Milton Keynes University Hospital NHS Foundation Trust

COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 5.00pm on the 17 July 2018 in Room 6, of the Education Centre, Milton Keynes University Hospital, Milton Keynes

Time	Item		Report	Lead
5.00	1	**Chair's Welcome and Announcements**		Chairman
	1.1	**Apologies** To receive apologies for absence.-		Chairman
	1.2	**Declarations of Interest** Governors are requested to declare any interests they have in items on the agenda.		Chairman
	1.3	**Minutes and Matters Arising**		Chairman
	(a)	Minutes of the Council of Governors meeting held on the 22 May 2018	Approve (Pages 3-11)	Chairman
	(b)	(b) Action Log – No outstanding Actions	None	Governor and Membership Manager
	2	**(a) Chairman's Report** **(b) Chief Executive's Report**	Verbal Receive (Pages 12-14)	Chairman Chief Executive
	PRESENTATION AND INFORMATION ITEMS			
5.50	3.	**Sustainability and Transformation Partnership**	Verbal	Chief Executive
	3.1	**Update on Estate Development**	Verbal	Chief Executive
	3.2	**Cyber Security**	Presentation	Associate Director of IT
	ASSURANCE REPORTS FROM COMMITTEES			
6.10	4.1	**(Summary Report from) Finance and Investment Committee 30 April and 25 May 2018**	Receive (Pages 15-17)	Chairman of the Committee
	4.2	**(Summary Report from) The Workforce and Development Assurance Committee 30 April 2018**	(Pages 18-20)	Chairman of the Committee
	4.3	**(Summary Report from) The Charitable Funds Committee 30 April 2018**	(Pages 21)	Chairman of the Committee
	GOVERNORS UPDATE			

	5.1	**Healthwatch Milton Keynes Update**	Report (Pages 22-51)	Maxine Taffetani
	5.2	**Engagement Group Update**	Report (Page 52)	Alan Hastings
		PERFORMANCE		
	6.	**Integrated Performance Report Month 2**	Report (Pages 53-66)	Chief Executive
	6.1	**Finance Report Month 2**	Report (Pages67-74)	Director of Finance
		GOVERNANCE		
6.20	**7.1**	**Annual Report and Accounts**	Report To Follow	Director of Finance
	7.2	**External Auditors Report on Quality Accounts**	Receive (Pages 75-96	Deloitte
	7.3	**Annual Members Meeting 12th September 2017 at University of Buckingham Academic Centre**	Verbal	Chairman
	7.4	**Motions and Questions from Council of Governors**	Receive	Chairman
	7.5	**Annual Work Plan**	Receive (Pages 97-98)	Governor and Membership Manager/All
	7.6	**Any other Business**		Chairman
6.30	**7.7**	**Date and time of next meeting** The date of the next meeting of the Council of Governor's is on the 11 September 2018 at 9.30am in Room 6 of the, Education Centre	Note	Chairman
	7.9	**Resolution to Exclude the Press and Public**		
		The Chair to request the Council of Governors' to pass the following resolution to exclude the press and public and move into private session to consider private business. *"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."*		

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

Milton Keynes University Hospital NHS Foundation Trust

MILTON KEYNES UNIVERSITY HOSPITAL NHS FOUNDATION TRUST COUNCIL OF GOVERNORS' MEETING

DRAFT minutes of a meeting of the Council of Governors' of the Milton Keynes University Hospital NHS Foundation Trust, held in public at 5.00pm on Tuesday the 22 May 2018, in room 6 of the Education Centre at Milton Keynes University Hospital, Milton Keynes

Present:
Simon Lloyd - Chairman

Public Constituency Members:
Amanda Anderson (AA)
Amanda Jopson (AJ)
Carolyn Peirson (CP)
Peter Skingley (PS)
Akin Soetan(AS)

Appointed Members:
Maxine Taffetani - Healthwatch Milton Keynes
Matt Webb - Milton Keynes CCG

Staff Constituency Members:
John Ekpa (JE)
Lesley Sutton (LS)
Kim Weston(KW)

In Attendance:
Nicky Burns-Muir (Item 3.3) - Deputy Chief Nurse
Michaela Tait (Item 3.3) - Patient Experience Manager

Executive Directors
Joe Harrison (JH) - Chief Executive
Kate Jarman (KJ) - Director of Corporate Affairs

Non Executive Directors
Andrew Blakeman (AB)
Bob Green(BG)
Heidi Travis (HT)

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

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There was one member of the public in attendance.

1.	**WELCOME & ANNOUNCEMENTS**
	The Chairman extended a warm welcome to everyone present at the meeting and welcomed newly elected Governor Amanda Anderson to her first meeting of the Council of Governors.
1.1	**APOLOGIES**
	Apologies for absence were received from Andrew Buckley, William Butler, Douglas Campbell, John Clapham, Alan Hancock, Alan Hastings, Clare Hill, Robert Johnson-Taylor, Tony Nolan, Carolyn Peirson, Helen Smart, Clare Walton, Marc Yerrell.
1.2	**DECLARATIONS OF INTEREST**
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
1.3	**MINUTES**
(a)	**Minutes from the Council of Governors meeting held on the 20 March 2018.** The draft minutes of the meeting held on the 20 March 2018 were considered. **<u>Resolved:</u> That the draft minutes of the meeting held on the 20 March 2018 be agreed as a correct record of the meeting.**
(b)	**MATTERS ARISING / ACTION LOG**
	Action Log There were no outstanding action log items. **<u>Resolved:</u> That the action log as updated at the meeting was received.**
2	**CHAIRMAN AND CHIEF EXECUTIVE REPORTS**
(a)	**Chairman's Report**
	The Chairman reported that he had attended the most recent NHS Improvement regional event at which Baroness Dido Harding had spoken. Her speech had focused on what NHSI does, emphasising their determination to drive out inappropriate clinical variations. Baroness Harding was engaging and spoke forthrightly, noting the need to improve on talent management across the NHS to ensure that it is deployed in an appropriate manner. She also spoke of NHS Improvements' focus to "engage more actively with the work of NHS Digital and NHS England" to speed up digital transformation in the NHS. The Non- Executive Directors had participated in World Hand Hygiene Day and attended the stand set up in the main entrance. It is important that the focus on infection control is retained, and that MKUH maintains its good record in this area. The NEDs had also visited the Emergency Department, and had been struck by the teamwork ethos and noted the continuing improvements particularly the children's area.

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	The Event in the Tent 2018, activities had been very successful. Liz Wogan whose public governor tenure came to an end on the 11th May was presented with a trophy by The Director of Patient Care and Chief Nurse Lisa Knight and Jenni Middleton Editor of the Nursing Times in recognition of her outstanding contribution to the Trust as a Non Executive Director and Governor. **Non Executive Director Parmjit Dhanda arrived at the meeting** **<u>Resolved:</u> That the Chairman's report be received and accepted.**
(b)	**Chief Executives Report,**
	The Chief Executive drew the Council of Governors attention to the written summary, of the outcome of discussions at the 18th April 2018 Management Board. The Chief Executive reported that A&E performance thus far has been superb. For the first time, the Trust has ranked third in the country on this measure. The Electronic Patient Record eCARE went live over the weekend of 19 - 20 May. eCARE will allow our staff to treat patients at MKUH more effectively by providing them with easier access to up-to-date information, which can be shared in real-time across all departments. The system will be capable of suggesting plans of care, supporting clinical decision-making and acting as a double-check to ensure that patients are receiving the treatment they require. There has been a massive amount of training, with super users, floor walkers and a help desk, on hand to support staff during the implantation period and there are a number of tools including quick reference guides to assist staff in being eCARE ready. The process of switching over to eCARE has been a very significant undertaking and a big change to the way we work across the hospital – particularly in inpatient wards and in the ED. With any big change, we expect to encounter problems and frustrations, and that has been the case throughout the week as people get used to new ways of working and accessing records. But overwhelmingly, the feedback on the new system has been positive and the way in which staff have approached and managed the change has been nothing short of remarkable. The second year of our Event in the Tent, staff engagement event took place between the 8 to 10 May, there were many more people and a significantly higher diversity of staff in attendance. The exceptional range of external and internal speakers delivered sessions that were variously innovative, thought-provoking, interactive, always interesting – and in some cases packed an emotional punch. All in all, the event covered improvements, staff and patient experience and importantly, innovation, as we look to the future to help make our hospital and the services we offer the best they can possibly be. In response to a question from Public Governor Peter Skingley, The Chief Executive reported that eCARE had increased significantly the ability of a richer source of clinical information.

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	In response to a question from Appointed Governor Maxine Taffetani, The Chief Executive agreed that when there are extreme weather conditions, it can increase patient volumes at the Trust. In response to a question from Appointed Governor Maxine Taffetani, The Director of Corporate Affairs reported that there had been a massive focus, with all specialities being challenged to prioritise the clearance of the backlog for non RTT (patients waiting for treatments not covered by the Referral to Treatment 18 week target) and good progress had been made in some areas, with those who have been waiting over 6 months seeing the largest reductions. In response to a question received by Public Governor Peter Skingley, The Chief Executive reported that there had been a massive take up from patients for the opportunity to book appointments live from phones and tablets, enabling information to be exchanged immediately. **Resolved: That the Chief Executive's report be received and accepted.**
3.	**Sustainability and Transformation Partnerships (STP)**
	The Chief Executive provided a verbal update and highlighted the following:- • Further to the timeline of the 1st April now delayed to deliver the merger of Luton and Dunstable and Bedford Hospitals. There was no further news of the date of when the merger is to take place. • Conversations are ongoing with Oxford University Hospitals FT and Bucks Healthcare NHS Trust about partnership opportunities with a view to securing cost reductions. **Resolved: That the Sustainability and Transformation Partnership update be received.**
3.1	**Update on Estate Development**
	The Chief Executive provided a verbal update and reported that the new multi storey car build was now complete. The car park is for staff only, to compensate for the spaces that will be lost to allow for the start of construction work on the new Cancer Centre. Once exiting on foot, staff should follow the directions in place which will designate the appropriate walking route to the hospital. **Resolved: That the Update on Estate Development be received.**
3.2	**Cancer Centre Appeal Update**
	The Director of Corporate Affairs reported that the official launch of the Cancer Centre Appeal is to take place on the 7th June, at the INTU shopping centre in Central Milton Keynes. Volunteers are required for the day to help, anyone wishing to take part are to contact Kate Jarman or Vanessa Holmes. There are various awareness and fundraising initiatives planned to take place in the Community and a briefing pack is being prepared that will be available for Governors use.

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	<u>Resolved:</u> That the Cancer Centre Appeal Update be Received.
3.3	**Patient Experience Strategy Update**
	A presentation was given by the Deputy Chief Nurse Nicky Burns Muir and Michaela Tait, the Patient Experience Manager, providing an update on the Patient Experience Strategy. The following was highlighted:- • The strategies aims are to:- o Ensure patients and carers are involved in their own care, supporting them to make informed decisions. o Ensure we use feedback from patients to understand what is important to them o Facilitate improvements in processes and overall care by listening to feedback including improvements in environment & food o Ensure public involvement and engagement are embedded within our strategic direction • Contributors & co-design partners are:- o MKUH Directors & Governors o Patient Experience Board o MKUH staff o HealthwatchMK o Milton Keynes CCG o Patient groups including Maternity MK and MKCPP • Next steps o Draft was taken to Patient experience Board in April and agreed to be taken to next stage o Next stage will be an approval at Management Board in June o Final approval and sign off at Trust Board o Once the Strategy is completely signed off it will be printed and shared with staff , governors and stakeholders o Presentations & workshops will take place with staff to ensure staff feel involved and engaged with it's delivery The Chief Executive reported on the identification of 3 areas of focus that aim to be in place in July:- • **Nutrition and hygiene**, the Director of Patient Care and Chief Nurse is chairing a Catering Steering Group, whose work has already led to a significant increase in the amount of choice that is available to patients. Work is also being done to address issues around the delivery of food and the management of patients at mealtimes. • **Cleanliness** – new 'modern mops' are now appearing across the hospital. These have a more of an impact on dirt, although it is yet to be seen whether this by itself will drive enough of a change, especially in ward and toilet areas. • **Noise at night** – The Chief Nurse did a ward round earlier in the week. One of the proposals being considered to address this issue is to see whether some bay areas could be segregated, to help avoid the situation whereby some patients are keeping others up. The Trust does not have segregation areas, and there will therefore be a cost implication to this. It was also noted that eCARE gives the Trust

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	the opportunity to change the way the admission process works. **<u>Resolved:</u> That the Patient Experience Strategy Update be received.**
4.1	**Summary Report from the Finance and Investment Committee**
	The written summary report for the Finance and Investment Committee Meeting held on the 6th April was considered. **<u>Resolved:</u> That the Summary Report from the Finance and Investment Committee be noted.** **Staff Governor John Ekpa, left the meeting**
4.2	**Summary Report from the Audit Committee**
	Bob Green Non-Executive Director and Chairman of the Audit Committee, presented the summary report for the meeting held on the 22 March. The following was highlighted:- • Significant improvement had been seen due to work being done to address the issues around data quality, with confirmation from the internal auditors that there was now good governance oversight of the processes. • A Cyber Security presentation given to the Audit Committee will also be presented to Governors at the July meeting. • The Internal Auditor update had indicated that the work programme had been broadly completed with ratings of marked improvement in relation to data quality, particularly with the creation of the Data Quality Compliance Board. Partial assurance was awarded for the clinical audit review, although the work was being done, it was not being monitored for quality of progress and there was no evidence of learning being derived from the programme. The Chairman further reported that the Internal Auditor contract was currently out to tender. **<u>Resolved:</u> That the Summary Report from the Audit Committee**
4.3	**Summary Report from the Quality and Clinical Risk Committee** Andrew Blakeman, Non Executive Director and Chairman of the Quality and Clinical Risk Committee presented the summary report for the meeting held on the 22 March. The following was highlighted:-

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	• In relation to the Quarterly Patient Experience Report, the Committee had acknowledged that the report demonstrates that the Trust has a good complaints policy, but made the point this does not reflect the broader picture around patient experience. • The committee was assured that the hospital remains safe and commended the engaged professional executive team.
	Resolved: That the Summary Report from the Quality and Clinical Risk Committee
5.1	**Healthwatch Milton Keynes Update**
	The written report for the Healthwatch Milton Keynes Update was considered. **Resolved: That the Healthwatch Milton Keynes Update be noted**
5.2	**Engagement Group Update**
	The written report for the Engagement Group Update was considered. **Resolved: That the Engagement Group Update be noted**
6.	**Integrated Performance Report Month 12**
	The Integrated Performance Report for Month12 was considered. **Resolved: That the Integrated Performance Report Month 12 be received**
6.1	**Finance Report Month 12**
	The Finance Report for the Month 12 was considered. **Resolved: That the Finance Report Month 12 be received.**
7.1	**Lead Governor**
	The process for appointing the Lead Governor of the Council of Governors was reported and approved by the Council of Governors at its meeting on the 23rd January 2018. The deadline for Nominations was 5pm on the 14th May and submission of candidates supporting statement by the 18th May at 12.00 Noon. Alan Hastings was the sole nomination received by the deadline. The tenure of the Lead Governor is 18 months. **Resolved**: **That Alan Hastings be approved as the Lead Governor from 22 May 2018 – 21 November 2019**
7.2	**Trust Self Certification**
	It is a Foundation Trust requirement, to self-certify compliance with the conditions of the NHS provider licence. The Company Secretary reported that a report would be made to Governors following Board discussions for the 2017/18 self-certification submission.

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	<u>Resolved:</u> That the Trust Self Certification be received.
7.3	**Draft Quality Account 2017/18**
	The Company Secretary presented the 2017/18 draft Quality Account document and reported that the documents had also been presented at the respective Councils for Milton Keynes and Bedfordshire at their recent meetings. **<u>Resolved:</u> That the Draft Quality Account 2017/18 be received**
7.4	**Annual Members Meeting Minutes 2017**
	The draft minutes of the Annual Members Meeting held on the 27 September 2017 were considered. **<u>Resolved:</u> That the draft minutes of the Annual Members Meeting held on the 27 September 2018 be received.**
7.5	**Constitution Clarification**
	The Company Secretary stated the following:- 1. For clarification purposes it is recommended that Paragraph 14.4 (page 8) of the Trust Constitution should read **An** *elected Governor shall hold office for a maximum of six years, and shall not be eligible for re-election if his re-election would result in him holding office for more than six years'.* This is consistent with the relevant provisions of Schedule 7 to the NHS Act 2006 2. It is recommended that for clarification purposes Paragraph 6.3 (page 64) is to read *' may hold office for a maximum of six years, and shall not be eligible for re-appointment if his re-appointment would result in him holding office for more than six years'.* It is also proposed that for clarification and to bring about consistency of tenure between elected and appointed governors that Paragraph 6.3 (page 64) be moved to the main body of the document to become part of paragraph 14. **<u>Resolved:</u> That the Constitution Clarification be approved.**
7.6	**Motions and Questions from Council of Governors**
	There was none
7.7	**Annual Work plan**
	The Annual Work Plan was considered and any items pertaining to this meeting are to be

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	added. **<u>Resolved:</u> That the Annual Work Plan be noted.**
7.8	**Any other Business** Staff Governor Lesley Sutton, reminded all of the date of the 2018 Annual Members Meeting, which is taking place on the **12th September and will be held on site at the Academic Centre.**
7.9	**Date and Time of next meeting** The date of the next meeting of the Council of Governors is on the 17th July at 5.00pm in room 6 at the Education Centre.
7.10	**RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC** **<u>Resolved:</u> that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.**

Carol Duffy
Governor and Membership Manager
23 May 2018

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Meeting title	Council of Governors	Date: 17 July 2018
Report title:	Report of the Management Board meeting held on 6 June 2018	Agenda item: 2b
Report author	Name: Joe Harrison	Title: Chief Executive
FoI status:	Public document	

Report summary				
Purpose *(tick one box only)*	Information [x]	Approval [ ]	To note [ ]	Decision [ ]
Recommendation	The Board is asked to note the update from the Chief Executive summarising the outcome of discussions at the June Management Board meeting.			

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

Report history	
Next steps	
Appendices	None

Chief Executive's Report - key points arising from the Management Board meeting on 6 June 2018

1. **Action log/Matters arising from previous meetings**
   A new Catering Manager has taken up post. A trial run of the proposed new process for preparing patients' meals is to take place during the month.

2. **Chief Executive's update**

- The implementation of eCARE has gone remarkably well. The Chief Executive thanked everyone for their efforts over the go-live period and since.
- The Chief Executive also thanked all staff, particularly those in the catering, portering and estates teams for their hard work in getting the organisation back up and running following the recent flash floods. He confirmed that the flooding had been caused by the sheer volume of water over a short space of time, rather than any issues with the Trust's estate.
- The CQC were on site on 11 June to hold a drop in session for staff. Staff were encouraged to go to speak to them about working at the Trust. The CQC team would also be attending a number of key meetings, including the Quality and Clinical Risk Committee.
- A formal process is underway to put in place combined governance arrangements for the 3 CCGs within the BLMK footprint – Milton Keynes, Luton and Bedfordshire. The Trust is also working with the STP on a number of bids for capital funding.
- Following a useful Board discussion about the Trust's strategy, two distinct threads of work have emerged – the need to work closely with local partners on meeting the needs of a growing and changing local population, and meeting the challenge of delivering resilient 24/7 acute care across all services provided.

3. **Quarter 4 trust-wide complaints PALS and patient experience report and 2017/18 annual complaints report**

- The opening of the PALS office in the main entrance has resulted in a notable increase in the level of informal and verbal complaints, but a corresponding drop in the number of formal complaints received. Complaints now represent 0.25% of the Trust's footfall, and the majority are in the yellow (low harm) and amber (moderate harm) categories. It has been difficult to benchmark these numbers against other local trusts as they do not always count PALS figures.
- Improved processes have been in put in place to ensure that complaints reach the divisions in a timely manner. Weekly meetings are held with wards and matrons on how investigations are progressing.
- The number of cases referred to the Health Service Ombudsman has fallen.
- It would appear that not all consultants have time set aside within their job plans to deal with complaints. The Medical Director is to look into this.
- It was acknowledged that the Trust needs to focus on improving the quality of its customer care in order that poor interactions between patients and staff do not detract from the overwhelmingly good quality clinical care that is provided.

4. **Health and safety update**

- The case of the person who fell from the multi-storey car park and sadly died was highlighted. It was also noted that a previous incident had occurred in April when an

individual threatened to jump. Additional measures to make it more difficult to scale the perimeter fence at the top of the car park are being considered. In the meantime, some interim measures have been put in place, including locating security staff at the top of the car park. Public Health England and Central and North West London Trust are also instigating further preventative measures. This was the first incident in which harm occurred since the car park was built in 2007.

- A plenary session is being planned to demonstrate the learning from various incidents including the recent flooding.
- Audible fire alarm testing is to be reinstated. Fire warden training has also been revised.

5. Other business

- The public launch of the cancer centre appeal has taken place, with events in the MacMillan Unit and at the Intu centre in CMK.
- The NHS' 70th birthday will be celebrated on 5 July with tea and cake for staff and patients. BBC Look East will be presenting live from the hospital on that day and Reuters are using a montage of the hospital as part of the celebrations.

MEETINGS OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 30 April and 25 May 2018

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

- At the 30 April meeting, the Committee approved the Trust's control total for 2018/19 and agreed to the submission of the 2018/19 annual plan.
- At the 25 May meeting, the Committee approved, in principle, the Electro Biomedical Engineering (EBME) contract, and the process for revenue costs compilation
-

Matters referred to the Board for final approval:

- The EBME contract was referred to the Board for ratification in view of its value.

Matters considered at the meeting (30 April):

1. Annual Plan 2018/19

   i. The control total for 2018/19 is £15.8m deficit which includes £3m of Provider Sustainability Fund (PSF) funding.
   ii. The Trust will be required to deliver £10.1m (3.9% of turnover) in this year's Cost Improvement Plan (CIP) of 3.9% of turnover (compared to a national average of 4.2%). The Executive are confident that this is deliverable.
   iii. The Trust does not at this stage intend to sign up to an STP-wide control total, as the PSF could be at risk if this total is not met.
   iv. There is an expectation of increased non-elective activity between November and January and the budget has been adjusted to reflect this. Overall, it is expected that there will be a 4.7% growth in clinical income.
   v. eCARE remains the Trust biggest current risk and its implementation could adversely affect performance in the short term

2. Performance Dashboard:

The Committee noted:

   I. The RTT position has deteriorated over the last few months.
   II. The Trust must have no increase in the number of incomplete pathways, and it is also required to reduce the number of patients who have been waiting for 52 weeks or more by half by the end of the year. Most of these patients are orthopaedic patients.
   III. There is currently good capacity within the hospital and at the moment, elective performance is good. However, this requires continuous focus. The divisional recovery plans need some more work.
   IV. The number of 30 day readmissions continues to grow, but the financial consequences have been renegotiated with the CCG.

3. Finance Report:

The Committee noted that:

I. At this point in the year, the Trust's control total deficit is £3m better than expected. The deficit is now half of what it was 3 years ago.
II. The bad debt provision was reduced in month 12.
III. There was an audit risk around the revaluation of the estate, but agreement was reached with the valuer, with the effect that the impact for 2018/19 was reduced from £1m to £600k.
IV. A debt of £840k had been owed by one of the local NHS partners and conversations are to be held by the respective directors of finance to seek to resolve the issue.

4. Agency update

i. Overall, agency spending reduced significantly during the year from £20m to £11m, although the Trust remains an outlier nationally. The Trust remains well within nits ceiling for the year.
ii. For 2018/19, the Trust is confident that it would be able to stay within its ceiling, although there are risks in some specialities.
iii. As more staff move from agency to bank, it is likely that the reporting requirements for the latter will increase. Attempts are being made to reduce bank rates in some areas, and this has not had an adverse effect on bank usage.

5. Transformation Programme Month 12 update

The following points were highlighted:

I. The Trust was £1.5m short of the target for the year, but a number of one-off payments as well as non-elective over-performance enabled the Trust to meet its control total. There will be a more focused approach to delivery in 2018/19.
II. Just under £8m of schemes have already been identified, of which £3m has been rated green, and another £1m rated amber.
III. A different, more financial focus is to be taken to CQUIN and procurement.

6. Timeline for strategic capital projects

i. The Trust came in slightly below expectations but no capital funding was lost as a result of this underspend.
ii. More work is being done to agree the Guaranteed Maximum Price for the Cancer Centre project.

25 May

7. Elector Biomedical Engineering (EBME) contract
   i. A 6 year EBME contract has been procured jointly with Bedford Hospital. It is expected that this will generate significant savings.
   ii. As a result of a potential legal challenge from one of the other bidders, the standstill period has been extended.

8. 2017/18 reference costs and PLICS submissions
   There is a gradual move away from reference costs to patient level information with the Trust submitting both returns this year.
   PLICS will provide more detailed costing information, which will allow for better comparison to other trusts.

9. Risks highlighted during meeting for consideration to CRR/BAF
   - RTT operational risk
   - Year-end revaluation
   - Potential procurement challenge

Workforce and Development Committee Summary Report

1. Introduction

The Workforce and Development Committee met on 30 April 2018. A summary of key issues discussed is provided below.

2. Workforce

2.1 Staff Story – The Chief Registrar attended to provide the staff story. He is the first holder of this post at MKUH. A diabetologist participating in the on call and medical rotation, the scheme allows him to also work on strategic projects. He had previously trained at the hospital, and he has been well supported, being able to negotiate a slight reduction in his clinical commitments to focus on other aspects of the role.

He has been encouraged to help get junior doctors more engaged while they are at the Trust, and there is now junior doctor representation on the Sepsis and Medicines Safety Committees. The recent Event in the Tent was also more relevant for doctors. He acknowledged that historically, doctors have not sought to be involved in healthcare management, but noted that this is beginning to change, as medical training has developed. There was decision about junior doctors possibly being invited to attend board committee meetings.

The Chief Registrar was optimistic about the positive impact that eCARE could have on patient CARE, nothing the extent to which staff are prepared to embrace new technology, particularly where it helps to enhance patient safety.

While the Chief Registrar acknowledged that it will take some time for the ill feeling generated as a result of the way that the junior doctor contract was introduced, he noted that the new contract had brought about improvements in job planning, for example.

2.2 National staff survey 2017 – results and action plan and Staff Friends and Family Test Q4

Results from the National Staff survey were mixed. The Trust has maintained a relatively good response rate for the survey, and overall, staff would recommend the hospital. There have also been improvements in some functional results within the survey. Nevertheless, it was acknowledged that there has been no tangible improvement in the overall engagement of staff despite the efforts that have been made in the last year. MKUH remains “middle of the pack” on staff engagement among acute hospitals. It was acknowledged that improving staff engagement was a pre-requisite for becoming an outstanding hospital. Worryingly, it was noted that the Trust is an outlier with regard to the number of staff experiencing violence. The Committee were clear that they wanted to see an improvement in the level of staff engagement, and asked that this should be discussed at the next Board Development session. It was felt that a different approach to that adopted following previous surveys would be necessary. The results of local engagement activities across the divisions are to be shared with this Committee.

It was noted that this year's Event in the Tent is to focus on staff health and wellbeing and it was agreed that this would be an opportunity to review what has changed over the last year to help inform the workforce strategy that is being drafted.

2.3 **Workforce Information Quarterly Report** – The number of staff in post has increased by 150 posts, with the highest growth in scientific and technical posts, allied health professionals and medical and dental. There has been a slight reduction in the vacancy rate. The Trust is involved in an NHS Improvement programme to help improve retention. Statutory and mandatory training is reported at 90% and appraisals at 86%; the introduction of eCARE has had an impact on this.

2.4 **Agency controls and usage** – The ceiling for 2018/19 is expected to be similar to 2017/18, and the Trust expects to achieve this.

2.5 **Staff health and wellbeing report** – The full CQUIN for health and wellbeing was not achieved in 2017/18, despite significant improvements in year – an action plan is now in place. The Trust once again met the flu campaign target, but the suggestion of moving to compulsory injections was not considered a good idea. A two day mental health first aid course has been introduced and has generated a significant amount of interest.

2.6 **We Care update** – The introduction of eCARE has been a very good opportunity to embed good values and behaviours within staff groups. This has fostered a proactive approach to highlighting and resolving. Long service awards are to be presented on day 2 of Event in the Tent.

3. Education

3.1 **Apprenticeships update –** Although there is an interest in apprenticeships, most training providers are still developing their programmes. The Trust aims to spend as much of the levy as possible, but there are some barriers, including the requirement release the apprentice for 20% of the time for off-the-job training.

3.2 **Education Update** – Work continues to be done with local schools, particularly at years 9 and 11. The coaching service continues to grow, with 7 active coaches in place and another 6 coming through by the end of the year. The Trust has submitted expressions of interest for placements on the NHS Graduate Management Scheme.

3.3 **Medical Education update –** Cardiology trainee posts have now been reinstated. A number of training and development opportunities for consultants and medical leaders have been well received.

4.1 Board Assurance Framework –

- Risk 8.1 – the target risk score of 6 is to be increased to 12 to reflect the difficulties around nurse retention and overseas doctor recruitment

4.2 Workforce Risk Register – Three more risks are to be added this register – eCARE training and readiness, gender pay gap and education funding.

The Board is asked to note the summary report.

Charitable Funds Committee Summary Report

1. Introduction

The Charitable Funds Committee met on 4 May 2018.

2. Key matters

The following items were presented to the Committee:

Matters arising –

- Steps are being taken to obtain separate public and trustees' liability insurance for the charity. Work is also continuing on overhauling the charity's governance arrangements.

Charitable Fund requests

- A bid was received from the Women's and Children's division for additional specialised physiotherapy support for the neonatal unit. This is to cover an additional 4 hours a week as well as staff training to provide support and advice to parents on the therapeutic handling of babies so as to prevent developmental delays later. The Committee expressed their support for the bid, but noted that the charity's objectives do not currently allow for employment costs to be funded.
- A further funding request, also from Women's and Children's was received. This was to fund a play therapist to help keep children occupied and distracted before surgery. Again, while the Committee agreed that this is a good initiative, they were unable to approve the bid as it contravenes the charity's objectives. It was agreed that these will be reviewed in due course. It was also noted that both bids would make good subjects for fundraising.

Charitable Funds Finance Report

- The charity's running costs for 2018/19 include additional costs around the cancer centre appeal. A detailed forecast of these costs is to be provided at the next meeting. Further discussions are to be held as to how the cancer centre appeal is to be administered in the short to medium term.
- There was a discussion as to whether charitable funds should be withheld temporarily, but it was agreed that this would be very unpopular among fundholders.

Other business

- A question was raised about fundraising opportunities in the Main Entrance. The lease agreement will be checked to ascertain what activities could be hosted there.

3. Risks highlighted during the meeting for consideration on BAF/SRR

None

healthwatch Milton Keynes

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

Date of Meeting: May 2018

Healthwatch Milton Keynes' Annual Report 2017-18

Healthwatch Milton Keynes are pleased to present our Annual Report for 2017-18.

A key highlight of our report this year is the Enter and View activity that we undertook at Milton Keynes hospital this year. We would like to the thank the hospital for being fully supportive of Healthwatch Milton Keynes' independent role, and how this can bring value to evaluating patient experience at the hospital.

Our Annual General meeting will be at the Ridgeway Centre on Thursday 20th September, where we present the Annual Report.

Our Activity

NHS70

We shared the Hospital NHS70 celebrations on social media and have added the Supporting NHS70 to our posters and pamphlets for our current projects.

PLACE

A number of our volunteers supported the PLACE assessments throughout the hospital.

Sustainability and Transformation Plans

We have begun asking how the Sustainability and Transformation Partnership's integration and cost plans fit in with patient flow for residents of Milton Keynes and will be talking to Cambridge/Oxford Healthwatch about any experiences about delayed transfer of care they've heard from MK residents receiving care in these areas.

Issues, concerns and compliments

This month we provided advice in how to make formal complaint about care received at MKUH. The patient had already spoken to PALs and was dissatisfied with the response. We signposted them to further support.

Healthwatch Milton Keynes

Annual Report 2017/18

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Message from our Chair

What a difference a year makes

I invite you to read a report about a much-changed organisation. Our Chief Executive Officer has successfully led us through a challenging period of transformation whilst overseeing the routine functions of a Local Healthwatch and enabling new projects to flourish. We were particularly delighted to receive some additional funding to enable us to listen to the voices of Young Carers, who are often not just hard-to-reach but completely hidden.

Increased efficiencies in the office have enabled the Board to adopt better governance procedures which will be further refined in the coming months. Our new 3-year strategy has been designed, adopted and introduced alongside a review of our organisation's values. Our values reflect what the residents of Milton Keynes want from a Healthwatch and align with those of Healthwatch England. Possibly more importantly, we have addressed the impact factor of our work in our strategy by including a section on what the expected impact of our work will be in the years ahead.

In the coming year we hope to have increased the opportunities for your voices to be heard - please support us and bring your friends!

I would like to express my gratitude to two members of staff who have recently left us: Ellie who led on Communications; and Tracy who was our Administrator. We wish them well in their future careers.

It has been a pleasure to work with the trustees, members of the Health and Social Care Committee, volunteers and members of external decision-making bodies to further the aims of our organisation. I am particularly grateful to all those who have been in touch with us about health and social care issues because you are the reason that Healthwatch exists.

Message from our Chief Executive

Welcome to our fifth annual report

It has been an energetic and exciting year, successfully launching our Enter and View Programme, delivering against our activity priorities and building our next three-year strategy.

Our project work has covered patient communication at Milton Keynes University Hospital (MKUH), public understanding of Sustainability and Transformation plans, access to GP practices, patient experience of Mental Health services, the availability of NHS Dentistry provision in MK and support to young carers.

Recommendations from our reports have been widely welcomed, and accepted. We would like to particularly thank MKUH, Walnut Tree Surgery, Central and Northwest London NHS Foundation Trust (CNWL) and NHS England, for their positive engagement and to all the service users/patients who spoke up about their experiences.

Our project work has covered patient communication at Milton Keynes University Hospital, public understanding of Sustainability and Transformation plans, access to GP practices, patient experience of Mental Health services, the availability of NHS Dentistry provision in MK and support to young carers.

Looking forward, we have a clear strategy to engage with, listen to, and empower people to speak with strength about their experiences, and influence the design and delivery of health and social care services.

This year, we will be focusing on the issues that the public have told us are the most important: Mental Health, Integrated Health and Social Care and Primary Care, as well as developing our project activity across Social Care; and listening to the experiences of more under-represented groups in our community.

Highlights from our year

This year we've reached **99456** people on social media

Our **24** volunteers help us with everything from **Representing Healthwatch** to **Delivering Enter and View**

We've reviewed **9** local services

Our reports have tackled issues ranging from **Dentistry** to **Young Carers**

We've spoken to **540** residents about Healthcare in Milton Keynes

We've given **77** people information and advice

Who we are

Healthwatch Milton Keynes is the conduit through which your voice and your views are amplified so that the people who design, deliver and pay for (commissioners) health and social care services hear more clearly what you need from them.

With every project and activity we do we have found the results to be more effective when we have the evidence – your experiences – clearly demonstrated.

Health and care that works for you

Our recommendations to providers and commissioners are based on things you have told us you would like to see available, or things you feel should be happening to achieve the best outcomes for patients and service users.

These reports and recommendations are also shared with Healthwatch England who can add your experiences to those shared by other people around the country and make sure the government put people at the heart of care nationally.

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

Our purpose

To find out what matters to you and to help make sure your views shape the support you receive. People's views come first – especially those who find it hardest to be heard.

We champion the public voice and the patient, service user and family/carer experience of local health and care services. We are independent and committed to making the biggest difference to you.

We need to hear from you every time you, your friends or family, come into contact with any health or social care service – let us know what works, what doesn't, what you need and we will ensure that your voices are heard.

Your views on health and care

Listening to people's views

We collect people's views and experiences through our social media, website, by telephone and through our outreach activities. The most common issue we heard this year came from callers confused or distressed about accessing, or recent visits to NHS Dentistry services. We found that access locally can be poor, with inconsistent and confusing information on the web. We recommended some changes and spoke to NHS England about their plans for the future.

In November, we spoke to 47 young carers about how they feel supported by health and social care services in Milton Keynes, whether they had concerns about how their needs were assessed and looked at how they are referred for support. We made recommendations about how providers of young carer's assessments in Milton Keynes could improve assessment pathways, and how services could provide clearer information to young carers.

We also heard about an initiative to improve access to Mental Health services in GP practices and sought the views of those who had accessed the service. The feedback was overwhelmingly positive and the service was extended.

We joined up with Community Action:MK to listen to people's views on the Health and Wellbeing Strategy consultation for Milton Keynes. Over 40 people attended and shared their vision for better health and wellbeing for the people of Milton Keynes. Our recommendations were welcomed by the Health and Wellbeing Board, and incorporated in to the final strategy.

> **We're pleased to be allied with Healthwatch Milton Keynes to help develop our local maternity services so that they truly meet the needs of those who use them – Leanne Stamp, Chair - Maternity:MK**

Some members of our community, including those who are defined under the Equality Act 2010, can struggle to be heard because of lack of appropriate opportunity to engage and access to information. Our team and volunteers are actively involved across a range of forums, monitoring services, advising on opportunity to involve people, and highlight inequalities for:

Different Age Groups

- We have been active in advising on Getting People Home programme, the Home 1st service and Milton Keynes Clinical Commissioning Group's Choice of Care policy which all aim to support older people get the care they need, at the right time, in the right place for them.
- As well as our work with young carers, we created opportunities to raise awareness of Healthwatch Milton Keynes with young people, presenting to the Youth Faculty team and taking part in The Inspiration Programme at Milton Keynes Academy.

People living with disabilities

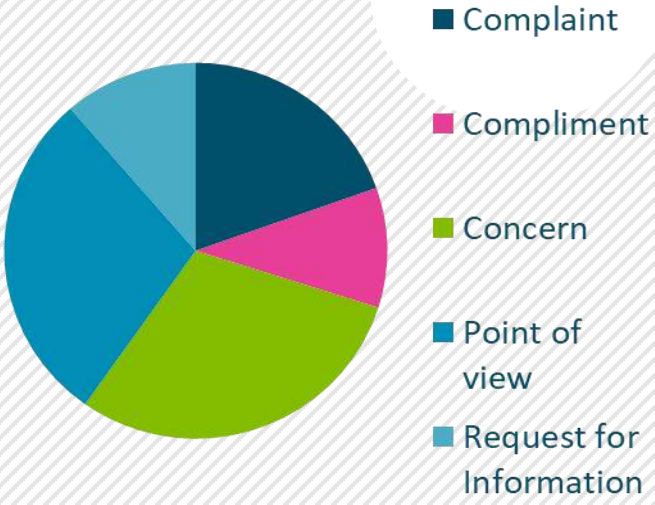
- This year, we attended the Special Educational Needs and Disability Coordinators (SENDCO) network, where the people we listened to spoke positively about occupational therapy services. We also spoke to the Physical Disability and Sensory Impairment Community Group (PDSICG) who feedback to us issues about accessibility to health services.

Pregnancy and maternity

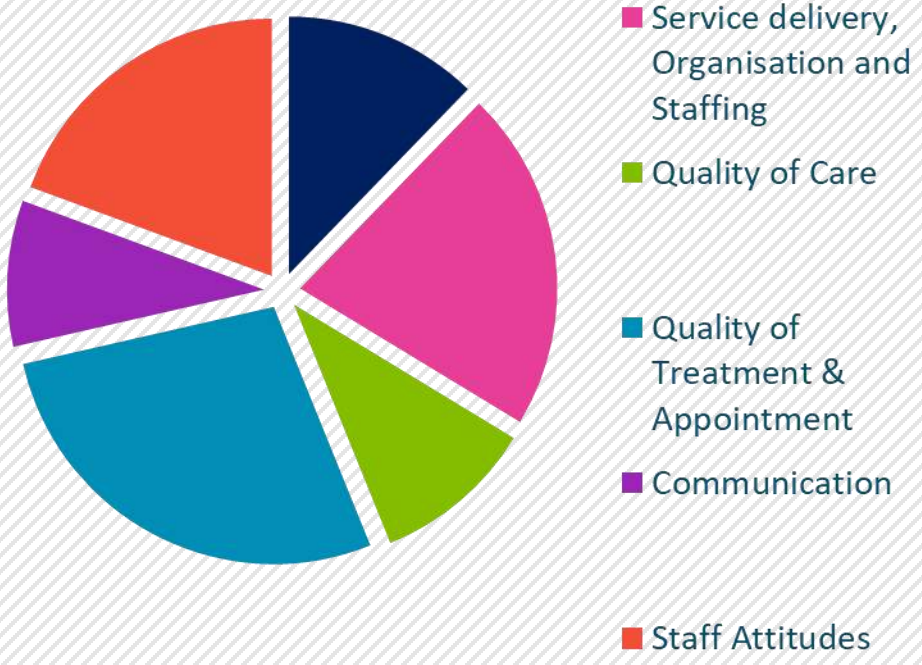
- As part of the Maternity Voices Partnership, we know how important mental health support is to expectant and new mothers. We found out that Milton Keynes had not been included in an STP wide survey on scoping perinatal mental health provision and worked with the MVP and STP partners to extend the survey across the whole STP.

Your voice - Highlights

What you spoke to us about



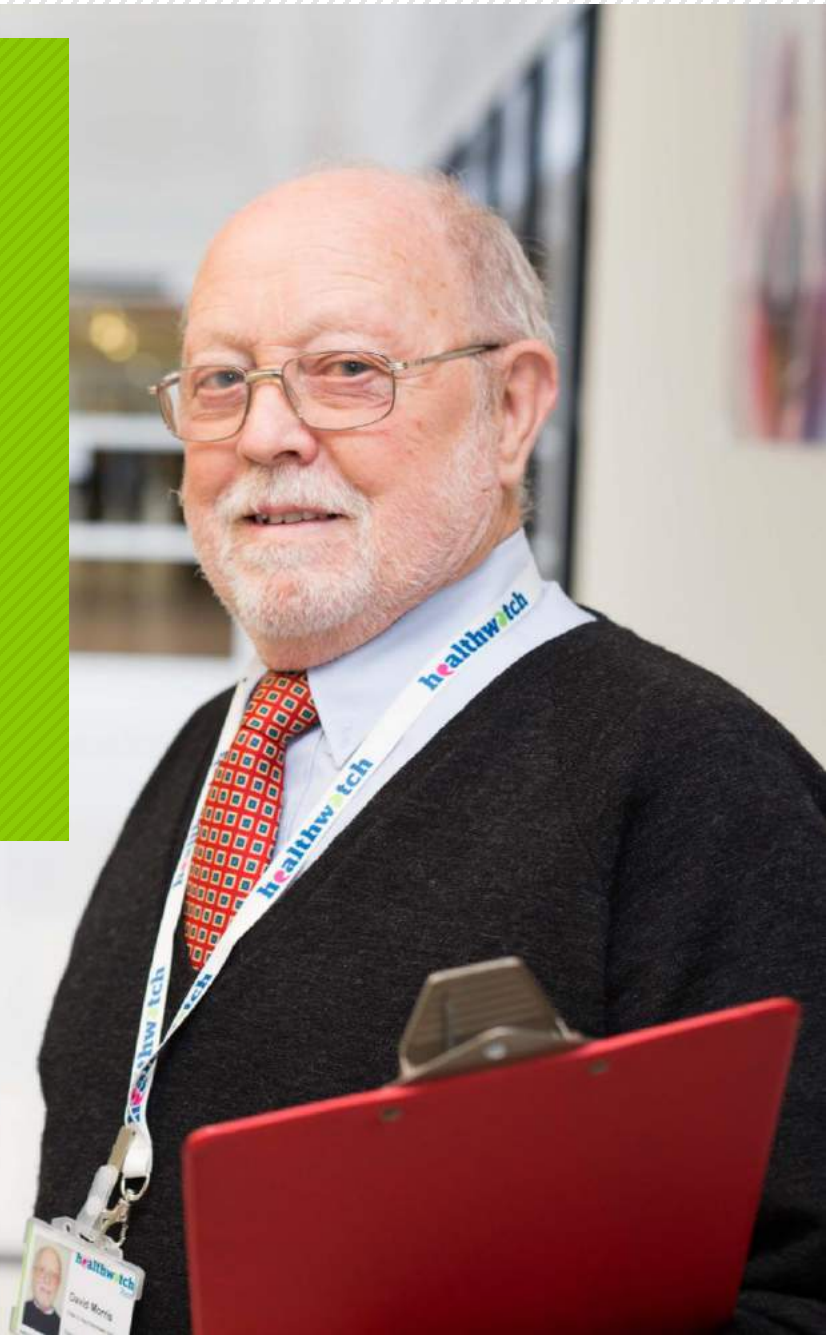
Themes you highlighted to us



"It is rewarding to represent the voice and perspective of the public at meetings which are otherwise focussed on the professional knowledge and expertise.

However, there is still more work to be done to seek and gather the public view on health and social care issues."

Lesley Bell
Healthwatch Milton Keynes Health and Social Care Committee member



Making sure services work for you

This year, we launched our Enter and view Programme and would like to thank the team of passionate volunteers who enabled us to meet our ambitions.

Milton Keynes University Hospital (MKUH)

To launch and test our Enter and View activity, we asked MKUH if they would support our pilot visit in the Hospital. We planned our visits in response to the Red 2 Green initiative that Milton Keynes University Hospital NHS Foundation Trust (MKUHFT) have implemented across the hospital. The aim of Red 2 Green is to ensure that each day of a patient's hospital stay is adding value to their diagnosis and/or treatment and is reducing unnecessary time spent in hospital. As we have been actively looking at integration of health and social care that supports reductions in delayed hospital discharge, emergency re-admissions and providing the right care to patients in their homes, our Enter and View activity explored the way patients in hospital were experiencing communication with hospital staff as the Red 2 Green initiative was established.

We visited Wards 17 and 18, 24 and the Discharge Unit, as part of our activity and made 16 recommendations from the patient experiences shared with us.

The hospital welcomed our reports and provided feedback on how they were acting on our recommendations and sharing the learning with other departments across the hospital. Some of the things the hospital have put in place are:

- 'Meet and greet' sessions on ward 18 so that patients, their families and carers can speak to a senior staff nurse to discuss the patient's care.
- The Clinical Director organised a divisional meeting to agree, as a team, how consultants can work more collaboratively and cohesively to communicate with patients who have more than one consultant involved in their care.
- Information about the Patient Discharge Unit is, as a result of our recommendation, going to be included in the patient leaflet that explains the discharge process within the Trust. This leaflet is currently being reviewed.

"Working with HealthwatchMK on the 'Enter & View' programme has been a perfect example of collaboration and partnership working. We have appreciated the work of HealthwatchMK visiting our wards and departments and feeding back on what they heard. This supports us to improve care and experience for our patients" – Michaela Tait, Patient Experience Lead, Milton Keynes University Hospital Foundation Trust.

Accessing GP appointments in Milton Keynes

Many of the people we spoke to this year, shared their experience of accessing GP appointments and the difficulty they had both in making appointments over the phone and using the online systems available. Local intelligence also informed us that it was more difficult for people who are asylum seekers, or people with no address to register with a GP.

We wanted to find out if the patient experience, and the intelligence we gathered, were representative of people's experiences accessing GP appointments and registering with a Practice in Milton Keynes.

> **"The problem is that there is no choice between on the day or up to 6 weeks (for a longer appointment) I would like the choice of, say, a week." – GP Patient**

Our volunteers carried out a review of the information GP Practices provided on their websites about making appointments, whether they offered nurse appointments and how they ran their registration process. Our volunteer also collected and compared the information that is provided for each surgery on the NHS Choices website.

We spoke to 47 people during Enter and View visits to 5 Practices. All patients reported high levels of satisfaction with their treatment, with their concerns being centered on the pathway to getting the appointment.

Our recommendations included asking GP Practices across Milton Keynes to work together to develop a more consistent, patient-centred and user-friendly appointment system. We also suggested that Practices add Nurse or Nurse Practitioner appointments to the online booking system to allow patients to book these appointments directly, relieving pressure on busy reception staff.

We had a disappointing response to our report. Walnut Tree Health Centre was the only practice that responded to our recommendations. They said they would take the following action to improve patient experience:

- Review their website to ensure it is up to date with current staff and the services they offered.
- Reflect on comments regarding Nurse appointment availability online and easier booking for patients who need continued use of services.
- Remind all registration staff on the guidelines for registering new patients.

We will revisit and expand this review in the coming year to explore what improvements have been made as a result of our work, or through initiatives implemented by GPs. We will provide education to providers of Primary Care on their legal obligation to provide a written response to our reports and recommendations, so that we can better measure how your experiences are shaping services.

Helping you find the answers

How we have helped the community get the information they need

We keep our members informed about local services and opportunities to have their say through our social media channels, quarterly newsletters and fortnightly e-newsletters. We have made good strides in updating our website to hold more information about services locally but we want to continue these improvements, and look forward to launching a new website format in the year ahead.

Helping you find the answers

At Healthwatch Milton Keynes, we receive calls from patients and service users, often in distress about their experiences, and unsure where to go for help.

Three key themes from this year were dentistry, hospital waiting times and cancellation of operations, and uncertainty or concern about how to best support relatives in care homes. With every contact we have, we let people know what their rights are, what support they should expect to receive from health and care services and help them to access the advice and support they need.

We heard that it can be difficult to work out what NHS services a dentist delivers so we researched all dentist services in Milton Keynes to find out what they offered, and compared this to the information on their website and on other websites such as NHS Choices.

We discovered that it is not easy to find accurate information about NHS Dental Services and made some recommendations to local dentists and NHS England to improve website information. NHS England dental commissioners have spoken to providers about the importance of keeping their NHS Choices information up to date and about our other recommendations.

"I have approached multiple dentists - none of them willing to accept new NHS patients. Instead they asked me to sign up as a regular new patient at their dental office so that I will have to pay full fees. It feels sometimes that they have capacity to accept new patients, but try to avoid patients who are entitled to NHS treatment – MK resident"

Making a difference together

How your experiences are helping to influence change

Sharing your experiences and getting involved in our activities really does support us to influence change.

In 2016-17, our young volunteers visited Brook, the local sexual health service for young people and they made some recommendations to bring improvements to young people's experience of the service. This year, we asked Brook to tell us what changes they had made as a result of our recommendations and what impact changes have had on the service.

Brook told us that they have increased the number of staff trained in testing for sexual infections, and have tailored advertising campaigns to encourage more males to attend the service. They have seen an increase in young men accessing the service.

The reception area has been fully redecorated and information for service users has been updated.

Brook was planning more training with receptionists about how best to maintain confidentiality for young people at the reception desk.

Evidence and insight from all our activity is shared with Healthwatch England (HWE). In December, we provided HWE with data on local people's knowledge of, and involvement with Sustainability and Transformation Plans. This was used in a briefing to Parliament about the importance of involving the public in these local transformation plans.

Working with other organisations

Healthwatch Milton Keynes works together with service providers, commissioners, regulators and other partners to bring about change and improve services for the people that need them.

This year, we focused on strengthening communication with all local Care Quality Commission (CQC) inspectors. We've sent all our reports to the CQC, to support them in their oversight of local health and care services. We still have challenges to address about how intelligence is fed back to Healthwatch from the CQC and how our intelligence supports the CQC in directing its activity.

Evidence and insight from our activity is shared with Healthwatch England (HWE). In December, we provided HWE with data on local people's knowledge of, and involvement with Sustainability and Transformation Plans. This was used in a briefing to Parliament about the importance of involving the public in these local transformation plans.

In October, we submitted a Freedom of Information Request (FOIR) to NHS England to find out whether the posters we had found being displayed in some GP Practices, stating that all documents provided for registration would be checked with the Home Office, were legal. In December, we submitted a complaint to the Information Commissioners Office (ICO), as NHS England had disputed the request under the Freedom of Information Act. The ICO confirmed it was a valid FOIR and NHS England responded within 20 days. NHS England confirmed that they "do not require practices to divulge patient registration details to the Home Office, as practices and GPs are not gatekeepers for such activity. This action is considered to be a breach of patient confidentiality and is not endorsed by NHS England."

NHS England advised us that they would contact GP practices to have these signs removed. We have noted that this appears to have happened and will be monitoring the situation to ensure that, even though the signs have gone, the behaviours do not remain.

How we've worked with our community

Healthwatch Milton Keynes promote the involvement of local people in the commissioning, provision and management of local health and care services through our everyday activity on the many forums and groups in which we participate, and represent the public voice.

Hilda Kirkwood, Chair of Healthwatch Milton Keynes, is our statutory representative on the Health and Wellbeing Board where leaders from the local health and social care systems work in partnership to advance the health and wellbeing of Milton Keynes residents.

In January, we joined up with Community Action:MK to bring members of our community together and discuss the consultation on the new ten-year Health and Wellbeing Strategy for Milton Keynes. We collated the views of over forty people and these were reflected in the priorities agreed by the Board.

Our volunteers are essential to the success of our work:

- Volunteers on our Health and Social Care Committee provide local insight, support us in making decisions about where to focus our activity, and advise on our organisational performance.
- Volunteers play a vital role in helping us to run events and promotional stalls, listening to people and encouraging people to become members.
- Healthwatch Milton Keynes collected the most views about public knowledge of, and engagement with the STP across the STP footprint (Bedford Borough, Bedfordshire, Luton and Milton Keynes) thanks to our volunteers.

"Healthwatch gives me the platform to ensure that the patient voice is properly represented."
– Paul, Enter and View Authorised Representative

- Our trained Enter and View representatives have helped us launch our Enter and View activity, undertaken visits to services and write up reports.
- Our GP Enter and View programme and NHS Dentistry review were supported by volunteers researching all practice web pages, NHS Choices website, contacting organisations and undertaking mystery shopping.
- Volunteers support us to participate in over 40 forums, meetings and groups, ensuring the public, patient and service users have an influencing voice in the most important health and care discussions in Milton Keynes.

it starts with YOU

Healthwatch Milton Keynes received an email from a researcher, Zana, based at the Open University, currently investigating perspectives around end of life care in Milton Keynes. Healthwatch Milton Keynes met with Zana to discuss her research, and how Healthwatch could help

#ItStartsWithYou

During the meeting Zana and Healthwatch Milton Keynes Deputy CEO, Tracy Keech discovered a shared passion for the Death Positive movement. Combining Healthwatch intelligence and Zana's research, we found that many people are uncomfortable with talking about death, dying and beyond. This makes it difficult for people to have positive discussions with family and healthcare professionals about advanced care planning before they need it. From these discussions, The Milton Keynes Life and Death Community Collective was created.

The MK Life and Death Community Collective provides a space and support for anyone who wants to come and talk about life death and dying in a safe, friendly setting. It takes the form of a relaxed social space, often with tea, coffee, biscuits and cake and some resources to help getting conversations started.

The Collective also provides signposting for those that may need extra help or further information, but the main aim is just to sit and talk to others about something we all know is going to happen and yet we find so hard at times to talk about.

The Collective's hope is that people who come find that talking about death and dying can be a positive experience, and they are encouraged to go on and have these conversations with family members, friends or health professionals in a way that supports communication about their health and care in later life.

At Healthwatch, we continue to be engaged in conversations with the public and professionals about what patients need, and should be able to expect from their health professionals when it comes to advanced care planning.

We hope that Tracy and Zana's passion to build a community collective for people to have conversations about their hopes, fears and experiences in this area of health and care inspires others to talk to Healthwatch Milton Keynes about gaps in services they see in their communities.

At Healthwatch, we continue to be engaged in conversations with the public and professionals about what patients need, and should be able to expect from their health professionals when it comes to advanced care planning.

Our plans for next year

What next?

During the development of our new Strategy for 2018-21, we asked our members, Milton Keynes residents and commissioners what key areas and issues in health and care Healthwatch Milton Keynes should prioritise in 2018-19.

Our members and residents told us that Mental Health, Primary Care and Integrated Health and Social Care were top concerns, whist our commissioners said we should focus more on Social Care services.

As an organisation, we agreed that we should prioritise engagement with under-represented groups to ensure that we continue to capture the voice of our diverse community.

Opportunities and Challenges

Our new strategy has launched at the same time as the Milton Keynes Health and Wellbeing strategy. This gives us an opportunity to focus on enabling and empowering people to engage and challenge the work that will be undertaken to improve lives for people in Milton Keynes by 2028.

A key challenge for Healthwatch Milton Keynes is to keep up to speed with the complexity and pace of developments in the Integrated Care System (ICS) formerly STP)). Our main task is to ensure that patients and the public are reliably informed about developments, given objective information in an open and transparent way, and actively involved in decision-making. For this to happen, we have to speak with an independent voice.

Our members and residents told us that Mental Health, Primary Care and Integrated Health and Social Care were top concerns.

Our top priorities for next year

1. Engaging Under-represented groups
2. Social Care
3. Integrated Health and Social Care
4. Primary Care
5. Mental Health

Our Strategy 2018-21

Our Strategic Objectives

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

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

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

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

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

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

Our strategic objectives are to Engage, Empower, Influence, Inform, Develop and Grow

Our Values

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

We are **influential**. We set the agenda and make change happen, taking what we learn and translating it into action. We are innovative and creative, knowing change doesn't happen by sticking to the status quo.

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

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

We are **collaborative**. We keep the debate postive and get things done, working in partnership with the public, health and social care services and the voluntary and community sector. We learn from people's experiences and from specialisits and experts, building on what is already known and collaborate in developing and sharing new insights.

Our people

Decision making

We are committed to making decisions about our activity in an accountable, open and transparent way. Our Chief Executive Officer leads the organisation supported by two main decision-making bodies: The Board of Trustees; and Health and Social Care Committee (HSCC). Members of the Board and HSCC are elected by our members and we hold all Board and HSCC meetings in public, as well as making minutes available on our website.

The Board of Trustees is responsible for setting the strategic aims, objectives and direction of Healthwatch Milton Keynes, compliance, governance, performance, risk management and financial oversight of the organisation.

The Health and Social Care Committee is responsible for developing the organisation's business plan and advising on the development and delivery of our activities.

We have a small staff team, supported by growing number of active volunteers and our professional team is led by Chief Executive Maxine Taffetani.

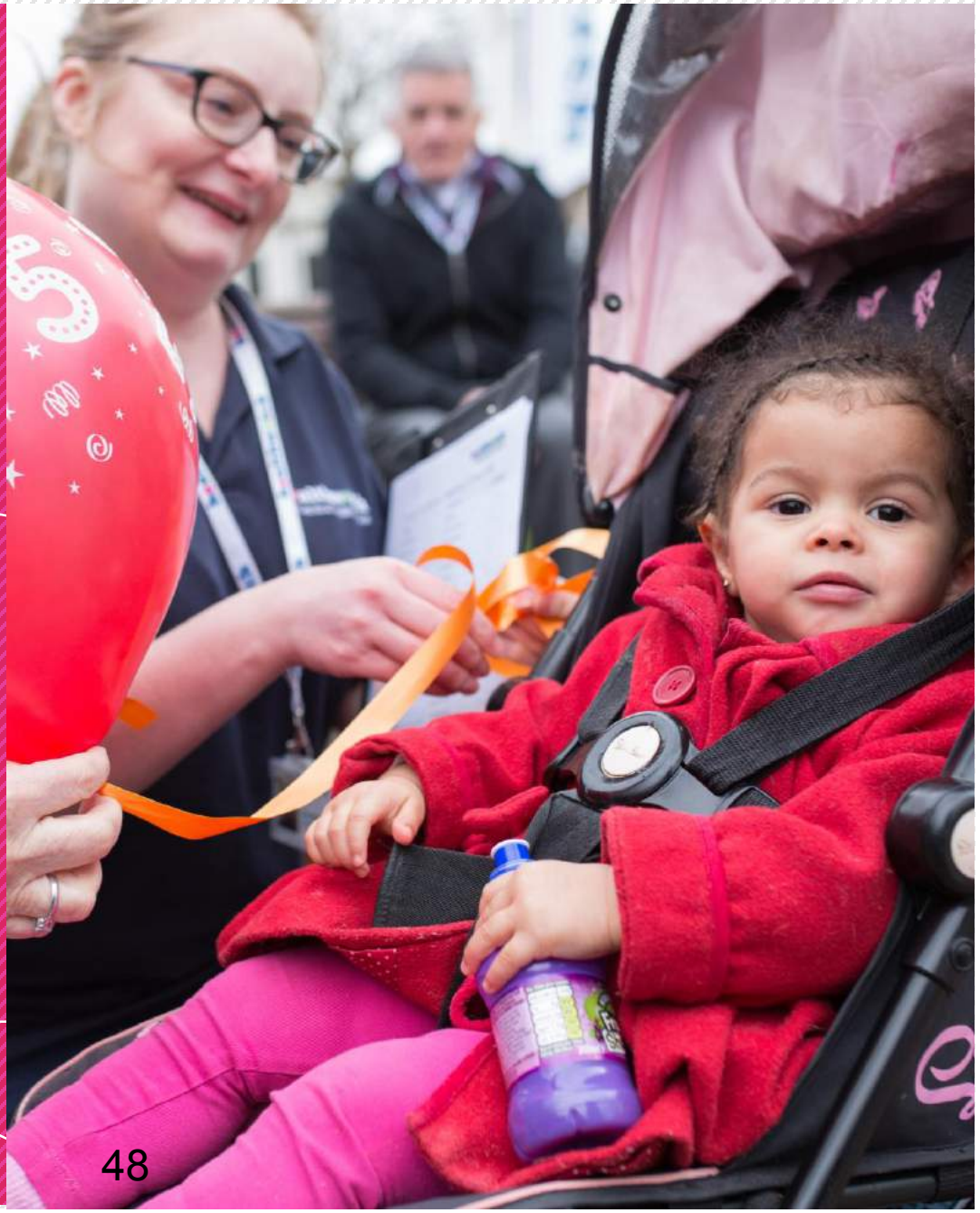
"Together, we can make a difference. I truly believe everyone has something to offer Healthwatch MK adopts a person-centred approach to finding solutions and improving outcomes. We listen, we reflect, we share, we challenge and we consider options and opportunities. We drive a different and improved way of service delivery. As such, we welcome anyone interested in local health and social care issues to join the dialogue. Make time to have your say ... because it will make all the difference."– Anita Devi, Trustee

How we involve the public and volunteers

This year, we have taken the following steps to involve the public and volunteers in our governance and making decisions about our work:

- We made all our Board and HSCC meetings, meetings in public.
- We asked the public to set our activity priorities for 2018-19.
- Members of the Board and HSCC helped set our workplans for the year.
- Our Enter and View volunteers agree reports before they are submitted for approval by the Board.

Our finances



48

This figure is pending final adjustments by the Independent Examiner and approval of the Board of Trustees at our AGM.

- Healthwatch Milton Keynes received £158,644 from Milton Keynes Council to deliver local Healthwatch statutory activities.
- We generated £2,950 to fund the Annual Health and Social Care event in Middleton Hall.
- We received £20 in public donations.
- We submitted a bid, and received £3,086 from NHS England to undertake a project with Young Carers.

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	158,644
Additional income	6,056
Total income	164,700
Expenditure	**£**
Operational costs	15,325
Staffing costs	119,284
Office costs	21,180
Total expenditure	157,789
Balance brought forward	6,911

Contact us

Get in touch

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Website: www.healthwatchmiltonkeynes.co.uk

Twitter: @Healthwatch_MK

Our annual report will be publicly available on our website by 30 June 2018. We will also be sharing it with Healthwatch England, CQC, NHS England, Milton Keynes Clinical Commissioning Group, Overview and Scrutiny Committee, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

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Governors Engagement Group Meeting Report - 27-6-18

The meeting was attended by five Governors, Simon Lloyd and Carol. Some apologies were received.

- The Membership and Engagement Strategy has been formally approved by the Executive Board. Carol has produced a detailed Action log for the implementation of the Strategy, which will be discussed by the Engagement sub group. Governors will be requested to be involved in various Actions and will be offered guidance in carrying out the Actions. It will be important for Governors to be involved in the Actions as we need to increase our Membership.
- The next meet the Members Event was held to be in the Academic Centre on 2-7-18 with E-Care as the subject there will be a presentation and the opportunity for people to see demosntrations of the workstations on wheels in action,
- The Annual Members Meeting will be held on 12th September in the new Academic Centre. It is a constitution requirement that Governors to report on the progress of the Membership and Engagement Strategy at the meeting and All Governors will be required to be at the event, All Members will receive individual invitations, which will be issued in August.
- There will be some further Governor Elections to take place for current vacancies and Governors coming to the end of their tenure

Alan Hastings
Chair Engagement Group

Meeting title	Council of Governors	Date: 17 July 2018
Report title:	Performance Report indicators for 2018/19 (Month 2)	Agenda item: 6
Lead director Report author Sponsor(s)	Name: John Blakesley Name: Hitesh Patel	Title: Deputy Chief Executive Title: Associate Director of Performance and Information
FoI status:	Disclosable	

Report summary	Lists the proposed key performance metrics for the Trust for the financial year 2018/19			
Purpose *(tick one box only)*	Information [x]	Approval [ ]	To note [ ]	Decision [ ]
Recommendation				

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

Report history	None
Next steps	None
Appendices	None

Trust Performance Summary: M2 (May 2018)

1.0 Summary

This report summarises performance in May 2018 across key performance indicators and provides an update on actions to sustain or improve upon Trust and system-wide performance.

This commentary is intended only to highlight areas of performance that have changed or are in some way noteworthy.

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

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

ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
4.1	ED 4 hour target (includes UCS)		92.5%	91.9%	95.2%	94.5%	✓	▼
4.2	RTT Incomplete Pathways <18 weeks		90.1%	89.6%		84.0%	✗	▼
4.9	62 day standard (Quarterly)		82.4%	82.4%	Reported Quarterly			

After achieving a performance of 96% last month, ED performance dropped to 94.5% in May 2018, which was below the national standard of 95%. However, in the context of the Trust's NHS Improvement trajectory, it was ahead of the 91.9% commitment. NHS England national A&E performance in May 2018 was 90.4%.

The referral to treatment (RTT) national NHS operational standard (92%) for incomplete pathways was not achieved by the Trust in May 2018. At the end of May 2018, a performance of 84% was reported, which was the lowest since April 2012. The Trust's NHS Improvement target of 89.6% for RTT was also not met in May 2018.

The NHS England combined performance for the RTT standard at the end of April 2018 was 87.5%. May's national RTT performance will be published only on 12/07/2018.

Cancer waiting times are reported on a quarterly basis, usually six weeks after the close of a calendar quarter. The most recent confirmed position therefore was Q4 2017/18, when the Trust exceeded the 85% national standard, achieving 87.2%.The final validated figures for Q1 2018/19 will not be reported until early August 2018.

3.0 Urgent and Emergency Care

Performance across urgent and emergency care services continued to operate under pressure in May 2018, as represented across the following range of KPIs:

ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.6%	0.7%	✓	▼
3.2	Ward Discharges by Midday		30%	30%	20.1%	18.0%	✗	▼
3.4	30 day readmissions		6.4%	6.4%	8.2%	8.5%	✗	▼
3.7	Delayed Transfers of Care		25	25		23	✓	▲
4.1	ED 4 hour target (includes UCS)		92.5%	91.9%	95.2%	94.5%	✓	▼

Cancelled Operations on the Day

The number of elective operations cancelled on the day for non-clinical reasons increased from 16 in April 2018 to 21 in May 2018. This represented 0.7% of all planned operations during the month, which was still within the 1% tolerance.

Readmissions

The 30 day readmission rate continued above the threshold of 6.4% with a rate of 8.5% emergency readmission rate during May 2018. The Trust last met the threshold in August 2016.

At a divisional level, Women & Children reported 4%, an increase compared to April 2018 (3.9%). The readmission rate for Medicine remained high at 12.9% in May, whereas the rate in Surgery decreased to 5.1% from 5.2% in April 2018.

Delayed Transfers of Care (DTOC)

The Trust has seen a significant improvement in delayed transfers of care (DTOC) since April 2018. In May 2018, the Trust reported a decrease from 29 in April 2018 to 23 at midnight on the last Thursday of the calendar month. The cumulative number of days delayed for all patients throughout the month reduced to 803 days in May 2018 from 895 in April 2018.

Ambulance Handovers

After achieving a performance of 2.8% (the lowest level seen since August 2017) in April 2018, the Ambulance handovers taking longer than 30 minutes increased to 6.5% in May 2018. This was above the 5% tolerance. In addition, the number of ambulance handovers which took longer than 60 minutes increased to 10 in May 2018 from 3 in April 2018.

4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
3.1	Overnight bed occupancy rate		93%	93%	94.2%	92.5%	✓	▲
3.5	Follow Up Ratio		1.50	1.50	1.48	1.46	✓	▲
4.2	RTT Incomplete Pathways <18 weeks		90.1%	89.6%		84.0%	✗	▼
4.6	Diagnostic Waits <6 weeks		99%	99%		98.5%	✗	▲
5.6	Outpatient DNA Rate		5%	5%	6.1%	6.3%	✗	▼

Overnight Bed Occupancy

In May 2018, the overnight bed occupancy was reduced to 92.5%, which was below the 93% internal threshold. This was the lowest reported since March 2017.

Overnight bed occupancy at such high levels can increase the risk of infections and affect the timely admission of emergency and urgent care patients, as well as those booked for surgery. Constant demand for beds represents a huge challenge for the Trust.

Follow up Ratio

Planning outpatient capacity to cope with new referrals is impacted by the demand for follow-ups. The follow up ratio for May 2018 improved significantly when compared to April 2018 and was within the threshold, with an average of 1.46 follow up attendances for every new attendance seen.

RTT Incomplete Pathways

As mentioned previously, the Trust 18 week RTT performance continued below the 92% RTT national standard and the NHS Improvement target (89.6%). The number of patients waiting more than 18 weeks increased to 2,405 in May from 2,156 in April 2018.

However, the number of patients waiting more than 52 weeks without being treated remained the same as last month (22) at the end of May 2018.

Diagnostic Waits <6 weeks

MKUH had a challenging month in terms of diagnostic waits, with the performance (98.5%) continuing below the 99% national standard in May 2018. However, this is an improvement in performance compared to April 2018 (98.2%).

At a Trust level, the number of breaches decreased from 83 in April to 49 in May 2018.

Outpatient DNA Rate

The outpatient DNA rate increased by 0.4% in May 2018 to 6.3%. This increase was evident across all divisions. DNAs represent clinic capacity that cannot be otherwise utilised. All services should ensure that they adhere to the Trust Access Policy to minimise DNA rates. The Policy is frequently discussed at the weekly RTT meetings, at which all services are represented.

5.0 Patient Safety

Infection Control

MKUH reported zero cases of E-coli, CDI, MRSA and MSSA infections in Month 2.

ENDS

Performance Report 2018/19
May 2018 (M02)

Milton Keynes University Hospital NHS Foundation Trust

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
1.1	Mortality - (HSMR)		100	100		87.1	✓	▼		
1.2	Mortality - (SHMI) - Quarterly		1	1	Reported Quarterly					
1.3	Never Events		0	0	0	0	✓	▬	✓	
1.4	Clostridium Difficile		20	<4	1	0	✓	▲	✓	
1.5	MRSA bacteraemia (avoidable)		0	0	0	0	✓	▬	✓	
1.6	Pressure Ulcers Grade 2, 3 or 4 (per 1,000 bed days)		0.6	0.6	0.58	0.82	✗	▼	✓	
1.7	Falls with harm (per 1,000 bed days)		0.15	0.15	0.15	0.22	✗	▼	✓	
1.8	WHO Surgical Safety Checklist		100%	100%	100%	100%	✓	▬	✓	
1.9	Midwife : Birth Ratio		28	28	Not Available					
1.10	Incident Rate (per 1,000 bed days)		40	40	29.57	31.87	✗	▲	✗	
1.11	Duty of Candour Breaches (Quarterly)		0	0	Reported Quarterly					
1.12	E-Coli				3	0		▲		
1.13	MSSA				0	0		▬		

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
2.1	FFT Recommend Rate (Patients)		94%	94%	94.5%	95%	✓	▲	✓	
2.2	RED Complaints Received		8	1	0	0	✓	▬	✓	
2.3	Complaints response in agreed time		90%	90%	87.0%	92.9%	✓	▲	✗	
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.6%	0.7%	✓	▼	✓	
2.5	Over 75s Ward Moves at Night		2,554	426	406	229	✗	▼	✓	
2.6	Mixed Sex Breaches		0	0	0	0	✓	▬	✓	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
3.1	Overnight bed occupancy rate		93%	93%	94.2%	92.5%	✓	▲	✗	
3.2	Ward Discharges by Midday		30%	30%	20.1%	18.0%	✗	▼	✗	
3.3	Weekend Discharges		70%	70%	73.6%	80.8%	✓	▲	✓	
3.4	30 day readmissions		6.4%	6.4%	8.2%	8.5%	✗	▼	✗	
3.5	Follow Up Ratio		1.50	1.50	1.48	1.46	✓	▲	✓	
3.6.1	Number of Stranded Patients (LOS>=7 Days)		227	227		215	✓	▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		91	91		91	✓	▬		
3.7	Delayed Transfers of Care		25	25		23	✓	▲		
3.8	Discharges from PDU (%)		16%	16%	12.0%	10.8%	✗	▼	✗	
3.9	Ambulance Handovers >30 mins (%)		5%	5%	4.6%	6.5%	✗	▼	✓	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
4.1	ED 4 hour target (includes UCS)		92.5%	91.9%	95.2%	94.5%	✓	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks		90.1%	89.6%		84.0%	✗	▼		
4.3	RTT Patients Waiting Over 18 Weeks		1,287	1,371		2,405	✗	▼		
4.4	RTT Total Open Pathways		12,999	13,181		15,003	✗	▼		
4.5	RTT Patients waiting over 52 weeks			10		22	✗	▬		
4.6	Diagnostic Waits <6 weeks		99%	99%		98.5%	✗	▲		
4.7	All 2 week wait all cancers (Quarterly) ✎		93%	93%	Reported Quarterly					
4.8	31 days Diagnosis to Treatment (Quarterly) ✎		96%	96%	Reported Quarterly					
4.9	62 day standard (Quarterly) ✎		82.4%	82.4%	Reported Quarterly					

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
5.1	GP Referrals Received		60,189	9,708	11,168	5,476	✓	▼	✓	
5.2	A&E Attendances		91,290	15,257	14,877	7,633	✗	▲	✗	
5.3	Elective Spells (PBR)		25,528	4,255	4,251	2,305	✓	▲	✗	
5.4	Non-Elective Spells (PBR)		35,287	5,897	6,076	3,169	✓	▲	✓	
5.5	OP Attendances / Procs (Total)		364,854	60,809	61,728	31,507	✗	▲	✓	
5.6	Outpatient DNA Rate		5%	5%	6.1%	6.3%	✗	▼	✗	
5.7	Number of babies delivered				549	270		▼		
5.8	Number of antenatal bookings				619	286		▼		

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
7.1	Income £'000		238,802	37,798	38,218	19,876	✓	▲	✓	
7.2	Pay £'000		(161,048)	(27,264)	(27,297)	(13,964)	✗	▼	✗	
7.3	Non-pay £'000		(72,791)	(12,199)	(12,791)	(6,376)	✗	▲	✗	
7.4	Non-operating costs £'000		(12,893)	(2,147)	(2,141)	(1,067)	✓	▲	✓	
7.5	I&E Total £'000		(7,930)	(3,812)	(4,011)	(1,531)	✗	▲	✗	
7.6	Cash Balance £'000		2,500	2,260		3,014	✓	▼		
7.7	Savings Delivered £'000		10,130	1,056	754	472	✗	▲	✗	
7.8	Capital Expenditure £'000		29,673	2,092	6,231	3,014	✗	▲	✗	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
8.1	Staff Vacancies % of establishment		12%	12%		14.1%	✗	▼		
8.2	Agency Expenditure %		8%	8%	6.2%	5.7%	✓	▲	✓	
8.3	Staff sickness - % of days lost		4%	4%		4.1%	✗	▬		
8.4	Appraisals		90%	90%		82.0%	✗	▬		
8.5	Statutory Mandatory training		90%	90%		90.0%	✓	▬		
8.6	Substantive Staff Turnover		12%	12%		12.5%	✗	▼		
8.7	FFT Response Rate Staff (Quarterly)		15%	15%	Reported Quarterly					

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Target 18-19	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
O.1	Total Number of NICE Breaches		8	8		37	✗	▲		
O.2	Rebooked cancelled OPs - 28 day rule		95%	95%	77.6%	99.8%	✓	▲	✗	
O.3	Maternity Bookings <13 weeks		90%	90%	88.2%	86.0%	✗	▼	✗	
O.4	Overdue Datix Incidents >1 month		0	0		93	✗	▲		
O.5	Serious Incidents		45	<8	12	7	✗	▼	✗	
O.6	Dementia Measures Met ✎		3	3		4	✓	▬		
O.7	Energy Consumption (GJ)		239,937	33,288	Not Available					
O.8	Completed Job Plans (Consultants)		90%	90%		87.5%	✗	▼		

Key: Monthly/Quarterly Change

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

YTD Position

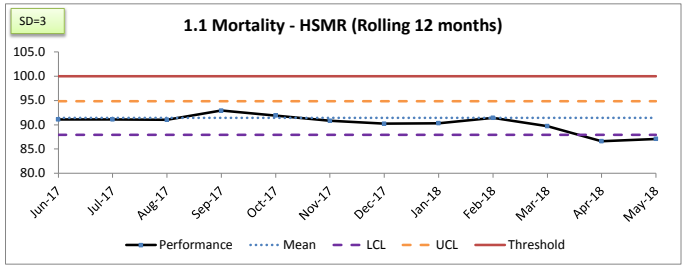
✓	Achieving YTD Target
	Within Agreed Tolerance*
✗	Not achieving YTD Target
✗	Annual Target breached

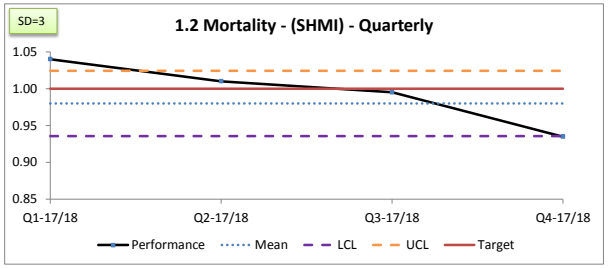
Data Quality Assurance Definitions

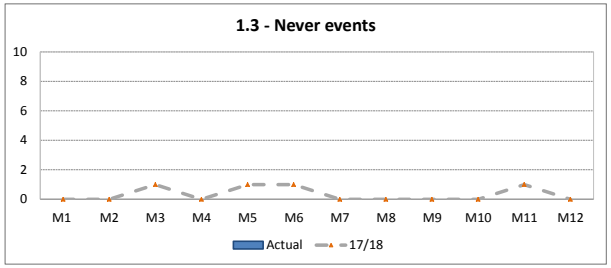
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

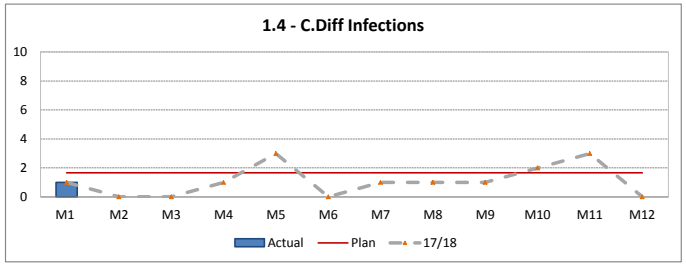
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

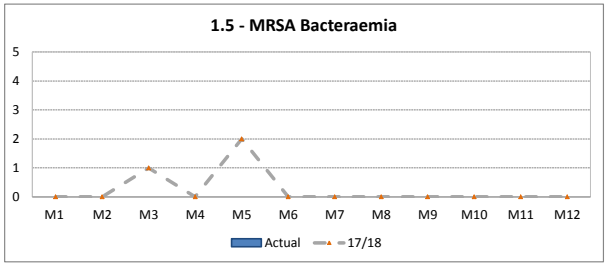
OBJECTIVE 1 - PATIENT SAFETY

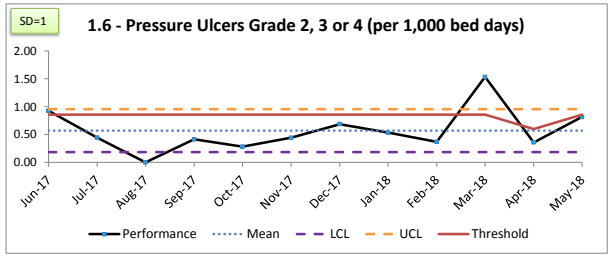


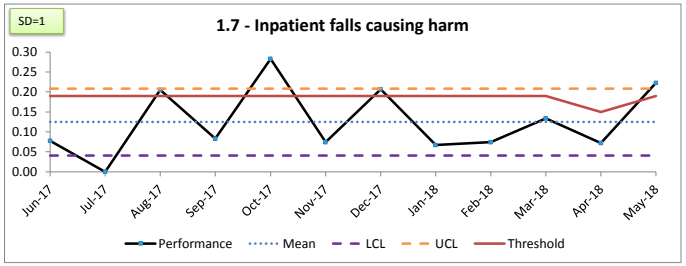


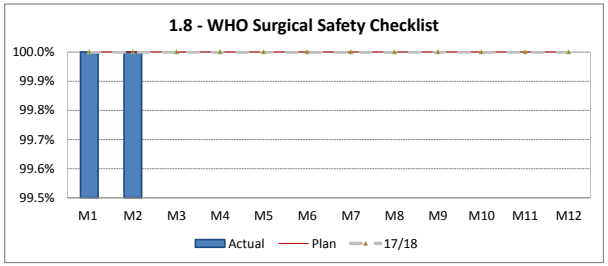


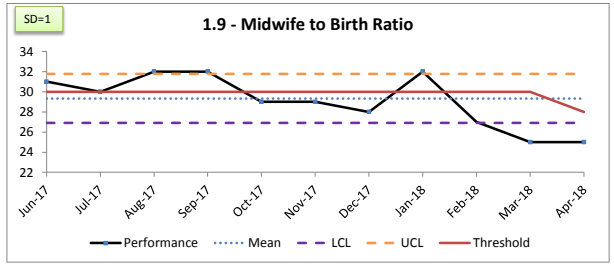


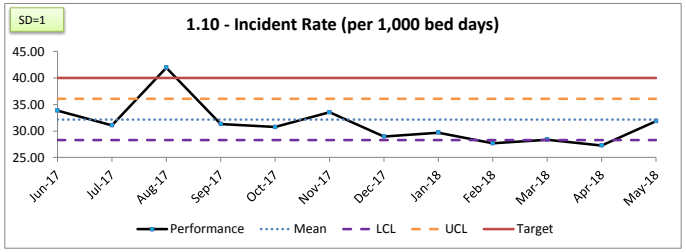


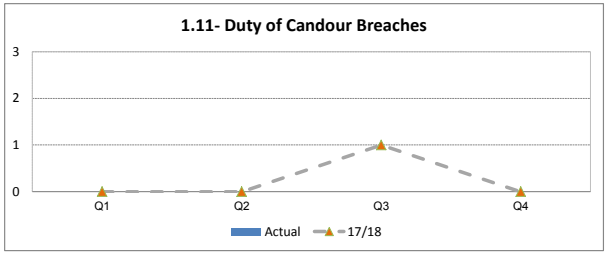


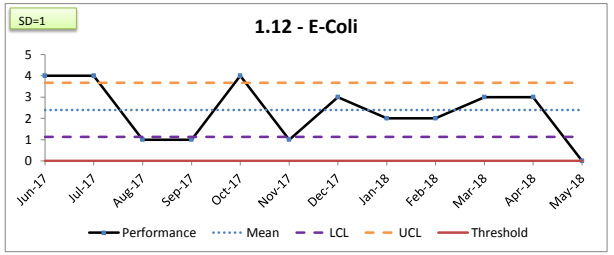






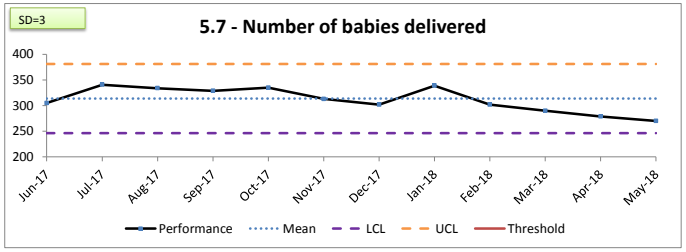


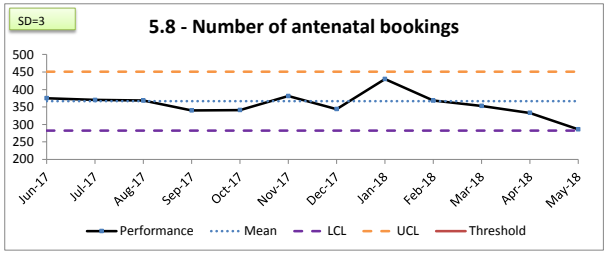


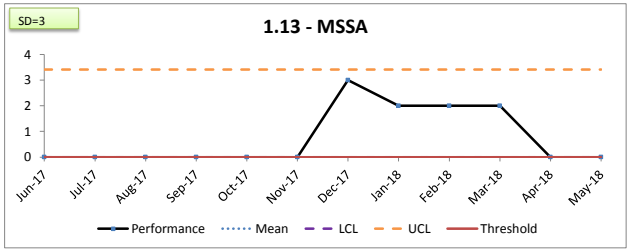


If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

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



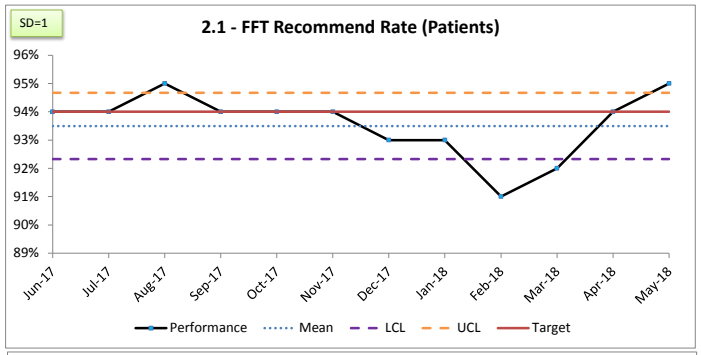


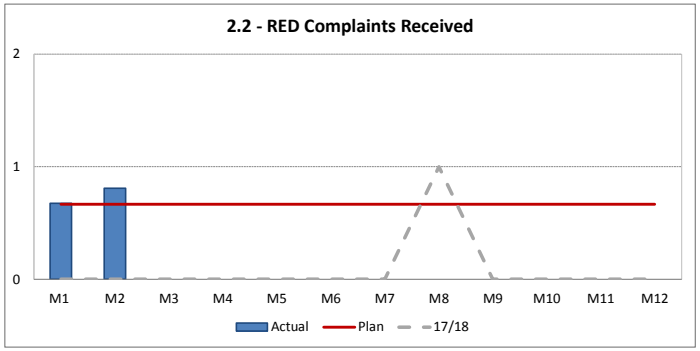


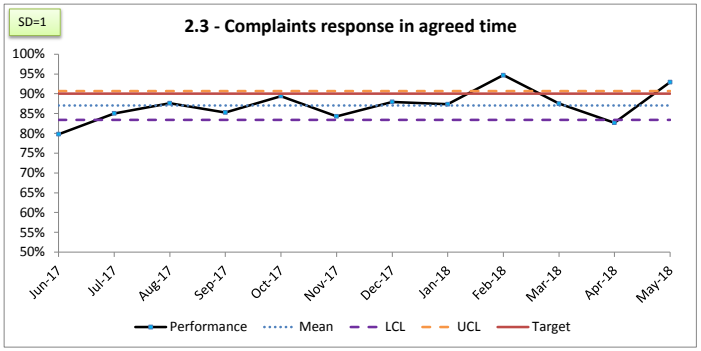
If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

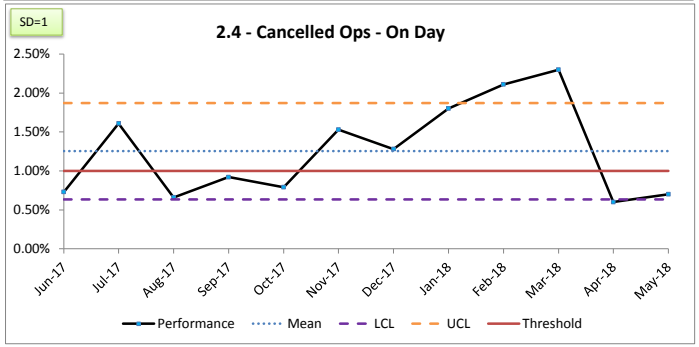
Performance activity on a rolling 12 months/quarterly
Average on a rolling 12 months/quarterly
Lower Control Limit (LCL)
Upper Control Limit
Targets/Thresholds/NHSI Trajectories

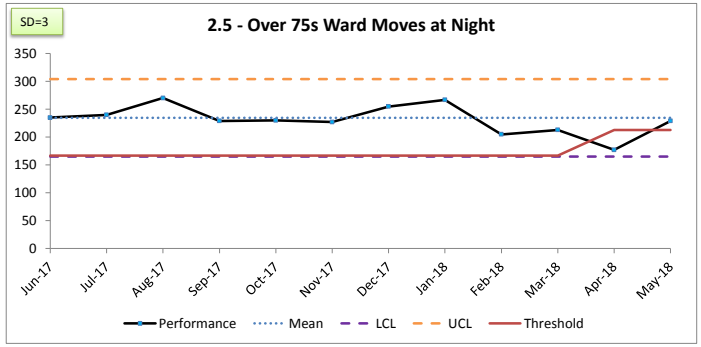
OBJECTIVE 2 - PATIENT EXPERIENCE

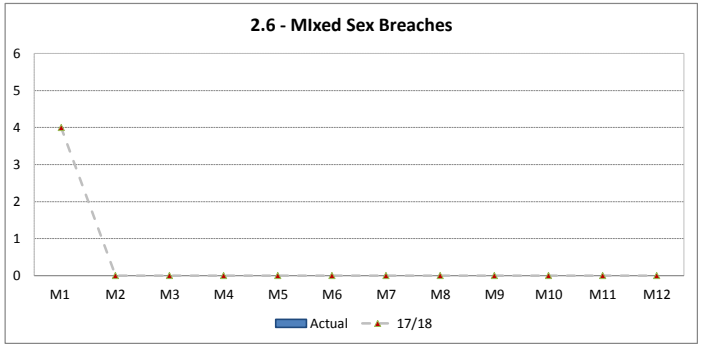












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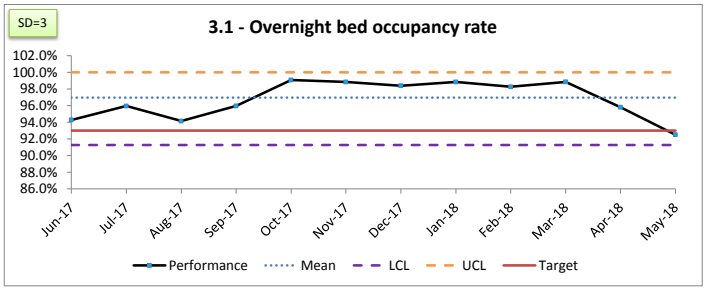
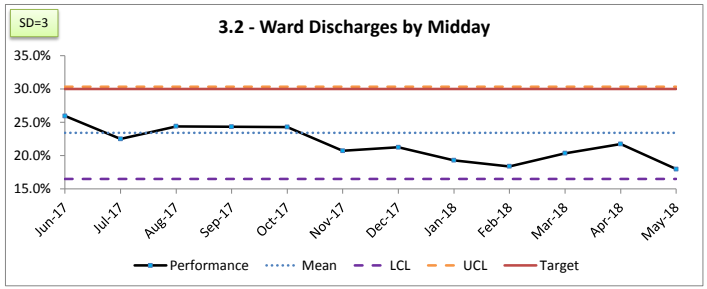
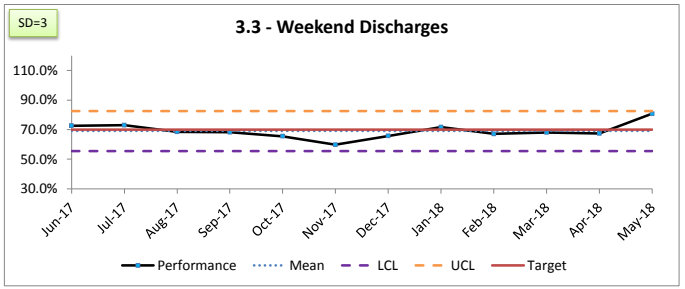
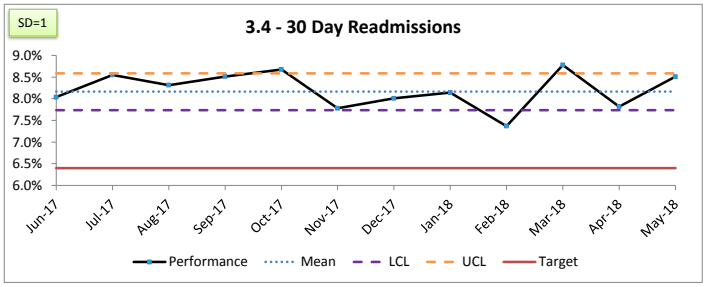
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

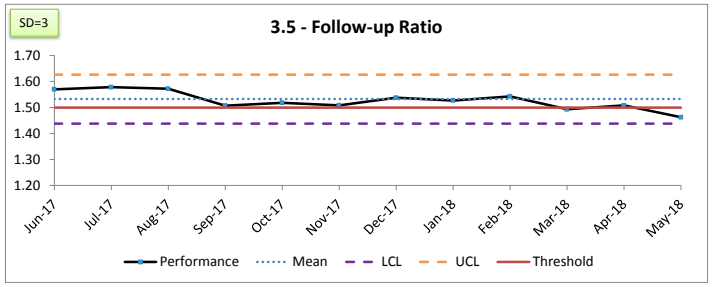
OBJECTIVE 3 - CLINICAL EFFECTIVENESS

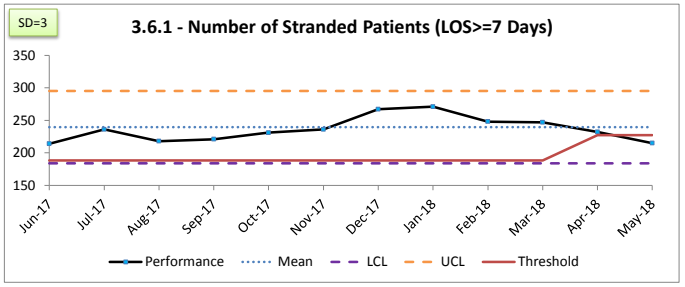


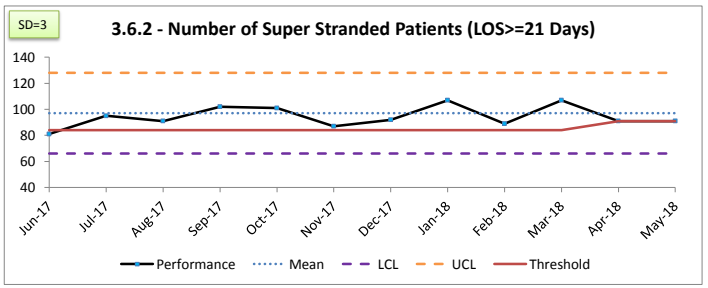


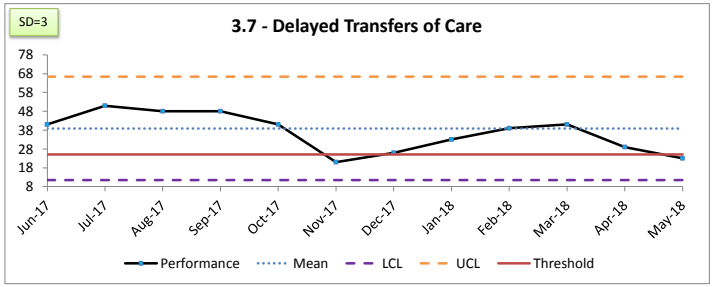


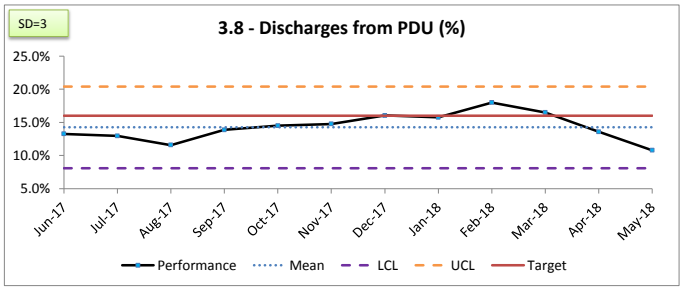


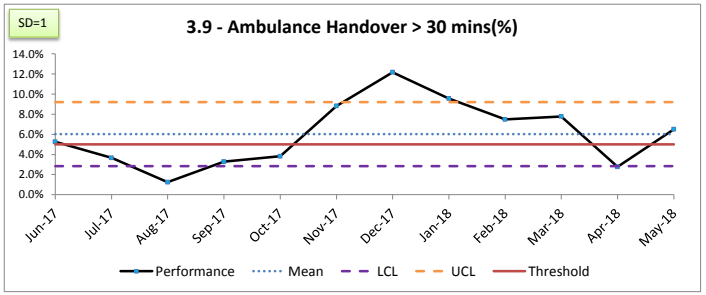












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- Average on a rolling 12 months/quarterly
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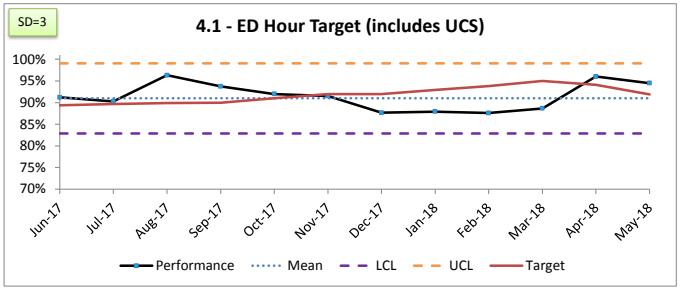
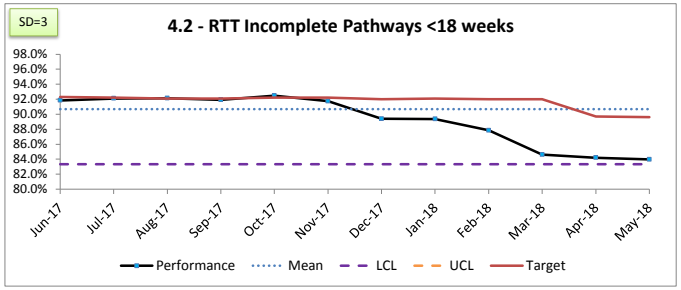
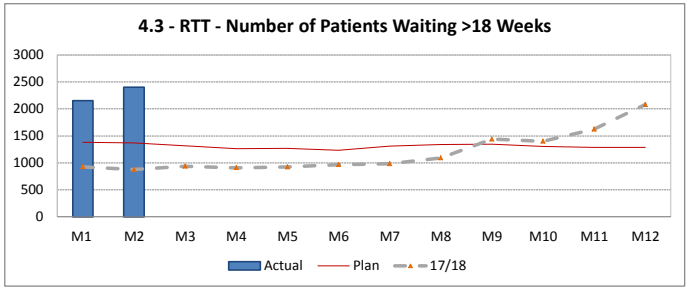
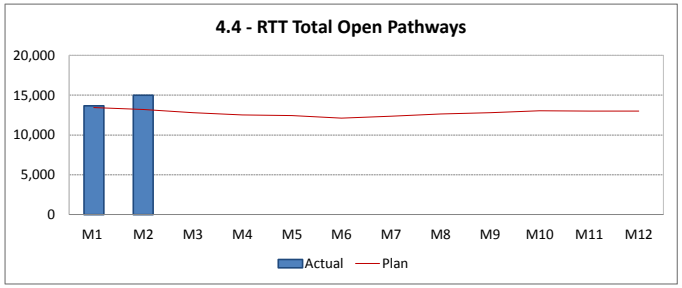
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

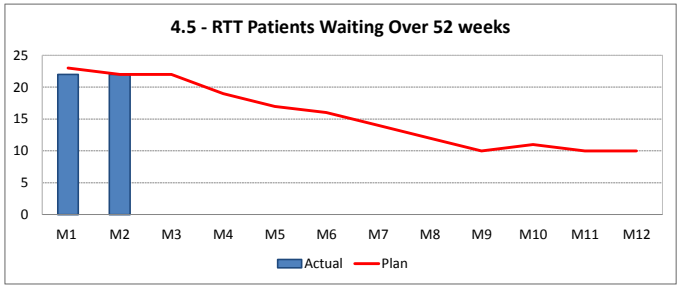
OBJECTIVE 4 - KEY TARGETS

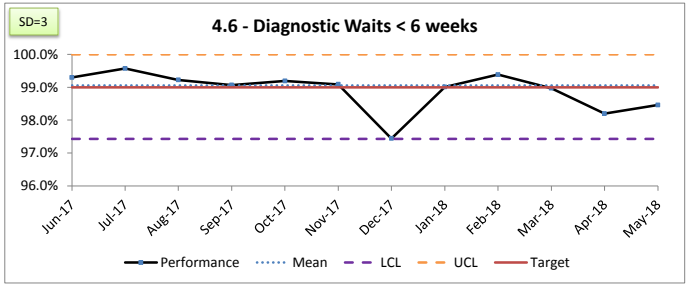


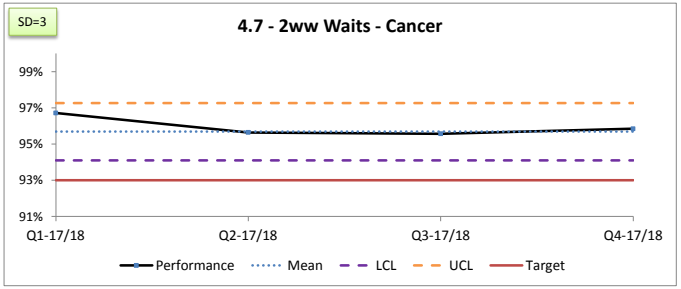


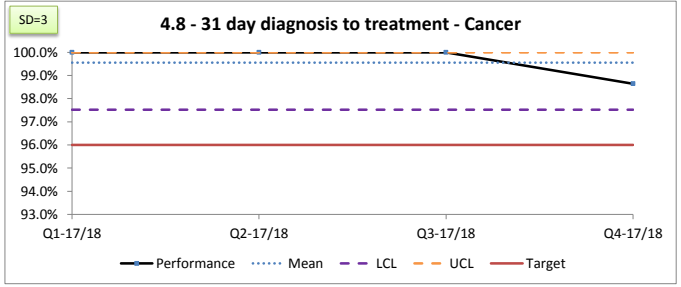


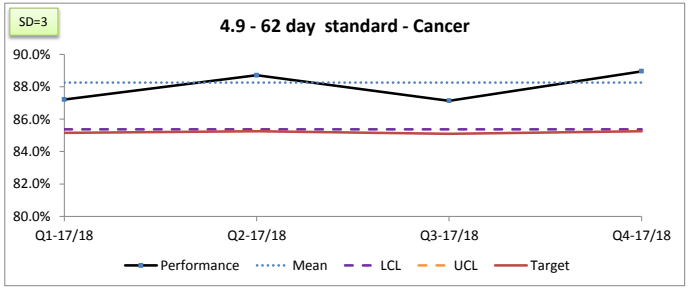












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- Lower Control Limit (LCL)
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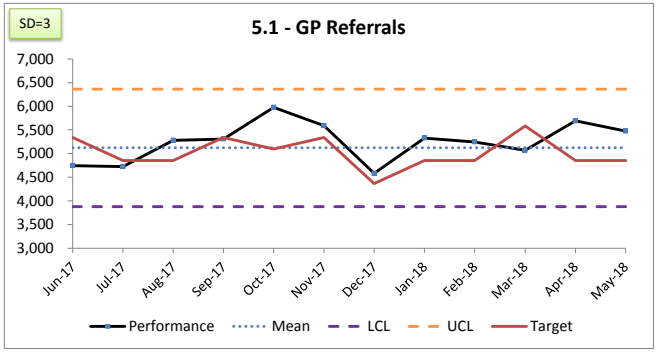

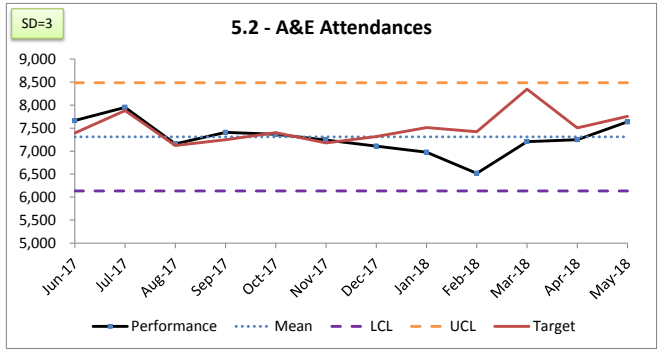

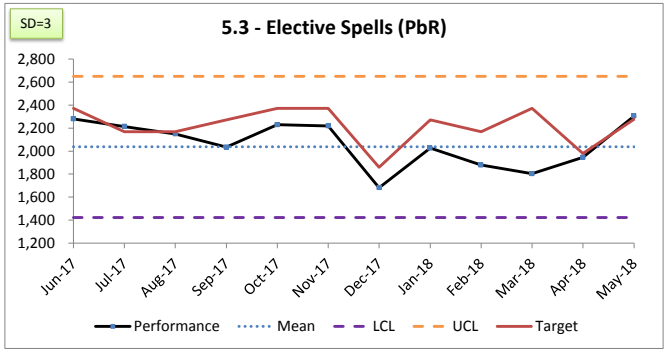

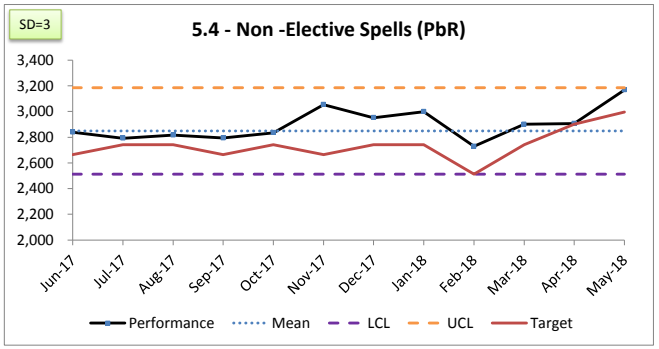

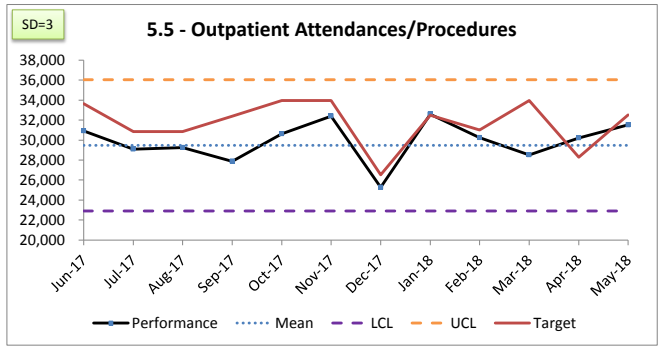

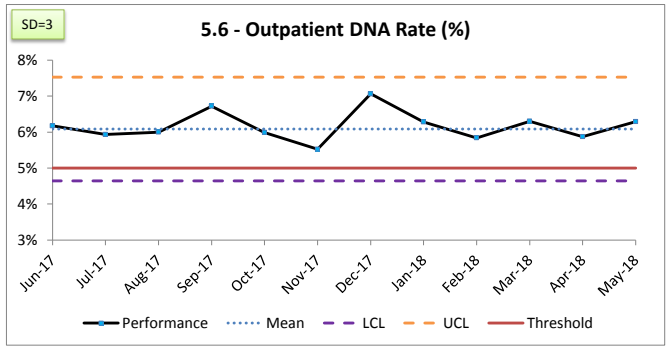

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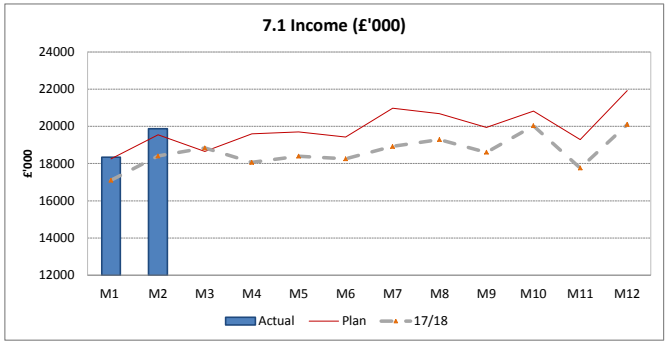
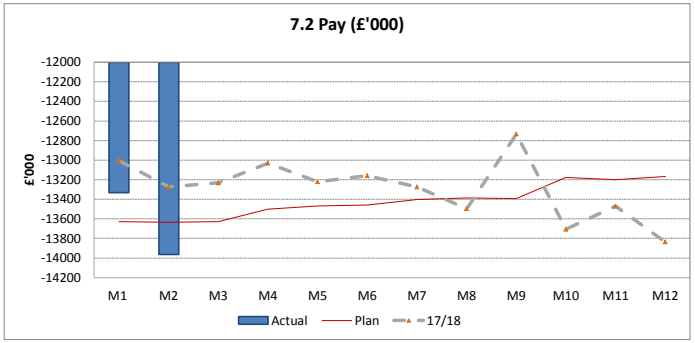
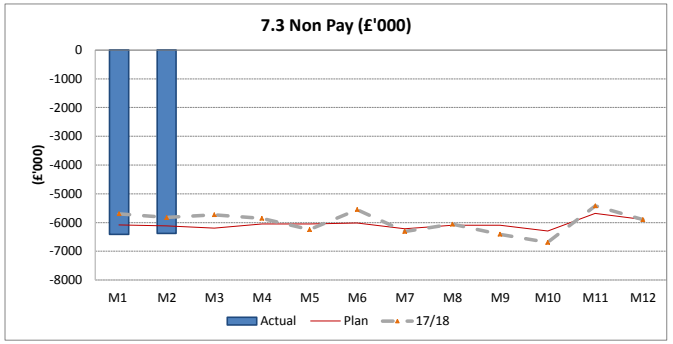
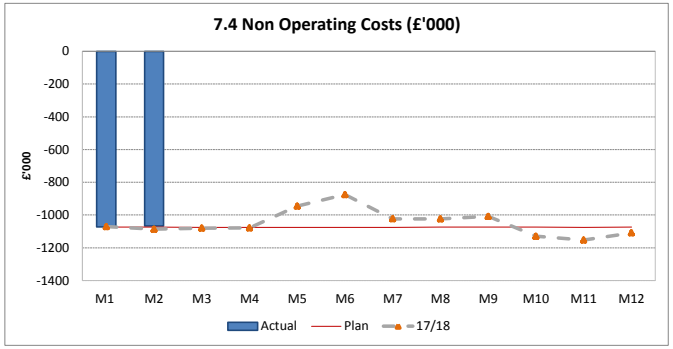
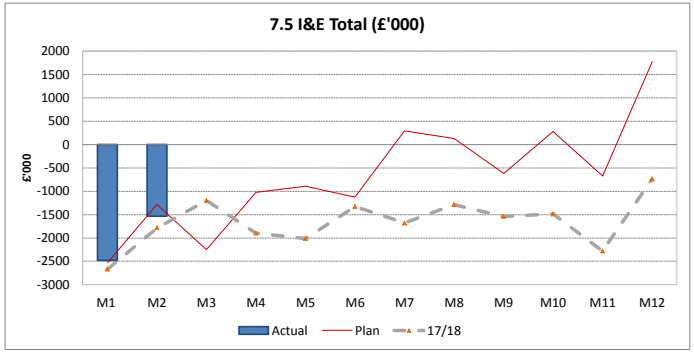
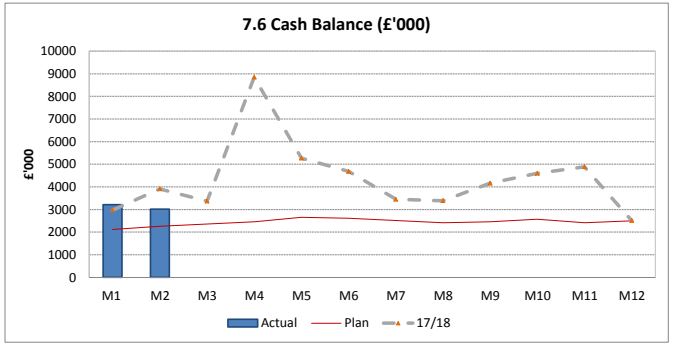

7.1 Income (£'000)
£'000
24000
22000
20000
18000
16000
14000
12000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

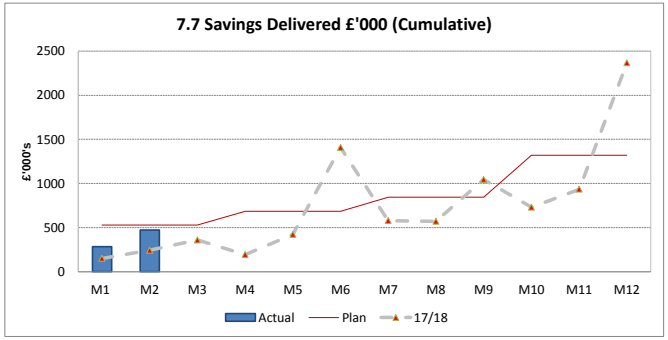

7.2 Pay (£'000)
£'000
-12000
-12200
-12400
-12600
-12800
-13000
-13200
-13400
-13600
-13800
-14000
-14200
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

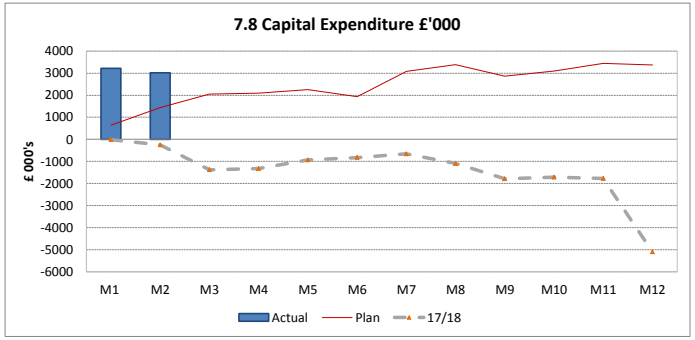

7.3 Non Pay (£'000)
(£'000)
0
-1000
-2000
-3000
-4000
-5000
-6000
-7000
-8000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18


7.4 Non Operating Costs (£'000)
£'000
0
-200
-400
-600
-800
-1000
-1200
-1400
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

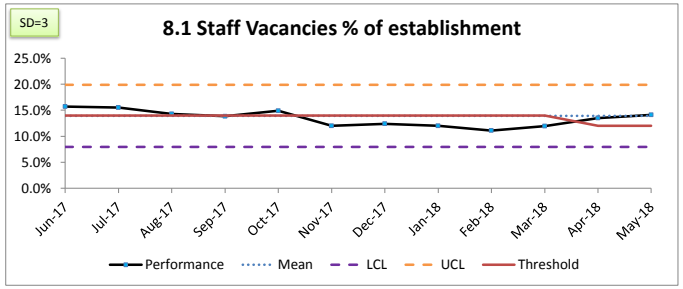

7.5 I&E Total (£'000)
£'000
2000
1500
1000
500
0
-500
-1000
-1500
-2000
-2500
-3000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

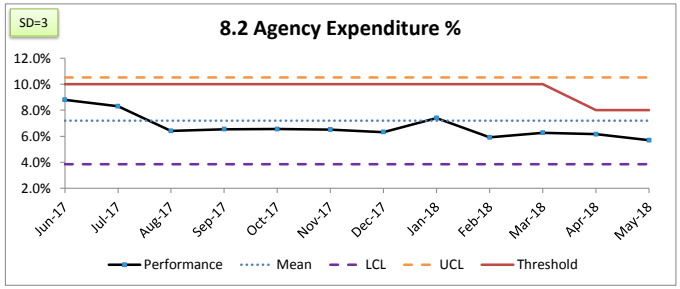

7.6 Cash Balance (£'000)
£'000
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

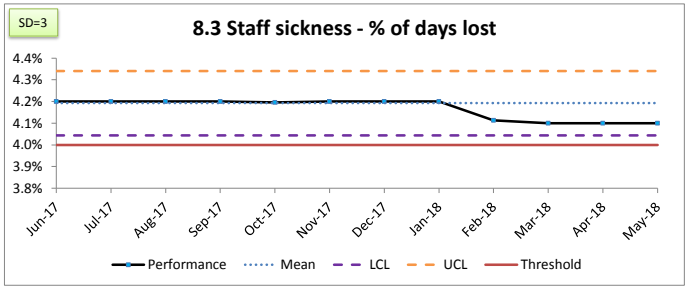

7.7 Savings Delivered £'000 (Cumulative)
£'000's
2500
2000
1500
1000
500
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

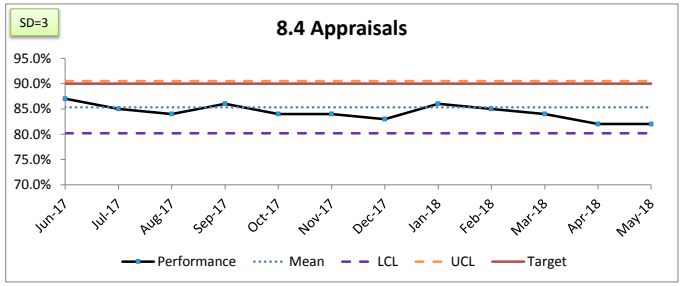

7.8 Capital Expenditure £'000
£ 000's
4000
3000
2000
1000
0
-1000
-2000
-3000
-4000
-5000
-6000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
17/18

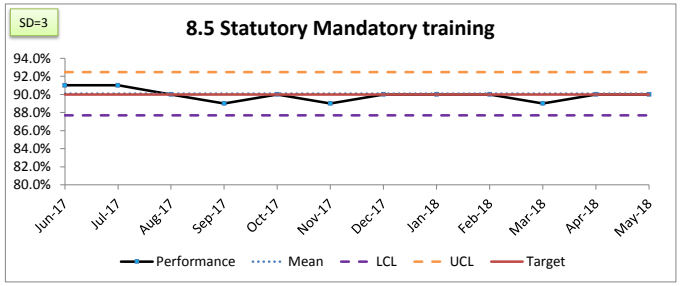
OBJECTIVE 8 - WORKFORCE PERFORMANCE

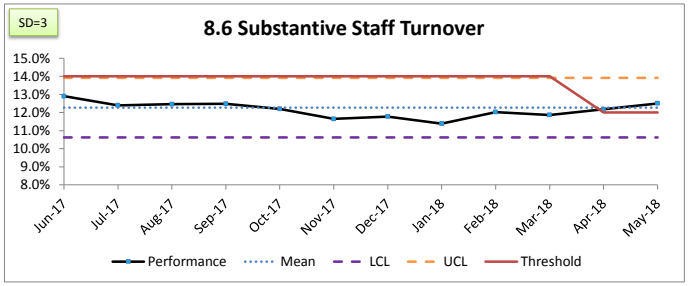


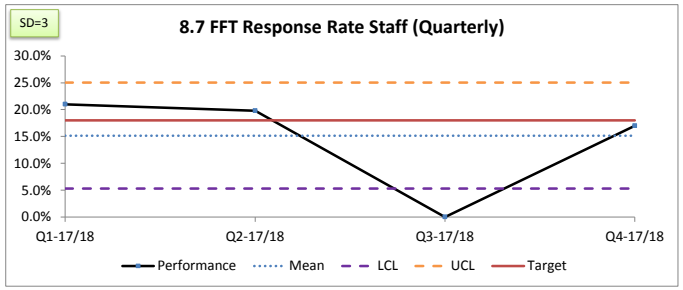












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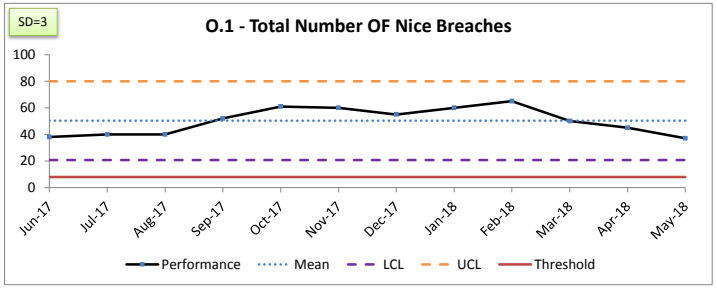
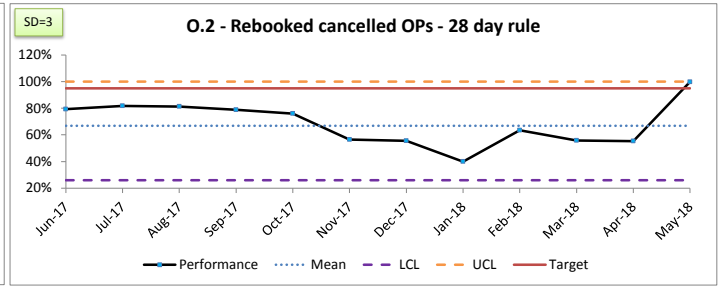
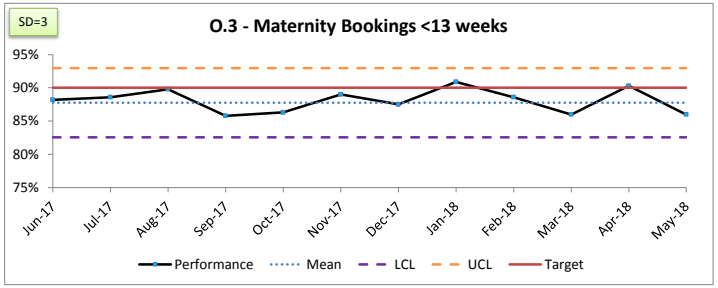
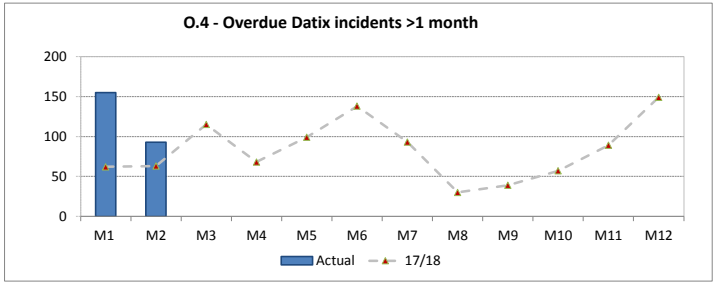
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

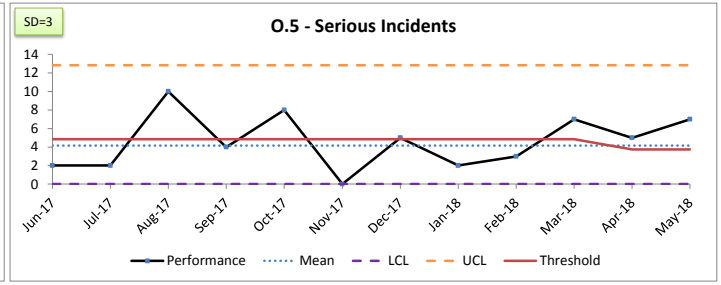
OBJECTIVES - OTHER

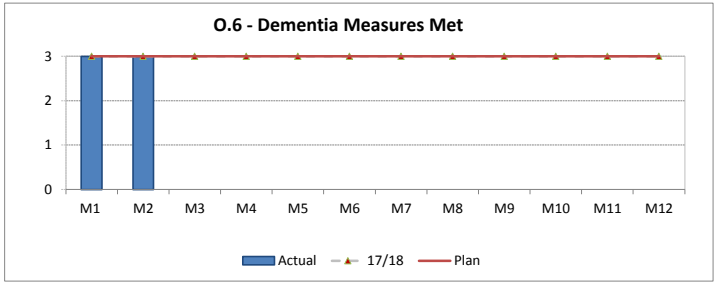


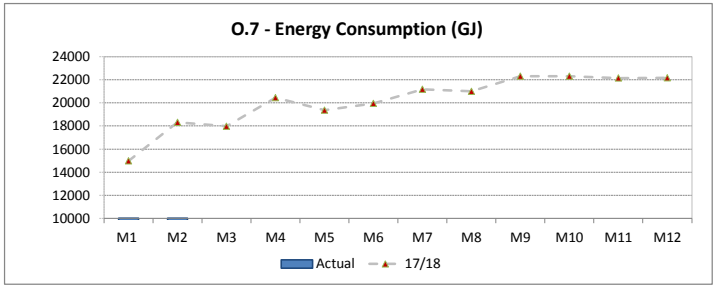


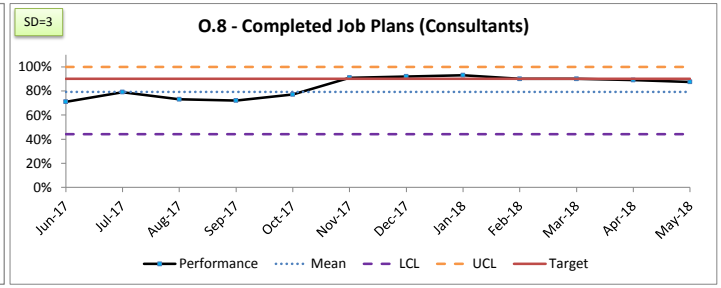












If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

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

Meeting title	**Council of Governors**	**Date: 17 July 2018**
Report title:	**Finance Paper Month 2 2018-19**	**Agenda item: 6 .1**
Lead director **Report authors**	Mike Keech Daphne Thomas Christopher Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
FoI status:	Private document	

Report summary	**An update on the financial position of the Trust at Month 2 (May 2018)**			
Purpose *(tick one box only)*	**Information** ☐	**Approval** ☐	**To note** X	**Decision** ☐
Recommendation	Council of Governors to note the contents of the paper.			

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

Report history	None
Next steps	None
Appendices	1 to 3

FINANCE REPORT FOR THE MONTH TO 31st MAY 2018

PUBLIC BOARD MEETING

PURPOSE

1. The purpose of the paper is to:

    - Present an update on the Trust's latest financial position covering income and expenditure; cash, capital and liquidity; NHSI financial risk rating; and cost savings; and
    - Provide assurance to the Trust Board that actions are in place to address any areas where the Trust's financial performance is behind plan at this stage of the financial year.

EXECUTIVE SUMMARY

2. *Income and expenditure* –The Trust's deficit for May 2018 was £1.5m which is £0.25m negative to budget in the month and £0.2m negative to budget year to date.

3. *Cash and capital position* – the cash balance as at the end of May 2018 was £3.0m, which was £0.7m above plan due to the timing of capital expenditure and early than expected settlement of prior year invoices. The Trust has spent £1.25m on capital year to date of which £0.8m relates to eCare, and a further £0.3m for the cancer centre enabling works and multi-storey car park.

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 £0.5m were delivered in month against an identified plan of £0.5m and the target of £0.5m. Overall for the year £8.4m of plans have been identified, of which £5.1m have been validated and approved against a target of £10.1m.

INCOME AND EXPENDITURE

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

All Figures in £'000	Month Plan	Month Actual	Month Var	YTD Plan	YTD Actual	YTD Var	Full Year Plan	Full Year Forecast	Full Year Var
Clinical Revenue	17,435	17,670	235	33,590	33,912	322	200,842	200,842	0
Other Revenue	1,593	1,694	100	3,183	3,279	96	19,107	19,107	0
Total Income	19,028	19,363	335	36,774	37,192	418	219,949	219,949	0
Pay	(13,648)	(13,964)	(317)	(27,286)	(27,297)	(11)	(161,178)	(161,178)	0
Non Pay	(6,104)	(6,376)	(272)	(12,179)	(12,791)	(612)	(72,662)	(72,662)	0
Total Operational Expend	(19,752)	(20,340)	(589)	(39,464)	(40,088)	(623)	(233,841)	(233,841)	0
EBITDA	(723)	(977)	(254)	(2,691)	(2,896)	(205)	(13,892)	(13,892)	0
Financing & Non-Op. Costs	(1,015)	(1,009)	6	(2,029)	(2,025)	4	(12,191)	(12,191)	0
Control Total Deficit (excl. STF)	**(1,739)**	**(1,986)**	**(248)**	**(4,720)**	**(4,921)**	**(201)**	**(26,082)**	**(26,082)**	**0**
Adjustments excl. from control total:									
Performance STF	109	109	0	219	219	0	2,190	2,190	0
Financial STF	255	255	0	511	511	0	5,110	5,110	0
Provider Sustainability Fund	148	148	0	296	296	0	2,964	2,964	0
Control Total Deficit (incl. STF)	**(1,226)**	**(1,473)**	**(248)**	**(3,694)**	**(3,895)**	**(201)**	**(15,818)**	**(15,818)**	**0**
Donated income	0	0	0	0	0	0	8,592	8,592	0
Donated asset depreciation	(58)	(58)	0	(116)	(116)	0	(697)	(697)	0
Reported deficit	**(1,284)**	**(1,531)**	**(248)**	**(3,810)**	**(4,011)**	**(201)**	**(7,923)**	**(7,923)**	**0**

Monthly and year to date review

7. The **deficit** in month 2 is £1,534k which is £248k adverse against a planned deficit of £1,284k. The Trust implemented its eCare system (Electronic Patient Record system) in May, this has resulted in implementation costs and unforeseen disruption in activity recording. In addition to this there was a flood on the hospital site at the end of May over the Bank holiday weekend affecting a number of areas leading to unforeseen costs as well as cancelled elective operations.

8. **Income** is £335k favourable to plan in April and £418k YTD. Lower than planned births and inpatient elective activity was offset by high use of high cost pass through drugs and outpatient throughput.

9. **Operational costs** in May are adverse to plan by £589k and £612k YTD.

10. **Pay costs** are £317k adverse to budget in month 2. Positive variance on agency is offset by higher substantive and bank expenditure. Substantive costs are above plan, and have significantly increased in-month; however the in-month position includes non-recurrent pay costs relating to eCare go live.

11. **Non pay costs** were £272k adverse to plan in month. The majority of the variance can be attributed to high levels of high cost pass through drugs, unidentified CIP targets and one off costs relating to flood damage.

12. **Non-operational costs** are on plan in month.

COST SAVINGS

13. In Month 2, £472k was delivered against an identified plan of £519k and a target of £528k.

14. £8.4 of scheme have been identified, of which £5.1m have been validated and approved against a full year target of £10,131k.

15. The Trust has identified a further £3,300k of opportunities and is working to convert these into robust schemes and identify the remaining £1,700k planning gap.

CASH AND CAPITAL

16. The cash balance at the end of May 2018 was £3.0m, which was £0.7m above plan due to the timing of capital expenditure and early than expected settlement of prior year debts. There has been a delay in the month 2 SLA income from Bucks CCG, formerly Aylesbury CCG and Chiltern CCG due to technical issues arising from their merger. However these have been resolved and payment is expected by mid-June. The details of the Trust's current loans are shown below. The Trust required revenue funding in May of £2m with a further drawn down in June of £1.6m for which it has NHSI/DHSC approval for.

26. 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 £0.8m; this is mainly driven by the timing of capital projects.
- Current assets are above plan by £0.7m. The variance relates to cash £0.7m and inventories £0.1m above plan offset by receivables £0.1m below plan.
- Current liabilities are above plan by £1.5m. This is being driven entirely driven by Trade and Other Creditors.
- Non-Current Liabilities are below plan by £1.2m. This is being driven by the Trust not requiring revenue funding from NHSI in April.

27. The Trust has spent £1.25m on capital up to month 2 of which £0.8m relates to eCare, cancer centre £0.04m, multi-storey car park £0.2m, and £0.2 on other essential schemes.

RISK REGISTER

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

a) Continued Department of Health and Social Care (DHSC) cash funding is insufficient to meet the planned requirements of the organisation.

Funding to cover the planned financial deficit in 2018/19 is subject to approval by DHSC on a monthly basis and remains a risk in the new financial year. The Trust also requires additional capital funding in order to progress essential schemes.

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

The Trust has a challenging target of £10.1m to deliver for the 2018-19 financial year. The full target in 2017-18 was not met and the Trust position was secured by non-recurrent items. The Trust is working to close the gap to the full target value.

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

The Trust has an annual agency ceiling of £11.4m in 2018-19 which is in line with the level included in the financial plan. There will be significant pressure on the Trust to maintain its current trajectory over the winter period.

d) The Trust is unable to access £10.3m of Provider Sustainability Funding.

In order to receive the full amount of Provider Sustainability Funding (PSF, previously sustainability and transformation funding) in 2018-19, the Trust needed to achieve its financial control total (linked to 70% of funding), and meet performance standards in respect of urgent and emergency care (linked to 30% of funding). The targets are measured on a quarterly basis. The Trust failed to meet the performance standard requirements for quarter Q4 in 2017/18. A part of a first wave integrated care system £1.1m of the Trust's PSF is contingent on the STP as whole meeting its system control total – this represents a significant risk to the Trust given the current STP financial position.

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

If the Trust over performs against the contract this places financial pressure on the Trust's commissioners who are more likely to challenge other areas in the contract such as the application of penalties. For 2017/18 a significant level of contract challenges has been raised by commissioners in particular with the new (more stringent) process for authorisation of Procedures of Limited Clinical Value (PoLCV) and this represents a risk to recoverability.

RECOMMENDATIONS TO THE BOARD

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

Appendix 1

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

	May 2018			2 months to May 2018			Full year
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INCOME							
Outpatients	3,636	3,651	15	6,813	7,015	202	40,880
Elective admissions	2,459	2,445	(14)	4,597	4,474	(123)	27,584
Emergency admissions	5,415	5,240	(175)	10,656	10,454	(202)	63,759
Emergency adm's marginal rate (MRET)	(279)	(290)	(11)	(549)	(555)	(6)	(3,287)
Readmissions Penalty	(258)	(265)	(7)	(507)	(393)	114	(3,032)
A&E	1,130	927	(203)	2,223	1,987	(236)	13,302
Maternity	1,977	1,883	(94)	3,816	3,484	(332)	22,856
Critical Care & Neonatal	525	481	(44)	1,033	1,025	(8)	6,181
Excess bed days	0	0	0	0	0	0	0
Imaging	422	442	20	789	860	71	4,732
Direct access Pathology	407	406	(1)	762	782	21	4,569
Non Tariff Drugs (high cost/individual drugs)	1,407	1,655	248	2,775	3,250	476	16,607
Other	594	1,094	500	1,184	1,528	344	6,692
Clinical Income	**17,435**	**17,670**	**235**	**33,590**	**33,912**	**322**	**200,842**
Non-Patient Income	**2,106**	**2,207**	**100**	**4,209**	**4,305**	**96**	**37,963**
TOTAL INCOME	**19,541**	**19,876**	**335**	**37,800**	**38,218**	**418**	**238,805**
EXPENDITURE							
Total Pay	**(13,648)**	**(13,964)**	**(317)**	**(27,286)**	**(27,297)**	**(11)**	**(161,178)**
Non Pay	(4,697)	(4,721)	(24)	(9,404)	(9,540)	(136)	(56,055)
Non Tariff Drugs (high cost/individual drugs)	(1,407)	(1,655)	(248)	(2,775)	(3,250)	(476)	(16,607)
Non Pay	**(6,104)**	**(6,376)**	**(272)**	**(12,179)**	**(12,791)**	**(612)**	**(72,662)**
TOTAL EXPENDITURE	**(19,752)**	**(20,340)**	**(589)**	**(39,464)**	**(40,088)**	**(623)**	**(233,841)**
EBITDA*	**(210)**	**(464)**	**(254)**	**(1,665)**	**(1,870)**	**(205)**	**4,965**
Depreciation and non-operating costs	(941)	(936)	5	(1,882)	(1,877)	4	(11,309)
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	**(1,152)**	**(1,400)**	**(248)**	**(3,547)**	**(3,749)**	**(201)**	**(6,343)**
Public Dividends Payable	(132)	(131)	0	(263)	(263)	0	(1,579)
OPERATING DEFICIT AFTER DIVIDENDS	**(1,284)**	**(1,531)**	**(248)**	**(3,810)**	**(4,012)**	**(201)**	**(7,923)**
Adjustments to reach control total							
Deferred Income	0	0	0	0	0	0	(8,592)
Donated Assets Depreciation	58	58	0	58	58	0	697
Control Total Rounding	0	0	0	0	0	0	0
Prior Year STF	0	0	0	0	0	0	0
CONTROL TOTAL DEFECIT	**(1,226)**	**(1,473)**	**(248)**	**(3,752)**	**(3,954)**	**(201)**	**(15,818)**

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

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

	Mth 2 £000	Mth 1 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	(3,390)	(2,165)	1,225
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	**(3,390)**	**(2,165)**	**1,225**
Non-cash income and expense:			
Depreciation and amortisation	1517	758	(759)
(Gain)/Loss on disposal	0	0	0
(Increase)/Decrease in Trade and Other Receivables	1755	2,246	491
(Increase)/Decrease in Inventories	(3)	(3)	0
Increase/(Decrease) in Trade and Other Payables	784	831	47
Increase/(Decrease) in Other Liabilities	(2)	157	159
Increase/(Decrease) in Provisions	(3)	1	4
Other movements in operating cash flows	(1)	(1)	0
NET CASH GENERATED FROM OPERATIONS	**657**	**1,824**	**1,167**
Cash flows from investing activities			
Interest received	6	4	(2)
Purchase of Property, Plant and Equipment, Intangibles	(1,292)	(798)	494
Net cash generated (used in) investing activities	**(1,601)**	**(915)**	**686**
Cash flows from financing activities			
Public dividend capital received	0	0	0
Loans received from Department of Health	2,000	0	(2,000)
Loans repaid to Department of Health	(159)	0	159
Capital element of finance lease rental payments	(24)	(12)	12
Interest paid	(315)	(158)	157
Interest element of finance lease	(51)	(29)	22
PDC Dividend paid	0	0	0
Net cash generated from/(used in) financing activities	**1,451**	**(199)**	**(1,650)**
Increase/(decrease) in cash and cash equivalents	**507**	**710**	203
Opening Cash and Cash equivalents	**2,507**	**2,507**	0
Cash and Cash equivalents at start of period for new FTs			
Cash and Cash equivalents changes due to transfers by absorption			
Closing Cash and Cash equivalents	**3,014**	**3,217**	**203**

Appendix 3

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

	Audited Mar-18	May-18 YTD Plan	May-18 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	171.9	172.1	170.9	(1.2)	(1.0)	(0.6%)
Intangible Assets	10.0	10.4	10.8	0.4	0.8	8.0%
Other Assets	0.4	0.4	0.4	(0.0)	(0.0)	(1.7%)
Total Non Current Assets	**182.3**	**182.9**	**182.1**	**(0.8)**	**(0.2)**	**(0.1%)**
Assets Current						
Inventory	3.3	3.2	3.3	0.1	(0.0)	(1.2%)
NHS Receivables	19.1	17.2	16.3	(0.9)	(2.8)	(14.7%)
Other Receivables	4.1	4.4	5.2	0.8	1.1	26.8%
Cash	2.5	2.3	3.0	0.7	0.5	19.7%
Total Current Assets	**29.0**	**27.1**	**27.8**	**0.7**	**(1.2)**	**-4.3%**
Liabilities Current						
Interest -bearing borrowings	(32.3)	(32.1)	(32.1)	0.0	0.2	-0.6%
Deferred Income	(1.6)	(1.6)	(1.6)	0.0	0.0	0.0%
Provisions	(1.4)	(1.4)	(1.4)	0.0	0.0	-1.3%
Trade & other Creditors (incl NHS)	(28.4)	(27.6)	(29.1)	(1.5)	(0.7)	2.4%
Total Current Liabilities	**(63.7)**	**(62.7)**	**(64.2)**	**(1.5)**	**(0.5)**	0.7%
Net current assets	**(34.7)**	**(35.6)**	**(36.4)**	**(0.8)**	**(1.7)**	**4.9%**
Liabilities Non-Current						
Long-term Interest bearing borrowings	(83.6)	(86.8)	(85.6)	1.2	(2.0)	2.4%
Provisions for liabilities and charges	(1.1)	(1.1)	(1.1)	(0.0)	(0.0)	3.8%
Total non-current liabilities	**(84.7)**	**(87.9)**	**(86.7)**	**1.2**	**(2.0)**	2.4%
Total Assets Employed	**62.9**	**59.4**	**58.9**	**0.0**	**(4.0)**	**(6.3%)**
Taxpayers Equity						
Public Dividend Capital (PDC)	99.2	99.4	99.2	(0.2)	(0.0)	0.0%
Revaluation Reserve	78.7	78.7	78.7	0.0	0.0	0.0%
I&E Reserve	(115.0)	(118.7)	(118.9)	(0.2)	(3.9)	3.4%
Total Taxpayers Equity	**62.9**	**59.4**	**58.9**	**(0.4)**	**(3.9)**	**(6.3%)**

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Milton Keynes University Hospital NHS
NHS Foundation Trust

Milton Keynes University Hospital NHS Foundation Trust

Findings and Recommendations from the 2017/18 NHS Quality Report External Assurance Review

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18 week referral to treatment waiting times	
Radiology Reporting Times	
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Deloitte Confidential: Public Sector

Executive Summary

We have completed our indicator testing and received a satisfactory, signed Quality Report.

Status of our work

- We have completed our review, including validation of the reported indicators and are in receipt of the final signed Quality Report and letter of Representation.
- The scope of our work is to support a "limited assurance" opinion, which is based upon procedures specified by NHS Improvement in their "Detailed Requirements for External Assurance For Quality Reports for Foundation Trusts 2017/18".
- We have signed a modified opinion relating to the A&E 4hr Wait and 18 Week RTT – Incomplete indicators for inclusion in your 2017/18 Annual Report.

The Care Quality Commission has not inspected Milton Keynes Hospital during the year.

	2017/18	2016/17
Length of Quality Report	69 pages	65 pages
Future year Quality Priorities	3	4

Scope of work

We are required to:

- Review the content of the Quality Report for compliance with the requirements set out in NHS Improvement's Annual Reporting Manual ("ARM").
- Review the content of the Quality Report for consistency with various information sources specified in NHS Improvement's detailed guidance, such as Board papers, the Trust's complaints report, staff and patients surveys and Care Quality Commission reports.
- Perform sample testing of three indicators.
  - The Trust has selected 18 Week Referral to Treatment – Incomplete Pathways and A&E 4hr Waiting Times as the publically reported indicators, based on NHS Improvement's specified order of preference – the alternatives were 62 Day Cancer Waiting Times and 28 Day Readmissions.
  - For 2017/18, all Trusts are required to test a local indicator selected by the Council of Governors. The Trust's Council of Governors have selected Radiology Reporting Times.
  - The scope of testing includes an evaluation of the key processes and controls for managing and reporting the indicators; and sample testing of the data used to calculate the indicator back to supporting documentation.
- Provide a signed limited assurance report, covering whether:
  - Anything has come to our attention that leads us to believe that the Quality Report has not been prepared in line with the requirements set out in the ARM; or is not consistent with the specified information sources; or
  - There is evidence to suggest that the 18 Week Referral to Treatment – Incomplete Pathways and A&E 4hr Waiting Times indicators have not been reasonably stated in all material respects in accordance with the ARM requirements.
  - Provide this report to the Council of Governors, setting out our findings and recommendations for improvements for the indicators tested: 18 Week Referral to Treatment – Incomplete Pathways, A&E 4hr Waiting Times and Radiology Reporting Times.

Executive Summary (continued)

We have identified data quality issues in respect of 18 Week RTT and A&E 4hours from our work, and have issued a modified opinion.

Content and consistency review

Review content → Document review → Interviews → Form an opinion

We have reviewed two drafts of the Quality Report during the course of our work. We have now completed our content and consistency review on the final Quality Report. From our work, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018 the Quality Report is not prepared in all material respects in line with the criteria set out in the ARM.

	Overall conclusion
Content Are the Quality Report contents in line with the requirements of the Annual Reporting Manual?	B
Consistency Are the contents of the Quality Report consistent with the other information sources we have reviewed (such as Internal Audit Reports and reports of regulators)?	B

Performance indicator testing

Interviews → Identify potential risk areas → Detailed data testing → Identify improvement areas

NHS Improvement requires Auditors to undertake detailed data testing on a sample basis of three mandated indicators. We perform our testing against the six dimensions of data quality that NHS Improvement specifies in its guidance.

We have identified significant issues relating to 18 Week RTT– Incomplete, and 4hr A&E Waiting times, particularly relating to the accuracy of the data used to calculate the indicator. Due to the nature and volume of errors identified, we have issued a modified limited assurance opinion.

	18 Week RTT	A&E 4hr Wait	Radiology Reporting Times
Recommendations identified?	✓	✓	✓
Overall Conclusion	R	R	B

The six dimensions of data quality:
Accuracy Is data recorded correctly and is it in line with the methodology?
Validity Has the data been produced in compliance with relevant requirements?
Reliability Has data been collected using a stable process in a consistent manner over a period of time?
Timeliness Is data captured as close to the associated event as possible and available for use within a reasonable time period?
Relevance Does all data used generate the indicator meet eligibility requirements as defined by guidance?
Completeness Is all relevant information, as specific in the methodology, included in the calculation?

78

G No issues noted B Satisfactory – minor issues only A Requires improvement R Significant improvement required

Deloitte Confidential: Public Sector

Content and consistency findings

Deloitte Confidential: Public Sector

Content and consistency review findings

We have received a satisfactory, final signed Quality Report

The Quality Report is intended to be a key part of how the Trust communicates with its stakeholders.

Although our work is based around reviewing content against specified criteria and considering consistency against other documentation, we have also made recommendations to management through our work to assist in preparing a high quality document. We have summarised below our overall assessment of the Quality Report, based upon the points identified in our NHS Briefing on Quality Accounts.

Key questions	Assessment	Statistics
• Is the length and balance of the content of the report appropriate?		Length: 69 pages
• Is there an introduction to the Quality Report that provides context?		G
• Is there a glossary to the Quality Report?		G
• Is the number of priorities appropriate across all three domains of quality (Patient Safety, Clinical Effectiveness and Patient Experience)?		Patient Safety: 1 Clinical Effectiveness: 1 Patient Experience: 1
• Has the Trust set itself SMART objectives which can be clearly assessed?		B
• Does the Quality Report clearly present whether there has been improvement on selected priorities?		B
• Is there appropriate use of graphics to clarify messages?		G
• Does there appear to have been appropriate engagement with stakeholders (in both choosing priorities as well as getting feedback on the draft Quality Report)?		B
• Does the Annual Governance Statement appropriately discuss risks to data quality?		G
• Is the language used in the Quality Report at an appropriate readability level?		B

Deloitte view

In the course of our work, we reviewed two drafts of the quality report and made a number of recommendations to make the Quality Report compliant with ARM and more useful for the average reader. Our recommendations included:

- Adding detail relating to stakeholder engagement that the Trust has undertaken to arrive at the selected priorities;
- Structuring the report to make it more compliant with NHS Guidance and the ARM;
- Adding some statements of assurance required by the Quality Accounts Regulations;
- Adding more historical and national benchmarking data to some of the reported performance indicators; and
- Including performance on the local indicator (Radiology Reporting Times) that we have tested, in the Quality Report.

Most of our recommendations have been addressed in the final iteration of the Quality Report and we are able to confirm that nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018 the Quality Report is not prepared in all material respects in line with the criteria set out in the ARM.

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Performance and Indicator Testing

We have tested three performance indicators

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Accident and Emergency 4 hour wait times

We have modified our opinion with respect to this indicator

	Trust reported performance	Target	Overall evaluation
2017/18	86%*	>95%	R
2016/17	92%	>95%	R
2015/16	94%	>95%	R

* This is the main Type 1 A&E department's performance figure that we have audited. Prior year figures represent the combined Type 1 and Type 3 performance.

Indicator definition

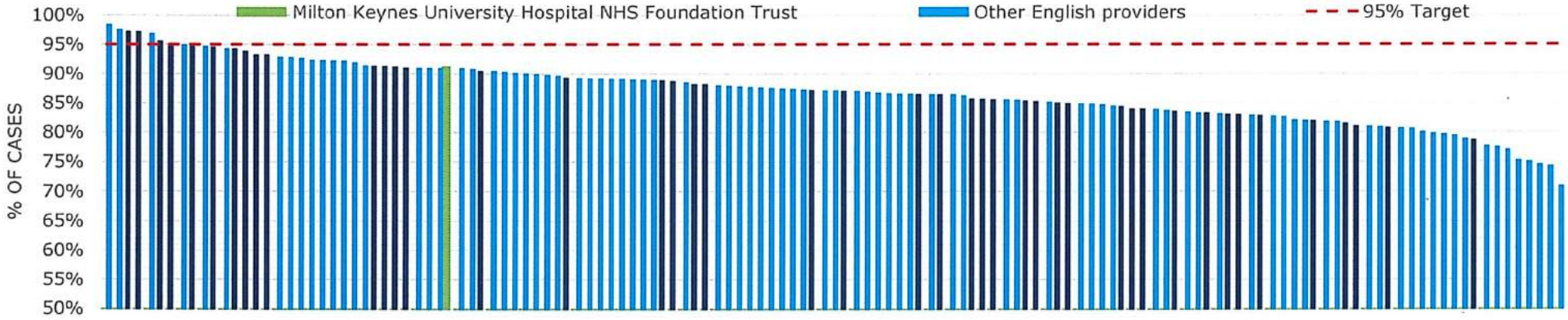
Definition: "Percentage of patients who spent 4 hours or less in A & E."

Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion, patients leaving without being seen, and financial effects. It is critical that patients receive the care they need in a timely fashion, so that patients who require admission are placed in a bed as soon as possible, patients who need to be transferred to other healthcare providers receive transport with minimal delays, and patients who are fit to go home are discharged safely and rapidly.

National context

The chart below shows how the Trust compares to other organisations nationally for 2017/18, the latest national data available.

% of A&E attendances in 4 hours and less - April 2017 to March 2018



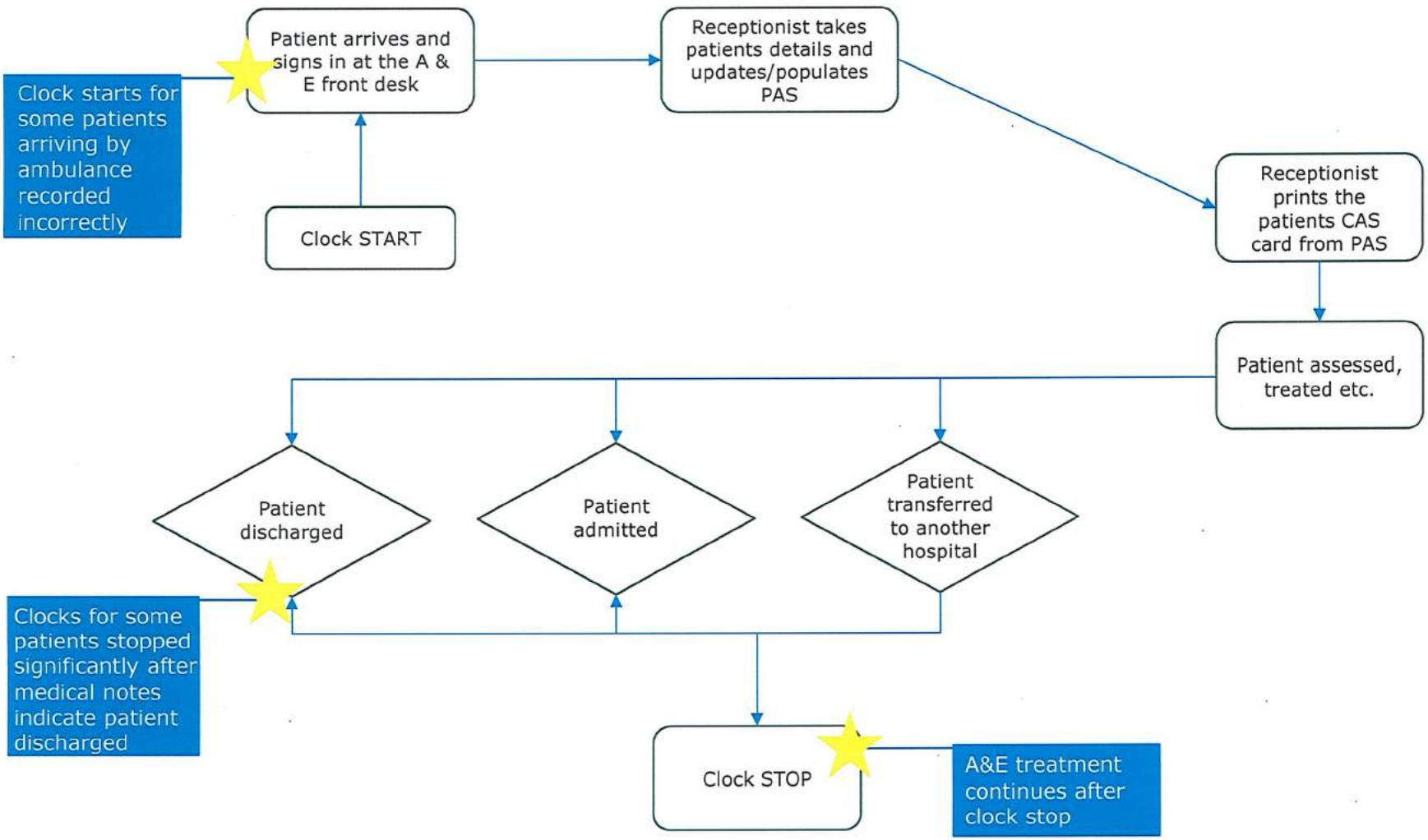
Source: Deloitte analysis of NHS Digital data. Data includes category 3 units, but only includes providers with category 1 units

National context of data quality

NHS Improvement mandated the 4 hour wait times indicator for testing for the first time in 2016/17. Nationally, 28 Foundation Trusts received a qualified report (just under 30% of FTs with any A&E activity). NHSI has not published an overview of findings but common issues relate to system constraints in data recording, retention of audit trails, and record keeping around changes to initial recording.

Accident and Emergency 4 hour wait times (continued)

Process Flow



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Accident and Emergency 4 hour wait times (continued)

Approach

- We met with the Trust's lead for the A&E 4 hour waiting time metric to understand the process from patient referral to the result being included in the Quality Report.
- We evaluated the design and implementation of controls through the process. We discussed with management whether there were any representing a greater risk that we should focus sample testing on.
- We have completed data analysis to review activity, looking for anomalies, and compare the rate to other organisations we audit.
- We selected a sample of 20 A&E attendances from 1 April 2017 to 31 January 2018, following patient records through until treatment. Due to the volume and nature of errors identified, we did not extend our sample or perform further substantive testing.
- We agreed our sample of 20 to supporting documentation.

Findings

Clock Starts

- NHSI guidance requires that an A&E clock be started within 15min of an ambulance's arrival, regardless of when the patient is actually entered into the hospital's systems. From our sample of 20 A&E attendances, 12 patients arrived by ambulance. In two cases, the ambulance handover report had not been scanned on the system, and in one case the ambulance had not recorded an arrival time. Of the remaining 9, we found five cases where the A&E start time was more than 15min after the ambulance's arrival time.

Clock Stops

- As is common with other Trusts, we were unable find clinical notes for any of our sample that were time-stamped at exactly the time when the stop date had been applied. We therefore reviewed the clinical notes to confirm that there were no notes recorded after the clock stop had been applied. We found two cases where medical notes were dated after the stop time.
- We also reviewed clinical notes to check when the last medical notes were documented, against the time that the clock was stopped. We found 3 cases, where the clock had been stopped more than 20min after the last medical notes. This suggests that the Trust may be overstating the time waited.
- Correcting for the above errors, in 1 case, the A&E waiting time would change from non-breach to a breach. In a further case, were we to assume that the clock start was correct, correcting a premature stopping of the clock would cause another case to change from non-breach to breach.

Deloitte View:

In 2016/17, we provided a qualified opinion on this indicator and made recommendations for improvement. We understand that due to A&E staff and management changes, there has been limited progress in implementing recommendations we made in 2016/17. As a result, we have found a similar level of errors in our A&E testing, as we did last year, with similar underlying causes.

We have made further recommendations this year and would expect an improvement in data quality once our recommendations are implemented.

18 week Referral to Treatment times

We have modified our opinion with respect to this indicator

	Trust reported performance	Target	Overall evaluation
2017/18	91%	>92%	R
2016/17	93%	>92%	R
2015/16	86%	>92%	R

Indicator definition

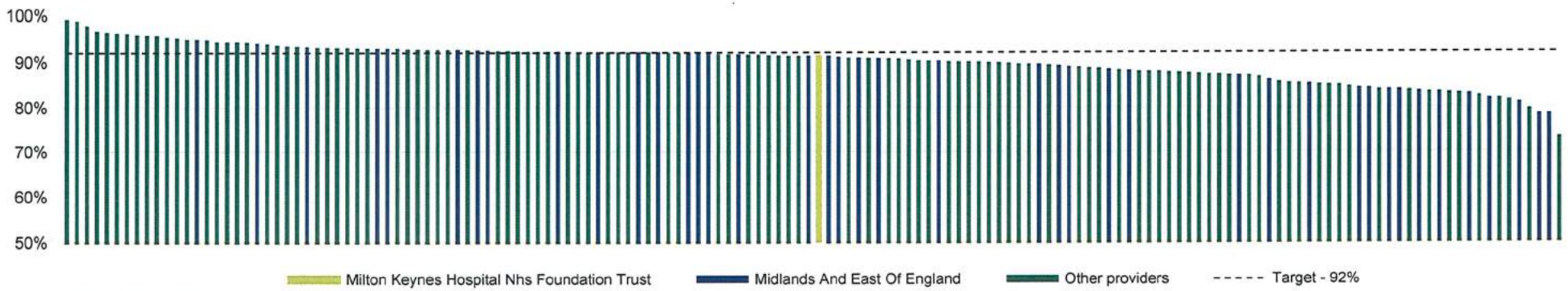
Definition: "The percentage of patients on an incomplete pathway who have been waiting no more than 18 weeks, as a proportion of the total number of patients on incomplete pathways," reported as the average of each month end position through the year.

The national performance standard for the incomplete Referral-To-Treatment (RTT) metric (92%) was introduced in 2012. This metric is about improving patients' experience of the NHS – ensuring all patients receive high quality elective care without any unnecessary delay.

National context of performance

The chart below shows how the Trust compares to other organisations nationally for the first nine months of 2017/18, the latest national data available.

18 week Referral to Treatment incomplete pathway - 11 months to February 2018 (tested indicator)



Source: Deloitte analysis of NHS Digital data

National context of data quality

NHS Improvement mandated the 18 week RTT indicator for testing for the first time in 2015/16. Nationally, only 41% of trusts subject to testing received a clean opinion. NHS Improvement have reviewed auditor reporting on this metric, and noted that of the qualifications, 71% were due to control environment and data testing issues, 10% due to a planned failure to report the metric, 8% as monthly reports were not retained, and 11% due to a combination of issues. Themes identified among the specific causes included clock stops and pauses, clock start dates, data retention, duplicated pathways for the same patient, system issues, and weaknesses in patient referral processes.

The indicator continued to be mandated for 2016/17, with many trusts experiencing continued issues. Although there was some improvement where trusts had opportunities for "quick wins" or addressing data retention type issues, there were still 52 qualifications of Foundation Trust quality reports in 2016/17 compared to 61 in 2015/16.

18 week referral to treatment times

We have issued a modified opinion for the last three years

Approach

- We met with the Trust's lead for the 18 week RTT metric to understand the process from patient referral to the result being included in the Quality Report.
- We evaluated the design and implementation of controls through the process. We discussed with management and analysed the data to identify whether there were any periods during the year or divisions within the Trust representing a greater risk that we should focus sample testing on.
- We selected a sample of 20 pathways from 1 April 2017 to 31 January 2018, following patient records through until treatment. Due to the volume and nature of errors we did not extend our sample or perform further substantive testing.
- We agreed our sample of 20 to supporting documentation.
- To test for completeness we checked to confirm whether each sampled pathway had been included in every month-end waiting list whilst the patient was on an incomplete pathway.

Findings

- We were provided with the month end waiting lists at the end of each month to use as our population for testing. These were extracted by the client from the data warehouse, connected to their EPR system.

  Initial Analysis of the data set identified differences between the reported Day Calculation in the population, and when Deloitte re-calculated manually. The majority of these were due to the census date used for the end of month analysis.

  Further analysis was performed by management which showed that across the population the net effect of these differences on the breach status (if corrected) would be to change 13 cases from non-breach to breach, and 5 cases from breach to non-breach. Considering there were 120,000+ pathways in the population we concluded this does not have a significant impact on the overall indicator. The underlying issue which caused these differences have been addressed by management since our audit.

- From our sample of 20 patients, we found that in 7 cases, the Trust had used an incorrect start date:

  - 3 of these were due to administrative errors in data input where the start date had been input incorrectly. There was a fourth case where the data input error had led to a duplicate pathway being created.
  - A further 2 were due to the outcome form being completed incorrectly.
  - 1 case was a referral that had been passed from one consultant at the Trust to another. The start date used was the date that the second department received the referral; not the date that the referral was first received at the Trust.

  In addition, we found 4 cases where a stop date had not been recorded by the Trust.

  Correcting for the errors above, in 1 case, the patient would change from a non-breach to a breach, and in 2 cases from a breach to a non-breach.

18 week referral to treatment times

We have issued a modified opinion for the last three years

Deloitte View:

We have found similar underlying causes and a similar level of errors in previous years. Our prior recommendations have been implemented and the Trust-wide framework of control over data quality strengthened.

Management believes that additional controls built in to the new e-Care system should help improve the data quality to an extent; specifically some of the errors that are made by admin staff or clinicians in inputting data. They acknowledge that there is a risk that in the short-term data quality may deteriorate slightly as the new system becomes embedded.

In addition, our testing has highlighted data entry errors which may be caused by a lack of understanding of the Trust's RTTs policies and procedures. We are aware that the centralisation of the admin hub may help address this. In the meantime, we have raised a recommendation relating to the provision of further formal training and guidance, which once implemented should also help improve data quality.

Radiology Reporting Times

The Trust has a good process for the reporting of this indicator

	Trust reported performance	Target	Overall evaluation
2017/18	98%	>80%	B

Indicator definition and process

Definition: There is no national guidance governing this indicator. However, the Trust has a target to report at least 80% of Outpatient/GP CT, MRI and plain film results within 11 working days.
The indicator is calculated per the following calculation:

Numerator: The number of Outpatient CT, MRI and Plain Film results reported < 11 days during the reporting period.
Denominator: Total Number of Outpatient CT, MRI and Plain Film scans performed during the reporting period.

The % performance at 31st March 2018 will be reported in the Quality Accounts

Approach

- We met with the Trust's leads to understand the process from the performance of a MRI, CT or Plain Film procedure to the overall performance being included in the Quality Report. There were no recommendations from the previous auditor's review of last year's Quality Report as this indicator was not part of the external assurance work.
- We selected a sample of 24 scans from 1 April 2017 to 31 March 2018 including in our sample a mix of CT, MRI and Plain Film scans.
- We agreed our extended sample of 24 to the underlying information held within CRIS and ICE.
- In order to confirm completeness, we tested a sample of inpatient scans to confirm that they were not in fact GP/Outpatient scans needing to be reporting in this indicator.

Findings

- We identified one case that had been recorded as a breach case. However, review of notes identified that the procedure had actually been abandoned and re-booked for a future date. This case had not been excluded from the indicator population.

Deloitte View:

Based on testing performed, the Trust has a good process in place for the reporting of radiology reporting times. The Trust has also consistently exceeded the 80% target throughout the year.

Appendices

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Appendix 1: Recommendation for improvement

We have made four recommendations

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)
4hr A&E Waits	**A&E Training and Guidance** We understand that the e-Care system will require data entry to be completed in real-time, which should help improve the timeliness and accuracy dimensions of data quality. We recommend that further guidance and training be provided to Trackers to help ensure that clock stops are recorded accurately and on a timely basis. In addition, A&E reception staff should be informed that during the registration of ambulance arrivals, they must review the ambulance arrival time on the ambulance handover form, and amend the start time to be no more than 15min after the ambulance arrived. We also recommend that a more detailed internal audit of the A&E processes be performed.	The A&E workflow within eCARE has been designed to record activities in real time by the clinical staff undertaking the work. Whilst there is the facility to amend the time series the functionality has been restricted to a small number of senior staff who undertake the validation process each day. As the new systems get embedded within the department there is an expectation that the need to alter workflow times will diminish. A new standard operating procedure for recording ambulance arrival time will be written and the necessary training given to staff. The Data Quality Compliance Board will be asked to undertake an audit of this process as well as to check that the agreed workflow within the department is being adhered to. **Responsible Officer:** Director of Operations **Timeline:** October 2018 (Data Quality Audits)	M
18 Week RTT	**RTT Training and Guidance** Although the Trust has some training programmes and guidance documents in place, these should be reviewed, and where required, further training and guidance provided to help address the underlying causes of the errors identified in our testing	Agreed. The Trust is working closely with the NHS improvement team to ensure that the training for staff is correct and fit for purpose. The Data Quality Compliance Board will be asked to undertake regular audits to monitor progress. The Medical Director ensures that consultants are kept up-to-date with a regular newsletter that is regarded as exemplary practice by NHSI. **Responsible Officer:** Director of Operations and Director of Corporate Affairs **Timeline:** Audit Reports - Reported Quarterly throughout the year from June 2018	M

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Appendix 1: Recommendation for improvement

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)
18 Week RTT	**Improvements to the Validation process** Currently, individual divisions are responsible for validating patients using the PTL tool, while the Performance and Information Team validates those who have been waiting in excess of 52 weeks. We recommend that management investigate whether specific exception reporting can be introduced into the live PTL to highlight areas of possible error within the data, to help guide divisions towards pathways that need to be validated. For example this could include highlighting pathways that have: - not had any activity recorded against them for a certain period of time - Pathways with no outcome recorded - Closed pathways with future activity booked against it - Pathways with a negative wait time - >18 week pathways with no future activity planned	The Data Quality Compliance Board have commissioned the Data Quality team to conduct audits on a number of areas for waiting list data. This is an extension to an existing programme that was undertaken last year. A timetable of audits has been agreed at the Audit Committee in April 2018 with audits being reported in draft format to divisions in the first instance and ratified in final at the Data Quality Compliance Board. Additional reports on capturing data quality errors will be built and shared with Clinical Divisions. These additional reports will be added to the pre-existing data quality reports. **Responsible Officer:** Deputy Chief Executive and Associate Director of Performance & Information **Timeline:** Additional reports from July 2018; audits from June 2018	M
Radiology Reporting Times	**Review of system's reporting parameters** We noted that the abandoned scan had been recorded as such in the system, and should have been automatically excluded as part of the reporting process. We recommend that management identify the underlying cause for this error and update the reporting parameters accordingly.	Noted. The Trust has issued instructions that all theses scans should be excluded going forward and is confident that this situation will not be repeated in the future. **Responsible Officer:** Director of Operations and General Manager - Core Clinical Services Division **Timeline:** July 2018	M

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Appendix 2: Update on prior year recommendations

Indicator	Prior Year Recommendation	Prior Year Management Response	2017/18 Update
A&E 4hr Waiting Times	**Improving the recording of clock stops** The A&E Department have dedicated admin staff (trackers) who are responsible for ensuring that EPR is being updated with treatment / discharge times accurately on a timely basis. We recommend that the Trackers are provided with further guidance and training. We also recommend that the Performance Team include an audit of treatment and discharge times within their programme of audits.	We recognise the need that further guidance and training needs to be provided to the A&E Patient Trackers and therefore will be holding a series of training programmes to ensure that data quality in respect of treatment/discharge times is accurately recorded. In respect of the audits, the Data Quality Audit team will undertake a baseline audit before the end of the July. A further audit will be undertaken in October to assess the progress post the training programmes. **Timeline:** A&E Baseline Audit – July 2017; Training Patient Trackers – August 2017; A&E Audit post training – October 2017	Due to management changes within the A&E department during the year, limited progress has been made. However, management intends to implement these recommendations during the current year.
Appraisal Completion	**Updating the Appraisal Policy** We recommend that management consider whether a) email confirmations from appraisee line managers are acceptable, and b) whether the one month grace period is acceptable and if so, we recommend that this is documented in the appraisal policy. In addition, we recommend that the type of staff who are excluded from the indicator, are clearly documented in the appraisal policy.	We do accept e-mail confirmation from managers when we are chasing managers towards the end of the month and will add this to the policy. We will list the exclusions as an appendix rather than within the main body of the policy. The fact that we run a 13 month report within the policy has been added. **Timeline:** June 2017	The Appraisal policy has been updated and now allows email notifications, lists the exclusions and has documented the one month grace period.

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Appendix 2: Update on prior year recommendations

Indicator	Prior Year Recommendation	Prior Year Management Response	2017/18 Update
Appraisal Completion	**Review of the automated reporting** We recommend that Informatics and the Learning & Development Team discuss the exclusions that are applied by each department, and look to incorporate them all into the SQL script, to make the process more efficient by reducing the need for the LDT to manually make changes to the spreadsheet.	The informatics and the Learning and Development Team will meet to ensure all exclusions are documented by the Learning and Development Team and communicated to the Informatics Team. **Responsible Officer:** Karen Camm **Timeline:** August 2017	The revised appraisal includes details of the exclusions to be applied and this has been aligned with the Informatics Team who report the data

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Responsibility statement

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Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Council of Governors, Audit Committee, and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations to report to the Governors and Board our findings and recommendations for improvement concerning the content of the Quality Report and the mandated indicators. Our report includes:

- Results of our work on the content and consistency of the Quality Report, our testing of performance indicators, and our observations on the quality of your Quality Report.
- Our views on the effectiveness of your system of internal control relevant to risks that may affect the tested indicators.
- Other insights we have identified from our work.

What we don't report

- As you will be aware, our limited assurance procedures are not designed to identify all matters that may be relevant to the Council of Governors or the Board.
- Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.
- Finally, the views on internal controls and business risk assessment in our final report should not be taken as comprehensive or as an opinion on effectiveness since they will be based solely on the procedures performed in performing testing of the selected performance indicators.

Other relevant communications

- Our observations are developed in the context of our limited assurance procedures on the Quality Report and our related audit of the financial statements.

We welcome the opportunity to discuss our report with you and receive your feedback.

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Deloitte LLP.

Deloitte LLP
Chartered Accountants

25 May 2018

This report is confidential and prepared solely for the purpose set out in our engagement letter and for the Board of Directors, as a body, and Council of Governors, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose. Except where required by law or regulation, it should not be made available to any other parties without our prior written consent. You should not, without our prior written consent, refer to or use our name on this report for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. We agree that a copy of our report may be provided to Monitor for their information in connection with this purpose, but as made clear in our engagement letter dated 7th December 2017, only the basis that we accept no duty, liability or responsibility to Monitor in relation to our Deliverables.

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Council of Governors Work Programme 2018

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

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