

## COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 5.00pm on the 20 March 2018 in Room 6, of the Education Centre, Milton Keynes University Hospital, Milton Keynes

Time	Item		Report	Lead
5.00pm	1	<b>Chair's Welcome and Announcements</b>		Chairman
	1.1	<b>Apologies</b> To receive apologies for absence.-		Chairman
	1.2	<b>Declarations of Interest</b> Governors are requested to declare any interests they have in items on the agenda.		Chairman
	1.3	<b>Minutes and Matters Arising</b>		Chairman
	(a)	Minutes of the Council of Governors meeting held on the 23 January 2018	Approve (Pages 3-13 )	Chairman
	(b)	(b) Action Log – No outstanding Actions	None	Governor and Membership Manager
	2	<b>(a) Chairman's Report</b>	Verbal	Chairman
		<b>(b) Chief Executive's Report</b>	Receive (Pages 14-16)	Chief Executive
<b>PRESENTATION AND INFORMATION ITEMS</b>				
5.05pm	3.	<b>Sustainability and Transformation Partnership</b>	Verbal	Chief Executive
	3.1	<b>Update on Estate Development</b>	Verbal	Deputy Chief Executive
	3.2	<b>PLACE (Patient Led Assessment of the Care Environment) Survey Report</b>	Presentation	Deputy General Manager, Core Clinical & Support Services Division
<b>ASSURANCE REPORTS FROM COMMITTEES</b>				
	4.1	<b>(Summary Report from) Finance and Investment Committee 5 February 2018</b>	Receive (Pages 17-19)	Chairman of the Committee
	4.2	<b>Summary Report from) The Workforce and Development Assurance Committee 5 February 2018</b>	Receive (Pages 20 - 22)	Chairman of the Committee

	4.3	<b>(Summary Report from) The Quality and Clinical Risk Committee 30 January 2018</b>	(Pages 23-25)	Chairman of the Committee
	4.4	<b>(Summary Report from) The Charitable Funds Committee 5 February 2018</b>	(Pages 26-27)	Chairman of the Committee
<b>GOVERNORS UPDATE</b>				
	5.1	<b>Healthwatch Milton Keynes Update</b>	Report (Pages 28-29)	Maxine Taffetani
	5.2	<b>Engagement Group Update</b>	Report (Page 30)	Alan Hastings
<b>PERFORMANCE</b>				
	6.	<b>Integrated Performance Report Month 10</b>	Report (Pages 31-43)	Deputy Chief Executive
	6.1	<b>Finance Report Month 10</b>	Report (Pages 44-51)	Director of Finance
<b>GOVERNANCE</b>				
	7.1	<b>Annual Report and Accounts 2017/18 Timetable</b>	Report (Pages 52-53)	Director of Corporate Affairs
	7.2	<b>Membership and Engagement Strategy</b>	Report (Pages 54-59)	Chairman
	7.2	<b>Motions and Questions from Council of Governors</b>	Receive	Chairman
	7.3	<b>Annual Work Plan</b>	Receive (Pages 60-61)	Governor and Membership Manager/All
	7.4	<b>Any other Business</b>		Chairman
	7.5	<b>Date and time of next meeting</b> The date of the next meeting of the Council of Governor's is on the 22 May 2018 at 9.30am in The Lecture Theatre, Education Centre	Note	Chairman
7.00pm	7.6	<b>Resolution to Exclude the Press and Public</b>		
		The Chair to request the Council of Governors' to pass the following resolution to exclude the press and public and move into private session to consider private business. <i>"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."</i>		

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

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

**DRAFT** minutes of a meeting of the Council of Governors' of the Milton Keynes University Hospital NHS Foundation Trust, held in public at 9.30am on Tuesday the 23 January 2018, in room 6 of the Education Centre at Milton Keynes University Hospital, Milton Keynes

**Present:**

Simon Lloyd - Chairman

**Public Constituency Members:**

William Butler (WB)

Jean Button (JB)

Alan Hastings (AH)

Alan Hancock (Aha)

Amanda Jopson (AJ)

Carolyn Pierson (CP)

Peter Skingley (PS)

Liz Wogan (LW)

**Appointed Members:**

Andrew Buckley (AB) - Milton Keynes Council

Maxine Taffetani (MT) - Healthwatch Milton Keynes

**Staff Constituency Members:**

John Ekpa (JE)

Keith Marfleet (KM)

Lesley Sutton (LS)

**In Attendance:**

**Executive Directors**

John Blakesley (JB) - Deputy Chief Executive

Mike Keech (MK) - Director of Finance

Lisa Knight (LK) - Director of Patient Care and Chief Nurse

**Non Executive Directors**

Parmjit Dhanda (PD)

Bob Green (BG)

David Moore (DM)

Tony Nolan (TN)

**Also in Attendance**

There were two members of the public

Adewale Kadiri (AK)  
Carol Duffy (CD)

- Company Secretary  
- Governor and Membership Manager

<b>1.</b>	<b>WELCOME &amp; ANNOUNCEMENTS</b>
	The Chairman extended a warm welcome to everyone present at the meeting.
<b>1.1</b>	<b>APOLOGIES</b>
	Apologies for absence were received from, Andrew Blakeman, Kate Burke, Douglas Campbell, Ogechi Emeadi, Paul Griffiths, Joe Harrison, Caroline Hutton, Robert Johnson-Taylor, Clare Hill, Ian Reckless, Clare Walton, Matt Webb, Kim Weston and Jill Wilkinson
<b>1.2</b>	<b>DECLARATIONS OF INTEREST</b>
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
<b>1.3</b>	<b>MINUTES</b>
<b>(a)</b>	<b>Minutes from the Council of Governors meeting held on the 14 November 2017.</b>
	The draft minutes of the meeting held on the 14 November 2017 were considered.  <b><u>Resolved:</u> That the draft minutes of the meeting held on the 14 November be agreed as a correct record of the meeting.</b>
<b>(b)</b>	<b>MATTERS ARISING / ACTION LOG</b>
	<b>Matters Arising</b>
<b>7.2</b>	It was confirmed that the representative for the Charitable Funds Committee is Public Governor Douglas Campbell  <b>Action Log</b>  There were no outstanding action log items.  <b><u>Resolved:</u> That the action log as updated at the meeting was received.</b>
<b>2</b>	<b>CHAIRMAN AND CHIEF EXECUTIVE REPORTS</b>
<b>(a)</b>	<b>Chairman's Report</b>
	A very successful Governor and Non-Executive Director event took place on the 22 November 2017 at Herons Lodge. NHS Providers GovernWell who provide the national training programme to equip all NHS Foundation trust Governors, with the skills to undertake this important role were also able to join the day. The event provided a good opportunity for more interaction between the Non Executive Directors and Governors.  The Chairman reported that the agenda for Council of Governor meetings is to be revisited. It is intended that non-executive director participation be enhanced, as the role of the Council of Governors is to hold the non-executives to account.

	<p>The Chairman recorded his thank you to all staff throughout the hospital for the excellent work undertaken during the winter pressures in what were at times very challenging circumstances. The Chairman went on to say that the organisation had pulled together in times of great pressure; putting patients first and doing the very best possible to make sure safe care was provided.</p> <p>Due to David Moore's Non Executive Director tenure coming to an end, The Chairman reported that this was to be David's last attendance at a Council of Governors Meeting.</p> <p>On behalf of the Governors the Chairman thanked David Moore for his interest, support and contribution which was always welcomed and valued.</p> <p><b><u>Resolved:</u> That the Chairman's report be received and accepted.</b></p>
<b>(b)</b>	<b>Chief Executives Report,</b>
	<p>The Deputy Chief Executive drew the Council of Governors attention to the written summary, of the outcome of discussions at the December Management Board meeting and other key developments.</p> <p>In response to a question from Public Governor Liz Wogan, The Deputy Chief Executive reported that with regard to the review to centralise the management of the administrative teams supporting outpatient activity, that there were about 200 members of staff who would be affected,</p> <p>In response to a question from Public Governor Alan Hastings, The Deputy Chief Executive informed, that the Full Business Case had been approved and plans were being made for Bedford and Luton and Dunstable Hospitals to merge to become a new Foundation Trust with effect from from the1 April 2018.</p> <p>In response to a question from Public Governor Alan Hancock, The Deputy Chief Executive stated, that there had been one meeting of the Board for the specific care system which had involved the key stakeholders and the accountable officers of the four organisations.</p> <p>In response to a question from Public Governor Peter Skingley, The Deputy Chief Executive reported that although the vast majority of imaging was provided by the Trust, there were occasions when speciality imaging was required that would then be undertaken outside of the Trust.</p> <p><b><u>Resolved:</u> That the Chief Executive's report be received and accepted.</b></p>
<b>3.</b>	<b>Sustainability and Transformation Partnerships (STP)</b>
	<p>In response to a question from Public Governor William Butler, The Chairman reported on local partners within the Milton Keynes health and social care system such as the Council, Milton Keynes CCG and Community Health services working together to deliver the best possible care to the local population whilst work with the STP is continuing. A very recent joint board meeting held between the Trust and Milton Keynes CCG which was very constructive.</p>

	<b><u>Resolved:</u> That the Sustainability and Transformation Partnership update be received.</b>
<b>7.2</b>	<b>Quality Account Local Indicator</b>
	<p>The Director of Nursing and Chief Nurse gave a presentation to Governors on the Quality Account Indicators 2018/19 and the following was highlighted:-</p> <ul style="list-style-type: none"> <li>• The Quality Accounts are annual reports to the public about the quality of services that providers of healthcare deliver and their plans for improvement</li> <li>• They are a statutory requirement for the Trust and the guidelines are stringently set out.</li> <li>• 3 External Audits are required, 2 are mandated and 1 is to be chosen by the Governors</li> <li>• In 2017/18, ED access target and RTT (Referral to Treat) were the mandated areas and Appraisals was chosen and approved by the Trusts Council of Governors.</li> <li>• The guidance for 2018/19 although not received, it was expected that the mandated areas will again be the ED and RTT.</li> <li>• The suggestions for the Governors consideration for the chosen areas were:- <ul style="list-style-type: none"> <li>○ Radiology reporting times</li> <li>○ Reporting times for ECOLI</li> </ul> </li> </ul> <p>In response to a question from Public Governor Alan Hancock, The Director of Patient Care and Chief Nurse reported that as radiology backlogs had been identified following CQC inspections in other areas. The Chief Inspector of Hospitals Professor Ted Baker, had written to all NHS acute and community NHS Trusts to advise them of the CQC's priority to review radiology reporting.</p> <p>In response to a question from Public Governor Alan Hastings, The Director of Patient Care and Chief Nurse reported that a recent benchmarking exercise at the Trust had shown a slight increase of ECOLI.</p> <p><b><u>Resolved:</u> That Radiology reporting times was approved as the Local Quality Account Indicator for 2018/19</b></p>
	<b>Quality Priorities 2018/19</b>
	<p>The Director of Patient Care reported that as part of the Quality Accounts for 2018/19 the Trust is required to choose at least 3 quality priorities for the year:-</p> <ul style="list-style-type: none"> <li>• The 2017/18 Quality Priorities were:- <ul style="list-style-type: none"> <li>○ Sepsis</li> <li>○ Saving Babies Lives</li> <li>○ Patient/Staff Experience</li> <li>○ Improving Discharge</li> </ul> </li> <li>• The Director of patient Care described each of the following proposed Quality Priorities for 2018/19 with rationale for inclusion:- <ul style="list-style-type: none"> <li>○ Patient Safety – WHO checklist</li> <li>○ Patient Experience – The Gold Standard framework FOR End of Life Care</li> <li>○ Clinical Effectiveness – Improving outpatients</li> </ul> </li> </ul>

	<p><b>Resolved: That Patient Safety – WHO checklist, Patient Experience – The Gold Standard framework FOR End of Life Care and Clinical Effectiveness – Improving outpatients was approved as the Quality Priorities for 2018/19.</b></p> <p>A question that was submitted from Public Governor Alan Hastings was communicated by the Chairman.</p> <p>In response, The Director of Patient Care and Chief Nurse reported that although the numbers of Nurses at the Trust had remained static in recent years, there was an increase in staff establishment with the opening of three new wards at the Trust.</p> <p>The Director of Patient Care and Chief Nurse reported that The Trust had also successfully recruited seven Nurses from the Philippines and there were expected to be more on the way. There was a national shortage of band 5 nurses which was a challenge and a concern for the future was for the numbers of students coming through and the availability of bursaries. However, the Nursing Associates whose training is funded by the Trust were doing very well and the hope was to undertake training for more.</p> <p>The Director of Patient Care and Chief Nurse left the meeting</p>
4.2	<p><b>Finance Report Month 8</b></p>
	<p>The Director of Finance presented the Month 8 position and the following was highlighted:-</p> <ul style="list-style-type: none"> <li>• At month 6, NHS Improvement was reporting a combined provider deficit of over £300m. The position has since deteriorated further.</li> <li>• On a control total basis, the Trust is £162k adverse to plan in month. YTD, it is £824k behind the control total. The finances have deteriorated in month 7 because although both outpatient and elective performance is above plan, MRET and readmissions, as well as maternity and critical case, continue to erode income.</li> <li>• Shortfalls remain on the Transformation Programme.</li> <li>• The Trust still has not received confirmation about its capital loan. The Director of Finance will be discussing next steps with the Chief Executive</li> </ul> <p>In response to a question from Public Governor William Butler, the Director of Finance reported that receipt of the capital loan to support the capital programme is becoming increasingly urgent and stated that finances would not be diverted from safety and critical schemes.</p> <p><b>Resolved: That the Finance Report for Month 8 be received</b></p>
3.1	<p><b>Update on Estate Development</b></p>
	<p>The Deputy Chief Executive provided the update for the Estate Development and reported on the Academic Centre's official opening which was due soon.</p> <p>Work was continuing for a completion date towards the end of April for the Multi Storey Car Park, however upcoming work on the car park requires that a crane is to be on site which will mean that part of the ring road around the trust will be closed for a few</p>

	<p>weeks.</p> <p><b><u>Resolved:</u> That the Update on the Estate Development be received.</b></p>
<b>3.2</b>	<b>Healthwatch Milton Keynes</b>
	<p>A presentation from Healthwatch Milton Keynes was given by the Chief Executive of Healthwatch Milton Keynes Maxine Taffetani.</p> <ul style="list-style-type: none"> <li>• The mission of Healthwatch Milton Keynes is to provide local people with a strong independent voice on health and social care issues and to influence the way that these services are planned, provided and delivered.</li> <li>• Since 2013, Healthwatch Milton Keynes has been working hard to understand what people want from health and care.</li> <li>• Healthwatch Milton Keynes is here to make sure that health and social services work for the people that use them by:- <ul style="list-style-type: none"> <li>○ Listening and representing</li> <li>○ Shaping and influencing</li> <li>○ Information, Signposting and advice</li> <li>○ Holding to account</li> </ul> </li> <li>• Activity highlights 2017/18 <ul style="list-style-type: none"> <li>○ Enter and View</li> <li>○ Getting People Home</li> <li>○ Mental Health</li> <li>○ GP Access</li> <li>○ Dentistry</li> <li>○ Young Carers</li> </ul> </li> <li>• How Healthwatch Milton Keynes can best work with the Hospital Governors <ul style="list-style-type: none"> <li>○ Extend reach into the community</li> <li>○ Resources</li> <li>○ Community Engagement</li> <li>○ Promoting membership</li> </ul> </li> </ul> <p>In response to a question from Public Governor Liz Wogan, Maxine Taffetani reported that Healthwatch Milton Keynes facilitate the Patient Participation Group Network Meetings which was an emerging relationship.</p>
<b>4.1</b>	<b>Integrated Performance Report Month 8</b>
	<p>The Deputy Chief Executive introduced the Month 8 Performance Report and reported that changes would be made to the report from next month in relation to length of stay and the reporting of E-coli. The Referral to Treat (RTT) performance was not achieved but the Trust was still performing well nationally compared to others.</p> <p><b><u>Resolved:</u> That the Integrated Performance Report Month 8 be received.</b></p>

5.1	<b>(Summary Report from) Finance and Investment Committee</b>
	<p>Non Executive Director David Moore, the Chairman of the Committee presented the summary report from the Finance and Investment Committee Meeting held on the 6 November and 18 December 2017.</p> <p>The following was highlighted:-</p> <ul style="list-style-type: none"> <li>• An update had been provided at the last Board Meeting on the audit of readmissions and discussions were ongoing with the CCG on both the rebasing of the MRET tariff and the re-investment of MET monies and these are to be raised at the next joint board meeting between the Trust and the CCG.</li> <li>• At month 7, £1.4m worth of savings were achieved against a plan of £0.5m. The programme is £750k behind plan but agency has significantly underspent.</li> <li>• Agency spend is now lower than bank spend for the first time.</li> </ul> <p>Public and Lead Governor Liz Wogan, took the opportunity to thank, with all best wishes for the future, at his last Council of Governors Meeting, David Moore Non Executive Director and Chairman of the Finance and Investment Committee.</p> <p>Appointed Governor Andrew Buckley left the meeting</p> <p><b><u>Resolved:</u> That the Finance and Investment Committee Summary Report be noted.</b></p>
5.2	<b>(Summary Report from) the Workforce and Development Assurance Committee</b>
	<p>Tony Nolan, Non Executive Director and Chairman of the Workforce and Development Assurance Committee presented the summary report for the meeting held on the 6 November 2017.</p> <p>The following was highlighted.</p> <ul style="list-style-type: none"> <li>• Agency controls and usage, the reduction in pay costs in the last quarter was noted. Premium staff costs at below £900k for September were reported to be the lowest in many years.</li> <li>• There has been some very good work such as using bank staff to fill shifts rather than agency.</li> <li>• An analysis on why people leave is to be received and discussed at the next Workforce and Development Assurance Committee Meeting.</li> <li>• It was the view of the Committee that opportunities remain to highlight and build upon the 'Sports and Social' infrastructure at the hospital to encourage the set up e.g. more hospital teams.</li> </ul> <p><b><u>Resolved:</u> That the summary report from the Workforce and Development Assurance Committee be noted</b></p>
5.3	<b>(Summary report from) the Audit Committee</b>
	<p>Bob Green, Non Executive Director and Chairman of the Audit Committee presented the summary report of the Audit Committee meeting held on the 12 December 2017.</p> <ul style="list-style-type: none"> <li>• In relation to data quality, an action plan and assurance plan had been requested.</li> </ul>

	<ul style="list-style-type: none"> <li>• There are concerns about delivery of the internal audit plan.</li> <li>• It was also suggested that Committee Chairs will need help in completing the risk management reports.</li> </ul> <p><b><u>Resolved:</u> That the the summary report of the Quality and Clinical Risk Committee meeting held on the 12 December 2017 was noted.</b></p>
6.	<b>Healthwatch Milton Keynes Update</b>
	<p>Maxine Taffetani, appointed governor from Healthwatch Milton Keynes presented the Healthwatch Milton Keynes update</p> <ul style="list-style-type: none"> <li>• Healthwatch Milton Keynes would like to thank the hospital staff for their continued support and engagement whilst we have delivered our second Enter and View visit on Ward 24.</li> <li>• Patient experience, on the whole, was extremely positive and the discharge planning process working well. So far, over the course of our Enter and View activity, we have found that where there are clear, simple clinical pathways in place, discharge planning is generally unproblematic.</li> <li>• However, where patients have more complex needs, and clinical pathways aren't as clear, planning and achieving timely discharge is challenging. It is these situations where we have found patient confidence in the system, and their experience is less positive.</li> <li>• The report on Ward 24 is currently with the hospital for comment and will be published within the next month.</li> <li>• Healthwatch Milton Keynes plans to continue, and conclude our Enter and View of patient experience of Red2Green, with informal agreement to visit Maternity and the Discharge Lounge.</li> </ul> <p><b><u>Resolved:</u> That the Healthwatch Milton Keynes Update Report be noted.</b></p>
6.1	<b>Engagement Group Update</b>
	<p>Alan Hastings Public Governor as Chair of the Engagement Group, provided the update from the Engagement Group Meeting that took place on the 6 December 2017 and the following was highlighted:-</p> <ul style="list-style-type: none"> <li>○ The main discussion centred round the Membership and Engagement Strategy Action Plan 2015-17. This was due for review to cover the period 2018-20.</li> <li>○ The meeting agreed that the Action Plan would be sent to all Governors for comment. Carol issued the current version on 14<sup>th</sup> December under cover of a message from the Engagement Group Chair requesting comments. Thanks go to those that responded.</li> <li>○ A further meeting was held between Alan, Amanda and Carol to look at the comments received which will be considered and incorporated within the document.</li> <li>○ The completed document will then be taken to the next Engagement Group Meeting being held on the 14<sup>th</sup> February for further consideration before being</li> </ul>

	<p>presented to the Board of Directors for approval.</p> <ul style="list-style-type: none"> <li>○ It was thought that initial concentration should be on the following actions:- <ul style="list-style-type: none"> <li>○ Asking all Public Governors to distribute copies of 'The Year in Review' newsletter and Membership Application Form to surgeries and other meeting locations in their Constituencies;</li> <li>○ Appointed Governors to do the same in their organisations and Staff Governors to do the same to the Wards and offices in their areas.</li> <li>○ All Public Governors to contact their Parish Councils.</li> <li>○ Help the Lead Governor, Liz Wogan, with the stand that she has kindly offered to set up in the Main Entrance.</li> <li>○ Being involved to develop the next 'Meet the Members' event.</li> <li>○ Be involved to start organising the Annual Members Meeting 2018.</li> </ul> </li> </ul> <p><b><u>Resolved:</u> That the Engagement Group Update be received and accepted.</b></p>
6.2	<b>North Site Development Operational Group</b>
	Deferred until the next meeting
7.	<b>Governor Elections</b>
	<p>The Governor and Membership Manager provided the update on the Governor Elections and the following was highlighted :-</p> <ul style="list-style-type: none"> <li>● Governor Elections were being held for current vacancies and tenures nearing completion for the following constituency areas :- <ul style="list-style-type: none"> <li>○ Public - Emerson Valley, Furzton and Loughton Park,</li> <li>○ Public – Linford South, Bradwell and Campbell Park</li> <li>○ Public - Walton Park, Danesborough, Middleton and Woughton</li> <li>○ Public – Outer Catchment area that includes Buckingham, Winslow, Leighton Buzzard, Linslade, Newton Longville, Woburn Sands</li> <li>○ Public – Extended area that includes the remainder of the county areas not covered in the outer catchment area of Northamptonshire, Buckinghamshire, the unitary council area of Luton and the district council of Cherwell, Oxford City and South Oxfordshire.</li> <li>○ Staff – Non Clinical Admin and Clerical, Estates, Finance, HR and Management</li> </ul> </li> <li>● Timetable :- <ul style="list-style-type: none"> <li>○ Deadline for receipt of Nominations is 31 January 2018</li> <li>○ Notice of Poll/Issue of Ballot Packs 15 February 2018</li> <li>○ Declaration of Result 14 March 2018</li> </ul> </li> </ul>

	<b><u>Resolved:</u> That the Governor Elections Update be noted.</b>
<b>7.1</b>	<b>Lead Governor</b>
	<p>Further to previous Chairman and Governor discussions, the Chairman presented the Lead Governor process and timetable that will take place when Public Governor Liz Wogan's tenure as rotational Lead Governor finishes on the 11<sup>th</sup> May 2018.</p> <p>The following was highlighted:-</p> <ul style="list-style-type: none"> <li>• The appointment as Lead Governor will be for an 18 month term, with a maximum of three appointments for any single Governor.</li> <li>• There is no lower restriction on the time served as a governor for eligibility as Lead Governor.</li> <li>• It will be for each candidate to demonstrate their suitability for the role in the course of the election process.</li> <li>• To put themselves forward candidates must have at least one year left of their current tenure</li> <li>• The nomination submissions are to be made to the Governor and Membership Manager.</li> <li>• Candidates supporting statements are to be made to the Governor and Membership Manager.</li> <li>• If there is more than one candidate, a vote to elect a Lead Governor of the Council of Governors is to be held at the next Council of Governors Meeting.</li> </ul> <p><b><u>Resolved:</u> That the Lead Governor Process was approved.</b></p>
<b>7.4</b>	<b>Motions and Questions from Council of Governors</b>
	<p>The Chairman communicated the question that had been submitted from Public Governor Alan Hastings.</p> <p>In response to the question the Deputy Chief Executive reported that the Trust does not have any contracts with Carillion.</p> <p><b><u>Resolved:</u> That the Motions and Questions from the Council of Governors be received and accepted.</b></p>
<b>7.5</b>	<b>Annual Work Plan</b>
	<p>The Annual Work Plan was considered and any items pertaining to this meeting are to be added.</p> <p><b><u>Resolved:</u> That the Annual Work Plan be noted.</b></p>
<b>7.6</b>	<b>Any other business</b>

	<b>There was none</b>
<b>7.7</b>	<b>Date and Time of next meeting</b> The date of the next meeting of the Council of Governors is on the 20 <sup>th</sup> March 2018 at 5.00pm in room 6 at the Education Centre.
<b>7.8</b>	<b>RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC</b> <b><u>Resolved:</u></b> that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.

**Carol Duffy**  
**Governor and Membership Manager**  
**13 February 2018**

DRAFT

<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 20 March 2018</b>
<b>Report title:</b>	<b>Chief Executive's Report</b>	<b>Agenda item: 2</b>
<b>Report author</b>	<b>Name: Joe Harrison</b>	<b>Title: Chief Executive</b>
<b>Fol status:</b>	<b>Public document</b>	

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

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

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

## **Chief Executive's Report - key points arising from the Management Board meeting on 21 February 2018**

### **1. Chief Executive's update**

- The Chief Executive highlighted the recent visits to the Trust by Jeremy Corbyn and Jeremy Hunt, and the broadly positive media coverage that had accompanied both visits. The Secretary of State is to be invited back for a more in-depth tour of clinical areas.

### **2. 7 day services**

- There are 4 priority standards under the 7 day services framework. There are local challenges to implementing these, but potential options are being identified.
- The twice a year benchmarking exercise indicates that the Trust is making good progress towards compliance.
- There is a potential difficulty in that the reference period clashes with the go live date for EPR.
- There is concern about the cost of implementing these standards within the context of an already fraught financial situation for most provider organisations. It would be important to carefully prioritise any additional investment. Full use should also be made of technology where appropriate.

### **3. Options for the Eatery**

- The preferred option for reopening the Eatery is to create a new in-house outlet that will complement existing facilities.
- There is likely to be a small capital cost to refurbish the premises and equipment.
- The expectation is that it would be open for breakfast and lunch, but it would need to offer something unique in order to be viable.
- This is to be a staff only facility, and it would therefore be important to get their views on the offer in the first instance.

### **4. Patient Led Assessment of the Care Environment (PLACE)**

- The action plan focusing on those areas where the Trust is an outlier is to be presented at the next meeting.

### **5. Trust-wide non-RTT position**

- The Trust had noted the increasing number of patients awaiting an outpatient appointment who are not on RTT pathways. In response to targets for services to significantly reduce the number of such patients by 31 March 2018, good progress has been made overall, but there are still some problem areas.
- NHS Improvement will be visiting in late March to assess progress.

### **6. Performance Report**

- The cancer 62 day target was met, and the Trust is back on track in relation to diagnostics. However, there was concern at the number of open pathways, which could mean that the number of 18 week breaches is also on the rise.
- Close attention is being given to the number of patients who would have been waiting for 52 weeks or more.

- The Trust is reporting a Never Event, relating to a patient transferred from a hospice whose medication was wrongly administered. No harm came to the patient, but the incident has been reported as required.

## **7. Finance Report**

- At month 10, the Trust was £174k adverse to plan, but there was improvement in some areas.
- Outpatient performance is back on track, driven by specific specialities and the non-RTT work. However, Surgery remains in difficulty in terms of the number of cancellations.
- Pay costs remain high, but bank shift rates are soon to change.
- Next year's control total will be a deficit of £15m, meaning the Trust will need to make an extra £4m worth of savings which will be a challenge.

## **8. Q3 Patient Experience and Complaints report**

- 360 complaints were received during the quarter but only 27% of them were formal. The PALS team has done much work in this regard.
- The themes emerging from complaints remain broadly the same, with a wide range of communications issues being cited. Staff attitude has also crept up as an area of concern.
- The Trust benchmarks well on the patients' Friends and Family Test, but patients are still saying in various surveys that their experience of using Trust services is poor.

## **9. Agency update**

- The Trust has maintained its good performance and stayed below its ceiling, but it would need to do more next year.
- Managers need to manage their succession planning better to avoid gaps between resignation and a new employee starting.

## **10. Strategic Modernisation Programme Board**

- It is vital that a solution is found for the location of a new aseptic suite
- The new multi-story car park is to open in April
- Construction of the Cancer Centre should start in May.

## **11. Risk Management Report**

- Violence and abuse of staff by patients, relatives and members of the public remains an issue

## **12. Minutes of the Workforce Committee**

- Exit interviews and onboarding surveys have provided fascinating messages, connecting with messages emerging from appraisals
- The values underpinning the We Care programme are being revisited, and harassment advisers have been engaged.
- There is concern around the low uptake of apprenticeships.

**MEETING OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 5 February 2018**

**REPORT TO THE BOARD OF DIRECTORS**

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**Matters approved by the Committee:**

- The Committee approved the Waste Management Contract Business Case.

**Matters referred to the Board for final approval:**

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

**Other matters considered at the meeting:**

1. Minutes of the last meeting and Matters Arising:

- I. Consultant productivity – The Trust’s Patient-Level Costing System (PLICS) will provide a more detailed view of productivity, and the national Model Hospital framework will also include a section on doctor productivity.
- II. Despite support from NHS Improvement, no progress has been made with regard to EPR funding.
- III. The temporary reduction in the number of University of Buckingham medical students coming to MKUH has been planned as part of steps to enable the university grow its numbers through other sites, with the overall aim of considerably increasing the total size of the school.

2. Performance Dashboard:

The Committee noted:

- I. The pattern of high attendance in A&E and the low number of electives continues, reflecting the winter pressures. The pressure has now eased off slightly, but the hospital remains extremely busy.
- II. The A&E 4 hour target and front door streaming targets were both met, but it was not clear that the Trust would be able to achieve the 4 hour target of 95% in March 2018, meaning that the Trust would not be in a position to achieve STF funding.

3. Finance Report:

The Committee noted that:

- I. At M9, the Trust is reporting that it is meeting its control total.
- II. Clinical income is below plan, and although high cost drugs have improved the underlying position, this is offset by additional costs.
- III. There have been big increases in MRET and readmission penalties.
- IV. An agreement has been reached with MKCCG for M1-6 to avoid contract arbitration.
- V. £751k winter funding was received in full in M9
- VI. Without EPR funding, the Trust would run out of money by mid-March. NHS Improvement is fully aware of the situation.

#### 4. Agency update

It was noted that spend is likely to increase during the last 3 months of the year, although the Trust is expected to remain within its £15.12m ceiling. This is in part due to the reduction in bank premiums which comes into effect in March, as well as a fall in the number of applications for nursing posts. It was noted that the agency market has changed, and there is now less of an incentive to do agency work.

#### 5. Transformation Programme update

The following points from the report were highlighted:

- I. Performance to date is below £5m against a £6.5m plan, and the forecast outturn is £7.4m against a plan of £10.5
- II. Actions are being taken to improve performance going into next year, and plans are being prioritised, such that a good proportion of the total could be identified before the start of the year.
- III. Performance in relation to the cross-cutting procurement programme has been mixed. Some specific work has been done with STP partners, but there does not appear to be much enthusiasm for joint procurement initiatives. The Trust is therefore seeking such opportunities elsewhere.
- IV. The point was made that the focus of transformation is on increasing productivity rather than cost savings – the Trust needs to ensure that it is using all its resources, human and material, to their full capacity.
- V. Changes are to be made to the way that transformation is managed and the team is to be brought within the Director of Finance's remit.

#### 6. Timeline for strategic capital projects

As a result of the lack of movement on DH capital funding, it would not be possible to proceed with the aseptic suite and pharmacy robot projects this year. The schemes that are already underway are broadly on track, but there has been a delay to the start of the construction of the Cancer Centre. The Trust is in discussion with a P22 supplier, but no contract has yet been signed.

#### 7. Financing the Trust's car park development

An unsecured loan with a private company had been approved in principle by the Board, subject to a review of options by this Committee. The Committee raised questions about the most cost effective way of drawing down the funding in response to which the Director of Finance expressed the opinion that it would be possible to draw down part but not all of the money as required.

#### 8. Governance of Global Digital Exemplar (GDE) Programme

The £5m that is to be paid to the Trust as a Fast Follower to the GDE programme will be received over 3 years. It will be used to fund investment in digital projects, such as devices and support to support the Trust's broader IT agenda.

#### 9. Other Business

New planning guidance for 2018/19 has been issued and will be circulated to the NEDs. The final plan will be ready by the end of April.

The Committee members thanked David Moore for the skill and care with which he had chaired the Committee, and for the support he provided to the Executive Directors in attendance.

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

None

## Workforce and Development Committee Summary Report

### 1. Introduction

The Workforce and Development Committee met on 6 November 2017. A summary of key issues discussed is provided below.

### 2. Workforce

**2.1 Staff Story** – One of the two hospital chaplains attended to provide the staff story. She had been at the Trust since 2014, having previously been a local church minister who also did some work at a local hospice. The chaplain enjoys the variety within the role, and sees it as one of her main duties to be there to listen to the concerns, serious or mundane, of patients and staff. She does find some aspects of the role harrowing, including comforting parents who have suffered a miscarriage or lost a young child, but finds her engagements with people coming to the end of their lives quite powerful. The chaplain has a passion for staff health and wellbeing and was instrumental in the setting up the Peer to Peer (P2P) listening service – which many staff have found useful, and in relation to which the number of volunteers is constantly growing. In terms of things that she would change, the chaplain is concerned about the extent to which staff feel the need to respond to emails etc. outside of work hours.

The Committee were grateful for the insights that the chaplain provided. For future meetings, it was agreed that members of staff who could perhaps give a more challenging account of their work at the Trust be invited to tell their story. These would include a junior doctor, an ED nurse and a member of staff-side

**2.2 Workforce Quarterly Report** – This was received, and it was noted that it only covered 2 months of the quarter. Highlights included the fact that the vacancy rate had fallen to 12% during the course of year, with the best position recorded in November. Turnover was similarly lower, while statutory and mandatory training and appraisal rates had risen slightly to 89%. It was noted that all the key indicators were moving in the right direction, with the exception of in the Emergency Department.

**2.3 NHS National Staff Survey 2017** – Picker only – this survey had been run by Picker and not the Department of Health. Highlights are that there had been a reduction in the response rate to 42%. In terms of the Trust's performance compared to last year, there were 5 questions on which responses were significantly better and 3 questions on which they were significantly worse. The Trust remains "middle of the pack" nationally. There is disappointment that the results were not better, considering the efforts that management had put into staff engagement during the course of the year, including Event in the Tent and in light of the boost expected from the Trust's positive CQC report in 2017.

In terms of next steps, focus groups are to be set up to think about ways to improve things, and some divisions are implementing their own ideas. An update on this with a detailed action plan is to be presented at the next meeting.

- 2.4 Staff Friends and Family Test** – The Quarter 2 results of this test show that the response rate has dipped to 19%, although the proportion of staff who would recommend the Trust remains high.
- 2.5 Agency controls and usage** – The management processes for agreeing agency use are being tightened up, with retrospective authorisation no longer allowed. At the same time, further innovation is being introduced into the recruitment process, including greater use of social media platforms. There has been some reduction in staff bank pay rates, and the possible impact of this is being monitored. There are currently no plans to establish an STP-wide bank with Luton and Dunstable and Bedford Hospitals.
- 2.6 Staff health and wellbeing report** – It was noted that the CQUIN for health and wellbeing will be partially achieved. Use is being made of the workforce website to help staff become involved with and to set up sporting and social events though there is recognition that there is much more to do on this front. Eyesight testing is to be made available on site. The Trust has exceeded the 75% for staff flu vaccination, and is also supporting patient vaccination.
- 2.7 Staff retention** – The Committee received feedback from the onboarding and exit surveys. The findings from the onboarding surveys were mainly positive, with most new starters meeting their manager on the first day, and receiving a clear explanation of their duties within the first week of their employment. There was however concern that almost 8% of new starters did not feel welcomed at the Trust. There were also a number of operational issues flagged in the survey about the new joiner process (for example around IT) that Management are auctioning. At 12 months, almost all staff expressed satisfaction at their decision to join the Trust, although there were a few complaints about pay and benefits, job roles and workload.

Less than half of all leavers currently complete an exit survey, and the sample size is not yet large enough to enable any conclusions to be drawn as to why people leave and what leavers' impressions of the Trust are. Further analysis will be done when a richer data set is available. There was some concern, however, that 20% of those surveyed reported bullying and harassing behaviour.

- 2.6 Equality and Diversity** – The report on the findings of the Workforce Race Equality Standard 2017 (WRES) was presented. The WRES was incorporated into the NHS standard contract in 2015 with a view to making workforce race equality mandatory within the service. The two main messages highlighted in this report, as it relates to this Trust, were that around 2.5% more staff from a BME background than from a White background had experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months, and that 21% more White than BME staff believe that the Trust provides equal opportunities for career progression or promotion. It was noted that these results had not been expected. An action plan for addressing these and other issues raised by the report will shortly be published in the Trust's website.
- 2.7 We Care update** – The extent to which this agenda overlaps with the staff survey and health and wellbeing was noted. The focus over the next few months will be on ensuring that the We care values become more integral to the work of the Trust, but there was an acknowledgement that there is a need for a re-launch, with a new vision and purpose.

### **3. Education**

**3.1 Education Update** – The work experience opportunities for GCSE and A Level students were acknowledged. There is still no clarity around the Health Education England funding arrangements. Clarity is also being sought as to whether the Trust ought to be aligned with the Thames Valley region or East Midland and East.

**3.2 Medical Education Update** – Highlights included:

- A development programme for new consultants
- Information that has been made available for international medical graduates on the Trust's workforce website, and
- The appointment of a new consultant educational lead.

**4.1 Board Assurance Framework** – The new BAF template, setting out the risks specific to this Committee were noted.

**4.2 Minutes** – The minutes of the following meetings were noted: Workforce Board dated 30 October 2017; MK Undergraduate Quality Group on 13 November and 4 December 2017; Medical School Steering Group on 28 November 2017 (for the future, these are to be presented at the Workforce Board).

The Board is asked to note the summary report.

## Quality and Clinical Risk Committee Summary Report

### 1. Introduction

The Quality and Clinical Risk Committee met on 30 January 2018.

### 2. Key matters

The following items were presented to the Committee:

#### Role of this Committee

- The Chairman explained that he had had discussions with the Chief Nurse and Medical Director about the role of this Committee, which is to monitor processes for effectiveness and provide assurance to the Board that these are working effectively. A new report is to be introduced, piloted at this meeting, to be completed by the Chief Nurse and Medical Director, setting out in general how it feels to be in the hospital. This will set the tone for the rest of the agenda.

#### Action log (highlights)

- Efforts are to be made to see if common themes could be drawn from serious incidents, claims and complaints.
- The Trust wants to attract more volunteers, and a new volunteer strategy is being written – to be brought back.

#### Quarterly highlight report (pilot)

The top things, positive and challenging, occupying the Medical Director's mind included:

- Over the last 6-12 months, the Trust has done well on consultant recruitment.
- The Trust has been able to recruit Professor Simon Bowman to lead on research and development.
- The quality and transparency of job planning is improving and all consultants now have job plans.
- The Trust has done well to hit the 7 day service targets for stroke. However, there are concerns about what the 7 day service requirements as a whole will mean for small to medium sized hospitals.
- There is a backlog of patients waiting for elective care but who are not on the RTT clock as they are not covered by the core metrics. This is being managed but there are still some unknowns.
- Emergency readmissions.
- eCare – this is a major change programme.
- Vulnerable services – there are services where reliance is on an individual or there are challenges with recruitment.

#### Clinical Quality Board Assurance Framework (BAF) and Risk Register Report

- The new BAF template was presented. It is still in development with further Executive Director input required. The focus of the document is on assurance and is designed to be easier to engage with.
- The role of the BAF is to drive the Board agenda – it was accepted that the risks set out in the document cover all of the key areas of the Trust's work. It was agreed that a column for action plans would be incorporated to enable the Committees to assess whether these are adequate to address the particular risk.
- The internal auditors are due to complete their audit of the BAF shortly.

#### Exception report for the Quality Dashboard

- The Committee requested further information regarding ambulance handovers over 30 minutes.

- A question was raised, in relation to the average age and complexity of patients, whether the Trust has the correct indicators in place.

#### **Quarterly Patient Experience Report**

- Response times have improved slightly, with only two specialities lagging behind.
- Appointment cancellations have increased considerably.
- The Trust has come out poorly in the maternity survey, rated 67<sup>th</sup> out of 68 Picker trusts.

#### **Mortality update**

The Trust's mortality rate, as measured by the HSMR and SHMI continues to be lower than or within the expected range.

#### **Divisional Deep Dive – Medicine**

- This is the second of the divisional deep dives. In terms of the issues that the Division is most focused on, they highlighted the importance of getting patients into the right beds. A number of changes and have been made to surgical pathways following the introduction of ward 24. Steps are also being made to comply with the findings from the Getting it Right First Time (GIRFT) reviews.
- The winter pressures have meant that the day surgery beds are being used for emergency admissions. Plans are now being made to treat some Trauma and Orthopaedic patients at weekends to help recover performance.
- There are particular issues around urology, with long waits for a number of patients. Innovative steps have been taken to address the issues and the waiting list has now considerably reduced.
- There are challenges around staffing both in terms of nurses and doctors. Overall turnover within the division is 14%, but there are some specialities where this is higher. Nationally, there are shortages of breast surgeons, ODPs and theatre nurses.
- Ideally, the hospital would be running at 80-85% of capacity, and as such, the Trust would need 10% more beds, although there may be issues staffing these.
- Rollout of the Red2Green initiative in Surgery has been challenging, as it is difficult to run ward rounds with all the consultants in attendance. However, there is buy-in across the division and there are examples of success in wards 20 and 24.
- A change that would make the most impact for the division would be for the Medicine division to look more closely at lengths of stay. The Trust needs to work harder with other agencies on suitable packages of care to facilitate timely discharges.

#### **Quarterly Trust-wide Progress Report – Serious Incidents**

- 13 serious incidents in Q3, 4 of which were due to sub-optimal care, all from different specialities.
- Efforts are being made to derive more learning from incidents, but more needs to be done to integrate the outcomes of clinical audit.

#### **Internal Auditor's Report into Clinical Audit**

- This was a very disappointing and surprising draft report, but it was acknowledged that there is an issue around the Trust's inability to evidence that its commitments around clinical audit are being met.
- Nevertheless, there are aspects of the report that the Trust does not agree with, and the final version will contain management responses.
- Changes are being made to the administrative processes around clinical audit, but it would be important to ensure that there is effective oversight of the programme, including by this Committee. There is need to ensure that there is clarity around clinical audit priorities, and that there is an improved focus on its governance. It was acknowledged that this would not be a quick fix, but the first step would be to agree some sensible metrics. Suggestions for improvement are to be presented at the next meeting.

### **Compliance with processes for assessing performance against NICE guidance**

It was acknowledged that there are some issues in relation to engagement and compliance in this area. The Trust is required to perform a baseline assessment of each guideline to determine if it is applicable, but this is not always happening within a reasonable timeframe. A further report setting out plans for improvement, will be presented at the next meeting.

### **3. Items for Escalation to the Board**

- The hospital is very busy
- The Trust does not appear to have a clear plan for improving the patient experience
- The clinical audit and NICE guidance assessment processes are failing and need to be fixed urgently. There is to be increased oversight and governance around both processes by this Committee.

### **4. Conclusions**

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

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

## **Charitable Funds Committee Summary Report**

### **1. Introduction**

The Charitable Funds Committee met on 5 February 2018.

### **2. Key matters**

The following items were presented to the Committee:

#### **Matters arising –**

- A scoping exercise about how to establish independence in terms of decision making, including an explanation of the corporate trustee model, is to be carried out and presented at the March Board meeting.

#### **Update from the Fundraising Practice**

- Significant senior engagement activity with key players, both corporate and individual within the Milton Keynes area is ongoing. There is much interest in the project among some of the city's household names, and some firm promises of support have been received.
- The appeal remains on track for its public launch this June, and it is expected that at least one major donation would have been received by then.
- Work is being done to ensure that the fundraising team received the support it needs, both in terms of finance and personnel. An update on how these arrangements are progressing is to be presented at the Committee's next meeting.

#### **Update on other charitable activities**

- The Christmas appeal achieved its target.
- The fundraising team is working with the divisions to draw up a portfolio of items to fundraise for.
- There are a number of significant donations in the pipeline.
- A large number of fundraising champions have been identified within the Trust, and part of their role would be to signpost potential donors to the Fundraising team.

#### **Charitable Fund Request – management and development costs relating to the hospital arts collection**

- This request was for the funding of the maintenance and curation of the Trust's collection. The request was approved.

#### **Charitable Funds Finance Report**

- Income remains slightly below forecast, but expenditure has also slowed down.
- The charity's balance includes a recharge to the Trust for staff costs.
- Additional staff are to be appointed on a fixed term basis to support the Cancer Centre appeal.
- There is recognition of the team's accommodation needs, and this issue is to be taken up by the Executive.

#### **Covering the costs of fundraising**

- The Finance Director was clear that it would be wrong for the charity to be funded by the Trust.
- Consolidation of the smaller funds is to be revisited, and it is likely that money held in those funds that have been inactive for some time will be used to fund the work of the charity as a whole.

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

Cancer Centre appeal short and long term funding  
Overall level of charity funding

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

Date of Meeting March 2018

### Enter and View Activity

Healthwatch Milton Keynes would like to thank the hospital staff for their continued support and engagement whilst we have delivered our final Enter and View visit at the Discharge Unit. Patient experience was mixed, with comments that the care on the Unit was excellent but delays and communication issues from other departments was causing some patients frustration and distress. There was also feedback about how difficult the Discharge Unit can be to find, and its location at a distance from parking.

The report on the Discharge Unit is currently with the head of nursing for comment and will be published within the next month.

### Issues, concerns and compliments

#### General Patient Journey feedback

Between January and March, Healthwatch Milton Keynes received three patient experience stories in relation to visits to A&E. Two of the patients (who visited 7 times between them) commented that they were extremely pleased with the speed of the service they received and were highly complementary about staffing levels and the attitudes of everyone they spoke to.

One person commented that one of their visits coincided with a release from CEO Joe Harrison about the short staffing and busy departments, and commented that they had never seen anyone work as hard as the Doctor in charge that night.

The third piece of feedback was voicing a concern about resources. The patient needed a medical appliance fitted but there were none of these available at the hospital. This meant that the patient required an admission so that a general surgeon could fit a similar device. The concern voiced was that this seemed to be an inefficiency that could have been avoided by supplying adequate equipment.

## Indirect feedback

We received a further piece of feedback which, while not directly concerning the hospital, was complimentary about the general breadth of health and social care available to MK residents. However, there was a recommendation that communication between the two sectors needs to be improved, so that each are aware of the services available to patients and how to access them easily.

One recommendation made, was that people were provided with a 'sponsor', or support worker, whom they could build a rapport and share their problems with. It was suggested this would help save time for the patient and services to avoid duplication of the number of questionnaires, assessments, interviews, and meetings with a variety of parties to be put on various waiting lists.

The person giving this feedback felt that a "One-Stop Shop" would make it much easier and less daunting for people in difficult times to get the help they need and in a timely manner.

## **Engagement Group Report**

The CoG Engagement Group meeting on the 14<sup>th</sup> February, followed the Informal Meeting with the Chair of the Council of Governors and the Trust Board. We are now pleased to have the Chair attend our Engagement Group.

- We are hoping to arrange a visit to the new University Building. So keep a watch for the date.
- We are investigating the possible use of the University facilities for our Annual Members Meeting. We have set up a small sub-group to organise the AMM. Again watch for details.
- The next Members Newsletter is in preparation, with publication due by end March.
- The Group will be liaising with the Fund Raising Group to see where the CoG can help with fund raising, particularly for the new Cancer Centre. We will be asking the CoG for their support and involvement in this essential cause
- We discussed the Membership and Engagement Action Plan. The first draft has been amended to include comments from the CoG. This now needs approval from the Council of Governors as a whole and the MKUHFT Board. The Engagement Group Chair will set up a sub-group to develop a timelined implementation plan for the immediate priorities. This will consist of Amanda, Carol and Alan. We will be looking to all Governors to be involved in the actions, to help spread the load.
- The Engagement Group Chair advised that Healthwatch has issued a document about Brand Language. The Engagement Group Chair suggested something similar may be an approach to getting new members for the Hospital, i.e. treat Hospital Membership as a 'Brand'. The Chair will follow this up.

<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 20 March 2018</b>
<b>Report title:</b>	<b>Performance Report indicators for 2017/18 (Month 10)</b>	<b>Agenda item: 6</b>
<b>Lead director Report author Sponsor(s)</b>	<b>Name: John Blakesley</b>  <b>Name: Hitesh Patel</b>	<b>Title: Deputy Chief Executive</b>  <b>Title: Associate Director of Performance and Information</b>
<b>Fol status:</b>	<b>Disclosable</b>	

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

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

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

## Trust Performance Summary: January 2018

### 1.0 Summary

This report summarises performance in January 2018.

The Trust continues to be dominated by non-elective demand with the lagging indicators continue to show the hospital under stress. With inpatient occupancy at 98.8% the hospital will always perform inefficiently (as seen by ward discharges before midday, increasing readmissions, stranded and super stranded patients) DToCs performance had improved significantly but is now on the rise again. Short term clinical quality appears unaffected with pressure ulcers and HCAI performing well.

This operational pressure directly affects the Trust's ability to meet the emergency access standard in A&E and we achieved 87.9% albeit against a national backdrop of England only achieving 85.3% placing the Trust at 30<sup>th</sup> out of 137.

On the elective side the RTT target was not achieved in month at 89.4% down from (90.7% last month) and is likely to continue to deteriorate further over the coming weeks. In December the England performance was 87.8% with MKUH being 96<sup>th</sup> (down from 54<sup>th</sup>) out of 159 Trusts. Of continued concern is the numbers of breaches over 52 weeks as this will ensure that we are seen as an outlier (December data show the Trust at 124<sup>th</sup> in the country).

### 2.0 Sustainability and Transformation Fund (STF)

#### Performance Improvement Trajectories

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

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
4.1	ED 4 hour target (includes UCS)		95%	92.9%	91.5%	87.9%	✘	▲
4.2	RTT Incomplete Pathways <18 weeks		92%	92.1%		89.4%	✘	▬
4.9	62 day standard (Quarterly)		85%	85%		87.1%	✔	▼

In January 2018, ED performance improved marginally from 87.7% in December 2017 to 87.9%. This was lower than both the 95% national target and the Trust's NHS Improvement trajectory (92.9%). However, despite the disappointment of not achieving these milestones in January, the performance compares favourably to the national A&E performance, which was 85.3% in January 2018, and furthermore reinforces challenges across the health system to achieve this target.

The criteria to receive the full STF performance based funding for A&E in Q3 was to achieve 90.18% or higher. The Trust actually achieved 90.4% for the quarter, so secured the full amount of STF.

At the end of January 2018, the referral to treatment (RTT) national operating standard of 92% for incomplete pathways was not achieved. An aggregate performance of 89.4% was reported, which was consistent with the previous month. This also compares well to the latest NHS England statistics which, at the end of December 2017, reported 88.2% of patients waiting less than 18 weeks.

The 85% Cancer 62 day standard was achieved in Quarter 3 of 2017/18, closing at 87.1%.

### 3.0 Urgent and Emergency Care

Urgent and emergency care operated under sustained winter pressures during January 2018:

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
2.4	Cancelled Ops - On Day	Green	1.0%	1.0%	1.1%	1.9%	✘	▼
3.2	Ward Discharges by Midday	Green	30%	30%	23.2%	19.3%	✘	▼
3.4	30 day readmissions	Green	6.4%	6.4%	8.2%	8.3%	✘	▼
3.9	Ambulance Handovers >30 mins (%)	Red	5%	5%	5.9%	9.6%	✘	▲
4.1	ED 4 hour target (includes UCS)	Yellow	95%	92.9%	91.5%	87.9%	✘	▲

### Cancelled Operations on the Day

In January 2018, there was a notable increase in operations that were cancelled on the day for non-clinical reasons. In fact, the 52 on the day cancellations in January 2018 was the most reported in a calendar month since October 2015 (56) and represented 1.9% of all planned elective operations.. Of these, 37 (70%) were attributed to bed availability. Consultant unavailability was the next most frequently cited reason for last minute cancellations, accounting for nine (17%) of the total. Emergency pressures coupled with capacity issues, particularly highlighted by the increase in stranded patients exacerbated the challenges faced by the Trust in January.

### Readmissions

The readmission rate was again higher than expected, with a rate of 8.3% in January 2018. Medicine accounted for the minor increase compared to December 2017, with a rate of 13.4%. Surgery and Women and Children both preserved a consistent rate compared to the previous month.

### Delayed Transfers of Care (DTC)

The number of DTC patients reported at the end of January 2018 was 33. This was an increase of 5 compared to the number reported at the end of December 2017. This increase had a significant impact on the number of bed days lost due to DTCs throughout the month.

### Ambulance Handovers

The percentage of ambulance handovers that took longer than 30 minutes was reduced to 9.6%, still above the 5% threshold but a reduction on the previous month. There were 36 handovers reported to have taken longer than 60 minutes during January 2018 compared to 59 in December 2017. Despite the performance being above the expected level in January 2018, and the challenges faced by the Trust further in the pathway such as bed availability, the downward trend in handovers is a positive outcome given the circumstances.

## 4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change
3.1	Overnight bed occupancy rate	Green	93%	93%	97.4%	98.8%	✘	▼
3.5	Follow Up Ratio	Green	1.50	1.50	1.53	1.51	✘	▲
4.2	RTT Incomplete Pathways <18 weeks	Yellow	92%	92.1%		89.4%	✘	▲
5.6	Outpatient DNA Rate	Yellow	5%	5%	6.1%	6.2%	✘	▲

### Overnight Bed Occupancy

Bed occupancy continued above the desired levels at 98.8%. This was a small increase in occupancy compared to December 2017. Statistics recently published by NHS England stated that the average occupancy rate for general and acute beds open overnight was 87.1% during Q2 2017/18.

### Follow up Ratio

Planning outpatient capacity to cope with new referrals is impacted by the demand for follow ups. Following an increase between June 2017 and August 2017 to an average of close to 1.6, the follow up ratio has been consistent at an average of 1.52 since September (M6).

### **RTT Incomplete Pathways**

Meeting the RTT national standard and NHS Improvement trajectory represents a huge challenge for the Trust. Performance however remained constant despite very high occupancy levels and the high number of cancelled elective operations. The Trust reported six patients at the end of January who had a waiting time of 52 weeks or more; all these patients were in the Trauma & Orthopaedic specialty.

### **Diagnostic Waits <6 weeks**

Diagnostics performance was back up to expected levels at the end of January with less than 1% of patients waiting more than six weeks. There were again a large number of breaches in Endoscopy services and a large number of breaches reported for Audiology Assessments.

ENDS

OBJECTIVE 1 - PATIENT SAFETY										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
1.1	Mortality - (HSMR)	Green	100	100		90.3	✓	↓		
1.2	Mortality - (SHMI) - Quarterly	Green	1	1		1.00	✓	↑		
1.3	Never Events	Amber	0	0	3	0	✓	↓	✗	
1.4	Clostridium Difficile	Green	20	17	10	2	✗	↓	✓	
1.5	MRSA bacteraemia	Green	0	0	3	0	✓	↓	✗	
1.6	Pressure Ulcers Grade 2, 3 or 4 (per 1,000 bed days)	Green	0.86	0.86				Not available		
1.7	Falls with harm (per 1,000 bed days)	Amber	0.19	0.19	0.13	0.07	✓	↑	✓	
1.8	WHO Surgical Safety Checklist	Green	100%	100%	100%	100%	✓	↓	✓	
1.9	Midwife : Birth Ratio	Red	30	30	30	32	✗	↓	✓	
1.10	Incident Rate (per 1,000 bed days)	Amber	40	40	32.30	27.48	✗	↓	✗	
1.11	Duty of Candour Breaches (Quarterly)	Amber	0	0	1	1	✗	↓	✗	
1.12	E-Coli	Green			24	2		↑		

OBJECTIVE 2 - PATIENT EXPERIENCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
2.1	FFT Recommend Rate (Patients)	Green	94%	94%	93.9%	93.0%	✗	↓	✗	
2.2	RED Complaints Received	Amber	10	8	2	0	✓	↓	✓	
2.3	Complaints response in agreed time	Amber	90%	90%	86.2%	87.3%	✗	↓	✗	
2.4	Cancelled Ops - On Day	Green	1.0%	1.0%	1.1%	1.9%	✗	↓	✗	
2.5	Over 75s Ward Moves at Night	Green	2,000	1667	2,396	268	✗	↓	✗	
2.6	Mixed Sex Breaches	Amber	0	0	4	0	✓	↓	✗	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
3.1	Overnight bed occupancy rate	Green	93%	93%	97.4%	98.8%	✗	↓	✗	
3.2	Ward Discharges by Midday	Green	30%	30%	23.2%	19.3%	✗	↓	✗	
3.3	Weekend Discharges	Green	70%	70%	69.1%	71.6%	✓	↑	✗	
3.4	30 day readmissions	Green	6.4%	6.4%	8.2%	8.3%	✗	↓	✗	
3.5	Follow Up Ratio	Green	1.50	1.50	1.53	1.51	✗	↑	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)	Green	188	188		271	✗	↓		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	Green	84	84		107	✗	↓		
3.7	Delayed Transfers of Care	Amber	25	25		33	✗	↓		
3.8	Discharges from PDU (%)	Green	16%	16%	13.6%	15.7%	✗	↓	✗	
3.9	Ambulance Handovers >30 mins (%)	Red	5%	5%	5.9%	9.6%	✗	↑	✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
4.1	ED 4 hour target (includes UCS)	Amber	95%	92.9%	91.5%	87.9%	✗	↑	✗	
4.2	RTT Incomplete Pathways <18 weeks	Amber	92%	92.1%		89.4%	✗	↓		
4.3	RTT Patients Waiting Over 18 Weeks	Amber	911	932		1403	✗	↑		
4.4	RTT Total Open Pathways	Amber	11,388	11,798		13,189	✗	↑		
4.5	RTT Patients waiting over 52 weeks	Green		0		6	✗	↓		
4.6	Diagnostic Waits <6 weeks	Amber	99%	99%		99.0%	✓	↑		
4.7	All 2 week wait all cancers (Quarterly)	Amber	93%	93%		95.6%	✓	↓		
4.8	31 days Diagnosis to Treatment (Quarterly)	Amber	96%	96%		100.0%	✓	↓		
4.9	62 day standard (Quarterly)	Amber	85%	85%		87.1%	✓	↓		

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
5.1	GP Referrals Received	Green	60,189	49,753	50,935	5,183	✓	↑	✓	
5.2	A&E Attendances	Green	89,338	73,575	74,013	6,975	✗	↓	✓	
5.3	Elective Spells (PBR)	Amber	26,522	21,982	20,820	2,085	✗	↑	✗	
5.4	Non- Elective Spells (PBR)	Amber	32,365	27,112	28,537	2,988	✓	↑	✓	
5.5	OP Attendances / Procs (Total)	Amber	377,608	312,641	294,111	31,837	✗	↑	✗	
5.6	Outpatient DNA Rate	Amber	5%	5%	6.1%	6.2%	✗	↑	✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
7.1	Income £'000	Green	223,967	185,548	185,926	20,036	✓	↑	✓	
7.2	Pay £'000	Green	(158,813)	(132,367)	(132,131)	(13,706)	✗	↓	✓	
7.3	Non-pay £'000	Green	(67,625)	(56,175)	(60,354)	(6,688)	✗	↓	✗	
7.4	Non-operating costs £'000	Green	(12,954)	(10,752)	(10,325)	(1,130)	✗	↓	✓	
7.5	I&E Total £'000	Green	(15,426)	(13,745)	(16,884)	(1,488)	✗	↑	✗	
7.6	Cash Balance £'000	Green	2,504	3,203		4,597	✓	↑		
7.7	Savings Delivered £'000	Green	10,500	7,875	5,697	730	✗	↓	✗	
7.8	Capital Expenditure £'000	Green	(28,389)	(17,769)	(10,005)	(1,715)	✓	↑	✓	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
8.1	Staff Vacancies % of establishment	Amber	14%	14%		12.0%	✓	↑		
8.2	Agency Expenditure %	Amber	10%	10%	7.4%	7.4%	✓	↓	✓	
8.3	Staff sickness - % of days lost	Amber	4%	4%		4.2%	✗	↓		
8.4	Appraisals	Amber	90%	90%		86.0%	✗	↑		
8.5	Statutory Mandatory training	Amber	90%	90%		90.0%	✓	↓		
8.6	Substantive Staff Turnover	Amber	14%	14%		11.4%	✓	↑		
8.7	FFT Response Rate Staff (Quarterly)	Green	18%	18%	20.4%	19.8%	✓	↓	✓	

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Target 17-18	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 12 months data
O.1	Total Number of NICE Breaches	Amber	8	8		55	✗	↓		
O.2	Rebooked cancelled OPs - 28 day rule	Green	95%	95%	68.3%	40.0%	✗	↓	✗	
O.3	Maternity Bookings <13 weeks	Amber	90%	90%	88.0%	90.4%	✓	↑	✗	
O.4	Overdue Datix Incidents >1 month	Amber	0	0		57	✗	↓		
O.5	Serious Incidents	Amber	58	48	40	2	✓	↑	✓	
O.6	Dementia Measures Met	Amber	3	3		3	✓	↓		
O.7	Energy Consumption (GJ)	Amber	200,684	164,780	197,795	22,308	✗	↑	✗	
O.8	Completed Job Plans (Consultants)	Amber	90%	90%		93%	✓	↑		

**Key: Monthly/Quarterly Change**

↑	Improvement in monthly / quarterly performance
→	Monthly performance remains constant
↓	Deterioration in monthly / quarterly performance
📌	NHS Improvement target (as represented in the ID columns)
📅	Reported one month in arrears

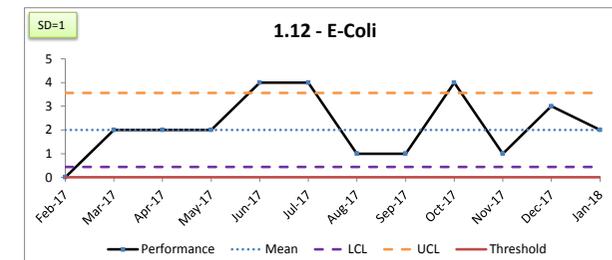
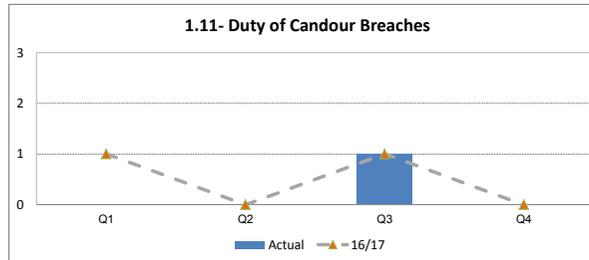
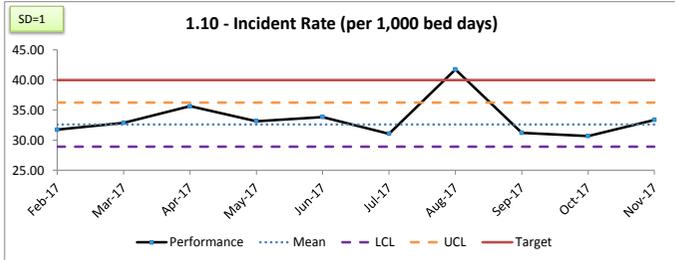
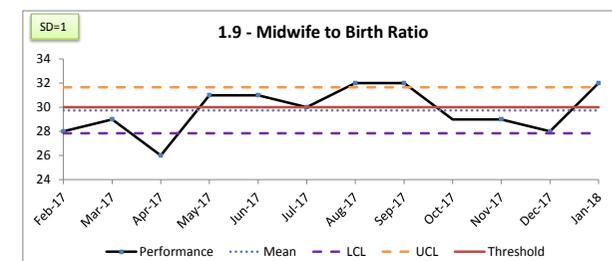
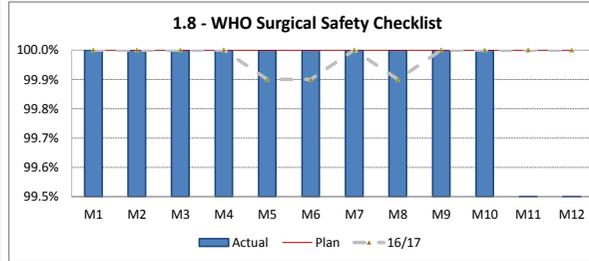
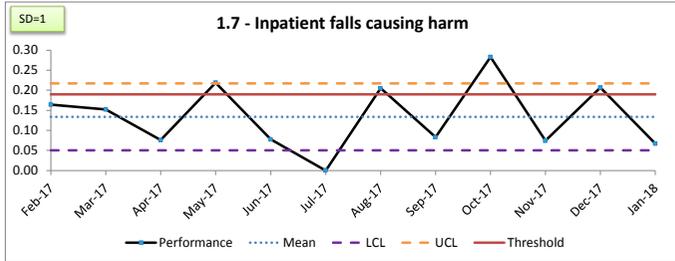
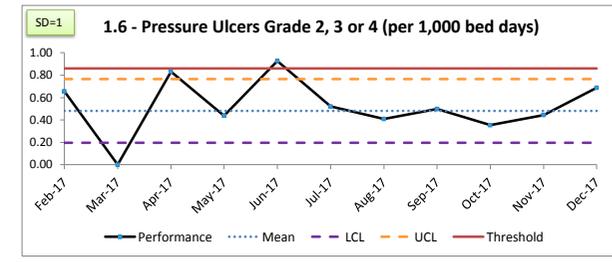
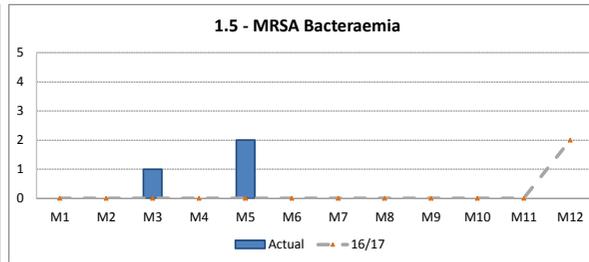
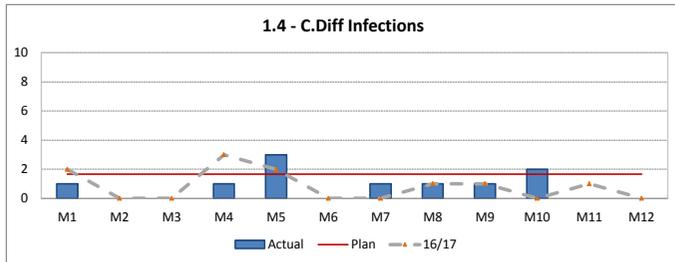
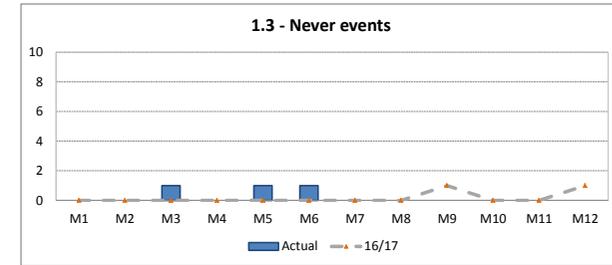
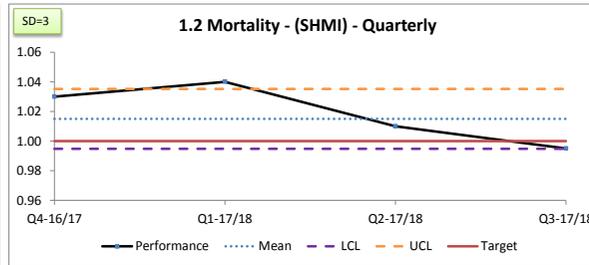
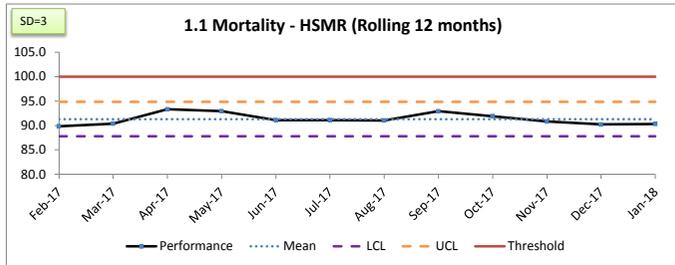
**YTD Position**

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

**Data Quality Assurance Definitions**

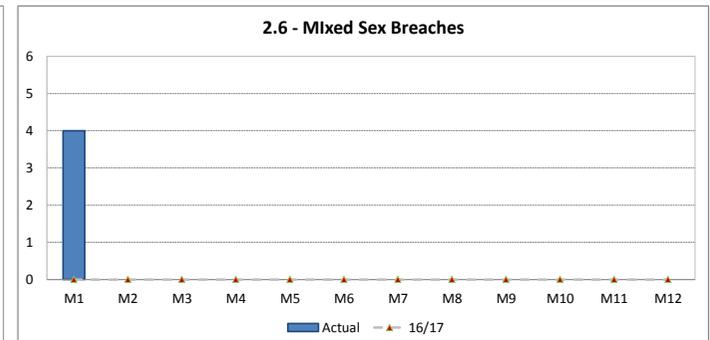
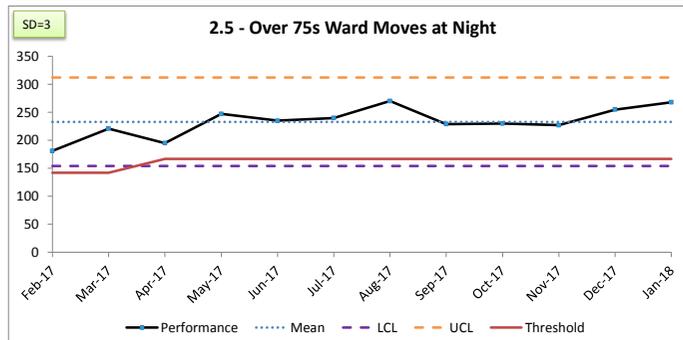
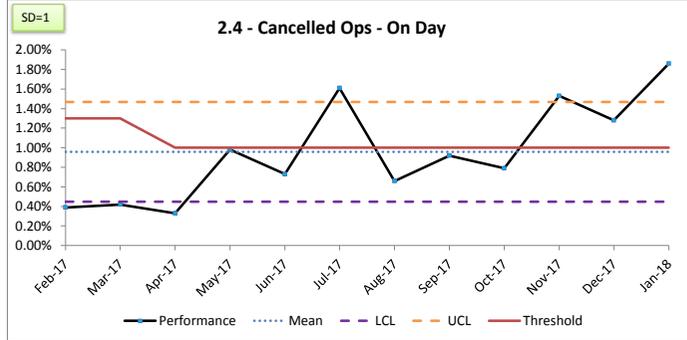
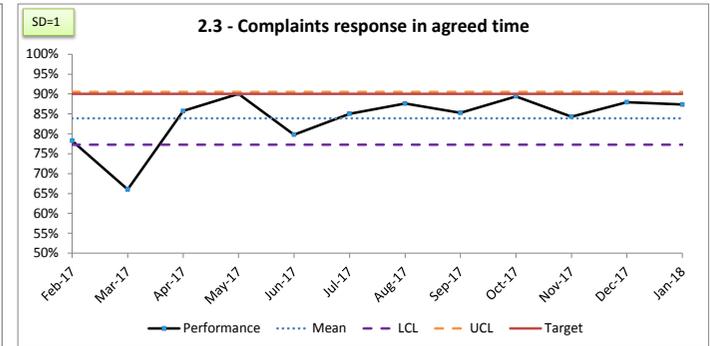
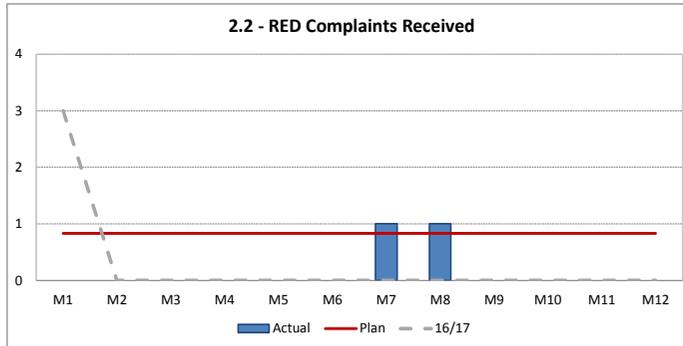
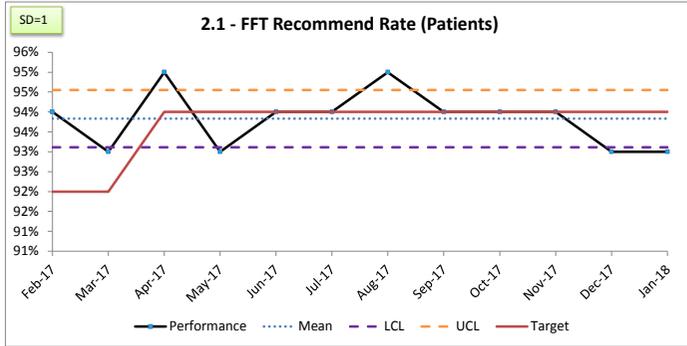
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

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



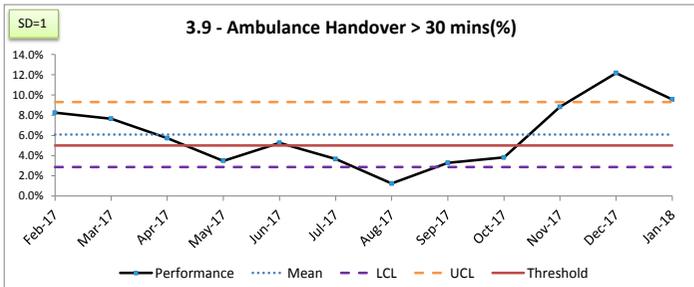
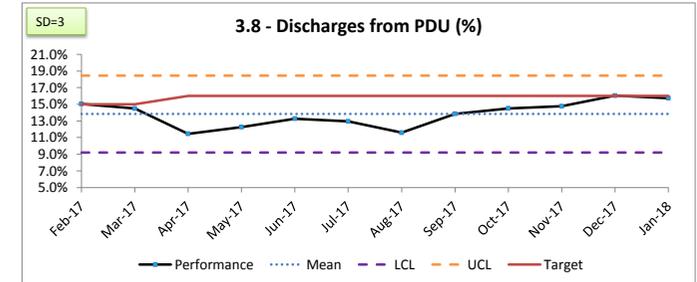
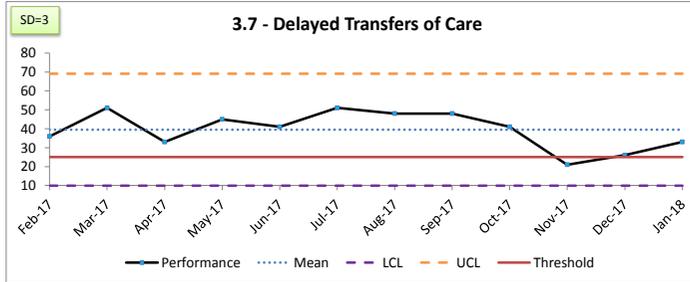
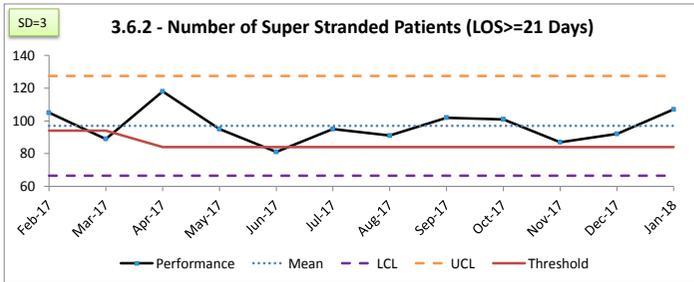
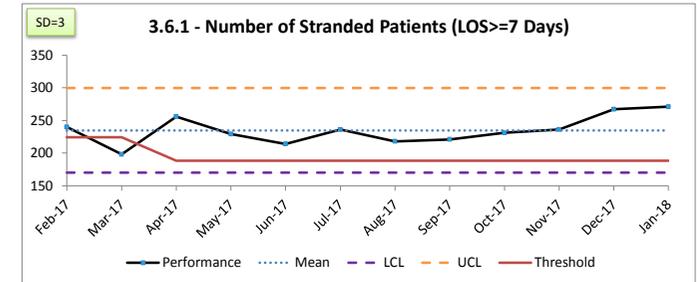
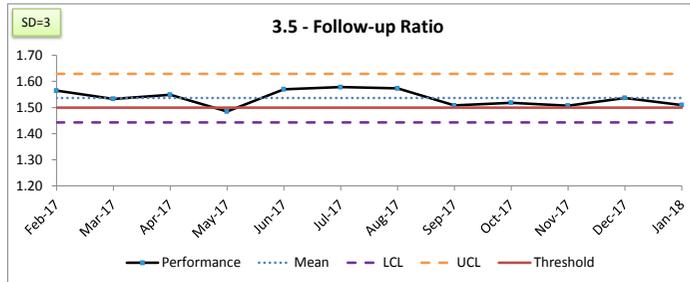
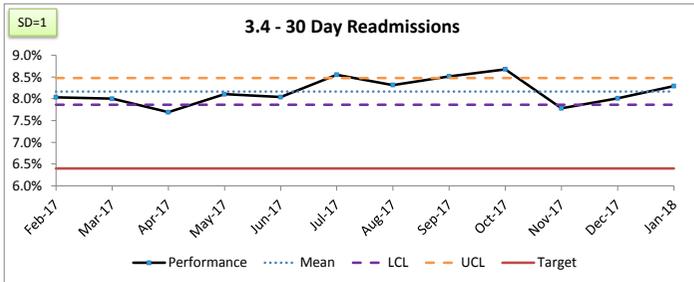
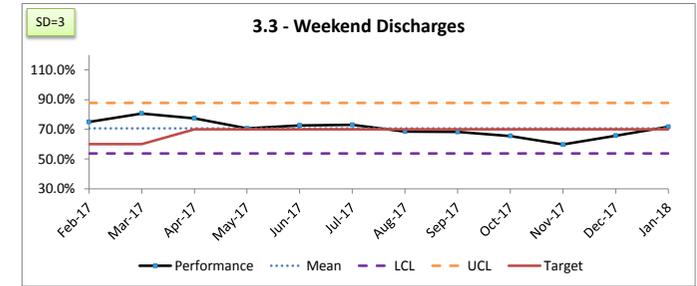
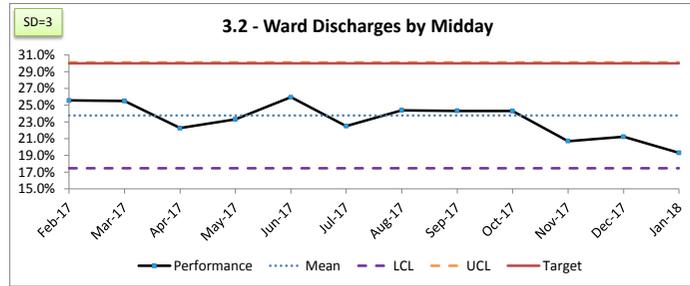
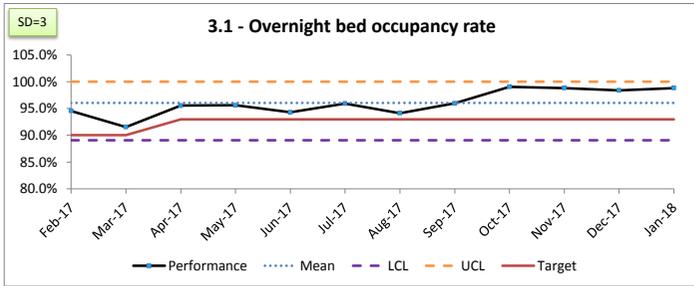
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If the UCL is greater than 100% it is set to 100%.

- 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



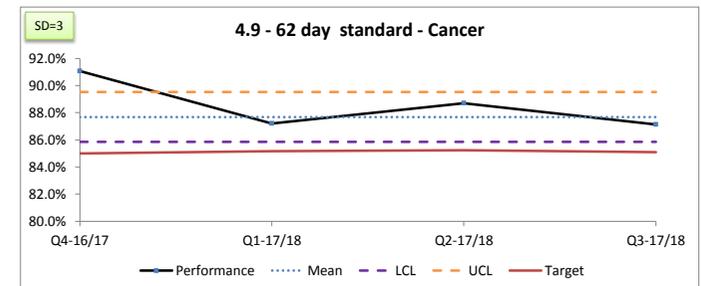
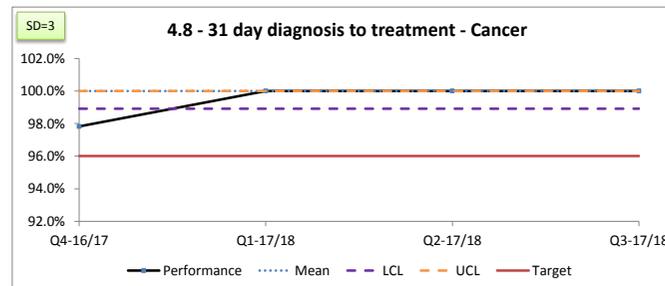
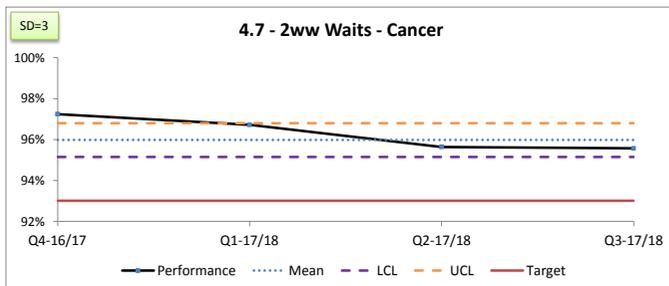
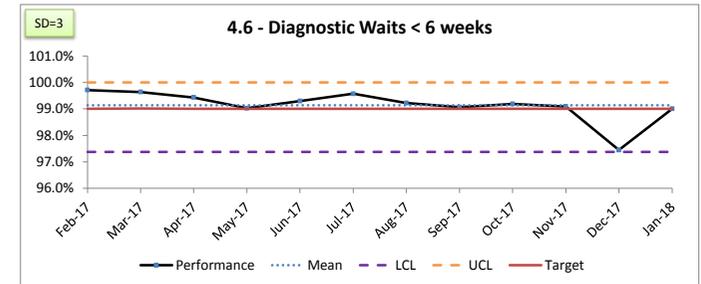
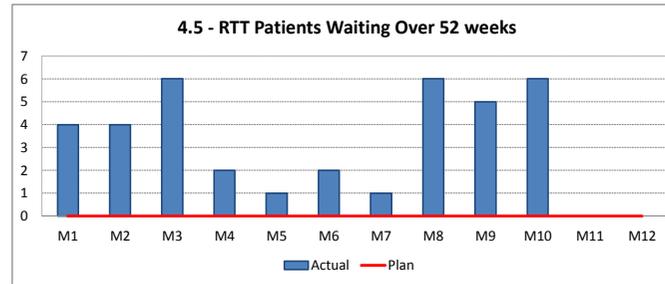
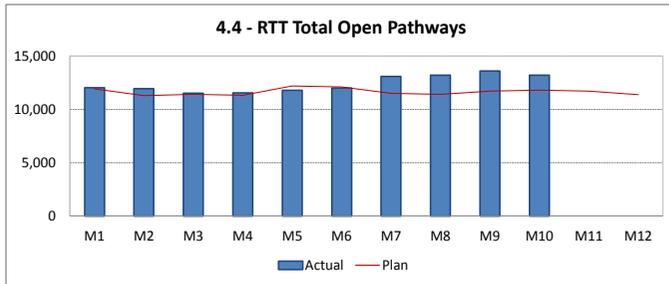
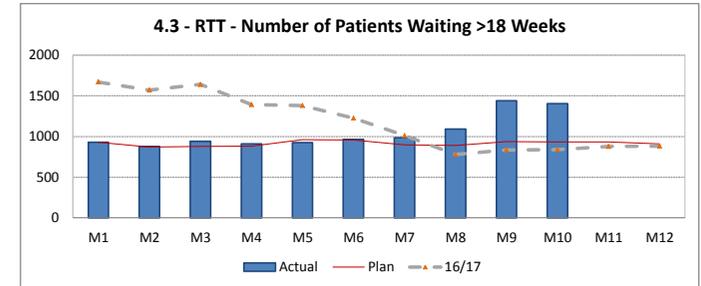
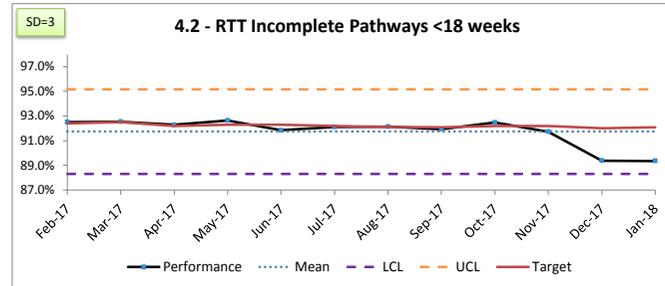
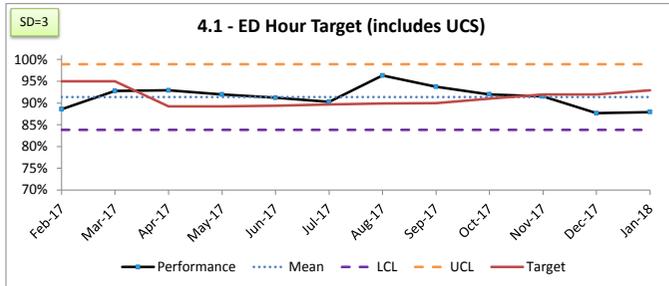
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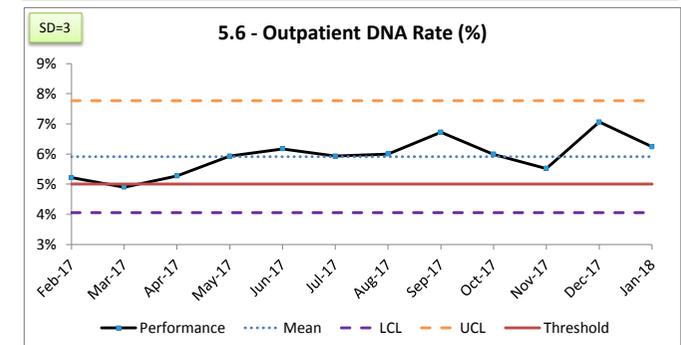
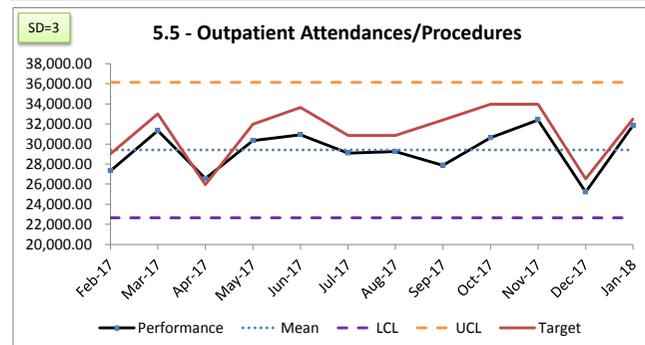
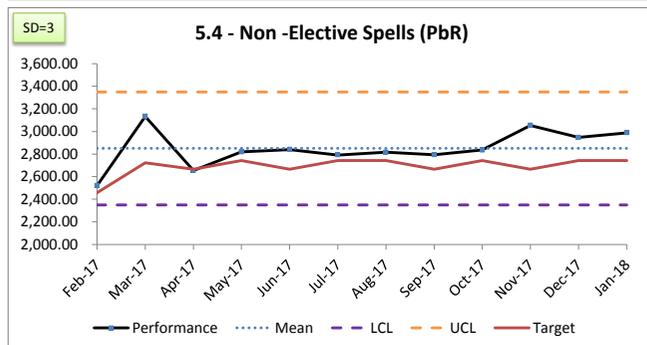
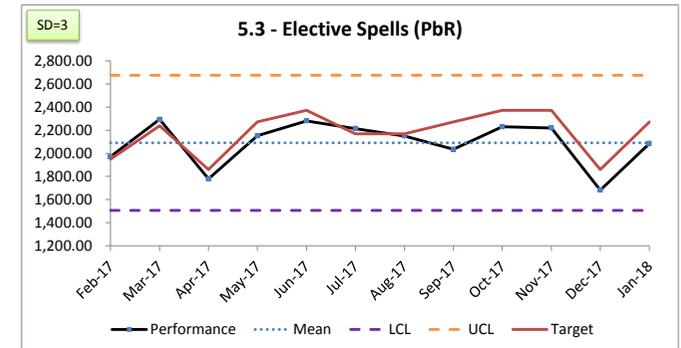
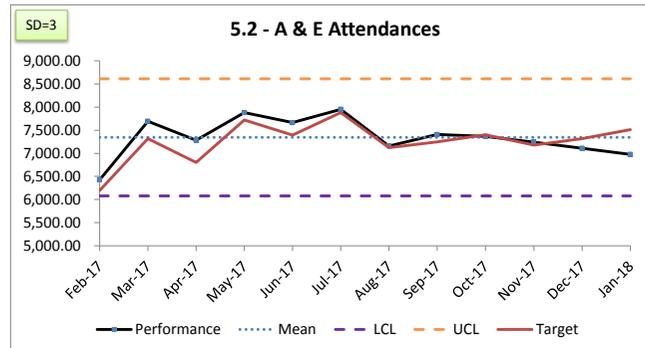
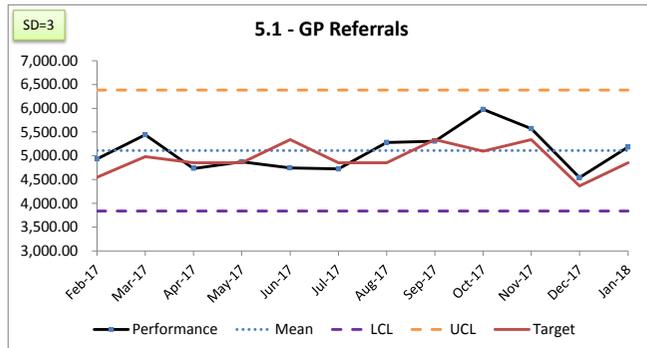
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- ⋯ Average on a rolling 12 months/quarterly
- - - Lower Control Limit (LCL)
- - - Upper Control Limit
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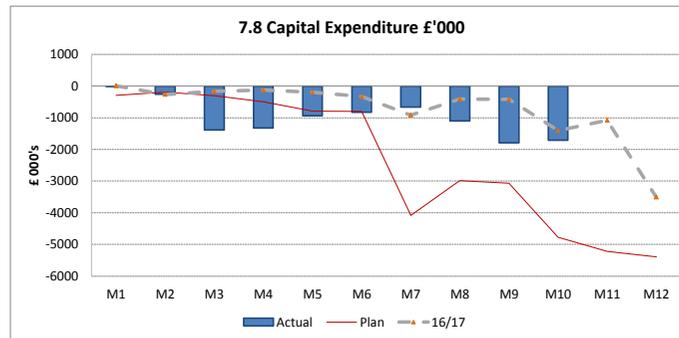
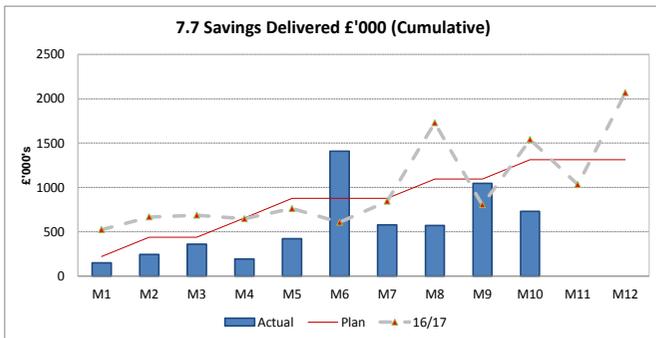
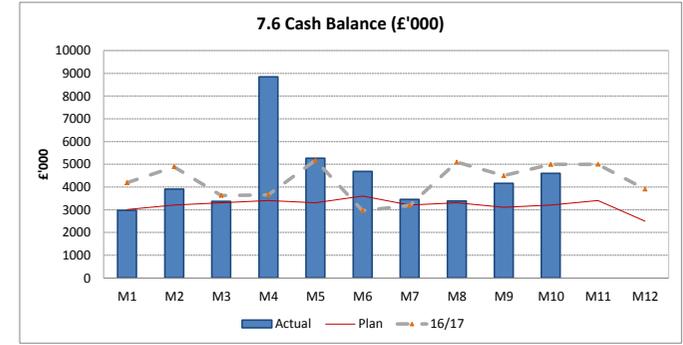
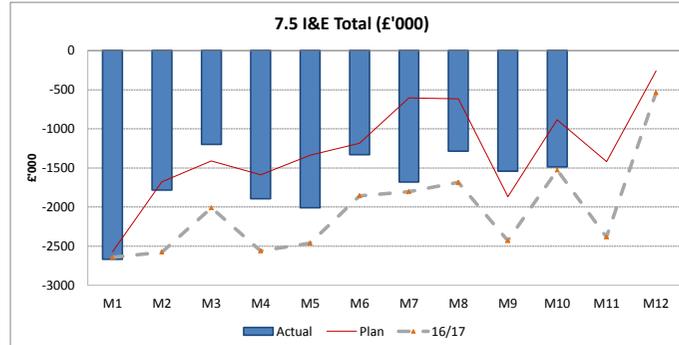
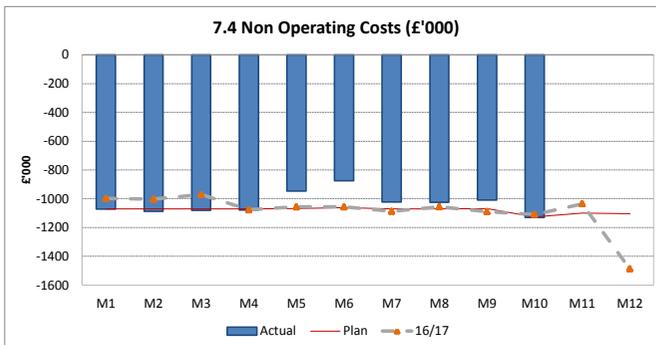
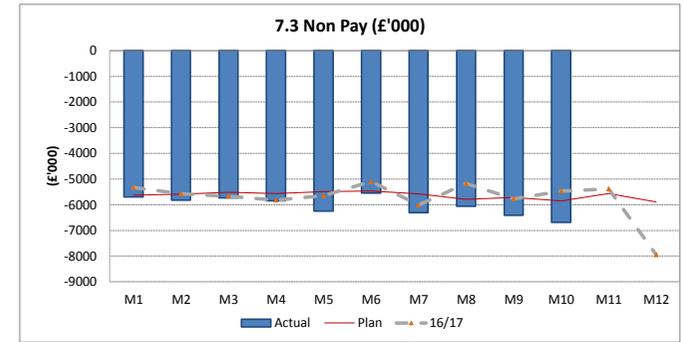
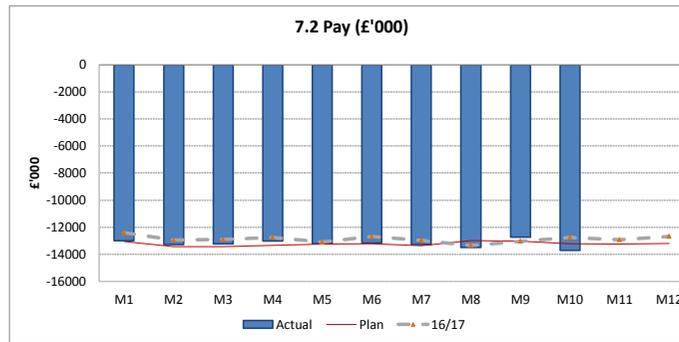
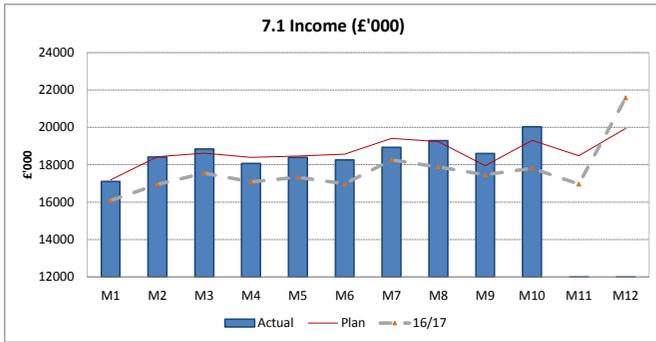
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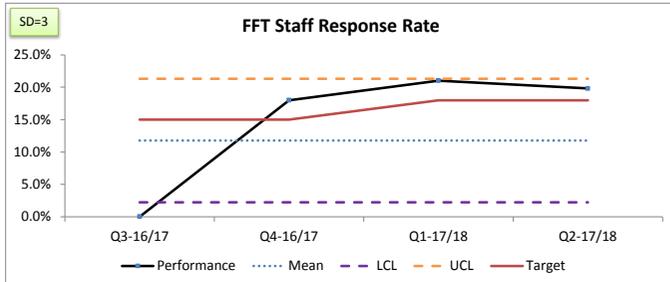
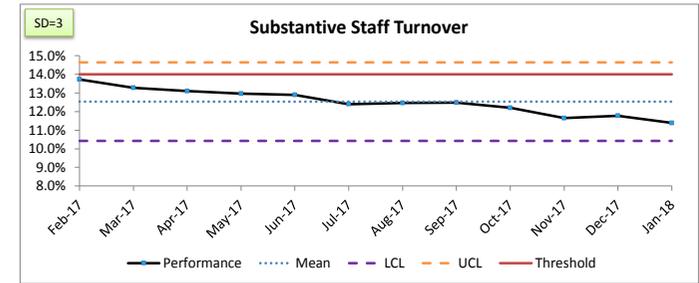
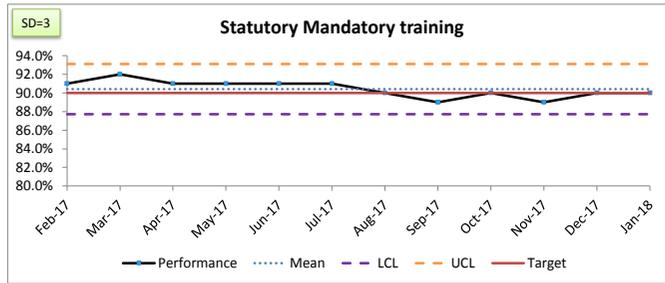
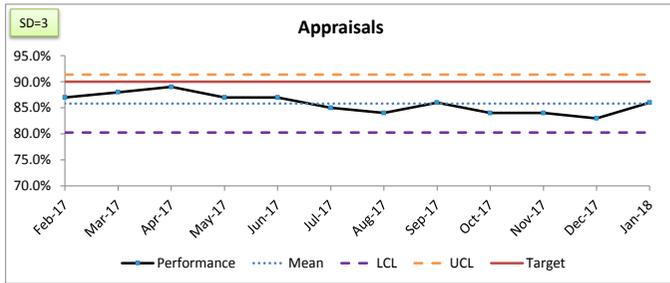
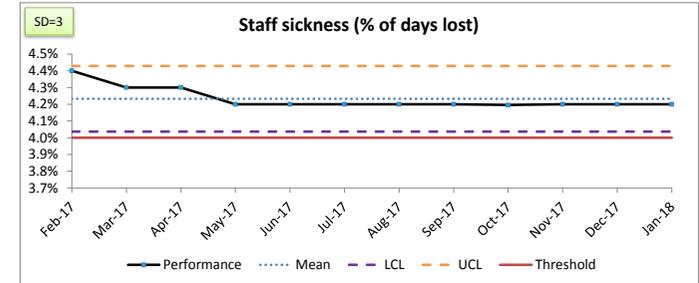
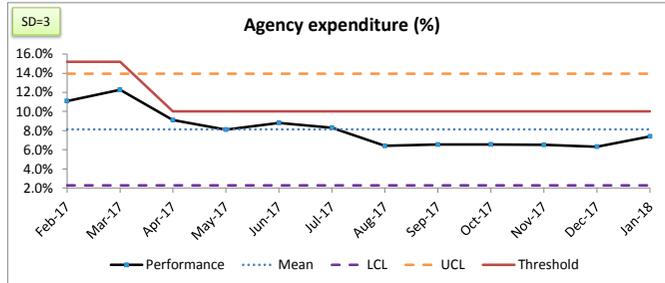
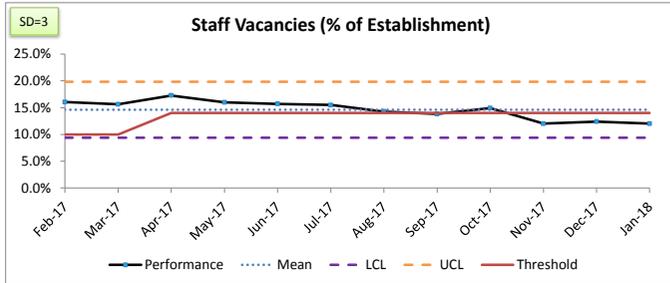
- Performance activity on a rolling 12 months/quarterly
- ..... Average on a rolling 12 months/quarterly
- LCL Lower Control Limit (LCL)
- UCL Upper Control Limit
- Target/Thresholds/NHSI Trajectories



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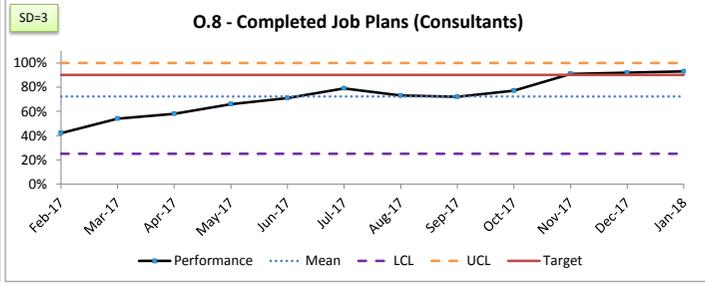
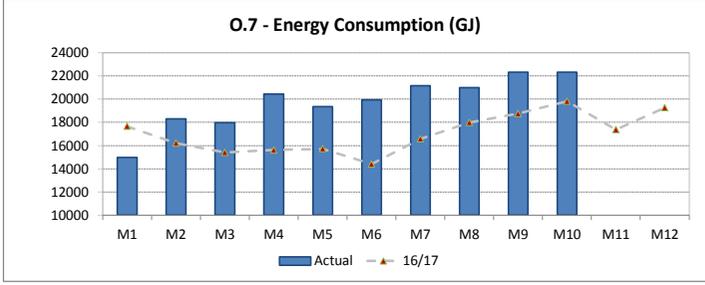
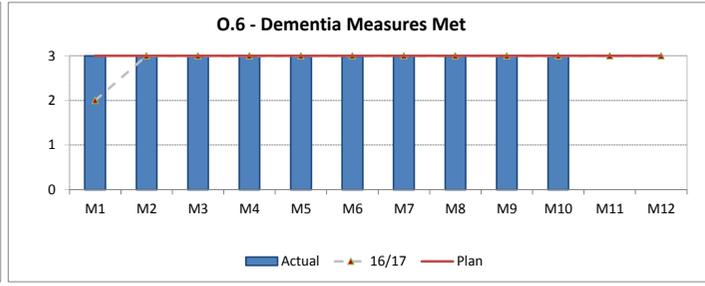
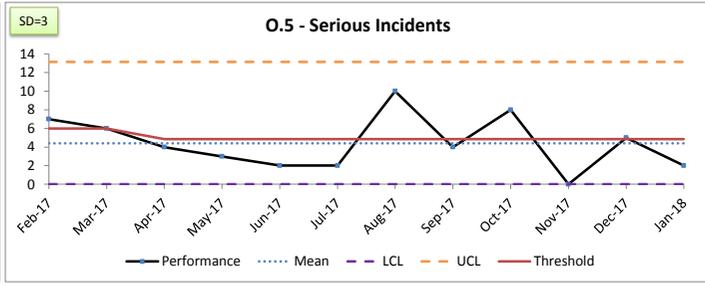
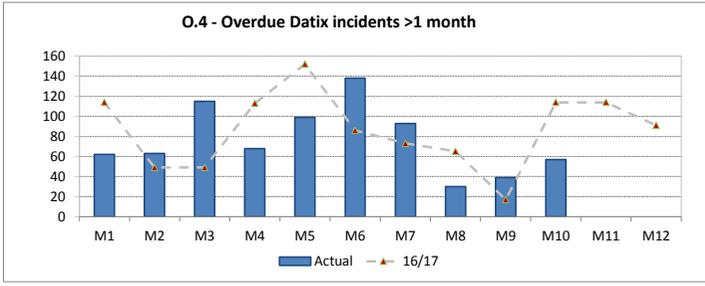
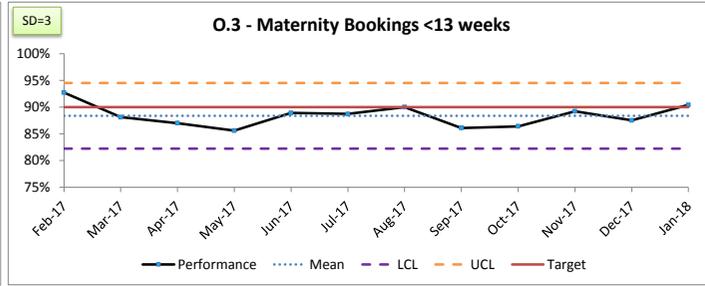
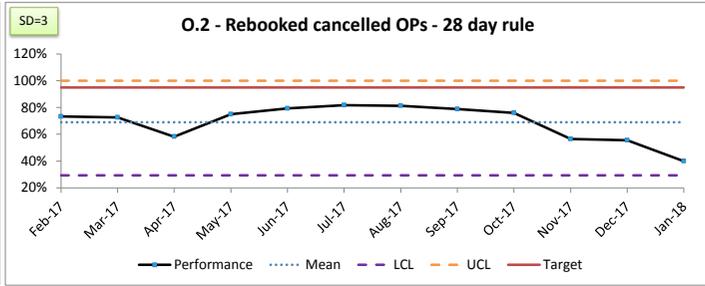
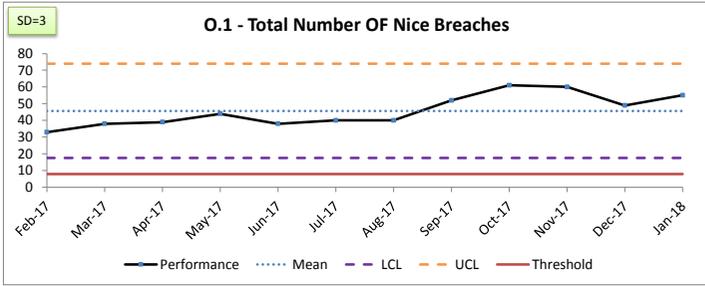
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<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 20 March 2018</b>
<b>Report title:</b>	<b>Finance Paper Month 10 2017-18</b>	<b>Agenda item: 6.1</b>
<b>Lead director Report authors</b>	Mike Keech Daphne Thomas Christopher Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
<b>FoI status:</b>	Private document	

<b>Report summary</b>	<b>An update on the financial position of the Trust at Month 10 (January 2018)</b>			
<b>Purpose</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	Public Board to note the contents of the paper.			

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

<b>Report history</b>	None
<b>Next steps</b>	None
<b>Appendices</b>	1 to 3

## FINANCE REPORT FOR THE MONTH TO 31<sup>st</sup> JANUARY 2018

### PUBLIC BOARD MEETING

#### **PURPOSE**

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

#### **EXECUTIVE SUMMARY**

2. *Income and expenditure* –The Trust's deficit for January 2018 was £1.5m which is £0.6m adverse to plan and £0.2m adverse to the control total in month. Year to date the Trust is £3.2m adverse to plan and £0.2m adverse to its control total.
3. *Cash and capital position* – the cash balance as at the end of January 2018 was £4.6m, which was £1.4m above plan. This was mainly due to the late notice receipt of income from CCGs for in-year over-performance and timing of capital expenditure. The Trust has spent £10.0 on capital year to date of which £4.6m relates to EPR.
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 £0.7m were delivered in month against an identified plan of £0.8m. Overall £8.3m of plans has been identified and validated against a £10.5m target.

## INCOME AND EXPENDITURE

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

All Figures in £'000	Month			YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	16,162	17,001	839	162,129	163,053	924	194,357	196,984	2,627
Other Revenue	1,839	2,108	269	15,040	17,201	2,161	18,310	19,219	909
<b>Total Income</b>	<b>18,001</b>	<b>19,109</b>	<b>1,108</b>	<b>177,169</b>	<b>180,254</b>	<b>3,085</b>	<b>212,667</b>	<b>216,203</b>	<b>3,536</b>
Pay	(13,260)	(13,706)	(446)	(132,585)	(132,130)	455	(158,813)	(159,813)	(1,000)
Non Pay	(5,851)	(6,688)	(837)	(56,175)	(60,388)	(4,214)	(67,625)	(70,806)	(3,181)
<b>Total Operational Expend</b>	<b>(19,111)</b>	<b>(20,394)</b>	<b>(1,283)</b>	<b>(188,759)</b>	<b>(192,518)</b>	<b>(3,759)</b>	<b>(226,438)</b>	<b>(230,619)</b>	<b>(4,181)</b>
EBITDA	(1,109)	(1,285)	(175)	(11,591)	(12,264)	(673)	(13,772)	(14,416)	(644)
Financing & Non-Op. Costs	(1,077)	(1,075)	1	(10,256)	(9,778)	480	(12,354)	(11,708)	646
<b>Operational net Surplus/(Deficit)</b>	<b>(2,186)</b>	<b>(2,360)</b>	<b>(174)</b>	<b>(21,847)</b>	<b>(22,042)</b>	<b>(194)</b>	<b>(26,125)</b>	<b>(26,124)</b>	<b>1</b>
Adjustments to reach control total:									
Performance STF	256	256	0	1,764	1,764	0	2,190	2,190	0
Financial STF	596	596	0	3,833	3,833	0	5,110	5,110	0
CT Rounding	0	0	0	(36)	0	36	(23)	(4)	19
<b>Control Total Deficit (incl. STF)</b>	<b>(1,334)</b>	<b>(1,508)</b>	<b>(174)</b>	<b>(16,286)</b>	<b>(16,445)</b>	<b>(158)</b>	<b>(18,848)</b>	<b>(18,828)</b>	<b>20</b>
Donated income	500	75	(425)	3,000	75	(2,925)	4,000	4,000	0
Donated asset depreciation	(50)	(55)	(5)	(495)	(549)	(54)	(600)	(659)	(59)
CT Rounding	0	0	0	36	0	(36)	23	4	(19)
<b>Reported deficit</b>	<b>(884)</b>	<b>(1,488)</b>	<b>(604)</b>	<b>(13,745)</b>	<b>(16,919)</b>	<b>(3,173)</b>	<b>(15,425)</b>	<b>(15,483)</b>	<b>(58)</b>

### Monthly and year to date review

7. The **deficit** in month 10 is £1,488k which is £604k adverse against a planned deficit of £884k and £3,174k adverse year to date (YTD) against a planned deficit of £13,745k. However on a control total basis the Trust is £168k adverse in the month and £158k adverse YTD (with the difference substantially relating to donations for the cancer centre which are planned and not yet received but which do not form part of the Trust's control total).

Income was above Plan in the month due to higher levels of non-elective income combined with a recovery in outpatient, maternity income and receipt of winter funding.

8. **Operational costs** in January are adverse to plan by £1,283k and adverse £3,759k YTD.

9. **Pay costs** are £446k adverse to budget in Month 10 and £455k favourable YTD. Positive variance on agency and locum is offset by higher substantive and bank expenditure.

Substantive costs have increased from month 9 and remain at a high level. The increase over the prior run rates due to initiatives to reduce agency and is in part due to payment of additional hours of current staff to limit the use of agency.

10. **Non pay costs** were £837k adverse to plan in month and £4,214k YTD to support higher than Plan activity levels including high costs drugs, one-off costs relating to unbudgeted increases in rates and undelivered budgeted cost savings.

11. **Non-operational costs** are £4k negative in month and £425k positive YTD (due to lower than budgeted interest costs).

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

## FORECAST PERFORMANCE

12. The Trust is forecasting to meet its full year Plan however there is a significant risk around achievement of the A&E performance element of STF funding for Q4 (total of £768k) due to the requirement to meet the 95% A&E 4 hour wait target for the month of March. Other significant risks relate to cost savings achievement and contract challenges from commissioners.

## COST SAVINGS

13. In Month 10, £730k was delivered against an identified plan of £834k and £5,697k of an identified plan of £6,634k YTD.
14. YTD £5,697k has been delivered against a budgeted target of £7,875k leaving a variance of £2,178. £8.3m of plans have been identified against a target of £10.5m which represents a risk to delivering the full year Plan as noted above.

## CASH AND CAPITAL

15. The cash balance at the end of January 2018 was £4.6m, which was £1.4m above plan. This was mainly due to the late receipt of income from CCG's for in year over-performance and timing of capital expenditure. The details of the Trust's current loans are shown below. The Trust is still waiting for a decision from DH in respect of the revenue loan due for repayment in March 2018.
16. The **statement of financial position** is set out in Appendix 3. The main movements and variance to plan can be summarised as follows:
- Current assets are above plan by £7.4m. The main variance relates to receivables £5.5m, inventories £0.5m and cash £1.4m above plan.
  - Current liabilities are above plan by £39.6m. This is being driven by the re-categorisation of part of the NHSI loan from non-current to current borrowings £31.2m, Deferred Income £0.8m and Trade and Other Creditors £7.7m above plan offset by provisions £0.1m
17. The Trust has spent a total of £10m on capital year to date of which £4.6m relates to EPR. Capital spend is £7.7m behind plan due principally to:
- The timing of the cancer centre build which has been delayed due to issues with the original P21 partner achieving Guaranteed Maximum Price (GMP); and
  - Delays to the pharmacy robot and aseptic suite projects due to lack of requested funding from DH.

18. Funding of £4.8m has now been confirmed by NHSI for the ECare programme.

## RISK REGISTER

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

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

Funding to cover the planned financial deficit in 2017/18 is subject to approval by DH on a monthly basis. The overall funding risk has reduced somewhat compared to previous reports due to the recent confirmation of capital funding of £4.8m noted above.

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

The Trust has a challenging target of £10.5m to deliver for the 2017-18 financial year. At month 10 the Trust is behind plan on delivery, but is working to accelerating scheme identification.

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

The Trust has an annual agency ceiling of £15.12m in 2017-18 which is in line with the level included in the financial plan. At month 10, the Trust's spend is favourable to planned levels and is forecast to achieve the full year target, however in month Agency has increased.

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

In order to receive the full amount of Sustainability and Transformation funding in 2017-18, the Trust needs to achieve its financial control total (linked to 70% of funding), and meet performance standards in respect of urgent and emergency care (linked to 30% of funding). The targets are measured on a quarterly basis. The Trust met its requirements for quarter 1, 2 and 3 but meeting the target for Q3 as noted above is at significant risk.

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

If the Trust over performs against the contract this places financial pressure on the Trust's commissioners who are more likely to challenge other areas in the contract such as the application of penalties. A significant level of contract challenges have 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 further risk to achieving the financial plan.

## RECOMMENDATIONS TO THE BOARD

20. Public Board is asked to note the financial position of the Trust as at 31<sup>st</sup> January 2018 and the proposed actions and risks therein.

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Comprehensive Income**  
**For the period ending 31<sup>st</sup> January 2018**

	January 2018			10 months to January 2018			Full year Plan £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	
<b>INCOME</b>							
Outpatients	3,724	3,733	9	35,012	33,280	(1,732)	42,277
Elective admissions	2,713	1,933	(780)	24,592	22,355	(2,237)	29,654
Emergency admissions	4,753	5,429	676	46,889	51,375	4,486	56,021
Emergency adm's marginal rate (MRET)	(112)	(310)	(198)	(1,101)	(2,424)	(1,323)	(1,314)
Readmissions Penalty	(103)	(107)	(4)	(1,013)	(2,396)	(1,383)	(1,208)
A&E	1,087	1,064	(23)	10,639	10,671	32	12,919
Maternity	1,921	1,893	(28)	19,080	18,142	(938)	22,825
Critical Care & Neonatal	578	580	2	5,711	5,057	(654)	6,814
Excess bed days	0	0	0	0	0	0	0
Imaging	357	765	408	3,456	3,523	68	4,171
Direct access Pathology	434	406	(29)	4,001	3,756	(246)	4,801
Non Tariff Drugs (high cost/individual drugs)	1,035	1,391	356	10,219	12,606	2,386	12,190
Other	(227)	224	451	4,644	7,108	2,464	5,512
<b>Clinical Income</b>	<b>16,162</b>	<b>17,001</b>	<b>838</b>	<b>162,129</b>	<b>163,053</b>	<b>924</b>	<b>194,663</b>
<b>Non-Patient Income</b>	<b>3,191</b>	<b>3,035</b>	<b>(156)</b>	<b>23,637</b>	<b>22,873</b>	<b>(763)</b>	<b>29,610</b>
<b>TOTAL INCOME</b>	<b>19,353</b>	<b>20,036</b>	<b>682</b>	<b>185,766</b>	<b>185,926</b>	<b>160</b>	<b>224,273</b>
<b>EXPENDITURE</b>							
<b>Total Pay</b>	<b>(13,260)</b>	<b>(13,706)</b>	<b>(446)</b>	<b>(132,585)</b>	<b>(132,130)</b>	<b>455</b>	<b>(159,120)</b>
Non Pay	(4,815)	(5,297)	(481)	(45,955)	(47,783)	(1,827)	(55,435)
Non Tariff Drugs (high cost/individual drugs)	(1,035)	(1,391)	(356)	(10,219)	(12,606)	(2,386)	(12,190)
<b>Non Pay</b>	<b>(5,851)</b>	<b>(6,688)</b>	<b>(837)</b>	<b>(56,175)</b>	<b>(60,388)</b>	<b>(4,214)</b>	<b>(67,625)</b>
<b>TOTAL EXPENDITURE</b>	<b>(19,111)</b>	<b>(20,394)</b>	<b>(1,283)</b>	<b>(188,759)</b>	<b>(192,518)</b>	<b>(3,759)</b>	<b>(226,745)</b>
<b>EBITDA*</b>	<b>243</b>	<b>(359)</b>	<b>(601)</b>	<b>(2,994)</b>	<b>(6,592)</b>	<b>(3,597)</b>	<b>(2,472)</b>
Depreciation and non-operating costs	(989)	(989)	0	(9,380)	(8,940)	440	(11,308)
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>(747)</b>	<b>(1,348)</b>	<b>(601)</b>	<b>(12,373)</b>	<b>(15,533)</b>	<b>(3,159)</b>	<b>(13,779)</b>
Public Dividends Payable	(137)	(141)	(4)	(1,372)	(1,387)	(15)	(1,646)
<b>OPERATING DEFICIT AFTER DIVIDENDS</b>	<b>(884)</b>	<b>(1,488)</b>	<b>(604)</b>	<b>(13,745)</b>	<b>(16,920)</b>	<b>(3,174)</b>	<b>(15,425)</b>
Adjustments to reach control total							
Deferred Income	(500)	-75	425	(3,000)	-75	2,925	(4,000)
Donated Assets Depreciation	50	55	5	495	549	54	600
Control Total Rounding	0	0	0	-36	0	36	0
<b>CONTROL TOTAL DEFECIT</b>	<b>(1,334)</b>	<b>(1,508)</b>	<b>(174)</b>	<b>(16,286)</b>	<b>(16,446)</b>	<b>(159)</b>	<b>(18,825)</b>

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

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

	Mth 10 £000	Mth 9 £000	In Month Movement £000
<b>Cash flows from operating activities</b>			
Operating (deficit) from continuing operations	(13,759)	(12,606)	(1,153)
Operating surplus/(deficit) of discontinued operations			
<b>Operating (deficit)</b>	<b>(13,759)</b>	<b>(12,606)</b>	<b>(1,153)</b>
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	7,449	6,653	796
(Increase)/Decrease in Trade and Other Receivables	(277)	1,241	(1,518)
(Increase)/Decrease in Inventories	(18)	(6)	(12)
Increase/(Decrease) in Trade and Other Payables	333	1,142	(809)
Increase/(Decrease) in Other Liabilities	606	282	324
Increase/(Decrease) in Provisions	(1,178)	(1,166)	(12)
Other movements in operating cash flows	(3)	(4)	1
<b>NET CASH GENERATED FROM OPERATIONS</b>	<b>(6,875)</b>	<b>(4,464)</b>	<b>(2,411)</b>
<b>Cash flows from investing activities</b>			
Interest received	13	11	2
Purchase of Property, Plant and Equipment, Intangibles	(6,187)	(4,713)	(1,474)
<b>Net cash generated (used in) investing activities</b>	<b>(6,174)</b>	<b>(4,702)</b>	<b>(1,472)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received	700	600	100
Loans received from Department of Health	16,200	11,795	4,405
Loans repaid to Department of Health	(636)	(636)	0
Capital element of finance lease rental payments	(135)	(121)	(14)
Interest paid	(1,201)	(1,060)	(141)
Interest element of finance lease	(275)	(248)	(27)
PDC Dividend paid	(913)	(913)	0
<b>Net cash generated from/(used in) financing activities</b>	<b>13,740</b>	<b>9,417</b>	<b>4,323</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>691</b>	<b>251</b>	<b>440</b>
<b>Opening Cash and Cash equivalents</b>	<b>3,906</b>	<b>3,906</b>	
Cash and Cash equivalents at start of period for new FTs			
Cash and Cash equivalents changes due to transfers by absorption			
<b>Closing Cash and Cash equivalents</b>	<b>4,597</b>	<b>4,157</b>	<b>440</b>

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Financial Position as at 31<sup>st</sup> January 2018**

	Audited Mar-17	Jan-18 FY17 Plan	Jan-18 FY17 Actual	In Mth Mvmt	YTD Mvmt	% Variance
<b>Assets Non-Current</b>						
Tangible Assets	160.4	162.4	159.3	(3.1)	(1.1)	(0.7%)
Intangible Assets	5.7	9.3	9.3	0.0	3.6	62.5%
Other Assets	0.3	0.3	0.5	0.2	0.2	70.5%
<b>Total Non Current Assets</b>	<b>166.4</b>	<b>172.0</b>	<b>169.1</b>	<b>(2.9)</b>	<b>2.7</b>	<b>1.6%</b>
<b>Assets Current</b>						
Inventory	3.0	2.6	3.1	0.5	0.0	0.2%
NHS Receivables	16.6	11.9	14.5	2.6	(2.1)	(12.5%)
Other Receivables	3.2	2.5	5.4	2.9	2.2	69.9%
Cash	3.9	3.2	4.6	1.4	0.7	17.8%
<b>Total Current Assets</b>	<b>26.7</b>	<b>20.2</b>	<b>27.6</b>	<b>7.4</b>	<b>0.9</b>	<b>3.2%</b>
<b>Liabilities Current</b>						
Interest-bearing borrowings	(32.2)	(1.0)	(32.2)	(31.2)	(0.0)	0.1%
Deferred Income	(1.6)	(1.5)	(2.2)	(0.8)	(0.6)	35.5%
Provisions	(3.1)	(2.0)	(1.9)	0.1	1.2	-38.5%
Trade & other Creditors (incl NHS)	(15.5)	(23.1)	(30.8)	(7.7)	(15.3)	98.7%
<b>Total Current Liabilities</b>	<b>(52.4)</b>	<b>(27.6)</b>	<b>(67.1)</b>	<b>(39.5)</b>	<b>(14.7)</b>	<b>28.1%</b>
<b>Net current assets</b>	<b>(25.7)</b>	<b>(7.4)</b>	<b>(39.6)</b>	<b>(32.2)</b>	<b>(13.9)</b>	<b>54.1%</b>
<b>Liabilities Non-Current</b>						
Long-term Interest bearing borrowings	(55.0)	(116.7)	(76.6)	40.1	(21.6)	39.4%
Provisions for liabilities and charges	(0.9)	(0.8)	(0.9)	(0.1)	0.0	0.0%
<b>Total non-current liabilities</b>	<b>(55.9)</b>	<b>(117.5)</b>	<b>(77.5)</b>	<b>40.0</b>	<b>(21.6)</b>	<b>38.7%</b>
<b>Total Assets Employed</b>	<b>84.8</b>	<b>47.1</b>	<b>52.0</b>	<b>5.0</b>	<b>(32.8)</b>	<b>(38.7%)</b>
<b>Taxpayers Equity</b>						
Public Dividend Capital (PDC)	96.1	96.2	96.9	0.7	0.8	0.8%
Revaluation Reserve	70.6	64.9	70.6	5.6	(0.1)	-0.1%
I&E Reserve	(98.8)	(114.1)	(115.5)	(1.4)	(16.7)	16.9%
<b>Total Taxpayers Equity</b>	<b>67.9</b>	<b>47.0</b>	<b>52.0</b>	<b>4.9</b>	<b>(16.0)</b>	<b>(23.5%)</b>

<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 20 March 2018</b>
<b>Report title:</b>	<b>Annual Report and Accounts 2017/18 Timetable</b>	<b>Agenda item: 7.1</b>
<b>Lead director</b>	<b>Name: Kate Burke</b>	<b>Title: Director of Corporate Affairs</b>
<b>Report author Sponsor(s)</b>	<b>Name: Ade Kadiri Name:</b>	<b>Title: Company Secretary Title:</b>
<b>Fol status:</b>	<b>Disclosable</b>	

<b>Report summary</b>	To provide the proposed timetable for the Annual Report and Accounts 2017/18			
<b>Purpose</b>	<b>Information</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input checked="" type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>				

<b>Strategic objectives links</b>	Objective 7. Become Well Governed and Financially Viable
<b>Board Assurance Framework links</b>	
<b>CQC regulations</b>	
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	

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

## Purpose of the Report

To provide a summary of the proposed timetable for the preparation, publishing and laying before Parliament of the Annual Report and Accounts of Milton Keynes University Hospital NHS Foundation Trust for 2016/17.

Report to Council of Governors the Quality Priorities	23 January 2018
The Draft Quality Report to MK Council, MK CCG and Healthwatch for comment	20 April
Draft Annual Report, Accounts and Quality Report to be considered by Audit Committee	22 May
Annual Report and Accounts considered and signed off by the Trust Board	25 May
5 copies of the Annual Report and Accounts submitted to the Parliamentary Clerk's Office to be formally laid before Parliament	21 June (to arrive at the Parliamentary Clerk's office on 25 June)
Copies of the laid reports submitted to NHS Improvement	16 July
The Annual Report and Accounts formally reported to the Council of Governors	17 July

<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 20 March 2018</b>
<b>Report title:</b>	<b>Membership and Engagement Strategy Cover</b>	<b>Agenda item: 7.2</b>
<b>Lead director</b>	<b>Name: Simon Lloyd</b>	<b>Title: Chairman</b>
<b>Report author</b>	<b>Name: Carol Duffy</b>	<b>Title: Governor and Membership Manager</b>
<b>Fol status:</b>	<b>Public</b>	

<b>Report summary</b>	<b>To consider the Membership and Engagement Strategy and recommend to the Board the approval of the strategy.</b>			
<b>Purpose</b> <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
<b>Recommendation</b>	That the Trust Board be recommended to approve the Membership and Engagement Strategy.			

<b>Strategic objectives links</b>	Objective 10: Develop as a good corporate citizen
<b>Board Assurance Framework links</b>	
<b>CQC regulations</b>	
<b>Identified risks and risk management actions</b>	
<b>Resource implications</b>	
<b>Legal implications including equality and diversity assessment</b>	

<b>Report history</b>	Engagement Group 14 February 2018
<b>Next steps</b>	Trust Board
<b>Appendices</b>	Membership and Engagement Strategy

## **BACKGROUND**

1. The membership and engagement strategy has been developed using good practice by the Governors.
2. The strategy has three specific objectives:
  - a. Build and maintain membership numbers to meet / exceed annual plan targets ensuring the membership is representative of the population the Trust serves.
  - b. Regular and effective communication with members
  - c. Engage with members and encourage their involvement
3. The Council of Governors is asked to recommend to the Trust Board the approval of the strategy. An action plan to deliver the strategy will be developed with the Governors through the Engagement Group.

# Milton Keynes University Hospital NHS Foundation Trust

## Membership and Engagement Strategy Action Plan 2018 – 2020

Public and Staff Governors are elected to carry out their role by the Members or staff therefore, Governors are accountable to Members and the staff. The Governors, therefore at all times link the community and staff and the Trust by ensuring that the Trust is rooted in its community, owned by its community and responds to its community's needs.

Milton Keynes University Trust NHS Foundation Trust (the Trust) Membership and Engagement Strategy (the Strategy) has three Objectives (the Objectives), namely:

### Objective 1

Build and maintain membership to numbers to meet/exceed annual plan targets ensuring the membership is representative of the population the Trust serves.

The Trust's aim is to recruit and steadily increase membership, ensuring that it is fully representative of the population of Milton Keynes

### Objective 2

Regular and effective communication with members

The Trust is committed to maintaining a two-way dialogue with its Membership. This will encourage Members to give their views and influence developments within the Trust

### Objective 3

Engage with Members and encourage their involvement

The Trust's aim is to ensure that the Membership has an opportunity to get involved with the Trust and through this engagement, help to shape the services it provides.

Each Objective includes Key Sub-objectives (Sub-objectives), which are shown overleaf, together with the Actions to Achieve the Objectives/ Sub-objectives (Actions)

## Objective 1

Build and maintain membership to numbers to meet/exceed annual plan targets ensuring the membership is representative of the population the Trust serves. The Trust's aim is to recruit and steadily increase membership, ensuring that it is fully representative of the population of Milton Keynes.

Key sub-objectives include:-

- Meet the annual membership targets as identified in the trust's Annual Plan.
- Maintain an accurate membership database which meets regulatory requirements and can aide membership development.
- Encourage membership across the public constituencies
- Ensure the membership reflects the diversity of the population the trust serves.

ACTION	DETAIL	BY	WHEN
Assistance to Governors in presentation methods to encourage involvement in recruitment activities	Presentation training as required Develop standard presentation material	Governor and Membership Manager (GMM)/Chair Engagement Group (CEG)	Year 1
Regular, targeted recruitment drives in the Hospital and at internal and external events and locations	<ul style="list-style-type: none"> <li>▪ Annual Members Meeting: Engagement Group sub-committee to be formed to consider:               <ul style="list-style-type: none"> <li>• Location</li> <li>• Order of agenda</li> <li>• Agenda items, e.g. recruitment drive, entertainment, speaker.</li> <li>• Governor involvement on the night</li> </ul> </li> <li>▪ MKUHFT CoG Meet the Members Events – Currently two per year</li> <li>▪ Healthwatch AGM</li> <li>▪ Healthwatch Event</li> <li>▪ Clinical Commissioning Group Events</li> <li>▪ Set up a stand run by Governors at various locations within MKUHFT on a rota system for short time periods, e.g. Main Entrance, Eaglestone Restaurant, car park. Results to be monitored</li> </ul>	CEG/GMM  Sub- committee and All Governors	Years 1, 2 and 3
Effective use of membership recruitment material	Material to be monitored Targeted campaigns by Public Governors in their constituencies, Staff Governors in their work areas and Appointed Governors in their areas, with monitoring of results, e.g.: GP Surgeries (through Practice Managers, Patient Participation Groups, Flu Clinics) Local (Parish) Councils, Parish Noticeboards.	GMM/All Governors  All Governors	Ongoing
Make the Members/Governors webpage more visible	<ul style="list-style-type: none"> <li>• Give the Members' webpage high priority when accessing the Trust's website</li> <li>• Staff Governors' page on the Trust's Intranet</li> <li>• Have a prominent '<i>Become a Member of the Hospital</i>' note on the front page of the MKUHFT website</li> <li>• Use of Twitter, Facebook, Instagram</li> <li>• Widen the distribution of the CEO's Weekly Message to Members</li> <li>• Set up a sub-group to keep the webpages up to date</li> </ul>	GMM/Communications Dept  CEG/GMM	Ongoing

Review recruitment material and Membership Application Forms	Ensure they are kept up to date, cover the changes taking place at MKUHFT, are brief and relevant, encompass modern communication systems, etc.	GMM/CEG	Years 1, 2 and 3
Set up a sub-group of Governors to develop strategies to identify and address under-representation groups	<ul style="list-style-type: none"> <li>• Establish a listing of groups</li> <li>• Work with organisations, which are involved with the Groups</li> <li>• Develop specific recruitment material with organisations, as required</li> </ul>	CEG/GMM All Governors GMM	Ongoing

## Objective 2

### Regular and effective communication with members

The Trust is committed to maintaining a two-way dialogue with its Membership. This will encourage Members to give their views and influence developments within the Trust

Key sub-objectives include:-

- To promote the work of the Trust and its Governors
- To identify opportunities for two-way communications between Members and Governors
- To ensure communications, encourage engagement with the Members

ACTION	DETAIL	BY	WHEN
Promote the work of the Trust and the Governors and stress the need for Two-Way Communications	<ul style="list-style-type: none"> <li>• At every opportunity tell the patients and public '<i>We are here. Please contact us</i>', in any and every form</li> <li>• Increase the use of e-mail, the Internet, Mobile phones, Twitter, Facebook, Instagram</li> <li>• Issue Newsletter</li> <li>• Emphasise the work of the Governors in the Annual Review</li> <li>• Give the Members webpage high priority when accessing the Hospital's website</li> <li>• Staff Governors' page on the Trust's Intranet</li> <li>• Have a prominent '<i>Become a Member of the Hospital</i>' note on the front page of the MKUHFT website</li> <li>• Widen the distribution to Members of the CEO's Weekly Message</li> <li>• Encourage the local media to report the good news about the Hospital</li> <li>• Encourage the local media to keep readers up to date with the changes that are taking place in the Hospital</li> <li>• Set up a sub-group to keep the webpages up to date</li> </ul>	All Governors  GMM/Communications Dept  Executive Executive  CEG/GMM	Ongoing
Ensure Staff Members are aware of the role of Governors, particularly their elected Governors	<ul style="list-style-type: none"> <li>• Engagement of Staff Members by engagement undertaken by their elected Governors who represent them</li> <li>• Promote opportunities for Staff Members to meet Staff Governors at events and through common areas of the Trust, e.g. ward notice boards, a stand at the Eaglestone Restaurant</li> </ul>	Staff Governors  GMM/Staff Governors	Ongoing/As required

	<ul style="list-style-type: none"> <li>Regular e-mail from the Lead Governor</li> <li>Events in specific Wards and other areas</li> </ul>	Lead Governor	
Encourage Members to make their experiences, compliments, ideas, concerns, improvements, comments known	Through <ul style="list-style-type: none"> <li>Their elected Governor</li> <li>PALS</li> <li>Family and Friends Test</li> <li>MKUHFT website</li> <li>The Lead Governor</li> </ul>	All Governors	Ongoing
Establish any requirements for Governor/Trust information to be in different languages, formats	Review comments from Governors, patients, public, etc., for such a requirement and respond as necessary	All Governors	As required

### Objective 3

#### Engage with Members and encourage their involvement

The Trust's aim is to ensure that the Membership has an opportunity to get involved with the Trust and through this engagement, help to shape the services it provides.

Key sub-objectives include:-

- To ensure the views of the Members are understood
- To Identify opportunities for Members and Governors to be involved in the Trust
- To encourage more Members to stand for election to the Council of Governors

ACTION	DETAIL	BY	WHEN
Increase awareness of the opportunities for Members to take part in Hospital reviews, visits	Through newsletters, e-mail, social media, Trust website, inform Members of the need for them to be involved in such as 15 Steps, PLACE (Patient Led Assessments of the Care Environment) reviews, Family and Friends Tests. Training will be given and they will be accompanied by an experienced leader	GMM/CEG/Communications Dept	Ongoing
Election to the Council of Governors	Ensure all communication systems are used to inform Members of any forthcoming elections	GMM	As required
Encourage Governors to help out with any of the Actions under the three Objectives keeping in mind they will receive any help they may need	Ask all Governors to: <ul style="list-style-type: none"> <li>Consider where they could help with any of the Actions</li> <li>Notify the Governor and Membership Manager of where they could help and when</li> <li>Advise the Governor and Membership Manager of any assistance or information they may require to carry out any of the actions</li> </ul>	All Governors	Early in Year 1

### 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
<b>THEMED PRESENTATIONS</b>						
Themed Presentations	Due	Due	Due	Due	Due	Due
Governors Patient Story			Due			
Cyber Care			Due			
Healthwatch Presentation	Due					
Well Led Framework Update			Due			
Breast Clinic				Due		
Charitable Fundraising Update				Due		
Patient Experience			Due			
<b>GOVERNANCE</b>						
Annual Report				Final		
Quality Account	Local Indicator	Quality Improvement priorities	Draft report	Final Report		
Annual Plan Timetable	Due	Due	Final Repor			
Annual Members Meeting				Due		
Patient Experience report						

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