses prevention and early intervention across the life course, and addresses the wider determinants of health such as housing, employment and education.

### 2. Strengthening the foundations for Population Health Management

- We will map and develop our population health management workforce capabilities
- We will support our Primary Care Network leaders to develop their population health management skills and literacy

### 3. Enabling data-driven system planning and quality improvement

- We will ensure that ICS and place-based planning continues to be informed by population health intelligence, and develop a more sophisticated understanding of the impacts of anticipated demographic growth
- We will develop a shared approach to monitoring population health outcomes, and provide resources for Primary Care Networks to identify and address unwarranted variation in health outcomes

### 4. Supporting Local Innovation

We will support each 'place' to evaluate, refine and – where appropriate – scale up Primary Care Network and other population health management solutions

BLMK has just been successful in our bid to join Wave 2 of the NHS England and Improvement Population Health Management Development Programme. We aim to use this accelerated 20 week programme to enhance the population health management capabilities of a group of Primary Care Networks so that by 2020/21 the majority of our Primary Care Networks will be using Population Health management approaches.

### What difference will this make for people in BLMK?

- Preventative interventions like screening and immunisations are accessible to those people who are least likely to seek them out
- People with long term conditions receive the support they need to effectively manage their conditions, in a way that is more tailored to their personal circumstances
- Professionals are able to better anticipate when someone is likely to develop additional health or care needs, and intervene to prevent or mitigate those additional needs.
- Health and care resources are used more effectively and matched to the needs of local communities.

### How will we know if we are making a difference?

- Patients report greater confidence to manage their own health.
- Professionals are able to recognise, record and support patients to address the social factors that often underlie physical and mental ill health issues.
- Reduced unwarranted variation in treatment and outcomes for cardiovascular disease, respiratory disease and cancer.
- Reduced growth in inappropriate hospital attendances and admissions, a key aspect of Our Partnership Focus..

## What is the context for delivery?

- This is one of our top priorities as a partnership – we believe it is fundamental to better, more sustainable care.
- Responsive, proactive and accessible primary and community health care is based around the lists of registered patients held by GP practices and must be delivered in partnership with a wide range of professionals who are supported to better understand the health and wellbeing needs of the local communities they serve.
- GPs will play a central clinical leadership role for patient care, supporting and directing the provision and co-ordination of high quality healthcare for those that are ill.
- Population health management (see previous section) will mean that increasingly care will be more proactive in support of our local residents with the highest and most complex needs.

## What do we know people are concerned about?

Engagement has consistently shown that people want improved access to primary care. This was a clear message from the Healthwatch engagement and 79% of survey respondents said that “improved access to GP services would help them stay well.” Our survey also showed people are willing to consider alternatives to a GP with 78% saying that would be willing to see another healthcare professional (such as a pharmacist or a paramedic) if they could be seen quicker.

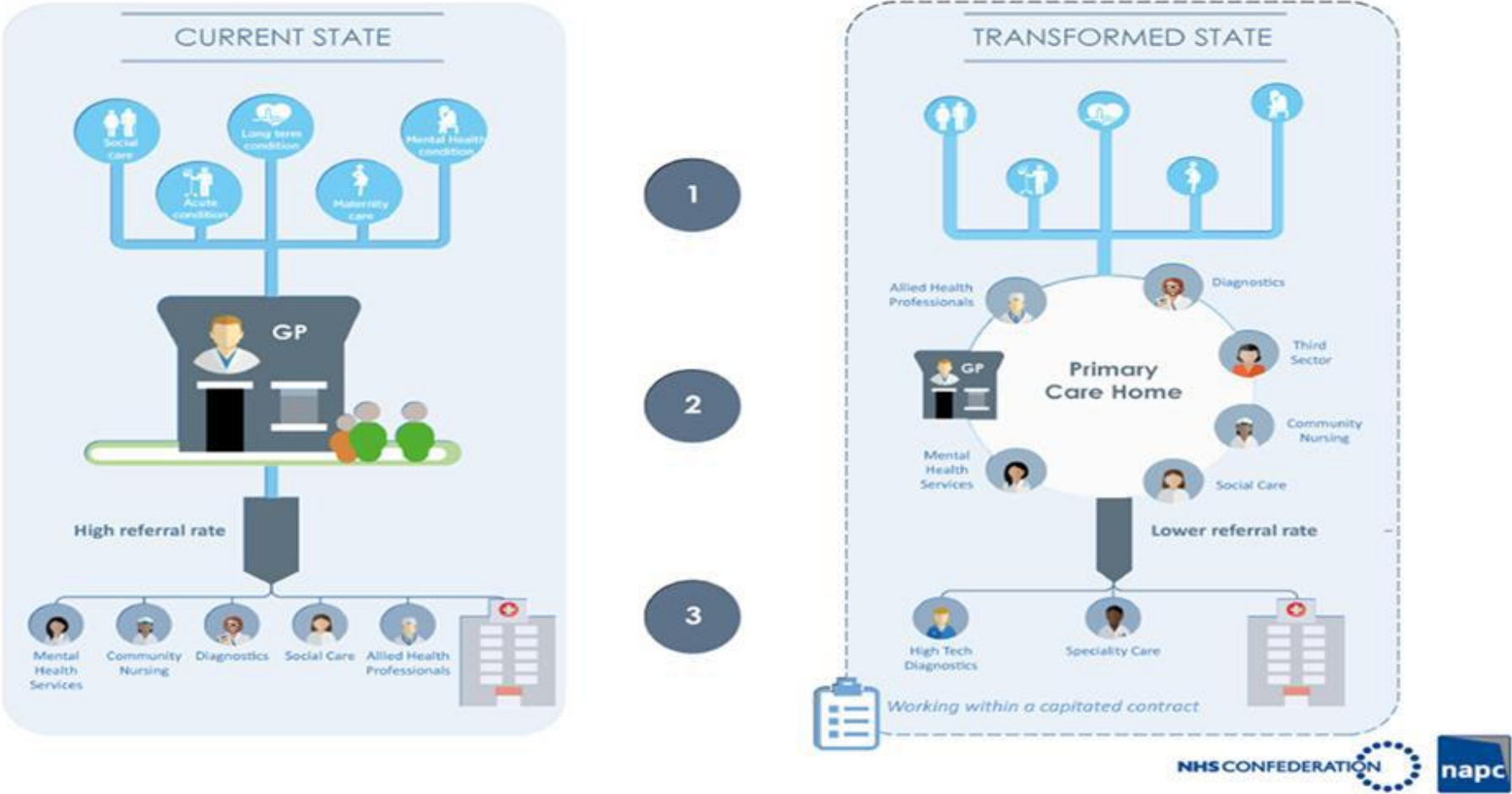
The issue of the join-up of service was also raised. When organisations work separately patients and residents are not always at the centre of services. This means that care starts and stops at the door of the organisations responsible for providing it or people, often at their most vulnerable, have the challenging task of navigating a complex health and care system.



What progress has been made as a system so far?

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Working with the National Association of Primary Care (NAPC) since April 2018 we have developed Primary Care Homes (PCH) model of care. The new model of care ‘a complete care community’ as depicted below fundamentally is built around patients, for patients to ensure that they get the right care in the right place at the right time.



We are utilising the 22 PCN across BLMK to bring together like-minded practices to formalise the 'Primary Care Home' model of care which can be described as:

- Provision of care to a defined, registered population of approximately 30,000 - 50,000
- An integrated workforce, with a strong focus on partnerships spanning primary, secondary, community and mental health and social care
- A combined focus on personalisation of care with improvements in population health outcomes (shared decision making and supported self-care)
- Aligned clinical and financial drivers through a unified, capitated budget with appropriate shared risks and rewards

So far across BLMK we have co-designed and tested an approach for developing fully integrated community-based healthcare through expanded community teams focused on identified and agreed priority patient population cohorts in 7 out of the 22 BLMK PCNs.

## Future ambition: What do we plan to do next?

Next we need to help the 15 other PCNs move to a model of fully integrated community-based healthcare

All our PCNs will be supported to develop in line with the NHS maturity matrix [1] with many being encouraged in future to go further faster utilising opportunities including the eight modules outlined in the national PCN development prospectus.

We will implement the 7 national service specifications on time. These are:

From April 2020

- Structured medication reviews and optimisation
- Enhanced health in care homes (see slide 39)
- Anticipatory care (see slide 39)
- Supporting early cancer diagnosis (see slide y)
- Personalised Care (see slide x)

From April 2021

- CVD Prevention and Diagnosis
- Tackling neighbourhood Inequalities

Further detail on this can be found in our Primary Care Strategy (see Chapter 7)

## What difference will this make to people across BLMK?

The implementation of the Primary Care Home model will mean that :

- Health, social care and voluntary community services work together so that our people receive care from the appropriate service or professional
- There will be more focus on enabling people to be seen and treated in a community setting or their own home.
- The GP remains central to patient care, able to coordinate care across all elements of physical and mental health and social care needs will reduce the need for people to be referred from one team to the next.
- People will be able to see a greater range of healthcare professionals directly in Primary Care starting with clinical pharmacists in 2019/20, physiotherapists and physician's associates in 2020/21 and paramedics in 2021/22 [1]. This should free up GP time and improve access.
- Social prescribing will be in place incorporating Social Prescribing Link Workers. This will help people to get access to local groups, activities and new hobbies. Individuals will have support tailored to their needs, ranging from very regular, intensive support to single-contact interventions.
- Patients will benefit by being able to access services quickly and will be helped to be more independent and manage their own health needs, understanding when and who to call for assistance if their condition exacerbates
- People at End of Life will be supported, through advanced care planning, ensuring they have choice and control over the decisions that influence the way they are cared for.
- As outlined in the section on Population Health Management, our care model will become proactive – identifying local residents who are susceptible to their health deteriorating and provider a much improved care co-ordination service for those with complex needs or without any formal/informal networks.

## How will we know we're making a difference ?

All PCNs are encouraged to consistently evaluate their progress as they develop their emerging 'new care models'. This includes:

- ✓ Identifying and agreeing system and PCN population health priorities
- ✓ Having a clear definition of the change that is required as a result of the population health intervention
- ✓ A balance of measures are agreed and in place to inform PCH decisions
- ✓ The PCN routinely reviews its chosen metrics

[1] The benefits of paramedics in primary care can already be seen at one practice in Luton <https://www.england.nhs.uk/2019/01/gp-practices-free-up-3000-extra-patient-appointments-through-primary-care-network/>



# A new NHS offer of urgent community response and recovery support

## What Is the Context for Delivery?

THE BLMK system is committed to honouring the *NHS Long Term Plan* goal of more investment in community health services. The Long Term Plan proposes that by 2024 the responsiveness of community health crisis response services will have improved to two hours of referral (in line with NICE guidelines), where clinically judged to be appropriate. In addition, all parts of the BLMK should be delivering rehabilitation/reablement care within two days of referral to those patients who are judged to need it.

## What progress has been made before?

Across our partnership there are teams in each place delivering an urgent care response and rehabilitation services, often jointly with Council teams. However none of the teams are currently delivering a two hours response consistently over a seven day a week period. The Home1st team in Milton Keynes and Rapid Response team in Luton all have the constituent parts and clinical leadership to meet this aspiration, but need to be connected with other parts of the system better and increase their capacity.

## What do we plan to do next?

Reducing avoidable unscheduled care is a clear priority. Therefore we are eager to bid to become Accelerator site as part of the national Ageing Well programme.

This will cover the whole of our partnership involve the three community health providers collaborating to a single model of delivery; fully involve the two 111 and Ambulance providers and work hand in glove with the three hospitals and four place based social care teams. All of these organisations fully support the application to become an accelerator site.

## What difference will this make to people across BLMK?

- Fewer people will need to be admitted to hospital - both for zero length of stay and longer admission periods
- We will focus on reducing the numbers being admitted into hospital from all types of care homes as a priority
- More people will retain their independence after they are discharged from hospital in a timely manner
- As an accelerator site we would want to consistently deliver the national standard for the 2 hours and 2 day response in the first quarter of 2021/22 – thereby fulfilling the Long Term Plan aspirations two years earlier than planned.
- All relevant health and care professionals will have access to the capacity available in urgent care teams on a live basis and will therefore use the teams more readily
- Delivering this change, will also reduce the bed usage in the three local hospitals – this is especially important as two of the organisations are merging and therefore need every support to manage bed capacity during this crucial time.

## How will we know we're making a difference?

Our urgent response and re-ablement teams will be rigorously evaluated to determine :

- Whether this approach is succeeding on all aspects of the quadruple aim
- Is delivering the national specification (that will be developed during this time)
- Are hospital bed days reducing
- Have rehabilitation goals for local residents improved
- Are the numbers of local residents moving permanently into care homes reduced

## Primary and Community Care - Enhanced Health in Care Homes

Those resident in care homes have some of the greatest needs for health and care

We are making good progress in implementing the *Enhanced Health in Care Homes Framework* across BLMK.

This contains a number of practical steps to improve care such as reviews of medication, the use of the Red Bag Scheme to help people going into hospital and more multi-disciplinary working. Details of implementation can be seen in Figure X.

More information on digital developments, including NHSMail and Wifi is on slide 92.

**DRAFT**

BLMK* Priorities: NHSE Enhanced Health in Care Homes Framework *System-wide schemes. There are other additional schemes at local level – CCG/LA		Bedford Borough 36 care homes in scope	Central Bedfordshire 38 care homes in scope	Luton 21 care homes in scope	Milton Keynes 27 care homes in scope
Element 1: Enhanced primary care support	Red Bag scheme	All residential and nursing homes 36/36 and 51 LD homes	All residential and nursing homes 38/38 and LD homes.	21/21 Care Homes	27/27 Care Homes
	Medication reviews programme	All residential and nursing homes 36/36 All care homes (CQC registered) have access to an annual clinical pharmacist review, anticipated coverage, 100%, subject to capacity.	All residential and nursing homes 38/38 All care homes (CQC registered) have access to an annual clinical pharmacist review, anticipated coverage, 100%, subject to capacity.	17/21 Care Homes. Plans in place to increase coverage via risk stratified approach.	27/27 Care Homes
	NHS 111 *6 bypass for care homes	All residential and nursing homes 36/36	All residential and nursing homes 38/38	All residential and nursing homes 21/21	Not required as already in place for 27 / 27 care homes
Element 2: Multi-disciplinary team (MDT) support 35 care homes in BBC and 32 in CBC	Complex case management	Referral to fortnightly cluster MDT. 1/36 NH has commissioned enhanced primary care support.	All residential and nursing homes 38/38 <i>Enhanced service pilot Ferndale NH and Flitwick practice commenced.</i>	All residential and nursing homes 21/21 EMOC with CCS in all Care Homes	27/27 Care Homes <i>Home first rapid response</i>
	Telehealth and telemedicine schemes	Whzan live in 5/36 care homes	Whzan in 7/38 homes. QTUG falls risk assessment equipment in 4 homes.	4/6 Nursing homes 2/15 Residential homes <i>Pilots: Whzan and LDH Video-conference triage</i>	0/27 Care Homes Plans being developed to address this
	Trusted Assessors	BHT assessor supporting majority of BBC care homes 35/36	Trusted Assessor role is in place at L&D and BHT. TA supporting 32/38 care homes.	Local agreement – not required.	27/27 Care Homes <i>Newly appointed to cover all homes</i>
Element 4: High quality care	Hydration training (reducing UTIs)	36/36 Care Homes Assistant Practitioner leading Drink Well project	38/38 Care Homes Assistant Practitioner leading Drink Well project	21/21 Care Homes	3/27 Care Homes <i>Rollout to other homes to commence 6<sup>th</sup> June.</i>
Element 5/6: Joined-up commissioning & collaboration between health, social care – and care home sector	Shared workforce planning for care home and domiciliary care staff	BLMK workforce development programme in progress.	Joint workforce planning in place for 38/38 via CBC Care Association.	BLMK workforce development programme in progress.	BLMK workforce development programme in progress.
Element 7: Harnessing data and technology	Nhs.net	14 care homes have NHS.net address, 6 in progress.	13 care homes have NHS.net address, 10 in progress.	16/21 Care Homes, 5 in progress.	6/27 Care Homes <i>Plans progressing to introduce to all</i>
	Enhanced WiFi	20/36 Wi-Fi audits completed	3/38 Wi-Fi audits completed	9/21 Wi-Fi audits completed. Full coverage by end June.	Wi-Fi audits underway. Planning for procurement & roll out.
	System 16 of 264 home module	2 Residential homes confirmed for pilot	2 Nursing homes confirmed for pilot	2 Nursing homes confirmed for pilot	2/27 Care Homes at 'silver' level. <i>Plans progressing to introduce to all</i>

## What is the Context for Delivery?

In our daily lives, the use of technology has transformed the way we live our lives with many of us now using digital platforms and Apps to do our shopping, banking, holiday bookings etc. Routinely, many of us also use technology to source information and manage our health and well being. Previously the use of technology across healthcare and well being services has been limited and where technological solutions have been available awareness and adoption has been partial.

The *NHS Long Term Plan* states that ‘people will be empowered and their experience of health and care will be transformed, by the ability to access, manage and contribute to digital tools, information and services’ adding that over the next five years, ‘every patient will be able to access a GP digitally, and where appropriate, opt for a virtual outpatient appointment.’ [1]

Across BLMK we are aiming to improve our digital technology to enable individuals to access, manage and contribute to their health and well being journey. This includes developing alternatives to face-to-face consultations i.e. video and online consultations, patient apps to enhance personal management of outpatient appointments, remote monitoring to support early diagnosis and reduce unnecessary admission to hospital and the use of wearable technology to improve health & well being and manage specialised conditions such as diabetes.

## What Do We Know People Are Concerned About?

- The potential for greater use of technology in service delivery was raised in our engagement, particularly amongst younger groups.
- 69% of our survey respondents said they would be happy to have telephone or online consultations as an alternative to face-to-face appointments. Those who were not often had specific reasons e.g. hearing difficulties and a requirement to lip read.
- The use of technology in supporting remote monitoring was highlighted as beneficial with 49% of respondents citing this as a positive step forward.

[1] NHS England and Improvement, NHS Long Term Plan, January 2019, pages 93 and 95

## What progress has been made in the system so far?

### GP Consultations

- 48% of GP Practices are now offering online consultations which allows a patient to contact the surgery email or text to report a new condition or send updated information via email or text. This covers approximately 50% of all our BLMK residents.
- 96% of GP practices in our partnership area now incorporates online options as part of their service (booking, repeat prescriptions, and access to records). We are also piloting primary care video conference patient contact.

### Care Homes

- In Luton a pilot with care homes is testing the adoption of a remote monitoring app for the most vulnerable patients to identify and treat health issues earlier, thereby reducing unnecessary admissions to the Emergency department. Early indications suggest this has reduced emergency presentations by 17% in this area.

### Primary & Secondary Care

- In Milton Keynes virtual clinics have been adopted within several specialities across the patient pathway including; Ophthalmology, Urology, Colorectal, Trauma & Orthopaedics (fracture clinic) resulting in improved pathways for patients and reduced visits to their local hospitals

### Mental Health

- Young People in Bedford Borough, Central Bedfordshire, Luton and Milton Keynes have access to “Kooth,” an online counselling and support platform.

### Outpatients

- Milton Keynes Foundation NHS Trust has developed the new MyCare Patient App. The MyCare App is a portal that currently enables people referred to MKUH outpatients department to; confirm their attendance for outpatient appointments, cancel their appointments or change the date / time of their appointment. Patients can also; see their test results online and view letters that have been sent from the hospital to their GP. At this time over 70,000 patients have registered to use this App to manage their outpatient appointments. (see next slide for more information)
- Bedfordshire are introducing a teledermatology clinic, to provide faster access and reduced the need for consultant outpatient appointments.

# MyCARE Patient App

## What is the MyCare Patient App?

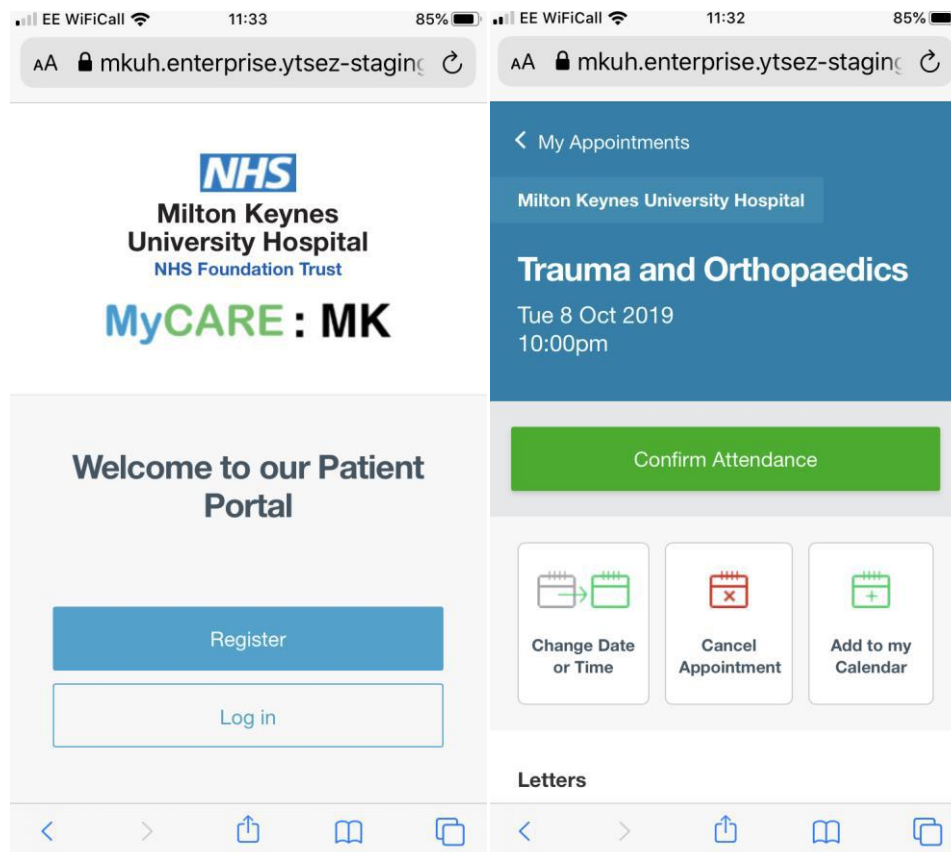
The MyCare App is a portal that currently enables Milton Keynes Hospital patients to;

- \*confirm their attendance for outpatient appointments, cancel their appointments or change the date / time of their appointment.
- Patients can also;
- \*see their test results online and
- \*view letters that have been sent from the hospital to their GP

## Any other developments planned?

Our clinicians are coming up with opportunities to engage with patients via the app all of the time. The next batch of developments may include;

- \*Allowing patients to utilise devices to inform their health care record
- \*Electronic consent forms
- \*Viewing your hospital patient record via your mobile



## What do patients say about it?

98% have no concerns about using the app  
95% found it Very Easy or Easy to register  
100% found it Very Easy or Easy to use the service  
"Do all NHS hospitals have a solution like this? It's fab!"

Results from MyCare patient portal Survey (September 2019)

## How will it benefit clinicians?

\*The app enables patients to cancel and change appointments which means these can be freed up and rescheduled, improving utilisation of clinic slots.  
\*Where patients choose to go 'paperless' it reduces costs for the hospital.  
\*Where test results show no reason for concern, patients can be reassured in a timely manner and managed within a virtual clinic saving them the time of coming onto the hospital campus.

## What Do We Plan to Do Next?

We will continue to transform the way we adopt and use technology to support and deliver our health and well being services to our residents so that patients and clients experience an optimum care pathway.

### Our ambitions for the future include:

- All GP practices will be offering online consultations by April 2021.
- Currently video consultations for patients are offered in two practices in Bedfordshire, plans are currently being developed to offer this functionality to all other practices across our partnership.
- Continuing to raise awareness and increase the availability and uptake of patient online services and the NHS App where available

## What Difference will this make to People Across BLMK?

- The increased use of digital technology in primary and outpatient care will ensure residents and patients have a greater range of options, improved support, and appropriately joined up care at the right time, in the optimal setting for their needs.
- The ability to take photographs and have them immediately available in the patient's record has transformed things for both the patient and clinicians at MKUH. Patients attending the dermatology clinic can now see their image electronically and immediately whilst they are still in the consultation room with the consultant to support diagnosis and plan of care. They also have the ability to see images at subsequent visits and as such can see the progression of conditions over the course of treatment cycles, thereby improving their care experience.
- Adoption of the remote monitoring Apps and shared care records will reduce the number of non elective admissions in hospital and ensure patients needs are assessed at the point of need and alert carers and clinicians to any deterioration so that necessary actions can be taken with limited delays.

## How Will We Know We're Making A Difference

We will monitor inputs, outputs and outcomes, which demonstrate;

- Increase in the number of GP Practices offering online and video consultations
- Sustained reduction in face-to-face outpatient appointments by a third by 2024
- Increased patient satisfaction levels in accessing GP & outpatient services
- Reduction in non elective admissions to hospital from care homes across BLMK
- Reduction in unnecessary patient travel, helping achieve our priority of reducing carbon footprint

# Elective Care - First Contact Practitioners

**DRAFT**

## What is the context for delivery?

The NHS Long Term Plan expects that systems should have scaled their provision of First Contact Practitioners (qualified autonomous physiotherapists who are able to assess, diagnose, treat and discharge) so that all patients across England have access by 2023/2024.

National evaluation of First Contact Practitioners pilot sites has demonstrated faster access to diagnosis and treatment for people with Musculoskeletal (MSK) conditions. [1] The First Contact Practitioners have supported more patients to effectively self-manage their conditions.

Health Education England (HEE) are supporting implementation of First Contact Practitioners, embedded within Primary Care Networks, from 1<sup>st</sup> April 2020. HEE have committed to funding 70% of the First Contact Practitioner roles in 2020/2021.

## What do we know people are concerned about?

Variation in waiting times for Physiotherapy

Limited capacity in General Practice with difficulties in booking appointments and having access to MSK-expertise

## What progress has been made as a system so far?

Bedfordshire CCG expanded its pilot to cover 60% of the population in Bedfordshire based on initial MSK First Contact Practitioner specification. This has led to an increase in patients with MSK conditions being managed within their GP practice with a reported positive patient experience

MK are piloting with a group of practices covering a population of 50,000 (20% of total MK population)

Luton are scoping the First Contact Practitioner model with alignment to the developing Primary Care Networks

## Future ambition : What do we plan to do next?

In line with 1<sup>st</sup> April 2020 requirement, Primary Care Networks will be supported to implement First Contact Practitioners roles for MSK.

Following full implementation of First Contact Practitioners across BLMK Primary Care Networks, further scoping of non-MSK roles will be carried out including dietitians, occupational therapists and podiatrists

There will also be promotion of MSK digital self-care applications to support MSK related exercises and pain management (any more detail?)

## What difference will this make to people across BLMK?

- Faster access to diagnosis, advice and treatment for MSK problems.
- Increase patient confidence in self care and self management
- Provide physiotherapy closer closer to home
- Free up GPs to deal with other health problems

## How will we know we're making a difference?

- Improved patient experience and outcomes
- Improved access to GP Practice appointments
- Reduction in the number of referrals to specialist MSK services



# Elective Care - Waiting time for Planned Surgery

**DRAFT**

## What is the context for delivery?

Patients should not expect to wait more than 18 weeks from the point of referral to treatment times (RTT).

We therefore need to increase the amount of planned surgery year on year to cut long waits and reduce waiting lists.

## What do we know people are concerned about?

Delays to planned treatment can be detrimental to patient's health and wellbeing and places strain on the wider health and social care system, including pain relief prescriptions, absence from work and in some cases, an increase in emergency presentations.

Patients would like to be informed of waiting times at the point of referral.

Being seen in the right place first time with access to health records and test results helps patients understand and manage their care.

## What progress has been made as a system so far?

- Processes are in place across both provider and commissioners to review and monitor delivery against the constitutional standards for 18 weeks Referral to Treatment Time and 52 week long waits. Where indicated, recovery plans are agreed to address the causes.
- Milton Keynes CCG and Milton Keynes University Hospital are a Wave 1 implementer site for the NHS E-Referral Capacity Alerts which provided a flag to referrers indicating that patients were unlikely to be seen within 18 weeks. This flag influenced the patient's choice of provider at the point of referral.
- All three CCGs have been assessed as compliant with the NHS Choice framework[1] and we continue to monitor and promote the offering of Choice at the point of referral

## Future ambition: What do we plan to do next?

We commit to delivering the standards set out in the NHS Long Term Plan and Implementation Framework regarding NHS-managed choice for patient's waiting at 26 weeks for treatment and the full roll-out of NHS E-Referral Capacity Alerts.

The acute providers and commissioners will undertake a review of the waiting lists across our system to identify capacity risks and solutions to ensure patients are treated in line with the NHS Constitution rights. [2]

Standardisation of measuring our system performance against RTT targets

## What difference will this make to people across BLMK?

People will have a greater choice of provider and earlier access to treatment

## How will we know we're making a difference?

- Reducing the time patients have to wait to receive treatment
- Reduction in number of 52 week long waits
- Improvement in patient experience
- Improvement in patient's health and wellbeing

[1] NHS England, *NHS Choice Framework*, April 2016

[2] *NHS Constitution for England*, October 2015

## Personalised Care

### What is the context for delivery?

Our Partnership Focus makes clear that we want personalised care and support for all. To support this we are an exemplar site for the Personalised Care Programme, working to embed the Comprehensive Model of Personalised Care across our health and care system. [1]

### What do we know people are concerned about?

Some people feel they would benefit from a more person-centred approach to their care planning and to have more control over the care and support that is offered to them.

What will help me to be as healthy and well as possible is “being involved in decision making”

Luton resident.

My future NHS looks like “a seamless service for all people, empowering the patient”

Bedford resident.

There are some people for whom our standard services do not fully meet their needs and/or achieve the outcomes they would like to achieve.

[1] NHS England, *Comprehensive Model of Personalised Care*, November 2018

### What progress has been made as a system so far?

Through our work as an exemplar site for the Personalised Care Programme, we have made good progress in implementing the key features of the Comprehensive Model of Personalised Care.

#### Personalised care and support planning

300 staff have had training on providing personalised care, with more sessions planned for this year to include a “train the trainer” model. We are reviewing care plan documentation and processes to ensure they encourage a person centred approach

#### Patient Activation Measure and Social Prescribing

Patient Activation Measure [2] questionnaires are now used across our system as part of social prescribing pathways. Social Prescribing is available and expanding across our system. As of April-September 2019 there had been 1333 social prescribing referrals, with 518 in Bedfordshire, 425 in Luton (April-August) and 390 in Milton Keynes.

#### Shared Decision Making

Establishing shared decision making (clinicians supporting patients to make a decision) initially with Chronic Obstructive Pulmonary Disease patients.

#### Personal Health Budgets

All patients now have a personal wheelchair budget. We are working to expand personalised care and budgets to more people across our system.

#### Co-production

We regularly consult across our system to support decision-making and have a co-production group of service users.

[2] The Patient Activation Measure helps to identify how confident people are in having the skills and knowledge to manage their own care.

## Future ambition: What do we plan to do next?

We continue to expand the personalised care approach, initially targeting the following groups of patients:

Mental Health (S117) and Learning Disabilities  
Long term conditions and frailty  
Maternity  
End of Life

### Mental Health and Learning Disabilities

We are developing a personalised offer for those entitled to Section 117 aftercare (people who have been admitted to hospital under the Mental Health Act 1983). This will include personal health budgets in readiness for the legal 'right-to-have' such budgets.

We recognise that Local Authorities have been leading work on personalisation for a decade and they, and mental health providers, will develop the skills and knowledge of people and staff to manage personal budgets and empower people with serious mental health illness to self-care.

Some people with complex mental health needs or Learning Disability clients are living in their own homes or supported accommodation and receive complex packages of care, whilst being assessed for suitability of personal health budgets.

### Continuing Healthcare (CHC)

We will continue to work together to further develop CHC functions, processes and policies in order to ensure a high-quality personalised approach. We are committed to Personal Health Budgets being the default position for those receiving domiciliary care.

### Long-term Conditions and Frailty

We will continue to make use of frailty index risk assessment tools in order to identify those who would benefit from personalised anticipatory care and support planning, self-care management, health coaching, community support, advice and guidance, navigation and rapid response MDT intervention, to identify and monitor those at risk of acute admissions.

### Maternity

Particular focus will be on ensuring that all women have a personalised care plan by 2021, developed with midwife and other health professionals support, which sets out personal decisions about care, and wider health needs and is kept up to date as pregnancy progresses.

We will ensure that Personal Maternity Budgets are developed as part of our core offer.

### End of Life (EOL)

We are currently transforming EOL care to include a focus on advanced care planning in Primary Care, training and education.

### Children and Young People

We will continue to embed the personalised care approach within our offer for Children and Young People, including those entitled to Continuing Healthcare, as well as Looked After Children. This will include person centred care plans as well as personalised healthcare budgets, where appropriate.

### Person Centred Care and Support Planning

We are committed to ensuring that people receive a truly person centred approach to care planning, continuing the shift to 'what matters to you' rather than 'what is the matter with you'. We will continue to expand on this approach through further comprehensive staff training and review. We expect the number of people with Personalised Care and Support Planning to increase from 7266 in 2018/19 to 18400 in 2023/24.

### Self-Care and Self-Management

Within the self-care/self-management programme, there are two main areas of activity:

#### 1. Directory

We will further develop local directories to ensure they are a trusted source of current information for services and support to help people to manage their conditions in the community.

#### 2. Health coaching – capacity building

There will be continued training for various professional groups, including adult social care, housing, GPs and practice staff covering the following:

- Conversational skills
- Behaviour change theory
- Motivational interviewing
- Goal-setting

### What difference will this make to people across BLMK?

- People will feel able to have a shared decision making conversation about their care and treatment, including medication, where they are able to discuss what truly matters to them and the outcomes they wish to achieve.
- The increasing numbers of people with Personal Health Budget (see Graph X) will have choice over the care and support they receive in order to meet their needs and goals. And those using a Personal Health Budget to employ personal assistants should receive more consistent care
- Everyone who can benefit will have access to non-medical wellbeing solutions through social prescribing, with a significant increase in referrals (see Graph Y)

### How will we know we're making a difference?

- Evaluation of the impact of the personalised approach, including patient surveys and feedback.
- Measure the changes in the Patient Activation Measure at patient level as well as Primary care Network level
- Contributions to reduction in unplanned care.

### Turn into graphs

	2018/19 (Baseline)	2019/20	2020/21	2021/22	2022/23	2023/24
Total number of Personal Health Budgets that have been in place in the financial year to date	932	1,290	1,980	2,820	3,425	4,300

### Social Prescribing Link Worker Referrals

2019/20 - 3,920

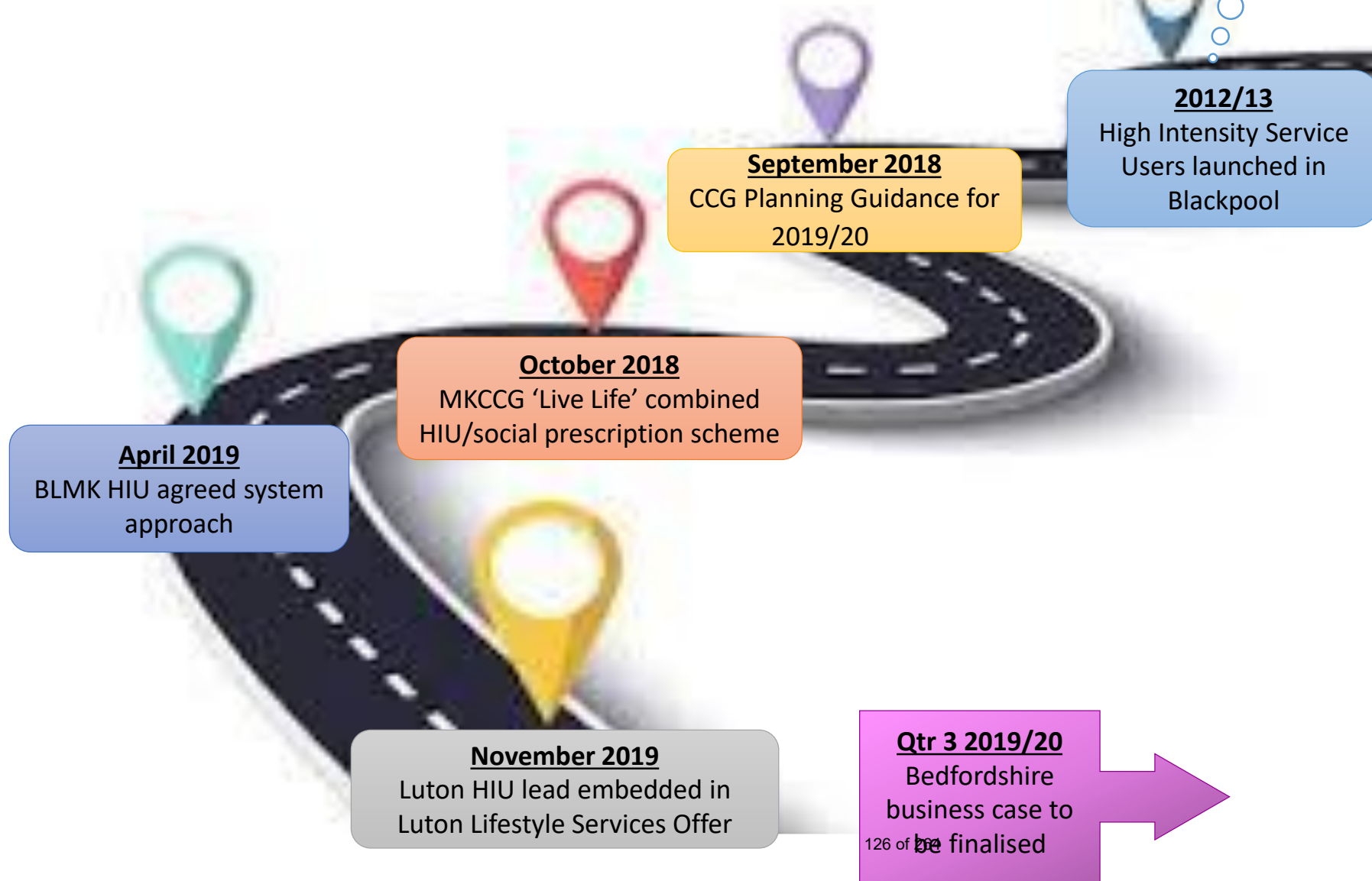
2020/21- 6,170

2021/22 - 9,690

2022/23 - 12,350

2023/24 - 15,010

# High Intensity Users: *The journey from Blackpool to BLMK*



"De-medicalise,  
Decriminalise  
and Humanise"

## High Intensity Users

All of BLMK is now in the process of adopting and adapting the successful High Intensity User (HIU) programme first developed in Blackpool.

The HIU group are varied, but are often working age with a range of conditions and extensive users not just of health, but wider public services.

Milton Keynes was the first in BLMK to introduce this personalised response to each individual's circumstances working with the Charity P3 to provide tailored support.

Results shows that 999 Ambulance calls and hospital admissions drop by about 90% among the group. The impact was not just felt by the health community as calls to the police 999 and 101 numbers from this group also reduced by 52%.

The MK programme is now multi-award winning and we are replicating it across BLMK, having held a system conversation on how we do this involving over 70 health and care professionals on 9 October 2019. This personalised intervention will clearly support Our Partnership Focus on reducing unplanned care.



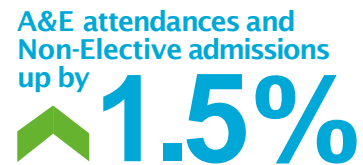
## Long Term Plan Commitments for Urgent & Emergency Care



By expanding and reforming urgent and emergency care services, our practical goal is to ensure patients get the care they need fast, relieve pressure on A&E departments and better offset winter demand spikes.

### What do we know people are concerned about?

The number of patients treated in A&E is much higher than five years ago. Some hospitals find it difficult to achieve the target of 95% of patients to be seen, treated and discharged/admitted within four hours. A&E attendances and Non-Elective admissions have increased by around 1.5% locally and 2.7% nationally in the year to date.



### What progress has been made as a system so far?

**Streaming:**  
A&E Front Door streaming is in place across BLMK.

**Direct Bookings:**  
Many services across BLMK are receiving direct bookings from 111 including Urgent Treatment Centres (UTCs), Extended Access and GP practices.

**Winter Planning:**  
There is a single winter plan in place and implemented across BLMK.

### What do we plan to do next?

**Streaming:**  
A scale and place review of opportunities to increase the numbers of patients streamed away from Acute settings.

**Direct Bookings:**  
An expansion of directly bookable services via 111 and maximising utilisation of all directly bookable services.

**Winter Planning:**  
A scale and place development and enhancement of BLMK winter plans.  
  
The Development of a communication plan, informing the public of the transformation of the urgent care system.

### What difference will this make to people across BLMK?

By encouraging patients to access a fully integrated out-of-hospital urgent and emergency care service, patients can be triaged and directed to the appropriate service.

### How will we know we're making a difference?

There will be a reduction in waiting times in A&E. Patients will be seen in the right place at the right time, together with a reduction in the growth of A&E attendances.



## Long Term Plan Commitments for Urgent & Emergency Care



Supporting patients to navigate the optimal service 'channel', we will embed a single multidisciplinary Clinical Assessment Service (CAS) within integrated NHS 111, ambulance dispatch and GP out-of-hours services from 2019/20.

### What do we know people are concerned about?

The NHS system is a complicated one, often leading to confusion for our patients who don't know who to call or where to go. In turn, many end up attending A&E or calling 999, especially during the out-of-hours period.



### What progress has been made as a system so far?

A multidisciplinary CAS is currently active across BLMK, integrated with 111 and GP out-of-hours.

CAS clinically validates ambulance and A&E dispositions.

### What do we plan to do next?

To develop an integrated technical and clinical pathway between 999 and 111.

### What difference will this make to people across BLMK?

A Clinical Advisory Service will provide a rapid clinician response where required. This will reduce the need for patients to be sent to hospital, or for an ambulance to be called when an urgent care response can fulfil patient need. Patients will be able to talk to a clinician in the comfort of their own home. Where needed, they will be seen by an Urgent Care practitioner, via a suitable booked appointment, improving the patient experience.

### How will we know we're making a difference?

There will be reduced A&E attendances for those who could be managed in urgent care services, a reduction in A&E waiting times and a reduction in unnecessary ambulance call outs and conveyances.





## Long Term Plan Commitments for Urgent & Emergency Care

What is the context for delivery?

3

We will fully implement the Urgent Treatment Centre model by autumn 2020 so that all localities have a consistent offer for out-of-hospital urgent care, with the option of appointments booked through a call to NHS 111.

### What do we know people are concerned about?

The variation across counties and localities is often confusing for patients with services that are similar but different, which are often given completely different names.

### What progress has been made as a system so far?

Urgent Treatment Centres fully implemented across BLMK with UTCs located in Bedford, Milton Keynes and Luton. Appointments are bookable via 111 12 hours a day, seven days a week.

### What do we plan to do next?

To develop an integrated urgent care pathway across BLMK incorporating GP Extended Access and other Urgent Care Provision to ensure a consistent offer..



### What difference will this make to people across BLMK?

Patients can be booked into the UTC via 111 (if appropriate after triage) and they can also walk in/be streamed via A&E where the UTC is co-located on a hospital site (Bedford and MK) for an improved patient experience.

Enables prompt and effective management of those patients with life threatening conditions.

### How will we know we're making a difference?

Reduced waiting times for patients being booked in and streamed.



## Long Term Plan Commitments for Urgent & Emergency Care

What is the context for delivery?

4

We will continue to work with ambulance services to eliminate hospital handover delays.

### What do we know people are concerned about?

Long waits in hospital for the handover of patients, thus causing a delay in the ambulances getting back on the road to take the next call, impacting on ambulance response times.

### What progress has been made as a system so far?

Handover delays vary across BLMK, however, close working between the ambulance services, acute hospitals and commissioners continues to ensure we improve this.

### What do we plan to do next?

Reduce handover delays via shared action plans between Acute Trusts, Ambulance Services and CCGs.

### What difference will this make to people across BLMK?

Patients not having to wait in major departments' reception areas.

Improved response times for high priority ambulance call outs.

Improved patient experience.



### How will we know we're making a difference?

Reduction in ambulance time lost to handover delays. Improved performance against ambulance response targets.



Long Term Plan Commitments for Urgent & Emergency Care



We will also increase specialist ambulance capability to respond to terrorism.

What do we know people are concerned about?

The threat to our population from terrorism.  
Our emergency preparedness and response.

What progress has been made as a system so far?

EAST and SCAS Terrorism Plan in place.

What do we plan to do next?

Review EAST and SCAS Terrorism Plan, currently working with NHSE/I to increase specialist ambulance capability to respond to terrorism.

What difference will this make to people across BLMK?

Assurance that there is sufficient specialist ambulance capability in place which is regularly tested with system partners to ensure that our system can effectively manage terrorism incidents.



How will we know we're making a difference?

By having sufficient specialist capability in place, which is regularly tried and tested.



Long Term Plan Commitments for Urgent & Emergency Care



Safely Reduce Avoidable Conveyance.

What do we know people are concerned about?

A number of patients being conveyed to hospital unnecessarily due to insufficient access to pathways across BLMK, particularly during the out-of-hours period.

What progress has been made as a system so far?

Elements of the national Ambulance Improvement Programmes are in place across BLMK relating to:

- Falls
- Mental Health Crisis
- Care Homes
- Access to GP/HCP Advice
- Optimising the response
- Optimising the clinical skills of the workforce.

What do we plan to do next?

Work with both Ambulance Services to produce a gap analysis against the Ambulance Improvement Programme.  
Develop an action plan against the gap analysis.

What difference will this make to people across BLMK?

Patients will be signposted, referred to and booked into appropriate services to suit their healthcare needs at the right time, thus reducing unnecessary conveyance to hospital.

How will we know we're making a difference?

Reduced A&E attendances, with a reduction in subsequent hospital admissions.  
Reduced volume of ambulance conveyances, resulting in ambulances being available to attend to patients much sooner.





## Long Term Plan Commitments for Urgent & Emergency Care



Every acute hospital with a type 1 A&E department will move to a comprehensive model of Same Day Emergency Care. This will increase the proportion of acute admissions discharged on the day of attendance from a fifth to a third.

### What do we know people are concerned about?

Patients are being admitted to wards due to skeletal Same Day Emergency Care, which can be scattered across different areas of the Acute, and badged with different names such as Ambulatory Care, Acute Assessment Unit, Surgical Assessment Unit, Clinical Decision Unit etc.

### What progress has been made as a system so far?

Luton & Dunstable hospital have an existing Ambulatory Care Centre within L&D running 12 hours a day.

Bedford and Milton Keynes hospital also has existing Ambulatory Care Services, however these are only available Monday to Friday.

### What do we plan to do next?

Benchmark current percentage of emergency admissions which are SDEC against national target.

Work with providers to extend availability of SDEC to seven days a week, 12 hours a day across the whole of BLMK.

Re-badging of Ambulatory Care to Same Day Emergency Care.

### What difference will this make to people across BLMK?

Reduce pressure on hospital bed stock by optimising the number of patients receiving SDEC.

Better patient experience, not needing to be admitted into a bed, where appropriate enabling discharge on the same day.

Reduced volume of admissions, increasing flow through the hospital with a safer Bed Occupancy percentage.

### How will we know we're making a difference?

We will monitor SDEC as a percentage of emergency admissions.

Improved four-hour standard performance.



## Long Term Plan Commitments for Urgent & Emergency Care



We will, as part of the NHS Clinical Standards Review being published in the spring, develop new ways to look after patients with the most serious illness and injury, ensuring that they receive the best possible care in the shortest possible timeframe.

### What do we know people are concerned about?

Current clinical standards can be confusing and difficult to achieve with a requirement for significant investment.

### What progress has been made as a system so far?

Field Testing taking place in Luton & Dunstable hospital during the summer of 2019 reviewing:

- Time to initial assessment
- Time within one hour for emergency treatment for critically ill and injured patients
- Time in A&E.

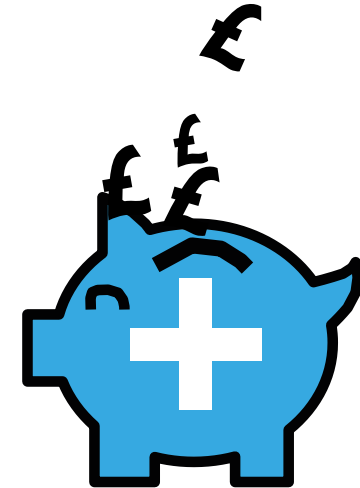
### What do we plan to do next?

BLMK to roll out the recommendations when published in Autumn 2019.

### What difference will this make to people across BLMK?

Patients will be treated in a timely and clinically appropriate manner, spending the right time in an acute setting and being treated more quickly.

Standardised approach to emergency care.



### How will we know we're making a difference?

Reduce risk of patient harm through long waits and avoid overnight stays giving the right treatment quickly.



What is the context for delivery?  
9

The NHS and social care will continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital.

### What do we know people are concerned about?

Medically Optimised patients can be delayed leaving hospital due to a number of factors, including insufficient discharge planning and higher levels of complex clients, often with behavioural issues.

### What progress has been made as a system so far?

Delayed Transfer of Care across BLMK remains on target, with pathways in place to facilitate, discharge and reduce delays.



### What do we plan to do next?

Development of Discharge App to help identify patients and expedite discharge (Bedfordshire and Luton). MK may follow at a later date.

Introduction of the DPTL lists may encourage earlier discharge planning, and a focus on working to EDDs.

### What difference will this make to people across BLMK?

Patients will spend less time in hospital, being proactively managed in an integrated way whilst in hospital or intermediate units. This will not only free up acute and intermediate beds and increase flow but will also result in lower demand for services as a result of reduced decompensation, particularly amongst older and more frail members of the population.

### How will we know we're making a difference?

Reduced length of stay in hospitals.

Better patient experience.

Lower risk of muscle wastage in the elderly due to unnecessary hospital delays in discharge.

Increased hospital flow.

# Mental Health

## Introduction

Mental health is a priority for our partnership. We know that the mental health is a significant concern for the populations we serve (see quotations), and that they expect us to deliver better prevention for people at risk, improved community and crisis care for those who need it, and to tackle the health inequalities that people with mental health problems often experience. We also know that mental health problems are often a factor in complexity that impacts across the health and care system and beyond. For these reasons, we are committed to working together to help people and communities to build resilience, and to support people with mental health problems and their families to achieve their health and life goals through good quality person-centred services.

To do so, we will ensure that mental health is at the heart of the development of our partnership, with sustainable mental health providers working together with primary, secondary, social care and the voluntary sector to develop integrated whole person services and deliver the *NHS Long Term Plan*. Mental Health provision will be increasingly integrated with physical health through Primary Care Networks and Integrated Care Partnerships.

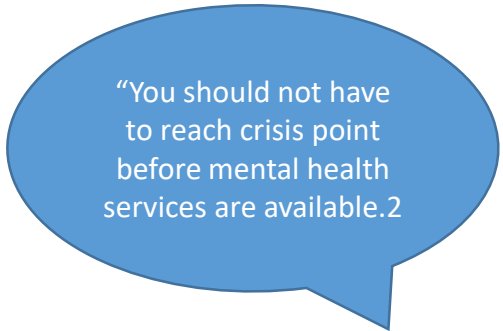
The rest of this sections summarises our plans on mental health and a more detailed mental health specific plan is attached as an appendix.



Bedford Resident



Milton Keynes Resident



Luton Resident



Central Bedfordshire Resident

What Is The Context For Delivery	What Do We Know People Are Concerned About	What progress Has Been Made Before	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
Mental health inequalities can have significant impact on an individual's wellbeing.	Mental health inequalities are often linked with wider cultural and societal systems of disadvantage which impact on a person's wellbeing, including adverse childhood experiences, stigma and discrimination.	We are identifying health inequalities within our Bedfordshire, Luton and Milton Keynes footprint.	We will formulate localised solutions to overcome barriers to access, experience and outcomes. These will include personalised care plans and more locally-based access to mental health support.	By recognising mental health inequalities, we can work to reduce stigma, improve people's health outcomes and people will live healthier lives for longer.	A greater number of people will access care closer to home and report improved care outcomes. People will live healthier lives for longer.
Mental ill health during pregnancy and the postnatal period can have serious consequences for the health and wellbeing of a mother and her baby, as well as for her partner and other family members.	Women and their families do not always get consistent advice about what care is available or about their medication. They worry about being mentally unwell in pregnancy or with a baby.	The Bedfordshire and Luton Specialist Perinatal Mental Health Community Service has been established and the Milton Keynes Specialist Perinatal Mental Health Community Service has been expanded.	Expand the service to support women from pre-conception to 24 months after birth and further support for their partners	There will be earlier intervention and support to prevent mental health crisis for women.	There will be a continued improvement of experience for women and their partners and they will receive timely holistic care.



What Is The Context For Delivery	What Do We Know People Are Concerned About	What progress Has Been Made Before	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
Children and young people have additional access to support via NHS-funded mental health services and school or college based Mental Health Support Teams.	<p>Between the ages of 5-15, one in every nine children has a mental disorder. Half of all mental health problems are established by the age of 14, with 75% established by the age of 24.</p> <p>In talking to young people, mental health is their number one health issue.</p>	There has been increased access to mental health support for children and young people.	There will be three new Mental Health Support Teams and expansion of mental health crisis support. There will also be the development of children and young people's eating disorder services.	The Mental Health Support Teams will work in schools and colleges to support children and young people experiencing mental health issues to help children and young people get the right support and stay in education.	Children and young people with mild to moderate mental health needs will be supported, with a focus on those struggling to access education.
Improving Access to Psychological Therapies (IAPT) services will be expanded with a focus on older people and Long Term Conditions.	There is an increasing need for residents to access timely psychological therapies, particularly for people who have a long term condition.	There has been year-on-year progress made with providing psychological therapies for more residents.	Access to treatment will increase, including the expansion of support for people who have a long term condition.	People will have greater access to talking therapies and will recover well. There will be further integration with primary care.	National targets for access and recovery will be met and people with long term conditions will have increased access to talking therapies.

What Is The Context For Delivery	What Do We Know People Are Concerned About	What progress Has Been Made Before	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
By 2023/24 there will be new models of integrated primary and community care for adults and older adults with severe mental illnesses, built around Primary Care Networks. There will be an increased focus on improving access to psychological therapies, improving physical health care, access to employment and support for self-harm and coexisting substance misuse. There will be the further development of dedicated services such as Early Intervention in Psychosis (EIP) Services and Adult Community Eating Disorder Services. There will be a particular focus on addressing the mental health needs of older adults wherever they may arise or present.	People may not be receiving the care they need due to current thresholds for services and that people discharged from services are vulnerable. People with severe mental illnesses have poorer physical health outcomes than the general population and there is a need to assist people with severe mental illnesses to gain and keep paid employment. There is a concern that there is not an integrated approach to older people's care and support needs across mental and physical health.	Integrated primary and community services are under development, which should remove thresholds to ensure that people can access the care, treatment and support at the earliest point of need. There are now systems in place to undertake physical health checks in primary care settings. There are Individual Placement and Support services across Bedfordshire and Luton and there is the mobilisation of a new service for Milton Keynes.	We will roll out new models of care across Primary Care Networks from 2020/21, aiming for full coverage by 2023/4. There will be increased monitoring of physical health checks achieved in each Primary Care Network. Individual Placement and Support Services will operate across Bedfordshire, Luton and Milton Keynes. There will be the further development of Early Intervention in Psychosis (EIP) Services and Adult Community Eating Disorder Services.	People will be able to access the care, treatment and support at the earliest point of need so that they can live as well as possible in their communities. There will be improved physical health and access to employment for people with severe mental illnesses. There will be improved experience and outcomes for people with a first episode of psychosis, adults with eating disorders and older people with mental health needs.	People will receive the care they need to help them recover and stay well. We expect to see reduced inpatient admissions, reduced crisis incidence, improved employment and increased access to psychological therapies. There will also be improved physical health and improved outcomes and experiences for older adults and carers to address their mental health needs.

What Is The Context For Delivery	What Do We Know People Are Concerned About	What progress Has Been Made Before	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
By 2023/24 there will be 100% coverage of 24/7 age appropriate crisis care, via NHS 111. This will include 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment functions.	There is a concern that there is not all-age 24/7 Crisis Resolution and Home Treatment Team support. People want alternatives to A and E for when they are in crisis. Children and young people face difficulties accessing appropriate out-of-hours crisis services which results in the reliance on A&E.	There is currently the mobilisation of adult and older adult Crisis Resolution and Home Treatment Teams that will be able to operate 24/7. Crisis provision for children and young people is being developed. There is a plan to develop crisis cafes/sanctuaries across BLMK as an alternative to A&E and all acute hospitals have psychiatric liaison services	Crisis provision for children and young people will be implemented. Crisis cafes/sanctuaries will be opened across Bedfordshire, Luton and Milton Keynes. The first crisis café will open in Luton in January 2020. We will work with the ambulance services to improve the mental health response.	People of all ages will have access to crisis support 24/7. Adults will have alternatives to A&E when in crisis. People will have better support from the ambulance services when in mental health crisis. People will be well informed regarding their options if they are in crisis.	There will be reduced use of A&E, reduced admissions to inpatient beds and people will feel better supported when in a crisis. There will be increased support for children and young people and for their families at a time of crisis.

What Is The Context For Delivery	What Do We Know People Are Concerned About	What progress Has Been Made Before	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
By 2023/24 the therapeutic offer from inpatient mental health services will be improved by increasing investment in interventions and activities, resulting in better patient outcomes and experience in hospital.	There is a concern that people may not be receiving the quality of care they need and have unnecessary lengths of stay in inpatient mental health services.	We have eliminated inappropriate adult out of area placements.	We will review care and the therapeutic offer on our inpatient wards.	There will be a reduction in lengths of stays and there will be better patient outcomes and experience whilst in a mental health inpatient service.	There will be improved experience of care for people who require inpatient mental health services.
There is a focus on suicide prevention and suicide bereavement support services providing timely and appropriate support to families.	There is a need to reduce the risk of suicide in key high risk groups; provide better information and support to those bereaved or affected by suicide; and to reduce rates of self-harm.	The mental health providers have developed zero-suicide ambition plans for their mental health inpatients units. Bereavement support services are being provided across BLMK.	We will develop a real time data system for Bedfordshire, and continue with place based risk reduction. We will further develop bereavement support services.	There will be more support for our residents to prevent suicide and to reduce self-harm. There will be improvements to mental health services such as 24/7 crisis care.	There will be a reduction in suicide rates and improved suicide bereavement support for families and staff.
By 2023/24 20 high-need areas will have established new specialist mental health provision for rough sleepers.	People who are rough sleepers have problems accessing the mental health support they need.	Luton has been selected as a test site to establish a new service for rough sleeping specialist mental health support.	Specialist mental health provision for rough sleepers will be developed across BLMK.	There will be an integrated approach to meeting the needs of rough sleepers.	There will be increased access and continuity of care for rough sleepers.

1 in 2 people will get cancer in their lifetime. Across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes approximately 4,500 people are diagnosed with cancer each year and 40% of those diagnoses will lead to death.

The most commonly diagnosed cancers are breast cancer, prostate cancer and colorectal cancer. There are approximately 1,769 preventable cancers in BLMK each year. Smoking is a major cause. Smoking rates are higher in Luton than the England average at 18.9% and the smoking prevalence has stopped decreasing in BLMK. Lack of physical activity and obesity are also significant. In order to achieve world-class outcomes for patients, we must tackle these preventable risk factors.

Our context for improvement on cancer is:

- The incidence of cancer is predicted to increase.
- Work by NHS RightCare and our Patient Experience survey suggest that improvements can be made in certain areas of cancer care. For instance, one year survival rates for breast cancer are worse than England for Luton and Milton Keynes CCG - one year survival for lung cancer is worse than England for Bedfordshire CCG and one year survival for colorectal cancer is worse than England for Luton CCG. We have therefore identified Early Diagnosis and Personalised Care as key priorities.
- Cancer services should be localised where possible and centralised where necessary.
- The *NHS Long Term Plan* set out requirements to improve diagnostic capacity and improve the way cancer services are organised. BLMK has already started a programme of work around this
- We want to reduce health inequalities over the next ten years. In some parts of our partnership there is an 11 year difference in life expectancy between the least and most deprived areas, with the main cause of death attributed to Cancer.
- Our partnership works with three different Cancer Networks (with tertiary centres in Cambridge, Oxford and London) which adds to a complex system of delivery.

The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes. These build on and accelerate the significant progress already made through delivery of the recommendations of the Independent Cancer Taskforce (2015):

- By 2028, 55,000 more people will survive cancer for five years or more each year; and
- By 2028, 75% of people will be diagnosed at an early stage (stage one or two)

Our cancer transformation programme is supported by NHS England Improvement East of England Cancer Alliance. Their funding has enabled much of the cancer work programme progress to date. This funding is expected to continue for the next four years giving the system some stability in terms of resourcing plans to deliver the *NHS Long Term Plan* ambitions.

Our partnership has produced a plan on a page summary of our work on Cancer (see next page) for the delivery of the transformation programme and a local cancer strategy is being finalised following workshops and events with key partners, clinicians and stakeholders.

The rest of the cancer section then looks in detail at each area. In developing this plan for Cancer, Healthwatch supported us by bringing together focus groups of people with cancer and their views have helped shape our next steps.

## National strategy

Reduce growth in number of cancer cases

Improve survival

Improve care, treatment and support

Improve quality of life after treatment and at End of Life

Improve efficiency and effectiveness

## Our vision



Cancer care available to all in our system



Improved cancer care with earlier diagnosis



Excellent support during and post treatment



The ability for patients to access services to support them



Great patient experience

## Local approach



Increase awareness and improving early diagnosis working with cancer charities



Improve and increase uptake of all cancer screening programmes



Improve quality of 2 week wait referrals to reduce variation in primary care



Increase the patient experience across primary and secondary care



Redesign pathways to support our committed to achieve the national 62 day standard



Improve 1 year survival rates moving BLMK from below the national standard



Improving the quality of life for those people living with and beyond cancer diagnosis

## 2019 / 2023 Deliverables

- Improve 1 year survival rate
- Meet 62 day RTT target 85% for all cancers
- Achieve 2 week GP to consultant waiting times
- Improve screening uptake to meet national targets
- By 2020, the Faster Diagnosis Standard will be introduced to ensure most patients receive a definitive diagnosis or rule out cancer within 28 days of referral
- By 2023 BLMK intends to achieve 8% increase in achievement of FDS

## Longer Term Deliverables

By 2028 we will design services and deliver new models that:

- Ensure 55,000 more people will survive cancer for five years or more each year
- Enable 75% of people to be diagnosed at stage one or two

LUNG



FIT



PROSTATE



CANCER IN THE COMMUNITY



PERSONALISED CARE



VAGUE SYMPTOMS



UPPER GI



SCREENING



DIGITAL HISTOPATHOLOGY



COLORECTAL



RAPID DIAGNOSTIC CENTRES





# Earlier and Faster Diagnosis

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NHS Long Term Plan deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<p><b>The NHS Long Term Plan sets three ambitions for improving cancer outcomes.</b></p> <ul style="list-style-type: none"> <li>• <b>By 2020, the Faster Diagnosis Standard will be introduced to ensure that most patients receive a definitive diagnosis or rule out cancer within 28 days of referral</b></li> <li>• <b>By 2023 BLMK intends to achieve 8% increase in achievement of Faster Diagnosis Standard</b></li> <li>• <b>By 2028, 55,000 more people will survive cancer for five years or more each year; and</b></li> <li>• <b>By 2028, 75% of people will be diagnosed at an early stage (stage one or two).</b></li> </ul>	<ul style="list-style-type: none"> <li>• Are we doing enough to raise awareness of cancer signs and symptoms?</li> <li>• We still have a high proportion of cancers diagnosed through emergency route at stage 3 and 4</li> <li>• We will not achieve LTP ambition of 75% diagnosed at stage 1 and 2 without a joint approach to Early Diagnosis</li> <li>• One year survival is below England average particularly in Luton</li> <li>• Cervical screening coverage has fallen across our area, in line with the national trend. (PHE, NHAIS 2018)</li> </ul>	<ul style="list-style-type: none"> <li>• Implement the national best practice timed pathways for prostate, colorectal, and lung so that patients are diagnosed within 28 days from referral.</li> <li>• Roll out of Faecal Immunochemical Testing (FIT) in primary care across to try and catch bowel cancer early.</li> <li>• Introduced multi-parametric magnetic resonance imaging diagnostic test for prostate cancer pathway at Bedfordshire hospital</li> <li>• Introduced Straight to Test pathway at Milton Keynes hospital for colorectal cancer pathway</li> <li>• Introduced faster radiology reporting at Luton and Dunstable hospital for lung cancer pathway</li> </ul>	<ul style="list-style-type: none"> <li>• First phase of Targeted Lung Health checks Programme in Luton CCG</li> <li>• Develop joint CCG Early Diagnosis Plan</li> <li>• Improving GP referral practice</li> <li>• Development of Rapid Diagnostic Centre within our partnership starting with Vague Symptoms pathway</li> <li>• Improve primary care education and public awareness on recognising signs and symptoms of cancer</li> <li>• Improve access to patients in primary and community care avoiding A&amp;E – right care, right time, right place</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the number of people diagnosed at a later stage which will improve survival rates. The current target is 56% and will be 75% by 2028</li> <li>• Improve patient experience particularly in Milton Keynes</li> <li>• Improve cancer performance against the NHS Constitutional standards so that all Acute Trusts are maintaining the 62 day target</li> <li>• Improve 1 and 5 year survival rates</li> <li>• Improve Faster Diagnosis Standard by 8% uptake by 2023(work in progress to quantify)</li> </ul>



<i>NHS Long Term Plan</i> deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<p><b>Improved uptake of the national bowel, breast and cervical cancer screening programmes, to meet the minimum published programme standards. This can be achieved by addressing inequalities, improving access to services and reducing variation so that providers consistently meet the national standard.</b></p> <ul style="list-style-type: none"> <li>• From September 2019, all boys aged 12 and 13 will be offered the HPV vaccination</li> <li>• By 2020 HPV primary screening for cervical cancer will be implemented across England</li> <li>• From summer 2019, the Faecal Immunochemical Test will be implemented across England</li> <li>• By 2023/24 significant improvements will be made on uptake of the screening programmes</li> </ul>	<ul style="list-style-type: none"> <li>• There is significant variation in uptake across our partnership. Screening uptake rates have been declining over the years. Bedfordshire and Milton Keynes screening uptake is generally in line with national average, Luton is significantly below national average</li> <li>• Healthwatch found that people feel the screening programmes should not be restricted by age, so we need to better explain the value for money and quality of care reasons for doing so.</li> </ul>	<ul style="list-style-type: none"> <li>• There are already place based plans around screening uptake</li> <li>• Luton CCG undertook a campaign specifically aimed at increasing cervical screening uptake in conjunction with Luton Borough Council</li> <li>• Bedfordshire CCG and Cancer Research UK are working with practices with poorest screening uptake as part of a targeted piece of work. The team is looking at how GP practice IT systems can flag non-responders more effectively to the primary care team for action</li> </ul>	<ul style="list-style-type: none"> <li>• Support Public Health England with the implementation of introducing FIT Test to the national Bowel Screening Programme</li> <li>• Support Public Health England with roll out of HPV screening programme initiatives to reduce risk of HPV-related cancers. HPV for boys implementation Sept 2019. HPV girls is complete.</li> <li>• Develop common approach to increasing screening uptake in partnership with primary care and Cancer Research UK local facilitators</li> <li>• Develop a bid for funding via East of England Cancer Alliance to approach screening in an innovative way across targeted areas.</li> </ul>	<ul style="list-style-type: none"> <li>• The earlier cancer is detected the more likely outcomes are improved</li> <li>• Increased uptake rates across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes, particularly for cervical screening</li> <li>• If successful in screening bid in December 2019 outcomes for screening will be improved as set by the EOE Cancer Alliance for 2023/2024 for significant improvements on uptake of screening. (See EOE Cancer Alliance Five Year Plan) especially focus on cervical cancer.</li> </ul>

<i>NHS Long Term Plan</i> deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<p><b>The aim is that patients will receive the most effective, precise and safe treatments, with fewer side effects and shorter treatment times. Key strands of work include:</b></p> <ul style="list-style-type: none"> <li>• <b>Maintain cancer waiting times</b></li> <li>• <b>Introducing genomic testing</b></li> <li>• <b>Improving radiotherapy access and outcomes</b></li> <li>• <b>Continue to improve access to clinical trials</b></li> <li>• <b>Enhance cancer services for children and young people</b></li> </ul>	<ul style="list-style-type: none"> <li>• There is variation across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes in terms of the proportion of patients treated within 62 days.</li> <li>• Many of the Long Term Plan ambitions are commissioned by other stakeholders – specific concerns have been raised as to how our views are represented in relation to co-commissioning with regional specialised commissioners.</li> </ul>	<ul style="list-style-type: none"> <li>• Cancer Board established to have oversight of all <i>NHS Long Term Plan</i> ambitions</li> <li>• Well established cancer transformation programme in place to improve cancer waits</li> </ul>	<ul style="list-style-type: none"> <li>• Work with the Cancer Alliance to implement the safer treatment ambitions</li> <li>• Support the delivery of an updated specification for radiotherapy and children and young people</li> <li>• Explore local opportunities to redesign pathways to improve diagnostic and treatment options</li> <li>• Currently we are exploring innovative AI Solutions with IBM and other commercial collaborators to improve patient pathways and clinical decision making</li> <li>• Use transformation to increase capacity within diagnostics services across our area.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve patient outcomes</li> <li>• Improve patient experience, this will be done via the Bedfordshire, Luton and Milton Keynes Patient Forum, Patient Stories and the continuation of national and local surveys</li> <li>• Improved performance</li> <li>• Increase survival rates</li> <li>• Reduce variation in diagnosis and treatment</li> </ul>

# Personalised Cancer Care

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NHS Long Term Plan deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<p><b>Roll out personalised care interventions, including supported follow up pathways to improve quality of life.</b></p> <ul style="list-style-type: none"> <li>• <b>By 2020 all breast cancer patients will move to a personalised (stratified) follow-up pathway once their treatment ends, and all prostate and colorectal cancer patients by 2021.</b></li> <li>• <b>By 2021 everyone diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support</b></li> <li>• <b>From 2021, the new Quality of Life (QoL) metric will be in use locally and nationally.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Patient Experience survey and focus group feedback theme is that people want more information to help them make informed choices. They also would like raised awareness of services available across Health and Social Care</li> </ul>	<ul style="list-style-type: none"> <li>• The programme has already achieved the 19/20 planning guidance deliverable for personalised care in Breast Cancer services.</li> <li>• Introduced new roles across Acute and Community services to support patients at the point of diagnosis and throughout their treatment</li> <li>• GP practices are participating in a pilot in conjunction with the East of England Cancer Alliance and Anglia Ruskin University to provide Cancer Care Reviews at GP practice level</li> <li>• Introduced 'coping with your diagnosis' opportunities for patients to talk to health professionals at point of diagnosis</li> <li>• Increased access to physical activity with trained professionals</li> <li>• Rolled out Cancer Care in the Community model in Luton</li> </ul>	<ul style="list-style-type: none"> <li>• Working with Acute, Community and Macmillan partners continue to roll out and improve quality of personalised care interventions such as needs assessments, care planning and health and wellbeing support in key specialities – Breast, Urology and Colorectal</li> <li>• Working with lead nurses and EoE Cancer Alliance, develop Patient Centred Follow Up pathways supported by IT Remote Monitoring systems</li> <li>• Continue to expand Cancer Care in the Community across BLMK as part of place based plans and linked to Primary Care Networks</li> <li>• Develop IT tools as a routine part of patient pathway to support self-management ie NHS Apps and patient portals</li> <li>• Roll out further Cancer Care Reviews in Primary Care as part of Primary Care Network development</li> </ul>	<ul style="list-style-type: none"> <li>• Improve patient experience</li> <li>• Moving cancer care into more integrated approach to delivery providing seamless care to patients</li> <li>• Patients and carers feeling more in control of their health</li> <li>• Reduce A&amp;E attendances by place based care approach to cancer care in the community</li> </ul>

NHS Long Term Plan deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<p><b>Workforce</b></p> <p>Over the next 5 years it is expected that additional clinical and diagnostic staff will be recruited. All patients will have access to clinical nurse specialists or other support worker.</p> <ul style="list-style-type: none"> <li>• All patients, including those with secondary cancers, will have access to the right expertise and support, including a Clinical Nurse Specialist or other support worker</li> <li>• Recruit an additional 1,500 new clinical and diagnostic staff across seven priority specialisms between 2018 and 2021</li> </ul>	<ul style="list-style-type: none"> <li>• Our workforce challenges are consistent with the national picture in terms of recruitment and retention in key professional groups such as Radiology, Pathology, specialist nursing and consultant posts.</li> <li>• The workforce issues relating to Cancer will be addressed through the wider BLMK workforce plan</li> </ul>	<ul style="list-style-type: none"> <li>• We are participating in an East of England workforce project led by GE to understand gaps and opportunities for skill-mix redesign. Outcomes of this review will be available in November 2019</li> <li>• Implement agile Multi-disciplinary team concept which will make best use of clinical time and improve productivity. This model of care will be an integrated and multidisciplinary approach to patient care.</li> </ul>	<ul style="list-style-type: none"> <li>• Provide in-house training opportunities for staff to develop into – the ‘grow our own’ concept</li> <li>• Provide an appropriate infrastructure matrix working, IT connectivity and a virtual working environment</li> <li>• Develop digital solutions for enhancing workforce gaps with efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• Reduction in delays to treatment as a result of staff vacancies</li> <li>• Reduction on workforce gaps in key specialities</li> </ul>

# Specialist Cancer Care

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<i>NHS Long Term Plan</i> deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<b>The incidence of cancer is predicted to increase and therefore we need to ensure that providers and commissioners are adequately prepared to manage the increasing demand.</b>	<ul style="list-style-type: none"> <li>• Cancer services should be localised where possible and centralised where necessary.</li> <li>• Patients have identified that pathways in secondary care are good, however the link into primary and community care needs improvement.</li> <li>• Patients have identified transport as an issue, with the requirement for travel to specialised services being recognised.</li> </ul>	<ul style="list-style-type: none"> <li>• Participated in review of specialist cancer services at one of our tertiary providers</li> <li>• Review fragile services and explore opportunities for shared services across providers. There are opportunities through the merger of two of our local providers</li> </ul>	<ul style="list-style-type: none"> <li>• Manage capacity issues by allowing staff to work in sites across our system, providing peer support and a one team approach.</li> <li>• Forge better communication and links with our tertiary centres.</li> <li>• Developing a Cancer Strategy for our partnership is a key enabler of developing new care models and identifying innovation and research</li> </ul>	<ul style="list-style-type: none"> <li>• Improved patient experience</li> <li>• Reduction in delays to treatment</li> <li>• Improved pathways and integrated care</li> <li>• Develop more sustainable services</li> </ul>

# Primary Care

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<i>NHS Long Term Plan</i> deliverable	What Do We Know People Are Concerned About	What progress Has Been Made so far	What Do We plan To Do Next	What Difference Will This Make To People Across BLMK
<b>The <i>NHS Long Term Plan</i> set an expectation from 2020 that Primary Care Networks will support Early Diagnosis through a programme of enhanced services to the GP contract. The <i>NHS Long Term Plan</i> also states that systems should have plans to improve GP Referral practice</b>	<ul style="list-style-type: none"> <li>• 'I had to see my GP eight times before I was referred to hospital' <a href="#">Reference</a></li> <li>• GP scores are not improving on annual National Cancer Patient Experience Survey</li> </ul>	<ul style="list-style-type: none"> <li>• Significant Event Audit undertaken in Primary Care to understand reasons for high emergency presentations of Lung Cancer</li> <li>• A number of GP training events undertaken.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue targeted GP training events</li> <li>• Work with Primary Care Networks on developing the Early Diagnosis Direct Enhanced Service contract. Service specification due out in December 2019.</li> <li>• Work with Cancer Research UK to develop BLMK plan for supporting primary care with screening uptake initiatives</li> </ul>	<ul style="list-style-type: none"> <li>• Cancers will be found earlier which results in earlier curative treatment leading to better patient experience, and survival rates.</li> <li>• Care closer to home will be a model that Primary Care Networks will be developing in the areas of earlier diagnosis, diagnostics closer to home and patient education which will lead to personal ownership and empowerment.</li> </ul>

# Maternity [1]

## What is the context for delivery?

In February 2016 *Better Births* set out the five year improvement plan for NHS maternity services in England which would see maternity services become safer, more personalised, kinder, professional and family friendly. Better Births recognised that such a vision could only be delivered through locally led transformation. The Local Maternity System (LMS), a partnership of those working on maternity services, for Bedfordshire, Luton and Milton Keynes (BLMK) was established, in response to this, in March 2017.

**Our Vision** - *‘To deliver seamless, system wide maternity care with comparable high standards across the Local Maternity System which is co-produced with service users offering choice, safe, kind and personalised care provided in the right place to improve user experience’*

We will expand the implementation of *Better Births* up to 2021 to incorporate the *NHS Long Term Plan* commitments up to 2024.

## What do we know people are concerned about?

- BLMK LMS has developed strong relationships with the 3 local Maternity Voice Partnerships (MVP) and the local communities
- The LMS Co-production Steering Group is made up of public representatives, clinicians, childbirth groups, mental health and disability groups.
- Over a three month period in 2018, we listened to 900 women and asked about everything from the experience they had with their GP to the hospital and in the community
- In June 2019 we hosted a “Whose Shoes” event which brought together parents and health care workers to discuss their experiences of maternity care in BLMK.
- Key themes emerging from these engagement events include:
  - Breastfeeding support
  - Continuity of carer
  - Adherence to birth plans
  - Support for mental health
  - Post natal care
  - Care on maternity wards

[1] More detail on maternity and neonatal care is contained in a separate appendix (see Chapter 7)

## What progress has been made as a system so far?

**DRAFT**

The development of the LMS continues to be an iterative process, as it requires the bringing together of three areas, who have not historically worked together before, to deliver safe and sustainable, joined up maternity services. This is challenging and complex work that requires huge commitment from partners across the STP. Since 2017 the LMS has developed strong, more joined up, working relationships, underpinned by a transformation programme with effective governance and reporting arrangements in place. One particular achievement has been the securing of funding to deliver perinatal mental health care across BLMK

## Future ambition: What do we plan to do next?

- We will have fully implemented the Saving Babies’ Lives care bundle (version 2) by March 2020. A gap analysis is currently being undertaken and actions will be added to the LMS wide safety action plan, which includes actions to reduce maternal smoking rates.
- We will work with the clinical network to learn from the pilot Maternal Medicine Networks.
- Build on the pilot phase of our Continuity of Care (CoC) programme to progress plans towards 35% CoC by March 2020 and over 50% by March 2021. Specifically focussed on target populations.
- BLMK will progress the development of a local personalised care plan that is co-produced with our service users and learns from the pilot schemes in each trust.
- Milton Keynes Midwifery Led Birthing Unit to go live December’19.
- All women to receive improved postnatal care, in line with an agreed improvement plan
- Continue investigating and learning from incidents, and sharing this learning through the LMS and with others. We are also working with Healthcare safety Investigation Branch where appropriate.
- We will improve access to postnatal physiotherapy to support women who need it to recover from birth. We will ensure that women have access to multidisciplinary pelvic health clinics and pathways across the LMS via referral. Clinics can also provide training and support for local clinicians working with women, such as GPs and midwives.
- Continue to develop public sector services and reach out to community and voluntary sector support to create a system-wide alliance that can support women to breast feed in the communities where they live.
- All trusts to progress through the BFI levels of accreditation.
- Work to implement the recommendations of the Neonatal Critical Care Review.

In all these actions we will adopt the principle of co-production to develop excellent services with the people who use them.



## What difference will it make to people across BLMK?

- Safer maternity services will deliver standardised care with the majority of women reporting that they have experienced personalised care
- Women will have continuity of carer and choice to be able to access midwifery led care (wherever this is safe and realistic) for the birth of their baby
- There will be reduced rates of stillbirth, neonatal death, maternal death and brain injury. Fewer mothers and families will be traumatised by tragic pregnancy and birth related events. There will be fewer babies and children with disabilities relating to birth trauma.
- Improved outcomes for women and babies particularly in vulnerable 'target groups'
- Learning will take place from incidents to improve care.
- Women will be able to access and input to their personalised care plan
- Fewer women will be effected by genitourinary and continence issues following child birth.
- Babies will be healthier with improved short, medium and long term health outcomes
- There will be an improved experience for Mums, partners and families when a baby is in Neonatal Intensive Care

## How will we know we are making a difference?

- Feedback from mothers and families
- We will monitor rates of stillbirth, neonatal death, maternal death and brain injury during birth aiming for a reduction of 20% by the end of 2020/21, and 50% reduction by 2025
- Increasing numbers of women will receive continuity of care
- We will monitor documentation to ensure that all pregnant women have a personalised care plan and can make choices about their maternity care, during pregnancy, birth and postnatally
- Monitor activity for women giving birth in midwifery settings (at home and in Midwifery Led Birthing Units).
- Increased breast feeding initiation rates and continuation of breast feeding at 6-8 weeks
- Maternity Voice Partnership report good engagement and work progressed in a coproduced manner

## What is the context for delivery?

- Children and young people account for 26% of A&E attendances and are the most likely age group to attend A&E unnecessarily. [1]
- Children aged 0-4 have the highest number of attendances at A&E.
- The Royal College of Paediatrics and Child Health estimate that 15-40% of children's A&E attendances could be seen out of hospital

## What do we know people are concerned about?

Each one of these A&E attendances tells us that a parent was worried, and either unable or unsure how to access a more appropriate service.

## What progress has been made as a system so far?

- Care pathways are developed, promoted and used for high-volume acute care conditions. As a minimum this includes: respiratory conditions, fever, gastroenteritis, abdominal pain, head injury, seizure and self-harm.

[1] Royal College of Paediatrics and Child Health, *Child health in 2030 in England* 2018

## Future ambition: What do we plan to do next?

- Reduce avoidable attendances at emergency departments (and zero length of stay hospital admissions) through learning programmes for community and primary care, expansion of rapid response nursing, care co-ordination, improving self-care;
- Reduce variation across practices, working with Primary Care Networks to deliver high quality children and young people service
- Design and implement models of care that are age appropriate, closer to home and bring together physical and mental health services.
- Support parents, carers and their children to better manage minor illness and long term conditions e.g. asthma and epilepsy
- Scope integrated services for children and young people with epilepsy, constipation and asthma and wheeze based on NICE recommended clinical guidance for 2020/21 across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes.

## What difference will it make to people across BLMK?

- Increase in availability of urgent care in the community
- Better outcomes and patient experience for children and young people and their families
- Improved outcomes for children and young people with long term conditions, especially asthma, diabetes and epilepsy

## How will we know we are making a difference?

- Reduction in attendance and emergency admission rates

# Learning Disability & Autism

## What is the context for delivery?

People with Learning Disabilities and/or Autism (20-30% of those with a learning disability also have autism) [1] have worse health outcomes, dying sooner than people in the general population.

Care has not always been as good as it can be for people with Learning Disabilities and Autism, with the most notorious example of poor care taking place at Winterbourne View in Gloucestershire. This has led to the a national drive through the Transforming Care Programme to improve services in the community so that that fewer people need to go into hospital for their care.

## What do we know people are concerned about?

Those with learning disabilities are not always receiving the care they should e.g. rates of annual health checks are too low.

The Ofsted and Care Quality Commission (CQC) inspections of Bedfordshire and Luton Special Educational Needs and Disability services in 2018 resulted in the requirement of a Written Statement of Action to deliver improvements (see Box 1 for our planned action).

Parents of children with learning disabilities and autism say that care is fragmented and that they often end up being the care coordinator for their child.

Health and Care professional and parents are worried about there being a gap in service provision for those with learning disabilities and/or autism who experience crisis.

We are also working with the National Development Team for inclusion to develop our approach to engagement with adults with Learning Disabilities and/or autism and their carers. This will help us in developing better services.

### Box 1: Special Education Needs and Disabilities (SEND)

We know we need to improve SEND services in Luton and Bedfordshire. We will do this in partnership with the Parent Carers Forum.

One way we plan to improve is by increasing the numbers of children and young people benefitting from Personal Health Budgets. This will be supported by better Education, Health and Care plans

We will improve the information and advice available online.

We will work with partners to bring hearing, sight & dental check into special schools.

We will know we have succeed based on the feedback from parent carers. We also hope it will lead to a positive re-inspection in Luton and Bedfordshire.

[1] Emerson, E. & Baines, S. (2010) The Estimated Prevalence of Autism among Adults with Learning Disabilities in England. Improving Health and Lives: Learning Disabilities Observatory

## What progress has been made as a system so far

We have established new priorities in February 2019 to improve the health, wellbeing and life chances for people with learning disabilities and/or autism. These focus on: Early Help and Prevention; Market Shaping and Developing Small Supports; Improving Physical and Mental Health; and All-age Intensive Support.

For children and young people we have made some specific improvements with Care (Education) and Treatment Reviews developing alternatives to hospitalisation when the child or young person has a crisis.

Since 2015 the number of children, young people and adults with a learning disability and/or autism in inpatient care has reduced (figure?), but we want it to reduce further.

## Future ambition: What do we plan to do next?

We will develop keyworkers for children and young people with the most complex needs and their carers/families from 2020/21. Initial funding will focus on supporting children and young people who are in mental health inpatient units.

We will work with local partners and providers to offer internship programmes for people with a learning disability and/or autism, implementing the national support programme in partnership with NHS Employers.

We are working with Primary Care Networks to stop the over-medication of adults and children in line with the National initiative (Stopping Over Medication of People with a learning disability or autism and Supporting Treatment and Appropriate Medication in Paediatrics (STOMP-STAMP)) [1] to reduce inappropriate prescribing of psychotropic medication.

We will decrease the numbers of people with learning disability and/or autism in inpatient care through a number of actions including:

- Putting in place discharge plans (known as 12 point plans)
- Increasing provision of support in the community when people with learning disability and/or autism are having a crisis, to reduce the likelihood of admission
- Making use of Individual Service Funds (including Personal Health Budgets) to allow people to get the support they need to stay healthy and well in their community
- Use capital investment to support the development of new housing options and suitable accommodation in the community.

We will improve the timeliness of the Learning Disabilities Mortality Review Programme, which reviews deaths of those with learning disabilities. All reviews will be undertaken within 6 months of the notification of death and the learning used to improve services.

We will implement the National Learning Disability Improvement Standards in all NHS funded services, including private providers, thereby ensuring greater consistency of provision.

To help join up provision, by 2023/24 a digital flag in the patient record will ensure staff know someone has a learning disability and/or autism.

We are improving the uptake of Annual Health Checks for people with learning disabilities and/or autism so that 75% of those eligible have one each year.

[1] Public Health England (2015) Prescribing of psychotropic drugs to people with learning disabilities and/or autism by general practitioners in England

## What difference will it make to people across BLMK?

For those with learning disability and/or autism they should experience a more personalised care that focuses on helping them stay healthy and well in the community.

In particular:

- By 2023/24 Children and Young People with learning Disability and/or autism will have a designated key worker, beginning with those most at risk of admission to inpatient care
- People with learning disability and/or autism will have greater control over their care e.g. through the use of personal health budgets and personalised care plans
- There will be a demonstrable reduction in the number of people accommodated outside the local area.

## How will we know we are making a difference?

People with learning disabilities and/or autism will live healthier and longer lives, with improved physical and mental health.

There will be a reduction in the number of people admitted to hospital due to mental health crisis and when this cannot be avoided, the length of stays will be reduced.

Carers and parents will feel supported and empowered.

There will be a reduction in prescribing of psychotropic medication for people with learning disabilities and/or autism.

There will be a reduction in family breakdown and children and young people with learning disabilities and/or autism being cared for in residential settings leading to reduced costs for local authorities.

Health and care professionals working with people with learning disability and/or autism will feel they are providing a better quality of care.

## Employment rates?

# CVD, Stroke & Respiratory

## What is the context for delivery?

The strategic approach for CVD, Respiratory and Stroke is being developed from the “bottom up”, recognising the different needs of our communities while seizing opportunities to operate within a common framework and tackle important issues “at scale” to deliver a sustainable healthcare system into the future.

The overarching principle of the approach for CVD, Respiratory and Stroke is to optimise care through using risk stratification, evidence-based treatments and models of care and support self-care and prevention. The programme is recognised as integral to the Primary Care Strategy and development of the Primary Care Networks.

## What do we know people are concerned about?

We know we need to improve how we prevent, diagnose & treat these conditions because:-

- Compared to similar areas, the smoking prevalence in Central Bedfordshire is significantly higher in all three groups (BLMK adults who are current smokers, those in routine and manual occupations and those with a serious mental health condition),
- Compared to similar areas, smoking related admissions are high in MK and Central Bedfordshire.
- Hospital admissions for asthma in <19 year olds are high in MK and Luton; admissions for COPD are high everywhere except Luton
- 14% of deaths in MK are caused by respiratory diseases.
- 24% of deaths in BLMK are caused by circulatory diseases.
- 13% of BLMK patients have recorded high blood pressure. This is slightly lower than average (14%), with thousands across BLMK thought to be unidentified. A lower proportion of people with hypertension have their blood pressure under control than the national average.

## What progress has been made as a system so far?

**DRAFT**

Across BLMK, a number of opportunities have been identified to improve patient care and outcomes through enhancing detection and improving management (including self-care). These opportunities include:

- Low identified COPD prevalence compared with the 10 similar CCGs
- Primary care variation in diagnosing COPD, review & breathlessness assessment
- High opportunity in non-elective spend in COPD, Asthma and Heart Failure
- Low Hypertension prevalence for Bedfordshire CCG compared with the 10 similar CCGs
- Suboptimal recording of offering of support for smokers to quit smoking
- Low prevalence of AF compared to the prevalence expected
- High opportunities for patients with CVD and Respiratory conditions to choose where they want to die, outside of secondary care
- High number of strokes and highest prevalence of strokes per 100,000 population
- Variation in Early Supported Discharge services
- Low number of stroke patients assessed at 6 months
- Inpatient rehabilitation need is met through spot purchased beds from a small number of local providers
- The proportion of people with diabetes achieving all three treatment targets is lower than the national average

## Future ambition: What do we plan to do next?

- We aim to set up and develop a Long Term Conditions Strategic Commissioning Board
- Use the system wide gap to develop an overarching long term conditions strategy.
- Undertake engagement with the three Governing Bodies on draft themes/objectives from the proposed work streams to address the aims and objectives of the NHS Long Term Plan and RightCare Programme.
- Undertake engagement with the ICS stakeholders on the proposed work streams to address the aims and objectives of the NHS Long Term Plan.
- Discuss and agree the finalised Long Term Conditions Commissioning Collaborative plans in response to the NHS Long Term Plan and RightCare Programme.
- Develop and deliver a citizen/patient/public engagement process regarding the BLMK Long Term Conditions Commissioning Programme.
- Patient-Centred workshops focussing on Respiratory and CVD, specifically Heart Failure

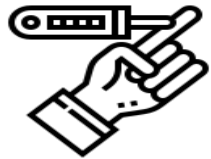
# Circulatory disease



24% of **deaths** in BLMK are caused by circulatory diseases.



13% of BLMK patients have recorded **high blood pressure**. This is slightly lower than average (14%), but a lower proportion have their blood pressure **under control**.



Among people with **diabetes**, a higher proportion than average go on to develop **complications**, including angina (MK and Luton), heart attack (Luton), heart failure (MK and Luton) or stroke (MK).



**Coronary heart disease** admission rates are **higher** than nationally in all three CCGs.

There are significant opportunities to improve circulatory disease outcomes:

The risk condition	Blood Pressure	Atrial Fibrillation	Diabetes	Stroke / TIA	Chronic Kidney Disease
Opportunities	89,900 undiagnosed 27,100 poorly controlled	7,200 undiagnosed 2,400 poorly controlled	13,200 undiagnosed 84,600 'pre-diabetic' 42% do <b>not</b> receive all 8 care processes	1,800 poorly controlled blood pressure	15,100 undiagnosed
Outcomes	Reducing BP in all adults with hypertension by 5 mmHg reduces risk of CVD events by <b>10%</b>	Anti-coagulation of high risk AF patients: <b>averts one stroke in every 25 treated</b>	Decrease in heart attacks, strokes, kidney, eye & nerve damage	Reducing BP in all adults with hypertension by 5 mmHg reduces risk of CVD events by <b>10%</b>	Decrease in CVD, acute kidney injury & renal replacement



What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
<ol style="list-style-type: none"> <li>1. Pro-active case finding of people with high blood pressure and improved management, including supported self-management, to control blood pressure.</li> <li>2. Self-management plans for patients with CVD, employing innovative approaches such as technology and wearables.</li> <li>3. Healthy Living Campaigns.</li> <li>4. Further integration with Social Prescribing.</li> <li>5. Emphasis on personalisation.</li> </ol>	<ul style="list-style-type: none"> <li>• Improve self-awareness and self-management of long term conditions.</li> <li>• Increased access to information and support needed to stay as healthy as possible, prevent deterioration in their condition and maximise health and wellbeing.</li> <li>• Improve patient experience.</li> <li>• Reduce the risk of heart failure and AF-related stroke.</li> <li>• Improved lifestyle through preventative interventions.</li> <li>• Reduce unnecessary visits to hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Greater self-management and independence (measure via patient activation mechanism).</li> <li>• Outpatient referrals may be reduced.</li> <li>• Reduced need for unplanned care and a reduction in non-elective admissions.</li> <li>• Prevalence gaps improve.</li> </ul>
<ol style="list-style-type: none"> <li>6. Healthy Living Campaigns.</li> <li>7. Emphasis on personalisation.</li> </ol>	<ul style="list-style-type: none"> <li>• Improve patient experience.</li> <li>• Reduce the risk of heart failure and AF-related stroke.</li> <li>• Reduce unnecessary visits to hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of care improves.</li> <li>• Reduced need for unplanned care and a reduction in non-elective admissions.</li> <li>• Improved morbidity and mortality statistics.</li> <li>• Unwarranted variation is improved.</li> </ul>

What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We're Making A Difference
<ol style="list-style-type: none"> <li>8. Emphasis on personalisation.</li> </ol>	<ul style="list-style-type: none"> <li>• Improve patient experience.</li> <li>• Reduce the risk of heart failure and AF-related stroke.</li> <li>• Reduce unnecessary visits to hospital.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of care improves.</li> <li>• Reduced need for unplanned care and a reduction in non-elective admissions.</li> <li>• Improved morbidity and mortality statistics.</li> <li>• Unwarranted variation is improved.</li> </ul>
<ol style="list-style-type: none"> <li>9. New heart failure pathways which include cardiac rehab to be rolled out in 19/20.</li> <li>10. Development of an integrated cardio-pulmonary rehabilitation service.</li> <li>11. Emphasis on personalisation.</li> </ol>	<ul style="list-style-type: none"> <li>• Ability to return home as quickly as possible with the necessary support patients need to maintain independence and quality of life.</li> <li>• Improve patient experience.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of care improves.</li> <li>• Re-admissions are reduced.</li> <li>• Increase in the number of discharges to usual place of residence.</li> <li>• Unwarranted variation is improved.</li> </ul>
<ol style="list-style-type: none"> <li>12. Emphasis on personalisation.</li> </ol>	<ul style="list-style-type: none"> <li>• Improve self-awareness and self-management of long term conditions.</li> <li>• Improve patient experience.</li> <li>• Reduce the risk of heart failure and AF-related stroke.</li> </ul>	<ul style="list-style-type: none"> <li>• Quality of care improves.</li> <li>• Re-admissions are reduced.</li> <li>• Increase in the number of discharges to usual place of residence.</li> <li>• Unwarranted variation is improved.</li> </ul>

What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We’re Making A Difference
<div>1. Review by GIRFT in MK on stroke pathways for opportunities to enhance current pathways including focus on prevention and rehabilitation.</div> <div>2. Development of thrombectomy pathways.</div> <div>3. Review current HASU/ASU arrangements with response to the GIRFT feedback regarding patient experience out of hours.</div> <div>4. Review and address stroke inpatient rehabilitation variation with respect to Early Supported Discharge, Community rehabilitation and stroke reviews at 6 and 12 months.</div> <div>5. Work across the system to improve detection and appropriate anticoagulation of AF in order to prevent stroke.</div> <div>6. Ensure system adopts key changes to ‘Stroke and transient ischaemic attack in over 16s: diagnosis and initial management’ as recommended by NICE.</div>	<div>Ability to return home as quickly as possible with the necessary support patients need to maintain independence and quality of life.</div> <div>Improve patient experience.</div> <div>Reduce the risk of AF-related stroke.</div>	<div>Quality of care improves.</div> <div>Improved morbidity and mortality statistics.</div> <div>Increase in the number of discharges to usual place of residence.</div> <div>Unwarranted variation is improved.</div>

What Do We plan To Do Next	What Difference Will This Make To People Across BLMK	How Will we Know We’re Making A Difference
<div>7. Development of thrombectomy pathways.</div> <div>8. Development of an Integrated Stroke Delivery Network (ISDNs), system wider stroke review being undertaken and the results to inform ICS-wide stroke service development.</div> <div>9. Improved post-hospital stroke rehabilitation models.</div>	<div>Ability to return home as quickly as possible with the necessary support patients need to maintain independence and quality of life.</div> <div>Improve patient experience.</div> <div>Reduce the risk of AF-related stroke.</div>	<div>Quality of care improves.</div> <div>Improved morbidity and mortality statistics.</div> <div>Increase in the number of discharges to usual place of residence.</div> <div>Prevalence gaps improve.</div> <div>Unwarranted variation is improved.</div>

What do we plan to do next?	What difference will this make to people across BLMK?	How will we know we're making a difference
<ol style="list-style-type: none"> <li>1. Pro-active case finding of people with high blood pressure and improved management, including supported self-management, to control blood pressure.</li> <li>2. Self-management plans for patients with CVD, employing innovative approaches such as technology and wearables.</li> <li>3. Improving self-management through COPD passport.</li> <li>4. Integration and increased uptake with Social Prescribing.</li> </ol>	<p>Reduce the number of respiratory related conditions and incidence of COPD, Asthma and Pneumonia.</p> <p>Improve self-awareness and self-management of long term conditions.</p> <p>Reduce unnecessary visits to hospital.</p> <p>Increased access to information and support needed to stay as healthy as possible, prevent deterioration in their condition and maximise health and wellbeing.</p> <p>Improve patient experience.</p> <p>Improved lifestyle through preventative interventions.</p>	<p>Greater self-management and independence (measure via patient activation mechanism).</p> <p>Outpatient referrals may be reduced.</p> <p>Reduced need for unplanned care and a reduction in non-elective admissions.</p> <p>Prevalence gaps improve.</p>
<ol style="list-style-type: none"> <li>5. Ensuring all practices across BLMK have access to paediatric oxygen saturation monitor with necessary training.</li> <li>6. Comprehensive review of Respiratory pathways in line with NHS RightCare – COPD, Asthma, Pneumonia and Flu.</li> </ol>	<p>Reduce unnecessary visits to hospital.</p> <p>Improve patient experience.</p>	<p>Quality of care improves.</p> <p>Outpatient referrals may be reduced.</p> <p>Reduced need for unplanned care and a reduction in non-elective admissions.</p> <p>Unwarranted variation is improved.</p>
<ol style="list-style-type: none"> <li>7. Pro-active case finding of COPD.</li> <li>8. Quality Assured Spirometry Testing.</li> <li>9. Comprehensive review of Respiratory pathways in line with NHS RightCare – COPD, Asthma, Pneumonia and Flu.</li> </ol>	<p>Improve self-awareness and self-management of long term conditions.</p> <p>Reduce unnecessary visits to hospital.</p> <p>Improve patient experience.</p>	<p>Quality of care improves.</p> <p>Reduced need for unplanned care and a reduction in non-elective admissions.</p> <p>Unwarranted variation is improved.</p>
<ol style="list-style-type: none"> <li>10. Comprehensive review of Respiratory pathways in line with NHS RightCare – COPD, Asthma, Pneumonia and Flu.</li> </ol>	<p>Improve self-awareness and self-management of long term conditions.</p> <p>Reduce unnecessary visits to hospital.</p> <p>Improve patient experience.</p>	<p>Quality of care improves.</p> <p>Outpatient referrals may be reduced.</p> <p>Reduced need for unplanned care and a reduction in non-elective admissions.</p> <p>Unwarranted variation is improved.</p>
<ol style="list-style-type: none"> <li>11. Comprehensive review of Respiratory pathways in line with NHS RightCare – COPD, Asthma, Pneumonia and Flu.</li> </ol>	<p>Reduce unnecessary visits to hospital.</p> <p>Ability to return home as quickly as possible with the necessary support patients need to maintain independence and quality of life.</p> <p>Improve patient experience.</p>	<p>Quality of care improves.</p> <p>Re-admissions are reduced.</p> <p>Increase in the number of discharges to usual place of residence.</p> <p>Unwarranted variation is improved.</p>

# Diabetes

## What is the context for delivery?

The number of people with diabetes (diagnosed and undiagnosed) across BLMK is projected to rise by 30% by 2035 so by then there will be approximately 87,500 people living with the condition. The burden of diabetes is not spread evenly across BLMK with higher prevalence observed in areas with large BAME communities.

Achievement of the 3 treatment targets (HbA1c, Blood Pressure, Cholesterol) for people with diabetes in BLMK is slightly below the national average. However achievement of the 3 treatment targets varies considerably between practices. For example there is over a 3 fold difference in achievement of treatment targets for people living with Type 2 diabetes between the highest performing practice (61.3%) compared to the lowest performing practice (20.0%). This unwarranted variation means with poorer treatment target achievement people with diabetes are likely to have poorer health outcomes and more likely to experience complications.

## What progress has been made as a system so far?

There is strong partnership working in BLMK ICS including Public Health, Diabetes UK and the East of England Diabetes Clinical Network with ambitions to:

- Deliver locally the diabetes commitments within the NHS Long Term Plan
- Improve outcomes for people living with diabetes
- Reduce unwarranted variations in achievement treatment targets across the BLMK footprint

The strategic approach for transforming care for people with diabetes is being developed from the “bottom up”, recognising the different needs of our communities while seizing opportunities to operate within a common framework and tackle important issues “at scale” to deliver a sustainable healthcare system into the future.

The overarching principle in improving outcomes for people with diabetes will be similar to the approach being used for other Long Term Conditions. The approach will be to optimise care through using risk stratification, evidence-based treatments and models of care and support self-care and prevention. The transformation programmes for people with Diabetes is recognised as integral to the Primary Care Strategy and development of the Primary Care Networks.

In 2016, NHS Diabetes Prevention Program (NDPP) was launched and BLMK was one of the first areas in the country to successfully bid for and implement the program. This identifies those at high risk and refers them onto a behaviour change programme. The NDPP is a joint commitment from NHS England, Public Health England and Diabetes UK. We are currently piloting a digital stream of the NDPP across BLMK. In 2016, the National Diabetes Transformation program was introduced. Stakeholders across Bedfordshire, Luton and Milton Keynes continue to work in collaboration to deliver on the National Diabetes Transformation Priorities.

## What do we know people are concerned about?

### 1. Excess weight and obesity

Excess weight and obesity is a major risk factor in developing diabetes. Excess weight and obesity also contributes to morbidity in patients with diabetes.

### 2. Prevalence

Across BLMK, 66,231 people have either Type 1 or Type 2 diabetes. This is 8.5% of the population 40.4% of people with Type 1 diabetes are of 40-64 years of age 42.8% of people with Type 2 diabetes are in the age of 40-64 years of age.

### 3. Treatment and Care Programs

Percentage of people with diabetes receiving all NICE recommended care processes is less than national average in certain pockets across BLMK. 2016 Right Care ‘Where to look’ for BLMK pack identified the following areas of variation compared to 5 best STPs with similar demographics.

- Rate of bed days
- % diabetes patients receiving all 3 treatment
- % patients receiving foot examination
- Variance in retinal screening
- % diabetes patients attending structured education

1. NHS Diabetes Prevention Program has been successfully implemented across Bedfordshire, Luton and Milton Keynes. By April 2019, 1144 people with risk of diabetes attended 6 months and achieved 2.8 kgs weight loss on an average.
2. Work is underway to improve pathways for specific cohorts of population who are at risk of developing diabetes to access NHS Diabetes Prevention Program, for example, mothers who had gestational diabetes in pregnancy and people with diabetes who have mental health problems.
3. Structured education is being delivered in other languages other than English. Specific programs have been developed for people with learning difficulties.
4. Personalised holistic care planning in primary care has been incentivised for all annual reviews with people with diabetes.
5. NDA practice level data is being used to tackle variation in care process and treatment targets for people with diabetes. As refreshed data is released we will continue to use it as intelligence to focus on where improvements can be made.
6. Practice level data is being used to tackle variation in care process for people with diabetes.
7. Development of business case for investment in accredited healthcare professional (HCP) training in diabetes competencies.
8. BLMK level stakeholder forum has been set up to share learning across across the footprint for ongoing improvements in patient outcomes.
9. A training programme is in place and ongoing to increase competencies in diabetes management for all BLMK HCPs.
10. EDEN train the trainer programme (face 2 face training delivered by Diabetic Specialist Nurses) has been secured to enhance HCP knowledge and skills in diabetes care.
11. Work continues to build on better integration between mental health and diabetes services focusing on psychological support.
12. Work continues to collaborate with public health and excess weight services to halt rise in excess weight and obesity across BLMK.
13. Place based diabetes improvement programmes continues to work with local stakeholders across health and social care together with people with diabetes and their carers to deliver on the national diabetes transformation priorities.
14. Continue to provided support to local Diabetes UK groups to help people living with diabetes to self care.
15. BLMK has been selected as one of the national early implementer sites for the roll out of the diabetes digital offer.
16. BLMK has been selected as one of the pilot sites to implement the low calorie diet for Type 2 diabetes remission.
17. The hospital trusts across BLMK have all achieved the standard for the amount of diabetes inpatient specialist nurses (DISN) support they provide patients. This will be monitored to ensure these standards are maintained.

## Future ambition: What do we plan to do next?

- Work with System Partners to deliver improved outcomes for people living with diabetes
- Consolidate and build on improvements made under the Diabetes Care and Treatment Programme, focusing on:
  - Improving access and uptake for structured education programmes for people with diabetes (including introducing a digital structured education option)
  - Improving Treatment Targets in primary care (by increasing healthcare professional competencies in diabetes management, through personalised care planning and by targeting resources at those practices most in need).
  - Improving Multi-Disciplinary Foot care for people with diabetes
  - Reduce hospital length of stays
  - Increase use of diabetes care planning approach for annual reviews in primary care
- Increase referrals and uptake of people at risk into the NHS Diabetes Prevention Programme
- Explore opportunities for low calorie diet options

## What difference will this make to people across BLMK?

Improve outcomes for people living with Diabetes including reductions in both major and minor lower limb amputations; Increased use of diabetes care planning approach for annual reviews in primary care; Increased provision of patient structured education programmes; Reduction of in-patient length of stays

Improve patient experience for people with Diabetes (we will continue to work with our local diabetes patients groups to gain a better understanding of their experience of living with diabetes to support us in shaping services and providing opportunities for self-management.)

As part of our engagement strategy we will undertake on line surveys to gain insights into patient experiences which will provide a benchmark and helps to develop further improvement plans.

We will work closely with our local councils and key stakeholders in developing our action plans to raise risk profile awareness and tackle variation within our local communities.

Improve long term health and outcomes for people with reduced non-elective admissions related to Diabetes and Cardiovascular diseases

Tackle Health Inequalities in people with diabetes and cardiovascular diseases.

We will integrate our diabetes pathways and improve access to psychological therapies to support people in managing distress and living with diabetes

Improve self-awareness and increase self-management for people living with diabetes

Reduce unnecessary visits to hospital and the ability to return home as quickly as possible with the necessary support to maintain independence and quality of life

Improved access to diabetes structured education through digital provision to provide on-going support to promote self-management

# Merger of Luton and Dunstable University Hospital Foundation Trust and Bedford Hospital Trust

Legally the merger will be an acquisition of Bedford Hospital Trust by Luton and Dunstable University Hospital Foundation Trust. The proposed name of the new organisation is Bedfordshire Hospitals NHS Foundation Trust.

A shadow joint board will be operating from now and the proposed date for the merger is 1 April 2020 (subject to NHSE/I agreeing business case submitted on 1 December 2019).

The merger will not mean a reduction in the status of the Bedford site, which will continue to provide:

- 24 hour A&E
- Inpatient paediatrics
- Consultant led obstetrics

The benefits include:

- Improved clinical resilience through clinicians working together and across the two sites. This will lead to better access, 7 day services and research portfolios.
- The goal will be for the joint Trust to achieve a CQC rating of Outstanding.
- Better patient experience measured via friends and family test, national patient surveys and waiting times
- Better patient outcomes through standardisation of protocols and policies, using national data such as Getting it Right First Time and Model Hospital to enable best practice and continuous improvements across sites
- Shared recruitment and staff training
- Shared governance, Statutory Instruments and peer review opportunities
- Economies of scale from a larger organisation (for instance merging of back office functions).

This is an important development within BLMK and so a successful merger is part of Our Partnership Focus for the next five years.



# Research and Innovation

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## What Is the Context for Delivery?

There is huge potential for new innovations in health and care from genome sequencing to use of artificial intelligence.

To help develop and spread innovation, Academic Health Science Networks (AHSNs), partnering Universities with health and care providers, are in existence across England and their funding has been guaranteed until 2023.

BLMK has three AHSNs involved in our system – Milton Keynes is part of the Oxfordshire AHSN, Luton is part of the UCL Partners AHSN, whilst Bedfordshire is part of the Eastern AHSN, based in Cambridge. This gives us access to three internationally renowned universities.

## What do we know people are concerned about?

Innovation and research was not a prominent theme in the engagement, but it is a reasonable assumption that people want access to the latest treatments.

## What progress has been made before?

Oxford AHSN developed *Good Hydration!* An award winning programme to help ensure that care home residents are getting enough fluids. This has been rolled out across care homes in Milton Keynes.

## What do we plan to do next?

We will share successful innovations that have come from one AHSN with the other areas of BLMK.

We will ensure our health and care providers are playing a full and active part in their respective AHSN.

The three AHSNs are coming together to develop a proposal for diagnosing and supporting those with Atrial Fibrillation (irregular heartbeat) who have increased risk of Strokes.

## What difference will this make to people across BLMK

People across BLMK will continue to be at the forefront in accessing the latest interventions. Examples are contained throughout this plan, such as the piloting of Lung Cancer Screening in Luton.

## How will we know we're making a difference

Individual innovations will be rigorously evaluated to ensure they are cost effective.

**DRAFT**

Workforce

Digitally Enhanced Care

Estates

Finances



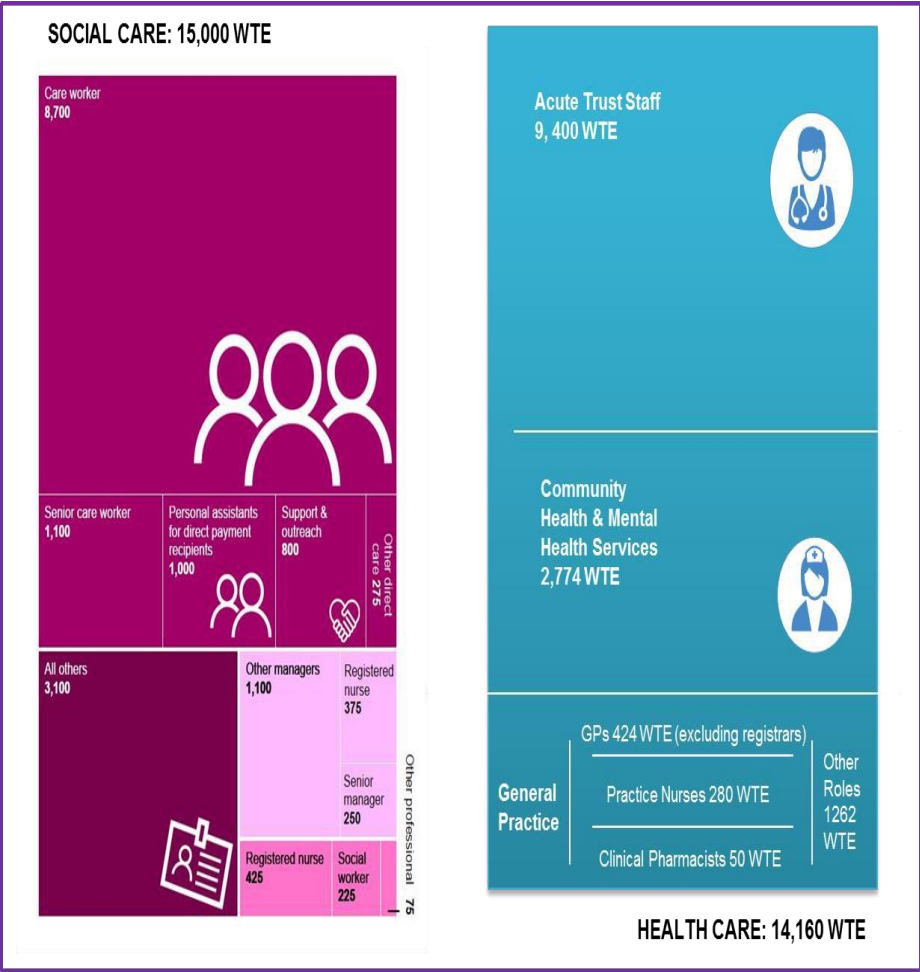
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BLMK Longer Term Plan  
**Chapter 5**

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Our health and care workforce across Bedford Borough, Central Bedfordshire, Luton and Milton Keynes is detailed in Figure X.



What progress has been made as a system so far?

We are working to deliver national priorities for the expansion of numbers of staff in critical groups such as GPs, nursing and mental health. Our focus, however, is also upon introducing new roles and ways of working, alongside a digitally enabled approach, which means that integrated health and social care teams are offering personalised, needs-based care, within primary care networks, supporting the priorities of Our Partnership Focus.

We have developed a BLMK Health & Care workforce strategy and have adopted a workforce development academy approach to its delivery. A few key achievements within 2018/19 have included:

Grow Our Own

We have increased our numbers of WTE GPs from 415 in Sep 2017 to 424 in Dec 2018 (excluding registrars and including leavers/retired), which meets our forecast trajectories for GP expansion in BLMK. Our general practice nursing numbers are also increasing, as are new roles such as clinical pharmacists, social prescribers and clinical administrators.

Adaptable Skills; Flexible Approach

A Home-Based Staff BLMK workforce development group is developing an education and training framework, learning portal and training passport to support skills development for staff in nursing, residential and domiciliary care settings.

BLMK; A great place to work and learn

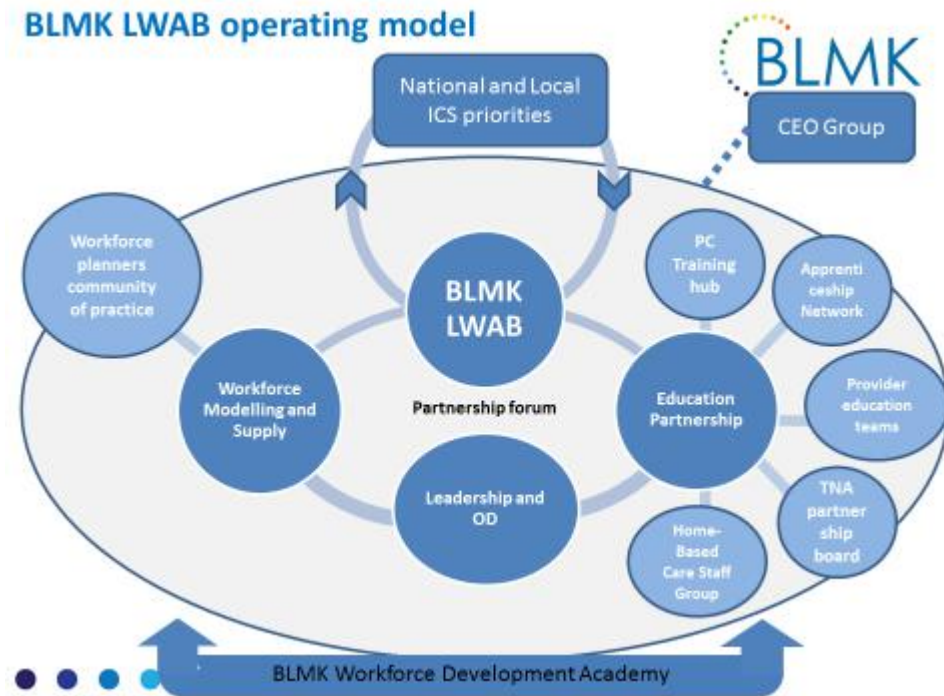
We have launched a BLMK staff facing 'Live, Learn and Work' website, focused on supporting staff development, attracting staff to work locally and retaining our existing staff. This website currently has over 500 hits a month, with further development on-going.

Developing leaders and Organisations

We have created a 'Stepping Into My Shoes' staff interchange initiative. Staff have the opportunity to shadow, mentor and share learning across our organisations and health and care sectors, supporting the development of system values and behaviours and enabling staff to identify and address some of the barriers to working in an integrated way. Hundreds of staff have also come together through "System Conversations" including topics such as mental health and prevention

# Our Long Term Plans

BLMK LWAB operating model



We have developed an operating model to oversee the delivery of our workforce strategy and plans for health and social care staff (see Figure X)

The launch of the *NHS Long Term Plan* and the *Interim People's Plan* provides us with the opportunity to revisit our strategy against these requirements and ensure our people planning and workforce transformation delivers a fit for the future workforce aligned to our vision for integrated health and care services.

We have held a system-wide workforce event on the 4<sup>th</sup> October 2019 to test our existing plans and longer term aspirations against our integration journey to 2024.

The following slides outline our current work streams.

## Making BLMK the best place to work

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- creating a healthy inclusive and compassionate culture (including ensuring equality and diversity, tackling bullying and reducing violence)
- enabling great development and fulfilling careers (including CPD and ensuring recognition of qualifications between employers)
- ensuring everyone feels they have a voice, control and influence (including freedom to speak up, health and wellbeing and flexible working).

### Immediate 2019/20 actions

1. System review of staff survey results with identification and spread of best practice employment initiatives across NHS partners
2. Embed and monitor nationally developed 'balanced scorecard' within the NHS Oversight Framework to support excellence in performance for our employment practices
3. Continued development of our staff facing website <https://work-learn-live-blmk.co.uk> to support staff attraction into BLMK and promote opportunities to learn and develop together
4. As part of this development launch an interactive recruitment microsite to promote vacancies that are difficult to recruit to and attract younger people into health and social care careers

### What do we plan to do next?

1. Building upon our interactive recruitment microsite develop a system approach to engaging with schools, colleges, carers officers and job centres, adopting a shared approach to recruitment fairs and initiatives.
2. Review the opportunity to establish collaborative banks across partner Trusts
3. Continue to participate in the East of England Streamlining programme to remove practical barriers to movement of staff between organisations; support employers to streamline induction and onboarding processes
4. Build upon our existing individual organisation examples of best practice staff engagement activities e.g. 'event in the tent' to provide system-wide engagement events across health and care partner organisations

## Improving the leadership culture

- System leadership
- Quality improvement
- Talent management
- Inclusion and diversity

### Immediate 2019/20 actions

1. Alongside our governance review, revisit our system Leadership Charter to ensure our individual and collective behaviours, values and competencies are lived experiences
2. Continue the implementation of our system leadership and OD plan, including our masterclass series, stepping into my shoes initiative and focus on developing QI approaches across our organisations.
3. Launch our system leadership programme, 'Leading Beyond Boundaries; working in partnership with Frimley 2020 to develop 30 system leaders from health, social care, fire and police and partner with Herts & West Essex STP in the Accelerated Director Development Programme
4. Participate in our regional talent board
5. Support the expansion of NHS Graduate Management Training Scheme; including offering an ICS workforce flexi-placement

### What do we plan to do next?

1. Continue to implement our programme of work to support primary care networks to create multi-professional teams that collaborate across traditional boundaries
2. Embed a co-design approach to service transformation, with staff increasingly developing personalised care competencies, moving from a 'what is the matter with you' to adopting a 'what matters to you approach'

## Addressing Workforce Shortages

- Immediate focus on nursing workforce shortages, including retention, return to practice, clinical placements and international recruitment
- entry routes into the profession building on the nurse apprenticeship and nurse associate routes
- the development of a 'blended learning nursing degree' programme working with higher education providers
- greater focus on primary and community nursing.

### Immediate 2019/20 actions

1. Implement our BLMK system level job guarantee approach
2. Increase clinical placement capacity across our partner organisations
3. Continue to evolve our system approach to relationship management and performance review with local university providers
4. Continue to implement our general practice nursing workforce plan to increase attraction, retention and staff development
5. Provide senior system leadership to workforce development through our Director of Nursing partnership group
6. Continued expansion of nurse apprenticeship and nurse associate routes, with local leadership of our regional TNA workstream from BLMK, we aim to continue our rising trend for increasing TNA learners to 91.

### What do we plan to do next?

1. Review the opportunity to develop a collaborative system approach to international recruitment
2. Develop collaborative approaches across Trusts to support workforce hotspots e.g. across our mental health trusts, across our acute trust, aligned to service redesign

## Delivering 21<sup>st</sup> Century Care

- a transformed workforce with a more varied and richer skill mix, new types of roles and different ways of working
- the scaling up of new roles via multi-professional credentialing and more effective use of the apprenticeship levy.

### Immediate 2019/20 actions

1. Continued implementation of our General Practice Workforce plan, which reflects growth within the workforce, however demonstrates how new roles and new ways of working reflects an integrated health and social care team approach to supporting the development of our 20 Primary Care Networks
2. Commence pilot with ELFT to determine the mental health competencies required within the PCN non-mental health workforce and the physical health competencies required within the PCN mental health workforce
3. Continued implementation and expansion of our mental health, maternity and transforming care learning disability workforce plans
4. Launch of our place-based pilots for Health and Social Care rotational apprenticeships for support worker roles
5. Launch of pilot for rotational posts to support system resilience e.g. rotational paramedics.
6. Develop our approach to supporting staff to deliver digitally enabled solutions to care, responding to the recommendations of the Topol Review

### What do we plan to do next?

1. Building upon our initial development of 43 Advanced Care Practitioners roles across partner organisations to expand the opportunity for staff to work at top of licence skill sets
2. Implement a training and education framework to enable the development of personalised care competencies and skills with our health and care workforce

## A new operating model for workforce

- devolution of responsibility to the Integrated Care System, as over time we will 'take on greater responsibility for people planning and transformation activities, in line with developing maturity.'

### Immediate 2019/20 actions

1. Continued development of skills and capabilities for workforce modelling and planning, in year this will include triangulation of our PCN Strategic workforce modelling with our wider plans and completion of Cancer Workforce modelling, undertaken in partnership with the EoE Cancer Alliance.
2. Continued development of single system collaboration for people planning and transformation e.g Education Partnership to maximise shared learning and consolidate commissioning for common courses, with aspirations to collectively deliver in-house training programmes utilising local expertise, Apprenticeship Group to review levy underspend and consider alignment to non-levy paying organisations, a single system Primary Care Training Hub with oversight of delivery of the general practice workforce plan and system GP clinical Leadership.

### What do we plan to do next?

1. BLMK Local Workforce Action Board has undertaken a review of capacity and capability requirements against existing functions and responsibilities, aligned to a maturity assessment of both LWAAB and our Primary Care Training Hub. Recommendations for a build, buy and share approach are made. Resource gaps exist. BLMK ICS workforce leads will work with regional and national leads to build the functions and capacity required to adopt an increasingly devolved role for people planning and transformation



# Digital Information Sharing

## What is the context for delivery?

The move to more pro-active, multi-agency and multi-disciplinary care can only be achieved if information is shared. This will allow continuity of care whoever is seeing a member of the public.

We also need “one version of the truth” data that can be used as part of Population Health Management approaches to predict and plan health care interventions and proactively meet the demand for services and immediate care requirements.

## What do we know people are concerned about?

People expect health and care services to be sharing information so they only have to tell their story once.

Over 60% of respondents to our public survey said that shared access to medical records across healthcare professionals would help people stay well and reduce hospital usage.

What progress has been made as a system so far? **DRAFT**

BLMK has an over-arching digital strategy (June 2018) setting out how we will use technology deliver improved quality and efficiency.

### GP Bookings.

We have 100% access from 111 services to allow bookings directly into extended access appointments.

We have 96% of all GP practices able to receive direct bookings from 111 services

98 GP practices are able to book and interact with each others system

### Complex planned discharges

Luton and Dunstable hospitals have developed a multi-agency digital discharge planning tool that reports the live situation of patients for multi agency discharge planning to reduce hospital discharge delays. During 2020 we will spread this approach to Bedford Hospital.

### Access to Shared Information

Across BLMK 96% of GPs have the ability to see the records of community health care services. And Community services can see GP records.

For instance, as part of its Digital improvement programme Milton Keynes has implemented the Cerner Health Information Exchange, this has now been rolled out across GP practices and Milton Keynes University Hospital which means that healthcare records can be shared across services and professional groups to improve decision making and patient experience.

Milton Keynes University Hospital is an established ‘Fast follower Trust’ partnered with West Suffolk Foundation NHS Trust who are a Global Digital Exemplar. Site. This means that the hospital is at the forefront of rolling out established proven models of care supported by the latest digital technology. Front line staff now have the information and technology at the point of care with their patients. The Trust digital strategy has been updated to focus on ‘mobile first’ approach wherever possible and examples of this includes Introduction of PowerChart Touch (PCT) which provides clinicians with mobile access to eCARE records of their patients when required both on and off site.



## Integrated Data in Luton

In Luton an Integrated Data Model has been developed, initially to support the Luton Frailty programme focused on preventing hospital admissions/ re-admissions for the frail and elderly . The technology developed links daily acute activity data with monthly primary care, social care, mental health, community, OOH/111 and hospice data to produce a complete record of patient touch points across the system. The insight supports a daily 'huddle/MDT' conversation to facilitate faster and more informed patient intervention within Primary Care Networks (see Luton Integrated Data Model diagram on next slide)

## Care Homes

A programme of delivering digital access in care homes across BLMK has been initiated with 85% having completed Information Governance; 80% of all care homes across BLMK have or have agreed to have public access Wi-Fi for clients, visitors and staff and over 50% of care homes now having access to secure NHS email to support sharing of secure email (patient identifiable data) between health providers across the BLMK system as well as clinical access to patient information for care professionals. As a next step we will introduce digital tools allowing assessments to be undertaken in the care home to reduce unnecessary A&E attendances.

## Information Governance

A system Information Governance Group has been established which is helping to break down barriers in sharing information, including working with other Sustainability and Transformation Partnership areas.

## Cyber Security

A Joint Cyber Security group already has been established with Hertfordshire and to the East of England. All our Provider Organisations and CCGs are on track to be fully compliant ahead of the summer 2021 national deadline.

## What do we plan to do next?

Funding has been secured from the Health System Led Investment Programme for the first phase of the development for a shared care record across our system. Our work to create a shared care record (which will share health and care data through the national patient record locator) will be split into work in Milton Keynes and work in Bedfordshire. It will also include the development of portals for the public to access their own care record, facilitating self-care and patient activation.

**As a result, shared care records will start becoming available from now and will be accessible across BLMK by March 2022.**

We are also working with neighbouring STPs and the Thames Valley Local Health and Care Record Exemplar (LHCR) to ensure we support the delivery at the point of care based on the national open data architecture standards, both wherever our residents present or where we provide health and care support for members of the public from outside our area.

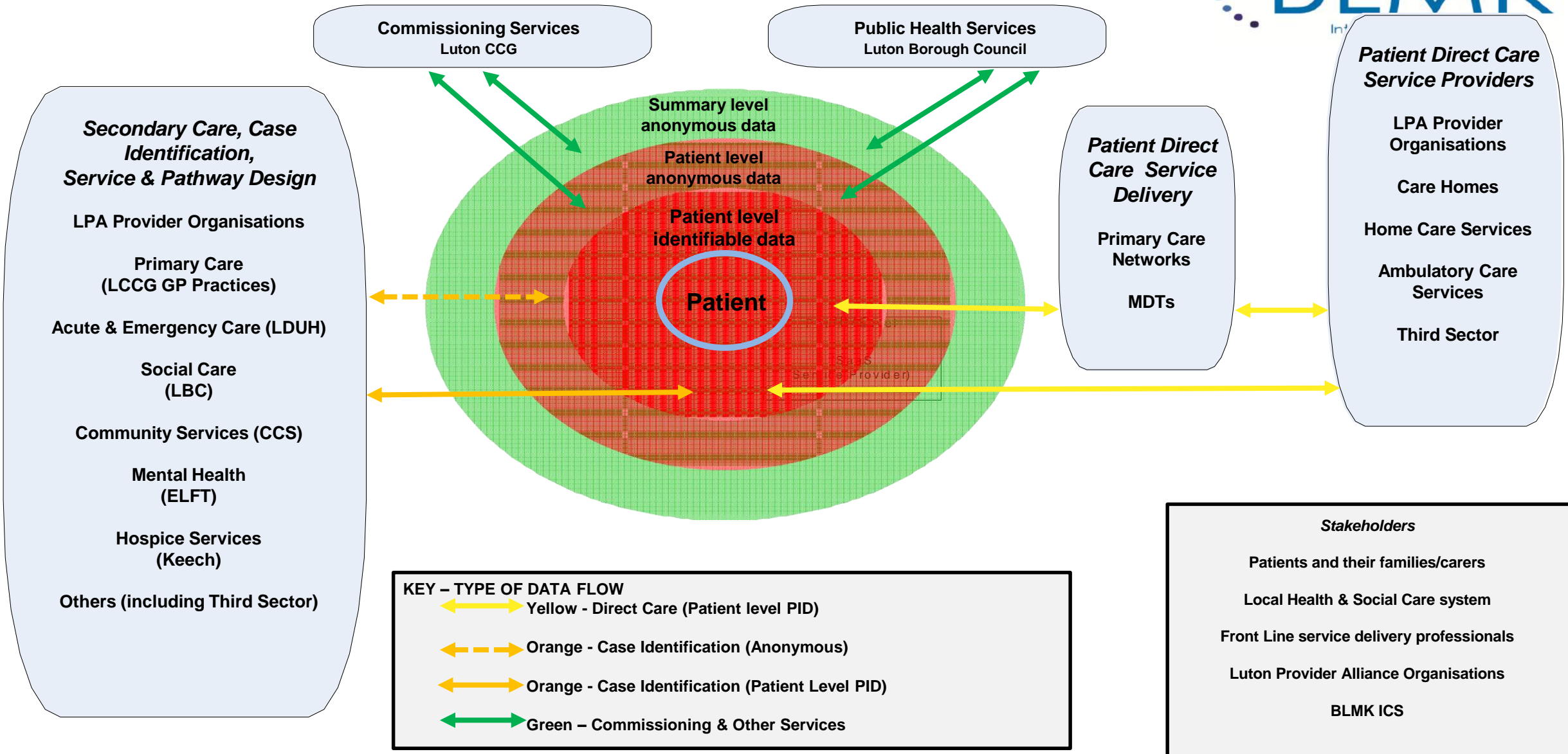
We will continue to work with patients and staff to improve knowledge and understanding of healthcare records and choice linked to the sharing of data to support people's health and care. As part of the East of England accord, we will use localised branding but have a common message across 6 million residents.

In addition, as part of the Wave 2 PHM development programme we will be progressing work to bring together data sets so that we can risk stratify our population – Milton Keynes is particularly advanced in this and the Luton work will also be beneficial here.

On cyber security, the majority of local care homes are engaged in a national pilot for cyber security and will be sharing their findings.

# Luton Integrated Data Model

Linked intelligence supporting direct care and secondary service delivery



## What difference will this make to people across BLMK?

- Automation, integration and interoperability of systems to allow staff to have the test results, history and evidence they need to make the best decisions for patients.
- Enable redirection of resources to where they add most value.
- Improve people's experience and make it easier to access services.
- Create simple on-line access for staff and residents.
- Use technology to help health and care professionals communicate better and enable people to access the care they need quickly and easily, when it suits them.
- Utilise websites and apps that make care and advice easy to access wherever people are, building on the success digital maternity and adolescent mental health support.
- Work smarter to provide better care than ever before.
- Health care professionals will have full access to information at the point of care, for example pathology results and radiology images from multiple sources where appropriate.

## How will we know we have made a difference?

- Feedback that our population are only having to tell their health and care story once.
- Increased interoperability and access between partner organisations in health & social care
- Increased number of 'paper free/ light' pathways across the system supported by increased numbers of E-Referrals, Electronic prescription rates and electronic discharge summaries.
- Continued development & expansion of a broader perspective & understanding of patient activity linked to the Luton Integrated Data Model, including its applicability for expansion across other parts of our partnership

# Estates

## What is the context for delivery?

The buildings and land we have for delivering health and care are a key enabler to help bring about the service transformation envisioned in Our Partnership Focus.

We currently have significant population growth due to new housing, whilst having inadequate primary, community and acute hospital estate, all of which require significant investment to maintain.

Our Estates Programme focuses on delivering estates solutions to support our transformation programmes. Our Estates Strategy is aligned with the other key enablers of workforce and digital.

Joint working is a key component of this work programme, reflecting strong shared ambitions to shift from a reactive, intermittent and often fragmented health and social care model to one which is preventative, proactive and integrated.

We have shared ambitions to deliver a new enhanced primary, community and social care offer to our population. The Integrated Health and Care Hub Programme seeks to ensure that these developments are locally owned and designed to meet the specific needs of each community. This is important given the range of demographics and geographies within BLMK, from rural Central Bedfordshire to diverse, urban Luton. The new hubs will support the proactive, multi-agency and multi-disciplinary primary and community care we need.



## What do we know people are concerned about?

**Effectiveness:** the configuration of the local estate does not always enable efficient or effective delivery of services in our primary and community care settings. The condition and configuration of the local acute estate leads to inefficiencies and presents backlog maintenance challenges.

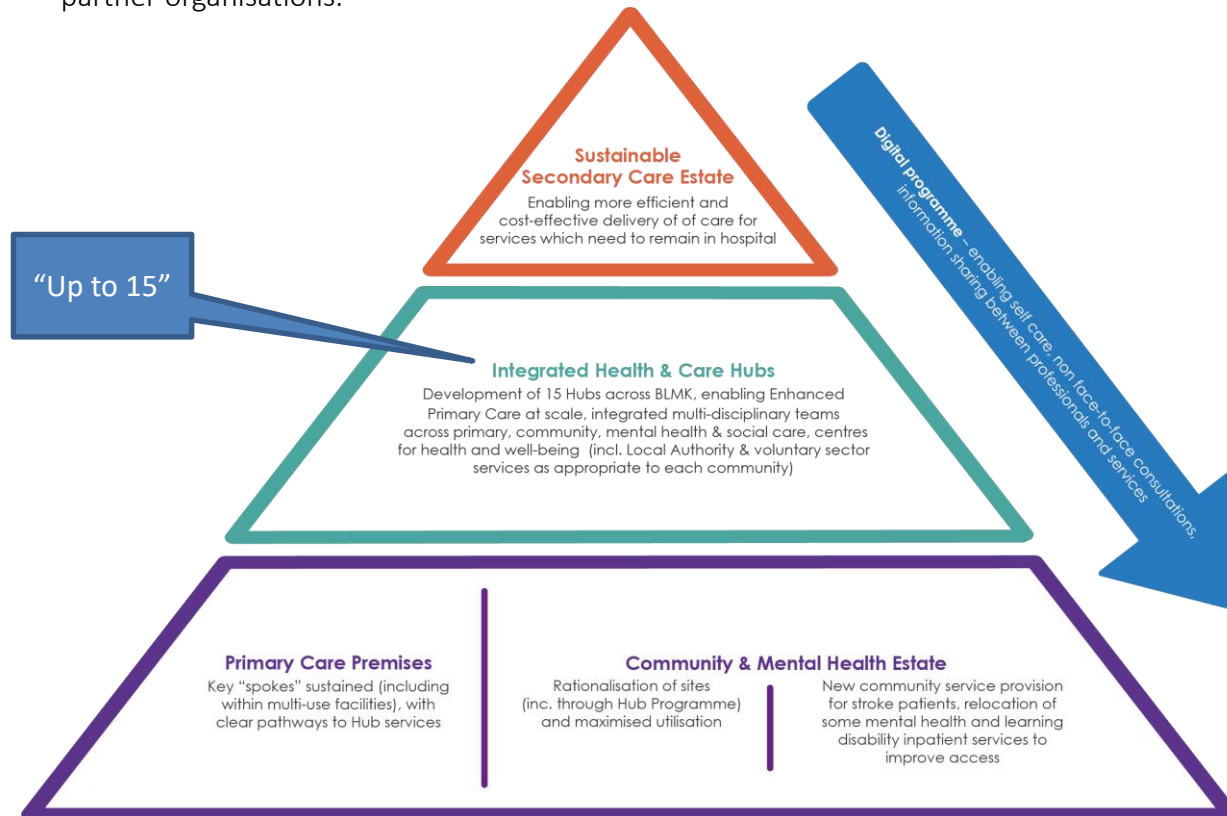
**Capacity:** the current estate does not have the capacity to meet the needs of the local population – and this will be compounded by housing and population growth.

**Meeting Local Needs:** Feedback from the public is that they really value local services, but we currently do not always provide equitable access to high quality joined-up care, and some communities and patient groups have to travel significant distances to access specialist care.

**Affordability:** the current model, with an over-reliance on acute hospital care, is not affordable or sustainable. Transformation of the system is dependent on the right estate.

# What progress has been made as a system so far?

BLMK Estates Workbook developed in 2018 (not publicly available as it contains commercially sensitive information) set out the estates challenges and priorities across our partner organisations.



## Built:

- Urgent Treatment Centre on Bedford Hospital site open 2018
- Brooklands Health Centre in Milton Keynes open 2018
- Whitehouse Hub in Milton Keynes under construction, open 2020 (will bring together primary care, outpatients, ambulance and police services).

Significant levels of capital funding have been secured from a variety of sources to support delivery of our estates programme.

## Funding Secured:

- £99.5m secured for merger-enabling capital programme across Luton & Dunstable Hospital Foundation Trust and Bedford Hospital Trust
- £9.95m secured for development of Pathway Unit at Milton Keynes University Hospital FT – Outline Business Case in progress
- £766k capital secured for development of stroke rehabilitation unit, clinical pathways in progress
- Access to funding to develop Business Case for future capital spend at Milton Keynes University Hospital from 2025 [1]
- £6m national capital secured for development of primary care Hub in Gilbert Hitchcock House (Bedford)
- Local Authority capital allocated for Dunstable and Biggleswade Hubs

There are also a range of primary care premises (spokes) schemes in planning/delivery using a variety of funding sources.



# Future ambition: What do we plan to do next?

- We will continue to develop the business cases for (and deliver) Integrated Health and Care Hubs already in progress across Milton Keynes and Bedfordshire, and progress pipeline of further Hubs across BLMK to provide focal points for the delivery of integrated services within many of the local Primary Care Networks.
- The £99.5 million capital will allow improvements to the Luton and Dunstable site. This will include new Maternity accommodation, Neonatal Intensive Care Unit, Operating theatres and Critical care. The work will commence in 2020/21 and be completed by 2023/24, the end of this longer term planning period.
- We will develop proposals for developments at Milton Keynes Hospital for post 2024.
- We will commence development of Outline Business Case for local mental health inpatient unit/s following completion of feasibility study
- We will prepare and prioritise further bids for funding to support delivery of next phase of BLMK estates programme, to maximise Wave 5 opportunities expected in Spring 2020
- In developing new primary care infrastructure, we will maximise opportunities around developer contributions and involvement.
- We will review estates implications for Rapid Diagnostic Centre development and other priorities associated with *NHS Long Term Plan* delivery, and establish work programmes accordingly.

Scheme	Activities
Merger-enabling (Luton and Bedford) Capital Programme	Mobilisation of programme, with work commencing in 2020/21
MKUH Pathway Unit	Outline Business Case (OBC) – submitted for national approval January 2020, expecting 3-6 months timescale for national approval
Dunstable Hub	OBC – local approval by April 2020
Gilbert Hitchcock House Hub	OBC – submission for national approval April 2020
Submission of Wave 5 capital bids	Expected spring 2020
Milton Keynes Hospital	Development of business case for post 2024 capital spend.

## What difference will this make to people across BLMK?

- **Improved quality of care and patient experience:** care provided from higher quality and clinically safer facilities, which also enable more efficient care delivery
- **Improved access to sustainable primary and community care services:** delivery of new facilities/increased capacity to enable services to grow and flourish, and to maintain high quality care provision and ease of access
- **More person-centred and integrated health and social care:** the Primary Care Network model, supported by a network of integrated health and care hubs and spokes, will offer a greater range of more joined-up services with a focus on improving the health and wellbeing of local people
- **Local provision of care:** range of services to be delivered within integrated health and care hubs will improve access to care, and development of BLMK mental health inpatient services will enable more people to receive care in a local setting.

## How will we know we're making a difference?

- Reduction in capacity gap for primary/community estates, and expansion of services in line with population growth
- Greater range of services delivered in primary care settings
- Continued improvements in patient experience measures, including access
- Continued improvements against acute estate performance metrics, including reduction in critical backlog maintenance
- More co-location of services which enable access to a wide variety of health and wellbeing services in one place, improving communication and pathways between services, and reducing the need for patients to have appointments in multiple locations
- Improved facilities for staff and patients, assisting in recruitment and retention
- Reduction in demand for secondary care services, particularly urgent care, as a result of enhanced and proactive primary care offer supporting people to take greater control of their own health and wellbeing.



Overview of Finances needed, highlighting money coming in and pots of money we have successfully bid for.

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## BLMK Longer Term Plan Chapter 6

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# Links to appendices to be added

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We have tried to keep this document as streamlined as possible (considering the wide range of issues to cover). More detail on particular areas can be found in our appendices.

Engagement Appendices	Bedford Borough
Primary Care strategy	<a href="https://www.bedford.gov.uk/social-care-health-and-community/bedford-borough-jsna/public-health-publications/">https://www.bedford.gov.uk/social-care-health-and-community/bedford-borough-jsna/public-health-publications/</a>
Workforce	Central Bedfordshire
MH Strategy	<a href="https://www.jsna.centralbedfordshire.gov.uk/jsna/info/17/additional_reports/99/dph_reports">https://www.jsna.centralbedfordshire.gov.uk/jsna/info/17/additional_reports/99/dph_reports</a>
Maternity Strategy	Luton
Estates Strategy	<a href="https://www.luton.gov.uk/Health_and_social_care/health/publichealth/Pages/Luton-annual-public-health-report.aspx">https://www.luton.gov.uk/Health_and_social_care/health/publichealth/Pages/Luton-annual-public-health-report.aspx</a>
Digital Strategy	Milton Keynes
	<a href="https://www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment/director-of-public-health-reports">https://www.milton-keynes.gov.uk/social-care-and-health/2016-2017-joint-strategic-needs-assessment/director-of-public-health-reports</a>

## Feedback

We want to hear from you if you have feedback on our longer term plan and/or want to get involved in co-designing/co-producing improvements.

Please contact the relevant Healthwatch based on where you live and/or access services:

Bedford Borough Healthwatch

Call: 01234 718 018

Email: [enquiries@healthwatchbedfordborough.co.uk](mailto:enquiries@healthwatchbedfordborough.co.uk)

Central Bedfordshire Healthwatch

Call: 0300 303 8554

Email: [info@healthwatch-centralbedfordshire.org.uk](mailto:info@healthwatch-centralbedfordshire.org.uk)

Luton Healthwatch

Call: 01582 817 060

Email: [info@healthwatchluton.co.uk](mailto:info@healthwatchluton.co.uk)

Milton Keynes Healthwatch

Call: 01908 698800

Email: [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)

Placeholder

Back Page

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BLMK Longer Term Plan





<b>Meeting title</b>	<b>Public Board of Directors</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Finance Paper Month 6 2019-20</b>	<b>Agenda item: 4.3</b>
<b>Lead director</b> <b>Report authors</b>	Mike Keech Daphne Thomas Chris Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
<b>Fol status:</b>	Private document	

<b>Report summary</b>	<b>An update on the financial position of the Trust at Month 6 (September 2019)</b>			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board to note the contents of the paper.			

<b>Strategic objectives links</b>	5. Developing a Sustainable Future 7. Become Well-Governed and Financially Viable 8. Improve Workforce Effectiveness
<b>Board Assurance Framework links</b>	
<b>CQC outcome/regulation links</b>	Outcome 26: Financial position
<b>Identified risks and risk management actions</b>	See Appendix 18.
<b>Resource implications</b>	See paper for details
<b>Legal implications including equality and diversity assessment</b>	This paper has been assessed to ensure it meets the general equality duty as laid down by the Equality Act 2010

<b>Report history</b>	None
<b>Next steps</b>	None
<b>Appendices</b>	1 to 3

## **FINANCE REPORT FOR THE MONTH TO 30<sup>th</sup> SEPTEMBER 2019**

### **PUBLIC BOARD MEETING**

#### **PURPOSE**

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

#### **EXECUTIVE SUMMARY**

2. *Income and expenditure* –The Trust's deficit for September 2019 was £0.4m which is £0.8m adverse to budget in the month and £4.2m adverse YTD. However, on a control total basis (excluding PSF/FRF/MRET & donations) the position is on plan on a YTD basis.
3. Cash and capital position – the cash balance as at the end of September 2019 was £15.6m, which was £12.7m above plan due to the timing of capital expenditure and receipts from prior year PSF funding. The Trust continues to progress its strategic capital programme, with £9.6m spend as at month 6. The Trust is on track to spend in line with its annual plan.
4. *NHSI rating – the Use of Resources rating (UOR) score is '3', which is in line with Plan, with '4' being the lowest scoring.*
5. *Cost savings* – overall savings of £0.4m were delivered in month against an identified plan of £0.4m and the target of £0.6m. YTD £1.8m has been delivered against a plan of £1.9m and a target of £2.9m. As at month 6, £4.4m of schemes have been validated and added to the tracker against the full year £8.4m target; progress is being made on validated additional schemes and the total is expected to increase over the coming weeks and months.



## INCOME AND EXPENDITURE

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

All Figures in £'000	Month 6			Month 6 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	18,152	18,277	125	108,913	109,366	454	218,726	218,726	0
Other Revenue	1,592	2,148	556	9,658	11,068	1,410	19,085	19,085	0
<b>Total Income</b>	<b>19,745</b>	<b>20,426</b>	<b>681</b>	<b>118,571</b>	<b>120,434</b>	<b>1,864</b>	<b>237,811</b>	<b>237,811</b>	<b>0</b>
Pay	(14,201)	(14,789)	(588)	(86,269)	(87,746)	(1,477)	(171,023)	(171,023)	0
Non Pay	(6,496)	(6,692)	(200)	(39,396)	(40,069)	(673)	(77,808)	(77,808)	0
<b>Total Operational Expend</b>	<b>(20,697)</b>	<b>(21,480)</b>	<b>(788)</b>	<b>(125,665)</b>	<b>(127,815)</b>	<b>(2,150)</b>	<b>(248,831)</b>	<b>(248,831)</b>	<b>0</b>
<b>EBITDA</b>	<b>(953)</b>	<b>(1,055)</b>	<b>(102)</b>	<b>(7,094)</b>	<b>(7,380)</b>	<b>(286)</b>	<b>(11,020)</b>	<b>(11,020)</b>	<b>0</b>
Financing & Non-Op. Costs	(1,048)	(847)	201	(6,285)	(5,997)	288	(12,570)	(12,570)	0
<b>Control Total Deficit (excl. PSF)</b>	<b>(2,000)</b>	<b>(1,901)</b>	<b>99</b>	<b>(13,379)</b>	<b>(13,377)</b>	<b>2</b>	<b>(23,590)</b>	<b>(23,590)</b>	<b>0</b>
Adjustments excl. from control total:									
PSF	280	280	0	1,471	1,943	472	4,197	4,197	0
PSF- ICS	61	0	(61)	321	0	(321)	923	923	0
FRF	987	987	0	5,182	5,182	0	14,807	14,807	0
MRET	270	270	0	1,618	1,618	0	3,237	3,237	0
<b>Control Total Deficit (incl. PSF)</b>	<b>(402)</b>	<b>(364)</b>	<b>38</b>	<b>(4,787)</b>	<b>(4,634)</b>	<b>153</b>	<b>(426)</b>	<b>(426)</b>	<b>0</b>
Donated income	884	0	(884)	6,381	2,000	(4,381)	8,000	8,000	0
Donated asset depreciation	(66)	(56)	9	(393)	(337)	56	(786)	(786)	0
Rounding	5	0	(5)	50	0	(50)	0	0	0
<b>Reported deficit/surplus</b>	<b>421</b>	<b>(421)</b>	<b>(842)</b>	<b>1,251</b>	<b>(2,971)</b>	<b>(4,222)</b>	<b>6,788</b>	<b>6,788</b>	<b>0</b>

### Monthly and year to date review

- The **deficit excluding central funding (PSF, FRF and MRET) and donated income** in month 6 is £1,901k which is £99k favourable to plan in month and £2k favourable YTD. For M6 the Trust recognised the loss of income of £61k (£321k YTD) due to the financial performance of the ICS. The total central funding allocation recognised in the position is £1,537k (£8,743k YTD), This includes £472k of additional PSF funding related to the 18/19 position.
- The Trust reported a deficit in month 6 of £421k which is £842k adverse to the budget surplus of £421k which was mainly driven by a negative variance against plan on donated income relating to the Cancer Centre.

9. **Income (excluding PSF/FRF/MRET and donations effect)** is £681k favourable to plan in September and £1,864k favourable YTD and can be further analysed in Appendix 1
10. **Operational costs** in September are adverse to plan by £788k in month and adverse by £2,150k YTD.
11. **Pay costs** are £588k adverse to budget in Month 6. Substantive pay has increased in month. A large part of this increase is due to the payment of the backdated Doctors pay award for 19/20 (£471k), however excluding the pay award, costs remain high with the use of additional sessions. Bank and Locum expenditure has increased slightly from M5 and is above budgeted levels. Negative variances against bank are offset by positive variances against agency.
12. **Non-pay costs** were £200k adverse to plan in month and £673k adverse YTD. Negative variances can be seen across most non-pay categories, the notable variances are against clinical supplies, premises & fixed plant, establishment expenses and outsourcing. The high expenditure within premises and fixed plant is driven by expenditure on minor works, computer software purchase and maintenance.
13. Non-operational costs are favourable in month due to a favourable variance on the Public Dividend Capital (PDC) payments.

## COST SAVINGS

14. In Month 6, £375k was delivered against an identified plan of £417k and a target of £562k. YTD £1,783k has been delivered against a plan of £1,851k and a target of £2,949k.
15. Currently £4,408k of plans have been validated and added to the tracker; however, a significant number of schemes are pending sign-off for inclusion in M7 and M8. Despite the improvements, non-delivery of the transformation programme remains a financial risk to the Milton Keynes system and financial recovery plans are being progressed.

## CASH AND CAPITAL

16. The cash balance at the end of September 2019 was £15.6m, which was £12.7m above plan due to the timing of capital expenditure and receipts from prior year PSF funding.
17. The **statement of financial position** is set out in Appendix 3. The main movements and variance to plan can be summarised as follows:
  - Non-Current Assets are below plan by £33m; this is mainly driven by the revaluation of the Trust estate in 2018/19 and timing of capital projects.
  - Current assets are above plan by £14m, this is due to cash £12.6m and inventories £0.4m and receivables £0.1m above plan.

- Current liabilities are above plan by £8m. This is being driven by Trade and Other Creditors £6.3m, deferred income £1.9m and provisions £0.1m above plan, offset by borrowings £0.3m below plan.
- Non-Current Liabilities are below plan by £1.1m. This is being driven by provisions £0.3m and borrowings £0.8m below plan.

18. The Trust has spent £9.6m on capital up to month 5 of which £0.9m relates to eCARE, £6.1m Cancer Centre, £0.3m GDE, £0.3 north site infrastructure, £0.4m on design works for new strategic projects and £1.6m on patient safety and clinically urgent capital expenditure.

## RISK REGISTER

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

- a) **Constraints on the NHS Capital Departmental Expenditure Limit (CDEL) may lead to delays in the Trust receiving its required capital funding or other restrictions being placed on the Trust's capital programme.**

The Trust has received confirmation that the total capital spend included in its annual plan is affordable within the CDEL. Schemes are progressing and funding sources have been identified.

- b) **There is a risk that the Trust does not receive timely confirmation that its revenue loans due for repayment in 2019/20 have been refinanced.**

Funding to cover the ongoing funding requirements in 2019/20 is subject to approval by DHSC on a monthly basis and remains a risk in the new financial year. As in previous years the Trust will liaise with NHS Improvement in respect of revenue loans due for repayment in 2019/20.

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

The Trust has a target of £8.4m of which all will need to be delivered through cost reduction, this remains a risk to meeting the Trust's year end control total.

- d) **The Trusts guaranteed income contract may not deliver the benefits expected and leads to unfunded activity**

If the Trust cannot adopt new models of care and reduce levels of activity into the Trust the may be an opportunity cost to the trust in which it delivers significant amounts of unfunded activity at a high cost to the Trust.

## RECOMMENDATIONS TO TRUST BOARD

20. The Trust Board is asked to note the financial position of the Trust as at 30<sup>th</sup> of September 2019 and the proposed actions and risks therein.

## Appendix 1

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Comprehensive Income**  
**For the period ending 30<sup>th</sup> September 2019**

	August 2019			5 months to August 2019			Full year
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>INCOME</b>							
Outpatients	3,764	4,098	334	22,404	23,003	599	45,166
Elective admissions	2,411	2,388	(23)	14,350	13,908	(442)	28,930
Emergency admissions	5,512	5,610	98	36,191	34,293	(1,898)	72,402
Emergency adm's marginal rate (MRET)	(401)	(390)	11	(1,753)	(1,689)	64	(3,506)
Readmissions Penalty	(18)	(18)	0	(1,415)	(1,415)	0	(2,830)
A&E	1,202	1,278	76	7,209	7,619	410	14,418
Maternity	1,654	1,806	152	9,990	11,059	1,069	19,980
Critical Care & Neonatal	530	432	(98)	3,156	2,875	(281)	6,362
Excess bed days	0	0	0	0	0	0	0
Imaging	421	448	27	2,506	2,747	241	5,053
Direct access Pathology	394	402	9	2,344	2,392	48	4,726
Non Tariff Drugs (high cost/individual drugs)	1,633	1,339	(294)	9,720	9,005	(715)	19,488
Other	1,052	885	(166)	4,210	5,569	1,359	8,537
<b>Clinical Income</b>	<b>18,152</b>	<b>18,277</b>	<b>125</b>	<b>108,913</b>	<b>109,366</b>	<b>454</b>	<b>218,726</b>
<b>Non-Patient Income</b>	<b>4,074</b>	<b>3,685</b>	<b>(389)</b>	<b>24,631</b>	<b>21,811</b>	<b>(2,820)</b>	<b>50,249</b>
<b>TOTAL INCOME</b>	<b>22,227</b>	<b>21,963</b>	<b>(264)</b>	<b>133,544</b>	<b>131,177</b>	<b>(2,366)</b>	<b>268,975</b>
<b>EXPENDITURE</b>							
<b>Total Pay</b>	<b>(14,201)</b>	<b>(14,789)</b>	<b>(588)</b>	<b>(86,269)</b>	<b>(87,746)</b>	<b>(1,477)</b>	<b>(171,023)</b>
Non Pay	(4,858)	(5,353)	(495)	(29,626)	(31,064)	(1,438)	(58,320)
Non Tariff Drugs (high cost/individual drugs)	(1,633)	(1,339)	294	(9,720)	(9,005)	715	(19,488)
<b>Non Pay</b>	<b>(6,491)</b>	<b>(6,692)</b>	<b>(200)</b>	<b>(39,346)</b>	<b>(40,069)</b>	<b>(723)</b>	<b>(77,808)</b>
<b>TOTAL EXPENDITURE</b>	<b>(20,692)</b>	<b>(21,480)</b>	<b>(788)</b>	<b>(125,615)</b>	<b>(127,815)</b>	<b>(2,200)</b>	<b>(248,831)</b>
<b>EBITDA*</b>	<b>1,534</b>	<b>482</b>	<b>(1,052)</b>	<b>7,929</b>	<b>3,363</b>	<b>(4,566)</b>	<b>20,144</b>
Depreciation and non-operating costs	(983)	(948)	35	(5,898)	(5,728)	170	(11,796)
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>551</b>	<b>(466)</b>	<b>(1,017)</b>	<b>2,031</b>	<b>(2,366)</b>	<b>(4,396)</b>	<b>8,349</b>
Public Dividends Payable	(130)	45	175	(780)	(606)	174	(1,560)
<b>OPERATING DEFICIT AFTER DIVIDENDS</b>	<b>421</b>	<b>(421)</b>	<b>(842)</b>	<b>1,251</b>	<b>(2,972)</b>	<b>(4,222)</b>	<b>6,788</b>
Adjustments to reach control total							
Donated Income	(884)	0	884	(6,381)	(2,000)	4,381	(8,592)
Donated Assets Depreciation	66	56	(9)	393	337	(56)	697
Control Total Rounding	0	0	0	0	0	0	0
PSF	(1,598)	(1,538)	61	(8,593)	(8,744)	(151)	(10,263)
Rec	(5)	0	5	(50)	0	50	0
<b>CONTROL TOTAL DEFECIT</b>	<b>(2,000)</b>	<b>(1,903)</b>	<b>98</b>	<b>(13,380)</b>	<b>(13,379)</b>	<b>2</b>	<b>(11,370)</b>

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

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Cash Flow**  
**As at 30th September 2019**

	Mth 6 £000	Mth 5 £000	In Month Movement £000
<b>Cash flows from operating activities</b>			
Operating (deficit) from continuing operations	(1,271)	(984)	(287)
Operating surplus/(deficit) of discontinued operations			
<b>Operating (deficit)</b>	<b>(1,271)</b>	<b>(984)</b>	<b>(287)</b>
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	4,633	3,864	769
(Increase)/Decrease in Trade and Other Receivables	6,305	8,955	(2,650)
(Increase)/Decrease in Inventories	4	6	(2)
Increase/(Decrease) in Trade and Other Payables	3,846	2,384	1,462
Increase/(Decrease) in Other Liabilities	1,796	1,813	(17)
Increase/(Decrease) in Provisions	(39)	(27)	(12)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(2,000)	(2,000)	0
Other movements in operating cash flows	1	1	0
<b>NET CASH GENERATED FROM OPERATIONS</b>	<b>13,275</b>	<b>14,012</b>	<b>(737)</b>
<b>Cash flows from investing activities</b>			
Interest received	49	38	11
Purchase of financial assets	(175)	(175)	0
Purchase of intangible assets	(847)	(1,055)	208
Purchase of Property, Plant and Equipment, Intangibles	(5,580)	(7,680)	2,100
Sales of Property, Plant and Equipment			0
<b>Net cash generated (used in) investing activities</b>	<b>(6,553)</b>	<b>(8,872)</b>	<b>2,319</b>
<b>Cash flows from financing activities</b>			
Loans received from Department of Health	2,915	2,915	0
Loans repaid to Department of Health	(476)	(381)	(95)
Capital element of finance lease rental payments	(79)	(67)	(12)
Interest paid	(952)	(468)	(484)
Interest element of finance lease	(146)	(122)	(24)
PDC Dividend paid	(606)	0	(606)
Receipt of cash donations to purchase capital assets	2,000	2000	0
<b>Net cash generated from/(used in) financing activities</b>	<b>2,656</b>	<b>3,877</b>	<b>(1,221)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>9,378</b>	<b>9,017</b>	<b>361</b>
<b>Opening Cash and Cash equivalents</b>	<b>6,175</b>	<b>6,175</b>	<b>0</b>
<b>Closing Cash and Cash equivalents</b>	<b>15,553</b>	<b>15,192</b>	<b>361</b>

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Financial Position as at 30<sup>th</sup> September 2019**

	Audited Mar-19	Sep-19 YTD Plan	Sep-19 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
<b>Assets Non-Current</b>						
Tangible Assets	147.3	186.6	152.0	(34.6)	4.7	3.2%
Intangible Assets	14.2	12.9	14.2	1.3	0.0	0.0%
Other Assets	0.5	0.3	0.6	0.3	0.2	38.2%
<b>Total Non Current Assets</b>	<b>162.0</b>	<b>199.8</b>	<b>166.8</b>	<b>(33.0)</b>	<b>4.9</b>	<b>3.0%</b>
<b>Assets Current</b>						
Inventory	3.6	3.2	3.6	0.4	0.0	0.0%
NHS Receivables	23.5	18.2	15.3	(2.9)	(8.2)	(34.9%)
Other Receivables	6.0	4.0	7.9	3.9	1.9	31.7%
Cash	6.2	2.9	15.5	12.6	9.3	150.0%
<b>Total Current Assets</b>	<b>39.3</b>	<b>28.3</b>	<b>42.3</b>	<b>14.0</b>	<b>3.0</b>	<b>7.6%</b>
<b>Liabilities Current</b>						
Interest -bearing borrowings	(80.2)	(82.6)	(82.3)	0.3	(2.1)	2.7%
Deferred Income	(1.7)	(1.6)	(3.5)	(1.9)	(1.8)	105.2%
Provisions	(1.6)	(1.4)	(1.5)	(0.1)	0.1	-4.3%
Trade & other Creditors (incl NHS)	(28.9)	(29.2)	(35.5)	(6.3)	(6.6)	22.9%
<b>Total Current Liabilities</b>	<b>(112.3)</b>	<b>(114.8)</b>	<b>(122.8)</b>	<b>(8.0)</b>	<b>(10.5)</b>	<b>9.3%</b>
<b>Net current assets</b>	<b>(73.0)</b>	<b>(86.5)</b>	<b>(80.5)</b>	<b>6.0</b>	<b>(7.5)</b>	<b>10.2%</b>
<b>Liabilities Non-Current</b>						
Long-term Interest bearing borrowings	(53.0)	(54.1)	(53.3)	0.8	(0.3)	0.5%
Provisions for liabilities and charges	(0.8)	(1.1)	(0.8)	0.3	0.0	0.0%
<b>Total non-current liabilities</b>	<b>(53.9)</b>	<b>(55.2)</b>	<b>(54.1)</b>	<b>1.1</b>	<b>(0.3)</b>	<b>0.5%</b>
<b>Total Assets Employed</b>	<b>35.1</b>	<b>58.1</b>	<b>32.2</b>	<b>(26.0)</b>	<b>(2.9)</b>	<b>(8.2%)</b>
<b>Taxpayers Equity</b>						
Public Dividend Capital (PDC)	101.4	102.9	101.3	(1.6)	(0.1)	-0.1%
Revaluation Reserve	58.3	78.7	58.3	(20.4)	0.0	0.0%
I&E Reserve	(124.5)	(123.5)	(127.4)	(3.9)	(2.9)	2.3%
<b>Total Taxpayers Equity</b>	<b>35.1</b>	<b>58.1</b>	<b>32.2</b>	<b>(25.9)</b>	<b>(3.0)</b>	<b>(8.4%)</b>

<b>Meeting title</b>	<b>Trust Board</b>	<b>Date: 07 November 2019</b>
<b>Report title:</b>	<b>Workforce report</b>	<b>Agenda item: 4.4</b>
<b>Lead director Report author</b>	<b>Name: Danielle Petch Name: Paul Sukhu</b>	<b>Title: Director of Workforce Title: Deputy Director of Workforce</b>
<b>Fol status:</b>	<b>Public</b>	

<b>Report summary</b>	<p>This report provides a summary of workforce Key Performance Indicators for the full year ending 30 September 2019 (Month 6).</p> <p>This report also contains a draft completion of the healthcare worker flu vaccination best practice management checklist.</p>			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	Trust Board is asked to note the Workforce report.			

<b>Strategic objectives links</b>	Objective 8 : Improve Workforce Effectiveness
<b>Board Assurance Framework links</b>	None
<b>CQC outcome/regulation links</b>	Well Led Outcome 13 : Staffing
<b>Identified risks and risk management actions</b>	<p>1606 - We may be unable to recruit sufficient qualified nurses for safe staffing in wards and departments</p> <p>1608 - There is a risk that sufficient numbers of employees may not undergo an appraisal to achieve target of 90%.</p> <p>1609 - IF staff are unable to remain compliant in all aspects of mandatory training linked to their job requirements THEN staff may not have the knowledge and skills required for their role LEADING potential patient/staff safety risk and inability to meet CCG compliance target of 90%</p> <p>1613 - IF there is inability to retain staff employed in critical posts THEN we may not be able to provide safe workforce cover LEADING TO clinical risk.</p>
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	

<b>Report history</b>	Full monthly Corporate Workforce Information report - Executive Management Board, Divisional Accountability, October 2019
<b>Next steps</b>	
<b>Appendices</b>	None



## **Workforce report – Month 6, 2019/20**

### **1. Purpose of the report**

- 1.1. This report provides a summary of workforce Key Performance Indicators for the full year ending 30 September 2019 (Month 6).

### **2. Staff in post**

- 2.1. The Trust's staff in post by whole time equivalent (WTE) was 3084.3 as at 30 September 2019; an increase of 69.2 WTE since September 2018.
- 2.2. The Trust's headcount is 3566, an increase of 66 since September 2018.
- 2.3. The largest increases of staff in post since September 2018 has been the Allied Health Professional staff group (4% increase).

### **3. Vacancy rate**

- 3.1. The Trust's overall vacancy rate is 11.7%; this has reduced from 12.9% in April 2019 (M1).
- 3.2. In line with the Trust's Workforce Strategy, the Divisional HR Business Partners continue to collaborate with Finance and Clinical Divisional colleagues to formulate plans to reduce actual vacancies in their establishments on a line-by-line basis and by use of overarching strategies.
- 3.3. It is anticipated that this work, will impact further upon temporary staffing expenditure, and in the coming months, time spent on recruitment activities will increase significantly for Recruiting Managers and the Trust's Recruitment team. The Trust may not see the full impact of this work until towards the end of 2019/20 and into 2020/21 as vacancies start to be filled.
- 3.4. The highest vacancy factors are in the Medical and Dental, Nursing and Midwifery and Additional Clinical Services staff groups.

### **4. Turnover**

- 4.1. The Trust's leaver turnover rate was lower throughout 2018/19 than it was in 2017/18 and this trend has continued into 2019/20. The M4 position is further reduced to 9.4%.
- 4.2. The Trust's turnover rate has continued to improve in the wake of ongoing engagement work in respect of Staff Benefits and the NHS Staff Survey engagement activities.
- 4.3. Nursing and Midwifery turnover is significantly lower that it was in September 2018, owing to improvements in senior Nursing and Midwifery management and leadership capability, coupled with staff engagement work highlighted above.

## 5. Temporary Staffing







- 5.1. The temporary staff usage (bank and agency) for the rolling year-to-date was 6087.6 WTE, which was 14.4% of total WTE staff employed.
- 5.2. Agency staff usage was 3.5% of the total WTE staff employed for the rolling year to date but was 5.7% of the total annual staff expenditure. This is predominantly driven by high cost Medical and Dental agency locums and volume of Nursing agency staff where comparative vacancy rates are above 16%.
- 5.3. Detailed analysis of non-standard basic pay and expenditure is being undertaken to target interventions for greater effect as the Trust seeks to reduce expenditure and standardise its pay offering in line with systems development work.

## 6. Sickness absence

- 6.1. The sickness absence rate (N.B. 12 months to M3, 31 August 2019) has decreased to 3.93% against the Trust target of 4.0% (1.68 % short term and 2.25% long term).
- 6.2. Overall, the Trust's sickness absence levels remain lower than the same period for the last two financial years and the in-month position (3.17% in August 2019) is as its lowest point since 2017/18.
- 6.3. In July 2019, Workforce Board agreed to remove the 'Unknown' reason for absence from the manager entry screens of the HealthRoster system, to reduce the number of 'Unknown' episodes recorded. This has reduced now reduced from 31.4% of absence to 27.4% and further reduction is anticipated as the year progresses.
- 6.4. More detail on sickness absence is reported and discussed at Divisional Executive Management Board (Divisional Accountability – monthly), Workforce Board and Workforce and Development Assurance Committee (both quarterly).

## 7. Statutory and mandatory training

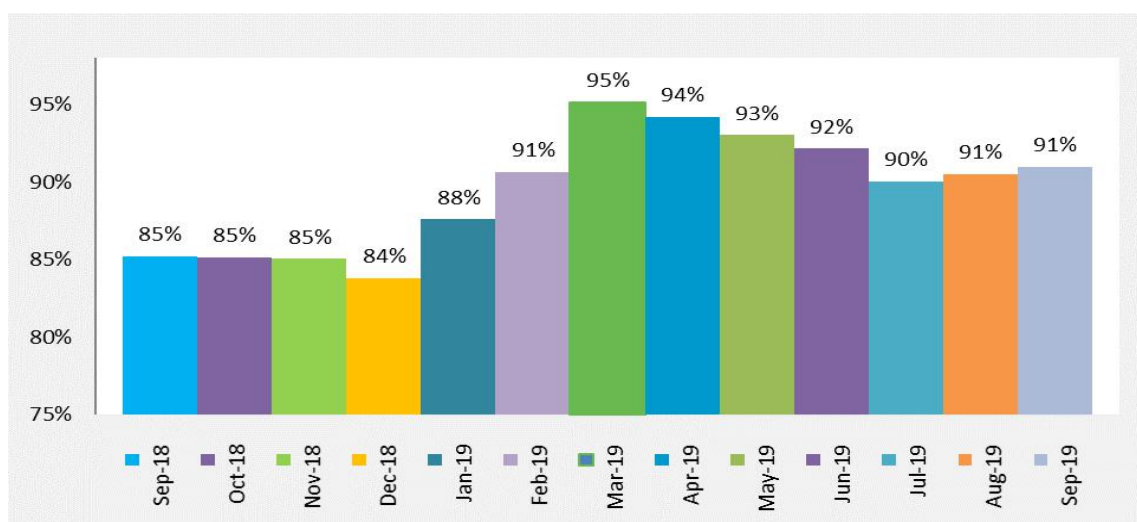
- 7.1. Statutory and mandatory training compliance as at 30 September 2019 was at 93% against the Trust target of 90%.

Training Compliance by Division		
Core Clinical		95%
Corporate Services		95%
Medicines Unplanned Care		91%
Surgical Planned Care		92%
Women's and Children's		90%
<b>Trust Total Compliance</b>		<b>93%</b>

## 8. Appraisal compliance

- 8.1. Trust-wide appraisal compliance as at 30 September 2019 is 91%, against the Trust target of 90%.
- 8.2. Routine reminders and a series of letters to non-compliant staff from the Director of Workforce are now sent in order to ensure the required level of appraisals are undertaken.

Appraisal Completion by Division		
Core Clinical	●	96%
Corporate Services	●	83%
Medicines Unplanned Care	●	93%
Surgical Planned Care	●	92%
Women's and Children's	●	87%
<b>Total Trust</b>	●	<b>91%</b>



## 9. Healthcare worker flu immunisation - 2019/20

- 9.1. In September, NHS England and NHS Improvement wrote to NHS Trust Chief Executives outlining expectations for this year's staff flu immunisation programme.
- 9.2. It is hoped that organisations will achieve the highest possible level of vaccine coverage this winter. In 2018/19 there was a national uptake rate amongst front line staff of 70.3%; the MKUH uptake was 76.92%. The healthcare worker vaccination CQUIN is in place again in 2019/20, for which new thresholds for payment have been set at 60% (minimum) and 80% (maximum).
- 9.3. The letter emphasises the importance of the immunisation programme: flu contributes to morbidity and mortality in patients; up to 50% of cases are subclinical and so can be passed on; flu related sickness absence impacts on service delivery; and patients feel safer if they know staff are vaccinated. It gives advice on how best to deliver the programme.

- 9.4. A Healthcare Worker flu vaccination best practice management checklist for public assurance needs to be completed and submitted (published) via Trust Board papers by December 2019. Below is the MKUH checklist submission.

A	Committed leadership	Trust self-assessment: Green
A1	Board record commitment to achieving the ambition of 100% of front line healthcare workers being vaccinated, and for any healthcare worker who decides on the balance of evidence and personal circumstance against getting the vaccine should anonymously mark their reason for doing so	Board to be asked for commitment at November's board meeting. Board vaccinations took place in October 2019.  If staff decline the vaccine, they are asked to complete consent forms, anonymously if desired, giving reasons for declining vaccination.
A2	Trust has ordered and provided the quadrivalent (QIV) flu vaccine for healthcare workers	2,700 quadrivalent vaccines were pre-ordered and are being delivered as manufacturing processes allow.
A3	Board receive an evaluation of the flu programme 2018/19, including data, successes, challenges and lessons learnt	Board received an evaluation after the 2018/19 programme which included: <ul style="list-style-type: none"> <li>• detailed staff group headcounts and uptake figures, compared to previous years;</li> <li>• breakdown of vaccine delivery including where and by whom;</li> <li>• uptake breakdown by staff groups and</li> <li>• departments/wards; successes; lessons learnt</li> </ul>
A4	Agree on a board champion for flu campaign	Director of Workforce
A5	All board members receive flu vaccination and publicise this	Board members were vaccinated at the start of the campaign with photos taken.  These are to be published and promoted Trust wide to encourage staff to receive their vaccination
A6	Flu team formed with representatives from all directorates, staff groups and trade union representatives	Flu team formed, including: <ul style="list-style-type: none"> <li>• Flu Lead;</li> <li>• Head of Staff Health and Wellbeing;</li> <li>• Pharmacy Business Manager;</li> <li>• CQUIN Project manager;</li> <li>• Assistant Chief Nurse;</li> <li>• Assistant Director of Infection Control;</li> <li>• Vaccinator/representative;</li> <li>• Other representatives invited throughout the campaign according to need</li> </ul>
A7	Flu team to meet regularly from September 2019	Monthly meeting scheduled monthly (or more frequently if need should arise)

<b>B</b>	<b>Communication plan</b>	<b>Trust self-assessment: Green</b>
B1	Rationale for the flu vaccination programme and facts to be published – sponsored by senior clinical leaders and trades unions	Rationale, flu facts and myths, public health information endorsed in weekly CEO newsletter and intranet. Reported in formal committee meetings/reports involving clinical leaders and trade union reps, and Social Media.
B2	Drop in clinics and mobile vaccination schedule to be published electronically, on social media and on paper	Flu hub drop in sessions and nurse vaccinator walkabouts advertised in CEO newsletter, Twitter (@staff_wellbeing, @mkhospital); intranet and posters
B3	Board and senior managers having their vaccinations to be publicised	Photos of Trust Board being vaccinated have been taken, to be publicised. Other senior managers likewise through the campaign
B4	Flu vaccination programme and access to vaccination on induction programmes	Vaccination programme includes walkabout, drop in sessions; trust inductions; other meetings
B5	Programme to be publicised on screensavers, posters and social media	Promotion via the Staff Health and Wellbeing/Trust twitter accounts with all areas receiving flu posters to advertise; trust intranet
B6	Weekly feedback on percentage uptake for directorates, teams and professional groups	Report submitted every Friday, with uptake breakdown including directorates, departments and staff groups

<b>C</b>	<b>Flexible accessibility</b>	<b>Trust self-assessment: Green</b>
C1	Peer vaccinators, ideally at least one in each clinical area to be identified, trained, released to vaccinate and empowered	21 peer vaccinators identified so far have completed their training and managers confirmed support.  Matrons trained to vaccinate offering additional cover and support
C2	Schedule for easy access drop in clinics agreed	Clinics scheduled Monday- Friday near restaurant, along with cover at the weekends and nights
C3	Schedule for 24-hour mobile vaccinations to be agreed	Clinics and walkabouts scheduled for all shifts

<b>D</b>	<b>Incentives</b>	<b>Trust self-assessment: Green</b>
D1	Board to agree on incentives and how to publicise this	Staff given vaccine will be offered a highlighter pen, sticker and pack of sweets.  Monthly raffles for staff vaccinated to win donated Amazon devices The top 3 ward vaccinators at the end of the campaign will win 3,2 or 1 days additional annual leave. Incentives publicised in CEO newsletter and intranet/posters.

D2	Success to be celebrated weekly	Weekly updates on Twitter, throughout the Trust and via the CEO newsletter. Photo opportunities with teams vaccinated
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## **10. Conclusions (Healthcare worker flu immunisation – 2019/20 only)**

- 10.1. RAG (red, amber, green) rating is not required but is added for effect.
- 10.2. The best management criteria are being met for the delivery of the flu vaccination programme.
- 10.3. There are currently no apparent risks for the success of the campaign (i.e. 60-80% of Healthcare Workers).

## **11. Recommendations**

- 11.1. Trust Board is asked to note the Workforce report
- 11.2. Subject to comments and changes, the Trust Board is further asked to approve the entirety of this report, including the Healthcare Worker Flu Immunisation self-assessment, for publication in its public Trust Board papers in line with the NHS England and NHS Improvement recommendations.





Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
IR	1-1	SO3	Quality & Clinical Risk	1917/2500	Strategic failure to manage demand for emergency care	Lack of demand management by the local health economy  Inadequate primary care provision/ capacity  Inadequate community care provision/ capacity  Inadequate social care provision/ capacity	4x4=16	Working with partners to manage peak demand periods (e.g expediting discharge; using full community/ social care capacity)	Strategic planning at trust-wide and service level  Strategic planning within local health economy (CCG, CNWL, GP Federation)	Regular strategic planning with the system - include Emergency Care Delivery Board  Regular reporting to Management Board; Committees and Trust Board on strategic planning	System-wide Emergency Care Delivery Board  Regular NHSI oversight (PRMs)  External scrutiny through Transformation Board, Health and Wellbeing Board and Health Overview and Scrutiny Committee  Part of ICS (STP) priority programme on acute care	Good	4x3=12	Executive strategy session; A&E Delivery Board monthly evidencing progress on DTOCs and system working	System-wide strategic plan	4x2 = 8
IR	1-2	SO3	Quality & Clinical Risk	1917/2500	Tactical failure to manage demand for emergency care	Annual emergency and elective capacity planning inadequate or inaccurate  Daily flow/ site management plans inadequate or ineffectual  Poor clinical/ operational relationships impacting on patient flow through the organisation  Poor operational/ managerial relationships impacting on escalation  Ineffective engagement with stakeholders to support patient flow day-to-day	4x4=16	Introduction of ED streaming  Working with UCC to manage demand  Implementation of national flow improvement programmes - Red2Green; 100% Challenge; EndPJPparalysis; SAFER  Strong clinical and operational leadership and ownership; good team working  Clear escalation and well-known and understood flow management and escalation plans  Positive relationships with stakeholders through daily working and medium-term planning	Daily operational oversight  Medium-term planning at service-level  Daily and short/ medium-term planning with local health economy partners to support flow and right care/ right place	Regular strategic planning with the system - include Emergency Care Delivery Board  Regular reporting to Management Board; Committees and Trust Board on strategic planning	System-wide Emergency Care Delivery Board  Regular NHSI oversight (PRMs)  External scrutiny through Transformation Board, Health and Wellbeing Board and Health Overview and Scrutiny Committee  Part of ICS (STP) priority programme on acute care	Good	4x3=12	Daily management	Length of Stay Programme Board - 11 key work streams to support flow, including multi-agency input	4x2 = 8
IR	1-3	SO1	Quality & Clinical Risk	1917/2500	Ability to maintain patient safety during periods of overwhelming demand	Significantly higher than usual numbers of patients through the ED  Significantly higher acuity of patients through the ED  Major incident/ pandemic	5x4=20	Clinically and operationally agreed escalation plan  Adherence to national OPEL escalation management system  Clinically risk assessed escalation areas available	Daily operational management command structure in place to manage emergency and elective activity safely  Clinical site team 24/7  SMOC and EOC 24/7  Daily patient safety huddle	Daily reporting to clinical, operational and executive management  Daily sit-rep reporting to regulatory and commissioning bodies  Twice-monthly oversight at Management Board (formal reporting)	Daily sit-rep reporting and review by external bodies (CCG, NHSI, NHSE)	Good	4x3=12	Daily management	Continue to clinically review escalation plans in line with demand to ensure patient safety is not compromised	4x2 = 8
IR	1-4	SO1	Quality & Clinical Risk	1472	Failure to appropriately embed learning and preventative measures following Serious Incidents, complaints, claims and inquests	1. Failure to appropriately report, investigate and learn from incidents and complaints  2. Lack of system to share learning effectively from incidents - both in departments/ CSUs and across the Trust  3. Lack of evidence of learning from incidents	5x3=15	All SIs and action plans processed through the Serious Incident Review Group  Actions including learning distribution tracked through SIRG  Core component of all Clinical Improvement Group Meetings  Lessons communicated via Trust-wide channels  Debriefing embedded in specialties and corporately  Training and skills programme annually  Cultural work (inc Greatix and FTSU Guardians)	Incident reports and action plans  Performance information on incident numbers  Emerging or existing trends analysed and reported  Repeat incidents analysed and reported - particularly for failure to learn	Serious Incident Review Group  Oversight at Clinical Quality Board  Oversight at Quality and Clinical Risk Committee	CCG satisfaction with RCA reporting  Stakeholder involvement with RCA/SI investigation  Internal Audit review of SI process	Satisfactory	4x3=12	August/ September 2019  Lack of evidence around learning picked up in the CQC inspection (May 2019)  Launch of online Learning Hub - linked to Greatix and Appreciative Inquiry  Greatix and T-REX (reporting excellent) event in September to focus on learning  QI programme to support shared practice and learning	Action plan to be developed to support August/ September event programme  CQC action plan includes thematic section on learning	4x1 = 4

Board Assurance Framework 2018/19

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							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
IR	1-5	SO1	Quality & Clinical Risk	2495/2497	Failure to recognise and respond to the deteriorating patient	Non compliance with the NEWS protocols; failure to appropriately escalate NEWS scores or failure to clinically assess patients outside protocols (i.e. 'hands on, eyes on' patients who are ill but not triggering on NEWS)	5x3=15	National NEWS protocol in place  Successful implementation of NEWS 2  Sepsis screening and training/ awareness programme	Performance is reported to the Clinical Quality Board and is regularly audited  Serious Incident Review Group process where issues around deteriorating patient identified  eCare implementation supports early warning systems  Standardised mortality review process to identify issues and learning	Serious Incident Review Group  Oversight at Clinical Quality Board  Oversight at Quality and Clinical Risk Committee	Coronial review of deaths	Satisfactory	4x3=12	Good evidence being demonstrated through eCare reporting metrics. Monthly oversight at executive level continues	Individual action plans where incidents reported to prevent repeat incidents  ED review meeting March 2019	4x2 =8
IR/ NB-M/ K	1-6	SO10	Quality & Clinical Risk		Failure to manage clinical risk during significant digital change programmes	1. Inadequate assessment of clinical risk/ impact on clinical processes and safety/ experience of digital change programmes 2. Inadequate resourcing of digital change programmes (including operational support) 3. Inadequate training for clinicians and support staff on new digital systems prior to and post roll out	4x4=16	1. Robust governance structures in place with programme management at all levels 2. Thorough planning and risk assessments during scoping, testing, launch and roll out 3. Resourcing reviewed regularly at programme boards 4. Training needs established in scoping and testing phases 5. Regular reviews of progress post go-live for all digital change programmes	1. Executive chaired Health Informatics Programme Board 2. Robust governance structures, programme management structures and reporting	1. Progress reporting and oversight at Management Board 2. Reporting on major change programmes at Trust Board	1. Peer review and benchmarking through Global Digital Exemplar programme 2. Benchmarking through suppliers and other adopting sites 3. Access to support via NHS Digital/ NHS X	Satisfactory	4x3=12	HIPB terms of reference revised to incorporate all digital change programmes to integrate governance and reporting	Digital programme to Trust Board in November 2019	4x2 =8
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
NB-M	2-1	SO2	Quality & Clinical Risk	2598	Failure to achieve improvements in the patient survey	Lack of appropriate intervention to improve patient experience (measured through the national surveys)	4x4=16	Prevent Controls  Corporate Patient Experience Team function, resources and governance arrangements in place at Trust, division and department levels, including but not limited to:  <ul style="list-style-type: none"> <li>• Patient Experience Strategy</li> <li>• Learning Disabilities Strategy</li> <li>• Dementia Strategy</li> <li>• Nutrition steering group</li> <li>• Catering steering group</li> <li>• Domestic planning group</li> <li>• Discharge steering group</li> <li>• Induction training</li> </ul> Detect Controls  Quarterly Patient Experience Board , monthly meetings and supporting substructure of steering groups .	Perfect Ward patient experience audits on all wards monthly.  Patient Experience action plans from each patient survey reviewed at divisional CIG.  Locally designed audits to focus on areas of improvement to monitor progress.  Patient Experience Volunteers collecting weekly data on agreed Patient Experience measures and outcomes.  15 Step Programme all areas.	FFT collation of monthly data submitted to unify and published locally and nationally .  Quarterly Patient Experience Report to management Board.  Patient Experience data presented on Trust dashboard reviewed at Trust Board.  Quarterly Patient Experience Board to gain oversight and monitoring of cross organisational improvement measures.	Annual Patient Survey Results for :  Adults inpatients Emergency Department Children and Young People Maternity  External visits inspections and reviews from:  MK CCG Healthwatch CQC Experts by experience group	Satisfactory	4x3=12		Action plans for ;  Patient Experience strategy Learning disabilities strategy Dementia strategy  Linked with CQC action plan.	4x2=8

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Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
NB-M	2-2		Quality & Clinical Risk		Failure to embed learning from poor patient experience and complaints	Learning not captured and shared in a meaningful and impactful way among individuals and team (and across the organisation)  Failure to embed an appropriate system for sharing learning consistently, in a way that can be measured/ audited and evidenced	4x4=16	Prevent Controls  Corporate PALS/Complaints Team function, resources and governance in place at the Trust, division and department levels, including but not limited to :  <ul style="list-style-type: none"> <li>Complaints policy and process</li> <li>PALS policy and process</li> <li>Ombudsman policy and process</li> <li>Complaints handling training for managers</li> <li>Clinical oversight complaints/PALS process</li> </ul> Detect Controls  Quarterly Patient Experience Board, monthly meetings and integration with Patient Experience sub structure of steering groups.	Rag report to Executive Directors including delays and escalation requirements weekly.  PALS walkround monthly audits.  Perfect Ward patient experience audits on all ward monthly.  Complaints action report each division monthly providing complaints performance actions and learning for review at CIG.  Ward/department patient experience meetings triangulating all patient experience feedback and complaints data .	Monthly submission of complaints data against complaints/PALS KPIs to inform Trust scorecard presented at Trust Board  Quarterly Complaints/PALS report to management board.  Quarterly Patient Experience Board to gain oversight and monitoring of themes / areas of complaints/ analysis and thematic review.  Patient story at each public board based on poor experience and complaints.	External Audit of Complaints process.  Benchmarking against peer organisations.  Review of complaints thematic review with MK CCG .  External inspection CQC.	Satisfactory	4x3=12		Action Plan:  Complaints process audit.  Divisional complaints monitoring for completion and evidence of learning.	4x2=8
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
KB/IR	3-1	SO3	Quality & Clinical Risk		Failure to evidence compliance with the annual clinical audit programme	1. Lack of understanding/ awareness of audit requirements by clinical audit leads 2. Resources not adequate to support data collection/ interpretation/ input 3. Audit programme poorly communicated 4. Lack of engagement in audit programme 5. Compliance expectations not understood/ overly complex	4x4=16	1. Designated audit leads in CSUs/ divisions 2. Clinical governance and administrative support - allocated by division 3. Recruited additional clinical governance post to medicine to support audit function (highest volume of audits) 3. Audit programme being simplified, with increased collaboration and work through the QI programme 4. Audit compliance criteria being segmented to enable focus on compliance with data returns; opportunity for learning/ changing practice and communication/ engagement	1. Tracking of audit programmes at divisional level 2. CIG meetings	1. Tracking of programme at Clinical Audit and Effectiveness Board; Management Board; Quality and Clinical Risk Board; Audit Committee 2. Oversight at Board of Directors as part of the Trust's strategic objectives	1. Internal audit - part of 2020 programme 2. Peer review	Satisfactory	4x3=12	August/ September 2019	Action plan - progress reporting linked to objectives  1. Updated Audit Policy 2. Revised audit programme structure - link with QI programme 3. Simplified audit database and compliance process	4x2=8
KB/IR	3-2	SO3	Quality & Clinical Risk		Failure to embed learning and evidence action plans following clinical audit	1. Learning from audits not captured effectively 2. Learning from audit not shared effectively 3. No central record of learning from audit or ability to compare audit/ re-audit progress	4x4=16	1. Designated audit leads in CSUs/ divisions 2. Clinical governance and administrative support - allocated by division 3. Recruited additional clinical governance post to medicine to support audit function (highest volume of audits) 3. Audit programme being simplified, with increased collaboration and work through the QI programme 4. Audit compliance criteria being segmented to enable focus on compliance with data returns; opportunity for learning/ changing practice and communication/ engagement	1. Tracking of audit programmes at divisional level 2. CIG meetings	1. Tracking of programme at Clinical Audit and Effectiveness Board; Management Board; Quality and Clinical Risk Board; Audit Committee 2. Oversight at Board of Directors as part of the Trust's strategic objectives	1. Internal audit - part of 2020 programme 2. Peer review 3. Independent re-audit process	Satisfactory	4x3=12	August/ September 2019	Action plan - progress reporting linked to objectives  1. Updated Audit Policy 2. Revised audit programme structure - link with QI programme 3. Simplified audit database and compliance process	4x2=8

## Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
KB/IR	3-3	SO3	Quality & Clinical Risk	767	Lack of assessment against and compliance with NICE guidance	The Trust has a significant backlog of NICE guidelines	3x4=12	Monthly assessments of compliance against published NICE baseline assessments  Process in place to manage baseline assessments with relevant clinical lead - supported by clinical governance leads  Independent review by compliance and audit lead  Requires clinical engagement and ownership	Oversight and scrutiny at Clinical Effectiveness Board; Risk and Compliance Board and Clinical Quality Board  Internal compliance monitoring and reporting monthly  Reporting to CIGs and divisional management meetings	Oversight at the Quality and Clinical Risk Committee	1. Peer review 2. Consider for Internal audit programme in 2020	Low - Rated Low as compliance not improved in first quarter (for review following August/ September action plans)	3x4=12	August/ September 2019  1. Review of NICE baseline assessment and documentation process 2. KPIs for NICE baseline assessment completion and compliance (time to assessment, time to compliance or escalation) 3. Escalation process for breaches to Divisional Management and then Executive Management	Action plan developed linked to August/ September update - reporting to October 2019 Quality and Clinical Risk Committee	(4x2) = 8
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
IR	4-1	SO4	Executive Management	1917/2500	Failure to meet the 4 hour emergency access standard	The Trust is unable to meet the target to see 95% of patients attending A&E within 4 hours	4x4=16	Operational plans in place to cope with prolonged surges in demand  Cancelling of non urgent elective operations  New elective surgical ward open to reduce likelihood of above control  Opening of escalation beds  Working with partners for social, community and primary care	Divisional and Trust performance reports Rates of discharge; DTOC	A&E Delivery Board	Ongoing NHSI review of key indicators  Internal audit work on data quality  Quality Report testing of key indicators by external auditors	Satisfactory	4x3=12	Current performance remains better than 2017/18 although variable day-to-day. Work continues with MK system through A&E delivery board.	Length of Stay Programme Board - 11 key work streams to support flow, including multi-agency input  Regular MADE events	4x2 = 8
IR	4-2	SO4	Executive Management	2679/2589	Failure to meet the key elective access standards - RTT 18 weeks, non-RTT and cancer 62 days	The Trust is unable to meet the 18 week RTT and 62 day cancer targets, and unable to reduce its non-RTT backlog as required	4x4=16	Regular PTL meetings  Work on improving administrative pathways  Work with tertiary providers on breach allocations  RTT and non-RTT action plans	Divisional and Trust performance reports  Management Board scrutiny and oversight of RTT and non-RTT action plans	Finance and Investment Committee scrutiny of financial and operational performance  Quality and Clinical Risk Committee oversight	NHSI regional information on performance against key access targets	Satisfactory	4x3=12	Recovery plans established. Additional resource in surgery and T&O. Alternative models to increase capacity and reduce waiting lists approved. Long waiters actively managed. Increased oversight by executive. Weekly reporting to executive directors.	Monitored through weekly PTL  RTT improving on a continued trajectory	4x2 = 8
JB	4-3	SO4	Audit	2705/2572	Failure to ensure adequate data quality leading to patient harm, reputational risk and regulatory failure	Data quality governance and processes are not robust	4x3=12	Robust governance around data quality processes including executive ownership  Audit work by data quality team	Oversight of progress against action plans by Data Quality Compliance Board	Standing agenda item at the Audit Committee	Outcome of Internal audit assessment of data quality  Outcome of External Audit Quality Report testing  Outcome of NHSI review	Satisfactory	4x2=8	Testing commenced in specialties where new outcome forms have been in active use for three months or more (September 2018).	Regular programme of audit and testing	4x2= 8
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
JB	5-1	SO5	Audit		Failure to adequately safeguard against major IT system failure (deliberate attack)	Weaknesses in cyber security leave the trust vulnerable to cyber attack	5x2=10	Investment in better quality systems  GDE investment  NHS Digital audits and penetration tests	Results of penetration and phishing tests	Audit Committee review of cyber security	Performance against NHS Digital standards	Good	4x2=8	Positive relationship with NHS regulators continues to develop, now evidence of being in top decile of NHS performers nationally.		4x2 = 8

Board Assurance Framework 2018/19

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							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
JB	5-2	SO5	Finance & Investment		Failure to adequately safeguard against major IT system failure (inability to invest in appropriate support systems/infrastructure)	Lack of suitable and timely investment leaves the Trust vulnerable to cyber attack	4x2=8	2 dedicated cyber security posts funded through GDE  All Trust PCs less than 4 years old  Robust public wifi network  EPR investment	Robust capital prioritisation process overseen by Management Board	Oversight of IT investment strategy and decision making by the Finance and Investment Committee	External oversight of uses of the GDE funding	Good		Positive relationship with NHS regulators continues to develop, now evidence of being in top decile of NHS performers nationally.		4x2 = 8
CH	5-4	SO5	Executive Management	2177/1185	Failure to maximise the benefits of EPR	That the Trust does not derive all of the benefits in terms of efficiency and productivity from the EPR system as had been anticipated in the business cases	4x3=12	eCare operational delivery board being put into place in order to cover the spectrum of optimisation opportunities both financial and non-financial as a result of the implementation (and upcoming upgrades and changes). An initial schedule of opportunities that forecasts a level of savings in line with those in the original business case is being monitored against although there is likely to be some slippage against this when taking into account time for the new system to bed-in across the organisation.	Delivery of financial savings against those specified in the original business case. Delivery of non-financial savings, particularly releasing time-to-case	Reporting and scrutiny at the Finance and Investment Committee, HIPB and Management Board	External peer review with West Suffolk NHS FT and other Cerner sites	Satisfactory	4x2=8	Monthly oversight at executive level continues		3x2 = 6
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
MK	7-2	SO7	Finance & Investment		There is a risk that the constraints on the NHS capital expenditure limit (CDEL) lead to delays in the Trust receiving its approved capital funding or other restrictions being placed on the Trust's capital programme	The national NHS Capital Financing regime is under significant pressure, which is restricting the Trust's ability to spend on capital above its Capital Expenditure Limit	5x4=20	1. Annual plan re-submitted to include only approved capital loans from DHSC. Funding sources identified for other schemes.  2. Capital prioritisation process in place (through the Trust's Capital Control Group (CCG) and Clinical Board Investment Group (CBIG) to ensure the Trust prioritises its capital schemes within scarce resources effectively	Capital expenditure is reviewed at the monthly Capital Control Group and the Management Board	Updates reported to the Finance and Investment Committee and Trust Board	The Trust reports its capital expenditure to NHSI in its monthly financial reporting and has discussions on capital spend as part of its NHSI Progress Review	Good	4x3=12	Following further notification received in August from NHSI, the Trust's capital plan has been re-instated at its original plan submission level for 2019/20. As a result, the risk rating has been reduced from 16 to 12.		4x3=12



## Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
MK	7-3	SO7	Finance & Investment		There is a risk that the Trust does not receive timely confirmation that its revenue loans due for repayment in 2019/20 have been refinanced leading to a potential breach of the DHSC loan agreements and risk to going concern		5x5=25	1. NHSI and DHSC are aware that the Trust is unable to make its loan repayments; 2. DHSC has confirmed that refinancing decisions will be made in 2019/20 where required	Discussion with NHSI regional finance team Monitoring of cash flow forecast within finance department (and reported to Management Board, Finance and Investment Committee and Trust Board)	Updates reported to the Finance and Investment Committee and Trust Board	Submission of cash flow forecasts to NHSI to support requests for additional revenue funding.	Satisfactory	5x3=15	A letter has been received from DHSC which notes that: 'In advance of wider reforms, the Department recently agreed extensions to loans due during the 2018-19 financial year to November 2019. The Department will continue to take refinancing decisions on loans due in the coming year.'	Continual discussion of the Trust's revenue loan payments at the monthly PRM meetings with NHSI/E and regular updates provided to the F&I Committee	5x2=10
MK	7-4	SO7	Finance & Investment		There is a risk that the Trust is unable to achieve the required efficiency improvements through the transformation programme leading to an overspend against plan and the potential loss of the £5.1m of Provider Sustainability Funding in the event the Trust's control total is not met.	Transformation schemes are taking longer to implement and identify due to other competing priorities.	5x5=25	1. Tracker in place to identify and track savings and ensure they are delivering against plan 2. Savings measured against Trust finance ledger to ensure they are robust and consistent with overall financial reporting 3. All savings RAG rated to ensure objectivity 4. Oversight of the transformation programme through the Transformation Programme Board and Management Board.	1. Divisional CIP review meetings in place attended by the DoF, divisional managers and finance business partners. 2. Cross-cutting transformation schemes in place with dedicated programme resource. 3. Savings plan for 19/20 financial year not yet fully identified.	Monthly CEO chaired Transformation Board oversight, providing leadership and scrutiny of programme delivery	Review of transformation schemes by NHSI through the monthly finance reporting and NHSI Progress Review Meetings.	Satisfactory	4x4=16	The Trust is forecasting to achieve its control total for 2019/20, however not all schemes have been fully identified to support the £8.4m savings required for 2019/20. Therefore the risk scoring has been assessment and has been increased to 16.	Ongoing discussions of the progress of divisional CIPs at the monthly performance review meetings attended by the DoF	3x3=9
MK	7-5	SO7	Finance & Investment		There is a risk that the Trust's guaranteed income contract does not deliver the benefits expected and/or leads to an opportunity cost to the Trust in respect of unfunded activity.	Increases in unfunded activity and costs	5x4=20	1. Clearly defined monitoring of the monthly activity performance with lead commissioner 2. Escalation of issues to senior managers within the Trust. 3. Newly established joint executive contract mobilisation group to assess activity and performance and monitor the delivery of joint initiatives.	1. Clearly defined monitoring of the monthly activity performance with lead commissioner 2. Escalation of issues to senior managers within the Trust. 3. Newly established joint executive contract mobilisation group to assess activity and performance and monitor the delivery of joint initiatives.	Updates reported to the F&I Committee and Trust Board on a monthly basis		Satisfactory	4x4=16	The Trust has some mitigations against cost increases above these outlined in its plan submission. These will be closely monitored on a monthly basis	The F&I Committee will review the Trust's income and costs on a monthly basis	3x3=9
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score

Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
DP	8-1	SO8	Workforce	2499/2589	Inability to retain staff employed in critical posts	Poor working culture within certain isolated teams  Perceived more attractive benefits elsewhere  Proximity to tertiary centres with perceived better career development opportunities	4x4=16	Variety of organisational change/staff engagement activities, e.g. Event in the Tent  Schwartz Rounds and coaching collaboratives  Recruitment and retention premia  We Care programme  Onboarding and exit strategies/reporting  Staff survey  Learning and development programmes  Health and wellbeing initiatives, including P2P and Care First  Staff friends and family results/action plans  Links to the University of Buckingham  Staff recognition - staff awards, long service awards, GEM  Leadership development and talent management  Succession planning  Enhancement and increased visibility of benefits package  Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment  Enhanced Benefits Package	Monthly reports to Workforce Board and Management Board  Workforce transformation reports  Line managers' work on staff retention  Supported departmental initiatives in response to staff survey, e.g. We Care programme	Reports to Workforce and Development Assurance Committees and the Finance and Investment Committee	NHSI Model Hospital benchmarking NHS Improvement staff retention exercise	Satisfactory	4x3=12	Participation of NHSI Retention Programme - driving down MKUH retention rates	2018 Staff Survey Action Plans  2019 Staff Survey plans - including Staff Appreciation Week events  Expansion of Benefits Package literature and marketing materials  Succession planning/talent management activities	4x2 = 8
DP	8-2	SO8	Workforce	2499/2589	Inability to recruit to vacancies in short term (0-18 months)	National shortages of appropriately qualified staff in some clinical roles, particularly at consultant level for dermatology and acute medicine, and at middle grade level for urology and trauma and orthopaedics  Competition from surrounding hospitals  Buoyant locum market  National drive to increase nursing establishments leaving market shortfall (demand outstrips supply)	4x3=12	Active monitoring of workforce key performance indicators  Targeted overseas recruitment activity  Apprenticeships and work experience opportunities  Exploration and use of new roles to help bridge particular gaps  Use of recruitment and retention premia as necessary  Use of the Trac recruitment tool to reduce time to hire and candidate experience  Rolling programme to recruit pre-qualification students  Use of enhanced adverts, social media and recruitment days  Rollout of a dedicated workforce website  Review of benefits offering and assessment against peers  Creation of recruitment "advertising" films  Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment	Vacancy control panel  Divisional deep dive sessions  Monthly reports to Management Board  Workforce Board oversight  Use of workforce planning templates  Outcomes from the recruitment and retention task and finish group  Workforce transformation reports  HR systems and compliance report	Quarterly reports to the Workforce and Development Assurance Committee  Staff survey results	NHSI Model Hospital benchmarking  Staff survey results	Satisfactory	4x2=8	The Trust is assured that recruitment is adequate and that there is a ready pool of suitable candidates for most posts. However, there are some key hard to fill roles nationally, such as gastroenterology, urology and trauma and orthopaedics, and targeted recruitment is underway. All recruitment avenues are being exhausted.	Continuation of recruitment activity  Review and refresh of Trust's workforce website.  Further reduction in time to hire  Enhanced on-boarding programme  Creation of Benefits Package literature and marketing materials  Creation of bespoke role based recruitment strategy  Succession planning/talent management activities	4x1 = 4



## Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
DP	8-3	SO8	Workforce	2499/2589	Inability to recruit to vacancies in medium to long term (19+ months)	National shortages of appropriately qualified staff in some clinical roles, particularly at consultant level  Brexit may reduce overseas supply  Competition from surrounding hospitals  Buoyant locum market  National drive to increase nursing establishments leaving market shortfall (demand outstrips supply)  Large percentage of workforce predicted to retire over the next decade  Large growth prediction for MK - outstripping supply  Buoyant private sector market creating competition for entry level roles  New roles upskilling existing senior qualified staff creating a likely gap in key roles in future (e.g. band 6 nurses)  Reducing potential international supply  New longer training models	4x4=16	Monitoring of uptake of placements & training programmes  Targeted overseas recruitment activity  Apprenticeships and work experience opportunities  Expansion and embedding of new roles across all areas  Rolling programme to recruit pre-qualification students  Use of enhanced adverts, social media and recruitment days  Review of benefits offering and assessment against peers  Development of MKUH training programmes  Workforce Planning  Recruitment and retention focussed workforce strategy and plan to fill vacancies, develop new roles and deliver improvement to working experience/environment  International workplace plan  Assisted EU staff to register for settled status and discussed plans to stay/leave	Vacancy control panel  Divisional deep dive sessions  Monthly reports to Management Board  Workforce Board oversight  Use of workforce planning templates  Outcomes from the recruitment and retention task and finish group  Workforce transformation reports	Quarterly reports to the Workforce and Development Assurance Committee  Staff survey results	NHSI Model Hospital benchmarking  Staff survey results	Satisfactory	4x4=16	23/4/19 - none - new entry	Develop bespoke MKUH training programmes, including placements  Develop MKUH Clinical Education Strategy  Develop detailed Workforce Planning function and embed as BAU  Continue to keep in contact with EU-nationals as Brexit progresses  Develop new roles and strategy for embedding - ensuring linked to Workforce Plan and Education Strategy  Make full use of Apprentice Levy to fund upskilling  Implement Benefits Package and Flexible Working options to improve retention  Succession planning/talent	4x2=8
	9-1	SO9	Finance & Investment	2570	Insufficient capacity in the Neonatal Unit to accommodate babies requiring special care	The current size of the Neonatal Unit does not meet the demands of the service. This risks high numbers of transfers of unwell babies and potential delayed repatriation of babies back to the hospital. There is a risk that if the Trust continues to have insufficient space in its NNU, the unit's current Level 2 status could be removed on the basis that the Trust is unable to fulfill its Network responsibilities and deliver care in line with national requirements.	4x3=12	Reconfiguration of cots to create more space  Additional cots to increase capacity  Parents asked to leave NNU during interventional procedures, ward rounds, etc to increase available space	Daily clinical management and operational oversight  NNU feasibility study completed.	Oversight at Trust Board through capital programme and via risk reporting	Neonatal Network engaged in work programme	Satisfactory	4x3=12	Initial draft cost plan received. Decant solutions and equipment to be assessed.	Outline business case for NNU re-build being developed by the Estates Department and submitted to the STP for consideration	4x2 = 8
Exec Lead	Risk Ref	Objective	Committee		Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score

Board Assurance Framework 2018/19

Exec Lead	Risk Ref	Objective	Committee	SRR link	Risk Description	Cause	Inherent risk rating	Existing mitigation/controls	Assurance (First Line - Operational)	Assurance (Second Line - Management)	Assurance (Third Line - Independent)	Assurance Rating	Residual risk rating	Progress since last report	Action Plans	Target risk score
							Consequence v Likelihood		Level 1 Operational (management)	Level 2 Oversight functions (Committees)	L3 Independent	Overall				
KJ	10-1	SO9	Charitable Funds		Failure to achieve the required level of investment (including appeal funds) to fund the Cancer Centre	Lack of suitable and timely engagement with key players within the city and wider area during the private phase of the appeal, and an inability to enthuse and gain the support of potential donors more broadly, means that the Charity is unable to achieve the required level of charitable contribution to the project	4x2=8	Fundraising strategy and plan in place  Financial forecasts under very regular scrutiny  Experienced consultancy engaged to support existing senior and experienced fundraising staff  Tactical plan for private and public appeal phase developed and implemented	Regular reporting to Committee  Operational oversight	Oversight at Charitable Funds Committee	Appeal Leadership Committee	Satisfactory	4x2=8	Income forecasts in place and reviewed weekly.		3x2 = 6
JH	10-2	SO10	Board of Directors		Inability to progress the Milton Keynes Accountable Care System and wider ACS/STP programme	Lack of effective collaboration among all the key local partners means that the goal of a comprehensive and integrated place based health and social care solution within MK is not realised	4x3=12	Chief Executive and Executive team engagement both at ICS and MK Place levels. MK Place leaders chairing 3 of the 5 ICS priority workstreams	Direct MKUH senior involvement in decision making.  Regular CEO progress updates to Management Board	Standing agenda item at the Trust Board	NHSE/I oversight	Satisfactory	4x2=8			4x2 = 8
JH	10-3	SO10	Board of Directors	2731	Insufficient preparedness for disruption to workforce or supplies (including medications) following withdrawal from the European Union	Inability to recruit or retain staff; inability to prescribe or supply pharmaceuticals; inability to keep hospital stock levels (clinical and non-clinical) at required levels	5x2=10	UK Government putting contingency plans in place  Planning through Trust EPRR forums  Trust working with NHSI/E to ensure any national directives are complied with	Regular communication with NHSI/E  Assurance through EPRR local/regional and national forums	Oversight at Trust Board	National Government policy	Satisfactory	5x2=10	No progress to note	Action plans as part of EPRR business continuity. Also overseen by Director of Workforce (with responsibility for EU exit preparations)	5x1 = 5



<b>Meeting title</b>	<b>Board of Directors</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Terms of Reference Review</b>	<b>Agenda item: 5.2</b>
<b>Lead director</b>	<b>Name: Kate Jarman</b>	<b>Title: Director of Corporate Affairs</b>
<b>Report author</b>	<b>Name: Adewale Kadiri</b>	<b>Title: Trust Secretary</b>
<b>Fol status:</b>	<b>Disclosable</b>	

<b>Report summary</b>				
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input checked="" type="checkbox"/>	<b>To note</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	That the updated Terms of Reference for the Board Committees (excluding the Remuneration Committee) be approved			

<b>Strategic objectives links</b>	Objective 7 Become well governed and financially viable
<b>Board Assurance Framework links</b>	None
<b>CQC regulations</b>	None
<b>Identified risks and risk management actions</b>	None
<b>Resource implications</b>	None
<b>Legal implications including equality and diversity assessment</b>	None

<b>Report history</b>	The draft Terms of Reference for the Board Committees, with the exception of the Remuneration Committee, have been considered at the respective committees.
<b>Next steps</b>	Once the changes have been approved, clean copies of the respective terms of reference will be produced and sent to Committee members.
<b>Appendices</b>	Terms of Reference: <ul style="list-style-type: none"> <li>• Audit Committee</li> <li>• Charitable Funds Committee</li> <li>• Finance and Investment Committee</li> <li>• Quality and Clinical Risk Committee</li> <li>• Workforce and Development Assurance Committee</li> </ul>

## **1. Purpose of the Report**

To present the updated draft Terms of Reference for each of the Board Committees (except for the Remuneration Committee) to the Board for approval.

## **2. Body of the Report**

Paragraph 5.4 of Annex 7 (Standing Orders for the Practice and Procedure of the Board of Directors) to the Trust Constitution stipulates that each committee or sub-committee shall have such terms of reference and powers as the Board shall decide. The Terms of Reference of each of the Committees specify that these should be updated on an annual basis, taking into account, for example, any changes to their remit or membership.

Each Committee has reviewed its Terms of Reference, and the suggested changes are highlighted in track changes:

- i. For the Audit Committee, the only substantive changes are to remove the Director of Clinical Services from the attendance list and to add data quality as an area of focus for the Committee.
- ii. The main change on respect of the Charitable Funds Committee is to clarify that the Director of Finance is a full member and not ex-officio, and therefore counts towards the quorum. The appendices to the terms have also been updated to reflect the documentation that is now used in the application for charitable funds and for ordering goods and services.
- iii. Finance and Investment Committee – it is proposed that the NED membership of the committee be increased from 1 to 2 (in addition to the Chair) in line with the other main committees. The committee also proposes to review previously approved business cases in terms of benefits realisation.
- iv. The Trust Chair and the Chief Executive will revert to ex-officio members of the Quality and Clinical Risk Committee, but the Chair will count towards the quorum. The committee will now oversee the process of agreeing the Trust's quality priorities, and it will monitor completion of actions or recommendations from relevant external reviews and inspections.
- v. Receipt and scrutiny of quarterly reports from the Trust's Guardian of Safe Working Hours has been added to the Workforce and Development Assurance Committee's terms of reference. The assistant Director of HR Services has also been added to its membership.

## **3. Recommendations/ Actions**

That the updated Terms of Reference for the Board Committees be approved.

<b>AUDIT COMMITTEE TERMS OF REFERENCE</b>
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## **CONSTITUTION**

**1.1** The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Audit Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified in the Terms of Reference;

**1.2** The Committee has been established by the Trust Board to:

- Ensure the effectiveness of the organisation's governance, risk management and internal control systems
- Ensure the integrity of the Trust's financial statements, the Trust's Annual Report and in particular the Annual Governance Statement
- Monitor the work of internal and external audit and ensure that any actions arising from their work are completed satisfactorily.

## **2. Delegated Authority**

**2.1** The Committee has the following delegated authority:

**2.1.1** The authority to require any officer to attend and provide information and/or explanation as required by the Committee;

**2.1.2** The authority to take decisions on matters relevant to the Committee;

**2.2** The Committee does not have the authority to commit resources. The Chair may recommend to the Board that resources be allocated to enable assurance in relation to particular risks or issues.

## **3. Accountability**

**3.1** The Committee is accountable to the Trust Board. Any changes to the Terms of Reference must be approved by the Trust Board, and notified to the Council of Governors;

**3.2** The Chair of the Committee is accountable to the Board and to the Council of Governors.

## **4. Reporting Lines**

**4.1** Following each meeting, the Committee will provide a written report to the next available meeting of the Trust Board, drawing the Board's attention to any issues requiring disclosure or Board approval;

**4.2** The Committee will report back to the Council of Governors through a regular written report;

**4.3** The Committee will receive regular reports from the other assurance Committees and formal reports from directors to cover the breadth of its delegated responsibilities.

**4.4 The Committee will report to the Board at least annually on its work in support of the annual governance statement, specifically commenting on:**

- The fitness for purpose of the assurance framework
- The completeness and embeddedness of risk management in the organisation
- The integration of governance arrangements
- The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a Trust.
- The robustness of the processes behind the quality accounts.

**4.5** The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.

## **5. PURPOSE:**

**5.1** The Audit Committee will provide assurance to the Board on:

- the effectiveness of the organisation's governance, risk management and internal control systems
- the integrity of the Trust's financial statements, the Trust's Annual Report and in particular the Annual Governance Statement
- the work of internal and external audit and any actions arising from their work

**5.2** The Audit Committee will have oversight of the internal and external audit functions and make recommendations to the Board and to the Nominations Committee of the Council of Governors on the reappointment of the external auditors.

**5.3** The Audit Committee will review the findings of other assurance functions such as external regulators and scrutiny bodies and other committees of the Board.

## **6. DUTIES OF THE AUDIT COMMITTEE**

To promote the trust's mission, values, strategy and strategic objectives;

### **6.1 Integrated Governance, Risk Management and Internal Control**

**6.1.1** The Audit Committee shall review the establishment and maintenance of an effective system of governance, risk management and internal control across the whole of the organisation's activities (both clinical and non-clinical) that supports the achievement of the organisation's objectives.

**6.1.2.** In particular, the Committee will review the adequacy of:

- The Board Assurance Framework;
- Annual Governance Statement, together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to discussion by the Board where possible.
- the underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the disclosure statements in the above.
- the policies for ensuring compliance with NHS Improvement and other regulatory, legal and code of conduct requirements



- the policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by the NHS Counter Fraud Authority.
- the Trust's insurance arrangements.

6.1.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from officers as appropriate, concentrating on the overarching systems of governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective Board Assurance Framework to guide its work and that of the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key Committees so that it understands processes and linkages. However, these other Committees must not usurp the Audit Committee's role.

## 6.2 Internal Audit

The Committee shall ensure that there is an effective internal audit function established by management, which meets the requirements of the Public Sector Internal Audit Standard 2017 and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by:

- consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal.
- reviewing and approving the Internal Audit programme and operational plan, ensuring that this is consistent with the audit needs of the organisation
- reviewing the major findings of internal audit work, management's response, and ensuring co-ordination between the Internal and External Auditors to optimise audit resources
- ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation
- reviewing the responses by management to the internal audit recommendations
- annually reviewing the effectiveness of internal audit

## 6.3. External Audit

The Committee shall review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- considering the appointment and performance of the External Auditor
- discussing and agreeing with the External Auditor, before the audit commences, on the nature and scope of the audit as set out in the annual plan.
- discussing with the External Auditors their local evaluation of audit risks and assessment of the Trust and the impact on the audit fee,
- reviewing all External Audit reports, including discussion of the ~~Annual a~~Audit Report letter and any work carried outside the annual audit plan, together with the appropriateness of management responses
- Ensure that there is in place a clear policy for the engagement of external auditors to supply non audit services.

#### 6.4 Whistleblowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical and safety matters and ensure that any such concerns are investigated proportionately and independently. In this regard, the Committee will receive a quarterly update from the Trust's Freedom to Speak Up Guardians.

#### 6.5 Other Assurance Functions

The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications on the governance of the organisation.

These will include, but will not be limited to, any reviews by NHS Improvement/England, Department of Health, Arms' Length Bodies or others (e.g. Care Quality Commission, NHS Litigation Authority, etc.), professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.)

In addition, the Committee will receive the minutes and review the work of other committees within the organisation, whose work could be of assistance to the Committee in gaining assurance around risk management and internal control across the organisation.

The Committee will periodically review its own effectiveness and report the results of that review to the Board.

#### 6.6 Counter Fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Counter Fraud Authority protect standards and shall review the outcomes of the work in these areas.

#### 7. Membership

7.1 The Membership of the Audit Committee shall be as follows:

- A Non-Executive Director who is not the Chairman or Chair of another Board Committee will be appointed by the Chair of the Trust to chair the Audit Committee.
- Two other Non-Executive Directors, neither of whom should be the Chair of the Finance and Investment Committee, or the Chair of the Trust.

7.2 Other Non-Executive Directors of the Trust, but not including the Chair, may substitute for members of the Audit Committee in their absence, in order to achieve a quorum.

7.3 The meeting is deemed quorate when at least two members are present. The attendance of other Non-Executive Directors of the Trust who are substituting for members, will count towards achieving a quorum.

7.4 At least one member of the Audit Committee must have recent relevant financial experience. Other members of the Committee must receive suitable training and induction on taking on their role.

#### 8. Attendance

8.1 The following should attend Audit Committee meetings (Attendees)

- The Director of Finance
- Deputy Chief Executive
- Deputy Director of Finance

- ~~Director of Clinical Services~~

- Director of Corporate Affairs
- The Internal auditor
- The External auditor
- A Counter Fraud Specialist
- The Trust Secretary

8.2 The Chair and Chief Executive should be invited to attend to discuss with the Committee the process for assurance that supports the Annual Governance Statement.

8.3 The Committee may ask any other officials of the organisation to attend to assist it with its discussions on any particular matter.

8.4 The Committee may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **9. Responsibilities of Members, Contributors and Attendees**

**9.1** Members of the Committee must attend at least 75% of meetings, having read all papers beforehand (Attendees (or their substitutes as agreed with the Chair in advance of the meeting) should attend all meetings);

**9.2** Officers presenting reports for consideration by the Committee should submit such papers to the Trust Secretary by the published deadline (at least 7 days before the meeting). Papers received after this deadline will normally be carried over to the following meeting except by prior approval from the Chair;

**9.3** Members and Attendees must bring to the attention of the Committee any relevant matters that ought to be considered by the Committee within the scope of these Terms of Reference that have not been able to be formalised on the agenda under Matters Arising or Any Other Business. All efforts should be made to notify the Trust Secretary of such matters in advance of the meeting;

**9.4** Members and Attendees must send apologies to the Trust Board Secretary and also seek the approval of the Chair to send a deputy if unable to attend in person at least 3 days before the meeting;

**9.5** Members and Attendees must maintain confidentiality in relation to matters discussed by the Committee;

**9.6** Members and Attendees must declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University NHS Foundation Trust policy (even if such a declaration has previously been made);

## **10 Information Requirements**

10.1 For each meeting the Audit and Risk Assurance Committee will be provided (ahead of the meeting) with:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;
- a progress report from the Head of Internal Audit summarising: •

- work performed (and a comparison with work planned);
- key issues emerging from the work of internal audit;
- management response to audit recommendations;
- any changes to the agreed internal audit plan; and
- any resourcing issues affecting the delivery of the objectives of internal audit;

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- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the NAO, for example, Value for Money reports and good practice findings);
- management assurance reports; and
- reports on the management of major incidents, "near misses" and lessons learned.

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10.2 As appropriate the Committee will also be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;
- the internal audit strategy;
- the Head of Internal Audit's Annual Opinion and Report;
- quality assurance reports on the internal audit function;
- the draft accounts of the organisation;
- the draft Governance Statement;
- a report on any changes to accounting policies;
- external Audit's management letter;
- a report on any proposals to tender for audit functions;
- a report on the Trust's approach to cyber-security, including updates on how cyber threats have been dealt with
- an update on work being done to improve data quality across the organisation
- a report on co-operation between internal and external audit; and
- the organisation's Risk Management strategy.

## 11 Frequency

11.1 The Committee will meet at least five times a year, in May, June, September, December and March. The May meeting shall specifically focus on reviewing the Trust's Annual Report and Accounts and will be timed to fit in with the statutory timetable set down by Monitor. The Chair of the Audit Committee may convene additional meetings, as necessary.

11.2 The Board or the Accounting Officer may ask the Committee to convene further meetings to consider particular issues on which the Committee's advice is required.

## 12 Management

The Committee shall request and review reports and seek positive assurances from directors and managers on the arrangements for governance, risk management and internal control

The Committee may also request specific reports from individual functions within the organisation (e.g. clinical audit) as relevant to the arrangements.

### 13 Financial Reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit Committee shall review the Annual Report and Financial Statements, focusing particularly on:

- the wording in the Annual Governance Statement and other disclosures relevant to the Terms of Reference of the Committee
- changes in, and compliance with, accounting policies and practices
- unadjusted mis-statements in the financial statements
- decisions on the interpretation of policy
- significant judgements in preparation of the financial statements
- significant adjustments resulting from internal and external audits.
- Letters of representation
- Explanations for significant variances.

The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board.

### 14 Committee Administration

- 14.1 The Trust Secretary shall provide secretarial support to the Committee;
- 14.2 Papers should be distributed to Committee members no less than five clear days before the meeting;
- 14.3 Draft minutes of meetings should be made available to the Chair for review within 14 days of the meeting and distributed to all members and attendees within 1 month;

### 15. Review

Terms of Reference will normally be reviewed annually, with recommendations for changes submitted to the Trust Board for approval.

Version	Date	Author	Comments	Status
0.1	December 2008	James Bufford	Approved for Board by Audit Committee December 2008	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved
1.1	Dec 09	Maria Wogan	Reviewed by Audit Committee – proposed amendments to the Board March 2010	For approval
1.2	March 10	Maria Wogan	Annual Review by the Board	Approved
2.0	Sept 2011	Geoff Stokes	Annual review by the Board	Approved

2.1	Jan 2012	Geoff Stokes	Add clinician to attendees list	
2.2	June 2012	Michelle Evans-Riches	Change to membership as Clinician cannot be a member	Approved
3.0	March 2013	Michelle Evans-Riches	Review by Audit Committee and Trust board	Approved
4.0	Sep 2013	Michelle Evans-Riches	Annual Review	Approved
5.0	Sep 2014	Michelle Evans-Riches	Annual Review	Approved
6.0	Nov 2017	Adewale Kadiri	Annual Review	Approved
7.0	Oct 2018	Adewale Kadiri	Annual Review	Approved
<u>8.0</u>	<u>Nov 2019</u>	<u>Adewale Kadiri</u>	<u>Annual Review</u>	

## CHARITABLE FUNDS COMMITTEE TERMS OF REFERENCE

### 1. Constitution

- 1.1 The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Charitable Funds Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified.
- 1.2 The Committee is established under Standing Order 5 of Annex 7 of the Trust's Constitution.

### 2. Delegated Authority

- 2.1 The Committee has the following delegated authority:
- 2.1.1 The authority to require any officer to attend a meeting and provide information and/ or explanation as required by the Committee
  - 2.1.2 The authority to take decisions on matters relevant to the Committee
  - 2.1.3 The authority to establish sub-committees and the terms of reference of those sub-committees
- 2.2 The Committee has the authority to commit resources. The Committee supports the fundraising activities of the Hospital Charity on behalf of the NHS Trust. The Hospital Charity is a charitable trust and the corporate trustee is the NHS Foundation Trust. All Board members act as trustees of the Charity

### ACCOUNTABILITY

The Charitable Funds Committee is a committee of the Board. A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these unapproved minutes will be submitted to the next meeting of the Trust Board.

The Chair of the Committee shall make a written report to the Trust board immediately following each Charitable Funds Committee meeting, drawing Members' attention to any issues that require disclosure to the Committee and may require Board approval.

The Committee will also make an annual report to the Board.

### 4. DUTIES OF THE CHARITABLE FUNDS COMMITTEE



The Charitable Funds Committee is charged by the Board to:

- i) support, guide and encourage the fundraising activities of the Trust;
- ii) monitor charitable and fundraising income;
- iii) oversee the administration, investment and financial systems relating to all charitable funds held by the Trust;
- iv) develop policies for fundraising and for the use of funds
- v) ensure compliance with all relevant Charity Commission regulations, and other relevant items of guidance and best practice.
- vi) review the work of other committees within the organisation, whose work can provide relevant assurance to the Charitable Funds Committee's own scope of work.
- vii) consider any funding request above the Directorate Fund level, or outside the scope of these funds, which is made to the Charitable Funds Committee. These must have been through the relevant standard Trust approvals processes for either Capital or Revenue (See Appendix One).
- viii) consider and approve any urgent requests in advance of any formal meeting, on an exceptional basis through the approval of the named executive director and the committee chair.
- ix) oversee and advise on the running of major fundraising campaigns.

## 5. MEMBERSHIP, ATTENDANCE AND QUORUM

### Membership

The Membership of the Charitable Funds Committee shall be as follows:

- A Non-Executive Director will be appointed by the Chair of the Board of Directors to chair the Charitable Funds Committee
- A Non-Executive Director who may be an associate Non-Executive Director or the Chair of the Trust.
- A Named Executive Director (other than Chief ~~Executive or Director of Finance~~)
- A named Governor from the Council of Governors.

The Chief Executive ~~and Director of Finance~~ will be an ex-officio members of the Committee but ~~his~~their attendance will not count for quorum

Other Non-Executive Directors of the Trust, including associate Non-Executive Directors may substitute for members of the Charitable Funds Committee in their absence. Such directors will count towards the achievement of a quorum.

An external individual may be appointed as a member of the Committee with the consent of the Board.

The Secretary of the Committee will be the Trust Secretary.

The meeting is deemed **quorate** when at least one Non-Executive Director, one Executive Director and one other member is present. Deputies cannot be considered as contributing to the quorum.

## 6 Responsibilities of Members and Attendees

**6.1** Members or attendees of the Committee have a responsibility to:

- 6.1.1 Attend at least 75% of meetings

6.1.2 Identify agenda items for consideration by the Chair at least 14 days before the meeting

6.1.3 To submit papers, as required, by the published deadline (7 days before the meeting) on the approved template

6.1.4 If unable to attend, send apologies to the Trust Board Secretary and where appropriate seek the approval of the Chair to send a deputy

6.1.5 To maintain confidentiality, when confidential matters are discussed within the Committee

6.1.6 Declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University Hospital NHS Foundation Trust policy, even if such a declaration has already been made.

## **7. MEETINGS AND CONDUCT OF BUSINESS**

### Frequency

7.1 The Committee will meet four times a year on a quarterly basis and at least 14 days prior to the Trust Board to allow a Committee report to be submitted.

### Calling meetings

Meetings of the Charitable Funds Committee are subject to the same procedures as specified in Standing Order 3 of Annex 8 of the Constitution for the Board of Directors. A meeting may be called by the Secretary of the Committee or the Chair of the Committee or the two other Non-Executive Director Members of the Committee.

### Agenda

The Committee will at least annually:

- review these terms of reference
- consider the key performance indicators that it wishes to consider at each meeting.

The following standing items will appear on each agenda:

- Attendance and apologies for absence
- Declarations of interest of Members of the Committee and other Directors present
- Minutes of the previous meeting and matters arising
- Key Performance Indicators and Schedules
- Fund and account balances

The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers. Full papers will be sent to members of the Committee at least 57 clear days before the meeting.

### Version control

Version	Date	Author	Comments	Status
0.1	December 2008	Wayne Preston	Considered by Charitable Funds Committee and approved for Board	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved
1.1	March 2010	Maria Wogan	Minor amendments recommended to Board 24.03.10	For approval
1.2	March 10	Maria Wogan	Annual Review by the Board	Approved
1.3	April 2012	Michelle Evans-Riches	Review of Committee Structure By Finance and Investment Committee	For approval
1.4	September 2012	Michelle Evans-Riches	Implement changes from Charitable Funds Sub-Committee 27 September 2012	For approval
2	August 2013	Michelle Evans-Riches	Annual Review and changes to Committee Structure	For approval
2.1	November 2013	Jonathan Dunk	Updated to reflect new charitable funds approval guidance	For approval
3	June 2014	Michelle Evans-Riches	Review following changes to Terms of Reference template	For approval
4	October 2017	Ade Kadiri	Annual Review	For approval
5	February 2019	Ade Kadiri	Annual review and changes to the procedure for bid applications	For approval
<u>6</u>	<u>October 2019</u>	<u>Ade Kadiri</u>	<u>Annual review (continued) including replacement of the charitable order form</u>	<u>For approval</u>

## Appendix One

### **PROCEDURE FOR BID APPLICATIONS FROM DIVISIONAL GENERAL FUNDS**

The Charity's objects state that funds raised may be used for any "charitable purposes relating to the NHS. Wards and departments are therefore able to apply to their Divisional General Fund to "fund new equipment, improve the hospital environment, or for any other purpose provide that will improve the experiences of patients and families at Milton Keynes University Hospital". It would be for those applying for the funding to demonstrate the following:

1. That the funding is for a specified purpose, clearly described in the application,
2. That the purpose of the funding falls within the Charity's stated objects,
3. That the effect of the proposed funding is to improve the experiences of present and future patients of Milton Keynes University Hospital and their families and carers, and
4. The Charity's funds will not be used to replace or subsidise core National Health Service provision

**In order for bids to be considered the following process must be followed.**

- 1) A bid application which includes the charitable fund order form (Appendix 1) should be requested from the Charitable Fund Administrator, this application form must be completed by Divisional Fund Holders, (nominated signatories for the division).
- 2) Once the application is completed it should be sent to the Divisional General Manager who will be responsible for checking the following:

#### **CAPITAL IMPLICATION**

- If the bid is for a single piece of equipment or works over £5k. The bid application will need to be presented to the relevant Capital Group.

#### **Please note:**

For all potential capital items you should provide:

Details of the quotation received including any VAT implication

#### **REVENUE IMPLICATION**

If it is likely that there will be ongoing revenue costs, the bid application will need to be presented to the relevant forum for approval.

- 3) Bid Applications up to £1,000 – can be approved by senior Trust fund holder with proviso that no one fund, can spend more than £10k on a range of schemes in a financial year, without Charitable Funds Committee approval

- 4) Bid Applications over £1,000 and up to £14,999 must be agreed by senior Trust fund holder and Director of Finance, with explicit immediate notification to the charitable funds committee
- 5) Bid Applications £15,000 upwards – must go through a formal charitable funds committee approval process at their quarterly meeting, with capital and/or revenue consequences for the Trust made clear.
- 6) All agreed bid applications should be forwarded to the Charitable Fund Administrator for processing.
- 7) Rejected bid applications will be returned to the relevant department/ ward

## **CHECKLIST**

**It is important that you send the following information with your bid application form. Failure to include relevant documentation/information will delay your application. Please use the tick boxes to confirm included documents.**

☐

**Fully completed Bid Application form signed by the relevant Fund Holders**

☐

**A completed, signed Charitable Fund order form**

☐

**Quotes approved by the relevant internal departments (including Capital Group for equipment, building work and Management Board for revenue impact)**

☐

**All backing documents relevant to the bid application (quotes etc)**

## APPLICATION FOR BID FROM DIVISIONAL GENERAL FUND

Please state the name of the Divisional Charitable Fund you wish the money to come from.

CHARITABLE FUND DIVISION \_\_\_\_\_

<b>1. DETAILS OF BID APPLICANT</b> (This is the person to whom all correspondence will be addressed) Name Job title Department
Tel: Email:
<b>2. TOTAL BID REQUESTED</b>
<b>3. WHAT IS THE BID FOR?</b> (please provide a brief description of your funding request and the reasons for it, together with details of the expected benefits)
<b>4. WHAT IS THE BENEFIT TO PATIENTS?</b> (It is a requirement of charitable funding that any application has a direct or indirect benefit to patients.)
<b>5. WHY IS CHARITABLE FUNDING THE BEST WAY TO FUND THIS REQUEST?</b>
<b>6. WHAT HAVE YOU DONE / WHAT CAN YOU DO IN ORDER TO HELP FUNDRAISE FOR THE CHARITY IN SUPPORT OF THIS REQUEST?</b> (Some charitable requests can be granted straightaway, some require additional fundraising. Your support will help us increase the number of Bids we can approve)

Applicant:

I declare that, to the best of my knowledge, the information provided in this application is true, accurate and complete.

Name:

Signed:

Date:

**DIVISIONAL GENERAL MANAGER:**

☐

Approved

☐

Rejected

I confirm that I have checked the financial details of this application.

Name: .....

Signed: ..... Date: .....



### CHARITABLE FUND ORDER FORM

Date	
Department Name	
Division Req Point	
Requisitioner Name	
Supplier Name	
Product Details	
Product Code	
Unit of Issue	
Quantity Required	
Product Price	
Division Fund Number	
Charitable Signatory 1 (name and signature required)	Date.....
Charitable Signatory 2 (name and signature required)	Date.....
Charitable Signatory Finance (name and signature required)	Date.....
VAT Exemption Y/N	



PLEASE NOTE THAT THIS FORM AND YOUR ORDER CAN NOT BE PROCESSED UNLESS ALL BOXES HAVE BEEN COMPLETED  
~~AND SIGNATURES ARE VALID FOR THE TRUST FUND IDENTIFIED~~

## Request for Charitable Fund Order

Please note this form cannot be used for expenditure above £4,999 including VAT (please see guidance for further details if your order is over £5k)

Department Name:	Ward 15	Division:	Women & Children				
Requisitioner Name:		Contact No:		Fund Name	0024 Ward 15	Date:	
Category	Grounds & Garden	Fund Number	TF0024	Req Point	W70992 - TF0024	Subjective Code	7350 Furniture
Is this order in conjunction with a Divisional Bid Application Form ?	No	* If Yes please attach the signed application form					
Is the Item over and above normal budgeted quality or equipment ?	Yes	*If Yes please provide evidence					
If Training - Is this something required for your role within the Trust	Yes	*If no please provide reason					
		*If Yes please provide evidence					
How will this improve the experience of the patients							
Supplier Name							
Product Details							
Product Code							
Unit of Issue	1	Quantity Required	1	Price			
Product Cost		Order Value:		Ex VAT		Inc. VAT	
Are there any ongoing revenue costs	No	If yes please provide evidence of agreement from budget holder for future costs to be funded from Trust budget.					
Date agreed							
Annual value of ongoing revenue costs	£	Ex VAT		Inc. VAT			
Is Quotation Attached:	Yes						
Trust Fund Signatory (1)	Celia Hyem- Smith	Trust Fund Signatory (2)	Sarah Robinson	Senior Fund Holder	Hodges Amanda		

Two signatories required. If the value is over £500 one of the email authorisations must be the senior fund holder.

When returning to finance please ensure both signatories are copied in and authorisation received to finance by email from all relevant signatories.

### Finance Department

Approved	Audrey Auchterlonie	Date	
Sent to Purchasing Date			
Purchasing			
Actioned By		Date	
P/O Number		Returned to Finance Date	

#### Guidance for completing the Charitable Fund electronic ordering form

Benefits of electronic ordering - The new system will provide a full tracking system for all orders , this will result in orders being processed faster and queries being resolved quickly

#### Charitable Fund Objective

To fund new equipment, improve the hospital environment or fund staff training that will improve the experiences of patients and families at Milton Keynes Hospital.

#### Instruction for completion

Please select options from the drop down boxes on each line where required

Please complete all the blue cells by typing in the details as required

#### Signatories

Two signatories are required for every order

Where the order value is £0 to £500 the form must be authorised by two of the three Fund Managers

Where the order value is between £501 and £4,999 one of the signatories **must** be the Senior Fund Holder (this is the General Manager for your Division)

Where the order is greater than £5k and less than £15k it must be authorised by both the Senior Fund Holder and the Director of Finance .

Where orders are greater than £15k this will need to be agreed by the Charitable Fund Committee

#### Capital Orders

Capital Orders: are where an individual item of equipment or works has a value greater than £5k including VAT

If your item fulfils the capital criteria, please contact Lucy Ogden (ext 3617) who will be able to guide you through the Capital process.

#### Authorisation

**Orders which are received by Finance without email authorisation from both signatories will not be accepted, and will be returned to the originator.**

In order to ensure a full e-mail trail of authorisation is maintained, the completed order form must be forwarded to the second signatory who will authorise and forward to Finance for approval.

#### Finance

Finance will check orders to ensure the request is within the remit of Charitable Funds, the signatories are correct and there are sufficient funds available

#### Placing the order

Once approval is given by finance, the order will be sent to the purchasing department who will place the order on behalf of the ward/department. If the supplier is on the supplier's list.

In some cases where a Visa Card needs to be used, a purchase card request form will need to be completed



## **Finance and Investment Committee**

### **TERMS OF REFERENCE**

#### **CONSTITUTION**

The Board of Directors hereby resolves to establish a sub - committee of the Board to be known as the Finance and Investment Committee. The Finance and Investment Committee is a committee of the Board and has no executive powers other than those specifically delegated in these terms of reference.

The Finance and Investment Committee is constituted under paragraph 41 of the Constitution and under Standing Order 5 of the Annex 7 of the constitution.

#### **ACCOUNTABILITY**

The Finance and Investment Committee is a committee of the Board of Directors of the Trust and accountable to them.

A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these unapproved minutes will be submitted to the next meeting of the Board of Directors.

The Chair of the Committee shall make a written report to the public meeting of the Board of Directors immediately following each Committee meeting, drawing Board's attention to any issues that require disclosure to the full Board or Board approval.

The Committee will also make an annual report to the Board.

The Committee will make a written report to the Council of Governors.

#### **PURPOSE:**

The Finance and Investment Committee will provide assurance to the Board on:

- the effectiveness of the organisation's financial management systems
- the integrity of the Trust's financial reporting mechanisms
- the effectiveness and robustness of financial planning
- the effectiveness and robustness of capital investment management
- the robustness of the Trust's cash investment strategy
- business case assessment and scrutiny (including ensuring that quality and safety considerations have been taken into account)
- the management of financial and business risk
- the capability and capacity of the finance function
- the administration, investments and financial systems relating to all charitable funds held by the Trust

- the effectiveness of the Trust's health informatics and information technology strategies and their implementation
- decisions for future investment in information technology
- the effective implementation and management of the Trust's estates strategy, ensuring that this is in line with the Trust's overall strategy.

The Finance and Investment Committee will review the findings of other assurance functions where there are financial and business implications.

## MEMBERSHIP, ATTENDANCE AND QUORUM

### Membership

The Membership of the Finance and Investment Committee shall be as follows:

- A Non-Executive Director who is not the Chairman, or Chair of another Board committee will be appointed by the Chair of the Trust to chair the Finance and Investment Committee
- ~~Two~~ ~~One~~ other Non-Executive Directors, who should not be the Chair of the Audit or Quality and Clinical Risk Committees
- The Chief Executive or the Deputy Chief Executive
- The Director of Finance or appointed Deputy
- The Chair of the Trust ex-officio
- Medical Director/ Associate Medical Director/Director of Patient Care and Chief Nurse
- The Director of ~~Clinical Services~~ Operations.

Other Non-Executive Directors of the Trust may substitute for members of the Finance and Investment Committee in their absence and will count towards achieving a quorum.

### Attendance

Members of the Finance and Investment Committee are expected to attend all meetings of the Committee.

The following should attend Finance and Investment Committee meetings:

- The Deputy Director of Finance
- Trust Secretary or nominated representative

The Chief Executive and Director of Finance will have formally nominated Deputies.

~~The One publicly elected member of the~~ Council of Governors can arrange for one observer to ~~will be invited to~~ attend three one Committee meetings ~~a year as~~ observer in line with the Council's role of holding the non-executive directors to account.

## **Quorum**

A quorum of the Committee shall be three members at least two of whom (including the Trust Chair) shall be a Non-Executive Director. Other Non-Executive Directors of the Trust, including associate Non-Executive Directors who are substituting for members can be counted in the quorum.

## **MEETINGS AND CONDUCT OF BUSINESS**

### **Frequency**

The Committee will meet regularly as agreed by the Chair of the Committee and the Board.

### **Calling of additional meetings**

An additional meeting may be called by the Chair of the Committee or any two of the other Members of the Committee.

### **Committee Administration**

The Committee will at least annually review these terms of reference.

Committee administration will be provided by the Trust Secretariat. The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers. In line with Standing Order 3.4, full papers will be sent to members of the Board so that they are available to them at their normal electronic or physical address 5 clear days before the meeting. Draft minutes of meetings should be available to the Chair for review within fourteen days of the meeting.

### **Responsibilities of Members**

Members of the Committee are expected to attend at least 75% of meetings. In the event that they identify any items for consideration by the Committee, these should be brought to the attention of the Chair at least 14 days before the meeting. Members must declare any conflicts of interest or potential conflicts of interest at the start of each meeting in accordance with the Trust's Conflicts of Interests Policy (even if such a declaration has previously been made).

## **DUTIES OF THE FINANCE AND INVESTMENT COMMITTEE**

### **Financial Management**

- To ensure a comprehensive budgetary control framework that accords with guidance and legislation.
- To review financial plans and strategies and ensure they are consistent with the overall Trust Strategic Planning process.
- To approve budget setting timeframes and processes, and recommend budgets to the Board of Directors.
- To monitor business performance against planned levels and hold to account for corrective action planning, including finance, activity, workforce, and capacity.



- To scrutinise and assess revenue business cases over £500k in value and receive assurance that previously approved business cases of that value are delivering the expected benefits.

### **Financial Reporting**

- To review the content and format of financial information as reported to ensure clarity, appropriateness, timeliness, accuracy and sufficient detail.

### **Performance Management**

- To review the potential or actual financial impact of operational performance against a defined set of indicators, such indicators to be subject to on-going review.

### **Business and Financial Risk**

- To consider business risk management processes in the Trust.
- To review arrangements for risk pooling and insurance.
- To consider the implications of any pending litigation against the Trust.

### **Value for Money and Efficiency**

- To ensure at all times the Trust receives value for money and operates as efficiently as possible.

### **Capital Investment**

- To ensure robust capital investment plans are in place, kept updated, and progress monitored. (reporting arrangements as per Appendix 1)

### **Cash**

- To act as the Investment Committee in line with approved Investment Policy.
- Ensure cash investments are monitored and give best returns.
- Ensure cash balances are robust, and continue to be so, on a 12 month rolling basis.

### **Technology**

- To ensure that the Health Informatics strategy is implemented effectively and to review decisions for future investment in technology
- To oversee the implementation of the Trust's information technology strategy, and ensure that this is developed in line with best practice within the sector and in accordance with the Trust's overall strategy.

### **Estates**

- To oversee the implementation and development of the Trust's estate strategy in line with the Trust's overall strategy.

## RELATIONSHIP WITH AUDITORS AND AUDIT COMMITTEE

The auditors interact with the Trust through the Audit Committee, neither internal nor external audit are therefore included as members of the Finance and Investment Committee. However, both parties can if required request an invitation to attend.

The Audit Committee is distinct and separate from the Finance and Investment Committee, and as such areas of overlap should be minimised. The Finance and Investment Committee should specifically exclude itself from:

### Audit

- Review of audit plans and strategies.
- Review of reports from auditors.
- Review of the effectiveness of the internal control framework and controls assurance plans.
- Any recommendations or plans on auditor appointments.

### Annual Accounts

- Consideration of the content of any report involving the Trust issued by the Public Accounts Committee or the Controller and Auditor General and the review of managements proposed response.

### SFI's and SO's

- Examinations of circumstances when waivers occur.
- Review of schedules of losses and compensations.
- Monitoring of the implementation on standards of business conduct for members and staff.

### Fraud

- The review of the adequacy of the policies and procedures for all work related to fraud and corruption as set out in the Secretary of State Directions and as required by the Directorate of Counter Fraud Services.

### Version control

Version	Date	Author	Comments	Status
0.1	5 January 2009	Wayne Preston	Approved for Board	Draft
1.0	January 2009	James Bufford	Approved by Board	Approved
1.1	11 Sept 2009	James Bufford	Added requirement for annual review of these terms of reference	Draft for Finance Cttee
1.2	March 2010	Maria Wogan	Additional amendments from Finance Director re: meeting frequency	Draft for approval by Board

1.3	March 10	Maria Wogan	Annual Review by the Board	Approved
2.0	Nov 2011	Geoff Stokes	Annual review by the Board	Approved
2.1	Aug 2012	Michelle Evans-Riches	Financial Reporting triggers included as appendix	Approved
3.0	Mar 2013	Michelle Evans-Riches	Review by Committee and Trust Board	Approved
4.0	Sep 2013	Michelle Evans-Riches	Annual Review	Draft for approval by Board
5.0	Oct 2013	Michelle Evans-Riches	Annual review by the Board	
6.0	March 2015			
7.0	October 2017	Ade Kadiri	Annual Review	Draft for approval by Board
8.0	October 2018	Ade Kadiri	Annual Review	Draft for approval by the Board
<u>9.0</u>	<u>October 2019</u>	<u>Ade Kadiri</u>	<u>Annual Review</u>	<u>Draft for approval by the Board</u>

## Appendix 1

Approval Matrix - Business Case For Capital Cases			
Value		In Annual Plan	Not in Annual Plan
Greater than £1.0m	Document	Full business case	Full business case
	Approval	Trust Board	Trust Board
	Review final stage - Recommendation to invest	Finance Committee	Finance Committee
	Review stage 1	Management Board	Management Board
£100k and less than £1.0m	Document	Full Business Case	
	Approval	Management Board	
	Review stage final with recommendation to invest	Capital Board Investment Group	
£500k and less than £1.0m	Document		Full business case
	Approval		Trust Board
	Review final stage - Recommendation to invest		Finance Committee
	Review stage 1		Management Board
£100k and less than £500k	Document		Full business case
	Approval		Management Board
	Review stage 1		Capital Board Investment Group
Less than £100k	Document	Short Form Business Case	
	Approval	Capital Board Investment Group	Management Board
	Review stage 1	Capital Control Group	Capital Board Investment Group

In exceptional circumstances where an urgent capital investment decision is required which cannot wait until the next meeting of the relevant authorising group e.g. essential medical equipment which has failed, the approval of the Chief Executive and the Director of Finance can approve requests up to a value of £500k ~~Chairman and one other member of the Group may be sought. The request requires the submission of the emergency business case template. All emergency approvals are subsequently reported to Management Board and the Capital Board Investment Group. Where approval is sanctioned, the decision will must be recorded and formally reported at the next meeting of the relevant authorising group where the decision would have been made~~

Area	Metric	Measure	Plan	Actual	Status
Achievement of plan	EBITDA achieved	85.0% (FRR 4) of plan.	85.0%	87.4%	Achieved
	Capital spend against plan	+/- 25% of plan for the year to date. Actual % determined by annual plan target.	0.0%	0.0%	Achieved
	Prudential Borrowing Limit not exceeded	£29.2m external borrowing limit for FY12 (FY13 not yet set by Monitor), includes leases.	£29.2m	£10.0m	Achieved
	Workforce	YTD WTE against planned trajectories.	2607	2513	Achieved
Underlying performance	EBITDA margin	FY13 5.0% (FRR 3) or greater. Actual % determined by annual plan target.	3.0%	-2.7%	Achieved
	Patient income variance to plan	YTD performance against plan.	£0.0m	+£0.2m	Achieved
	Delivery against Tx Programme target	YTD performance against planned trajectories.	100%	100%	Achieved
Financial efficiency	Return on assets after financing	FY13 -0.5% (FRR 3) or greater.	-0.9%	-0.4%	Achieved
	I&E surplus margin	FY13 -2.0% (FRR 2) or greater. Actual % determined by annual plan target.	-10.1%	-9.9%	Achieved
	National reference cost index		100.0	98.4	Achieved
Working capital	Liquidity ratio	15 days (FRR 3) cover or greater - Cash plus trade debtors plus unused WCF less trade creditors expressed as the number of days operating expenses that could be covered.	> 15 days	-11.8 days	Not Achieved
	Cash variance to plan		0.0	0.0	Achieved
	Debtors	90 days past due account for more than 5% of total debtor balances	< 5.0%	6.4%	Not Achieved
	Creditors	90 days past due account for more than 5% of total creditor balances	< 5.0%	1.0%	Achieved
Financial sustainability	Minimum dividend cover	Greater than 1, YTD or forecast next 12 months.	> 1.0	3.0	Achieved
	Minimum interest cover	Greater than 3, YTD or forecast next 12 months.	> 3.0	24.9	Achieved
	Minimum debt service cover	Greater than 2, YTD or forecast next 12 months.	> 2.0	9.6	Achieved
	Maximum debt service to revenue	Less than 2.5%, YTD or forecast next 12 months.	< 2.5%	1.0%	Achieved

## Quality and Clinical Risk Committee

### TERMS OF REFERENCE

#### CONSTITUTION:

The Quality and Clinical Risk Committee (QCRC) is a sub-committee of the Board of Directors and has no powers other than those specifically delegated in these terms of reference.

The QCRC is constituted under Paragraph 5.8 of Annex 7 to the constitution. The Terms of Reference will be reviewed annually.

#### Authority

The QCRC is authorised by the Board to investigate any activity within its terms of reference. It is authorised to request the attendance of individuals from inside or external to the Trust with relevant experience and expertise if it considers this necessary. All employees are directed to co-operate with any request made by the Committee.

#### PURPOSE:

The QCRC is charged by the Board with the responsibility for providing assurance to the Board that the Trust is providing safe, effective and high quality services to patients, supported and informed by effective arrangements for monitoring and continually improving the safety and quality of care, and the patient experience. It will receive information from the CSUs and Divisions via the Management Board and will, where necessary, escalate issues to the Board.

#### MEMBERSHIP, ATTENDANCE AND QUORUM:

##### Membership

The Membership of the QCRC shall be as follows:

- A Non-Executive Director who is not the Chairman, Deputy Chairman or Chair of another Board committee will be appointed by the Chair of the Trust to chair the QCRC
- One other Non-Executive Director
- The Chair of the Trust ~~ex-officio~~ex officio
- The Chief Executive ~~ex-officio~~ex officio
- The Director of Patient Care (or deputy)
- The Medical Director (or deputy)

- The Director of Operations Clinical Services (or deputy)
- The Director of Corporate Affairs
- Ex-officio members of the Committee count for quorum but are not required to attend every meeting

#### ◆ **Attendance**

- Trust Secretary or their representative
- Head of Clinical Governance and Risk
- Senior members of Divisional Management will be invited to attend meetings as required.

~~One publicly elected M~~members of the Council of Governors will be invited to attend at least one meeting a year as observer in line with the Council's role of holding the non-executive directors to account.

#### **Quorum**

A quorum of the Committee shall be two NEDs and one Executive Director. Other Directors of the Trust, including the Chair of the Trust and Directors who are substituting for members can be counted in the quorum.

#### **ACCOUNTABILITY:**

The QCRC is a committee of and accountable to the Board of Directors.

A minute of each meeting will be taken and approved by the subsequent meeting. Once the draft minutes have been approved by the Chair of the Committee, these approved minutes will be submitted to the next private meeting of the Board of Directors. They will also be submitted to the Audit Committee. An action log will be maintained by the meeting secretary.

The Chair of the Committee shall present a written report to the Public Board meeting immediately following each Committee meeting.

The Committee will also make an annual report to the Board.

#### **MEETINGS AND CONDUCT OF BUSINESS:**

##### **Frequency of Meetings:**

The Committee will meet at least on a quarterly basis, with the possibility that additional meetings may be scheduled as necessary at the request of the Committee Chair.

##### **Agenda**

The Agenda for meetings will be circulated to all Board members who have requested to receive particular papers.

In line with Standing Order 3.4, full papers will be sent to members of the Committee so that they are available to them at their normal address **5 clear days before the meeting.**

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There will be an expectation for information from the Committee to be cascaded to front line staff by managers.

#### **DUTIES OF THE QUALITY AND CLINICAL RISK COMMITTEE:**

- To define the Trust's approach to ensuring the quality of its services as part of its overall strategic direction and organisation objectives.
- To promote clinical leadership so that the culture of the Trust reflects a strong focus on quality, clinical effectiveness, safety and patient experience.
- To ensure appropriate structures and systems are in place to support and deliver quality governance including clinical effectiveness, patient safety and patient experience.
- To assure the Board that systems operate effectively within each Division and to report any specific problems as they emerge.
- To receive reports on serious incidents, incidents and near misses, complaints, inquests, claims and other forms of feedback from patients, ensuring learning from all clinical risk management activity, identifying trends, comparing performance with external benchmarks and making recommendations to the Board as appropriate.
- To identify serious unresolved clinical and non-clinical risks to the Audit Committee and the Board.
- To oversee the effective management of risks, as set out within the Board Assurance Framework (BAF) as appropriate to the purpose of the Committee.
- To ensure that the views and experience of patients and staff are heard and acknowledged in the work of the committee and by the Board, and that this drives the delivery of the Trust's services.
- To monitor strategies and annual plans for quality governance, clinical audit and effectiveness, research and development, public and patient engagement and equality and diversity. To oversee the production of the Trust's annual Quality ~~Report~~Accounts, ensuring compliance with national guidance.
- To oversee the process of agreeing the Trust's quality priorities, in line with its Clinical Quality Strategy, and in consultation with stakeholders. To ensure that these priorities are appropriately reported on in the Quality Report.
- ~~To ensure that effective consultation with stakeholders takes place, and to monitor the delivery of the quality targets.~~
- To agree and submit annual quality governance assurance report to the Board.
- To receive relevant reports from internal reviews and external bodies and assurance regarding the implementation of associated action plans.
- To commission, as appropriate, internal and external audits and reviews of services to assure the Board that the Trust is compliant with statutory and regulatory requirements.
- To approve and monitor the Trust's clinical audit programme ensuring it is aligned with Trust priorities, complies with national mandates, responds to

trends in complaints and incidents and is led by and involves staff from all disciplines, liaising with the Audit Committee as appropriate.

- To monitor compliance with the terms of the Trust's CQC registration and NHS Resolution Risk Management Standards. To ensure the satisfactory completion of any actions or recommendations arising from reviews or inspections conducted by any such bodies.

#### Version control

Version	Date	Author	Comments	Status
1.0	26.05.10	Maria Wogan Trust Secretary	Final draft approved by the Board of Directors	Approved
2.0	Aug 2011	Geoff Stokes	Annual review by the Board	Approved
3.0	May 2012	Michelle Evans-Riches	Review by Quality Committee following Committee Review by Board	Approved
4.0	March 2013	Michelle Evans-Riches	Review by Quality Committee recommended to Board	Approved
5.0	April 2017	Adewale Kadiri	Review by Quality and Clinical Risk Committee recommended to Board	Approved
6.0	November 2018	Adewale Kadiri	Review by Quality and Clinical Risk Committee recommended to Board	Approved
<u>7.0</u>	<u>November 2019</u>	<u>Adewale Kadiri</u>	<u>Review by Quality and Clinical Risk Committee recommended to Board</u>	

## **WORKFORCE AND DEVELOPMENT ASSURANCE COMMITTEE TERMS OF REFERENCE**

### **1. Constitution**

- 1.1** The Trust Board hereby resolves to establish a Committee of the Trust Board to be known as the Workforce and Development Assurance Committee (known as 'the Committee'). The Committee is a non-executive chaired committee and as such has no delegated authority other than that specified in the Terms of Reference;
- 1.2** The Committee has been established by the Trust Board to:
- 1.3** Ensure that the workforce has the capacity and capability to provide high quality, effective, safe patient care in line with the Trust's strategic objectives and We Care values ;
- 1.4** Monitor the governance of the Trust's workforce strategy, ensuring accountability for the continuous improvement of quality and performance.
- 1.5** The Committee is established under Standing Order 5 of Annex 7 of the Trust's Constitution;

### **2. Delegated Authority**

- 2.1** The Committee has the following delegated authority:
- 2.1.1** The authority to require any officer to attend and provide information and/ or explanation as required by the Committee;
- 2.1.2** The authority to take decisions on matters relevant to the Committee;
- 2.2** The Committee does not have the authority to commit resources. The Chair may recommend to the Board that resources be allocated to enable assurance in relation to particular risks or issues.

### **3. Accountability**

- 3.1** The Committee is accountable to the Trust Board. Any changes to the Terms of Reference must be approved by the Trust Board;
- 3.2** The Chair of the Committee is accountable to the Board and to the Council of Governors;

### **4. Reporting Lines**

- 4.1 The Committee will report to the Trust Board through a regular written escalation and assurance report following each Committee meeting;
- 4.2 The Committee will report back to the Council of Governors through a regular written report;
- 4.3 The Committee will receive regular reports from the Workforce Board on specific initiatives, business cases and activities that support the delivery of the Trust's Workforce Strategy.
- 4.4 The Committee will receive formal reports from directors and other Trust staff, covering the breadth of the workforce agenda, including statutory requirements
- 4.5 The Committee will receive at each meeting, either via the attendance of a member or members of staff, or a representation made on their behalf, an account of their experience of working in the Trust, taking account of relevant workforce strategies, initiatives and activities.
- 4.6 The Committee will receive at each meeting, or as they become available, quarterly reports from the Trust's Guardian of Safe Working Hours to confirm compliance with the relevant terms and conditions relating to trainee doctors and dentists.

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## 5. Duties

- 5.1 To promote the Trust's mission, values, strategy and strategic objectives;
- 5.2 To keep under review the development and delivery of the Trust's workforce strategy to ensure performance management is aligned to strategy implementation and promote this across the organisation;
- 5.3 To hold the executives to account for the delivery of the trust's strategic objectives to improve workforce effectiveness;
- 5.4 To review progress on clinical and non-clinical training, development and education for Trust employees.
- 5.5 To ensure that the Trust meets its statutory obligations on equality and diversity.
- 5.6 To monitor the progress of the Trust's plans to improve staff engagement.
- 5.7 To ensure that processes are in place to understand and improve staff health and wellbeing.
- 5.8 Provide assurance to the Board that there are mechanisms in place to allow staff to raise concerns and that these are dealt with in line with policy and national guidance

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5.9 The Committee will provide **assurance** to the Trust Board in relation to the following:

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5.10.1 Ensure all workforce indicators are measured and monitored;

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5.10.2 Ensure that all key performance indicators of a well-managed workforce are regularly reviewed and remedial action is put in place as necessary

5.10.3 Ensure that legal and regulatory requirements relating to workforce are met.

5.10.4 Review and provide assurance on those elements of the strategic risk register/board assurance framework are identified seeking where necessary further action/assurance

## 6. Membership

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6.1 The Chair of the Committee shall be appointed by the Trust Board Chair;

6.2 The Committee will comprise the following members:

- At least two non executive directors (one of whom shall chair this committee)
- Director of Workforce
- Deputy ~~D~~irector of workforce
- ~~Assistant Director of HR Services~~
- Director of ~~P~~atient ~~S~~ervices & ~~C~~hief ~~N~~urse (or deputy)
- Director of ~~Operations clinical services~~ (or deputy)
- Medical Director
- ~~Director of Medical Education~~
- Assistant ~~D~~irector of ~~E~~ducation and ~~O~~rganisational ~~d~~Development

Other directors and Trust staff may be invited to attend at the discretion of the Chair.

~~One publicly elected M~~members of the Council of Governors will be invited to attend ~~at least~~ one meeting a year as observer in line with the Council's role of holding the non-executive directors to account.

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6.3 The meeting is deemed **quorate** when at least one non-executive director, one executive director and one other member is present. Deputies will not be considered as contributing to the quorum.

## 7. Responsibilities of Members

7.1 Members of the Committee are required to

7.1.1 ~~A~~attend at least 75% of meetings, ÷

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7.2 7.1.2 Identify any agenda items in addition to those included on the Committee's workplan, for consideration by the Chair at least 14 days before the meeting;

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~~7.3~~ 7.1.3 Submit papers to the Trust Secretary by the published deadline (at least 7 days before the meeting). ;

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~~7.24~~ Members should bring to the attention of the Committee any relevant matters that ought to be considered by the Committee and are within the scope of these terms of reference, but have not been included on the agenda

~~7.35~~ In the event that Committee members are unable to attend a meeting they must send apologies to the Trust Board Secretary and where appropriate seek the approval of the Chair to send a deputy if unable to attend in person;

~~7.46~~ Members must maintain confidentiality in relation to matters discussed by the Committee;

~~7.57~~ Members must declare any actual or potential conflicts of interest at the start of each meeting in accordance with Milton Keynes University Hospital NHS Foundation Trust policy (even if such a declaration has previously been made);

## 8. Frequency of Meetings

8.1 Meetings will normally take place quarterly and at least 14 days prior to the Trust Board to allow a Committee report to be submitted. Meetings may take place more frequently at the Chair's discretion;

8.2 The business of each meeting will be transacted within a maximum of two hours.

## 9. Committee Administration

9.1 Committee administration will be provided by the Trust Secretariat;

9.2 Papers should be distributed to Committee members no less than five clear days before the meeting;

9.3 Draft minutes of meetings should be made available to the Chair for review within 14 days of the meeting;

## 10. Review

10.1 Terms of Reference will normally be reviewed annually, with recommendations for changes submitted to the Trust Board for approval.

## Version Control

Draft or Approved Version:	DRAFT
Date of draft	<del>August 2018</del> October 2019
Date of Approval:	November 2019 <del>8</del>
Author:	Trust Secretary

<b>To be Reviewed by:</b>	Workforce <u>&amp; Development</u> Assurance Committee, Trust Board
<b>To be Approved by:</b>	Trust Board
<b>Executive Responsibility:</b>	Director of Corporate Affairs; Director of Workforce





<b>Meeting title</b>	<b>Board of Directors</b>	<b>Date: 7 November 2019</b>
<b>Report title:</b>	<b>Report of the Board of Directors' Register of Interests</b>	<b>Agenda item: 5.3</b>
<b>Lead Director</b>	<b>Name: Kate Jarman</b>	<b>Title: Director of Corporate Affairs</b>
<b>Report author</b>	<b>Adewale Kadiri</b>	<b>Title: Trust Secretary</b>
<b>FoI status:</b>	<b>Public document</b>	

<b>Report summary</b>	The updated Trust Board Register of Interests is attached for consideration in advance of publication on the Trust website			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>	The Board is asked to review, note and advise on any amendment required to the Register of Interests declared by members of the Board, for publication on the Trust website.			

<b>Strategic objectives links</b>	None
<b>Board Assurance Framework links</b>	None
<b>CQC regulations</b>	Regulation 5: fit and proper persons: directors Regulation 17: Good governance
<b>Identified risks and risk management actions</b>	None
<b>Resource implications</b>	None
<b>Legal implications including equality and diversity assessment</b>	Failure to fully and properly declare potential conflicts of interests could expose the Trust to the risk of litigation, for example under procurement law, and/or regulatory action

<b>Report history</b>	The Register of Interests were last updated in November 2018
<b>Next steps</b>	Publication of the agreed register on the Trust website
<b>Appendices</b>	Register of Interests

## **Declarations and Register of Interests**

1. Paragraph 32 of the Trust Constitution imposes on members of the Board a duty to avoid a situation in which they have or can have a direct or indirect interest that conflicts or may conflict with the interests of the Trust. Paragraph 34 further directs that the Trust shall have a register of interests of directors.
2. From 1 June 2017, NHS England's *Guidance on Managing Conflicts of Interest in the NHS* came into effect, and the Trust's Conflicts of Interest, Hospitality, Gifts, Donations and Sponsorship Policy is based on this guidance. This policy specifies that the register of interest for executive and non-executive directors of the Trust will be published, and will be refreshed annually. The policy also details the different types of interest as set out in the NHS England guidance.
3. The Trust Board's Register of Interests is attached as Appendix A. Board members are asked to confirm that this represents the extent of their relevant interests in advance of publication on the Trust website. A few changes have been made to the format of the register following recommendations made by the Trust's internal auditors in April 2019.

## **Other Matters**

4. A separate Register of Interests relating to senior members of staff deemed to be in "decision making" roles and consultant colleagues has been published on the Trust website and is also in the process of being updated, in line with the Trust's policy and NHS England guidance.

Director	Role	Do you, your spouse, partner or family member hold or have any of the following: <ul style="list-style-type: none"> <li>• A directorship of a company?</li> <li>• Any interest or position in any firm, company, business or organisation (including charitable or voluntary) which does or might have a trading or commercial relationship with the Foundation Trust?</li> <li>• Any interest in an organisation providing health and social care to the NHS?</li> </ul>	Do you or your spouse, partner or family member have a position of authority in a charity or voluntary organisation in the field of health and social care?	Do you, your spouse, partner or family member have any connection with an organisation, entity or company considering entering into a financial arrangement with the Foundation Trust, including but not limited to lenders or banks?	Dates during which the interests were held	Action taken to manage any potential conflict  <i>[Board and Committee agendas are proactively and continuously scrutinised to ensure that Board members are not exposed to potential conflicts and at every Board and Committee meeting, members are asked to declare any conflicts that they may have]</i>
Blakeman, Andrew	NED	Yes. 1. BP PLC and subsidiaries (possible provision of road transport fuels, fuel payment and cards) 2. Independent external member of the Quality and Clinical Government Committee of Public Health England (Commissioning of population health screening services, other public health services)	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019  Nov 2018 to Sept 2019	

		3. Lecturing on a part-time basis at London Business School on corporate finance 4. Secondment to Lightsource BP and Lightsource BP Renewable Energy Investments Ltd (not controlled by BP)			Nov 2018 to Aug 2019	
Blakesley, John	Deputy CEO	1. Yes – Director of ADMK Ltd (wholly owned subsidiary of MKUH) 2. Spouse has taken up post as Managing Director of the Buckinghamshire Accountable Care System	Yes – 1. Trustee of Milton Keynes Hospital Charity 2. Partner is Trustee of Facial Palsy Charity	No	Nov 2018 to Nov 2019	
Burns-Muir, Nicky	Director of Patient Care and Chief Nurse		Yes – Trustee of Milton Keynes Hospital Charity			
Clapham, John	NED	Yes – 1. Pro Vice Chancellor of the University of Buckingham 2. Director of MDM Ltd. (owners of the Academic Centre) 3. Director of Apollo Buckingham Health Science Campus	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019  Jan 2019 to ongoing	
Dhanda, Parmjit	NED	Yes, 1. Director of PRZM Ltd 2. NED of Longhurst Housing Group 3. Executive Director of Back Heathrow	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Harrison, Joe	CEO	Yes. 1. Two family members work for Durrow Health Management consultancy	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019 (except item	

		2. Board member of NHS Employers 3. Board member of the University of Buckingham Council 4. 3M Consultant 5. Guidepoint Consultant 6. Keele University – Visiting speaker 7. Chair Oxford AHSN Partnership Board 8. Spouse is a Director of “Collaborate” 9. Spouse works for Centene, which owns Ribera Salud and The Practice Group (with whom the Trust will be working) 10. StepCare advisor (unremunerated)			10 – from Sept 2019)	
Hutton, Caroline	Director of Quality Improvement	No	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Jarman, Kate	Director of Corporate Affairs	Yes – 1. Spouse is director of Elevation Public Relations Ltd 2. Family member works for South Lincolnshire CCG. 3. Member of the Labour Party 4. Member of the Women’s Equality Party	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Keech, Michael	Director of Finance	1. Yes - Director of ADMK Ltd (wholly owned subsidiary of MKUH) 2. Spouse is a Partner at a GP Practice in Hertfordshire	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	

Lloyd, Simon	Chairman	Yes – Chairman of Santander Financial Services PLC	Yes – 1. Trustee of Milton Keynes Hospital Charity 2. Trustee of Arts for Health	No	Nov 2018 to Nov 2019	
McLeod, Nicky	NED	Yes – NED at Northamptonshire Healthcare NHS Foundation Trust	Yes – Trustee of Milton Keynes Hospital Charity	No	Feb to Nov 2019	
Nolan, Tony	NED	Yes. 1. Cathedral Homecare Ltd 2. UK Business Transformation Ltd.	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Petch, Danielle	Director of Workforce	Yes – 1. Spouse is Director of S4 Software Solutions Ltd. 2. Spouse is IT Director of AMOC Ltd.	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Reckless, Ian	Medical Director	1. Yes – Director of ADMK Ltd (wholly owned subsidiary of MKUH)	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Smart, Helen	NED	Yes – Transformation consultant, Barnet Enfield, Haringey Integrated Care Trust	Yes – Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	
Travis, Heidi	NED	Yes – CEO of Sue Ryder Charity	Yes – 1. CEO of Sue Ryder Charity 2. Trustee of Milton Keynes Hospital Charity	No	Nov 2018 to Nov 2019	



## **MEETING OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 30 September 2019**

### **REPORT TO THE BOARD OF DIRECTORS**

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#### **Matters approved by the Committee:**

There were no matters that were approved by the Committee.

#### **Matters referred to the Board for final approval:**

No matters were referred to the Board for final approval.

#### **Matters considered at the meetings:**

##### **1. Performance dashboard M5**

The Committee was informed that one patient had been waiting over 52 weeks for treatment. This had been caused by an administrative error within the relevant department, and the learning derived from the episode is being shared.

Following an increase in the previous month, a slight decrease in the number of GP referrals was recorded.

##### **2. MKUH response to the NHS Long Term Plan**

The draft plan was to be submitted in September, with the final submission due in November. The committee considered the risks to delivery of the trajectories for the ICS organisations set by the regional NHS Improvement/England team, and noted that the requirement to deliver a 0.5% additional stretch to provide headroom to the region had not been accepted by commissioner organisations in the ICS.

The committee noted the risks to the delivery of the Trust plan, in particular the impact of cost pressures in 2020/21, as well as noting the challenges faced by Milton Keynes CCG in delivering its financial plan.

##### **3. Finance Report**

It was reported that at month 5, the organisation is broadly on plan, albeit £100k adverse in the year to date.

The Trust's 'did not attend' rate for outpatient clinics was discussed, and it was noted that despite an increase compared to previous months, the Trust's performance benchmarks well.

The Trust's cash position was discussed and it was noted that the Trust is close to reaching settlement on some historical payments due to the Trust.

#### 4. Agency update

Agency expenditure in September was similar to July and August with a £1m underspend. The Trust remains on track to spend less than its agency ceiling set by regulators.

#### 5. Transformation Programme

At month 5, performance on the Transformation programme across the divisions was variable, but there was a high level of confidence that there would be improvement in the value of schemes included on the transformation tracker in the coming weeks and months. There had been a delay in adding some schemes as a result of shift in focus to the implementation of the new contract.

#### 6. Timeline for strategic capital projects

The Committee discussed the strategic capital projects and noted that the Trust is expected to spend in line with its original plan.

## **Workforce and Development Assurance Committee Summary Report**

### **1. Introduction**

The Workforce and Development Assurance Committee met on 28 October 2019. A summary of key issues discussed is provided below.

### **2. Workforce**

#### **Staff Story**

A member of staff from the Staff Health and Wellbeing team, who is also a volunteer and mental health first aider, attended to provide the staff story. He explained that his role in the health and wellbeing team involves welcoming people to the department and carrying out some administrative duties. The member of staff has been heavily involved in setting up the Trust's disability network, which is in the process of deciding on its areas of focus. One issue that it is likely to concentrate on is helping to simplify the process of arranging reasonable adjustments where these are needed. The Committee and the member of staff discussed disability at the Trust generally and observed that although the makeup of the Trust's staff broadly reflects the local population, this is not necessarily the case in relation to disability. The reasons for this were explored and it was suggested that there is a perception that declaring a disability could reduce the chances of securing a role. It was also noted that the NHS Jobs application form can be seen as too long and complicated to complete for people with certain disabilities. The Director of Workforce shared that the recruitment to the new Head of Equality, Diversity and Inclusion role had taken place and the post holder would join the Trust soon. A focus for this role will be disability inclusion. The member of staff stressed that he found the Trust to be a warm and welcoming place to work.

#### **Workforce Information Quarterly Report**

The following points were noted:

- The Trust's vacancy rate stands at around 12%
- The organisation continues to make good progress in reducing agency spend. Going forward, there will be more of a focus on managing down the bank spend
- The sickness absence rate in August was lower than in the 3 previous years and is below the 4% target. More work is being done to further reduce the number of absences for which reasons are not provided
- Turnover has fallen from 12% to 9.2% on a rolling basis. A more detailed review of exit surveys will be carried out at a future Committee meeting. Specific work is needed in some parts of the Trust, including pharmacy where turnover is higher, in part as a result of the growth of opportunities in the new primary care networks.

#### **Staff Health and Wellbeing Report**

The consultant occupational health post remains unfilled – the Committee heard that this is a hard to fill post nationally, and alternatives, including via a nursing post, are being considered.

The flu vaccination target has been raised from 75% to 80%, but the national shortfall in supply has meant that the Trust has prioritised frontline staff.

Use of the Care First counselling service has diminished over the years, and consideration is being given to the use of an alternative service available through another supplier. This would also provide better quality data.

### **Equality, diversity and inclusion update**

This report was provided in response to an action from a previous meeting. It shows that there is a higher proportion of clinical staff from a BAME background at bands 1 to 6 (32.6% of the workforce) than those from a non-clinical background (22.9%). However, the opposite is true in relation to Bands 7 to 9, with only 16.1% of BAME clinical staff at those levels. It was noted that the overall proportion of BAME staff at the higher bands has fallen from 29% to 20%, and this is reflective of the regional position. One of the possible causes given for the lower proportion of BAME clinical staff at bands 7 to 9 is the lack of role models. Steps are being taken to champion this cause and an update will be provided in six months' time. The position regarding the medical and dental category is completely different, with BAME staff well represented both at consultant (58.4%) and non-consultant career grade (74.4%) levels.

### **Quarter 1 HR Systems and Compliance Report**

The Trust, like many other NHS organisations, has a number of posts that it is having trouble recruiting to –specific steps are being taken to address these. The divisions are working to encourage their bank staff to take on permanent roles.

### **Staff survey 2019 update**

As at the date of the meeting, the Trust had achieved a response rate of 34%. Since last year's survey, managers have held over 100 listening events across the organisation, and a staff appreciation event was also held prior to the launch of the 2019 exercise.

### **Organisational development and talent management**

The following highlights were noted:

- New elements have been added to the New Consultants' Development Programme
- Organisational development workshops are being held for finance and patient pathway coordinators
- Small bursaries are being provided for some students by a local charitable organisation
- There is to be a diversity focus to the national talent management work.

### **Education update**

The appraisal rate across the Trust stands at 91%, with senior management interventions having a positive impact on compliance. Similarly, statutory and mandatory training compliance is at 93% - it is expected that this will be enhanced by an increased reliance on online training rather than the completion of paper workbooks.

It was noted that a third of all staff have received some sort of training, other than what they are mandated to receive, during the year.

The first cohort of University of Buckingham medical students graduated earlier in the year.

### **Guardian of Safe Working Hours quarterly reports**

Dr Amit Kalla, the Trust's Guardian for Safe Working Hours attended the meeting to present his reports for quarters 1 and 2. He indicated there are changes in how Trusts deal with situations where trainee doctors report they have had to work beyond their contracted hours. It is important that consultants and managers do not regard such exception reporting as complaints, but rather an opportunity to ensure that rotas are working well. Where junior doctors have worked more than their hours, they may either be offered time off in lieu, or paid for the extra time – it is preferred that the former option is taken. Trainees at this Trust are given information at induction and orientation about who to contact and how to make an exception report.

It was confirmed that the Trust is not in danger of breaching the Working Time Directive in relation to any staff group.

#### **Board Assurance Framework**

It was agreed that the score for Risk ID 8-2 (inability to recruit to short term vacancies) should be reduced to  $4 \times 2 = 8$ , but that ID 8-3 (inability to recruit to long term vacancies) would remain at  $4 \times 3 = 12$ .

The Board is asked to note the summary report.



## **Audit Committee Summary Report**

### **1. Introduction**

The Audit Committee met on 23 September 2019. A summary of the key matters discussed is provided for the Board:

### **2. Matters Arising**

The Committee received an update on the steps being taken to ensure that in line with NHS England's guidance from 2017 and the Trust's policy in this area, all relevant staff are making declarations of interest. The Committee noted that most senior non-medical staff are now compliant, but that fewer than half of consultant staff have made their declarations. The Committee was concerned about this and asked that work be done urgently with the Medical Director and the Director of Workforce to address the situation.

### **3. Data Quality**

The Committee received and discussed the data quality improvement project plan which highlighted the steps being taken to improve data quality across the organisation. The initial area of focus is on A&E. There was an issue with ambulance handovers, and improvements have been made in the accuracy of "clock starts", although more work is required on "clock stops". The training that is provided to the administrative staff has been improved, and there is an expectation that by next March, the overall error rate would fall to below 5%. The Committee was informed that the trajectory for full compliance against this target would be the 2020/21 audit. For the 62-week cancer treatment target, there was confidence that the Trust would be compliant for the 2019/20 audit. Although the RTT 18-week target is not currently tested as part of the quality accounting process, it remains an area of high importance and the focus on improving the quality of the data upon which this relies is to be retained. It was noted that the data quality team will increase the amount of internal auditing that it carries out.

### **4. External audit**

The Group Accounting Manual has been updated with some additional guidance around remuneration. The auditor referred to developments across the sector, including the Redmond review into the quality of local authority audits and the NAO consultation on a new draft Code of Audit Practice, and indicated that these could result in changes to the audit process from 2020/21 onwards.

### **5. Internal Audit**

The internal auditors presented their progress report, confirming that all the audits from the 2018/19 plan have now been completed and reported on. The Committee commented favourably on the quality of the Recruitment review and it was agreed that a decision would be made whether to discuss its findings at the Workforce and Development Assurance Committee. It was also agreed that the internal auditors will maintain a record of outstanding actions and that this will be presented at each of this Committee's future meetings.

At the Committee's request, the internal auditors presented a report showing how MKUH compares against other organisations in terms of the assurance levels achieved in reviews carried out during 2018/19. It was noted that 91% of reviews received reasonable assurance with the remaining 9% gaining substantial assurance, and no reviews scoring partial assurance or no assurance. By comparison, across the auditor's clients, 3.6% of reviews received no assurance and 26.5% partial assurance.

## **6. Counter Fraud Progress report**

The Trust's Local Counter Fraud Specialist indicated that the service had received 9 referrals in the year to date, with false overtime claims one of the recurring themes. Work is being done with managers on a particular team with a view to strengthening their controls.

The LCFS was to participate in a training session for new consultants, highlighting the importance of declaring any potential conflicts of interest and other employment, as well as how to appropriately deal with issues around overseas patients.

## **7. Financial Controller Report**

Write-offs for the quarter amounted to £85k, most of which relates to overseas patients. Only 50% of this total would be a cost to the Trust in this financial year. The Committee was assured that the Trust follows all the relevant national guidelines in this area, but this is an issue for many organisations. Work is being done to better enlighten the clinical workforce about the interface between the A&E department and the rest of the hospital.

Losses in the period amounted to £18k, most of which related to pharmacy and stock write offs. There were 2 credit notes over £20k in this period. The larger one, for £31k, relates to an invoice raised to Milton Keynes CCG in respect of patient transport, but for an incorrect value.

2 tender waivers were completed in the period, totalling £25k.

## **8. Risk**

The Committee received a paper setting out the outcomes from a development seminar held earlier in the month. One of the key messages emerging from the session was the proposal to create a more detailed assurance map which would sit behind the BAF, setting out the sources of assurance for each risk. For the BAF itself, it was agreed that it needs to focus more on controls and actions. In terms of giving the Board suitable oversight of the management of serious risks that do not appear on the BAF, it was agreed that a narrative escalation report would be presented to the Board, showing how the highest rated risks on the Significant Risk Register are being managed. It was also noted that digital and tech risk are potential development areas for the BAF.

## **9. ADMK accounts**



The 2018/19 accounts for ADMK Ltd, the Trust's wholly owned subsidiary, were presented. There is no requirement to present these accounts, but it was recognised as good practice. The auditors confirmed that the audit process had raised no concerns.

## **10. Minutes from Board Committees**

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

- Finance and Investment Committee meetings on 1 July and 5 August 2019 (approved)

## **11. Recommendation**

The Board is asked to:

- i) Note the report; and
- ii) Consider the escalation items and any necessary actions.



## **Quality and Clinical Risk Committee Summary Report**

### **1. Introduction**

The Quality and Clinical Risk Committee met on 23 September 2019.

### **2. Key matters**

The following items were presented to the Committee:

#### **Quarterly highlights report**

- It is expected that the introduction of the guaranteed income contract with Milton Keynes CCG will lead to development of a more collaborative relationship and support the development of a truly place based approach across the city. The creation of the six Primary Care Networks is another positive development in this direction, and the first clinical leaders' forum was held in October. Partners are currently working on the development of a unified structure.
- Two of the Trust's specialities received negative feedback in the GMC training survey. The Deanery is supportive of the measures being taken to address the cause of this, and the Medical Director is seeking initial thoughts from the new cohort of trainees
- In light of the issues raised at the CQC inspection around hand hygiene in the A&E department, a wide-ranging programme of work, also including attention to antimicrobial stewardship, has been launched.
- Measures to support the newly launched national tissue damage standards will be included in the dashboard going forward. More training around tissue viability is being rolled out and the recruitment of another tissue viability nurse is in progress.
- The number of falls recorded in the hospital has risen, although the level of harm caused has decreased. Some work done on one of the wards has revealed that one of the causes of this rise is that patients are not always asked if they need help going to the toilet, in part because staff want to help them maintain their privacy and dignity.

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

The ratings for BAF Risks 1-1 and 1-2 are to be reviewed in view of the fact that the increase in A&E attendances at the Trust is currently lower than the national average.

#### **Exception report for Quality Dashboard**

- The Trust's midwife to birth ratio was 10% above plan in August and there are 21 vacant midwife posts. However, it is expected that these will be filled in October.
- There are currently 100 super-stranded patients (in hospital for more than 21 days), of which only 20 are deemed unfit for discharge.
- The Committee was informed of progress being made on the introduction of the Perfect Ward quality inspection tool – a digital platform for collating nursing data. The tool was successfully implemented across all wards in May 2019, and it is expected that the 'real time' overview of quality standards will lead to changes in staff attitudes towards measuring quality as results can be viewed immediately.

#### **Quarterly mortality update**

- The Committee noted that the Trust's Hospital Standard Mortality Ratios (HSMR) score remains at just below 100 and has not increased significantly.
- The introduction of medical examiners is providing a broader level of assurance in this area. The Trust is keen to appoint GPs to the role, with the expectation that deaths in the community will also be reviewed in this way from next year.

### **Quarterly trust wide progress report – Serious Incidents**

- 13 serious incidents have been recorded to date in the quarter.
- There has been a major focus on medication errors and diabetes following incidents that were recently reviewed, and an increase in drug errors within the Surgery division.

### **Progress against CQC action plan**

- The Trust's response against the requirements arising from the CQC inspection had been sent to them in August. The action plan focuses on 'must-dos' in relation to Regulation 12 (safe care and treatment) and regulation 7 (good governance) in relation to A&E and Theatres.
- It is expected that another inspection would take place soon, focusing on the areas that were poorly rated the last time.

### **Improving patient experience**

- The Committee was informed that the Trust's draft Patient Experience Strategy is underpinned by six workstreams:
  - Communication to both patients and staff
  - Discharge processes, preparation and planning
  - Engagement with stakeholders and groups to support QI projects
  - Cleanliness
  - Dining
  - Learning and culture.
- The strategy is to be presented for Board approval in November.

### **7-day services update**

The Committee was reminded that there are 10 standards in total, 4 of which are priority and are to be achieved by March 2020. 2 of these (standards 2 and 8) relate to consultant activity and it is unclear that all the divisions would be able to achieve these by the due date. However, steps continue to be taken to give the Trust the best possible chance of compliance, including that the best use is made of consultants' time at the weekends. It was also noted that not all the standards were wholly within the Trust's gift to meet – for example, high impact interventions with tertiary centres.

### **Non-executive Director visits to services**

The format for ensuring that feedback from NED visits to services is properly received is to be discussed at the next Board meeting.

## **3. Conclusions**

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

The Board is asked to note this report.