

Annual General Meeting (AGM) 2015



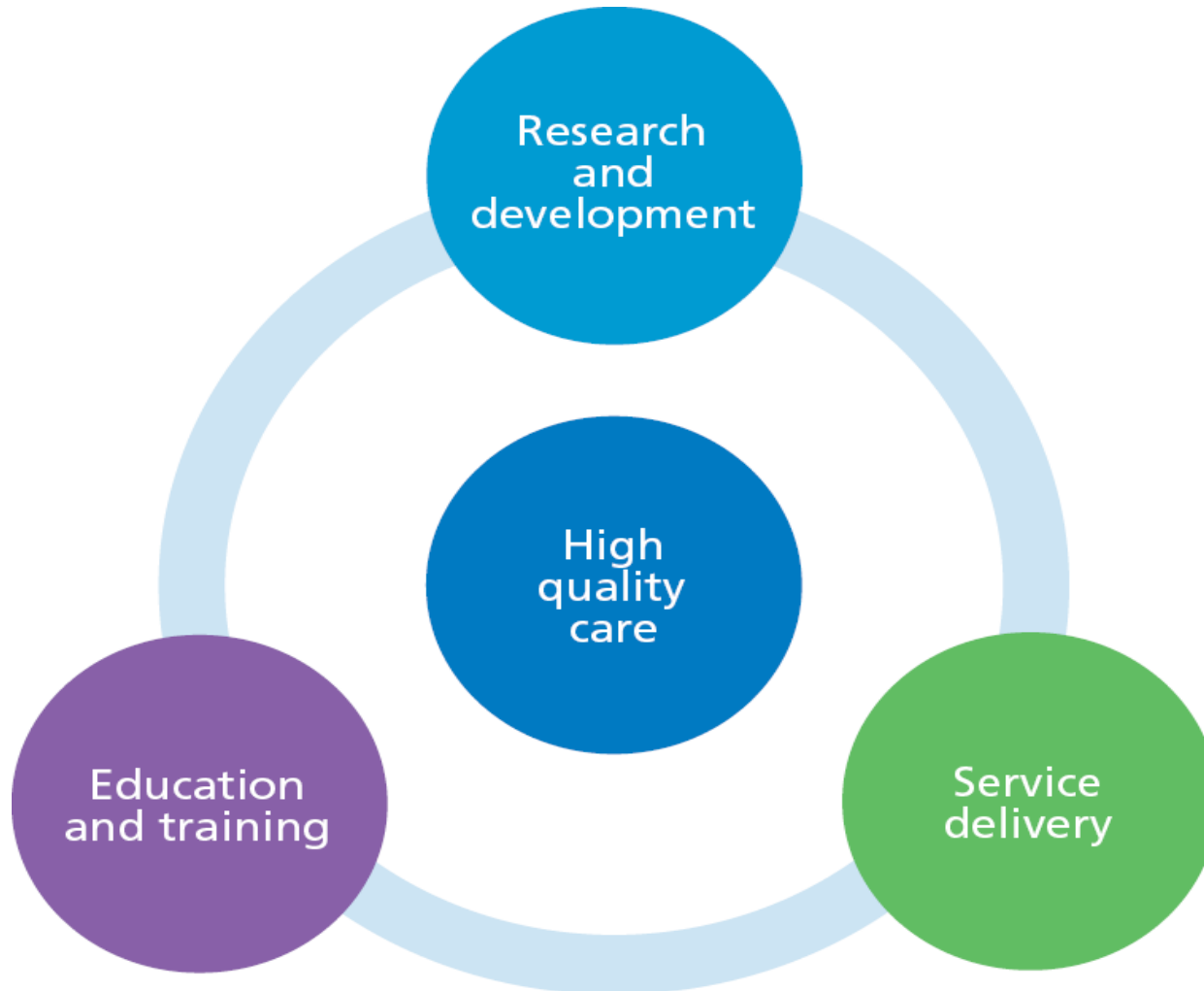
Baroness Margaret Wall – Chairman Milton Keynes University Hospital Foundation Trust



A Review of 2014/15

Joe Harrison – Chief Executive Officer
Milton Keynes University Hospital
NHS Foundation Trust

Strategy - Service



Service - Last year, our hospital saw...

- Over 78,000 people attend ED
- Nearly 1/3 million outpatient attendances, an increase of 23,000 on 2014/15
- 55,000 patients admitted for care
- 3,802 babies delivered
- £14 million spent on upgrading facilities and new medical equipment

Service - A&E performance

- More than 9 out of 10 people were seen and treated within 4 hours, in line with the average performance nationally
- Completed & opened first phase of development plan to increase clinical space within the department;
- Further investment made in clinical staff posts to manage acutely unwell patients
- Still challenges with appropriate patients moving across health and social care

Service – Other key performance targets

- Met all the infection control targets
 - Zero cases of MRSA bacteraemia
 - Nearly 50% below ceiling for avoidable C Difficile cases, 10 for the year
- Met the 18 week maximum waiting times targets for “planned” patients
- Met every single cancer target by year-end

Care Quality Commission (CQC) Report

Specialty Area	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Good	Outstanding	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Care Quality Commission (CQC) Report

- Of the 40 individual ratings given to the eight specialty areas, one rating was classed as outstanding, 30 ratings were classed as good, 8 as requires improvement and one was not rated.
- Despite the high number of ‘good’ ratings, this still gave the hospital an overall rating of ‘requires improvement’.

Service – Our staff survey results

Question	MKH in 2012 (%)	MKH in 2013 (%)	MKH in 2014 (%)	Average (median) for Acute Trusts for 2014 (%)
Care of patients / service users is my organisation's top priority	58	72	80	70
My organisation acts on concerns raised by patients / service users	66	73	79	71
I would recommend my organisation as a place to work	49	56	58	58
If a friend or a relative needed treatment, I would be happy with the standard of care provided by this organisation	50	59	61	65
Staff recommendation of the Trust as a place to work or receive treatment	3.41	3.63	3.72	3.76

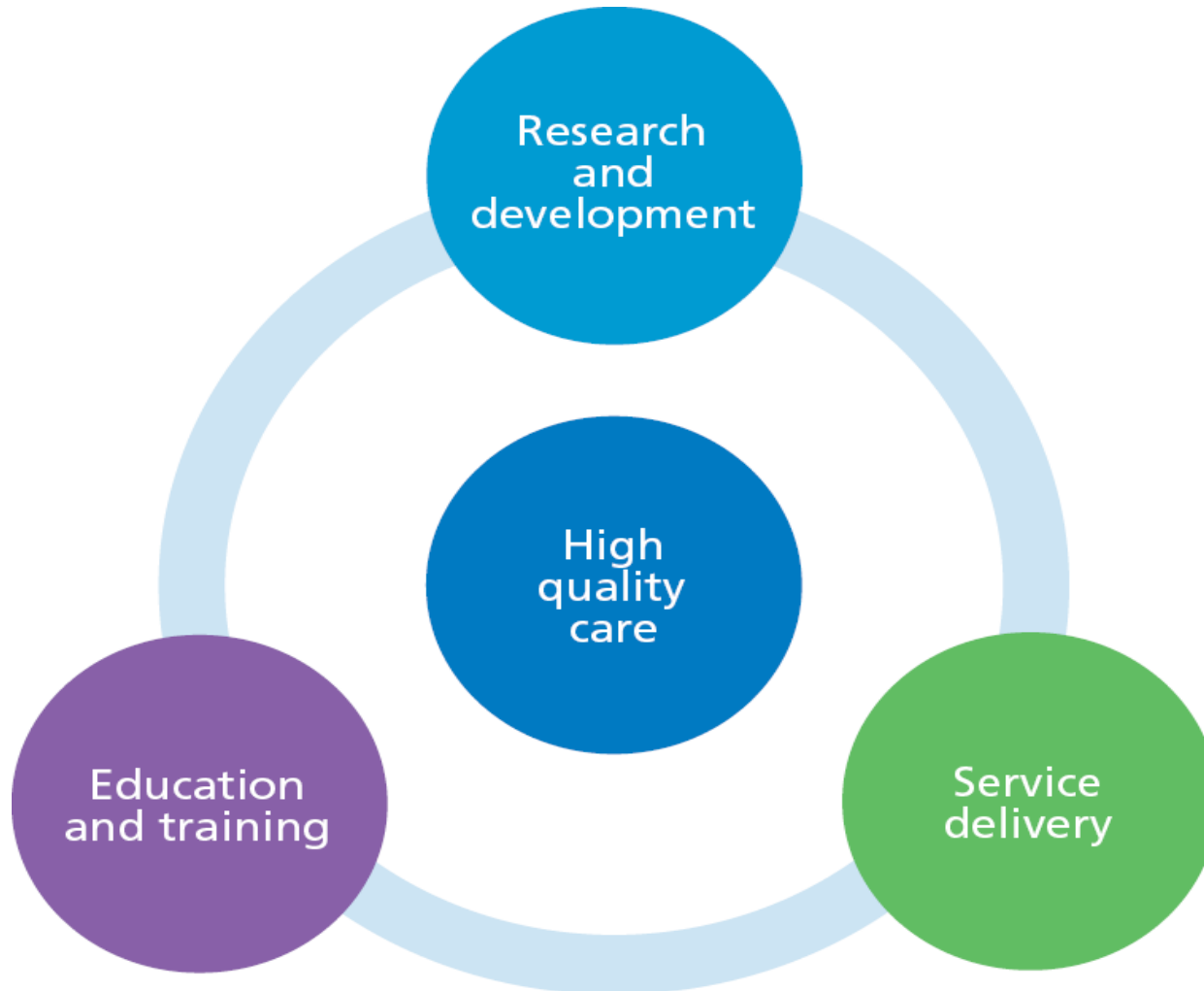
Service - Healthcare Review

- We have been working closely with each of our providers and with MK Council and Healthwatch to refresh the modelling of our shortlisted options:

	Bedford Hospital	Milton Keynes Hospital
Option 1	Integrated care centre	Major emergency centre
Option 2	Major emergency centre	Integrated care centre

- Both options are being reviewed against offering the best overall balance of strengthening clinical quality and sustainability, better meeting the needs of a changing population and importantly being financially affordable.

Strategy - Education



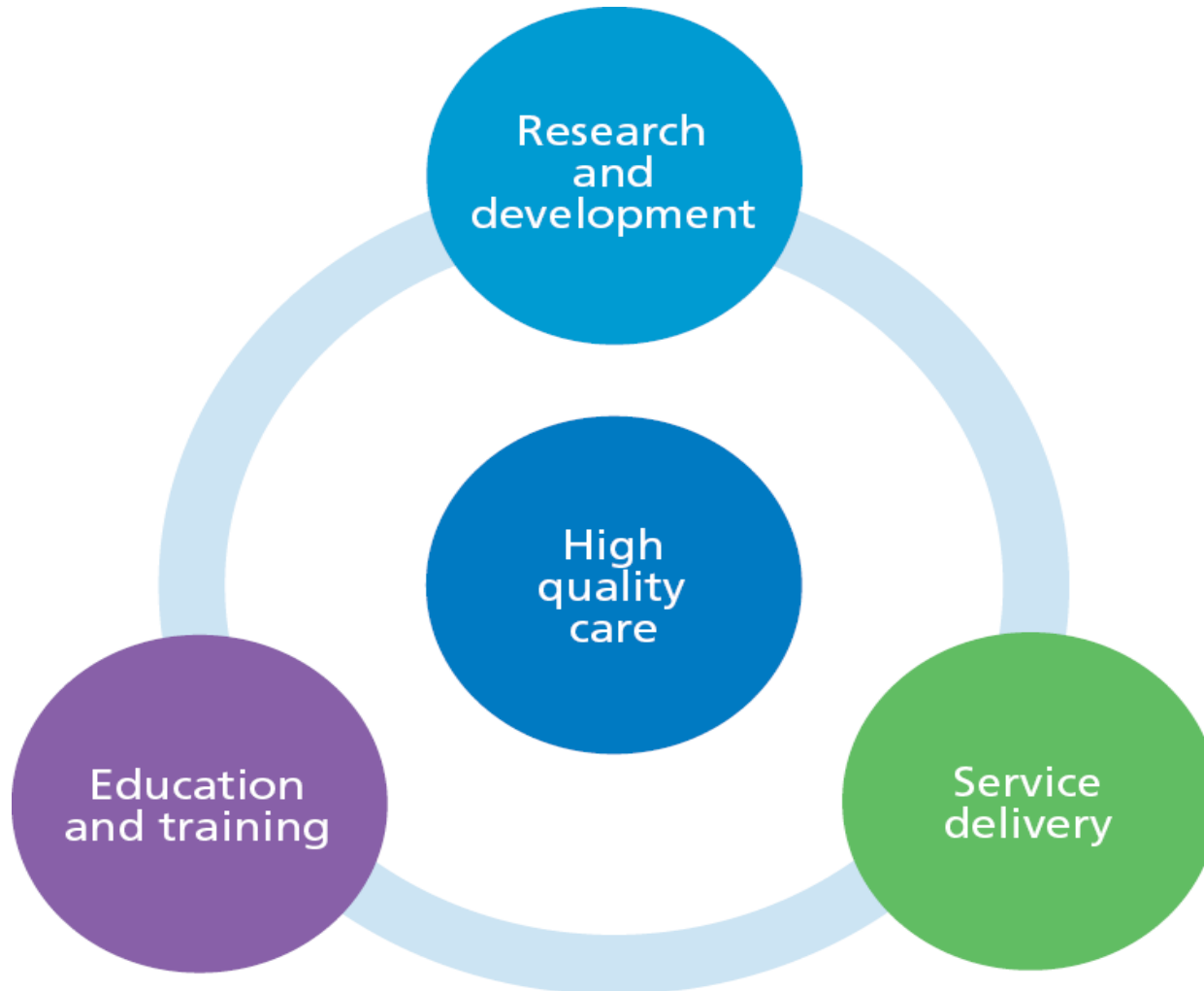
Education - becoming a University Hospital

- Following our collaboration with the University of Buckingham, we are now officially a university hospital
 - Undergraduate Medical School up and running
 - Supports us in attracting, training and retaining the best doctors and nurses
 - Developing plans for further medical education & training
 - Also receiving additional training posts from Oxford

Education

- Working with 6 Universities for Nursing & Midwifery
- Delivering in-house post-graduate education
 - e.g. Stroke
- National recognition for work with Health Care Support Workers and the Open University
 - End of Life Care training
 - Dementia training
- Planning for introduction of the national “Care Certificate” for all patient-facing staff

Strategy – Research & Development



Research and Development (R&D)

- The rate at which both the team and the number of studies conducted at the hospital are growing is phenomenal;
 - In 2010/11, our R&D team consisted of 11 members of staff. By the end of this year that number will be 31!
 - In 2010/11, the number of patients recruited for research was just over 500. It is now over 3,000!

Investing in a Better Hospital

Thank you

- To our staff
- To our volunteers
- To all those who generously donate to our charity
- To our community

Financial Review of 2014-15

Jonathan Dunk
Director of Finance

Financial Headlines

<i>All figures in £m</i>	12 months to 31 March 2015			12 m to 31 March 2014
	Plan	Actual	Variance	
Clinical Revenue	157.5	164.4	6.9	160.8
Other Income	13.0	14.9	1.9	12.3
Total Income	170.5	179.3	8.8	173.1
Pay	(129.4)	(134.9)	(5.5)	(120.9)
Non-Pay	(53.4)	(57.9)	(4.5)	(57.7)
Total Operational Expend.	(182.8)	(192.8)	(10.0)	(178.6)
EBITDA	(12.3)	(13.5)	(1.2)	(5.5)
Financing & Non-Op. Costs	(12.6)	(11.4)	1.2	(11.5)
Net surplus / (deficit)	(24.9)	(24.9)	0.0	(17.0)

- The Trust achieved its financial target – the Trust’s deficit was £24.9m which was in line with budget. This continued to demonstrate that the Trust robustly plans and manage its resources – only one of 15 Foundation Trusts to achieve its planned position in the 2014-15 financial year.

Financial challenges

- 2014/15 has been an exceptionally challenging year for the NHS foundation trust sector. Growing demand and increasing cost pressures saw the sector's financial performance deteriorate and for the first time, the sector delivered an overall net deficit with 77 foundation trusts (51%) in deficit of whom 70% were acute trusts.
- Milton Keynes experienced significant growth in demand, for example A&E attendances rose by 4%, giving rise to significant cost pressures to deliver additional unplanned capacity . Higher clinical acuity of patients has led to longer length of stay and overall pressures on the health economy has meant increasing delays in discharge.
- National shortages of suitably qualified clinical staff added to the financial challenge as the Trust has had to resort to high cost agency staff in order to maintain a safe service and meet the demand for services.
- The Trust delivered its savings target of £8.4m with £4m of this coming from additional revenue generation and the remainder from efficiencies.

Investing in the future

- We invested over £10m in capital projects with major investment in the new electronic patient records system (EPR), reconfiguration of the reception and A&E areas, replacement of the boiler house as well as ongoing replacement and upgrade of our facilities and equipment;
- The Department of Health has invested a further £30m of new cash funding in the Trust during 2014-15 demonstrating its continuing financial support;
- The capital programme for 2015-16 is £17.3m with £7m “business as usual” replacement capital and remainder on strategic projects – part of a £185m programme 5 year programme. The main projects this year are EPR, A&E capacity phase 2 and beginning the development of a new cancer centre.

Charitable funds

- £275,000 raised from individuals, companies, schools and events in 2014-15 (£255,000 in 2013-14).
- Funded new items of equipment and ward enhancements.
- Leo appeal raised £77,000 for enhancements to children's wards and is continuing into 2015-16.

	2014/15
	£k
Total income	275.0
Total Expenditure	(316.0)
Net outgoing resources	(41.0)
Fund balance Bfwd	438.0
Fund balance Cfwd	397.0



Outlook for 2015-16

- The national picture is very challenging – Foundation Trusts are expected to make a £1bn loss (was £400m in 2014-15) with 90 out of 152 in deficit.
- MKUHT is projecting a deficit of £36.2m. The higher deficit is due to a combination of one-off costs and essential investment in clinical areas to maintain and improve quality and safety ahead of the outcome of the health care review.
- The health care system review is ongoing and until this is completed the Trust cannot fully access the opportunity to deliver a more efficient provision of services across a wider catchment area and attain critical clinical mass.
- The Trust is projecting to deliver savings of £8.4m which is beyond national expectations.

**COUNCIL OF GOVERNORS
and
MEMBERSHIP April 2014 – March 2015**

**Lesley Bell
Public Governor**

- **29 GOVERNORS IN TOTAL** – comprising:-
- 15 Public Governors – 8 Constituencies (1 vacancy)
- 7 Staff Governors
- 6 Appointed Governors – including:-
 - MK Clinical Commissioning Group
 - Healthwatch
 - Volunteer representation
 - MK Council
 - MK Youth Council
- Elections were held for both Public & Staff Governors in 2014/15

STATUTORY DUTIES

Under the National Health Service Act 2006

- Appoint the Chair and Non Executive Directors
- Decide their remuneration and terms and conditions of office
- Approve (or not) the appointment of the Chief Executive
- Appoint the Foundation Trust's auditors
- Receive the annual accounts and the annual report at a general meeting of the Council of Governors

ADDITIONAL STATUTORY RESPONSIBILITIES

From the Health and Social Care Act 2012

Governors have a statutory duty to:-

- Hold Non-Executive Directors to account for the performance of the Board
- Represent the interests of Members of the Trust as a whole and the public in general

Approve by a majority

- ‘significant transactions’ inc. mergers, acquisitions, dissolution
- Increase in private patient income of 5% or above in any one financial year
- Any amendments to the Trust’s constitution

PRINCIPAL ACTIVITIES April 2014 – March 2015

- The Council formally met 8 times + the Annual Members Meeting
- Our current Chair was appointed at the beginning of the financial year and 1 new Non Executive Director was appointed during the year
- Contributed as appropriate to the Care Quality Commission Inspection in October 2014
- Monitored Trust-wide governance issues and challenged on issues relating to Workforce, Finance and Transformation
- Made the case to MONITOR, the Trust Regulatory Body, for the Nominations Committee (now the Non Executive Appointments Committee) to continue to be Chaired by the Lead Governor. This was accepted

OTHER ACTIVITIES

- Represent the Council of Governors on various Boards and Committees e.g. Finance Committee, Quality and Clinical Risk Committee, Healthwatch Management Board
- Participate in the 15 Steps programme
- Participate in the annual PLACE (Patient Led Assessment: Clinical and Environment) inspections & Clinical Excellence and Staff Awards
- Public consultation on the Health Care Review
- Consultation on plans for the current and future development of the hospital and its environment

MEMBERSHIP

- Public membership reduced from 5953 to 5881 at the end of the year
- As Governors we represent the members & the public as a whole
- Please tell us how you would like us to contact you and
- What you would like us to do for you
- Most of all – Sign up and **COME AND JOIN US!**
- The hospital is here **FOR YOU**

THE FUTURE

- The next few years will be an exciting challenge
- The hospital is moving forward
- Changes are inevitable – but they must be the right changes for Milton Keynes – this will be influenced by the outcome of the Healthcare Review & the potential for full integration of health and social care
- WE INVITE YOU TO BECOME INVOLVED
- Come and join us in developing a hospital suitable to meet the health needs of the people of Milton Keynes of the future

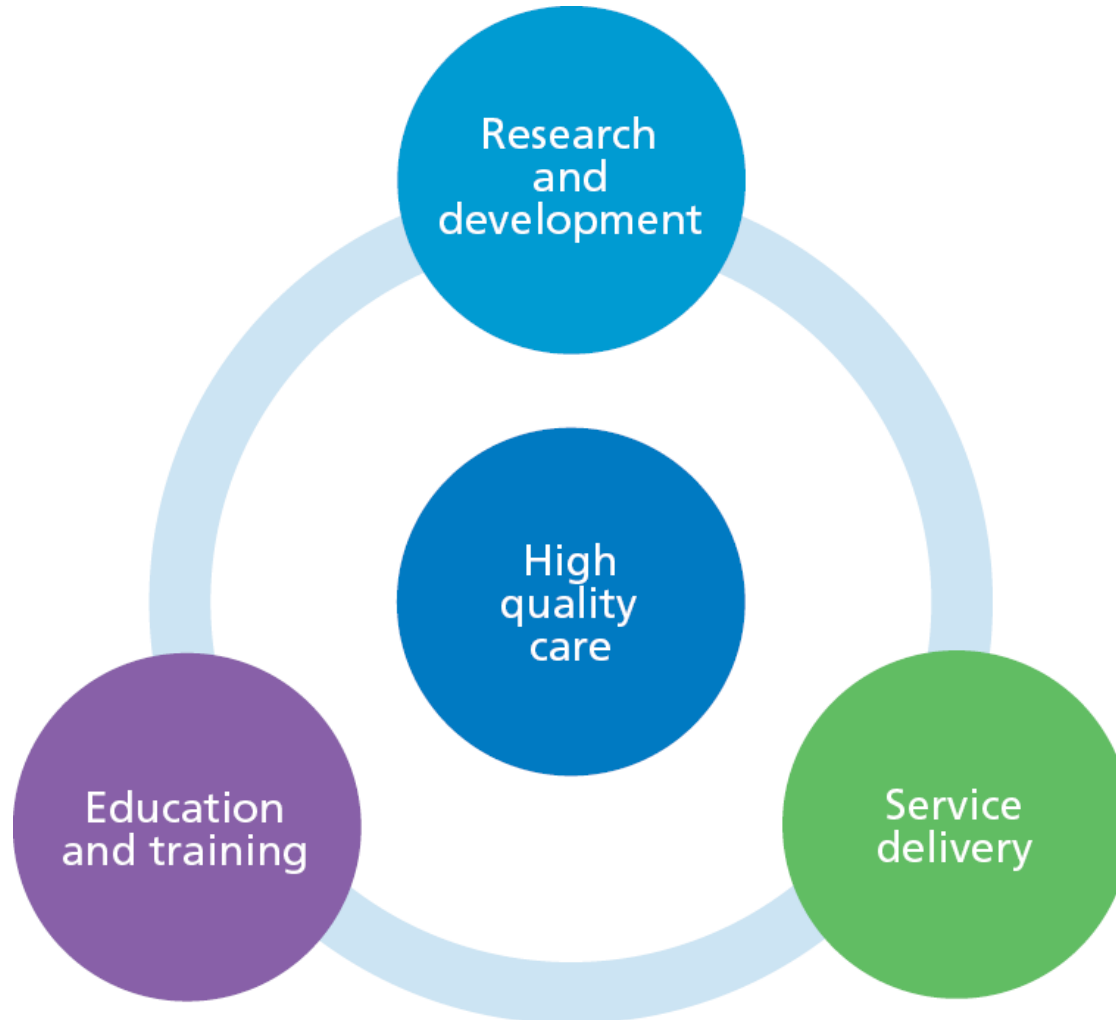
QUESTIONS?

Care Quality Commission Division of Medicine update

Dr. Jonathan Ellis
Divisional Director, Medicine
**Milton Keynes University Hospital NHS Foundation
Trust**




Strategy



- What the CQC found
- What we have done
- Where are we now


CQC October 2014

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CQC October 2014

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CQC insights

- Leadership
 - Pathways
 - Appraisal, mandatory training, datix
 - Flow
 - Staffing
 - Bed pressure
 - Documentation
 - Handover
 - Privacy/dignity
- 

Early action

- ED leadership change
- Investment in acute physician model
- Ambulatory Care
- Investment in acute surgical pathways
- Spring to Green initiative
- Investment in ward based flow support

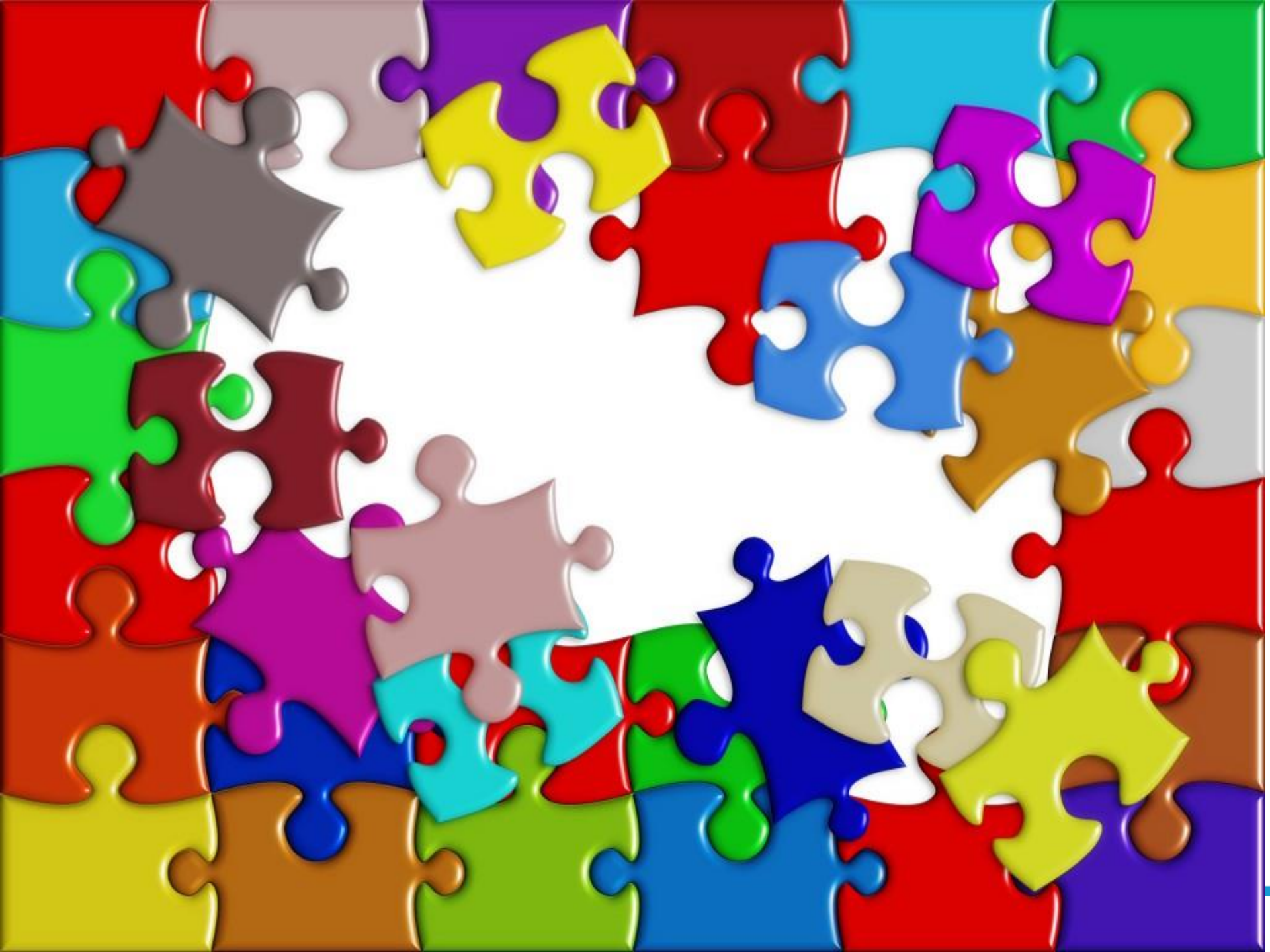
Observations



Plan – do basic things well

- Structure and support, matching function
- Governance
- Strategic themes
- Leadership development









Progress

- Energy and positivity
- Patient stories
- ED performance

Progress

- Care of Elderly strategy
- Discharge before midday
- Responding to internal concerns



Progress

- Clear objectives with accountability
- Changing what we measure
- Shared learning and candour




Progress

- Nurse and doctor recruitment
- Nurse leader empowerment
- Healthcare Assistant development



Summary

- CQC - “needs improvement”
 - Structure, governance and accountability
 - Cultural change
 - Green shoots of improved patient care growing
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Research at Milton Keynes University Hospital

Rowena Fletcher, Head of Research & Development

22nd September 2015



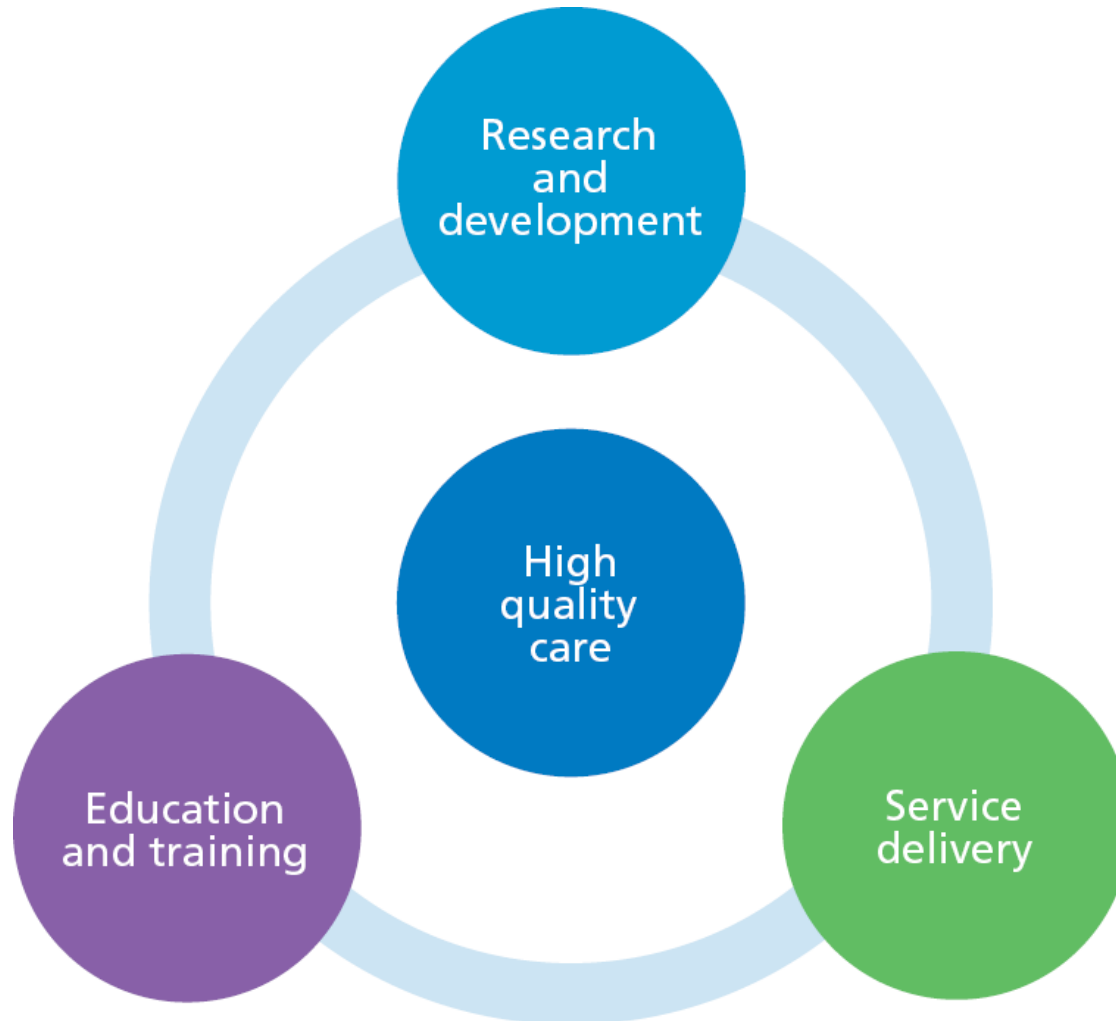
Summary

- What is Research?
- What is happening in your Hospital?
- Our Research collaboration with Medical Detection Dogs

Why do we carry out Research?



Strategy



Research in our Trust

Diabetes

Cancer

Maternity

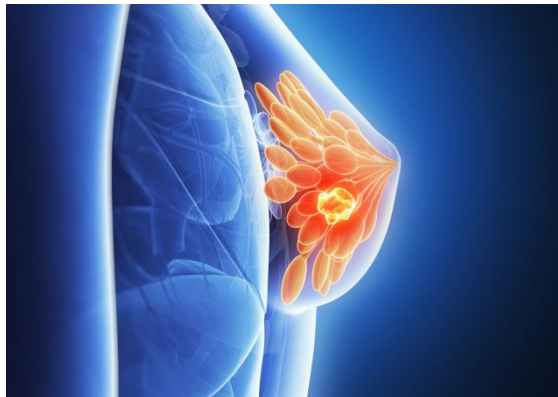
Paediatrics

Cardiology

Emergency Medicine

Stroke

Critical Care



Infectious
diseases

Neurology

Surgery



Home Grown Research



- Developed by staff in our Trust
- Collaboration with local Universities, Charities and small businesses

Canine Olfactory Detection of Human Urological Cancer from the Odour of Human Urine Samples



WeCARE

Milton Keynes University Hospital **NHS**
NHS Foundation Trust



theguardian



REUTERS



The Telegraph



BBC
LOOK EAST

Our Study

- To estimate the accuracy of dogs to detect three types of urological cancer (prostate, bladder, kidney)
- Collect 3000 samples from patients and healthy volunteers
- 3 years in total, 2 years for recruitment
- Chief Investigator is our Consultant Urologist, Mr Anjum



Medical Detection Dogs

- Purpose built centre in Great Horwood
- Dogs will not be coming into clinics here in the Trust to see patients
- Dogs are fostered into families and not kept on site



What are they sniffing?



Research Journey



- Patients are consented
- Anonymised
- Results are not disclosed

<https://www.youtube.com/watch?v=Xbr8YxPuy-c>



We will be collecting the following data in the Hospital:

- Blood test results
- Scan result
- Biopsy result
- Diagnosis made by Consultant

What do we hope to find out?

How accurate are the dogs at detecting Cancer?

Can they detect cancer before our current clinical tests?



Can we find out what they are sniffing?



The Future

- Development of an electronic nose
 - Study to inform clinical diagnosis
- Reduction in unnecessary invasive tests
- Will this work for other diseases not just Cancer?

Want to find out more?



Rowena.fletcher@mkhospital.nhs.uk

Thank you

Questions?