

COUNCIL OF GOVERNORS

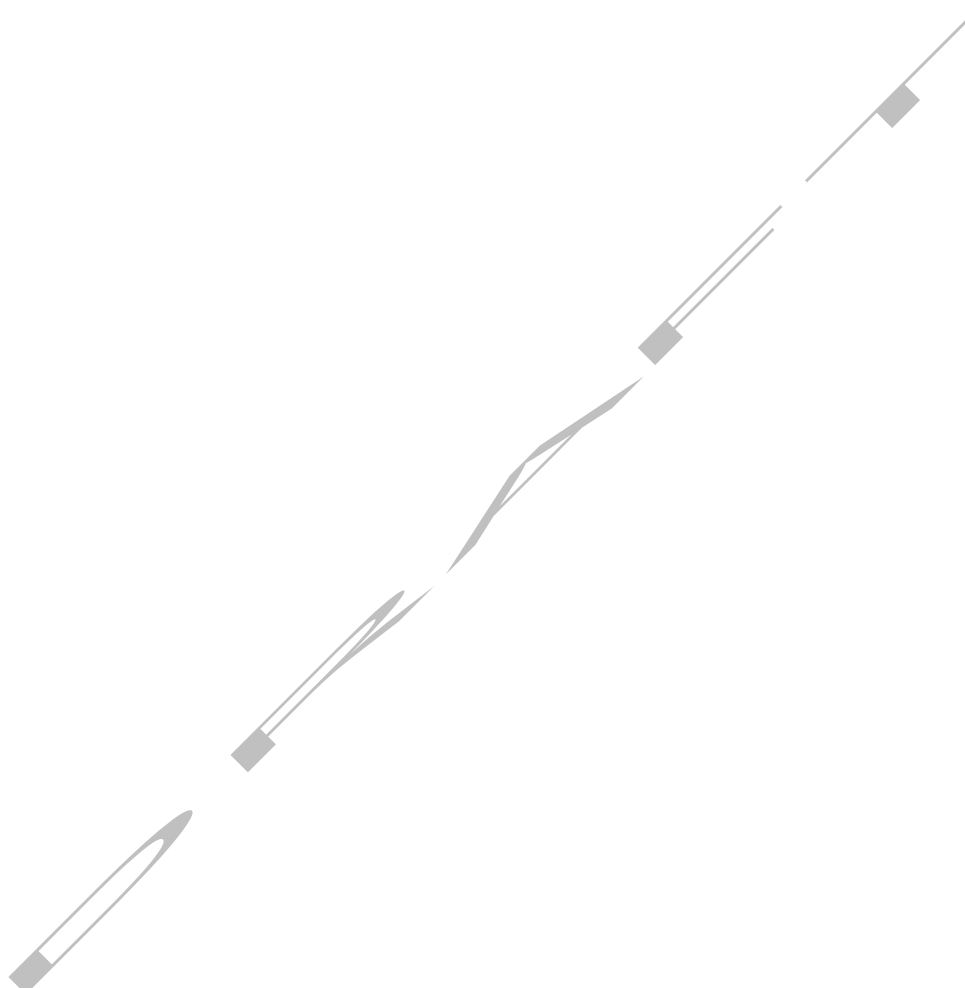
Council of Governors' meeting to be held at 16:00 on 18 March 2021 via Microsoft Teams in line with social distancing requirements

Item		Report	Lead
1	Chair's Welcome and Announcements		Chair
1.1	Apologies To receive apologies for absence	Verbal	Chair
1.2	Declarations of Interest Governors are requested to declare any interests they have in items on the agenda.	Verbal	Chair
1.3	Minutes and Matters Arising		Chair
	(a) Minutes of the Council of Governors meeting held on 26 November 2020	Approve Pg 4	Chair
	(b) Matters Arising	N/A	Trust Secretary
2	(a) Chair's Report	Verbal	Chair
	(b) Chief Executive's Report	Verbal	Chief Executive
PRESENTATION, INFORMATION and APPROVAL ITEMS			
3.1	COVID Update	Verbal	Medical Director
3.2	Matters Arising: Briefing on Government White Paper (Working Together to Improve Health and Social Care for All)	Verbal	Chair and Chief Executive
3.3	Culture Programme: Leading with Values	Receive Pg 9	Lead for Organisational Development, Culture and Reward
3.4	Quality Priorities 2021/22	Receive Pg 20	Director of Corporate Affairs
3.5	Membership Engagement Update	Receive Pg 27	Director of Corporate Affairs

ASSURANCE (SUMMARY) REPORTS FROM COMMITTEES			
4.1	Finance and Investment Committee meeting 11 January 2021 01 February 2021 01 March 2021	Receive Pg 30 Pg 31 Pg 32	Chair of the Committee
4.2	Charitable Funds Committee meeting – 18 February 2021	Receive Pg 33	Chair of the Committee
4.3	Quality and Clinical Risk Committee meeting – 22 February 2021	Receive Pg 34	Chair of the Committee
4.4	Workforce and Development Assurance Committee meeting – 20 January 2021	Receive Pg 35	Chair of the Committee
GOVERNORS UPDATE			
5.1	Healthwatch Milton Keynes – Council of Governors Report	Receive Pg 37	CEO Healthwatch Milton Keynes
5.2	Lead Governor's Report	Pg 38	Lead Governor
PERFORMANCE UPDATE			
6.1	Integrated Performance Report Month 10	Receive Pg 39	Chief Executive
6.2	Finance Report Month 10	Receive Pg 51	Director of Finance
GOVERNANCE			
7.1	Motions and Questions from Council of Governors	Receive	Chair
7.2	Any Other Business • Governors' Survey	Verbal	Chair
7.3	Date and time of next meeting 11 May 2021, 10:00 via Teams	Note	Chair
7.4	Resolution to Exclude the Press and Public		
	The Council will consider a motion: "That representatives of the press and other members of the public be excluded from the		

	remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity of which would be prejudicial to the public interest” Section 1 (2) of the Public Bodies (Admission to Meetings) Act 1960		
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If you would like to attend this meeting or require further information, please contact:
Kwame Mensa-Bonsu, Trust Secretary Tel: 01908 996234. Email: Kwame.mensa-bonsu@mkuh.nhs.uk





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

Minutes of the Council of Governors' of Milton Keynes University Hospital NHS Foundation Trust, held in public at 10.00 on Thursday, 26 November 2020, via Microsoft Teams in line with social distancing requirements

Present:

Simon Lloyd - Chairman

Public Constituency Members:

Amanda Anderson
Alan Hastings - Lead Governor
Alan Hancock
Brian Lintern
Clare Hill
William Butler
Akin Soetan
Lucinda Mobaraki
Robert Johnson-Taylor
Ann Thomas
Niran Seriki

Appointed Members:

Tracy Keech - Healthwatch Milton Keynes
Andrew Buckley - MK Business Leaders
Andy Reilly - Milton Keynes Council

Executive Directors

Ian Reckless - Medical Director (from 11.15am)
Kate Jarman - Director of Corporate Affairs

Non-Executive Directors

Heidi Travis
Luke James
John Lisle
Heidi Husain

Also, in Attendance

Alison Marlow (minutes) - Interim Trust Secretary
Julia Price - Interim Assistant Trust Secretary

1.	WELCOME & ANNOUNCEMENTS
	The Chairman extended a warm welcome to everyone present at the meeting

1.1	APOLOGIES
	<p>The following apologies for absence were received.</p> <p>David Barber, Public Constituency Member, Clare Hill, Public Constituency Member, Non-executive directors Nicky McLeod, Helen Smart and Andrew Blakeman. The rest of the executive team sent their apologies due to site pressures.</p>
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)	<p>Minutes from the Council of Governors meeting held on 15 July 2020</p> <p>The draft minutes from the meeting on 15 July were accepted as an accurate record.</p>
(b)	MATTERS ARISING / ACTION LOG
	<p>Action Log</p> <p>There were no matters arising.</p>
2	CHAIRMAN AND CHIEF EXECUTIVE REPORTS
(a)	Chairman's Report
	<p>The Chair began by explaining that Executive attendance at the meeting would be very limited due to the pressure caused by COVID-19. Ian Reckless and Kate Jarman would provide an update on COVID-19 but the Chair highlighted the issue of nosocomial infections which were under appropriate scrutiny by the Board and the Hospital was continuing to take infection control extremely seriously.</p> <p>In relation to the ICS work was being carried out by an external consultancy and initial thoughts had been presented to a Chairs and Leaders meeting. Focus was particularly on future commissioning by the CCG. The Chair would provide a further update on this in due course. As well as ICS Chairs and Leaders meeting there were public meetings of the ICS Partnership Board and there had been some excellent presentations to these on such subjects as cancer care (by patient representatives) and Digital and data initiatives within the ICS.</p> <p>The position with regard to appointing a successor to the Chair was set out in Alan Hasting's Lead Governors report.</p> <p>The Hospital had submitted its strategic outline case for the Hospital Infrastructure Plan which was supported by the ICS seeking capital to build new Women and Children's Hospital on the site, additional surgical capacity, new imaging facilities and new Intermediate care facilities. The Council of Governors would continue to be updated on these developments.</p> <p>There had been an excellent Patient's story presentation at the November Board which highlighted new practices to improve patient experience during the pandemic. A number of these practices would be retained after the pandemic as they improved patient experience generally.</p> <p>As had been mentioned at a prior meeting the Hospital was creating a Diversity and Inclusion Council and in response to an earlier suggestion from the Governors it was thought that it would be very beneficial for a Governor to attend these meetings. Andrew Buckley volunteered as a Governor representative.</p> <p>The Chair confirmed that a successor to Mike Keech as Director of Finance had been appointed following an external recruitment process. There had been a strong candidate list with a candidate being appointed. It was expected that the identity of the appointee would be made public shortly. Until the individual started which was expected to be in</p>

	<p>February Sophia Aldridge would act as Interim DoF. SA was very experienced and had excellent knowledge of the Hospital and the wider system.</p> <p>Resolved: The Chairman's report was received and noted.</p>
(b)	<p>Chief Executive's Report</p> <p>Kate Jarman gave an update in the Chief Executive's absence. She said that the site was very busy but that it was safe. She paid tribute to the hard work of all teams, both clinical and professional services, and the support teams such as catering, domestics and estates.</p> <p>She said refurbishment work across the site meant that Ward 14 was now back in use and that the Day Surgery Unit had returned to its usual location now that the ICU refurbishments had been completed and the unit had been repatriated.</p> <p>She stressed the hard work of all staff across the site and emphasised the support packages put in place to help with mental health and wellbeing. This had included welfare calls for staff who had been self-isolating or working from home. This was being developed to ensure some of the social side of coming into work could be replicated online. The staff hub had been relocated to a bigger space to ensure that staff could wind down away from their working areas. There had been a very successful Virtual Event in the Tent (as distinct from the in-person event), covering rest, resilience and recovery with internal and external speakers. Over a thousand staff attended these sessions, which were all recorded to allow staff to watch at times to suit them.</p> <p>Resolved: The Chief Executive's report was received and noted on this basis.</p>
3.1	<p>COVID-19 update</p> <p>Ian Reckless gave an update of the situation regarding COVID-19 at the Trust. He said the red and green pathways through ED were working well and that there were clear areas of the site that were designated as Covid-free zones. He said there had unfortunately been a number of small outbreaks of nosocomial (hospital acquired) Covid, with some staff and patients affected. He said everything was being done to contain these locally. He said that currently during this second wave, there were fortunately fewer Covid patients in ICU with most cases being managed in a standard ward setting. IR confirmed that there was surge capacity in Cambridge and Norwich which MKUH could access if the position changed and additional ICU capacity was required for patients.</p> <p>IR explained that staff self-testing was being rolled out. Staff who wished to take the test would do so twice a week. If any positive tests were received, then a formal swabbing test would be done. As of today, there were 105 staff self-isolating of which 59 were positive.</p> <p>There were 69 positive COVID-19 inpatients at the Trust.</p> <p>He said that staff were tired bearing in mind there had been very little chance to recover from the first wave before the second began. He also commented that so far, the Trust hadn't seen a large number of flu or norovirus cases which could possibly be attributed to increased hygiene measures across the general population coupled with social distancing and lockdown measures.</p> <p>KJ said that everything was being done to support the staff to ensure that they could cope with ongoing pressures. The staff hub created during the [earlier peak was continuing and was very much appreciated]</p> <p>Resolved: The COVID-19 update was received and noted.</p>

3.2	Patient portal functionality
	<p>Kate Jarman gave a presentation on the developments regarding the patient portal MyCare. She explained about the work the Trust had done with Apple Health to enable patients with iPhones who sign up for the function would be able to access information via their phones. In response to a question it was confirmed that Apple would not have access to the data.</p> <p>It was accepted that not all functionality was available in all departments and work was continuing on this.</p> <p>Alan Hancock asked if it was possible to be rolled out to android phones and KJ said that the teams were working with some of the android developers but that with large companies, it obviously took a good deal of time to arrange.</p> <p>In response to a question from Lucinda Mobaraki KJ confirmed that the Hospital recognised the importance of being involved in national initiatives in the digital area and the chief executive was involved with the work of NHSX.</p> <p>Resolved: The patient portal functionality presentation was received and noted.</p>
3.3	Trust membership report
	<p>This was taken as read. Simon Lloyd commented on the excellent report and said that everyone accepted that membership focus had not been as strong due to the restrictions placed on contact with members and potential members as a result of the pandemic. He said the report showed that there were good plans in place to develop and hopefully increase the membership going forward, with further plans for membership and engagement underway.</p> <p>Resolved: The Trust membership report was received and noted.</p>
4.1	Summary Report – Finance & Investment Committee, 1 September 2020
	<p>. This was taken as read.</p> <p>Resolved: The Summary Report from Finance and Investment Committee was noted</p>
4.2	Summary Report – Charitable Funds Committee, 5 October 2020
	<p>This was taken as read.</p> <p>Resolved: The Summary Report from Charitable Funds Committee was noted</p>
4.3	Summary Report - Quality & Clinical Risk Committee, 21 September 2020
	<p>This was taken as read.</p> <p>Resolved: The Summary Report from Quality & Clinical Risk Committee was noted</p>
4.4	Summary Report – Audit Committee, 21 September 2020
	<p>This was taken as read.</p> <p>Resolved: The Summary Report from Audit Committee was noted</p>
4.5	Summary Report - Workforce & Development Assurance Committee, 15 October 2020
	<p>This was taken as read.</p> <p>Resolved: The Summary Report from Workforce & Development Assurance Committee was noted</p>
5.1	Healthwatch Milton Keynes

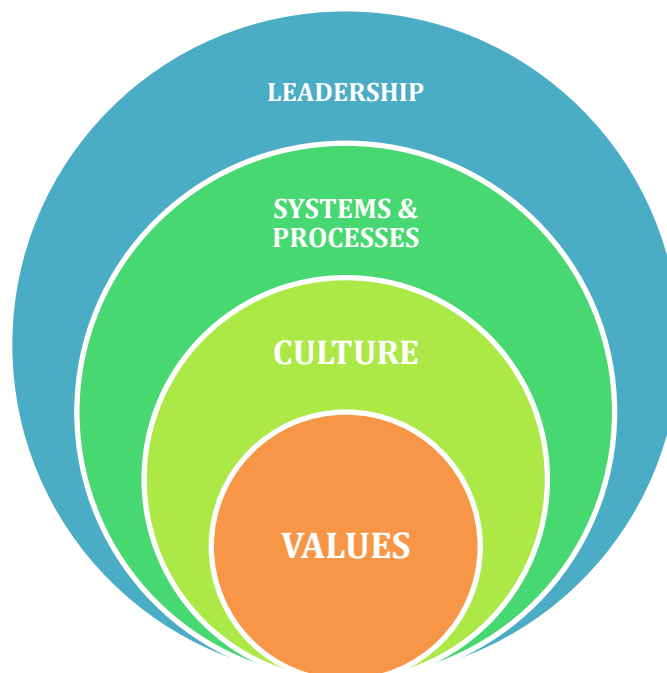
	<p>Tracy Keech presented her report, which was taken as read. She particularly mentioned some of the positive comments Healthwatch had received from patients, but also stated that there had been concerns about visiting/partner restrictions for maternity patients. Simon Lloyd thanked her for the report and confirmed that he would follow up on issues that had been raised.</p> <p>Resolved: The Healthwatch Report was noted and received</p>
5.2	<p>Lead Governor's Report</p> <p>Alan Hastings presented his report, which was taken as read. Additionally, he gave further explanation of the second round of the recruitment process underway for the role of Chair, with interviews being held on December 11, when he said he hoped there would be a successful outcome. Simon Lloyd thanked him for his report.</p> <p>Resolved: The Chairman's report was received and noted.</p>
6.1	Integrated Performance Report Month 6
	<p>This was taken as read.</p> <p>Resolved: The Integrated Performance Report for Month 6 was received and noted.</p>
6.2	Finance Report Month 6
	<p>This was taken as read.</p> <p>Resolved: The Finance Report Month 6 was received and noted.</p>
7.1	Nominations Committee Terms of Reference Review
	<p>The Terms of Reference for the Nominations Committee were included for review. Members were asked to forward their comments to Alison Marlow for consideration</p> <p>Resolved: The Nominations Committee Terms of Reference were reviewed, and comments requested. Alison Marlow to update and recirculate for the January meeting.</p>
7.1	Motions and Questions from Council of Governors
	There were no motions or questions.
7.2	Any other Business
	.
7.3	<p>Date and Time of Next Meeting</p> <p>Informal Formal Governors: 16 December 2020, 10:00 – 11:30, via Teams</p> <p>Annual Members Meeting: 19 January 2021, 10:00 – 12:30, location tbc</p>
7.4	<p>Resolution to exclude the Press and Public</p> <p>Resolved: that representatives 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>

#TeamMKUH Culture Programme: Leading with Values

Our culture is created from our collective influences – our corporate values, vision, norms, systems, symbols, language, assumptions, beliefs and habits.

As we look to evolve our organisational culture to become one that is kinder, safer, and truly inclusive we would look to align our collective influences to a values-led model (**Figure 1**).

Figure 1: #TeamMKUH Values-Led Culture Model:



The programme is a continuation from the values creation work carried out in 2017/18 and will enable #TeamMKUH to co-create a values-led behaviours framework that will become a golden thread in our people and workforce strategy, systems and processes.

The alignment of our values will be woven into our attraction, onboarding, appraisals development, talent management, and leaver processes and the policies that sit under them, allowing us to attract and retain for values, leading to improved values led care, patient experience, outcomes and feedback, and drive out bullying and harassment to lead us to a truly inclusive organisation.

We will achieve this ambition through delivery of this programme of work with our partner, April who have a proven model underpinned by researched, neuroscientific evidenced based techniques, including appreciative and collaborative approaches that support organisational development. Attached is the plan on how the programme will be delivered.

Report ends.

Amy Huckle, Lead for OD, Culture and Reward
COG March 2021

Creating a kinder, safer culture

Together we can co-create and sustain culture change with a Trust-wide social movement

Kindness is a clinical intervention

Milton Keynes University Hospital is on a journey to 'outstanding' and acknowledges that improving staff experience will be a key factor in getting there. The evidence is clear that when healthcare staff experience less incivility, bullying and harassment; when they are happier and more engaged in their work, teamwork and safety improve. As does patient's experience. And this better patient experience drives further improvement in their outcomes. Culture is at the heart of this. At April our mission is to transform culture in healthcare to create kinder, safer, more effective organisations. We have helped more than 50 healthcare organisations to do just that.

We can achieve this together by engaging people in a conversation about the culture they want to see. By igniting their motivation to change. By giving them confidence to change their own behaviours, and skills to safely speak up about others' behaviours. By building values into people's day-to-day work. And by doing this rapidly and at scale. We've seen the only way to change culture is to change it quickly. To build a social movement. And then to sustain it.

Outcomes

- ✓ Values-led behaviours everyone owns, and a social movement for culture-change in action
- ✓ Leaders, managers and staff with motivation, self-awareness and skills to change behaviour
- ✓ Tools and skills to feel safe to speak up about attitude, behaviour, equity and safety
- ✓ Values sustained and embedded into people's day-to-day work, decisions and management

Four proven steps to transforming culture

1. **Foundations.** Set up for success, and build culture foundations with skills to speak up and to resolve bullying
2. **Align.** Sustain the change by embedding values in practical ways around the employee lifecycle; p culture surveys
3. **Lead.** Masterclasses to support leaders to become skilled role models of values and new approaches
4. **Activate.** Workshops with thousands of staff to kick-start culture change, and create a vision for values-led culture

1. Appreciate current strengths

We start with appreciative alignment to what is already working at the Trust, your programmes and your processes. And build a foundation for people to be able to speak up safely.

2. Align processes to values

April's blended approach combines rich, video-based **e-learning**, **train-the-trainer** to build into your development and **interactive web-tools** and guides. We co-design for your values / processes.

Upfront we introduce **Foundations** of feedback and resolution

Speaking Up Safely is key in healthcare. For people to feel safe to speak up they need to know *HOW* to speak up. Our BUILD feedback approach is the foundation of a kinder, safer culture

Beyond Bullying is our OD approach to this issue. A full suite of guides, tools and training, co-created with clinicians and proven in Trusts to significantly reduce, resolve and reconcile

Recruit for Values helps you attract, short-list and interview for values. Because 'the right people' is about more than skills.

Appraise for Values – development discussions about *how* as well as *what*; supported by everyday coaching conversations.

April's **culture survey** sets a benchmark and identifies key drivers that really matter in culture and staff experience. An aligned survey brings **patient voice** into the values work.

3. Leading with Values

Masterclasses with 750 leaders to build motivation, awareness, emotional intelligence, behavioural flexibility, and feedback, coaching and appraisal skills to role model and manage culture.

4. Activating values

Central to the change is a tipping point of 1,000s of staff attending inspiring, practical, evidence-based **In Our Shoes** Zoom workshops. As people share their good and bad days at work, they get personal insight into the impact their own behaviours have on colleagues and safety. They define **values-led behaviours** they want to see more of and less of. Making it easier to notice, appreciate, speak up about, manage, measure attitude and behaviour. By practicing tools to speak up and to support equity, people leave motivated and skilled to change. Engaging everyone kick-starts the culture change.

Analysis of outputs from surveys and workshops will create a clear **vision of the culture transformation** people want to see.

1. Foundations (Feb - Mar)

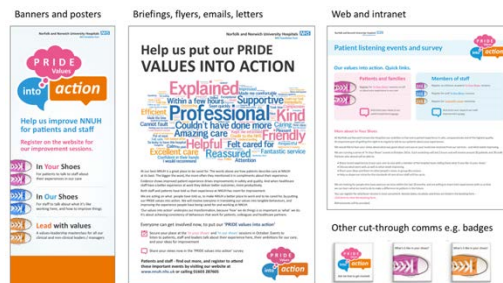
Appreciatively set up for success

We start with appreciative alignment of project design to what's already working at the Trust, existing values, your programmes, what you already know about the Trust's culture, engagement and experience.

Together we will map out a project timeline that works for the Trust. For MKUH we envisage a **9-month programme** to deliver essential foundations early, then planning for successful co-creation workshops after winter.

Compliments and complaints analysis contributes to a compelling comms campaign.

Waiting
Rude
Lack of information
Lack of empathy
Unprofessional
Poor communication
In pain
Disappointed
Upset
Frustrated



Jan - Feb. Foundations. Skills to speak up and to resolve bullying; alongside manager skills to support staff to recover their health and wellbeing.

Mar - Apr. Co-create. Culture surveys and co-creation workshops with a tipping point of staff; distill vision, values-led behaviours and priorities

Apr - May. Activate. Align HR processes to values and behaviours.

June. Lead. Leadership workshops, plus train-the-trainer to transfer skills.

We will jointly define roles and responsibilities. Trust leadership will be encouraged to actively engage in delivering, socializing and role modeling.

We will provide best-practice comms campaigns and plans and coach your comms team to tailor and implement these successfully.

Our unique compliment and complaint analysis visualizes the difference culture change can make for your patients, families and communities.

Foundations for a kinder, safer culture

During Autumn 2020 we will introduce foundations needed for a safer culture. Staff have emerged from a period of unprecedented pressure. We need to focus on staff recovery before you can deliver system recover. Through a series of short zoom meetings and bite-size video e-learning we will introduce the RECOVER model for your leaders and managers to take to their teams. And everyone will be given the tools and skills to speak up and to resolve poor behaviour and bullying, using our blended-learning approach...

How R you?	How are you? Check in with each other, listen and hear without judgment. What are you feeling?
E quity	What have we done as a group or individually to actively support equality since we last spoke?
C elebrate	Shout out, to celebrate a group or individual for something they have done, using the ABC format.
O ptimistic	What are you optimistic, hopeful, grateful or thankful about now?
V alues	Recall a 'moment of meaning' where you felt connected to our values or your purpose?
Your E asy tips	Share wellbeing tips. How are you taking care of yourself and each other? What's working for you?
R each out	Reach out to others for support if you need it. Offer support to others - what strengths do you bring?

Speaking up safely

To be safe to speak up we need to know **HOW** to speak up. April's **BUILD model** is the kindest, most effective way to speak up safely, to de-escalate issues before they become problems. Our **online learning** includes TedTalk-style videos and interactive exercises. A 29-min foundation opens feedback skills to everyone; with deeper learning and healthcare **video scenarios** to builds managers' confidence.



"Practical tools to give feedback and keep relationships intact." NHS Trust HR Director

"BUILD is revolutionary and resolved intractable issues between senior doctors, almost instantly." NHS Trust Exec Director

Respectful Resolution

Inspired by global best practice and co-created with clinicians, managers, unions and front-line staff – Respectful Resolution is a positive new approach to **reduce and resolve bullying** and poor behaviour. Our **5-step model** helps de-escalate through reflection and discussion. Full suite of **helpful PDF guides**, with **web tools** for reflection and resolution, and **interactive e-learning**.



"We have reduced formal investigations by 2/3." NHS Trust Deputy Director of Workforce

"Almost instantly my bullying caseload fell by 1/3." NHS Staff Side Chair

2. Align to values (April - May)

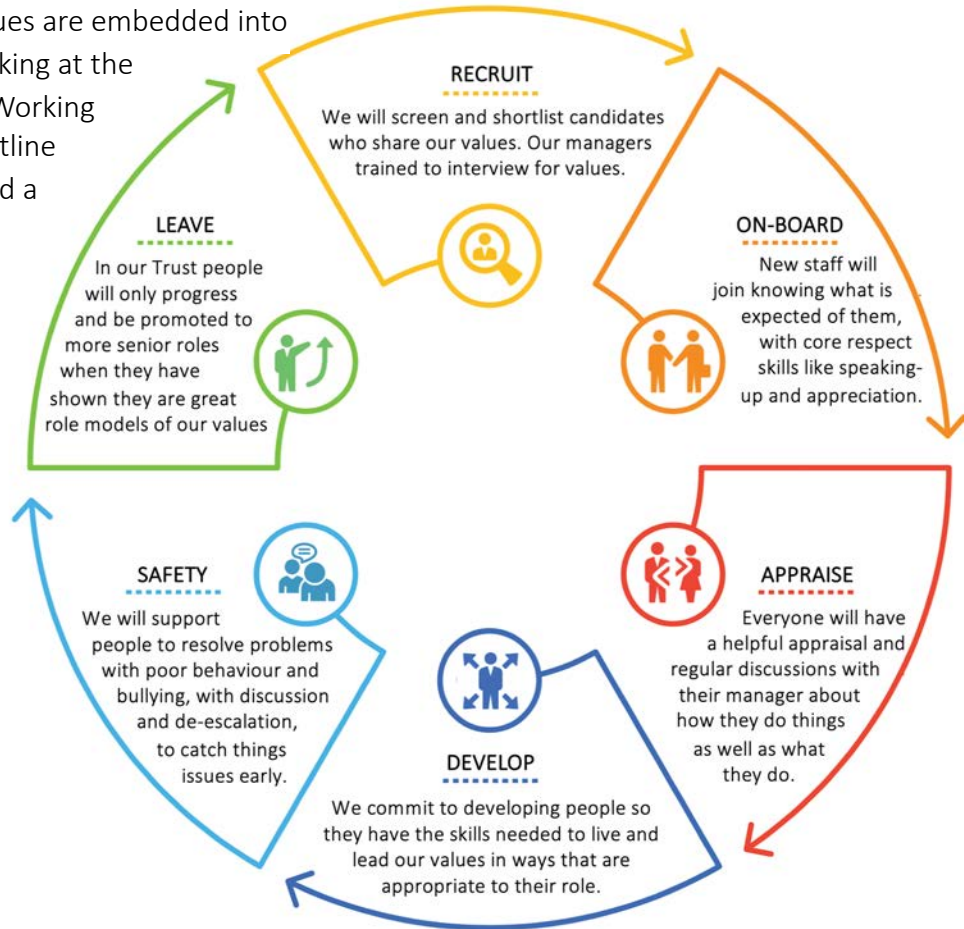
A. Align HR process to values

To sustain the change it is key that values are embedded into people's day-to-day experience of working at the Trust, into your process and systems. Working with clinicians, managers, unions, frontline and enabling teams we have developed a suite of solutions to do that.

We will host co-design workshops to align our best practice, with your approaches. So you recruit, appraise and develop people in line with your values, and support people to resolve poor behaviours.

The solutions will include **helpful guides, blended e-learning and train-the-trainer** for you embed into your ongoing development.

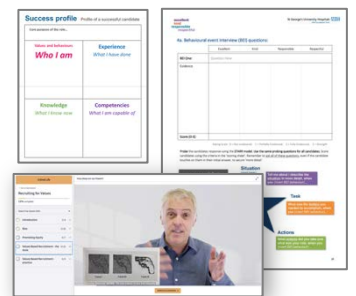
Examples include proven tools to recruit and appraise for values...



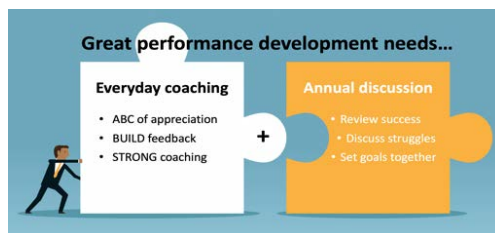
Recruit for values

Recruiting people who share your values is key for teamwork and engagement. Select for values with our best-practice **values interview guides, e-learning and training**, with powerful module on bias and equity. *Option:* set expectations and check candidates share your values with **online values screener** tool.

"With April we reinvented our approach. The old process put people from BAME communities at a disadvantage. Now everyone has an equal chance of showing us how good they are. Plus we haven't recruited a single doctor we aren't proud of since starting." NHS Trust Chief Executive



Appraise with values



Values-based appraisal

✓ Successes	!/? Struggles	➔ Set goals
<ul style="list-style-type: none"> • What are you proud of, what are your successes? • How did you achieve this? 	<ul style="list-style-type: none"> • What have you struggled with / not met your goals? • How come this happened? 	<ul style="list-style-type: none"> • What goals should we set together for 6 – 9 months? • How will you develop?
<ul style="list-style-type: none"> ✓ Your strengths ✓ Your skills ✓ Your support for EDI ✓ Living up to Values 	<ul style="list-style-type: none"> ✗ Your strengths ✗ Your skills ✗ Your support for EDI ✗ Living up to Values 	<ul style="list-style-type: none"> ➔ Your strengths ➔ Your skills ➔ Your support for EDI ➔ Living up to Values

We have co-created an approach to continuous performance development that focuses on management behaviours that drive engagement. We combine everyday coaching with a positive annual discussion. It's all about conversations.

B. Staff and patient culture surveys: benchmark and act

We have listened qualitatively to tens of thousands of healthcare staff about what makes a good day or a bad day, how that impacts on their ability to do their work, and the improvements they would make.

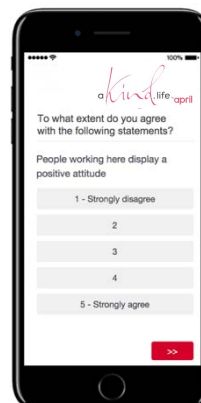
But current surveys don't ask about these things so, out of frustration, we designed a new approach. With April's survey you can understand what's really creating or destroying engagement in your organisation.

We've also heard from thousands of patients about what's drives their experience of care, and designed surveys that go beyond transactional experience to understand how you delight or frustrate your patients.

We have identified the 5 cultural drivers of experience in healthcare – which apply to both staff and patients. The questions underpinning these drivers give insight into what really matters to people. We also measure the positive emotions that drive engagement, productivity at work and patient recovery, and the negative emotions that, for staff break down teamwork and make mistakes and errors more likely, and for patients hinder recovery.

We have also designed and tested questions to hear about their experiences during the COVID-19 pandemic, to understand what's changed for them, what worked and what didn't, and to source their ideas and priorities for what comes next. Highlighting different views including BAME staff.

Prioritise actions. Statistical analysis helps us to prioritise actions that will have most impact. The chart to the right shows on the x-axis how well each question performs in the survey. And on Y-axis strength of correlation of each question with FFT (staff engagement). Act on the red dots first! These are factors that performed poorly in the survey (to left) but are more likely to drive staff engagement at your Trust. Green dots are best practice to learn from and share.



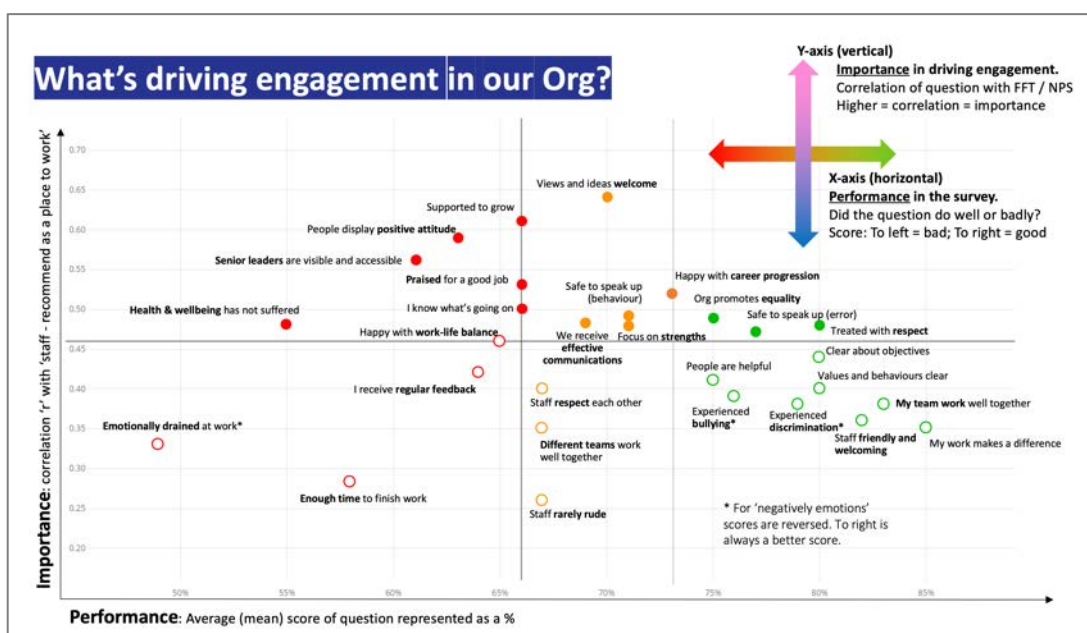
We partner with Qualtrics the world-leading insight platform, to host the survey and reporting

- Multi-channel survey distribution, incl. mobile
- Powerful, visual reporting including divisional and demographic comparisons
- Powerful statistical analysis, to see what has most impact and where to act on first

Employee engagement	Human happiness	Patient experience
We have a compelling shared vision	Direction and purpose	We are working to the outcome I want
I am involved in improvement	Contribution and control	I'm an active participant in my health and care
I feel valued for my strengths	Recognition and value	My dignity and individuality are respected
We work well across and within teams	Connection and support	Teams communicate well and support me
Work doesn't harm my health or wellbeing	Safety and wellbeing	There's compassion for my pain or suffering
I feel optimistic, calm, positive, valued, etc.	Positive emotions present	I feel optimistic, calm, positive, valued, etc.
I feel anxious, ignored, drained, frustrated, etc.	Negative emotions absent	I feel anxious, ignored, drained, frustrated, etc.



Insight into both how are you doing. And why. Clear visual info makes it easy to understand survey results. Dynamically generated word clouds enable us to explore reasons behind the scores. We then cluster free text comments against these themes to accelerate insight generation.



3. Leading with values (May)

Leaders shape their teams' world at work, accounting for 70% of the variation in levels of engagement. Our **leadership modules** focus on attitude, behaviour and culture, with practical tools to build motivation, self-awareness, emotional intelligence, behavioural flexibility and feedback skills needed to role model, manage, coach, appraise and lead teams with values. Clinical and managerial leaders will be expected to attend a masterclass comprising 2 x ½ day workshops. We will schedule three of these, to give leaders a choice of dates. Through the workshop attendees will:

- Understand evidence showing culture impacts on teamwork, safety, quality and recovery; both across healthcare and locally at the Trust
- Learn how to cascade the values-led behaviours to their teams – to have conversations about what they mean for their team culture
- Become more self-aware role-models of values, with more choices over their own attitudes, behaviours and conversations
- Practice approaches to build engaged teams by focusing on strengths, learning from successes and communicating in regular, structured ways
- Discuss how to promote equality and diversity at work
- Understand the factors that impact on employee wellbeing and explore a new approach to having supportive wellbeing discussions in the team
- Learn how to create an environment where people feel safe to speak up about values through both appreciative and constructive feedback
- Access a wider range of approaches for dealing with inappropriate behaviour and support their team with the Beyond Bullying tools
- Practice using the values-activation approaches including recruiting for values and values-led appraisal
- Join an Active Learning Sets to support each other in continued improvement of a values-led culture

Here are some examples of the practical, evidence-based approaches we weave through the development to build your values-leadership skills.



Powerful change-inspiring leadership workshops

In July 2020 we ran workshops for Epsom and St Helier; with 175 attendees at each one of 4 workshops, of whom 90% scored 4 or 5 out of 5



'Excellent. One of the best courses I have been on.'
'Snappy presentations, great facilitator as engaging on Zoom as I remember from last year in person.'
I loved all of it. Especially the small group Zoom break out sessions. Really, really good. I highly recommend it. More courses need to be like this.'



STRONG	Successes
	What is your success story this week / period? What have you achieved. What are you proud of?
	Talents
	We all have individual strengths. Which of your personal talents / strengths helped you to achieve this?
	Reasons
	What is it about these strengths that helped you make these successes happen? Let's dig deeper into reasons .
Opportunities	
Which specific aspect of your job are you struggling in right now? Where is the opportunity to do better?	
New use	
How might you use the strengths you talked about, in a new way, to help you improve in that area?	
Group	
What different strengths do other people in the team or group have, and you could ask for their help?	

Your strengths

Not just what we are good at. Underlying qualities that **energise** us, contribute to **personal growth** and lead to **peak performance**

Optimistic
Calm
Brave

Working together
Methodical
Results focus

Perseverance
Curious
Empathy

Self-belief
Leading
Strategic

Influencing
Compassionate
Initiative

Decisive
Learning
Enthusiastic

Creative
Adaptable

Critical thinking
Build relationships

Your strength In Overdrive

Can people get 'too much of a good thing'? How does your strength land with others when it's in overdrive?

Conflicting or complementary

It might be that when you experience conflict, you simply have different strengths. How might your strengths be complementary?

It's down to them

GETTING UNSTUCK

It's up to me

Overcoming unconscious bias

Be aware

Is it?

Ask

Stay aware

Affinity bias (and its opposite)

Cognitively 'same' = safe, different = 'dangerous'

Confirmation bias

Facebook

Breaking News

11 facts that support all your opinions!

oh, I like

Halo and horns effect

When one specific characteristic exaggerates – either positively or negatively – our overall view of a person.

"The impact has been huge. Completely electric." NHS Trust Chief Executive

"Practical emotional intelligence. Self-awareness really is a learned skill." University Head of OD

4. Activate values (June – July)

It's hard to understand the impact and energy created by April's Values into Action workshops until you've experienced them. In sessions for up to 250 people, you find out what makes a good day or a bad day at the Trust, what really drives engagement, and how to change it.

Even more powerful is at the same time attendees get new insight into the impact *their own behaviours* have on colleagues and on teamwork, safety and quality, building renewed motivation and energy to change.

Equally effective on Zoom or in person, together with a critical mass of people we create new norms of behaviour and support people with practical tools to help them choose a positive attitude, to speak up about attitude and behaviour and to promote equality and diversity.

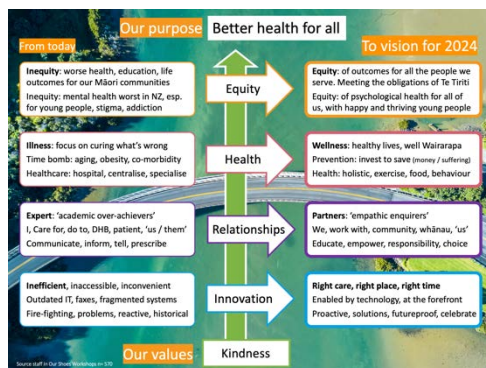
We should aim for a tipping point of 30% of staff to attend these workshops – with a target of 50% or more. By holding all workshops in a 2-week window, we create an event, a sense amongst staff that something important is happening. And it means they to go back to their teams surrounded by people who share the new cultural norm.

Engaging the whole organisation kick-starts the culture change.

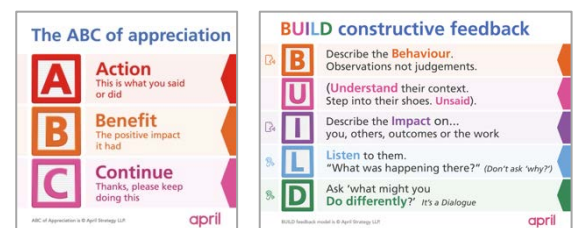
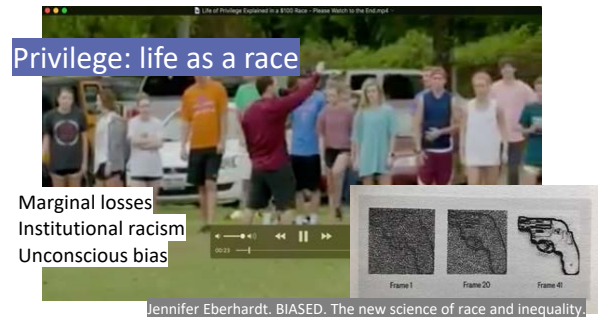
As shown below, analysis of workshops and surveys creates a powerful vision for culture, clarity of actions and brings your values to life.

Distillation and analysis of priorities

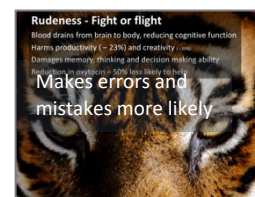
The culture transformation



We have developed values-led behaviours frameworks or many clients. Each is different because each is inspired by their own staff and consumers. Our approach ensures we create simple, clear, tangible behaviours that people can notice, speak up about and appreciate – making conversations about behaviour easier; that can be measured and managed, aligned to processes and built into decision-making and strategic direction.



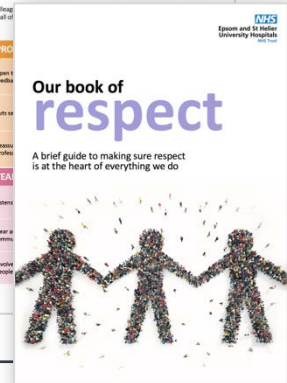
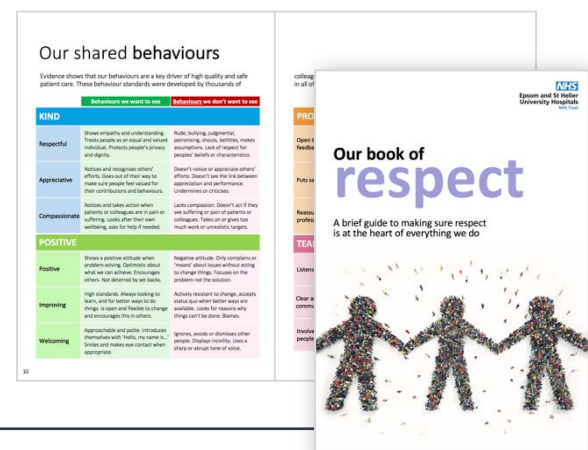
To feel safe to speak up, people need to know HOW to speak up. April's ABC and BUILD models give people a shared approach.



Showing that culture factors are the key drivers of staff engagement



Our values	Behaviours	Safe to be	Excellent	Safe to be	Excellent
Safe	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.
Kind	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.
Excellent	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.	Working with team players. Willingness to co-operate, the team working in sync. All working towards the same goals. Staff offering to help others.



Testimonial

Daniel Elkeles, Chief Executive, Epsom and St Helier University Hospitals NHS Trust
"I know this is making the Trust a better place to work and be cared for."

"When I first met Tim, and he talked me through the kinder culture approach, he asked me what I liked most about it – and my response was 'all of it'. Now 12 months later, the impact of this programme is – if anything – even more profound than I had hoped.

The impact of the In Your Shoes workshops was immediate - I saw people walking down the corridor smiling at each other, and having different quality of discussion at difficult moments.

We have had hiccups along the way of course, but the April team has been flexible and responsive. Now we have one value 'Respect' and clear behaviours that more than half our organisation created, and together we have set out shared expectations of each other, of managers and of Trust leadership.

Together with April we rethought our whole interview process with our value of Respect at the centre. The old process seemed to put people from a Black Asian and Minority Ethnic (BAME) background at a disadvantage. The new approach gives everyone an equal chance of showing us how good they are.

We're also using it to interview doctors and since then we haven't recruited a single consultant we aren't proud of. The feedback from candidates is great too – they say they really get a chance to demonstrate what they bring to the role as a person.

In February 900 of our clinical and managerial leaders re-learned emotional intelligence, how to recruit for values, how stop bullying through discussions rather than processes. The impact of this has been huge. People came in a little cynical, but within an hour – it was completely electric. To think that you can actively train 150 people in a room and they feel engaged and participate, it was incredible. The feedback from our clinicians and managers was incredibly positive. Across just one week we've created a leadership community.

I am personally using these tools – I am trying to be a better role model (and I hope the people who work for me would agree) and finding practical benefits from them. I know this is making our Trust a better place to work and to be cared for."

Results from the 2019 NHS Staff Survey, and Patient FFT, demonstrate significant improvements



8,823

more **positive patient** comments about staff attitude, in Friends and Family Test (FFT / NPS) free-text responses

5.1%

improvement in staff agreeing 'I am satisfied with the quality of care I can provide to my patients'

8.4%

reduction in number of patient complaints, with fewer complaints about 'attitude and communication'

In September 2019, for the first time, the Trust received an overall CQC rating of GOOD.



The CQC noted the culture transformation programme as key to the improvement at the Trust: "The 'Your Voice, Your Values' programme, co-designed values and behaviours between leaders and staff and supported the development a highly engaged workforce."

"Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff were committed to improving the quality of care and patient experience and worked together to do so."

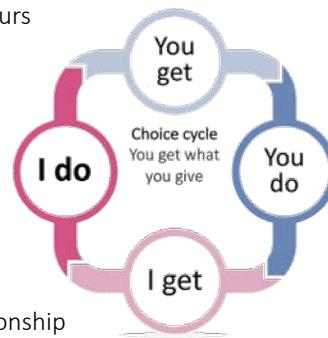
Other testimonials and references available on request

Principles

The success of our work is based on a few important principles which we apply to everything we do. By applying these principles we ensure that we always build on what's already working – both in terms of improvement methodologies and engagement approaches.

- **We co-create solutions**, with leaders, staff, partners, service users, patients and carers. Firstly because motivation is intrinsic and people are much more likely to get involved in delivering something if they have been involved in creating it. When people contribute they commit. Secondly because people's lived experience means the ideas they create are more likely to be successful and practically do-able.

- **We get what we give.** Neuroscience and psychology show that behaviours and emotions are reciprocated – they are contagious. If we want to see behaviour change in others – whether that's colleagues, service users, families or partners – we must first change our own behaviours. If we want people to be respectful, we need to respect them. If we want people to be helpful we need to help them, if we want people to be positive and optimistic, we must be positive and optimistic for them. April's 'give / get' model describes how this value exchange works for interactions between individuals, but it models just as well the relationship between the organization and its staff, and between staff and patients. This is not a project that leaders can simply commission, sit back and watch. We will work with the Leadership Team to ensure they understand their responsibilities to, and are confident to role model change and hold others to account for their behaviours should they choose not to change.



Of course this means that if we at April want people to be interested in what we know works, we have to be interested in what they already know works. Which drives the next principle:

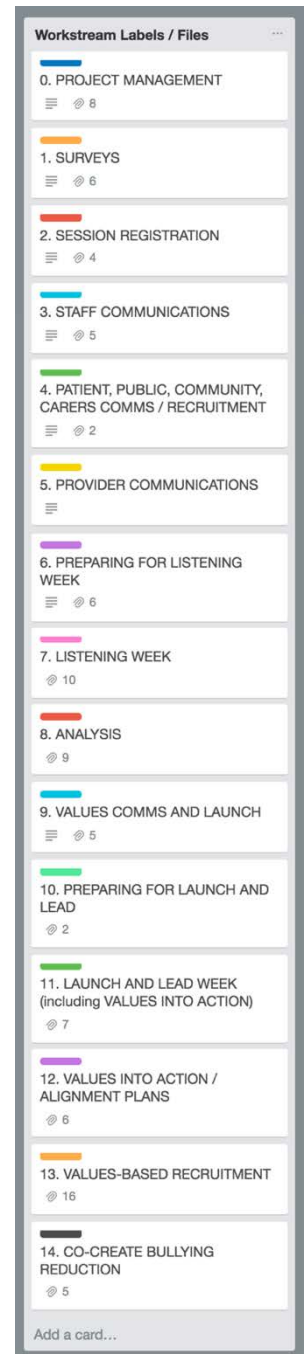
- **We 'go with the grain'** taking an appreciative approach and building on what is already working.

- We will be **successful by doing this together**

April will bring expertise, resource and best practice to shape the project, design comms campaigns, facilitate workshops, carry out analysis and reporting, guide project management and coach the Trust team. Our experience shows projects are most successful when the client organisation takes ownership for internal engagement and delivery. The Trust commits to make available the following resources

- Senior Project lead (Director-level) – at least 1 day per week
- Project Manager – 2 days per week
- Communications team – dedicated resource required at key moments throughout the project
- Admin support – dedicated support (1 – 3 days per week at different points in the project)
- Project Team: Project Lead, Project Manager, Comms Lead, HR Lead, reps from different areas of the Trust: 2-hour meeting weekly; c. 2 - 4 hours per week as programme ambassadors
- Steering Group: Senior group to take ownership of engaging all parts of the organisation
- Exec team – time to engage with and socialise the work, and to attend one of each session type during all phases

- During 'co-create' phase the Trust will actively encourage and enable staff to attend In Our Shoes sessions
- During 'activate' phase the Trust will actively encourage and enable staff to attend co-creation workshops
- During 'lead' phase the Trust will actively enable c 600 leaders to attend masterclass
- The Trust is responsible for ensuring staff can use Zoom to access the workshops



Online project management tool Trello gives you visibility of the project, actions and documents as it progresses

Proposal

1. FOUNDATIONS Jan – Mar + ongoing comms “Set up for success, clear narrative & foundation skills”

- **Fast-start** project, fact-finding call, set up project management online Trello system
- **Weekly coaching** reviews with project team. Schedule regular reviews with with Exec
- Co-design **campaign to engage people** and encourage registration for ‘In Our Shoes’ sessions
- **Speaking up blended e-Learning modules** ** including e-learning SCORM and train-the-trainer pack
- **Systemic approach to reducing poor behaviours, bullying** and harassment. ½ day co-design workshop to create tailored processes, guides, comms and training – based on April Beyond Bullying approach. Outputs include full suite of tailored Beyond Bullying guides – both PDF and interactive web versions – and online. / f2f training materials
- **Staff recovery** to support service recovery. 3 x 1 hour zoom workshops + short video introduction and guidance

✓
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✓
✓

3. ALIGN to values April - May “Put ‘values into action’ aligning how we work and collaborate”

- **Values into Action:** ½ day Design Thinking workshop to co-develop alignment plan for Trust to embed values into employee lifecycle e.g. onboarding, appraisal and PDRs, other HR processes
- **Values-Based Recruitment:** ½ day co-design workshop for values-based approaches to shortlisting and interviewing; then distilled into your VBR approach, guidance for hiring managers, interview guide
- **Values-Based Appraisal:** ½ day co-design workshop for values-based approaches to regular and annual performance development conversations; then distilled into your guidance and tailored e-learning
- **Project report** including insights, recommendations and actions

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✓
✓

3. LAUNCH AND LEAD Late May “Ignite the values movement through transformed leadership”

- **Leading with values.** 3 x facilitated 1-day masterclasses (or 4 x 2-half-days if online) with top 500 - 750 leaders (up to 250 per session). Tailor to include core Leading with Values content + intros to new programmes e.g. recruit for values, bullying reduction, appraise for values, and values cascade
- Leading with values – e-learning (appreciative leadership, great feedback, be the change, vital conversations)

✓
✓
✓

4a. ACTIVATE our values June – July. “Kick-start the movement for values-led culture change”

- Tailor and host **employee and patient surveys** to baseline their experience, emotions, priorities and current and desired culture and behaviours (reporting at first level) includes 50% staff response (up to 2,000)* + 250 patients
- **Tailor workshop design** and materials, and brief your team to prep for success
- **Co-create workshops** – including tailored workshop design, presentations and delegate materials
 - 9 x staff ‘In Our Shoes’ sessions. Up to 250 people per 2-hour session. Target 30% of Trust staff to attend. Workshops can be successfully facilitated by one of our experienced team **in-person or online**.
 - Through attending workshops colleagues will feel involved and inspired to act, with awareness of the impact of positive and negative behaviours on teamwork, safety and patient outcomes. Target a significant shift in culture of speaking up and appreciation as a result, creating a movement for a values-led culture change
- Includes 1 x 1.5-hour **train-the-trainer** session

✓
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4b. ACTIVATE (insights) July “A vision for a kinder, safer culture”

- **A visual insight pack** showing what makes a good day / bad day at work for staff; and good / poor experience for patients; brought to life in a vision for a transformed culture at the organisation
- **Craft values-led behaviours.** Bring to life your values-led behaviours with depth and clarity of what your people ‘want to see’ and ‘don’t want to see’ that are clear and simple for staff to act on, notice, appreciate and speak up about; and that enable values to be integrated into systems, processes, governance and decision-making
- **Presentation** to Exec and recorded online presentation for staff.
- **Online survey:** for staff to review the outcomes, refine the vision, and to define priorities for action
- **Refine final values and behaviours and priorities** for staff engagement and patient / carer experience
- **Design values cascade** values campaign for leaders to take out to teams, with practical tools and tips for using values

✓
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- Tailored **Blended Learning** - Lead with Values, Recruit for Values, Respectful Resolution, Appraise for Values
 - Each package includes video-based e-learning** SCORM for your LMS
 - Plus train-the-trainer pack (PPTs, facilitator guides, delegate materials)
 - + 2-day train-the-trainer workshops (September)

Incl with each package

Implementation plan

Feb - Mar	Apr-May	Late May	June - July
Appreciate	Align	Lead	Activate
<p><i>Set up for success with clear project scope and comms narrative</i></p> <ul style="list-style-type: none"> • Fast-start project, fact-finding call, set up project mgt • Appreciatively align project to existing Trust values, progs, comms and context • Map out required resources • Co-design campaign to engage people / participation • Launch foundation packages <ul style="list-style-type: none"> • Speak Up Safely • RECOVER our wellbeing • Respectful Resolution 	<p><i>Rapidly align people processes to our values using proven best practice</i></p> <ul style="list-style-type: none"> • Launch Speak Up Safely • RECOVER our wellbeing • Values alignment: 4 x 2hr co-creation sessions with specialists and managers • Distil guides; tailor e-learning <ul style="list-style-type: none"> • Values-based recruitment • Appraise with values • Respectful Resolution • Employee lifecycle incl. onboarding • Train-the-trainer for all above • Staff / patient culture surveys to baseline / prioritise actions 	<p><i>Ignite the values movement through transformed leadership</i></p> <ul style="list-style-type: none"> • Leading with Values masterclasses <ul style="list-style-type: none"> • 3 x 1-day (or 2 ½ day) w/s • Up to 750 attendees • Practical tools to build motivation, self-awareness flexibility and feedback skills to role model, manage, coach, appraise and lead teams with values • Train-the-trainer / e-Learning to build into future leadership development 	<p><i>Build a social movement and clear vision for values-led care / teamwork</i></p> <ul style="list-style-type: none"> • Values into Action workshops <ul style="list-style-type: none"> • 9 x 2hr zoom sessions, target 50% + staff attend • Deep understanding of why values + Build motivation & skills to change • Distill workshop and survey outputs into culture vision, values-led behaviours and clear priorities for change

Meeting title	Council of Governors	Date: 18/03/2021
Report title:	Quality Priorities 2021-22	Agenda item: 3.4
Lead director	Kate Jarman	Director of Corporate Affairs
Report author	Sarah Frame-Jackson	Head of Service Improvement
Fol status:		

Report summary				
Purpose <i>(tick one box only)</i>	Information <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>
Recommendation	<p>It is recommended that the 2020-21 quality priorities are continued but refreshed for 2021-22, and additional quality priorities are agreed in consultation with divisional and clinical leads.</p> <p>It is proposed that for 2021-22, all areas of the organisation develop local action plans for delivery of quality priorities, which should be monitored and reported by the identified clinical leads through CSU and divisional governance groups.</p> <p>This paper is required to go to the Council of Governors for approval.</p>			

Strategic objectives links	Patient safety, patient experience, clinical effectiveness, well governed
Board Assurance Framework links	
CQC regulations	All domains
Identified risks and risk management actions	
Resource implications	
Legal implications including equality and diversity assessment	Pursuant to individual risks

Report history	First report to QCRC
Next steps	Council of Governors
Appendices	Papers follow

1. INTRODUCTION:

Each year the Trust sets a number of quality priorities, in consultation with staff and the public, with the criteria that they should be meaningful and patient focused, with a confidence that they are measurable, and that the Trust could improve in these areas. These are set against the quality domains of:

- Patient Safety
- Patient Experience
- Clinical Effectiveness and Outcomes

The quality priorities are in addition, underpinned by the clinical governance structure and dashboards at a CSU, Divisional and Trust level. This structure, together with the clinical audit programme, is aimed at building high quality healthcare based on national and international comparisons and to improve our performance within the three key quality domains.

The intention for 2021-22 is that the information and learning from governance reporting and audit will identify, drive, and monitor continual learning and improvement through the application of quality improvement methodologies. Training and development for staff in the methodologies will be available from the QSIR leads and additional training programmes.

2. Review of Delivery of 2020-21 Quality Priorities

The delivery of the 2020-21 priorities have been significantly impacted by the operational challenges of the Trusts response to Covid 19. These have therefore not been fully delivered as planned, and it may be appropriate to continue with these priorities for 2021-22, refreshing the metrics and objectives, and considering ongoing COVID-19 priorities.

The 2020-21 the Trust quality priorities were:

2.1 Patient Safety:

Improve the management of medication and outcomes for admitted patients with diabetes.

Despite the challenges brought by the COVID 19 pandemic, a review of Getting it Right First Time (GIRFT) recommendations, Nadia 2019 data and Diabetes UK Care standards has enabled the team to understand where improvements can be made. Additional feedback and perspectives have been sought from patients and staff to inform the change required. A Quality Improvement approach has been used as framework to support work. Clinical Guidelines have been reviewed and updated with nationally approved Joint British Diabetes Societies (JBDS) guidance implemented for use where applicable.

RECOMMENDATION: Continue with diabetes management as a Trust wide quality priority, with specific focus on:

- a) Continuing the work with the diabetes nurse specialist staff, other staff groups (Junior doctors, nurses and Health Care Assistants /HCAs) and patients, using audit findings

and GIRFT to guide improvement and learning from best practice for inpatient and Emergency Department (ED) care.

- b) Engage with the diabetes medical team for options regarding a 7 day inpatient service and further areas of service improvement.
- c) Establish a Trust wide project regarding self-administration / medicines management. This is wider than just diabetes management, but has been identified by diabetes patients as a priority.
- d) Catering provision of the right food at the right time. Critical for diabetes management, this is further identified in both the patient experience strategy and complaints review below.

2.2 Patient Experience:

Outpatients efficiency.

This was a continuation of one of the priorities for 2019/20 including efforts to reduce high DNA rates, which weren't necessarily the patients' fault as other factors were involved, such as the timing of letters, cancellation and rebooking of appointments more than once etc.

RECOMMENDATION: Continue with this as a quality priority, incorporating:

- a) Exploration of patient experience and complaints information to identify the cause, address and improve the communication issues regarding appointments (partly impacting DNA rates).
- b) Review the impact of the cancellation of appointments as the Trust responded to COVID 19 demand.
- c) Increase the use of virtual clinics and appointments where appropriate, ensuring accessibility for hard-to-reach groups and the elderly/ Learning Disability communities are considered and addressed.

2.3 Clinical Effectiveness and Outcomes

Reduce the length of stay (LOS) for our older patients.

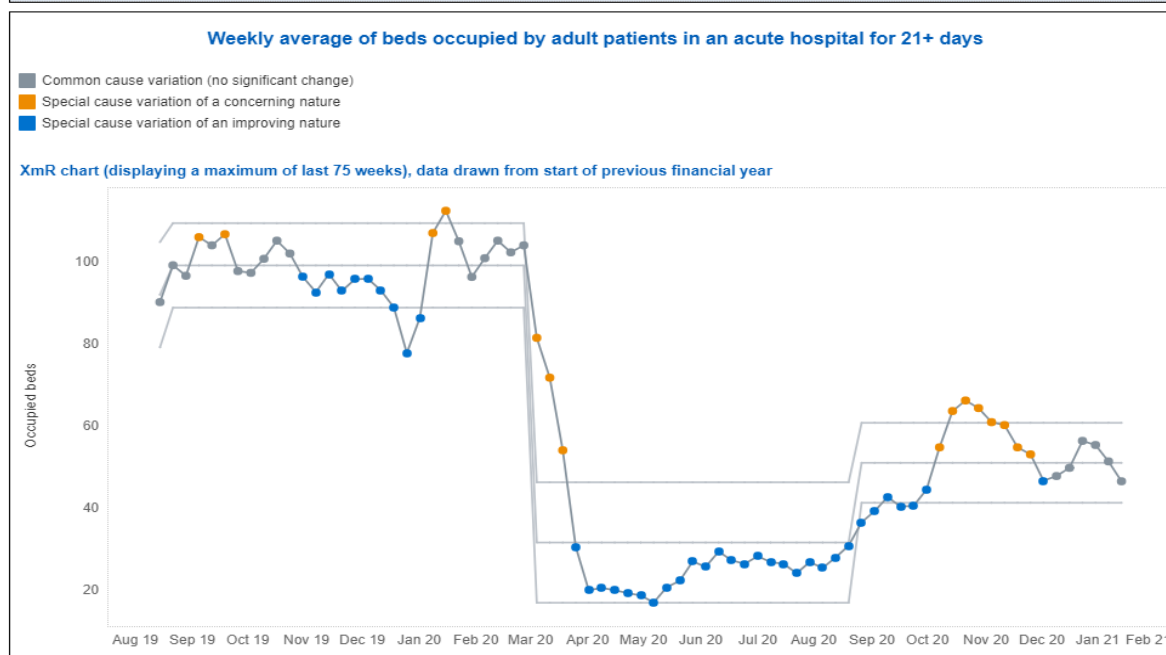
There are many reasons why a hospital discharge for an older person is not straight forward. A programme of work was started, to understand and address these issues with the aim that we reduce the number of patients still in hospital once they are medically fit for discharge. We also wanted to reduce the number of beds occupied by patients with a length of stay of 21 days or more.

The Covid-19 pandemic changed the situation, and the percentage bed occupancy for patients with a length of stay 21 days and over reduced from a mean of 99 patients prior to a Wave 1 (March 2020 to August 2020), to a mean of 32, before increasing to a mean of 51 patients in wave 2 (September 2020 to February 2021). This is shown in Figure 1 below.

Figure 1: Statistical Process Control Chart showing the numbers of patients occupying a bed in MKUH for 21 days or more as a weekly average.

Choose view (Provider) Milton Keynes University Hospital NHS Foundation Trust Days occupying a bed 21+ Hover mouse pointer over icon for help > 

Patients occupying a bed for 21+ days



A measure of those who do not have a medical need for inpatient care but are still occupying a bed has recently been added to the Emergency Care Improvement Support Team (ECIST) dashboard, which was developed nationally in August 2020. It shows that the Trust has room for improvement regarding discharging patients who no longer meet the “criteria to reside”. Table 1 (below) shows the Trust comparison to other Trusts in the East of England as recorded for the week ending 26th January 2021.

Table 1: Comparison of MKUH to East of England acute hospitals for 21+ days Length of Stay and % beds occupied by patients NOT meeting criteria to reside.

East of England					
Trust Name	Bed Occupancy %	21+ LoS occupancy %	21+ number	% beds occupied by patients NOT meeting criteria to reside	Number of patients NOT meeting criteria to reside
Region	88.14%	12.78%	1074	15.5%	1299
Bedfordshire Hospitals NHS Foundation Trust	92.07%	10.93%	102	17.4%	163
Cambridge University Hospitals NHS Foundation Trust	89.05%	17.36%	132	28.2%	215
East and North Hertfordshire NHS Trust	86.52%	10.89%	50	5.9%	27
East Suffolk and North Essex NHS Foundation Trust	81.74%	10.22%	91	14.6%	129
James Paget University Hospitals NHS Foundation Trust	88.10%	17.75%	70	20.2%	80
Mid and South Essex NHS Foundation Trust	84.71%	9.53%	127	1.7%	23
Milton Keynes University Hospital NHS Foundation Trust	94.89%	12.68%	48	27.3%	104
Norfolk and Norwich University Hospitals NHS Foundation Trust	91.16%	14.26%	114	32.9%	263
North West Anglia NHS Foundation Trust	88.44%	13.87%	103	10.8%	80
The Princess Alexandra Hospital NHS Trust	93.03%	8.98%	28	6.2%	19
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	92.63%	15.94%	77	10.5%	51
West Hertfordshire Hospitals NHS Trust	89.44%	12.91%	72	10.0%	56
West Suffolk NHS Foundation Trust	83.69%	16.64%	60	25.0%	90

The Trust is committed to understanding why it is that discharge can be challenging by conducting focus groups with each of the key members making up the multi-disciplinary team (MDT) using a framework for analysis of the key issues. This has already started, and some quick wins have been identified.

There are further plans in place to work with all the teams who are part of the MDT to develop and embed good discharge processes that enable a person to return to their normal place of residence as soon as possible.

This area is further supported in the Section 42 safeguarding notifications received by the Trust relating to patient discharge, concerns raised by external partners about non receipt or late referrals to care agencies, understanding/deliverance of medications on discharge and level of information shared regarding skin damage and ongoing care/equipment required and communications.

RECOMMENDATION: Continue as a Trust priority.

RECOMMENDATIONS FOR 2021-22 Trust Quality Priorities:

Continue with but refresh the three Trust Quality priorities from 2020-21 as follows:

1. Patient Safety:

Improve the management of medication and outcomes for admitted patients with diabetes with a specific focus on:

- a) Continuing the work with the diabetes nurse specialist staff, other staff groups (Junior doctors, nurses and HCAs) and patients, using audit findings and GIRFT to guide improvement and learning from best practice for inpatient and ED care.
- b) Engagement of the diabetes medical team for options regarding a 7 day inpatient service and further areas of service improvement.
- c) Establish a Trust wide project regarding self-administration / medicines management wider than just diabetes management (but which been identified by diabetes patients as a priority).
- d) Catering provision of the right food at the right time. This is further identified as a quality area identified via the patient experience strategy and complaints review described below.

2. Patient Experience:

Reduce the length of stay (LOS) for our older patients.

3. Clinical Effectiveness and Outcomes

Improve outpatient efficiency incorporating:

- a) Exploration of patient experience and complaints information to identify the cause and, address and improve the communication issues regarding appointments (partly impacting DNA rates).
- b) Review the impact of the cancellation of appointments as the Trust responded to COVID 19 demand.
- c) Increase the use of virtual clinics and appointments where appropriate, ensuring accessibility for hard-to-reach groups and the elderly/ LD community are considered and addressed.

Trust Membership Report

Update

18 March 2021

Executive Summary

The report provides an update on progress of the Members Engagement Group in improving engagement between the organisation, members and governors with a view to increasing the membership.

Background

In September 2020 a report was presented to Trust Board and Council of Governors, setting out proposals in mitigation of declining membership numbers. The Board and the Council of Governors supported the proposals which were designed to:

1. Raise the profile of the membership and the governors within the organisation
2. Improve engagement between the organization, its members and governors involvement
3. Increase the membership

Progress

A Members Engagement Group was formed on 23 November and has met three times. Group members are:

Julia Price (Chair), Senior Corporate Governance Officer
Ann Thomas, Public Governor
Amanda Anderson, Public Governor (who has recently stepped down)
Alan Hancock, Public Governor
Alan Hastings, Lead Governor
Luigi Straccia, Communications Specialist
Kwame Mensa-Bonsu, Trust Secretary

Completed actions to date include:

- Refreshing the governors and membership section of the hospital website. This now includes governor biographies. The website section is also publicised more prominently on the main page. The results of this action are as follows:

Stats before:

14 weeks between 19 August 2020 and 25 November 2020:

	Unique visitors	Average time on page	Overall page rank
Governors & Members page	534	37 secs	113
Council of Governors page	225	41 secs	207

Stats after:

14 weeks between 25 November 2020 and 2 March 2021:

	Unique visitors	Average time on page	Overall page rank
Governors & Members page	782 (up 46%)	1m 23 secs (up 124%)	86 (up 27 spots)
Council of Governors page	355 (up 58%)	2m 37 secs (up 282%)	175 (up 32 spots)

These show higher numbers of people visiting the governor pages since the increased promotion. Interestingly, the average time spent by those page visitors, especially to the Council of Governors page has increased 282%.

- Review and update of the 'Become a member' paper and electronic forms
- Procurement of licences to provide the governors with Milton Keynes University Hospital email addresses for publication on the website to enable constituents to get in touch
- Governors training session held on 29 January 2021, facilitated by NHS Providers via Zoom. Although feedback was very positive from those who attended the session, participant numbers were disappointingly low.

Ongoing actions include:

- Design, production and circulation of a members newsletter, the first since Spring 2017. This is due to be issued at the beginning of April 2021. If funds allow, the Group would like to produce a second newsletter in the Autumn.
- Preparation of a Governor's presentation pack designed to contain a set of resources for governors to draw on at various external meetings that they attend.
- Governor activity forms part of the Lead Governor's report shared at Council of Governors meetings. Governors are asked to ensure they inform Lead Governor, Alan Hastings, of their activities.
- The production of an inventory of opportunities at the hospital for Governors to contribute to. A questionnaire is being prepared for Governors to complete detailing their expertise and interests to match against available opportunities. The questionnaire is due to be circulated to Governors at the beginning of April.
- Sub-committee chairs' attendance at informal governor meetings to provide assurance. Bi-annual get togethers between Non-executive Directors and the Governors have also been proposed.
- A buddying system is being established between new and established Governors.
- Due to the unrealistic prospect of face-to-face canvassing for the time being, indirect methods to connect with the public and the membership are being explored such as use of social media and provision of membership forms in areas of high footfall.

It is believed that the actions detailed above are laying the foundations to increase public awareness and generate public interest in becoming a member of the Trust. Twelve applications to become a member have been received since November 2020, compared to no applications over the previous twelve months.

Recommendation

The Council of Governors is asked to note the progress on improving engagement between the organization, its members and Governors.

Agenda item 6.3
Public Board 11.03.21

Meeting of the Finance and Investment Committee held on 11 January 2021

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

Endoscopy Equipment – A business case was presented seeking capital investment of £1.2m, and revenue investment of £118k in 21/22, £249k in 22/23 and ongoing, for the purpose of new Olympus equipment for additional two off-site endoscopy rooms at Whitehouse Park. The investment was being sought in response to the NHSE/I COVID-19 Adapt and Adopt Endoscopy Recovery Programme, to increase capacity and to support the opportunity of being a healthcare pioneer for community diagnostic hubs and the separation of acute and elective diagnostics in the community.

Matters referred to the Board for final approval:

Dermatology Contract – The Committee recommended that the Trust Board approve the award of the contract for the Dermatology Service to a third-party provider. The Board. The award of the third-party contract in January 2021.

Matters considered at the meeting:

- With regard to the Performance Dashboard M8, elective surgery had all but ceased, due to increasing COVID-19 infections, but the organisation continued to maintain emergency and cancer care services. Acuity was a key issue as patients were moving on to NIV and ventilation, increasing pressures on ITU and high dependency areas, as well as on oxygen levels which peaked at a usage level of 83%.
- With regard to the Finance Report M8, the organisation was largely on plan, but a deterioration was expected in December 2020 due to increased pressures on areas such as agency working.
- The COVID-19 pandemic has had a significant impact on the financial position of the Trust driving a significant reduction in non-COVID-19 activity and high COVID-19 related additional expenditure. It was expected that for 2021/22, the Trust would reduce its COVID-19 specific costs and revert to a more conventional national PbR or local negotiated funding arrangement.
- Internal discussions on next year's budget and objectives continued to progress.

Agenda item 6.3
Public Board 11.03.21

Meeting of the Finance and Investment Committee held on 01 February 2021

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

- The Committee approved the Procurement Strategy, subject to a Board discussion on additional non-executive roles.

Matters referred to the Trust Board:

- **Cisco IT Network Business Case** – The Committee recommended that the Trust Board approve a business case for the investment of £2.5m to replace the Trust's IT network including telephony, Wi-Fi, core network and edge switches. The Board approved the business case in February 2021.
- **Laboratory Information Management System (LIMS) Business Case** – The Committee recommended that the Trust Board approve a business in support of a capital programme to replace the Trust's aged Laboratory Information System (LIMS) with a new system as part of the South 4 Pathology Partnership (S4PP), and which would improve cyber security and resilience. The Board approved the business case in February 2021.
- **Mammography Business Case** – The Committee recommended that the Trust Board approve a business in support of a capital programme to replace an aged mammography unit with a new version that was supported by advanced imaging technology. The Board approved the business case In February 2021.

Matters reported at the meeting:

- Regarding the M9 Performance Dashboard, the Committee noted that while COVID-19 infections were declining, acuity remained a significant challenge for the Trust with ICU and the high dependency areas permanently fully occupied with very sick patients.
- The Trust was managing pressures from a staffing perspective, particularly within specialist teams who were struggling to take leave as backfill arrangements were challenging. 'Beak glass' agencies were being approached in order to maintain adequate levels of safety.
- Elective activity remained suspended but emergency cases continue to be treated.
- Regarding the M9 Finance Report, the in-month position was being negatively impacted by an in-month adjustment to the significant untaken annual leave accrual.
- Internal discussions on next year's budget and objectives continued to progress.

Agenda item 6.3
Public Board 11.03.21

Meeting of the Finance and Investment Committee held on 01 March 2021

REPORT TO THE BOARD OF DIRECTORS

Matters reported at the meeting:

- Regarding the M10 Performance Dashboard, the Committee noted that while COVID-19 infections continued to decline, the Trust was working to manage the challenge of keeping non-COVID pathways clear in order to manage the elective recovery whilst ensuring staff were able to take annual leave to rest and recover.
- The Trust was also managing a particular and growing area of concern relating to the rise in children presenting to hospital with mental health issues. This presented a particular challenge for Paediatrics, requiring additional resource of agency registered mental health nurses.
- Regarding the M9 Finance Report, the Committee noted the deterioration of plan versus actual spend due to the impact of COVID in January 2021.
- Regarding Agency Usage, agency demand in January 2021 was higher than normal, though supply was not available and bank staff were used instead. The Committee noted that the requirement for additional mental health and ITU staff was the cause of the increased demand for agency staff.

Agenda item 6.4
Public Board 11/03/2021

Meeting of the Charitable Funds Committee held on 18 February 2021

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

- The Committee ratified the decision to approve the procurement of iPads to support patient and staff communication during the COVID-19 pandemic.
- The Committee approved the Charitable Funds Policy, Procedure and Guidance, subject to minor amendments being completed.
- The Committee approved the request for charitable funding to purchase 3 Draeger BabyLeo incubators.

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

Fundraising Update – Income to date in 2020/21 was £483k against a forecast target of £475k, and significant funds were due to be received from NHS Charities Together and an individual.

Charity Funds Finance Update – To date this year, income was at £434k and expenditure was at £273k, leaving a cash balance of £591k.

Charity Strategy Update – The Committee noted the progress of the Charity Strategy Development process.

Agenda item 6.5
Public Board 11/03/2021

Meeting of the Quality & Clinical Risk Committee held on 18 February 2021

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

The Committee approved the Clinical Strategy.

Summary of matters considered at the meeting:

Clinical Quality Risks on the Board Assurance Framework (BAF) – COVID-19 related - COVID-19 risks were being de-escalated and this would be reflected in the version which would be submitted to the March 2021 Trust Board meeting.

Infection Prevention and Control (IPC) BAF - The IPC BAF was regularly being reviewed and progressed.

COVID-19/Site Update- Presentation – The Committee noted that:

- The number of COVID-19 patients continued to decline significantly from a peak of 235 in January 2021;
- A review of the records of deceased patients was being conducted to determine how those who were infected with COVID-19 in hospital, caught the infection. The Trust was liaising with the bereaved families to ensure that all lessons were shared as appropriate;

Quality Dashboard M10 – The Nursing Directorate will be commissioning a deep dive investigation to find out why there was an increasing number of patient falls.

2021-22 Quality Priorities – The Committee was informed that due to the COVID-19 pandemic there had been little opportunity to focus on the 2020/21 quality priority areas. The Trust planned to role forward those quality priority areas to 2021/22.

Review of CQC and Regulator Interface - the date for a CQC Well-Led inspection of the Trust would be scheduled before the end of March 2021 and would involve a small group of senior members of staff. The Trust was expecting a more expansive CQC inspection visit imminently.

Agenda item 6.6
Public Board 11/03/2021

Workforce & Development Assurance Committee Meeting held on 20 January 2021

REPORT TO THE BOARD OF DIRECTORS

Matters approved by the Committee:

No matters were approved by the Committee.

Matters referred to the Board for final approval:

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

Summary of matters considered at the meeting:

NHS People Plan, Workforce Strategy and Plan Update - The Committee noted that NHS People Plan was on track to be delivered in the Trust, with most areas being RAG-rated 'green'.

Equality, Diversity and Inclusion - The Committee was informed that though the post of Patient Services and Experience Lead was vacant, the progress of the Patient Experience Strategy was being monitored by the Nursing, Midwifery and Therapies Board. The Patient Experience team was hopeful that they could achieve the Strategy's targets post-COVID-19 in 2021/22.

Objectives Update - One objective, around the utilisation of the Ryalto app as a communications tool, was not progressing as expected due to the provider having been bought out by another company. The Committee was informed that the new provider was beginning to progress with the work they needed to undertake to support the app. All other objectives were on track to be achieved.

HR Systems and Compliance Report - E-roster, as a shift management tool, was currently being utilised by 85% of the Trust, from 71% as at October 2020. SafeCare, an online system designed to effectively manage and deploy the nursing establishment across the hospital, had been fully rolled out and was being utilised. 'Time to hire' worsened in December 2020, as managers struggled to set time aside for shortlisting tasks while the rate of COVID-19 infections was rising but was beginning to improve. The Committee congratulated the department on the amount of work undertaken and progress to date, particularly the Medical Staffing Team for their exemplary work around consultant interviews.

Workforce Information Quarterly Report - The Committee noted the following:

1. Appraisal and mandatory training rates were stable;
2. Agency spend had increased in December 2020 and was expected to continue increasing in January 2021 due to staffing pressures related to the COVID-19 pandemic;

3. 300 members of staff were off work daily due to COVID-19 reasons, which was significantly higher than the 100 who were off sick on a daily before the pandemic;
4. Reporting of 'unknown sickness' was close to zero;
5. Agency workers had been recruited to staff, or backfill for, the COVID-19 vaccine centre, supported by volunteers and recently retired people. A company that specialised in nurse training and vaccination had also provided trained vaccinators and were also helping to deliver the vaccination service.

Staff Health & Wellbeing (SHWB) Report – Telephone-based support continue to be provided for staff who may have been infected with COVID-19 as well as those recovering from the infection. Additional support had also been set up for staff suffering from 'long COVID' or are returning from 'shielding' from the pandemic. Steps were being taken to ensure that staff, especially those on ICU, were aware of and were accessing the relevant counselling support to help with any trauma and psychological issues they may be suffering due to their care for COVID-19 patients. The Trust was taking steps to ensure that staff could rest and recover, after the pandemic, while managing the waiting list backlog.

Organisational Development and Talent Management - The Culture and Leadership Programme remained in development. 46% of the staff completed the Staff Survey.

Education Update - 10 nursing associates had now qualified, and as an early implementer, the Trust has demonstrated that the model was viable.

Apprenticeship Strategy – The Strategy to be completed and ready for review at the next meeting in April 2021. The Committee noted the excellent progress made with the number of people taking up apprenticeships in the Trust.

Workforce Board Assurance Framework Risks – Workforce-related risks had been enhanced to take the impact of COVID-19 into account. The Committee was assured that the mitigations in place were adequate.

Workforce Risk Register - Noted.

Any Other Business - The Committee was informed that, as at the end of January 2021, there had been no wastage of the COVID-19 vaccine, and that about 80% of substantive hospital staff have been vaccinated. The vaccination programme was set to be extended to bank, ambulance, hospice and funeral staff, as well as others involved in the provision of healthcare within Milton Keynes.

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

Date of Meeting: March 2021

Healthwatch Milton Keynes Activity

We have been doing some work around dentistry, and in particular the Restorative pathway and have recently facilitated some 'joining up' between the BLMK CCG Long Term Conditions lead with the Local Dental Network to look at how dentistry can be included in the diabetes pathway (to start with!)

HWMK have been very busy supporting the messaging around the importance of taking up the offer of a COVID vaccination and have received very positive feedback around the delivery of the whole vaccination programme. Apart from the usual issues people face trying to get through to any particular provider, once the appointment has been made, the service has been seamless. The Hospital centre in particular has received very high praise from people attending.

We are currently working on a maternity services briefing which focusses on the disproportionately high number (nationally) of women categorised as BAME experiencing very poor outcomes during their maternity journey. This will be shared once completed.

Patient Feedback

During November and December 2020, Rethink Milton Keynes worked with Healthwatch Milton Keynes to engage with people supported by Rethink services to understand what was working for them, what could be improved, and to ask their thoughts on how things could be done better. It was also an opportunity to hear, and to share, some of the techniques and strategies that Rethink Service Users had found helped them throughout the pandemic.

The MKUH A&E team were praised for their understanding during a stressful time.
<https://www.healthwatchmiltonkeynes.co.uk/report/2021-03-04/it%E2%80%99s-been-quite-lonely>

We have received a number of queries about waiting lists for elective surgeries and people wondering what plans the hospital have in place to deal with the backlog of patients in a timely and equitable fashion. We have discussed this in a regular meeting with the Patient Experience Lead and understand the pressures. We have said we will support the dissemination of this information by sharing with our networks and partners. This will obviously not be possible until the Government and NHSE/I have developed the appropriate guidance.

Report by Lead Governor for CoG Meeting 18-3-21

First and foremost, I hope all Governors and your families are well and Covid free, particularly our Staff Governors, as am I and my family, thankfully. My youngest Granddaughter returned to school on Monday, but unfortunately one of her classmates tested positive for Covid so the whole class is now self-isolating for 10 days.

Secondly, I'm certain I speak on behalf of all Governors when I give sincere thanks to every member of staff at MKUH, particularly those on the front line, for their dedication and excellent work in these very difficult times. They are heroes for wearing PPE alone, as I find wearing a mask for only a short time is most uncomfortable. I will ask the CEO to please pass on our thanks to the staff.

Moving on.

With my other hat on, I have finally, after 14 years, decided to stand down from my role as Chair of Whaddon Healthcare Practice (Bletchley and Water Eaton) Patient Participation Group, to give a younger person the honour. I will remain a Member as it helps me with feedback from my constituents.

On 29-1-21 I attended the NHS Providers GovernWell webinar (on TEAMS) on the important role of Governors. It was my fourth time and definitely the best. It is said we live and learn and once again I did, as well as being reminded of our responsibilities. My thanks to MKUH and Julia Price in particular, for arranging it. I fully understand there were many Governors who have to give precedence to their day jobs, particularly as the day ran from 9.30am to 4.15pm, but the attendance was somewhat disappointing. Alison Davis and I have spoken about this and we will investigate ways to enable more Governors to attend.

2-2-21 As Lead Governor, I was pleased to have a virtual discussion (on TEAMS) with our new Secretary, Kwame Mensa-Bonsu, on only his second day in office. He made it clear that he values the role of Governors and I'm certain Kwame will work closely with us.

3-2-21 As Lead Governor, I was equally pleased to have a virtual discussion (on TEAMS) with our new Chair, Alison Davis, on only her third day in office. She also made it clear that she values the role of Governors and again I'm certain Alison will work closely with us.

3-2-21 A small group of Governors had a Membership Engagement meeting (on TEAMS) chaired by Julia to discuss ways in which we can encourage people to become Members of MKUH and be more active. Julia will be issuing a separate report. Niran Siriki, who represents Walton Park, Danesborough, Middleton and Woughton, sent an email, which included a screen shot of a message he has posted on social media. The message is to his constituents to introduce himself. He reports that he is encouraged by the responses. We will discuss this at the next Membership Engagement Group meeting to establish whether and how other Governors may be able to use something similar.

11-2-21 We had a Governors Informal Meeting with the Chair (on TEAMS), which was also attended by two Non-Executives.

24-2-21 I attended an Open University meeting (on TEAMS) on the Ageing Well series of presentations. The subject for this presentation was Nutrition, which was both interesting and informative. I gave a short presentation on my use of my diet to control my Diabetes.

28-2-21 I reviewed the NHS Providers 23 page Summary of the new White Paper. If I read it correctly, FTs will retain their current functions and duties 'broadly as they are at present', but no details.

1-3-21 I attended a meeting of the Lead Governors Network for the East of England (on TEAMS). There are 16 Members from FTs, both Acute and Mental Health, in Hospitals from Kings Lynn down to the Thames and from Kettering across to the East Coast. We exchange information on the way we each work, which do differ, but within statutory requirements.

5-3-21 I had a virtual discussion with our Chair about various matters mainly related to involvement with Governors.

I am very pleased to advise that Julia Price is now the substantive Senior Corporate Governance Officer at MKUH and will continue to be working with the Governors.

I now regularly access my MKUH email address.

I have signed up to receive the regular monthly CQC Newsletter with updates relative to FTs.

Finally, we are setting up a 'Buddying System', where longer serving Governors who 'know the ropes', will be contacts for our newer Governors, to answer any questions they may have about being a Governor. So, we are looking for some volunteers to be a 'Buddy'.

Regards

Alan Hastings

Lead Governor MKUH

10-3-21

Trust Performance Summary: M10 (January 2021)

1.0 Summary

This report summarises performance at the end of January 2021 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. It is important to highlight that the NHS Constitution Targets remain in situ and are highlighted in the table below.




Target ID	Target Description	Target
4.1	ED 4 hour target (includes WIC)	95%
4.2	RTT- Incomplete pathways < 18 weeks	92%
4.7	RTT- Patients waiting over 52 weeks	0
4.8	Diagnostic Waits < 6 weeks	99%
4.9	All 2 week wait all cancers %	93%
4.10	Diagnosis to 1st Treatment (all cancers) - 31 days %	96%
4.11	Referral to Treatment (Standard) 62 day %	85%

However, given the impact of COVID-19 the performance of certain key NHS targets for January 2021 have been directly impacted. To ensure this is reflected, the monthly trajectory of these targets have been amended to ensure the revised trajectory is reasonable and reflect a level of recovery for the Trust to achieve and sustain the target set out in the NHS Constitution over the next 12 months.

2.0 Sustainability and Transformation Fund (STF)

Performance Improvement Trajectories

January 2021 performance against the Service Development and Improvement Plans (SDIP):

ID	Indicator	Target 20-21	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)	90.0%	90.0%	94.0%	83.4%	✗	↓	✓	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	75.0%		53.2%	✗	↓		
4.9	62 day standard (Quarterly)	85.5%	85.5%		84.8%	✗	↓		

In January 2021, ED performance was 83.4% which was below the 95% national standard and the 90.0% NHS Improvement trajectory. This was the lowest performance reported for this standard for the financial year 2020/21.

When comparing the Trust's ED performance (in January 2021, MKUH performance was better than the national overall performance of 78.5%. (see Appendix for details). MKUH also continues to compare favourably across the Peer Group comparator.

The Trust's RTT Incomplete Pathways <18 weeks performance stood at 53.2% against a national target of 92% at the end of January 2021. Undoubtedly, the performance of this key performance indicator continues to be adversely impacted by Covid-19.

The Trust has in place activity recovery plans, which will support further improvement in RTT performance and closely manage the cancellation of any non-urgent elective activity and treatment for patients on an incomplete RTT pathway.

Cancer waiting times are reported quarterly, six weeks after the end of a calendar quarter. They are initially published as provisional data and later finalised in line with the NHSE revisions policy.

For Q2 2020/21, the Trust's final 62-day standard performance (from receipt of an urgent GP referral for suspected cancer to first treatment) was 84.8% against a national target of 85%.

The final performance of the percentage of patients who started treatment within 31 days of a decision to treat was 94.8% against a national target of 96%. The percentage of patients who attended an outpatient appointment within two weeks of an urgent referral by their GP for suspected cancer was 81.8% against a national target of 93%.

3.0 Urgent and Emergency Care

In January 2021, two of the six key performance indicators measured in urgent and emergency care showed an improvement:

ID	Indicator	Target 20-21	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%	0.10%	0.06%	✓	▲	✓	
3.2	Ward Discharges by Midday	27%	27%	19.5%	14.3%	✗	▼	✗	
3.4	30 day readmissions			8.5%	8.8%		▼		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	53	53		76	✗	▼		
3.9	Ambulance Handovers >30 mins (%)	5%	5%	4.7%	8.6%	✗	▲	✓	
4.1	ED 4 hour target (includes UCS)	90.0%	90.0%	94.0%	83.4%	✗	▲	✓	

Cancelled Operations on the Day

In January 2021, one operation was cancelled (due to no HDU bed being available) on the day for non-clinical reasons.

Readmissions

The Trust's 30-day emergency readmission rate was 8.8% in January 2021 (the readmission rate in January 2021 may include patients that were readmitted with Covid-19). Although this was a very slight increase compared to the December 2020 readmission rate of 8.7%, it was an improvement when compared to readmission rates for May 2020 to August 2020.

Delayed Transfers of Care (DTOC)

The number of DTOC patients reported at midnight on the last Thursday of January 2021 was 10, six patients in Surgery and four patients in Medicine. This was the lowest number of delayed transfers reported since the end of July 2020 (8) and a notable reduction on December 2020 (16).

Length of Stay (Stranded and Super Stranded Patients)

The number of super stranded patients (length of stay of 21 days or more) at the end of the month was 76. This was the highest number of super stranded patients reported for the financial year 2020/21 and represents a net increase of 18 patients compared to the end of December 2020

Ambulance Handovers

In January 2021, the percentage of ambulance handovers to the Emergency Department taking more than 30 minutes was 8.6%. This was an improvement when compared to the December 2020 percentage of 11.6% but still the second highest percentage reported in the year to date since April 2020. Undoubtedly the performance of this key performance indicator has been adversely impacted by Covid-19.

4.0 Elective Pathways

ID	Indicator	Target 20-21	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%	76.2%	88.5%	✓	▲	✓	
3.5	Follow Up Ratio	1.50	1.50	1.72	1.47	✓	▲	✗	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	75.0%		53.2%	✗	▼		

Overnight Bed Occupancy

Overnight bed occupancy was 88.5% in January 2021. This was consistent with the overnight occupancy level reported during December 2020, which was the highest that has been reported for this indicator during the financial year to date.

Follow up Ratio

The Trust outpatient follow up ratio in January 2021 was 1.47. This was an improvement on the December 2020 ratio of 1.61 and below the threshold of 1.50 for only the second time this financial year to date.

RTT Incomplete Pathways

The Trust's RTT Incomplete Pathways <18 weeks at the end of January 2021 was 53.2% and the number of patients waiting more than 52 weeks without being treated was 450. These patients were in Surgery (393 patients), Medicine (44 patients) and Women and Children (13 patients).

The performance of this key performance indicator is likely to have been directly influenced by the recent circumstances in the hospital as a result of Covid-19.

Diagnostic Waits <6 weeks

The Trust did not meet the national standard of fewer than 1% of patients waiting six weeks or more for their diagnostic test at the end of January 2021, with a performance of 74.9%. The January 2021 performance was lower than the December 2020 performance 81.5% the lowest that has been reported since the end of May 2020 and likely to have been influenced by the recent circumstances in the hospital as a result of Covid-19.

5.0 Patient Safety

Infection Control

In January 2021 there was one reported case of Clostridium difficile (C. diff) in Ward 19, four reported cases of E. coli (one case in Ward 17, one case in Ward 19, two cases in Ward 6 (DoCC)) and one reported case of MSSA in Ward 23(ACU). There were no reported cases of MRSA.

ENDS

Appendix 1: ED Performance - Peer Group Comparison

The following Trusts have been historically viewed as peers of MKUH:

- Barnsley Hospital NHS Foundation Trust
- Buckinghamshire Healthcare NHS Trust
- Homerton University Hospital NHS Foundation Trust
- Kettering General Hospital NHS Foundation Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- North Middlesex University Hospital NHS Trust
- Northampton General Hospital NHS Trust
- Oxford University Hospitals NHS Foundation Trust
- Southport and Ormskirk Hospital NHS Trust
- The Hillingdon Hospitals NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust

Burton Hospitals NHS Foundation Trust and Luton And Dunstable University Hospital NHS Foundation Trust were part of the peer group, but since Burton Hospitals NHS Foundation Trust merger with Derby Hospitals NHS Foundation Trust and Luton And Dunstable University Hospital NHS Foundation Trust merger with Bedfordshire Hospitals NHS Foundation Trust these trusts have ceased to exist. Note: In May 2019, fourteen trusts began field testing new A&E performance standards and have not been required to report the number of attendances over 4hrs since then. Kettering General Hospital NHS Foundation Trust, part of the MKUH peer group, is one of the fourteen trusts and therefore data for this trust is not available on the NHS England statistics web site (<https://www.england.nhs.uk/statistics/>).

November 2020 to January 2021 ED Performance Ranking

MKUH Peer Group Comparison - ED Performance	Nov-20	Dec-20	Jan-21
Homerton University Hospital NHS Foundation Trust	95.0%	85.7%	86.0%
Barnsley Hospital NHS Foundation Trust	76.9%	78.2%	85.2%
Milton Keynes University Hospital NHS Foundation Trust	92.2%	84.4%	83.4%
Southport And Ormskirk Hospital NHS Trust	82.8%	81.7%	78.2%
Mid Cheshire Hospitals NHS Foundation Trust	83.5%	71.2%	78.1%
Buckinghamshire Healthcare NHS Trust	81.4%	79.3%	76.9%
The Queen Elizabeth Hospital, King's Lynn, NHS Foundation Trust	74.6%	67.1%	72.5%
North Middlesex University Hospital NHS Trust	88.8%	76.9%	71.4%
The Hillingdon Hospitals NHS Foundation Trust	84.2%	77.6%	71.4%
Oxford University Hospitals NHS Foundation Trust	85.3%	79.9%	71.2%
The Princess Alexandra Hospital NHS Trust	80.7%	73.2%	69.8%
Northampton General Hospital NHS Trust	72.7%	65.8%	67.8%
Bedfordshire Hospitals NHS Foundation Trust	-	-	-
Kettering General Hospital NHS Foundation Trust	-	-	-

*MKUH performance excludes the pending requirement to incorporate NHS 111 appointments at UCS.

OBJECTIVE 1 - PATIENT SAFETY									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
1.1	Mortality - (HSMR)	100	100		NA	✗	▼		
1.2	Mortality - (SHMI)	100	100		NA	✗	▼		
1.3	Never Events	0	0	1	0	✓	▲	✗	
1.4	Clostridium Difficile	15	<13	3	1	✓	▲	✓	
1.5	MRSA bacteraemia (avoidable)	0	0	1	0	✓	▲	✗	
1.6	Falls with harm (per 1,000 bed days)	0.12	0.12	0.27	0.09	✓	▲	✗	
1.7	Midwife : Birth Ratio	28	28	27	25	✓	▲	✓	
1.8	Incident Rate (per 1,000 bed days)	40	40	72.13	54.31	✓	▲	✓	
1.9	Duty of Candour Breaches (Quarterly)	0	0	0	0	✓	▲	✓	
1.10	E-Coli	20	<17	18	4	✗	▼		
1.11	MSSA	8	<7	9	1	✓	▲	✗	
1.12	VTE Assessment	95%	95%	98.0%	98.2%	✓	▲	✓	

OBJECTIVE 2 - PATIENT EXPERIENCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
2.2	RED Complaints Received			0	0		▲		
2.3	Complaints response in agreed time	90%	90%	92.1%	93.2%	✓	▲	✓	
2.4	Cancelled Ops - On Day	1.0%	1.0%	0.10%	0.06%	✓	▲	✓	
2.5	Over 75s Ward Moves at Night	2,000	1,667	835	98	✓	▲	✓	
2.6	Mixed Sex Breaches	0	0	5	0	✓	▲	✗	

OBJECTIVE 3 - CLINICAL EFFECTIVENESS									
ID	Indicator	Target 20-21	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%	76.2%	88.5%	✓	▲	✓	
3.2	Ward Discharges by Midday	27%	27%	19.5%	14.3%	✗	▼	✗	
3.3	Weekend Discharges	70%	70%	64.1%	56.0%	✗	▼	✗	
3.4	30 day readmissions			8.5%	8.8%	✗	▼		
3.5	Follow Up Ratio	1.50	1.50	1.72	1.47	✓	▲	✗	
3.6.1	Number of Stranded Patients (LOS>=7 Days)	198	198		196	✓	▲		
3.6.2	Number of Super Stranded Patients (LOS>=21 Days)	53	53		76	✗	▼		
3.7	Delayed Transfers of Care	25	25		10	✓	▲		
3.8	Discharges from PDU (%)	15%	15%	8.4%	5.4%	✗	▼	✗	
3.9	Ambulance Handovers >30 mins (%)	5%	5%	4.7%	8.6%	✗	▼	✓	

OBJECTIVE 4 - KEY TARGETS									
ID	Indicator	Target 20-21	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)	90.0%	90.0%	94.0%	83.4%	✗	▼	✓	
4.2	RTT Incomplete Pathways <18 weeks	79.0%	75.0%		53.2%	✗	▼		
4.4	RTT Total Open Pathways	18,878	19,656		25,013	✗	▼		
4.5	RTT Patients waiting over 52 weeks		0		450	✗	▼		
4.6	Diagnostic Waits <6 weeks	99%	99%		74.9%	✗	▼		
4.7	All 2 week wait all cancers (Quarterly)	93.0%	93.0%		81.8%	✗	▼		
4.8	31 days Diagnosis to Treatment (Quarterly)	96.2%	96.2%		94.8%	✗	▲		
4.9	62 day standard (Quarterly)	85.5%	85.5%		84.8%	✗	▲		

OBJECTIVE 5 - SUSTAINABILITY									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
5.1	GP Referrals Received	Not Available		45,121	3,674	Not Available	▲	Not Available	
5.2	A&E Attendances			61,179	5,708		▲		
5.3	Elective Spells (PBR)			12,680	1,373		▲		
5.4	Non-Elective Spells (PBR)			19,000	2,206		▼		
5.5	OP Attendances / Procs (Total)			245,640	24,977		▲		
5.6	Outpatient DNA Rate			6.3%	6.2%		▲		

OBJECTIVE 7 - FINANCIAL PERFORMANCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
7.1	Income £'000	Not Available		239,177	24,750	Not Available	▼	Not Available	
7.2	Pay £'000			(165,281)	(17,484)		▲		
7.3	Non-pay £'000			(70,057)	(7,117)		▲		
7.4	Non-operating costs £'000			(12,879)	(749)		▲		
7.5	I&E Total £'000			(9,039)	(600)		▲		
7.6	Cash Balance £'000				53,312		▲		
7.7	Savings Delivered £'000			1,895	172		▼		
7.8	Capital Expenditure £'000			9,279	2,423		▼		

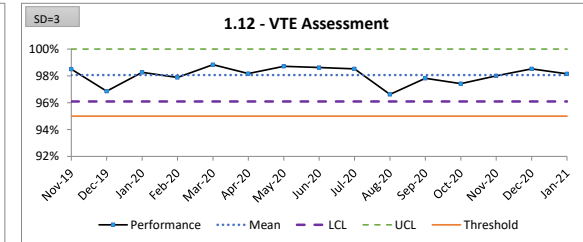
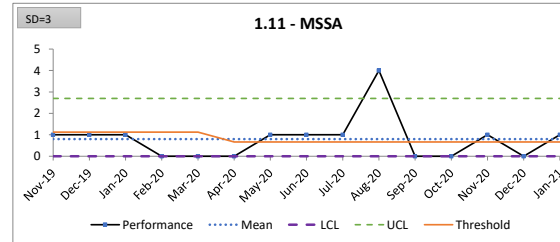
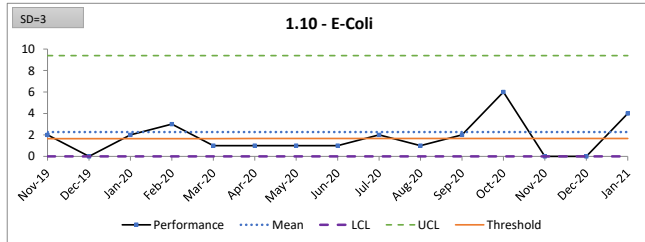
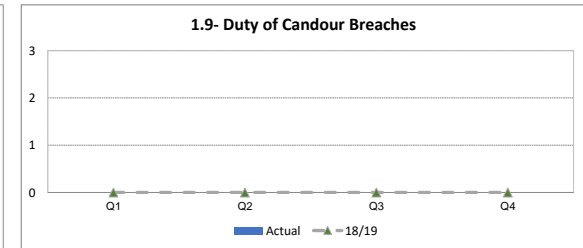
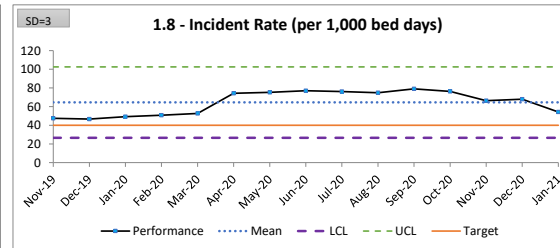
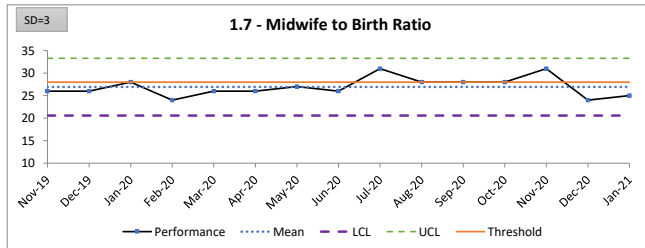
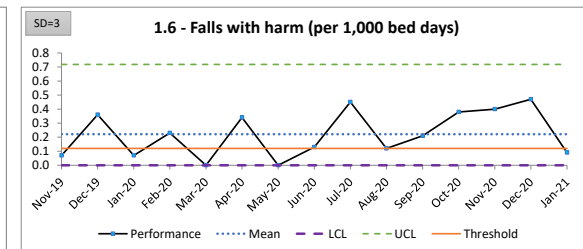
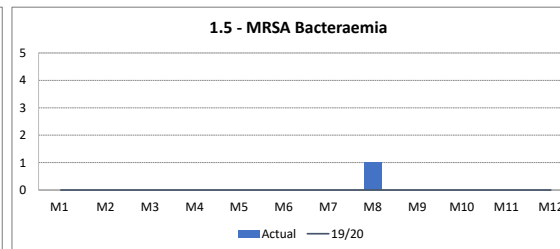
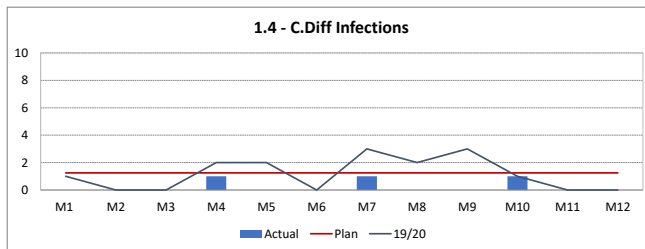
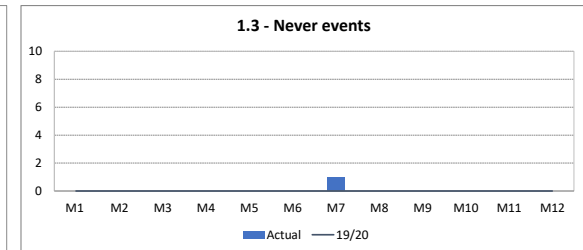
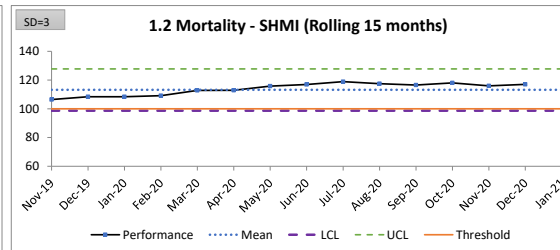
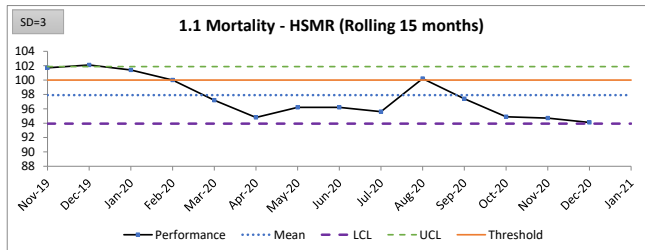
OBJECTIVE 8 - WORKFORCE PERFORMANCE									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
8.1	Staff Vacancies % of establishment	10%	10%		10.8%	✗	▲		
8.2	Agency Expenditure %	4.1%	4.1%	2.8%	2.8%	✓	▲	✓	
8.3	Staff Sickness % - Days Lost (Rolling 12 months)	4%	4%		4.8%	✗	▲		
8.3b	Staff Sickness % - Days Lost (Monthly - Including Covid-19)	4%	4%	4.4%	6.1%	✗	▼	✗	
8.3c	Staff Sickness % - Days Lost (Monthly - Excluding Covid-19)	4%	4%	3.9%	4.0%	✓	▲	✓	
8.4	Appraisals	90%	90%		92.0%	✓	▲		
8.5	Statutory Mandatory training	90%	90%		95.0%	✓	▲		
8.6	Substantive Staff Turnover	10%	10%		8.2%	✓	▲		

OBJECTIVES - OTHER									
ID	Indicator	Target 20-21	Month/YTD Target	Actual YTD	Actual Month	Month Perf.	Month Change	YTD Position	Rolling 15 months data
O.1	Total Number of NICE Breaches	10	10		44	✗	▼		
O.2	Rebooked cancelled Ops - 28 day rule	95%	95%	43.8%	0.0%	✗	▲	✗	
O.4	Overdue Datix Incidents >1 month	0	0		150	✗	▼		
O.5	Serious Incidents	45	<38	78	11	✗	▼	✗	
O.8	Completed Job Plans (Consultants)	90%	90%		86%	✗	▲		

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		

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

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

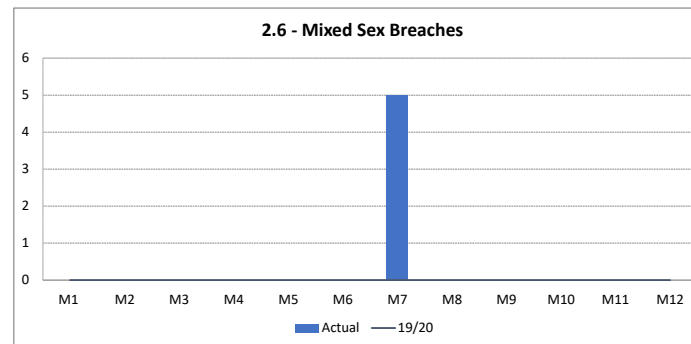
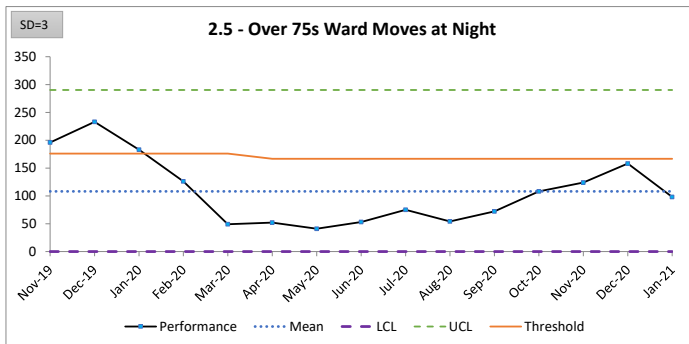
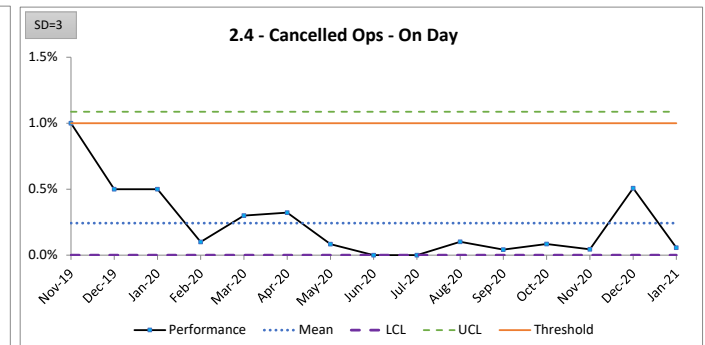
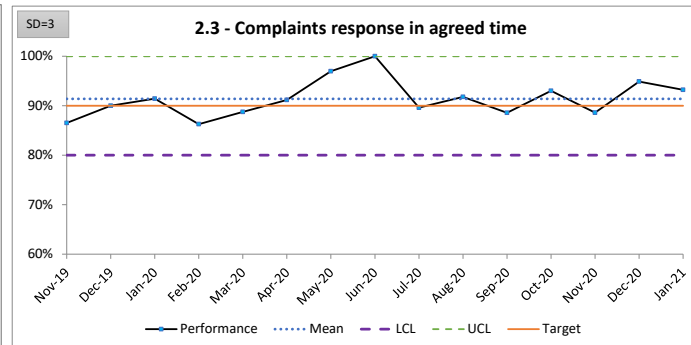
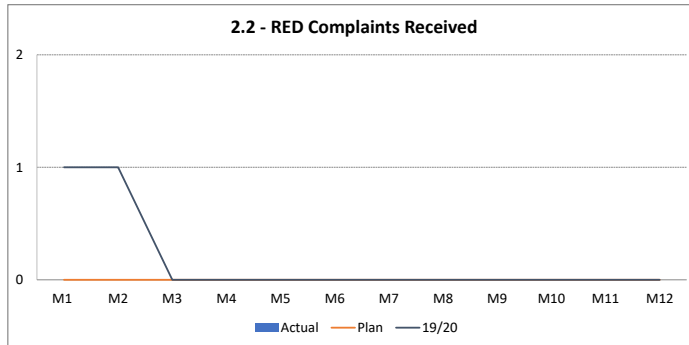


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Board Performance Report 2020/21

OBJECTIVE 2 - PATIENT EXPERIENCE



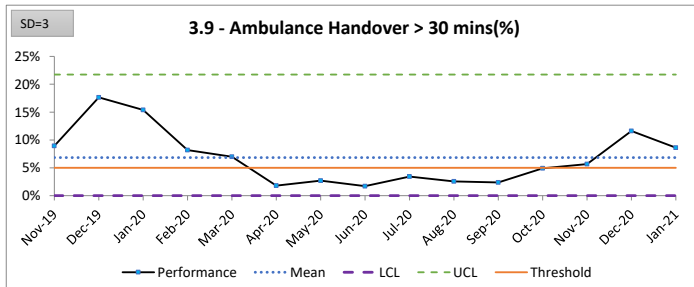
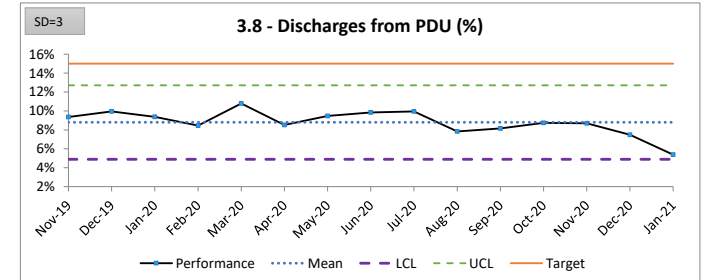
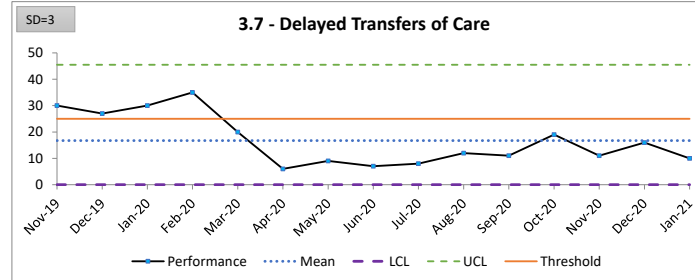
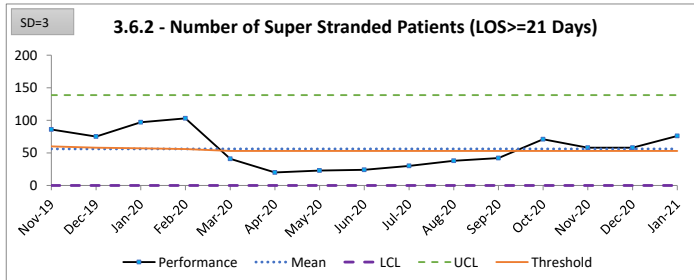
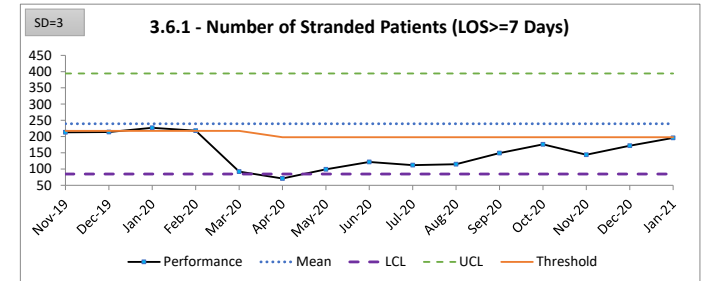
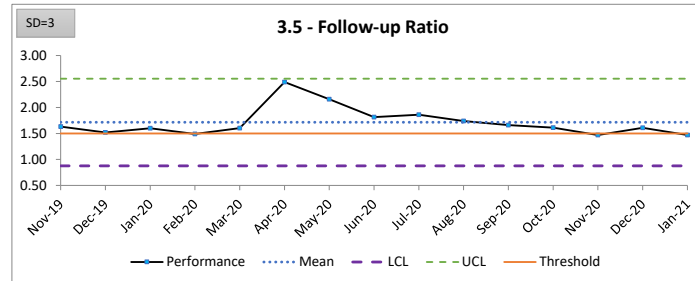
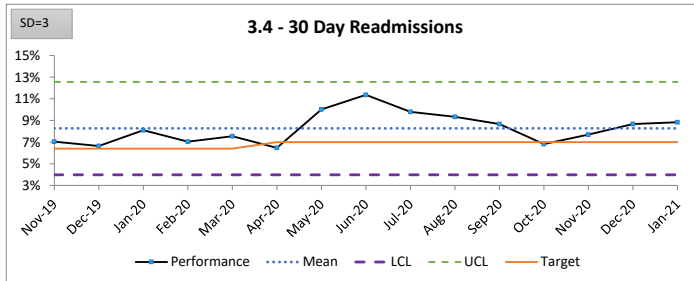
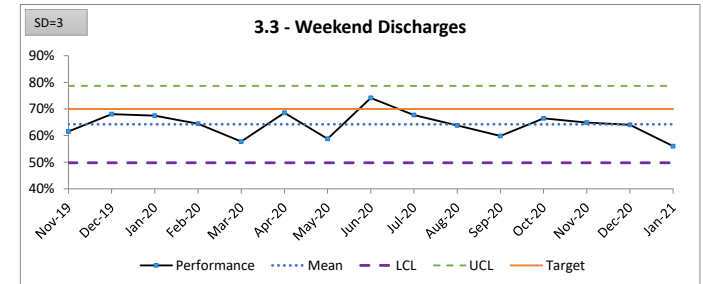
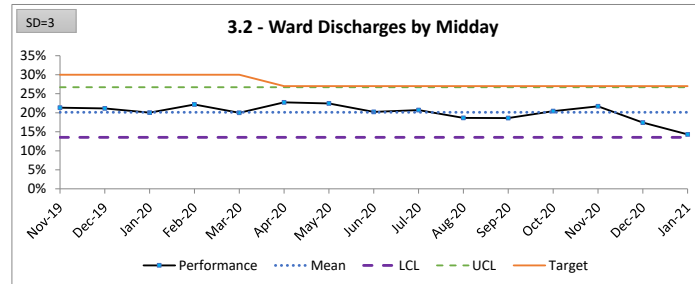
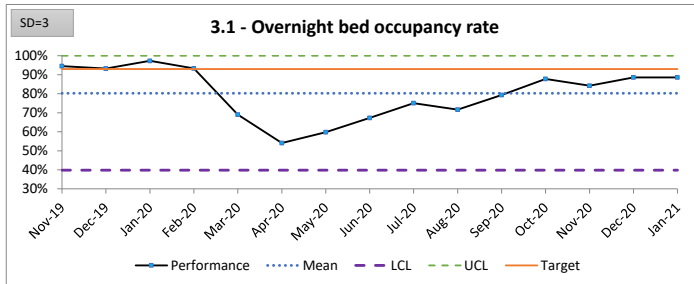
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OBJECTIVE 3 - CLINICAL EFFECTIVENESS

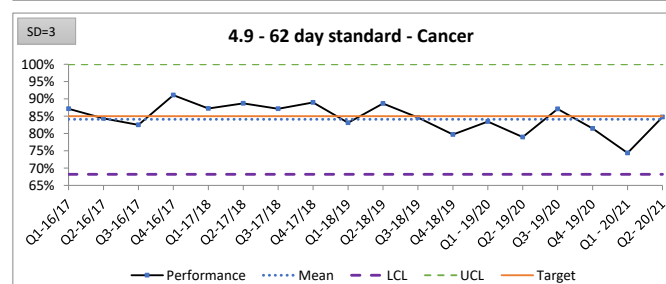
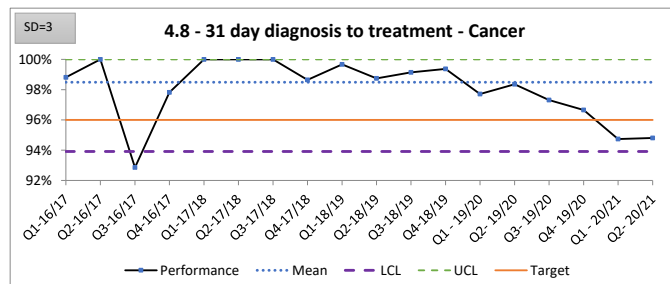
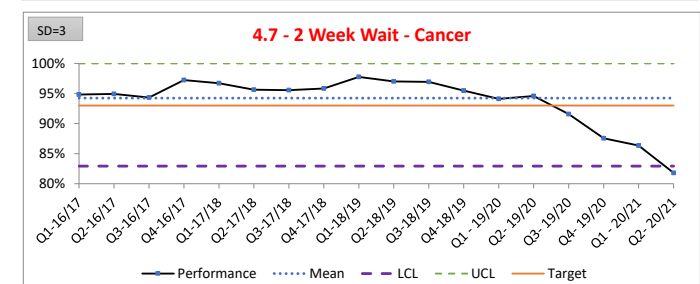
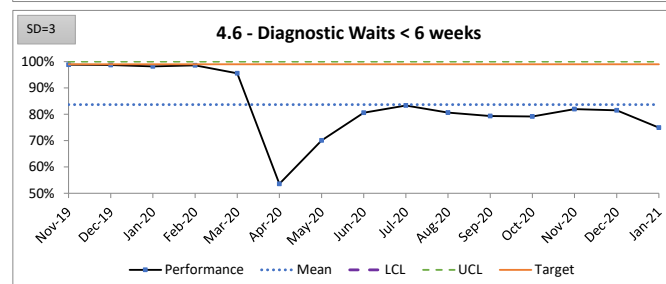
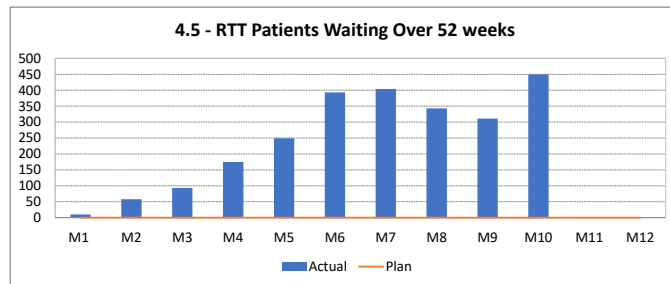
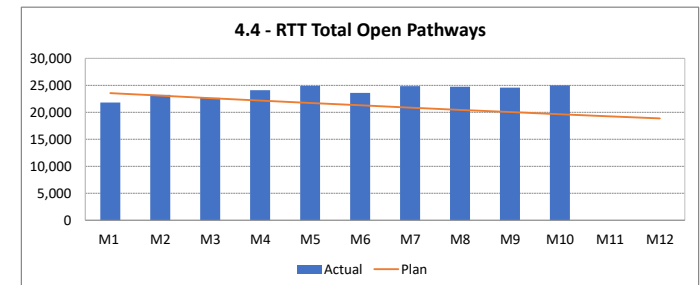
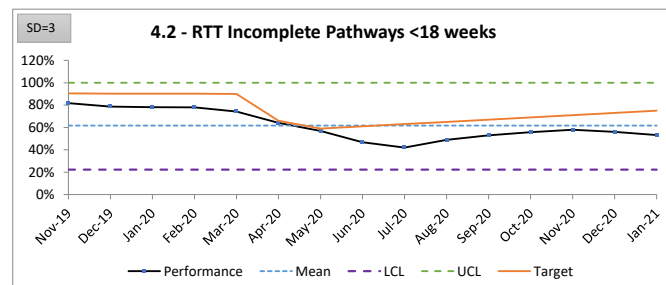
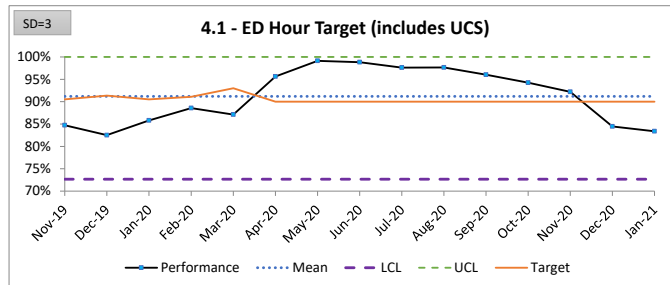


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Board Performance Report 2020/21

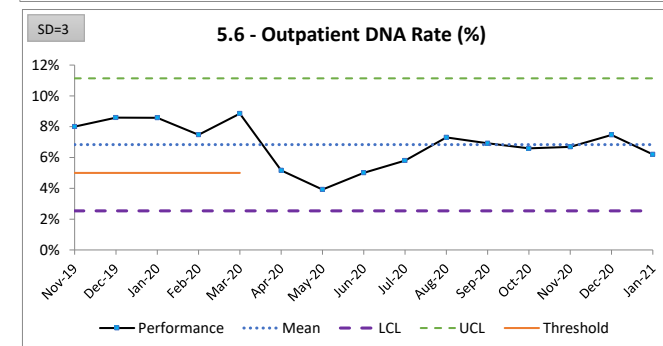
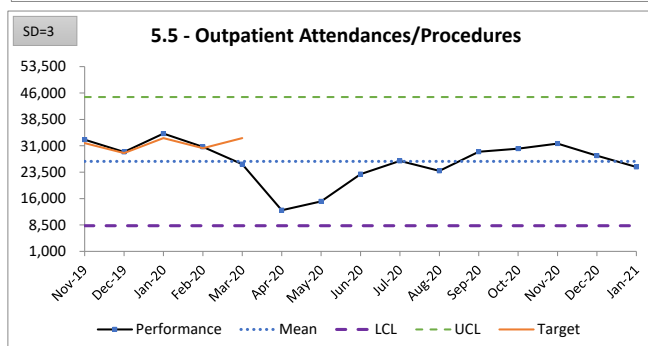
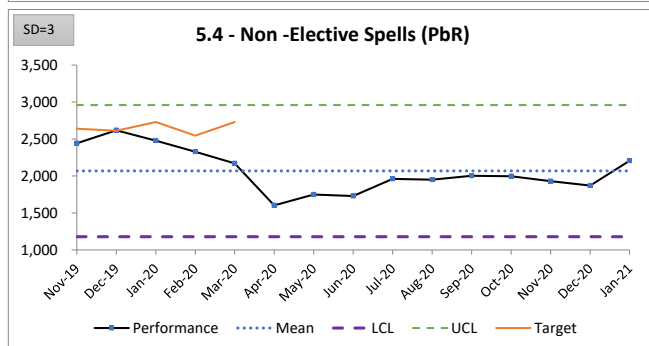
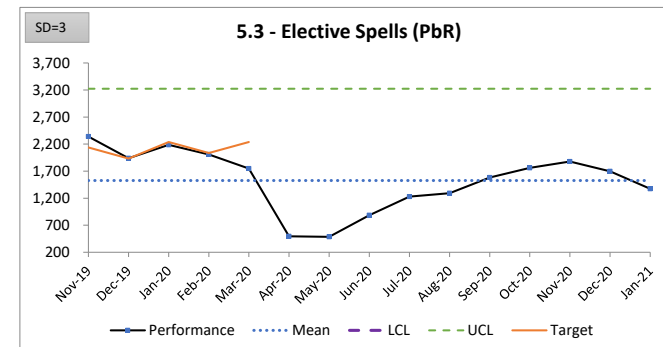
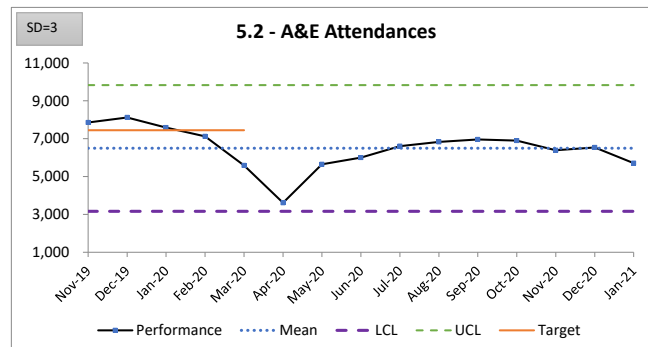
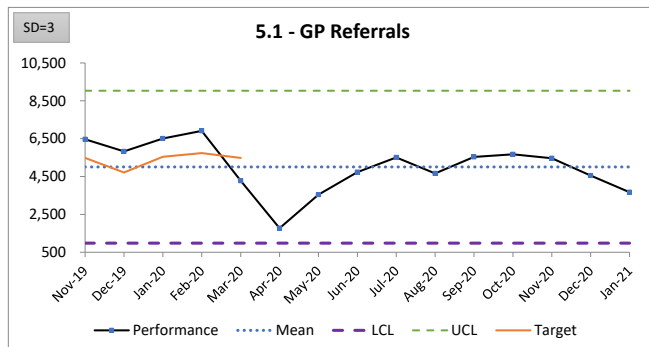
OBJECTIVE 4 - KEY TARGETS



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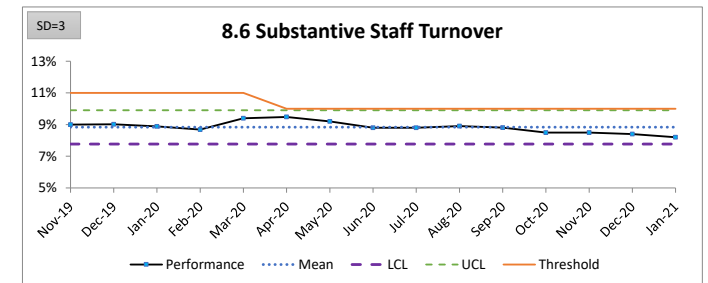
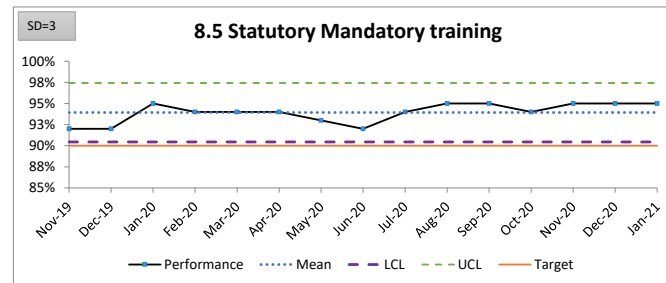
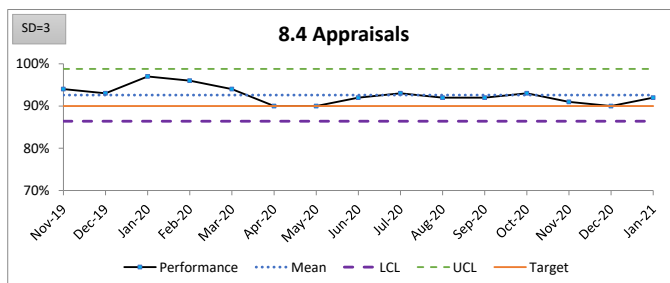
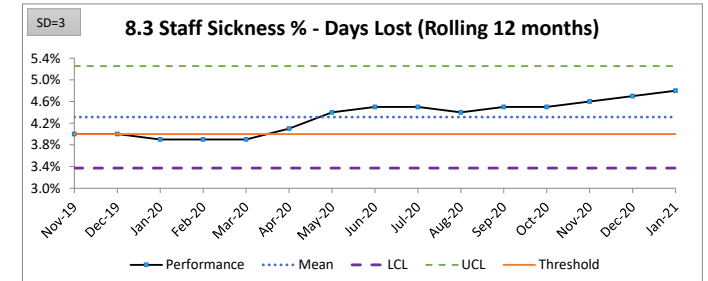
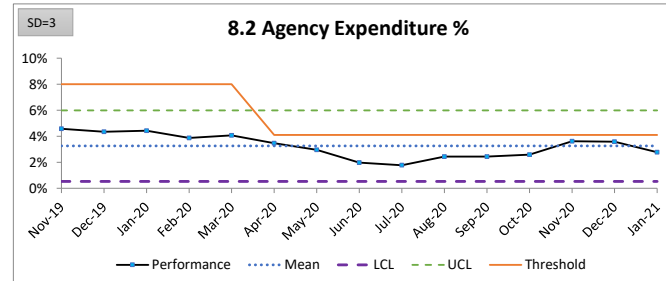
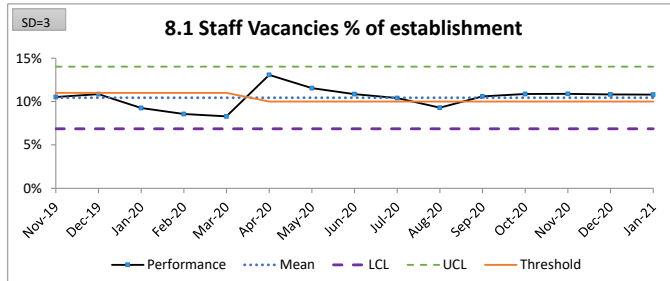
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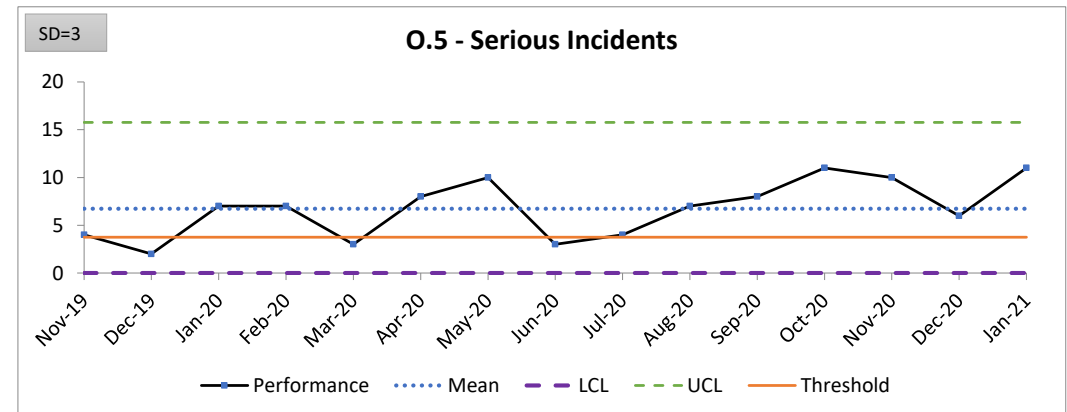
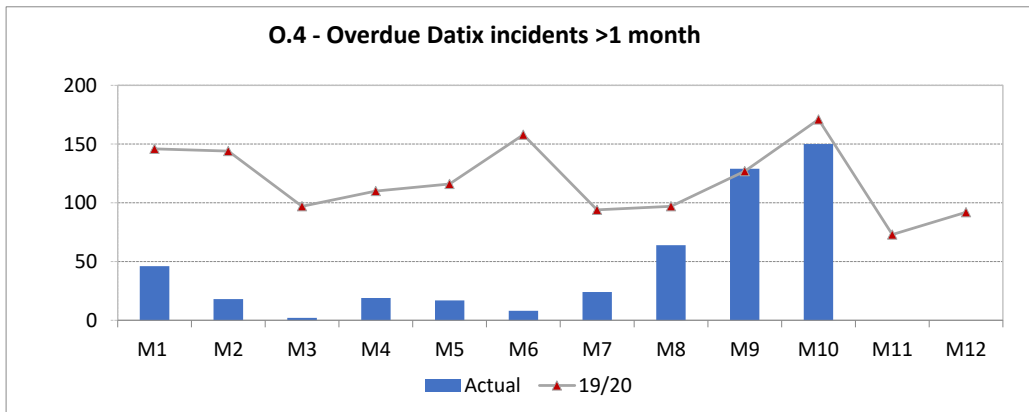
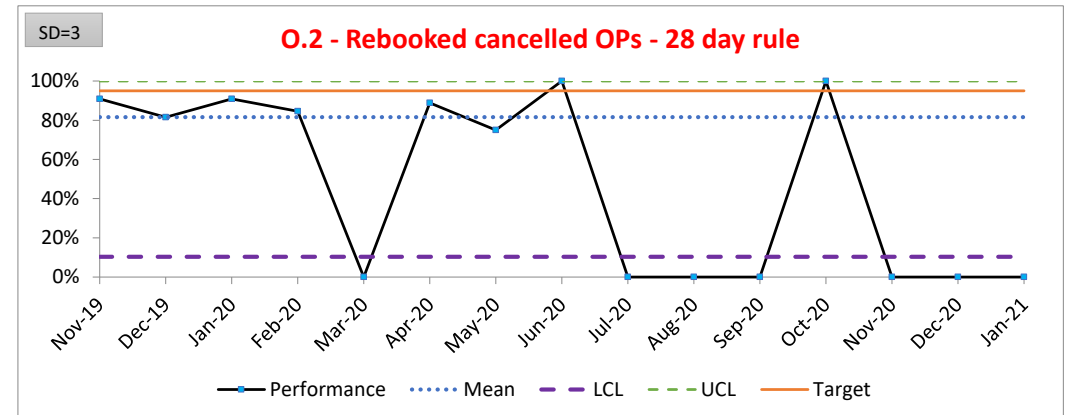
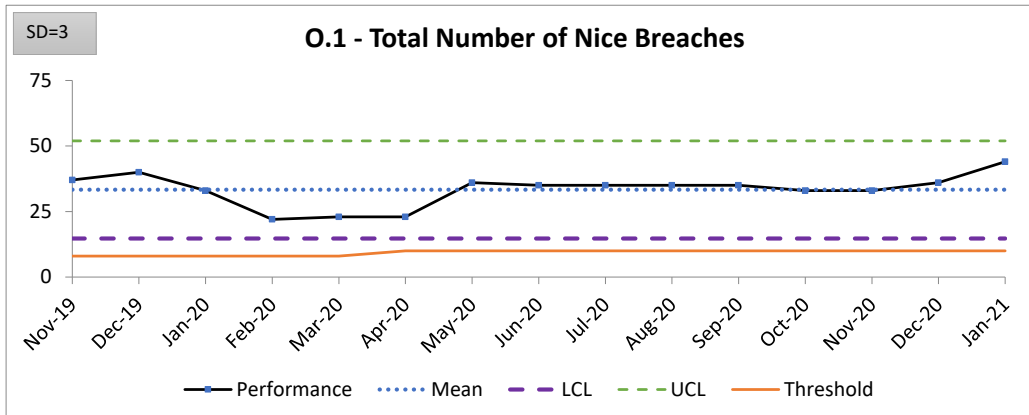
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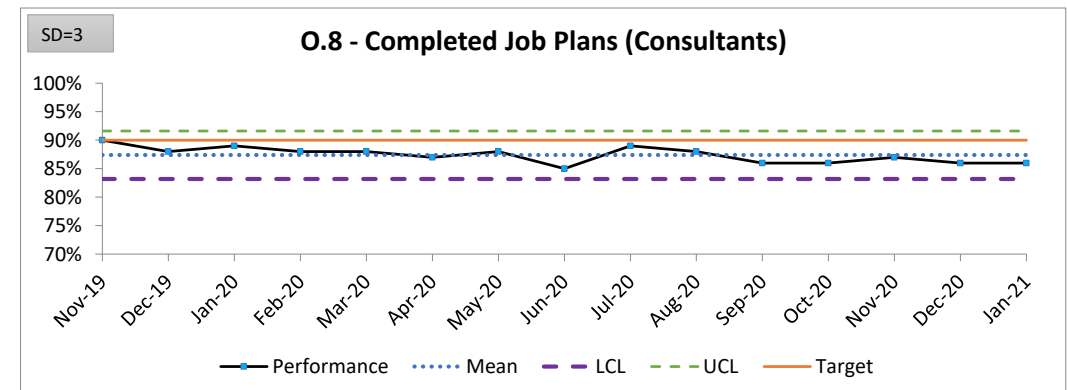
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Meeting title	Finance & Investment Committee	Date: 05/03/21
Report title:	Finance Paper Month 10 2020-21	Agenda item: 4.2
Lead director Report authors	Sophia Aldridge Chris Panes	Director of Finance Head of Management Accounts
Fol status:	Public document	

Report summary	An update on the financial position of the Trust at Month 10 (January 2021)			
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	Finance & Investment Committee to note the contents of the paper.			

Strategic objectives links	5. Developing a Sustainable Future 7. Become Well-Governed and Financially Viable 8. Improve Workforce Effectiveness
Board Assurance Framework links	
CQC outcome/regulation links	Outcome 26: Financial position
Identified risks and risk management actions	See Appendix 16
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 16

FINANCE REPORT FOR THE MONTH TO 31st JANUARY 2021

FINANCE & INVESTMENT COMMITTEE

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 Finance & Investment Committee 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.
 - Provide assurance that the Trust is adequately responding to change in funding regime and additional financial impacts of the COVID-19 pandemic.

EXECUTIVE SUMMARY

2. Due to COVID-19 (covid) the Trust's previously submitted budget has been suspended and the Trust is being funded by a national block payment. For M1-6, the block payment was made up of three components; a fixed amount based on run rate from last year, a top up amount to address a deficit from the block and a covid top up by return for additional covid related costs (allowing the Trust to report a breakeven position). For M7-12 the block payment has been revised with the top up amount being restricted to a fixed envelope and the implementation of an "elective incentive scheme" to encourage Trusts to meet its activity targets. For the second half of the year the Trust plans to report a deficit of £3.6m.
3. *Income and expenditure* –Against the revised plan and funding arrangement the Trust has reported a positive variance of £196k against (£5,994k negative YTD) a planned deficit of £762k (£2,386k YTD) for January 2021. The YTD position includes an in month adjustment to the untaken annual leave accrual of £5,914k, which is expected to be an allowable overspend at year end. Excluding the annual leave adjustment the Trust would have reported a negative variance of £72k YTD. Within this position the Trust has claimed an additional £1.2m (£8.7m YTD) of income directly related to the COVID-19 outbreak (against which the Trust is able to evidence an additional £8m of costs relating to covid).
4. Cash and capital position – the cash balance as at the end of January 2021 was £53.3m, which was £14.9m above the revised plan.

The Trust has spent £15.9m on capital up to month 10 which relates to £3.8m on Imaging projects , £3.1m HIP2, £1.1m Nuance, £0.7m Pathway Unit , £0.3m UEC, , £0.1m Radiotherapy development and £6.8m patient safety and clinically urgent capital expenditure.
5. *NHSI rating – the Use of Resources rating (UOR) score is '3', which is in line with Plan, with '4' being the lowest scoring.*
6. *Cost savings* –As of at M10 £2.1m of schemes have been identified and added to the trust tracker with a delivery of £1.9m YTD.

INCOME AND EXPENDITURE

7. The Trust is required to report externally against a revised plan based on the national block funding arrangement. However, in order for the Trust to get a better understanding of the Trust's cost base and how this has been impacted by covid, the Trust is also monitoring performance against a planned position that would meet the original financial control total (excluding the regional 0.5% additional efficiency requirement). The tables below summarise performance against the revised plan and the Trust's original plan. For the purposes of the report, the narrative discusses performance against the Trust's original plan and the revised forecast plan.

Revised Forecast Plan:

All Figures in £'000	Month 10			Month 10 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Actual	Var
Clinical Revenue	18,546	18,679	133	183,401	183,934	533	220,494	220,494	0
Other Revenue	1,350	1,436	86	13,052	13,822	770	15,762	15,762	0
Total Income	19,896	20,114	218	196,453	197,755	1,302	236,256	236,256	0
Pay	(16,649)	(17,484)	(835)	(159,483)	(165,281)	(5,798)	(192,395)	(192,395)	0
Non Pay	(7,169)	(7,117)	52	(67,778)	(70,055)	(2,277)	(82,197)	(82,197)	0
Total Operational Expend	(23,818)	(24,601)	(783)	(227,261)	(235,337)	(8,076)	(274,592)	(274,592)	0
EBITDA	(3,922)	(4,487)	(565)	(30,808)	(37,581)	(6,773)	(38,336)	(38,336)	0
Financing & Non-Op. Costs	(1,178)	(705)	473	(12,575)	(12,198)	377	(14,931)	(14,931)	0
Control Total Deficit (excl. top up)	(5,100)	(5,192)	(92)	(43,383)	(49,779)	(6,396)	(53,267)	(53,267)	0
Adjustments excl. from control total:									
FRF	0	0	0	0	0	0	0	0	0
MRET	0	0	0	0	0	0	0	0	0
National Block	0	0	0	0	0	0	0	0	0
National Top up	3,413	3,413	0	32,697	32,697	0	39,523	39,523	0
COVID Top up	925	1,213	288	8,300	8,702	402	10,150	10,150	0
Control Total Deficit (incl. top up)	(762)	(566)	196	(2,386)	(8,380)	(5,994)	(3,594)	(3,594)	0
Donated income	0	10	10	14	23	9	14	14	0
Donated asset depreciation	(68)	(44)	24	(679)	(680)	(1)	(815)	(815)	0
Impairments & Rounding	0	0	0	0	0	0	0	0	0
Reported deficit/surplus	(830)	(600)	230	(3,051)	(9,037)	(5,986)	(4,395)	(4,395)	0

Performance against original internal plan:

All Figures in £'000	Month 10			Month 10 YTD			Full Year		
	Plan	Actual	Var	Plan	Actual	Var	Plan	Forecast	Var
Clinical Revenue	18,683	16,138	(2,545)	193,131	152,239	(40,892)	233,455	233,455	0
Other Revenue	1,596	1,436	(160)	16,138	13,832	(2,307)	19,295	19,295	0
Total Income	20,279	17,573	(2,706)	209,269	166,070	(43,199)	252,749	252,749	0
Pay	(15,083)	(17,484)	(2,402)	(150,485)	(165,281)	(14,796)	(180,692)	(180,692)	0
Non Pay	(6,828)	(7,117)	(289)	(68,486)	(70,055)	(1,569)	(82,026)	(82,026)	0
Total Operational Expend	(21,910)	(24,601)	(2,691)	(218,971)	(235,337)	(16,365)	(262,718)	(262,718)	0
EBITDA	(1,632)	(7,028)	(5,396)	(9,702)	(69,266)	(59,564)	(9,969)	(9,969)	0
Financing & Non-Op. Costs	(1,192)	(705)	487	(11,914)	(12,198)	(283)	(14,299)	(14,299)	0
Control Total Deficit (excl. PSF)	(2,824)	(7,733)	(4,909)	(21,616)	(81,464)	(59,848)	(24,268)	(24,268)	0
Adjustments excl. from control total:									
FRF	0	0	0	14,838	0	(14,838)	19,788	19,788	0
MRET	269	0	(269)	2,690	0	(2,690)	3,238	3,238	0
National Block	0	2,541	2,541	0	31,695	31,695	0	0	0
National Top up	0	3,413	3,413	0	32,687	32,687	0	0	0
COVID Top up	0	1,213	1,213	0	8,702	8,702	0	0	0
Control Total Deficit (incl. PSF)	(2,555)	(566)	1,989	(4,088)	(8,380)	(4,292)	(1,242)	(1,242)	0
Donated income	200	10	(190)	400	23	(377)	1,000	1,000	0
Donated asset depreciation	(68)	(44)	24	(680)	(680)	0	(816)	(816)	0
Impairments & Rounding	0	0	0	0	0	0	0	0	0
Reported deficit/surplus	(2,423)	(600)	1,823	(4,368)	(9,037)	(4,669)	(1,058)	(1,058)	0

Monthly and year to date review

8. The **deficit excluding central funding (top up) and donated income** in month 10 is £7,733k which is £4,909k adverse to the Trust's original plan; this is due to a combination of:
- The national block contract income being lower than clinical income assumed in the internal plan (and agreed as part of the heads of terms with Milton Keynes CCG);
 - Lower non-clinical income streams due to lower activity volumes (e.g. parking income);
 - The impact of covid on the Trust's cost base.

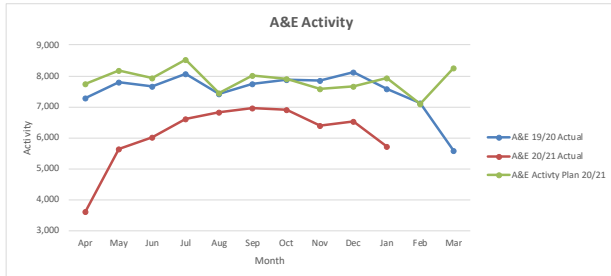
However, on a control total basis after the block payment and top up income the Trust has reported a £566k deficit position for the month and £8,380k YTD which is £196k favourable to the revised plan position in month and adverse by £5,994k YTD.

Included within the YTD position is an £5,914k annual leave adjustment and £8,059k of direct covid costs (excluding loss of non-clinical income which is outside the scope of provider claims) against which the Trust expects to receive an additional £8,702k top-up.

The impact of the elective incentive scheme has not been reported in month due to the number of COVID beds being above 15% of the total bed base.

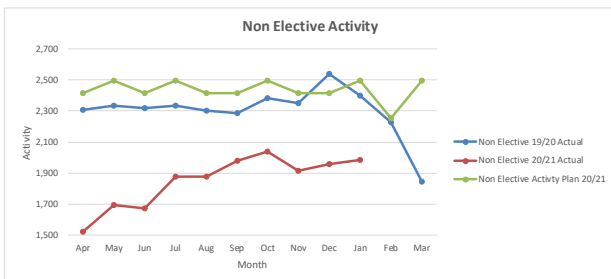
Activity Analysis

9. Key areas of Trust clinical activity vs plan are highlighted below along with performance against the prior year. A full Trust analysis is in Appendix 3.



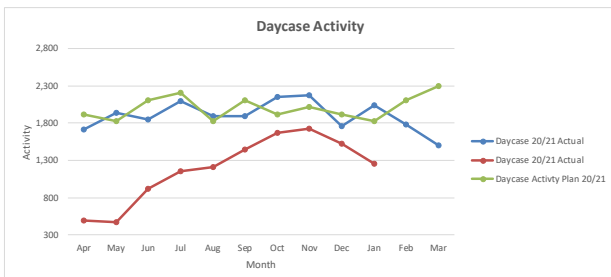
						Prior Year In Month			Prior Year YTD		
In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month	PY In month Diff	% Diff	PY YTD	Diff	% Diff
7,933	5,708	-2,225	78,914	61,179	-17,735	7,590	-1,882	-25%	77,437	-16,258	-21%

A&E activity has decreased significantly in January compared to December and is still significantly down when compared to the same period in the prior year due to COVID 19.



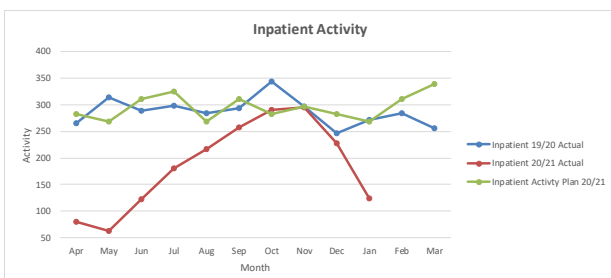
						Prior Year In Month			Prior Year YTD		
In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month	PY In month Diff	% Diff	PY YTD	Diff	% Diff
2,494	1,986	-508	24,457	18,526	-5,931	2,399	-413	-17%	23,547	-5,021	-21%

Non elective activity is showing significantly reduced figures in the first 10 months but has experienced another slight increase in Month 10.



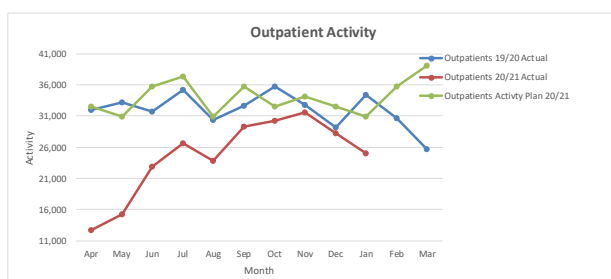
						Prior Year In Month			Prior Year YTD		
In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month	PY In month Diff	% Diff	PY YTD	Diff	% Diff
1,822	1,258	-564	19,656	11,862	-7,794	2,041	-783	-38%	19,505	-7,643	-39%

Daycase activity is showing significantly reduced figures in the first 10 months when compared to the prior period, the activity in January has reduced compared to prior month.



						Prior Year In Month			Prior Year YTD		
In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month	PY In month Diff	% Diff	PY YTD	Diff	% Diff
268	124	-144	2,890	1,857	-1,033	272	-148	-54%	2,900	-1,043	-36%

Suspension of non urgent elective work in response to COVID-19 is reflected in the April and May figures for inpatient activity, however numbers did increase steadily from June and reached pre covid planned levels in October and November however in December and January has reduced significantly compared to the plan and prior month due to further increases in COVID-19.



						Prior Year In Month			Prior Year YTD		
In Month Plan	In Month Actual	In Month Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month	PY In month Diff	% Diff	PY YTD	Diff	% Diff
30,915	24,977	-5,938	333,560	245,640	-87,920	34,473	-9,496	-28%	327,312	-81,672	-25%








































A significant reduction has been seen in April and May as a direct response to COVID-19. The run rate dropped in August but has recovered between September and November and dropped again in December and January and is significantly lower compared with last years activity and still below pre covid levels.

As part of the phase 3 recovery planning, the Trust is expected to meet certain activity performance targets (e.g. 90% of prior year electives from October onwards). The Performance against the targets are below.

	Target	Aug		Sep		Oct		Nov		Dec		Jan	
		Actual	% PY	Actual	% PY	Actual	% PY	Actual	% PY	Actual	% PY	Actual	% PY
Day Case	90%	1,566	66%	1,868	80%	2,084	78%	2,122	81%	1,953	89%	1,735	66%
Elective IP	90%	218	76%	258	87%	292	84%	296	97%	227	92%	124	45%
Oupatient New	100%	8,912	84%	11,065	94%	11,582	90%	12,596	112%	10,616	100%	10,441	87%
Oupatient FUP	100%	14,840	85%	18,037	101%	18,676	95%	18,510	99%	17,246	105%	15,429	78%
Diagnostics (MRI/CT/US)	100%	3,398	78%	3,825	86%	4,231	83%	4,284	94%	4,172	97%	3,820	81%
Endoscopy	100%	540	69%	670	98%	884	117%	698	74%	482	65%	299	40%

The Trust has fallen short of its activity targets within month with recovery plans limited by the second wave of COVID 19, however additional guidance has been released providing exemptions from the EIS targets if COVID 19 patients take up 15% of bed capacity.

10. A summary of activity performance against the Trust's main SLA commissioners is highlighted below. The table shows performance against the in-year plan as well as changes against prior year activity.
11. Due to the response to covid there has been a significant reduction in all Trust activity, increased activity has stalled in M9 due to the second wave of COVID 19.

		In Month			YTD			PY in month			PY YTD			19/20-20/21
		Plan	Actual	Variance	YTD Plan	Actual	Variance	In Month	Diff	% Diff	Diff	% Diff	Trend	
NHS Milton Keynes CCG	Accident and Emergency	6,208	4,632	-1,576	61,754	48,398	-13,356	5,988	-1,356	-29%	60,529	-12,131	-25%	
	Elective	1,595	1,042	-552	17,204	9,978	-7,226	1,778	-736	-71%	17,203	-7,225	-72%	
	Non Elective	2,026	1,647	-379	19,871	15,062	-4,809	1,929	-282	-17%	19,087	-4,025	-27%	
	Outpatient	20,155	16,824	-3,331	217,465	168,423	-49,042	21,949	-5,125	-30%	212,580	-44,157	-26%	
	Critical Care	177	208	31	1,737	1,876	139	231	-23	-11%	1,725	151	8%	
	Other	40,650	32,256	-8,394	438,186	325,583	-112,603	46,889	-14,634	-45%	436,324	-110,742	-34%	
	Maternity Pathway	561	582	21	0	6,082	6,082	675	-93	-16%	6,135	-53	-1%	
NHS Milton Keynes CCG Total		71,372	57,191	-14,181	762,266	575,402	-186,865	79,439	-22,248	-39%	753,583	-178,181	-31%	
NHS Bedfordshire CCG	Accident and Emergency	635	406	-229	6,321	4,846	-1,475	574	-168	-41%	6,178	-1,332	-27%	
	Elective	202	161	-41	2,183	1,432	-751	224	-63	-39%	2,199	-767	-54%	
	Non Elective	171	133	-38	1,677	1,292	-385	197	-64	-48%	1,663	-371	-29%	
	Outpatient	2,413	1,975	-438	26,038	20,747	-5,291	2,628	-653	-33%	25,623	-4,876	-24%	
	Critical Care	10	0	-10	94	86	-8	17	-17	-100%	111	-25	-29%	
	Other	2,287	1,725	-562	24,623	19,631	-4,992	2,643	-918	-53%	24,299	-4,668	-24%	
	Maternity Pathway	40	57	17	435	504	69	48	9	16%	425	79	16%	
NHS Bedfordshire CCG Total		5,758	4,457	-1,301	61,371	48,538	-12,833	6,331	-1,874	-42%	60,498	-11,960	-25%	
NHS Buckinghamshire CCG	Accident and Emergency	518	358	-160	5,155	3,965	-1,190	487	-129	-36%	5,057	-1,092	-28%	
	Elective	135	72	-63	1,459	769	-690	137	-65	-90%	1,455	-686	-89%	
	Non Elective	178	133	-45	1,747	1,330	-417	170	-37	-28%	1,712	-382	-29%	
	Outpatient	1,559	1,216	-343	16,820	13,028	-3,792	1,755	-539	-44%	16,612	-3,584	-28%	
	Critical Care	13	0	-13	127	88	-39	20	-20	-100%	141	-53	-60%	
	Other	305	285	-20	3,276	2,449	-827	349	-64	-22%	3,242	-793	-32%	
	Maternity Pathway	8	15	7	90	148	58	16	-1	-7%	93	55	37%	
NHS Buckinghamshire CCG Total		2,716	2,079	-637	28,675	21,777	-6,898	2,934	-855	-41%	28,312	-6,535	-30%	
NHSE Specialised	Elective	8	0	-8	86	36	-50	6	-6	-100%	80	-44	-122%	
	Non Elective	3	0	-3	25	15	-10	1	-1	-100%	20	-5	-33%	
	Outpatient	1,273	1,376	103	13,735	14,073	338	1,475	-99	-7%	13,578	495	4%	
	Critical Care	404	365	-39	3,958	3,434	-524	447	-82	-22%	3,981	-547	-16%	
	Other	1,780	548	-1,232	0	15,154	15,154	1,894	-1,346	-245%	18,902	-3,748	-25%	
NHSE Specialised Total		3,467	2,289	-1,178	37,007	32,712	-4,295	3,823	-1,534	-67%	36,561	-3,849	-12%	
NCA & Other	Accident and Emergency	571	312	-259	5,684	3,970	-1,714	541	-229	-73%	5,673	-1,703	-43%	
	Elective	150	106	-43	1,614	1,503	-111	168	-62	-58%	1,469	34	2%	
	Non Elective	116	73	-43	1,137	827	-310	102	-29	-40%	1,065	-238	-29%	
	Outpatient	5,515	3,586	-1,929	59,501	29,369	-30,132	6,666	-3,080	-86%	58,919	-29,550	-101%	
	Critical Care	12	0	-12	114	30	-84	0	0	0%	99	-69	-230%	
	Other	896	744	-152	9,647	6,712	-2,935	1,092	-348	-47%	9,549	-2,837	-42%	
	Maternity Pathway	15	18	3	0	140	140	7	11	61%	133	7	5%	
		7,274	4,839	-2,434	77,699	42,551	-35,147	8,576	-3,737	-77%	76,907	-34,356	-81%	
		90,587	70,855	-19,732	967,018	720,980	-246,037	101,103	-30,248	-43%	955,861	-234,881	-33%	

Income

12. **On a payment by results basis, income (excluding block, top up and donations effect)** against the original plan is £2,706k adverse in January and £43,199k YTD with significant reductions in non-elective activity and low levels of activity following suspension of non-urgent elective activity earlier in the year and the occurrence of the second wave (clinical income is £2,545k adverse to plan in month and £40,892k YTD).

However, the shortfall on clinical income is offset by the top-up payments which act as both a) a replacement of the financial recovery fund that would otherwise have been in place; and b) additional payments to cover shortfalls on clinical income as a result of the impact of covid.

Against the revised trust plan/forecast income is £218k favourable in month and £1,302k year to date

13. After the block payment, CCG income is below the Trust plan by £9,197k YTD; against assumed commissioned values the Trust is showing a £4,746k under performance YTD. The top up block has been set against non-CCG income.

		Full Year Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Variance %	Comments
NHS Milton Keynes CCG	Elective	22,378	18,277	10,725	(7,552)	(70%)	Impact of COVID-19
	Non Elective	59,477	49,810	40,361	(9,449)	(23%)	Impact of COVID-19
	Accident and Emergency	12,104	10,131	8,260	(1,871)	(23%)	Impact of COVID-19
	Maternity Pathway	7,990	6,529	6,744	216	3%	
	Critical Care	2,441	2,044	2,235	191	9%	
	Outpatient	31,385	25,633	18,962	(6,671)	(35%)	Impact of COVID-19
	Other	27,225	22,480	47,256	24,776	52%	Includes net block payment
	CCG Contact Adj	-	-	-	-		
	Sub-Total	163,000	134,904	134,544	(360)	(0%)	
Other Contract Commissioners	NHS Bedfordshire CCG	16,491	13,632	13,259	(373)	(3%)	
	NHS Buckinghamshire CCG	12,155	10,073	10,078	5	0%	
	NHS NENE CCG	-	-	-	-		
	NHS Luton CCG	243	201	138	(62)	(45%)	
	NHSE Specialised	23,026	18,894	14,938	(3,956)	(26%)	Impact of COVID-19
	NHSE Central Midlands	-	-	-	-		
	NHSE South East	-	-	-	-		
	Sub-Total	51,916	42,799	38,413	(4,386)	(11%)	
Commissioner Income	Grand-Total	214,916	177,703	172,957	(4,746)	(3%)	
Non Contract Activity	Non-Contract Activity	17,977	14,955	10,861	(4,094)	(38%)	Impact of COVID-19
	CIP Adj & Other	564	473	116	(357)	(308%)	
Reported Income	Grand-Total	233,457	193,131	183,934	(9,197)	(5%)	

From trust CIVICA value there are significant variances that can be attributed to covid.

A further breakdown of the income variances is set out below:

<i>All figures in £000's</i>	Month	YTD	M10 Commentary
Budgeted income	20,748	227,197	
Clinical income			
Maternity	(2)	(120)	Maternity income on plan in month
Outpatients	(684)	(12,447)	YTD Large reduction in elective work due to COVID 19. Recovery has slowed due to second wave
High cost drugs	200	(514)	higher than planned usage of high cost drugs (offset in non pay) in month.
Electives	(1,129)	(9,751)	YTD Large reduction in elective work due to COVID 19. Recovery has slowed due to second wave
Non Elective	(591)	(14,465)	YTD Large reduction in non-elective work due to COVID 19
Critical Care	(71)	(476)	reduction in month of critical care income
Other clinical income and non recurrent funding	2,273	28,575	YTD Figure includes block income
Subtotal contract income variance	(4)	(9,197)	
Other income	4,007	21,177	YTD figure includes reduction in income against University of Buckingham and car parking offset by direct COVID income and national top up income.
Subtotal non-contract income	4,007	21,177	
Actual income	24,750	239,177	

Other Income variances detail:

	In Month Actual	In Month variance	Full Year Actual	Full Year Variance
Other Non Mandatory/Non protected clinical revenue	97	(176)	1,371	(1,361)
Private Patient Revenue	20	(24)	220	(220)
Research and development revenue	76	(2)	785	4
Education and training revenue	709	116	5,980	(71)
Parking revenue	53	(85)	527	(817)
Catering revenue	34	(19)	349	(175)
Accommodation revenue	79	(2)	790	(20)
Misc. other operating revenue	5,004	4,198	45,223	23,837
Total Variances on Other Income	6,072	4,007	55,244	21,177

Miscellaneous income includes £8,702k of direct covid reimbursement costs YTD

14. **Operational costs** in January are adverse to the original plan by £2,691 in month and £16,365k YTD. Against the revised plan/forecast operational costs are adverse by £783k in month & £8,076k YTD
15. **Pay costs** are £2,402k adverse to budget in Month 10 and £14,796k YTD against the original plan. Against the revised plan pay costs are £835k adverse in month and £5,798k adverse YTD. The YTD position includes a increase of £5,914k against untaken annual leave accrual. High costs against substantive, bank and agency include direct covid related costs due to changes in rotas, additional hours and cover of sickness/self-isolation.

16. Performance against original budget and trends of WTE worked can be seen in the table below (further detail can be seen in Appendix 6);

		Month Budget £'000	Month Actual £'000	Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Month Change £'000	Month Actual WTE	Month Change WTE	Trend WTE
Substantive	Med Staff	(4,281)	(5,252)	(971)	(42,430)	(48,757)	(6,327)	2,022	479	2	
	Nurses and Midwives	(3,650)	(3,670)	(20)	(36,111)	(37,514)	(1,403)	1,714	910	1	
	Sci Tech & Ther	(1,709)	(1,920)	(212)	(17,043)	(18,370)	(1,327)	583	497	(4)	
	Healthcare assistants, etc	(1,394)	(1,450)	(56)	(13,822)	(15,837)	(2,015)	770	577	(8)	
	Admin & Clerical	(2,184)	(2,271)	(86)	(21,811)	(22,090)	(279)	68	706	3	
	Other	(215)	(208)	8	(2,153)	(2,191)	(38)	24	16	(0)	
Total Substantive		(13,434)	(14,771)	(1,338)	(133,371)	(144,760)	(11,389)	5,181	3,185	(7)	
Bank	Med Staff (Locums)	(132)	(299)	(167)	(1,297)	(2,928)	(1,631)	(29)	16	(1)	
	Nurses and Midwives	(611)	(863)	(252)	(6,102)	(6,627)	(525)	(202)	160	13	
	Sci Tech & Ther	(38)	(100)	(62)	(394)	(600)	(207)	(33)	22	2	
	Healthcare assistants, etc	(324)	(648)	(325)	(3,364)	(4,276)	(912)	(122)	177	7	
	Admin & Clerical	(87)	(319)	(233)	(867)	(1,519)	(652)	(110)	90	22	
	Total Bank	(1,191)	(2,230)	(1,039)	(12,023)	(15,950)	(3,927)	(495)	464	42	
Agency	Med Staff	(279)	(162)	117	(2,792)	(2,032)	759	18	10	(1)	
	Nurses and Midwives	(86)	(161)	(75)	(1,155)	(988)	167	59	25	(3)	
	Sci Tech & Ther	(40)	(57)	(17)	(565)	(712)	(147)	26	9	(3)	
	Healthcare assistants, etc	(29)	(46)	(18)	(286)	(268)	18	(14)	18	3	
	Admin & Clerical	0	(9)	(9)	(55)	(104)	(49)	9	1	0	
	Other	(25)	(48)	(23)	(238)	(468)	(230)	0	8	0	
Total Agency		(458)	(483)	(25)	(5,091)	(4,571)	520	98	69	(4)	
Total		(15,083)	(17,484)	(2,402)	(150,485)	(165,281)	(14,796)	4,784	3,718	31	

17. Underlying agency remains low, however has increased in month in response to the second wave of COVID and increased numbers of staff isolating.
18. Non-pay costs were £1,569k adverse to the original plan in month and £289k adverse YTD. Against the revised plan non pay reported a £52k adverse favourable in month and £2,277k adverse YTD.

Trust		Month Budget £'000	Month Actual £'000	Month Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000	Month Change £'000	Trend
Non Pay	Drug expense (excl. HCD)	(373)	(441)	(68)	(4,686)	(4,642)	44	(77)	
	High Cost Drugs	(1,542)	(1,572)	(30)	(14,337)	(13,624)	713	0	
	Clinical supplies and services	(1,432)	(1,344)	88	(14,400)	(12,918)	1,482	48	
	General supplies and services	(320)	(616)	(296)	(3,202)	(3,580)	(378)	(258)	
	Establishment Expenses	(1,029)	(945)	84	(10,264)	(10,092)	172	87	
	Premises and fixed plant	(1,253)	(1,449)	(196)	(12,301)	(15,444)	(3,143)	392	
	Outsource to Commercial sector	(421)	(321)	99	(4,717)	(3,689)	1,028	64	
	Education and Training Expenses	(84)	(92)	(7)	(845)	(941)	(96)	43	
	Consultancy expenses	(2)	(1)	2	(24)	(56)	(32)	(0)	
	Miscellaneous Operating Expenses	(371)	(337)	34	(3,710)	(5,070)	(1,360)	1,017	
	Non Pay Savings Target	0	0	0	0	0	0	0	
Total Non Pay		(6,828)	(7,117)	(289)	(68,486)	(70,055)	(1,569)	1,316	

19. Non-operational costs are £511k favourable in month and £283k adverse YTD, this is a result of increase in PDC costs offset by timing differences in depreciation.

Further analysis of the costs can be found in the following appendices:

Appendix 1 - Statement of Comprehensive Income & Expenditure
Appendix 6 - Pay Run-rate and Variance Analysis
Appendix 7 - Non-Pay Run-rate and Variance Analysis
Appendix 8 - Premium Staffing Analysis

COST SAVINGS

20. Work on tracking and delivering schemes has resumed following a temporary suspension due to COVID. The Trust has submitted its financial plan which includes a target of £5m for CIP delivery by year end.
21. As of at M10 £2.1m of schemes have been identified and added to the trust tracker with a delivery of £1.9m YTD. The most recent surge in COVID cases has similarly prevented reinstatement of business as usual focus on cost efficiency schemes.

CASH AND CAPITAL

22. The cash balance at the end of January 2021 was £53.3m, which was £14.9m above the revised plan.
23. On 2 April 2020, the Secretary of State for Health and Social Care, announced that over £13bn of debt will be written off as part of a major financial reset for NHS providers. As a result, the Trust's Department of Health and Social Care interim revenue support and capital loans (totalling £130.8m as at 31 March 2020) was repaid in September 2020 and replaced with Public Dividend Capital for which there is no repayment obligation.
24. Appendix 8 shows the forecast cash flow for 20/21 position with Appendix 10 showing the 13-week cash flow which is also shared with NHSI on a fortnightly basis to support the current funding arrangement.
25. The **statement of financial position** is set out in Appendix 11. The main movements and variance to plan can be summarised as follows:
 - Non-Current Assets are above plan by £2.0m; this is driven by timing of capital projects.
 - Current assets are above plan by £2.5m, this is due to receivables £12.4m below plan. Offset by cash £14.9m above plan. See Appendix 12 and Appendix 13 for further debtor details.
 - Current liabilities are above plan by £15.4m. This is being driven by Trade and Other Creditors £18.8m above plan (of which £6.0m relates to untaken annual leave and £11.4m relates to capital) and Provisions £0.1m above plan, offset by deferred income £3.5m below plan.
 - Non-Current Liabilities are on plan.

The Trust has spent £15.9m on capital up to month 10 which relates to £3.8m on Imaging projects, £3.1m HIP2, £1.1m Nuance, £0.7m Pathway Unit, £0.3m UEC, £0.1m Radiotherapy development and £6.8m patient safety and clinically urgent capital expenditure.

The key performance indicators have been met with the exception of creditor days. See Appendix 15 for further details.

RISK REGISTER

26. The Finance Risk Register is shown at Appendix 17. The register includes risks identified as part of the 2019/20 planning process. These risks are reviewed on a monthly basis and escalated to the BAF as appropriate.

RECOMMENDATIONS TO BOARD

27. Finance & Investment Committee is asked to note the financial position of the Trust as at 31st January and the proposed actions and risks therein.

Appendix 1

Milton Keynes Hospital NHS Foundation Trust
Statement of Comprehensive Income
For the period ending 31st January 2021

	FY20	M10 CUMULATIVE			M10			PRIOR MONTH	
	Annual Budget £'000	Budget £'000	Actual £'000	Variance £'000	Budget £'000	Actual £'000	Variance £'000	M9 Actual £'000	Change £'000
INCOME									
Outpatients	51,328	42,063	29,616	(12,447)	3,827	3,143	(684)	3,453	▼ (310)
Elective admissions	29,148	23,806	14,056	(9,751)	2,206	1,078	(1,129)	1,892	▼ (814)
Emergency admissions	73,776	61,785	49,783	(12,002)	6,300	6,018	(282)	5,696	▲ 322
Emergency adm's marginal rate (MRET)	(3,238)	(2,712)	(2,649)	63	(277)	(279)	(3)	(260)	▲ (19)
Readmissions Penalty	0	0	0	0	0	0	0	0	▲ 0
A&E	15,489	12,965	10,439	(2,526)	1,303	997	(306)	1,113	▼ (115)
Other Admissions	3,114	2,608	1,812	(796)	266	188	(78)	242	▼ (54)
Maternity	21,186	17,565	17,445	(120)	1,726	1,724	(2)	1,688	▲ 36
Critical Care & Neonatal	6,572	5,504	5,028	(476)	561	490	(71)	577	▼ (87)
Imaging	5,799	4,736	3,448	(1,288)	439	385	(54)	454	▼ (69)
Direct access Pathology	4,987	4,073	2,990	(1,083)	378	292	(86)	338	▼ (47)
Non Tariff Drugs and Devices (high cost/individual drugs)	19,348	15,802	15,288	(514)	1,465	1,664	200	1,572	▲ 93
Other (inc. home visits and best practice tariffs)	6,453	5,465	4,982	(484)	569	438	(130)	490	▼ (51)
CQUINS	0	0	0	0	0	0	0	0	▲ 0
Contract Risk Provision - General challenge & CIP offset	461	276	0	(276)	0	0	0	0	▲ 0
National Block/Top up	0	0	31,695	31,695	0	2,541	2,541	1,388	▲ 1,153
MKCCG Block adj	(969)	(807)	0	807	(81)	0	81	0	▲ 0
Clinical Income	233,455	193,131	183,934	(9,197)	18,683	18,679	(4)	18,642	▲ 37
Non-Patient Income	19,305	16,136	55,220	39,084	1,596	6,062	4,466	6,216	▼ (154)
PSF Income	23,016	17,530	(0)	(17,530)	269	0	(269)	0	▲ 0
Donations	1,000	400	23	(377)	200	10	(190)	0	▲ 10
Non-Patient Income	43,321	34,066	55,244	21,177	2,065	6,072	4,007	6,216	▼ (144)
TOTAL INCOME	276,775	227,197	239,177	11,980	20,748	24,750	4,002	24,858	▼ (107)
EXPENDITURE									
Pay - Substantive	(159,648)	(132,889)	(144,144)	(11,255)	(13,385)	(14,712)	(1,327)	(19,886)	▲ 5,174
Pay - Bank	(12,841)	(10,727)	(13,023)	(2,296)	(1,059)	(1,931)	(872)	(1,466)	▼ (465)
Pay - Locum	(1,560)	(1,297)	(2,928)	(1,631)	(132)	(299)	(167)	(270)	▼ (29)
Pay - Agency	(6,065)	(5,091)	(4,571)	520	(458)	(483)	(25)	(582)	▲ 98
Pay - Other	(650)	(542)	(616)	(74)	(54)	(59)	(5)	(66)	▲ 7
Vacancy Factor	31	26	0	(26)	2	0	(2)	0	▲ 0
Pay	(180,692)	(150,485)	(165,281)	(14,796)	(15,083)	(17,484)	(2,402)	(22,269)	▲ 4,784
Non Pay	(62,678)	(52,684)	(54,767)	(2,083)	(5,363)	(5,452)	(89)	(6,861)	▲ 1,408
Non Tariff Drugs (high cost/individual drugs)	(19,348)	(15,802)	(15,288)	514	(1,465)	(1,664)	(200)	(1,572)	▼ (93)
Non Pay	(82,026)	(68,486)	(70,055)	(1,569)	(6,828)	(7,117)	(289)	(8,432)	▲ 1,316
TOTAL EXPENDITURE	(262,718)	(218,971)	(235,337)	(16,365)	(21,910)	(24,601)	(2,691)	(30,701)	▲ 6,100
EARNINGS BEFORE INTEREST, TAXATION, DEPRECIATION AND AMORTISATION (EBITDA)	14,057	8,226	3,841	(4,385)	(1,163)	149	1,312	(5,844)	▲ 5,993
Interest Receivable	12	10	4	(6)	1	0	(1)	0	▲ 0
Interest Payable	(605)	(503)	(234)	269	(51)	(23)	28	(23)	▼ (0)
Depreciation, Impairments & Profit/Loss on Asset Disposal	(10,586)	(8,821)	(8,821)	0	(882)	(426)	456	(968)	▲ 542
Donated Asset Depreciation	(816)	(680)	(680)	(0)	(68)	(44)	24	(91)	▲ 47
Profit/Loss on Asset Disposal & Impairments	0	0	0	0	0	0	0	0	▲ 0
Unwinding of discounts	0	0	0	0	0	0	0	0	▲ 0
OPERATING SURPLUS/(DEFICIT) BEFORE DIVIDENDS	2,062	(1,768)	(5,890)	(4,122)	(2,163)	(344)	1,819	(6,926)	▲ 6,582
Dividends Payable	(3,120)	(2,600)	(3,147)	(547)	(260)	(256)	4	(256)	▲ 0
OPERATING SURPLUS/(DEFICIT) AFTER DIVIDENDS	(1,058)	(4,368)	(9,037)	(4,669)	(2,423)	(600)	1,823	(7,182)	▲ 6,582

Appendix 2

Milton Keynes Hospital NHS Foundation Trust
Headline financial position vs prior year
For the period ending 31st January 2021

All Figures in £'000	Month 10			Month 10 YTD			Full Year		
	Plan	Actual	Prior year	Plan	Actual	Prior Year	Plan	Forecast	Prior Year
Clinical Revenue (Excl. HCD)	16,987	14,713	17,369	183,495	143,371	169,556	214,468	214,468	205,122
Other Revenue	1,596	1,436	1,795	16,138	13,832	17,890	19,295	19,295	30,678
High Cost Drugs	1,696	1,425	1,741	9,635	8,868	15,749	18,987	18,987	18,930
Total Income	20,279	17,573	20,905	209,269	166,070	203,195	252,749	252,749	254,730
Pay	(15,083)	(17,484)	(14,880)	(150,485)	(165,281)	(145,967)	(180,692)	(180,692)	(185,105)
Non Pay (excl. HCD)	(5,132)	(5,692)	(5,309)	(58,851)	(61,187)	(52,348)	(63,039)	(63,039)	(83,035)
High Cost Drugs	(1,696)	(1,425)	(1,741)	(9,635)	(8,868)	(15,749)	(18,987)	(18,987)	(18,930)
Total Operational Expenditure	(21,910)	(24,601)	(21,930)	(218,971)	(235,337)	(214,064)	(262,718)	(262,718)	(287,071)
EBITDA	(1,632)	(7,028)	(1,025)	(9,702)	(69,266)	(10,869)	(9,969)	(9,969)	(32,341)
Financing & Non-Op. Costs	(1,192)	(705)	(725)	(11,914)	(12,198)	(9,726)	(14,299)	(14,299)	(18,263)
Control Total Deficit (excl. STF)	(2,824)	(7,733)	(1,750)	(21,616)	(81,464)	(20,596)	(24,268)	(24,268)	(50,604)
Adjustments excl. from control total:									
FRF	0	0	2,219	14,838	0	15,051	19,788	19,788	21,601
MRET	269	0	269	2,690	0	2,690	3,238	3,238	3,238
National Block & Top up	0	5,954	0	0	64,382	0	0	0	0
COVID Top up	0	1,213	0	0	8,702	0	0	0	0
Control Total Deficit (incl. STF)	(2,555)	(566)	738	(4,088)	(8,380)	(2,855)	(1,242)	(1,242)	(25,765)
Donated income	200	10	0	400	23	2,000	1,000	1,000	2,476
Donated asset depreciation	(68)	(44)	(56)	(680)	(680)	(562)	(816)	(816)	(674)
Reported deficit	(2,423)	(600)	682	(4,368)	(9,037)	(1,416)	(1,058)	(1,058)	(23,962)

Milton Keynes Hospital NHS Foundation Trust
Clinical Activity Summary
For the period ending 31st January 2021

	In Month Plan	In Month Actual	Variance	YTD Plan	YTD Actual	YTD Variance	Prior Year In Month			Prior Year YTD			18/19-20/21 Trend	% of PY in Month
							PY in Month	PY in month	% Diff	PY YTD	Diff	% Diff		
Accident and Emergency	7,933	5,708	-2,225	78,914	61,179	-17,735	7,590	-1,882	-25%	77,437	-16,258	-21%		75%
Accident and Emergency Total	7,933	5,708	-2,225	78,914	61,179	-17,735	7,590	-1,882	-25%	77,437	-16,258	-21%		75%
Best Practice Tariff	159	193	34	1,710	1,850	140	183	10	5%	1,747	103	6%		105%
Best Practice Tariff Total	159	193	34	1,710	1,850	140	183	10	5%	1,747	103	6%		105%
Chemotherapy Delivery	415	378	-37	4,479	3,792	-687	464	-86	-18%	4,312	-520	-12%		82%
Chemotherapy Inpatient	217	145	-72	2,346	1,786	-560	184	-39	-21%	2,272	-486	-21%		79%
Chemotherapy Outpatient	633	523	-109	6,825	5,578	-1,247	648	-125	-19%	6,584	-1,006	-15%		81%
Chemotherapy Delivery Total	633	523	-109	6,825	5,578	-1,247	648	-125	-19%	6,584	-1,006	-15%		81%
Community	73	1	-72	787	224	-563	76	-75	-99%	762	-538	-71%		1%
Community Services - Dietetics	63	31	-32	679	191	-488	67	-36	-54%	673	-482	-72%		46%
Community Services - Physiotherapy	28	1	-27	297	55	-242	30	-29	-97%	303	-248	-82%		3%
Community Services - Specialist nursing	163	33	-130	1,763	470	-1,293	173	-140	-81%	1,738	-1,268	-73%		19%
Community Total	163	33	-130	1,763	470	-1,293	173	-140	-81%	1,738	-1,268	-73%		19%
Critical Care	211	208	-3	2,072	2,080	8	268	-60	-22%	2,080	0	0%		78%
Adult Critical Care	404	365	-39	3,958	3,434	-524	447	-82	-18%	3,978	-544	-14%		82%
Neonatal Critical Care	615	573	-42	6,030	5,514	-516	715	-142	-20%	6,058	-544	-9%		80%
Critical Care Total	615	573	-42	6,030	5,514	-516	715	-142	-20%	6,058	-544	-9%		80%
Drugs and Devices	224	113	-111	2,421	1,223	-1,198	235	-122	-52%	2,367	-1,144	-48%		48%
Devices excluded from National Tariff	0	0	0	0	0	0	0	0	0	0	0	0		1%
Drugs excluded from National Tariff	1,130	11	-1,119	12,189	9,434	-2,755	1,226	-1,215	-99%	12,145	-2,711	-22%		1%
Pharmacy Support Specialised	1,354	124	-1,230	14,610	10,657	-3,953	1,461	-1,337	-92%	14,512	-3,855	-27%		8%
Drugs and Devices Total	1,354	124	-1,230	14,610	10,657	-3,953	1,461	-1,337	-92%	14,512	-3,855	-27%		8%
Electives	1,822	1,258	-564	19,656	11,862	-7,794	2,041	-783	-38%	19,505	-7,643	-39%		62%
Day Cases	268	124	-144	2,890	1,857	-1,033	272	-148	-54%	2,900	-1,043	-36%		46%
Elective	36	57	21	386	398	12	40	17	43%	458	-60	-13%		143%
Excess bed days EL	2,125	1,439	-687	22,932	14,117	-8,816	2,353	-914	-39%	22,863	-8,746	-38%		61%
Electives Total	2,125	1,439	-687	22,932	14,117	-8,816	2,353	-914	-39%	22,863	-8,746	-38%		61%
Emergencies	266	19	-247	2,612	2,095	-517	260	-241	-93%	2,555	-460	-18%		7%
Emergency Short Stay	1,055	1,608	553	10,341	8,532	-1,809	1,443	165	11%	10,361	-1,829	-18%		111%
Excess bed days Emergency	2,228	1,967	-261	21,846	16,431	-5,415	2,139	-172	-8%	20,992	-4,561	-22%		92%
Non-Elective	3,549	3,594	45	34,798	27,058	-7,740	3,842	-248	-6%	33,908	-6,850	-20%		94%
Emergencies Total	3,549	3,594	45	34,798	27,058	-7,740	3,842	-248	-6%	33,908	-6,850	-20%		94%
Financial Adjustments Total	0	0	0	0	0	0	0	0	0	0	0	0		
Imaging	3,033	2,867	-166	32,722	25,502	-7,220	3,197	-330	-10%	31,798	-6,296	-20%		90%
Diagnostic Imaging whilst Out-Patient	3,789	3,381	-408	40,878	31,402	-9,476	4,233	-852	-20%	40,174	-8,772	-22%		80%
Direct Access	6,821	6,248	-573	73,599	56,904	-16,695	7,430	-1,182	-16%	71,972	-15,068	-21%		84%
Imaging Total	6,821	6,248	-573	73,599	56,904	-16,695	7,430	-1,182	-16%	71,972	-15,068	-21%		84%
Maternity Pathway	5	12	7	53	108	55	6	46	100%	62	46	74%		200%
Home Births	324	366	42	3,492	3,654	162	394	-28	-7%	3,486	168	5%		93%
Maternity Pathway - Ante-natal	295	295	0	3,186	3,116	-70	348	-53	-15%	3,240	-124	-4%		85%
Maternity Pathway - Post-natal	624	673	49	6,731	6,878	147	748	-75	-10%	6,788	90	1%		90%
Maternity Pathway Total	624	673	49	6,731	6,878	147	748	-75	-10%	6,788	90	1%		90%
Non-Tariff Total	0	0	0	0	0	0	0	0	0	0	0	0		
Other Non-Electives	275	102	-173	2,965	781	-2,184	228	-126	-55%	2,174	-1,393	-64%		45%
Excess bed days Non-Elective	91	82	-9	888	572	-316	865	-783	-91%	1,589	-1,017	-64%		9%
Non-Elective Non Emergency	489	297	-192	4,797	3,852	-944	409	-112	-27%	4,178	-326	-8%		73%
Other Non-Electives Total	580	379	-200	5,684	4,424	-1,260	1,274	-895	-70%	5,767	-1,343	-23%		30%
Outpatients	392	0	-392	4,227	0	-4,227	337	-337	-100%	4,003	-4,003	-100%		0%
Bowel Scope	522	202	-320	5,636	3,951	-1,685	473	-271	-57%	5,368	-1,417	-26%		43%
Non-Face to Face First Attendance	1,502	3,698	2,196	16,209	38,074	21,865	1,532	2,166	141%	15,570	22,504	145%		241%
Non-Face to Face Follow Up	393	270	-123	4,236	2,679	-1,557	368	-98	-27%	3,991	-1,312	-33%		73%
Outpatient FA Multi Professional Consultant Led	5,936	5,005	-931	64,042	47,030	-17,012	6,359	-1,354	-21%	61,791	-14,761	-24%		79%
Outpatient FA Single Professional Consultant Led	2,487	2,893	406	26,828	24,306	-2,522	2,892	1	0%	26,606	-2,300	-9%		100%
Outpatient FA Single Professional Non-Consultant Led	198	20	-178	2,132	388	-1,744	94	-74	-79%	1,850	-1,462	-79%		21%
Outpatient FUP Multi Professional Consultant Led	7,483	6,918	-565	80,733	63,959	-16,774	8,791	-1,873	-21%	80,970	-17,011	-21%		79%
Outpatient FUP Single Professional Consultant Led	8,083	4,640	-3,443	87,207	40,769	-46,438	9,047	-4,407	-49%	85,129	-44,360	-52%		51%
Outpatient FUP Single Professional Non-Consultant Led	4	5	1	40	45	5	5	0	0%	41	4	10%		100%
Outpatient Multi-Disciplinary Clinic	3,865	1,264	-2,601	41,697	23,838	-17,859	4,518	-3,254	-72%	41,433	-17,595	-42%		28%
Outpatient Procedures	53	62	9	571	601	30	57	5	9%	560	41	7%		109%
Year of Care	30,915	24,977	-5,938	333,560	245,640	-87,920	34,473	-9,496	-28%	327,312	-81,672	-25%		72%
Outpatients Total	30,915	24,977	-5,938	333,560	245,640	-87,920	34,473	-9,496	-28%	327,312	-81,672	-25%		72%
Pathology	36,005	28,023	-7,982	388,480	289,296	-99,184	42,316	-14,293	-34%	389,242	-99,946	-26%		66%
Pathology	17	14	-3	186	140	-46	19	-5	-26%	169	-29	-17%		74%
Tests	36,023	28,037	-7,986	388,666	289,436	-99,230	42,335	-14,298	-34%	389,411	-99,975	-26%		66%
Pathology Total	36,023	28,037	-7,986	388,666	289,436	-99,230	42,335	-14,298	-34%	389,411	-99,975	-26%		66%
Grand Total	91,768	72,603	-19,165	978,790	730,486	-248,303	103,453	-30,850	-30%	968,271	-237,785	-25%		70%

Milton Keynes Hospital NHS Foundation Trust
Income vs Commissioner Plan
For the period ending 31st January 2021

		Internal Plan								Commissioner Plan					
		Original Plan £'000	CIP & Other £'000	Full Year Plan £'000	YTD Original Plan £'000	YTD CIP & Other £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Variance %	Full Year Plan £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Variance %
NHS Milton Keynes CCG	Elective	22,378	-	22,378	18,277	-	18,277	10,725	(7,552)	(70%)	22,378	18,277	10,725	(7,552)	(70%)
	Non Elective	59,477	-	59,477	49,810	-	49,810	40,361	(9,449)	(23%)	59,477	49,810	40,361	(9,449)	(23%)
	Accident and Emergency	12,104	-	12,104	10,131	-	10,131	8,260	(1,871)	(23%)	12,104	10,131	8,260	(1,871)	(23%)
	Maternity Pathway	7,990	-	7,990	6,529	-	6,529	6,744	216	3%	7,990	6,529	6,744	216	3%
	Critical Care	2,441	-	2,441	2,044	-	2,044	2,235	191	9%	2,441	2,044	2,235	191	9%
	Outpatient	31,385	-	31,385	25,633	-	25,633	18,962	(6,671)	(35%)	31,385	25,633	18,962	(6,671)	(35%)
	Other	27,225	-	27,225	22,480	-	22,480	47,256	24,776	52%	27,225	22,480	47,256	24,776	52%
	CCG Contact Adj	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sub-Total	163,000	-	163,000	134,904	-	134,904	134,544	(360)	(0%)	163,000	134,904	134,544	(360)	(0%)
Other Contract Commissioners	NHS Bedfordshire CCG	16,491	-	16,491	13,632	-	13,632	13,259	(373)	(3%)	16,491	13,632	13,259	(373)	(3%)
	NHS Buckinghamshire CCG	12,155	-	12,155	10,073	-	10,073	10,078	5	0%	12,155	10,073	10,078	5	0%
	NHS NENE CCG	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NHS Luton CCG	243	-	243	201	-	201	138	(62)	(45%)	243	201	138	(62)	(45%)
	NHSE Specialised	23,026	-	23,026	18,894	-	18,894	14,938	(3,956)	(26%)	23,026	18,894	14,938	(3,956)	(26%)
	NHSE Central Midlands	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	NHSE South East	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Sub-Total	51,916	-	51,916	42,799	-	42,799	38,413	(4,386)	(11%)	51,916	42,799	38,413	(4,386)	(11%)
Commissioner Income	Grand-Total	214,916	-	214,916	177,703	-	177,703	172,957	(4,746)	(3%)	214,916	177,703	172,957	(4,746)	(3%)
Non Contract Activity	Non-Contract Activity	17,977	-	17,977	14,955	-	14,955	10,861	(4,094)	(38%)					
	CIP Adj & Other	564	-	564	473	-	473	116	(357)	(308%)					
Reported Income	Grand-Total	233,457	-	233,457	193,131	-	193,131	183,934	(9,197)	(5%)					

Milton Keynes Hospital NHS Foundation Trust
Pay Run Rate & Variance Analysis
For the period ending 31st January 2021

TRUST		Apr-20	Apr-20 WTE Worked	May-20	May-20 WTE Worked	Jun-20	Jun-20 WTE Worked	Jul-20	Jul-20 WTE Worked	Aug-20	Aug-20 WTE Worked	Sep-20	Sep-20 WTE Worked	Oct-20	Oct-20 WTE Worked	Nov-20	Nov-20 WTE Worked	Dec-20	Dec-20 WTE Worked	Jan-21	Jan-21 WTE Worked	Month Budget £'000	Month Actual £'000	WTE Worked	Variance £'000	YTD Budget £'000	YTD Actual £'000	YTD Variance £'000
Substantive	1 Consultant	(2,427)	175	(2,358)	170	(2,318)	177	(2,464)	181	(2,455)	179	(2,601)	182	(2,497)	183	(2,576)	182	(5,278)	183	(3,186)	184	(2,430)	(3,186)	184	(747)	(24,279)	(26,168)	(1,889)
	2 Junior Medical	(2,390)	276	(2,192)	278	(1,968)	291	(2,363)	271	(1,975)	283	(1,617)	290	(1,858)	288	(2,172)	295	(1,995)	294	(2,066)	296	(1,843)	(2,066)	296	(223)	(18,151)	(20,597)	(2,446)
	3 Nurses and Midwives	(3,464)	862	(3,607)	864	(3,546)	872	(3,468)	868	(3,462)	860	(3,629)	871	(3,547)	893	(3,736)	904	(5,384)	908	(3,670)	910	(3,650)	(3,670)	910	(20)	(36,111)	(37,514)	(1,403)
	4 So Tech & Ther	(1,707)	471	(1,753)	472	(1,739)	469	(1,719)	472	(1,721)	482	(1,727)	485	(1,772)	486	(1,857)	496	(2,503)	501	(1,920)	499	(1,709)	(1,920)	497	(212)	(17,049)	(18,378)	(1,327)
	5 Healthcare assistants, etc	(1,443)	622	(1,559)	647	(1,626)	683	(1,655)	694	(1,531)	650	(1,559)	629	(1,420)	604	(1,432)	585	(2,220)	585	(1,450)	577	(1,394)	(1,450)	577	(56)	(13,822)	(15,837)	(2,015)
	6 Admin & Clerical	(2,172)	700	(2,224)	703	(2,185)	697	(2,137)	693	(2,150)	685	(2,171)	703	(2,195)	705	(2,246)	701	(2,339)	703	(2,271)	704	(1,544)	(2,271)	706	(86)	(21,811)	(22,090)	(279)
	7 Executive	(129)	8	(133)	8	(140)	8	(180)	9	(144)	9	(149)	9	(116)	5	(147)	8	(154)	8	(137)	8	(154)	(137)	8	17	(1,542)	(1,429)	113
	8 Chair & NEDs	(12)	0	(12)	0	(12)	0	(12)	0	(12)	0	(12)	0	(12)	0	(12)	8	(12)	8	(12)	8	(13)	(12)	8	-	(129)	(119)	-10
Total Substantive		(13,743)	3,114	(13,838)	3,142	(13,514)	3,157	(13,921)	3,188	(13,490)	3,149	(13,556)	3,168	(13,417)	3,174	(14,179)	3,179	(19,886)	3,192	(14,712)	3,185	(13,385)	(14,712)	3,185	(1,327)	(132,889)	(144,117)	(11,228)
Bank Staff	3 Nurses and Midwives BANK	(705)	165	(638)	168	(524)	120	(621)	136	(733)	155	(614)	148	(600)	144	(669)	157	(661)	148	(863)	160	(611)	(863)	160	(252)	(6,102)	(6,627)	(525)
	4 So Tech & Ther BANK	(58)	14	(58)	13	(55)	14	(64)	13	(37)	12	(45)	10	(52)	13	(56)	13	(68)	20	(100)	22	(38)	(100)	22	(62)	(394)	(600)	(207)
	5 Healthcare assistants, etc BANK	(427)	154	(385)	116	(274)	108	(328)	116	(385)	138	(386)	145	(428)	153	(488)	165	(527)	170	(648)	177	(234)	(648)	177	(252)	(2,364)	(4,716)	(912)
	6 Admin & Clerical BANK	(145)	47	(117)	39	(114)	42	(128)	44	(107)	47	(122)	44	(104)	49	(153)	60	(210)	68	(319)	90	(87)	(319)	90	(233)	(867)	(1,519)	(652)
Total Bank		(1,335)	380	(1,198)	275	(967)	284	(1,140)	309	(1,261)	351	(1,167)	347	(1,184)	358	(1,366)	395	(1,466)	406	(1,931)	449	(1,099)	(1,931)	449	(872)	(10,727)	(13,023)	(2,296)
Locums	Locum Clinical Asst	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Locum Consultant	(196)	11	(188)	19	(183)	13	(96)	11	(102)	10	(138)	11	(136)	10	(149)	12	(131)	11	(143)	10	(92)	(143)	10	(51)	(888)	(1,452)	(565)
	Locum S.H.O. (including FY2)	(64)	4	(64)	4	(62)	4	(63)	4	(56)	4	(57)	5	(52)	7	(35)	3	(47)	2	(48)	2	(8)	(48)	2	(39)	(81)	(548)	(467)
	Locum H.O. (including FY1)	0	0	0	0	0	0	0	0	0	0	0	0	(2)	0	0	0	0	0	(0)	0	0	(0)	0	0	(0)	(0)	(12)
	Locum SPR	(93)	6	(99)	6	(96)	8	(74)	6	(86)	6	(98)	4	(82)	3	(90)	4	(91)	3	(108)	3	(31)	(108)	3	(76)	(328)	(916)	(588)
	Locum Speciality Doctors	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Locum		(353)	21	(351)	29	(340)	25	(234)	21	(244)	20	(293)	19	(262)	20	(274)	19	(270)	17	(299)	16	(132)	(299)	16	(167)	(1,297)	(2,928)	(1,631)
Agency	Agency Medical Consultant	(100)	4	(68)	0	(52)	0	(27)	1	(5)	0	(4)	0	7	1	(34)	2	(52)	3	(47)	2	(38)	(47)	2	(9)	(443)	(436)	7
	Agency Med SPR	(75)	7	(68)	2	(63)	3	(57)	3	(35)	1	(30)	2	(70)	6	(70)	6	(95)	6	(100)	6	(97)	(100)	6	(3)	(971)	(792)	178
	Agency Med SHO & HO	(103)	7	(91)	5	(67)	3	(68)	4	(111)	5	(83)	5	(79)	2	(37)	3	(33)	2	(8)	1	(134)	(8)	1	126	(1,275)	(601)	674
	Agency Junior Doctor ST1	(33)	0	(57)	10	(56)	13	(35)	4	(67)	4	(46)	4	(0)	0	(0)	0	0	0	(7)	0	(10)	(7)	0	3	(103)	(203)	(100)
	Agency Junior Doctor FY1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Agency Med Otr Career Gd	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Agency Other Medical	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Med Staff Total		(311)	19	(285)	16	(237)	19	(186)	13	(218)	10	(163)	11	(141)	9	(142)	11	(180)	11	(162)	10	(279)	(162)	10	117	(2,792)	(2,032)	759
Agency PAMs		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Agency Prof & Tech		(54)	5	(47)	1	(15)	1	(40)	2	(4)	1	(4)	1	(86)	5	(174)	19	(84)	10	(50)	8	(26)	(50)	8	(25)	(425)	(671)	(246)
Agency Admin & Clerical		(17)	2	(4)	1	3	1	(5)	1	(8)	0	(7)	1	(2)	0	1	0	(3)	0	(1)	0	0	(1)	0	(1)	(55)	(39)	16
Agency Healthcare Asst		5	0	(3)	0	(5)	0	0	0	(5)	0	(2)	0	0	0	1	0	(2)	1	(16)	5	(19)	(16)	5	3	(189)	(28)	161
Agency Maint & Works		(16)	3	(14)	2	(4)	1	(0)	0	0	0	0	0	0	0	0	0	0	0	(4)	1	0	(4)	1	(4)	0	(38)	(38)
Ancillary Agency Staff		(30)	12	(23)	13	(26)	11	(12)	10	(4)	1	(12)	1	(30)	15	(27)	12	(30)	14	(31)	12	(10)	(31)	12	(21)	(97)	(240)	(143)
Agency Senior Manager		(11)	0	2	0	1	0	0	0	(7)	1	(8)	1	(9)	1	(8)	1	(15)	1	(8)	1	0	(8)	1	(8)	0	(65)	(65)
Agency Nursing Qualified		(109)	16	(82)	7	(3)	5	(22)	5	(25)	5	(75)	13	(77)	17	(187)	40	(213)	27	(156)	24	(57)	(156)	24	(99)	(869)	(937)	(68)
Agency Nursing Midwifery		(6)	1	(4)	1	(1)	0	(2)	0	0	0	0	0	(7)	0	(10)	2	(7)	1	(5)	1	(29)	(5)	1	24	(286)	(51)	235
Agency Radiographer		(3)	0	(3)	0	0	0	0	0	(79)	9	(42)	6	(7)	1	(7)	1	1	1	(7)	1	(14)	(7)	1	7	(140)	(142)	96
Other Agency Staff		(23)	4	(36)	6	(51)	7	(45)	6	(67)	17	(64)	18	(37)	6	(41)	7	(48)	7	(43)	6	(25)	(43)	6	(18)	(238)	(429)	(191)
Total Agency		(264)	43	(214)	31	(101)	27	(126)	25	(200)	33	(214)	40	(254)	44	(452)	81	(401)	62	(321)	59	(179)	(321)	59	(142)	(2,299)	(2,538)	(239)
Apprenticeship Levy		(63)	0	(62)	0	0	0	(60)	0	(60)	0	(62)	0	(61)	0	(60)	0	(66)	0	(59)	0	(54)	(59)	0	(5)	(542)	(616)	(74)
Pay - Other		0	0	0	0	0	0	(27)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	(27)	(27)	0
Pay - savings		0	0	0	0	(6)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	(3)	34	0	(34)	0
Vacancy Factor		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	(2)	26	0	(26)	0
TOTAL PAY COSTS		(16,069)	3,576	(15,948)	3,494	(15,166)	3,553	(15,693)	3,556	(15,432)	3,564	(15,356)	3,584	(15,318)	3,606	(16,474)	3,684	(22,269)	3,686	(17,484)	3,718	(15,083)	(17,484)	3,718	(2,402)	(150,485)	(165,281)	(14,796)

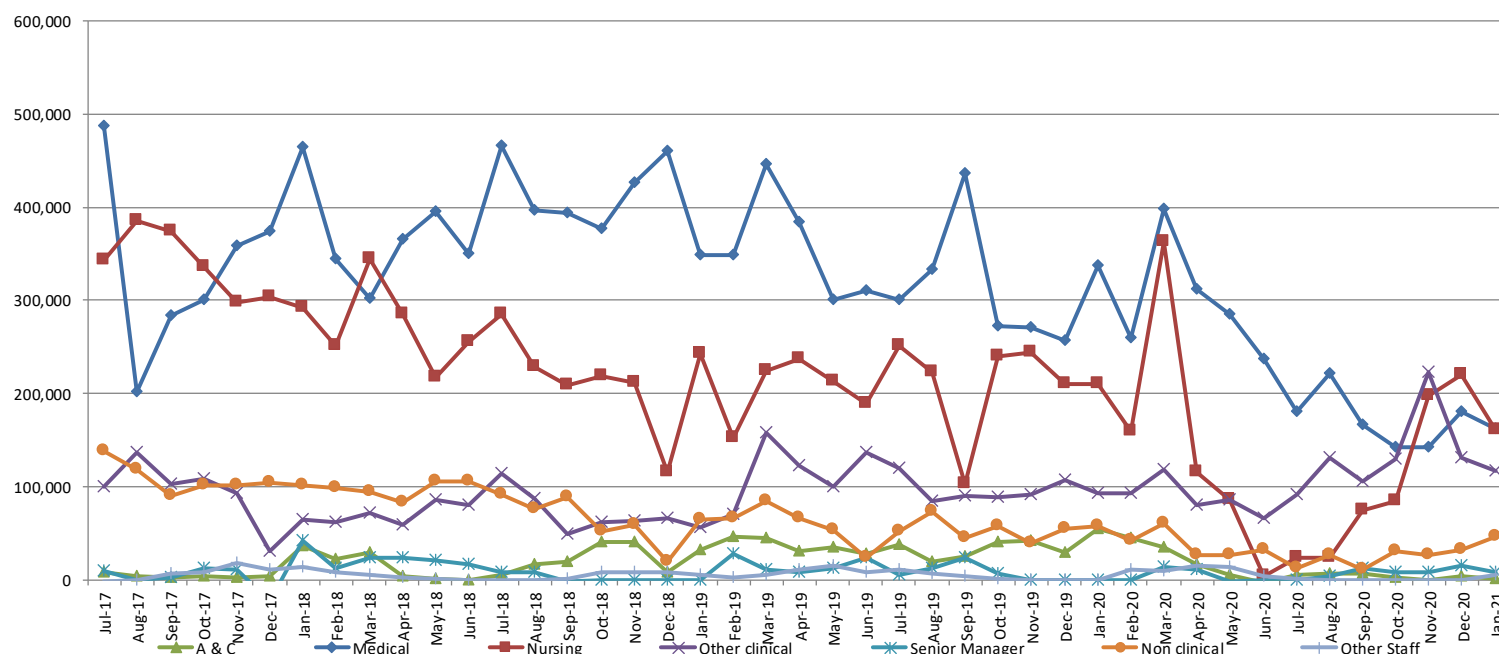
Milton Keynes Hospital NHS Foundation Trust
Non-Pay Run Rate & Variance Analysis
For the period ending 31st January 2021

Trust		Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan-21	Month Budget	Month Actual	Month Variance	YTD Budget	YTD Actual	YTD Variance
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Non Pay	Drug expense (excl. HCD)	(310)	(47)	(326)	(163)	(244)	(383)	(288)	(355)	(363)	(441)	(373)	(441)	(68)	(4,686)	(4,642)	44
	High Cost Drugs	(1,430)	(1,430)	(1,517)	(1,759)	(1,401)	(1,425)	(1,625)	(1,560)	(1,572)	(1,572)	(1,542)	(1,572)	(30)	(14,337)	(13,624)	713
	Clinical supplies and services	(1,057)	(931)	(1,141)	(1,291)	(1,253)	(1,414)	(1,493)	(1,601)	(1,392)	(1,344)	(1,432)	(1,344)	88	(14,400)	(12,918)	1,482
	General supplies and services	(369)	(314)	(306)	(272)	(326)	(321)	(370)	(330)	(357)	(616)	(320)	(616)	(296)	(3,202)	(3,580)	(378)
	Establishment Expenses	(1,028)	(1,034)	(988)	(988)	(916)	(1,107)	(963)	(1,090)	(1,032)	(945)	(1,029)	(945)	84	(10,264)	(10,092)	172
	Premises and fixed plant	(1,321)	(1,307)	(1,248)	(1,261)	(1,712)	(1,391)	(2,282)	(1,630)	(1,841)	(1,449)	(1,253)	(1,449)	(196)	(12,301)	(15,444)	(3,143)
	Outsource to Commercial sector	(226)	(306)	(837)	(360)	(369)	(294)	(277)	(312)	(385)	(321)	(421)	(321)	99	(4,717)	(3,689)	1,028
	Education and Training Expenses	(45)	(120)	(70)	(97)	(71)	(88)	(87)	(135)	(135)	(92)	(84)	(92)	(7)	(845)	(941)	(96)
	Consultancy expenses	(11)	(9)	(66)	(5)	7	30	(1)	(0)	(1)	(1)	(2)	(1)	2	(24)	(56)	(32)
	Miscellaneous Operating Expenses	(306)	(408)	(685)	(388)	(326)	(266)	(595)	(406)	(1,354)	(337)	(371)	(337)	34	(3,710)	(5,070)	(1,360)
Non Pay Savings Target									0	0	0	0	0	0	0	0	0
Total Non Pay		(6,104)	(5,906)	(7,186)	(6,584)	(6,612)	(6,659)	(7,982)	(7,421)	(8,432)	(7,117)	(6,828)	(7,117)	(289)	(68,486)	(70,055)	(1,569)
Non-operating costs	Depreciation and Amortisation	(950)	(950)	(950)	(950)	(1,150)	(1,000)	(989)	(1,033)	(1,059)	(469)	(950)	(469)	481	(9,501)	(9,501)	(0)
	Impairment - owned and donated																
	Profit/Loss on Asset Disposal																
	Interest Payable	(22)	(25)	(23)	(23)	(23)	(46)	(2)	(23)	(23)	(23)	(51)	(23)	28	(503)	(234)	269
	Interest Receivable	4	0	0	0	0	1	0	0	0	0	1	0	(1)	10	4	(6)
	PDC Dividend Payable	(260)	(260)	(260)	(977)	(226)	(79)	(344)	(230)	(256)	(256)	(260)	(256)	4	(2,600)	(3,147)	(547)
Total Non Operating costs		(1,229)	(1,235)	(1,234)	(1,950)	(1,400)	(1,124)	(1,334)	(1,286)	(1,338)	(749)	(1,260)	(749)	511	(12,594)	(12,878)	(283)
TOTAL NON-PAY & NON OPERATING COSTS		(7,332)	(7,195)	(8,419)	(8,534)	(8,011)	(7,782)	(9,316)	(8,706)	(9,771)	(7,866)	(8,088)	(7,866)	222	(81,081)	(82,933)	(1,853)

Milton Keynes Hospital NHS Foundation Trust
Premium Staffing
For the period ending 31st January 2021

Agency Type	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
A & C	30,594	34,506	27,060	37,601	18,851	25,067	39,697	41,362	29,414	53,877	44,136	35,395	16,534	4,429	(3,424)	4,741	6,206	6,289	1,820	(947)	2,949	590
Medical	384,379	300,380	310,065	300,166	332,454	436,085	271,951	270,414	257,065	336,869	259,281	397,783	311,309	284,848	237,365	180,287	221,253	165,826	141,487	141,808	180,207	162,416
Nursing	237,100	212,296	188,442	251,095	222,441	101,920	239,295	244,457	209,982	209,840	158,562	362,601	115,531	86,223	3,991	23,884	22,826	73,783	83,559	196,560	220,006	161,182
Other clinical	122,762	99,387	136,118	119,551	83,774	90,337	88,996	91,131	107,187	92,561	92,537	118,649	79,714	85,786	65,883	90,799	131,345	105,001	129,175	222,153	130,928	116,309
Senior Manager	7,200	12,383	23,750	5,619	12,687	22,880	6,303	0	0	0	0	13,379	11,190	(1,987)	(831)	0	4,096	11,794	8,554	8,359	15,327	8,230
Non clinical	65,581	53,159	23,826	51,793	72,320	45,160	57,569	39,295	54,806	57,837	41,122	60,430	25,570	25,818	31,457	12,134	26,863	10,691	30,423	26,290	32,194	46,138
Other Staff	10,122	14,617	7,199	10,621	6,285	3,127	333	0	0	0	10,467	9,175	15,536	14,134	4,021	284	0	0	0	0	0	4,335
Grand Total	857,738	726,727	716,459	776,447	748,813	724,576	704,144	686,659	658,453	750,984	606,105	997,412	575,383	499,251	338,462	312,130	412,590	373,383	395,018	594,224	581,611	499,200

Trust Premium Staff Costs Trend 2017-20



Milton Keynes Hospital NHS Foundation Trust
Statement of Cash Flow
As at 31st January 2021

	Mth 10 £000	Mth 9 £000	In Month Movement £000
Cash flows from operating activities			
Operating (deficit) from continuing operations	(5,660)	(5,340)	(320)
Operating surplus/(deficit) of discontinued operations			
Operating (deficit)	(5,660)	(5,340)	(320)
Non-cash income and expense:			
Depreciation and amortisation	9,501	9,032	469
(Increase)/Decrease in Trade and Other Receivables	7,057	7,873	(816)
(Increase)/Decrease in Inventories	(9)	(12)	3
Increase/(Decrease) in Trade and Other Payables	15,312	12,821	2,491
Increase/(Decrease) in Other Liabilities	19,193	18,941	252
Increase/(Decrease) in Provisions	(56)	(168)	112
NHS Charitable Funds - net adjustments for working capital movements, non-cash transactions and non-operating cash flows	(23)	(14)	(9)
Other movements in operating cash flows	(4)	(3)	-1
NET CASH GENERATED FROM OPERATIONS	45,311	43,130	2,181
Cash flows from investing activities			
Interest received	4	4	0
Purchase of intangible assets	(4,323)	(4,406)	83
Purchase of Property, Plant and Equipment, Intangibles	(5,164)	(4,313)	(851)
Sales of Property, Plant and Equipment			
Net cash generated (used in) investing activities	(9,483)	(8,715)	(768)
Cash flows from financing activities			
Public dividend capital received	134,814	134,814	0
Loans repaid to Department of Health	(130,852)	(130,852)	0
Capital element of finance lease rental payments	(184)	(165)	(19)
Interest paid	(273)	(273)	0
Interest element of finance lease	(234)	(210)	(24)
PDC Dividend paid	(2,096)	(2,096)	0
Receipt of cash donations to purchase capital assets	23	14	9
Net cash generated from/(used in) financing activities	1,198	1,232	(34)
Increase/(decrease) in cash and cash equivalents	37,026	35,647	1,379
Opening Cash and Cash equivalents	16,286	16,286	
Closing Cash and Cash equivalents	53,312	51,933	1,379

Milton Keynes Hospital NHS Foundation Trust

Cash Flow Forecast Table for 12 months to January 2022

Forecast Operational cash flow monthly numbers 2020/21

Month	Feb-21 £'000	Mar-21 £'000	Total £'000	Apr-21 £'000	May-21 £'000	Jun-21 £'000	Jul-21 £'000	Aug-21 £'000	Sep-21 £'000	Oct-21 £'000	Nov-21 £'000	Dec-21 £'000	Jan-22 £'000
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
BANK balance b/f	53,312	37,613		15,000	15,999	16,546	19,661	21,045	20,326	18,015	18,313	17,835	16,778
Activity SLA's, inc Over performance	23,045	4,883	257,049	19,737	19,714	21,922	19,737	19,737	19,737	19,737	19,737	19,737	19,737
Prior year	-	-	310	-	-	-	-	-	-	-	-	-	-
Other patient related income (Inc NCA & Cquin's)	-	-	3,099	550	550	550	550	550	550	550	550	550	550
STF/PSF	-	-	8,760	-	-	-	-	-	-	-	-	-	-
Non activity SLAs	195	110	1,251	110	110	110	110	110	110	110	110	110	110
Other non patient related income	2,422	1,030	35,630	2,572	2,572	2,732	2,572	1,200	1,030	2,230	1,200	1,030	2,400
PDC Loan Conversion	-	-	130,852	-	-	-	-	-	-	-	-	-	-
Capital Grant	0	0	-	0	0	0	0	0	0	0	0	0	0
Uncommitted Revenue Term Loan	-	-	-	-	-	-	-	-	-	-	-	-	-
Donations for Capital Assets	-	-	(2,000)	-	-	-	-	-	-	-	-	-	-
PDC funding capital Covid	-	-	1,410	0	-	-	-	-	-	-	-	-	-
PDC STP Wave 4 (Pathway)	-	1,670	1,670	690	690	690	690	690	690	690	690	690	690
PDC (GDE)	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC (STP)	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC Urgent & Emergency Care	-	1,578	1,578	-	-	-	-	-	-	-	-	-	-
PDC HIP 2 Capital Funding	-	6,560	8,928	-	-	-	3,889	3,889	3,889	3,889	3,889	3,889	3,889
Interim Capital PDC Approved	-	7,093	7,240	-	-	-	-	-	-	-	-	-	-
Interim Capital PDC To Be Approved	-	-	-	-	-	-	1,111	1,111	1,111	1,111	1,111	1,111	1,111
Interest receivable	-	3	7	4	0	3	3	3	3	3	3	3	3
TOTAL RECEIPTS	25,662	22,927	455,165	23,663	23,636	26,007	28,663	27,290	27,120	28,320	27,290	27,120	28,490
Pay (Substantive + Bank)	(15,292)	(16,361)	(183,033)	(15,000)	(15,000)	(14,600)	(14,600)	(14,950)	(14,600)	(14,600)	(14,950)	(14,600)	(14,950)
Direct debits & standing orders	(279)	(630)	(4,968)	(411)	(380)	(402)	(408)	(410)	(409)	(408)	(409)	(410)	(408)
NHS creditors	(3,652)	(2,350)	(24,512)	(1,922)	(2,380)	(2,175)	(1,935)	(1,685)	(1,685)	(1,685)	(1,685)	(1,685)	(1,685)
Non NHS creditors	(9,270)	(8,080)	(70,166)	(4,020)	(4,019)	(4,250)	(4,025)	(4,500)	(4,775)	(5,025)	(4,275)	(4,525)	(4,705)
PDC funding capital Covid	0	(1,410)	(1,410)	0	0	0	0	0	0	0	0	0	0
Capital Strategic Schemes (NHSI) approved	(706)	(577)	(1,886)	-	-	-	-	-	-	-	-	-	-
Capital Strategic Schemes (Trust Funded)	(4,926)	(4,300)	(10,124)	-	-	-	-	-	-	-	-	-	-
Capital BAU	(594)	(637)	(7,577)	(620)	(620)	(776)	(620)	(774)	(773)	(614)	(759)	(1,268)	(1,263)
Capital Cancer Centre /helipad	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Strategic Schemes (NHSI) to be approved	-	-	-	-	-	-	(5,000)	(5,000)	(5,000)	(5,000)	(5,000)	(5,000)	(5,000)
Capital Other	(5,330)	(7,281)	(14,065)	-	-	-	-	-	-	-	-	-	-
Capital Pathway Unit (PDC)	(88)	(1,670)	(1,887)	(690)	(690)	(690)	(690)	(690)	(690)	(690)	(690)	(690)	(690)
Capital GDE (PDC)	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital STP (PDC)	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Urgent & Emergency Care (PDC)	(1,223)	(218)	(1,578)	-	-	-	-	-	-	-	-	-	-
PDC	-	(2,027)	(4,123)	-	-	-	-	(1,500)	-	-	-	-	-
Loan Pre 14/15	-	-	(25,300)	-	-	-	-	-	-	-	-	-	-
Loans 14/15	-	-	(35,375)	-	-	-	-	-	-	-	-	-	-
Loans for 15/16	-	-	(10)	-	-	-	-	-	-	-	-	-	-
Loans for 16/17	-	-	(35,487)	-	-	-	-	-	-	-	-	-	-
Loans for 17/18	-	-	(29,649)	-	-	-	-	-	-	-	-	-	-
Loans for 16/17	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans for 18/19	-	-	(5,287)	-	-	-	-	-	-	-	-	-	-
Loans for 19/20	-	-	(17)	-	-	-	-	-	-	-	-	-	-
TOTAL PAYMENTS	(41,361)	(45,541)	(456,452)	(22,664)	(23,089)	(22,892)	(27,278)	(28,009)	(29,432)	(28,022)	(27,768)	(28,178)	(28,701)
NET PAYMENTS / RECEIPTS	(15,699)	(22,614)	(1,287)	1,000	547	3,115	1,384	(719)	(2,311)	298	(478)	(1,057)	(211)
Bank balance b/f			16,286										
Bank balance c/f	37,613	15,000	15,000	15,999	16,546	19,661	21,045	20,326	18,015	18,313	17,835	16,778	16,568

Milton Keynes Hospital NHS Foundation Trust
13 week Cash Flow Forecast up to the 30th April 2021

Week number for Cash Flow Forecast	1	2	3	4	5	6	7	8	9	10	11	12	13
Week ending: (Friday)	05-Feb-21	12-Feb-21	19-Feb-21	26-Feb-21	05-Mar-21	12-Mar-21	19-Mar-21	26-Mar-21	02-Apr-21	09-Apr-21	16-Apr-21	23-Apr-21	30-Apr-21
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'001	£'002	£'003	£'004
	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast	Forecast
Bank balance b/f	53,312	50,971	49,401	56,128	37,614	39,621	34,791	41,613	17,054	14,923	14,949	32,429	24,683
Activity SLA's, inc Over performance & Cquin	-	-	23,045	-	-	-	4,883	-	-	-	19,737	-	-
Other patient related income	-	-	-	-	-	-	-	-	-	-	550	-	-
STF/ PSF	-	-	-	-	-	-	-	-	-	-	-	-	-
Non activity SLAs	-	-	195	-	-	-	110	-	-	-	110	-	-
Other non patient related income	319	606	1,327	170	170	170	520	170	-	1,662	570	170	170
Other Income RBS	-	-	10	10	10	10	10	10	-	4	10	10	10
Other Income Citi	286	5	57	100	100	100	100	100	-	100	100	100	100
Cash Sheet Income	3	75	40	40	40	40	40	40	-	40	40	40	40
Credit Card Income	31	116	20	20	20	20	20	20	-	20	20	20	20
PDC Loan Conversion	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC Primary Care Streaming	-	-	-	-	-	-	1,670	-	-	690	-	-	-
PDC GDE	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC IT	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC Urgent & Emergency Care	-	-	-	-	458	-	1,120	-	-	-	-	-	-
Interim Capital PDC To Be Approved	-	-	-	-	-	-	-	-	-	-	-	-	-
Uncommitted Revenue Term Loan	-	-	-	-	-	-	-	-	-	-	-	-	-
Donations for Capital Assets	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC Covid	-	-	-	-	-	-	-	-	-	-	-	-	-
PDC HIP 2 Capital Funding	-	-	-	-	2,766	-	3,794	-	-	-	-	-	-
Other Capital Funding	-	-	-	-	-	-	-	-	-	-	-	-	-
Interim Capital loan	-	-	-	-	3,796	-	3,297	-	-	-	-	-	-
Interest receivable	-	-	-	-	-	-	3	-	-	-	4	-	0
TOTAL RECEIPTS	319	606	24,568	170	7,190	170	15,397	170	-	2,352	20,971	170	170
Payroll costs	(382)	(410)	(400)	(14,100)	(461)	(400)	(400)	(15,100)	-	(350)	(350)	(6,750)	(7,550)
Direct debits & standing orders	(68)	(6)	(55)	(150)	(426)	(8)	(45)	(150)	(78)	(131)	(44)	(10)	(148)
NHS creditors	(706)	-	(2,947)	-	-	-	(2,350)	-	-	-	(1,922)	-	-
Non NHS creditors	(1,336)	(1,326)	(4,172)	(2,436)	(2,046)	(1,950)	(1,871)	(1,408)	(805)	(1,000)	(1,020)	(1,000)	(1,000)
Capital PDC Covid	-	-	-	-	-	-	-	(1,410)	-	-	-	-	-
Capital Strategic schemes - NHSI funded	-	(32)	(628)	(46)	(46)	(323)	(46)	(46)	(116)	-	-	-	-
Capital Strategic schemes - Trust Funded	(2)	-	(3,848)	(1,075)	(1,075)	(1,075)	(1,075)	(1,075)	-	-	-	-	-
Capital Clinical Urgent and Essential Maintenance	(140)	(339)	(115)	-	-	(246)	(113)	(146)	(132)	(155)	(155)	(155)	(155)
Capital Donation Funded	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital External Loan Funded	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital Other	(26)	(52)	(4,455)	(797)	(1,049)	(918)	(946)	(3,367)	(1,000)	-	-	-	-
Capital PDC Primary Care Streaming	-	-	(88)	-	-	-	(1,670)	-	-	(690)	-	-	-
Capital PDC GDE	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital PDC IT	-	-	-	-	-	-	-	-	-	-	-	-	-
Capital PDC Urgent & Emergency Care	-	(11)	(1,132)	(80)	(80)	(80)	(58)	-	-	-	-	-	-
PDC	-	-	-	-	-	-	-	(2,027)	-	-	-	-	-
Loan Pre 14/15	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans 14/15	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans 15/16	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans for 16/17	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans for 17/18	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans for 18/19	-	-	-	-	-	-	-	-	-	-	-	-	-
Loans for 19/20	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL PAYMENTS	(2,660)	(2,176)	(17,840)	(18,684)	(5,183)	(5,000)	(8,574)	(24,729)	(2,131)	(2,326)	(3,491)	(7,916)	(8,853)

Milton Keynes Hospital NHS Foundation Trust
Statement of Financial Position as at 31st January 2021

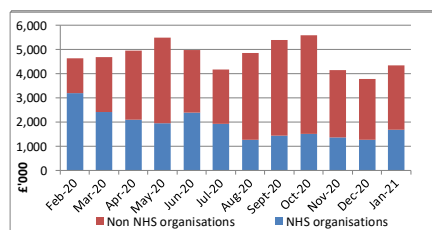
	Audited Mar-20	Jan-21 YTD Plan	Jan-21 YTD Actual	In Mth Mvmt	YTD Mvmt	% Variance
Assets Non-Current						
Tangible Assets	143.2	148.6	149.7	1.1	6.5	4.5%
Intangible Assets	16.1	14.8	15.7	0.9	(0.4)	(2.5%)
Other Assets	0.9	0.9	0.9	0.0	0.0	0.0%
Total Non Current Assets	160.2	164.3	166.3	2.0	6.1	3.8%
Assets Current						
Inventory	3.4	3.4	3.4	0.0	0.0	0.0%
NHS Receivables	18.7	18.5	7.7	(10.8)	(11.0)	(58.8%)
Other Receivables	6.9	12.5	10.9	(1.6)	4.0	58.0%
Cash	16.3	38.4	53.3	14.9	37.0	227.0%
Total Current Assets	45.3	72.8	75.3	2.5	30.0	66.2%
Liabilities Current						
Interest -bearing borrowings	(131.3)	(0.0)	(0.0)	0.0	131.3	-100.0%
Deferred Income	(2.3)	(25.0)	(21.5)	3.5	(19.2)	834.8%
Provisions	(1.5)	(1.3)	(1.4)	(0.1)	0.1	-6.7%
Trade & other Creditors (incl NHS)	(38.9)	(42.6)	(61.4)	(18.8)	(22.5)	57.8%
Total Current Liabilities	(174.0)	(68.9)	(84.3)	(15.4)	89.7	(51.5%)
Net current assets	(128.7)	3.9	(9.0)	(12.9)	119.7	(93.0%)
Liabilities Non-Current						
Long-term Interest bearing borrowings	(5.8)	(5.8)	(5.8)	0.0	0.0	0.0%
Provisions for liabilities and charges	(1.6)	(1.6)	(1.6)	0.0	0.0	0.0%
Total non-current liabilities	(7.4)	(7.4)	(7.4)	0.0	0.0	0.0%
Total Assets Employed	24.1	160.8	149.9	(11.0)	125.8	522.4%
Taxpayers Equity						
Public Dividend Capital (PDC)	105.3	245.4	240.1	(5.3)	134.8	128.0%
Revaluation Reserve	48.4	48.4	48.4	0.0	0.0	0.0%
I&E Reserve	(129.6)	(132.6)	(138.6)	(6.0)	(9.0)	6.9%
Total Taxpayers Equity	24.1	161.2	149.9	(11.3)	125.8	522.0%

Milton Keynes Hospital NHS Foundation Trust Debtor Analysis as at 31st January 2021

Top ten debtors £'000	Total	0 - 30	31 - 60	61 - 90	91 - 120	121+
UNIVERSITY OF BUCKINGHAM	1,348	670	80	598	0	0
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	457	263	5	0	189	0
BEDFORDSHIRE HOSPITALS NHS FOUNDATION TRUST	360	250	61	0	0	49
NHS ENGLAND	337	73	0	0	107	157
CENTRAL AND NW LONDON NHS FOUNDATION TRUST	329	100	0	70	6	153
NORTHAMPTONSHIRE COUNTY COUNCIL	145	0	0	0	0	145
BEDFORD BOROUGH COUNCIL	134	39	0	0	0	95
BUCKINGHAMSHIRE COUNTY COUNCIL	134	0	0	0	0	134
NHS PROPERTY SERVICES LTD	102	48	0	0	48	6
OXFORD HEALTH NHS FOUNDATION TRUST	88	6	0	0	0	82
OTHER	914	249	67	9	69	520
Total	4,348	1,698	213	677	419	1,341

Debtors by category £'000	Total	0 - 30	31 - 60	61 - 90	91 - 120	121+
NHS CLINICAL COM GROUPS	82	10	0	0	0	72
NHS COM BOARD COM SUPPORT UNIT	359	81	7	7	107	157
NHS DH SPECIAL HEALTH AUTH	-20	2	0	-22	0	0
NHS ENGLISH TRUSTS	484	253	23	3	189	16
NHS FOUNDATION TRUSTS	780	358	61	70	7	284
NON NHS COMPANY	298	116	12	20	59	91
NON NHS DH PUB CORP TRADE FNDS	102	48	0	0	48	6
NON NHS HEALTH BODIES	97	72	5	0	3	17
NON NHS INDIVIDUAL	129	4	8	0	5	112
NON NHS INSURANCE COMPANIES	6	2	0	0	0	4
NON NHS LOCAL AUTHORITIES	21	0	0	0	0	21
NON NHS OVERSEAS VISITORS	202	30	16	0	0	156
NON NHS PRIVATE PATIENT	2	1	1	0	0	0
NON NHS PUBLIC BODIES	1,796	721	80	599	1	395
NON NHS SOLICITORS	0	0	0	0	0	0
NON NHS WELSH SCOTS+NI BODIES	7	0	0	0	0	7
STAFF	3	0	0	0	0	3
Total	4,348	1,698	213	677	419	1,341

Debtors by type £'000	Total	0 - 30	31 - 60	61 - 90	91 - 120	121+
NHS organisations	1,685	704	91	58	303	529
Non NHS organisations	2,663	994	122	619	116	812
Total	4,348	1,698	213	677	419	1,341



Debtors' comments

The debtor's position as at 31st January'21 stands at £4.3m, which is an increase of £0.5m from the December'20 position.

- University of Buckingham has just 5 overdue invoices including Q3 & Q4 services recharge (£1.3m) and salary recharges (£80k). Debt of £669k is currently under 30 days of ageing. All debt is being actively chased.
- Oxford University Hospitals NHS FT has 8 pending including Q3 & Q4 CLRN recharge (£378k) and Renal recharges (£62k). Debt of £263k is under 30 days of ageing with all invoices being actively chased.
- Bedfordshire Hospitals NHS Foundation Trust has 16 pending invoices mainly relating to salary recharges with £250k being under 30 days of ageing and all being actively chased.
- NHS England has 5 overdue invoices including Mar'20 SLA (£144k) and 19/20 final reconciliation recharge (£107k) and Healthcare Support Worker programme recharge of (£73k). All debt is being actively reviewed and chased for Jan'21 payment.
- CNWL currently has 24 overdue invoices relating to recharges for services carried out. Including M9 & M10 Non Patient SLA recharges, car park permit recharges, pharmacy recharges and IT recharges. All invoices are actively reviewed being chased. Receipts of £131k have been receipted in Feb'21 to date.
- Northamptonshire County Council has 17 overdue invoices all relating to Sexual Health cross recharges which are currently under dispute and monitored by the Divisional Business partner.
- Bedfordshire Borough Council has 21 overdue invoices all relating to Sexual Health cross recharges which are currently under dispute and monitored by the Divisional Business partner.
- Buckinghamshire County Council has 28 overdue invoices all relating to Sexual Health cross recharges which are currently under dispute and monitored by the Divisional Business partner.
- NHS Property Services currently has 15 overdue invoices relating to utility and rate recharges. All invoices are being chased for Feb'21 payment. Receipts of £47k have been received in Feb'21 to date.
- Oxford Health NHS Foundation Trust has 3 pending invoices relating to utilities recharges. All being actively chased for Feb'21 payment.
- Within "Other category" £0.2m of the 121+ days relate to overseas and private patients. All are being actively chased

* A schedule of large invoices over £5k and over 60 days old is shown in **Appendix 13**

Milton Keynes Hospital NHS Foundation Trust
Debtor Invoices >60 days old and >£5,000 in value as at 31st January 2021

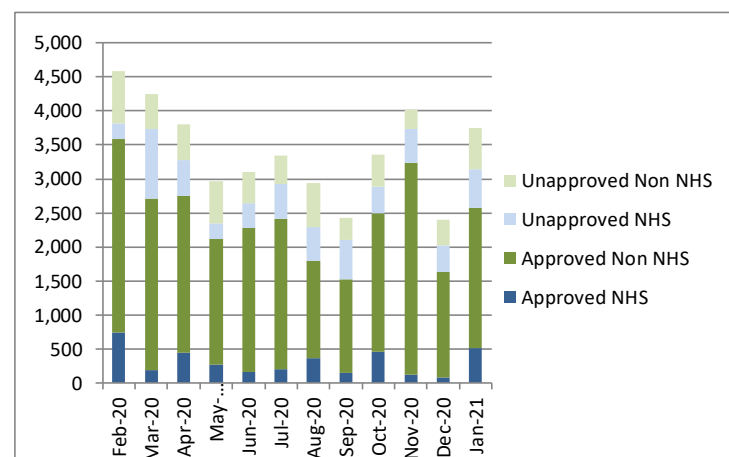
	Debtor	Total Amt over 60 days+	No. of Invoices	Date of Invoices	Total Amt over 90 days+	Status
1	UNIVERSITY OF BUCKINGHAM	£598K	1	Nov'20		Q2 Leadership recharge - Actively being chased for Feb'21 payment.
2	NHS ENGLAND	£264K	3	Oct'19 - Feb'20	£264K	recharge (£107k). All invoices being actively chased for Feb'21 payment.
3	CNWL	£205K	10	Jan'20 - Nov'20	£135K	Pathology, salary and parking permit recharges and M9 Non Patient SLA (£69k). All being actively chased for Feb'21 payment. Receipts of £130k have paid Feb'21 to date.
4	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	£189K	1	Oct'20	£189K	Q3 CLRN funding. Actively chased for Feb'21 payment.
5	NORTHAMPTONSHIRE COUNTY COUNCIL	£138K	13	Jan'18 -May'20	£138K	Sexual Health recharge currently under query and being actively reviewed by Senior Business Partner - Medicine.
6	BUCKINGHAMSHIRE COUNTY COUNCIL	£101K	13	Mar'16 - Nov'19	£101K	Sexual Health recharge currently under query and being actively reviewed by Senior Business Partner - Medicine.
7	OXFORD HEALTH NHS FT	£82K	2	Apr'19 - Nov'19	£82K	Non Domestic rates recharges. Invoice being actively chased for Feb'21 payment.
8	BEDFORD BOROUGH COUNCIL	£72K	8	Sept'18 - Nov'19	£72K	Sexual Health recharge currently under query and being actively reviewed by Senior Business Partner - Medicine.
9	MILTON KEYNES CCG	£62K	2	Jan'20 - Jul'20	£62K	Recharges for services provided including EEA Bilateral recharges. All invoices are actively chased.
10	MEDICAL PROPERTY MANAGEMENT LTD	£56K	5	Jan'20 - Nov'20	£56K	Academic Centre property management recharge - under review for Feb'21 payment.
11	PP OVERSEAS PATIENT (COVERING 6 INVOICES)	£42K	6	Oct'18 - Aug'20	£42K	Invoice currently under dispute with Patients. All details have been logged with the Home Office/UK Borders.
12	NHS PROPERTY SERVICES	£42K	3	Oct'20	£42K	Recahrge of utilities recharges. Invoice under review to achieve full payment in Feb'21.
13	BEDFORD HOSPITAL NHS FT	£38K	2	Jan'19 -Sept'20	£38K	Salary recharge invoice - currently being actively chased for Feb'21 payment.
14	DANSAC LTD	£30K	1	Sept'20	£30K	Q2 salary recharge - Full payment receipted Feb'21
15	SALARY OVERPAYMENTS (COVERING 2 INVOICES)	£23K	2	Oct'17 - Nov'17	£23K	Invoices under review/investigation and actively chased.
16	NORTHAMPTON GENERAL HOSPITAL NHS TRUST	£11K	1	Dec'19	£11K	ENT consultant recharge - actively being chased for Feb'21 payment.
17	CENTRAL BEDFORDSHIRE COUNCIL	£8K	1	Jul'17	£8K	Sexual Health recharge currently under query and being actively reviewed by Senior Business Partner - Medicine.
18	SAXON CLINICE BMI	£8K	1	Nov'20		Recahrge of utilities recharges. Invoice under review to achieve full payment in Feb'21.
19	NHS ARDEN AND GEM CSU	£7K	1	Nov'20		Nov'20 IT SLA recharge. Actively being chased for Feb'21 payment.
20	TIME 4 U LTD	£7K	1	Jan'20	£7K	Patient care recharge currently under dispute and actively being chased.
21	HACKNEY COUNCIL	£7K	1	Nov'18	£7K	Sexual Health recharge currently under query and being actively reviewed by Senior Business Partner - Medicine.
22	DRC LOCUMS LTD	£7K	1	Feb'19	£7K	Agency staff Salary recharge invoice - currently under reievew authorised for full CMR Feb'21.
23	LUTON BOROUGH COUNCIL	£7K	1	Mar'17	£7K	Delayed discharges recharge currently under review for write off at Feb'21 Audit Committee.
24	COMPASS GROUP	£6K	1	Aug'20	£6K	Utilities recharges. Actively being chased for Feb'21 payment.
Total		£2,010M	81		£1,327M	
Invoices cleared from Dec'20						
1	UNIVERSITY OF BUCKINGHAM	£418K	1	Sept'20		Paid in full Jan'21
2	MEDICAL PROPERTY MANAGEMENT LTD	£85K	1	Nov'19	£85K	Paid in full Jan'21
3	OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	£77K	2	Aug'20	£77K	Paid in full Jan'21
4	SAXON CLINICE BMI	£13K	1	Sept'20		Paid in full Jan'21
5	CENTRAL BEDFORDSHIRE COUNCIL	£39K	1	May'20	£39K	CMR created Jan'21
6	NHS MILTON KEYNES CCG	£6K	1	Jul'20	£6K	CMR created Jan'21
7	NHS BUCKINGHAMSHIRE CCG	£8K	1	Dec'17	£8K	Paid in full Jan'21
Total		£646K	8		£215K	
	All other debt over 60 days less than £5K	£562K	536		£554K	All debt actively reviewed and chased.

Milton Keynes Hospital NHS Foundation Trust
Creditors Analysis
as at 31st January 2021

Approved (£'000)	Total	0 - 30	31 - 60	61 - 90	90+
NHS Organisations	512	383	15	(72)	186
Non NHS Orgs	2,059	1,740	91	127	101
Total	2,571	2,123	106	55	287

Unapproved (£'000)	Total	0 - 30	31 - 60	61 - 90	90+
NHS Organisations	574	272	192	3	107
Non NHS Orgs	602	345	115	23	119
Total	1,176	617	307	26	226

Total Creditors (£'000)	Total	0 - 30	31 - 60	61 - 90	90+
Total	3,747	2,740	413	81	513



Approved NHS (£'000)	Total	0 - 30	31 - 60	61 - 90	90+
ST HELENS & KNOWSLEY HOSPITALS NHS TRUST	173	210	(37)	0	0
OXFORD UNIVERSITY HOSPITALS NHS FOUNDATION TRUST	91	50	0	(1)	42
BUCKINGHAMSHIRE HEALTHCARE NHS TRUST	59	59	0	0	0
UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST	36	18	18	0	0
UNIVERSITY COLLEGE LONDON HOSPITALS NHS FOUNDATION TRUST	35	0	1	0	34
CENTRAL & NORTH WEST LONDON NHS FOUNDATION TRUST	31	0	31	0	0
CAMBRIDGESHIRE COMMUNITY SERVICES	29	0	0	0	29
NORTHAMPTON GENERAL HOSPITAL NHS TRUST	14	0	0	0	14
OXFORD HEALTH NHS FOUNDATION TRUST	12	11	0	0	1
NHS BUSINESS SERVICES AUTHORITY	12	12	0	0	0
Others	20	23	2	(71)	66
Total	512	383	15	(72)	186

Approved Non NHS (£'000)	Total	0 - 30	31 - 60	61 - 90	90+
WORKMAN LLP	181	181	0	0	0
ARJO UK LTD	136	0	68	68	0
INSIGHT DIRECT (UK) LTD	114	1	0	0	113
CERNER LTD	107	107	0	0	0
GENMED ME LTD	97	97	0	0	0
ZESTY LTD	96	0	0	0	96
SUPPLY CHAIN COORDINATION LIMITED	83	83	0	0	0
B BRAUN MEDICAL LTD	72	84	(22)	10	0
KARL STORZ ENDOSCOPY UK LTD	69	57	0	0	12
BAXTER HEALTHCARE LTD	66	66	0	0	0
Others	1,038	1,064	45	49	(120)
Total	2,059	1,740	91	127	101

- . Approved creditors are awaiting payment, whereas unapproved creditors have not been validated or approved by the organisation.

Milton Keynes Hospital NHS Foundation Trust
Finance Key Performance Indicators
As 31st January 2021

Finance Key Performance Indicators - January 2021						
Area	Metric	Measure	Plan	Actual	Status	Comment
Financial efficiency	National reference cost index	Comparison of activity costs against other NHS providers	100.0	96.9	Achieved	Final reference costs for 18/19.
Working capital	Cash variance to plan		£38.4m	£53.3m	Achieved	Above plan - See cash section
	Capital spend YTD against plan (accruals basis)		£15.2m	£15.9m	Achieved	Timing of projects
	Debtor days	Trade Receivables as a proportion of annualised income	40	24	Achieved	Due to timing of invoices
	Creditor days	Trade Payables as a proportion of annualised expenditure	55	76	Not Achieved	Due to timing of invoices

Milton Keynes Hospital NHS Foundation Trust
Finance Risk Register
For the period ending 31st January 2021

BAF Ref	ID	What is the risk?	What could Cause the Risk to occur?	What Impact could the risk have on the Trust	Inherent Risk Rating	Inherent Risk Level	Controls in Place	Current Risk Rating	Current Risk Level	Gaps in Controls	Target Risk Rating	Target Risk Level	Treatment Type	Action Plan	Date Risk Last Reviewed	Trend	Review Due?
	3043	There is a risk that if the expenditure position cannot be appropriately controlled given the Trust's historic deficits then the cash available to meet its financial obligations will be insufficient	Covid-19 pandemic	Low / negative cash balances and interruptions to supplier payments.		20 High / Significant Risk	It should be noted that the Trust currently has sufficient cash balances to manage its obligations. Monthly cash flow forecasting is undertaken to establish at which point the Trust balances become close to £1m (historically the value advised by NHSEI to be held). The balances have been artificially inflated in 2020/21 owing to and additional months funding from CCGs pushed out to Trusts to support them owing to Covid. It is likely that this will be corrected in March 21		20 High / Significant Risk	The Trust has only limited control over the external funding regime		9 Moderate / Unacceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	Close monitoring of cashflow and if issues are identified inform NHSE/I as a matter of urgency	08/02/2021	↔	11/03/2021
7-3	940	There is a risk that the Trust has insufficient resources (financial or otherwise) or has insufficient physical capacity in order to clear the waiting list backlogs that occurred as a result of the COVID-19 pandemic, leading to delays in patients receiving treatment and a potential long-term financial pressure for the Trust through a requirement to deliver higher levels of activity each financial year.	Covid-19 pandemic	Increases in staff costs and non-pay costs in order to manage covid-19. Claims from suppliers under Procurement Policy Note 02/20. Reduction in clinical income as a result of changes in clinical models and fewer hospital admissions. Reductions in commercial income streams as a direct result of covid-19		20 High / Significant Risk	1. Monitoring of the Trust's waiting list through divisional meetings, executive performance meetings, and Trust board sub-committees (including the Finance and Investment Committee); 2. Recovery plans developed in accordance with guidance issued by NHS England and NHS Improvement, including financial forecast to assess the impact of increasing activity alongside COVID-19 measures. 3. Financial incentive scheme in place to provide additional funding for performing activity in excess of baseline levels set by regulators 4. Capital and revenue bids submitted to regulators in order to provide additional finance resource to create additional capacity to increase activity volumes at the Trust.		16 High / Significant Risk	The Trust has only limited control over the allocation of additional financial resources to support its recovery plans.		9 Moderate / Unacceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	Close monitoring of activity	08/02/2021	↔	11/03/2021
	3051	There is a risk that if the Trust is unable to successfully tender for external audit services in 2021 then financial audits and other required annual assurance exercises will not take place LEADING TO the Trust failing in its statutory obligations.	A number of factors are coming together leading to Firms not bidding for audits currently, including the changes in regulatory frameworks, capacity - audit work for local government is co-insuring with health audits and framework tender documents have not kept in line with changing external audit requirements and are onerous to complete thus putting off smaller firms from bidding for work	No External Auditors resulting in failure to submit statutory audited account which is a breach of statutory requirements		20 High / Significant Risk	1. Trust's current external audit contract ends August 21. The Trust is looking to place a direct award for 1 years contract with its current external audit firm		15 High / Significant Risk	The Trust has only limited control over which audit firms will take up offers to tender even though they are a framework		9 Moderate / Unacceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	To get a contract for external audit in place as soon as possible and update the next Audit Committee with the situation	08/02/2021	New Risk for Mth 10	11/03/2021
	3052	There is a risk that the turnkey works and installation of modular units for the MRI does not comply with procurement regulations LEADING TO the Trust not having a compliant contract and potential turnkey and modular suppliers being awarded damages as a consequence of the breach.	No frameworks available for turnkey works and modular units in relation to MRI	Financial loss, court issues fine to the Trust for breach of process and potential turnkey and modular building suppliers awarded damages		16 High / Significant Risk	1. Trust is internally considering the options available and will take legal advice if appropriate		12 Moderate / Unacceptable Risk	1. There are limited suppliers of turnkey and modular builds for MRI available. Three companies were invited to quote for the work		9 Moderate / Unacceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	To get further advice on the next course of action	08/02/2021	New Risk for Mth 10	11/03/2021
7-1	1185	There is a risk that delays in the business case approvals process (including regulatory approvals), and/or delays in capital funds being made available (through PDC financing or other sources) prevent the Trust from being able to progress its entire capital programme in 2020/21 leading to a missed opportunity in the event funds cannot be carried forward to future years.	The COVID-19 pandemic led to the delay or cancellation of procedures and clinics which resulted in an increase in the size of the waiting list (at the Trust and across the NHS more broadly). On-going measures in response to COVID-19 (such as social distancing measures) have the potential to reduce the available physical capacity at the Trust.	Negative impact on Trust cash-flow and ability to meet financial obligations		16 High / Significant Risk	1. Capital prioritisation process in place (through the Trust's Capital Control Group (CCG) and Clinical Board Investment Group (CBIG)) to ensure the Trust prioritises its capital schemes its resources effectively. 2. Alternative funding sources identified to support continued investment in the Trust's estate and physical infrastructure in line with requirements in the event that funding is not made available. 3. Close working with regulator partners to ensure the Trust is supported through the approvals process and any delays can be escalated through the NHS regional finance/capital teams.		12 Moderate / Unacceptable Risk	The Trust has only limited influence on the national policy regarding the capital funding regime and the constraints on the national CDEL.		8 Low / Acceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	The Trust is in constant dialogue with NHSE.	08/02/2021	↔	11/03/2021
7-2	2932	There is a risk that as a result of the COVID-19 pandemic the Trust incurs additional costs, has a reduction in income or is unable to deliver services efficiently leading to financial position being unsustainable.	1. Inability to recruit staff of the appropriate skills and experience; 2. Continuation of unplanned escalation facilities; 3. Higher than expected level of enhanced observation nursing; 4. Poor planning for peak periods and inadequate rostering for annual/other leave.	Adverse financial effect of using more expensive agency staff and potential quality impact of using temporary staff		16 High / Significant Risk	1. PBR contracts replaced with block contracts (set nationally) for clinical income; 2. Top-up payments available where covid-19 leads to additional costs over and above block sum amounts (until September 2020); 3. Financial controls remain in place for approval of additional spend above budgeted levels; 4. Re-focus of transformation programme to ensure continued productivity and efficiency improvements		12 Moderate / Unacceptable Risk	The financial envelope within which the Trust / BLMK ICS has to operate has not been announced - the Trust has only limited influence over how this amount is set.		6 Low / Acceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	In constant dialogue with NHSE/E regarding funding for COVID-19	08/02/2021	↔	11/03/2021

Milton Keynes Hospital NHS Foundation Trust
Finance Risk Register
For the period ending 31st January 2021

BAF Ref	ID	What is the risk?	What could Cause the Risk to occur?	What impact could the risk have on the Trust?	Inherent Risk Rating	Inherent Risk Level	Controls in Place	Current Risk Rating	Current Risk Level	Gaps in Controls	Target Risk Rating	Target Risk Level	Treatment Type	Action Plan	Date Risk Last Reviewed	Trend	Review Due
7-2	1519	There is a risk that the Trust is unable to achieve the required efficiency improvements through the transformation programme leading to an overspend	Despite increased investment being made available to respond to covid-19, the national NHS capital financing regime remains under significant pressure. Capital expenditure limits have been implemented for NHS provider organisations and whilst the Trust's capital plan is within this envelope there have, in the past, been delays in funds being received to support capital investment.	Quality, health and safety risk from not replacing assets at end of useful life and risk of lack of innovation from lack of investment in new technology	16	High / Significant Risk	1. Tracker in place to identify and track savings and ensure they are delivered against plan 2. Savings measured against Trust finance ledger to ensure they are robust and consistent with overall financial reporting 3. All savings RAG rated to ensure objectivity 4. Oversight of the transformation programme through the Transformation Programme Board and Trust Executive Group.	12	Moderate / Unacceptable Risk	Saving schemes to be identified to deliver maximum savings in 2020/21	6	Low / Acceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	Performance is reviewed at monthly Executive led Performance Review meetings and Transformation Board with relevant actions agreed	08/02/2021	↔	11/03/2021
	1184	Inability to keep to affordable levels of agency and locum staffing	Transformation delivery is not adequately resourced and prioritised and/or schemes are unrealistic and not well planned.	The Trust may not deliver its financial targets leading to potential cash shortfall and non-delivery of its key targets	16	High / Significant Risk	1. Weekly vacancy control panel review agency requests. 2. Control of staffing costs identified as a key transformation work stream 3. Capacity planning 4. Robust rostering and leave planning 5. Escalation policy in place to sign-off breach of agency rates 6. Fort-nightly executive led agency reduction group meeting with aim of delivering reduction in both quantity and cost of agency used. 7. Agency cap breaches are reported to Divisions and the FIC.	12	Moderate / Unacceptable Risk	1. More robust and comprehensive capacity planning 2. Consistent approach to rostering and leave planning across the trust 3. Weekly medical staffing review at divisional level to review exit plans for all medical agency 4. Bank office arrangements in place to maximise utilisation of all possible bank staff	12	Moderate / Unacceptable Risk	TREAT - above tolerable level - appropriate cost-effective control required	Divisional understanding of how to reduce spend on temporary staffing to be developed Exit plan to be reported and monitored monthly	08/02/2021	↔	11/03/2021
	3042	There is a risk that if the organization is operationally pressured due to Covid-19, the transformation programme cannot progress	Covid-19 pandemic	Underutilized Transformation staff and non-delivery of CIP programme (along with other transformational opportunities).	12	Moderate / Unacceptable Risk	Transformation staff are being utilized within the organization supporting clinical services. Many of the Transformation team come from clinical backgrounds and have therefore been able to integrate into other operational teams. Transformation management is using this time to identify opportunities that have been highlighted from the Covid pandemic that can be continued or developed post the crisis. (e.g. further development of virtual clinics). Financially the regime within the NHS has changed significantly to cope with the Covid pressures this year. For the first half of the year all Trusts were financially supported to a break-even position with costs associated to covid being reimbursed. In the second half of the year the support has been in the form of an agreed financial envelope that MKUH have so far been able to operate within. Thereby reducing the requirement for CIPs to support the financial position. It is likely however that given the acceleration of Covid in the Trust from November 2020 that the financial position will see a deterioration with no CIP mitigation.	10	Moderate / Unacceptable Risk	The Trust has only limited control over the external funding regime	8	Low / Acceptable Risk	TOLERATE - at lowest practicable/cost-effective level	To closely monitor the situation and escalate any areas of concern to Executive Directors	08/02/2021	↔	11/03/2021
	3018	As a result of COVID-19 there is a risk that funding from Charities will significantly reduce	Covid-19 pandemic	Reduction in pump primed specialist clinical roles previously funded by charities such as Macmillan	12	Moderate / Unacceptable Risk	Regular monitoring of the situation and escalate any areas of concern to Executive Directors	9	Moderate / Unacceptable Risk	The Trust has limited control over which posts may be supported by Charities	6	Low / Acceptable Risk	TOLERATE - at lowest practicable/cost-effective level	Raise awareness with relevant divisions who currently have specialist pump primed roles	08/02/2021	↔	11/03/2021
	3041	Short notification of capital then in order to utilise the funds appropriability the Trust may need to move away from its agreed procurement processes	Covid-19 pandemic	Financial loss, reputational damage	12	Moderate / Unacceptable Risk	Where possible framework suppliers are used meaning they have already undertaken a value-for-money assessment as part of the national supplier framework. Waivers are in place which are approved by the Director of Finance and they are reported to the Audit Committee for transparent review	8	Moderate / Unacceptable Risk	Ensure that wherever possible framework suppliers are used	6	Low / Acceptable Risk	TOLERATE - at lowest practicable/cost-effective level	To closely monitor the use of waivers	08/02/2021	↔	11/03/2021
	2666	Fraud, Bribery and Corruption - False representation/abuse of position/ failure to disclose information for personal gain	Personal gain	Financial loss, reputational damage	12	Moderate / Unacceptable Risk	Anti-Fraud and Anti-Bribery Policy, Standards of Business Conduct Policy including Q&A section, Standing Orders, SFs, Local Counter Fraud Specialist in place and delivery of an annual plan. Proactive reviews also undertaken by Internal Audit. Register of Gifts and Hospitality, Register of Declarations	8	Moderate / Unacceptable Risk	Historical declaration of interests	6	Low / Acceptable Risk	TOLERATE - at lowest practicable/cost-effective level	All staff are requested to declare interests	08/02/2021	↔	11/03/2021
	1521	Inability to comply with HMRC rules on the use of contractors may result in the Trust incurring financial penalties.	Off-payroll arrangements being used to engage contractors	Potential liability from HMRC recovering PAYE and NI from Trust as well as penalties and interest	16	High / Significant Risk	1. Ban on future arrangements introduced where person could be deemed to be an employee; 2. Continuing education of managers and control of agency through Vacancy Control Panel; 3. Employment status check carried out on all self-employed contractors.	6	Low / Acceptable Risk	All new non-payroll staff need to be continually reviewed.	6	Low / Acceptable Risk	TOLERATE - at lowest practicable/cost-effective level	All staffing requests are reviewed by the weekly vacancy control panel to ensure employment status is clear	08/02/2021	↔	11/03/2021