NHS
Milton Keynes
University Hospital
NHS Foundation Trust

# COUNCIL OF GOVERNORS

**Council of Governors' meeting to be held at 9.30am on the 23 January 2018 in Room 6, of the Education Centre, Milton Keynes University Hospital, Milton Keynes**

| Time | Item | | Report | Lead |
|---|---|---|---|---|
| 9.30am | 1 | **Chair's Welcome and Announcements** | | Chairman |
| | 1.1 | **Apologies**<br>To receive apologies for absence.- | | Chairman |
| | 1.2 | **Declarations of Interest**<br>Governors are requested to declare any interests they have in items on the agenda. | | Chairman |
| | 1.3 | **Minutes and Matters Arising** | | Chairman |
| | (a) | Minutes of the Council of Governors meeting held on the 14 November 2017 | Approve (Pages 3 -12) | Chairman |
| | (b) | (b) Action Log – No outstanding Actions | None | Governor and Membership Manager |
| | 2 | **(a) Chairman's Report**<br><br>**(b) Chief Executive's Report** | Verbal<br><br>Receive (Pages 13-15) | Chairman<br><br>Chief Executive |
| | **PRESENTATION AND INFORMATION ITEMS** | | | |
| 10.05 | 3. | **Sustainability and Transformation Partnership** | Verbal | Chief Executive |
| | 3.1 | **Update on Estate Development** | Verbal | Deputy Chief Executive |
| | 3.2 | **Healthwatch Milton Keynes** | Presentation | Healthwatch Milton Keynes |
| | **PERFORMANCE** | | | |
| | 4.1 | **Integrated Performance Report Month 8** | Receive (Pages16 - 28) | Deputy CEO |
| | 4.2 | **Finance Report Month 8** | Receive (Pages 29 - 36) | Director of Finance |
| | **ASSURANCE REPORTS FROM COMMITTEES** | | | |
| | 5.1 | **(Summary Report from) Finance and Investment Committee 6 November and 18 December 2017** | Report (Pages 37 - 42) | Chairman of Committee |

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| | **5.2** | **(Summary Report from) The Workforce and Development Assurance Committee 6 November 2017** | Report (Pages 43 - 44) | Chairman of the Committee |
| | **5.3** | **(Summary Report from) The Audit Committee 12 December 2017** | Report (Pages 45 – 47 | Chairman of the Committee |
| **GOVERNORS UPDATE** | | | | |
| | **6.** | **Healthwatch Milton Keynes Update** | Report (Pages48 - 49) | Maxine Taffetani Healthwatch Milton Keynes |
| | **6.1** | **Engagement Group update** | Verbal | Alan Hastings |
| | **6.2** | **North Site Development Operational Group** | Report | Robert Johnson-Taylor |
| **GOVERNANCE** | | | | |
| | **7.** | **Governor Elections** | Verbal | Governor and Membership Manager |
| | **7.1** | **Lead Governor** | Report (Pages 50 - 53) | Chairman |
| | **7.2** | **Quality Account Local Indicator** | Presentation | Director of Patient Care and Chief Nurse |
| | **7.3** | **Motions and Questions from Council of Governors** | Receive | Chairman |
| | **7.4** | **Annual Work Plan** | Receive (Pages 54-55 | Governor and Membership Manager/All |
| | **7.5** | **Any other Business** | | Chairman |
| | **7.6** | **Date and time of next meeting**<br>The date of the next meeting of the Council of Governor's is on the 20 March 2018 at 5.00pm in room 6 of The Education Centre. | Note | Chairman |
| **11.00** | **7.7** | **Resolution to Exclude the Press and Public** | | |
| | | The Chair to request the Council of Governors' to pass the following resolution to exclude the press and public and move into private session to consider private business.<br>*"that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted."* | | |

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

Milton Keynes University Hospital NHS Foundation Trust

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

**DRAFT minutes of a meeting of the Council of Governors' of the Milton Keynes University Hospital NHS Foundation Trust, held in public at 5.00pm on Tuesday the 14 November 2017, in room 6 of the Education Centre at Milton Keynes University Hospital, Milton Keynes**

**Present:**
Simon Lloyd - Chairman

**Public Constituency Members:**
William Butler (WB)
Paul Griffiths (PG)
Alan Hastings (AH)
Alan Hancock (Aha)
Clare Hill (CH)
Robert Johnson-Taylor (RJ)
Amanda Jopson (AJ)
Peter Skingley (PS)
Liz Wogan (LW)

**Appointed Members:**
Andrew Buckley (AB) - Milton Keynes Council
Clare Walton (CW) - Community Action:MK
Maxine Taffetani (MT) - Healthwatch Milton Keynes

**Staff Constituency Members:**
Keith Marfleet (KM)
Lesley Sutton (LS)
Kim Weston (KW)

**In Attendance:**

**Executive Directors**
Joe Harrison (JH) - Chief Executive
John Blakesley(JB) - Deputy Chief Executive
Caroline Hutton (CH) - Director of Clinical Services
Mike Keech (MK) - Director of Finance
Ian Reckless (IR) - Medical Director

**Non Executive Directors**
David Moore (DM)

**Also in Attendance**
Jacqui Page (JP) Item 3.2- eCARE Programme Operational Lead

Sharon Webb (SW) Item 3.2- eCARE Programme

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

There were no members of the public in attendance at the meeting.

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| **1.** | **WELCOME & ANNOUNCEMENTS** |
| | The Acting Chairman extended a warm welcome to everyone present and introduced at their first meeting, newly elected Public Governors William Butler and Amanda Jopson |
| **1.1** | **APOLOGIES** |
| | Apologies for absence were received from, John Blakesley, Andrew Blakeman, Kate Burke, Douglas Campbell, Jean Button, Parmjit Dhanda, John Ekpa, Ogechi Emeadi, Bob Green, Paul Griffiths, Clare Hill, Carolyn Peirson, Tony Nolan, Matt Webb and Jill Wilkinson |
| **1.2** | **DECLARATIONS OF INTEREST** |
| | There were no new declarations of interest received and no interests received in relation to any other open items on the agenda. |
| **1.3** | **MINUTES** |
| **(a)** | **Minutes from the Council of Governors meeting held on the 12 September 2017.**<br><br>The draft minutes of the meeting held on the 12 September 2017 were considered.<br><br>**<u>Resolved:</u> That the draft minutes of the meeting held on the 12 September be agreed as a correct record of the meeting.** |
| **(b)** | **MATTERS ARISING / ACTION LOG** |
| | **Action Log**<br><br>There were no outstanding action log items.<br><br>**<u>Resolved:</u> That the action log as updated at the meeting was received.** |
| **2** | **CHAIRMAN AND CHIEF EXECUTIVE REPORTS** |
| **(a)** | **Chairman's Report** |
| | The Chairman thanked Governor Lesley Sutton, for her time as the rotational Lead Governor for the duration of the 17th May 2017 until 14th November 2017. Public Governor Liz Wogan will start her tenure as Lead Governor from the 15th November until the 11th May 2018.<br><br>The Chairman also took the opportunity to remind everyone of the joint meeting with the Non Executive Directors that was taking place on the 22nd November 2017 at Herons Lodge. With the Trust's commitment to provide support for Governors to carry out their role effectively, NHS Providers GovernWell will also be able to join the meeting on the 22nd. GovernWell provide the national training programme to equip all NHS Foundation Trust Governors with the skills required to undertake this very important role and It is an excellent opportunity to have them join us here in Milton Keynes. |

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| | The Chairman, also gave feedback on a meeting of Trust Chairs that he had recently attended. It had been organised by NHS Improvement, and had focused on A&E performance, winter planning, finances and meeting the cancer target. It confirmed that MKUH is doing well on all the key targets, but there is concern nationally about the impact that this winter could have on finances and performance. The need for frontline staff to be protected against flu had also been stressed.<br><br>At that meeting, a presentation showing the different directions that are being taken across the country in the development of STPs and ACSs was also received. These ranged from the complex relationships being navigated through in Lincolnshire, to the vertical integration taking place in Wolverhampton, where the trust had taken over the running of a number of local GP practices. The overall message is that there is no one size fits all, and it is for local partners to agree on what is right for their areas.<br><br>The Chairman concluded by thanking Public Governors Phil Gerrella and Sid Nandi-Purkayastha for their time as Public Governors and wished them well for the future. Both had both unfortunately recently tendered their resignations, due to work commitments.<br><br>**<u>Resolved:</u> That the Chairman's report be received and accepted.** |
| **(b)** | **Chief Executives Report,** |
| | The Chief Executive drew the Council of Governors attention to the written summary of discussions at the recent Management Board meeting. This is a new development and feedback on its usefulness was welcomed.<br><br>Planning for flu nationally is at an advanced stage. NHS England are planning for 400,000 cases, which would be significantly higher than for over a decade. In Milton Keynes, cases on such a scale would impose previously unseen pressures on the system.<br><br>A roundtable meeting on education has been held, in the course of which the University of Buckingham came out well. As a result, Phillip Dunne, the health minister is to visit the Trust to see what is on offer for students here.<br><br>The NHS Providers Board meeting is to be held. There is a growing concern about the link that has been created between removal of the pay cap and the need to make productivity gains – there is an expectation that a 4% improvement in efficiency would need to be delivered. This Trust is already expected to deliver over £10m this year.<br><br>Andrew Harrington has been appointed Chief Executive of the Milton Keynes GP Federation. He has expressed optimism about the opportunities for positive service developments across the system.<br><br>In response to a question from Public Governor Alan Hastings, The Chief Executive reported that trials were expected to take place on offering electronic options to enable appointments to be changed online.<br><br>In response to a question from Public Governor Peter Skingley, The Chief Executive stated that the campaign for all forms of smoking no longer being allowed anywhere on the hospital site was working very well, but emphasised the importance of its sustainability. |

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| | **<u>Resolved</u>: That the Chief Executive's report be received and accepted.** |
| **3.** | **Sustainability and Transformation Partnerships** |
| | The Chief Executive reminded that BLMK is one of 8 areas to be included in wave 1 of STPs that are to become ACS's. As a result of this, the partnership has been able to access some transformation funding. MKUH put forward a bid to fund work on breaking down barriers within the local health and care system that currently prevents patients from being cared for by a single entity for the entirety of their journey. This bid was successful and £500k of funding has been provided to help create a single system within MK, including the Council, CCG and Community Health. The first priority for this work would be to seek to gain a better understanding about how patients access health and social care. Success at this stage would enable appropriate clinical models to be put in place to support the relatively small number of patients that are known to be the heaviest users of local health and social care resources. This initiative is at the early stages of development to define what is achievable.<br><br>The Trust has agreed to engage an American company, Optum, that has expertise in health systems, to recommend the best way forward, based on the various needs within MK itself and across the wider STP footprint. This work will also take account of models being developed in other parts of the country, and the various governance challenges. The Trust wants to be better able to engage with the different parts of the system, in accordance with its strategy. The Board will receive regular updates on this programme.<br><br>The work leading up to the merger between Luton and Dunstable FT and Bedford Hospital is continuing. A meeting is to be held with the CCGs this week at which the plans will be outlined. It was also noted that the 4 local authorities within the patch have formed a joint Overview and Scrutiny Committee. Their first meeting is to be held this month.<br><br>In response to a question from Appointed Governor Clare Walton, The Chief Executive reported that that the funding was well received and a positive in recognising development in MK.<br><br>**<u>Resolved:</u> That the Sustainability and Transformation Partnership update be received.** |
| **3.1** | **Update on Estate Development** |
| | The Deputy Chief Executive provided a verbal report for the Estate Development Update and the following was highlighted:-<br><br>• To support the growing demand there were now 24 new visitor car parking spaces in the car park B area (behind cardiology) adjacent to the entrance barrier.<br>• Work has begun on the construction of the new multi-storey car park, the contractors will be working within a designated site to minimise any disruption caused.<br>• The new multi- storey car park is scheduled to be opened in April 2018.<br>• The Cancer Therapy Centre programme is underway with expected completion in 2019.<br>• The construction of the Medical School Academic Centre is now very visual |

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| | from the road when entering the Trust from Standing Way and is expected to open in February 2018.<br><br>**<u>Resolved:</u> That the Update on Estate Development be received and accepted** |
| **3.2** | **Electronic Patient Record** |
| | An eCare Programme presentation was given to the Governors by the eCARE Operational Lead.<br><br>The following was highlighted:-<br><br>• The future vision for the 21st Century is for a modern, connected and paperless system that consistently provides efficient outstanding and personalised care for all.<br>• The MKUH journey to paperless by 2020 consists of 4 phases.<br>• **Modern** (Phase A) the efficient access to systems & Information, from Jan 2015 – December 2016.<br>• **Connected** (Phase B), commence single record view from September 2016 – March 2018.<br>• **Paperlite** (Phase C) enhancing a single record view from June 2018 – August 2019.<br>• **Paperless** (Phase D) complete single record view from September 2019<br><br>• So where are we?<br>1. Current State Review – review current processes<br>2. Commence the Design and Build<br>3. Review Design and Build progress<br>4. Sign off initial design ready for testing – 22nd September<br>5. Integration Testing completed ready for training – 30th December 2017.<br>6. System taken down to complete upgrade 13 April 2018 – Night before go live.<br>7. Review go live – 30th April 2018<br>• Operational Readiness, there is a group set up to review all activities required to ensure we are ready as an organisation:-<br>Ensuring consistent management message<br>1. Ensuring effective change programme for staff<br>1. Go live and roll out planning<br>2. Training – ensuring effective and meets needs of staffs<br>3. Representatives from all areas of the organisation<br>4. Monitor the benefits (financial, quality and safety).<br><br>• Key eCARE benefits linked to the top three Trust Objectives:-<br><br>1. Patient Safety, reduces errors with transcribing patient history manually received from GP's, Improved visibility of patients condition and plan and screening tools to identify risks such as patients falling.<br><br>2. Improving Patient Experience, right test with the right information at the right time reduces delays, discharges more efficient as collating clinical information in advance and encourage standard ways of working which should reduce length of stay. |

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| | 3. Improving Clinical Effectiveness standardises tests for conditions, timely completion of assessments and recorded e.g.VTE and standardised drug formulary which will promote generic prescribing and compliance.<br><br>**The Chief Executive left the meeting**<br><br>In response to a question from Public Governor, Liz Wogan the eCARE Operational Lead confirmed, that although a national project that eCARE at MKUH was being carefully managed.<br><br>**Resolved: That the Electronic Patient Record Presentation be Received** |
| **4.1** | **Integrated Performance Report Month 6** |
| | The Deputy Chief Executive introduced this report and highlighted the following:-<br><br>• There is still a small number of patients who have been waiting for 52 weeks for elective care. These delays in providing care are entirely due to patient choice issues<br>• This year we have used our Warm Up for Winter campaign to find ways in which we can better share information across the organisation, including with our colleagues based at Witan Gate House. With forecasting predicting another difficult winter, it is really important that we are able to have the right staff in the right place at the right time, which includes every single member of staff.<br>• Following some feedback sessions and workshops over at Witan Gate this week, there will be a number of new projects launching over the coming weeks to better support information flow, which will ultimately improve patient flow.<br><br>In response to a question from Public Governor Alan Hastings, The Director of Clinical Services reported that some hospitals send letters to DNAs stating the costs incurred by missing an appointment.<br><br>In response to a question from Public Governor Alan Hastings, The Deputy Chief Executive reported that DNA's for the Urgent Care Centre were also included in the data.<br><br>**Resolved: That the Integrated Performance Report Month 6 be received.** |
| **4.2** | **Finance Report Month 6** |
| | The Director of Finance presented this report and highlighted the following:-<br><br>• In the year to date, then Trust is on target to meet its control total, despite the fact that it appears to be off target against its planned deficit (this is as a result of planned donations that have not yet been received)<br>• An extra £2.2m of STF funding will be accessed in the second half of the year. However, it was noted that the trust was compelled to lodge an appeal in relation to its failure to access £200k worth of funding relating to A&E performance in Q2 as a result of a late change to the guidance.<br>• Pay costs remain below budget, and agency costs are significantly under |

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| | budget.<br>• High cost drugs are significantly overspent.<br>• The Trust has still not received a response from NHS Improvement to its application for capital funds<br>• Performance of the Transformation Programme has improved with the recognition of some agency savings, but it is still £700k below target.<br>• The Trust has been confirmed as a Fast Follower in the Global Digital Exemplar programme, with £5m of capital funding to be received over 3 years.<br><br>**Resolved: That Finance Report for Month 6 be received and accepted.**<br><br>**The Deputy Chief Executive left the meeting**<br>**Governor Clare Walton left the meeting** |
| **5.1** | **(Summary Report from) Finance and Investment Committee** |
| | The Chairman of the Committee presented the summary report from the Finance and Investment Committee Meeting held on the 2 October 2017.<br><br>The following was highlighted:-<br><br>• Agency spend is at its lowest for some time at £844k, and this has coincided with higher spend on the staff bank.<br>• The challenge would be to maintain this as winter approaches.<br><br>**Resolved: That the Finance and Investment Committee Summary Report be noted.** |
| **5.2** | **(Summary Report from) the Charitable Funds Committee** |
| | The summary report of the Charitable Funds Committee meeting held on the 2 October 2017 was considered.<br><br>**Resolved: That the summary report from the Charitable Funds Committee be noted** |
| **5.3** | **(Summary report from) the Quality and Clinical Risk Committee** |
| | The summary report of the Quality and Clinical Risk Committee meeting held on the 20 October 2017 was considered.<br><br>**Resolved: That the the summary report of the Quality and Clinical Risk Committee meeting held on the 20 October 2017 was noted.** |
| **5.4** | **(Summary report from) the Audit Committee** |
| | The summary report of the Audit Committee meeting held on the 26 September 2017 was considered.<br><br>**Resolved: That the the summary report of the Audit Committee meeting held on the 26 September 2017 was noted.** |

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| **6.** | **Healthwatch Milton Keynes Update** |
| | Maxine Taffetani, appointed governor from Healthwatch Milton Keynes presented the Healthwatch Milton Keynes update by first thanking the hospital staff for their support and engagement for the first Healthwatch enter and view exercise.<br><br>The following was highlighted:-<br><br>• Healthwatch Milton Keynes first enter and view exercise had been undertaken at the Hospital in Wards 17 and 18. The Hospital team had promptly responded to the recommendations outlined in the report and had clearly laid out how they will be acted upon.<br><br>• The report has been published and sent to Joe Harrison, CEO and other stakeholders at the hospital, in advance of the Council of Governors meeting,<br>• Hard copies were also distributed to Governors.<br><br>In response to a question from Public Governor Liz Wogan, Maxine Taffetani, appointed governor from Healthwatch Milton Keynes confirmed that the enter and view activity had been carried out by two Healthwatch trained authorised representatives.<br><br>**Resolved: That the Healthwatch Milton Keynes Update Report be noted.** |
| **6.1** | **Engagement Group Update** |
| | Alan Hastings Public Governor as Chair of the Engagement Group, provided the update from the Engagement Group Meeting that took place on the 4th October and the following was highlighted:-<br><br>• There were 90 attendees at the AMM held on the 27th September at the Venue:MK, Walton High.<br><br>• The 'Beyond the C' Choir who sang in the foyer as people arrived was a great success and many compliments had been received.<br><br>• 20 new members were recruited<br><br>• Thank you to all of the Governors who helped make the evening a success, we have received some comments from those in attendance that it was the best AMM that they had been to, to date.<br><br>Alan Hastings as Chair of the Engagement Group reported that the next Engagement Group Meeting is to take place on the 6th December at 11.00am in the Elm Room, Oak House and reminded that the role of the Engagement Group is to review and improve engagement between the hospital and its members, between governors and their members and between the hospital and the wider community.<br><br>All Governors are deemed to be members of the Engagement Group, but it is not compulsory to attend every meeting, all Governors who wish to attend are most welcome.<br><br>**Resolved**: **That the Engagement Group Update be received and accepted.** |
| **7.1** | **Timetable of Council of Governor and Board of Director Meetings 2018** |

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| | The Governor and Membership Manager presented the timetable for the Council of Governor and Public Board of Director Meetings for 2018<br><br>**Resolved: That the Timetable of Council of Governor and Board of Director Meetings 2018 be noted.** |
| **7.2** | **Charitable Funds Committee Governor Representative** |
| | The Chairman reported that The Charitable Funds Committee terms of reference states that a named Governor be included in the membership of the Committee and its meetings. Further to this, a request has been received from the Charitable Funds Committee for a Governor to join the Committee.<br>Discussions with Governors for a representative has now taken place, with one application since received and accepted.<br>**Resolved: That the Charitable Funds Committee Governor Representative be Received.** |
| **7.3** | **Governor Elections** |
| | The Governor and Membership Officer provided an update on the recent Governor Elections results for the contested constituency areas of Linford South, Bradwell, Campbell Park and Emerson Valley, Furzton, Loughton Park.<br>Further Governor elections will be required in the new year for current vacancies and current tenures coming to an end in the early part of 2018.<br><br>**Resolved: That the Governor Elections Update be received** |
| **7.4** | **Motions and Questions from Council of Governors** |
| | None Received<br>**Resolved: That the Motions and Questions from the Council of Governors be received and accepted.** |
| **7.5** | **Annual Work Plan** |
| | The Annual Work Plan was considered and any items pertaining to this meeting are to be added.<br>**Resolved: That the Annual Work Plan be noted.** |
| **7.6** | **Any other business** |
| | **There was none** |
| **7.7** | **Date and Time of next meeting**<br><br>The date of the next meeting of the Council of Governors is on the 23rd January at 9.30am in room 6 at the Education Centre. |

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| **7.8** | **RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC**<br><br>**<u>Resolved:</u> that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.** |

**Carol Duffy**
**Governor and Membership Manager**
**21 November 2017**

| Meeting title | Council of Governors | Date: 23 January 2017 |
|---|---|---|
| Report title: | Chief Executive's Report | |
| Report author | Name: Joe Harrison | Title: Chief Executive |
| FoI status: | Public document | |

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

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

| Report history | |
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| Next steps | |
| Appendices | None |

**Chief Executive's Report - key points arising from the Management Board meeting on 20 December 2017**

1. **Sustainability and Transformation Partnership/ Accountable Care System Update**

- The formal merger agreement between Luton and Dunstable and Bedford Hospitals is due to be produced before Christmas.
- Funding is now in place for the development of a Milton Keynes specific care system involving the CCG, Local Authority and mental health providers.
- Confirmation has now been received that the Trust has been included in the South 4 pathology network.

2. **Proposed Strategy for Imaging**

- An outline strategy was presented, with the aim of future proofing imaging services – there is a need to ensure that services are fit for purpose for the next 5-10 years.
- It was noted that there has been a steep rise in the number of complex requests and clinical based assessments. Discussions are to be held with the existing provider and these will be reported back to Management Board.

3. **7 day services**

- The 7 day service standards were introduced in 2013, and implementation of the six standards is to be achieved by March 2018 and March 2020. Work is underway to ensure that the Trust is able to meet these standards within the respective timescales.

4. **Draft recruitment strategy**

- The draft strategy has been updated to include detail on recruitment processes. It was also suggested that the strategy highlights connections with the universities and the Trust's research and development strategy.

5. **Patient Access Programme (Outpatients Transformation)**

- The proposal to centralise the management of the administrative teams supporting outpatient activity was approved. Formal briefings to the staff affected will begin after Christmas in collaboration with staff side representatives.

6. **Performance dashboard and report M8**

- A new indicator, relating to E.coli infections, has been added to the dashboard. No target has yet been set, but this is to become a national target for local health economies.
- A report on the small number of patients who have been waiting for more than 52 weeks for treatment is to be presented at the next Management Board meeting.
- RTT performance has fallen to 90.4%

7. **Finance Report M8**

- The Trust needs to recover £800k in month 9 in order to achieve the sustainability and transformation funding (STF).
- The Trust is in discussion with the CCG on the rules around procedures of limited clinical value in order to limit future challenges.

- A further paper was presented highlighting actions that are to be taken to generate further savings, including:
    - An embargo on new non-urgent minor works
    - An embargo on agency appointments in non-clinical areas
- The freezing of corporate vacancies.

**8. Transformation Programme M8 delivery**

- The programme is currently £5m off-plan, although there has been a small over-delivery in month on the temporary staffing scheme. Work is underway with the divisions to bring forward additional schemes in year.

**9. Capital update**

- The Trust continues to await confirmation from NHS Improvement as to whether its application for capital funding for the EPR programme has been approved. In the meantime, the expenditure envelope for essential items has been increased from £5m to £6m.

| Meeting title | Council of Governors | Date: 23 January 2018 |
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| Report title: | Performance Report indicators for 2017/18 (Month 8) | Agenda item: 4.1 |
| Lead director<br>Report author<br>Sponsor(s) | Name: John Blakesley<br><br>Name: Hitesh Patel | Title: Deputy Chief Executive<br><br>Title: Associate Director of Performance and Information |
| FoI status: | Disclosable | |

| Report summary | Lists the proposed key performance metrics for the Trust for the financial year 2017/18 | | | |
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| Purpose<br>*(tick one box only)* | Information [x] | Approval [ ] | To note [ ] | Decision [ ] |
| Recommendation | | | | |

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

| Report history | None |
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| Next steps | None |
| Appendices | None |

# Trust Performance Summary: M08 (November 2017)

## 1.0 Summary

This report summarises performance in November 2017.

The Trust continues to be dominated by non-elective demand with the lagging indicators showing the hospital under stress. With inpatient occupancy at over 98.8% the hospital will always perform inefficiently (as seen by ward discharges before midday, increasing readmissions and patients with a LoS >14 days) DToCs performance improved dramatically. 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 91.5% albeit against a national backdrop of England only achieving 88.9% placing the Trust at 61st (down from 44th) out of 137. In recent weeks the England position has been deteriorating significantly, however the Trust must attain performance in quarter 3 of over 90% to maintain access to STF funding.

Whilst on the elective side the RTT target was not achieved in month at 90.7% and may continue to deteriorate over the coming weeks. In October the England performance was 88.9% with MKUH being 54th out of 159 Trusts. Non admitted performance is holding up well but with many elective cancellations the admitted breached has increased by around 100. Of particular concern are the growing numbers of breaches over 52 weeks as this will ensure that we are seen as an outlier.

The Trust reported a deficit (on a control total basis before STF) of £1.9m, £0.2m adverse to plan. Improvements in income were offset by additional costs related to operational pressures as a result of high non-elective demand. The Trust is now £0.8m below its control total plan year to date.

## 2.0 Sustainability and Transformation Fund (STF)

### Performance Improvement Trajectories

November 2017 performance against the Service Development and Improvement Plans (SDIP):

| OBJECTIVE 4 - KEY TARGETS | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 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% | 92.0% | 92.4% | 91.5% | ✗ | ▽ |
| 4.2 | RTT Incomplete Pathways <18 weeks | | 92% | 92.2% | | 91.7% | ✗ | ▽ |
| 4.9 | 62 day standard (Quarterly) | | 85% | 85% | | 88.7% | ✓ | △ |

ED performance was 91.5% for November 2017. This was below the national threshold of 95% and was also less than the Trust's NHS Improvement trajectory of 92%. On a more positive note, Trust performance compared favourably to the national A&E performance of 88.9% in November 2017.

The criteria to achieve the STF performance based funding for A&E during Q3 is yet to be confirmed at the time of writing. The Trust trajectory submitted to NHS Improvement at the beginning of the year was to achieve 91.7% during Q3. Actual performance for Q3 to date (to the end of November 2017) was 91.03%, meaning that the Trust is presently below the required level of performance.

The Trust did not achieve the referral to treatment (RTT) national operating standard of 92% during November 2017. The aggregate performance was 91.7% against an NHS Improvement trajectory of

92.2%. At the end of October 2017, NHS England reported that nationally 89.3% of patients waiting to start treatment (incomplete pathways) had been waiting for less than 18 weeks.

Cancer waiting times are reported quarterly, usually six weeks after the end of each quarter. During Q2 2017/18, the Trust exceeded the 85% national target for the 62 day referral to treatment waiting time standard, achieving 88.7%. This was better than the NHS Improvement trajectory and notably higher than the combined NHS England national performance of 82.2%.

## 3.0 Urgent and Emergency Care

Performance in urgent and emergency care operated under increasing winter pressure in November 2017. This presented a challenge in terms of delivering performance in the following series of KPIs:

| ID | Indicator | DQ Assurance | Target 17-18 | Month/YTD Target | Actual YTD | Actual Month | Month Perf. | Month Change |
|---|---|---|---|---|---|---|---|---|
| 2.4 | Cancelled Ops - On Day | | 1.0% | 1.0% | 1.0% | 1.5% | ✗ | ▼ |
| 3.2 | Ward Discharges by Midday | | 30% | 30% | 23.5% | 20.7% | ✗ | ▼ |
| 3.4 | 30 day readmissions | | 6.4% | 6.4% | 8.2% | 8.0% | ✗ | ▲ |
| 3.7 | Delayed Transfers of Care | | 25 | 25 | | 21 | ✓ | ▲ |
| 3.9 | Ambulance Handovers >30 mins (%) | | 5% | 5% | 3.8% | 8.8% | ✗ | ▼ |
| 4.1 | ED 4 hour target (includes UCS) | | 95% | 92.0% | 92.4% | 91.5% | ✗ | ▼ |

### Cancelled Operations on the Day

The volume of operations that were cancelled on the day for non-clinical reasons during November 2017 increased markedly to 45 compared to 23 in the previous month. This was 1.5% of all planned elective operations, exceeding the 1% tolerance. Of those cancelled on the day, 27 (60%) were due to no beds available in the Trust. The availability of theatre staff was described as the second most frequent reason for cancellation, contributing to eight cancelled procedures (18% of the total).

### Readmissions

The 30 day readmission rate continued above the 6.4% threshold but did reduce to 8.0%. This was the lowest rate since June 2017. The rate for Medicine was improved to 12.6%, the lowest reported rate since May 2017. The rate for Surgery reduced to 4.6% (the lowest in the year to date). The rate in Women and Children however increased to 4.6%, which was the highest rate reported within this division for more than two years. This increase was influenced by Paediatric readmissions.

### Delayed Transfers of Care (DTOC)

The volume of DTOC reported internally within the Trust on the last Thursday of November 2017 was reduced to 21; the lowest since January 2014. The low volume was reported as below 30 for a seven day period from 24th to 30th November 2017 after a steady reduction during the month.

### Ambulance Handovers

The number of ambulance handovers that took longer than 30 minutes breached the 5% threshold for the first time in the year to date. It was reported that 8.8% of ambulance handovers (159) took longer than 30 minutes in November 2017 (35 of which waited for longer than 60 minutes).

## 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 | | 93% | 93% | 96.5% | 98.8% | ✗ | ▲ |
| 3.5 | Follow Up Ratio | | 1.50 | 1.50 | 1.53 | 1.48 | ✓ | ▲ |
| 4.2 | RTT Incomplete Pathways <18 weeks | | 92% | 92.2% | | 91.7% | ✗ | ▼ |
| 5.6 | Outpatient DNA Rate | | 5% | 5% | 5.9% | 5.4% | ✗ | ▲ |

### Overnight Bed Occupancy

Overnight bed occupancy in the Trust continued above the 93% threshold, but did reduce a little compared to October 2017. However, at 98.8% it remained high which can increase the risk of infection and also affect the timely admission of patients presenting to ED or for booked surgery.

### Follow up Ratio

The follow up ratio was below the threshold for the first time since May 2017 at an average of 1.48 follow up attendances for every new attendance seen in November 2017. This may be an indication of an increase in first outpatient attendances as opposed to a reduction in follow up activity.

### RTT Incomplete Pathways

The Trust did not achieve either the national or NHS Improvement target for incomplete pathways at the end of November 2017. The number of patients on an RTT waiting list for more than 18 weeks without receiving treatment was over 1,000 for the first time since October 2016. Six patients at the end of November 2017 were reported as having waited for more than 52 weeks.

### Diagnostic Waits <6 weeks

The Trust continued to meet the standard of less than 1% of patients waiting six weeks or longer for a Diagnostic test at the end of November 2017. Early diagnosis is important to patients and is also key to improving outcomes and minimising waiting times for patients on an RTT pathway. ENDS

# Performance Report 2017/18
# November 2017 (M08)

Milton Keynes University Hospital NHS Foundation Trust

| 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) | | 100 | 100 | | 90.8 | ✓ | ▲ | | |
| 1.2 | Mortality - (SHMI) - Quarterly | | 1 | 1 | | 1.01 | ✗ | ▲ | | |
| 1.3 | Never Events | | 0 | 0 | 3 | 0 | ✓ | ▬ | ✗ | |
| 1.4 | Clostridium Difficile | | 20 | 13 | 7 | 1 | ✓ | ▬ | ✓ | |
| 1.5 | MRSA bacteraemia | | 0 | 0 | 3 | 0 | ✓ | ▬ | ✗ | |
| 1.6 | Pressure Ulcers Grade 2, 3 or 4 (per 1,000 bed days) | | 0.86 | 0.86 | 0.55 | 0.44 | ✓ | ▼ | ✓ | |
| 1.7 | Falls with harm (per 1,000 bed days) | | 0.19 | 0.19 | 0.13 | 0.07 | ✓ | ▲ | ✓ | |
| 1.8 | WHO Surgical Safety Checklist | | 100% | 100% | 100% | 100% | ✓ | ▬ | ✓ | |
| 1.9 | Midwife : Birth Ratio | | 30 | 30 | 30 | 29 | ✓ | ▬ | ✓ | |
| 1.10 | Incident Rate (per 1,000 bed days) | | 40 | 40 | 33.54 | 33.38 | ✗ | ▲ | ✗ | |
| 1.11 | Duty of Candour Breaches (Quarterly) | | 0 | 0 | 0 | 0 | ✓ | ▬ | ✓ | |
| 1.12 | E-Coli | | TBC | TBC | 19 | 1 | | ▲ | | |

| 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) | | 94% | 94% | 94% | 94% | ✓ | ▬ | ✓ | |
| 2.2 | RED Complaints Received | | 10 | 7 | 2 | 1 | ✗ | ▬ | ✓ | |
| 2.3 | Complaints response in agreed time | | 90% | 90% | 85.8% | 84.3% | ✗ | ▼ | ✗ | |
| 2.4 | Cancelled Ops - On Day | | 1.0% | 1.0% | 1.0% | 1.5% | ✗ | ▼ | ✓ | |
| 2.5 | Over 75s Ward Moves at Night | | 2,000 | 1333 | 1,873 | 227 | ✗ | ▲ | ✗ | |
| 2.6 | Mixed Sex Breaches | | 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 | | 93% | 93% | 96.5% | 98.8% | ✗ | ▲ | ✗ | |
| 3.2 | Ward Discharges by Midday | | 30% | 30% | 23.5% | 20.7% | ✗ | ▼ | ✗ | |
| 3.3 | Weekend Discharges | | 70% | 70% | 69.4% | 59.7% | ✗ | ▼ | ✗ | |
| 3.4 | 30 day readmissions | | 6.4% | 6.4% | 8.2% | 8.0% | ✗ | ▲ | ✗ | |
| 3.5 | Follow Up Ratio | | 1.50 | 1.50 | 1.53 | 1.48 | ✓ | ▲ | ✗ | |
| 3.6 | Number of Patients with LOS >14 Days | | 120 | 120 | | 136 | ✗ | ▲ | | |
| 3.7 | Delayed Transfers of Care | | 25 | 25 | | 21 | ✓ | ▲ | | |
| 3.8 | Discharges from PDU (%) | | 16% | 16% | 13.1% | 14.8% | ✗ | ▲ | ✗ | |
| 3.9 | Ambulance Handovers >30 mins (%) | | 5% | 5% | 3.8% | 8.8% | ✗ | ▼ | ✓ | |

| 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) | | 95% | 92.0% | 92.4% | 91.5% | ✗ | ▼ | ✓ | |
| 4.2 | RTT Incomplete Pathways <18 weeks | | 92% | 92.2% | | 91.7% | ✗ | ▼ | | |
| 4.3 | RTT Patients Waiting Over 18 Weeks | | 911 | 890 | | 1093 | ✗ | ▼ | | |
| 4.4 | RTT Total Open Pathways | | 11,388 | 11,412 | | 13,210 | ✗ | ▼ | | |
| 4.5 | RTT Patients waiting over 52 weeks | | | 0 | | 6 | ✗ | ▼ | | |
| 4.6 | Diagnostic Waits <6 weeks | | 99% | 99% | | 99.1% | ✓ | ▼ | | |
| 4.7 | All 2 week wait all cancers (Quarterly) | | 93% | 93% | | 95.6% | ✓ | ▼ | | |
| 4.8 | 31 days Diagnosis to Treatment (Quarterly) | | 96% | 96% | | 100.0% | ✓ | ▬ | | |
| 4.9 | 62 day standard (Quarterly) | | 85% | 85% | | 88.7% | ✓ | ▲ | | |

| 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 | | 60,189 | 40,530 | 41,015 | 5,439 | ✓ | ▼ | ✓ | |
| 5.2 | A&E Attendances | | 89,338 | 58,743 | 59,930 | 7,239 | ✓ | ▼ | ✓ | |
| 5.3 | Elective Spells (PBR) | | 26,524 | 17,853 | 17,064 | 2,232 | ✗ | ▲ | ✗ | |
| 5.4 | Non-Elective Spells (PBR) | | 32,365 | 21,628 | 22,636 | 3,082 | ✓ | ▲ | ✓ | |
| 5.5 | OP Attendances / Procs (Total) | | 376,752 | 253,194 | 236,098 | 31,560 | ✗ | ▲ | ✗ | |
| 5.6 | Outpatient DNA Rate | | 5% | 5% | 5.9% | 5.4% | ✗ | ▲ | ✗ | |

| 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 | | 223,967 | 148,299 | 147,281 | 19,292 | ✓ | ▲ | ✗ | |
| 7.2 | Pay £'000 | | (158,813) | (106,122) | (105,692) | (13,496) | ✗ | ▼ | ✓ | |
| 7.3 | Non-pay £'000 | | (67,625) | (44,611) | (47,260) | (6,059) | ✗ | ▲ | ✗ | |
| 7.4 | Non-operating costs £'000 | | (12,954) | (8,556) | (8,186) | (1,024) | ✓ | ▼ | ✓ | |
| 7.5 | I&E Total £'000 | | (15,426) | (10,990) | (13,857) | (1,287) | ✗ | ▲ | ✗ | |
| 7.6 | Cash Balance £'000 | | 2,504 | 3,303 | | 3,386 | ✓ | ▼ | | |
| 7.7 | Savings Delivered £'000 | | 10,500 | 5,469 | 3,923 | 571 | ✗ | ▼ | ✗ | |
| 7.8 | Capital Expenditure £'000 | | (28,389) | (9,925) | (6,497) | (1,097) | ✓ | ▼ | ✓ | |

| 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 | | 14% | 14% | | 12.0% | ✓ | ▲ | | |
| 8.2 | Agency Expenditure % | | 10% | 10% | 7.5% | 6.5% | ✓ | ▲ | ✓ | |
| 8.3 | Staff sickness - % of days lost | | 4% | 4% | | 4.2% | ✗ | ▬ | | |
| 8.4 | Appraisals | | 90% | 90% | | 84.0% | ✗ | ▬ | | |
| 8.5 | Statutory Mandatory training | | 90% | 90% | | 89.0% | ✗ | ▼ | | |
| 8.6 | Substantive Staff Turnover | | 14% | 14% | | 11.6% | ✓ | ▲ | | |
| 8.7 | FFT Response Rate Staff (Quarterly) | | 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 | | 8 | 8 | | 60 | ✗ | ▲ | | |
| O.2 | Rebooked cancelled OPs - 28 day rule | | 95% | 95% | 73.4% | 56.5% | ✗ | ▼ | ✗ | |
| O.3 | Maternity Bookings <13 weeks | | 90% | 90% | 87.5% | 88.0% | ✗ | ▲ | ✗ | |
| O.4 | Overdue Datix Incidents >1 month | | 0 | 0 | | 30 | ✗ | ▲ | | |
| O.5 | Serious Incidents | | 58 | 39 | 33 | 0 | ✓ | ▲ | ✓ | |
| O.6 | Dementia Measures Met ✎ | | 3 | 3 | | 3 | ✓ | ▬ | | |
| O.7 | Energy Consumption (GJ) | | 200,684 | 126,987 | 153,178 | 20,995 | ✗ | ▲ | ✗ | |
| O.8 | Completed Job Plans (Consultants) | | 90% | 90% | | 91% | ✓ | ▲ | | |

**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 |

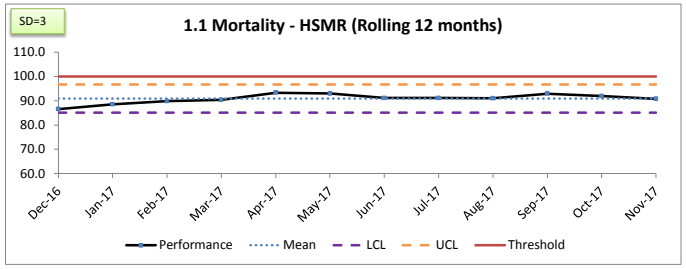
**YTD Position**

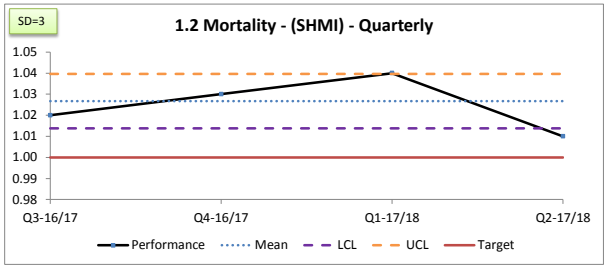
| | |
|---|---|
| ✓ | Achieving YTD Target |
| | Within Agreed Tolerance* |
| ✗ | Not achieving YTD Target |
| ✗ | Annual Target breached |

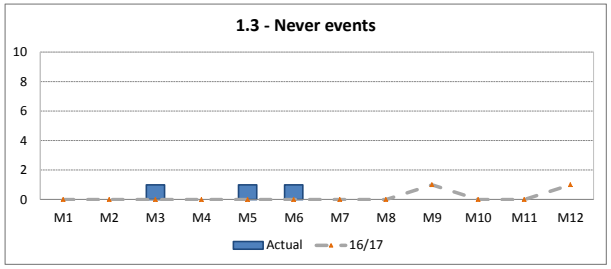
**Data Quality Assurance Definitions**

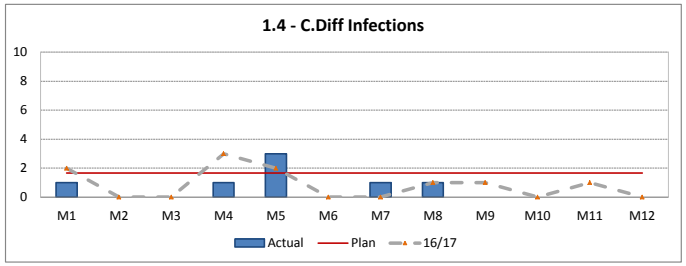
| Rating | Data Quality Assurance |
|---|---|
| Green | Satisfactory and independently audited (indicator represents an accurate reflection of performance) |
| Amber | Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance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

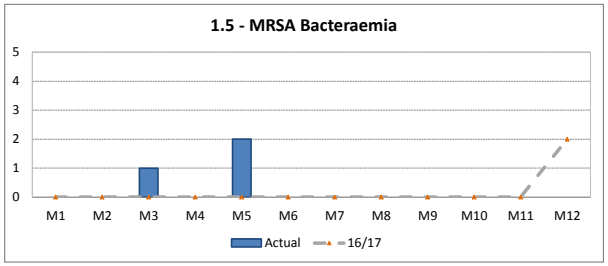
* Independently Audited – refers to an independent audit undertaken by either the Internal Auditor, External Auditors or the Data Quality Audit team.

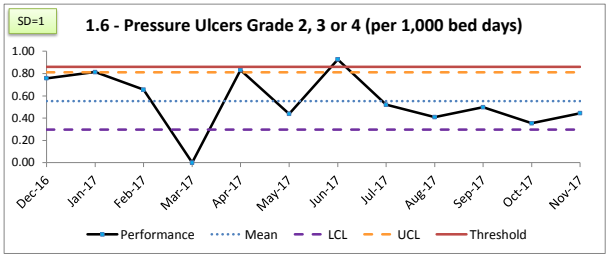


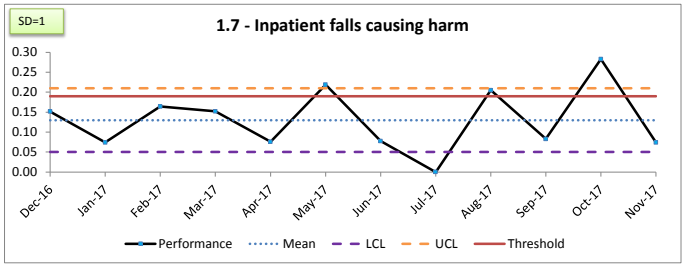



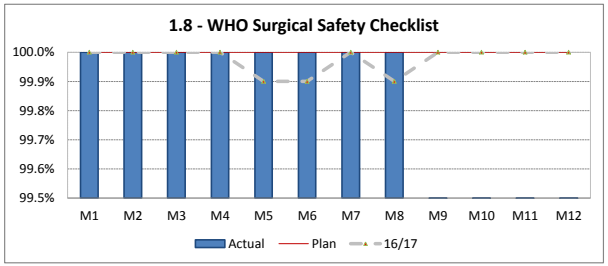



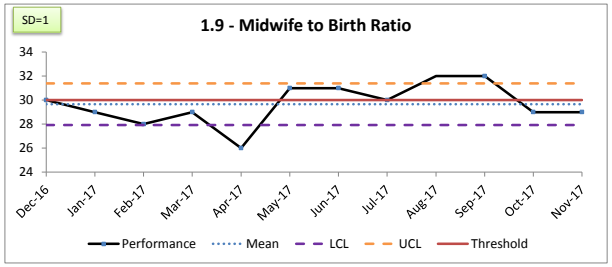



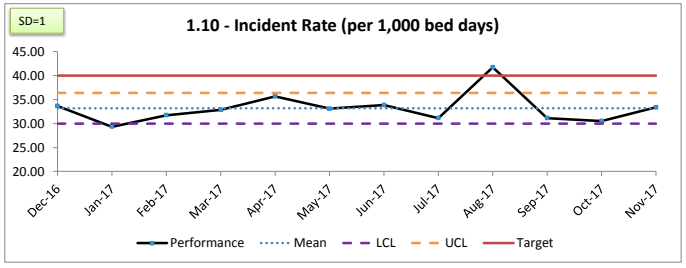



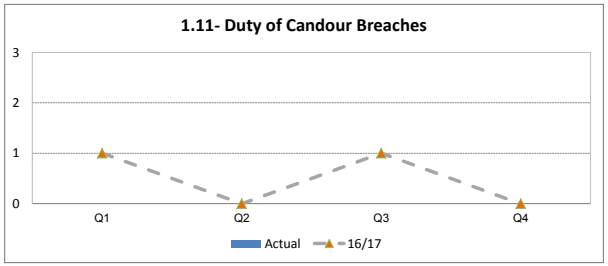



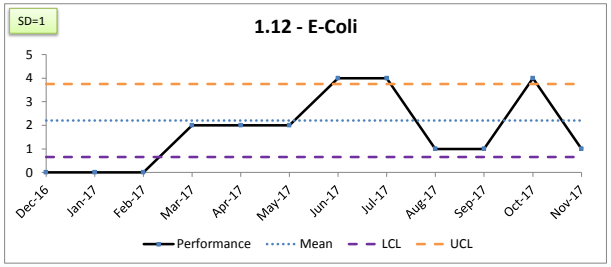



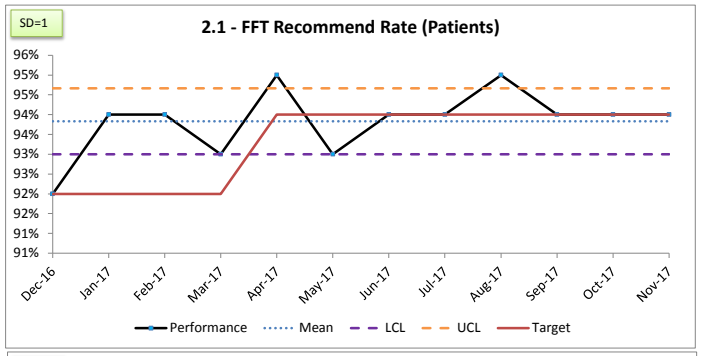



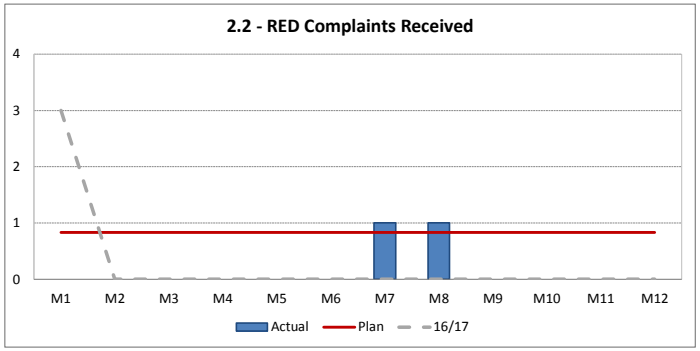

If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

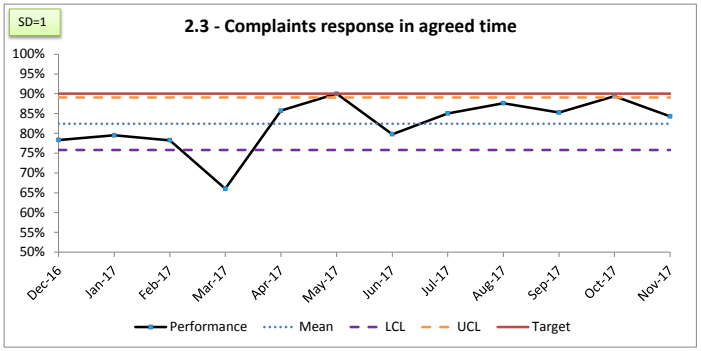
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

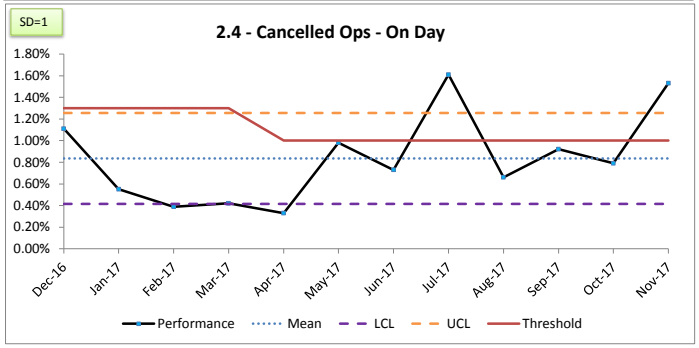
# OBJECTIVE 2 - PATIENT EXPERIENCE

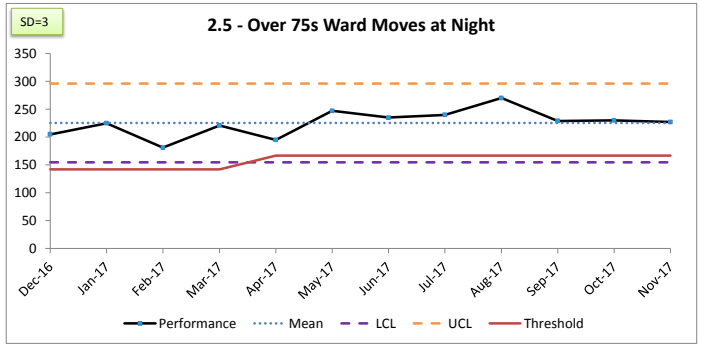


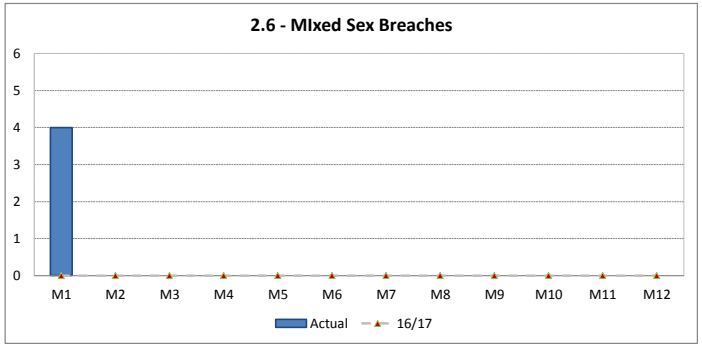


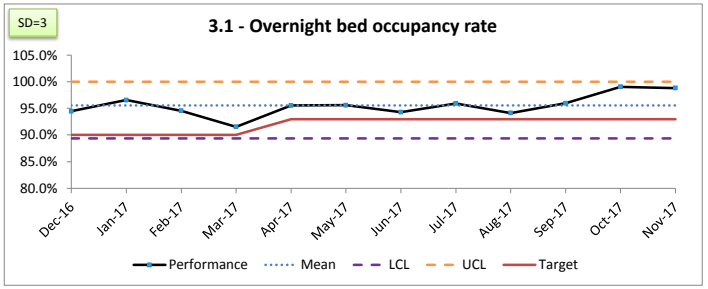



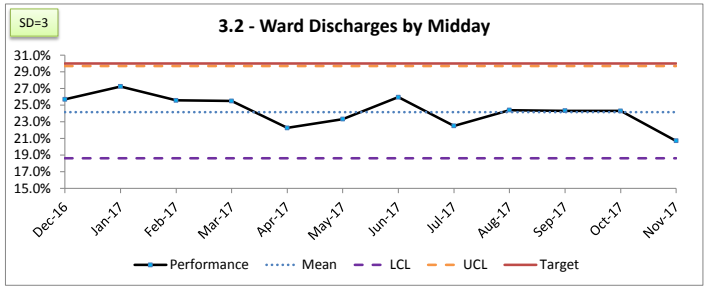

If the LCL is negative (less than zero) it is set to zero.
If the UCL is greater than 100% it is set to 100%.

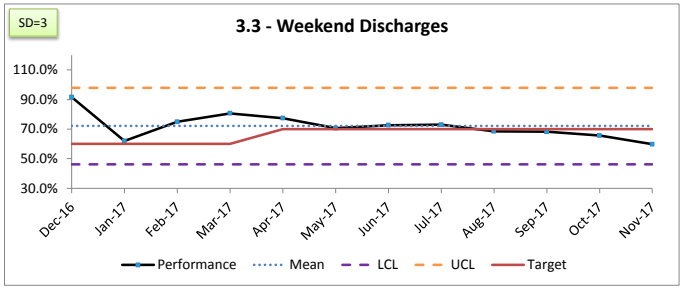
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

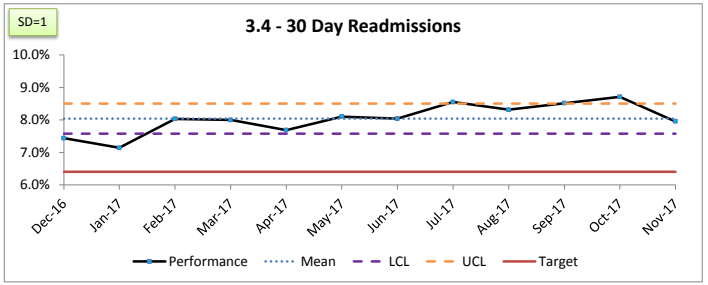
# OBJECTIVE 3 - CLINICAL EFFECTIVENESS

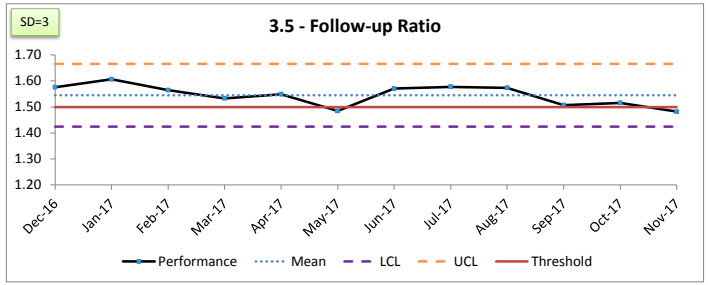


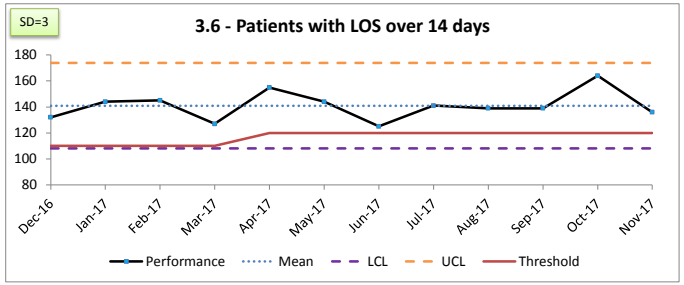


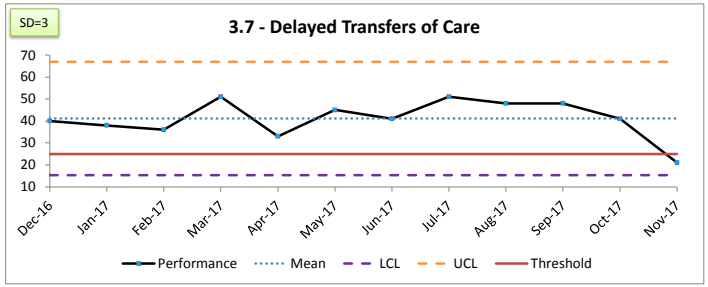



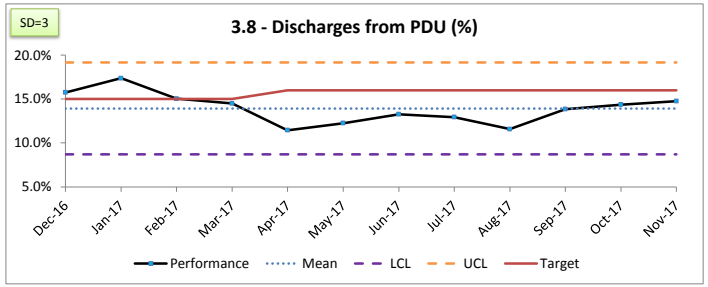



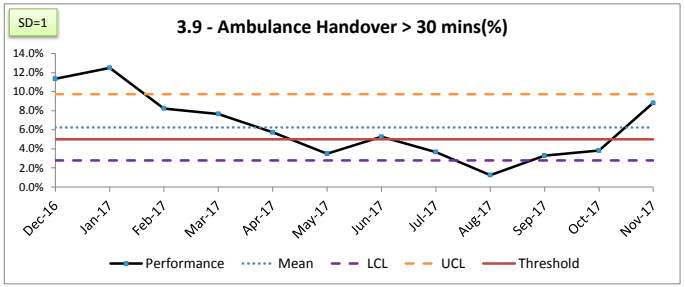




If the LCL is negative (less than zero) it is set to zero.
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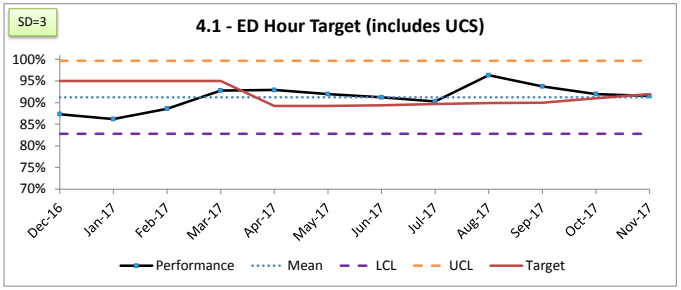
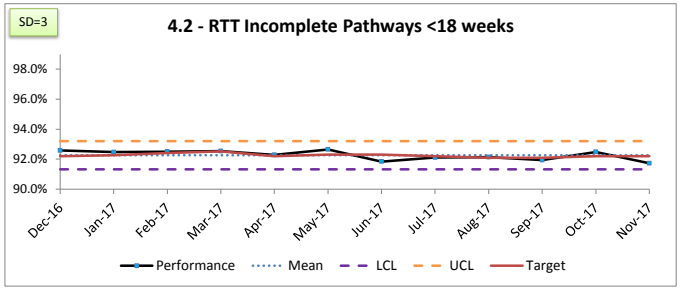
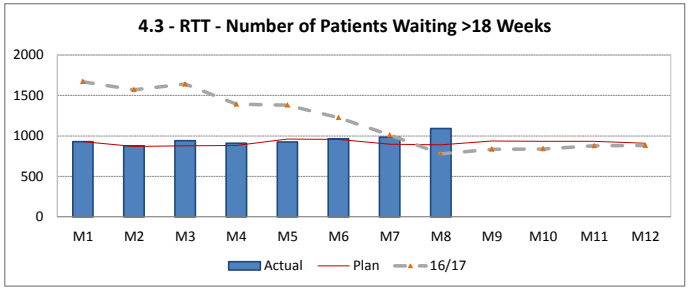
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories

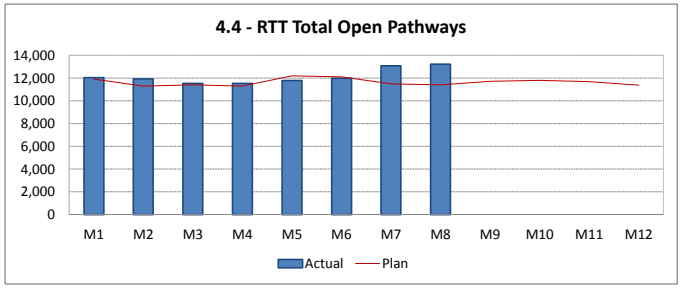
# OBJECTIVE 4 - KEY TARGETS

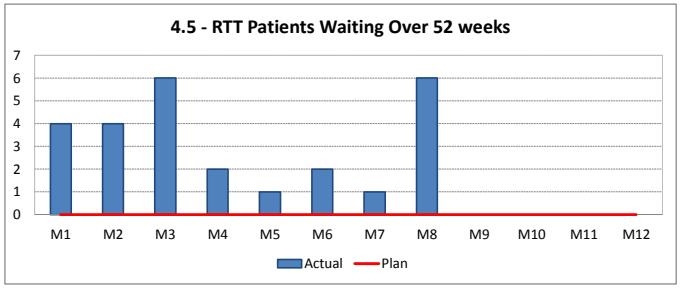


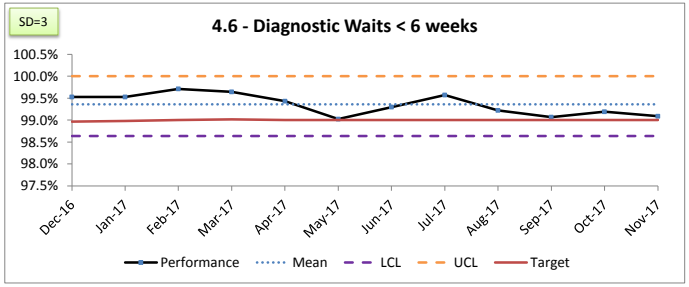


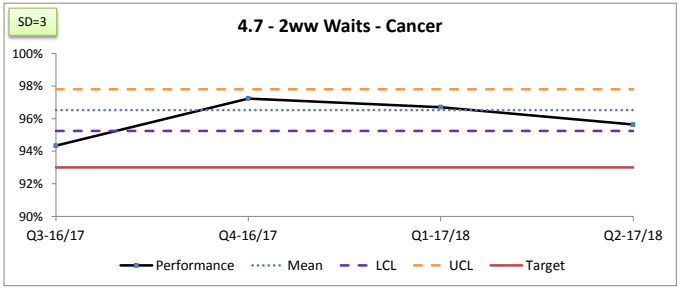



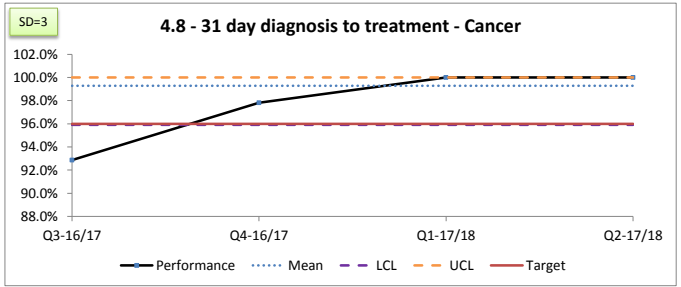



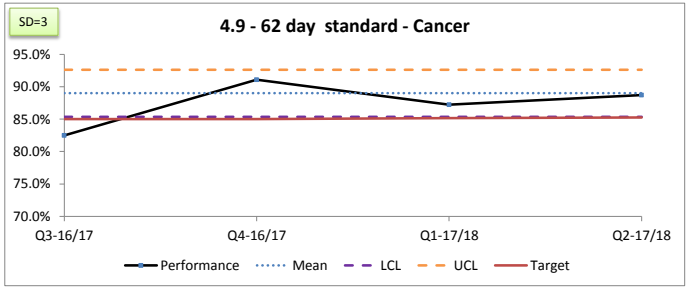

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- Average on a rolling 12 months/quarterly
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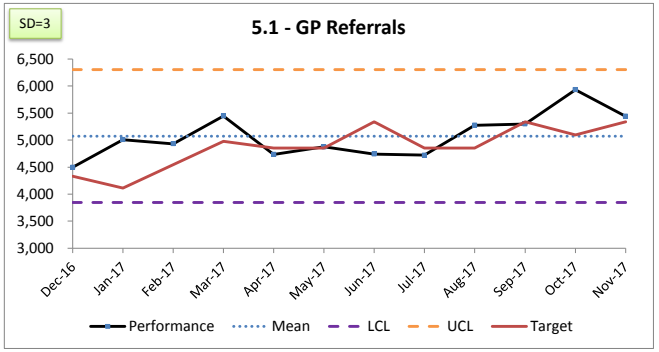


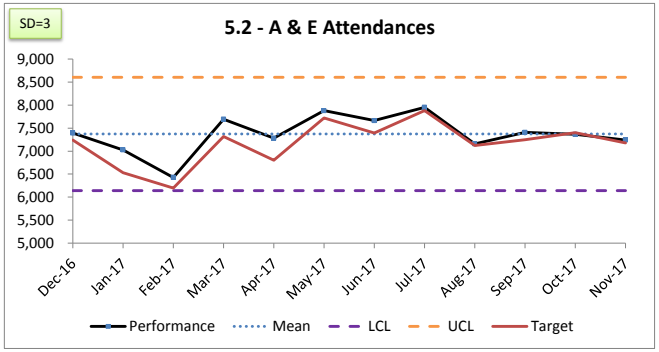


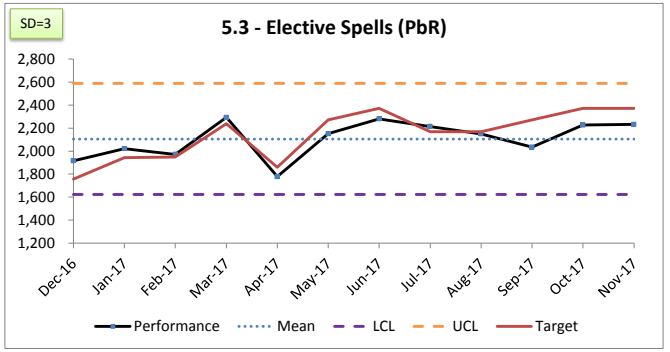


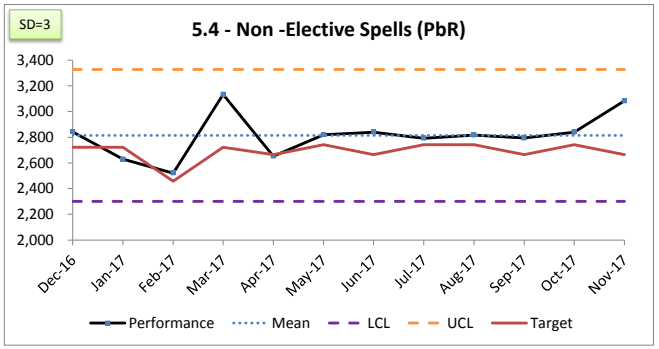


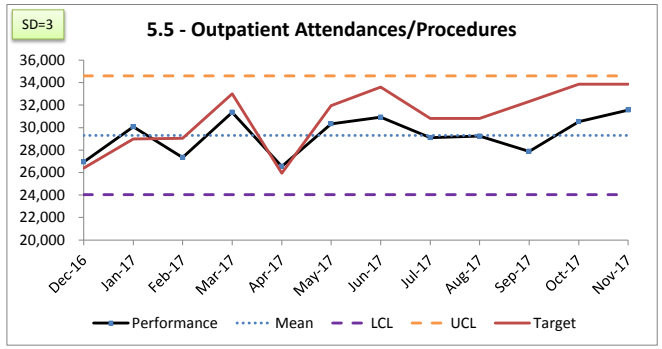


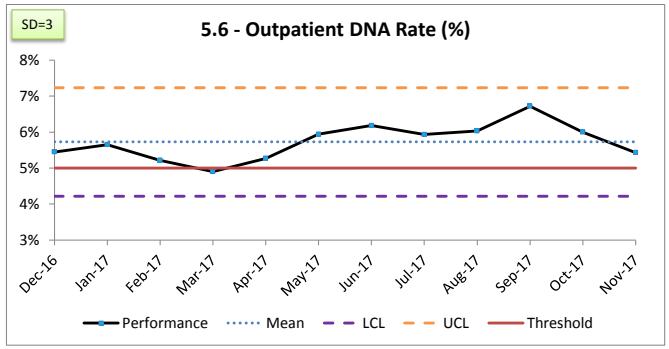


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- Average on a rolling 12 months/quarterly
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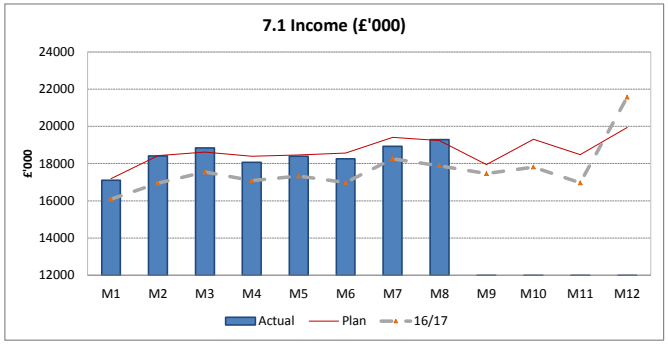
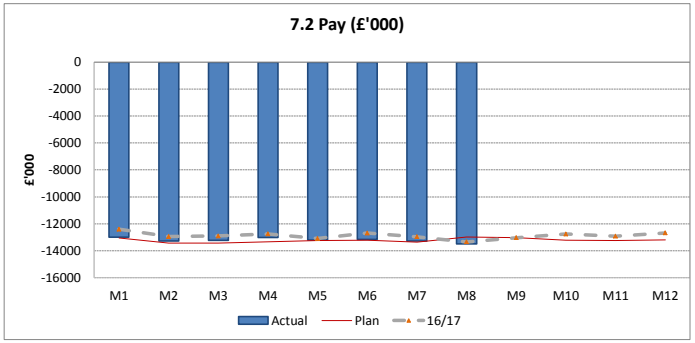
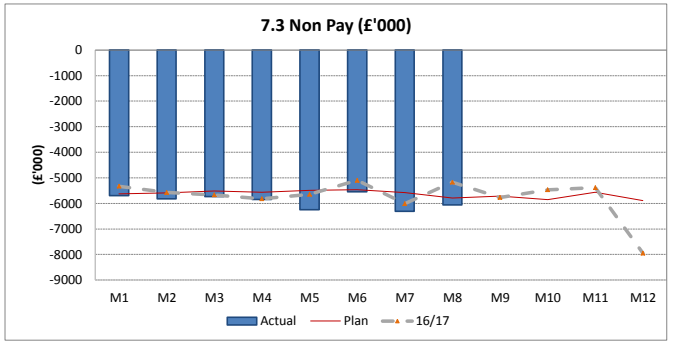
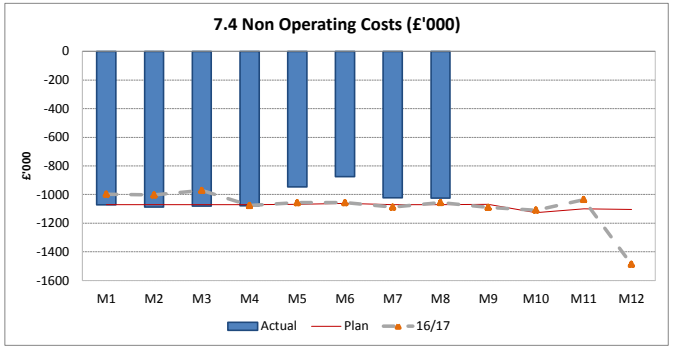
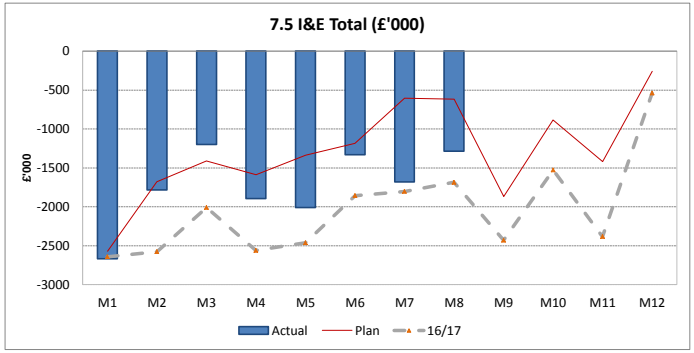
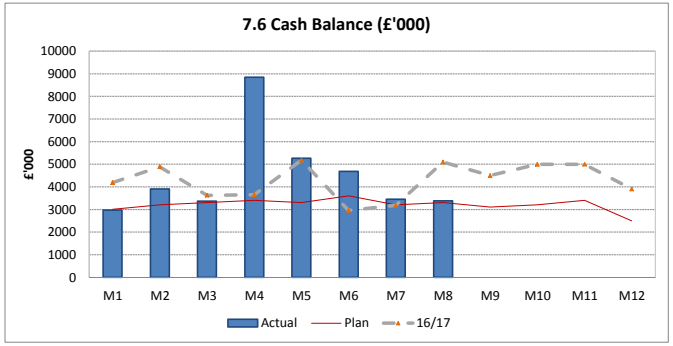

7.1 Income (£'000)
£'000
24000
22000
20000
18000
16000
14000
12000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

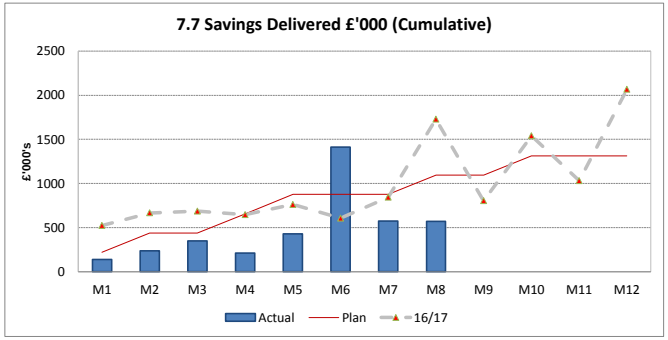

7.2 Pay (£'000)
£'000
0
-2000
-4000
-6000
-8000
-10000
-12000
-14000
-16000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

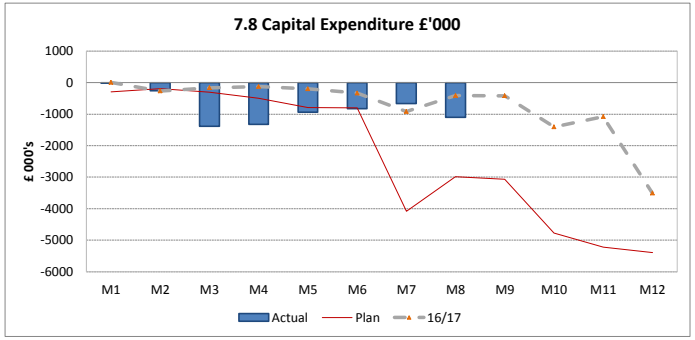

7.3 Non Pay (£'000)
(£'000)
0
-1000
-2000
-3000
-4000
-5000
-6000
-7000
-8000
-9000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17


7.4 Non Operating Costs (£'000)
£'000
0
-200
-400
-600
-800
-1000
-1200
-1400
-1600
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17


7.5 I&E Total (£'000)
£'000
0
-500
-1000
-1500
-2000
-2500
-3000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

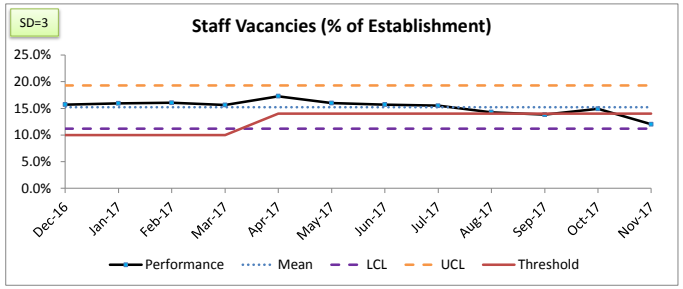

7.6 Cash Balance (£'000)
£'000
10000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

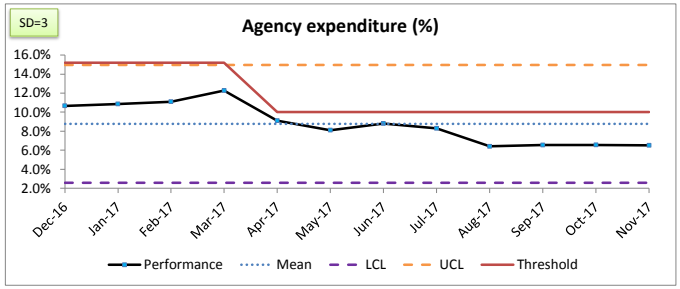

7.7 Savings Delivered £'000 (Cumulative)
£'000's
2500
2000
1500
1000
500
0
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

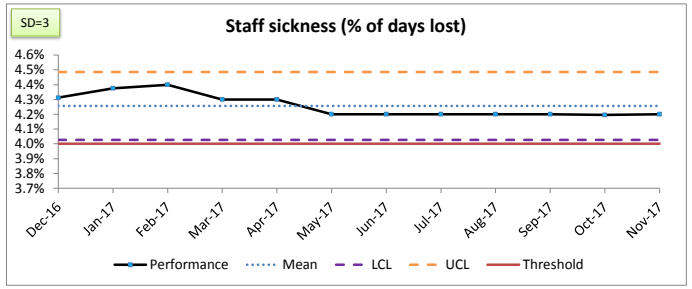

7.8 Capital Expenditure £'000
£'000's
1000
0
-1000
-2000
-3000
-4000
-5000
-6000
M1 M2 M3 M4 M5 M6 M7 M8 M9 M10 M11 M12
Actual
Plan
16/17

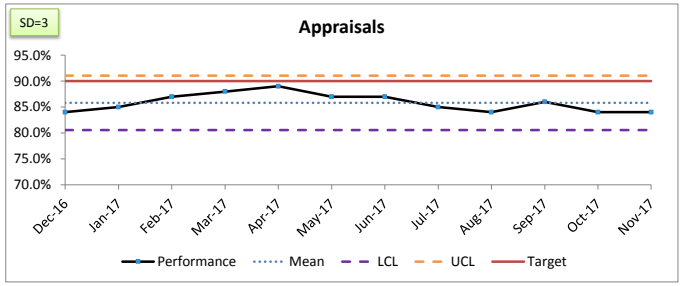
# OBJECTIVE 8 - WORKFORCE PERFORMANCE

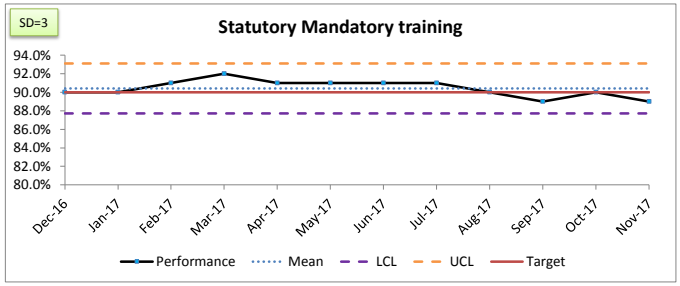


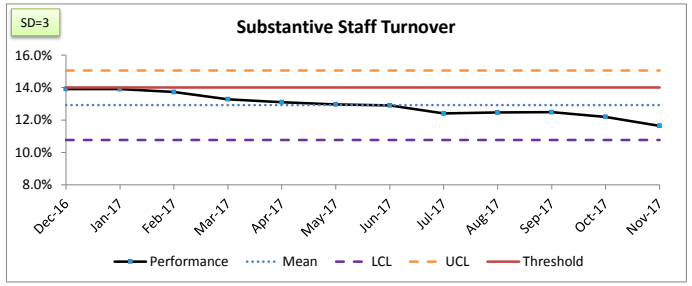


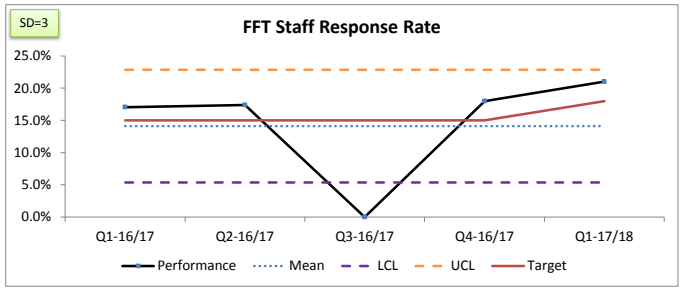

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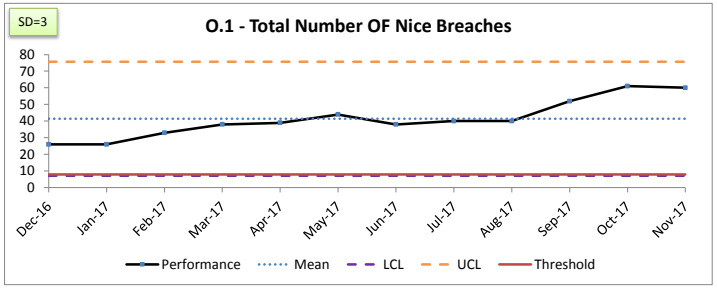
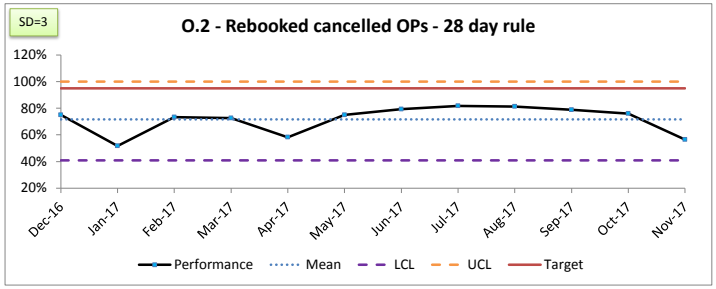
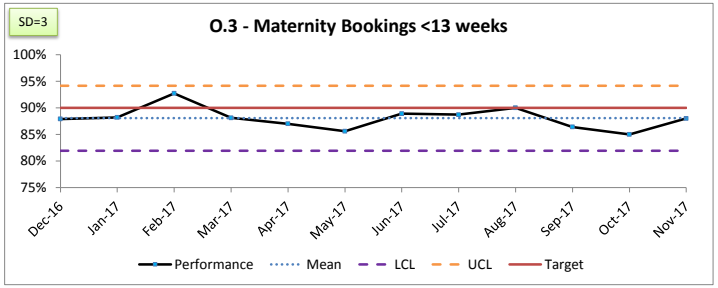
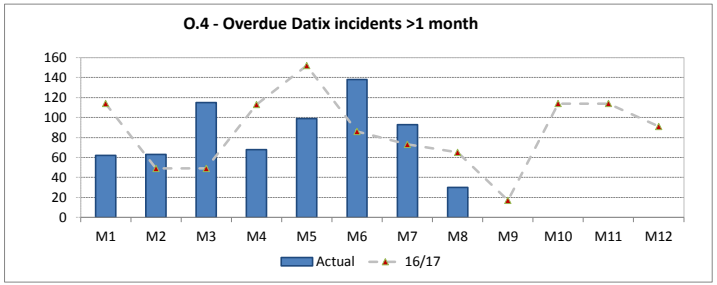
# OBJECTIVES - OTHER

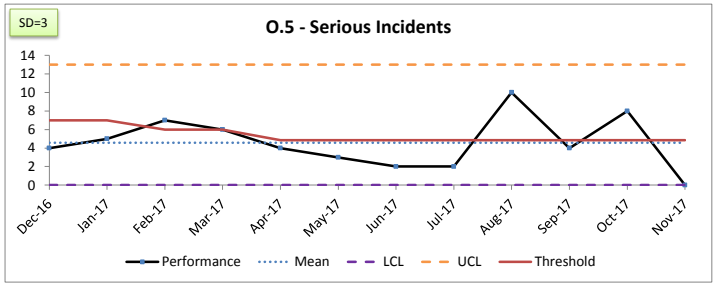


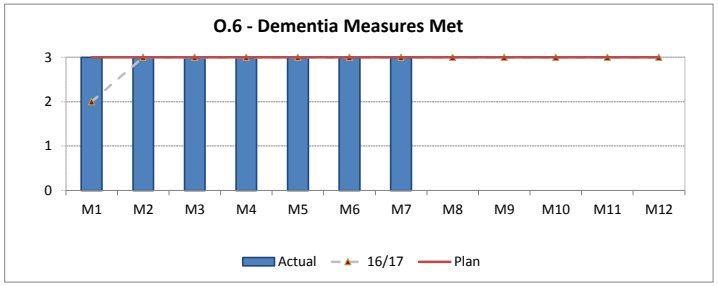


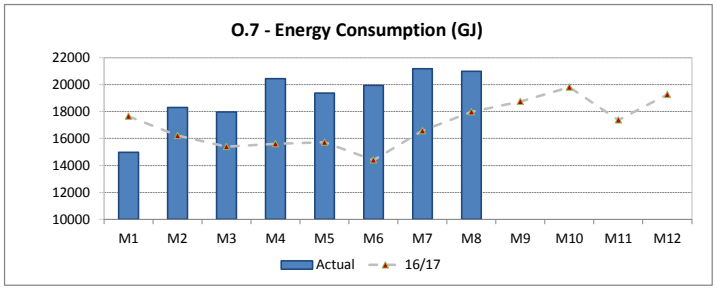



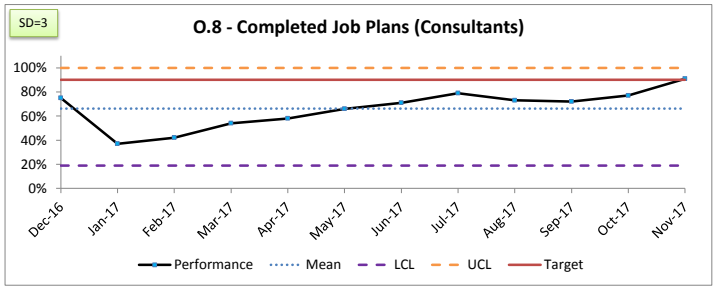

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Milton Keynes University Hospital NHS Foundation Trust

| Meeting title | Council of Governors | Date: 23 January 2018 |
|---|---|---|
| Report title: | Finance Paper Month 8 2017-18 | Agenda item: 4.2 |
| Lead director<br>Report authors | Mike Keech<br>Daphne Thomas<br>Christopher Panes | Director of Finance<br>Deputy Director of Finance<br>Head of Management Accounts |
| FoI status: | Public document | |

| Report summary | An update on the financial position of the Trust at Month 8 (November 2017) | | | |
|---|---|---|---|---|
| Purpose *(tick one box only)* | Information ☐ | Approval ☐ | To note [x] | Decision ☐ |
| Recommendation | The Trust Board is asked to note the contents of the paper. | | | |

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

| Report history | None |
|---|---|
| Next steps | To receive future updates on the Trust's financial position. |
| Appendices | 1 to 3 |

# FINANCE REPORT FOR THE MONTH TO 30th NOVEMBER 2017

## 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 adverse to plan at this stage of the financial year.

## EXECUTIVE SUMMARY

2. *Income and expenditure* – On a control total basis the Trust's deficit for November 2017 was £1.3m which is £0.7m adverse to plan and £0.2m adverse to the control total in month. Year to date the Trust is £2.9m adverse to Plan and £0.8m adverse to its control total.

3. *Cash and capital position* – the cash balance as at the end of November 2017 was £3.4m, which was £0.1m above plan. The Trust has spent £6.5m on capital year to date; however it is still waiting for formal approval on the proposed 17/18 capital plan by NHS Improvement.

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 £0.6m were delivered in month against an identified plan of £0.5m. Overall £5.4m 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 Plan | Month Actual | Month Var | YTD Plan | YTD Actual | YTD Var | Full Year Plan | Full Year Forecast | Full Year Var |
|---|---|---|---|---|---|---|---|---|---|
| Clinical Revenue | 16,590 | 16,992 | 402 | 130,672 | 130,811 | 139 | 194,357 | 196,984 | 2,627 |
| Other Revenue | 1,461 | 1,570 | 109 | 11,740 | 12,454 | 714 | 18,310 | 19,219 | 909 |
| Total Income | 18,051 | 18,562 | 510 | 142,411 | 143,265 | 853 | 212,667 | 216,203 | 3,536 |
| Pay | (13,039) | (13,496) | (457) | (106,251) | (105,690) | 561 | (158,813) | (159,813) | (1,000) |
| Non Pay | (5,791) | (6,059) | (267) | (44,611) | (47,260) | (2,649) | (67,625) | (70,806) | (3,181) |
| Total Operational Expend | (18,830) | (19,554) | (724) | (150,862) | (152,950) | (2,089) | (226,438) | (230,619) | (4,181) |
| EBITDA | (779) | (993) | (214) | (8,451) | (9,686) | (1,235) | (13,772) | (14,416) | (644) |
| Financing & Non-Op. Costs | (1,020) | (969) | 51 | (8,159) | (7,748) | 411 | (12,354) | (11,708) | 646 |
| **Operational net Surplus/(Deficit)** | **(1,799)** | **(1,962)** | **(163)** | **(16,610)** | **(17,434)** | **(824)** | **(26,125)** | **(26,124)** | **1** |
| Adjustments to reach control total: | | | | | | | | | |
| Performance STF | 219 | 219 | 0 | 1,205 | 1,205 | 0 | 2,190 | 2,190 | 0 |
| Financial STF | 511 | 511 | 0 | 2,811 | 2,811 | 0 | 5,110 | 5,110 | 0 |
| **Control Total Deficit (incl. STF)** | **(1,069)** | **(1,232)** | **(163)** | **(12,594)** | **(13,418)** | **(824)** | **(18,825)** | **(18,824)** | **1** |
| Donated income | 500 | 0 | (500) | 2,000 | 0 | (2,000) | 4,000 | 4,000 | 0 |
| Donated asset depreciation | (50) | (55) | (5) | (397) | (439) | (42) | (600) | (659) | (59) |
| **Reported deficit** | **(619)** | **(1,287)** | **(668)** | **(10,991)** | **(13,857)** | **(2,867)** | **(15,425)** | **(15,483)** | **(58)** |

**Monthly and year to date review**

7. The **deficit** in month 8 is £1.3m which is £0.7m adverse against a planned deficit of £0.6m and £2.7m adverse year to date against a planned deficit of £11.0m. However, the plan includes donations and other items that are excluded from the control total calculation – adjusting for these the Trust's performance YTD is £824k adverse to its month 8 control total of £16.6m.

8. **Income** (excluding STF and donations) was £510k above plan in month 8 by £10k and £853k above plan YTD;

   There were a number of underlying activity variances in the month - continued lower than planned activity across maternity and electives has been more than offset by non-elective income and pass-through income for high costs drugs. Performance on outpatients improved in month to be in line with plan.

   Further analysis of the income position can be found in Appendix 1.

9. **Operational costs** in November are adverse to plan by £724k and adverse £2,089k YTD. Further detail on pay and non-pay variances is include below.

10. **Pay costs** are £457k adverse to budget in Month 8 and £561k favourable YTD. Positive variance on agency and locum is offset by higher substantive and bank expenditure. Additional staff costs were incurred in month in order to manage high levels of non-elective activity. Despite the increase in staff costs, agency spend remains below planned levels.

11. Non pay costs were £267k adverse to plan in month and £2,649k YTD. The main cause of the overspend in month was high cost drug spend which is matched by income.

12. Non-operational costs are £46k positive in month and £369k YTD. The in-month and YTD variance is due to positive variances against budgeted loan interest

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

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## COST SAVINGS

13. In Month 8, £571k was delivered against an identified plan of £482k and £3,923k of an identified plan of £3,399k YTD. A total of £3,923k has been delivered against a budgeted target of £5,469k leaving an adverse variance of £1,546k.

14. Only £5.4m of plans have been identified against a target of £10.5m and this is clearly a risk to delivering the full year Plan.

## CASH AND CAPITAL

15. The cash balance at the end of November 2017 was £3.4m, which was £0.1m above plan.

26. 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 £3.4m. The main variance relates to receivables £2.8m, inventories £0.5m and cash £0.1m above plan.

    - Current liabilities are above plan by £37.6m. This is being driven by the re-categorisation of part of the NHSI loan from non-current to current borrowings £31.1m, provisions £0.4m, Deferred Income £0.1m and Trade and Other Creditors £5.9m above planned levels

27. The Trust has spent a total of £6.5m on capital year to date; however the Trust has still not received a decision on its capital loan application submitted to the Department of Health in July 2017. Receipt of the capital loan to support the capital programme is becoming increasingly urgent.

## RISK REGISTER

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

    **a) Continued 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. Capital funding has also not yet been agreed but is becoming increasingly urgent.

    **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 8 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 8, the Trust's spend is favourable to planned levels and is forecast to achieve the full year target.

**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 and quarter 2 but meeting the targets for the remainder of the financial year will be increasingly challenging.

**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. This risk is mitigated by close working with the CCG and monitoring of contract performance.

## RECOMMENDATIONS TO THE BOARD

29. Public Board is asked to note the financial position of the Trust as at 30th November 2017 and the proposed actions and risks therein.

**Appendix 1**

# Milton Keynes Hospital NHS Foundation Trust
## Statement of Comprehensive Income
## For the period ending 30th November 2017

| | November 2017 | | | 8 months to November 2017 | | | Full year |
|---|---|---|---|---|---|---|---|
| | Plan | Actual | Variance | Plan | Actual | Variance | Plan |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| **INCOME** | | | | | | | |
| Outpatients | 3,740 | 3,754 | 14 | 28,209 | 26,635 | (1,574) | 42,026 |
| Elective admissions | 2,601 | 2,443 | (158) | 19,747 | 18,543 | (1,204) | 29,297 |
| Emergency admissions | 4,482 | 5,724 | 1,242 | 37,293 | 40,579 | 3,286 | 55,815 |
| Emergency adm's marginal rate (MRET) | (108) | (359) | (251) | (878) | (1,732) | (854) | (1,314) |
| Readmissions Penalty | (99) | (236) | (137) | (808) | (2,042) | (1,234) | (1,208) |
| A&E | 1,038 | 1,034 | (4) | 8,495 | 8,586 | 92 | 12,919 |
| Maternity | 1,885 | 1,682 | (203) | 15,238 | 14,436 | (802) | 22,825 |
| Critical Care & Neonatal | 560 | 416 | (144) | 4,554 | 3,885 | (669) | 6,814 |
| Excess bed days | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Imaging | 375 | 324 | (50) | 2,809 | 2,472 | (337) | 4,171 |
| Direct access Pathology | 431 | 396 | (35) | 3,234 | 3,043 | (191) | 4,801 |
| Non Tariff Drugs (high cost/individual drugs) | 1,002 | 1,197 | 195 | 8,149 | 9,766 | 1,617 | 12,190 |
| Other | 682 | 616 | (67) | 4,630 | 6,640 | 2,010 | 6,326 |
| **Clinical Income** | **16,590** | **16,992** | **401** | **130,672** | **130,811** | **139** | **194,663** |
| **Non-Patient Income** | **2,691** | **2,300** | **(391)** | **17,756** | **16,470** | **(1,286)** | **29,610** |
| **TOTAL INCOME** | **19,281** | **19,292** | **9** | **148,427** | **147,281** | **(1,147)** | **224,273** |
| **EXPENDITURE** | | | | | | | |
| **Total Pay** | **(13,039)** | **(13,496)** | **(457)** | **(106,251)** | **(105,690)** | **561** | **(159,120)** |
| Non Pay | (4,789) | (4,861) | (72) | (36,462) | (37,494) | (1,032) | (55,435) |
| Non Tariff Drugs (high cost/individual drugs) | (1,002) | (1,197) | (195) | (8,149) | (9,766) | (1,617) | (12,190) |
| **Non Pay** | **(5,791)** | **(6,059)** | **(267)** | **(44,611)** | **(47,260)** | **(2,649)** | **(67,625)** |
| **TOTAL EXPENDITURE** | **(18,830)** | **(19,554)** | **(724)** | **(150,862)** | **(152,950)** | **(2,089)** | **(226,745)** |
| **EBITDA*** | **451** | **(264)** | **(715)** | **(2,435)** | **(5,670)** | **(3,234)** | **(2,472)** |
| Depreciation and non-operating costs | (933) | (887) | 46 | (7,459) | (7,091) | 368 | (11,308) |
| **OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS** | **(482)** | **(1,151)** | **(669)** | **(9,893)** | **(12,762)** | **(2,867)** | **(13,779)** |
| Public Dividends Payable | (137) | (137) | 0 | (1,097) | (1,096) | 1 | (1,646) |
| **OPERATING DEFICIT AFTER DIVIDENDS** | **(619)** | **(1,287)** | **(668)** | **(10,991)** | **(13,858)** | **(2,866)** | **(15,425)** |
| Adjustments to reach control total | | | | | | | |
| Deferred Income | (500) | 0 | 500 | (2,000) | 0 | 2,000 | (4,000) |
| Donated Assets Depreciation | 50 | 55 | 5 | 397 | 439 | 42 | 600 |
| **CONTROL TOTAL DEFECIT** | **(1,069)** | **(1,232)** | **(163)** | **(12,594)** | **(13,419)** | **(824)** | **(18,825)** |

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

**Appendix 2**

## Milton Keynes Hospital NHS Foundation Trust
## Statement of Cash Flow
## As at 30th November 2017

| | Mth 8 £000 | Mth 7 £000 | In Month Movement £000 |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Operating (deficit) from continuing operations | (11,304) | (10,300) | (1,004) |
| Operating surplus/(deficit) of discontinued operations | | | |
| **Operating (deficit)** | **(11,304)** | **(10,300)** | **(1,004)** |
| **Non-cash income and expense:** | | | |
| Depreciation and amortisation | 5,915 | 5,175 | 740 |
| (Increase)/Decrease in Trade and Other Receivables | 2,494 | 3,372 | (878) |
| (Increase)/Decrease in Inventories | (12) | (9) | (3) |
| Increase/(Decrease) in Trade and Other Payables | (517) | (1,381) | 864 |
| Increase/(Decrease) in Other Liabilities | 24 | 299 | (275) |
| Increase/(Decrease) in Provisions | (691) | (551) | (140) |
| Other movements in operating cash flows | (3) | (3) | 0 |
| **NET CASH GENERATED FROM OPERATIONS** | **(4,094)** | **(3,398)** | **(696)** |
| **Cash flows from investing activities** | | | |
| Interest received | 7 | 7 | 0 |
| Purchase of Property, Plant and Equipment, Intangibles | (3,879) | (3,257) | (622) |
| **Net cash generated (used in) investing activities** | **(3,872)** | **(3,250)** | **(622)** |
| **Cash flows from financing activities** | | | |
| Public dividend capital received | 400 | 400 | 0 |
| Loans received from Department of Health | 9,885 | 8,361 | 1,524 |
| Loans repaid to Department of Health | (636) | (477) | (159) |
| Capital element of finance lease rental payments | (107) | (142) | 35 |
| Interest paid | (962) | (843) | (119) |
| Interest element of finance lease | (221) | (193) | (28) |
| PDC Dividend paid | (913) | (913) | 0 |
| Cash flows from (used in) other financing activities | | (1) | 1 |
| **Net cash generated from/(used in) financing activities** | **7,446** | **6,192** | **1,254** |
| **Increase/(decrease) in cash and cash equivalents** | **(520)** | **(456)** | (64) |
| **Opening Cash and Cash equivalents** | **3,906** | **3,906** | |
| Cash and Cash equivalents at start of period for new FTs | | | |
| Cash and Cash equivalents changes due to transfers by absorption | | | |
| **Closing Cash and Cash equivalents** | **3,386** | **3,450** | **(64)** |

**Appendix 3**

## Milton Keynes Hospital NHS Foundation Trust
## Statement of Financial Position as at 30th November 2017

| | Audited Mar-17 | Nov-17 FY17 Plan | Nov-17 FY17 Actual | In Mth Mvmt | YTD Mvmt | % Variance |
|---|---|---|---|---|---|---|
| **Assets Non-Current** | | | | | | |
| Tangible Assets | 160.4 | 157.0 | 158.6 | 1.7 | (1.7) | (1.1%) |
| Intangible Assets | 5.7 | 8.5 | 8.0 | (0.5) | 2.3 | 39.8% |
| Other Assets | 0.3 | 0.3 | 0.5 | 0.2 | 0.2 | 68.0% |
| **Total Non Current Assets** | **166.4** | **165.8** | **167.1** | **1.4** | **0.7** | **0.4%** |
| **Assets Current** | | | | | | |
| Inventory | 3.0 | 2.6 | 3.1 | 0.5 | 0.0 | 0.4% |
| NHS Receivables | 16.6 | 11.4 | 12.3 | 0.9 | (4.3) | (25.9%) |
| Other Receivables | 3.2 | 2.9 | 4.8 | 1.9 | 1.6 | 51.9% |
| Cash | 3.9 | 3.3 | 3.4 | 0.1 | (0.5) | -13.3% |
| **Total Current Assets** | **26.7** | **20.2** | **23.5** | **3.4** | **(3.1)** | **-11.8%** |
| **Liabilities Current** | | | | | | |
| Interest -bearing borrowings | (32.2) | (1.1) | (32.2) | (31.1) | (0.1) | 0.2% |
| Deferred Income | (1.6) | (1.5) | (1.6) | (0.1) | (0.0) | 1.5% |
| Provisions | (3.1) | (2.0) | (2.4) | (0.4) | 0.7 | -22.4% |
| Trade & other Creditors (incl NHS) | (15.5) | (22.6) | (28.5) | (5.9) | (13.0) | 83.6% |
| **Total Current Liabilities** | **(52.4)** | **(27.2)** | **(64.7)** | **(37.6)** | **(12.3)** | 23.6% |
| **Net current assets** | **(25.7)** | **(7.0)** | **(41.2)** | **(34.2)** | **(15.5)** | **60.4%** |
| **Liabilities Non-Current** | | | | | | |
| Long-term Interest bearing borrowings | (55.0) | (108.2) | (70.3) | 37.9 | (15.4) | 27.9% |
| Provisions for liabilities and charges | (0.9) | (0.8) | (0.9) | (0.1) | 0.0 | 0.0% |
| **Total non-current liabilities** | **(55.9)** | **(109.0)** | **(71.2)** | **37.8** | **(15.4)** | 27.5% |
| **Total Assets Employed** | **84.8** | **49.7** | **54.7** | **5.0** | **(30.1)** | **(35.5%)** |
| **Taxpayers Equity** | | | | | | |
| Public Dividend Capital (PDC) | 96.1 | 96.1 | 96.6 | 0.5 | 0.5 | 0.5% |
| Revaluation Reserve | 70.6 | 64.9 | 70.6 | 5.6 | (0.1) | -0.1% |
| I&E Reserve | (98.8) | (111.3) | (112.4) | (1.1) | (13.6) | 13.7% |
| **Total Taxpayers Equity** | **67.9** | **49.7** | **54.7** | **5.0** | **(13.2)** | **(19.4%)** |

**MEETING OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 6 November 2017**

**REPORT TO THE BOARD OF DIRECTORS**

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**Matters approved by the Committee:**

- There were no matters requiring the Committee's approval at this meeting.

**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. EPR funding - The decision on funding is still awaited. It was noted that the Trust could potentially be acting ultra vires in committing to schemes that are required on health and safety grounds without funding. The Board would be made aware of the position before existing funding streams have been exhausted.
    II. Review of readmissions – an update had been provided at the last Board meeting on the audit on readmissions. Discussions are ongoing with the CCG on both the rebasing of the MRET tariff and the re-investment of MRET monies. These are to be raised against the joint Board meeting in January.

2. Performance Dashboard:

The Committee noted:

I. GP referrals are recovering and impacting positively on activity, but readmissions remain high. The latter generates a financial impact of around £750 a day on the Trust, but the operational impact is more significant.
II. An appeal has been lodged in respect of the STF payment linked to the ED 4 hour target due to the late change in guidance.
III. Meeting the control total in Quarters 3 and 4 will get progressively more difficult.
IV. There are 2 patients who have been waiting more than 52 weeks for elective care, believed to be for patient choice reasons. It was confirmed that where elective work has been cancelled as a result of bed pressures, priority is given to patients who have waited the longest or require urgent treatment.

3. Board Assurance Framework (BAF)

The following changes had been made to scores on the BAF:

I. The score around agency spend risk has been reduced to 12 to reflect the progress in reducing agency spend.
II. Ref 7.2 (timing of release of strategic capital and revenue funding for 2017/18) is increasingly important as a result of the long awaited decision on EPR funding.

III. In relation to Ref 7.4 (main commissioner is unable to pay for the volume of activity undertaken by the Trust), it was noted that the CCG are in financial turnaround.

4. Finance Report:

The Committee noted that:

I. The Trust met its control total in Q2 despite underperformance on income. Regular meetings with the divisions and speciality teams are continuing.
II. With regard to the high amount of debt relating to sexual health that has been accrued by Buckinghamshire County Council and Bedford, it was explained that this is being escalated, and a further report would be provided to the Committee.

5. 2017/18 Forecast update:

This update described the financial performance for the first 6 months of the year and the methodology for forecasting the remainder of the year. There have been some one-off items that have supported the M1-6 positon, but there is uncertainty around the impact that winter pressures and actions to mitigate these will have. It was noted that the PA Consulting team have already helped to deliver some savings, particularly around procurement. However, one of the risks in the forecast relates to the 0.5% CQUIN included as risk reserve which the CCG has thus far refused to pay in accordance with NHS England guidance.

6. Agency update

Agency spend continues to track on a slow downward trajectory, with nursing agency remaining between £350k and £400k a month. There are potential risks around winter, but this was felt to be manageable. Agency spend is now lower than bank spend for the first time.

7. Patient-level costing – Early Implementer Programme

The Trust has been invited to join the 2nd round of the costing transformation early implementer programme. Assuming that it agrees to take part in the programme, the Trust would not be required to make a reference cost submission and it will have access to benchmarking data to compare itself to other PLICS organisations.

8. Transformation Programme Board update

I. 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.
II. If the total Transformation Programme target is delivered, the control total would be achieved. Divisional business meetings have been reinstated in the last 4 weeks to support them in meeting their targets.
III. There are plans to manage staff accommodation more commercially, but any decisions will also take account of affordability.
IV. It was acknowledged that there are data recording issues with regard to the sepsis CQUIN, but it is anticipated that this will resolve itself once EPR goes live.

9. Timeline for strategic capital projects

Legal advice has been received to the effect that there is nothing to prevent the Trust from taking out a non-secured loan to fund construction of the new multi-story car park.

10. Other business

A number of risk and governance related suggestions were made:

- The issue of cyber security should be overseen by the Audit Committee, whose name ought to be changed to the Audit and Risk Committee. This Committee should also oversee non-clinical risks.
- Clinical risks should go through the Quality and Clinical Risk Committee.
- Financial risks should continue to be managed through this Committee and the health informatics strategy should go through the Board.

The issue of the number of University of Buckingham students who ought to receive their training at MKUH as against the two other hospitals, with which the university has relationships, is to be taken up by the Chief Executive.

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

- MRET
- Transformation programme
- Medical agency
- Forecast and winter pressures

**MEETING OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 18 December 2017**

**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. EPR funding - The Director of Finance received assurance from NHS Improvement that this and the Trust's other capital funding requirements would be discussed at an upcoming capital summit.
    II. A new construction company has been engaged to consider whether they would be able to deliver the Cancer Centre within the guaranteed minimum price
    III. A challenge has been issued to the CCG on the reinvestment of MRET monies. This issue is to be discussed at the next Board meeting.

2. Performance Dashboard:

The Committee noted:

    I. GP referrals are at their highest for the year.
    II. A&E performance is good, but maintaining this in M9 would be challenging
    III. The STF appeal for Q2 was successful, but uncertainty remains around the requirement for Q3.
    IV. The hospital is one of the fullest in the country. In addition, some wards have been closed to new patients as a result of norovirus and flu cases in the hospital.
    V. Elective performance is at its highest level for the year, but this is expected to fall due to the high number of cancellations.

3. Marginal Rate Emergency Tariff and Readmissions

    I. The Trust's penalties for MRET and readmissions were significantly above planned levels at £1.5m. The Trust believes that the readmissions threshold should be raised. This is not likely to happen in 2017/18, but it is expected to form part of contract negotiations for next year.
    II. The Trust has issued a contract challenge notice to the CCG over the reinvestment of MRET monies, and this is being handled through a dispute resolution process.

4. Finance Report:

The Committee noted that:

I. At M8, the Trust's deficit was £0.7m adverse to plan, but the run rate improved significantly and is £163k below the control total.
II. Outpatient activity has improved significantly and delivered against plan; non-elective activity has over-performed in month. However, the £850k income has been eroded, in part by MRET.
III. For the first time, in many months, pay is above budget, but agency continues to track between £800k and £900k. Non-pay costs have improved compared to previous months.
IV. The report did not include the expected release of winter pressure funding of around £750k, which, if received, would help the Trust to meet its control total.
V. The Trust expects to achieve 95% against the A&E 4 hour target at the end of March 2018 as required.

5. Agency update

Agency spend remained largely the same for October and November. Medical and Nursing continue to record the highest levels of spend, and the Medicine Division is still the highest user of agency staff. The forecast of £12.2m for the year, well below the £15.12 ceiling, remains achievable.

6. Update from PA Consulting

Jackie Collier from PA Consulting attended to present on the support that that firm provided to the Transformation Team from September to November 2017. The following points were highlighted:

I. Within theatres, the team had helped to develop a scheduling tool to improve efficiency. They also helped to reduce the number of lists starting late, and assisted with the reconfiguration of the Day Surgery Unit to improve patient flows with ward 24.
II. The team's work had focussed on benefit identification rather than delivery, and they had left the divisions with plans to deliver further benefits. There are opportunities to use time and space more efficiently, including the running of 3 lists a day, although it was noted that due to the space limitations in Outpatients, procedures that could be undertaken there tend to be done in theatres.
III. Within Diagnostics there is an opportunity to rationalise the number of providers, although this not likely to generate significant savings. It was acknowledged that EPR will help to change behaviours to reduce the numbers of tests that are requested.
IV. For procurement, a one year 5% reduction in the cost of MRIs has been negotiated, and a potential £87k of savings has been identified in the sourcing of surgical consumables. 6% savings have been identified in catering by consolidating supplies through a third party.
V. There is more to be done, particularly around the standardisation of theatre kit. The Director of Clinical Services is to provide a paper on next year's plans for Transformation.

7. Sustainability and Transformation Fund Incentive Scheme

The shift in focus in relation to the accessing of incentive funding from provider to system performance in this year's guidance was noted. It is anticipated that the Trist would be deemed a shadow Accountable Care System for these purposes.

8. Waste Management Contract Business Case

This business case, for £123k was approved, having previously been presented to the Board.

9. Use of Resources Assessment

This paper showed the Trust's current performance against its peers, although it would be difficult at this stage to predict what its rating might be. A decision regarding the £31m loan is still awaited, and failure to resolve this could affect the Trust's cash flow in 2018.

The following issues were highlighted:

- The Trust spends more than other similar trusts on its medical staffing, but this is improving.
- Finance costs for 2015/16 reflect additional resources linked to the healthcare review.
- The Trust remains an outlier in terms of HR provision.

10. Other Business

The Trust's wholly owned subsidiary has now been registered as ADMK. Its business plan is being developed and will be presented to this Committee.

NHS Trusts are being challenged on VAT for IT services – this is relevant in the context of the £1m being spent on devices for EPR.

A portion of the £5m from the GDE programme is now available for drawdown.

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

None

12. Escalation items for Board attention:
    - MRET and readmissions
    - Transformation Programme
    - Activity pressures
    - GDE
    - Business case for ADFMK to be presented at the February meeting of this Committee

Milton Keynes University Hospital NHS Foundation Trust

# 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** – The Deputy Security Manager joined the Trust on a part time basis in 2014. He found a welcoming environment on his arrival and was quickly made aware of a number of development opportunities available to him. He attended the team leader development course and began an apprenticeship at NVQ level 5 in management. He subsequently transferred to the Security and Car Parks department, while continuing with his studies, and later became Acting Deputy Security Manger (he is now substantive in this role), and has received the Baroness Wall Hero of the Year award for his role in preventing a suicide on site. He is part of the Peer to Peer initiative through which colleagues who are in difficulty are able to talk through their problems.

He stressed the importance of staff being encouraged to enrol onto courses and apprenticeships, and that managers should be supported to challenge their staff in this area. He commended the Trust for the support that he has received, particularly while undertaking his apprenticeship.

**2.2** **Workforce Quarterly Report** – This was received and noted. Highlights include the fact that the vacancy rate and agency expenditure decreased in Q2, and for the first time, bank spend exceeded agency spend. It was noted that problems with unreported absence persist, and this is being addressed. Overall, sickness absence has continued to decline. Statutory and mandatory training levels dipped slightly, but they are expected to increase as the year progresses.

There was further discussion about vacancies, and it was confirmed that nursing vacancies are significantly higher than for the rest of the Trust. In this regard, it was agreed that the Committee would give more focus to the risk on the BAF relating to the inability to recruit to critical posts. The recruitment drive in the Philippines last year has resulted in 7 nurses in place for the hospital, with the potential for an additional 10 to follow soon.

**2.3** **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, although it as noted that these are likely to increase over the winter. The focus has now shifted to internal bank rates, and there is concern that this could force staff from bank back to agency. The Trust's success in its use of the RightStaff app is to be reported in the Nursing Times.

**2.4** **Staff health and wellbeing report** – The number of interactions with Care First has reduced slightly from 444 in 32015/16 to 379 in 2017/18. It was noted that

the majority of contacts have been for counselling sessions, although there is no indication as to how long staff are having to wait from referral to contact.

With regard to staff health and wellbeing, the Committee congratulated the Executive on the number of support mechanisms and activities that the trust had made available to Staff. As well as the CareFirst helpline, these include Schwartz rounds, P2P support networks, bullying and harassment advisors etc. d.

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 of e.g. more hospital sports teams. Possibly this could be accomplished by providing a dedicated intranet page to allow staff to find activities that are of interest to them

**2.5** **Staff engagement** – In recognition of the changes that are likely to occur in the way that services are delivered, the Trust is proposing to focus on organisational culture as a key theme of its workforce strategy for 2018 to 2020.. Results from the staff survey will be discussed at the next meeting.

**2.6** **Equality and Diversity** – The annual report on equality and diversity was due to have been published in March. It was noted that the more senior staff are, the less diverse the cohort. This is to be looked into, bearing in mind that BME staff tend to be highly qualified. The hospital work-force is also under-indexed on disability relative to the population in general though it was noted that many staff at MKUH and in general at other trusts do not declare disabilities at recruitment.

## 3. Education

**3.1** **Education Update –** There will be a small allocation of education funding in bands 1 to 4 from HEETV, but going forward, staff in these bands would be expected to access apprenticeships. The take up of apprenticeships is currently low, but an Apprenticeship Manager has been appointed, and discussions are ongoing with providers around large scale apprenticeship degrees for managers in health.

**3.2** Medical Education Update – Michael Clubbs presented the UB Medical School report. Highlights included:

- Students in the junior rotation are now more comfortable working in clinical areas
- Blocks and theme leads and deputies have been recruited, including AHPs and specialist nurses.
- Block leads are preparing 150 exam questions per block and a tight assurance process through the University of Leicester is in place.
- The feedback from students is very positive, as was the informal feedback following the GMC visit in July 2017
- There were 6 incidents reported on Datix relating to students and all are now closed.
- The Academic Centre is scheduled to open on 8 January 2018.
- There was concern that the university may not fully fill the Trust's quota of students. Given the investment that the Trust has made on the venture, this issue will be followed up at Board to ensure that we receive our full quote of 60 students.

## 4. Action required

The Board is asked to note the summary report.

## Audit Committee Summary Report

### 1. Introduction

The Audit Committee met on 12 December 2017. A summary of the key matters discussed is provided for the Board:

### 2. Data Quality

The Deputy Chief Executive presented an interim summary progress report on data quality, which is a key part of the action plan for addressing the issues that have been raised by external audit over the last few years. The likelihood that the Trust will continue to have its Quality Account indicators qualified was acknowledged – A&E staff, in particular, are being retrained, but it is not expected that there will be a step change in performance until the EPR system is introduced in April 2018. The new system will not lead to instant transformation, and there are likely to be issues that would need to be addressed. The expectation is that discernible improvements will start to be noticed from September 2018 onwards.

With regard specifically to the 18 week target, it was noted that the Director of Corporate Affairs is leading a Patient Administration Programme, the aim of which is to centralise the management and working practices of the various teams, thereby improving patient experience and the efficiency of booking procedures.

### 3. External Audit

The External Auditor presented the audit plan for 2017/18, and introduced its key elements. He highlighted the 3 significant audit risks as revenue recognition, management override and going concern, consistent with last year. For this Trust, one of the key issues around its going concern status is the £31m loan which is due for repayment – the Trust is continuing to push for clarity around this, although the auditor highlighted NHS Improvement guidance which is that a trust remains a going concern unless it is about to close for business. However, it was agreed that consideration would be given as to whether failure to repay this loan could give rise to cross-defaults with third parties.

Areas to be looked at with regard to value for money would be financial sustainability and data quality. The guidance is likely to be similar to what it was last year. The materiality level is more or less the same.

With regard to the Quality Account indicators, while it was acknowledged that most trusts are qualified, there was concern that at MKUH around 50% of the cases tested were wrong. The governors would once again be required to select a local indicator to be tested. This year, the draft Quality Account is also to be considered by the QCRC.

### 4. Internal Audit

The Internal Auditor presented this update indicating that it had been a busy quarter:

- The agency staffing final report had been published with a rating of significant assurance with minor improvement opportunities, including the need to ensure

that the spend is appropriate, and that no payments are made without authorisation. All of the recommendations had been agreed by management.
- The fieldwork and draft report relating to the financial management audit has been completed, and again the assessment is that the report provides significant assurance with minor improvement opportunities. The final report is to be presented to the Committee at its meeting in March.
- The first part of the data quality work has been completed and the report issued to the Deputy Chief Executive and his team. Work has started on the capital projects governance review.
- Some changes have been made to the plan, and the divisional governance review will now be carried out in 2018/19. More work is being done to improve risk management with a view to making it more accessible and innovative. There is currently a large number of risks on the registers, and work is being done around thematic risk categorisation to make it more manageable.
- There are now no overdue high rated actions. There is one outstanding action around emergency planning which is to be completed by March 2018.

**5. Counter Fraud Progress Report**

During the last quarter the team has mainly been involved in business as usual activities. A presentation was delivered to the finance team and this was found to have been useful. There was also a session at the Event in the Tent, which is to be repeated in May.

Other activities included:

- Sickness absence review – time is being taken to meet with managers on the ground
- Work is being done with internal audit on procurement processes to ensure that they are in line with NHS Protect standards.
- A referral originating from data matching is being considered.

**6. Financial Controller Report**

This report to the Committee indicated that during the period in question:

- Write offs amounted to £15k (including £6.5k on overseas patients). There were also some salary overpayments. Further education is to be provided to managers on the impact of late forms.
- Loses and special payments amounted to £10k, £8.6k of which related to pharmacy and stock write-offs.
- There were no credit notes over £20k in this period.
- There were 4 tender waivers in the period the largest of which was £377k relating to A&E modifications.

**7. Board Assurance Framework**

There had been a good discussion at the last Board meeting, following which a summary of the proposed changes had been shared with Exec Directors. Work on the new BAF continues. Going forward, it is proposed that a narrative report would be sent to the Committees, highlighting movements in the risks relevant to their work. Deep

dives are also to be scheduled to test all controls, and the Committee Chairs are to carry out RAG rated assessments. A number of further improvements to the proposed new template were suggested, and these are to be incorporated into the version to be presented at the January Board meeting.

**8. GDPR action plan**

It was noted that the GDPR will usher in a host of new actions, including the appointment of a data protection officer who would be required to report to the Board. Consent will also be a major issue, although there are some waivers for the NHS. For this Trust, it could have an impact on fundraising and how the details of donors are stored, and there is the likelihood that some of them will be lost. The Trust is benchmarking well on its progress towards implementation and Capsticks have been asked to review the plan. A further update will be taken to the Board before the regulation comes on line.

**9. Minutes from Board Committees**

Minutes of the following Board Committee meetings were presented to the Committee for information:

- Finance and Investment Committee meetings on 4 September and 2 October 2017 (approved)
- Quality and Clinical Risk Committee meeting on 20 October 2017 (draft)
- Charitable Funds Committee on 2 October 2017 (draft)
- Workforce and Development Assurance Committee meeting on 6 November 2017 (draft)

**10. Risks highlighted in the meeting for consideration to CRR/BAF**

None

**11. Items for Escalation to the Board**

i) BAF development
ii) Internal audit action plan
iii) GDPR action plan

**12. Any other business**

None

**13. Recommendation**

The Board is asked to:

i) note the report; and
ii) consider the escalation items and any necessary actions.

healthwatch Milton Keynes

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

## Date of Meeting November 23rd January 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 second Enter and View visit on Ward 24. 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. 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.

The report on Ward 24 is currently with the hospital for comment and will be published within the next month.

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.

## Issues, concerns and compliments

### Ward 4

Healthwatch Milton Keynes' Chief Executive experienced first hand, the challenges that the hospital face over Winter, when her child became ill and a visit to the GP, became an overnight stay on Ward 4. "The communication on Ward 4 was of a very high standard, with frequent contact with nurses and consultants, explaining clearly, the care and treatment plan for my child. We were all well looked after. Staying at hospital, as a visitor, is never a comfortable experience but the only negative experience we had, was the noise levels of the equipment, with frequent loud alarms of machinery that was either warming up, unattended, or (understandably) to alert the staff on patient's conditions. This kept waking the children, and it was very difficult to get any kind of rest. We were discharged before midday, the following day, with a clear treatment plan and I also received a follow up call the next day from the ward, to see how my child was doing. That was very a positive experience. It was easy to see that Ward 4 was inundated with

children suffering the same, or similar illnesses and would like to thank the staff on Ward 4 for their efficient service and care, at such a challenging time".

### General Patient Journey feedback

The patient reported receiving excellent care but was disappointed by the late cancellation of their appointment, due to lack of beds. Whilst the patient understood and accepted the reasons for the cancellation, they felt that the delay could have been communicated to them earlier, and before they were prepped for surgery.

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|---|---|---|
| **Meeting title** | **Council of Governors** | **Date: 23 January 2018** |
| **Report title:** | **Lead Governor** | **Agenda item:7.1** |
| **Lead director**<br>**Report author** | **Name: Simon Lloyd**<br><br>**Name: Carol Duffy** | **Title: Chairman**<br><br>**Title: Governor and Membership Manager**<br>**Title:** |
| **FoI status:** | **Disclosable** | |

| | | | | |
|---|---|---|---|---|
| **Report summary** | | | | |
| **Purpose**<br>*(tick one box only)* | **Information** ☐ | **Approval** x | **To note** ☐ | **Decision** ☐ |
| **Recommendation** | **To consider the process and timetable for appointment of the Lead Governor** | | | |

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|---|---|
| **Strategic objectives links** | **Objective 7 to become well governed and financially viable** |
| **Board Assurance Framework links** | **None as a result of this report** |
| **CQC regulations** | **None as a result of this report** |
| **Identified risks and risk management actions** | **None as a result of this report** |
| **Resource implications** | **None as a result of this report** |
| **Legal implications including equality and diversity assessment** | **None as a result of this report** |

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|---|---|
| **Report history** | **Report to Governors 22 May 2018** |
| **Next steps** | **Timetable and nomination process will commence** |
| **Appendices** | |

The process and timetable for appointment of the Lead Governor of the Council of Governors

**Background**

At the Council of Governors Meeting held on the 15 November 2016 the rotational six month tenure Lead Governor model was adopted.

1. Adoption of the rotational lead model reflected feedback from Governors about the need to provide them with development opportunities, and to support succession planning for the future.

2. A meeting has been held with the Governors and the Chairman to review the rotational model and to discuss the future arrangements for the Lead Governor position and it was concluded that a formal election process be undertaken to select the future Lead Governor.

**Nominated Lead Governor – Requirements and Expectations of the Role at Milton Keynes University Hospital**

The following describes the requirements and expectations of the role of the nominated lead governor at Milton Keynes University Hospital.

The nominated lead governor (as defined in the NHS Improvement/ Monitor Code of Governance) shall fulfil the role as described in Appendix B of that Code. In addition the nominated lead governor shall:

- Act as Vice Chair of the Council of Governors, chairing the Council of Governors when the Chair or other Non Executive Director is unavailable or required to absent themselves due to a conflict of interest
- Work with the Chair to determine an annual development programme for the Council of Governors
- Agree the draft agenda for Council of Governor meetings with the Chair
- Act as Chair of the Non Executive Appointments Committee
- Meet with all new Governors as part of their induction
- Attend external meetings where Governor representation is required
- Present at the Annual Members Meeting

**NHS Improvement (previously Monitor) Code of Governance guidance on the role of the nominated lead governor:**

The NHS Improvement (previously Monitor) Code of Governance has set out guidance about the role and importance of the lead governor. This provides that in the unusual situation where NHSI have concerns about board leadership or that the Trust may be in significant breach of its licence, they may wish to establish contact with the council of governors (through the lead governor), in the event that other lines of communication with the Trust are either ineffective or inappropriate. It is therefore imperative that the lead governors has a good understanding of the role of

NHSI, the nature of the relationship between NHSI and Foundation Trusts, and the grounds on which NHSI may take formal action against FTs.

**Process for the Election of the Lead Governor May 2018**

**The Person**

1. The appointment as Lead Governor will be for an 18 month term; with a maximum of three appointments for any single Governor.

2. There is no lower restriction on the time served as a governor for eligibility as lead governor it will be, for each candidate to demonstrate their suitability for the role in the course of the election process. To put themselves forward candidates must have at least one year left or their current tenure.

3. Be committed to the success of the Foundation Trust

4. Have the ability to Chair meetings effectively

5. The successful candidate will be required, at the start of their tenure, to declare any interests that they might have, and, as with all other governors will be required to declare any potential conflicts in relation to individual agenda items at Council of Governor meetings.

**The process for the election of the Lead Governor of the Council of Governors is set out below for approval by the Council:**

| Action | Date |
|---|---|
| Submission of nomination to the Governor and Membership Manager | 14th May by 5.00pm |
| Submission of Candidates supporting statement | 18 May by 12.00 Noon |

**Nomination process**

1. Nomination forms will be available from the Governor and Membership Manager and will need to be signed by:

- The candidate – accepting the nomination
- The proposer
- The seconder

2. Only signed copies of the forms will be accepted.
3. This statement should be no more than one side of typed A4, font Arial 11 and can be submitted by email from the candidate to Carol.Duffy@mkuh.nhs.uk

**Election process if more than one candidate**

If there is more than one candidate, a vote to elect a Lead Governor of the Council of Governors will be held at the next Council of Governors Meeting.

The procedure will be as follows:

- Each candidate's statement will be considered by the Council of Governors in turn.
- This will be followed by a 10 minute question and answer session with candidates taking it in turn to answer the questions first.
- There will then be a secret ballot. One member, one vote. Only those present may vote.
- The ballot papers will be counted by the Governor and Membership Manager and an independent observer.

**Council of Governors Work Programme 2018**

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

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|---|---|---|---|---|---|---|
| Estates Updates/Development | 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 | | | |