

## COUNCIL OF GOVERNORS

**Council of Governors' meeting to be held at 17.00 on 16 July 2019 in the Conference Room, Academic Centre, Milton Keynes University Hospital, Milton Keynes**

<b>Time</b>	<b>Item</b>		<b>Report</b>	<b>Lead</b>
<b>17.00</b>	<b>1</b>	<b>Chair's Welcome and Announcements</b>		Chairman
	<b>1.1</b>	<b>Apologies</b> To receive apologies for absence.-	<b>Verbal</b>	Chairman
	<b>1.2</b>	<b>Declarations of Interest</b> Governors are requested to declare any interests they have in items on the agenda.	Verbal	Chairman
	<b>1.3</b>	<b>Minutes and Matters Arising</b>		Chairman
	<b>(a)</b>	Minutes of the Council of Governors meeting held on 16 April 2019	Approve (Pgs 5-14)	Chairman
	<b>(b)</b>	(b) Action Log	No actions	Trust Secretary
	<b>2</b>	<b>(a)Chairman's Report</b> <b>(b)Chief Executive's Report</b> • Update on ICS	Verbal	Chairman Chief Executive
<b>PRESENTATION AND INFORMATION ITEMS</b>				
<b>17.30</b>	<b>3.1</b>	<b>Summary of the NHS inpatient Survey 2018</b>	Presentation	Patient Engagement Manager
	<b>3.2</b>	<b>Dining Companions</b>	Presentation	Sarah Woodfield and Jon White
<b>ASSURANCE REPORTS FROM COMMITTEES</b>				
<b>17.50</b>	<b>4.1</b>	<b>Management Board upward report</b>	Receive (Pgs 15-16)	Chief Executive

	<b>4.2</b>	<b>(Summary Report) Finance and Investment Committee 29 April and 3 June 2019</b>	Receive (Pgs 17-20)	Chairman of the Committee
	<b>4.3</b>	<b>(Summary Report) Workforce and Development Assurance Committee 29 April 2019</b>	Receive (Pgs 21-24)	Chairman of the Committee
	<b>4.4</b>	<b>(Summary Report) Charitable Funds Committee 29 April 2019</b>	Receive (Pgs 25-26)	Chairman of the Committee
	<b>4.5</b>	<b>Feedback from Council of Governor observation of Board Committee meetings</b>	Verbal	Clive Darnell and Alan Hancock
<b>GOVERNORS UPDATE</b>				
<b>18:05</b>	<b>5.1</b>	<b>Healthwatch Milton Keynes Annual Report 2018/19</b>	Receive (Pgs 27-62)	Maxine Taffetani
	<b>5.2</b>	<b>Lead Governor's Report</b>	Report (Pgs 63-64)	Alan Hastings
<b>PERFORMANCE</b>				
<b>18:20</b>	<b>6.1</b>	<b>Integrated Performance Report Month 2</b>	Receive (Pgs 65-78)	Chief Executive
	<b>6.2</b>	<b>Finance Report Month 2</b>	Receive (Pgs 79-86)	Director of Finance
<b>GOVERNANCE</b>				
<b>18.40</b>	<b>7.1</b>	<b>Annual Report and Accounts 2018/19</b>	Receive (Sent hard copy)	Director of Finance
	<b>7.2</b>	<b>External Auditors' Report on the Quality Report</b>	Receive (Pgs 87- 116)	Deloitte
	<b>7.3</b>	<b>Annual Members' Meeting: 18 September 2019 at the University of Buckingham Academic Centre</b>	Verbal	Chairman
	<b>7.4</b>	<b>Motions and Questions from Council of Governors</b>	Receive	Chairman
	<b>7.5</b>	<b>Any other Business</b>		Chairman
	<b>7.6</b>	<b>Date and time of next meeting 7 November 2019; 10:00 – 12:00</b>	Note	Chairman

	<b>7.7</b>	<b>Resolution to Exclude the Press and Public</b>		
		<p>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.</p> <p><i>“that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.”</i></p>		

**If you would like to attend this meeting or require further information, please contact: Adewale Kadiri, Trust Secretary Tel: 01908 996234. Email: Adewale.kadiri@mkuh.nhs.uk**



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

**DRAFT** minutes of a meeting of the Council of Governors' of the Milton Keynes University Hospital NHS Foundation Trust, held in public at 9.30am on Tuesday 16<sup>th</sup> April 2019, in the Conference Room, at the New Academic Centre

**Present:**

Simon Lloyd - Chairman

**Public Constituency Members:**

Alan Hancock  
Alan Hastings  
Peter Skingley  
Akin Soetan  
Amanda Jopson  
Ekroop Kular  
Claire Hill  
Brian Lintern  
Clive Darnell

**Appointed Members:**

Andrew Buckley - Milton Keynes Council (until item 3.4)  
Maxine Taffetani - Healthwatch Milton Keynes

**Staff Constituency Members:**

Michaela Tait - Non-Clinical staff groups

**Executive Directors**

Mike Keech - Director of Finance  
John Blakesley - Deputy Chief Executive

**Non-Executive Directors:**

Helen Smart  
Heidi Travis  
Ian Wilson  
Nicky Mcleod

**Also in attendance**

Jennifer Anderson - Head of Hotel Services  
Adewale Kadiri - Company Secretary  
Nicky Burns Muir - Deputy Chief Nurse (item 3.4)  
Julie Goodman - Head of Complaints (item 3.4)  
Maira Mawuru - Administrator (Trust Secretariat)

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

<b>1.</b>	<b>WELCOME &amp; ANNOUNCEMENTS</b>
	The Chairman welcomed everyone present, and introduced Ekroop Kular Public Governor, and Ian Wilson the new Associate Non- Executive Director, to their first meetings.
<b>1.1</b>	<b>APOLOGIES</b>
	Apologies for absence were received from, William Butler, Douglas Campbell, Carolyn Pierson, Robert Johnson-Taylor, Paul Griffiths, John Ekpa, Clare Walton and Parmjit Dhandra
<b>1.2</b>	<b>DECLARATIONS OF INTEREST</b>
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
<b>1.3</b>	<b>MINUTES</b>
<b>(a)</b>	<b>Minutes from the Council of Governors meeting held on 20 February 2019.</b>
	The draft minutes of the meeting held on the 20 <sup>th</sup> of February were accepted as an accurate record.
<b>(b)</b>	<b>MATTERS ARISING / ACTION LOG</b>
	There were no outstanding actions.  <b><u>Resolved:</u> That the log as updated at the meeting was received agreed.</b>
<b>2</b>	<b>CHAIRMAN AND CHIEF EXECUTIVE REPORTS</b>
<b>(a)</b>	<b>Chairman's Report</b>
	<p>The Chairman announced that Andrew Buckley would be switching from appointed governor representing Milton Keynes Council to become the representative of local businesses.</p> <p>The Chairman will be attending an NHS Improvement/England meeting which will focus mainly on proposed legislative changes, including potentially removing healthcare from the CMA jurisdiction with regard to commissioning, although it remains unclear whether this will solve the problems.</p> <p>The Department of Health remains unhappy with culture in NHS. As such, a quarterly meeting is to be held with NHS Providers to help bring about cultural changes.</p> <p>A presentation was provided by the Head of Patient Safety, the focus of which was to help improve safety and minimise avoidable incidents. Regarding Brexit, Keith Willet remarked on the amount of work that had been done thus far. The point was made that a no deal scenario would be challenging but might not be as bad as the media says.</p> <p>The Chairman also made mention of a recent STP meeting that he had attended. It had not been well attended. It had been acknowledged that there would be an extra 1.3m people in the Oxford and Cambridge arc by 2050 and an extra 1m jobs. This would require a significantly higher rate of housebuilding, and MKUH would need to absorb the extra level of provision that this will entail.</p>

	<p>The Chairman took the opportunity to thank Lisa Knight who had done an outstanding job as Chief Nurse here, and he wished her the best in her new role.</p> <p>Next week will be Experience of Care week. On Wednesday there will be a stand in the main reception, and on Thursday a 15 steps visit, concluding on Friday with tea on ward 14. Main purpose of this even is to get feedback from patients. All governors are welcomed.</p>
<b>(b)</b>	<b>CEO's Report</b>
	<p>The Deputy Chief Executive informed the Council of Governors of the CQC inspection process which had commenced in January with the notification letter. This was followed by the Provider Information Request (PIR) containing around 150 data requests. The Use of Resources part of the process took place in March (involving NHSI colleagues) and was followed by the 4-day service inspection earlier in April, which involved a team of 22 inspectors. From 8 to 9 May, the Well Led assessment, involving 6 to 7 inspectors, takes place. This would involve interviews with EDs, NEDs and some governors, with a view to ascertaining whether the organisation is well led. It is expected that the final report of the whole process would be published in August, but a private version for factual accuracy checking should be made available at the beginning of July, after which the Trust would agree a publication date with the CQC.</p> <p>The Trust is currently rated 'Good'. The Deputy Chief Executive explained that this was not a full inspection, as it did not look at DoCC, among other areas. Areas considered included the flow through hospital, and A&amp;E which was at 97% for that week with plenty of discharges.</p> <p>Initial feedback was that the estate was tidy and in good order, the attitude of staff was positive, and all staff were able to describe examples of good things going on in their areas. Other bits of feedback were:</p> <ul style="list-style-type: none"> <li>• Strong leadership in the Medicine Division.</li> <li>• The fire exit in Surgery was blocked.</li> <li>• There are good things going on in Maternity, but a few avoidable issues were observed.</li> </ul> <p>There was some concern about the amount of follow up information requests received during the inspection – some were minor but others more substantive. The Council of Governors joined the Executive in thanking all staff involved during what was an emotionally draining week.</p> <p>With regard to the possible rating, it was noted that the CQC expects to downgrade a quarter of trusts, but on the basis of the feedback received so far, it would be surprising if the Trust was downgraded. It is not expected that a rating of 'Outstanding' would be possible as the Trust remains in deficit. There was a discussion about the sorts of things that could influence the ratings – it was noted that most trusts are not meeting the constitutional standards. The inspectors take much notice of what they see on the day, but there is a balance between this and their analysis of the data. CQC are increasingly not carrying out full inspections, as it is difficult to put together teams of 40 inspectors. In terms of the qualifications of team members, it was noted that the composition of teams tends to depend on who is available.</p>

	The Deputy Executive reminded Council of Governors that the Event in the Tent will be held on 7, 8 and 9 May. Speakers will include Sir Anthony Seldon, and everyone is invited.
<b>3.1</b>	<b>Annual Plan update</b>
	<p>The Director of Finance updated the Council of Governors on the progress being made in agreeing the Trust's annual plan for 2019/20. He highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The Trust has a baseline deficit of £26m.</li> <li>• The PSF value is to be halved but under the new tariff arrangements, it is to be included in the national prices for emergency care.</li> <li>• Technical changes around pay awards have led to a 3 - 3.5% financial pressure on organisations, as a result of which the control total has been somewhat relaxed which is lot higher than last years'.</li> <li>• Providers in deficit are expected to deliver an extra £1.1m worth of savings to help shift it.</li> <li>• The Marginal Rate Emergency Tariff (MRET) is being removed as a rule, but it has been fixed at the 2017/18 value. The abolition of MRET and readmission penalties is a positive development</li> <li>• The Trust is expecting to receive an additional £14.8m on a non-recurrent basis to help the Trust to return to breakeven.</li> <li>• All of this together takes the Trust to a deficit figure of 0.431m – in fact the Trust expects to deliver a surplus, but some funding streams are non-recurrent.</li> <li>• Income could increase by quite a lot, but commissioners would not be able to afford too much growth.</li> <li>• Regarding emergency admissions – last winter was not as pressured as in previous years</li> <li>• Growth on electives has been flat – improvements on RTT performance need to be sustained.</li> </ul> <p>The Director of Finance made the point that the plan presents risks and opportunities – the changes in tariff do present risks. The blended payment would enable providers and commissioners to agree levels of emergency care, but if activity rises above the agreed level, the Trust would only be paid 20% for it. The Trust would be required to deliver an £8.4m CIP due to the lack of a contingency fund. In terms of opportunities, although there is currently flat growth in elective performance, £4.6m worth of services is being done by other providers locally. Much of this work is in orthopaedics and urology and is currently being done by the private sector as a result of backlogs at the Trust.</p> <p>The Director of Finance explained that the current contract form does not incentivise the Trust to work differently, for example, using telephone consultations rather than face to face where appropriate. However, if it was clear that the organisation would receive a fixed amount of income for all the services it provides, this would be the incentive needed to do things differently. This sort of arrangement is commonly referred to as a “block contract”, and if set at the right level, the Trust would still be able to make savings. This would be the right thing to do.</p> <p>It was acknowledged that it is becoming increasingly difficult to secure savings. For this year, the savings that the Trust needs to make represents 1.6% of its turnover, which is realistic. The focus of the savings programme would be on larger opportunities, with an emphasis on the use of technology. Capital remains a challenge, and the Trust will continue to look at different ways of funding improvements to the estate. The cancer centre and pharmacy robot are already funded, and funding has been secured for the pathway unit. Consideration is also being given to other schemes such as an imaging unit.</p>

<b>3.2</b>	<b>Update on patient catering</b>
	<p>The Head of Hotel and Catering Services attended to present an update on patient catering. She explained that she had been at the Trust for just under 3 months and had found it interesting to get to grips with the service. She has taken the opportunity to look at service and has plans to make improvements by focusing on:</p> <ul style="list-style-type: none"> <li>• Patients catering services as they now are,</li> <li>• Involvement with patient groups, and</li> <li>• The plan going forward.</li> </ul> <p>The Trust has a team 400 staff, and forms part of patient facing services. 1600 meals are served each day across 19 wards, day patient services and outpatients. The service is rated 5 stars for patient catering and retail services, and it passes all environmental health checks. However, the way in which food is delivered is rather outdated, with only around 4 choices from which patients can select.</p> <p>What do patients say about food?</p> <ul style="list-style-type: none"> <li>• Choice - not as good as it could be.</li> <li>• Temperature - cause for concern. Hot when it leaves the kitchen, but cold by the time it gets to patients.</li> <li>• Taste - Generally positive response.</li> <li>• Appearance - quite good.</li> <li>• Clean crockery</li> <li>• Expectations – improvements needed mostly around choice and temperature</li> </ul> <p>In terms of the areas that are currently being prioritised, Ms Anderson explained that the Q4 report on complains and compliments is about to be received, as well as measures around food wastage. PLACE assessments will also be held in October, and volunteers are being sought to act as inspectors. A steering group has been set up, chaired by the Deputy Chief Executive, and improvements are starting to be made. Ms Anderson will also work with the Patient Engagement Manager and the patient forums.</p> <p>There has been interest in the idea of providing customer service training for some of the catering and hotel services staff. It is important that there is a slick process in place – hostesses can coordinate this, but it is important that they have help.</p> <p>Claire Hill raised the concern that only the fittest patients would be able to respond to surveys, and that some patients do not interact with food at all. The Patient Engagement Manager indicated in response that her team is working on surveys that friends and family could complete on patients' behalf. The Chief Nurse added that numerous matron improvements rounds are being conducted, as well as observational work as part of clinical skills training. She acknowledged that the Trust has a better record in relation to patients with sensory detriment, including those with dementia.</p> <p>Amanda Anderson raised a question about the provision of snacks, noting that “little but often” diets appear to be a challenge. She also noted that there is a distinction between Ms Anderson's role and that of the dieticians. It was acknowledged that women within the maternity service, children and those with cancer often prefer smaller meals at different times, and that the service needs to be responsive to this.</p> <p>In concluding, Ms Anderson indicated that she was pleased with the results of the survey which shows that the Trust is providing a safe basic service. There is an opportunity to</p>

	<p>provide more choice and modern options. It was acknowledged that this is not a big sample from which to draw firm conclusions, but overall the service is in a good place and there are great opportunities to take patients' view into account.</p> <p><b><u>Resolved:</u> That the Update on Patient Catering be received.</b></p>
<p><b>3.3</b></p>	<p><b>Parking : options in the future</b></p>
	<p>The Deputy Chief Executive provided a verbal update on future parking options. He informed the Council that there are currently around 2100 parking spaces on site the and that the Trust has more patient and disabled parking spaces than any other hospital in the UK. An additional 70 spaces would become available once the Cancer Centre is completed, including disabled parking.</p> <p>There are plans to build a third multi- storey car park behind the Urgent Care Centre. This will create approximately 500 car park spaces for staff, which would free up one floor of the original multi-storey. However, a decision would need to be made whether it would be sensible to spend £6m on car parking. There would also be issues around access to the new car park that need to be resolved. It was noted that the pressures on the availability of spaces are most intense on Tuesdays and Wednesdays. The point was made that changes to the models of care might mean that patients are not required to make quite so many visits to the hospital in the future and there is less of a need for large amounts of additional parking.</p> <p>Brian Lintern referred to difficulties in picking up patients from the PDU – the Deputy Chief Executive acknowledged this and indicated that some additional parking will be provided behind the unit.</p>
<p><b>3.4</b></p>	<p><b>Complaints and Feedback – Q3 complaints and PALS report</b></p>
	<p>Julie Goodman and Nicky Burns Muir presented Q3 complaints and PALS Report. Julie Goodman informed the Council that the PALS team is usually the first port of call when patients have concerns. It would also be expected that wards and departments would contact the team to try to get issues resolved quickly.</p> <p>Formal complaint letters of complaints would indicate more serious concerns usually involving at least moderate harm. Handling these sorts of complaints usually involves speaking with the complainants at length and working with the team or department that is the subject of the concerns. A written report of the investigation is produced, and increasingly complainants are offered the option of a meeting with the team – it is important for the clinicians to hear the complainants' experiences. Responses to formal complaints are usually signed off by the Chief Executive.</p> <p>It was noted that eCare has made the process easier to handle and supports the Trust's aim of seeking to resolve things locally. Generally formal complaints tend to relate to events that have occurred some time ago. It is part of the Chief Nurse's remit to support staff about whom complaints have been made. A recent internal audit review of the process was largely positive in its assessment of the service.</p> <p>One of the main areas in relation to which complaints are received is the appointments system. More patients are being encouraged to use the MyCare app to reduce the number of patients who do not attend for their appointments. Customer service training is also being provided for outpatient staff through NHS Elect. The matron in Outpatients is working improving communication with patients. It has been acknowledged that patients can get</p>

	<p>irritated when they are informed that they have to go to the Urgent Care Centre – a leaflet has now been produced to better explain the circumstances in which this might happen.</p> <p>Complaints have also been received in relation to processes around patient discharge. Some work is being done around the things that need to be put in place to enable patients to go home. Improvements are also being made to the PDU in order that patients can have a better experience there. Complaints have also been received from some patients with hearing problems who missed their appointments –work is being done on putting more signage around the hospital.</p> <p>A few of the complaints received relate to the wider health and care system, and the Trust works with the other organisations involved to try to resolve these</p> <p><b><u>Resolved:</u> The Council of Governors noted the Update on Complaints.</b></p>
<b>4.1</b>	<b>Management Board upward report</b>
	<p>The written report for the Management meeting held on 6 February 2019 was received and considered.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Management Board upward report.</b></p>
<b>4.2</b>	<b>Summary Report from Finance and investment Committee</b>
	<p>The Chair of the of Finance and Investment Committee presented the summary report for the Finance and Investment Committee meetings held on 14 January and 4 February 2019.</p> <p>The Committee Chair stated that over the last 3 months, the Committee has been fairly assured of the end of year position. Thought has already turned towards ensuring that the momentum generated in the Cost Improvement Programme is maintained into the 2019/20 programme, taking account of the impending tariff changes.</p> <p>The annual plan presentation is to be circulated to members.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Summary Report of the Finance and Investment Committee meetings held on 14 January and 4 February 2019.</b></p>
<b>4.3</b>	<b>Summary Report from Workforce and Development Assurance Committee</b>
	<p>The written update from the Workforce and Development Assurance Committee was received and considered</p> <p><b><u>Resolved:</u> The Council of Governors noted the Summary Report of the Workforce and Development Assurance Committee meeting held on 4 February 2019.</b></p>
<b>4.4</b>	<b>Summary Report from Charitable Funds Committee</b>
	<p>The written update from the Charitable Funds Committee was received and considered. The Trust Chair announced that an event is to be held on 24 April to thank the charity's supporters.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Summary Report of the Charitable</b></p>

	<b>Funds Committee meeting held on 4 February 2019.</b>
<b>4.5</b>	<b>Feedback from Council of Governor observations of Board Committee meetings</b>
	<p>Alan Hancock gave his feedback about attendance to the QCRC which he found very useful and would like to attend again. He found it odd that Governors are not able to attend more often.</p> <p>Alan Hastings expressed his nervousness about attending these meetings as an observer and the extent to which he would be able to participate. The Chair acknowledged that this can be a difficult line to tread but was clear that governors may only attend committee meetings as observers. Heidi Travis suggested that the Chair of each committee should be clear with governors what role they can play as observers.</p>
<b>5.1</b>	<b>Healthwatch Milton Keynes Update</b>
	<p>Maxime Taffetani presented an update on the activities of Healthwatch Milton Keynes. She reported that Healthwatch had visited the hospital last year as part of their Enter and View activity and made a number of recommendations about the Patient Discharge Unit. Their follow up visit has been delayed as a result of the CQC inspection, but they are looking forward to going back to see what has improved.</p> <p>HWMK has received some money from Healthwatch England to carry fast paced engagement work with other local Healthwatch groups. There will be three focus groups around cancer, health and mental health have been set up, and the data is being collated to enable NHS Improvement to improve services.</p> <p>The play 'Phyllis' was well received and generated plenty of feedback. Healthwatch will be at the 'Experience of Care Week on Wednesday 24 May.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Healthwatch Milton Keynes Update.</b></p>
<b>5.2</b>	<b>Lead Governor's Update</b>
	<p>Alan Hastings presented this report and highlighted the following activities:</p> <ul style="list-style-type: none"> <li>• On 07 February he attended a CCG end of life forum.</li> <li>• He explained that the Lead Governors' network includes a total of 12 trusts, a mixture of acute and mental health Trusts, with lots of differences.</li> <li>• On 27 February, the Pathology Department held their open evening. Alan Hastings stated that it is well worth attending – the staff were enthusiastic to explain what goes on behind the scenes.</li> <li>• He is planning to hold regular meetings with the Chair about people who do not necessarily wish to complain, but nevertheless want to comment about their care.</li> <li>• He met with Vanessa Holmes, the Head of Fundraising, to discuss legacies. Many people are unaware that they may be able to assist the charity in this way.</li> <li>• The most recent informal meeting with the Chair was held on 30 March with six other governors in attendance.</li> <li>• The 'Phyllis' play was well acted and moving</li> <li>• Alan Hastings attended Kim Weston's retirement on 29 March.</li> <li>• He took part in a 15 steps visit on 10 April.</li> </ul>

	<ul style="list-style-type: none"> <li>• He will be attending a MyCare focus group on 30 April.</li> </ul> <p>An advanced care planning leaflet is in wide circulation; a link to it will be circulated.</p>
<b>6.1</b>	<b>Integrated Performance Report Month 10</b>
	<p>The Deputy Chief Executive presented the Month 10 Performance Report. In response to concern expressed by Alan Hastings about the proportion of red rated clinical effectiveness targets, John Blakesley explained that these are mainly internal targets, and that the performance is typical of a busy hospital in winter. He made the point that performance is still within the normal range.</p> <p>Brian Lintern complained that the SHMI measurement of mortality gives the governors no real information. In response, the Deputy Chief Executive explained it monitors the death rate across the whole health economy and is a reflection of how the Milton Keynes system is performing. MKUH is quite good at learning from deaths and there is an expectation that there will be much to learn from even where death is inevitable. SHMI helps to show whether patients here are more or less likely to die than anywhere else. Where there is a statistical deviation, the Medical Director will examine this, although these are often statistical anomalies.</p> <p>It was agreed that Ian Reckless to attend a future meeting to discuss SHMI, the role of the medical examiner and the process for learning from deaths.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Month 10 Performance Report</b></p>
<b>6.2</b>	<b>Finance Report Month 10</b>
	<p>The Director of Finance presented the Finance Report for Month 10.</p> <p><b><u>Resolved:</u> The Council of Governors noted the Month 10 Finance Report</b></p>
<b>7.1</b>	<b>Annual Report and Accounts 2018/19 timetable</b>
	<p>The Council of Governors noted the timetable for the preparation and publication of the Annual Report and Accounts 2018/19.</p>
<b>7.2</b>	<b>Motions and Questions from Council of Governors</b>
	<p>There was none.</p>
<b>7.3</b>	<b>Any other Business</b>
	<p>Alan Hastings asked about the process for making complaints as this is not clear on the Trust website. He made the point that PALS has little meaning to members of the public and suggested that reference simply be made to the process for raising concerns, or a box could be left on the ward. The point was made that a letter to the Chief Executive would be treated as a complaint.</p>
<b>7.4</b>	<b>Date and Time of next meeting</b>
	<p>The next scheduled meeting is on 16 July 2019.</p>

**Trust Secretariat**  
**17/04/2019**



<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 16 July 2019</b>
<b>Report title:</b>	<b>Report of the Management Board meeting held on 3 July 2019</b>	<b>Agenda item: 4.1</b>
<b>Report author</b>	<b>Name: Joe Harrison</b>	<b>Title: Chief Executive</b>
<b>Fol status:</b>	<b>Public document</b>	

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

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

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

## Chief Executive's Report - key points arising from the Management Board meeting on 3 July 2019

### 1. Matters arising

Management Board was updated on the continuing difficulties being experienced by clinical staff in using the Trust's Electronic Data Management System. The issues have been escalated to the system's suppliers and their Managing Director has been asked to come in to the hospital to discuss possible solutions. Feedback received at the meeting indicated that although the system is now more stable than it had been in previous weeks, it remains quite slow, and that this is impacting on service efficiency.

### 2. Chief Executive update

Executive directors presented on some of the detailed Trust objectives, particularly around patient safety and clinical effectiveness. These are to be shared at Trust Board, and a robust quarterly review system at both Management and Trust Board is to be established.

### 3. Clinical Quality Board June 2019 highlight report

Management Board was informed that the medical examiner role is now in place and is regarded as a positive development. It was agreed that the role will be discussed in more detail at both Management and Trust Board.

### 4. Annual Complaints Report 2018/19

Disappointingly, communication continues to be one of the main emerging themes from complaints received in the last year. The high number of complaints about care received in the Emergency Department was noted, although it was acknowledged that the rate is still extremely low when measured against the department's overall footfall. A new divisional reporting tool to help facilitate more timely responses is being piloted by Women's and Children's. The results will be shared in four months' time.

### 5. Refurbishment and replacement of fire doors

A report was received on the requirement for ongoing maintenance and repairs to the Trust's 2000 fire doors. This had led to a recommendation that £47.5k be invested to deal with the highest priority issues. Management Board approved this proposal in order that this work can be commenced immediately.

**MEETINGS OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 29 April and 3 June 2019**

**REPORT TO THE COUNCIL OF GOVERNORS**

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**Matters approved by the Committee:**

There were no matters that were approved by the Committee.

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

No matters were referred to the Board for final approval.

**Matters considered at the meetings:**

1. 2019/20 contract with Milton Keynes CCG

The Committee received a report from the Director of Finance on the implications of the new Guaranteed Income Contract that the Trust had agreed with Milton Keynes CCG. He explained that the new contract form would give the Trust certainty over the level of income it would receive in 2019/20.

The point was made that the focus of this contract is on providing stability across the whole of the local system. In terms of risks to the Trust, it was noted that an increase in costs arising from higher than planned activity was the most significant, but that there is also a risk of the potential benefits of the new contract form (for example in respect of changes to patient pathways) are not realised. It was acknowledged that adopting this form of contract is a key move towards a fully functioning place-based system.

The requirement to achieve the agreed A&E performance target at the end of the financial year were met, resulting in the Trust securing Provider Sustainability Fund payment of £1.4m.

2. Performance dashboard

At the April meeting, it was noted that the Trust's RTT performance had passed 90% at a time when performance nationally it is deteriorating. However, the total number of open pathways has increased to over 14,500 which mirrors the national position. High bed occupancy was indicative of the time of year, but the number of delayed transfers of care had remained low. A&E performance had been lower than in previous months but remained good in comparison to the position nationally. At the April meeting, it was noted that the readmission rate had dropped, despite continued pressure on the hospital as a result of high patient numbers.

At the June meeting, the Director of Finance reported that the hospital had been busier than expected for the time of year, as a result of which escalation areas had to be opened on occasion. A Board discussion on the adoption of appropriate metrics for the new contract arrangements is to take place in July.

3. Board Assurance Framework:

At the June meeting, it was noted that the capital and revenue risk had been split – the capital risk (7-2) relates to potential policy decisions that could restrict spending for the Trust, which could in turn impact its cost improvement plans. Nationally, there are concerns that the available capital funding is significantly over-subscribed. The rating of the revenue risk (7-3) remained unchanged. An additional risk around the new contract form is to be considered.

#### 4. Finance Report

- I. For month 12, it was confirmed to the Committee that the Trust exceeded its £900k stretch target and delivered £1.1m. The Trust secured £8.7m of incentive funding, making additional cash available.
- II. Additional funding was provided to CCGs at the end of the year, but Milton Keynes CCG met their target without recourse to this.
- III. In terms of areas for improvement, it was acknowledged that the focus on reducing agency spending needs to be maintained, and more needs to be done to improve the cost-base. The divisions are gearing up to working differently under the new contract.
- IV. At month 1, it was noted that the overall level of substantive pay was high as a result of the one-off lump sum paid in April to those at the top of their Agenda for Change band. Although the Transformation Programme was behind plan, this is not unusual in month 1 due to a lag in governance processes. Work is being done to identify the full CIP for the year.

#### 5. Agency update

- I. Agency spending increased in month 12 as a result of higher use of agency doctors to cover annual leave. Admin and clerical use also increased, particularly in clinical coding. In comparison to the two other acute hospitals within the BLMK area, MKUH's agency spend as a percentage of total pay costs is lower than Luton and Dunstable's but slightly higher than Bedford's.
- II. The 2019/20 ceiling has been set at £11.1m which the Trust is confident it can meet;

#### 6. Medical staff cost per Weighted Activity Unit (WAU)

MKUH had been reported as having the highest medical staff costs per WAU (the unit by which activity is measured in the Model Hospital benchmarking tool) in the country. The Finance Director indicated that some of the factors contributing to this statistic are incorrect, but he highlighted that work is on-going to improve medical productivity.

#### 7. 2018/19 National Cost Collection: cost process assurance

The Committee received this annual report, data from which is used to inform the national tariff and Model Hospital. This data will now replace the Patient Level Information and Costing System (PLICS) and is mandated nationally. A recent assurance check on the accuracy of the data gave a 'moderate'

rating which is in line with most other providers. This information will become increasingly useful and will enable the Trust to understand its cost base on a much more granular level. It will also provide a much richer source of comparative data as the Trust is part of a 90-strong benchmarking cohort.



## Workforce and Development Committee Summary Report

### 1. Introduction

The Workforce and Development Committee met on 29 April 2019. A summary of key issues discussed is provided below.

### 2. Workforce

#### Staff Story

The Pathology Manager attended to provide the staff story. She joined the Trust in 1984 as a very junior member of staff and became the first person from the hospital to pass the relevant professional examination. Since then she has been continually encouraged to progress and to move the service forward. In her time here, she had also benefited from having a mentor who helped instil good values across the team, included a focus on collaborative working, both within and outside the Trust.

It was acknowledged that pathology does not have the highest profile in the hospital, but steps are being taken, including the holding of successful open evenings, to help change this. In terms of opportunities for progression, the manager reminded the Committee that both the Deputy Chief Executive and the General Manager of the Core Clinical division have laboratory sciences backgrounds. The Manager remains optimistic about the future of the service and feels that the new guaranteed income contract presented opportunities for the adoption of a system wide approach.

The Committee thanked the Pathology Manager for attending to share her experiences.

#### Workforce Information Quarterly Report

Highlights from the report include:

- The WTE figure has increased indicating that more people were recruited than left the organisation during the period. This headcount growth is mostly within corporate services – the administrative review has led to many staff being moved out of the divisions into the corporate directorates.
- The turnover rate is also improving.
- The Trust stayed below its agency spending ceiling for 2018/19.
- Statutory and mandatory training and appraisal were both above target at 91%

#### Quarter 4 HR Systems and Compliance Report

Highlights from the report include:

- Recruitment of medical staff has been positive with 15 new starters going through pre-employment checks, but the vacancy level for doctors remains at 12.3%. International recruitment is being considered.
- E-rostering is being rolled out across the Trust.
- The Trust's therapies lead is piloting e-job planning for AHPs and this is being well received.

#### Staff Health and Wellbeing Report

This staff health and wellbeing report included the following information:

- The CQUIN target for flu vaccination has been achieved.
- The staff survey results around health and wellbeing have levelled out, but not declined. A musculo-skeletal physiotherapist has joined the SHWB team
- A multi-faceted approach to the management of work-related stress has been adopted, with the introduction of a stress management toolkit, access to the Employee Assistance Programme and stress management training for managers being made available.

### **Equality, Diversity and Inclusion update**

The Committee was informed that a number of staff networks have either been set up or are in the process of being established. The disability network held its first meeting in April, and the themes were around companionship and a greater understanding of living with a disability. BAME and Women's groups are in the process of being set up, with the latter being championed by the Director of Corporate Affairs who is also the LGBT executive champion. It was agreed that all the networks would benefit from having similar champions.

### **Staff survey**

The Committee received an update on the results of the staff survey, and in the course of the discussion the points raised included the following:

- The Trust's response rate had increased by 7%. It remained 25<sup>th</sup> out of the 46 Trusts surveyed by Picker, and many of the scores are similar to what they were last year.
- There is some disappointment that there had not been greater improvement, but the introduction of eCare and the admin review were acknowledged as possible reasons for this.
- Overall, responses from staff in corporate teams were significantly better, but more work needs to be done to bridge the gap between perception and reality among staff.
- The work that was commenced last year in addressing low levels of engagement among some pockets of staff is set to continue.
- More work also needs to be done to ensure that appraisals meet staff expectations. This would include providing training for junior and middle managers that would equip them to better support their teams through the process
- A cohort of 20 managers is taking part in the first MK Way Managers' Programme, with two more planned for later in the year. This programme is currently open to existing managers but will in future be available to those new to the role.

### **Organisational development and talent management**

National guidance on talent management is imminent, and regional talent pools are being formed. Staff will be able to apply to join these or can be put forward by their managers. The Committee stressed the importance of building in sufficient capacity to enable people to develop in this way.

## **3. Education**

### **Education Update**

- Statutory and mandatory training compliance is at 93% for the quarter.
- Apprenticeship numbers are rising and there is increased interest in AHPs. The amount of the Apprenticeship Levy that is being spent by the Trust has accordingly increased.

- The graduation ceremony for the first group of medical students to graduate from the University of Buckingham Medical School will take place on 29 June. Many of the students have applied to work in the Trust.
- The Keele Clinical Leadership and Management Course went well and there have been requests to repeat it.

#### **4. Assurance**

##### **Guardian of safe working hours**

The Committee received reports for quarters 1 to 3. The Medical Director explained the Guardian's role, stressing its independence, and the fact that junior doctors are encouraged to submit exception reports where they have been compelled to work excessive hours and/or their learning opportunities are reduced. Breaches should be discussed with their educational supervisors and resolved, and the Trust can be fined by the Guardian for excessive breaches – some neighbouring trusts have been fined in this manner.

Only a relatively small number of breaches have been recorded here, although complaints about missed educational opportunities in one service have been recorded and raised through other means. The Medical Director stated that he wanted to see more exception reports and had been discussing the issue with some Foundation doctors in recent weeks. The Guardian himself, who is a consultant anaesthetist at the Trust, is also doing work to raise the profile of exception reporting.

The Chief Executive observed that the Trust is an outlier nationally on the staff survey regarding staff working unpaid additional hours. While the guardian of safe working hours is specifically for junior doctors, the Trust is seeking to put measures in place for the protection of all staff.

##### **Board Assurance Framework**

The Committee received and considered the workforce related risks on the BAF and the following points were raised:

- Risk 8-1 has been split into two, covering the position around the ability to recruit to critical vacancies now, and in the future. The Director of Workforce indicated that there are few concerns about the position now, but the position from the next 18 months onwards could become more difficult.
- The scoring for risk 8-3 is to be reviewed.
- Risk 8-4 is to be reworded to reflect the effect of Brexit on the national supply of staff.

#### **5. Other business**

The Committee was notified of the Trust's new sickness absence policy which was launched last year and has more robust measures in place. The staff health and wellbeing team is a key and active part of this new approach.

The Council of Governors is asked to note the summary report.



## Charitable Funds Committee Summary Report

### 1. Introduction

The Charitable Funds Committee met on 29 April 2019.

### 2. Key matters

The following items were presented to the Committee:

#### **Milton Keynes Hospital Charity draft strategy 2019 to 2021**

The Committee acknowledged the importance of agreeing and setting out the vision and strategy for the Charity. One of the main aims of the strategy is to place donors more at the centre of decision making on how funds are spent, and to encourage them to continue to donate. The recent thank you event was cited as an example of this approach. The charity is also seeking to build up legacy funding.

The Committee stressed the importance of building up reserves through regular giving – the strategy anticipates that by 2021, the Charity would have achieved sustainable planned giving. It was also suggested that patients and their families be included as groups that would be approached for support.

The Committee commended the strategy although there were questions whether all of its aims could be delivered within a three-year period. The challenges of gaining traction with local corporates was noted, particularly in the presence of other well established local and national charities.

The Committee noted the Charity's long-term goal of becoming independent of the hospital and advised that thought be given to who the trustees might be.

#### **Fundraising summary paper**

- The Be Seen In Green campaign will continue to be the main community fundraising activity
- The installation of contactless donation points across hospital site is under consideration and quotes to carry out the work have been obtained.
- It is expected that a lot of funding will be received towards the back end of the Cancer Centre appeal.
- The Charity is about to receive its first major legacy gift.

#### **Charitable Funds Finance updates**

- The Committee acknowledged that only about half of the forecast income for the Cancer Centre appeal has so far been received, noting that much of this income is likely to be back ended. It is also likely that donations will continue to be received even after the Appeal has officially closed.
- Regarding non-Appeal funding, the final position for 2018/19 was better than anticipated and a favourable variance of £16k was achieved.

#### **Updated terms of reference of the Charitable Funds Committee**

- It was agreed that the Director of Finance would become a full member of the Committee rather than ex-officio. In the event of a potential conflict of interest, he would simply excuse himself from the particular discussion
- It was agreed that further changes would be made to remove any barriers to the Committee's discretion in considering any applications for funding made to it.
- The Committee noted that the terms of reference already allow for an external individual to be appointed as a member, with the Board's approval.

#### **Other business**

It was agreed that further discussions would be held with Arts for Health as to how they will work with the Trust and the Charity going forward on the curation of the artwork and the courtyards.

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

None new.



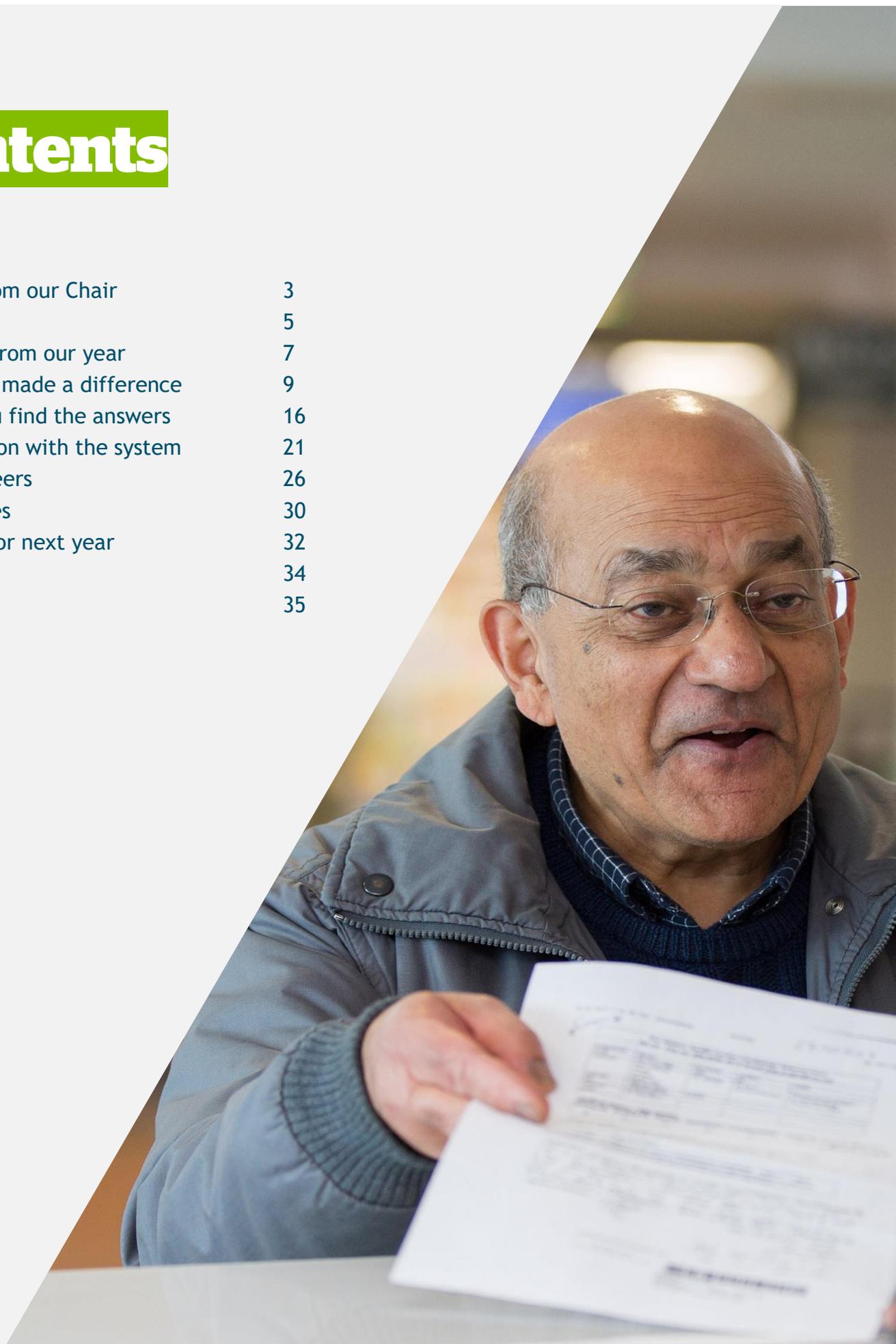
# Healthwatch Milton Keynes

**Annual Report 2018-19**



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# Message from our Chair

Milton Keynes, now 50 years old, continues to be a developing area with a diverse community. It has an ageing population as well as a high birth rate and contains some of the poorest areas of the UK, as well as some of the wealthiest. Healthwatch Milton Keynes (HWMK) is your local community champion promoting your involvement and sharing your experiences to influence the provision of high quality Health and Social Care services for everyone in Milton Keynes.

In this report you will read of our achievements in the past year and they are considerable. Our remit to Enter and View places where publicly-funded health and care services are being delivered has been fulfilled by our wonderful staff and volunteers. I am delighted that we have now embedded this crucial tool to monitor a patient's experience whilst they are receiving care.

This year we pledged to deliver activities that highlighted areas of inequality in our system by focussing our engagement on Under-represented Groups, Social Care, Integrated Care, Primary Care and Mental Health. By the end of the year we have completed many pieces of research to address these issues and have collaborated wonderfully on projects that have brought about greater consideration for the needs of people who use services.

Alongside this work we have successfully managed 4 local Partnership Boards - those for Older People, Mental Health, Dementia and Carers. We have continued to be involved with the local statutory providers of services, taking an active role on boards and committees, including our statutory role on the Health and

Wellbeing Board, which influences how our local services are formed and delivered. Our involvement at this level allows us to take the matters which concern you to the people who can make changes.

Crossing over between 2018-19 and 2019-20 we have delivered an ambitious piece of engagement concerned with the new NHS Long Term Plan in collaboration with Central Bedfordshire, Bedford Borough and Luton Healthwatch. The findings will be used by health leaders to inform how Milton Keynes as a 'place' and how Bedfordshire, Luton and Milton Keynes at 'scale' can develop and grow effective integrated services that work for our community in the years ahead.



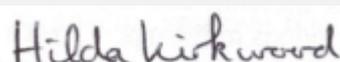
*'In this report you will read of our achievements in the past year and they are considerable'*

I would like to give a huge thank you to the CEO and her team for their dedication to making a difference, the pleasant welcome they always give to our volunteers and to all with whom they engage. Also, a big thank you to these volunteers without whom we could not achieve half of what is done!

This is to be my last Annual Report as Chair of Healthwatch Milton Keynes so it is important that I record my gratitude to the Trustee Board. Many of the Trustees have overcome great personal difficulties to carry on with their work

and I truly appreciate their support in the last few years of our development as an independent charity. I also pay tribute to the very real support shown to us by our commissioners at Milton Keynes Council.

So, I commend this report to you and invite you to see how your voice shaped local health and care services in 2018/19.



**Hilda Kirkwood**  
Healthwatch Milton Keynes Chair

## Changes you want to see

Last year we heard from over 1000 people who told us about their experience of a number of different areas of Health and Social Care. Here are some themes about the changes that you want to see.



+ I want it to be easier to get an appointment with a doctor or nurse quickly



+ I want the services and departments I visit to communicate better with each other



+ I want to be involved in designing the services that I use



+ I want to get the same level of care wherever I live and whoever I am

# About us

## Healthwatch is here to make care better

We are the independent champion for people using local Health and Social Care services. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. People can also speak to us to find information about Health and Social Care services available locally.

Our sole purpose is to help make care better for people.

*As Chair of Healthwatch England, it's my role to make sure your Healthwatch gets effective support and that national decisions are informed by what people are saying all over England.*

*If you were one of the 400,000 people who shared their experiences with us last year, I want to say a personal thank you. Without your views, Healthwatch wouldn't be able to make a difference to Health and Social Care services, both in your area and at a national level. One example of this is how we shared 85,000 views with the NHS, to highlight what matters most, and help shape its plans for the next decade.*

*If you're part of an organisation that's worked with, supported or responded to Healthwatch Milton Keynes, thank you too. You've helped to make an even bigger difference.*

*None of this could have been possible without our dedicated staff and volunteers, who work in the community every day to understand what is working and what could be better when it comes to people's health and care.*

*If you've shared your views with us then please keep doing what you're doing. If you haven't, then this is your chance to step forward and help us make care better for your community. We all have a stake in our NHS and social care services: we can all really make a difference in this way.*



A handwritten signature in blue ink, which appears to read 'Robert Francis'.

**Sir Robert Francis QC**  
Healthwatch England Chair

## Our vision is simple

Health and care that works for you. People want Health and Social Care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



## Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



## Our approach

People's views come first - especially those that find it hardest to be heard. We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



## People are at the heart of everything we do

We play an important role bringing communities and services together. Everything we do is shaped by what people tell us. Our staff and volunteers identify what matters most to people by:

- + Visiting services to see how they work
- + Running surveys and focus groups
- + Going out in the community and working with other organisations

Our main job is to raise people's concerns with health and care decision-makers so that they can improve support across the country. The evidence we gather also helps us recommend how policy and practice can change for the better.





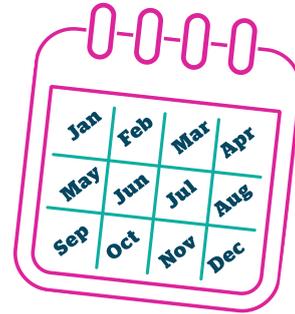
**Highlights from**

**our year**

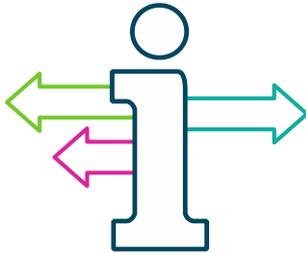
## How we have used our resources in 2018/19



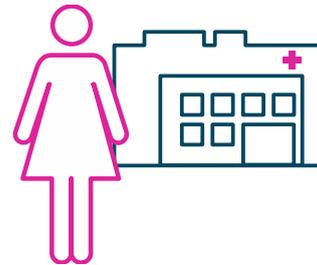
We have engaged with 1,254 people in the local community, 714 people more than last year.



We have 26 volunteers helping to carry out our work. In total, they gave us 1300 hours of their time. This equates to 25 hours per week.



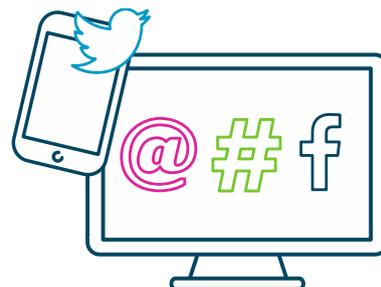
608 people accessed HWMK advice and information online, or contacted us with questions about local support, almost 8 times more than in 2017/18.



We visited 37 services and 31 community events to explore people's experiences of care. We have published 28 reports based on these conversations.



Of the 162 recommendations for improvement we suggested, 96 were adopted by services to make health and care better in our community. This is 59% of the recommendations.



Our social media reach extended to 100,000 people.



**How we've made  
a difference**

## Changes made to your community

Sharing your views with Healthwatch Milton Keynes has led to positive changes to Health and Social Care services. We show that when people speak up about what's important, and services listen, care is improved for all.

### *My Right to Healthcare Card*



## Tackling barriers to healthcare for vulnerable individuals

NHS policy states that everyone in England has the right to access Primary Care but we became aware that access to GPs was being restricted for people who are legitimately unable to provide personal identification when trying to register with a GP. We were concerned about the impact of this on the health and wellbeing of some of the most vulnerable groups in our society, including homeless people, refugees, and those in unstable accommodation.

Although there is a strong Services Partnership in Milton Keynes positively addressing access to GPs for homeless people, this is an issue that can affect anyone in our community if they struggle to present identification.

With permission from Groundswell in London where the original card was produced, we created a local version of 'My Right to Healthcare' card with Healthwatch Milton Keynes' contact details to empower residents to understand and assert their rights to access Primary Care. We distributed 1,250 cards to local organisations supporting the most vulnerable, including Probation, Housing Support and Drug and Alcohol Support services.

We explored the experience of the registration process without identification first-hand through a Mystery Shopping exercise in 15 GP

practices in Milton Keynes and explored the online patient registration information provided on every GP practice website in Milton Keynes. We found that the majority of practices were asking for identification to register.

The impact of the card's distribution spread and people began contacting us to share their experience of trying to register at a GP. Some told us that presenting the card encouraged the GP Practice to register them, but the majority told us that even after presenting the card they were still unable to register because they couldn't provide identification.

We published a report with 6 recommendations which we sent to MKGP Federation and Milton Keynes Clinical Commissioning Group (MK CCG). MK CCG and MKGP Federation agreed that people do have the right to register without ID and pledged to:

- + Review local guidance to ensure it reflects the national policy
- + Work with GPs to ensure registration information on websites is accurate
- + Host more training for reception teams on Vulnerable Healthcare
- + Invite HWMK to work with registration teams to develop standardised, simpler registration forms for all practices.
- + MK CCG will add adherence to the policy to their annual schedule of practice visits
- + MK CCG have raised issues with patient information databases that can prevent registration without identification to NHSE

## GUT FEELINGS: An exploration of the Gastro Pathway

We've been working to hear from people affected by recent restrictions to NHS prescribing of Gluten Free foods. During this research project, we heard from people about their experience of the local Gastro services pathway. At the same time, Milton Keynes Clinical Commissioning Group (MK CCG) told us that they were looking at reviewing the pathway and asked if we had any patient feedback about the service.

We facilitated two afternoons of conversation between people with a range of Gastro related health issues and MK CCG staff involved in the review. We also invited two nutritionists to the sessions because people had expressed a wish to better understand how they could meet their nutritional requirements through their own dietary preferences, rather than being given a standard list of foods to eat or avoid.

The atmosphere in the room was supportive and inclusive, which meant that all present were able to speak freely about both positive experiences and issues faced by both patients and professionals when dealing with the multitude of conditions covered by Gastroenterology. The MK CCG staff were very receptive to new ideas and to the ways in which

patients suggested the pathway could work better for them.

Following these conversations, HWMK compiled the discussion points and key themes into a report to which MK CCG have responded positively, and have told us:

- + A recruitment process is about to commence for an additional permanent IBD (Irritable Bowel Disorders) Nurse whose responsibilities will include providing rapid access to clinicians when unwell, an improved virtual clinics/telephone helpline, improved treatment of patients when attending A&E, working closely with GPs and improving communication between primary and secondary care.
- + MK CCG have agreed with MK Hospital clinicians to dedicate a GP Educational session in October 2019 to increase their clinical knowledge related to Gastroenterology and encourage communication between GPs and Hospital Clinicians.

*“ALL of our discussions with the hospital clinicians and at the CCG were very much influenced by the feedback the patients kindly provided and our intention for going forward is to continually engage with patient ensuring the services are meeting their needs” - Dr Nicola Smith, NHS Milton Keynes CCG Chair*





## Milton Keynes' LGBTQ+ residents should find more understanding amongst health professionals

Our collaboration with MK CCG, Q:Alliance and the LGBTQ+ residents who shared their experiences with us has resulted in LGBTQ+ awareness sessions being provided to GPs and other health professionals as part of their ongoing training programme.

We heard from people within the LGBTQ+ community about the care inequalities they experienced around fertility treatment and gender transition journeys, including data protection once they had fully transitioned.

As well as providing a 'Protected Learning Time' session delivered by the Daventry GIC (Gender Identity Clinic), MK CCG have also worked to ensure Trans people are involved in MK CCG's NHS Equality Delivery System assessments to

review and improve health equalities performance.

The objectives and evidence template is displayed on MK CCG's equality website: <https://www.miltonkeynesccg.nhs.uk/equality-inclusion-and-human-rights/>.

In response to the experiences shared, MK CCG told us that they had previously circulated information to GPs on the Gender Recognition Act, NHS England's process for re-issuing NHS Numbers to individuals and General Medical Council training on appropriate sharing of information. They have also pledged to ensure that GP updates and awareness raising occurs on a regular basis.

*"MK CCG acknowledge this difficult position for those who have transitioned and expect, through its continuous awareness raising, training links and opportunities, that improvements and reasonable adjustments will be seen going forward." - MK CCG Representative*



## Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: [www.healthwatchmiltonkeynes.co.uk](http://www.healthwatchmiltonkeynes.co.uk)

t: 01908 698800

e: [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)

## Reviewing the quality of your services

Our Enter and View programme has led to positive changes to the quality of Health and Social Care services in Milton Keynes. Take a look at how Healthwatch Milton Keynes has given local residents a platform to ensure that their voices are heard by those who have the power to make change happen.

WICU entrance sign



## Enter and View success at Windsor Intermediate Care Unit

We helped Central North West London NHS Foundation Trust (CNWL), the service provider for Windsor Intermediate Care Unit (WICU), to get an independent view of in-patient experience and identify areas for improvement through an Enter and View visit. WICU provides a short-term programme of nursing and therapy for people who need a period of rehabilitation before they can return safely to their home.

Our authorised representatives spoke with 16 patients over the course of our three-day visit. Patient experience was generally positive but their stories highlighted room for improvement, particularly around personalised care. We made 10 recommendations based on the experiences shared with us.

We reviewed the progress that had been made against our recommendation five months on. We were pleased to find that all of the recommendations we made were either completed or in progress.

As a result of our visit, key improvements were made that will have a direct impact on the quality of patient experience.

For example, patients had reported ambiguity surrounding reasons for admission, plans for treatment and discharge, and confusion about who was making decisions about them. In response to this a patient booklet, 'My Rehabilitation Journey', has been developed and is given to patients on admission to the unit. The booklet contains information for patients, family and carers including information about the unit, key staff members, key dates in their care journey, therapy plans and information about the discharge process.



## Improving communication for patients at MK Urgent Care Centre

Healthwatch Milton Keynes was approached by Milton Keynes Urgent Care Service (MKUCS) to ask if we would provide an independent review of the patient experience in light of the recent changes to the service. Changes included the introduction of clinically trained staff at the main reception to improve the patient journey.

In February we delivered Enter and View visits to MKUCS over the course of two days, and spoke to 28 participants about their experiences of the service.

We made 9 recommendations for improvement based on what we heard from patients and we were pleased by MKUCS' commitment to improving patient experience in their response to our findings.

For example, some patients expressed confusion or uncertainty around what to expect

from their visit. This included reservations about staff they perceived to be 'receptionists' carrying out triage, poor awareness of the digital patient call system and a need for information about waiting times.

In response to our recommendations, MKUCS has made all of this information available to patients on arrival. A sign at the reception area now makes it clear that that reception is staffed by qualified Healthcare Assistants which enables comprehensive triage upon arrival. A second sign has been placed in reception with an estimated waiting time in order to manage patients' expectations. Staff have also been tasked with explaining the digital patient call system to all patients on arrival. As part of this, staff will ensure patients are aware of where the digital display screens are located.

*"We would like to thank Healthwatch Milton Keynes for carrying out this review and look forward to welcoming them back in the future to demonstrate the improvements that we will make" - MKUCS Management Team*

Front entrance of Milton Keynes Urgent Care Service



## Exploring Social Engagement and Loneliness in Care Homes

We delivered a programme of Enter and View visits in Care Homes to get to the heart of residents' experiences of the Care Homes they live in, with a particular focus on their experience of social isolation and physical activity. We collected the views of 102 local people, from 16 Care Homes across Milton Keynes.

The most common recommendations, based on what residents told us, were as follows:

- + Homes should monitor the delivery of care to ensure residents are *consistently* treated with dignity, sensitivity and respect.
- + There should be daily opportunities for social engagement, informed by residents' requests and interests, including evenings and weekends.
- + Increase person-centred opportunities for social interaction among less mobile, introvert or minority residents.
- + Ongoing staff development should ensure all staff are aware of conditions affecting residents, such as hearing loss and Dementia, and trained in how best to communicate with and support these residents. Staff should also be able to recognise signs of loneliness.
- + Homes should monitor responsiveness to residents' requests, including call bells.

We made a total of 85 recommendations based on the experiences shared with us to individual Care Home providers, 39 of which Care Home managers committed to address if they had not

already implemented as a result of our visits. The following examples illustrate how valuable Enter and View can be in amplifying the voices of residents and guiding services to make positive changes for the people that use them.

We recommended to some Care Homes that they broaden the activities available to residents to include wider community services involvement. In response, one Home contacted their local community group, Church and School, inviting them to visit. In another Home they made contact with Men in Sheds to explore ways of involving male residents with likeminded company after we highlighted that there were fewer activities geared towards the interests of the minority of male residents.

We recommended that one Home review the layout of the furniture in the lounge to encourage informal social interaction. In response, the manager met with residents and relatives to co-design a new layout.

We are producing a thematic report highlighting how all Care Homes in Milton Keynes can create socially supportive environments for residents.

*'Healthwatch England are attending the Local Government Association (LGA) conference this year and want to take a selection of the best reports from the Healthwatch network relating to local government services. Your report: Bay House Review of Residents' Social Wellbeing has been highlighted as a really useful report and we would like to include it in our portfolio' - Bren McGowan, Senior Policy Advisor HWE*



## Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: [www.healthwatchmiltonkeynes.co.uk](http://www.healthwatchmiltonkeynes.co.uk)

t: 01908 698800

e: [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)



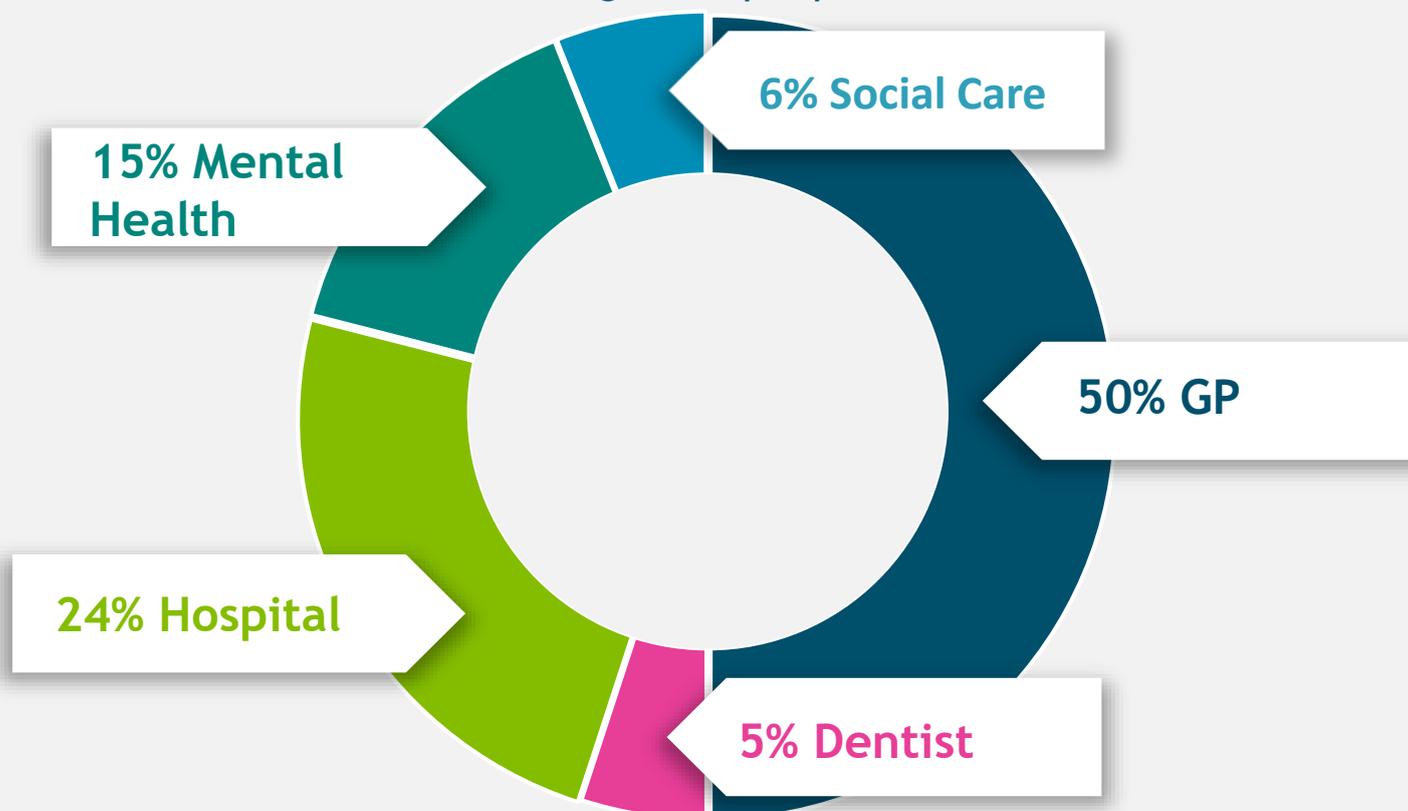
**Helping you find**

**the answers**

## What services do people want to know about?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch Milton Keynes plays an important role in providing advice and signposting people in the right direction to the support they need.

Here are the most common things that people talked to us about:



## How we've acted on the issues that you have shared with us

We bring together themes of experiences shared with us to plan our activities. 50% of experiences shared related to GP services which is reflected in the number of Primary Care based projects we have undertaken this year.

We know that awareness of Healthwatch tends to be lower among people receiving Social Care services, with 6% of experiences shared with us this year relating to Social Care. We address awareness issues through activities that reach out to people receiving Social Care support through planned engagement.

This year we spoke to 102 residents specifically in relation to Social Care through our Care Homes Enter and View Programme.

Many of the people that contact Healthwatch Milton Keynes for advice or information want to find out how to navigate a health and care system that can sometimes feel like a maze.

To support people get the information they need we updated our website to be more user-friendly. We expanded the signposting section of our website to include more information about making complaints about Health and Care to the right people.

We regularly publish online Healthwatch guides that support people to get the right Social Care and Health support.

## How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look. Last year we helped 608 people access the advice and information they need.

You can come to us for advice and information in a number of ways including:

- + Specific advice and information blogs online
- + Contact us over the Phone
- + Contact us via our website or email
- + Check out our social media
- + Approach us at events
- + Sign up to receive our e-alert

## Routine Closures of GPs

We heard that people aren't always aware that all GP surgeries close once a month to allow GPs and staff teams to undertake training, whilst the Urgent Care Service puts on additional staff to support patients in need of urgent care. For one resident, this meant a very long wait at the Urgent Care Service when a family member became ill. At our request, MKGP Federation developed a poster that informs patients about routine closures and where else they can access help.



## Navigating the system

We were contacted by a parent who was struggling to stay informed and involved in their child's care. We were able to advise on their rights as well as draw on the relationship we have with the provider to facilitate better communication between them and the family.

*'You have helped me to navigate the system and understand the pathway to care for my child. In what has been a stressful situation for me, you have never once made me feel that I was being a nuisance as can so often be the case when trying to find answers in the NHS' - Parent of Service User*

## MK University Hospital Follow-up: Improving communication between staff and patients

We were invited by the Patient Experience Manager at Milton Keynes University Hospital to review the improvements that had been made following our Enter and View visits to wards 17 (Cardiology), 18 (Frail Elderly), 24 (Elective Surgery), and the Patient Discharge Unit (PDU) in 2017.

We were impressed to see that the Hospital had addressed all of our recommendations and have also displayed our recommendations for PDU at the unit entrance so that patients can see the impact of sharing their experiences, and the improvements made to the PDU as a result.

In response to our 14 recommendations the following actions have been taken:

- + Ward 18 have trialed 'meet and greet' sessions but have found that the individual appointment based approach works better for patients
- + Ward 18 have their own Physiotherapist and have started a Breakfast Club
- + Cardiology patients receive detailed Cardiac Rehabilitation exercise guidelines upon discharge
- + Patients discharged from Ward 24 all receive a 48-hr telephone call 'Welfare Check' to address any concerns and offer reassurance and advice
- + PDU have developed an informative leaflet which is given to all patients. PDU staff also visit patients on relevant wards to meet the patient, explain the process and provide the leaflet.

## Wolverton Health Centre

Early in the year a number of people contacted us about poor experiences at Wolverton Health Centre. The number of patients who contacted us, and the strength of feeling was strong so we decided to make an unannounced Enter and View visit to speak to patients and observe, first hand, some of the issues that had been raised with us.

We listened to the experiences of 47 patients of the practice and drew up a report which included 21 recommendations based on what the patients had told us would improve the service to meet their needs.

The Practice did not support our recommendations but the Practice Manager did meet with us to discuss the visit and the findings. They also attended our information session on Patient Participation Groups. We see

this as a sign that the Practice is continuing to develop a Patient Participation Group that will support the Practice to develop good patient experience of the service and we look forward to returning next year to monitor changes in the year ahead.

*Wolverton Health Centre*



## Bringing the community together to discuss how we care for our ageing population

Our staff were so inspired when they saw *Phyllis* at the annual Healthwatch England conference in October that we collaborated with other Healthwatch in our area and Bedford, Luton and Milton Keynes Integrated Care Partnership to bring Women and Theatre's production of *Phyllis* to Milton Keynes. 70 people including members of the community and professionals from local Health and Social Care services, joined us to watch *Phyllis* in March.

Developed from research with patients, family members and professionals, *Phyllis* presented the story of one family navigating the complex system of older people's care as they try to work out the best way to look after their ageing mother. In doing so, the play explored the vital question 'how can we make the system work better for everyone?'.

The play highlighted the significant struggles that families face as they try to find out who to speak to and how to get the help they need.

This prompted a full conversation, which allowed the audience to come together and celebrate where joined up working is happening, as well as identify areas where it must be improved. The importance of empowering individuals to take responsibility for the elderly community was deemed fundamental, and greater patient involvement in Advanced Care planning essential.

*"Phyllis was an exceptional production; a window into the experiences of some of our patients and their families. It was a poignant reminder of what we do well and a pointer for where we need to do better. Everyone involved in health and social care should see 'Phyllis'; it is all our responsibility to improve the experience of care for others."* - Michaela Tait, Patient Experience and Engagement Manager at Milton Keynes Hospital

### Performance of *Phyllis*





**Collaboration with  
the system**

## Partnership Boards

In October, Healthwatch Milton Keynes took over the management and administration of 4 of Milton Keynes Council's Partnership Boards:

- + Mental Health Partnership Board
- + Older Persons' Partnership Board
- + Carers Partnership Board
- + Dementia Partnership Board

The Partnership Boards are a key space for service users, families, carers and voluntary groups to talk to those who pay for and provide services about their experiences and how services could be better for people using them.

We have worked closely with the community to ensure that Boards have independent Chairs who are actively involved in that Board's specialism. We were able to retain the Chair of the Older Persons' Partnership Board and have recruited Independent Chairs to the Dementia and Mental Health Partnership Boards.

Getting the right people around the table is vital to the success of the Boards and alongside the Independent Chairs, we spent time talking to both professionals and service users to find out what makes the Boards a useful forum for them.

We visited service user groups between Board meetings to hear issues and concerns, and to ensure that even if service users are unable to attend, their views are heard. These activities also enabled us to make sure that the right professionals were invited to the Boards, in advance, to respond to issues raised by users.

We drew on our contacts within the Health and

Social Care system to extend invitations to those professionals that the service users have identified as important partners. This has meant that the GP Federation and Milton Keynes University Hospital now have representation at the relevant Boards.

Our role allows themes common to service users across different Boards to gain strength. As an example, we heard from people at both the Carers and Mental Health Partnership Boards that some people were being affected by changes to local Advocacy services. We worked with the new Advocacy services provider and commissioners to provide clarity on what services are available and build a picture of what is missing for people experiencing gaps.

The Partnership Boards are also a place to share good news stories and celebrate successes. For example, the Dementia Partnership Board reviewed of the success of Health and Care services in continuing to meet government targets around Dementia diagnoses.

### *Learn, celebrate, support constructive change, share voice and expertise*

'I was humbled to be asked to take over the Chairing of the Mental Health Partnership Board this year. Under Healthwatch MK's guidance we are striving to make it a vibrant and positive meeting where service users and providers, including Voluntary Sector partners, can share information and celebrate improvements and new initiatives, as well as robustly monitor and challenge plans and goals. On the advice of its members, the work on Children and Young People's mental health is now also being reported to the Board.'

- Sheila Thornton, Chair of the Mental Health Partnership Board

## Share your story

Do you have lived or family experience of these issues? Come along and share how the services could better support you. If you are unable to attend the Partnership Boards, but have an issue you would like to be raised, please contact us.

t: 01908 698800

e: [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)





## Amplifying the voice of Mental Health service users

We ensure that the voices of residents who are affected by and/or using local Health and Care services are listened to and acted on and we use the Partnership Boards as a key space to feedback what we hear.

This year, we heard from 44 mental health service users about their experience of local services. These stories revealed the issues service users face as they struggle to access appropriate and timely mental health support. We collated these stories in our *Experiences of Mental Health Services* report.

The report was presented by Healthwatch Milton Keynes to providers and commissioners at the Mental Health Partnership Board, with a

view to ensuring that the voices of people who are unable to attend the Board can still be heard.

The key themes that emerged were:

- + Communication between patients and staff
- + Access to services
- + The need for a more holistic approach

CNWL recently held a Mental Health System Redesign Workshop - an event that brought service users, the Voluntary and Community sector, and professionals together to talk about what works well and what does not.

People were asked how care should look and how this could be achieved. CNWL provided copies of our report to the group to provide some context and to form the basis of the discussion.

*“Working with Healthwatch is really helpful. For a start Healthwatch is independent so offers real scrutiny and they do so to make things better for more people. Your report on our Mental Health Services is a case in point - it contained real stories of the patient journey within our service - good and bad - providing valuable testimony to reflect on. We look forward to continuing our work with Healthwatch as we develop our services. You’re the ‘critical friend’ every NHS organisation needs”*

*- Patrick Gillespie, Interim Service Director MK Mental Health Services*

## Collaboration and engagement highlights

### NHS Long Term Plan

#NHSLongTermPlan

We engaged with 203 people through focus groups on general health, Cancer and Mental Health and a survey to find out how local people want to see the Long Term Plan implemented in Milton Keynes



This year a Healthwatch Milton Keynes volunteer supported the procurement process of the Urgent Treatment Centre



We supported intelligence to Milton Keynes Clinical Commissioning group by seeking feedback from 39 mums about barriers to accepting and accessing flu vaccinations

**NHS**  
**Central and  
North West  
London**  
NHS Foundation Trust

We provided a Healthwatch Milton Keynes representative for recruitment to local key positions in Mental Health and Community Health Services



We hosted a 'Why join your PPG event' in January. It was great to see local GP Practice Managers attending the event to share how they support their Patient Participation Groups



In April we helped 12 people who use District Nursing services to have a say on the transformation of District Nursing services

## Collaboration and engagement highlights



In February we ran a 'Power to the Parish' event to meet with local Parish Councillors and give them more information about HWMK and how we can work together



We spoke to women at a local women's refuge who shared with us their challenges to have good conversations with GPs, as appointments are short and challenging when English isn't their first language



We spoke to over 20 parents in Whitehouse about what community facilities they want to see in their new local Primary Care Hub, as it is being designed



To make sure that young carers can access the support they need we designed a website page dedicated to young carers which links into Milton Keynes Council's updated information



We developed a webpage to help people find NHS Dentists in Milton Keynes and what dental treatments are covered by the NHS. We continue to talk with NHSE commissioners about plans for a local 8am-8pm NHS dental service in Milton Keynes



Healthwatch Milton Keynes has dedicated over 100 hours to ensuring patient voice is heard, and patient groups are included in the development of new Primary Care Networks



# Our volunteers

## How do our volunteers help us?

At Healthwatch Milton Keynes we couldn't change things without the support of our 26 volunteers who work with us to help make care better for our community.

- + Raise awareness of the work we do in the community
- + Visit services to make sure they're meeting people's needs
- + Support our day to day running e.g. governance
- + Collect people's views and experiences which we use in our reports



## Volunteers help shape our work

Thanks to volunteers like Ros, we were able to learn about the impact to people when services change. As restrictions to NHS prescriptions of Gluten Free foods became local policy, Ros and others diagnosed with Coeliac Disease continued to share their experiences with us.

We facilitated two focus groups with a view to understanding the impact of the restrictions to Gluten Free food prescribing for those affected by the changes. Ros played a large part in encouraging others with Coeliac Disease to share their experiences with each other, and the health professionals who attended.

We published a report on our findings and made 6 recommendations to MK CCG, of which 3 they pledged to address. Our report will continue to be discussed at the local Prescribing Committee and we hope, as a minimum, to see

improvements in the information that patients receive about applying for exemptions.

HWMK would like to see NHS England reconsider approaches that encourage inequality of access to NHS care across the country. This is where we will ensure experiences of people like Ros, are heard on a national level by working with Healthwatch England to campaign for change.

*“As a volunteer with HWMK I felt able to raise the issues that I was experiencing, and put HWMK in contact with others who had similar experiences. I felt it was important that the issues connected to this autoimmune disease and the lack of codex in shop bought flour and bread were highlighted to commissioners. It was also good to be able to show the long term effect that the changes may have on children growing up with Coeliac disease”*  
- Ros, Volunteer

## Meet our volunteers

We caught up with a couple of our fantastic volunteers to show you how their work truly makes a difference to the lives of people in our area.



### Gill, Enter and View Volunteer

Gill has volunteered with Healthwatch Milton Keynes as an Enter and View volunteer for over a year. During this time Gill visited 7 Care Homes as part of our Enter and View programme.

“To try and give a voice to people who wouldn’t normally have one is quite a responsibility but also a privilege”

### Colin, Healthwatch Volunteer

Colin has volunteered for Healthwatch Milton Keynes in various roles over the year, including as a Mystery Shopper.

“Personal experience has given me a passionate belief that everyone in the UK should receive their rightful access to high quality healthcare. Volunteering for Healthwatch gives me that enjoyable buzz that I am, to some small degree, contributing to making that belief a reality”



## Volunteer with us

Are you feeling inspired to volunteer with HWMK?

We are always on the lookout for more volunteers. If you are interested in finding out more, get in touch, with no obligation to commit.

w: [www.healthwatchmiltonkeynes.co.uk](http://www.healthwatchmiltonkeynes.co.uk)

t: 01908 698800

e: [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)



## Paul, Enter and View Volunteer



**“A few years ago I spent a lot of time as a patient and since that experience I have dedicated quite a bit of effort in ensuring that patients’ views are taken seriously. Enter and View is a powerful way of enabling patients to make their views known and to use this information to acknowledge good standards of care and encourage rapid and meaningful change where appropriate”**



# Our finances

## How we use our money

To help us carry out our work, we are funded by our local authority. In 2018-19 we spent £150,642.

We received £12,206 in additional income to run the Partnership Boards for 1 year from July 2018 and for a project which was delivered in 2017-18.

Within the funds from the balance committed to the 2019-20 Healthwatch Milton Keynes has invested £12,500 in an additional staff member to support the delivery of our Enter and View Programme.

Income		
Funding Received from Local Authority	£118,983	£39,661 (April-June 2018-19 funding was paid and accounted within 17/18 accounting period)
Additional Income- Partnership Boards	£9,120	Covering the period July 18-July 19
Additional Income- Project	£3,086	NHS Project Income received for a project that took place in 2017-18
Donation	£20	
	<b>Total</b>	<b>£131,209</b>

Expenditure	
How much it costs to run our Healthwatch	£31,249
Operational Costs	£9,769
How much we pay our staff	£109,624
	<b>Total</b> £150,642
	<b>Balance at 31st March 2019</b> £39,214

Balance at 31st March 2019 Detail	
Fixed Reserves	£20,000
Funds from balance committed to 2019/20 budget	£19,214



**Our plans for  
next year**

# Message from our CEO

It has been a fast-paced year for Healthwatch Milton Keynes. We met a challenging agenda to address experiences of Under-represented groups, gain greater balance in our activities within Social Care services and keep a close eye on developments in Primary Care and the integration of Health and Social Care to ensure they are developed in collaboration with the community.

The team successfully delivered all planned projects, as well as many responsive activities, and created real change for local people.

Our next steps are to build on the two pieces of work we took on outside of our main plans last year: the management of Milton Keynes Council's Carers, Mental Health, Dementia and Older Persons' Partnership Boards; and public engagement around the NHS Long Term Plan to ensure that local people's experiences shape the development of future services in Milton Keynes.

As well as continued attention on developments in Primary Care and on the system-wide plans to address the NHS Long Term Plan ambitions, the year ahead will focus on reaching out to young people and listening to their experiences of Health and Social Care. Enter and View will remain a vital tool to support people to have a strong, independent voice on what services do well, and how they could be better.

We will need the full support of professionals and community leaders working with, and supporting young people to enable them to tell us what they need from Health and Care services, empowering them to help us amplify their voice. Many young people's services are currently being reviewed and this year is the perfect opportunity for system leaders to work with young people to design services that work for them.

I want to say thank you to Healthwatch Milton Keynes' Board of Trustees, our volunteers and staff for their continued dedication.

I want to thank our community for sharing your stories which has enabled us to make a difference to future Health and Care experiences of others. I also finally wish to extend my thanks to the professional leaders and staff in the Health and Social Care system who both listen to and collaborate with our citizens, patients, service users and carers to improve services for all.



*'The HWMK team successfully delivered all planned projects as well as many responsive activities and created real change for local people'*

A handwritten signature in black ink, which appears to read 'Maxine Taffetani', written on a white rectangular background.

**Maxine Taffetani**  
Healthwatch Milton Keynes CEO

# Thank you

Thank you to everyone that is helping us put people at the heart of Health and Social Care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The voluntary organisations that have contributed to, and supported our work throughout the year
- + The leaders and professionals in local Health and Social Care services for their support with our activities this year, for listening to the voices of those who share their

experiences with us, and for making changes to local services that support better care for all, in Milton Keynes.

*'It is vital that the CCG listens to patients and the public as we plan and commission services across Milton Keynes. We are therefore grateful to Healthwatch for their strong voice in Programme Boards and other collaborative projects that guide this work and in shining a light of some areas that could be improved in local services'.*

*Richard Alsop, Chief Operating Officer, Milton Keynes Clinical Commissioning Group (MK CCG)*



*The Healthwatch Milton Keynes Board of Trustees (From Left: Marion Wale, George Assibey, Hilda Kirkwood (Chair of the Board), Anita Devi, Mike Newton (Treasurer) and Chief Executive Officer, Maxine Taffetani. Trustees not present: Jeff Maslen (Deputy Chair), Alan Hancock (Deputy Chair), Caroline Higgins*

# Contact us

## Get in Touch

- + **Address:** 113 Milton Keynes Business Centre, Linford Wood, Milton Keynes, MK14 6GD
- + **Phone Number:** 01908 698800
- + **Email:** [info@healthwatchmiltonkeynes.co.uk](mailto:info@healthwatchmiltonkeynes.co.uk)
- + **Web:** [www.healthwatchmiltonkeynes.co.uk](http://www.healthwatchmiltonkeynes.co.uk)
- + **Facebook:** Healthwatch MK
- + **Twitter:** @Healthwatch\_MK

Charity Number: 1166148

Our annual report will be publicly available on our website by 30 June 2019. We will also be sharing it with Healthwatch England, CQC, NHS England, Milton Keynes Clinical Commissioning Group, Overview and Scrutiny Committee, and our local authority.

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

If you require this report in an alternative format please contact us on the details on the above.



Healthwatch Milton Keynes  
113 Milton Keynes Business Centre  
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MK14 6GD

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tw: @Healthwatch\_MK  
fb: [facebook.com/HealthwatchMK](https://facebook.com/HealthwatchMK)

## **Council of Governors Meeting**

### **Lead Governor's Report**

#### **Engagement Group**

Due to several personal matters, unfortunately there has been no movement on this subject.

#### **Lead Governor's Activities**

30-4-19 attended a MKUHFT My Care Focus Group event, which was both interesting and informative. Once the system becomes bedded in and widely known, it should make appointments much easier. It will also greatly reduce the cost of paper letters and postage. Hopefully, it will also include patients being able to cancel appointments no longer needed, thus reducing 'Did Not Attends' (DNAs that are currently running close to 8% of Outpatient Appointments).

9-5-19 attended the CQC Focus Group with four other Governors. We discussed a range of subjects, including how Governors hold Non-Execs to account.

13-5-19 attended a BLMK workshop in Bedford on engaging the public, where we discussed the way forward that BLMK are proposing. We broke into groups where various aspects were discussed and we could make comments. The change to ICSs (Integrated Care Systems) was presented. I and the Lead Governor of L&D raised the concern about Governance of the ICS and how they will be held to account.

22-5-19 attended a meeting with a person whose Parents had not had a good experience towards their end of life. We met with the Palliative Care Nurse and a Doctor. Whilst I was not involved in the particular case, I attended as I had been asked to and because I was concerned that the treatment experienced could apply to other patients and families. It was a very positive discussion and actions have already been taken and changes implemented to avoid recurrence.

6-6-19 attended the regular meeting of the Lead Governors Network. These meetings are attended by LGs from trusts (Acute and Mental Health) from The Wash to the Thames and Kettering to the East Coast. There are normally 14 attendees. The meetings are interesting and informative as, whilst all trusts are similar, there are differences. From these meetings we have aligned with others by reducing our number of meetings, introduced Governors attending Board sub-committee meetings, exchanged the different experiences of the acceptance of the role of Governors, exchanged the experiences of STPs/ICSs, exchanged experiences of attending reviews by CQC, etc.

14-6-19 attended the Dining Companions Training session with Sarah Woodfield and Jon White who have kindly agreed to make a presentation to the CoG.

18-6-19 attended an event by the BLMK Strategic Coproduction Group about the Legal Rights of Patients. It was very intense, but the main message that I noted is that patients have more rights than probably most think they have.

2-7-19 met with Susie Birchall who is the Clinical Procurement Nurse to get an understanding of the role, which is to input specialist clinical knowledge and experience to the procurement process for equipment.

10-7-19 attended the MKUHFT Board Meeting as a member of the Public.

#### **Alan Hastings**



<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 16 July 2019</b>
<b>Report title:</b>	<b>Performance Report indicators for 2019/20 (Month 2)</b>	<b>Agenda item: 6.1</b>
<b>Lead director Report author Sponsor(s)</b>	<b>Name: John Blakesley</b>  <b>Name: Hitesh Patel</b>	<b>Title: Deputy Chief Executive</b>  <b>Title: Associate Director of Performance and Information</b>
<b>Fol status:</b>	<b>Disclosable</b>	

<b>Report summary</b>	<b>Lists the proposed key performance metrics for the Trust for the financial year 2019/20</b>			
<b>Purpose</b> <i>(tick one box only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>	<b>To note</b> <input type="checkbox"/>	<b>Decision</b> <input type="checkbox"/>
<b>Recommendation</b>				

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

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

## Trust Performance Summary: M2 (May 2019)

### 1.0 Summary

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

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

### 2.0 Sustainability and Transformation Fund (STF)

#### Performance Improvement Trajectories

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

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)		93.0%	91.2%	93.2%	93.0%	✓	↓	✓	
4.2	RTT Incomplete Pathways <18 weeks		90.0%	91.2%		89.2%	✗	↓		
4.9	62 day standard (Quarterly)		85.0%	85.0%		79.4%	✗	↓		

ED performance dropped from 93.4% in April 2019 to 93% in May 2019. Whilst this fell short of the 95% national standard, performance continued ahead of the Trust's NHS Improvement monthly trajectory, which was 91.2%. NHS England national A&E performance in May 2019 was 86.6%.

The referral to treatment (RTT) national NHS operational standard (92%) for incomplete pathways was not achieved by the Trust in May 2019. An aggregate performance of 89.2% was reported, which was a significant decrease of 1.7% on April 2019 performance.

Whilst the Trust's NHS Improvement target of 91.2% for RTT was not met in May 2019, the performance compared favourably to the most recently published combined NHS England RTT performance of 86.5% in April 2019.

Cancer waiting times are reported on a quarterly basis, usually six weeks after the close of a calendar quarter. The Trust performance for the Cancer 62 day standard in Q4 2018/19 (the most recent validated position) was 79.4%, which was below the 85% national target. Nationally, performance across all English providers for the same period was 77.3%.

### 3.0 Urgent and Emergency Care

Urgent and emergency care continued to operate under pressure in May 2019, as reflected below.

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.6%	0.5%	✓	↑	✓	
3.2	Ward Discharges by Midday		30%	30%	25.3%	25.1%	✗	↓	✗	
3.4	30 day readmissions				8.2%	7.7%		↓		
3.9	Ambulance Handovers >30 mins (%)		5%	5%	5.8%	5.9%	✗	↓	✗	
4.1	ED 4 hour target (includes UCS)		93.0%	91.2%	93.2%	93.0%	✓	↓	✓	

#### Cancelled Operations on the Day

The number of elective operations cancelled on the day for non-clinical reasons decreased from 18 in April 2019 to 14 in May 2019. This represented 0.5% of all planned operations during the month, which was within the 1% tolerance.

Of those cancelled on the day, three were due to emergency taking priority while two each were attributed to insufficient time and medication issue. The remaining seven were cancelled for other reasons including consultant availability, administrative issues and further investigation needed.

### Readmissions

The emergency readmission rate for the Trust was 7.7%, which was a significant improvement over April 2019. At a divisional level, the readmission rate for Surgery increased to 5.2%, whereas the rates in Medicine and Women & Children decreased to 12% and 2.2% respectively.

### Delayed Transfers of Care (DTOC)

The number of DTOC patients at midnight on the last Thursday of May 2019 was 26, which was an increase of six when compared to the end of April position.

### Ambulance Handovers

After achieving a performance of 5.6% in April 2019, ambulance handovers taking longer than 30 minutes increased slightly in May 2019 (5.9%). Whilst this continued to be above the 5% tolerance, this was still an improvement compared to the average for 2018/19.

## 4.0 Elective Pathways

ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	Green	93%	93%	93.0%	92.2%	✓	▲	✓	
3.5	Follow Up Ratio	Green	1.50	1.50	1.63	1.61	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks	Yellow	90.0%	91.2%		89.2%	✗	▼	✗	
5.6	Outpatient DNA Rate	Yellow	5%	5%	7.8%	7.7%	✗	▲	✗	

### Overnight Bed Occupancy

The Trust bed occupancy was below the 93% internal threshold at 92.2% in May 2019. This was the first time it has been below 93% since December 2018. The NHS England national performance for Q4 2018/19 was reported to be 89.1%. Reducing bed occupancy can improve the patient flow through the system and reduce the risk of infection.

### Follow up Ratio

Planning outpatient capacity to cope with new referrals is impacted by the demand for follow-ups. The follow up ratio for May 2019 reduced compared to the previous month but was still above the 1.5 threshold, with an average of 1.61 follow up attendances for every new attendance seen.

### RTT Incomplete Pathways

The Trust's 18 week RTT performance continued below the 92% RTT national standard. The number of patients waiting more than 18 weeks increased to 1,555 in May from 1,313 in April 2019. The total list size also increased. On a positive note, there were no patients waiting for more than 52 weeks at the end of May 2019.

### Diagnostic Waits <6 weeks

In May 2019, the Trust continued to meet the operational standard of less than 1% of patients waiting six weeks or longer for a diagnostic test. NHS England national diagnostic performance in April 2019 was 96.4%.

### Outpatient DNA Rate

The outpatient DNA rate decreased from 7.9% in April to 7.7% in May 2019. The DNA rate has been at 7% or above since April 2018. The last time the 5% target was achieved was in April 2017.

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

## 5.0 Patient Safety

### Infection Control

MKUH reported zero cases of CDI, MRSA and MSSA infections in Month 2. There were however two cases of e-Coli reported in May 2019, both in Medicine (Ward 2 and Ward 15).

ENDS

OBJECTIVE 1 - PATIENT SAFETY											
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data	
1.1	Mortality - (HSMR)	Green	100	100		99.1	✓	▼			
1.2	Mortality - (SHMI) - Quarterly	Green	1	1	Reported Quarterly						
1.3	Never Events	Amber	0	0	0	0	✓	▬	✓		
1.4	Clostridium Difficile	Green	22	<4	1	0	✓	▲	✓		
1.5	MRSA bacteraemia (avoidable)	Green	0	0	0	0	✓	▬	✓		
1.6	Falls with harm (per 1,000 bed days)	Amber	0.12	0.12	0.04	0.00	✓	▲	✓		
1.7	Midwife : Birth Ratio	Red	28	28	30	31	✗	▼	✗		
1.8	Incident Rate (per 1,000 bed days)	Amber	40	40	49.28	51.4	✓	▲	✓		
1.9	Duty of Candour Breaches (Quarterly)	Green	0	0	Reported Quarterly						
1.10	E-Coli	Green	20	<4	4	2	✗	▬			
1.11	MSSA	Green			0	0		▬			
1.12	VTE Assessment	Green	95%	95%	98.0%	97.7%	✓	▼	✓		

OBJECTIVE 2 - PATIENT EXPERIENCE											
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data	
2.1	FFT Recommend Rate (Patients)	Green	94%	94%	Not Available						
2.2	RED Complaints Received	Amber			2	1		▬			
2.3	Complaints response in agreed time	Amber	90%	90%	89.4%	82.7%	✗	▼	✗		
2.4	Cancelled Ops - On Day	Green	1.0%	1.0%	0.6%	0.5%	✓	▲	✓		
2.5	Over 75s Ward Moves at Night	Amber	2,111	352	353	188	✗	▼	✗		
2.6	Mixed Sex Breaches	Amber	0	0	0	0	✓	▬	✓		

OBJECTIVE 3 - CLINICAL EFFECTIVENESS										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
3.1	Overnight bed occupancy rate	Green	93%	93%	93.0%	92.2%	✓	▲	✓	
3.2	Ward Discharges by Midday	Green	30%	30%	25.3%	25.1%	✗	▼	✗	
3.3	Weekend Discharges	Green	70%	70%	69.5%	73.4%	✓	▲	✗	
3.4	30 day readmissions	Green			8.2%	7.7%		▲		
3.5	Follow Up Ratio	Green	1.50	1.50	1.63	1.61	✗	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)	Green	218	218		220	✗	▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	Green	86	86		89	✗	▲		
3.7	Delayed Transfers of Care	Amber	25	25		26	✗	▼		
3.8	Discharges from PDU (%)	Green	15%	15%	8.2%	9.9%	✗	▼	✗	
3.9	Ambulance Handovers >30 mins (%)	Red	5%	5%	5.8%	5.9%	✗	▼	✗	

OBJECTIVE 4 - KEY TARGETS										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
4.1	ED 4 hour target (includes UCS)	Amber	93.0%	91.2%	93.2%	93.0%	✓	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks	Amber	90.0%	91.2%		89.2%	✗	▼		
4.3	RTT Patients Waiting Over 18 Weeks	Amber	1,399	1,288		1,555	✗	▼		
4.4	RTT Total Open Pathways	Amber	13,991	14,645		14,442	✓	▼		
4.5	RTT Patients waiting over 52 weeks	Green		0		0	✓	▬		
4.6	Diagnostic Waits <6 weeks	Amber	99%	99%		99.0%	✓	▼		
4.7	All 2 week wait all cancers (Quarterly)	Amber	93.0%	93.0%		95.5%	✓	▼		
4.8	31 days Diagnosis to Treatment (Quarterly)	Amber	96.0%	96.0%		99.4%	✓	▼		
4.9	62 day standard (Quarterly)	Amber	85.0%	85.0%		79.4%	✗	▼		

OBJECTIVE 5 - SUSTAINABILITY										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received	Green	64,193	11,434	10,559	5,347	✓	▼	✓	
5.2	A&E Attendances	Green	89,369	14,895	15,094	7,816	✗	▼	✗	
5.3	Elective Spells (PBR)	Amber	34,198	5,591	4,392	2,414	✓	▼	✓	
5.4	Non-Elective Spells (PBR)	Amber	32,631	5,457	5,812	3,096	✗	▼	✗	
5.5	OP Attendances / Procs (Total)	Amber	381,108	62,096	63,796	31,817	✗	▲	✗	
5.6	Outpatient DNA Rate	Amber	5%	5%	7.8%	7.7%	✗	▲	✗	

OBJECTIVE 7 - FINANCIAL PERFORMANCE										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000	Green	268,966	43,536	42,969	21,377	✗	▼	✗	
7.2	Pay £'000	Green	(171,021)	(29,265)	(29,412)	(14,545)	✗	▲	✗	
7.3	Non-pay £'000	Green	(77,803)	(13,225)	(13,085)	(6,515)	✓	▲	✓	
7.4	Non-operating costs £'000	Green	(13,359)	(2,186)	(2,171)	(1,064)	✓	▲	✓	
7.5	I&E Total £'000	Green	6,783	(1,140)	(1,699)	(747)	✗	▲	✗	
7.6	Cash Balance £'000	Green	2,500	3,561		8,586	✓	▲		
7.7	Savings Delivered £'000	Green	8,419	562	419	230	✗	▲	✗	
7.8	Capital Expenditure £'000	Green	27,926	3,393	934	605	✓	▼	✓	

OBJECTIVE 8 - WORKFORCE PERFORMANCE										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment	Amber	11%	11%		13.9%	✗	▲		
8.2	Agency Expenditure %	Amber	8%	8%	5.6%	4.9%	✓	▲	✓	
8.3	Staff sickness - % of days lost	Amber	4%	4%		4.1%	✗	▼		
8.4	Appraisals	Amber	90%	90%		93.0%	✓	▼		
8.5	Statutory Mandatory training	Amber	90%	90%		93.0%	✓	▬		
8.6	Substantive Staff Turnover	Amber	11%	11%		9.8%	✓	▲		

OBJECTIVES - OTHER										
ID	Indicator	DQ Assurance	Target 19-20	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches	Amber	8	8		93	✗	▲		
O.2	Rebooked cancelled OPS - 28 day rule	Green	95%	95%	89.3%	94.4%	✗	▲	✗	
O.4	Overdue Datix Incidents >1 month	Amber	0	0		144	✗	▲		
O.5	Serious Incidents	Amber	45	<8	8	7	✗	▼	✗	
O.8	Completed Job Plans (Consultants)	Amber	90%	90%		93%	✓	▲		

**Key: Monthly/Quarterly Change**

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

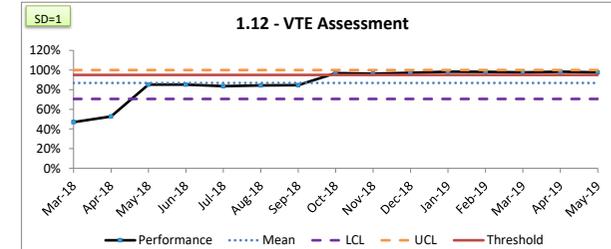
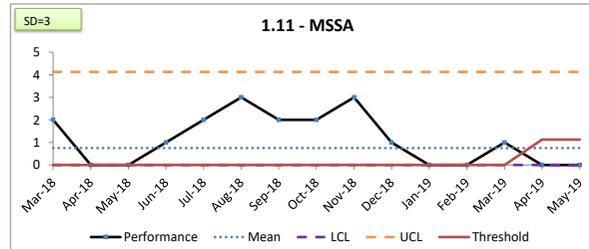
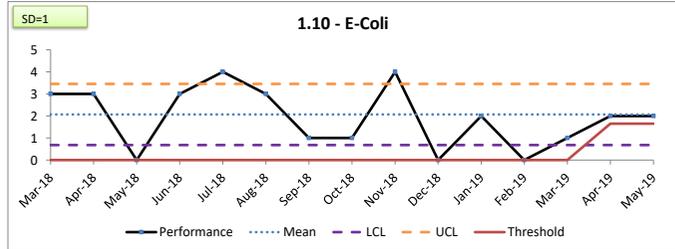
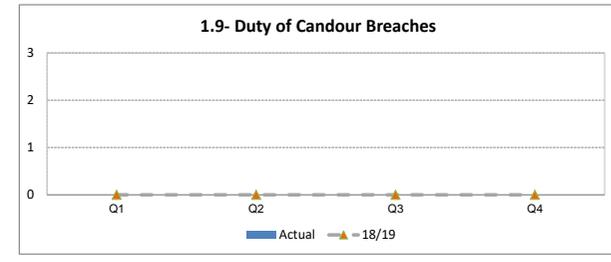
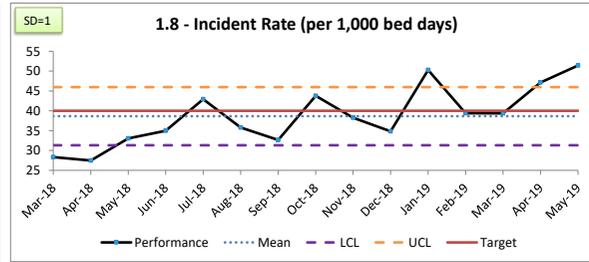
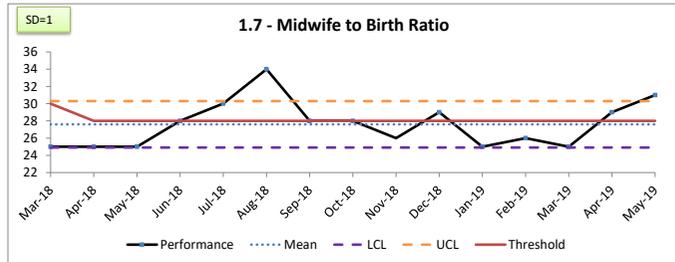
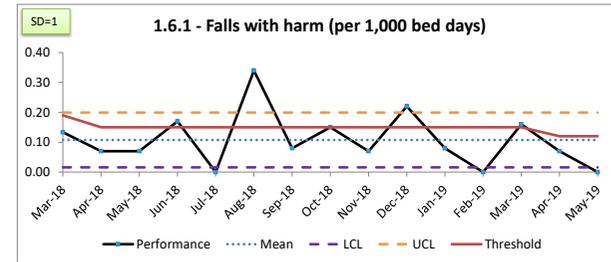
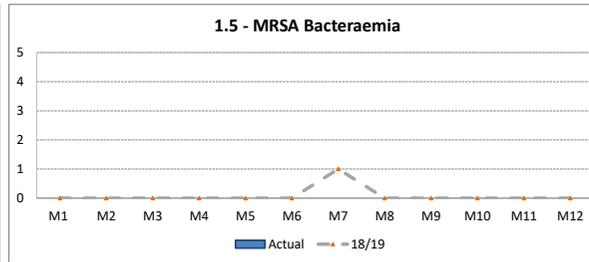
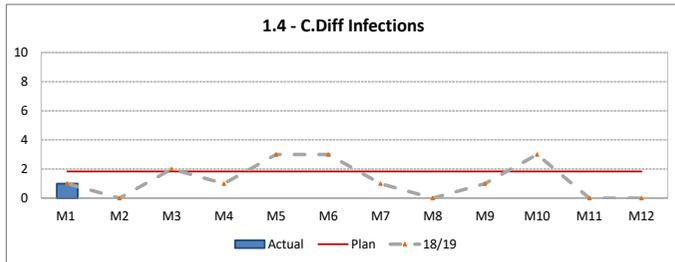
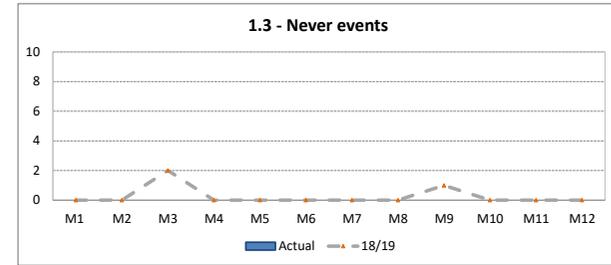
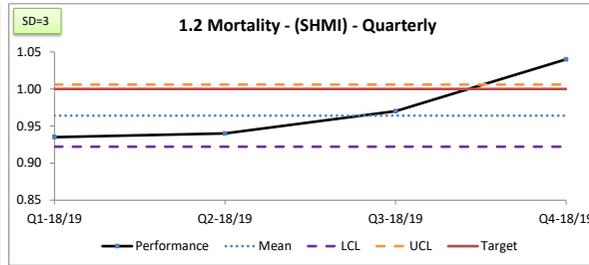
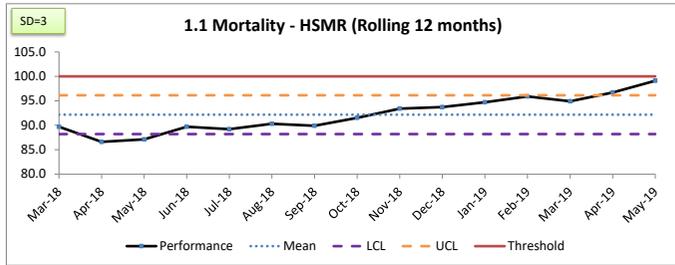
**YTD Position**

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

**Data Quality Assurance Definitions**

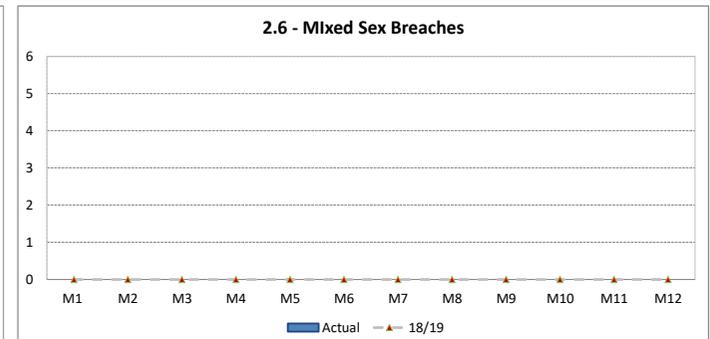
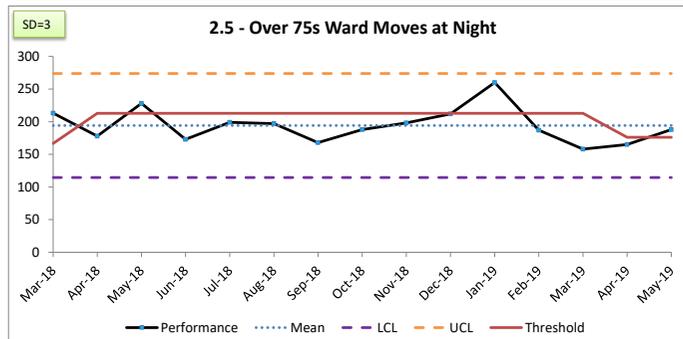
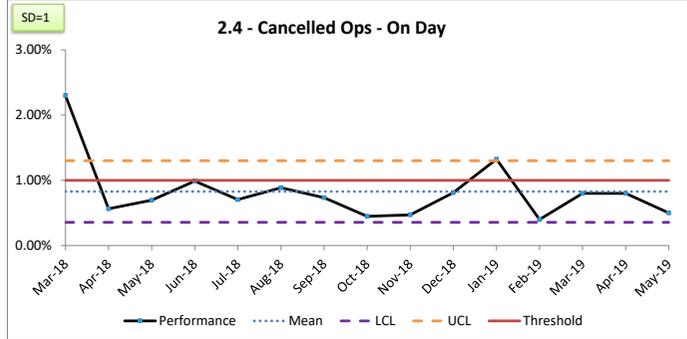
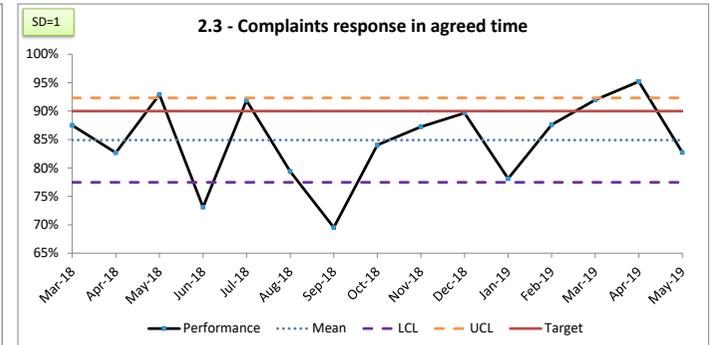
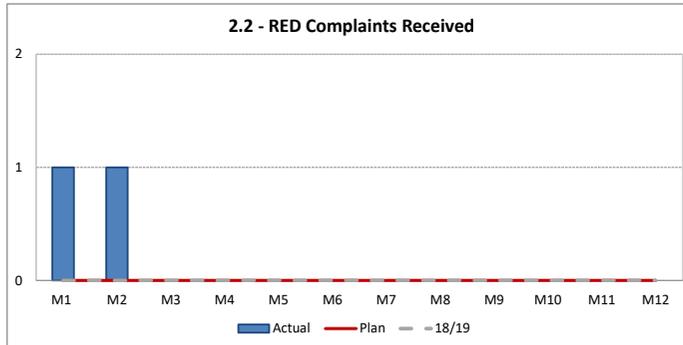
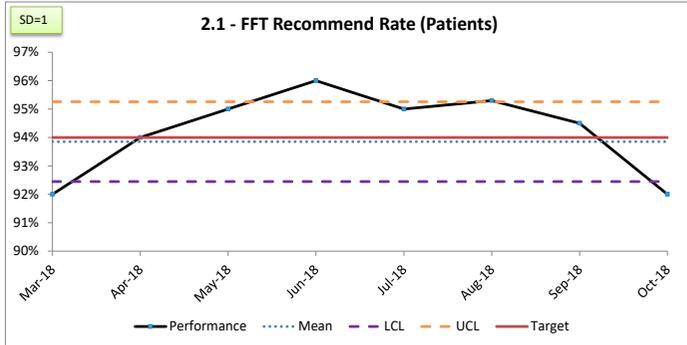
Rating	Data Quality Assurance
Green	Satisfactory and independently audited (indicator represents an accurate reflection of performance)
Amber	Acceptable levels of assurance but minor areas for improvement identified and potentially independently audited * /No Independent Assurance
Red	Unsatisfactory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

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



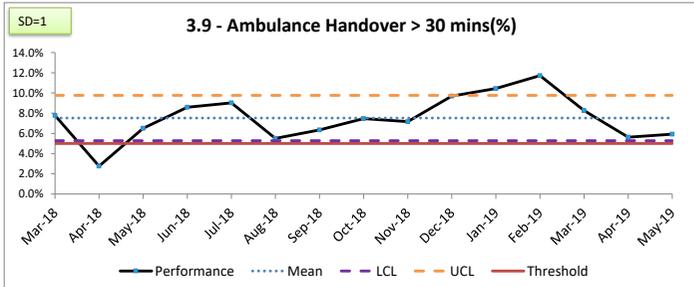
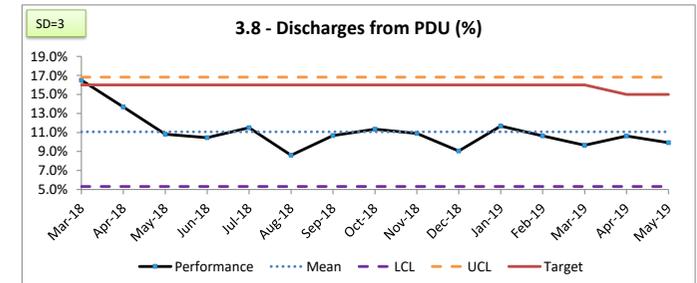
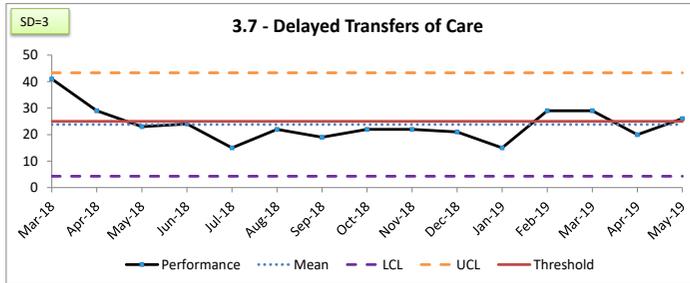
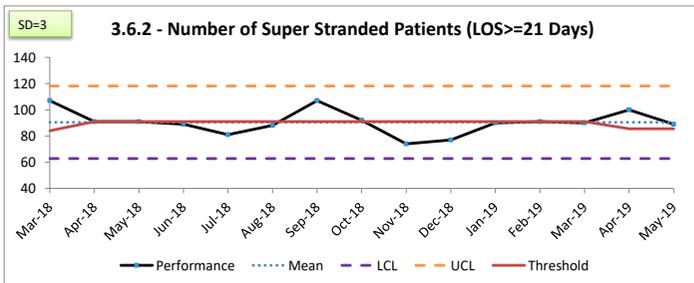
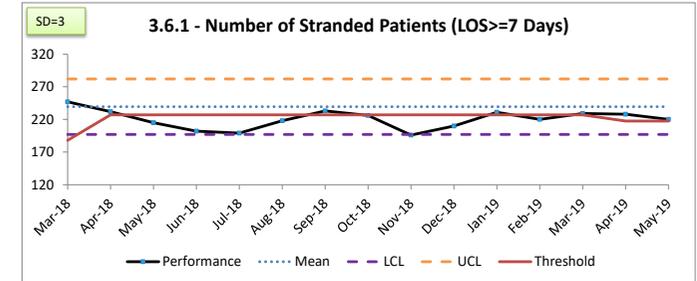
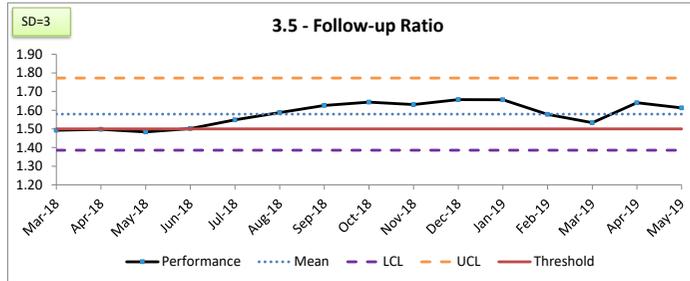
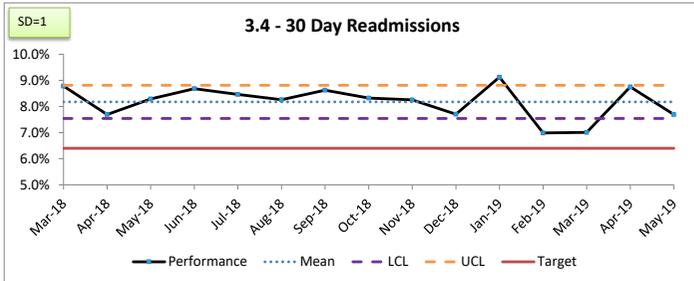
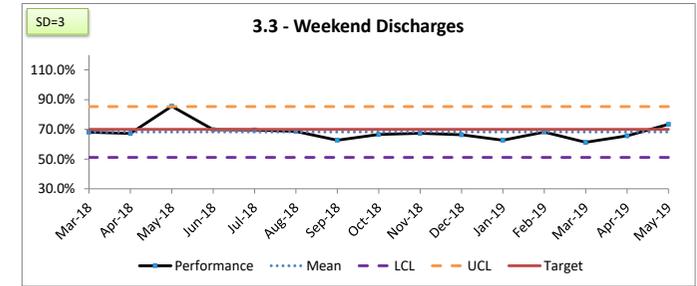
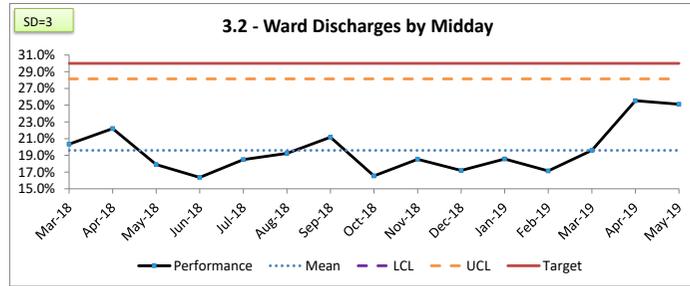
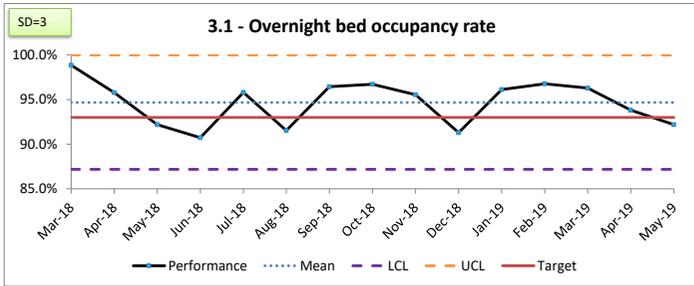
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If the UCL is greater than 100% it is set to 100%.

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



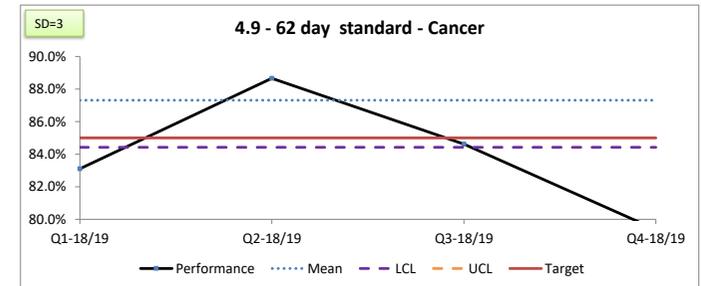
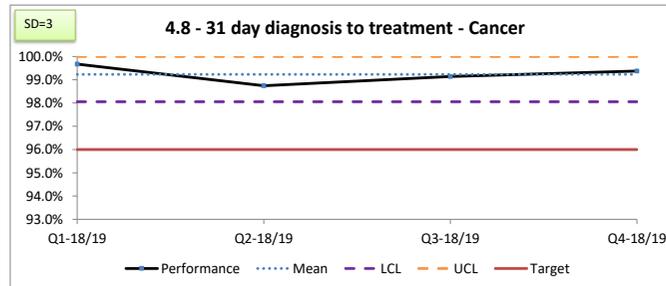
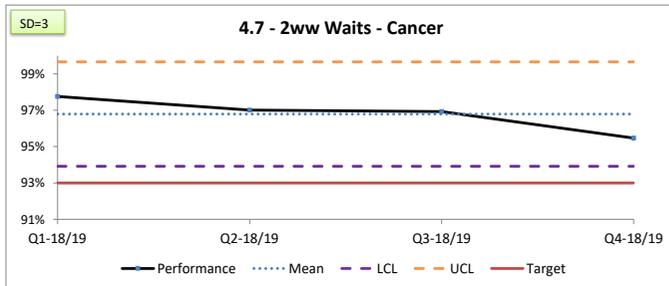
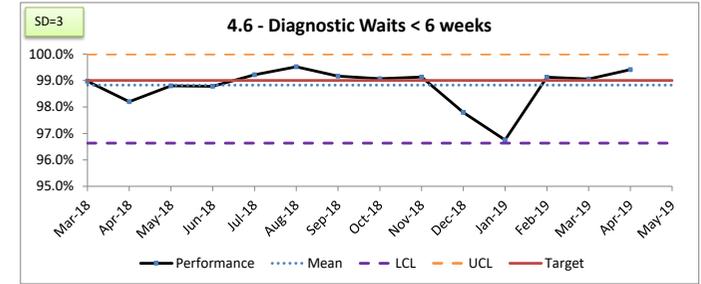
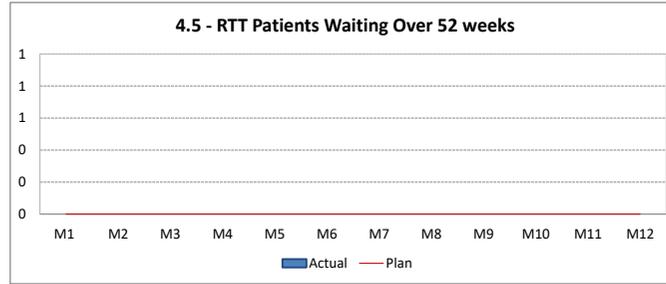
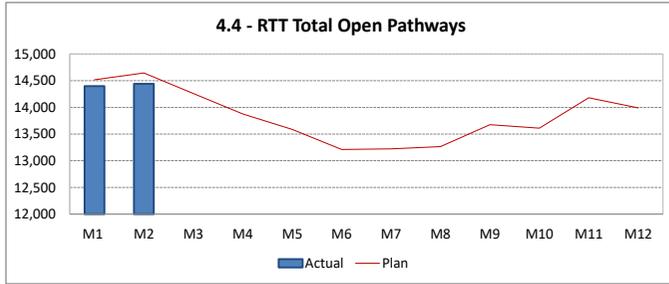
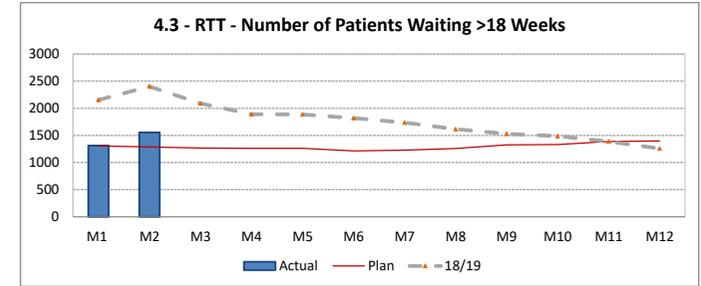
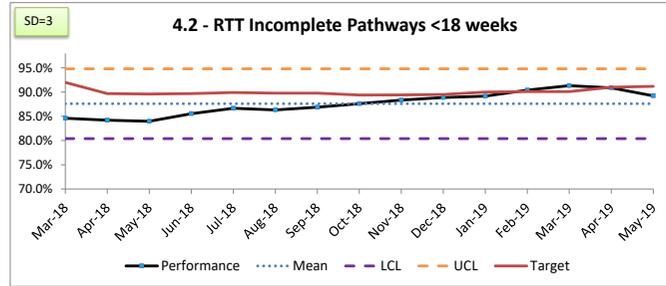
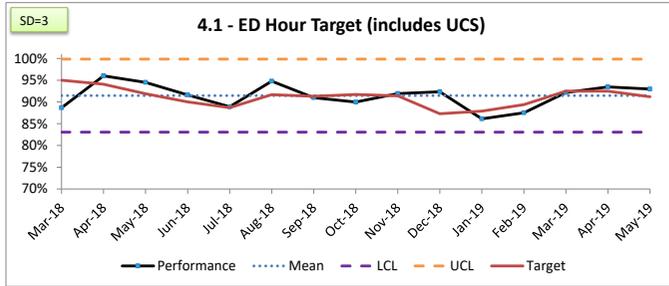
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- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories



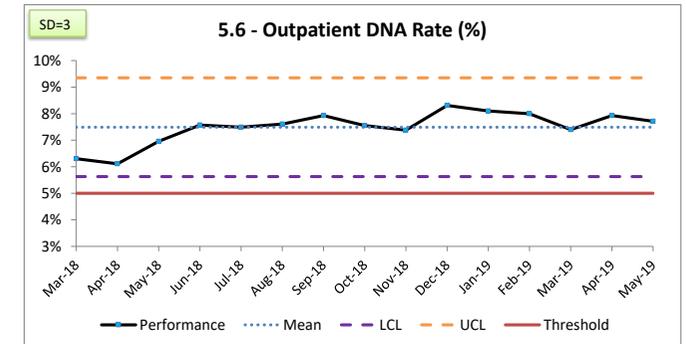
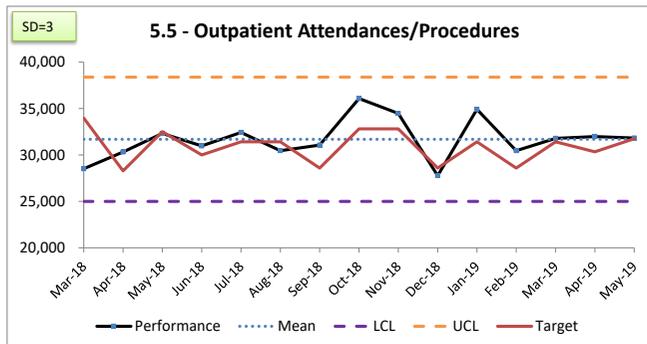
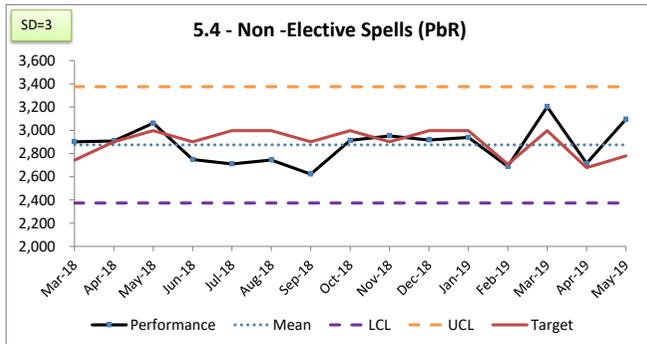
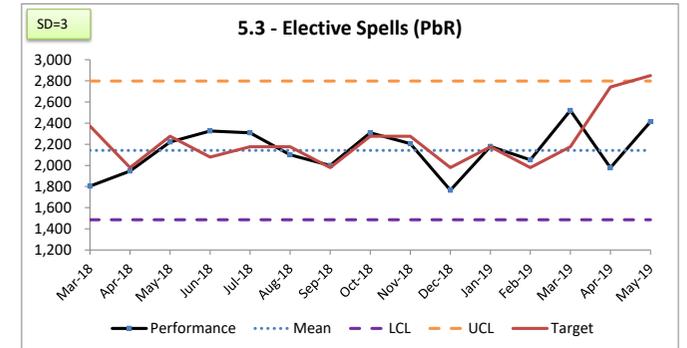
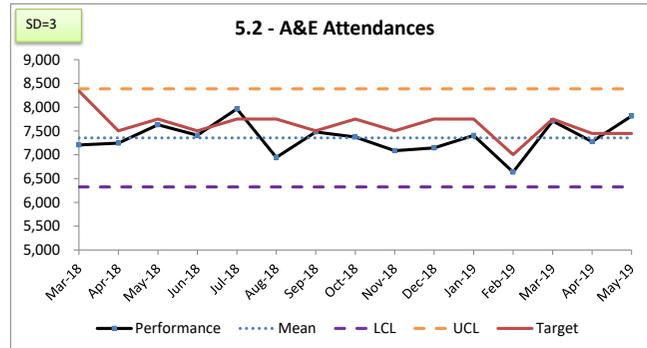
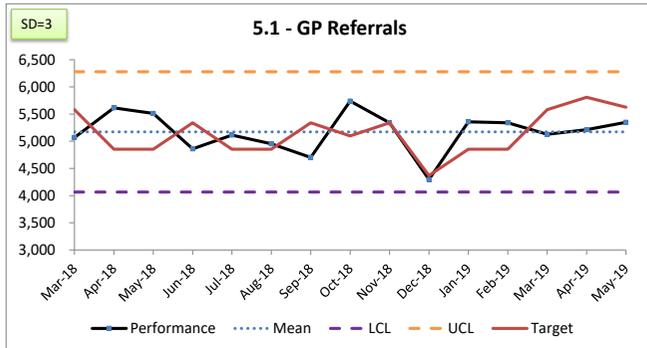
If the LCL is negative (less than zero) it is set to zero.  
 If the UCL is greater than 100% it is set to 100%.

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



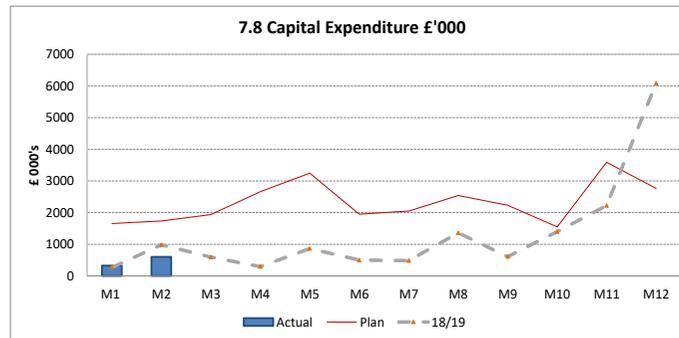
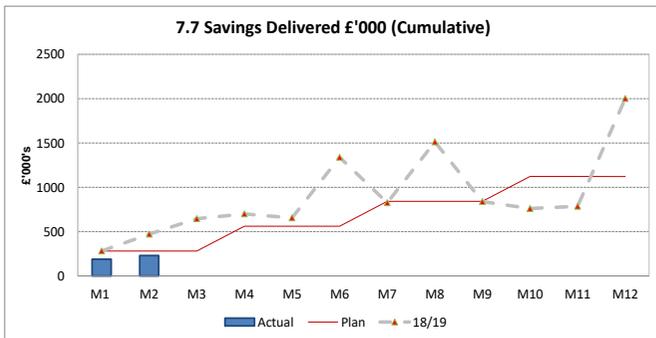
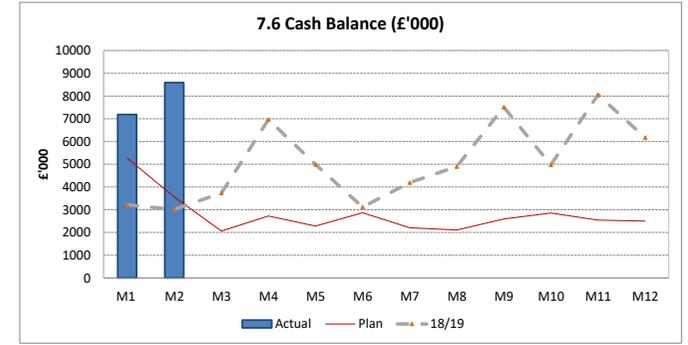
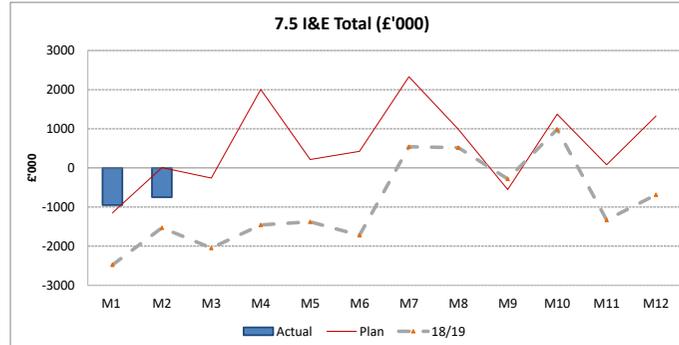
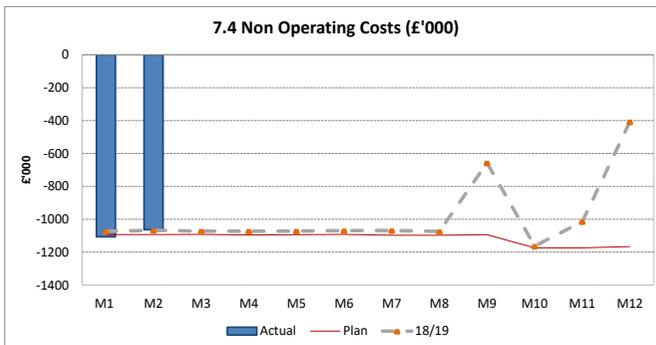
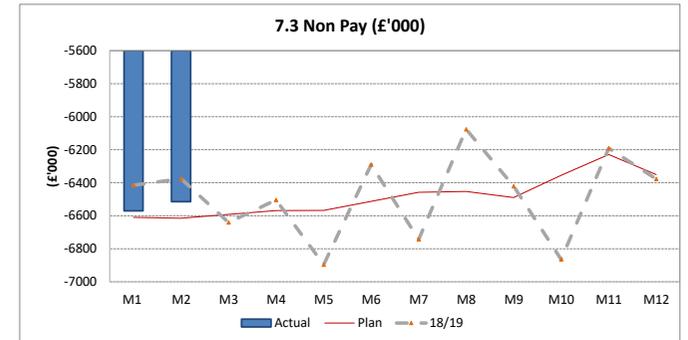
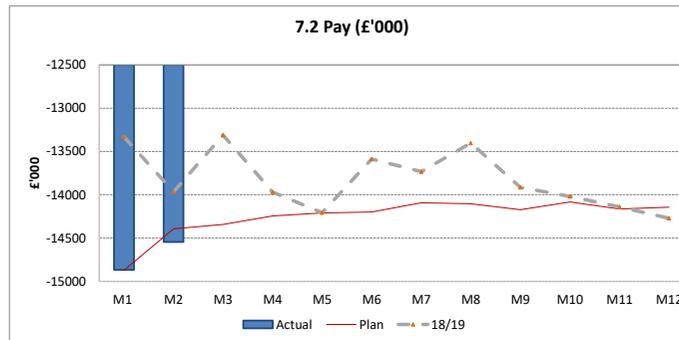
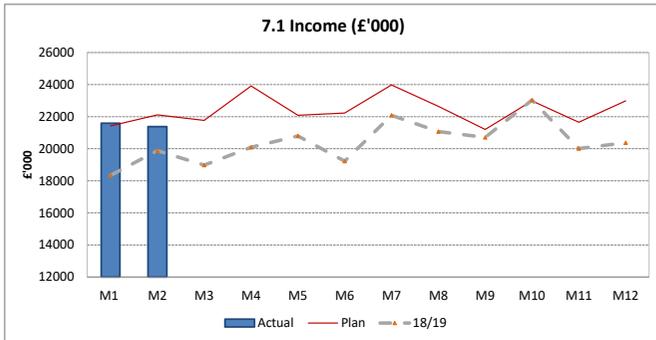
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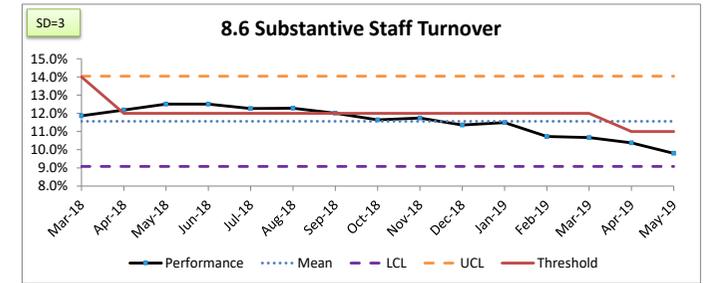
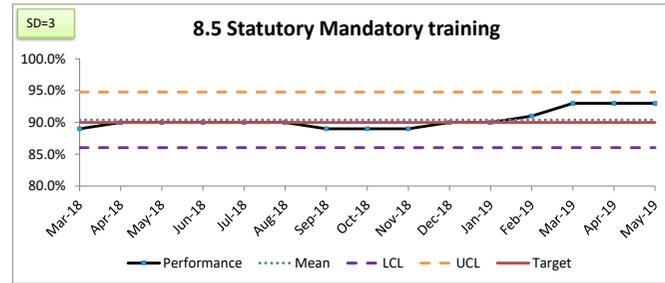
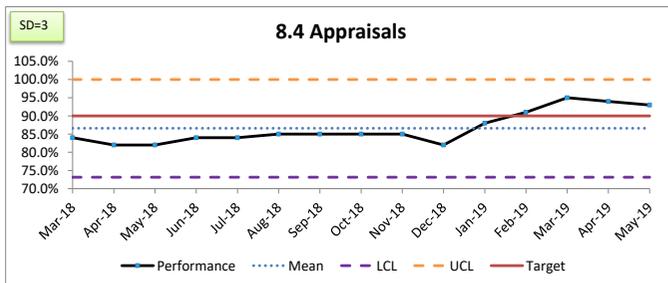
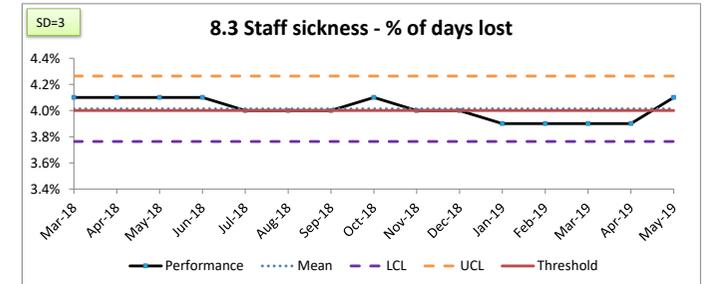
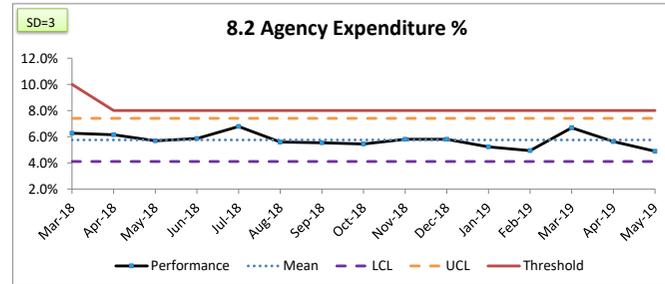
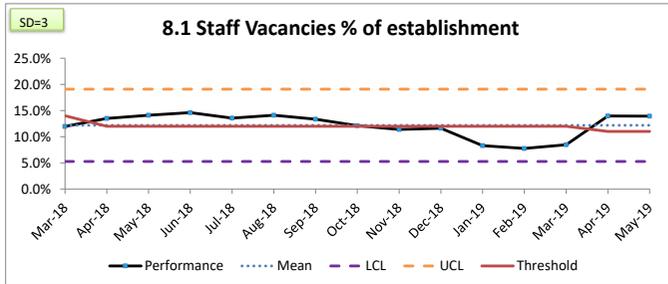
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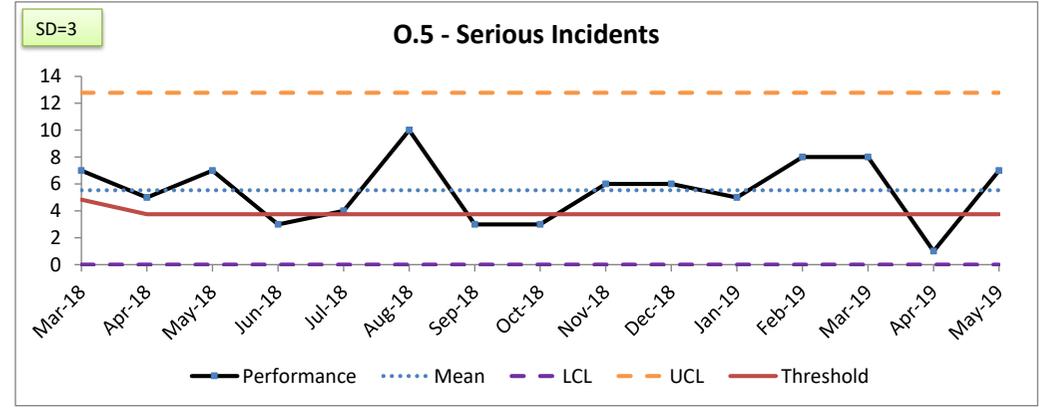
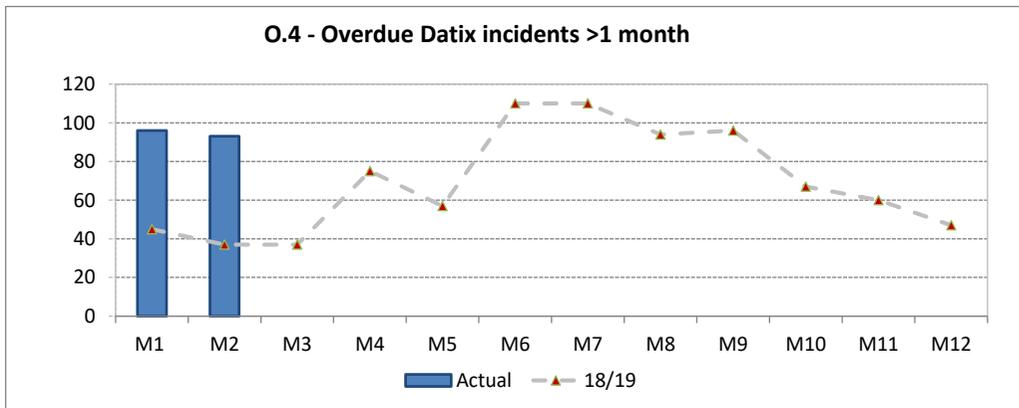
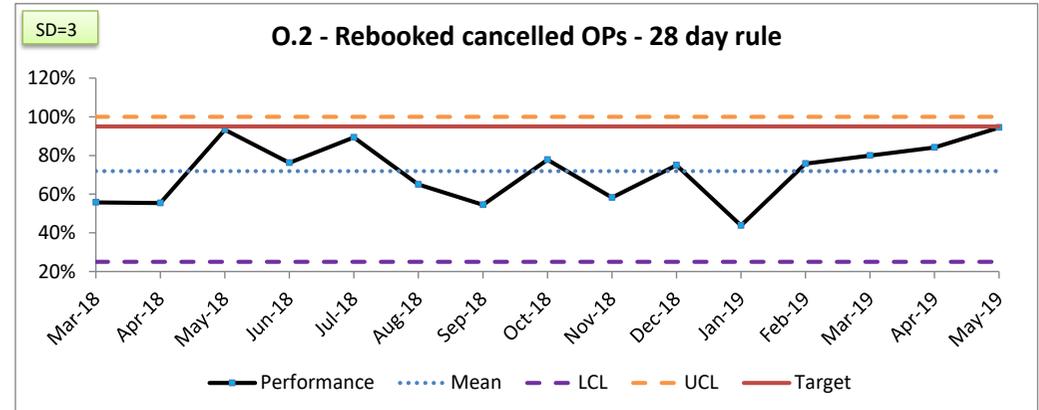
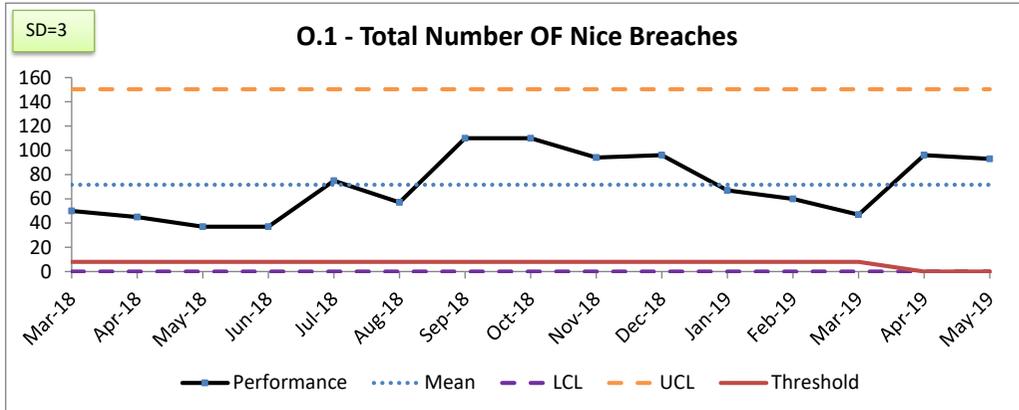
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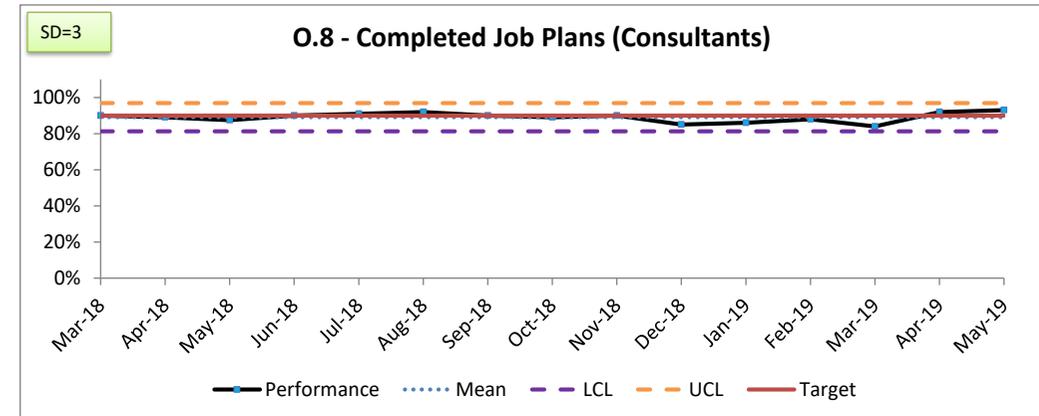
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<b>Meeting title</b>	<b>Council of Governors</b>	<b>Date: 16 July 2019</b>
<b>Report title:</b>	<b>Finance Paper Month 2 2019-20</b>	<b>Agenda item: 6.2</b>
<b>Lead director</b> <b>Report authors</b>	Mike Keech Daphne Thomas Chris Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
<b>FoI status:</b>	Private document	

<b>Report summary</b>	<b>An update on the financial position of the Trust at Month 2 (May 2019)</b>			
<b>Purpose</b> <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
<b>Recommendation</b>	Council of Governors to note the contents of the paper.			

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

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

## FINANCE REPORT FOR THE MONTH TO 31<sup>st</sup> May 2019

### COUNCIL OF GOVERNORS' MEETING

#### **PURPOSE**

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

#### **EXECUTIVE SUMMARY**

2. *Income and expenditure* –the Trust's deficit for May 2019 was £0.8m which is £0.8m adverse to budget in the month and £0.6m adverse year to date (YTD) which is caused by a timing difference on donated income for the Cancer Centre. The position (excluding PSF & donations) is £0.1m favourable to Trust's control total on a YTD basis.
3. *Cash and capital position* – the cash balance as at the end of May 2019 was £8.6m, which was £5m above plan due to the timing of capital expenditure and receipts. The Trust has spent £0.9m on capital at Month 2 of which £0.2m relates to eCARE, £0.4m Cancer Centre and £0.3m on patient safety and clinically urgent capital expenditure.
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 £0.2m were delivered in month against an identified plan of £0.2m and the target of £0.4m. YTD £0.4m has been delivered against a plan of £0.4m and a target of £0.8m. As at month 2, £2.5m of schemes have been validated and added to the tracker against an £8.4m target; however a number of other schemes have been identified and will be included on the tracker subject to a quality impact assessment.

## INCOME AND EXPENDITURE

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

All Figures in £'000	Month 2			Month 2 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	18,377	18,414	37	36,079	36,122	43	218,726	218,726	0
Other Revenue	1,612	1,697	85	3,226	3,315	89	19,085	19,085	0
<b>Total Income</b>	<b>19,989</b>	<b>20,111</b>	<b>122</b>	<b>39,305</b>	<b>39,437</b>	<b>132</b>	<b>237,811</b>	<b>237,811</b>	<b>0</b>
Pay	(14,397)	(14,545)	(147)	(29,268)	(29,412)	(144)	(171,023)	(171,023)	0
Non Pay	(6,595)	(6,575)	19	(13,184)	(13,146)	39	(77,808)	(77,808)	0
<b>Total Operational Expend</b>	<b>(20,992)</b>	<b>(21,120)</b>	<b>(128)</b>	<b>(42,453)</b>	<b>(42,558)</b>	<b>(105)</b>	<b>(248,831)</b>	<b>(248,831)</b>	<b>0</b>
<b>EBITDA</b>	<b>(1,003)</b>	<b>(1,009)</b>	<b>(6)</b>	<b>(3,148)</b>	<b>(3,121)</b>	<b>27</b>	<b>(11,020)</b>	<b>(11,020)</b>	<b>0</b>
Financing & Non-Op. Costs	(1,048)	(1,017)	31	(2,095)	(2,058)	37	(12,570)	(12,570)	0
<b>Control Total Deficit (excl. PSF)</b>	<b>(2,051)</b>	<b>(2,026)</b>	<b>25</b>	<b>(5,243)</b>	<b>(5,179)</b>	<b>64</b>	<b>(23,590)</b>	<b>(23,590)</b>	<b>0</b>
Adjustments excl. from control total:									
PSF	204	204	0	408	408	0	4,083	4,083	0
PSF- ICS	52	52	0	104	104	0	1,037	1,037	0
FRF	740	740	0	1,480	1,480	0	14,807	14,807	0
MRET	270	270	0	540	540	0	3,237	3,237	0
<b>Control Total Deficit (incl. PSF)</b>	<b>(785)</b>	<b>(760)</b>	<b>25</b>	<b>(2,711)</b>	<b>(2,647)</b>	<b>64</b>	<b>(426)</b>	<b>(426)</b>	<b>0</b>
Donated income	865	0	(865)	1,706	1,000	(706)	8,000	8,000	0
Donated asset depreciation	(66)	(47)	18	(131)	(113)	18	(786)	(786)	0
<b>Reported deficit/surplus</b>	<b>15</b>	<b>(807)</b>	<b>(822)</b>	<b>(1,136)</b>	<b>(1,760)</b>	<b>(624)</b>	<b>6,788</b>	<b>6,788</b>	<b>0</b>

### Monthly and year to date review

- The **deficit excluding central funding (PSF, FRF and MRET) and donated income** in month 2 is £1,966k which is £25k favourable to plan in month and £64k favourable YTD. For M2 the Trust recognised full achievement of the central funding allocation of £1,266k (£2,532k YTD).
- The Trust reported a deficit in month 2 of £807k which is £822k adverse to the budget surplus of £15k which was mainly driven by a negative variance against plan on donated income relating to the Cancer Centre.
- Income (excluding PSF/FRF/MRET and donations effect)** is £122k favourable to plan in May and £132k favourable YTD and can be further analysed in Appendix 1
- Operational costs** in May are adverse to plan by £68k in month and £45k YTD.
- Pay costs** are £147k adverse to budget in Month 2. Bank expenditure has increased by £332k over month 1 as a result of higher usage and changes in the accruals as a result of the move to weekly pay for bank staff. Negative variances against bank and locum are offset by positive variances against substantive and agency.

12. **Non-pay costs** were £19k favourable to plan in month and £39k favourable YTD. Negative variances against education & training expenses, premises & fixed plant and miscellaneous operating expenses are offset by positive variances against high cost drugs, clinical supplies, and outsourcing.
13. **Non-operational costs** are marginally favourable in month.

## COST SAVINGS

14. In Month 2, £230k was delivered against an identified plan of £210k and a target of £421k. YTD £441k has been delivered against a plan of £420k and a target of £842k.
15. Currently £2,536k of plans have been validated and added to the tracker against a target of £8,400k; however this is expected to increase quickly over the coming months as identified schemes are validated. The level of schemes that has been identified exceeds the target for the year; however these are currently under review to assess the likelihood of delivery in the context of new a new contract form with the Trust's main commissioner.

## CASH AND CAPITAL

16. The cash balance at the end of May 2019 was £8.6m, which was £5.0m above plan due to the timing of receipts and capital spend.
17. The **statement of financial position** is set out in Appendix 3. The main movements and variance to plan can be summarised as follows:
  - Non-Current Assets are below plan by £30.6m; this is mainly driven by the revaluation of the Trust estate in 2018/19 and timing of capital projects.
  - Current assets are above plan by £9.2m, this is due to cash £5.0m, receivables £3.8m and inventories £0.4m above plan.
  - Current liabilities are below plan by £0.1m. This is being driven by deferred income £1.2m and provisions £0.2m above plan offset by Trade and Other Creditors £1.3m below plan.
  - Non-Current Liabilities are below plan by £0.5m. This is being driven by provisions £0.2m and borrowings £0.3m below plan.
18. The Trust has spent £0.9m on capital up to month 2 of which £0.2m relates to eCARE, £0.4m cancer centre and £0.3m on patient safety and clinically urgent capital expenditure. Capital spend is expected to accelerate significantly in month 3.

## RISK REGISTER

19. The following items represent the finance risks on the Board Assurance Framework and a brief update of their current position:
  - a) **Constraints on the NHS Capital Expenditure Limit may lead to delays in the Trust receiving its required capital funding or other restrictions being placed on the Trust's capital programme.**

The Trust is awaiting further guidance on the extent to which current capital plans are affordable and is liaising with its partners in the Integrated Care System to consider options to reduce the system capital requirement.

**b) There is a risk that the Trust does not receive timely confirmation that its revenue loans due for repayment in 2019/20 have been refinanced.**

Funding to cover the ongoing funding requirements in 2019/20 is subject to approval by DHSC on a monthly basis and remains a risk in the new financial year. As in previous years the Trust will liaise with NHS Improvement in respect of revenue loans due for repayment in 2019/20.

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

The Trust has a target of £8.4m of which all will need to be delivered through cost reduction, this remains a risk to meeting the Trust's year end control total.

**d) The Trusts guaranteed income contract may not deliver the benefits expected and leads to unfunded activity**

If the Trust cannot adopt new models of care and reduce levels of activity into the Trust the may be an opportunity cost to the trust in which it delivers significant amounts of unfunded activity at a high cost to the Trust.

## **RECOMMENDATIONS TO BOARD OF DIRECTORS**

20. The Council of Governors is asked to note the financial position of the Trust as at 31 May 2019 and the proposed actions and risks therein.

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Comprehensive Income**  
**For the period ending 31<sup>st</sup> May 2019**

	May 2019			2 months to May 2019			Full year Plan £'000
	Plan £'000	Actual £'000	Variance £'000	Plan £'000	Actual £'000	Variance £'000	
<b>INCOME</b>							
Outpatients	3,780	3,994	213	7,352	7,496	144	45,166
Elective admissions	2,404	2,366	(38)	4,707	4,624	(83)	28,930
Emergency admissions	6,261	4,938	(1,322)	12,303	11,099	(1,204)	73,498
Emergency adm's marginal rate (MRET)	(276)	(279)	(3)	(542)	(528)	14	(3,238)
Readmissions Penalty	(279)	(279)	0	(559)	(559)	0	(3,353)
A&E	1,201	1,374	173	2,403	2,536	133	14,418
Maternity	1,687	1,983	296	3,341	3,707	366	19,980
Critical Care & Neonatal	517	568	51	1,035	946	(89)	6,362
Excess bed days	0	0	0	0	0	0	0
Imaging	421	491	70	822	948	126	5,053
Direct access Pathology	394	389	(5)	769	781	12	4,726
Non Tariff Drugs (high cost/individual drugs)	1,644	1,620	(23)	3,188	3,132	(57)	19,488
Other	623	1,249	626	1,260	1,940	680	7,695
<b>Clinical Income</b>	<b>18,377</b>	<b>18,414</b>	<b>37</b>	<b>36,079</b>	<b>36,122</b>	<b>43</b>	<b>218,726</b>
<b>Non-Patient Income</b>	<b>3,743</b>	<b>2,963</b>	<b>(780)</b>	<b>7,464</b>	<b>6,847</b>	<b>(617)</b>	<b>50,249</b>
<b>TOTAL INCOME</b>	<b>22,120</b>	<b>21,377</b>	<b>(743)</b>	<b>43,543</b>	<b>42,969</b>	<b>(574)</b>	<b>268,975</b>
<b>EXPENDITURE</b>							
<b>Total Pay</b>	<b>(14,397)</b>	<b>(14,545)</b>	<b>(147)</b>	<b>(29,268)</b>	<b>(29,412)</b>	<b>(144)</b>	<b>(171,023)</b>
Non Pay	(4,951)	(4,955)	(4)	(9,996)	(10,014)	(18)	(58,320)
Non Tariff Drugs (high cost/individual drugs)	(1,644)	(1,620)	23	(3,188)	(3,132)	57	(19,488)
<b>Non Pay</b>	<b>(6,595)</b>	<b>(6,575)</b>	<b>19</b>	<b>(13,184)</b>	<b>(13,146)</b>	<b>39</b>	<b>(77,808)</b>
<b>TOTAL EXPENDITURE</b>	<b>(20,992)</b>	<b>(21,120)</b>	<b>(128)</b>	<b>(42,453)</b>	<b>(42,558)</b>	<b>(105)</b>	<b>(248,831)</b>
<b>EBITDA*</b>	<b>1,128</b>	<b>257</b>	<b>(871)</b>	<b>1,090</b>	<b>411</b>	<b>(679)</b>	<b>20,144</b>
Depreciation and non-operating costs	(983)	(934)	49	(1,966)	(1,911)	55	(11,796)
<b>OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS</b>	<b>145</b>	<b>(677)</b>	<b>(821)</b>	<b>(876)</b>	<b>(1,501)</b>	<b>(624)</b>	<b>8,349</b>
Public Dividends Payable	(130)	(130)	(0)	(260)	(260)	(0)	(1,560)
<b>OPERATING DEFICIT AFTER DIVIDENDS</b>	<b>15</b>	<b>(807)</b>	<b>(822)</b>	<b>(1,136)</b>	<b>(1,761)</b>	<b>(624)</b>	<b>6,788</b>
Adjustments to reach control total							
Donated Income	(865)	0	865	(1,706)	(1,000)	706	(8,592)
Donated Assets Depreciation	66	47	(18)	131	113	(18)	697
Control Total Rounding	0	0	0	0	0	0	0
PSF	(1,266)	(1,266)	0	(2,532)	(2,532)	0	(10,263)
<b>CONTROL TOTAL DEFECIT</b>	<b>(2,051)</b>	<b>(2,026)</b>	<b>25</b>	<b>(5,243)</b>	<b>(5,180)</b>	<b>64</b>	<b>(11,370)</b>

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

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Cash Flow**  
**As at 31<sup>st</sup> May 2019**

	Mth 2 £000	Mth 1 £000	In Month Movement £000
<b>Cash flows from operating activities</b>			
Operating (deficit) from continuing operations	(1,133)	(640)	(493)
Operating surplus/(deficit) of discontinued operations			
<b>Operating (deficit)</b>	<b>(1,133)</b>	<b>(640)</b>	<b>(493)</b>
<b>Non-cash income and expense:</b>			
Depreciation and amortisation	1544	793	751
Impairments	0	0	0
(Increase)/Decrease in Trade and Other Receivables	701	241	460
(Increase)/Decrease in Inventories	3	5	(2)
Increase/(Decrease) in Trade and Other Payables	467	(501)	968
Increase/(Decrease) in Other Liabilities	1,054	(178)	1,232
Increase/(Decrease) in Provisions	(10)	(9)	(1)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(1,000)	(1,000)	0
Other movements in operating cash flows	2	2	(2)
<b>NET CASH GENERATED FROM OPERATIONS</b>	<b>1,626</b>	<b>(1,287)</b>	<b>2,913</b>
<b>Cash flows from investing activities</b>			
Interest received	14	8	6
Purchase of intangible assets	(914)	(570)	(344)
Purchase of Property, Plant and Equipment, Intangibles	(1,252)	(371)	(881)
Sales of Property, Plant and Equipment	0	0	0
<b>Net cash generated (used in) investing activities</b>	<b>(2,152)</b>	<b>(933)</b>	<b>(1,219)</b>
<b>Cash flows from financing activities</b>			
Public dividend capital received	0	0	0
Loans received from Department of Health	2,315	2315	0
Loans repaid to Department of Health	(159)	0	(159)
Capital element of finance lease rental payments	(28)	(27)	(1)
Interest paid	(142)	(29)	(113)
Interest element of finance lease	(49)	(27)	(22)
PDC Dividend paid	0	0	0
Receipt of cash donations to purchase capital assets	1000	1000	0
Cash flows from (used in) other financing activities	0	0	0
<b>Net cash generated from/(used in) financing activities</b>	<b>2,937</b>	<b>3,232</b>	<b>(295)</b>
<b>Increase/(decrease) in cash and cash equivalents</b>	<b>2,411</b>	<b>1,012</b>	<b>1,399</b>
<b>Opening Cash and Cash equivalents</b>	<b>6,175</b>	<b>6,175</b>	<b>3,668</b>
<b>Closing Cash and Cash equivalents</b>	<b>8,586</b>	<b>7,187</b>	<b>5,067</b>

**Milton Keynes Hospital NHS Foundation Trust**  
**Statement of Financial Position as at 31<sup>st</sup> May 2019**

	Unaudited Mar-19	May-19 Plan	May-19 Actual	In Mth Var to Plan	Var to Mar -19	% Variance
<b>Assets Non-Current</b>						
Tangible Assets	147.3	179.1	146.8	(32.3)	(0.5)	(0.3%)
Intangible Assets	14.2	12.6	14.2	1.6	0.0	0.0%
Other Assets	0.5	0.3	0.4	0.1	(0.0)	(2.0%)
<b>Total Non Current Assets</b>	<b>162.0</b>	<b>192.0</b>	<b>161.4</b>	<b>(30.6)</b>	<b>(0.5)</b>	<b>(0.3%)</b>
<b>Assets Current</b>						
Inventory	3.6	3.2	3.6	0.4	0.0	0.0%
NHS Receivables	23.5	21.2	22.2	1.0	(1.3)	(5.5%)
Other Receivables	6.0	3.8	6.6	2.8	0.6	10.0%
Cash	6.2	3.6	8.6	5.0	2.4	38.7%
<b>Total Current Assets</b>	<b>39.3</b>	<b>31.8</b>	<b>41.0</b>	<b>9.2</b>	<b>1.7</b>	<b>4.3%</b>
<b>Liabilities Current</b>						
Interest -bearing borrowings	(80.2)	(82.1)	(82.1)	0.0	(1.9)	2.4%
Deferred Income	(1.7)	(1.6)	(2.8)	(1.2)	(1.1)	64.1%
Provisions	(1.6)	(1.4)	(1.6)	(0.2)	0.0	0.0%
Trade & other Creditors (incl NHS)	(28.9)	(29.7)	(28.4)	1.3	0.5	(1.7%)
<b>Total Current Liabilities</b>	<b>(112.3)</b>	<b>(114.8)</b>	<b>(114.9)</b>	<b>(0.1)</b>	<b>(2.5)</b>	<b>2.3%</b>
<b>Net current assets</b>	<b>(73.0)</b>	<b>(83.0)</b>	<b>(73.9)</b>	<b>9.1</b>	<b>(0.8)</b>	<b>1.1%</b>
<b>Liabilities Non-Current</b>						
Long-term Interest bearing borrowings	(53.0)	(53.6)	(53.4)	0.2	(0.4)	0.7%
Provisions for liabilities and charges	(0.8)	(1.1)	(0.8)	0.3	0.0	0.0%
<b>Total non-current liabilities</b>	<b>(53.9)</b>	<b>(54.7)</b>	<b>(54.2)</b>	<b>0.5</b>	<b>(0.4)</b>	<b>0.7%</b>
<b>Total Assets Employed</b>	<b>35.1</b>	<b>54.3</b>	<b>33.4</b>	<b>(21.0)</b>	<b>(1.7)</b>	<b>(4.9%)</b>
<b>Taxpayers Equity</b>						
Public Dividend Capital (PDC)	101.4	101.5	101.4	(0.1)	0.0	0.0%
Revaluation Reserve	58.3	78.7	58.3	(20.4)	0.0	0.0%
I&E Reserve	(124.5)	(125.9)	(126.2)	(0.3)	(1.7)	1.4%
<b>Total Taxpayers Equity</b>	<b>35.1</b>	<b>54.3</b>	<b>33.4</b>	<b>(20.9)</b>	<b>(1.7)</b>	<b>(4.8%)</b>



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# Executive Summary

We have received a first draft of the Quality Report and substantially completed our Quality Report testing.

## Status of our work

- We have substantially completed our review, including validation of the reported indicators. We recently received a first draft of the Quality Report and have made some important recommendations that need to be addressed.
- The scope of our work is to support a “limited assurance” opinion, which is based upon procedures specified by NHS Improvement in their “Detailed Requirements for External Assurance For Quality Reports for Foundation Trusts 2018/19”.
- Based on our work so far, we anticipate issuing a qualified opinion for inclusion in your 2018/19 Annual Report.
- We are awaiting a management update on our prior year recommendations.

The Care Quality Commission inspected last inspected the Trust in July 2016 and rated the Trust “Good” overall.

	2018/19	2017/18
Length of Quality Report	40 pages	69 pages
Future year Quality Priorities	3	3

## Scope of work

We are required to:

- Review the content of the Quality Report for compliance with the requirements set out in NHS Improvement’s Annual Reporting Manual (“ARM”).
- Review the content of the Quality Report for consistency with various information sources specified in NHS Improvement’s detailed guidance, such as Board papers, the Trust’s complaints report, staff and patients surveys and Care Quality Commission reports.
- Perform sample testing of three indicators.
  - The Trust has selected A&E 4hr Waiting Time and 62-Day Cancer Waiting Time (from Urgent GP referral) as the publically reported indicators, based on NHS Improvement’s specified order of preference – the alternatives were 18 Week RTT – Incomplete Pathways and 28-day readmissions.
  - For 2018/19, all Trusts are required to have testing performed on a local indicator selected by the Council of Governors. Acute providers were encouraged to select the Summary Hospital-level Mortality Indicator (“SHMI”) and therefore The Trust has selected SHMI as its local indicator.
  - The scope of testing includes an evaluation of the key processes and controls for managing and reporting the indicators; and sample testing of the data used to calculate the indicator back to supporting documentation.
- Provide a signed limited assurance report, covering whether:
  - Anything has come to our attention that leads us to believe that the Quality Report has not been prepared in line with the requirements set out in the ARM; or is not consistent with the specified information sources; or
  - There is evidence to suggest that the A&E 4hr Waiting Time and 62-Day Cancer Waiting Time (from Urgent GP referral) indicators have not been reasonably stated in all material respects in accordance with the ARM requirements.
  - Provide this report to the Council of Governors, setting out our findings and recommendations for improvements for the indicators tested: A&E 4hr Waiting Time, 62-Day Cancer Waiting Time (from Urgent GP referral) and SHMI.

# Executive Summary (continued)

We expect to qualify our opinion relating to the A&E 4hour waiting times indicator

## Content and consistency review



We have substantially completed our review, including validation of the reported indicators. We have reviewed a draft Quality Report dated 26 April 2019 and have made some important recommendations for improvement which are being addressed.

## Performance indicator testing



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

From our work so far, except for the matters relating to the A&E 4hr Waits indicator set out on pages 8 and 9 of this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2019, the indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the ARM and the six dimensions of data quality set out in the "Detailed Requirements for External Assurance on Quality Reports for Foundation Trusts 2018/19".

	A&E 4hr Waits	62 Day Cancer	SHMI
<b>Recommendations identified?</b>	✓	✓	
<b>Overall Conclusion</b>	<b>R</b> Qualified Opinion	<b>R</b> Qualified Opinion	<b>B</b> No opinion required

	Overall conclusion
<b>Content</b> Are the Quality Report contents in line with the requirements of the Annual Reporting Manual?	<b>A</b>
<b>Consistency</b> Are the contents of the Quality Report consistent with the other information sources we have reviewed (such as Internal Audit Reports and reports of regulators)?	To Be Received

## The six dimensions of data quality:

### Accuracy

Is data recorded correctly and is it in line with the methodology.

### Validity

Has the data been produced in compliance with relevant requirements.

### Reliability

Has data been collected using a stable process in a consistent manner over a period of time.

### Timeliness

Is data captured as close to the associated event as possible and available for use within a reasonable time period.

### Relevance

Does all data used generate the indicator meet eligibility requirements as defined by guidance.

### Completeness

Is all relevant information, as specific in the methodology, included in the calculation.

# Content and consistency findings

# Content and consistency review findings

We have reviewed a draft quality report dated 26 April 2019

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

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

Key questions	Assessment	Statistics
• Is the length and balance of the content of the report appropriate?	B	Length: 40 pages
• Is there an introduction to the Quality Report that provides context?	B	
• Is there a glossary to the Quality Report?	B	
• Is the number of priorities appropriate across all three domains of quality (Patient Safety, Clinical Effectiveness and Patient Experience)?	A	Patient Safety: 1 Clinical Effectiveness: 1 Patient Experience: 1
• Has the Trust set itself SMART objectives which can be clearly assessed?	A	
• Does the Quality Report clearly present whether there has been improvement on selected priorities?	B	
• Is there appropriate use of graphics to clarify messages?	A	
• Does there appear to have been appropriate engagement with stakeholders (in both choosing priorities as well as getting feedback on the draft Quality Report)?	R	
• Does the Annual Governance Statement appropriately discuss risks to data quality?	G	
• Is the language used in the Quality Report at an appropriate readability level?	A	

## Deloitte view

We have reviewed a draft of the Quality Report and made a number of important recommendations that need to be addressed in order for the Quality Report to be compliant with the ARM and more useful for the average reader. Our recommendations include:

- Completion of outstanding sections such as the three 2018/19 priorities and how stakeholder feedback was taken into account when choosing these;
- Improving the writing style to make it read as a formal externally published document;
- Adding some statements of assurance required by the Quality Accounts Regulations and improving the contents of some existing statements; and
- Adding more historical and national benchmarking data to some of the reported performance indicators.

Management has accepted our recommendations and will send us another updated draft shortly for us to do a more detailed review.

We will continue to work with management to help ensure that the final iteration is a high quality document and compliant in all material respects with NHSI's Quality Report requirements.

# Performance and Indicator Testing

# Accident and Emergency 4 hour wait times

We anticipate qualifying our opinion with respect to this indicator

	Trust reported performance**	Target	Overall evaluation
2018/19	84%*	>95%	R
2017/18	85%	>95%	R
2016/17	94%	>95%	R

## Indicator definition

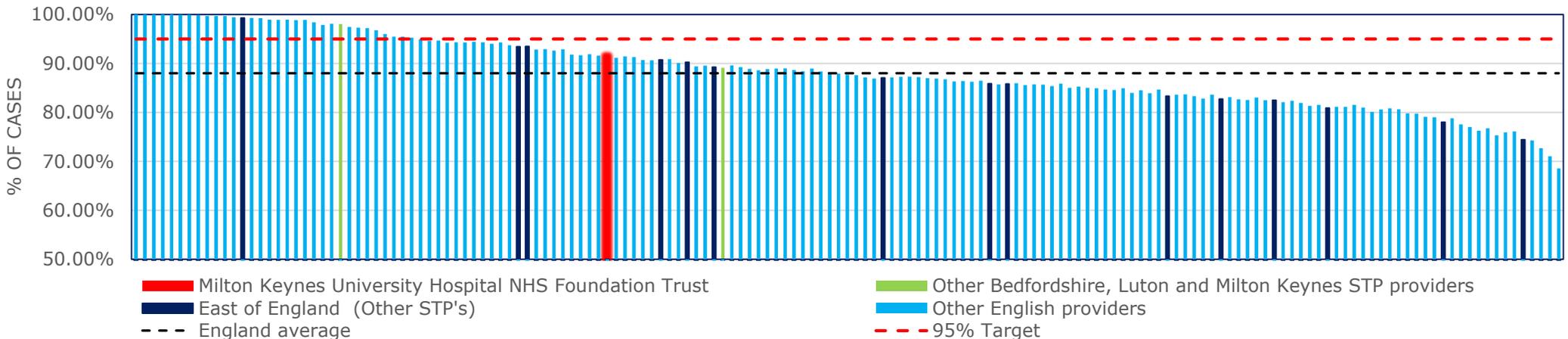
**Definition:** "Percentage of patients who spent 4 hours or less in A & E."  
 Longer lengths of stay in the emergency department are associated with poorer health outcomes and patient experience as well as transport delays, treatment delays, ambulance diversion, patients leaving without being seen, and financial effects. It is critical that patients receive the care they need in a timely fashion, so that patients who require admission are placed in a bed as soon as possible, patients who need to be transferred to other healthcare providers receive transport with minimal delays, and patients who are fit to go home are discharged safely and rapidly.

\*We are yet to complete our re-calculation from the indicator population  
 \*\* The 2016/17 figure represents the combined Type 1 & Type 3 performance. The 2017/18 and 2018/19 figures relate to the main Type 1 A&E department

## National context

The chart below shows how the Trust compares to other organisations nationally for 2018/19.

% of A&E attendances in 4 hours and less - April 2018 to March 2019



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

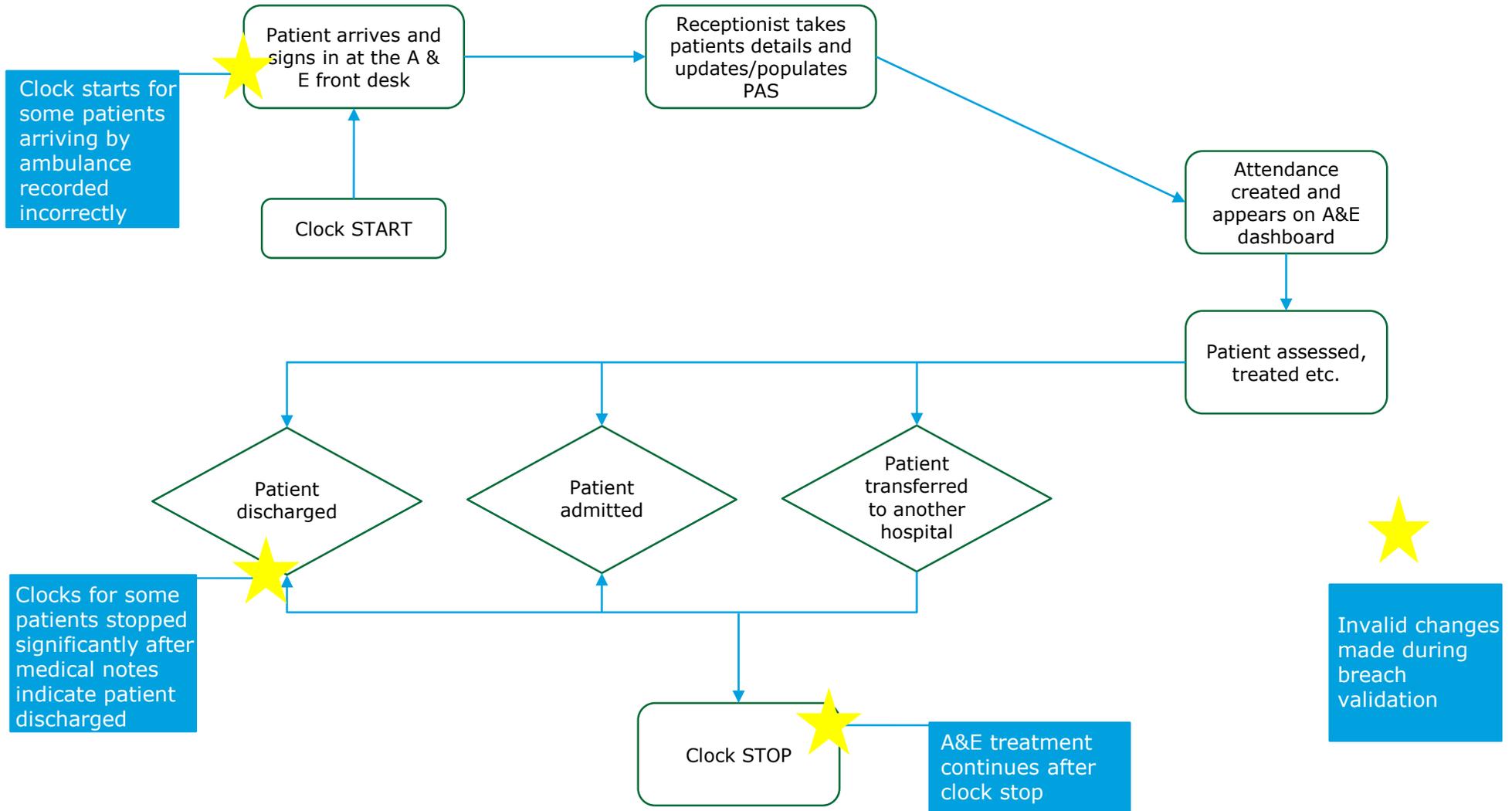
## National context of data quality

NHS Improvement mandated the 4 hour wait times indicator for testing for the first time in 2015/16. In the first year of testing, just under 30% of Foundation Trusts tested were qualified on this indicator. In 2017/18, 18 Foundation Trusts (22% of Trusts tested nationally) were qualified, showing some progress in addressing issues on this indicator. Common issues nationally relate to system constraints in data recording, retention of audit trails, and record keeping around changes to initial recording.

# Accident and Emergency 4 hour wait times (continued)

## Process Flow

We have highlighted errors resulting from control weaknesses in the A&E process in the blue boxes.



# Accident and Emergency 4 hour wait times (continued)

## Approach

- We met with the Trust's lead for the A & E 4 hour waiting time metric to understand the process from patient arrival to the result being included in the Quality Report.
- We evaluated the design and implementation of controls through the process. We discussed with management and used analytical procedures to identify whether there were any representing a greater risk that we should focus our sample testing on. As a result we focused our testing on pathways close to the 4 hour target, and a mix of breach and non-breach cases.
- We selected a sample of 24 A&E attendances from 1 April 2018 to 31 March 2019, following patient records through until treatment. We agreed our sample of 24 to supporting documentation.
- Due to the nature and volume of errors we did not extend our sample or substantively test the completeness of the population.
- As we tested a risk based sample of items the error rates identified from that sample should not be directly extrapolated to the population as a whole.

## Findings

- NHSI guidance requires that an A&E clock is started within 15min of an ambulance's arrival, regardless of when the patient is actually entered into the hospital's systems. From our sample of 24, there were 12 ambulance arrivals. In one case, the ambulance record did not state the Ambulance arrival time. Of the remaining 11 that we could test, in 6 cases the A&E start time was more than 15min after the Ambulance's arrival (contrary to the indicator's rules).
- As is common with other Trusts, we were unable find clinical notes for any of our sample that were time-stamped at exactly the time when the stop date had been applied. We therefore reviewed the clinical notes to confirm whether there were no notes recorded after the clock stop had been applied. We found that:
  - in four cases we were unable to definitively conclude on whether the clock stop had been recorded correctly, on the basis of evidence available;
  - in a further four cases, there were notes dated after the stop time; and
  - one case had an incorrect clock stop recorded due to system error. With reference to notes, we concluded that the breach status had also been incorrectly recorded as a non-breach when it was in fact a breach.
- We also reviewed clinical notes to check when the last medical notes were documented, against the time that the clock was stopped. We considered that 20min should be sufficient time for a patient to collate their belongings, and leave, and therefore the clock to be stopped. We found 6 cases where the clock had been stopped more than 15min after the last medical notes.
- Correcting for the above errors, in three cases, the A&E waiting time would change from non-breach to a breach. In a further three cases, the A&E waiting time would change from a breach to a non-breach. [Please see related recommendation in Appendix 1 \(Recommendation 1\)](#)
- From a high-level review of the data we identified that there were cases of A&E attendances with a length of stay >4hrs, who were recorded as non-breaches, and vice-versa. In the case of non-breaches with a length of stay (LoS) > 4hrs, we noted that these appeared to be pathways initially recorded as breaches, but, as is common practice at other Trusts, were subsequently amended as a result of daily breach validation. The LoS had not been updated.
- However, in cases where the LoS was <4hrs but were marked as a breach we could not confirm as to why they were reported as breaches. [Please see related recommendation in Appendix 1 \(Recommendation 2\)](#)

## Accident and Emergency 4 hour wait times (continued)

**Deloitte View:**

In 2016/17 and 2017/18, we have provided a qualified opinion on this indicator and made recommendations for improvement. We have found a higher level of error in our A&E testing, compared with the last two years, with similar underlying causes. Some of these may be due to a short term deterioration in data quality as a result of the move to e-Care. However, we also understand that due to increased demands on staff time to implement and embed the new eCare system, there has been limited progress in implementing recommendations we made in 2016/17 and 2017/18.

At other Trusts we audit, we have observed a general downward trend in the number of errors, and nationally the number of qualifications on this indicator have reduced.

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

Due to the volume and nature of errors identified in our testing this year, we expect to issue a qualified opinion relating to this indicator.

# 62 day cancer wait times

We anticipate qualifying our opinion with respect to this indicator

	Trust reported performance	Target	Overall evaluation
2018/19	87%	>85%	<span style="color: red; font-weight: bold;">R</span>
2017/18	88%	>85%	Not selected
2016/17	86%	>85%	Not selected

## Indicator definition

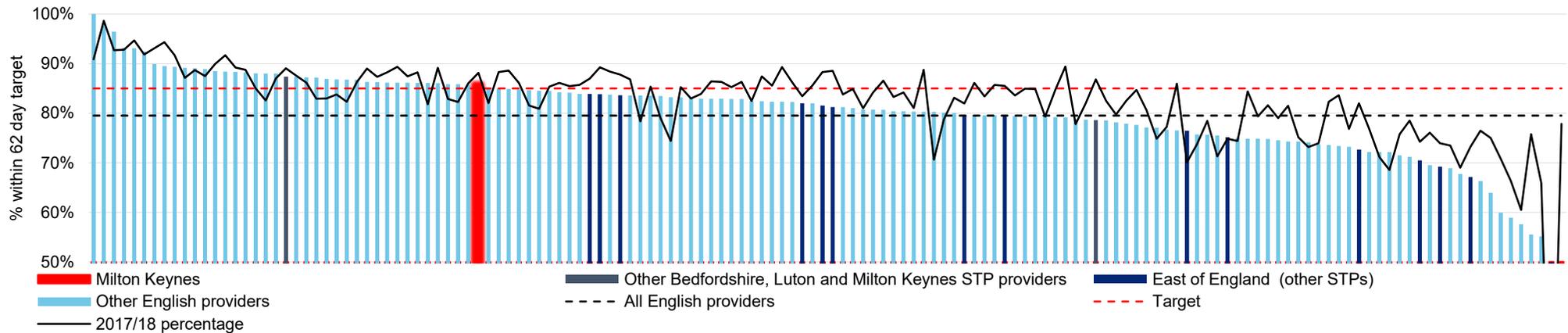
**Definition:** "Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer."

The NHS Cancer Plan set the goal that no patient should wait longer than two months (62 days) from a GP urgent referral for suspected cancer to the beginning of treatment, except for good clinical reasons.

## National context

The chart below shows how the Trust compares to other organisations nationally for the first three quarters of 2018/19, the latest national data available.

National 62 day cancer wait performance - Q1-3 2018/19



Source: Deloitte analysis of NHS Digital data

## National context of data quality

NHS Improvement have selected 62 day cancer wait times for testing by acute providers ahead of 18 week Referral to Treatment waiting times for 2018/19. This is the first time that most acute providers will have this indicator tested since 2015/16. The National Cancer Breach Allocation Guidance was updated in April 2016, which changed the basis of allocation of breaches between providers based on when the referral was made. The national statistics are in the process of moving over to these new guidelines, and NHS Improvement has given providers a choice for 2018 of applying the new guidelines or using the old 50-50 breach allocation basis for the Quality Accounts. The Trust has followed the old guidelines. A number of challenges were identified in testing of specialist providers in implementing the revised guidance, and it is likely that some issues will be identified nationally as a result this year. Historically, 62 day cancer waiting times has had relatively few qualifications, however reflecting these challenges in 2017/18, two of the eleven providers with 62 day cancer waiting times tested nationally were qualified.



# 62 day cancer waiting times (continued)

## Approach

- We met with the Trust's lead for 62 day cancer waits to understand the process from an urgent referral to the Trust to the result being included in the Quality Report.
- We considered in particular how the new National Cancer Breach Allocation Guidance has been implemented and note that although some progress has been made, all internal and external reporting is based on the old guidelines.
- We evaluated the design and implementation of controls through the process. We discussed with management and used analytical procedures to focus on pathways which appear to be most at risk of error e.g. patients with manual adjustments and pathways close to the 62 day breach date.
- We selected a sample of 20 pathways from 1 April 2018 to 31 January 2019 including in our sample a mixture of cases in breach and not in breach of the target. We agreed our sample of 20 to supporting documentation.
- Due to the nature and volume of errors we did not test a further sample or test the completeness of the population.
- As we tested a risk based sample of items the error rates identified from that sample should not be directly extrapolated to the population as a whole.

## Findings

- From our sample of 20 pathways we found that:
  - in three cases the clock had started between 1 and 14 days after the receipt of the GP referral. All of these appeared to be a result of human error in data input. Correcting for the errors would cause two cases to change from non-breach to a breach.
  - one case where the clock had been stopped one day late (the clock had been stopped on the treatment date instead of admission date). However, a one day adjustment had been added by the Trust to address this. Therefore, although the clock stop and clock pause adjustment were individually incorrect, there was no effect on the overall wait time.  
[Please see related recommendation in Appendix 1 \(Recommendation 3\)](#)
- As part of our walkthrough we noted that clock pause adjustments are usually only identified and applied as part of the post-treatment root cause analysis for breach cases. As a result we found one non-breach case where notes indicated that a clock pause should have been applied as the patient was away; however, no clock pause adjustment had been applied.
- NHSI guidance states that a clock pause should start from "the earliest reasonable offer of appointment that could have been made" and stops when the patient "makes themselves available". We noted that in two cases there was insufficient audit trail to confirm exactly when the clock pause should have started and stopped. For example, in one case the pause had been counted to the treatment date, and there was no evidence to confirm when the patient made themselves available after their period of holiday.  
[Please see related recommendation in Appendix 1 \(Recommendation 4\)](#)

## 62 day cancer waiting times (continued)

### Deloitte View:

Our testing has demonstrated that there is scope to improve the process for the monitoring and recording of patients on the 62-day cancer pathway, particularly relating to clock start dates and clock pause adjustments.

We have made some recommendations which once implemented and embedded, should improve the data quality going forward. However, due to the errors identified in our testing, we expect to issue a qualified opinion relating to this indicator.

It should also be noted that updated guidance was issued in 2016 setting out how to deal with cancer waiting time breaches where a patient transfers between trusts, but there have been delays in implementing this in national reporting systems. As a result, in common with many Trusts, MKUH has continued to report using the previous method of reallocating (a tertiary pathway is given a 50% weighting), and this is the basis on which the Trust has reported performance in the Quality Report. For 2018/19 this is considered an acceptable approach by NHSI.

We have discussed with management and are informed that during 2018/19, in preparedness for national reporting, the Trust has developed a process for calculating the Trust's position were the new guidelines to be used.

# Summary Hospital Level Mortality Indicator

This is the Trust's selected Local Indicator

	Trust SHMI Value	Trust SHMI Banding	Overall evaluation
Oct 17 – Sep 18	1.0466	As Expected	B
Oct 16 – Sep 17	0.9351	As Expected	Not selected
Oct 15 – Sep 16	1.0470	As Expected	Not selected

## Indicator definition and process

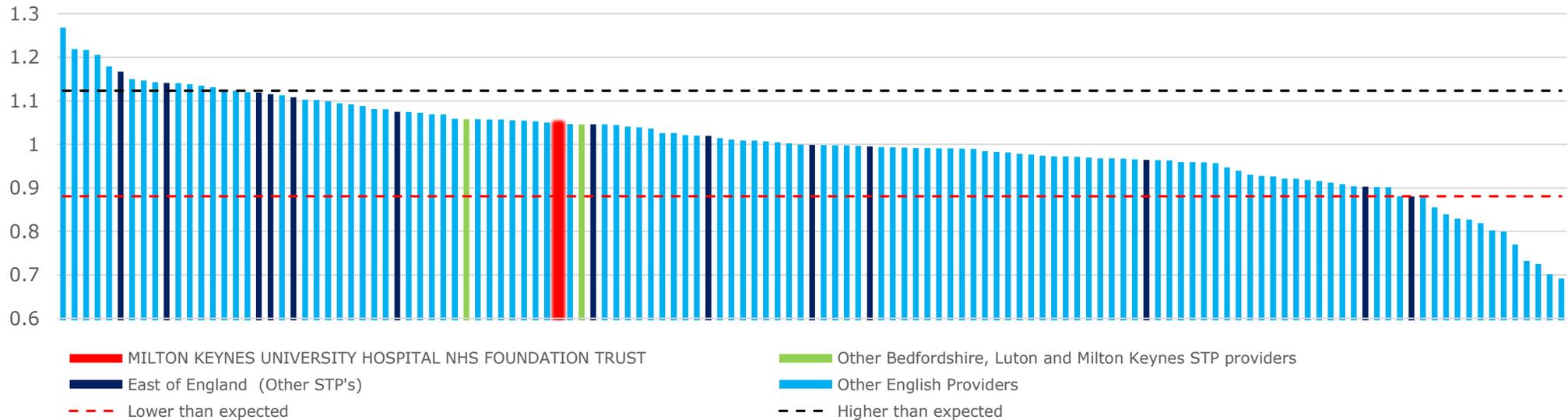
**Definition:** The SHMI is the ratio between the actual number of patients who die following hospitalisation at the trust and the number that would be expected to die on the basis of average England figures, given the characteristics of the patients treated there.

NHS Digital calculates SHMI using a statistical model, based on data provided by Trusts. As a result, there is a delay between Trust's submission of data and publication of the SHMI indicator.

## National context

The chart below shows how the Trust compares to other organisations nationally for Oct-17 to Sep-18, the latest national data available.

Summary Hospital-level Mortality Indicator (SHMI) - Year to September 2018



Source: Deloitte analysis of NHS Digital data

# Summary Hospital Level Mortality Indicator (continued)

This Trust's performance is within the "As Expected" range

## Approach

- We met with the Trust's leads to understand the process from recording of an inpatient's admission to submission of data to NHS Digital. There were no recommendations from the previous auditor's review of last year's Quality Report as this indicator was not part of the external assurance work.
- We tested the following seven fields of data recommended by NHS Digital: Admission Method, Patient Classification, Primary Diagnosis Code, Discharge Date, Discharge method, Sex and Age.
- We selected a sample of 24 inpatient spells from 1 October 2017 to 30 September 2018.
- We agreed our sample of 24 to the underlying information held within patient records.
- We confirmed that a sample of 24 A&E attendances appearing in our A&E 4hr Waits population appeared in the SHMI population, to confirm completeness.

## Findings

From our sample of 24 admissions, we found:

- Two cases where the Admission Method had been reported as "Null", whereas there was evidence which demonstrated that one case had been admitted via A&E, and the other had been referred internally within the hospital. We understand from management that on occasions there is an issue with the file transfer from PAS to the data warehouse and Cerner (PAS supplier) have been unable to identify the underlying cause. [We have therefore made no further recommendations.](#)
- One case, where the primary diagnosis code had been coded as "Open Wound of other parts of head". Notes showed that although the patient had presented with a "Small laceration to forehead - GP Closed Wound", a subsequent CT found no issues, but an X-Ray had discovered a Pubic Ramus fracture. The primary diagnosis code should therefore have related to the fracture. [Due to the low error rate \(1 out of 168 fields tested\), we have made no recommendations.](#)

### Deloitte View:

For NHS foundation trusts providing acute services, NHSI strongly recommended that Trusts selected SHMI as the local indicator. In addition, most trusts have not previously selected this indicator for testing in previous years. As a result, many of the Trusts that we audit have selected SHMI as their local indicator.

As the indicator itself is calculated by NHS Digital from data submitted by the Trust, the scope of our testing was limited to review of the data submitted by the Trust as part of monthly SUS submissions. We did not recalculate the reported indicator, and are unable to quantify the impact of data issues upon the reported metric.

# Appendices

# Appendix 1: Recommendation for improvement

We have raised four recommendations for improvement

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)
A&E 4hr Waiting Times	<p><b>1. Implementation of prior year recommendations</b></p> <p>We recommend that management revisit our previous years' reports, and implement the recommendations made relating to:</p> <ul style="list-style-type: none"> <li>- The provision of further guidance and training to A&amp;E staff to ensure clock starts and stops are applied accurately and on a timely basis;</li> <li>- Introducing a process for recording clock starts of ambulance arrivals within 15min; and</li> <li>- Performance of more detailed internal audits of A&amp;E processes.</li> </ul> <p>On at least a six monthly basis, we recommend that updates against the recommendations is provided to the Data Quality Compliance Board and Audit Committee.</p>	<p>It is disappointing to note that previous concerns about the quality of data pertaining to the 4h ED standard remain, with a number of inaccuracies identified in this small sample, despite the significant investment in technology within the Emergency Department and the change of Electronic Patient Record that has taken place.</p> <p>We have also undertaken a number of improvements to our clinical pathways to help improve patient safety, flow and experience. It is worth noting that some of the recommendations made in the previous report are no longer relevant because of the changes to both process and workforce as direct result of the E-care implementation.</p> <p>However, the management team have reviewed the previous recommendations along with the audit outcomes and clearly the following actions need to be re-reviewed and undertaken.</p> <ul style="list-style-type: none"> <li>- Review and further develop standard operating procedures in relation to booking in / clock start, documentation of ambulance handover and clock stops in the Emergency Department. This work will place specific emphasis on the admission of patients to observation units (OU/SOU) and the scenario in which discharge might reasonably occur before clinical documentation.</li> <li>- Clarity of roles and responsibilities in relation to data quality in ED in light of imminent changes in senior staffing.</li> <li>- The ambulance handover is an issue that has been already addressed and was as a consequence of changes in process following E-Care implementation. As result there is already collaborative working with the ambulance service to address this issue and there is in robust action plan in place which is already showing significant improvement in delays. These improvements will ensure that the majority of patients will be checked in within 15 minutes of arrival.</li> </ul> <p><b>Responsible Officer:</b> Divisional Manager, Medicine  <b>Timeline:</b> 30 July 2019</p>	H

# Appendix 1: Recommendation for improvement

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)
A&E 4hr Waiting Times	<p><b>2. Improvement of Breach Validation process</b></p> <p>Under the proposed changes to waiting time rules, there may be a move towards the reporting of “average (mean)” waiting times. Therefore, in order not to overstate the mean time, as part of breach validation, management should update the end time; not just breach status.</p> <p>In addition we recommend management investigate why some pathways with a reported LoS of less than 4 hours are being reported as breaches, and communicate this to operational teams to address the underlying cause going forward.</p>	<p>The department are aware of the LOS issue and have already investigated and started altering practices. This was as a result of doctors discharging patients from the department but not completing paperwork until sometime afterwards – this was very much an initial implementation problem that is being reviewed and addressed as part of the validation process.</p> <p>We will also:</p> <ul style="list-style-type: none"> <li>- - Review arrangements (SOP) in place for the local review and validation of breach data.</li> <li>- In collaboration with Cerner and our IT system, identify opportunity to develop an extension to the patient summary records which will support more robust auditing ability.</li> </ul> <p><b>Responsible Officer:</b> Divisional Manager, Medicine</p> <p><b>Timeline:</b> 30 July 2019</p> <ul style="list-style-type: none"> <li>- Put in place a monthly audit programme in relation to ED 4h data quality, external to the department. Results of this audit programme will be reported monthly to the Management Board (Divisional Accountability). The audit programme will remain in place until such a time as improvement is demonstrated and sustained. [Director of Clinical Services and Deputy Chief Executive, in place by M6]</li> </ul> <p><b>Responsible Officer:</b> Director of Clinical Services and Deputy Chief Executive</p> <p><b>Timeline:</b> 30 September 2019</p>	M

## Appendix 1: Recommendation for improvement (continued)

Indicator or	Deloitte Recommendation	Management Response	Priority (H/M/L)
62 Day Cancer	<p><b>3. Sample based checks of non-breach pathways</b></p> <p>We recommend that staff are reminded to start 62-day cancer clocks based on the referral receipt date recorded on the GP referral. We also recommend that periodic checks are performed on a sample of non-breach pathways to confirm that key pathway events are recorded accurately on Somerset.</p>	<p>Reviewing this process, it appears these were human error events, over a period of time last year we had temporary staff covering this position which has possibly impacted on these errors occurring.</p> <p>In house training is given which is being reviewed to ensure it is robust enough to reduce future errors. We have now recruited to this position which will ensure continuity to the 2ww booking process. We have also reviewed the PTL tracking process to look at adding in a cross check to start dates to the cancer pathway to embed a validation process prior to pathway close.</p> <p>The feedback from this audit will be discussed at a dedicated team meeting to ensure the outcome of audit is understood and reinforce data quality and cancer guidance requirements.</p> <p>To provide assurance and an early warning system, the Cancer Manager will sample of pathways on a monthly basis to ensure key pathways including the GP referral date is accurately recorded.</p> <p>In addition, the Cancer Information Analyst will provide an independent audit on a quarterly basis and if improvements have been noted this will be stepped down to annual basis.</p> <p><b>Responsible Officer:</b> Head of Cancer Services</p> <p><b>Timeline:</b> Team Meeting to communicate findings of audit - May 2019 .</p> <p>Audits by Cancer Manager – June 2019 and monthly thereafter.</p> <p>Audits by Cancer Information Analyst – July 2019.</p>	M

## Appendix 1: Recommendation for improvement (continued)

Indicator	Deloitte Recommendation	Management Response	Priority (H/M/L)
62 Day Cancer	<p><b>4. Better recording of clock pause adjustments</b></p> <p>We recommend that internal guidance relating to clock pause adjustments is developed and communicated to staff involved in managing and recording of 62-day cancer pathways. We recommend that this includes:</p> <ul style="list-style-type: none"> <li>- circumstances in which a clock pause should be applied;</li> <li>- the need to record a clock pause on Somerset as soon as a period of absence is notified; and</li> <li>- the need to have an adequate audit trail (for example in the form of a tracking note) to support the clock pause start and end dates</li> </ul> <p>Whilst this becomes embedded, we recommend that a 100% validation check on clock pause adjustments is performed to confirm compliance with the policy and feedback provided where learning points are identified.</p>	<p>It is the responsibility of the MDT Coordinator to apply adjustments as part of their validation process of the patient's pathway; part of the issue has been the inability to apply the adjustment until the treatment is entered leading to room for error as it will be a retrospective entry. On discussion it has been decided to add comments filed with the adjustment information so on treatments close it prompts the MDT Coordinator to add this onto the pathway. The feedback from this audit will be discussed at a dedicated team meeting to ensure the outcome of audit is understood and reinforce data quality and cancer guidance requirements.</p> <p>To provide assurance and an early warning system, the Cancer Manager will sample of pathways on a monthly basis to ensure key pathways including the GP referral date is accurately recorded.</p> <p>In addition, the Cancer Information Analyst will provide an independent audit on a quarterly basis and if improvements have been noted this will be stepped down to annual basis.</p> <p><b>Responsible Officer:</b> Head of Cancer Services</p> <p><b>Timeline:</b> Team Meeting to communicate findings of audit - May 2019 .</p> <p>Comments field to be completed on live PTL to alert to adjustment required on close of pathway – May 2019.</p> <p>Review of PTL tracking process to add 2ww start date cross check weekly – May 2019</p> <p>Audits by Cancer Manager – June 2019 and monthly thereafter.</p> <p>Audits by Cancer Information Analyst – July 2019.</p>	H

# Appendix 2: Update on Prior Year Recommendations

Management has made progress in implementing our 2017/18 recommendations

Indicator	2017/18 Deloitte Recommendation	2017/18 Management Response	2018/19 Management Update
<p>4hr A&amp;E Waits</p>	<p><b>A&amp;E Training and Guidance</b></p> <p>We understand that the e-Care system will require data entry to be completed in real-time, which should help improve the timeliness and accuracy dimensions of data quality.</p> <p>We recommend that further guidance and training be provided to Trackers to help ensure that clock stops are recorded accurately and on a timely basis. In addition, A&amp;E reception staff should be informed that during the registration of ambulance arrivals, they must review the ambulance arrival time on the ambulance handover form, and amend the start time to be no more than 15min after the ambulance arrived.</p> <p>We also recommend that a more detailed internal audit of the A&amp;E processes be performed.</p>	<p>The A&amp;E workflow within eCARE has been designed to record activities in real time by the clinical staff undertaking the work. Whilst there is the facility to amend the time series the functionality has been restricted to a small number of senior staff who undertake the validation process each day. As the new systems get embedded within the department there is an expectation that the need to alter workflow times will diminish.</p> <p>A new standard operating procedure for recording ambulance arrival time will be written and the necessary training given to staff. The Data Quality Compliance Board will be asked to undertake an audit of this process as well as to check that the agreed workflow within the department is being adhered to.</p> <p><b>Responsible Officer:</b> Director of Operations</p> <p><b>Timeline:</b> October 2018 (Data Quality Audits)</p>	<p>As highlighted in the management response to this recommendation, the new A&amp;E workflow (First Net) within eCARE has been designed to record activities in real time.</p> <p>Hence, as part of the implementation of the First Net module in eCARE, staff were provided training in how to use the new system./workflow. As expected, the processes and procedures of the new system have taken time to embed, but from the validation process undertaken by senior staff there is demonstrable improvement in data quality of the A&amp;E.</p> <p>However, it is acknowledged that further improvement is required. In addition, the A&amp;E audits conducted and presented to the Data Quality Compliance Board are showing improvements.</p>

## Appendix 2: Update on Prior Year Recommendations

Indicator	2017/18 Deloitte Recommendation	2017/18 Management Response	2018/19 Management Update
18 Week RTT	<p><b>RTT Training and Guidance</b></p> <p>Although the Trust has some training programmes and guidance documents in place, these should be reviewed, and where required, further training and guidance provided to help address the underlying causes of the errors identified in our testing</p>	<p>Agreed. The Trust is working closely with the NHS improvement team to ensure that the training for staff is correct and fit for purpose.</p> <p>The Data Quality Compliance Board will be asked to undertake regular audits to monitor progress.</p> <p>The Medical Director ensures that consultants are kept up-to-date with a regular newsletter that is regarded as exemplary practice by NHSI.</p> <p><b>Responsible Officer:</b> Director of Operations and Director of Corporate Affairs</p> <p><b>Timeline:</b> Audit Reports - Reported Quarterly throughout the year from June 2018</p>	<p>The Trust has developed an RTT training package as part of a wider training package for administrative and clinical staff involved in patient pathway management. This involves competency-based assessment and the provision of hand-held training passports for administrative staff.</p> <p>The Trust restructured Patient Access Services, appointing a Head of Patient Access Services and a dedicated training team to support the provision of training and guidance to staff.</p> <p>Standard Operating Procedures have been reviewed and the Access Policy reviewed within the reporting period. This will remain a continued focus for the Trust in 2019/20.</p>

## Appendix 2: Update on Prior Year Recommendations (continued)

Indicator	2017/18 Deloitte Recommendation	2017/18 Management Response	2018/19 Management Update
18 Week RTT	<p><b>Improvements to the Validation process</b></p> <p>Currently, individual divisions are responsible for validating patients using the PTL tool, while the Performance and Information Team validates those who have been waiting in excess of 52 weeks.</p> <p>We recommend that management investigate whether specific exception reporting can be introduced into the live PTL to highlight areas of possible error within the data, to help guide divisions towards pathways that need to be validated. For example this could include highlighting pathways that have:</p> <ul style="list-style-type: none"> <li>- not had any activity recorded against them for a certain period of time</li> <li>- Pathways with no outcome recorded</li> <li>- Closed pathways with future activity booked against it</li> <li>- Pathways with a negative wait time</li> <li>- &gt;18 week pathways with no future activity planned</li> </ul>	<p>The Data Quality Compliance Board have commissioned the Data Quality team to conduct audits on a number of areas for waiting list data. This is an extension to an existing programme that was undertaken last year. A timetable of audits has been agreed at the Audit Committee in April 2018 with audits being reported in draft format to divisions in the first instance and ratified in final at the Data Quality Compliance Board.</p> <p>Additional reports on capturing data quality errors will be built and shared with Clinical Divisions. These additional reports will be added to the pre-existing data quality reports.</p> <p><b>Responsible Officer:</b> Deputy Chief Executive and Associate Director of Performance &amp; Information</p> <p><b>Timeline:</b> Additional reports from July 2018; audits from June 2018</p>	<p>The Performance and Information department has continued its audit programme reviewing not just only RTT, but other areas such as A&amp;E. These reports are presented at the Data Quality Compliance Board and the detailed data testing is also shared with the operational divisions. Furthermore, two of the reports were also presented to the Audit Committee late last year on the Audit Committee request to better understand the progress made on the Trust.</p> <p>The Performance and Information department has also developed additional DQ reports to add these to the pre-existing data quality reports. These include:</p> <ul style="list-style-type: none"> <li>- Pathways with no outcome recorded</li> <li>- Pathways with a negative wait time</li> <li>- duplicate pathways.</li> </ul> <p>These reports have helped the operational divisions manage the data quality in a pro-active manner, ensuring that any patient records with erroneous data is managed earlier in the patient pathway.</p>
Radiology Reporting Times	<p><b>Review of system's reporting parameters</b></p> <p>We noted that the abandoned scan had been recorded as such in the system, and should have been automatically excluded as part of the reporting process.</p> <p>We recommend that management identify the underlying cause for this error and update the reporting parameters accordingly.</p>	<p>Noted. The Trust has issued instructions that all these scans should be excluded going forward and is confident that this situation will not be repeated in the future.</p> <p><b>Responsible Officer:</b> Director of Operations and General Manager - Core Clinical Services Division</p> <p><b>Timeline:</b> July 2018</p>	<p>The Trust recognises the importance of abandoned scans being swiftly communicated to referring clinical teams (for example in the context of a claustrophobic patient unable to undergo an MRI scan). Therefore, every abandoned scan is reported on by the Radiographer at the time of the examination into CRIS (Radiology Information System), which communicates directly into Cerner (eCare) as part of the patient's EPR. Since the time of this audit the Radiology team have further validated monthly KPI Reporting data and process to ensure such episodes are removed from Reporting turn-around times.</p>

## Appendix 3: Clinically-led Review of NHS Access Standards

The NHS National Medical Director has issued an interim report on recommendations for updating and supplementing current targets

### Issue

In 2018 Professor Stephen Powis, NHS National Medical Director, was asked to carry out a clinical review of standards across the NHS, with the aim of determining whether patients would be well served by updating and supplementing some of the older targets currently in use.

An interim report in March 2019 made a number of recommendations across elective care, urgent care, cancer and mental health, to replace and/or add to the existing clinical access standards. The standards are designed to support:

- shorter waiting times for a wider range of clinical services;
- more emphasis on standards that improve the quality of clinical care and outcomes;
- shorter waiting times for A&E and planned surgery, by tracking the entire wait for every patient; and
- standards that will enable trusts to modernise their care without being penalised.

The new standards are planned to be field-tested during 2019/20 and then implemented during 2020/21, with field testing to consider both the practicalities of adoption and also whether they:

- promote safety and outcomes;
- drive improvement in patient experience;
- are clinically meaningful, accurate and practically achievable;
- ensure the sickest and most urgent patients are given priority;
- ensure patients get the right service in the right place;
- are simple and easy to understand for patients and the public; and
- do not worsen inequalities.

The proposed indicators are set out on the next page. Dependant upon the final changes, this may affect the scope of Quality Report testing in from 2020/21.

### Deloitte View

The choice of specific targets to measure often involves trade-offs in what is captured, or not captured, by the indicators selected, and in the behaviours that are incentivised.

There have been a variety of responses to the proposals, reflecting in part the changes in what would be emphasised (and deemphasised) relative to the current targets and indicators.

The intention of the new indicators is to measure what is most important clinically and to patients. As the implementation of new standards progresses, it will be important that organisations do not focus solely upon achievement of performance against the selected metric, and that there is continued focus on the overall quality and timeliness of care provided to service users.

We highlight that the implementation of new metrics will require process and potentially system changes, and it will be important for the Trust to consider controls over data quality as part of implementing any changes.

## Appendix 3: Clinically-led Review of NHS Access Standards (continued)

The NHS National Medical Director has issued an interim report on recommendations for updating and supplementing current targets

### Urgent care

The proposed standards would replace the current 4 hour wait target with a measure of the average waiting time, and a specific measure for treatment of the most critically ill patients.

- Time to initial clinical assessment in Emergency Departments and Urgent Treatment Centres (type 1 and 3 A&E departments). (The report does not include a specific target).
- Time to emergency treatment for critically ill and injured patients (complete a package of treatment in the first hour after arrival for life-threatening conditions).
- Mean waiting time in A&E (all A&E departments and mental health equivalents).
- Utilisation of Same Day Emergency Care. The aim is to complete all diagnostic tests, treatment and care that are required in a single day.
- Call response standards for 111 and 999.

### Mental health

A series of new indicators are proposed for testing, which would replace the current Early Intervention in Psychosis and Improving Access to Psychological Therapies targets. These would focus on faster access for mental health crises, with slower but timely targets for other support.

- Expert assessment within hours for emergency referrals; and within 24 hours for urgent referrals in community mental health crisis services.
- Access within one hour of referral to liaison psychiatry services and children and young people's equivalent in A&E departments.
- Four-week waiting times for children and young people who need specialist mental health services.
- Four-week waiting times for adult and older adult community mental health teams.

### Cancer

The proposed standards combine existing standards into simplified overall metrics:

- Faster Diagnosis Standard: Maximum 28 day wait to communication of definitive cancer / not cancer diagnosis for patients referred urgently (including those with breast symptoms) and from NHS cancer screening.
- Maximum two-month (62-day) wait to first treatment from urgent GP referral (including for breast symptoms) and NHS cancer screening.
- Maximum one-month (31-day) wait from decision to treat to any cancer treatment for all cancer patients.

### Elective care

The current 18 week RTT target may be revised, and a patient choice standard introduced.

- Maximum wait of six weeks from referral to test, for diagnostic tests (the current standard is to be retained).
- Defined number of maximum weeks wait for incomplete pathways, with a percentage threshold (current 18 week RTT threshold and maximum wait to be reviewed) **OR** Average wait target for incomplete pathways.
- 26-week patient choice offer (patients will be able to choose whether to access faster treatment elsewhere in a managed way).
- 52-week treatment guarantee.

# Responsibility statement

# Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

## What we report

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

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

## Other relevant communications

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

## What we don't report

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

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

**Deloitte LLP**  
May 2019

This report is confidential and prepared solely for the purpose set out in our engagement letter and for the Board of Directors, as a body, and Council of Governors, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose. Except where required by law or regulation, it should not be made available to any other parties without our prior written consent. You should not, without our prior written consent, refer to or use our name on this report for any other purpose, disclose them or refer to them in any prospectus or other document, or make them available or communicate them to any other party. We agree that a copy of our report may be provided to NHS Improvement for their information in connection with this purpose, but as made clear in our engagement letter dated 10 December 2018, only the basis that we accept no duty, liability or responsibility to NHS Improvement in relation to our Deliverables.



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