

COUNCIL OF GOVERNORS

Council of Governors' meeting to be held at 10.00 on 7 November 2019 in the Conference Room, Academic Centre, Milton Keynes University Hospital, Milton Keynes

Time	Item		Report	Lead
10.00	1	Chair's Welcome and Announcements		Chairman
	1.1	Apologies To receive apologies for absence.-	Verbal	Chairman
	1.2	Declarations of Interest Governors are requested to declare any interests they have in items on the agenda.	Verbal	Chairman
	1.3	Minutes and Matters Arising		Chairman
	(a)	Minutes of the Council of Governors meeting held on 16 July 2019	Approve (Pgs. 4 -10)	Chairman
	(b)	(b) Action Log	No actions	Trust Secretary
	2	(a)Chairman's Report (b)Chief Executive's Report <ul style="list-style-type: none"> Coroner's remarks on the death of John Shrosbee 	Verbal	Chairman Chief Executive
	PRESENTATION AND INFORMATION ITEMS			
10.30	3.1	15 Steps Toolkit for People with Learning Disabilities	Receive (Pgs. 11-18)	Patient Engagement Manager
	3.2	Friends and Family update	Presentation	Patient Engagement Manager
	3.3	Update on new car parking arrangements	Approve (Pgs.19-20)	Deputy Chief Executive

	3.4	Update on ICS/ICP	Receive (Pgs. 21-22)	Chief Executive
	ASSURANCE REPORTS FROM COMMITTEES			
11.00	4.1	(Summary Report) Finance and Investment Committee 1 July and 5 August 2019	Receive (Pgs. 23-26)	Chairman of the Committee
	4.2	(Summary Report) Audit Committee 16 July 2019	Receive (Pgs. 27-28)	Chairman of the Committee
	4.3	(Summary Report) Charitable Funds Committee 1 July 2019	Receive (Pgs. 29-30)	Chairman of the Committee
	4.4	(Summary Report) Quality and Clinical Risk Committee 16 July 2019	Receive (Pgs.31- 34)	Chairman of the Committee
	4.5	(Summary Report) Workforce and Development Assurance Committee 5 August 2019	Receive (Pgs. 35-38)	Chairman of the Committee
	GOVERNORS UPDATE			
11:15	5.1	Healthwatch Milton Keynes Update Report	Receive (Pgs. 39- 40)	Maxine Taffetani
	5.2	Lead Governor's Report	Verbal	Alan Hastings
	PERFORMANCE			
11:30	6.1	Integrated Performance Report Month 4	Receive (Pgs. 41-54)	Chief Executive
	6.2	Finance Report Month 4	Receive (Pgs. 55-62)	Director of Finance
	GOVERNANCE			
11.40	7.1	Motions and Questions from Council of Governors	Receive	Chairman
	7.2	Any other Business		Chairman
	7.3	Date and time of next meeting 12 February 2020; 17:00 – 20:00	Note	Chairman

	7.4	Resolution to Exclude the Press and Public		
		<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 17.00 on Wednesday 16 July 2019, in the Conference Room, Academic Centre, Milton Keynes University Hospital, Milton Keynes

Present:

Simon Lloyd (SL) - Chairman

Public Constituency Members:

Amanda Anderson (AA)
Alan Hancock (AHA)
Brian Lintern (BL)
Robert Johnson-Taylor (RJ)
Alan Hastings (AH)
Peter Skingley (PS)
Clare Hill (CH)
Clive Darnell (CD)
Akin Soetan (AS)
Douglas Campbell (DC)
Carolyn Peirson (CP)
William Butler (WB)
Ekroop Kular (EK)

Appointed Members:

Maxine Taffetani (MT) - Healthwatch Milton Keynes
Andrew Buckley (AB) - MK Business Leaders
Richard Alsop (RA) - Clinical Commissioning Group

Staff Constituency Members:

Michaela Tait (MT)

Executive Directors

Joe Harrison (JH) - Chief Executive
Ian Reckless (IR) - Director of
Mike Keech (MK) - Director of Finance

Non-Executive Directors

Helen Smart (HS)
Parmjit Dhanda (PD)
Heidi Travis (HT)
Ian Wilson (IW) - Associate Non-Executive Director
Tony Nolan (TN)
Andrew Blakeman (AB)

Also, in Attendance

Jonathan Gooding (JG) -
Adewale Kadiri (AK) -

Deloitte
Company Secretary

1.	WELCOME & ANNOUNCEMENTS
	The Chairman extended a warm welcome to everyone present at the meeting.
1.1	APOLOGIES
	Apologies for absence were received from Alan Hancock, John Ekpa, Clare Walton, John Clapham and Nicky McLeod.
1.2	DECLARATIONS OF INTEREST
	There were no new declarations of interest received and no interests received in relation to any other open items on the agenda.
1.3	MINUTES
(a)	Minutes from the Council of Governors meeting held on the 16 April 2019 The draft minutes of the meeting held on 16 April 2019 were accepted as an accurate record.
(b)	MATTERS ARISING / ACTION LOG
	Action Log There were no outstanding actions.
2	CHAIRMAN AND CHIEF EXECUTIVE REPORTS
(a)	Chairman's Report
	<p>The Chairman informed the Council that the CQC draft inspection report had been received. The final version is expected in August.</p> <p>A topping-off ceremony had been held in respect of the Cancer centre. The Mayor of Milton Keynes was in attendance. The construction project remains on schedule, with handover expected in November. The Appeal is still running and raising funds, with a Gala Ball to be held on 13 September. Tickets are still available and anyone wishing to purchase the should contact the Chair or Vanessa Holmes.</p> <p>The Chief Executive referred to the pension issues affecting senior medical staff that have caused concern across the NHS. He stated that a consultation exercise on a possible solution had been launched today, but the unions are not optimistic that this addresses doctors' concerns. Many doctors are already choosing not to do extra shifts, and where this has happened at MKUH, their choices have been respected. It would be up to individual organisations to decide what measures to put in place to support their staff, but the Treasury wants to avoid trusts taking measures that may need to be shut down. The Chief Executive stated that this is not currently a major issue at MKUH, but the situation is being closely monitored. He also made the point that the problem is not restricted to hospitals.</p>
(b)	CEO Report The Chief Executive made reference to the staff benefit scheme – a three-year programme of investment in, among other things, flexible working, enhanced special leave, and enhanced access to health and wellbeing support to staff who are off sick. He stated that announcement of the package of measures had attracted national attention. He made the point that the Trust had worked closely with the unions over a period of time. The first

	<p>tranche of benefits goes live in September, and so far it has been well received by both staff and the unions.</p> <p>NHS Improvement/England have announced that the service needs to reduce its capital spend by 20%. The BLMK ICS has submitted a proposal from across the patch that meets this requirement, and it will not have a significant impact on the Trust.</p> <p>The initial designs for the Patient Pathway Unit have been seen.</p> <p>Baroness Harding, the Chair of NHSI/E will be coming to the Trust on Monday to talk about flexible working. On 17 September Roy Lilley will also be in attendance to launch “The Academy of Fabulous Stuff on the back of innovations at the Trust.</p> <p>The Chief Executive also drew the Council’s attention to the Trust objectives which will be shared with the Governors. The Board will be updated on a quarterly basis on progress against meeting these.</p> <p>Performance</p> <p>The Chief Executive informed the Council that the Trust had started the year well and had been in the top 25% of organisations on most measures, including becoming one of the top 5 trusts in the country for A&E performance. However, since then, overall performance metrics have deteriorated, and the Trust’s focus is now on delivering the targets rather than comparing itself to others. There is a need to reduce the number of delayed transfers of care to help performance. On a positive note, the Trust is well placed compared to others. Brian Lintern enquired whether there has been an increase in referrals from 111 to A&E, and in response the Chief Executive indicated that the Trust has been trialling the use of GPs in A&E, with a senior nurse to triage. Richard Allsop highlighted the need to get the message out to patients that they can get GP appointments issue. However, he also made the point that the number of A&E attendances here seems slightly lower than elsewhere.</p> <p>In response to a question about social care and long-term need, the Chief Executive highlighted improvements in collaboration between the various relevant organisations in MK. The Medical Director added that social workers are now present in A&E and there is a 24/7 mental health presence. He also informed the Council of the creation of 6 Primary Care Networks across MK with a view to providing enhanced services in the community. It was noted that the NHSE & I merger will signal more whole system working.</p> <p>The Chief Executive explained that entering into the guaranteed income contract with MKCCG had helped to take some heat out of the system, as the Trust is no longer paid on the basis of the number of patients it sees, instead receiving a fixed amount to care for the year.</p> <p>Amanda Anderson asked about the number of patients who failed to attend their appointments. In response, the Medical Director explained that nationally the rate is around 11-12%, much higher than it is here. It is expected that MyCare will help to reduce the rate, but there is a need for the Trust itself to become more efficient in the use of clinic time.</p> <p><u>Resolved:</u> The Chairman’s and Chief Executive’s reports were received and noted.</p>
3.1	Month 2 Finance Report
	<p>The Chief Executive highlighted the major impact that the change in contractual relationship has had on the way that the Trust and the CCG work together. He indicated</p>

	<p>that some CCG staff are now taking up honorary contracts at the Trust. Mention was also made of the simple transactional change that had been made at the fracture clinic which meant that over a four-week period 300 to 600 appointments were no longer required. Steps are being taken to replicate this in every service – with the focus on ensuring that the right patient gets in front of the clinician. Financially the contract simplifies things for both parties.</p> <p>Akin Soetan enquired how this change in contracting model will impact on staffing, and in response the Chief Executive made the point that the Trust cannot afford to reduce its staffing levels, but instead needs use its capacity to cope with growth. He also made reference to the fact that over the last 4 years, the Trust had been successful in cutting agency spending, and that increasing the opportunities for staff to work more flexibly should in turn help reduce turnover.</p> <p>Resolved: The Month 2 Finance Report was received and noted</p>
3.2	Summary of NHS Inpatient Survey 2018
	<p>The Patient Engagement Manager presented a summary of the results of the 2018 NHS Inpatient Survey. It was agreed that the slide pack would be shared with Governors.</p> <p>Resolved: The summary of the results of the 2018 NHS inpatient survey was received and noted</p>
4.1	(Summary Report from) Finance and Investment Committee 29 April and 3 June 2019
	<p>Heidi Travis presented the summary report of the Finance and Investment Committee meetings held on 29 April and 3 June 2019. She confirmed that the Committee's main area of focus in recent meetings had been on the new guaranteed income contract. She noted that the key performance indicators are being worked through in order that the Trust can gain a clear understanding of the areas that it needs to focus on. The pressure on capital was also noted.</p> <p>In response to a question whether the Trust would be compensated if its incurred costs beyond the contract amount, Ms Travis explained that the contract amount is £157.5m. This puts the Trust in a good position and in control of its finances – it was also seen to be appropriate as against other options such as staying within a payment by results regime. This year a one-year contract, and both parties are soon to start negotiating for next year and the year after that. The Medical Director added that the contract presents risks for both the Trust and the CCG – it is a leap of faith for the whole system. Heidi Travis also highlighted the need for the Trust to deliver significant savings.</p> <p><u>Resolved</u> That the Summary Report from Finance and Investment Committee was noted</p>
4.2	Workforce and Development Assurance Committee 29 April 2019
	<p>Tony Nolan presented the summary report of the Workforce and Development Assurance Committee meeting held on 29 April 2019. He highlighted the fact that overall, the Trust's workforce metrics are going in the right direction, and the employees' journey is well managed. He also indicated that the first cohort of University of Buckingham medical students graduated a few weeks ago.</p> <p>Regarding the Staff survey, Mr Nolan expressed the frustration that the Trust's</p>

	<p>engagement score has remained relatively static, in spite of the measures that have been taken in response to staff feedback. He was however confident that the Trust is getting closer to what staff see as the barriers to engagement, and he highlighted issues at middle management level as one of the key challenges. A management charter is to be introduced, in line with the MK Way approach, with a view to empowering middle managers.</p> <p>In response to a question about staff networks and the Workforce Race Equality Scheme, Tony Nolan confirmed that the Trust follows best practice in its processes, including relying on blind CVs at recruitment. He made the point that staff networks must be allowed to develop organically – there should not be a sense that staff are compelled to join. Promotion is an area where, on the face of it, more work is required, although it is acknowledged that the datasets are small. Alan Hastings enquired about international recruitment for doctors, but Tony Nolan clarified that the focus is currently on nurse recruitment, although the need to think ethically in relation to the needs of the exporting countries must remain a priority.</p> <p><u>Resolved:</u> That the Summary Report from the Workforce and Development Assurance Committee be received.</p>
4.3	<p>Summary Report from the Charitable Funds Committee meeting held on 29 April 2019</p>
	<p>Parmjit Dhanda presented the summary report of the latest meeting of the Charitable Funds Committee. He highlighted the fact that the charity now has some financial stability. Regarding the Cancer Centre appeal, he confirmed that the Fundraising Practice is to continue to provide support until the end of the calendar year, and good progress is being made towards reaching the appeal's target.</p> <p>Steps are being taken to simplify the processes by which staff can access their own funds.</p> <p>Mr Dhanda observed that there is much local activity going on, but more effort needs to be made to access the more significant funding that is available. To this end he explained that there is an intention to widen the skills available to the committee and asked any governors who might be interested in getting involved to make contact.</p> <p>Alan Hastings agreed that independence of the charity from the Trust is a good long-term aim.</p> <p><u>Resolved:</u> That the Summary Report from the Charitable Funds Committee be received</p>
4.4	<p>Feedback from Council of Governor observation of Board Committee meetings</p>
	<p>Those governors who had attended Committee meetings all indicated that they had found them useful, both in gaining a better understanding of what is going on at the Trust, but also to see the non-executives in action. Clive Darnell suggested that in the interests of consistency, it would be useful for governors to attend the same Committee but with more frequency, although he acknowledged that this creates the risk of them becoming too involved.</p> <p>It was agreed that any suggested changes to the process could be discussed at the next informal governors meeting.</p>

5.1	Healthwatch Milton Keynes Update
	<p>The 2018/19 annual report from Healthwatch Milton Keynes was received and considered.</p> <p>Maxine Taffetani remarked that there had been a lot less feedback on the hospital than in previous years, which is a positive development. However, it was a very busy year for the team, as they carried out 68 different visits in total. Their work during the year included access to GP registration, and an enter sand view inspection of the Urgent Care Centre – Ms Taffetani commended the fact that changes had been made following their previous visit. Some follow up work was done on wards at the hospital, and it was positive to see that changes had been made, including putting up “you said we did” posters.</p> <p>There was acknowledgement of the need to strike a balance between planned and responsive work. Going forward, there will be a focus on young people’s experience of health and care across Milton Keynes, and Healthwatch will also be considering the diversity of its representation.</p> <p><u>Resolved:</u> That the Healthwatch Milton Keynes Annual Report 2018/19 was received and noted</p>
5.2	Lead Governors update
	<p>Alan Hastings presented this update in his capacity as Lead Governor. He reminded the Council that the network covers a total of 14 Trusts across the East and parts of the South Regions. It meets 6 times a year, and its main aim is to share and disseminate best practice across the patch.</p>
6.	Annual Report and Accounts 2018/19
	<p>Jonathan Gooding reporting on the processes around the completion of the Annual Report and Accounts for 2018/19, including the Quality Report. He indicated that most of the work was completed in May, and that most of his team’s focus had been on the financial statements. In this regard, he had been able to sign off a clean and unqualified opinion on the accounts.</p> <p>For the Quality Report, the auditor is required to check that the report is consistent with other sources of information. Over the years, this has become quite a complex document to compile with detailed guidance that the Trust is required to comply with. Overall, the auditor was content that the report was materially consistent with the requirements of the guidance.</p> <p>As part of the quality reporting process, the auditors are also required to test two indicators as mandated by NHSI/E. This year, those indicators were the A&E 4 hours and cancer 62-day targets. The auditors’ opinion was qualified in respect of these indicators as a result of errors that were discovered in the data around them. Mr Gooding indicated that this sort of qualified opinion is common among NHS providers, with 20-22% of organisations having at least one indicator qualified. He assured the Council that the Trust management are taking urgent and concerted actions to improve the quality of the data.</p> <p>In response to a question from Alan Hastings as to how serious the qualifications were, Mr Gooding stated that the scope of the auditors’ work in this area is restricted. Anything that resembles a breach has to be reported. He made the point that some trusts have no qualifications and others have fewer errors, but that there is no indication from the errors</p>

	<p>recorded here that the Trust has sought to improve its position.</p> <p>Andrew Blakeman, in his capacity as Chair of the Audit Committee made the point that the introduction of eCare has contributed to some of the errors, and he also indicated that the administration around cancer care is being reorganised. He agreed it could take up to three years for all the Trust's systems to be re-arranged such that there are no more errors. As to whether there are any risks to patients in the interim, it was confirmed that no patients are being treated any differently as a result of these errors. Mr Blakeman further made the point that it would be difficult to justify spending more resources than have already been set aside to address these issues. He confirmed that the Trust does carry out its own audits to help minimise the errors.</p> <p><u>Resolved:</u> That the Annual Report 2018/19, incorporating the Quality Report and the Auditor's Opinion be received and noted</p>
7.1	Motions and Questions from Council of Governors
	There was none.
7.2	<p>Any other Business</p> <p>It was noted that the Cancer team would like to consult with governors over the ongoing development of the Cancer Centre.</p> <p>Clare Hill announced that the Friends of MK Hospital will be celebrating their 40th birthday on Saturday 7 September. All are welcome to attend.</p>
7.3	<p>Date and Time of next meeting</p> <p>The date of the next meeting of the Council of Governors is 7 November 2019</p>
7.4	<p>RESOLUTION TO EXCLUDE THE PRESS AND PUBLIC</p> <p><u>Resolved:</u> That representative of the press and other members of the public are excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted.</p>



MKUH Patient Story

Council of Governors Meeting 7 November 2019

Michaela Tait
Patient Engagement Manager

Learning Disabilities and/or Autism; work to date

- **LD Steering Group well established**
 - met 6 times since Oct 2018
 - Wide representation including a NED, Governor, MKUH staff members- clinical and non clinical and with a LD special interest
- **MKUH LD Strategy**
- **NHS England ‘Learning disabilities improvement Standards’ completed. Priorities identified are;**
 - Training
 - Communications
 - Engagement with stakeholders inc. MKCCG , Talkback, Experts By Experience

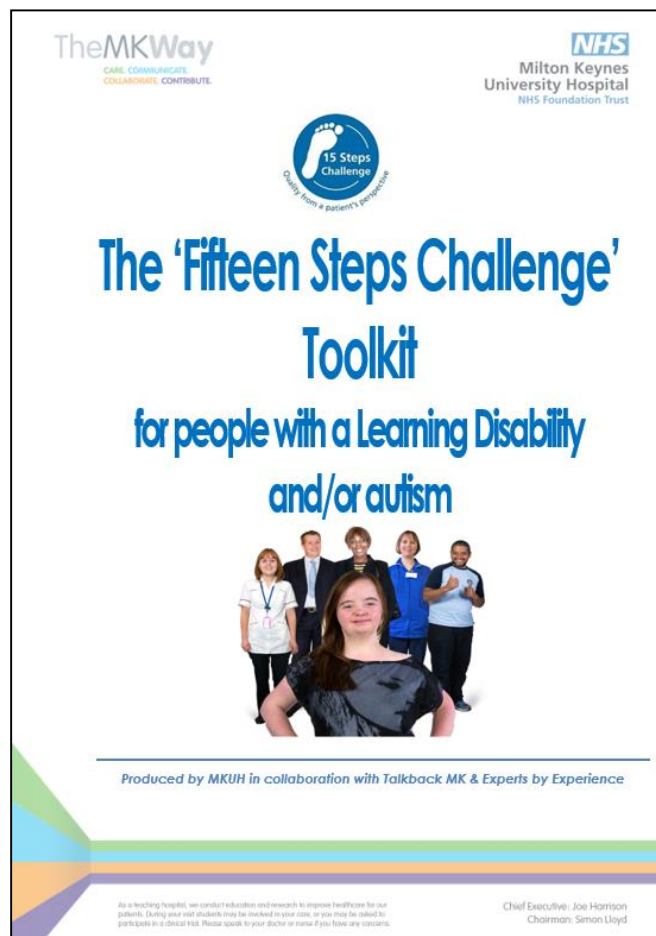
Engagement with Talkback MK and the 'Experts by Experience'

- MKUH invited to & attend the Talkback MK and Expert by Experience group
- MKUH invited to & attend the MK Learning Disabilities Partnership Board
- MKUH creating partnerships with the community , MK Council and MKCCG
- MKUH working with Experts by Experience on 15 Steps inc toolkit



The 15 Steps Challenge





TheMKWay
CARE. COMMUNICATE.
COLLABORATE. CONTRIBUTE.

NHS
Milton Keynes
University Hospital
NHS Foundation Trust

The '15 Steps Challenge' Visit




Do you feel welcome?

Please can you tick the box which best describes what you see and feel

Did you find the place you visited easy?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Do people say hello to you?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Do staff smile?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Were there any pictures or displayed you liked?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Was there information about the service?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
How did you feel here?		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>

The MKUH 15 Steps Challenge Toolkit for people with a Learning Disability
v1 August 2019

FFT for Learning Disabilities &/or Autism

<p>TheMKWay CARE. COMMUNICATE. COLLABORATE. CONTRIBUTE.</p> <p>Friends and Family Test PLEASE TELL US ABOUT YOUR PATIENT EXPERIENCE</p> <p>Date attended</p> <table border="1"> <tr> <td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td> </tr> </table> <p>Clinic or Ward</p> <p>Would you want your friends and family to have this service if they needed it?</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Yes </div> <div style="text-align: center;">  No </div> <div style="text-align: center;">  Don't Know </div> </div> <p>Please post this survey into the box provided or hand it to a member of staff</p> <p>Please Turn Over</p>			/			/			<p>TheMKWay CARE. COMMUNICATE. COLLABORATE. CONTRIBUTE.</p> <p>NHS Milton Keynes University Hospital NHS Foundation Trust</p> <p>What was good about the visit?</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p>What would have made the visit better?</p> <div style="border: 1px solid black; height: 100px; margin-top: 10px;"></div> <p><input type="checkbox"/> Please tick this box if you do not wish your comments to be made public</p> <p>Are you male or female?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>What age are you?</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Under 16</td> <td><input type="checkbox"/> 16-24</td> <td><input type="checkbox"/> 25-34</td> <td><input type="checkbox"/> 35-44</td> </tr> <tr> <td><input type="checkbox"/> 45-54</td> <td><input type="checkbox"/> 55-64</td> <td><input type="checkbox"/> 65-74</td> <td><input type="checkbox"/> 75+</td> </tr> </table>	<input type="checkbox"/> Under 16	<input type="checkbox"/> 16-24	<input type="checkbox"/> 25-34	<input type="checkbox"/> 35-44	<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75+
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Parking concessions

The below details both the categories of patients and visitors that qualify for free parking and where they can get their parking tickets validated for free exit. These have been determined following research and review of the Trust's previous processes and those of surrounding hospitals.

Patients and visitors that qualify for free parking:

Volunteers – any volunteer completing a volunteering shift should have their tickets validated at the main entrance reception desk.

Blue badge holders – Parking for blue badge holders is free. Disabled blue badge holders parking in the multi-storey car park should scan their blue badge at the exit barrier to exit. Those parking in Car Park B should scan their blue badge at the payment machines to validate their ticket for free exit. All other disabled parking spaces are not behind barriers.

Renal Unit – patients attending the Renal Unit will have their tickets validated in the unit itself.

Patients claiming benefits – patients claiming benefits should go to the General Office to determine whether they qualify for a free ticket. This process is the same as the current process.

Visitors with pre-booked bereavement appointments – visitors can park for free in the reserved bereavement spaces or, if these are not available, can have their ticket validated at the Bereavement Office.

Patients who experience administrative issues – patients who have cancelled clinics, appointments or cancelled operations for non-clinical reasons while they are on-site will be given a stamped ticket which they should take to be validated at the main entrance reception desk.

Patients receiving chemotherapy – free parking will apply to all patients visiting the hospital for chemotherapy treatment on that day. Ticket will be validated at the Macmillan Unit.

Parents and guardians of babies on NNU – these visitors will be able to have their ticket validated at the Neonatal Unit.

Next of kin of DoCC patients – immediate family (next of kin) of DoCC patients will be able to have their ticket validated in DoCC.

Patients and visitors that do not qualify for this criteria should pay for parking using the standard hospital tariff.

We will continue to monitor the use and effectiveness of the new concessions rules and invite views of patients at public meetings, via Governors through their constituencies and from our staff. Following three months of monitoring and feedback, the concessions categories will be reviewed by the Council of Governors in November.

If you want to provide any feedback from patients, please send this to parking.enquiries@mkuh.nhs.uk

ICP development in Milton Keynes

Report from CF workshops

DRAFT

September 2019



Executive summary

System leaders in Milton Keynes have a shared ambition to create an Integrated Care Partnership (ICP). This is driven by the requirements of the Long Term Plan, an aim to advance the Bedfordshire, Luton and Milton Keynes (BLMK) Integrated Care System (ICS), the belief that integrated care is the right direction for the system to move, and the need to reduce system costs.

Chief Executives from Milton Keynes University Hospital NHS Foundation Trust (MKUHFT), Central and North West London NHS Foundation Trust (CNWL), Milton Keynes Council and the BLMK Commissioning Collaborative came together in September 2019 to progress the plans for an ICP. This work was supported by Carnall Farrar. Through a series of interviews and two half-day workshops, the Chief Executives aligned on the aim, scope and approach for the ICP.

In the second workshop, the Chief Executives defined the high-level services, and therefore budget, that the ICP would encompass. They agreed that most of the health and care services commissioned for MK residents today would be part of the ICP, excluding specialised commissioning and specialist inpatient mental health. This implies the scale of budget for the ICP would be roughly £485m.

The Chief Executives also began to articulate a preferred organisational form for the ICP: a combination of alliance and lead provider models. It was suggested there would be three lead providers, each managing a defined area of budget and services: CNWL as lead provider for mental health, MKUHFT as lead provider for physical health and Milton Keynes Council as the lead for social care. There was a recognition that further work is needed to define which services fall into these segments). These providers and the commissioners would then be part of an alliance for Milton Keynes, responsible for strategic planning and financial management over shared resources, and ensuring the needs of the Milton Keynes population are met. It was agreed that work on developing the alliance should be progressed rapidly, so that the ICP will be in a position to go live by April 2021 when the CCGs merge into a strategic commissioner at the ICS level.

The next steps are to develop a straw man for how the proposed organisational arrangements might work in practice, and for Chief Executives to enhance and agree this. Further thinking also needs to be undertaken to establish the best approach to engaging primary care as a critical partner in the alliance development. The Chief Executives will come back together in October to discuss these topics, meeting regularly thereafter to push forward the development of the Milton Keynes ICP.

MEETINGS OF THE FINANCE AND INVESTMENT COMMITTEE HELD ON 1 July and 5 August 2019

REPORT TO THE COUNCIL OF GOVERNORS

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. Performance dashboard M2 and M3

At the July meeting, the increase in GP referrals to Ophthalmology was noted – the reasons behind this are being analysed by the CCG. Efforts to reduce “Did Not Attend” rates in the Trust are being intensified, although it remains the case that MKUH’s rates are in line with national averages.

At the August meeting, it was reported that while A&E performance remains good, performance against the 18-week RTT standard requires attention. It was acknowledged that the Trust needs to maintain its focus on managing waiting lists, and there was confirmation that one patient has been awaiting elective treatment for more than 52 weeks. Regarding the relatively high number of staff vacancies, it was noted that this is largely a timing issue and should be addressed when the next cohort of graduating nurses arrive at the Trust later in the year.

2. Board Assurance Framework:

At the July meeting, the Committee decided to increase the rating of BAF risk 7-2 (capital expenditure) from 5x3=15 to 5x4=20 based on the national approach that was at that time being taken on the provision of capital funding. Cognisance was taken of the constraints that the Trust was under considering that it had already made several contractual commitments. However, by the time of the August meeting, it was reported that there is now more certainty in the system, following announcements that had been made about the capital funding, including for Luton and Dunstable Hospital. On this basis, it was agreed that the rating would be reduced to 4x4=16.

There was acknowledgement of changes in the external environment with more powers being to the ICS, but the Trust is maintaining good relationships with its BLMK partners.

3. Finance Report

- I. It was reported that month 2, the Trust is broadly on plan. Within the context of the guaranteed income contract with MKCCG, the focus remains on managing costs efficiently and reducing the cost base. At that point in the year, the Trust was under-performing on the contract with MKCCG but over-performing on other contracts –

MKCCG are aware of this and not currently concerned. Discussions around the 2020/21 contract are likely to start by Christmas.

- II. Pay was overspent in month, but this was largely as a result of staff choosing to be paid on a weekly basis. The Trust is also overspending against plan in terms of health care assistants. This is mainly as a result of the use of enhanced observation, and in some cases, HCAs are substituting for registered nurses where this is acceptable.
- III. At month 3, the Trust's position is positive to the tune of £37k. However, financial difficulties in other organisations within the BLMK ICS means that the Trust will lose £138k worth of Provider Sustainability Fund monies.
- IV. A&E activity was up in month, but non-elective fell. However, July may have been the Trust's busiest ever month for admitted care.
- V. Although the Trust is doing well overall, it was noted that activity is below plan. GP referrals now have to go through a Referral Management System which helps ensure that only the most serious cases are sent to the hospital.

4. Agency update

- I. The agency spend for month 2 was £727k. however, the Committee noted that quarter 2 could be challenging for medical staffing as vacancies as a result of resignations are sometimes not be filled by the Deanery in July.
- II. In month 3, expenditure was once again below plan, although there were overspends in some areas such as therapies. There was once again some concern about medical spend, but there is still expectation that overall spend will stay below plan. It was agreed that efforts would be made to keep spending as low as possible in the first 4 months of the year in case there is a need for extra spending in the winter months. There will also be a focus on earlier recruitment.

5. Transformation Programme

At month 2, £11.5m of schemes had been identified, but a shift from income growing to cost reducing schemes is still required, and there was confidence that the Medicine and Surgery divisions are making this shift. Procurement and workforce related schemes are also making progress. Although there is confidence that the overall £8.4m target will be achieved, it was conceded that most of the savings may not be recurrent. Reference was made to ongoing work in A&E and Urology, for example, where the skill-mix is changing, and the staffing model relies more heavily on nursing.

It was noted that specific work is being done to reference changing processes as a result of eCare. There was confirmation that every CIP scheme is quality impact assessed to ensure that patient safety and care are not affected by the plans. Both the Chief Nurse and Medical Director are actively involved in this process.

At month 3, the Committee noted that of the 4 divisions only Surgery was above target, although the other 3 are working hard to catch up. It was noted that a number of CCG staff are now based at the

Trust, working on new models of care, and specialist support is also being provided to help in dealing with so-called “super-stranded patients.

It was agreed that going forward, a step would be added to the process to ensure that major projects, such as eCare, would be brought back to this Committee 6 to 12 months after delivery to ensure that they are in fact delivering the expected benefits.

6. Timeline for strategic capital projects

- I. An outline business case regarding the proposed pathway unit will be presented to NHSI/E and the DHSC once it is ready.
- II. The Trust may be in line to receive additional funding under the Global Digital Exemplar programme.

7. Other business

It was confirmed, in relation to scrutiny of progress against the Trust objectives, that there is a timetable in place for reporting back to the Board, and the first feedback session will take place in October.

Audit Committee Summary Report

1. Introduction

The Audit Committee met on 16 July 2019. A summary of the key matters discussed is provided for the Council of Governors:

2. Matters Arising

The Committee received an update on the steps being taken to address the risk of cyber-attacks at the Trust. The process of upgrading computers to Windows 365 is continuing at pace, and the Trust is also moving away from password protection towards other forms of identification. As a result of the various measures that are being taken, the Trust is now rated within the top 10 of NHS organisations in the country for cyber-security. Regarding employees who inappropriately access sensitive information, it was noted that the Trust has supported ICO prosecutions against such staff.

3. Data Quality

The Committee received and discussed a data quality improvement project plan highlighting the steps being taken to improve data quality across the organisation. The expectation is that in due course, completion of the actions set out in this plan, along with the management actions from the external auditors could lead in the future to the Trust no longer being qualified following the Quality Report indicator testing. Completion of the administrative transformation programme would also have a role, particularly in relation to RTT. The Committee acknowledged that errors would continue to occur while these long-term actions are being implemented, and there was some debate as to whether this is an acceptable risk. In terms of priorities, it was noted that the focus will remain on A&E, RTT and cancer care – although internal audit could be commissioned to do some extra work in this area. The issue is to be revisited at the next meeting.

4. Internal Audit

The internal auditors presented their 2019/20 plan, highlighting the link between the areas chosen for review and the risks that had been identified in the Board Assurance Framework. It was acknowledged that there had been extensive engagement with the executive team in formulating the plan.

It was agreed that the review of STP/ACS governance would focus more on MK Place, and that the eCARE implementation and benefits realisation would be dealt with together at a later stage in the life of the 3-year internal audit strategy. The Committee also suggested more of a focus on risk management and assurance as against cyber-security and recruitment, the latter two being areas of relative strength for the Trust.

All of the 7 reviews that had been completed as part of the 2018/19 plan, were assessed as providing reasonable assurance, but there were some areas for improvement, particularly regarding data quality and delayed transfers of care. A report on the tracking of the completion of actions is to be presented at the next meeting.

5. Financial Controller Report

Write-offs for the quarter amounted to £88k, £71k of which related to overseas patients (including £20k attributable to a deceased patient). Details of all the cases had been passed on to the Borders Agency.

Losses in the period amounted to £98k, most of which related to obsolete stock identified in the annual inventory. Steps are to be taken to better manage the obsolete drugs produced by the Aseptic Pharmacy Unit, however there is confidence that the core pharmacy stock is well controlled.

In terms of credit notes over £20k, there were 4 in the period, amounting to £172k, and they related mainly to corrections of invoicing errors.

14 tender waivers were completed in the period, totalling £565k, but 3 other waivers were cancelled .

6. Risk

The Committee held a discussion about its role and that of the Board in relation to management of the risk and control environment. The members noted that the CQC had been concerned that the Board did not appear to have sufficient oversight of highly rated risks on the Significant Risk Register (SRR), but they did not consider that in-depth scrutiny of what is an operational risk register would not be an appropriate use of board time. The Committee agreed instead that formal reporting be provided on the escalation of risks from the SRR to the Board Assurance Framework (BAF), as well as on what happens to risks leaving the BAF. In addition, training for managers around risk scoring is to be commissioned, and the Standard Operating Procedure on how the BAF is updated will be re-circulated. The internal auditors also agreed to circulate details of good practice that they had observed elsewhere.

7. Minutes from Board Committees

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

- Finance and Investment Committee meetings on 1 April, 29 April and 3 June 2019 (approved)
- Charitable Funds Committee meeting on 29 April 2019 (approved)

8. Recommendation

The Council of Governors is asked to note the report and raise questions about the work of the Committee as they see fit.

Charitable Funds Committee Summary Report

1. Introduction

The Charitable Funds Committee met on 1 July 2019.

2. Key matters

The following items were presented to the Committee:

Fundraising update

- The Be Seen In Green campaign ran during the month June to mark the anniversary of the launch of the Cancer centre Appeal. 40 local companies, organisations and schools took part raising around £15k in total. Events that took place during the campaign included a soapbox derby through the city centre. The positive impact that this campaign will have both on the Cancer Centre Appeal and other fundraising activities by the charity was noted.
- Legacies are now being made on behalf of the hospital. A legacy leaflet has been prepared and will be added to the fundraising packs. Relationships are also being built with local solicitors and the Committee will be updated at future meetings on this.
- Potential donors remain willing to support the Cancer Centre Appeal, but progress in accessing funding has been slower than expected. Enquiries have been made regarding room-naming opportunities, and it was confirmed that these will be accommodated in line with Trust policy.
- Sales of tickets for the gala dinner on 13 September have gone well, and as at the date of this meeting almost half of the available tickets had been bought. The point was made that some of the impacts of the dinner would continue to be felt in 2 to 4 years' time.

Charitable Funds Finance updates

- The timeline on spending for the Cancer Centre is being worked through, and as such it is not yet possible to ascertain when the appeal will close.
- A plan for further appeals is to be presented at the Committee's next meeting.
- The non-appeal financial position is stronger than expected with a cash balance of £347k. The strength of predicted grant funding is to be clarified.

Arts for Health

- The Committee received a presentation on the role of Arts for Health. The charity currently curates, cares for and maintains all of the artwork around the hospital as well as 4 of the hospital's courtyards.
- Funding for their work programme for 2019/20 was approved. It was agreed that the Trust will work with Arts for Health on raising their profile and thereby becoming more financially sustainable

Fundraising Practice

The Committee agreed that the Fundraising Practice will continue to support the Cancer Centre Appeal until the end of the year, and they will provide monthly updates on their work to the Committee.

Charity strategy development

- A report will be presented at the next meeting on the development of a strategy for the charity that will focus on sustainability, the management of rises and falls in funding and the development of collaborative working partnerships.
- Contactless tap to give points will be coming on line shortly.

Other business

The Trust Chairman indicated that he had attended a fundraising event for the Cancer Centre Appeal some 8 months ago, but that since then no funds had been received. The matter is to be escalated to the police.

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

The Trust's responsibilities around the Cancer Centre Appeal.

Quality and Clinical Risk Committee Summary Report

1. Introduction

The Quality and Clinical Risk Committee met on 16 July 2019.

2. Key matters

The following items were presented to the Committee:

Matters Arising

Standards are to be agreed on timings for settling agendas and circulating meeting packs to ensure that Committee members have sufficient time to prepare for meetings and scrutinise the information. It was also agreed that further impetus will be added to the completion of actions around securing improvements to the patient experience.

Quarterly highlights report

- The CQC inspection team had raised two issues for urgent attention while they were on site. One of them had been as a result of a misunderstanding during an interview (warming of fluids), and the other has been addressed (theatre procedure room). Neither issue was referenced in their report. The Committee was informed that the Trust had formally challenged the ratings awarded in respect of Maternity Care and Medicine.
- Six primary care networks (PCN) have been established in MK, and some funding is to be channelled through them. The Trust is working with the PCNs and other local partners to help develop a local clinical leadership forum.
- Feedback received from trainee doctors within the Obstetrics and Gynaecology specialty indicates that they have not been as well supported as they should. Action is being taken to address the issues raised, including standardising processes to facilitate better teamworking, and ensuring that trainees are aware of all the available routes through which issues may be escalated.

Clinical and Quality risks on the Board Assurance Framework (BAF)

Members of the Committee will meet informally to have a more detailed look at the risks owned by the Committee prior to the next formal meeting.

Exception report for Quality Dashboard

- Although significant improvement has been made in respect of patients who have had to endure longer than expected stays in hospital, more work, including with partners, is required, and this is being planned.
- There had been a deterioration in the timeliness of ambulance handovers in May 2018, largely as a result of the introduction of eCARE. Since then, the quality of handover has been steadily improving, although the process is still taking longer than it previously did. Further improvement is expected once ambulance records become available via eCARE.
- Expected improvements in complaint response times have not yet occurred. Most complaints continue to be dealt with and resolved by the PALS office, but there remains a sizeable number of more complex cases that take longer to resolve.

Quarterly mortality update

- The Committee noted the gradual increase in the Trust's Hospital Standard Mortality Ratios (HSMR) score over the last year or so, due largely to issues around coding, particularly in respect of comorbidities and palliative care. The Trust remains within an acceptable range.
- There is one area in which the Trust has been an outlier in terms of the mortality rate – fractured neck of femur. A thorough review took place in respect of a cluster of

deaths to which the Trust was alerted in November 2018. A total of 20 deaths were considered by the Coroner, and although discussions are ongoing, no cause for concern has been raised.

- Qualitative reviews of deaths are being held, but only a very small number have led to lessons being learnt. It is expected that this will improve with the introduction of medical examiners, eight of whom are now in post.

Quarterly trust wide progress report – Serious Incidents

- 13 serious incidents were recorded during the quarter. The top reported category was pressure ulcers, and it was noted that the way in which this category of incident is categorised and reported nationally had changed during the period.
- The Trust is working on new guidelines following a serious incident in which a patient's ovarian cancer went undiagnosed. The mismanagement of a diabetic patient has also resulted in significant learning for staff.
- A number of deaths highlighting issues in the interface between mental health services and the ED are going to inquest in October.

Pressure ulcers quarterly update

- New definitions and guidance on pressure ulcers was issued by NHSI in April 2019, with a view to bringing about a more consistent approach to measurement and monitoring. The changes included abolition of the previous 'avoidable' and 'unavoidable' descriptions, and the introduction of additional categories such as moisture lesion and deep tissue injury.
- There was a reduction in the number of ulcers compared to last year, probably as a result of these changes.
- The Trust is working collaboratively with nursing homes to address the relatively high number of community-acquired pressure ulcers.
- A pressure ulcer panel has been set up to review all cases and assess any emerging themes. The panel reports monthly to the Nursing, Midwifery and Therapies Board.
- The possible impact that moving patients around the hospital could have on the occurrence of pressure ulcers was noted. An alert is to be added to eCARE to make the site team aware of how many times a patient has been moved.

Review of the 2018/19 Quality Report

The Committee was informed that as a result of the timing of the local elections, it had not been possible for local authority partners to provide detailed comments on the report ahead of submission to NHSI in May. The feedback from the auditors about the delay in receiving a compliant version of the report was also noted – this had largely been as a result of the CQC inspection process which occupied the time of several contributors at a crucial point in the process. Early consultation with this Committee and the Council of Governors is to begin in November 2019.

Committee familiarisation session – infection Control and Antimicrobial Stewardship

- This team had been invited to present to the Committee in recognition of the important work that they do.
- The Trust is mandated to report antibiotic consumption per 1000 patients on a quarterly basis. The consumption level is below average, but there is an expectation that it should be even lower. There is a particular focus on Respiratory Medicine where usage is high.
- Antibiotic ward rounds are taking place during which any patients who have been on antibiotics for more than 72 hours are reviewed. In 75% of such cases, the antibiotics being used are either changed or the length of use defined. In the remainder of cases, the use was stopped.

- Anti-microbial stewardship at the Trust has improved significantly compared to the position a few years ago.
- Regarding infection control, there are 3 consultant microbiologists in place, supporting the nursing team. The latter are focused on staff education and patient management.
- There is a risk that the ability to manage pan-resistant bacteria could be lost.
- The team is working closely with Hotel Services to ensure that the Trust maintains a clean environment. Work is being done specifically with the Trust's 200 cleaners to help improve their understanding of where the threat lies and the importance of their role in reducing it. The inclusion of cleaning in the Trust objectives underlines its importance in infection control.
- In relation to community acquired infections, the Trust works with CNWL and the CCG around reportable organisms from inpatient areas. Where pan-resistant patients are imported, the team liaises with Public Health England and the rest of the Trust.

Annual Reports

The Committee received and considered the:

- Annual Complaints Report 2018/19
- Clinical Audit Forward Plan 2019/20
- Annual Claims Report 2018/19, and the
- Research and Development Annual Report 2018/19.

In particular, it was noted that:

- The number of complaints received continues to rise
- The Trust has a good record of initiating audits but currently performs less well at logging their completion and monitoring action plans.
- Clinicians are appropriately involved in the process of litigating claims, although they are not always content with the eventual outcomes.
- Positive progress continues to be made on Research and Development.

Other matters

For the future, agendas for meetings of this Committee will be more closely aligned to the Trust objectives.

3. Conclusions

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

The Council of Governors is asked to note this report.

Workforce and Development Committee Summary Report

1. Introduction

The Workforce and Development Committee met on 5 August 2019. A summary of key issues discussed is provided below.

2. Workforce

Staff Story

The Learning and Development Manager attended to provide the staff story. She joined the Trust 3 years ago as an apprentice on the Learning and Development Team, having had a previous career in the retail sector. She had a successful time of this winning the Apprentice of the Year award and taking advantage of a number of training opportunities. She is shortly to commence a management training programme. The member of staff was positive about her experience as an apprentice and highlighted the development opportunities that had been afforded her. In her current role, she is keen to contribute to the Trust's efforts in developing its workforce for the future through arranging work placements and delivering coaching. Her advice to others considering taking up an apprenticeship was that they should seize all the opportunities that are available to them and be proactive.

The Committee thanked the Learning and Development Assistant for attending to share her experiences.

Staff Survey

This discussion focused mainly on the extent to which the Trust's staff are engaged with the organisation as measured by the Staff Survey and the extent to which the Trust has prioritised appropriate actions to drive engagement. The engagement score is derived from three dimensions from within the survey – levels of motivation and satisfaction, involvement and willingness to be an advocate of the service. There is frustration that the Trust remains in the middle of the pack relative to its peers, despite efforts that have been made in recent years to address staff concerns. The question was raised whether the Trust is addressing the correct issues. The Committee chair felt that the static (relative to peers) staff survey results provided evidence that we had not been tackling the correct issues. He also felt that we lacked a) a clear target, b) a proper diagnosis of what was holding engagement back and c) an action plan to drive a step change in engagement informed by diagnostic data and by best practices outside of the hospital

Several points were raised in the course of the discussion, including that:

- The Trust's response rates have been falling every year since the first survey in 2015
- Action plans to address issues raised in the surveys have previously been thematic, but a more targeted approach has been taken in the last 2 years.

The Committee accepted that there is no single initiative or action that could be guaranteed to improve staff engagement. The Event in the Tent was highlighted as an initiative that had not only been successful here at MKUH but has been recognised nationally yet had not supported an uplift in overall engagement. It was also noted that the Trust has implemented a number of measures recognised by NHS Employers as useful in improving staff engagement including the introduction and growth of Greatix, long service awards and greater executive visibility. Last year the Trust launched a Staff Survey Goes Large exercise targeting the 5 areas with the most room for improvement. Based on the feedback from this initiative, a management toolkit has been devised which all managers have been asked to

use when holding listening events for receiving and acting on feedback from their teams this year.

It was agreed that the Trust will have targets to:

- Be among the top 15% of comparable Trusts for staff engagement, and
- Achieve a response rate of over 50% for the 2019 Staff Survey

In addition, further analysis is to be carried out with a view to understanding what would increase engagement, and the Committee will receive updates on the use of the management toolkit and the listening events at future meetings and that insights from this will be used to generate a holistic staff engagement strategy and plan.

Given that the Committee agreed that it would be impossible for MKUH to become an outstanding hospital without driving engagement to top of benchmark levels it was also agreed that the topic of staff engagement needed more frequent discussion and scrutiny at Board on an ongoing basis.

Organisational Development and Talent Management

The first cohort of participants in the MK Managers' Way programme for new and existing managers have completed the course.

More colleagues have volunteered to participate in the peer to peer listening service (P2P) which has been set up to support staff in a confidential environment. The disability staff network is gaining momentum, and the other networks are also at different stages of development.

Education update

It was noted that the Trust is focusing on using some of the funding that is available through the apprenticeship levy to pay for Masters' level training to equip staff to take on more senior roles. Approved standards and training providers for new apprenticeships are also awaited.

Model Hospital update

The Committee received a presentation on how the Trust compares in terms of its costs to its peers across the workforce components of the NHS England Model Hospital comparative tool. Although the tool indicates that there are some areas, including medical staffing and agency spend, in which the Trust's costs exceed those of other similar organisations, the Committee noted that there are several caveats to the tool – including the age of the data that it relies on, and the fact that trusts often present their data differently, meaning that comparisons are not always valid. Nevertheless, it was noted that work is being done to reduce spend where possible.

Workforce Information Quarterly Report

Highlights from the report include:

- Turnover was down by almost 3%
- The overall vacancy level is 13%, but there are some high vacancy areas in relation to which dedicated work is being done
- Compliance against statutory and mandatory training and appraisal requirements remains high.

Quarter 1 HR Systems and Compliance Report

The main highlight from this report was the improvement in the amount of time it takes to recruit staff. Mention was also made of the actions being taken to fill hard to recruit posts.

Board Assurance Framework

No changes were made to the ratings of any of the workforce related risks, but some amendments were recommended to some of the wording and sources of assurance.

Staff Health and Wellbeing Report

This staff health and wellbeing report included the following information:

- The staff flu vaccination target for this year has increased from 75 to 80%. The Trust has successfully delivered the 75% target in the last three years.

Equality, Diversity and Inclusion update

The Committee received both the Race Equality and Disability Equality Schemes, the latter being presented for the first time. Further analysis of some of the findings needs to be conducted – in particular we need to understand data that suggests that disabled members of staff at this Trust are more likely to endure bullying and harassment than their able-bodied colleagues.

Staff Friends and Family Test

At Quarter 1, 76% of respondents to the Test indicated that they would recommend the Trust as a place to work, while 11% said they would not. 71% also said that they would recommend the Trust to others for receiving care.

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

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

Date of Meeting: November 2019

Healthwatch Milton Keynes Activity

We have held and been involved a number of events since the last Council of Governors meeting including outreach to traveller communities as well as schools and colleges, our annual general meeting and Time to Talk about Mental Health and have been pleased with the attendance as well as the raised awareness of the role of Healthwatch Milton Keynes.

We postponed a planned Enter & View activity to the Maternity Ward due to a CQC visit and we have agreed to carry out the visit on a revised date in November. We have also supplied a number of our volunteers to take part in the PLACE assessment programme.

Our Activity

We informed the Council of Governors in April on the focus groups we were running as part of an engagement project around the NHS Long Term Plan and local health system's response plan. The information has been collated into a report which provides findings at both a Milton Keynes 'Place' and a Bedfordshire, Luton and Milton Keynes 'Scale' level. This engagement was carried out by every Healthwatch in England and every report has now been collated and the findings passed on to the NHS. NHS England CEO, Sir Simon Stevens, attended the Healthwatch national conference, where he announced in his key-note speech that the NHS was launching a national review of patient transport services.

We are working in collaboration with the BLMK Local Healthwatch and the ICS Comms team to create a video to illustrate the feedback and findings, as well as the BLMK response to the report.

We are organising some Health and Wellbeing 'roadshow' events at venues such as the Hindu Association and the various Mosques in Milton Keynes. To assist with this, we are putting a call out to health and social care professionals who speak Gujarati, Hindi and Swahili.

Here are some of the key points shared with us from users of the hospital:

Patient Feedback

We have had thirteen pieces of feedback regarding hospital services since our last Council of Governors' report in April:

We have seen an improvement in the feedback we receive about the Ophthalmology Unit with two people telling us that the clinic ran on time and that they were made to feel at ease and one person specifically noting the quality of information given by the nursing service.

We have had two pieces of feedback about long delays in receiving appointments after referral to the Urology clinic.

The paediatric unit was complimented on its calm atmosphere and friendliness, but it was noted that follow up appointments had not been made due to breakdowns in communication. The communication issue was mentioned in a number of comments, particularly around the need to 'join' Hospital and GP accounts for test results and appointments and for any special needs - A patient's hearing impairment and the hospital being unaware that a hoist would be needed for a patient were two examples given.

While most people talked about the caring attitudes of staff, we were also told that one patient was told, after being delivered by ambulance and admitted to a ward for treatment, that they did not "look ill enough to be here".

As usual, there were a number of side notes in the feedback about the price of parking.

Where people provided contact details, we signposted to PALS where appropriate.

Meeting title	Council of Governors	Date: 7 November 2019
Report title:	Performance Report indicators for 2019/20 (Month 4)	Agenda item: 6.1
Lead director	Name: John Blakesley	Title: Deputy Chief Executive
Report author	Name: Hitesh Patel	Title: Associate Director of Performance and Information
Fol status:	Disclosable	

Report summary	Sets out the Trust's performance against key performance indicators at the end of July 2019			
Purpose <i>(tick one box only)</i>	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation				

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

Report history	None
Next steps	None
Appendices	None

Trust Performance Summary: M4 (July 2019)

1.0 Summary

This report summarises performance as at the end of July 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

July 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%	89.9%	92.4%	90.5%	✓	↓	✓	
4.2	RTT Incomplete Pathways <18 weeks		90.0%	90.9%		86.5%	✗	↓		
4.9	62 day standard (Quarterly)		85.0%	85.0%		82.8%	✗	↓		

In July 2019, 90.5% of patients were seen within 4 hours in ED. This was below the national standard of 95%. However, in the context of the Trust's NHS Improvement trajectory, it was ahead of the 89.9% commitment. The national A&E performance in July 2019 was 86.5%.

There was a 5.6% increase in the number of ED attendances during July 2019 (12,884) when compared to June 2019. This was the highest volume of attendances reported since the same month last year (July 2018), when the Trust experienced a similar drop in performance (88.9%).

The referral to treatment (RTT) 92% standard for incomplete pathways was not achieved at the end of July 2019. The aggregate performance was 86.5%, which was below the NHS Improvement trajectory of 90.9% for the month. This was however above the most recently published combined NHS England performance for RTT, which was 86.3% at the end of June 2019. Nationally, with the exception of February 2016, the operational standard for incomplete pathways has not been achieved since November 2015.

Cancer waiting times are reported on a quarterly basis, usually six weeks after the close of a calendar quarter. They are first released as provisional data, and subsequently finalised in line with the NHS England and NHS Improvement revisions policy. As per the provisional statistics for Q1 2019/20 (the most recent validated position), the Trust did not achieve the 85% Cancer 62 day standard, closing at 82.8%. This was also below the national performance which was 87.4% for the same period.

3.0 Urgent and Emergency Care

Performance in urgent and emergency care continued to function under increased pressure in July 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%	0.8%	1.0%	✓	↓	✓	
3.2	Ward Discharges by Midday		30%	30%	24.8%	24.6%	✗	↓	✗	
3.4	30 day readmissions				8.2%	8.3%		↓		
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.0%	7.6%	✗	↓	✗	
4.1	ED 4 hour target (includes UCS)		93.0%	89.9%	92.4%	90.5%	✓	↓	✓	

Cancelled Operations on the Day

The number of elective operations cancelled on the day for non-clinical reasons in July 2019 was 29 (compared to 21 in June 2019). This represented 1% of all planned elective operations, which was within the agreed tolerance.

Of those cancelled on the day, insufficient time (9), bed unavailability (8) and scheduling errors (4) were described as reasons contributing to the majority of cancelled operations. Two each were also attributed to anaesthetist unavailability and medication issues. The remaining four were cancelled for other reasons, including equipment failure and further investigation needed.

Readmissions

The 30 day readmission rate remained consistent with the previous month at 8.3% in July 2019. At a divisional level, Medicine decreased from 13% in June 2019 to 12%, Surgery remained consistent at just over 5% but Women & Children reported its highest readmission rate since July 2018 at 5.6%.

Delayed Transfers of Care (DTOC)

The number of DTOC patients reported by the Trust at midnight on the last Thursday of July 2019 was reduced to 18. This was the fewest Delayed Transfers of Care reported since January 2019.

Length of Stay (Stranded and Super Stranded Patients)

The volume of super stranded patients with a length of stay of 21 days or more at the end of July 2019 increased by one to 94. This was above the NHS Improvement trajectory of 70 (trajectory to achieve the ambition of 53 by the end of March 2020). Reducing the number of stranded and super stranded patients releases capacity, improves patient experience and reduces the risk of infection.

Ambulance Handovers

In July 2019, the proportion of ambulance handovers to the Emergency Department that took longer than 30 minutes increased to 7.6%. This was the highest percentage reported since March 2019 and is perhaps reflective of the notable increase in demand on the department during the month.

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		93%	93%	93.2%	93.9%	✗	▲	✗	
3.5	Follow Up Ratio		1.50	1.50	1.61	1.57	✗	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks		90.0%	90.9%		86.5%	✗	▲	✗	
5.6	Outpatient DNA Rate		5%	5%	7.6%	7.5%	✗	▲	✗	

Overnight Bed Occupancy

Bed occupancy in July 2019 was the highest reported in the financial year to date and, at 93.9%, it was above the internal threshold of 93%. The latest overnight bed occupancy data published by NHS England reported that the average occupancy rate for general and acute beds nationally was 89.1% in Q4 2018/19, highlighting how demand for beds continues to offer a challenge for the Trust.

Follow up Ratio

Although the outpatient follow up ratio in July 2019 remained above the 1.5 threshold, it did exhibit a reduction to 1.57 follow up attendances for each new attendance. This was the lowest it has been in the financial year to date. Reducing follow up activity can free up capacity for new referrals.

RTT Incomplete Pathways

Meeting the 92% RTT standard and the NHS Improvement trajectory continues to be a challenge for the trust, with demand for emergency care undoubtedly having an impact on elective pathways.

Milton Keynes University Hospital has been selected by NHS Improvement/England as one of the field test sites to participate in the Elective Clinical Standards Review (CRS) Programme. This is likely to impact upon how the Trust reports elective waiting times, with the introduction of an average (mean) waiting time target for incomplete elective pathways being proposed by NHS England.

Diagnostic Waits <6 weeks

The Trust continued to meet the standard of less than 1% of patients waiting six weeks or longer for a diagnostic test in July 2019, with a performance of 99.4%. Nationally, the operational standard of less than 1% of patients waiting six weeks or more was not met in June 2019 (most recent report).

Outpatient DNA Rate

The DNA rate continued above the 5% threshold in July 2019. After a reported reduction during the previous month, it increased up to 7.5%. The 5% target has not been realised since 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 everything they can to minimise DNA rates.

5.0 Patient Safety

Infection Control

MKUH reported zero cases of e-Coli, MRSA and MSSA infections in July 2019. However, two cases of CDI were reported this month, one was in Medicine (Ward 2) and the other in Surgery (Ward 21).

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)		100	100		98.7	✓	▲		
1.2	Mortality - (SHMI) - Quarterly		1	1	1.01	1.01	✗	▲	✗	
1.3	Never Events		0	0	0	0	✓	▬	✓	
1.4	Clostridium Difficile		22	<8	3	2	✗	▼	✓	
1.5	MRSA bacteraemia (avoidable)		0	0	0	0	✓	▬	✓	
1.6	Falls with harm (per 1,000 bed days)		0.12	0.12	0.11	0.14	✗	▲	✓	
1.7	Midwife : Birth Ratio		28	28	29	28	✓	▼	✗	
1.8	Incident Rate (per 1,000 bed days)		40	40	51.38	52.32	✓	▲	✓	
1.9	Duty of Candour Breaches (Quarterly)		0	0	0	0	✓	▬	✓	
1.10	E-Coli		20	<7	5	1	✓	▼		
1.11	MSSA				0	0		▬		
1.12	VTE Assessment		95%	95%	98.0%	98.1%	✓	▲	✓	

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)		94%	94%	Not Available					
2.2	RED Complaints Received				2	0		▬		
2.3	Complaints response in agreed time		90%	90%	88.6%	81.7%	✗	▼	✗	
2.4	Cancelled Ops - On Day		1.0%	1.0%	0.8%	1.0%	✓	▼	✓	
2.5	Over 75s Ward Moves at Night		2,111	704	718	195	✗	▼	✗	
2.6	Mixed Sex Breaches		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		93%	93%	93.2%	93.9%	✗	▼	✗	
3.2	Ward Discharges by Midday		30%	30%	24.8%	24.6%	✗	▲	✗	
3.3	Weekend Discharges		70%	70%	65.7%	57.8%	✗	▼	✗	
3.4	30 day readmissions				8.2%	8.3%		▬		
3.5	Follow Up Ratio		1.50	1.50	1.61	1.57	✗	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)		218	218		219	✗	▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)		53	70		94	✗	▼		
3.7	Delayed Transfers of Care		25	25		18	✓	▲		
3.8	Discharges from PDU (%)		15%	15%	8.2%	9.9%	✗	▲	✗	
3.9	Ambulance Handovers >30 mins (%)		5%	5%	6.0%	7.6%	✗	▼	✗	

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)		93.0%	89.9%	92.4%	90.5%	✓	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks		90.0%	90.9%		86.5%	✗	▼		
4.3	RTT Patients Waiting Over 18 Weeks		1,399	1,262		1,874	✗	▼		
4.4	RTT Total Open Pathways		13,991	13,876		13,835	✓	▲		
4.5	RTT Patients waiting over 52 weeks			0		0	✓	▲		
4.6	Diagnostic Waits <6 weeks		99%	99%		99.4%	✓	▲		
4.7	All 2 week wait all cancers (Quarterly) ✎		93.0%	93.0%		94.1%	✓	▼		
4.8	31 days Diagnosis to Treatment (Quarterly) ✎		96.0%	96.0%		97.7%	✓	▼		
4.9	62 day standard (Quarterly) ✎		85.0%	85.0%		82.8%	✗	▲		

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		64,193	21,407	22,076	5,837	✗	▼	✗	
5.2	A&E Attendances		89,369	29,790	30,850	8,080	✗	▼	✗	
5.3	Elective Spells (PBR)		25,641	8,547	8,859	2,709	✗	▼	✗	
5.4	Non-Elective Spells (PBR)		31,976	10,711	10,422	3,011	✗	▼	✓	
5.5	OP Attendances / Procs (Total)		381,108	127,036	130,894	33,949	✓	▼	✗	
5.6	Outpatient DNA Rate		5%	5%	7.6%	7.5%	✗	▼	✗	

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		268,966	89,218	87,223	23,876	✗	▲	✗	
7.2	Pay £'000		(171,021)	(57,852)	(58,482)	(14,591)	✗	▼	✗	
7.3	Non-pay £'000		(77,803)	(26,386)	(26,253)	(6,771)	✗	▼	✓	
7.4	Non-operating costs £'000		(13,359)	(4,373)	(4,348)	(1,092)	✓	▼	✓	
7.5	I&E Total £'000		6,783	607	(1,859)	1,422	✗	▲	✗	
7.6	Cash Balance £'000		2,500	2,721		15,470	✓	▲		
7.7	Savings Delivered £'000		8,419	1,404	1,059	448	✗	▲	✗	
7.8	Capital Expenditure £'000		27,926	7,994	9,292	25	✓	▲	✗	

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		11%	11%		13.7%	✗	▼		
8.2	Agency Expenditure %		8%	8%	5.6%	5.2%	✓	▲	✓	
8.3	Staff sickness - % of days lost		4%	4%		4.0%	✓	▲		
8.4	Appraisals		90%	90%		90.0%	✓	▼		
8.5	Statutory Mandatory training		90%	90%		92.0%	✓	▼		
8.6	Substantive Staff Turnover		11%	11%		9.6%	✓	▲		

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		8	8	Not Available					
O.2	Rebooked cancelled OPs - 28 day rule		95%	95%	83.2%	62.5%	✗	▼	✗	
O.4	Overdue Datix Incidents >1 month		0	0		110	✗	▼		
O.5	Serious Incidents		45	<15	18	5	✗	▬	✗	
O.8	Completed Job Plans (Consultants)		90%	90%		93%	✓	▬		

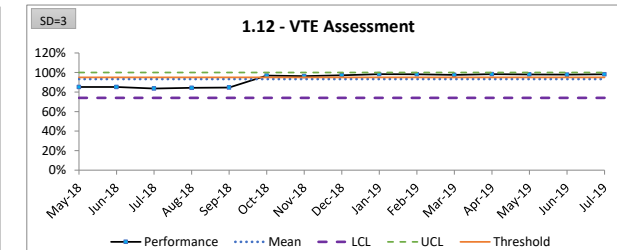
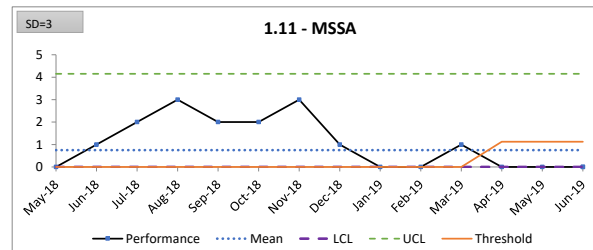
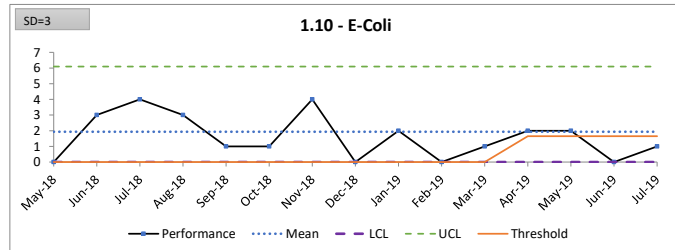
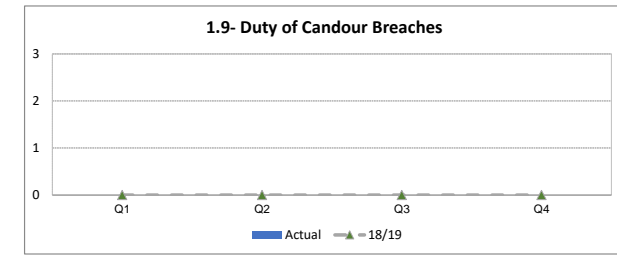
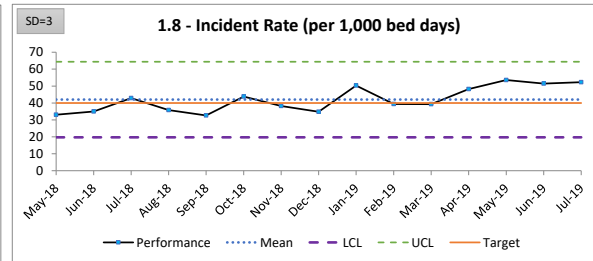
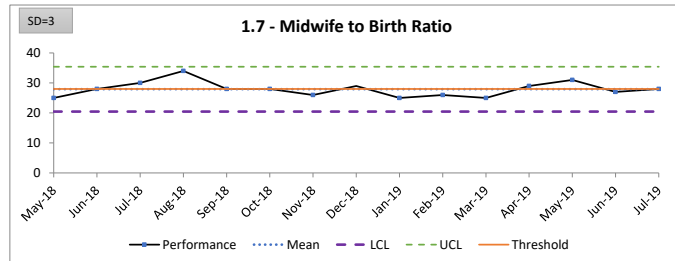
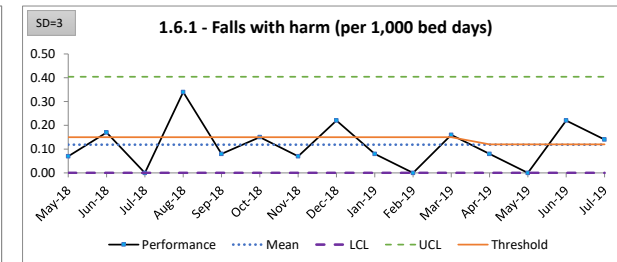
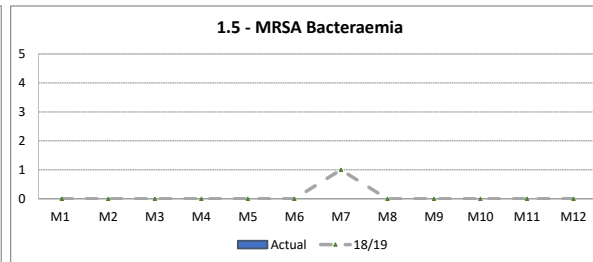
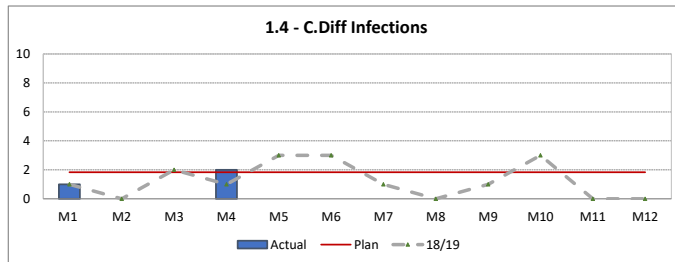
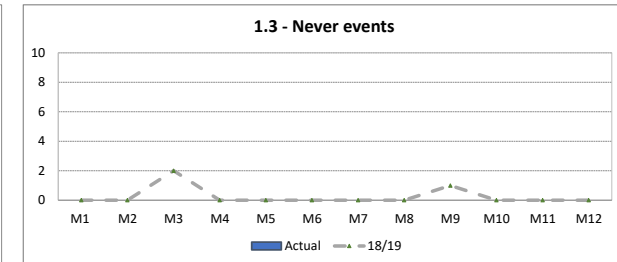
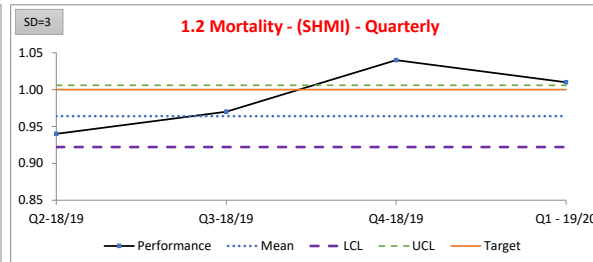
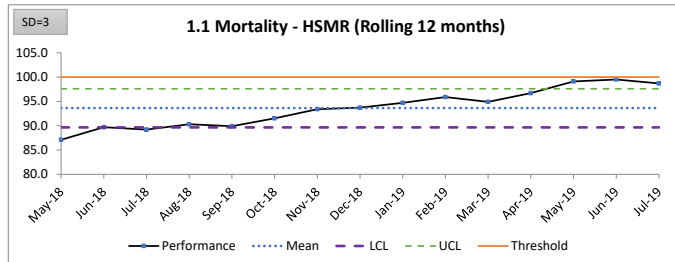
Key: Monthly/Quarterly Change		YTD Position	
▲	Improvement in monthly / quarterly performance	✓	Achieving YTD Target
▬	Monthly performance remains constant	▬	Within Agreed Tolerance*
▼	Deterioration in monthly / quarterly performance	✗	Not achieving YTD Target
	NHS Improvement target (as represented in the ID columns)	✗	Annual Target breached
✎	Reported one month/quarter in arrears		

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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OBJECTIVE 1 - PATIENT SAFETY

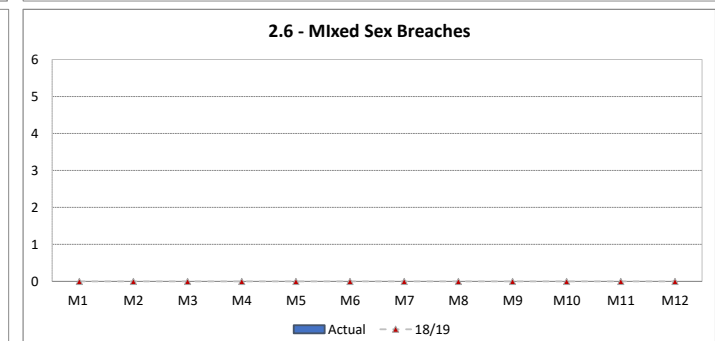
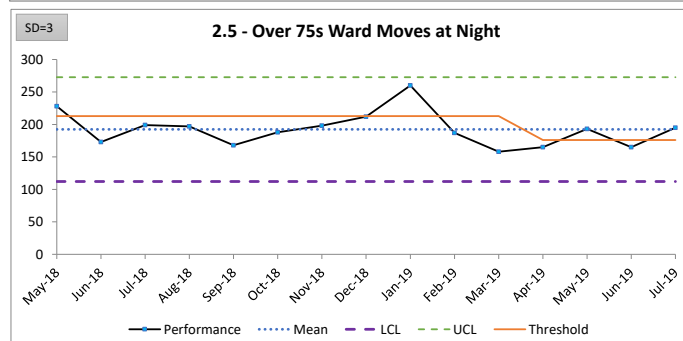
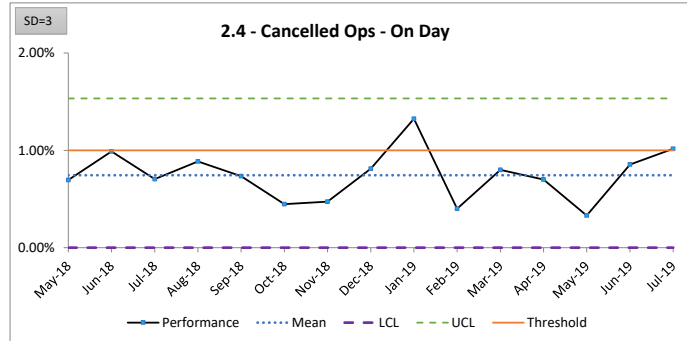
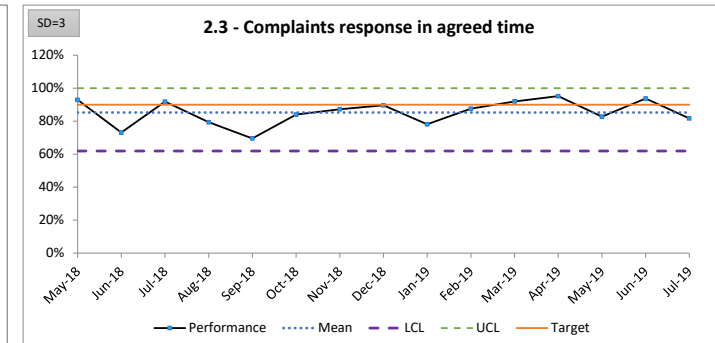
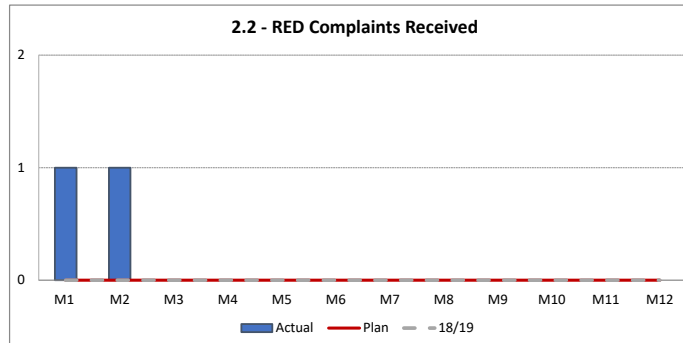
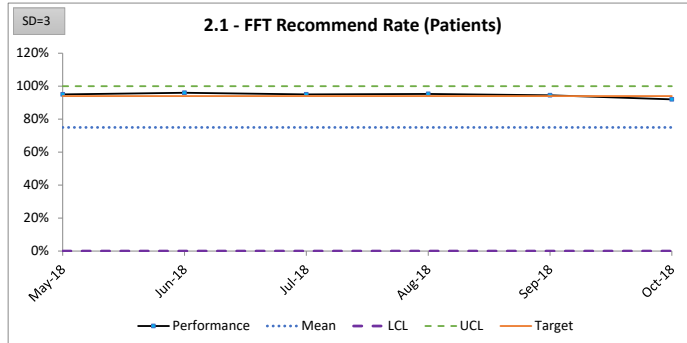


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- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
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Board Performance Report - 2019/20

OBJECTIVE 2 - PATIENT EXPERIENCE

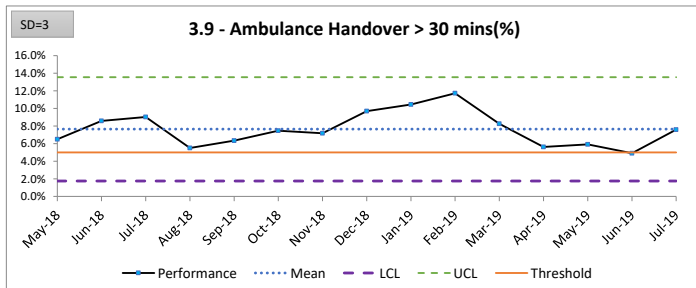
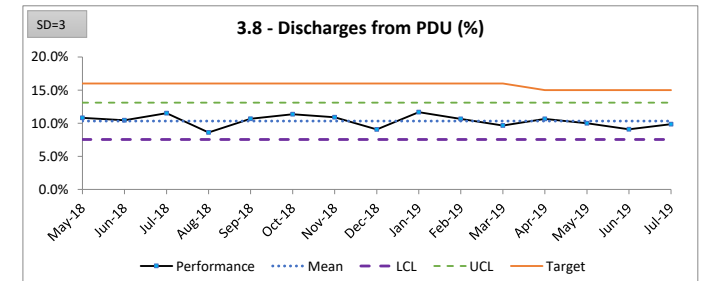
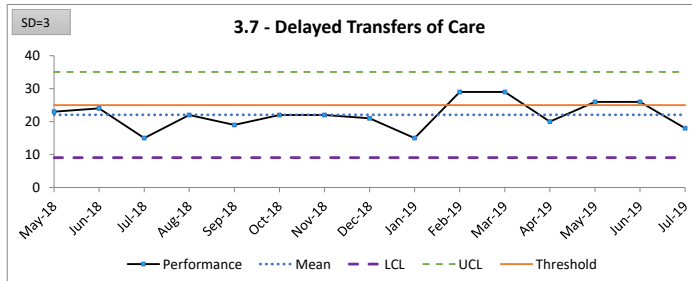
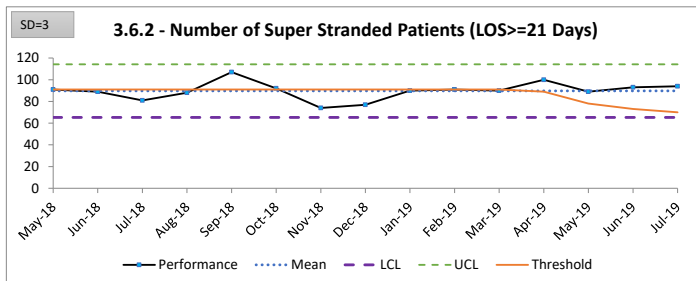
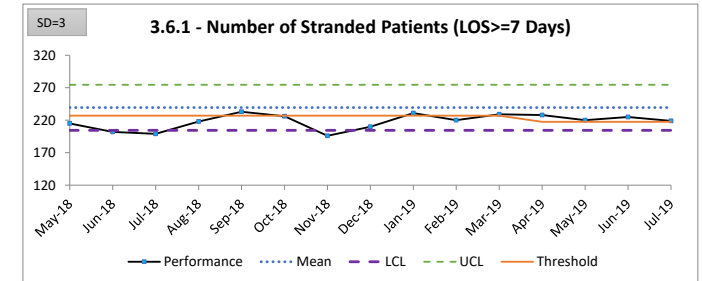
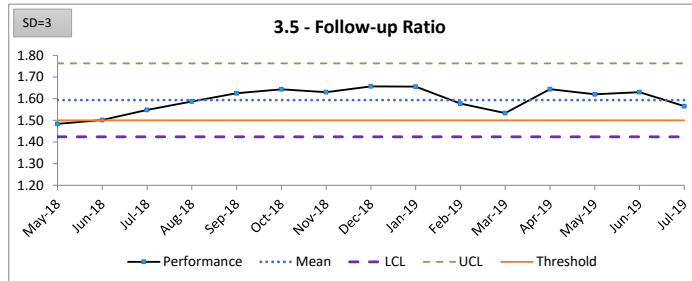
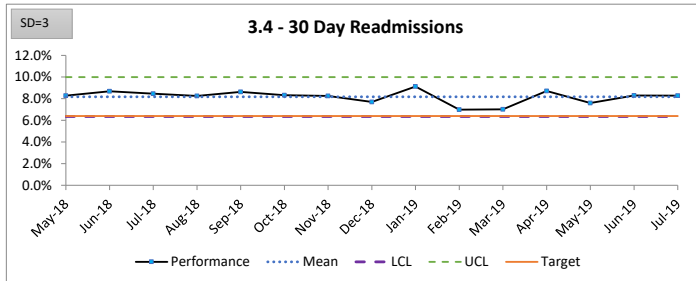
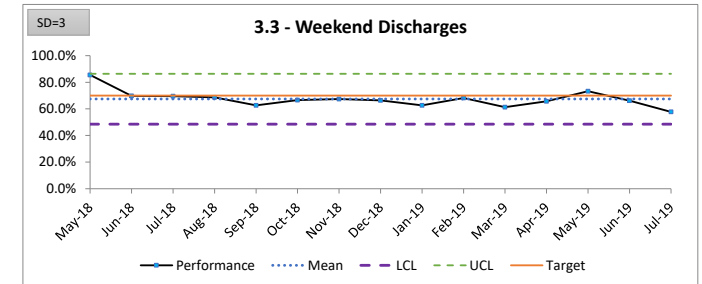
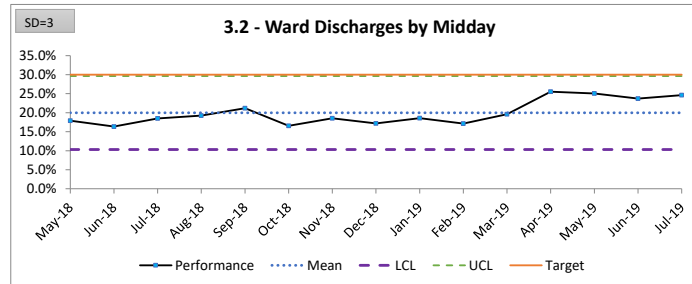
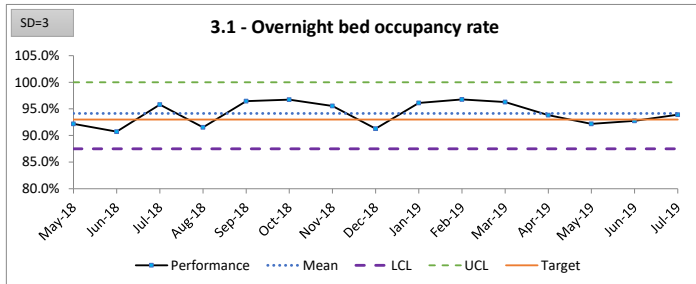


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OBJECTIVE 3 - CLINICAL EFFECTIVENESS

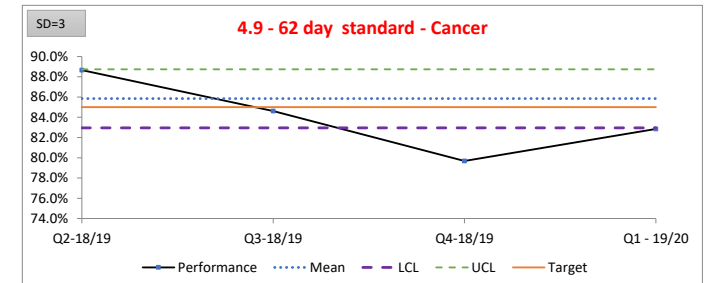
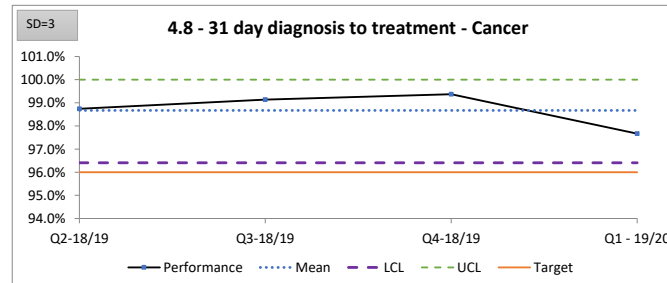
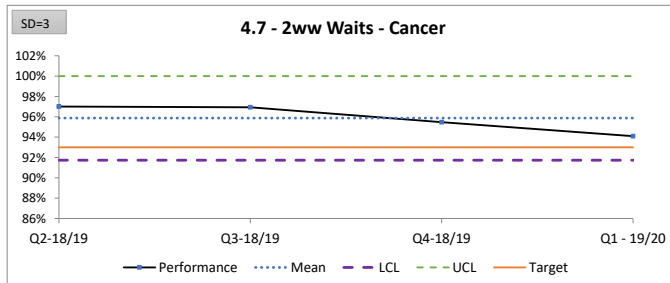
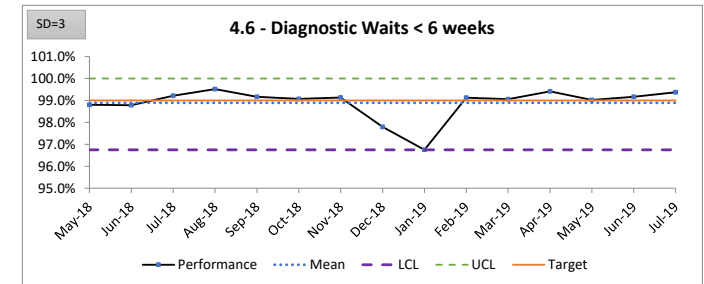
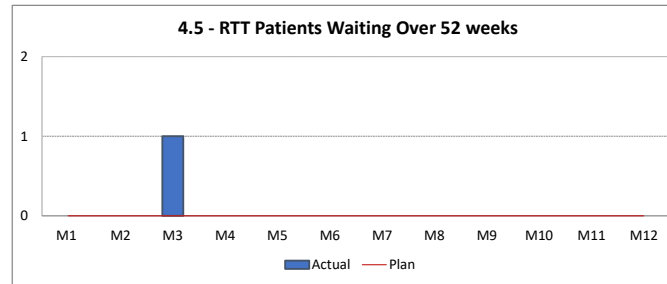
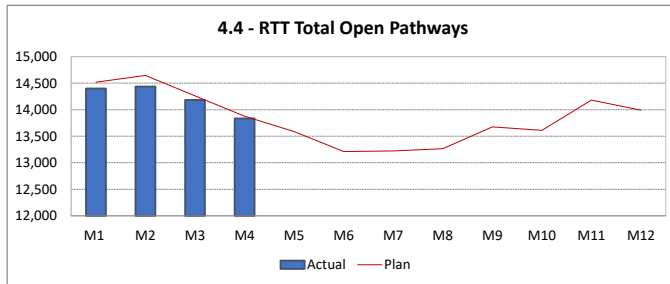
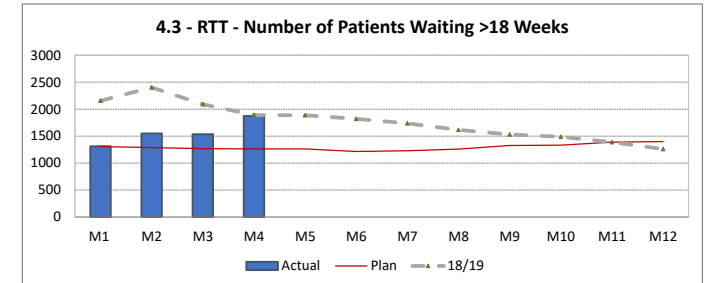
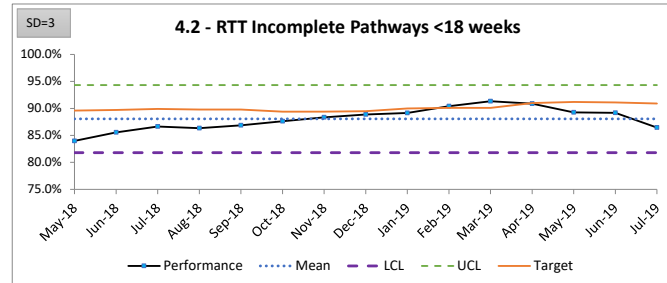
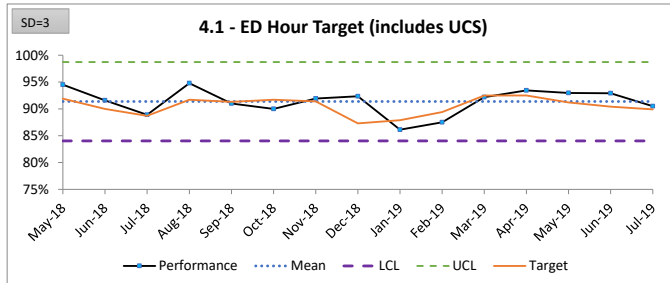


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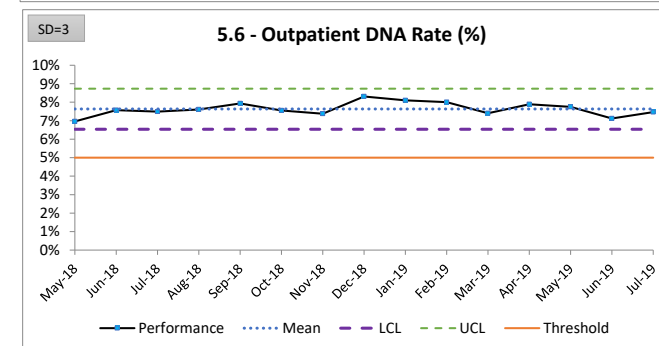
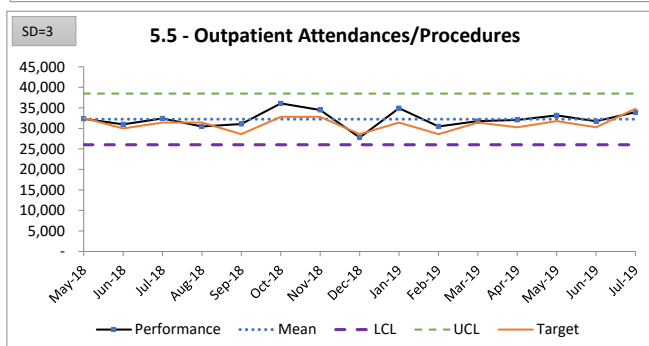
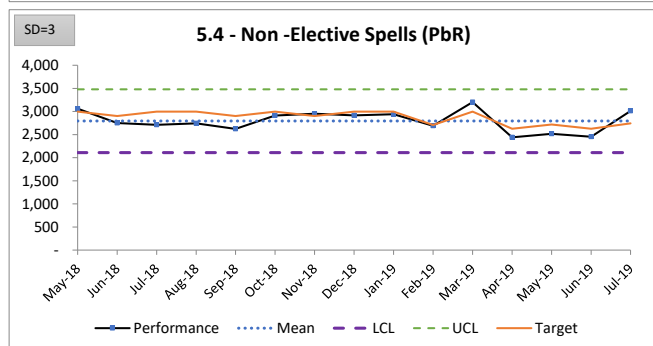
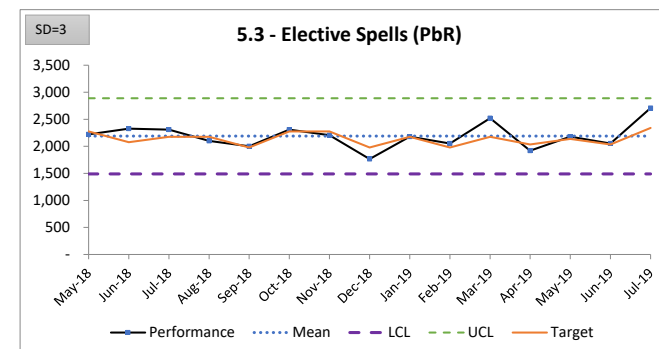
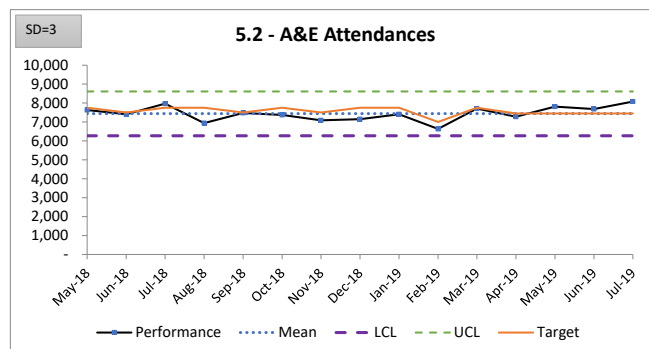
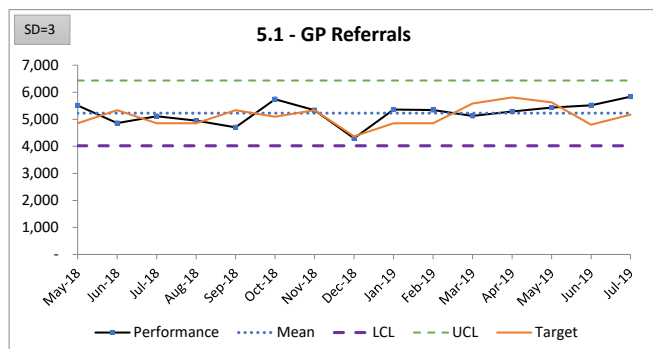
Board Performance Report - 2019/20

OBJECTIVE 4 - KEY TARGETS



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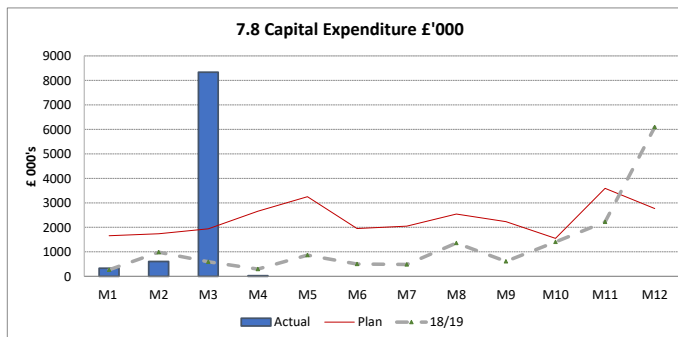
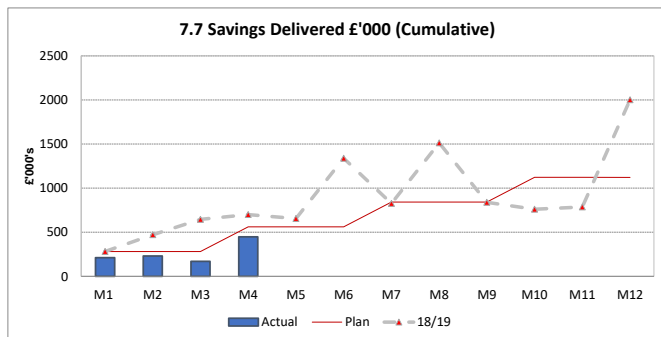
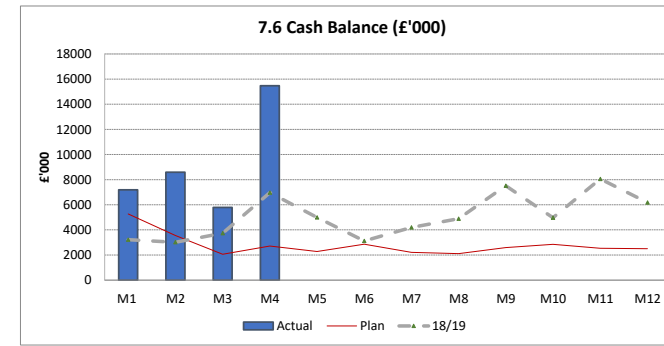
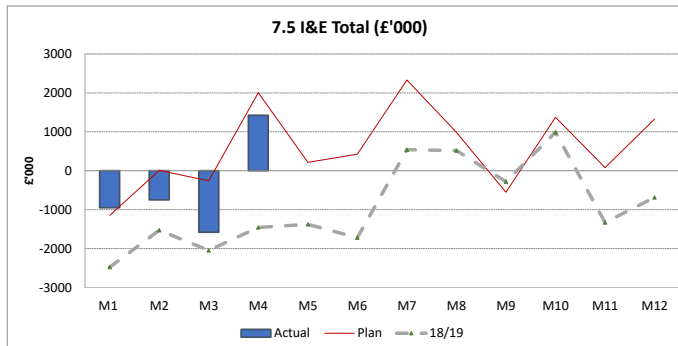
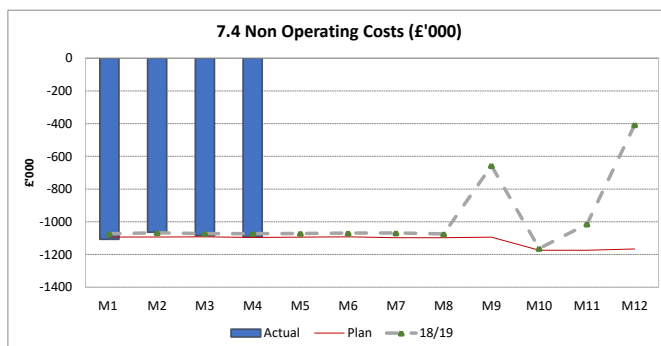
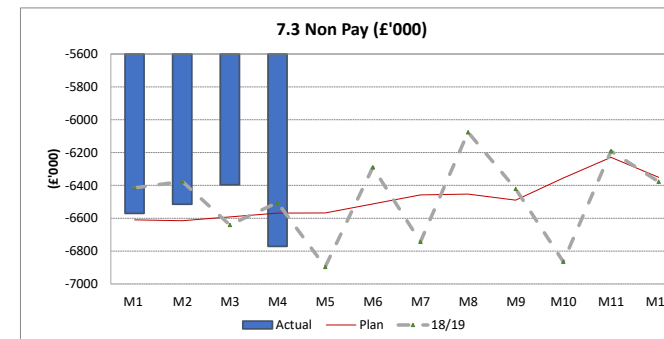
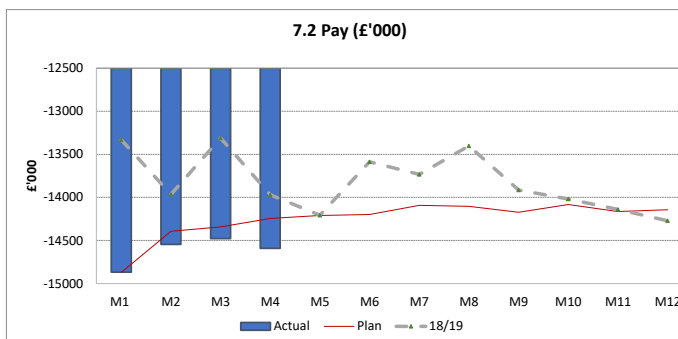
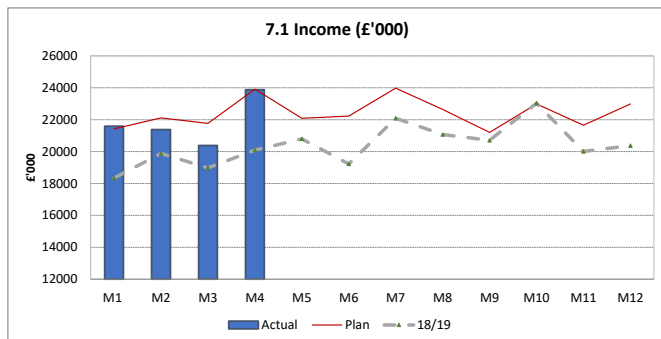
- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHS Trajectories

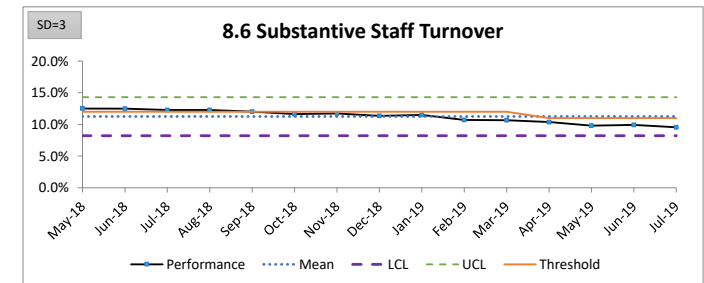
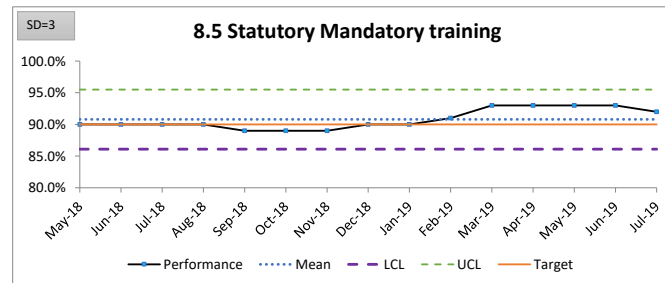
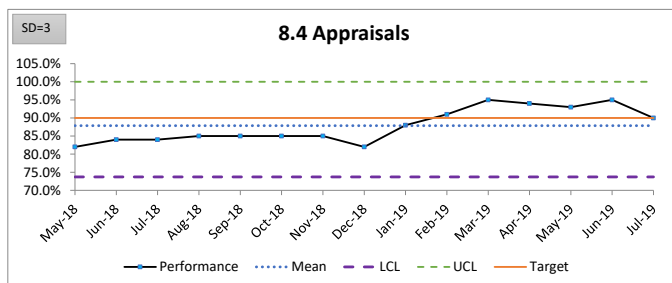
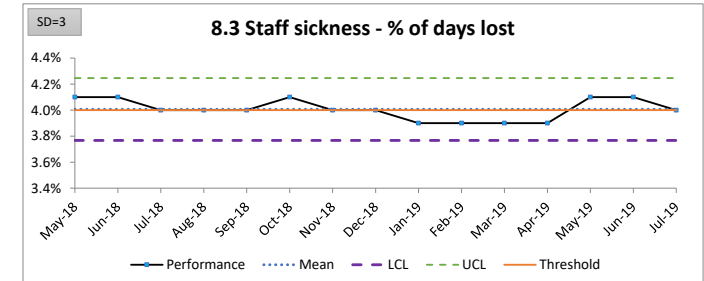
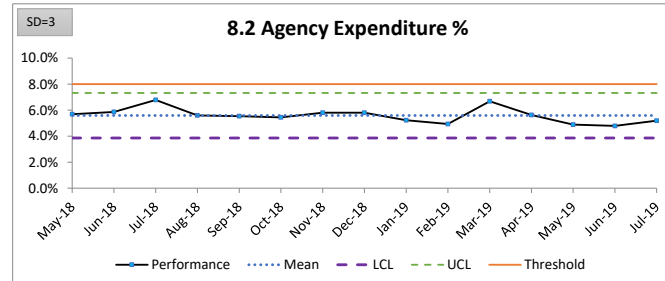
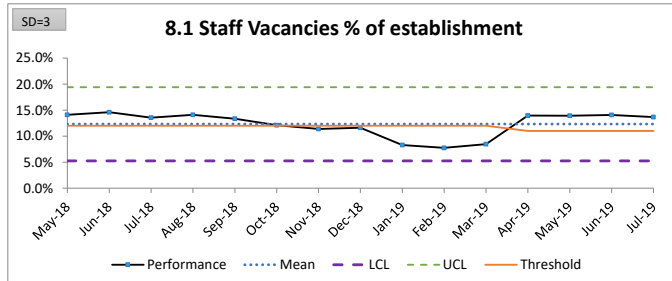


If the LCL is negative (less than zero) it is set to zero.

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

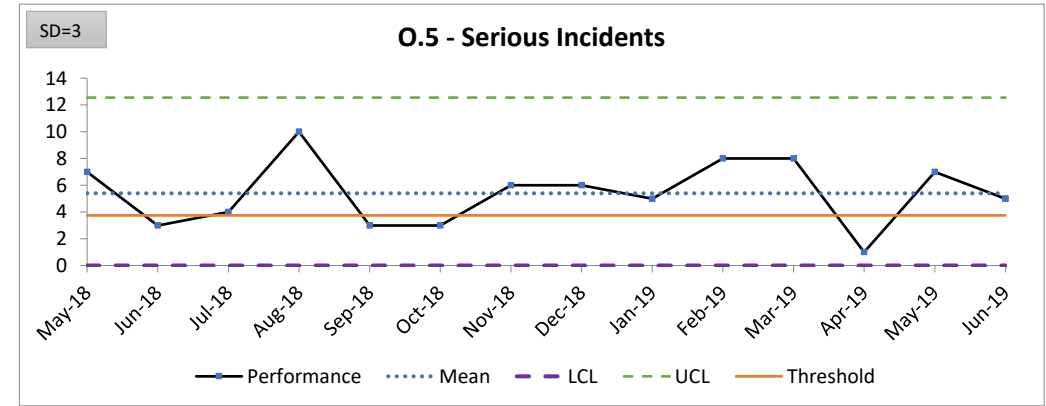
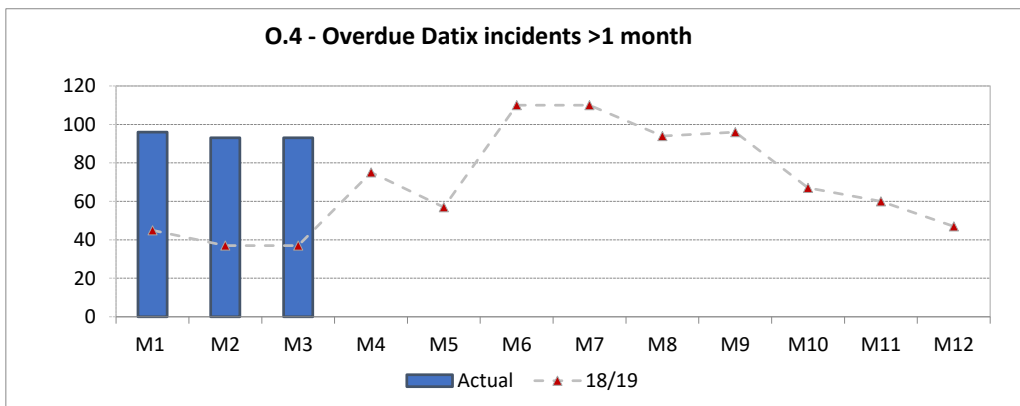
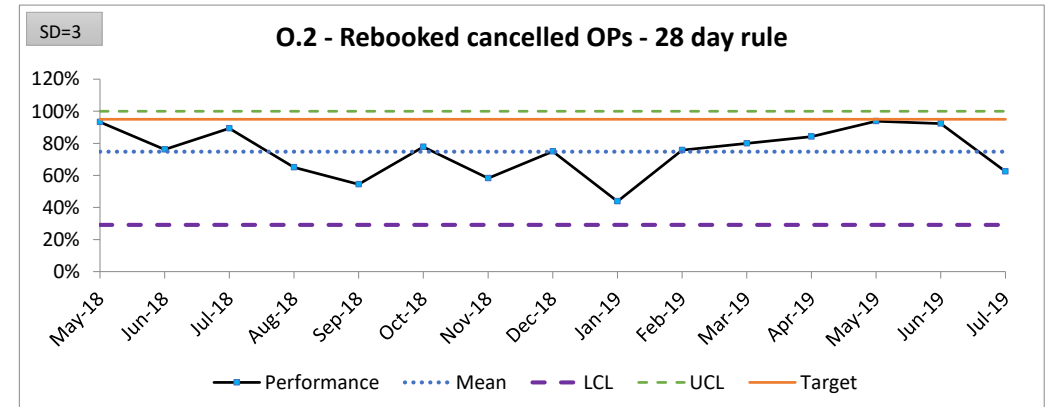
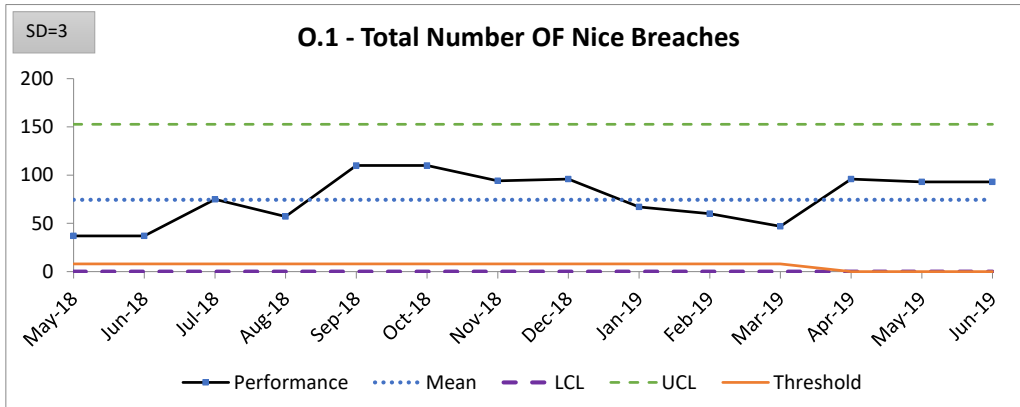
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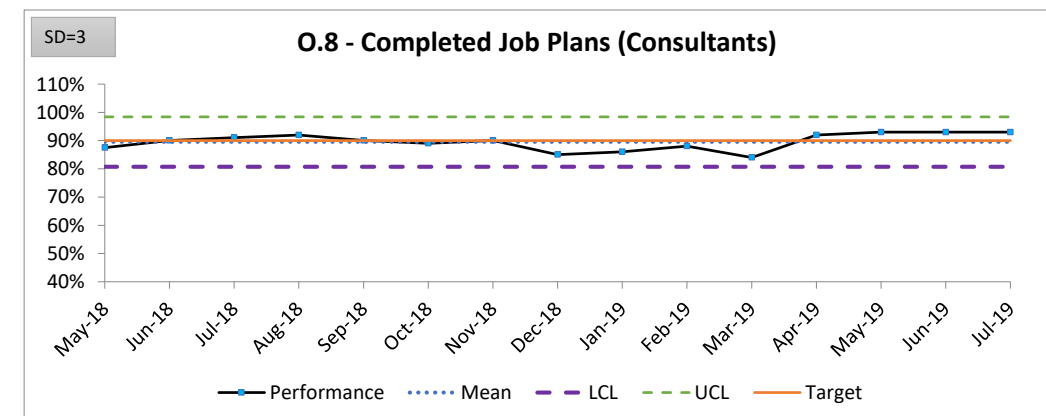
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- Performance activity on a rolling 12 months/quarterly
- Average on a rolling 12 months/quarterly
- Lower Control Limit (LCL)
- Upper Control Limit
- Targets/Thresholds/NHSI Trajectories



Meeting title	Council of Governors	Date: 7 November 2019
Report title:	Finance Paper Month 4 2019-20	Agenda item: 6.2
Lead director Report authors	Mike Keech Daphne Thomas Chris Panes	Director of Finance Deputy Director of Finance Head of Management Accounts
Fol status:	Private document	

Report summary	An update on the financial position of the Trust at Month 4 (July 2019)			
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input type="checkbox"/>	To note <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	Council of Governors to note the contents of the paper.			

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

Report history	None
Next steps	None
Appendices	1 to 3

FINANCE REPORT FOR THE MONTH TO 31st JULY 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 Council of Governors 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 surplus for July 2019 was £1.4m which is £0.6m adverse to budget in the month and £2.1m adverse YTD. However, at control total level (excluding PSF/FRF/MRET & donations) the position is more favourable with a £0.1m adverse variance on a YTD basis.
3. Cash and capital position – the cash balance as at the end of July 2019 was £15.5m, which was £12.7m above plan due to the timing of capital expenditure and receipts from prior year PSF funding. The Trust has spent £9.3m on capital up to month 4 of which £0.7m relates to ECare, £6.1m cancer centre, £0.3m GDE, £0.3 North site infrastructure, £0.2m on design works for new strategic projects and £1.6m 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 £0.4m were delivered in month against an identified plan of £0.4m and the target of £0.6m. YTD £1.1m has been delivered against a plan of £1.1m and a target of £1.8m. As at month 4, £3.5m of schemes have been validated and added to the tracker against the full year £8.4m target.

INCOME AND EXPENDITURE

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

All Figures in £'000	Month 4			Month 4 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	19,278	19,325	47	73,058	72,910	(148)	218,726	218,726	0
Other Revenue	1,607	2,014	407	6,467	7,116	649	19,085	19,085	0
Total Income	20,885	21,339	455	79,525	80,026	501	237,811	237,811	0
Pay	(14,245)	(14,591)	(346)	(57,857)	(58,482)	(625)	(171,023)	(171,023)	0
Non Pay	(6,551)	(6,771)	(220)	(26,307)	(26,313)	(6)	(77,808)	(77,808)	0
Total Operational Expend	(20,796)	(21,362)	(566)	(84,164)	(84,795)	(631)	(248,831)	(248,831)	0
EBITDA	89	(22)	(111)	(4,638)	(4,768)	(130)	(11,020)	(11,020)	0
Financing & Non-Op. Costs	(1,048)	(1,036)	11	(4,190)	(4,123)	67	(12,570)	(12,570)	0
Control Total Deficit (excl. PSF)	(958)	(1,058)	(100)	(8,828)	(8,892)	(63)	(23,590)	(23,590)	0
Adjustments excl. from control total:									
PSF	280	280	0	910	1,382	472	4,197	4,197	0
PSF- ICS	61	0	(61)	199	0	(199)	923	923	0
FRF	987	987	0	3,208	3,208	0	14,807	14,807	0
MRET	270	270	0	1,079	1,079	0	3,237	3,237	0
Control Total Deficit (incl. PSF)	640	479	(161)	(3,432)	(3,223)	210	(426)	(426)	0
Donated income	1,441	1,000	(441)	4,311	2,000	(2,311)	8,000	8,000	0
Donated asset depreciation	(66)	(56)	9	(262)	(225)	37	(786)	(786)	0
Reported deficit/surplus	2,015	1,422	(593)	617	(1,448)	(2,064)	6,788	6,788	0

Monthly and year to date review

- The **deficit excluding central funding (PSF, FRF and MRET) and donated income** in month 4 is £1,119k which is £100k adverse to plan in month and £63k adverse YTD. For M4 the Trust recognised the loss of income of £61k (£199k YTD) due to the financial performance of the ICS. The total central funding allocation recognised in the position is £1,537k (£5,669k YTD).
- The Trust reported a surplus in month 4 of £1,422k which is £593k adverse to the budget deficit of £2,015k 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 £455k favourable to plan in July and £501k favourable YTD and can be further analysed in Appendix 1
- Operational costs** in July are adverse to plan by £566k in month and adverse by £631k YTD.
- Pay costs** are £346k adverse to budget in Month 4. Substantive pay has slightly decreased in month but remains high with the use of additional sessions. Bank expenditure has increased

from M3 and is significantly above budgeted levels. Negative variances against bank are offset by positive variances against agency.

12. **Non-pay costs** were £220k adverse to plan in month and £6k adverse YTD. Negative variances against education & training expenses, premises & fixed plant and general supplies are offset by positive variances against miscellaneous operating expenses, high cost drugs and clinical supplies. The high expenditure within premises and fixed plant is driven by expenditure on minor works, computer software purchase and maintenance.
13. **Non-operational costs** are marginally favourable in month due to variances on depreciation

COST SAVINGS

14. In Month 4, £441k was delivered against an identified plan of £447k and a target of £562k. YTD £1,052k has been delivered against a plan of £1,047k and a target of £1,825k.
15. Previously opportunities for the full year £8.4m target had been identified, however these are under review to understand the implications of the guaranteed income contract with MKCCG. Currently £3,535k of plans have been validated and added to the tracker.

CASH AND CAPITAL

16. The cash balance at the end of July 2019 was £15.5m, which was £12.7m above plan due to the timing of capital expenditure and receipts from prior year PSF funding.
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 £26.9m; 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 £12.7m, this is due to cash £12.8m and inventories £0.4m above plan offset by receivables £0.5m below plan. See Appendix 12 and Appendix 13 for further debtor details.
 - Current liabilities are below plan by £9.3m. This is being driven by Trade and Other Creditors £6.5m, deferred income £2.6m and provisions £0.2m above plan.
 - Non-Current Liabilities are below plan by £0.9m. This is being driven by provisions £0.3m and borrowings £0.6m below plan.
18. The Trust has spent £9.3m on capital up to month 3 of which £0.7m relates to ECare, £6.1m cancer centre, £0.3m GDE, £0.3 North site infrastructure, £0.2m on design works for new strategic projects and £1.6m on patient safety and clinically urgent capital expenditure.

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 COUNCIL OF GOVERNORS

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

Milton Keynes Hospital NHS Foundation Trust
Statement of Comprehensive Income
For the period ending 31st July 2019

	July 2019			4 months to July 2019			Full year
	Plan	Actual	Variance	Plan	Actual	Variance	Plan
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
INCOME							
Outpatients	4,122	4,252	130	15,055	15,309	254	45,166
Elective admissions	2,640	2,517	(124)	9,643	9,398	(246)	28,930
Emergency admissions	6,274	5,984	(290)	24,630	22,816	(1,813)	73,498
Emergency adm's marginal rate (MRET)	(276)	(265)	11	(1,085)	(1,042)	43	(3,238)
Readmissions Penalty	(279)	(279)	0	(1,118)	(1,118)	0	(3,353)
A&E	1,202	1,325	124	4,806	5,112	306	14,418
Maternity	1,687	1,901	214	6,682	7,352	670	19,980
Critical Care & Neonatal	581	462	(119)	2,121	1,851	(269)	6,362
Excess bed days	0	0	0	0	0	0	0
Imaging	461	468	7	1,684	1,870	186	5,053
Direct access Pathology	431	424	(7)	1,575	1,613	37	4,726
Non Tariff Drugs (high cost/individual drugs)	1,788	1,741	(48)	6,532	6,065	(467)	19,488
Other	646	794	148	2,533	3,684	1,151	7,695
Clinical Income	19,278	19,325	47	73,058	72,910	(148)	218,726
Non-Patient Income	4,646	4,551	(95)	16,174	14,785	(1,389)	50,249
TOTAL INCOME	23,924	23,876	(47)	89,232	87,695	(1,537)	268,975
EXPENDITURE							
Total Pay	(14,245)	(14,591)	(346)	(57,857)	(58,482)	(625)	(171,023)
Non Pay	(4,763)	(5,030)	(267)	(19,775)	(20,248)	(473)	(58,320)
Non Tariff Drugs (high cost/individual drugs)	(1,788)	(1,741)	48	(6,532)	(6,065)	467	(19,488)
Non Pay	(6,551)	(6,771)	(220)	(26,307)	(26,313)	(6)	(77,808)
TOTAL EXPENDITURE	(20,796)	(21,362)	(566)	(84,164)	(84,795)	(631)	(248,831)
EBITDA*	3,128	2,515	(613)	5,069	2,901	(2,168)	20,144
Depreciation and non-operating costs	(983)	(962)	21	(3,932)	(3,827)	105	(11,796)
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	2,145	1,553	(592)	1,137	(928)	(2,063)	8,349
Public Dividends Payable	(130)	(130)	(0)	(520)	(521)	(1)	(1,560)
OPERATING DEFICIT AFTER DIVIDENDS	2,015	1,422	(593)	617	(1,449)	(2,064)	6,788
Adjustments to reach control total							
Donated Income	(1,441)	(1,000)	441	(4,311)	(2,000)	2,311	(8,592)
Donated Assets Depreciation	66	56	(9)	262	225	(37)	697
Control Total Rounding	0	0	0	0	0	0	0
PSF	(1,598)	(1,538)	61	(5,397)	(5,670)	(273)	(10,263)
CONTROL TOTAL DEFECIT	(959)	(1,059)	(101)	(8,829)	(8,893)	(63)	(11,370)

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

Milton Keynes Hospital NHS Foundation Trust
Statement of Cash Flow
As at 31st July 2019

	Mth 4 £000	Mth 3 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	(194)	(1,929)	1,735
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	(194)	(1,929)	1,735
Non-cash income and expense:			
Depreciation and amortisation	3,096	2,314	782
Impairments	0	0	0
(Increase)/Decrease in Trade and Other Receivables	7,680	(409)	8,089
(Increase)/Decrease in Inventories	7	6	1
Increase/(Decrease) in Trade and Other Payables	2,761	4,307	(1,546)
Increase/(Decrease) in Other Liabilities	2,498	1,743	755
Increase/(Decrease) in Provisions	(15)	(14)	(1)
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(2,000)	(1,000)	(1,000)
Other movements in operating cash flows	0	0	0
NET CASH GENERATED FROM OPERATIONS	13,833	5,018	8,815
Cash flows from investing activities			
Interest received	29	21	8
Purchase of financial assets	(175)	(175)	0
Purchase of intangible assets	(944)	(191)	(753)
Purchase of Property, Plant and Equipment, Intangibles	(7,701)	(7,910)	209
Sales of Property, Plant and Equipment			0
Net cash generated (used in) investing activities	(8,791)	(8,255)	(536)
Cash flows from financing activities			
Public dividend capital received	0	0	0
Loans received from Department of Health	2,915	2,315	600
Loans repaid to Department of Health	(159)	(159)	0
Capital element of finance lease rental payments	(43)	(40)	(3)
Interest paid	(364)	(198)	(166)
Interest element of finance lease	(95)	(73)	(22)
PDC Dividend paid	0	0	0
Receipt of cash donations to purchase capital assets	2000	1000	1,000
Cash flows from (used in) other financing activities	0	0	0
Net cash generated from/(used in) financing activities	4,254	2,845	1,409
Increase/(decrease) in cash and cash equivalents	9,296	(392)	9,688
Opening Cash and Cash equivalents	6,175	6,175	0
Closing Cash and Cash equivalents	15,471	5,783	9,688

Milton Keynes Hospital NHS Foundation Trust
Statement of Financial Position as at 31st July 2019

	Audited Mar-19	Jul-19 YTD Plan	Jul-19 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	147.3	182.7	153.3	(29.4)	6.0	4.1%
Intangible Assets	14.2	12.3	14.5	2.2	0.3	2.1%
Other Assets	0.5	0.3	0.6	0.3	0.1	31.0%
Total Non Current Assets	162.0	195.3	168.4	(26.9)	6.4	4.0%
Assets Current						
Inventory	3.6	3.2	3.6	0.4	0.0	0.0%
NHS Receivables	23.5	18.3	14.0	(4.3)	(9.5)	(40.4%)
Other Receivables	6.0	4.0	7.8	3.8	1.8	30.0%
Cash	6.2	2.7	15.5	12.8	9.3	150.0%
Total Current Assets	39.3	28.2	40.9	12.7	1.6	4.1%
Liabilities Current						
Interest -bearing borrowings	(80.2)	(82.9)	(82.9)	0.0	(2.7)	3.4%
Deferred Income	(1.7)	(1.6)	(4.2)	(2.6)	(2.5)	146.2%
Provisions	(1.6)	(1.4)	(1.6)	(0.2)	(0.0)	2.0%
Trade & other Creditors (incl NHS)	(28.9)	(26.2)	(32.7)	(6.5)	(3.8)	13.2%
Total Current Liabilities	(112.3)	(112.1)	(121.4)	(9.3)	(9.1)	8.1%
Net current assets	(73.0)	(83.9)	(80.5)	3.4	(7.5)	10.2%
Liabilities Non-Current						
Long-term Interest bearing borrowings	(53.0)	(54.0)	(53.4)	0.6	(0.4)	0.7%
Provisions for liabilities and charges	(0.8)	(1.1)	(0.8)	0.3	0.0	0.0%
Total non-current liabilities	(53.9)	(55.1)	(54.2)	0.9	(0.4)	0.7%
Total Assets Employed	35.1	56.3	33.7	(23.0)	(1.4)	(4.0%)
Taxpayers Equity						
Public Dividend Capital (PDC)	101.4	101.8	101.3	(0.5)	(0.1)	-0.1%
Revaluation Reserve	58.3	78.7	58.3	(20.4)	0.0	0.0%
I&E Reserve	(124.5)	(124.2)	(125.9)	(1.7)	(1.4)	1.1%
Total Taxpayers Equity	35.1	56.3	33.7	(22.6)	(1.5)	(4.1%)